

JUN 1 - 1928

DATE 10/28/21.

1. NAME **CONSTANCO, Joseph**

*New name*

SERIAL No. 3627 593

RANK **Pvt.**

ORGANIZATION **40th Prov. Co. Camp Lee**

*K. 11th Inf*  
*78th*

GRAVE LOCATION **American Brizeaux Meuse**

~~Aug. Draft Auto replace~~

557

CTY. NAME

NUMBER

26

1

2 (B)

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

**Not known.**

GRAVE

COMMUNE

DEPT.

COORDINATES

**Not of record.**

CONCENTRATED TO

**Not known.**

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

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

DATE OF DEATH

*Oct 2, 1918*

STATE FROM WHICH HE CAME

*Penn.*

MEDALS OR DECORATIONS AWARDED

*None*

SUBSEQUENT REBURIALS

**Not of record.**

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

*Wm M. Cline*

**Wm M. CLINE**

**Captain Q.M.C.**

3. FINAL GRAVE LOCATION

10/28/21.

29

26

E.

DATE

GRAVE

ROW

Block ~~Plot~~

Meuse-Argonne Amer. Cty. #1232 Romagnessous-Montfaucon. (Meuse)

CEMETERY

Robert C. Davis,

Major General,

The Adjutant General.

By

JUN 10 1928

*WRD*  
*4/9/28*

AUDITED BY

*\$915 3/2/28*

Rec'd World War Div.

5 APR 2 1928

WORLD WAR DIV.

## 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 I6, 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.



CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS.	CODE
NAME	Constancio Con	3	354
BURIED	CEMETERY	1	1
	GRAVE	2	29
	ROW	2	26
	BLOCK	1	5-
STATE	Pa	2	44
RANK	Pvt	1	2
DIVISION	28	2	28
ORGANIZATION	111	3	111
ARM	Inf	1	1
MARITAL	No	1	2
NAME	Costanza Cos	3	359
RESIDENCE	Maria Ciccone redova	2	
	all rel. foreign	2	
RELATION	Mother	3	
OTHER	Sister	1	1
ELIGIBILITY	Foreign	1	2
NATIVITY		1	4
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	Italy	1	
29/514	Country		01

AUDITED  
MAR 8 1948  
RSM

29/514

cm

DATE 3/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Constanco, Joseph	Pvt.	3627593	Xo. K, 111th Inf.	10/2/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1232	29	26	E

	Check relationship	Living - Deceased	
NAME	<del>MOTHER</del> <i>Comp</i>	: <input checked="" type="checkbox"/> : :	
AND	STERMOTHER (For the year prior to commencement of service)	: : : :	<i>all rel foreign</i>
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : : :	
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : : :	
	<del>WIDOW</del> (Who has not remarried)	: : : :	
	<i>Single man</i>	: : : :	
			<i>2-24-33</i>
			<i>maria Cicco vedra</i>
			<i>Costanzo</i>
			<i>S. Mango &amp; O'Quinn</i>
			<i>Prin. di Catanzaro</i>
			<i>Italy</i>

Veterans Bureau Claim Number XC 152888  
29/156

In reply refer to:  
293.8 C-R  
#94948

March 12, 1923.

Mr. Lorenzo Costanzo,  
S. Mango D' Aquino,  
Prov. Catanzaro, Italy.

Dear Sir:

The Quartermaster General desires that you be informed that  
the permanent grave of

the late Private Joseph Constanco, Company K,  
111th Infantry, is Grave 29, Row 26, Block E, Meuse-Argonne American  
Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.

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

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

Very truly yours,

H. J. Conner,  
Assistant.

MAILED

MAR 12 1923

G.R.S.

22/1423/ARK

*Foreign*

*HJ*  
*C*

Place Brizanex

# REPORT OF DISINTERMENT AND REBURIAL

Date 9.20.1921

1. REMAINS OF Constance Joseph SERIAL NUMBER 3627593

RANK Ev. of Capt ORGANIZATION Co K, 111th In, 40th Prov. Camp 200 Aug  
draft Auto replacement.

2. Disinterred (date): \_\_\_\_\_ From (give complete location): \_\_\_\_\_

By: Group 2 III Section 3.

3. Reburied (date): \_\_\_\_\_ In (give complete location): \_\_\_\_\_

Oct 28th 1921 Meuse Artonne Cemetery # 1232 Gr 29 block E row 26

By: Group re-burial S Unit \_\_\_\_\_ Nature of reburial unlined casket

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

uniform.

Badly decomposed recognizable impossible.

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

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

None effects

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

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) impossible to estimate

(c) Hair—Color apparently dark brown.

Quantity impossible to determine

Characteristics Straight.

(d) Hair on face—Color None visible

Location None visible

Quantity None

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None visible

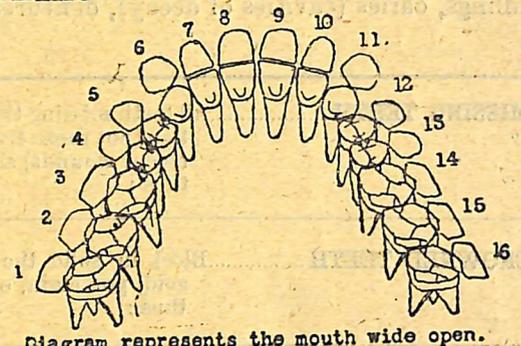
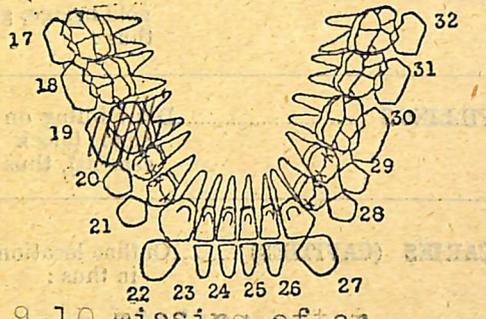


Diagram represents the mouth wide open.



9.10 missing after death.  
19. before death.

7. Disinterment supervised by [Signature] Approved: [Signature]

(Title) 1st Lt QMC.

8. Reburial supervised by [Signature] Approved: [Signature]

(Title) James W. Younger, Capt QMC.

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

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

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

**MISSING TEETH**.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :



**CROWNED TEETH**.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :



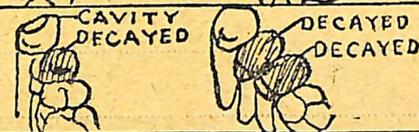
**BRIDGE WORK**.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS**.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES)**.....Outline location and size of cavity, shade in thus :



**DENTURES (PLATES)**.....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

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

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

To be prepared in triplicate.

DATE Sept 20-21

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 CONSTANCO, Joseph

10. Name

2. No. 3627593

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co K 111th Inf.  
~~40th Prov. Co. Camp Lee~~  
~~Aug. Draft Auto replace~~

13. Org.

5. D.D. Oct. 2nd 18

14. (a) D.D.

6. C.D. DOW

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 26 Sec.

15. Grave No. Sec.

8. Plot 2 Row 1

16. Plot Row

9.

17. None.

18. Cemetery American

19. Commune or town Brizeaux

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 557

23. Disinterred (Date) Sept 20-21

By H.L.Hurlbut

24. Inscription on grave marker:

Name Joseph Constanco

Serial No.

Rank Pvt.

Organization 40th Prov. Co. Cp. Lee  
Aug. Draft Auto Rep.

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

S.I. Talmage  
Signature Junior Technical Assistant

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Tag on Grave Marker reads Joseph Constanco USA-3627593

27. Condition of body Badly decomposed recognition impossible.

28. Nature of burial Uniform

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 Sept 20-21 By H.L.Hurlbut

31. Casket sealed by H.L.Hurlbut

Signature of Embalmer, (Supervisor) H.L.Hurlbut

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. C-8821

32. Designation of body:

Name CONSTANCO, Joseph Serial No. 3627593

Rank Pvt. Organization 40th Prov. Co. Camp Lee Aug. Draft Auto Replace

33. Consigned to: Officer in Charge Operations,

Name of Permanent Cemetery Meuse Argonne Amer. 1232 Romagne/s/Montfaucon

34. Casket boxed and marked (Date) Sept 20-21 By H.L. Harbut

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 W.H. Rosch, 1st Lt. MC.

36. Remarks

37. Shipped from point of Operation: (Date) Sept 20-21

To point of Concentration Romagne sous Montfaucon, Meuse,

Convoyer James Flynn Signature Shipping Officer W.H. Rosch, 1st Lt. MC.

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

Convoyer Signature Shipping Officer

40. Received: Date Sept 20, 1921

G.R.S. Representative Alfred H. Meyer, Capt

41. Reinterred Meuse Argonne Cemetery # 1232 Oct 28th 1921 (Date)

42. Grave No. 29 Section

43. Plot block E Row 26

G.R.S. Representative James W. Younger, Capt MC.

jt

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 94948

I. LOCATION INDEX CARD:

(a) Name CONSTANCO, Joseph Ser. No. 36 27 593 (b) Rank Pvt. Organization 40th Prov. Co. Cp. Lee (c) Date of death 10-2-18 (d) Cause of death DWRIA

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

(a) Grave No. 26 Row 1 Plot B Sec. - TYP. DB

(b) Emerg. Address Lorenzo Constanco, (Father) Samingo Zaten Sareo, Mr. Lorenzo Constanco, (Father) - S. MANGE D'AGUI, Italy.

III. Files of soldiers dying from contagious diseases Prov. Catanzaro, Italy. CKR.

IV. A. G. O. DISPOSITION CARD:

Date of receipt no card in file - 68R - 1-18-21

(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

Examiner's Initials Date, 1920.

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

no request for disposition

(a) Cancellation memos referred to? Yes PF

Examiner's Initials Date 1-20-1920.

COUNTRY FRANCE

CEMETERY No. 557

SHEET No. 39

G. R. S. Form No. 115 Amended April 6, 1920

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

H-5-4-21-21

checked m

10/2/18 - Ep... concentration

7-3-21

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 1920.

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on 1-27-21, 1920

Par. #2, Not To Be Returned *HA*

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*B.A.W.R. - Mr Lorenzo Costanzo  
(Father) S. Mango D. Aquino, Prov.  
Catanzaro, Italy, (2-28-21) 4m*



152888

Please  
Push

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

Harlow.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

CONSTANCO, Joseph.

Pvt.,

557 - 39.

3/1/21.

SERIAL NUMBER

ORGANIZATION

3627593.

40th Prov. Co. Cp. Lee AARD.

D-D. 10-2-18.

to Mr. J. J. ...  
3-15-21  
W.

WAR RISK INSURANCE INFORMATION

DATE

3/11/21

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Lorenzo Costanzo  
Address

Father

S. Marge D'Aguiro, Prov. Catanzaro Italy.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 94948

I. LOCATION INDEX CARD:

(a) Name CONSTANCO, Joseph Ser. No. 36 27 593  
 (b) Rank Pvt. Organization 40th Prov. Co. Cp. Lee  
 (c) Date of death 10-2-18 Cause of death DWRIA

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

(a) Grave No. 26 Row 1 Plot B Sect. - TYP. DB

(b) Emerg. Address Lorenzo Constanco, (Father) Samingo Zaten Sareo,  
Mr. Lorenzo Constanco, (Father), S. Mangia, Clabria, Italy.

III. Files of soldiers dying from contagious diseases

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

*No card in file.*  
*No request for disposition.*  
 - *act*: 4-21-21

V. Following advice forwarded to Europe by - (cable on 192) (letter of transmittal on 1-27 192)

Par. #2, Not To Be Returned

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

VII. SUPPLEMENTARY REQUESTS

Date of Relationship Desires Action taken  
 and Source and name

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

COUNTRY G.R.S. FORM 115-A August 1920 CEMETERY NO. 557 SHEET NO. 39  
 S-666/MB FRANCE

HS. 4-21-21

94.948

from

78.761

---

73073

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF  
**CONSTANCO, 3627593, Joseph**

44675

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

**40th., Prov. Co. Camp Lee AARD**

(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.

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).

SP 1 CC. 456 Now  
reported. funeral and  
burial made to  
interment date + cause  
of death.



72073  
Name Constanco 3627593 Joseph ~~78761~~

Rank 94945 Co. 45 { Corps }  
{ Regt. }

Date of Death .....

Place Evac. Hosp. #11

Cause Died of wounds

Date of Burial Oct. 2, 18

Grave No. 78, Plot 2

Cemetery American Cemetery, Brizeux, Meuse

Identified by { Tag } 597 Tag on Body and Tag on Bag  
{ Papers }  
{ Clothing }

List of Effects .....

Field Record Made by Sgt H E Jetter

Company 302, Graves Registration Service  
A.G.3.

For additional data use reverse side

NOV 1918

Qty 557

G.R.S. Form #8-W; A.G.O. Liaison.

~~94948~~ Date 4-28-20

Memo. For: G.R.S. Representative, A.G.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed.

Surname **Constanco**

Number **3627593**

First name **Jospeh**

Rank **Pvt.**

Company **K.**

Organization **111 Inf.**

Date of death **10-2-18**

Cause **DWR1A**

Emergency address. **Lorzemzo Constanco  
Samingo Zaten Saro, Clabria, Italy**

Relationship. **Father**

Authority (C.C.#) **391-458-SP-1**

Note: If this man is not dead show present status, and in case of discharge, show date and place. If case is under investigation, make notation to that effect.

W.R.Beall/HM

CHARLES C. PIERCE,  
Colonel, U.S. Army,

Chief, Graves Registration Service.

NS-7133-NEH.

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

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

Date 3/1/21.

File No. *94948* Requisition.

(SPECIAL)

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

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

Subject: Information required for G.R.S.

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

- a. Surname CONSTANCO ✓  
b. Christian name Joseph ✓  
c. Serial Number 3627593 ✓  
d. Organization 40th Prov. Co. Cp. Leei. AARD. *Co. K-111 Inf.*  
e. Rank Pvt. ✓  
f. Date of death 10-2-18. ✓  
g. Cause of death DWRUA. ✓  
h. Authority (C.O.#)  
i. Emergency address varine Sacco ✓  
*Box 6 Webster, Pa*  
j. Relationship (brother)

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

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

- 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)
- 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**

*Formerly with 40th Prov. Co. Cp Leei AARD but not at date of death*

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

BY:

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

CEMETERY NO: 557.

SHEET NO: 39.

TYPED BY: rln.

S/713/LML

World War Div.

Date  
MAR 3 1921

*Donnelly - J.M. - EPS*  
3/5/21 MAR 5 1921

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A-3  
Information requested of A.G.O.

Date 5/1/21.

(SPECIAL)

File No.

Registration

From:

The Quartermaster General, U. S. Army, (Comptroller Division)

To:

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

Subject:

Information required for G.R.S.

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

- a. Surname CONSTANTO
- b. Christian name Joseph
- c. Serial Number 3627533
- d. Organization 40th Prov. Co. Cavalry, A.S.
- e. Rank Pvt.
- f. Relationship
- g. Emergency address
- h. Authority (J.G.S.)
- i. Cause of death
- j. Date of death 10-2-18-1

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)
- g. Strike out teeth missing
- h. Upper right upper left
- i. Lower right lower left

FILE

Quartermaster General, U.S.A.

Handwritten signature and initials

RECEIVED  
MAR 7 1921  
SECRETARY NO: 557