G.R.S. Form #114-B CAUSE OF DEATH KIA.

358

Corcodilas - Soldiers leg

FULL NAME CORCODILLAS, John OK.

RANK Pvt. OK. SERIAL 39058 OK.

DIVISION & ORGANIZATION Co.E. 9th Infantry OK. 2nd Div.

DATE OF DEATH 7-6-18 OK.

STATE FROM WHICH HE CAME NY-

MEDALS OR DECORATIONS AWARDED none

FINAL GRAVE LOCATION

Date	Grave	Row	Block
11-2-1922	66	11	A

1764

Cemetery

A. G. O.
MAY 9 1927
WORLD WAR DIV.

AUDITED BY

9266-3
5/19/27

966

23/306/ARK

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Corcodilas	Cor	3	3 0 5 8
BURIED John	CEMETERY 1764	1	4
	GRAVE 66	2	66
	ROW 11	2	11
	BLOCK A	1	1
STATE	ny	2	37
RANK	Pvt	1	2
DIVISION	2	2	02
ORGANIZATION	9	3	009
ARM	Inf	1	1
MARITAL	M	1	2
NAME Korkodilon	Kor	3	0 5 8
Moscha	STATE	2	
RESIDENCE	COUNTY	2	
alrel. foreign	CITY	3	
RELATION	mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	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	
Country	Greece		03

AUDITED JAN 17 1944 RAM

29/514

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/24/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Corcodilas, John	Pvt.	39058	Co. E, 9th Inf.	7/6/18

STATE	CTY. NO.	GRAVE	ROW	BLOCK
	1764	66	11	A

NAME AND ADDRESS

Check relationship	Living	Deceased	
MOTHER	✓		
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)			

Single Man

ins + corr to parents
all rel foreign
12-7-32

mother ✓
Morcha K L Korkodilou
Elrapourgais Samyra
Andros Kyklades
Greece

Veterans Bureau Claim Number 27 225
29/156

QM 293 A-C
(Corcodilas, John)

December 11, 1928.

Mr. Cliantharis Corcodilas,
Village of Strapouriais,
Island of Andros, Cyclades, Greece.

Dear Sir:

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

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.

KEB

1 Incl.
Record card.

28/692

Corcodillas, John

293

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Corcodillas, 39058, John
(Surname.) (Number.) (First Name and Initials.)

Pvt Co. E, 9 Inf
(Rank.) (Organization.)

DATE OF BURIAL 7/7/18

PLACE OF BURIAL Monneaux, Aisne

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

Chateau Thierry Map 1/20,000
179.8-258.1
(Plot H 7 A)

GRAVE NUMBER 21

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

Headboard? ..... Bottle? .....

IDENTIFICATION TAGS Missing

Was one buried with body? .....

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

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

REPORTED BY:

Ernest W. Wood, Chaplain
(Signature and Rank of Reporting Officer.) 9 Inf

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

File
10/31/28
J. N.

G.R.S. FORM #114-A.

STATION Belleau (Aisne)

To be prepared in triplicate.

DATE November 2, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

1. Name CORCODILLAS, John,
2. No. ~~#99958~~ 39058
3. Rank Pvt,
4. Org. CO, E, 9th,Inf,
5. D.D. July, 6th, 1918,
6. C.D. K.I.A.

Discrepancy found upon exhumation of body

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

7. Grave No. 183, Sec. A,
8. Plot 4 Row
9.

Discrepancy found upon disinterment

15. Grave No. Sec.
16. Plot Row
17. no discrepancy

18. Cemetery Aisne-Marne Amer, Cty,
19. Commune or town Belleau,
20. Dept. or County Aisne,
21. Country France,
22. G.R.S. Hdqrs. Code No. 1764,
23. Disinterred (Date) November 2, 1922. By C.W. Dodge
24. Inscription on grave marker:

Name John Corcodillas Serial No. -

Rank Pvt. Organization Co. E. 9th Inf.

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

J.C. Annabel

Signature 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).

Identification card reading: "My name is John Corcodillas Street, GRAD--TE COLL-". Bottle record agrees.

27. Condition of body Badly decomposed. Features unrecognizable.
28. Nature of burial Wodden box and burlap
29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? none
30. Body prepared and placed in casket: Date Nov.2,1922. By C.W. Dodge
31. Casket sealed by C.W. Dodge

AUDITED BY sub 9/7/27

Signature of Embalmer, (Supervisor C.W. Dodge

C.W. Dodge

SHIPMENT. (Show actual marking of box.) Box No. C. 31296,

32. Designation of body:

Name John CORCODILLAS, Serial No. 39058

Rank Pvt, Organization Co. E. 9th, Inf,

33. Consigned to:

Name of Permanent Cemetery Aisne- Marne, Amer, Cty, 1764, Belleau, Aisne,

34. Casket boxed and marked (Date) November 2, 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 O.E. Davis
O.E. DAVIS, 1st Lt.QMC.

36. Remarks

none

---

37. Shipped from point of Operation: (Date)

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 November 2, 1922.

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

Convoyer Signature Shipping Officer O.E. Davis
O.E. DAVIS, 1st Lt.QMC.

40. Received: Date

G.R.S. Representative

41. Reinterred Nov.2,1922,Aisne-marne Cem.1764,Belleau(Aisne)
(Date)

42. Grave No. 66 Section

43. ~~Plot~~ BLOCK A Row 11

G.R.S. Representative W.D. Cleary
W.D.Cleary
Lt.,Chaplain,USA.

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

REPORT OF DISINTERMENT AND REBURIAL

Place Belleau(Aisne)

Date November 2,1922

1. REMAINS OF CORCODILLAS, John SERIAL NUMBER 39058

RANK Pvt. ORGANIZATION Co.E,9th Inf.

2. Disinterred (date) : Nov.2,1922 From (give complete location):

Gr.183,Sec.A,Pl.4,Cem.1764

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

3. Reburied (date) Nov.2,1922 In (give complete location) : Gr.66,Block A, Row 11,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 ? no On grave marker ? no

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

Bottle record agrees. Identification card reading "My name is John Corcodillas,street Grad--te Coll-"

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

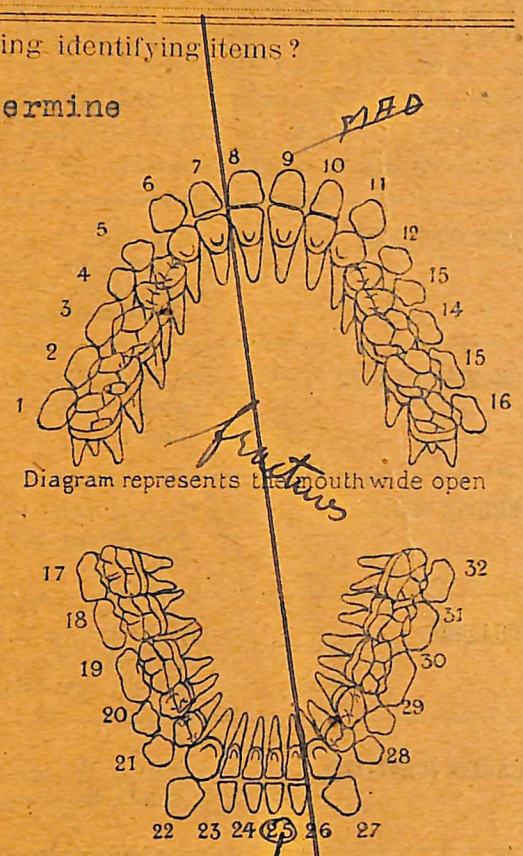
Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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



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

Fractures: Head shattered,both jaws.

Entire body badly shattered

Checker: J.C.Annabel

7. Disinterment supervised by C.W.Dodge Approved : O.E.Davis

(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 wohm 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.

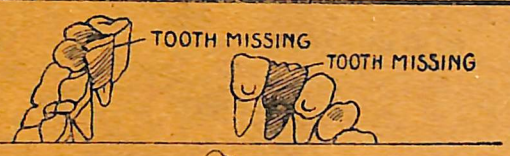
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

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 jwas 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) thu:	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	
DENTURES (PLATES)	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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

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

COMPILATION OF DISPOSITION OF REMAINS DATA

File #7189

I. Location Index Card:

3/10/21 - elb

(a) Name CORCODILLAS, John Ser. No. 39058

ok m 4/8/21

(b) Rank Pvt. Organization Co. E, 9th Inf.

(c) Date of death 7/6/18 (d) Cause of death k/a

TYP. evs

CKR. BS

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

(a) Grave No. 183 Row - Plot 4 Sec. A TYP. evs

(b) Emerg. Address Costas Corcinos(Friend) 82 Cherry St., New York, NY

OK-a YO - 3/10/21 - elb

III. Files of soldiers dying from contagious diseases - CKR. BS

no card in file — bER — 2-21-21

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 bER Date 2-21-, 1920.

VI. G. R. S. Files, Correspondence—shows as follows:

no request for disposition

(a) Cancellation memos referred to? yes - bER

Examiner's Initials bER Date 2-21-, 1920.

(over)

COUNTRY FRANCE Cemetery No. 1764 Sheet No. 449

Make Form No. 114

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

3—7729

Checked
MM 5-4-21

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 MAR 10 1921, 1920

PARAGRAPH 2 - NOT TO BE [illegible]

aen

IX. **CORRECTIONS**

Change of Advice.	Action Taken.
Desires body be	.....
.....	.....
Body to be shipped to	.....
.....	.....
.....	.....
.....	.....

X. Suspension Remarks: W.R.B.A. - Mrs. Clearthis Corcodilas (Father) Village of Strampouris, Island of Andros, Greece. (Amm. 5-4-21)

N.R. of 4/22/21 gives Mrs Marcha K. Korkodila Village of Strapouriais, Island of Andros, Cyclades Greece She is mother and recieving $15. also Kleanthis V Korkodilas Village of Strapouriais Island of Andras Cyclades Greece (father) receives $57.50 BEL 5/16/21

3—7729

COMPILATION OF DISPOSITION OF REMAINS DATA

I. Location Index Card:

File #7189

(a) Name CORCODILIAS, John 3/10/21-SH Ser. No. 39058

(b) Rank Pvt. Organization Co. E, 9th Inf.

(c) Date of death 7/6/18 (d) Cause of death k/a

TYP. evs

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

(a) Grave No. 183 Row - Plot 4 Sec. A TYP. evs

(b) Emerg. Address Costas Corcinos(Friend) 82 Cherry St., New York, NY 08-a 40-3/10/21-SH

III. Files of soldiers dying from contagious diseases CKR.

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

V. Following advice forwarded to Europe by { cable on ....., 192
letter of transmittal on MAR 10 1921, 192

PARAGRAPH 2 - NOT TO BE RETURNED acn

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. .....

G. R. S. Form 115-A
August, 1920

3—8020

FRANCE 1764 449

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

REPORT OF DISINTERMENT AND REBURIAL

Place Belleau Aisne.

Date July 1/21.

1. REMAINS OF CORCODILLAS, JOHN SERIAL NUMBER 39058

RANK Pvt. ORGANIZATION Co., E. 9th Inf.

2. Disinterred (date): July 1/21 From (give complete location):

Amer. Cty., #1764, Belleau Aisne, Gr. 183-A-4.

By: Group Bowes Unit Sec. 6

3. Reburied (date): July 1/21. In (give complete location):

Amer. Cty., #1764, Belleau Aisne, Gr. 183-A-4.

By: Group Bowes Unit Sec. 6 Nature of reburial Box&burlap

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

5ft. earthen grave, burlap and uniform. Not in box.

Badly dec omposed unrecognizable

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

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

Identified by identification card found on body reads:" John Corcodillas.

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 None on skull

Quantity Impossible to determine

Characteristics Impossible to determine

(*d*) Hair on face—Color Impossible to determiine

Location Impossible to determine

Quantity Impossible to determine

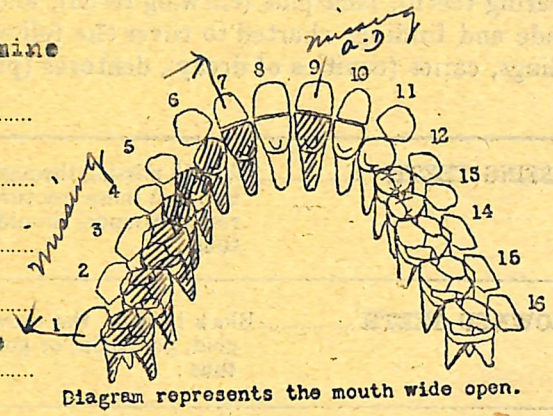
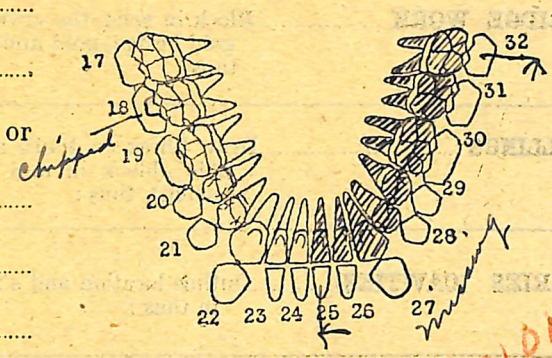


Diagram represents the mouth wide open.



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

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

Head and both jaws ~~AXX~~ shattered. Both legs missing from hips down, except right foot. Both arms shattered.

D-51015

7. Disinterment supervised by John G. Bowes
John G. Bowes S. E.

Approved: H. Shaler, 1st. Lt. F. A.
(Title)

8. Reburial supervised by John G. Bowes
John G. Bowes S. E.

Approved: H. Shaler, 1st. Lt. F. A.
(Title)

J.C.H.

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.

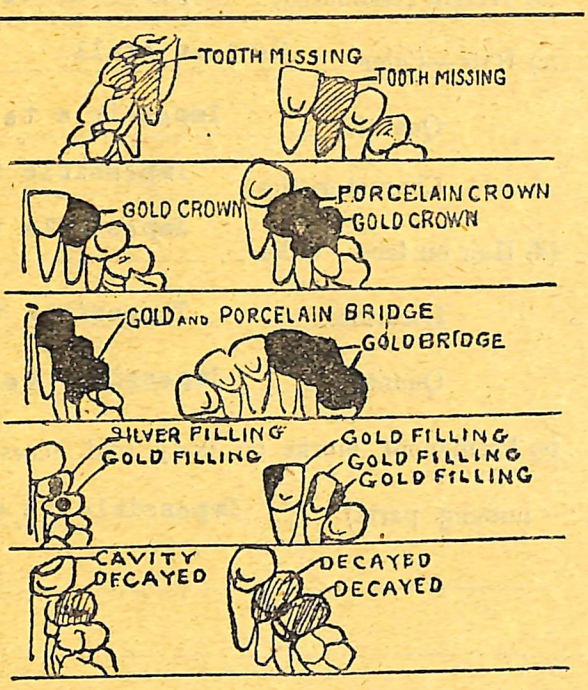
MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :

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 ol 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.

G.R.S. FORM NO. 16

Place Plot-44 Myers,

Date June 11, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of: Corcodillas John

Name: ~~Corodelos, John~~ Number: 39058

Rank: Pvt. Organization: Co. E, 9th Inf.

Disinterment and Reburial made by Group Unit "B"

Disinterred (Date) From: (Give complete location)

June 11,, 1919 Plot-44 Myers, at Monneaux, Aisne

Coord. 258.1N - - 179.8E

Grave 14.

Reburied (Date) in: (Give complete location)

June 11, 1919 National Cemetery at Belleau Woods, Aisne

Coord. 262 60N - - 176.04E

Plot-4, Sec. A, Grave 183.

1764

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

Body in poor condition.

Was one identification tag found upon the body? yes

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

CONFIRMED No. 20271

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: Sgt. F.C. Turner

W. C. McCameron
C.O. Group Unit

Prov. Unit B. G.R.S.

183

7189

Concentrated from

80346

OSP-SS
Form No. 1009

233129

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

Please mail

Harlow.
NAME OF DECEASED SOLDIER | CEMETERY NO. | DATE

Corcodilas, John, Pvt. | 1764 - 449 | 4/22/21.
SERIAL NUMBER | ORGANIZATION | DATE OF DEATH

39058 | Co. E, 9th Inf. | 7/6/18.

WAR RISK INSURANCE INFORMATION

C-27226

Copy forwarded to
Adjustment Department
Date

DATE

I-26914

FIFTEEN DOLLARS ONLY $15.00
PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE | RELATIONSHIP

MRS MOSCHA KL KORKODILA C-27225

VILLAGE OF STRAPOURIAIS
ADDRESS ISLAND OF ANDROS M
CYCLADES GREECE

PERSON RECEIVING DEATH COMPENSATION | RELATIONSHIP

S/1868/LML

FIFTY-SEVEN 50/100 DOLLARS $5

KLEANTHIS V KORKODILOS I-269

VILLAGE OF STRAPOURIAIS
ISLAND OF ANDROS
CYCLADES GREECE

FIFTY-SEVEN 50/100 DOLLARS $57.50

KLEANTHIS V KORKODILOS I-26914

VILLAGE OF STRAPOURIAIS
ISLAND OF ANDROS
CYCLADES GREECE

F
A

7189

GRAVE LOCATION BLANK.

Corcodillas

LOCATION OF THE GRAVE OF

Corcodillas, 39058 John
(Surname.) (Number.) (First Name and Initials.)

Pvt Co. E, 9th Inf
(Rank.) (Organization.)

DATE OF BURIAL 7/7/18

PLACE OF BURIAL Plot ~~77~~ 44 A

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

Chateau Thierry 20,000
179.8 — 258.1
(Mouneaux, Aisne)

GRAVE NUMBER 21

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

Headboard? ..... Bottle? .....

IDENTIFICATION TAGS: Missing

Was one buried with body? .....

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

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

REPORTED BY:

Ernest W. Wood, Chaplain
(Signature and Rank of Reporting Officer.)

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

30 JUIL Reçu

80346
7189

39058

Name....Cowodelos,....John.....

Rank....Pvt.....Co.....E.....{Corps / Regt}.....9th Inf

Date of Death.....

Prev rept in grave 21, Plot 44_A

Place.....

Cause.....

.....

Date of Burial.....

Grave No....14.....

Cemetery....44. G. MYERS.....

Identified by {Tag / Papers / Clothing} tag.....

List of Effects.....

.....

Field Record Made by....GROUP. N°. 1....

Unit 303. G. R. S.

Company....Graves Registration Service

OCT 25 1918

For additional data use reverse side

33

7189

Name Corcodillas, 39058, John

Rank Pvt. Co. E {Corps / Regt.} 9th Inf.

Date of Death

Place

Cause

Date of Burial 7/7/18

Grave No. 21

Cemetery 44-A

Identified by {Tag / Papers / Clothing}

153

List of Effects

Field Record Made by I. G. MYERS,
2nd. LIEUT., Q. M. CORPS, N. A.

Group 1, 303 Company....., Graves Rgistration Service

For additional data use reverse side

JUL 15 1918

AUG 8 1921

Which is correct Serial No, 39058 or 34031 ?

39,058 is correct.

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

FILE

G.R.S. Form 8-W-A-O
Information requested of A.G.O. Date 2/23/21.

File No. Registration.

Adjustment Made MAY 18 1921

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.

File No.

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

Noted on Form No. 115
Date

a. Surname ~~Corcodillas~~ Corcodilas

b. Christian name John

c. Serial Number 39058

d. Organization Co. E, 9th Inf.

e. Rank Pvt.

f. Date of death 7/6/18.

g. Cause of death K/A.

h. Authority (C.O.#)

i. Emergency address Costos Corcinos, friend 82 Cherry St., New York, N.Y.

j. Relationship

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

Donnelly-Lea

CPS. 2 Regd. World War Div. Date FEB 24 1921

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

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

CEMETERY NO: C.W. 1764

SHEET NO: 449

TYPED BY: I.W.

S/713/LML

World War Div. MAR 25 1921

MAR 24 1921

FEB 24 1921

24

MAR 26 1921

RECEIVED

Co E 9th Inf.
2nd Division

CORCODILLOS, John - Pvt. 39058
HOME : 82 Cheery St
New York City.

Killed in action by enemy shell fire July 6th 1918, while the Company was holding the line, after capturing Vaux. Buried at Vaux.

INFORMANT : Mitchell, Frederick - Sgt. 39161
Co E 9th Inf.

HOME : 128 Pennylvania Ave.
Danville, Ill.

SIGNED : James W. Wedge, Cpl N° 1629618
Co E 9th Inf.

EMERGENCY ADDRESS :
Costas Corcains (friend)
82 Cheery St.
New York City.

A/A/