

G.R.S. Form #114-B

CAUSE OF DEATH

Died of wounds.

FULL NAME. CIAPPONI, John

OK

RANK. Pvt.

OK

SERIAL. 2115685

OK

DIVISION & ORGANIZATION.

Baty. A, 102nd F.A.

26 Div.

DATE OF DEATH.

7-23-1918

STATE FROM WHICH HE CAME.

Michigan

MEDALS OR DECORATIONS AWARDED.

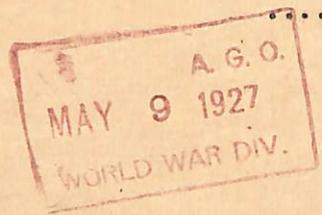
none

FINAL GRAVE LOCATION.

	66	9	A
Date	Grave	Row	Block

Aisne-Marne American Cemetery # 1764

Cemetery



*9786-3
5/25/27*

abc

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Cia.pponi</i>	3	3 9 1
BURIED	CEMETERY <i>1764</i>	1	4
	GRAVE <i>66</i>	2	66
	ROW <i>9</i>	2	09
	BLOCK <i>A</i>	1	1
STATE	<i>Mich</i>	2	26
RANK	<i>Pvt</i>	1	2
DIVISION	<i>26</i>	2	26
ORGANIZATION	<i>102</i>	3	102
ARM	<i>FA</i>	1	3
MARITAL	<i>Other</i> <i>No</i>	1	2 <i>MA</i>
NAME	<i>Lavezzari</i>	3	<i>2 1 2</i>
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	1
OTHER	<i>Other</i>	1	3
ELIGIBILITY	<i>Dead</i>	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	AUG 18 1952
DATE OF	MO.	1	<i>RS</i>
TRIP	YR.	1	
ACCEPTANCE		1	
29/514/			<i>m^oL</i>

AUDITED

JB
29/514/

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE Feb. 8, 1930.

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
CIAPPONI, John	Pvt.	2115685	Bty. A 102 F.A.	7/23/18.

STATE Mich.	CTY. NO.	1764	GRAVE 66	ROW	9	BLOCK A
-------------	----------	------	----------	-----	---	---------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER	: : ✓	<i>(write to)</i> : <i>Dott. Cunzio Lavezzari,</i> : <i>notaris</i> : <i>Via S. Rocco</i> : <i>Inorbegno -</i> : <i>Provincia di Sondrio</i> : <i>Italy -</i>
NAME	STEPMOTHER (For the year prior to commencement of service)	: : :	
AND	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : :	
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	
	WIDOW (Who has not remarried)	: : :	
	<i>Single man</i>	: : :	

Veterans Bureau Claim Number XC-56891
29/156/

9m 7/14/30

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Giapponi, John

June 12, 1929.

Mr. Mario Giapponi,
3322 Grant Street,
Flint, Michigan.

Dear Sir:

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 brother of the late Private John Giapponi, Battery A, 102nd P.A. whose remains are now interred in the Aisne Marne American Cemetery, Belleau, Aisne, 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Ciapponi, John
1764

Aug. 22, 1929.

Mr. Mario Ciapponi,
3921 Grant St.,
Flint, Michigan.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 12, 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
Ciapponi, John

June 12, 1929.

Mr. Mario Ciapponi,
3921 Grant Street,
Flint, Michigan.

Dear Sir:

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 brother of the late Private John Ciapponi, Battery A, 102nd F.A. whose remains are now interred in the Aisne Marne American Cemetery, Belleau, Aisne, 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.

D. B. M. G. H. R. R. P.
1929 JUN 12 PM 1
DISPATCHED

QM 293 A-C
(Ciapponi, John)

November 22, 1928.

Mrs. Angelo Ciapponi,
Margna,
Morvegno, (Como), Italy.

Dear Madam:

The inclosed card gives the permanent cemetery and grave location of the late **John Ciapponi**.

The Quartermaster General desires that you be informed that all American military cemeteries, both in Europe and in our own country, will be maintained by the Government forever, the graves permanently marked by headstones showing the decedent's name, rank, organization, State, and date of death, all of which will be done without the necessity of requests emanating from relatives.

Please understand that in effecting the final disposition of our heroic dead the utmost care and reverence is exercised.

Very truly yours,

J. McCLINTOCK,
Major, Q. M. Corps,
Assistant.

IMB

1 Incl.
Record card.

28/570

NOV 22 PM 1 14
DISPATCHED

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Clapponi 2115685
(Surname.) (Number.)

John
(First Name and Initials.)

Pvt.
211
(Rank.)

Batt. A, 102 F.A.
(Organization.)

DATE OF BURIAL July 24, 1918

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

American Sectional Cemetery

GRAVE NUMBER 49

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

IDENTIFICATION TAGS: Bottle?

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:

George S. L. Connor 1st Lt. Chaplain
(Signature and Rank of Reporting Officer.)

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

File No.

OUT-CHARGE SHEET

Date charged out

Charged to

Remarks:

INSTRUCTIONS.—If a document is taken from the files, charge it to the person to whom delivered. Make charge sheet in duplicate. Place one in record file and one in suspended file used for follow up on "charge out sheets."

Q. M. C. Form 492.
Revised July 26, 1918.

3-6787

1988-10-10
C/O HONORARY SHERIFF, JOHN
CLARK, 1988-10-10

Margaret, Mawson
(Mawson) Italy, Mrs

NAME:-

This case passed on final Au

reburial from _____
Gr. Row Pl

were no available means of c

24/555/EYS

Claim 56891
CIAPPONI, 2115685, John
Pvt. Baty, /A, 102nd ^T.A.

Mother,
Angelo Capp
Immigration
over

BYE/222/212

10671

From

22653

9

37739

Value of nation, \$

No. regions due

Cost of d

Lot

Place Plot-59 ers.

Date June 11, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Ciapponi, John

Number: 2115685

Rank:

Organization:

Baty A, 102nd F.A.

Disinterment and Reburial made by Group

Unit "B"

Disinterred (Date)

From: (Give complete location)

June 11, 1919

Plot-59 Myers, at Bezu-le-Guery, Aisne

Coord. 255.4N - - 169.9E

Grave 49.

Reburied (Date)

in: (Give complete location)

June 11, 1919

National Cemetery at Belleau Woods, Aisne.

Coord. 262.60N - - 176.04E

Plot-4, Sec. M, Grave 203.

1764

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

Body in poor condition.

Was one identification tag found upon the body? yes

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

11927

CONFIRMED No. D.....

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:

J. C. Turner

C.O. Group

H. C. Anderson

Unit



[The following text is extremely faint and largely illegible due to fading and bleed-through from the reverse side of the page. It appears to be a series of lines of text, possibly a list or a set of instructions.]

SYNOPSIS OF COMMUNICATION RECEIVED AND INDORSED OUT.

DATE RECEIVED IN

File 10671

DATED

6-27-23

FROM

TO

Case of
CIAIPPONI- 2115685- ? Pvt. Bty A, 102nd F.A.
Christian name in ?- whether JOHN or Giovanni.

per phone advice AGO 8/27/23

' signed name as "JOHN "

serial #2115685

indubted- Nov 6th, 1917 at Flint, Mich, gave as residence
3921 Grant St., Flint Mich.

E/A-- Michele Dusini, 3921 Grant St. Flint Mich.- friend
also gave name of brother- Mario Ciapponi- same address as above. '

E. Kensett Vail
Investigator.

(Giovanni is the Italian for Jahn.).
EKV

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

Please push

Harlow G.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Giapponi, John, Pvt.

1764 - 386

2/23/21.

SERIAL NUMBER

ORGANIZATION

C-5-6891

2115685

Bty. A, 102nd F.A.

Date of death - 7/23/18.

Copy forwarded to

Adjustment Department

WAR RISK INSURANCE INFORMATION

Date 4-18-21 E.M.

DATE March 15, 1921.

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Angela Giapponi,

Mother

Address

Margna St., Morbegno, Italy.

S/709/LML

68-100
Form 100

OFFICE OF THE MANAGER GENERAL
COMMERCIAL DIVISION
OVERSEAS PROJECTS SECTION

RECEIVED

APR 9 1921

Overseas Projects Section
Commercial Division

[Faint, mostly illegible text and lines, possibly bleed-through from the reverse side of the document]

OSP-SS
Form No. 1009

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

cancel
Harlow F.M.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Ciapponi, John, Pvt.

1764 - 386

4/12/21.

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

2115685

Bty. A, 102nd F.A.

7/23/18.

WAR RISK INSURANCE INFORMATION

DATE _____

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

ADDRESS _____

PERSON RECEIVING DEATH COMPENSATION

RELATIONSHIP

S/1868/LML

INDEX SHEET

SYNOPSIS

Co. A, 102nd F.A.
26th Div

CIAPPONI, Giovanni - Pvt 2115685
Home: Kentucky

On or about 4 P.M. on the 23d of July 1918, during heavy shell fire, while working on a detail with Pvt. Ciapponi 2115685, giovanni, a shell burst near where we were working and a piece hit Pvt. Ciapponi in the groin and he was taken to the first aid station.

Informant: DONNELLY, William J. - Pvt 134508
Bty A 102nd F.A.
Home: Haverhill, Mass.

Emergency address:
Mr. Mario Ciapponi (Brother)
3921 Grant St. Flint Mich.

Searcher: William P. JESSE - 1st Lt.
102nd F.A.

SH

Instructions: "Index" means that every showing date of communication
and from whom received and synopses sufficient to identify the report. When these index
sheets become numerous under a subject they will be placed on the consolidated index
sheet and then destroyed.
Date of issue: 10/10/18
Date of this report:

FILE UNDER NO.

INDEX SHEET

SYNOPSIS

DOCUMENT FILED UNDER NO.

INSTRUCTIONS.—Under "Synopsis" make brief entry showing date of communication and from whom received and synopsis sufficient to identify the papers. When these index sheets become numerous under a subject they will be entered on the consolidated index sheet and then destroyed.

3-6642

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Ciapponi 2115685 John
(Surname.) (Number.) (First Name and Initials.)

Pvt.

211 Batt. A, 102 F.A.
(Rank.) (Organization.)

10671

DATE OF BURIAL July 24, 1918

PLACE OF BURIAL Bezu le Quarry

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

American Sectional Cemetery

374

GRAVE NUMBER 42

HOW MARKED: Name Peg? Cross? X

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:

George S. T. Connor 1st Lt. Chaplain
(Signature and Rank of Reporting Officer.)

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

31 JUL 1918

Name Ciapponi, John C.

Rank Co. A ^{vrps} } 102nd F. A.
_{gt.}

Date of Death

Place

Cause

Date of Burial

Grave No. 49

Cemetery Amer. Cem. Bezu-Le-Guery.

Identified by { Tag
 { Papers
 { Clothing }

(366) 374

List of Effects

Field Record Made by

L. G. MYERS,

2nd. LIEUT., U. S. ARMY, N. A.

Group 1/303

Company, Graves Registration Service

For additional data use reverse side

17 AOU Regu

AUG 7 1918

10671

3 7739

GRAVE LOCATION BOOK

LOCATION OF THE GRAVE OF

CIPPONI, 2115685, John
(Surname). (Number). (First Name and Initials).

Pvt. Bty. A 102nd., F.A.
(Rank). (Organization).

18113

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

PLACE OF BURIAL:

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

See correspondence - CIPPONI, John
2115685

GRAVE NUMBER:

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?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

(Signature and Rank of Reporting Officer).

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



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CLAPPONI, 2115685, Giovanni

(Surname). (Number). (First Name and Initials).

Pvt. Bty. A 102nd., F.A.

(Rank). (Organization).

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

PLACE OF BURIAL:

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

See correspondence - CIPPONI, John
2115685

GRAVE NUMBER:

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?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

(Signature and Rank of Reporting Officer).

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



CEMETERIAL DIVISION
REGISTRATION SECTION**FILE**
September 27, 1921

MEMO FOR:

Cards Department.

1.

CASE OF:

Battery A. 102nd F. A.ORGANIZATION (Old)CIPPONI #2115685 John - Private(Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-LA No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new data and data correcting previous information)

5 X 8 White Card File No. 37739 canceled to 5 X 8 White Card File No. 10671
CIAPPONI #2115685 John

BY: D. T. Dodson,Adjustment Section.(Department)5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By mg6

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

WAR DEPARTMENT
Office of the Quartermaster General of the
Washington

PLEASE
EXPEDITE

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

Date 2/23/21.

File No. Requisition.

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.

Adjustment Made
MAR 18 1921
File No. 10671

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

- a. Surname **Ciapponi** ✓
- b. Christian name **John** ✓
- c. Serial Number **2115685** ✓
- d. Organization **Bty. A, 102nd F.A.** ✓
- e. Rank **Pvt.** ✓
- f. Date of death **7/23/18.** ✓
- g. Cause of death **DWRIA.** ✓
- h. Authority (C.O.#)
- i. Emergency address **Michele Dusini**
3921 Grand St., Flint Mich.
- j. Relationship **Friend.**

me

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

FILE

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

BY:

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

Rec'd World War Div
Date FEB 24 1921

C.W.
CEMETERY NO: 1764

SHREY NO: 386
TYPED BY: I.W.

Rec'd S & S Div., A.G.O.

FEB 24 1921 6

None
S/713/LML

Donnelly EME
EPS-2/25/21

W

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

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

Date 2/23/21.

File No. 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.

Adjustment Made
MAR 16 1921
File No. 10671

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

- a. Surname **Ciapponi** ✓
- b. Christian name **John** ✓
- c. Serial Number **2115685** ✓
- d. Organization **Bty. A, 102nd F.A.** ✓
- e. Rank **Pvt.** ✓
- f. Date of death **7/23/18.** ✓
- g. Cause of death **DWRIA.** ✓
- h. Authority (C.O.#)
- i. ~~Emergency address~~ **Michele Dusini**
3921 Grant St., Flint Mich.
- j. ~~Relationship~~ **Friend.**

MEAD

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

FILE

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

BY:

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

Rec'd World War Div
Date FEB-24 1921

Rec'd S & S Div., A.G.O.

FEB 24 1921 6

C.W.
CEMETERY NO: 1764

SHRED NO: 386
TYPED BY: I.W.

S/713/LML

Donnelly EME
EPS-2/25/21

W

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

PLEASE
EXPEDITE

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

File No. 10671 Registration. Cty. #1764 Date 12-30-20

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. Giapponi,

f. Date of death. Aug 24, 1918 -

b. Christian name. 2115685

g. Cause of death. Died of wounds -

c. Serial number. Giovanni John

h. Authority (C. C. No.) A 9201

d. Organization. Bty. A, 102nd F.A.

i. Emergency address. Michele Musini
39 21 Grant St., Flint, Mich.

e. Rank. Pvt.

j. Relationship. Friend.

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.

Special

FILE

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

By

H. J. Conner

H. J. CONNER,
1st. Lieut. ~~Adjutant~~ Q. M. G.

S.M.

Donnelly EME - 4105-1/3/20

Rec'd World War Div.
Date JAN 3 - 1921

31

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

File No. 10671 Registration. Cty.#1764 Date 12-30-20

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. Ciapponi, ✓

f. Date of death. Aug 24, 1918 -

b. Christian name. 2115685 ✓

g. Cause of death. Died of wounds -

c. Serial number. Giovanni John ✓

h. Authority (C. C. No.) A 9 201

d. Organization. Bty. A, 102nd F.A. ✓

i. Emergency address. Michelle Musini

e. Rank. Pvt. ✓

j. Relationship. Friend.

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

DENTAL CHARTS.
(See physical report of examination prior to enlistment.)

a. Age at enlistment.

a. Strike out teeth missing:

b. Color of eyes.

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Upper right. Upper left.

c. Color of hair.

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Lower right. Lower left.

d. Height.

e. Weight.

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

Special

FILE

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

By

H. J. Conner
H. J. CONNER,
1st. Lieut. ~~Adjutant~~ Q. M. C.

S.M.
Donnelly EME - EPS-1/2/20

Rec'd World War Div.
Date JAN 3 - 1921

31

REG. NUMBER: 61800
H. T. COCKER

DA

REGISTRATION NUMBER: 21097231
H. T. COCKER

JAN 6 1921
RECEIVED

1. Name of person
2. Birth date
3. Birth place
4. Color of hair
5. Color of eyes
6. Age at enlistment

Registration number: 21097231
Identification number: 13342018
Registration number: 21097231
Identification number: 13342018

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

7. Strike one (every missing)
(See previous report of examination prior to enlistment)
DEWITT CHARLES

8. Rank: **Pvt.**
9. Organization: **B Co, 1st Inf, 1st Div, 1st Army**
10. Service number: **3100000**
11. Christian name: **DEWITT**
12. Surname: **COCKER**

13. Relationship:
14. Emergency address:
15. Address (C. C. No.):
16. Cause of death:
17. Date of death:

18. It is requested that the items checked below be completed. Furnish continuation of all information subject: Information required for G. R. S.

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: Registration: **61800** Date: **12-20-20**

WASHINGTON
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WAR DEPARTMENT

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF
WASHINGTON

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

PLEASE
EXPEDITE

Date 12/28/20

File No. Registration. **Cty 1764**

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.

10671

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

a. Surname. **CIAPPONI** ✓

f. Date of death. *July 23, 1918*

b. Christian name. ~~Giovanni~~ *John*

g. Cause of death. *Wound of wounds received in action*

c. Serial number. *2,115,685* ✓

h. Authority (C. C. No.) *99 201*

d. Organization. **Bty. A, 102nd F. A.** ✓

i. Emergency address. *Michele, Busini
39 21 Grant St., Flint, Mich*

e. Rank. **Pvt/** ✓

j. Relationship. *Friend*

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.

FILE

See 9M

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

By

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

Rec'd World War Div
Date 12/28/20

28

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

Date 12/28/20

File No. Registration. **Cty 1764**

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.

10671

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

- a. Surname. **CIAPPONI** ✓
- b. Christian name. ~~Giovanni~~ *John* ✓
- c. Serial number. *2,115,685* ✓
- d. Organization. **Bty. A, 102nd F. A.** ✓
- e. Rank. **Pvt/** ✓
- f. Date of death. *July 23, 1918* ✓
- g. Cause of death. *Dead of wounds received in action* ✓
- h. Authority (C. C. No.) *99 201* ✓
- i. Emergency address. *Michele, Busini 3921 Grant St. Flint, Mich* ✓
- j. Relationship. *Friend* ✓

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.							

FILE

See PM

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

By

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

Rec'd World War Div. 1st Lt
Date 1920 12 28

28

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

September 16 1921

MEMO FOR:

Cards Department.

1.

CASE OF:

Battery A. 102nd F. A.,

ORGANIZATION (Old)

CLAPPONI # 2115685 Giovanni - Private

(Name)

FILE

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

FILE NO.

SURNAME

SERIAL NUMBER

FIRST NAME AND INITIALS

RANK

DATE OF DEATH

CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

(Note: In the above spaces below double line fill in ONLY the new data and data correcting previous information)

5 X 8 White Card File No. 22653 canceled to 5 X8 White Card File No. 10671

CLAPPONI # 2115685 John

BY: D. T. Dedson

Adjustment Section.

(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By *[Signature]*

S/1105/LML

Battery A 102nd Field Artillery
American Expeditionary Forces.
FR A NC E

25 March, 1919.

From : C.O. Btry A, 102nd F.A.
To : Chief, Graves Registration Service.
Subject : Burial Register.

37739

1. Enclosed are six (6) requests from your office for information, of deceased members of this organization:
2. Cpl. Hause 3,350,147 Elwood C, has never been on the rolls of this Organization.
3. The following named men died in Hospitals of which this office has no record.
Sgt. Fitcher, Karl H. 134403.
Pvt. Whiting, Herbert G. 134569. Bar Le Duc French Hospital.
Pvt. Clapponi Giovanni. 2115685.
4. The necessary information is attached to Pvt. Odaly Patrick 134541, and Pvt. Clapponi. 2115685 Giovanni.

H. Morrison
H. Morrison.
Capt. 102nd E.A.

CIPPONI	2115685	John
HITCHER	134403	Karl S
HAUSE	3350147	Elwood C.
WHITING	134569	Herbert G.
CLAPPONI	2115685	Giovanni
ODALY	134541	Patrick



TO : DIRECTOR
FROM : SAC, [illegible]
SUBJECT: [illegible]

RECEIVED
MAR 28 1919
O. C. G. S.

TO : DIRECTOR
FROM : SAC, [illegible]
SUBJECT: [illegible]

[The following text is mirrored and appears to be bleed-through from the reverse side of the page.]

TO : DIRECTOR
FROM : SAC, [illegible]
SUBJECT: [illegible]

[Faint text at the bottom of the page, possibly a signature or reference number.]

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.
TO : C.O. Bty. A 102nd., F.A.
SUBJECT : Information for Burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Grave Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:



In case this item is checked you will note hereon:

Nearest relative of deceased:

Relationship: _____

Address: _____

37739



G.O.S. FORM NO. 12

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.
TO : C.O.Bty. A 102nd., F.A.
SUBJECT : Information for burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Grave Location Blank as necessary for the completion of official records.

By Command of General Pershing:

Robert C. Davis
Adjutant General.

Note:

In case this item is checked you will note hereon:

Nearest relative of deceased:

Mr. Mario Galponi.

Relationship: Brother.

Address: 3921 Grant Street. Flint, Michigan



[Faint, illegible text and markings on the document, possibly bleed-through from the reverse side.]

WAR DEPARTMENT

Cemeterial Division

OFFICIAL BUSINESS

10691

APR 9 1920



Mario Ciap poni
3921 Grant St.,
Flint, Mich.

APR 14 1920

WASHINGTON
MAR 24
3 30 PM
1920
D. C.

PENALTY FOR PRIVATE USE \$300



RECEIVED
APR 18

25

96

ODP & S.M. & P. BR.
APR 16
1:30 PM
1900

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON,
Aug. 15, 1919

Dear Sir:

This is the second request for information concerning this matter that has been sent to you. Inasmuch as no reply has been received to the first request it is presumed you did not receive it, and as the information indicated on the inclosed card is necessary to complete the records it will be appreciated if you will fill in and return the card at the earliest practicable date.

P. C. HARRIS,
The Adjutant General.

AGO
RETURNED
UNCLAIMED

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE.
OFFICIAL BUSINESS.

Penalty for private use, \$300.



Handwritten in red ink: "Sup"

Vertical stamp: "ADJUTANT GENERAL'S OFFICE"

Returned to Write
Mr. Mariog Ciapponi,
3921 Grant St.,
Flint, Mich.

Stamp: "AUG 18"



Unclaimed
From
FLINT,
MICH.

Received A G O. SEP 4 1918

THRIVE by THRIFT
Buy War Savings Stamps.

NOV

WARD

RETURNED

UNCLAIMED 2, 11 3, 1918

Ciappone, John
Pvt, Btry a. 1027. a.
E. a.

1. Dr letter ret'd.
Mr. Michele Dusini
3921 Grant St.
Flint, Mich.

"Unclaimed"

cos file
cc 254 verifies E. a.
but gives name
as Marion ~~Ciappone~~ Ciappone
(Brother)

corres file
same E. a.
no record of Teleg
not being del.

Received Enlisted Division

MAY 8 1919.

L 714

WAR DEPARTMENT.

THE ADJUTANT GENERAL'S OFFICE,

OFFICIAL BUSINESS

WASHINGTON
MAR 15
7 PM
1919
D.C.

PENALTY FOR PRIVATE USE, \$300.



Not 36

MAR 17 A.M.

RECEIVED
ADJUTANT GENERAL'S OFFICE
WASHINGTON

THRIFT
Buy War Savings Stamps

RETURNED TO WRITER
UNCLAIMED
FROM
FLINT, MICH.

APR 1 1919

Giapponi, John - Deceased

10671

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON.

AGG CARD
MAR 15 1919
RETURNED
UNCLAIMED

Mr. Michele Dusini,
3921 Grant St.,
Flint, Michigan.

Sir:

The War Department desires to ascertain the wishes of the families of officers, enlisted men, and civilian employees regarding the permanent disposition of the bodies of those who have died overseas.

The original plan of the Department was to deliver the body in every case at the home address of the deceased to the person legally entitled to dispose of the remains. A desire has been expressed, however, in numerous instances to have the body remain abroad, and General Pershing is likely soon to enter into negotiations with the French and Allied Governments with the view of establishing permanent cemeteries for members of the American Expeditionary Forces. Marshal Petain in a most courteous letter has informed General Pershing that "France would be happy and proud to retain the bodies of the American victims who have fallen upon her soil."

A bill is now before Congress for the establishment of "Fields of Honor" abroad, which will insure future care by the United States Government as national cemeteries are now cared for. Burials have been made heretofore in cemeteries of the Allied nations or at or near the battle field in land set apart for this purpose as a cemetery, and religious services in accordance with the rites of the Protestant, Catholic, or Hebrew faith have been held at the grave.

In case the remains of a deceased soldier are returned to the United States they will be interred either at the former home of the deceased or at a national cemetery, according to the wishes of the one authorized to direct the disposition of the remains, and all expenses, including transportation, casket, shipping case, flag, and the preparation of the remains for shipment, will be paid by the United States. Hire of a hearse and other burial expenses incurred at the home of the deceased may be paid, on application by the relatives, by the Bureau of War Risk Insurance, Treasury Department.

In order that the proper disposition of the remains may be made, and that such disposition be directed by the person entitled to do so, the War Department will recognize the right to direct the disposition of remains in the following order:

In the case of an unmarried man—

- (1) Father; (2) mother, if father is dead; (3) brother, if both parents are dead; (4) sister, if both parents are dead and there are no brothers.

In the case of a married man—

- (1) Wife; (2) parents or children and other relatives in order set forth above.

It is desired that the information indicated on the inclosed card be furnished concerning the person named thereon at the earliest practicable date. If the card is received by some one not authorized to direct the disposition to be made of the remains, please deliver this circular and the card to the person who is entitled to do so.

The Department is unable to state when it will be possible to begin the removal of the remains of the soldiers, but the information requested is being collected at this time in order that there may be no delay when the time comes for such removal.

In returning the card please use the inclosed addressed penalty envelope, which requires no postage.

Very respectfully,

P. C. HARRIS,
The Adjutant General.

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE
OFFICIAL BUSINESS

Penalty for private use, \$300.



*Michele Duvini
same address*

AGO CAL
RETURNED
UNCLAIMED

Jup
JUN 10 1919

Received Enlisted Division

JUN 22 1919

Mr. Mario Ciaponni,

3921 Grant St.,

Flint, Mich.

RETURNED TO
FLINT MICH.

JUN 10 1919

JUN 27 1919

THRIVE by THRIFT
Buy War Savings Stamps.

Ciapponi, Giovanni - Deceased.

39671

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON. APR 5 1919

AGO CARD
RETURNED
UNCLAIMED

Mr. Marion Ciapponi,
3921 Grant St.,
Flint, Mich.

Dear Sir:

The War Department desires to ascertain the wishes of the families of officers, enlisted men, and civilian employees regarding the permanent disposition of the bodies of those who have died overseas.

The original plan of the Department was to deliver the body in every case at the home address of the deceased to the person legally entitled to dispose of the remains. A desire has been expressed, however, in numerous instances to have the body remain abroad, and General Pershing is likely soon to enter into negotiations with the French and Allied Governments with the view of establishing permanent cemeteries for members of the American Expeditionary Forces. Marshal Petain in a most courteous letter has informed General Pershing that "France would be happy and proud to retain the bodies of the American victims who have fallen upon her soil."

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- (1) Father; (2) mother, if father is dead; (3) brother, if both parents are dead; (4) sister, if both parents are dead and there are no brothers.

In the case of a married man—

- (1) Wife; (2) parents or children and other relatives in order set forth above.

It is desired that the information indicated on the inclosed card be furnished concerning the person named thereon at the earliest practicable date. If the card is received by some one not authorized to direct the disposition to be made of the remains, please deliver this circular and the card to the person who is entitled to do so.

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In returning the card please use the inclosed addressed penalty envelope, which requires no postage.

Very respectfully,

P. C. HARRIS,
The Adjutant General.

To be prepared in triplicate.

DATE October 26, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

jc.

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

Disc on body read:

1. Name CIAPPONI, Giovanni John

10. Name "John --app-

2. No. 2117685

11. No.

3. Rank Pvt.

12. Rank

4. Org. Bty. A, 102nd F.A.

13. Org. Batt. 102 F.A."

5. D.D. 7-23-18

14. (a) D.D.

6. C.D. DOWRIA.

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 203 Sec. M

15. Grave No. Sec.

8. Plot 4 Row

16. Plot Row

9.

17. no discrepancy

18. Cemetery Aisne-Marne American

19. Commune or town BELLEAU

20. Dept. or County Aisne

21. Country France

22. G.R.S. Hdqrs. Code No. 1764

23. Disinterred (Date) Oct. 26, 1922.

By C.W. Dodge

24. Inscription on grave marker:

Name Giovanni Ciapponi

Serial No. -

Rank Pvt.

Organization Bty. A, 102nd F.A.

25. Was identification disc found on grave marker? Yes

On body? Yes
(Partly corroded)

Signature J.C. Annabel
Junior Technical Assistant

J.C. Annabel.

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).

Bottle record agrees.

27. Condition of body Badly decomposed. Features unrecognizable.

28. Nature of burial Wooden box and burlap.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See items 10 and 13 above.

30. Body prepared and placed in casket: Date Oct. 26, 1922. By C.W. Dodge

31. Casket sealed by C.W. Dodge

Signature of Embalmer, (Supervisor)

C.W. Dodge
C.W. Dodge

AUDITED BY
R-43
10/24/26

SHIPMENT. (Show actual marking of box.) Box No. C-31263

32. Designation of body:

Name Giovanni CIAPPONI Serial No. 2114685

Rank Pvt. Organization Bty. A. 102nd F.A.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne American Cty. 1764, BELLEAU (Aisne)

34. Casket boxed and marked (Date) October 26, 1922. By C.W. Dodge

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

A.E. Dewey
A.E. DEWEY, 1st Lt., QMC.

36. Remarks

Disc on body partly corroded read: "John --app- Batt. 102 F.A."

Disc on cross read: "John Ciapponi."

37. Shipped from point of Operation: (Date) October 26, 1922.

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 October 26, 1922.

To Permanent Cemetery Aisne-Marne Amer. Cem. 1764, Belleau (Aisne).

(Name)

Convoyer

Signature Shipping Officer

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

40. Received: Date

G.R.S. Representative

41. Reinterred Oct. 26, 1922; Aisne-Marne Cem. 1764, Belleau (Aisne)

(Date)

42. Grave No. 66

Section

43. Plot Block A

Row

9

G.R.S. Representative

W.D. Cleary
Lt., Chaplain, USA.

Place **Bel. (Aisne).**

REPORT OF DISINTERMENT AND REBURIAL

Date **October 26, 1922.**

1. REMAINS OF **CIAPPONI, (Giovanni) John** SERIAL NUMBER **2114685**
 RANK **Pvt.** ORGANIZATION **Bty. A, 102nd F.A.**

2. Disinterred (date) : **October 26, 1922.** From (give complete location) : **Grave 203, Sec. M, Plot 4, Cem.1764.**

By : Group **1** Unit **F.S.1, Aisne-Marne Cem.**

3. Reburied (date) **Oct. 26, 1922** In (give complete location) : **Gr. 66, Block A, Row 9, Aisne-Marne, Cem. 1764, Belleau (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 burlap.

Badly decomposed. Features unrecognizable.

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

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

Bottle record agrees.

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 **"**

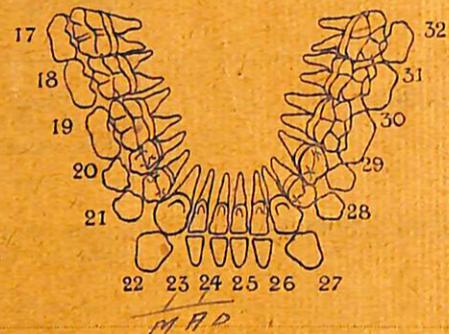
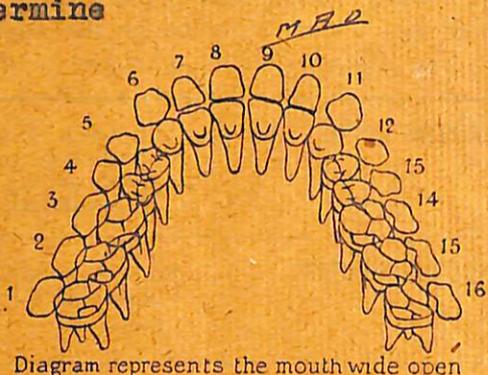
Quantity **"**

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

Very large bones.

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

Fractures: Right femur.
Missing: Both radius and ulnas.
Checker: J.C. Annabel.



7. Disinterment supervised by **C.W. Dodge**

Approved : **A.E. DEWEY,**
 (Title) **1st Lt., QMC.**

8. Reburial supervised by **L.D. Hays**

Approved : **W.D. Cleary**
 (Title) **Lt., Chaplain, USA.**

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.

Place BELLEREAU (AISNE) CTY 1764

REPORT OF DISINTERMENT AND REBURIAL

Date 6.17.21

1. REMAINS OF GIAPPONI, ^{John} GIOVANNI SERIAL NUMBER 2114685

RANK PVT. ORGANIZATION BTY. A. 102 F.A.

2. Disinterred (date): 6.17.21 From (give complete location): GR. 203 SEC.M. PT. 4.

By: Group Foster. Unit FIELD SECTION # 7

3. Reburied (date): 6.17.21 In (give complete location): GR. 203 SEC.M. PT. 4.

By: Group Foster. Unit FIELD SECTION Nature of reburial BOX & BURLAP

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

BADLY DECOMPOSED

BOX AND UNIFORM

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

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

Both tags reads "JOHN GIAPPONI."

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 DETERMINE

(c) Hair—Color IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

Characteristics IMPOSSIBLE TO DETERMINE

(d) Hair on face—Color IMPOSSIBLE TO DETERMINE

Location IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

(e) Permanent marks on body (old scars, peculiarities, or missing parts) IMPOSSIBLE TO DETERMINE

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

Both lower arms and right scapula missing. Right femur fractured.

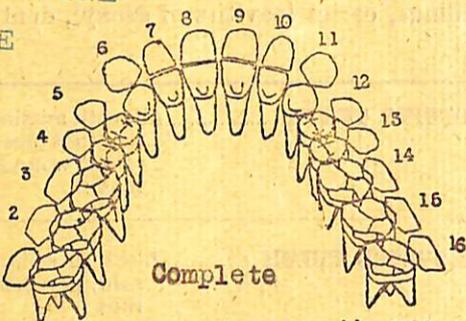
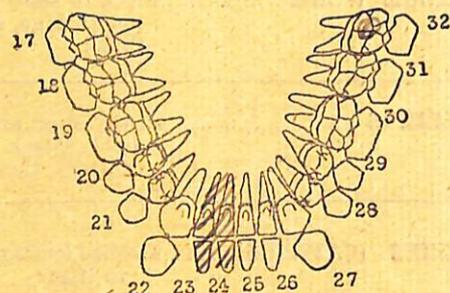


Diagram represents the mouth wide open.



23, 24, mis. a. d.; 32 cav;

7. Disinterment supervised by H. H. FOSTER, SUP. EMB.

Approved: A. E. DEWEY, 1st. LT. OMC.
(Title)

8. Reburial supervised by H. H. FOSTER, SUP. EMB.

Approved: A. E. DEWEY, 1st. DT. OMC.
(Title)

10-57051

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:



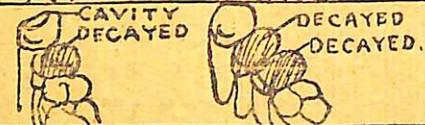
BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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.



RECEIVED
CENTRAL DIVISION

COMPILED OF DISPOSITION OF REMAINS DATA

File #10671

I. LOCATION INDEX CARD:

(a) Name CIAPPONI, John Ser. No. 2115685
(b) Rank Pvt. Organization Baty. A. 102nd F.A.
(c) Date of death 7/23/1918 (d) Cause of death DWRIA
TYP. EK
CKR. B/D

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

(a) Grave No. 203 Row -- Plot 4 Sec. M TYP. EK
(b) Emerg. Address Mario Ciapponi (brother) 3921 Grant St., Flint, Mich.
CKR. B/D

III. Files of soldiers dying from contagious diseases

No cards in file - MH - 2-19-21

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 MH Date 2-19-21, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes - MH

Examiner's Initials MH Date 2-19-21, 1920.

COUNTRY France

CEMETERY No. 1764

SHEET No. 386

G. R. S. Form No. 115 Amended Apr. 16, 1920

Make Form No. 114

FORM 115 - A COMPLETED

H-5-4-21-21

Handwritten notes and signatures at bottom right.

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 **MAR 10 1921**, 1920

Par. 2 Not to be returned.

(EW)

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be _____

Body to be shipped to _____

X. SUSPENSION REMARKS:

*B. A. N. R. Mrs. Angela Ciapponi (Mother)
Mergna Pt. Morbegno, Italy (4-18-21) E.I.V.*

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 10671

I. LOCATION INDEX CARD:

(a) Name CIAPPONI, John Ser. No. 2115685
 (b) Rank Pvt. Organization Baty. A. 102nd F.A. } TYPEK
 (c) Date of death 7/23/1918 (d) Cause of death DWR1A } *3/P*

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

(a) Grave No. 203 Row -- Plot 4 Sec. M TYP. EK
 (b) Emerg. Address Mario Ciapponi (brother) 3921 Grant St.,

III. Files of soldiers dying from contagious diseases Flint, Mich. CKR. *3/P*

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

No card in file. M.A. 2-19-21.
No request for disposition.
ap 4/20/21.

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on MAR 10 1921, 192
Par. 2 Not to be returned. (EW)

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.

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

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

10671
Ciapponi

(Surname.)

Giovanni

(Christian name in full.)

2,115,685

(Army serial number)

Pvt

Btry A, 102nd F A

(Rank and organization.)

State your relationship to the deceased

Do you desire the remains brought to the United States?

(Yes or no.)

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

(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:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

1764
Ciapponi,

(Surname.)

John

(Christian name in full.)

2,115,685

(Army serial number)

Pvt

Btry A 102d FA

(Rank and organization.)

State your relationship to the deceased.

Do you desire the remains brought to the United States?

(Yes or no.)

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

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(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713