

To The A. G. O.

317

G.R.S. Form #114-B

FEB 18 1926

1319

FULL NAME CRONEN, John

RANK Pvt. SERIAL 4065720

DIVISION & ORGANIZATION Co. E, 54th Pion. Inf.

DATE OF DEATH *Sept 30, 1918*

STATE FROM WHICH HE CAME *Missouri*

MEDALS OR DECORATIONS AWARDED *none found.* 39 33 A

FINAL GRAVE LOCATION.....

Date Grave Row Block

..... Meuse-Argonne, #1232

Cemetery

WS 4/2/28

4 A.G.O.
FEB 18 1926
WORLD WAR DIV.

Rec'd World War Div.
5 MAR 30 1928

Robert O. Davis,
Major General,
The Adjutant General.
By *OLE*

FEB 24 1926

23/306/ARK



Original

Place Contreperville (Vosges)

Date 2/11/21

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF GRONEN, JOHN SERIAL NUMBER 4065720

RANK Pvt. ORGANIZATION Co. E-54th Pioneer Inf.

2. Disinterred (date): 2/11/21 From (give complete location): Contreperville (Vosges)
Grave 63 - Amer. Cty. #94

By: Group 4 Unit Sec. One

3. Reburied (date): 2/11/21 In (give complete location): Contreperville (Vosges)
Grave 89 - Amer. Cty. #94

By: Group 4 Unit Sec. One Nature of reburial Blanket pine box

4. Report as to nature of original burial and condition of body upon disinterment:
Exp. U.S. uniform, in pine box, badly decomposed, unrecognizable. No shoes or leggings. Cross at feet.

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

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

No indications of having been hospitalized. "----min---5720
legible on disc on body. Disc on cross reads, "JOHN GRONIN - PVT. Co. E-54th

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 No hair on skull cavity

Quantity None

Characteristics None

(d) Hair on face—Color No hair on face

Location None

Quantity None

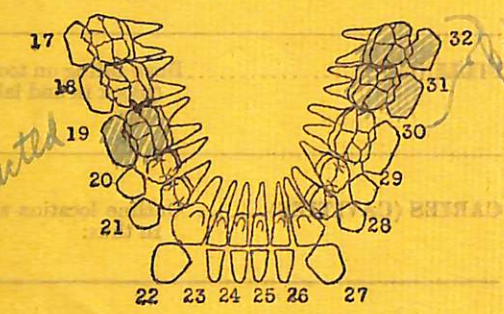
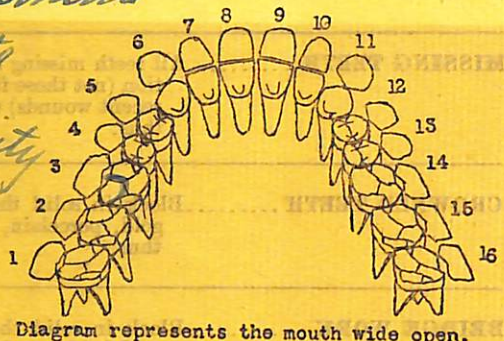
(e) Permanent marks on body (old scars, peculiarities, or missing parts)

Impossible to determine

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

Impossible to determine

None on lid of pine box.



PION. INF.

Estimated






7. Disinterment supervised by G.D. Gamble Approved: Val E. Miltenberger
(G.H. Gamble) Major (Title) M.C., M of S. #1.

8. Reburial supervised by G.D. Gamble Approved: Val E. Miltenberger
(G.D. Gamble, 1st Lt. QMC) Major (Title) M.C.M of S #1.
Insp.

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>TOOTH MISSING TOOTH MISSING</p>
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:</p>	 <p>GOLD CROWN PORCELAIN CROWN GOLD CROWN</p>
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:</p>	 <p>SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:</p>	 <p>CAVITY DECAYED DECAYED DECAYED</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."

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.

WED

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF
CRONIN
~~CRONIN~~4065720.....John.....
(Surname.) (Number.) (First Name and Initials.)

Private.....Co. E. 54. Pioneer. Inf.....
(Rank.) (Organization.)

DATE OF BURIAL ~~CRONIN~~ 2 Oct. 1918.....

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

Cemetery, Contrezeville, Vosges.....

GRAVE NUMBER 63.....

HOW MARKED: Name Peg? Yes..... Cross? No.....

Headboard? No..... Bottle? No.....

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:

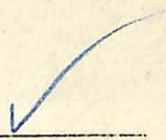
William C Piness
REPORTED BY WILLIAM C PINESS

Chaplain, B.H.#31

(Signature and Rank of Reporting Officer.)

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

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Crown</i>	3	<i>3-2-5</i>
BURIED	CEMETERY	1	<i>1</i>
	GRAVE	2	<i>39</i>
	ROW	2	<i>33</i>
	BLOCK	1	<i>1</i>
STATE	<i>Miss</i>	2	<i>27</i>
RANK	<i>Pvt.</i>	1	<i>2</i>
DIVISION	<i>Inf.</i>	2	<i>51</i>
ORGANIZATION	<i>54</i>	3	<i>054</i>
ARM	<i>Prison</i>	1	<i>1</i>
MARTIAL	<i>NO</i>	1	<i>2</i>
NAME	<i>Crown, Mr. Anthony</i>	3	
RESIDENCE	STATE	2	<i>27</i>
<i>Markville, Miss</i>	COUNTY	2	<i>3</i>
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>(Father dead)</i>	1	
ELIGIBILITY	<i>12-25-26</i>	1	<i>6</i>
NATIVITY	<i>Head (1-25-24)</i>	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

Audited
 APR 22 1932
MB

Mr. N.
 29/514/PJ

MB

1232

Cronen John Pul Co E 54 Pion. Inf

Wife mother + father's death?

Rel. - Anthony Cronen.

~~Wife a SM?~~

XC-70050

Mother died 1-25-24

Father " 12-25-26

M/R

5

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 9, 1930.

Cronen, John 1232 Fr

Mr. Anthony Cronen,
Markville, Minn.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 27, 1929.

Cronen, John

Mrs. Annie Cronen,
Markville, Minn.

Dear Madam:

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

The records of this office show that you are the mother of the late John Cronen, Pvt., Co. B, 54th Pion. Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

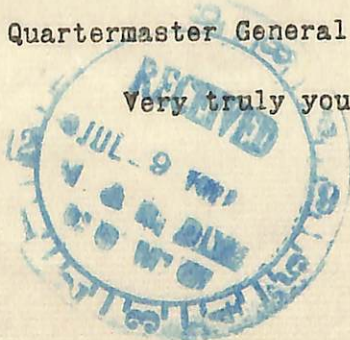
In the event your son was survived by a widow who has since re-married it is requested that a statement to that effect be made.

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

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.



John T. Harris

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

Markville, Me.
July 1, 1929.

The Quartermaster General
Washington D.C.

Dear Sir:

John Cronen did not
have a wife and his
parents are both deceased.

Respectfully,

Anthony Cronen.

OVER

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cronen, John 1232 Fr

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If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 27, 1929.

Cronen, John

Mrs. Annie Cronen,
Markville, Minn.

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

In the event your son was survived by a widow who has since re-married it is 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,

2 incls.
Act of Congress.
Envelope.

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

In reply refer to:
293,8 C-R

#33481

January 12, 1923.

Mr. Charles G. Cronen,
Markville, Minn.

Dear Sir:

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

the late Private John Cronen, Company E, 54th
Pioneer Infantry, is Grave 39, Row 33, Block A, Meuse-Argonne American
Cemetery, Romagne-sous-Montfauxon, 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

JAN 12 1923

G.R.S.

22/1423/ARK

DATE 12/3/21.

1. NAME Cronen, John SERIAL No. 4065720
 RANK Pvt. ORGANIZATION Co. E 54th Pion.Inf.
 GRAVE LOCATION Amer.Cty. Contrexeville, Vosges 94
 CTY. NAME NUMBER
89
 GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 63 Contrexeville Vosges
 GRAVE COMMUNE DEPT.
 COORDINATES E.363.65 N.154.95 Map Mirecourt S.E.84

CONCENTRATED TO Feb.11,1921 89
 DATE GRAVE ROW PLOT
American Cty., Contrexeville 94 94
 CEMETERY CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.
No indications of having been hospital case. "nin"--5720 " legible on disc on body. Disc on cross reads "John Cronin, Pvt.Co.E. 54th Pion.Inf. Name on lid of pine box. Body buried in O.D. U.S. uniform. No shoes or leggings. Per GRS Form 16-A Feb.11,1921. signed Val.E.Miltnerberger Major M.C.

SUBSEQUENT REBURIALS None
 DATE GRAVE ROW PLOT CEMETERY
 DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR Stanley J. Grogan
STANLEY J. GROGAN, Capt.Inf.USA.

3. FINAL GRAVE LOCATION 12/3/21. 39 33 A.
 DATE GRAVE ROW Block ~~POST~~
e1 Meuse-Argonne Amer.Cty.#1232 Romagne-sous-Montfaucon. (Meuse)
 CEMETERY

ADMITTED BY
 SER 12/18/22

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE

WASHINGTON

Hoboken, N.J.

DEC 13 1920

FROM: Chief, Graves Registration Service, Q. M. C.
To: Mr. Charles C. Cronen, Markville, Minn.

Exchange

SUBJECT: Remains of Pvt. John Cronen, Ser. No. 4065720.
Co. B. 54th Pioneer Inf.

The records of this office show that you have requested that his body remain in Europe.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., or any other National Cemetery; or (3) remain in Europe.

By authority of the Quartermaster General.

Noted on Form No. 115

CHARLES C. PIERCE,
Major, U. S. A.

Date 1/8/21 - LC

Per 607 Wash

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Was soldier married?	<i>No</i>		
Soldier's widow			
Soldier's children. (Name oldest first.)	1		
	2		
	3		
Father	<i>Charles Cronen</i>	<i>Markville</i>	<i>Minn</i>
Mother	<i>Annie Cronen</i>	<i>"</i>	<i>"</i>
Brothers. (Name oldest first.)	1 <i>Anthony Cronen</i>	<i>"</i>	<i>"</i>
	2		
	3		
Sisters. (Name oldest first.)	1 <i>Sarah Steinhilber</i>	<i>"</i>	<i>"</i>
	2 <i>Isabell Corasch</i>	<i>"</i>	<i>"</i>
	3		

Date *Dec 21 1920*

Signature *Charles C. Cronen*

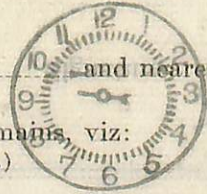
Address *Markville, Minn.*

Relationship *Father*

IMPORTANT.—CAREFULLY read instructions before filling out this paper.

2174

1920



I, the undersigned, am the father and nearest living relative of the within-named

(Relationship.)

soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

DEC 27 1920

2. To be returned to the U. S. and shipped to

(Name.)

(R. R. station.)

(State.)

3. To be returned to the U. S. and buried in

National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature Charles C. Croner

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
2. The transfer of bodies will be made ENTIRELY at Government expense.
3. This paper **MUST BE SIGNED BY THE PERSON WHO IS THE NEXT OF kin IN THE ORDER** shown in the square on the other side of this sheet.
4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.
6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
9. Use the inclosed envelope—pay no postage.

3-7860

OFFICE OF THE GOVERNMENT GENERAL OF THE WAR
MVB DELVRLNEM

3348

GRAVE LOCATION BOOK

LOCATION OF THE GRAVE OF

CRONIN

~~Cronin~~ 4065720 John
(Surname.) (Number.) (First Name and Initials.)

Private Co. E 54 Pioneer Inf.
(Rank.) (Organization.)

DATE OF BURIAL... ~~XXXXX~~ 2 Oct. 1918.....

PLACE OF BURIAL American Military.....

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

Cemetery, Contrezeville, Vosges......

GRAVE NUMBER... 63.....

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:

94

19 OCT 1918

REPORTED BY: William O Press

Chaplain, B.H.#31

(Signature and Rank of Reporting Officer.)

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

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

Hq. G. R. S. File

33481

2. Soldier's No. *none*

3. *Brown* *John*
Surname (in block letters) First Name and Initials

4. *Pvt.* *E* *5th Inf*
Rank Company Regt. or Corps

5. *Oct 1, 1918*
Date of Death Cause, if known

6. *Oct 2, 1918* *94*
Date of Burial Cemetery

7. *Contapeville*
Town or Commune (in block letters) Department

8. *B.63*
Grave No. Plot No. or Letter

9. Name Peg? *yes* Cross? *no* 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.

94

12.
Map Reference, if interment is outside of cemetery

13.
Give name of Chaplain or Burial Officer

Signed *Private Harry J. Jones*

Group Unit *B* G. R. S.



1/2

REPORT OF DISINTERMENT AND REBURIAL

Date October 11th 1921.

1. REMAINS OF CRONEN, JOHN SERIAL NUMBER 4065720

RANK Pvt. ORGANIZATION Co. E 54th Pion. Inf.

2. Disinterred (date) October 11th 1921. From (give complete location) Grave 89.

American Cemetery, G. R. S. Code # 94, Contraxville, (Vosges) France.

By : Group 2 Unit Section 4.

3. Reburied (date) : Dec. 3rd, 1921. In (give complete location) : Grave 39, Row 33, Block A, Cemetery 1232.

By : Group Reburial S Unit _____ Nature of reburial Lined Casket

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

Buried in uniform, blanket and wooden box. Body badly decomposed, recognition impossible.

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

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

No effects found. Disc on body partially corroded, but the following is legible:

John Cronen.

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

(a) Height (actual measurement) Unable to determine.

(b) Weigh, (estimated) _____

(c) Hair—Color Apparently dark brown.

Quantity Unable to determine.

Characteristics _____

(d) Hair on face—Color _____

Location _____

Quantity _____

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

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

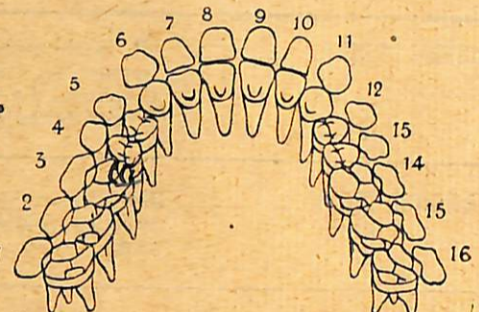
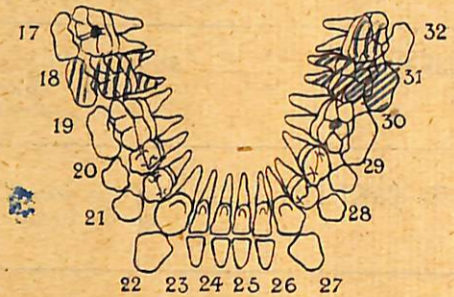


Diagram represents the mouth wide open



Nos. 3, Decayed.
Nos. 17, 30 Silver fillings.
Nos. 18, 31 Extracted.
No. 32 Broken off.

7. Disinterment supervised by J. E. Benson Approved; D. E. Lowry mem

J. E. BENSON, the. (Title) 1st Lt. Q.M.C.

8. Reburial supervised by A. U. Dufault Approved James W. Younger

A. U. Dufault, (Title) James W. Younger, Captain Q.M.C.

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






Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Questions 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".

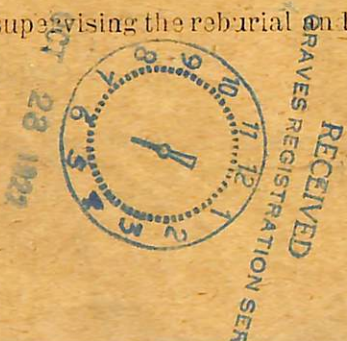
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying 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.



Cronen, John 4,065,720
(Surname.) (Christian name in full.) (Army serial number.)

Pvt Co E 54 Pioneer Inf
(Rank and organization.)

State your relationship to the deceased *Father*

Do you desire the remains brought to the United States? *Yes.*
(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery? } (Yes 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) *Charles Cronen*

(over) (Number and street or rural route.) (City, town, or post office.) (State.)

Letter Sent to:

Mrs Charles C. Cronen
Markville, Minn.

Checked
GFC 10-21-20

To be prepared in triplicate.

DATE October 11th 1921.

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 Cronen, John

10. Name

2. No. 4065720

11. No.

3. Rank Pvt.

12. Rank

4. Org. Co. E 54th Pion. Inf.

13. Org.

5. D.D. 9-30

14. (a) D.D.

6. C.D. Pneumonia

(b) D.B. No Discrepancies.

Discrepancy found upon disinterment

7. Grave No. 89 Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot 20001 Row

9.

17. No Discrepancies.

18. Cemetery Amer.

19. Commune or town Contrexeville

20. Dept. or County Vosges

21. Country France

22. G.R.S. Hdqrs. Code No. 94

23. Disinterred (Date) October 11th 1921. By J.E. BENSON.

24. Inscription on grave marker:

Name JOHN CRONEN.

Serial No. ---

Rank Pvt.

Organization Co. E 54th Pion. Inf. Grave 89.

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

Signature Junior Technical Assistant

T.H. CHUNN.

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).

Reburial record on body. No effects found. Form 16a accomplished.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial In uniform, blanket and wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No.

30. Body prepared and placed in casket: Date Oct. 11th 1921. By J.E. BENSON.

31. Casket sealed by J.E. BENSON.

Signature of Embalmer, (Supervisor)

J.E. BENSON.



SHIPMENT. (Show actual marking of box.) Box No. C-11379

32. Designation of body:

Name Cronen, John Serial No. 4065720

Rank Pvt. Organization Co. E 54th Pioneer Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse Argonne Amer #1232. Romagne-sous-Montfaucon Meuse

34. Casket boxed and marked (Date) October 11th 1921. By J.E. BENSON.

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

D.E. Lowry
D.E. LOWRY,
1st Lt. Q.M.C.

36. Remarks Discon body partially corroded,

but the following is legible: John

37. Shipped from point of Operation: (Date) October 11th 1921.

To point of Concentration Neufshateau, (Vosges) France.

Convoyer _____ Signature Shipping Officer Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date 30 OCT 1921

To Permanent Cemetery Romagne-sous-Montfaucon, (Meuse) France.

Convoyer C. L. RIELEY Signature Shipping Officer W.R. Buckley, Capt. Q.M.C.

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred Meuse Argonne Cemetery 1232 (Date) Dec. 3rd, 1921.

42. Grave No. 39 Section _____

43. Plot XXXX Block A Row 53

G.R.S. Representative

James W. Younger
James W. Younger,
Captain Q.M.C.

JEL

el

1930

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 33481

*16-22 Exhumed
for Cancellation # 1232
by Messrs Argonne at 2/7/22*

I. LOCATION INDEX CARD:

(a) Name CRONEN, John Ser. No. 4065720
 (b) Rank Pvt. Organization Co.E, 54th Pioneer Inf.
 (c) Date of death 9/30/18 (d) Cause of death Pneumonia.

TYP. EK
CKR. MB

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

(a) Grave No. 63 Row -- Plot B Sec. -- TYP. EK
 (b) Emerg. Address Mr. Charles C. Cronen (father) Markville, Minn.

III. Files of soldiers dying from contagious diseases NO CARD

CKR. MB

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Charles C. Cronen (b) Relationship Father
 (c) Address (not given)
 (d) Remains to be brought to U. S.? No
 (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 MBR Date 10-21, 1920.

V. A. G. G. CORRESPONDENCE shows communication from

_____, dated _____, confirming request in Par. IV., item _____, above, or requesting that _____

Examiner's Initials MBR Date 10-21, 1920.

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

7K No request for disposition

(a) Cancellation memos referred to? no memos
Examiner's Initials MBR Date 10-21, 1920.

COUNTRY France

CEMETERY No. 94

SHEET No. 44

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

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

MB/2-1-20

C

*checked
APR 10-21-22*

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

Typed by _____, Checked by _____



CEMETERY DIVISION

RECEIVED.

JAN 12 1921

CEMETERY DIVISION
OVERSEAS PROJECT 307-308

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 11/16, 1920

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

IX. CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	
(a) Disposition instructions if not proper: _____	

X. SUSPENSION REMARKS: *Form # 120 12/21/20 Charles C. Croner, Father of K. Markville, Minn. Desires remains left in Europe. 1/8/21 ss.*

(a) **FORM 115 RETURNED BY HOBOKEN - BODY**

(c) **TO REMAIN IN EUROPE.**

JAN 11 1921

Jaw

IA. V. C. O. DISPOSITION CARD:

III. Effect of soldiers' claims from corrections division:

(a) Family Address _____

(c) Order No. _____

II. Regularly issued cards - (Check box) Card No. _____

(c) Date of death _____

(c) Rank _____

(c) Name _____

I. FOREIGN INDEX CARD:

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 33481

See Form 115
att 7/22

I. LOCATION INDEX CARD:

(a) Name **CRONEN, John** Ser. No. **4065720** } TYP **EK**
 (b) Rank **Pvt.** Organization **Co.E, 54th Pioneer Inf.** }
 (c) Date of death **9/30/18** Cause of death **Pneumonia.** } *MB*

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

(a) Grave No. **63** Row **--** Plot **B** Sect. **--** TYP **EK**
 (b) Emerg. Address **Mr. Charles C. Cronen(father) Merkrville, Minn.**

III. Files of soldiers dying from contagious diseases **NO CARD** CKR *MB*

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

A.G.O. card - Charles C. Cronen (father) desires body to remain in Europe (LCS) 11/26/20

V. Following advice forwarded to Europe by (cable on _____ 192
 (Letter of transmittal on **11/16** 1920

*Par #2 - Not to be returned (LCS)
 DEC 3 1920*

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. **JAN 12 1921** 192

COUNTRY _____ CEMETERY NO. _____ SHEET NO. _____

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

S-666/MB

France

94

44

MB 12-1-20