

329

G.R.S. Form #114-B

9036

JUN 1 - 1928

FULL NAME CRONIN, James L.

RANK Pvt. 1/cl SERIAL 2443173

DIVISION & ORGANIZATION Company B, 307th Infantry 77th Div

DATE OF DEATH July 21, 1918

STATE FROM WHICH HE CAME New York

MEDALS OR DECORATIONS AWARDED none

FINAL GRAVE LOCATION.	10/27/22	36	42	E
Date	Grave	Row	Block	

Meuse Argonne American Cemetery # 1232

Cemetery

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

JUN 10 1928

Rec'd World War Div.

5 APR 2 1928

23/306/ARK

JUN 8 A.G.C.
1928
WORLD WAR DIV.

adc
4-7-28

1919 JUN 12 1919

LIST OF OFFICERS

8-119 10-1117
A
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JUN 12 20
M & R BRANCH
O. Q. M. G.

STATE OF TEXAS

COUNTY OF ...

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CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Cronin</i>	3	<i>3-8-05</i>
	<i>James J.</i>		
	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>36</i>	2	<i>36</i>
	ROW <i>42</i>	2	<i>42</i>
	BLOCK <i>E</i>	1	<i>5</i>
STATE	<i>N.Y.</i>	2	<i>37</i>
RANK	<i>Port 1st.</i>	1	<i>2</i>
DIVISION	<i>77</i>	2	<i>77</i>
ORGANIZATION	<i>307</i>	3	<i>307</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARTIAL	<i>W</i>	1	<i>2</i>
NAME	<i>Cronin</i>	3	
	<i>Miss Helen C. (Sister)</i>		
	<i>7 Inglewood St.</i>		
RESIDENCE	<i>Dorchester Mass.</i>		
	STATE	2	<i>25</i>
	COUNTY	2	<i>13</i>
	CITY	3	<i>118</i>
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Father died 1922</i>	1	
ELIGIBILITY	<i>Dead</i>	1	<i>6</i>
NATIVITY	<i>(No loco or SM)</i> <i>(10-15-26)</i>	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

Audited
APR 22 1932
MS

ms. 11/29/514/PJ

em

XC 140 918 Cronin, James L.

Enl - 12-9-17

date of Mothers death

~~Doco~~ father " 5-3-22

~~S.M~~

Single

Sister- Helen C. Cronin - 7 Englewood St. Dorchester, Mass.

MB
MB

QM 293 A-M

July 19, 1930

Cronin, James L. 1232 LP

Miss Helen C. Cronin,
7 Englewood Street,
Dorchester, Mass.

Dear Madam:

Receipt is acknowledged of your communication of recent date relative to the pilgrimage authorized by the Act of March 2, 1929.

The only provision of the law under which anyone other than the mother or widow could be considered for this privilege is contained in section 4 (a) of the Act, which was amended May 15, 1930, to read in part as follows: "or any woman who stood in loco parentis to the deceased member of the military or naval forces for a period of not less than five years at any time prior to the soldier, sailor, or marine becoming eighteen years of age".

In order to satisfy the legal requirements, it will be necessary for you to furnish as proof of the relationship, in loco parentis, the affidavits of at least two persons not related to you.

In the event you believe yourself eligible, under this provision of the law, to make the pilgrimage, it is requested that the enclosed forms be completed and returned to this office in order that your eligibility under the Act may be determined. Under paragraphs 1 (c) and 1 (d), sufficient information should be included to permit an intelligible decision as to eligibility.

For The Quartermaster General.

Very truly yours,

Enclosures:
Act-Amendment.
Aff. Forms.
Envelope.
NS

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

ETK

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 9, 1930.

Cronin, James L. 1232 S

Miss Helen C. Cronin,
85 St. Marks Road,
Dorchester, Mass.

Dear Madam:

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

over

Dear Sir

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D.C.

I notified you about three months ago regarding the pilgrimage.

IN REPLY REFER TO
QM 295 A-6
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D.C.

Our mother has passed away and asked if one of her sons or

Miss Helen C. Brown
22 St. Marks Road
Dorchester, Mass.

daughters could take her place in the pilgrimage to my brother's grave.

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 pilgrimage to Europe as the brother or wife of a deceased service man. To complete the list of eligibles and to assure that if the above named man is survived by 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.

Helen C. Brown

1. Is the deceased survived by a brother?
If so, give his name and address:

7 Englewood St

2. Is the deceased survived by a wife who has not remarried?
If so, give her name and address:

Dorchester

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 1 of the enclosed Act as amended?
If so, give her name and address:

Mass

For The Quartermaster General

Very truly yours,
A. D. HOGGESS
Colonel, U. S. Corps
Assistant

Enclosures:
Envelope
A-6
Amendment

QM 293 A-C
Cronin, James L.

October 7, 1929.

Miss Helen C. Cronin,
85 St. Marks Road,
Dorchester, Mass.

Dear Madam:

Receipt is acknowledged of your letter of recent date relative to the pilgrimage of the ^Gold Star Mothers and Widows to Europe.

In reply you are advised that the Act of March 2, 1929, provides that invitations for a pilgrimage shall be extended only to the mothers and widows of the members of the military or naval forces of the United States who are buried in the cemeteries in Europe. It does not, however, permit of anyone else making the pilgrimage. It is, therefore, regretted to have to advise that you and your brother are not eligible under the law to make this pilgrimage.

For The Quartermaster General.

Very truly yours,

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

SC/p

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cronin, James L.
1232.

Sept. 4, 1929

Mrs. Ellen C. Cronin,
54 Burt St.,
Dorchester, Mass.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 1929, making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite

3. If survived by a widow or mother does she desire to make the pilgrimage?

The deceased
mother and father
has passed away
could a brother
or sister go in
place of mother
Helen Cronin
85 St Marks Rd
Dorchester

For The Quartermaster General,

Very truly yours,

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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cronin, James L.

June 29, 1929.

Mrs. Ellen C. Cronin,
54 Burt St.,
Dorchester, Mass.

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 Private 1/cl. James L. Cronin, Co. B, 307th 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,
Major, Q. M. Corps,
Assistant.

QM 293 A-M
Cronin, James L. 1232

January 14, 1931

JM

Ellen

Miss Helen C. Cronin,
7 Englewood Street,
Dorchester, Massachusetts.

Dear Madam:

In order that the records of this office may be complete and correct, it is requested that you advise whether or not the late Private, first class, James L. Cronin is survived by a widow, and if so, her name and address.

For your convenience in replying, there is enclosed, herewith, a self-addressed envelope which requires no postage.

For The Quartermaster General.

Very truly yours,

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

Enclosure:
Envelope.

DISPATCHED
JAN 15 AM 9 35
C.M.C.M. & R. DIV.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 9, 1930.

Gronin, James L. 1232 S

Miss Helen C. Cronin,
85 St. Marks Road,
Dorchester, Mass.

Dear Madam:

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.

get case

QM 293 A-M

July 19, 1930

Cronin, James L. 1232 LP

Miss Helen C. Cronin,
7 Englewood Street,
Dorchester, Mass.

Dear Madam:

Receipt is acknowledged of your communication of recent date relative to the pilgrimage authorized by the Act of March 2, 1929.

The only provision of the law under which anyone other than the mother or widow could be considered for this privilege is contained in section 4 (a) of the Act, which was amended May 15, 1930, to read in part as follows: "or any woman who stood in loco parentis to the deceased member of the military or naval forces for a period of not less than five years at any time prior to the soldier, sailor, or marine becoming eighteen years of age".

In order to satisfy the legal requirements, it will be necessary for you to furnish as proof of the relationship, in loco parentis, the affidavits of at least two persons not related to you.

In the event you believe yourself eligible, under this provision of the law, to make the pilgrimage, it is requested that the enclosed forms be completed and returned to this office in order that your eligibility under the Act may be determined. Under paragraphs 1 (c) and 1 (d), sufficient information should be included to permit an intelligible decision as to eligibility.

For The Quartermaster General.

Very truly yours,

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

Enclosures:
Act-Amendment.
Aff. Forms.
Envelope.
RS

DISPATCHED
JUL 25 PM 3 32

QM 293 A-C
Cronin, James L.

October 7, 1929.

Miss Helen C. Cronin,
85 St. Marks Road,
Dorchester, Mass.

Dear Madam:

Receipt is acknowledged of your letter of recent date relative to the pilgrimage of the ⁷Gold Star Mothers and Widows to Europe.

In reply you are advised that the Act of March 2, 1929, provides that invitations for a pilgrimage shall be extended only to the mothers and widows of the members of the military or naval forces of the United States who are buried in the cemeteries in Europe. It does not, however, permit of anyone else making the pilgrimage. It is, therefore, regretted to have to advise that you and your brother are not eligible under the law to make this pilgrimage.

For The Quartermaster General.

Very truly yours,

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

7 Gold Star

00
3
PM 8
OCT 8 1929
DIV. 1
M. G. M. P. DIV.
DISPATCH

✓

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cronin, James L.
1232.

Sept. 4, 1929

Mrs. Ellen C. Cronin,
54 Burt St.,
Dorchester, Mass.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 1929, making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Cronin, James L.

June 29 1929.

Mrs. Ellen C. Cronin,
54 Burt St.,
Dorchester, Mass.

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 Private 1/cl. James L. Cronin, Co. B, 307th 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,
Major, Q. M. Corps,
Assistant.

Cronin,

(Surname.)

James L.

(Christian name in full.)

2,443,173

(Army serial number)

Pvt 1st Cl

Co B 307 Infantry

(Rank and organization.)

State your relationship to the deceased

Mother

Do you desire the remains brought to the United States?

No

(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)

Ellen C Cronin

54 Burd St

Dorchester Mass

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

DUPLICATE

No. 10

In reply refer to:
293.8 C-R #91245

February 27, 1923.

Mrs. Ellen C. Cronin,
54 Burt St.,
Dorchester, Mass.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of the late Private 1/c James L. Cronin, Company B, 307th Infantry, is Grave 36, Row 42, 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 maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

H. J. Conner,
Assistant.

MAILED

FEB 27 1923

G.R.S.

22/1423/ARK

1328

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE, Q.M.C., IN EUROPE

8, AVENUE D' IENA

In reply refer to:

293.9 DISP. Cty. No 1232-E OFFICE OF THE CHIEF OF THE SERVICE

HW/jmm

SUBJECT: G.R.S. Forms.

PARIS December 6, 1922.

TO: The Quartermaster General, Washington, D.C.

1. Attached herewith are G.R.S. Forms 1-A and 16-A covering permanent concentration in Meuse-Argonne American Cemetery No. 1232, Romagne-sous-Montfaucon (Meuse) of Pvt. 1/cl. James L. CROMIN, 2443173, Co. B, 307th Inf., Grave 36, Block E, Row 42.

2 encls.



R.P. Harbold
R.P. Harbold,
Chief.



AUDITED BY
gsl 1/6/23

File
with

Y R S

DATE 10/29/21

1. NAME *James L. Cronin* UNKNOWN U.S. SOLDIER NO. U-917. SERIAL No. 2443173

RANK *Priv 1/c* ORGANIZATION *B 387 Inf*

GRAVE LOCATION French Communal Cty. Cirey-sur-Vezouze # 1328
CTY. NAME M-et-M. NUMBER

20

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 20. Cirey-sur-Vezouze M-et-M.

GRAVE COMMUNE DEPT.

COORDINATES Not known.

CONCENTRATED TO No record of concentration.

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.

~~Exhumed and reburied. "Wooden box, breeches and O.D. shirt" per GRS Form 16-A, dated Feb. 23, 1921, signed C.J. Blake, 2nd Lt. OMC.~~

SUBSEQUENT REBURIALS Feb. 23, 1921. 20 (same grave) Cirey-sur-Vezouze No. 1328.

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 10/29/21 39 1 G.

DATE GRAVE ROW PLOT Block

Identified & returned 10/27/22 Grave 36, Row 42, Block E

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

CEMETERY

Audited by SBA 4/13/22
ADMITTED BY 1/10/23 SBA

File 10/27/21

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A

Information requested of A.G.O.

Date *9-11-22*

File No. Registration.

From: The Quartermaster General, U. S. Army, Graves Registration Service.

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 *Cronin*
- b. Christian name *James L.*
- c. Serial Number *244 3173*
- d. Organization *B 307 Inf.*
- e. Rank *Priv. 1st*
- f. Date of death *July 21, 1918*
- g. Cause of death *Killed in action.*
- h. Authority (C.O.#)
- i. Emergency address *Patrick Cronin (father)
118 Wrentham St.,
Boston, Mass.*
- j. Relationship

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

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

- a. Age of enlistment *18-11 mos*
- b. Color of eyes *Blue*
- c. Color of hair *Black*
- d. Height *5-6*
- e. Weight *132*

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								

O.K.

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

Please verify - purpose to check unknown.

RECEIVED
GRAVES REGISTRATION SERVICE



SEP 16



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

CEMETERY NO:

SHEET NO:
TYPED BY:

S/3310/LML

Scott

Charles J. Wynne,
Captain, U.S.A.

Robert C. Davis
The Adjutant General
per *DLB*

9/15/22

ADDRESS REPLY TO
DIRECTOR OF STORAGE
MUNITIONS BUILDING

WAR DEPARTMENT
PURCHASE, STORAGE, AND TRAFFIC DIVISION
OFFICE OF THE DIRECTOR OF PURCHASE AND STORAGE
WASHINGTON

No:

From:

To:

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GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

CRONIN, 2443173, James I.
(Surname). (Number). (First Name and Initials).

Pvt. 1cl. Co. B 307th., Infantry
(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).

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

No Record of Burial

FILE

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O. C. O. M.
G. R. S.

THE UNIVERSITY OF CHICAGO

LIBRARY



To be prepared in triplicate.

DATE Sept 14th 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

James L Cronin

1. Name UNKNOWN 10. Name _____

2. No. 2443173 11. No. _____

3. Rank Priv 1/c 12. Rank _____

4. Org. B 307 Inf 13. Org. _____

5. D.D. 9/21/18 14. (a) D.D. _____

6. C.D. _____ (b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 20 Sec. _____ 15. Grave No. _____ Sec. _____

8. Plot _____ Row _____ 16. Plot _____ Row _____

9. _____ 17. none

18. Cemetery French Communal Cty. 19. Commune or town Cirey-sur-Vezouze

20. Dept. or County M-et-M 21. Country France

22. G.R.S. Hdqrs. Code No. 1328

23. Disinterred (Date) Sept 14th 1921 By W.H. Smoke

24. Inscription on grave marker:

Name Unknown U.S. Soldier Serial No. U.917

Rank _____ Organization _____

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

Anthony H. Manley
Signature Junior Technical Assistant
Anthony H. Manley

PREPARATION

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

Bottle record found on body. Reburied 2-23-21

27. Condition of body badly decomposed, features unrecognizable.

28. Nature of burial pine 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 Sept 14th 1921 By W.H. Smoke

31. Casket sealed by W.H. Smoke

Signature of Embalmer, (Supervisor)

W.H. Smoke Jr.
W.H. Smoke Jr.

SHIPMENT. (Show actual marking of box.) Box No. **C-3184**

32. Designation of body:

Name **UNKNOWN**

Serial No.

Rank _____ Organization _____

33. Consigned to:

Name of Permanent Cemetery **Argonne American Cty. at Romagne-sous-Montfaucon**

1232

34. Casket boxed and marked (Date) **Sept 14th 1921** By **W.H. Smoke**

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

S.H. Hunsicker
S.H. Hunsicker, 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 **Sept 24th 1921**

To Permanent Cemetery **1232, Meuse-Argonne, Romagne-sous-Montfaucon**

(Name)

Convoyer **R.E. Williams** Signature Shipping Officer *F. Overheiser*
F. Overheiser, 1st. Lt. QMC

40. Received: Date **Sept 27, 1921**

G.R.S. Representative *James W. Younger*

41. Reinterred: **Meuse Arg. Cemetery** **Oct. 29, 1921.**

(Date)

42. Grave No. **39**

Section _____

43. ~~Block~~ **lock G.**

Row **1.**

G.R.S. Representative

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

Meuse-Argonne Cemetery #1232
Place Romagne/s Montfaucon (Meuse)

REPORT OF DISINTERMENT AND REBURIAL

Date **Oct. 26, 1922.**

1. REMAINS OF **James L. CRONIN** SERIAL NUMBER **2443173**
RANK **Private First Class** ORGANIZATION **Company B, 307th Infantry**

2. Disinterred (date): **Oct. 24, 1922** From (give complete location): **Grave #39, Block G, Row #1, Cem. #1232 from under gravemarker of Unknown U. S. Soldier, No. U-917 Cem. #1232**
By: Group **W. B. Sheild** Unit _____

3. Reburied (date): **Oct. 27, 1922** In (give complete location): **Grave #36, Block E, Row #42, Cem. #1232.**
By: Group **G. T. Parker** Unit _____ Cem. **#1232** Nature of reburial **GRS casket, case blanket & sheet.**

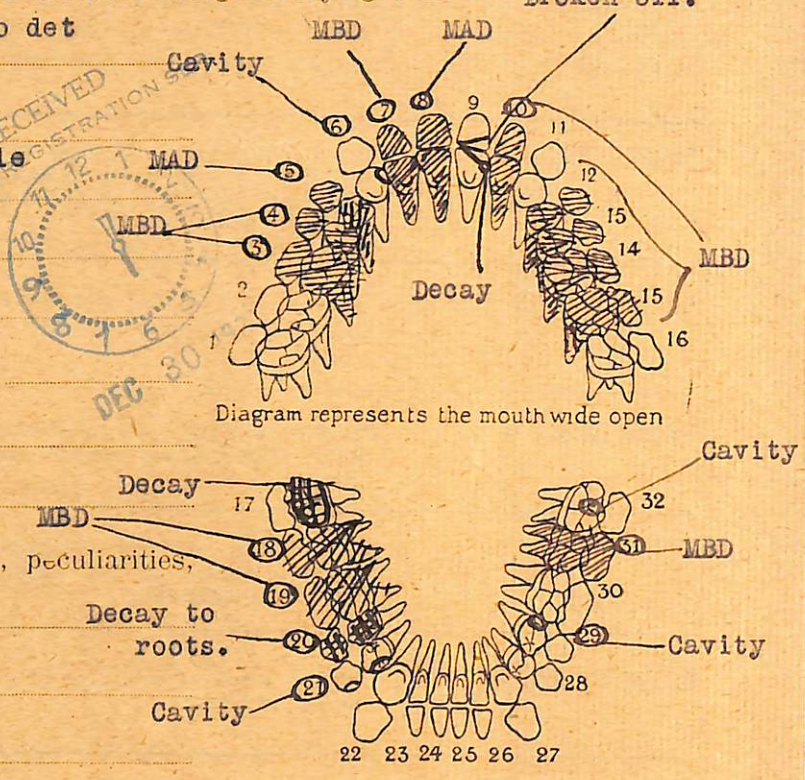
4. Report as to nature of original burial and condition of body upon disinterment :
Badly decomposed-features unrecognizable. GRS casket, case, and wrapped in sheet, and blanket.

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

(b) Other means of identification found upon disinterment, and general remarks :
Remains of U-917 identified by the OQMG as Pvt. 1/c CRONIN, in Letter, to Chief, AGRS., QMC., in E., dated Oct. 3, 1922, per Letter, Chief to C.O., Meuse-Argonne Cemetery, dated Oct. 19, 1922.

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

(a) Height (actual measurement) **Imp to det**
(b) Weight (estimated) **Imp to est**
(c) Hair—Color **None visible**
Quantity **---**
Characteristics **---**
(d) Hair on face—Color **None visible**
Location **---**
Quantity **---**



(e) Permanent marks on body (old scars, peculiarities, or missing parts) **None visible**
(f) Wounds or missing parts (received at time of casualty) **None visible**

D-30814

7. Disinterment supervised by **W. B. SHEILD**

Approved: **George F. Spann**
Capt., QMC.
(Title)

8. Reburial supervised by **G. T. PARKER**

Approved: **George F. Spann**
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.

MISSING TEETH

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



CROWNED TEETH

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



BRIDGE WORK

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



FILLINGS

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



CARIES (CAVITIES)

Outline location and size of cavity, shade in thus:



DENTURES (PLATES)

Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

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

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

Place Cirey (M-et-M)

REPORT OF DISINTERMENT AND REBURIAL

Date September 14, 1921.

1. REMAINS OF James L. Cronin UNKNOWN No. U 917 2442173 SERIAL NUMBER ---

RANK Capt 4c ORGANIZATION B 307 Inf

2. Disinterred (date) : September 14, 1921. From (give complete location) :

Gr. 20 Cem. 1328

By : Group Reburial S. Unit ---

3. Reburied (date) : Oct. 29, 1921. In (give complete location) :

Row 1p Block G, Grave 39, Cem. 1232,

By : Group Reburial S. Unit --- Nature of reburial Unlined casket.

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

In burlap, in pine box, badly decomposed features not recognizable

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 found on body.

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

(a) Height (actual measurement) impossible to det. MAD 5, 8

(b) Weight (estimated) impossible to determine

(c) Hair—Color none

Quantity none

Characteristics none

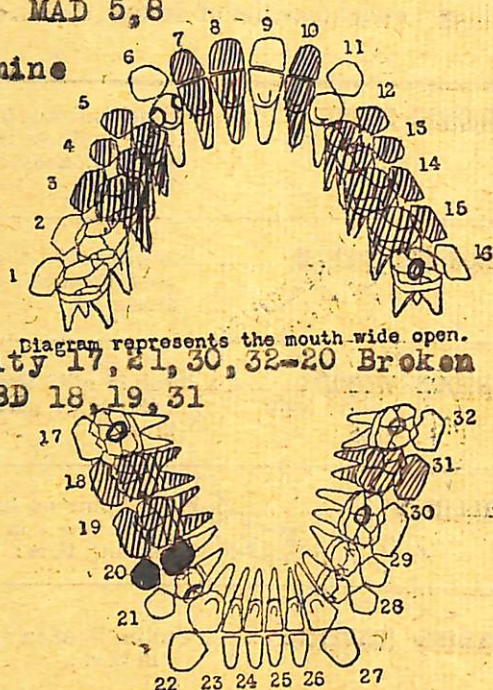
(d) Hair on face—Color none

Location none

Quantity none

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

(f) Wounds or missing parts (received at time of casualty) none visible



Checker A H Manley W.R.M.

7. Disinterment supervised by W. H. Smoke, Jr. Approved : S H Hunsicker

Supervising Embalmer (Title) 1st Lieut Q.M.C.

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

WS A. U. Dufault (Title) Capt., Q.M.C.

10-68248

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:



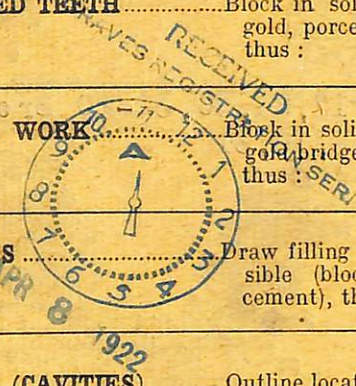
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



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.



REPORT OF DISINTERMENT AND REBURIAL

Date Feb. 23, 1921.

1. REMAINS OF James L Cronin UNKNOWN N.G. 2443173 SERIAL NUMBER -----
RANK Pvt 1/c ORGANIZATION B 307 Inf

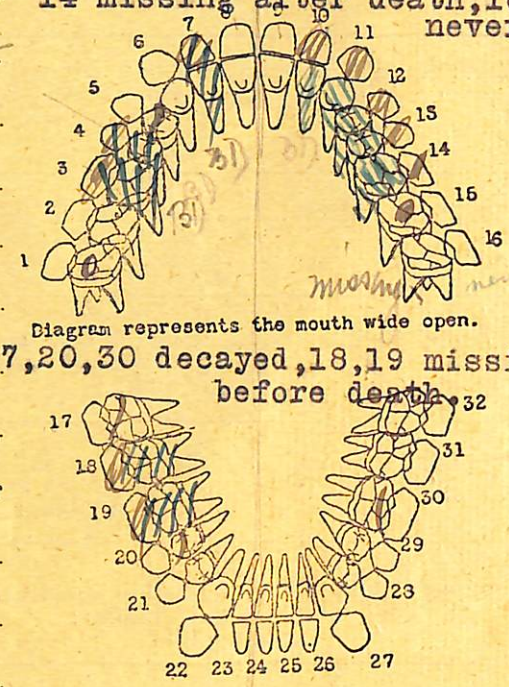
2. Disinterred (date): 2-23-21 From (give complete location): Grave #20 in Cem. #1328
By: Group 3 Unit Section II

3. Reburied (date): 2-23-21 In (give complete location): Grave #20 in Cem. #1328
By: Group 3 Unit Section II Nature of reburial Wooden box, burlap.

4. Report as to nature of original burial and condition of body upon disinterment:
Wooden box, breeches and O.D. Shirt. Badly decomposed.

5. (a) Identification tags: Buried with body? No On grave marker? No
(b) Other means of identification found upon disinterment, and general remarks:
None

6. What does examination of body show as regards the following identifying items?
(a) Height (actual measurement) estimated unable to estimate 1, 15 cavities, 3, 4, 7, 10 missing before death, 5 decayed, 9 broken, 11, 12, 13 14 missing after death, 16 never cut.
(b) Weight (estimated) unable to estimate
(c) Hair—Color unable to determine
Quantity none
Characteristics none
(d) Hair on face—Color none discernable
Location none 17, 20, 30 decayed, 18, 19 missing before death.
Quantity none
(e) Permanent marks on body (old scars, peculiarities, or missing parts) none discernable



(f) Wounds or missing parts (received at time of casualty) none discernable

7. Disinterment supervised by W.R. Tomlinson Approved: C. J. Blake
(Title) 2nd Lt., Q.M.C.
8. Reburial supervised by W.R. Tomlinson Approved: C. J. Blake
(Title) 2nd Lt., Q.M.C.

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

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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.

Overseas Project Sub-Section
MAR 28 1921

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G. R. S.
MAR 28 1921



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

Place Cirey-sur-Vezouze. #1328.

REPORT OF DISINTERMENT AND REBURIAL

Date Feb. 23, 1921.

1. REMAINS OF James L Cronin
 UNKNOWN N.G. 2443173 SERIAL NUMBER -----
 RANK Cor 1/c ORGANIZATION B 307 Inf

2. Disinterred (date) : 2/23/21 From (give complete location) : Grave #20 in Cem. #1328.
 By : Group 3 Unit Section II

3. Reburied (date) : 2/23/21 In (give complete location) : Grave #20 in Cem. #1328.
 By : Group 3 Unit Section II Nature of reburial Wooden box burlap.

4. Report as to nature of original burial and condition of body upon disinterment :
Wooden box, breeches and O.D. shirt. Badly decomposed.

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

(b) Other means of identification found upon disinterment, and general remarks :
None

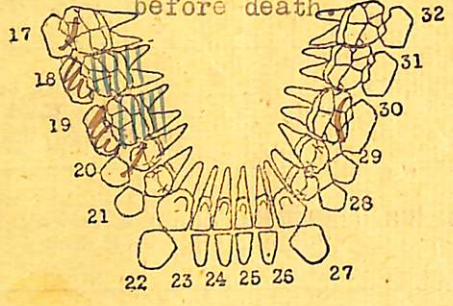
6. What does examination of body show as regards the following identifying items ? 1, 15 cavities 3, 4, 7.

- (a) Height (actual measurement) estimate unable to estimate.
- (b) Weight (estimated) unable to estimate
- (c) Hair—Color none
 Quantity none
 Characteristics none
- (d) Hair on face—Color none discernable.
 Location none
 Quantity none

10 missing before death. 5 decayed, 9 broken, 11, 12, 13, 14 missing after death, 16 never cut.



Diagram represents the mouth wide open. 17, 20, 30 decayed, 18, 19 missing before death.



(e) Permanent marks on body (old scars, peculiarities, or missing parts) none discernable.

(f) Wounds or missing parts (received at time of casualty) 50350
none discernable.

7. Disinterment supervised by W.R. TOMLINSON Approved : C.J. BLAKE
 (Title) 2nd. Lieut. Q.M.C.

8. Reburial supervised by W.R. TOMLINSON Approved : C.J. BLAKE
 (Title) 2nd. Lieut. 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 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.



COMPILATION OF DISPOSITION OF REMAINS DATA

File# 91245

I. LOCATION INDEX CARD:

(a) Name GRONIN, JAMES L. Ser. No. K/A
 (b) Rank Pvt. 1/c1 Organization Co. B, 307th. Inf. } TYP. *MJD.*
 (c) Date of death 7/21/18 (d) Cause of death K/A } CKR. *MJD.*

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

(a) Grave No. 20 Row (Other Plot) Sec. _____ TYP. _____
 (b) Emerg. Address Patrick Cronin (Father) 118 Wrentham St. Boston, Mass.

III. Files of soldiers dying from contagious diseases _____ CKR *MJD.*

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Mrs. Ellen C. Cronin (b) Relationship Mother
 (c) Address 54 Burt St. Dorchester Mass
 (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 _____ Date _____, 192

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

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

Examiner's Initials _____ Date _____, 192

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

(a) Cancellation memos referred to? _____

Examiner's Initials _____ Date _____, 192

COUNTRY FRANCE CEMETERY No. 1328 SHEET No. 24

VII. G. R. S. Form No. 114 made _____, 192

Typed by _____, Checked by _____, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 192
letter on _____, 192

IX.

REMARKS

*Let. 10/6/22 - To Europe - "Body to remain"
7c7/10/7*