

280

To The Adj. Gen. Of

G.R.S. Form #114-B

7608

JUN 1 1928

FULL NAME CIAMPA, Pasquale *serv name*

RANK Cpl. SERIAL 1686468

DIVISION & ORGANIZATION Co. F, 325th Inf.

DATE OF DEATH *DIV-82*
Oct. 15, 1918

STATE FROM WHICH HE CAME *Mass*

MEDALS OR DECORATIONS AWARDED. *none*

FINAL GRAVE LOCATION
Date Grave Row Block

Meuse-Argonne, #1232
Cemetery

Robert O. Davis,
Major General,
The Adjutant General.

By *[Signature]*

JUN 10 1928

23/306/ARK

41 AGO
JUN 9 1928
RECORDS SECTION

Rec'd World War Div
5 APR 2 1928

END
4/9/28

293

Received
JUN 11 28
M. O. R. BRANCH
O. O. M. G.

Co. F, 325th Infantry
82nd Division

CIAMPA Pasquale - Corp. 1686468

Corp. CIAMPA was instantly killed in action on Oct. 15th 1918, during the Meuse - Argonne offensive while his company was moving into position to protect the left flank of the 326th Inf. and the flank of the 77th Division. This was during the operations of the company on the right of St. Juvin. A high explosive shell made a direct hit on Corp. CIAMPA and he was killed instantly. I personally went to Corporal CIAMPA but there was nothing which could be done for him. He was buried near Ravine au Pierre on the right of St. Juvin together with other members of this company.

Informant : HILL Lemuel D - 1st Lieutenant.
Co. F, 325th Infantry

Home : Columbus, Ga.

Not signed.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Ciampa, Pasquale
1232.

Sept. 5, 1929

Mrs. A. Giardiello,
20 Murray St.,
Lynn, Mass.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 1929, making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

(Ciampa, Pasquale)

Mrs. A. Giardiello,
20 Murray St.,
Lynn, Mass.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the **cousin of the late Corporal Pasquale Ciampa, Co. F, 325th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.**

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

2 incls.
Act of Congress.
Envelope.

REPORT OF DISINTERMENT AND REBURIAL.

79314

Remains of:

Name: CRAMPA, Pasquale
(Crampa, Pasqula)

Number:

Rank: Unkn

Organization: Co. F. 329th., Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

11th., April, 1919

Grave ISOLATED. ST. JUVIN. ARDENNES.

Map. 35 N. W. E. 297.7 N. 285.7

Reburied (Date)

in: (Give complete location)

11th., April, 1919

Grave #189 Section #16 Plot #4

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

Map. 35 N. E. E. 308.16 N. 284.87

1232

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

Burial fair. Body buried in Uniform. Body badly decomposed.

Was one identification tag found upon the body? No

What other means of identification were found on the body?

Tag Shows Co. F. 329th., Inf.

CONFIRMED No. D.

10791
10791

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. Strong.

R. H. ROSENTHAL
2nd Lieut. Q.M.G.U.S.A.
C.O. Group Unit



RECEIVED

RECEIVED JUN 19 9 11 AM '08 O.C.D.M. G.R.S.

NOTE:

RECEIVED JUN 19 9 11 AM '08 O.C.D.M. G.R.S.

RECEIVED JUN 19 9 11 AM '08 O.C.D.M. G.R.S.

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RECEIVED JUN 19 9 11 AM '08 O.C.D.M. G.R.S.

REPORT OF DISINTERMENT AND REBURIAL

DATE

U.S. DEPARTMENT OF JUSTICE

RECEIVED JUN 19 9 11 AM '08 O.C.D.M. G.R.S.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

September 13, 1922.

FILE: 293.8 C-R

#42946

SUBJECT: Permanent Grave Location of

Corp. Pasquale Ciampa,
Company F, 325th Infantry.

TO:

Mr. Domenico Ciampa, Apice, Prov. Benevento, Italy.

File

1. The permanent grave of this soldier is No. Row
8 7,
Block
E, Meuse-Argonne American Cemetery at Romagne-sous-Montfaucon,
Department of Meuse, France.

2. 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, organization and date of soldier's death. 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.

3. 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.

For the Quartermaster General:

GEORGE H. PENROSE,
Assistant.

MAILED

SEP 13 1922

✓
08
1

m1

DATE 2/14/22

1. NAME CIAMPA, Pasquale SERIAL No. 1686468

RANK Cpl ORGANIZATION Co F 325th Inf

GRAVE LOCATION Meuse-Argonne, Amer Cty. ROMAGNE-s-MONTEAUCON #1232 sec16

CTY. NAME Meuse NUMBER

189 sec16 4
GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Isol. St. Juvin (Ardennes)

GRAVE COMMUNE DEPT.

COORDINATES 35NW, 285.7N, 297.7E

CONCENTRATED TO 4.11.19 189 16 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.

Plate shows identification. Tag shows Co. F. 329th Inf.

Data Form 1

SUBSEQUENT REBURIALS

rf DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. Birdseye

M. B. BIRDSEYE
1st Lt., Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION 2/14/22 8 7 E.

DATE GRAVE ROW PLOT BLOCK.

Meuse-Argonne American Cemetery #1232. Romagne-sous-Montfaucon. Meuse.
CEMETERY

AUDITED BY
SEB 8/15/22



APR 17 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.

42946

from

79315



8 AVRI REG

GRAVE LOCATION BLANK

4294

LOCATION OF THE GRAVE OF

CIAMPA, 1686468, Pasquale
(Surname). (Number). (First Name and Initials).

Corp. Co. F 325th., Infantry
(Rank). (Organization).

PLACE OF DEATH: just East of St. Juvier

CAUSE OF DEATH: High explosive shell

DATE OF BURIAL: not known

PLACE OF BURIAL: not known

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

FILE

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS: 686 468

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?

St. Juvier (Verdeuno)

NEAREST RELATIVE: 250 35th, COORD

ADDRESS:

RELATIONSHIP:

REPORTED BY:

R. Morrison, Capt 325th
(Signature and Rank of Reporting Officer).

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

Communal List No. 250-2761
Daily Report No. _____



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

Hq. G. R. S. File

2. Soldier's No

3. **CRAMPA PASQUALA**
Surname (in block letters) First Name and Initials

4. ^x ^x ^x
Rank Company Regt. or Corps

5. ^x ^x
Date of Death Cause, if known

6. ^x
Date of Burial Cemetery

7. **NEAR ST. JUVIN** **ARDENNES**
Town or Commune (in block letters) Department

8. **A** **SKETCH 38**
Grave No. Plot No. or Letter

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

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

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

UMME. St. Juvin (Ardennes)

(C-250) SIT. 35 N.W. COORD. E. 297-55 N. 285-75

12. **VERDUN N.W. 35**
Map reference, if interment is outside of cemetery

285 N - 297-E

13. Give name of Chaplain or Burial Officer

Signed **Herman L. Meades & M. J. G. 1948**

Group **4** Unit **305** G. R. S.

R. B. H. 1450



FILE

42946

293. Ciampa, Pasquale

3rd Ind.

100
HW/nwa.

Hqrs., American G.R.S., QMC., in Europe, 8 Avenue d'Iena, Paris. May 24,
1921. To: Quartermaster General, Munitions Building, WASHINGTON, D.C.

1. Returned, inviting attention to preceding indorsement.

H. F. Rethers

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



RECEIVED



JUN 28 1921
G. H. S.

CHIEF
OFFICE
H. B. WALKER

Handwritten signature

RECEIVED
GENERAL INVESTIGATION
DIVISION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

WIFE

77544

293. Ciampa, Pasquale.

1st. Ind.

OS
HW/mn.

Hqrs. American G.R.S., Q.M.C. in Europe, 8, Avenue d'Iena, PARIS. May 3rd. 1921.
To: Supervisor, Area #1, American G.R.S. ROMAGNE-sous-MONTFAUCON, (Meuse).

1. Forwarded for preparation of new aluminium strips, correction of the records of your Office, and change of inscription on the cross in compliance with instructions contained in paragraph #1, basic communication.

2. When these instructions have been complied with, state by indorsement hereon.

By direction :

OFFICE SUPERVISOR
5 MAI 1921
AREA. N° 1. A.G.R.S.

Edgar A. Fry
EDGAR A. FRY,
Colonel, Infantry,
Chief, Operations Division.

2nd. Ind.

Ciampa, Pasquale, Cem. #1232.

DEL/mfc

Supervisor, Area #1, Romagne-sous-Montfaucon, (Meuse) May 20th, 1921 -
To: Chief, AGRS., QMC., in Europe, 8 Avenue d'Iena, Paris.

1. Returned.

2. Instructions as contained in Par. #1, preceding indorsement have been complied with.

RECEIVED
27 MAY 1921
Registration Br.
H.Q. A.G.S. Q.M.C.
in Europe

RECEIVED
23 Mai 21
A.G.S. Q.M.C.
IN EUROPE

L. O. MATHEWS,
Major, Q.M.C.,
D. E. Lowry
By: D. E. LOWRY,
1st. Lt., Q.M.C.,
Adjutant.

RECEIVED
JUN 28 1921
G. H. S.

MA: [Faint illegible text]

[Faint, mostly illegible text, possibly a list or report]

UNITED STATES DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.

RECEIVED
JUN 28 1921
DIVISION OF INVESTIGATION

[Faint, mostly illegible text, possibly a list or report]

H E A D Q U A R T E R S
AMERICAN GRAVES REGISTRATION SERVICE., Q.M.C., IN EUROPE
8, Avenue d'Iena, Paris

42946

April 29, 1921

File No.

From: Chief,

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

Subject: Acknowledgment of correspondence.

Receipt this date is acknowledged of the following correspondence
from your office:

Letter)
dated: April 14, 1921

~~Indorsement~~)

File No. 293.8 Cem.Div. #42946 - Registration (Form 122)

Subject: Change of Inscription on Grave Marker

Name: Cpl. Pasquale Ciampa

H. F. [Signature]
Colonel, Q.M.C.

DMK.

Faint, illegible text, possibly bleed-through from the reverse side of the page.

[Handwritten scribble]

RECEIVED

MAY 24 1921
G. H. S.

G.R.S. Form No. 122.
Change of Inscription.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

April 14, 1921.

File No. 293.8 Cem.Div., #42946 - Registration.

~~Exhibit~~

~~Registration~~



RECORDED, A.G.R.S., Q.M.C., IN EUROPE
FILE NO. 293 Ciampa, Pasquale

From: Office of the Quartermaster General, Chief, Cemeterial Division, (GRS),
Munitions Building, 19th & B Streets, N.W., Washington, D. C.
To: Chief, American Graves Registration Service, Q.M.C., in Europe,
8 Avenue d'Iena, Paris, France.
Subject: Change of Inscription on Grave Marker.

1. It is requested that the inscription on the marker erected
over grave # 189, plot 4, section 16, Cty. # 1232,

Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse

be corrected to correspond with the records of this office which show

Corporal Pasquale Ciampa, #1686468, Company F, 325th Infantry

Date of death 10/15/18

2. When this has been done, advise the Red Cross Photographic
Section in order that another photograph may be taken of the grave with
the correct inscription.

By authority of the Quartermaster General:

CHARLES C. PIERCE,
Lieut. Colonel, U.S. Army,
Chief, Cemeterial Division.

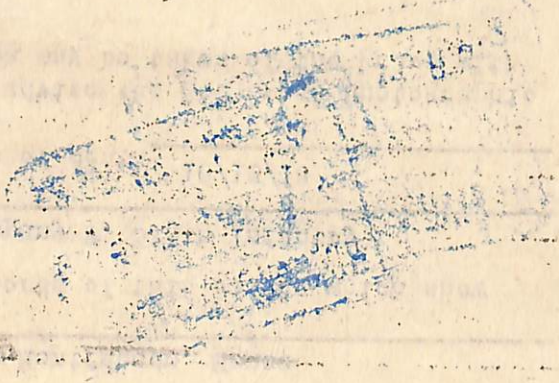
CMN/ms
Inv.S.S.
Inv. & Adj. Dept.

mm

RECEIVED



JUN 28 1921
G. H. S.



404

Handwritten text, possibly a signature or name, written vertically on the right edge of the page.

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

Date April 1, 1921.

File No. 42946

Registration.

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. CIAMPA ✓
- ✓ b. Christian name. Pasquale ✓
- ✓ c. Serial number. 1686468 ✓
- ✓ d. Organization. Co. F, 325th Inf. ✓
- ✓ e. Rank. Cpl. ✓
- ✓ f. Date of death. 10/15/18 ✓
- ✓ g. Cause of death. K/A ✓
- ✓ h. Authority (C. C. No.) 300 Ind Sew Rec +
 Inw Effects
- ✓ i. Emergency address. Mrs. A. Giardiello,
 20 Murray St., Lynn,
 Mass.
- ✓ j. Relationship. Cousin

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at 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							

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

By

H. J. Conner
 H. J. CONNER,
 Captain, Q. M. C.

mkm
 Mr. Wilson

Rec'd World War
 Date..... APR 2 1921
 1st Lieut.

70,

Donnelly EME
 EPS - 4/4/21.

Rec'd
 APR 2 1921

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

Date April 1, 1921.

File No. 43245 Registration

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

To: The Adjutant General of the Army, Sixth and B Streets NW, Washington, D. C.

APR - 5 - 1921

RECEIVED

Subject: Information required of G. R. S.
It is requested that the items checked below be completed. Request confirmation of all information shown.

- a. Surname. *CLARA*
- b. Christian name. *Clara*
- c. Serial number. *1686488*
- d. Organization. *Co. F, 325th Inf.*
- e. Rank. *Cpl.*
- f. Date of death. *10/18/18*
- g. Cause of death. *K/A*
- h. Authority (C. C. No.). *800*
- i. Emergency address. *Mrs. A. Giardello, 50 Murray St., Lynn, Mass.*
- j. Relationship. *Consist*

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at 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

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

By

H. J. CONNER,
Quartermaster, U. S. A.

Mr. Allison

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-H12
Information requested of A.G.O.

Date 3/30/21.

File No. Requisition

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

To: The Adjutant General of the Army, 6th & E 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 Giampa
- b. Christian name Pasquale
- c. Serial Number 1686468
- d. ~~Organization Co. F, 325th Inf.~~
~~or (Co. F, 225th Inf.)~~
- e. Rank Cpl.
- f. Date of death 10/15/18.
- g. Cause of death K/A.
- h. Authority (C.O.#)
- i. ~~Emergency address~~ Ciraco Giardiella
12 Edward Court, West Lynn, Mass.
- j. ~~Relationship~~ cousin.

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 | | | | | | | | |

NOTED FORM 118
DATE 4-5-'21 - 8. M. M.

C.W.
CEMETERY NO: 1232-Sec .16.

SHEET NO: 43
TYPED BY: I.W.

S/713/LML

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

BY: 
H. J. CONNER,
1st. Lieut. Q.M.C.

Donnelly E.M.E.
EPS 4/11/21

Rec'd World War Dept
Date
MAR 31 1921

MAR 31 1921

FORM NO. 1

U.S. DEPARTMENT OF JUSTICE

WASHINGTON, D.C.

- 1. Name of person
- 2. Address
- 3. City
- 4. State
- 5. Date of birth
- 6. Date of death
- 7. Sex
- 8. Race
- 9. Color of hair
- 10. Color of eyes
- 11. Age of subject

APR - 2 1921
RECEIVED

INDEXED

SEARCHED

SERIALIZED

FILED

(See page 23 of the relative record)
BIRTH DESCRIPTION

EXAMINATION BY (see relative record of)
DEATH RECORD

- a. Name of father
- b. Name of mother
- c. Name of birthplace
- d. Name of birthplace (State)
- e. Name of birthplace (Country)
- f. Name of birthplace (City)
- g. Name of birthplace (Street)
- h. Name of birthplace (Block)
- i. Name of birthplace (Room)
- j. Name of birthplace (Apartment)
- k. Name of birthplace (Building)
- l. Name of birthplace (Neighborhood)
- m. Name of birthplace (District)
- n. Name of birthplace (County)
- o. Name of birthplace (State)
- p. Name of birthplace (Country)
- q. Name of birthplace (City)
- r. Name of birthplace (Street)
- s. Name of birthplace (Block)
- t. Name of birthplace (Room)
- u. Name of birthplace (Apartment)
- v. Name of birthplace (Building)
- w. Name of birthplace (Neighborhood)
- x. Name of birthplace (District)
- y. Name of birthplace (County)
- z. Name of birthplace (State)
- aa. Name of birthplace (Country)
- ab. Name of birthplace (City)
- ac. Name of birthplace (Street)
- ad. Name of birthplace (Block)
- ae. Name of birthplace (Room)
- af. Name of birthplace (Apartment)
- ag. Name of birthplace (Building)
- ah. Name of birthplace (Neighborhood)
- ai. Name of birthplace (District)
- aj. Name of birthplace (County)
- ak. Name of birthplace (State)
- al. Name of birthplace (Country)
- am. Name of birthplace (City)
- an. Name of birthplace (Street)
- ao. Name of birthplace (Block)
- ap. Name of birthplace (Room)
- aq. Name of birthplace (Apartment)
- ar. Name of birthplace (Building)
- as. Name of birthplace (Neighborhood)
- at. Name of birthplace (District)
- au. Name of birthplace (County)
- av. Name of birthplace (State)
- aw. Name of birthplace (Country)
- ax. Name of birthplace (City)
- ay. Name of birthplace (Street)
- az. Name of birthplace (Block)
- ba. Name of birthplace (Room)
- bb. Name of birthplace (Apartment)
- bc. Name of birthplace (Building)
- bd. Name of birthplace (Neighborhood)
- be. Name of birthplace (District)
- bf. Name of birthplace (County)
- bg. Name of birthplace (State)
- bh. Name of birthplace (Country)
- bi. Name of birthplace (City)
- bj. Name of birthplace (Street)
- bk. Name of birthplace (Block)
- bl. Name of birthplace (Room)
- bm. Name of birthplace (Apartment)
- bn. Name of birthplace (Building)
- bo. Name of birthplace (Neighborhood)
- bp. Name of birthplace (District)
- bq. Name of birthplace (County)
- br. Name of birthplace (State)
- bs. Name of birthplace (Country)
- bt. Name of birthplace (City)
- bu. Name of birthplace (Street)
- bv. Name of birthplace (Block)
- bw. Name of birthplace (Room)
- bx. Name of birthplace (Apartment)
- by. Name of birthplace (Building)
- bz. Name of birthplace (Neighborhood)
- ca. Name of birthplace (District)
- cb. Name of birthplace (County)
- cc. Name of birthplace (State)
- cd. Name of birthplace (Country)
- ce. Name of birthplace (City)
- cf. Name of birthplace (Street)
- cg. Name of birthplace (Block)
- ch. Name of birthplace (Room)
- ci. Name of birthplace (Apartment)
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- cp. Name of birthplace (City)
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- cs. Name of birthplace (Room)
- ct. Name of birthplace (Apartment)
- cu. Name of birthplace (Building)
- cv. Name of birthplace (Neighborhood)
- cw. Name of birthplace (District)
- cx. Name of birthplace (County)
- cy. Name of birthplace (State)
- cz. Name of birthplace (Country)
- da. Name of birthplace (City)
- db. Name of birthplace (Street)
- dc. Name of birthplace (Block)
- dd. Name of birthplace (Room)
- de. Name of birthplace (Apartment)
- df. Name of birthplace (Building)
- dg. Name of birthplace (Neighborhood)
- dh. Name of birthplace (District)
- di. Name of birthplace (County)
- dj. Name of birthplace (State)
- dk. Name of birthplace (Country)
- dl. Name of birthplace (City)
- dm. Name of birthplace (Street)
- dn. Name of birthplace (Block)
- do. Name of birthplace (Room)
- dp. Name of birthplace (Apartment)
- dq. Name of birthplace (Building)
- dr. Name of birthplace (Neighborhood)
- ds. Name of birthplace (District)
- dt. Name of birthplace (County)
- du. Name of birthplace (State)
- dv. Name of birthplace (Country)
- dw. Name of birthplace (City)
- dx. Name of birthplace (Street)
- dy. Name of birthplace (Block)
- dz. Name of birthplace (Room)
- ea. Name of birthplace (Apartment)
- eb. Name of birthplace (Building)
- ec. Name of birthplace (Neighborhood)
- ed. Name of birthplace (District)
- ee. Name of birthplace (County)
- ef. Name of birthplace (State)
- eg. Name of birthplace (Country)
- eh. Name of birthplace (City)
- ei. Name of birthplace (Street)
- ej. Name of birthplace (Block)
- ek. Name of birthplace (Room)
- el. Name of birthplace (Apartment)
- em. Name of birthplace (Building)
- en. Name of birthplace (Neighborhood)
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- ep. Name of birthplace (County)
- eq. Name of birthplace (State)
- er. Name of birthplace (Country)
- es. Name of birthplace (City)
- et. Name of birthplace (Street)
- eu. Name of birthplace (Block)
- ev. Name of birthplace (Room)
- ew. Name of birthplace (Apartment)
- ex. Name of birthplace (Building)
- ey. Name of birthplace (Neighborhood)
- ez. Name of birthplace (District)
- fa. Name of birthplace (County)
- fb. Name of birthplace (State)
- fc. Name of birthplace (Country)
- fd. Name of birthplace (City)
- fe. Name of birthplace (Street)
- ff. Name of birthplace (Block)
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- fh. Name of birthplace (Apartment)
- fi. Name of birthplace (Building)
- fj. Name of birthplace (Neighborhood)
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- fn. Name of birthplace (Country)
- fo. Name of birthplace (City)
- fp. Name of birthplace (Street)
- fq. Name of birthplace (Block)
- fr. Name of birthplace (Room)
- fs. Name of birthplace (Apartment)
- ft. Name of birthplace (Building)
- fu. Name of birthplace (Neighborhood)
- fv. Name of birthplace (District)
- fw. Name of birthplace (County)
- fx. Name of birthplace (State)
- fy. Name of birthplace (Country)
- gz. Name of birthplace (City)
- ga. Name of birthplace (Street)
- gb. Name of birthplace (Block)
- gc. Name of birthplace (Room)
- gd. Name of birthplace (Apartment)
- ge. Name of birthplace (Building)
- gf. Name of birthplace (Neighborhood)
- gg. Name of birthplace (District)
- gh. Name of birthplace (County)
- gi. Name of birthplace (State)
- gj. Name of birthplace (Country)
- gk. Name of birthplace (City)
- gl. Name of birthplace (Street)
- gm. Name of birthplace (Block)
- gn. Name of birthplace (Room)
- go. Name of birthplace (Apartment)
- gp. Name of birthplace (Building)
- gq. Name of birthplace (Neighborhood)
- gr. Name of birthplace (District)
- gs. Name of birthplace (County)
- gt. Name of birthplace (State)
- gu. Name of birthplace (Country)
- gv. Name of birthplace (City)
- gw. Name of birthplace (Street)
- gx. Name of birthplace (Block)
- gy. Name of birthplace (Room)
- gz. Name of birthplace (Apartment)

Continuation of all information from
 1. In addition that the same should be completed
 unless: information required for C.R.S.
 To: *Mr. Tolson* Director of the U.S. Dept. of Justice, Washington, D.C.
 From: *Mr. [Name]* (See relative record)
 Title: *[Title]*
 Date: *4/2/21*

Division
 Office of the Superintendent of the Census
 U.S. DEPARTMENT OF COMMERCE

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1123

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE
WASHINGTON

PLEASE
EXPEDITE

Cty 1232

File No. 42946
79315

Registration.

Date 12/27/20

FILE

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. **CRAMPA** *Ciampa* ✓ f. Date of death.
- b. Christian name. **Pasquale** *Pasquale* ✓ g. Cause of death.
- ✓ c. Serial number. ✓ h. Authority (C. C. No.)
- d. Organization. **Co. F, 329th Infantry** ✓ i. Emergency address.
- ✓ e. Rank. ✓ j. Relationship.

BODY DESCRIPTION.

(See page 2 of the Service Record.)

- a. Age at 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.							

DEC 29 1920

Rec'd World War Div.
Date: **JAN 4 1921**

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

By

Rec'd World War Div.
Date: **DEC 28 1920**

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

Rec'd World War Div.

Date **DEC 28 1920**

322 m & Bw
Lemana
196 2555
Brown

No record in Ent Recd files
Donnelly 14 27th Reg 7 12-21
1-5-20

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

File No. 42946
79315

Cty 1232

Date 12/27/20

Registration.

FILE

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

To: The Adjutant General of the Army, Sixth and B Streets NW., 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. CRAMPA Ciampa ✓ f. Date of death.

b. Christian name. Pasquale Pasquale ✓ g. Cause of death.

c. Serial number. ✓ h. Authority (C. C. No.)

d. Organization. Co. F, 329th Infantry ✓ i. Emergency address.

e. Rank. ✓ j. Relationship.

BODY DESCRIPTION.

(See page 2 of the Service Record.)

a. Age at 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.

DEC 29 1920

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

By

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

322 m BBN
Lemona

196 25 55
Brown

Rec'd World War Div.
Date JAN 4 1921

Rec'd World War Div.
Date DEC 28 1920

Rec'd World War Div.

Date DEC 28 1920

Record in Ent Prod file
Wonnally 711 544 12-21-20
1-5-21

No record found of soldier on R.P.R. of
Co F 329 Inf
12/30/20 Journally - M.M.H. R.H. L.S. &
verified

H. BOGGS Per 9:50

no record 201's

81024831 13342018

81024831 13342018

CO F 329 INF
12/30/20

JAN 9 1921

RECEIVED
JAN 6 1921

OUT
Word was Division
JAN 4 1921

It is requested that the items checked below be completed. Prompt confirmation of all information to be furnished is appreciated.

To: The Adjutant General of the Army, Sixth and B Streets NW, Washington, D. C.

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

File No. 13328 Registration

Date 12/30/20

FORM 1332

WASHINGTON

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
DEPARTMENT OF WAR

4-7-20

U.S. GOVERNMENT PRINTING OFFICE

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE.
A.P.O. 717. FRANCE.

79315

April 16, 1919.

FROM: Chief, Graves Registration Service, American E.F.
TO: Casualty Division, C.R.O. A.P.O. 902, A.E.F.
SUBJECT: Unidentified burials.

List forwarded to this office with your letter of January 31, 1919 has been checked against records with the following results:

1. EUGENE HAYS is listed on our records "EUGENE E. HAYES, 1542491."
2. Burial report on file does not show any additional information regarding A. SOLOMAN.
3. Pvt. JOSEPH YACOMA, 1764811, is shown on our records as "ANTONIO YACOMO, 1764811."
4. ALBERT KRAUSE is shown on our records as "CPL. ALBERT KRAUS, 2338944, Co. F., 4th Infantry."
5. PASQUALE CRAMPA appears on our records as "PASQUALA CRAMPA."
6. Grave location blank for J. BASILUK does not give information other than shown on your list.

This office has no record of other soldiers shown on list submitted.

ACL:HWA.

CHARLES C. PIERCE
Lieut. Colonel, G.M.C. U.S.A.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Ciampa</i>	3	3-9-1
	<i>PASQUALE</i>		
BURIED	CEMETERY <i>1232</i>	1	1
	GRAVE <i>8</i>	2	08
	ROW <i>4</i>	2	07
	BLOCK <i>E</i>	1	5
STATE	<i>Mass</i>	2	25
RANK	<i>Cpl</i>	1	2
DIVISION	<i>82</i>	2	82
ORGANIZATION	<i>325</i>	3	325
ARM	<i>Inf</i>	1	1
MARTIAL	<i>no</i>	1	21
NAME	<i>Ciampa</i>	3	391
	<i>Fortinata</i>		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>mother</i>	1	1
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	
<i>Country</i>	<i>Italy</i>	2	01

AUDITED
 MAR 27 1955
 RHM

PAD

TE 10-24-29

NAME Ciampa Pasquale Gd. RANK Gd. SERIAL Co. 325 Inf. ORGANIZATION Co. 325 Inf. DATE OF DEATH _____
 STATE _____ CTY. NO. 1232 GRAVE _____ ROT _____ BLOCK _____

Check relationship Living - Deceased

MOTHER ins + comp : : :
 STEPMOTHER (For the year prior to commencement of service) : : :
 MOTHER THRU ADOPTION (For the year prior to commencement of service) : : :
 MOTHER IN LOCO PARENTIS (For the year prior to commencement of service) : : :
 WIDOW (Who has not remarried) : : :

XC-93129^{11/3}
Fortinata Giardiello in
Ciampa, Apice
Prov-di Benevento
Italy-
3-22-33

NAME
 AND
 ADDRESS

veteran - single

Veterans Bureau Claim Number 29/156/

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Ciampa, Pasquale
1232.

Sept. 5, 1929

Moved

Mrs. A. Giardiello,
20 Murray St.,
Lynn, Mass.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 1929, making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

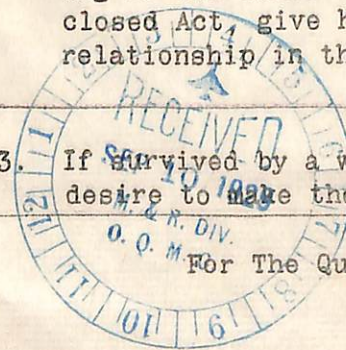
3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

John T. Harris
JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

2 Incls.
Act of Congress
Envelope



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

(Ciampa, Pasquale)

Mrs. A. Giardiello,
20 Murray St.,
Lynn, Mass.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the ^{cousin of the} late Corporal Pasquale Ciampa, Co. F, 325th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

2 incls.
Act of Congress.
Envelope.

Concentration.

G. R. S. Form. No. 16-A

Place Romagne 1232.

REPORT OF DISINTERMENT AND REBURIAL

Date Feb 14, 1922.

1. REMAINS OF CIAMPA, Pasquale. SERIAL NUMBER 1686468

RANK Cpl. ORGANIZATION Co. F. 325th Inf.

2. Disinterred (date): Feb 14, 1922 From (give complete location): gr 189, sec 16, plot 4, Cty. 1232.

By: Group 6 Unit sec 1

3. Reburied (date): February 14, 1922 In (give complete location): Meuse Argonne Cemetery # 1232, Grave 8 Block "E", Row 7.

By: Group reburial S. Unit _____ Nature of reburial unlined casket

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

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

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

Plaque on body: Pasquale Ciampa, 329th Inf.

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 d

Quantity do

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

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

right side of skull fractured.

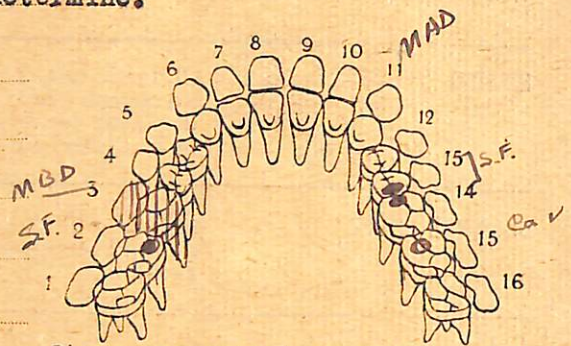
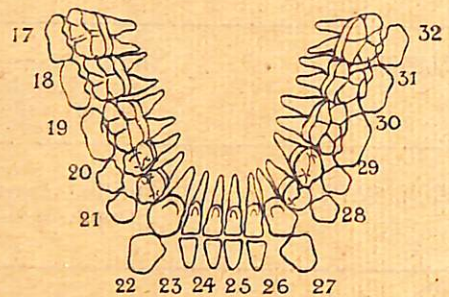


Diagram represents the mouth wide open



7. Disinterment supervised by Roy M Perry
R.M. Perry.

30731
Geo C Bland
Approved: Geo. C. Bland 1st Lt. Q.M.C.
(Title)

8. Reburial supervised by W B Shield
W. B. Shield

Approved: A E Dewey
(Title) A. E. Dewey,
1st. Lt., Q.M.C.

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, shaded 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.

JUL 17 1922



RECEIVED
GRAVES REGISTRATION

To be prepared in triplicate.

DATE Feb 14 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 <u>CIAMPA, Pasquale</u>	10. Name _____
2. No. <u>1686468</u>	11. No. _____
3. Rank <u>Cpl</u>	12. Rank _____
4. Org. <u>Co F 325th Inf</u>	13. Org. _____
5. D.D. <u>Oct 15th</u>	14. (a) D.D. _____
6. C.D. <u>KIA</u>	(b) D.B. <u>None</u>

Discrepancy found upon disinterment

7. Grave No. <u>189</u> Sec. <u>16</u>	15. Grave No. _____ Sec. _____
8. Plot <u>4</u> Row _____	16. Plot _____ Row _____
9. _____	17. <u>None</u>

18. Cemetery <u>Meuse-Argonne, Amer.</u>	19. Commune or town <u>ROMAGNE-s-MONTFAUCON</u>
20. Dept. or County <u>Meuse</u>	21. Country <u>France</u>

22. G.R.S. Hdqrs. Code No. #1232 sec16

23. Disinterred (Date) Feb 14 1922 By Roy M Perry

24. Inscription on grave marker: _____

Name <u>Pasquale Ciampa</u>	Serial No. <u>1686468</u>
Rank <u>Cpl</u>	Organization <u>Co F 325 Inf</u>

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

E. J. Rasch
Signature Junior Technical Assistant

PREPARATION E J Rasch

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).

Pasquale Ciampa 329th Inf on plaque on body

27. Condition of body Badly decomposed features unrecognizable

28. Nature of burial Box US Uniform 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 14 1922 By Roy M Perry

31. Casket sealed by Roy M Perry

Signature of Embalmer, (Supervisor *Roy M Perry*
Roy M Perry)

SHIPMENT. (Show actual marking of box.) Box No. **C-22497**

32. Designation of body:

Name **Pasquale CIAMPA** Serial No. **1686468**

Rank **Cpl** Organization **Co F 325th Inf**

33. Consigned to:

Name of Permanent Cemetery **Meuse-Argonne, Amer #1232, ROMAGNE-s-MONTFAUCON (Meuse)**

34. Casket boxed and marked (Date) **Feb 14 1922** By **Roy M. Parry**

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

Geo C Bland
Geo C Bland 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) **Feb 14 1922** **GU**

To point of Concentration **Morgue Romagne**

(Name)

Convoyer **W J Royed** Signature Shipping Officer *G F Spann*

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, February 14, 1922**
(Date)

42. Grave No. **8** Section

43. ~~Plot~~ Block **E.** Row **7**

G.R.S. Representative *A. E. Dewey*

A. E. Dewey,

1st. Lt., Q.M.C.

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 4-6-, 1920

Section - 16

Par. 2 - Not to be returned (JEN)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*B. A. N. R. Domenico Ciampa (Father)
Apice, Prov. Benevento, Italy
Mrs. Portignate S. Ciampa (Mother)
Apice Prov. Benevento, Italy (4-30-21)
F.M.*

OSP-SS
Form No. 1009

C 9 129

*Please
insert*

J.A. G.

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

Harlow C.W.
NAME OF DECEASED SOLDIER
1252-Sec. 16 - 43
CEMETERY NO.
5/30/21.
DATE
1686468
SERIAL NUMBER
Co. F, 325th Inf.
ORGANIZATION
10/15/18.
DATE OF DEATH

Copy forwarded to
Adjustment Department
Date 4-30-21 E.M.

WAR RISK INSURANCE INFORMATION

DATE 4-28-21

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE
RELATIONSHIP

ADDRESS

Domenico Ciampa
PERSON RECEIVING DEATH COMPENSATION
Father
RELATIONSHIP

apice, Prov Benevento, Italy
ADDRESS
Mrs Fortunate G. Ciampa
RELATIONSHIP
mother
apice, Prov Benevento, Italy

S-1368/1D

RECEIVED

APR 29 1921

Cemeterial Division
Overseas Project Sub-Section

22

Ciampa,

Pasquale

1,686,468 ✓

(Surname.)

(Christian name in full.)

(Army serial number.)

Corp Co F , ³ 225th Inf.

(Rank and organization.)

l.m.m.

State your relationship to the deceased

Cousin *Let him remain in field Honor*

Do you desire the remains brought to the United States?

Yes (Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

Yes (Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

Mrs. C. Guardillo American N.Y.
(Name of person to receive remains.) (Express office.) (Telegraph office.)

20 Murray St Lynn Mass
(Number and street.) (City or town.) (State.)

(Sign here)

Mrs C Guardillo

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by PT

3-29-21

1232 - Sec 16 - 43

Checked
3/29/21
ST