

To The A. G. O.

247

G.R.S. Form #114-B

APR 27 1926

4084

193

1. ^{Dem} NAME CENTONZE, Vincenzo DATE 2/27/22
 RANK Pvt. ORGANIZATION Co. L. 308th Inf. SERIAL No. 1710202
 GRAVE LOCATION Meuse-Argonne Amer. Cty. Romagne-sous-Montfaucon, Meuse. 1232 - 14
 CTY. NAME NUMBER
184 Sec.14. XX 4

2. ORIGINAL BATTLE AREA GRAVE LOCATION Isolated 4 A Champigneulle
St Javin, Ardennes C-412
 GRAVE COMMUNE DEPT.
 COORDINATES Verdun 35 NW 285.7 N 295.4 E

CONCENTRATED TO 4/3/19 184 Sec 14 4
 DATE GRAVE ROW PLOT
Meuse Argonne 1232
 CEMETERY CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.
 Tag on body and cross.

DATE OF DEATH Oct 15, 1918
 STATE FROM WHICH HE CAME N.Y.
 MEDALS OR DECORATIONS AWARDED data F-1.
 SUBSEQUENT REBURIALS none

DATE	GRAVE	ROW	PLOT	CEMETERY

SIGNATURE, AREA SUPERVISOR M. B. BIRDSELE
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 2/27/22 4 11 Block C.
 DATE GRAVE ROW PLOT
Meuse-Argonne American Cemetery #1232. Romagne-sous-Montfaucon. Meuse.
 CEMETERY

AUDITED BY
 R.D.L. 3-17-23
 Major General
 The Adjutant General
 By exp
 MAY 3 1926

A.G.O.
 APR 30 1926
 WORLD WAR DIV.

RECEIVED
REGISTRATION SERVICE
AUG 16 1922

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.
2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.
3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



Reptd CC 356 R 17/11/18

GRAVE LOCATION BLANK

R

LOCATION OF THE GRAVE OF

Surname *Couture* 1710202 *Vincens*
(Surname.) (Number.) (First Name and Initials.)

Rank *Private* *Co L* 309 *th*
(Rank.) (Organization.)

DATE OF BURIAL *22 Oct 1918*

PLACE OF BURIAL

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Buzanac map 20.000
Map Ref. 95.35 - 85.75

GRAVE NUMBER *1*

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

Was one fastened to name peg or stake used as a grave marker?

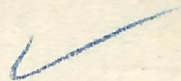
If name unknown and tags missing, description and marks should be given here:

REPORTED BY:

Francis Steu Chaplin 3099
(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l, G. H. Q., A. E. F.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Centonze</i>	<i>CEN</i>	3	<i>354</i>
BURIED	CEMETERY <i>1232</i>	1	<i>1</i>
	GRAVE <i>4</i>	2	<i>04</i>
	ROW <i>11</i>	2	<i>11</i>
	BLOCK <i>C</i>	1	<i>3</i>
STATE	<i>ny</i>	2	<i>37</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>77</i>	2	<i>77</i>
ORGANIZATION	<i>308</i>	3	<i>308</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>not</i>	1	<i>2</i>
NAME <i>Centonze</i>	<i>CEN</i>	3	<i>354</i>
<i>Maria</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Galena</i>	CITY	3	
RELATION	<i>mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
47 ACCEPTANCE 29/514 <i>Country</i>	<i>Italy</i>	1	
		2	<i>01</i>

AUDITED
MAR 28 1938
Rom

PER

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Centonze, Vincenzo	Pvt.	1710202	Co. L, 308th Inf.	10/15/18

STATE	CTY. NO. 1232	GRAVE	4	ROW	11	BLOCK	C
-------	---------------	-------	---	-----	----	-------	---

NAME AND ADDRESS	Check relationship	Living	Deceased
	MOTHER	<i>com + ins</i>	<input checked="" type="checkbox"/>
STEMOTHER (For the year prior to commencement of service)		<input type="checkbox"/>	<input type="checkbox"/>
MOTHER THRU ADOPTION (For the year prior to commencement of service)		<input type="checkbox"/>	<input type="checkbox"/>
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)		<input type="checkbox"/>	<input type="checkbox"/>
WIDOW (Who has not remarried)		<input type="checkbox"/>	<input type="checkbox"/>

Single man

*maria Panetti
 Centonze
 Via Tre Ponti
 Ginosa
 Prov di Taranto
 Italy*

Veterans Bureau Claim Number C 135 385
 29/156

3-17-31

In reply refer to:
293 CR

May 29, 1923.

5-9884

Mr. Giuseppe Centonze,
Ginosa, Prov. Lecce,
Italy.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of Pvt. Vincenzo Centonze, Co. L, 308th Infantry is No. 4, Row 11, Block C, Meuse-Argonne American cemetery, Romagnous-Montaucon (Meuse) France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, division, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner,
Assistant.

100
23/236/ARK

filed
ext
5/26/23
W.M.

Co. "L" 308th. Infantry.
77th. Division.

CENTONZE, Vincenzo., Pvt. 1710202
HOME: 31 North 3rd. Avenue
MOUNT VERNON, N.Y.,

Private Centenze was instantly killed in action in Ar-
gonne Forest near Grandpre on October 14th. 1918 by a machine gun bullet
The company was advancing when he was hit in the head.

INFORMANT: PETERSON, Arnold., Sgt. 1710058
Co. "L" 308th. Infantry
HOME: NEW PALM, N. Y.,

Next of Kin:
Joseph Centenze
Ginosa Lecca
ITALY.

*File
7/27/27
red*

K/a 10/15/18

MJM/

COMPLIATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #57884

(a) Name CENTONZE, Vincenzo Ser. No. 1710202
(b) Rank Pvt. Organization Co. I, 308th Infantry
(c) Date of death 10/15/18 (d) Cause of death K/A

TYP. DMA

CKR. 30

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 184 Row - Plot 4 Sec. 14 TYP. DMA

(b) Emerg. Address Joseph Centonze (Father), Ginesa Lecce, Italy

III. Files of soldiers dying from contagious diseases

CKR. 30

No card in file - M.H. 3/26/21

IV. A. G. O. DISPOSITION CARD:

Date of receipt

(a) Name (b) Relationship

(c) Address

(d) Remains to be brought to U. S.?

(e) To be interred in National Cemetery in U. S. at

(f) Shipping instructions upon arrival of body in U. S.

(g) Disposition instructions if not brought to U. S.

Examiner's Initials Date, 1920.

V. A. G. O. CORRESPONDENCE shows communication from

, dated

confirming request in Par. IV., item, above, or requesting that

No correspondence

Examiner's Initials M.H. Date 3/26, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows:

No request for disposition - Letter 2-24-19, father Giuseppe Centonze, Giosca, Italy requests photograph of cemetery and gave sent him

(a) Cancellation memos referred to?

Examiner's Initials M.H. Date 3/26, 1920.

COUNTRY FRANCE

CEMETERY No. 1232-sec. 14 SHEET No. 30

*Checked
4-10-21
6-11-21*

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 4/5/1, 1920

Section 14

Par. 2 - Not to be returned (J&N)

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be _____

Body to be shipped to _____

X. SUSPENSION REMARKS:

*B. A. M. P. M. Giuseppe Contorzi (Patched)
Via Casale, Linca, Italy - (4-15-21)
E. M.*

..... Discrepancies

Name

Rank

To be prepared in triplicate.

DATE Feb. 27, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

- 1. Name CENTONZE, Vincenzo 10. Name _____
- 2. No. 1710202 11. No. _____
- 3. Rank Pvt. 12. Rank _____
- 4. Org. Co. L. 308th Inf. 13. Org. _____
- 5. D.D. Oct. 15th. 14. (a) D.D. _____
- 6. C.D. KIA (b) D.B. None

Discrepancy found upon disinterment

- 7. Grave No. 184 Sec. 14 15. Grave No. _____ Sec. _____
- 8. Plot 4 Row _____ 16. Plot _____ Row _____
- 9. _____ 17. None

- 18. Cemetery Meuse-Argonne Amer. 19. Commune or town Romagne-sous-Montfaucon
- 20. Dept. or County Meuse. 21. Country France
- 22. G.R.S. Hdqrs. Code No. 1232 - 14

23. Disinterred (Date) Feb. 27, 1922 By H.H. Foster

24. Inscription on grave marker:

Name CENTONZE, Vincenzo, Serial No. 1710202
 Rank Pvt. Organization Co.L. 308th Inf.

25. Was identification disc found on grave marker? No On body? Yes

Rex M. Moody
 Signature Junior Technical Assistant
 Rex M. Moody

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).
Tag on body entirely corroded. Body identified by marker and regularity of row.

27. Condition of body Badly decomposed.

28. Nature of burial U.S. uniform, wooden box and burlap.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

30. Body prepared and placed in casket: Date Feb. 27, 1922 By H.H. Foster.

31. Casket sealed by H.H. Foster

Signature of Embalmer, (Supervisor) H.H. Foster
 H.H. Foster.

AUDITED BY

SHIPMENT. (Show actual marking of box.)

Box No. C-21764



32. Designation of body:

Name Vincenzo CENTONZE.

Serial No 1710202

Rank Pvt.

Organization

Co. L. 308th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon, Meuse.

34. Casket boxed and marked (Date) Feb. 27, 1922

By H.H Foster

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector

F. Overheiser, Capt. QMC.

36. Remarks

None

37. Shipped from point of Operation: (Date) Feb. 27, 1922

To point of Concentration Romagne Morgue

T. T. Wynn

(Name

38. Convoyer Signature Shipping Officer

G. F. Spann, Capt. QMC.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

(Name

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred. Meuse Argonne Cemetery # 1232 Feb. 27th 1922. (Date)

42. Grave No. Section

43. Block Plot Row 11

G.R.S. Representative

A. E. Dowdy, 1st Lt. QMC.

jt.

Place Home 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Feb 27, 1922.

1. REMAINS OF CENTONZE, Vincenzo SERIAL NUMBER 1710202.
RANK Pvt. ORGANIZATION Co, L. 308th Inf.

2. Disinterred (date) : Feb 27, 1922 From (give complete location) : gr 184, sec 14, plot 4. Cty. 1232.
By : Group Foster. Unit sec 1

3. Reburied (date) : Feb. 27th 1922 In (give complete location) : Meuse Argonne Cemetery # 1232 Gr. 4 block C row 11
By : Group Re-burial S Unit unlined casket. Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment :
wooden box and burlap and U.S. uniform. body decomposed,

5. (a) Identification tags : Buried with body ? yes. On grave marker ? no

(b) Other means of identification found upon disinterment, and general remarks :

Tag on body entirely corroded, body identified by marker and regularity of row.

6. What does examination of body show as regards the following identifying items ?

(a) Height (actual measurement) impossible to determine.

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts) do

(f) Wounds or missing parts (received at time of casualty)

left ulna and radial missing.

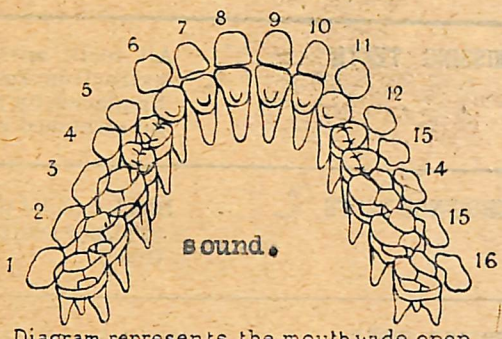
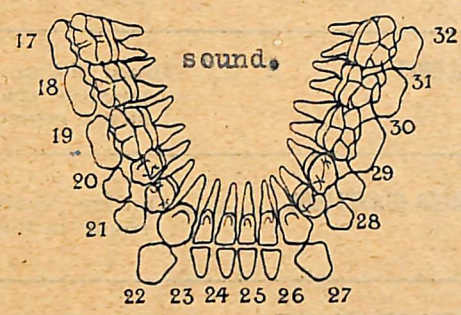


Diagram represents the mouth wide open



7. Disinterment supervised by H. H. Foster

Approved : F. Overheiser, Capt. Q.M.C.
(Title)






8. Reburial supervised by W. B. Sheild

Approved A. E. Dewey, 1st. Lt. QMG.
(Title) jt.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.



COMPILATION OF DISPOSITION OF REMAINS DATA

File #57884

I. LOCATION INDEX CARD:

(a) Name CENTONZE, Vincenzo Ser. No. 1710202
(b) Rank Pvt. Organization Co.L, 308th Infantry
(c) Date of death 10/15/18 (d) Cause of death K/A
TYP. DMA 30

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 184 Row - Plot 4 Sec. 14 TYP. DMA
(b) Emerg. Address Joseph Centonze (Father), GINOSA LECCE, Italy

III. Files of soldiers dying from contagious diseases CKR. 30

IV. Information on which advice to Europe in letter of transmittal was based:

V. Following advice forwarded to Europe by { cable on ..., 192
letter of transmittal on 4/5/..., 192
Section 14
Par. 2. Not to be returned (JESV)

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., ..., 192

VII. SUPPLEMENTARY REQUESTS.

Table with 4 columns: Date of and source, Relationship and name, Desires, Action taken.

VIII. Form 115 received from G. R. S., Hoboken, N. J., ..., 192

COUNTRY CEMETERY No. SHEET No.

OSP-SS
Form No. 1009

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION.

*P. Please
Push
C-135385*

Harlow, C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Centonze, Vincenzo, Pvt.

1232 - Sec. 14 - 30

3/28/21.

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

1710202

Co. L, 308th Inf.

10/15/18.

Copy forwarded to

Adjustment Department

Date

4-15-21 E.M.

WAR RISK INSURANCE INFORMATION

DATE April 12, 1921.

Mr. Guisepe Contonze,

Father

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

Via Casale, Ginca, Italy.

ADDRESS

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

ADDRESS

OSP-SS
Form No. 1009

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION.

COPY

Harlow, C.W.
NAME OF DECEASED SOLDIER

CEMETERY NO. DATE

Centonze, Vincenzo, Pvt. 1232 - Sec. 14 - 30 3/28/21.
SERIAL NUMBER ORGANIZATION DATE OF DEATH

1710202 Co. L, 308th Inf. 10/15/18.

Original Attached to
Form 115

WAR RISK INSURANCE INFORMATION

Date

4-15-21 E.M.

DATE

April 12, 1921

Mr. Giuseppe Contonze
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

Father
RELATIONSHIP

Via Casale, Lunca, Italy
ADDRESS

Adjustment Made

PERSON RECEIVING DEATH COMPENSATION

6-1 1922
57884
File No. RELATIONSHIP

ADDRESS

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1128

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of the
Washington

FILE

Date 3/28/21.

G.R.S. Form 8-W-A-H
Information requested of A.G.O.

File No. Requisition

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

(SPECIAL)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

NOTED FORM 15
DATE 4-2-21

a. Surname	Centonze ✓	f. Date of death	10/15/18 ✓
b. Christian name	Vincenzo ✓	g. Cause of death	K/A ✓
c. Serial Number	1710202 ✓	h. Authority (C.O.#)	326 ✓
d. Organization	Co. L, 308th Inf. ✓	i. Emergency address	Mr. Joseph Centonze ✓ Genova, Secca, Italy ✓
e. Rank	Pvt. ✓	j. Relationship	not stated ✓

BODY DESCRIPTION

(See page #2 of the Service Record)

a. Age of enlistment

b. Color of eyes

c. Color of hair **Adjustment Made**

d. Height **APR 23 1921**

e. Weight **File No. 57887**

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
upper right								upper left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
lower right								lower left							

CW

H. L. ROGERS,
Quartermaster General, U.S.A.

BY:

[Signature]
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 1232 - Sec. 14

SHEET NO: 30

TYPED BY: JBC

6/713/LML

World War Div.
Date **MAR 30 1921**

MAR 30 1921

Donnelly
ERS W 7/30/21

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

FILE

G.R.S. Form 8-W-A-H
Information requested of A.G.O.

Date 3/28/21.

File No. Requisition

(SPECIAL)

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

NOTED FORM 115
DATE 4-2-21

a. Surname	Centonze ✓	f. Date of death	10/15/18 ✓
b. Christian name	Vincenzo ✓	g. Cause of death	K/A ✓
c. Serial Number	1710202 ✓	h. Authority (C.O.#)	326 ✓
d. Organization	Co. L, 308th Inf. ✓	i. Emergency address	Mr. Joseph Centonze General, Seco, Italy ✓
e. Rank	Pvt. ✓	j. Relationship	not stated ✓

BODY DESCRIPTION
(See page #2 of the Service Record)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

a. Strike out teeth missing

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
upper right								upper left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
lower right								lower left							

~~Adjustment Made~~

APR 23 1921

File No. 57887

J

Rec'd World War Div.
MAR 30 1921

H. L. ROGERS,
Quartermaster General, U.S.A.

CW

BY: *[Signature]*
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: 1232 - Sec. 14

SHEET NO: 30
TYPED BY: JBC

Donnelly OW
ERS W 7/30/21

MAR 30 1921

713/LML

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Date 2/25/21

G.R.S. Form 8-W-A-H
Information requested of A.G.O.

(SPECIAL)

File No. Reproduction
From: The Quartermaster General, U. S. Army, (General Division)
To: The Adjutant General of the Army, 4th & B Sts., N.W., Washington, D.C.
Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed. Request confirmation of all information shown.

1. Surname	✓	✓	✓
2. Christian name	✓	✓	✓
3. Serial number	✓	✓	✓
4. Organization	✓	✓	✓
5. Rank	✓	✓	✓
6. Date of death	✓	✓	✓
7. Cause of death	✓	✓	✓
8. Authority (G.O.#)	✓	✓	✓
9. Emergency address	✓	✓	✓
10. Relationship	✓	✓	✓

RECEIVED
APR 1 1921

NOTED FORM 115
DATE

BODY DESCRIPTION
(See page 2 of the Service Record)

1. Age of enlistment	8-7-2-2-3-1-1-2-3-4-2-7-8
2. Color of eyes	upper right lower left
3. Color of hair	upper right lower left
4. Height	
5. Weight	
6. Permanent marks and physical defects at enlistment (Old fractures or breaks)	

Adjustment Made
APR 23 1921

H. L. ROGERS
Quartermaster General, U.S.A.
1st. Lieut., G.A.C.

INDEX NO. 1282 - Sec. 14
SERIAL NO. 30
REG. BY 128

37884

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: ^{OM} CENTAZZE, Vincenzo

Number: 1710202

Rank: Unkn

Organization: 308th Inf.

Co. I

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

3rd. April, 1919

Grave #4-A ISOLATED. CHAMPIGNEULLE, ARDENNES

Map 35 N.W. E 295.4 N 285.7

Reburied (Date)

in: (Give complete location)

3rd. April, 1919

Grave #184 Section #14 Plot #4

Amer. B.A. Cty. #1232 ROMAGNE, MEUSE

Map 35 N.E. # 308.16 N 284.87

1232

Report as to nature of original burial and condition of body upon disinterment:

Burial poor. Body buried in uniform. Body badly decomposed.

Was one identification tag found upon the body? Yes

What other means of identification were found on the body? None

10332

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. Gordon

R. H. ROSENTHAL

2nd Lieut. O.M.C.U.S.A.

C.O. Group Unit

CONFIRMED No D 10332

OK

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



Subscribed by: _____
Witnessed by: _____
Date: _____

Whereof _____

5784
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Centonye 1710202 Vincenzo
(Surname) (Number.) (First Name and Initials.)

Private Co L. 309 Inf.
(Rank.) (Organization)

DATE OF BURIAL 22 Oct. 1918

PLACE OF BURIAL
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

Buzancy Ma. 20.000
Inf Ref. 95.35 85.75

GRAVE NUMBER 1

HOW MARKED: Name Peg? Cross? yes
Headboard? Bottle?

IDENTIFICATION TAGS:
Was one buried with body? yes
Was one fastened to name peg or stake used as a grave marker? yes
If name unknown and tags missing, description and marks should be given here:

CMME. Longue (Ardenne)
(O-281) SIT. 357.711 COORD. {E-285.8} {N-295.4}

REPORTED BY: Francis E. Stever, Inf. 309
(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.

281-922

Communal List No. _____

Daily Report No. _____

1. G. R. S. Form No. 1.

Hq. G. R. S. File

57884

2. Soldier's No. 1710202

3. GENTONZE VINCENZO
Surname (in block letters) First Name and Initials

4. PVT L 308 INF.
Rank Company Regt. or Corps

5. * *
Date of Death Cause, if known

6. * * ISOLATED
Date of Burial Cemetery
NEAR ST. JUVIN ARDENNES
Town or Commune (in block letters) Department

8. 4 12 A (SKETCH 39)
Grave No. Plot No. or Letter

9. Name Peg? Cross? Headboard? Bottle?
Check Method of Marking

10. Buried with Body Attached to Grave Marker?
Identification Tags

11. If name unknown and tags missing, give marks and description.

CMNE. Champagneulle (Ardenne)
(C-412) SHT. 35 N.W. COORD VE 295.4
N 295.7

12. VERDUN N.W. 35
Map Reference, if interment is outside of cemetery
285-7 N 295-4 E

13. Give name of Chaplain or Burial Officer

Signature: James M. Mudd & M. Legler

Group 4 Unit 305 G. R. S.



3 MAY 1919

NAME
Centonze Vincenzo

SERIAL NUMBER

RANK ORGANIZATION
Co. L, 308th. Infantry

FILE NUMBER

No record 57884

- | NO. | QUESTION | REPLY |
|-----|---|-------|
| 1. | Do particulars of soldier given above agree with records? | |
| 2. | Date of Death | |
| 3. | Grave Location: | |
| 4. | Who reported burial? | |
| 5. | Confirmed by G.R.S.? | |
| 6. | How is grave marked? | |
| 7. | Identification Tags: | |
| | (a) Buried with Body? | |
| | (b) Attached to grave marker? | |
| 8. | Emergency address: | |
| 9. | Has above been notified? (Give date). | |

ANALYSIS OF INQUIRY

Flowers, flags etc. (Par. #5, Bul, 10-B)	Effects (G.R.S. Form Nos 7 & 7-A)
Monuments (Par. #6, Bul. 10-B)	Accrued Pay (G.R.S. Forms 19 & 22)
Disinterments (Par. #8, Bul. 10-B)	Liberty Bonds (G.R.S. Forms 21 & 22)
Circumstances of death (G.R.S. Form No. 6)	War Risk Insurance (G.R.S. Forms 20 & 22)
Photograph requested (File 004.5) <i>U.S.F.</i>	Disposition of Remains (a) Return to U.S.) Form 23
Grave Location	(b) Remain in France Form 24
	(c) Miscellaneous letter

REMARKS:

Ginosa. Italy Feb. 24th 1919

57884

Honorable Chief Graves Registration Service
Am. Exp. Force. France.

Having been notified of the death of my
dearest son Centonze Vincenzo. Soldier of
Co. L. 308th Inf. Occured in action, on
the 15th of Oct. 1918. I pray your Office
be kind enough and help me to obtain
a Photograph of the Cemetery & grave
where my dear boy is Buried.

I understand my boy is Buried in the
Commune of Campigneulle, Ardennes France
anticipating your favor and thanking
your Office in advance hoping the
Photograph be mailed to me at Ginosa
Prov. di Lecce Italy

for ever Respectfully Yours

Giuseppe Centonze

Translated
by J. J. Zoccali
3/12-19



Ginosa (Italia) 24 febbraio 1919

Chief, Graves Registration Service
American Expeditionary Forces

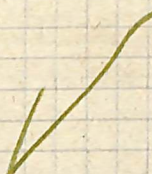
France

Infendomi stata partecipata la morte del mio
carissimo figlio Centonze Vincenzo, soldato Co I, 308th
Infantry, avvenuta in un'azione del 15 ottobre 1918,
prego cotesto Ufficio volermi usare la grazia di
farmi tenere la fotografia del luogo dove è
sepolto il disgraziato mio figlio.

Significo che la salma del mio figlio fu sepolta
nel Comune di Campigneulle, Ardennes, France.

Nell'anticipare i ringraziamenti, prego cotesto Ufficio
volermi spedire la detta fotografia nel mio
domicilio in Ginosa (Provincia di Lecce) Italia

Giuseppe Centonze



RECEIVED
MAR 10 1893
O. C. R. N.
O. R. R.

OSPSS Cty. NO. 1232

Sec 14 case no 30

FD