

G.R.S. Form #114 B

OCT 9 - 1926

DATE 10/10/21

1. NAME Crone, John J.

SERIAL No. 2709204

RANK Pvt.

ORGANIZATION Co. A 315th Inf. 79 Div

GRAVE LOCATION American Cty. Souilly, Meuse

534

CTY. NAME

NUMBER

20

Sec. C

1

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION nothing of record

GRAVE

COMMUNE

DEPT.

COORDINATES not known

CONCENTRATED TO nothing of record

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. 19, 1918

STATE FROM WHICH HE CAME Penna.

MEDALS OR DECORATIONS AWARDED none

SUBSEQUENT REBURIALS not known

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Wm Cline

Wm M. CLINE
Captain Q.M.C.

3. FINAL GRAVE LOCATION 10/10/21

DATE

32

GRAVE

15

ROW

Block H.

XXX

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

Robert D. Davis
The Adjutant General

CEMETERY

By AS

OCT 12 1926

AUDITED BY

M.M.C. -
1-24-23

MM

OCT 11 1926

WORLD WAR ONE

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.



GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Crone 2709204 John
(Surname). (Number). (First Name and Initials).

Pfc. Coa 315 Inf
(Rank). (Organization).

PLACE OF DEATH: *Grac Hosp #6*

CAUSE OF DEATH: *Pneumonia*

DATE OF BURIAL: *10/19/18*

PLACE OF DEATH: *Amer Cem*

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

Souilly (Meuse)

GRAVE NUMBER: *C-I-20*

HOW MARKED: Name Peg? *yes* Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? *yes*

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

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

Chaplain Stewart
Chaplain Grac Hosp #6
(Signature and Rank of Reporting Officer)

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Crone, John</i>	3	3 8 5
BURIED	CEMETERY	1	1
	GRAVE	2	32
	ROW	2	15
	BLOCK	1	8
STATE	<i>Penna</i>	2	44
RANK	<i>Plt.</i>	1	2
DIVISION	<i>79</i>	2	79
ORGANIZATION	<i>315</i>	3	315
ARM	<i>Inf</i>	1	1
MARITAL	<i>W</i>	1	2
NAME	<i>Crone, John</i>	3	
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	1
OTHER		1	
ELIGIBILITY	<i>Dead</i>	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

Father

(no photo or DM)

Audited
 APR 2 2 1932
MB

mH

29/514

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/22/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Crone, John J.	Pvt.	2709204	Co A, 315th Inf	10/19/18

STATE	CITY. NO.	GRAVE	ROW	BLOCK	H
	1232	32	15		

NAME AND ADDRESS	Check relationship	Living - Deceased	
		Living	Deceased
MOTHER	:	:	✓
STEMOTHER (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)	:	:	:

*John Crone
Newton Park
Leixlip
Kildare Co
Ireland*

Single man
Veterans Bureau Claim Number C 103878
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>Crone, John J.</u>	<u>Pvt.</u>	<u>2709204</u>	<u>Co. A, 315th Inf.</u>	<u>10-19-18</u>

STATE	CTY. NO. <u>1232</u>	GRAVE <u>32</u>	ROW <u>15</u>	BLOCK <u>H</u>
-------	----------------------	-----------------	---------------	----------------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
NAME	MOTHER <input checked="" type="checkbox"/>	: <u>L</u> :	C-103878 7-26 also
AND	STEPMOTHER (For the year prior to commencement of service)	: : :	Mrs. Anne Crone,
ADDRESS	MOTHER THRU ADOPTION (For the year prior to commencement of service)	: : :	Newton Park, Leishlip, Kildare Co., Ireland.
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : :	_____
	WIDOW (Who has not remarried)	: : :	_____

Veterans Bureau Claim Number _____
29/156

RECEIVED

UNITED STATES DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

NO. 100-100000

TO: THE ATTORNEY GENERAL
FROM: THE ATTORNEY GENERAL

DATE: AUG 3 1879



In reply refer to:
293.8 C-R #40479

February 26, 1923.

Mrs. Anne Crone,
Leixlip, Kildare County,
Ireland.

Foreign

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of the late Private John J. Crone, Company A, 315th Infantry, is Grave 52, Row 15, Block H, 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 maintained by this Government in a manner befitting the last resting place of our heroes.

MAILED

Very truly yours,

FEB 26 1923

H. J. Conner,
Assistant.

rk

22/1423/ARK

G.R.S.

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF Crone, John J. SERIAL NUMBER 2709204
RANK Pvt. ORGANIZATION Co. A, 315th Inf.

2. Disinterred (date) : Sept 29-21 From (give complete location) : gr. 20 Sec. C
Plot 1 Cem. 534.,
By : Group 2 Unit Field Section #3.

3. Reburied (date) : _____ In (give complete location) : _____
Oct. 10, 1921, Meuse Argonne Cem. #1232. Row 15, Block H Gr. 32
Unlined Casket.
By : Group Reburial Sec. Unit _____ Nature of reburial _____

4. Report as to nature of original burial and condition of body upon disinterment :
Blanket and Pine box.
Badly decomposed recognition impossible.

5. (a) Identification tags : Buried with body ? Yes On grave marker ? Yes
(b) Other means of identification found upon disinterment, and general remarks :
No effects.

6. What does examination of body show as regards the following identifying items ? MBD 1 4 13 15 29
31. Cavity 6-30

- (a) Height (actual measurement) Impossible to determine
- (b) Weight (estimated) Impossible to estimate
- (c) Hair—Color Impossible to determine
Quantity None visible
Characteristics None.
- (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.

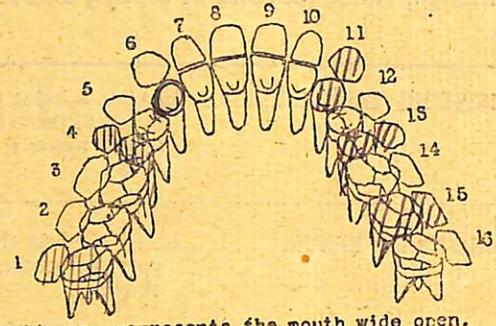
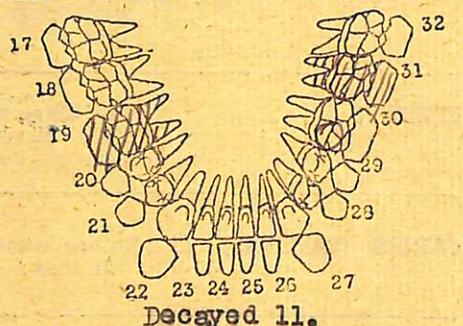


Diagram represents the mouth wide open.
MAD 9-10-23 26



Decayed 11.

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

7. Disinterment supervised by H. L. Hurlbut Approved : W. H. Roach, 1st Lt. QMC.
(Title) _____

8. Reburial supervised by W. B. SHEILD Approved : JAMES W. YOUNGER,
CAPT., QMC.,
(Title) _____

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus :</p>	
<p>DENTURES (PLATES).....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."</p>	

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

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



To be prepared in triplicate.

DATE Sept 29-21

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 Crone John J.
 2. No. 2709204
 3. Rank Pvt.
 4. Org. Co. A 315th Inf.
 5. D.D. 10-19-18
 6. C.D. Pneumonia

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

Discrepancy found upon disinterment

7. Grave No. 20 Sec. C
 8. Plot 1 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. None

18. Cemetery American Cty.

19. Commune or town Souilly

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 534

23. Disinterred (Date) Sept 29-21

By H. L. Hurlbut

24. Inscription on grave marker:

Name John J. Crone

Serial No. _____

Rank Pvt.

Organization Co. A, 315th Inf.

25. Was identification disc found on grave marker? Yes On body? Yes

S. I. Palmage
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).

27. Condition of body Badly decomposed recognition impossible.

28. Nature of burial Blanket and Pine box.

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 29-21 By H. L. Hurlbut

31. Casket sealed by H. L. Hurlbut
Signature of Embalmer, (Supervisor)
H. L. Hurlbut

SHIPMENT. (Show actual marking of box.)

Box No.

6-9507

32. Designation of body:

Crone, John J.

Name

Pvt.

Rank

Organization

Officer in Charge Operations

RECEIVED
GRAVES REGISTRATION SER.



2709204

Serial No.

Co. A 315th Inf.

33. Consigned to:

Meuse Argonne American Cty. 1232, Romagne-sous-Montfaucon

Name of Permanent Cemetery

34. Casket boxed and marked (Date)

Sept 29-21

By

H. L. Hurlbut

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. Roach
W. H. Roach, 1st Lt. QMC.

36. Remarks

37. Shipped from point of Operation: (Date)

Sept 29-21

To point of Concentration

Romagne sous Montfaucon, Meuse.

(Name)

Convoyer

R. H. Cronin

Signature Shipping Officer

W. H. Roach
W. H. Roach, 1st Lt. QMC.

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

(Name)

Convoyer

Signature Shipping Officer

40. Received: Date

17 * OCT 1921

G.R.S. Representative

G. M. Seiber
G. M. Seiber, Major, Supt

41. Reinterred. Meuse Argonne Cem. #1232. Oct. 10, 1921.

(Date)

42. Grave No. Row 15, Block H Gr. 32.

Section

43. Plot

Row

G.R.S. Representative

James W. Younger
JAMES W. YOUNGER,
CAPT., QMC.,

irz.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 40479

I. LOCATION INDEX CARD:

(a) Name CRONE, John J. Ser. No. 2709204
(b) Rank Pvt. Organization Co. A, 315th Inf.
(c) Date of death 10-19-18 (d) Cause of death Pneumonia
TYP. DB
CKR. [initials]

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

(a) Grave No. 20 Row - Plot 1 Sec. C TYP. DB
(b) Emerg. Address Mary Mc Quor, (Friend) 3720 Longshore St. Phila. (over) Pa.

III. Files of soldiers dying from contagious diseases NO CARD CKR. [initials]

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

Examiner's Initials Date 1-17-21, 1920.

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

(a) Cancellation memos referred to? Yes PF

Examiner's Initials PF Date 1-17-1920.

COUNTRY FRANCE

CEMETERY No. 534

SHEET No. 116

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

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

CARDED

2/16/21. F.L.

Checked M 2-14-21

VII. G. R. S. Form No. 114 made _____, 1920.

Typed by _____, Checked by _____, 1920.

RECEIVED BY
MAIL UNIT

MAY 28 1921

VIII. FINAL ACTION

Following advice forwarded to Europe by { cable on _____, 1920
letter on JAN 27 1921, 1920

Material Division
Overseas Project Sub-Section

Par. 2 Not to be returned. (L.S.)

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be _____

Body to be shipped to _____

X. SUSPENSION REMARKS:

B. G. H. R. - Mrs. Anne Crane
(Mother) Leislip, Kildare Co.
Ireland (2-14-21) "M"

1

2

3

4

5

6

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 40479

I. LOCATION INDEX CARD:

(a) Name CROWE, John J. Ser. No. 2709204 TYP. DB
 (b) Rank Pvt. Organization Co. A, 315th Inf.
 (c) Date of death 10-19-18 Cause of death Pneumonia

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

(a) Grave No. 20 Row - Plot 1 Sect. C TYP. DB
 (b) Emerg. Address Mary Mc Quer, (Friend) 3720 Longshore St. Phila. (over)
 Files of soldiers dying from contagious diseases NO CARD CKR BA

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

No card in file - No request for disposition.

ap 2-16-21

V. Following advice forwarded to Europe by - (cable on 192)
 (letter of transmittal JAN 27 1921)

Par. 2 Not to be returned. (L.S.)

FEB 17 1921

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

II. SUPPLEMENTARY REQUESTS

Date of Relationship Desires Action taken
 and Source and name

VIII. Form 115 received from G.R.S. Hoboken, N.J. 5-28- 1921

COUNTRY

CEMETERY NO.

SHEET NO.

U.S. FORM 115-A
 August, 1920

3-666/MB

FRAN CE

534

116

2/16/21 - T.L.

B.A. 34R - Mrs. Anne Cronin (Mother)
Leiplip, Kildare Co., Ireland

C 103878
OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

Please make!

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Crone, John J., Pvt.

534 - 116

1/18/21.

SERIAL NUMBER

ORGANIZATION

2709204

Co. A, 315th Inf.

Date of death - 10/19/18.

WAR RISK INSURANCE INFORMATION

Copy fwd. to Ady. Dept.

DATE

(2-14-21) "M"

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Anne Crone

Mother

Address

Leixlip, Kildare Co., Ireland.

S/709/LML

40479

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Crone 2709204 John
(Surname). (Number). (First Name and Initials).

Pfc Co A 315 Inf
(Rank). (Organization).

PLACE OF DEATH: Waco Hosp #6

CAUSE OF DEATH: Pneumonia

DATE OF BURIAL: 10/19/18

PLACE OF BURIAL: Amer Cem

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

Souilly (Meuse)

GRAVE NUMBER: C-I-20

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:

534

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY: E. C. ...

Chaplain Waco Hosp #6
(Signature and Rank of Reporting Officer)

27 OCT 1918

40479

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

2. Soldier's No. 2709204

3. Crone John J
Surname (In Block Letters) First Name and Initials

4. Pvt
Rank Company Regt. or Corps

5. Oct 18th 1918
Date of Death Cause, if known

6. Oct 19th 1918 A E C
Date of Burial Cemetery

7. Souilly Meuse
Town or Commune (In Block Letters) Department

8. 20 Sect C Plot 1
Grave No. Plot No. or Letter

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

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

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

534

12. Map Reference, if interment is outside of cemetery
Map 51 N. 249 -45 N. 320 -81

13. Give name of Chaplain or Burial Officer
Signed... Richard O. Black

Group... 2 Unit... 301 G. R. S.

NOV 1918