

JAN 21 1926

DATE

1. NAME CHORNY, Jacob SERIAL No. 261222

RANK Pvt ORGANIZATION Co. A 125th Inf.

GRAVE LOCATION Amer. Cty. Ploisy, Aisne #593
CTY. NAME NUMBER

75

Sec.H

2

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 75-16 Amer. Cem. Rezonse-le-Long (Aisne)
GRAVE COMMUNE DEPT.

COORDINATES Map #33 N.W. E-165.65 N-298.01

CONCENTRATED TO 75 Sec.H. 2
DATE GRAVE ROW PLOT

Amer. Cem.
CEMETERY

#593
CTY. NUMBER

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

Information in paragraph 2 taken from Form 1.

SUBSEQUENT REBURIALS DATE OF DEATH Aug 29, 1918
STATE FROM WHICH HE CAME Mich
DATE GRAVE ROW PLOT CEMETERY

MEDALS OR DECORATIONS AWARDED none
DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR [Signature]
E.F. WAGG, Major, Inf., Supervisor, Area #1.

3. FINAL GRAVE LOCATION August 8, 1922 36 35 Block D
DATE GRAVE ROW PLOT

Oise-Aisne American Cemetery #608, Seringes-et-Nesles (Aisne)
CEMETERY

2 A. G. O.
JAN 22 1926
WORLD WAR DIV.

AUDITED BY

Robert C. Davis,
Major General,
1st General.
JAN 23 1926

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.



No. 14,318 P. 70

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Chorney
.....
(Surname.) (Number.) (First Name and Initials.)
1st Lt. Co. H. - 105. Inf. -
.....
(Rank.) (Organization.)

DATE OF BURIAL *Aug. 29, 18*.....

PLACE OF BURIAL *A. E. F. Cemetery*.....

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

Mounts, same ground of Chateau, opposite N. of Chapel.

GRAVE NUMBER *#6*.....

HOW MARKED: Name Peg? Cross?.....

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:

.....
.....
.....

REPORTED BY:

Chapman J. ...
.....
(Signature and Rank of Reporting Officer.)

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

RECEIVED
STATISTICAL DIVISION
H. A. F.
23 SEP 1948

Choumy Jacob

261222

Wda 8/29/18 00561

REPORT OF DISINTERMENT & REBURIAL

Name.

Chorney
CHORNEY

JACOB

Number

261222

Rank

Unknown

Organization

Unknown

Disinterment & Reburial made by Group

2

Unit.

B

Disinterment (Date May 24 1919 From (Give complete location)

Grave # 6 per sketch # 3 Hqs 304. Crd 165.65 298.0 # 33 N W

American Battlefield Cemetary Ressoins le Long. Aisne.

Reburied (Date May 24 1919

in (Give complete location) Grave Plot Sec.

Military Cemetary Floisy Aisne.

75 # 2 H

593

CrD 290 174.95 Soissons # 33 N E

Report as to nature of body upon disinterment.

Badly Disintergrated Wrapped in burlap.

Was one ident tag found upon the body. Yes and one tag on cross.

What other means of ident were found on the body. None.

Sgt 1st Cl A H Mac Callum

Supervised by.

A J Trigg
A J Triggs 2 Lt QMC

C. O. Group # 2 Unit.

B

COMPLETED

FILE

11260

9/8/30

Impossible to determine

7. Disinterment supervised by

Approved :

(Title)

M. S. Criss
Major C. A.

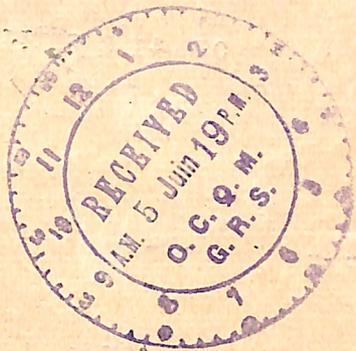
8. Reburial supervised by

Approved :

(Title)

James W. Younger, 2nd Lt. QMC.

D-5076



REPORT OF DISINTERMENT AND REBURIAL

Date Mar. 17/21

1. REMAINS OF CHORNY, JACOB SERIAL NUMBER 261222

RANK Pvt. ORGANIZATION Co. A, 125th Inf.

2. Disinterred (date): Mar. 17/21. Floisy Amer. Cemetery #593, Gr. 75-H-2 From (give complete location):

By: Group Bowes Unit

3. Reburied (date): Same date In (give complete location): Same cemetery and grave

By: Group Bowes Unit Nature of reburial Box & blanket

4. Report as to nature of original burial and condition of body upon disinterment: 5 ft. earthen grave, U S uniform and burlap, disintegrated, unrecognizable

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes

(b) Other means of identification found upon disinterment, and general remarks: None

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) "

(c) Hair—Color "

Quantity "

Characteristics "

(d) Hair on face—Color "

Location "

Quantity "

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Teeth nos. 1, 16, 17, 32

missing before death

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

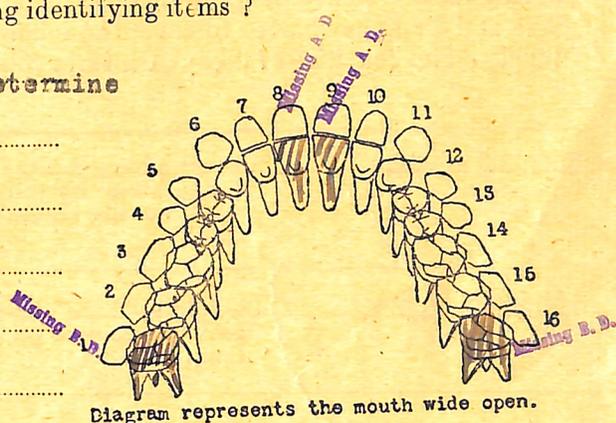
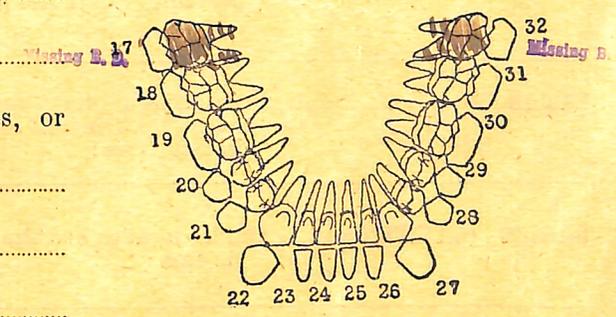


Diagram represents the mouth wide open.



7. Disinterment supervised by James W. Younger Approved: M. S. Crissy

8. Reburial supervised by James W. Younger, 2nd Lt. QMC. Approved: M. S. Crissy

(Title) Major C. A. C.

D-50761

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.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	 <p style="text-align: center;">TOOTH MISSING TOOTH MISSING</p>
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	 <p style="text-align: center;">GOLD CROWN PORCELAIN CROWN</p>
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE GOLDBRIDGE</p>
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p style="text-align: center;">SILVER FILLING GOLD FILLING</p> <p style="text-align: center;">GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</p>	 <p style="text-align: center;">CAVITY DECAYED DECAYED</p> <p style="text-align: center;">DECAYED DECAYED</p>
<p>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."</p>	

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.

CODE SLIP

V

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Cho	3	385 ⁰
BURIED	CEMETERY 608	1	2
	GRAVE 36	2	36
	ROW 35	2	35
	BLOCK 10	1	4
STATE	Mich	2	26
RANK	Pvt	1	2
DIVISION	32	2	32
ORGANIZATION	125	3	125
ARM	Inf	1	1
MARITAL	8 no	1	2
NAME	Chorny Nikolaid	3	
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	(Brother - Russia)		
OTHER	father died 1912 Russia	1	1
ELIGIBILITY	mother	1	
NATIVITY	no loco (11-16) Russia	1	6
RACE	no 3 M	1	
ENGLISH	all rel. foreign	1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

AUDITED
AUG 5 1932 MB

EPH

2a

ser- 261222

608

XP67015

Chorny, Jacob Pvt Co A - 125 Inf

Place mother's death? Nov - 1916 - Russia

Father? died 1912 - Russia

Loco or SM in U.S.? none

all rel foreign

Bro - Nicolai Chorny
Russia

MB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/22/31

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
Chorny, Jacob Pvt. 261222 Co. A, 125th Inf. 8/29/18

STATE CTY. NO. 608 GRAVE 36 ROW 35 BLOCK D

	<u>Check relationship</u>	<u>Living - Deceased</u>
	MOTHER	: : ✓ :
	MOTHER	: : <u>not - 1916</u> :
	STEMOTHER (For the year prior to commencement of service)	: : : :
NAME	MOTHER THRU ADOPTION	: : : :
AND	(For the year prior to commencement of service)	: : : <u>B</u> :
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : : : <i>Nikolai Andreevich</i>
	WIDOW (Who has not remarried)	: : : : <i>Chorney, Selo Podolovka</i>
	<i>Single man</i>	: : : : <i>rayon Wrinich</i>
		: : : : <i>P.O. Jaromuda</i>
		: : : : <i>Okun, Proskov</i>
		: : : : <i>gov. of Podolia</i>
		: : : : <i>Ukraine</i>
		: : : : <i>Russia</i>

Veterans Bureau Claim Number XC 67 015
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

67015

DATE 7-20-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
CHORNY, Jacob	Pvt.	261222	Co. A, 125th Inf.	8/29/18

STATE	CTY. NO.	608	GRAVE	36	ROW	35	BLOCK	D
-------	----------	-----	-------	----	-----	----	-------	---

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER	: Not known :	xc - 67015 8/2/27
	STEPMOTHER (For the year prior to commencement of service)	: : :	Bro- <u>Nikolai A. Chorny</u> Zelo Postolovka.
NAME	MOTHER THRU ADOPTION	: : :	rayon Urinetz -
AND	(For the year prior to commencement of service)	: : :	P.O. Tarnovuda -
ADDRESS	MOTHER IN LOCO PARENTIS	: : :	okrug Proskurov -
	(For the year prior to commencement of service)	: : :	<u>Govt. of Podolia -</u>
	WIDOW	: : :	<u>Ukraine -</u>
	(Who has not remarried)	: : :	Russia.

Veterans Bureau Claim Number _____

29/156

QM 293 A-C

CHOERNY, Jacob - Pvt.

July 11, 1924

Mr. Mike Chorny,
Wies Postolowska Chorostkow, powiat Husiatyn,
Malopolska, Dawniej poczta Tarnoruda,
seimia Podolaska, Poland.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

1-Incl.
Record card.

R.P. HARBOID
Assistant.

RD

702



7

298

Co. A., 125th. Inf.
32nd. Div.

CHORNEY, Jack - Pvt. 261222.

This soldier received a gun shot wound in the neck and shoulder on August 28, 1918, while the division was making an advance on Juvigny. He was removed to Field Hospital 127 located at Montois, Aisne, France, located a short distance behind the lines, where he died during the night. The body was buried on August 29, 1918, in the afternoon in grave number six in the American Cemetery near the old Chateau of the above mentioned village, with appropriate religious ceremony.

The grave was marked with a cross on which was placed his name, number, rank and organization. Wreathes of flowers were also placed on the grave.

Informant: Williams, Jerome O. - Chaplain.
Hdqs. 32nd. Div.
Home: 1118 So. 16th. St., Birmingham;
Ala.

~~578~~ 653-6

Emergency address:
Mike Chorney,
Podolskay, Huberni,
Russia.

Signed: By Informant.

SJ

File 10/13/31
SAP

Co. A., 125th. Inf.
32nd. Div.

CHORNEY, Jacob - Pvt. 261222
Home: Detroit, Mich.

Wounded in action near Juvigny, Aug. 28, 1918.

Died of wounds in Hospital, Aug. 29, 1918.

Informant: Rose, Oscar D.- Sgt. 261311
Co. A., 125th. Inf.
Home: Fowlerville, Mich.

Not signed.

SJ

CROSS INDEX

To be prepared in triplicate.

DATE Dec. 22, 1921

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 CHORNY, Jacob
 2. No. 261222
 3. Rank Pvt
 4. Org. Co. A 125th, Inf.
 5. D.D. 8-29-18
 6. C.D. D.O.W.

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. no discrep.

Discrepancy found upon disinterment

7. Grave No. 75 Sec. H
 8. Plot 2 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. no discrep.

18. Cemetery Amer.
 20. Dept. or County Aisne
 22. G.R.S. Hdqrs. Code No. #593

19. Commune or town Ploisy
 21. Country France

23. Disinterred (Date) Dec. 22, 1921

By J. Frank Skeffington

24. Inscription on grave marker:

Name Jacob Chorny
 Rank Pvt.

Serial No. _____
 Organization Co. A. 125 Inf.

25. Was identification disc found on grave marker? no On body? yes (2)

L. D. Hays
 Signature Junior Technical Assistant

L. D Hays

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).

None

27. Condition of body Disintegrated. Features unrecog.

28. Nature of burial Wooden box and blanket.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? Disc on body reads: "Jacob Chorny, 261222, U.S.A."

30. Body prepared and placed in casket: Date Dec. 22, 1921 By J. Frank Skeffington

31. Casket sealed by J. Frank Skeffington

Signature of Embalmer, (Supervisor

J. Frank Skeffington
 J. Frank Skeffington

MMB

AUDITED BY
 27-24
 BW

60933

SHIPMENT. (Show actual marking of box.) Box No. C - 19350

32. Designation of body:

Name Jacob CHORNY Serial No. 261222

Rank Evt. Organization Co. A 125th Inf.

33. Consigned to:

Name of Permanent Cemetery Oise-Aisne Amer. Cty. #608 Seringes-et-Nesles, Aisne

34. Casket boxed and marked (Date) Dec. 22, 1921 By J. Frank Skeffington

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 R. S. Williams, 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) Dec. 22, 1921

To point of Concentration

(Name)

Convoyer Signature Shipping Officer

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date Dec. 22, 1921

To Permanent Cemetery Oise-Aisne, Amer. Cty. No. 608, Seringes-et-Nesles, (Aisne)

(Name)

Convoyer Frank Atwell Signature Shipping Officer H. W. Boyette

Hubert W. Boyette, Capt. QMC

40. Received: Date 23 DEC 1921

G.R.S. Representative G. F. WAUGH

41. Reinterred Aug. 8, 1922, Oise-Aisne Cem. 608, Seringes et Nesles (Aisne)
(Date)

42. Grave No. 36 Section ---

43. ~~PLOT~~ BLOCK D Row 35

G.R.S. Representative C. J. Blake

C. J. Blake

Capt., QMC.

REPORT OF DISINTERMENT AND REBURIAL

Place Ploisy (Aisne)

Date Dec. 22, 1921.

1. REMAINS OF CHORNY, Jacob

SERIAL NUMBER 261222

RANK Pvt.

ORGANIZATION Co. A, 125 Inf.

2. Disinterred (date) : Dec. 22, 1921, Gr. 75, Plot 2, Sec. H, Com. 593, Ploisy (Aisne)

From (give complete location):

By : Group 2

Unit F.S.8

3. Reburied (date) Aug. 8, 1922

In (give complete location): Gr. 36, Block D,

Row 35, Oise-Aisne Cem. 608, Seringes et Nesles (Aisne)

By : Group Re-burial group

Unit ----

Nature of reburial

Lined casket

4. Report as to nature of original burial and condition of body upon disinterment :
Wooden box and blanket. Disintegrated. Features unrecognizable.

5. (a) Identification tags : Buried with body ? Yes. On grave marker ? No.

((b) Other means of identification found upon disinterment, and general remarks :
None.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color None visible

Quantity

Characteristics

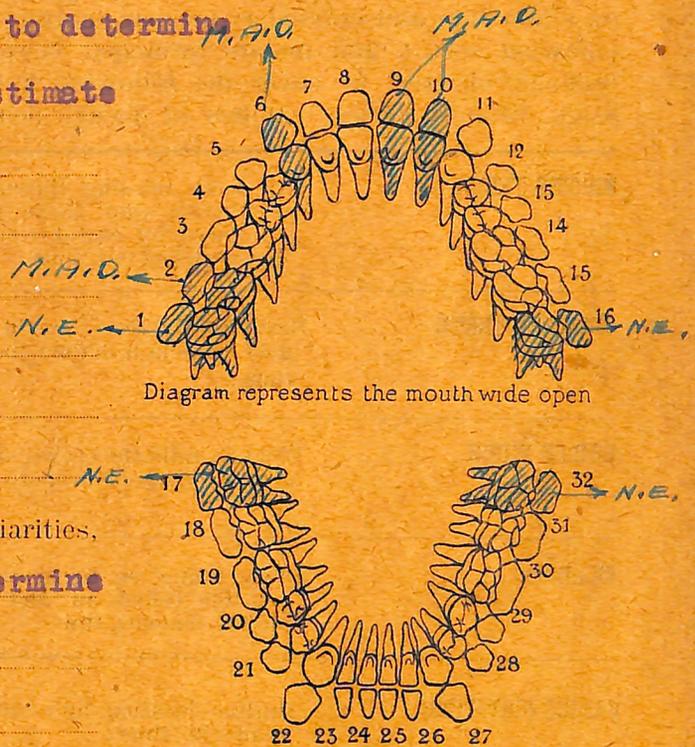
(d) Hair on face—Color None visible

Location

Quantity

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Impossible to determine

(f) Wounds or missing parts (received at time of casualty)
None visible



L.D. Hays, Checker.

7. Disinterment supervised by J.F. Skelington, Sup. Emb.

Approved : R.S. Williams, 1st Lt. QMC
(Title)

8. Reburial supervised by L.D. Hays

Approved : C.J. Blake
(Title) Capt., QMC.

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 # 22646

I. LOCATION INDEX CARD:

(a) Name CHORNY, Jacob Ser. No. 261222
(b) Rank Pvt. Organization Co.A, 125th Inf.
(c) Date of death 8/19/18 (d) Cause of death DWRIA

TYPE EK

CKR. AB

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

(a) Grave No. 75 Row -- Plot 2 Sec. H TYP. EK

c.a.w.r. - Mike Cherny (brother) - Russia.
1-18-21 (b) Emerg. Address Mike Cherny (brother) Pastalovka, Russia.

CKR. 1

III. Files of soldiers dying from contagious diseases

IV. A. G. O. DISPOSITION CARD:

no card in file - BER - 10-6-20
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 BER Date 10-6-1920.

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

no request for disposition

(a) Cancellation memos referred to?

Yes M O M M O M
Examiner's Initials M O M Date 10-6-1920.

COUNTRY France

CEMETERY No. 593

SHEET No. 231

M. S. B.
checked
10-6-20
4

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 *12-6*, 1920

Par 2 - Not to be returned - 12-17-20

IX.

CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS:

1/27/21 Name & address of brother & copy of W.R. Beneficiary sent Europe for use in access training & complying with desires of W.R. 1/31/21 III 9.

3-30-21 - Petrus states that as relatives reside in Russia, case will be concentrated.

A.E. - 5-10-21,

April 29, 1921

MEMORANDUM for: Mrs. Lewis, Preparation of Data Dept.

CASE OF: Pvt. Jacob Cherny, #261222,
Co. A. 125th Inf.
Com. #593, - 231

Letter from Rethers states that Under present policy
correspondence is not undertaken with relatives in Russia, consequently
this case will be considered as one for concentration.

F.E. Boland.
Clerk in Charge, O.S.P. S.S.

*Rur
Rur*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE, Q.M.C., IN EUROPE
8, AVENUE D'IEANA.

Recorded, Categorical Unit
File # 293.9
#22646

File No. 293.9 Disp. Cem. #593.

PARIS March 30, 1921

From : Chief.

To : Quartermaster General, Munitions Building, Washington, D.C.

Subject : Disposition of remains - Jacob Chorny, Pvt. #261222,
Co. A, 125th Infantry.

1. Please refer to your communication dated January 27, 1921, 593, Reg. Sec. Cem. Div. (Chorny, Jacob) "Disposition of Remains". Under present approved policy correspondence is not undertaken with relatives residing in Russia, consequently this case will be considered as one for concentration.

Chorny, Jacob

H. P. Rethers
H. P. RETHERS,
Colonel, Q.M.C.
Chief.

WSE/TGS
(initials)
5

= 362 =

RECEIVED



APR 1 1921

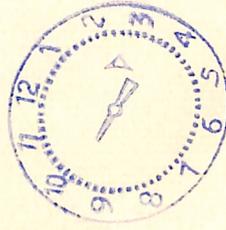
A.G.

Quartermaster General
Munitions Building

MAR 31 1921

RECEIVED

RECEIVED



APR 26 1921
G. H. S.

RECEIVED

APR 27 1921

Cemeterial Division
Overseas Project Sub-Section

100
MAY 1921

300

Office
Colonel G. H. S.
H. J. HENNESSY

also as one for concentration.
The following is a list of names which will be considered
under the present program for the collection of names for the
War Relocation Authority (WRA) (formerly War Relocation
Administration) at the War Relocation Authority, Los Angeles, Calif.

So. of the War Relocation Authority
Address: War Relocation Authority - War Relocation
Box: War Relocation Authority, War Relocation Authority, D.C.
Name: [illegible]

File No. [illegible] Date [illegible]

RECEIVED
MAY 1921

File No. 293.9 Disp. Cem. #593.

March 30, 1921

From : Chief.

To : Quartermaster General, Munitions Building, Washington, D.C.

Subject : Disposition of remains - Jacob Chorny, Pvt. #261222,
Co. A, 125th Infantry.

1. Please refer to your communication dated January 27, 1921, 593, Reg. Sec. Cem. Div. (Chorny, Jacob) "Disposition of Remains". Under present approved policy correspondence is not undertaken with relatives residing in Russia, consequently this case will be considered as one for concentration.

C. L. SAMPSON

H. F. RETHERS,
Colonel, Q.M.C.
Chief.

WSE/FGS



Quartermaster General
Munitions Building
Washington, D.C.

MAR 30 1921

RECEIVED

RECEIVED



APR 26 1921
G. H. S.

RECEIVED

APR 27 1921

Cemeterial Division
Overseas Project Sub-Section

MSB 103

OFFICE
SECRET, D. H. S.
H. B. WALKER

C. G. SIMPSON

also as one for consideration.
regarding the same, consideration will be given
under present conditions but no definite action
will be taken until (possibly later) the
I. Please refer to your communication dated January 21, 1921.

to : Mr. J. H. ...
from : Mr. ...

File No. ...

January 27, 1921.

593 Reg. Sec., Cem. Div.

FROM: The Quartermaster General, U. S. Army (Cometarial Division).
TO: Chief, American Graves Registration Service, Q.M.C., in Europe.
SUBJECT: Supplementary advice on American Cemetery, #593, Fleisy, Aisne, France.

1. Reference paragraph 2, office letter of December 5th, 1920 (File No. 593 Reg. Sec., Cem. Div.), the records of this office show that Mr. Mike Chorny, of Pastalowka, Russia, is the brother of the deceased soldier named below:

Cable
Ref. No.

231. Chorny, Jacob, Private, 261222, Company A, 125th Infantry.

2. The enclosed paper is forwarded for your information and use in ascertaining and complying with the desires of next of kin. Initiate form #114 if necessary.

By authority of the Quartermaster General:

THOS. G. HANSON, Jr.,
1st Lieut., Q.M. Corps.

OSF:SS
C & C Dept.

1 enclosure
Copy of War Risk Beneficiary.

COM P LATION OF DISPOSITION OF REMAIN DATA

I. LOCATION INDEX CARD:

File # 22646

(a) Name.....**CHORNY, Jacob**..... Ser. No.**261222**..... TYP. **BK**
 (b) Rank...**Pvt.**..... Organization ..**Co. A, 125th Inf.**..... **MB**
 (c) Date of death ²⁹**8/19/18**..... Cause of death ^{OK-10-12}..... **DWRIA**

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

(a) Grave No. **75** Row Plot **2** Sect. ..**H**..... TYP **BK**
c.a.w. P. - Mike Chorny (Brother) - Russia
 (b) Emerg. Address **Mike Chorny (brother) Pastalovks, Russia.**

III. Files of soldiers dying from contagious diseases..... CKR **I**

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

no correspondence - no request for disposition.

V. Following advice forwarded to Europe by - (cable on..... 192 (letter of transmittal on *12/6* 192 ..

Par 2 not to be returned 12/7/20

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

VII. SUPPLEMENTARY REQUESTS

Date of and Source.....	Relationship and name.....	Desires.....	Action taken.....
			<i>1-27-21 Name & address of mother to copy of W. T. Beneficiary best use of money in providing for company with decedent of W. T. 1/5/21 p. 1119</i>

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

COUNTRY CEMETERY NO. SHEET NO.
 G.R.S. FORM 115-A August , 1920
 S-666 MB France 593 231

X-1-1/19
OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION



CHORNY, Jacob

593

3/28/24.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

261222

Pvt. Co. A, 125th Inf.

8/29/18

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

C-67015

9-133179

WAR RISK INSURANCE INFORMATION

APR 12 1924
EX. 36

DATE

NAME OF BENEFICIARY-or nearest kin, friend, guardian, RELATIONSHIP
of child, executor of estate,

Mike Chorny

Brother

Address

Wies Postolowka, Poczta Chorostkow

powiat Husiatyn Malopolska, (Dawnie) poczta Tarnoruda, ziemia Podolaska
Poland.

24/157/EYS

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF BUREAU OF MILITARY PAY
WASHINGTON, D. C.

CLAIMS DIVISION,

MAR 31 1924

INSURANCE SECTION



JUN-5 1924



UNITED STATES VETERANS BUREAU

WASHINGTON

June 3, 1924

Cemeterial Division,
War Department,
Munitions Building, Room 2113,
Washington, D.C.

IN REPLY REFER TO:
O.322
C-67,015
Jacob Chorny
HQB/gms

Attention Mrs Ruth

Dear Sirs;

Enclosed herewith please find your form 24/157/ETS with the information from the files of the Bureau endorsed thereon in compliance with the telephone request of Mrs. A.E. Wilbourn of your office to Mr. Frailey of this Bureau.

All future communications with reference to this case should bear the soldier's full name, rank and organization and the C number C -67,015, as indicated above.

For the Director,

Charles E. Mulhearn
Charles E. Mulhearn,
Assistant Director, in Charge of
Claims and Insurance Service.



JUN - 5 1924



293
Chorny for Jacob

1ST BURL. CEM

6-337-

*Emme. ...
Long, Anne - Anne*



Name appears on

This soldier, having been reported as missing in action or
prisoner in Germany in C. C. — — is now reported

*Ed. — Mike Chorney (Wes)
Podolskoy, Zuhenn, Ploskuravskoy
Wyzla, Pohlta, Zornomda Pels, Posenborke
Russian*

FILE

22646

5

For further data see Casualty Files

Cheesney, Jack 25/12/22
Pvt Co A 125 Regt.

Shorney, Jacob # files

B. C.

~~OK~~
~~OK~~

FILE

22646

1st Burial - Cem -

~~0337~~

~~Graves, Green (Blues)
Horn - R~~



Name appears on

For further data see Casualty Files

Chorny Jack - 261,222
~~Churny Jack~~
Pnt Co A 125 Aug.

Ed. Mike Chorny (Bro)
Podolskoy, Kuberni, Proskurovskoye,
Wyzda, Pokta, Zornonda, P. C.,
Pozrolodka
Russia

D-60933

22646

From

83555

83853

INSTRUCTIONS

1. adjust pin

2. observe second group

3. observe first group

4. observe variation

5. observe

6. observe group

UNIT COST OF DATA

83853

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Chesney - 261227, Jack -
(Surname.) (Number.) (First Name and Initials.)
Pvt - Co A - 185 Inf -
(Rank.) (Organization.)

DATE OF BURIAL Aug 29, 18

PLACE OF BURIAL A.E. Cemetery -

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

Montain, Arizone, grounds
of Chateau, 50 yards N
of Chapel.

GRAVE NUMBER 6

HOW MARKED : Name Peg? X Cross?

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 :

33 NW E 165.65

33 NW (AKNE)

33 NW COORD { E 165.65
N 298.1

REPORTED BY :

Chapman Fox...
(Signature and Rank of Reporting Officer.)

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

4 OCT 18

30

Communal List No. 337-391
Daily Report No. _____

File No:

Cheesney, 261222, Jack.

Pvt. Co: A. 125th, Inf.

Date of Death: 9-8-18

83555

File No: _____

Date Buried: _____

Cemetery: _____

Grave No: _____

Sect: _____

Commune (No:) _____

Dep't: _____

Sheet: _____

Coordinates: _____

Remarks: ABF. cemetery Montais Aisne

grounds of Chateau 50yds. N. cha.

Sketch No: _____

HP _____

CROSS _____

HD BD _____

BTTL _____

Ident. Tag on Gr. mkr: _____ b.w.b. _____

Authority: _____

~~NAME. Ressons-le-Long (Aisne)~~

~~(C337) SHT. 33NW COORD. 5165.65~~

B. 112

File No.:
Queue No. 82122
Date of Death: 3-4-19

File No.:
Date Period:
Gender:
Gravel:
Gomano (D.C.):
Dept:
Coordinates:
Remarks:
Grounds of Departure:
Sector No:

HP CROSS HD PD
Ident. Tag on Gravel:
Authority: 337-391

Communal List No. _____
Daily Report No. _____

3112

22646

1. R.S. Form No. 1. Hq. C S. File

2. Soldier's No. 261222

3. Chorny ----- Jacob -----
Surname First Name and Initials

4. -----
Rank Company Regt. or Corps

5. -----
Date of Death Cause, if known

6. ----- Chateau Montois -----
Date of Burial Cemetery

7. Reyssons-le-Long ----- Aisne -----
Town or Commune Department

8. 6 -----
Grave No. Plot No. or Letter

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

10. Buried with Body? Attached to Grave Marker? 1 -----
Identification Tags

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

653

12. -----
Map Reference, if interment is outside of cemetery

13. -----
Give name of Chaplain or Burial Officer

Signed -----

Group **GROUP N° 1**
Unit **302. G. R. S.**

2. Submitter's No.

3. Name and Initials

4. Address

5. Name of City

6. State

7. Name of Institution

8. Name of Department

9. Name of Faculty

10. Name of Institution

11. Name of Faculty

12. Name of Institution

13. Name of Faculty

14. Name of Institution

15. Name of Faculty

16. Name of Faculty

17. Name of Faculty



18. Name of Faculty

19. Name of Faculty

GROUP No. 1
U.S. DEPT. OF AGRICULTURE



Greenberg

OFFICE OF THE QUARTERMASTER GENERAL
CEREMETRIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

22646

Copy

NAME OF DECEASED SOLDIER

CEREMETRY NO.

DATE

Chorny, Jacob, Pvt.

593 - 231

12/28/20.

SERIAL NUMBER

ORGANIZATION

251222

Co. A, 125th Inf.

Date of death - 8/29/18.

Adjustment Made
JAN 24 1921.

22646

4
Orig Attached
to 7/15
1-17-21
H. S. J.

WAR RISK INSURANCE INFORMATION

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Mike Chorny.

Brother.

Address

Russia.

S-709/MB

FROM: O. Q. M. G.
METEOROLOGICAL DIVISION
Observations Building
Room 1128

22646
PLEASE

EXPEDITE

OCT 13 1920

DEPARTMENT OF THE ARMY
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information requested of A.G.O.

Date October 11, 1920

File No. *2246* Registration.

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.

- a. Surname *Chorny* *ok*
- b. Christian name *Jacob* *ok*
- c. Serial Number *261222* *ok*
- d. Organization *Co. A 125th Inf.* *ok*
- e. Rank *Pvt.* *ok*
- f. Date of death *8/29/18* or *8/19/18* *ok*
- g. Cause of death *DWRIA* *ok*
- h. Authority (C.C.#) *262*
- i. Emergency address *Mike Chorney*
- j. Relationship *Russias*
Brother

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							

RECEIVED
OCT 11 1920
FILE

CEMETERY NO: 593

SHEET NO:
TYPED BY: FFD

H. L. ROGERS,
Quartermaster General, U.S.A.,
BY: *H J Conner*
H. J. CONNER,
Captain, Q.M.C.
1st Lieut. Q. M. C.

8-713/MB

Donnelly / LHM
Ent. Pert. Sec
2297 10-14-20

ppg

K

Office of the Quartermaster General of the Army
Washington, D. C.

Form 8-W-A-3
Information requested of A.O.O.

Date October 11, 1920

Registration File No.

The Quartermaster General, U. S. Army, (Cometrical Division)
The Adjutant General of the Army, 4th & E Sts., N. W., Washington, D. C.
Information requested for G.A.S.
It is requested that the items checked below be completed. Request
completion of all information shown.

- a. Surname (Given)
- b. Christian name (Jacob)
- c. Serial Number (24123)
- d. Organization (Co. A 1st Regt Inf.)
- e. Rank (Pvt.)
- f. Relation (None)
- g. Date of birth (1885/10/10)
- h. Cause of death (None)
- i. Authority (C.O.A.)
- j. Maturity address (None)

PHYSICAL CHARTS
(See physical report of
examination prior to enlistment)
a. Service entrance stamping
b. Upper right
c. Lower left

PHYSICAL DESCRIPTION
(See page 10 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent scars and
physical defects of
enlistment (Location or stroke)

OCT 14 1920

RECEIVED

OCT 14 1920



COMMETRIAL DIVISION
OVERSEAS PROJECT SECTION

FROM: D. J. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1123

PLEASE
EXPEDITE

OCT 8 - 1920

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington.

G.R.S. Form 8-W-A-0

Information requested of *Q. O.*

Date 10/8/20

File No. 22646 Registration. *NOV 4 1920*

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.

- a. Surname **Chorny,** ✓
- b. Christian name **Jacob** ✓
- c. Serial Number **261222** ✓
- d. Organization **Co. A. 125th Inf.** ✓
- e. Rank **Pvt.** ✓
- f. Date of death ~~8/19/18 or 8/29/18~~ ✓
- g. Cause of death **DWRIA** ✓
- h. Authority (C.C.#) *H. D. Determination*
- i. Emergency address *Mike Chorny, Godolshoy Huberni Prospekt, Skakof, Pozda, Pkhta*
- j. Relationship *Not shown, Sobnosynda, delo, Paslotovka, Russia*

FILE

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 | |

OCT 15 1920
RECEIVED

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

BY: *H. J. Conner*

H. J. CONNER,
Captain, ~~Q. O.~~
1st. Lt. Q. M. C.

CIMETERY NO: 593

SHEET NO: 231

TYPED BY: z/s

S-713/MB

10/11/20 Donnelly, WCK, Sec Sec, 2/343

2/10/20

GENERAL INVESTIGATIVE DIVISION
OCT 11 1920
FBI

OCT 12 1920

RECEIVED

GENERAL INVESTIGATIVE DIVISION
OVERSEAS PROJECT SECTION



OCT 12 1920
RECEIVED