

DATE 6/14/22

1. NAME ~~me.~~ CROSS, John R. SERIAL No. 1482585

RANK Pvt. ORGANIZATION Co. F. 142nd. Inf.

GRAVE LOCATION American E.F.Cty., Is-sur-Tille, Cote-D'Or. & DIVISION 36 CTY. NAME NUMBER 58

80

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 80, IS-s-TILLE (Côte d'Or) GRAVE COMMUNE DEPT.

COORDINATES E.302.26 N.84.23

CONCENTRATED TO 11-5-20 Gr.80 DATE GRAVE ROW PLOT

AEF.Cem.IS-s-TILLE (Côte d'Or) N°.58 CEMETERY CTY. NUMBER

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

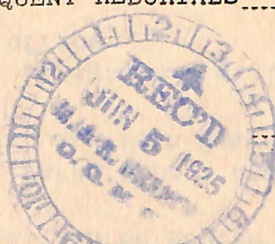
Tag buried with body (from data on form 16-A. No other data)

DATE OF DEATH Oct 10, 1918

STATE FROM WHICH HE CAME Texas

MEDALS OR DECORATIONS AWARDED none Not of record

SUBSEQUENT REBURIALS DATE GRAVE ROW PLOT CEMETERY



DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR W.H. Quarterman W.H. QUARTERMAN, CAPT. F.A., Supervisor Area N°4

3. FINAL GRAVE LOCATION 6/14/22 21 4 A DATE GRAVE ROW Block PLOT

AUDITED BY m.h.g.

5/22/23

St Mihiel American Cty # 1233 Thiaucourt Meurthe et Moselle CEMETERY

1 JUN 8 1925

15 Received A. G. O. JUN 8 1925

Robert G. Davis, Major General, The Adjutant General, JUN 4 1925

DEPARTMENT OF THE ARMY  
HEADQUARTERS, QUARTERMASTER GENERAL  
WASHINGTON, D. C. 20315  
MAY 1952

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 16, 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

**Cross**..... **1482585** ..... **John P.** .....  
(Surname.) (Number.) (First Name and Initials.)

**Pvt.**..... **Co. E. 142 Infantry** .....  
(Rank.) (Organization.)

DATE OF BURIAL..... **Oct. 12 1918**.....

PLACE OF BURIAL..... **Is-sur-Tille**.....  
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

**Amer. F.F. Cemetery**.....  
**Map D-24**..... **Died 10/10/18**  
**Camp Post 4**  
**Leaves - 1st. Div.**

GRAVE NUMBER..... **78** **Row 80**.....

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

REPORTED BY:  
**Joseph A. Morris, Chaplain 2nd P. Infantry**  
(Signature and Rank of Reporting Officer.)

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

Place Is-sur-Tille Cemetery #58

# REPORT OF DISINTERMENT AND REBURIAL

Date November 5, 1920.

1. REMAINS OF John R. Cross SERIAL NUMBER 1482585

RANK Pvt ORGANIZATION Co. F. 142nd Inf.

2. Disinterred (date): 11-5-20 From (give complete location):  
Grave #80 in cemetery #58 LDH  
commune of Is-sur-Tille, Cote d'Or, France

By: Group #2 Unit Section II Field Forces

3. Reburied (date): 11-5-20 In (give complete location):  
Grave #80 in cemetery #58 LDH  
commune of Is-sur-Tille, Cote d'Or, France

By: Group #2 Unit Section II FF Nature of reburial Wooden box, burlap.

4. Report as to nature of original burial and condition of body upon disinterment:  
Wooden box (Uniform) Body badly decomposed

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

(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 estimated ~~(actual measurement)~~ 68 inches

(b) Weight (estimated) 155 lbs

(c) Hair—Color dark brown

Quantity full head

Characteristics straight

(d) Hair on face—Color none

Location none

Quantity none

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Could not be determined owing to decomposition.

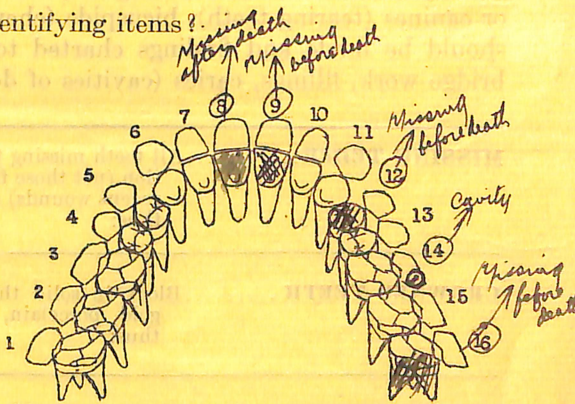
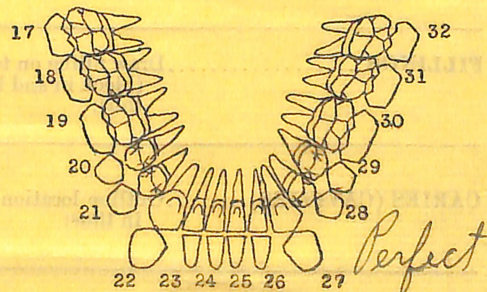


Diagram represents the mouth wide open.



(f) Wounds or missing parts (received at time of casualty) Could not be determined owing to decomposition.

D-58482

7. Disinterment supervised by L.E. Lawless

Approved: H.A. Wadsworth  
H.A. Wadsworth,  
(Title) Major, Inf.






8. Reburial supervised by L.E. Lawless

Approved: H.A. Wadsworth  
H.A. Wadsworth,  
(Title) Major, Inf.

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

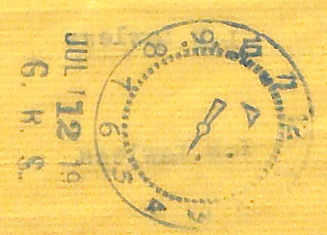
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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.

<b>MISSING TEETH</b> .....	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
<b>CROWNED TEETH</b> .....	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
<b>BRIDGE WORK</b> .....	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
<b>FILLINGS</b> .....	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	
<b>CARIES (CAVITIES)</b> .....	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.



CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE	
NAME	Cross J. R.	CRO	3	385
BURIED	CEMETERY	1233	1	3
	GRAVE	21	2	21
	ROW	4	2	04
	BLOCK	a	1	1
STATE	Tex		2	49
RANK	Pvt		1	2
DIVISION	36		2	36
ORGANIZATION	142		3	142
ARM	Inf		1	1
MARITAL	father	no	1	2
NAME	Cross	Cro	3	385
RESIDENCE	J. B.	STATE Tex	2	
	1429 C Tucker	COUNTY Tarrant	2	
	1/2 W. Worth, Tex	CITY Ft. Worth	3	04
RELATION	Mother		1	1
OTHER	father		1	
ELIGIBILITY	head		1	6
NATIVITY			1	
RACE			1	
ENGLISH			1	
ATTENDANT			1	
HEALTH			1	
NO. OF SONS			1	
DATE OF TRIP	MO.		1	
	YR.		1	
ACCEPTANCE			1	
29/514/EAB				3

**AUDITED**

APR 6 1932

af

8

**WAR DEPARTMENT**  
**OFFICE OF THE QUARTERMASTER GENERAL**  
**WASHINGTON**

IN REPLY REFER TO QM 293 A-C  
Cross, John R. 1233 F

July 9, 1930.

Mr. J. B. Cross,  
1129 E. Tucker St.,  
Ft. Worth, Tex.

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:

*No*

—

—

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

If so, give her name and address:

*No*

—

—

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:

*No*

—

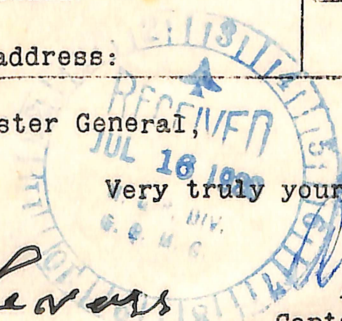
—

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

*J B Cross*



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

*1129 E Tucker St Fort Worth Tex*

QM 293 A-C  
Cross, John R.

1433  
5-28-29  
August 9, 1929

Mr. J. B. Cross,  
1129 East Tucker St.,  
Fort Worth, Texas.

Dear Sir:

Receipt is acknowledged of your letter of June 1, 1929, relative to your eligibility to visit the grave of your son, the late Private John R. Cross, Co. F, 142nd Infantry, who is buried in the St. Mihiel American Cemetery in France.

It is noted that you claim this privilege under the provisions of Section 4 (a) of the Act approved March 2, 1929, which defines the term mother as "mother, step-mother, mother by adoption, or any woman who stood in loco parentis to the deceased member of the military or naval forces". Inasmuch as the law clearly states that the privilege shall be extended only to women who stood in loco parentis to the deceased member of the military or naval forces, under the circumstances it is regretted to advise that it will not be possible to grant your request.

The Act makes no provision for any member of the family to make the pilgrimage in lieu of the mother or widow. However, if at any time it should appear that the father will be permitted to make the journey, you will be advised.

For The Quartermaster General,

Very truly yours,

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

asm/bb

Sr  
1233

Fort Worth, Texas  
June 1, 1929

War Department,  
Office of the Quartermaster General,  
Washington, D. C.

Re: QM 293 A-C  
Cross, John R.

Dear Sir:

Replying to your letter of May 28th I wish to advise that Mrs. Callie Cross, mother of the above named deceased veteran died about twenty-five years ago, I am therefore writing to ask if I would be eligible to make the trip, with all expenses paid, since the mother is not living and the veteran was not married?

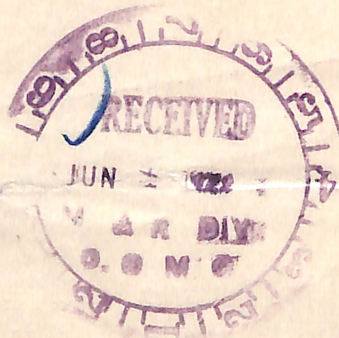
I note that Section 4 of the Act defines the terms as "mother" and "widow", however, as I have been both mother and father to the boy I would greatly appreciate having the opportunity of visiting his grave at this time, as I am not financially able to go otherwise.

Thanking you in advance for an early reply, I am,

Yours very truly,

*J. B. Cross*

J. B. CROSS  
1129 East Tucker St.,  
Fort Worth, Texas



*Answered  
aug. 9, 1929.*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cross, John R

May 28, 1929.

Mr. J. B. Cross,  
1225 Essie St.,  
Ft. Worth, Tex.

Dear Sir:

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 father of the late Private John R. Cross, Co. F, 142nd Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Mourthe-et-Moselle, France.

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

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also 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,

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

July 9, 1930.

Cross, John R. 1233 F

Mr. J. B. Cross,  
1129 E. Tucker St.,  
Pt. Worth, Tex.

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.

QM 293 A-C  
Cross, John R.

August 9, 1929

Mr. J. B. Cross,  
1129 East Tucker St.,  
Fort Worth, Texas.

Dear Sir:

Receipt is acknowledged of your letter of June 1, 1929, relative to your eligibility to visit the grave of your son, the late Private John R. Cross, Co. F, 142nd Infantry, who is buried in the St. Mihiel American Cemetery in France.

It is noted that you claim this privilege under the provisions of Section 4 (a) of the Act approved March 2, 1929, which defines the term mother as "mother, step-mother, mother by adoption, or any woman who stood in loco parentis to the deceased member of the military or naval forces". Inasmuch as the law clearly states that the privilege shall be extended only to women who stood in loco parentis to the deceased member of the military or naval forces, under the circumstances it is regretted to advise that it will not be possible to grant your request.

The Act makes no provision for any member of the family to make the pilgrimage in lieu of the mother or widow. However, if at any time it should appear that the father will be permitted to make the journey, you will be advised.

For The Quartermaster General,

Very truly yours,

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

1929 AUG 12 PM 12 44  
M.G.M. 3000

See Case No. 11

Jm

\*

✓

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Cross, John R

May 28, 1929.

Mr. J. B. Cross,  
1223 Bessie St.,  
Ft. Worth, Tex.

Dear Sir:

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 father of the late Private John R. Cross, Co. F, 142nd Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.

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

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also 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,

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

2 incls.  
Act of Congress.  
Envelope.

*Cy 58 - 47*

Cross (name.) John B. (Christian name in full.) 1,483,585 (Aerial number.)

Pvt (Rank and organization.) Co F 142 Inf

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? No. (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:

Mr. J. B. Cross, Well. Fargo Western Union  
(Name of person to receive rema'ns.) (Express office.) (Telegraph office.)

1223 Bessie St Ft. Worth Tex.  
(Number and street.) (City or town.) (State.)

(Sign here) Mr. J. B. Cross

1223 Bessie St Ft. Worth Tex.  
(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

DUPLICATE

Drawn by Am

56-47

2-3

REVIEWED  
OSP SS.

cl 2-4-21

CROSS, John R. - Pvt.

January 17, 1924

Mr. J.B. Cross,  
1223 Bessie St.,  
Fort Worth, Texas.

Dear Sir: The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. 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.

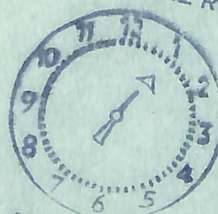
Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

1- Incl.  
Record card.

Assistant  
R.L. FOSTER RD  
ydk

O. Q. M. G.  
CENTRAL MAIL ROOM.



JAN 17 1924  
B. O. C.

# REPORT OF DISINTERMENT AND REBURIAL

Date November 19th 1921.

1. REMAINS OF CROSS, JOHN R. SERIAL NUMBER 1482585.

RANK 1st Lt. ORGANIZATION Co. F 142nd Inf.

2. Disinterred (date) : November 19th 1921. From (give complete location) : Grave 80.  
American Cemetery, G.R.S. Code # 58, Is-sur-tille, cote d'Or, France.

By : Group 4 Unit Section 4.

3. Reburied (date) : June 14th, 1922. In (give complete location) : Gr 21. Row 4. Block A.

By : Group Reburial Unit Casket and shipping Case. Nature of Reburial

4. Report as to nature of original burial and condition of body upon disinterment :  
Buried in uniform and wooden box. Body 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 :

Bottle containing reburial slip found on body. no effects found.

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

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

(b) Weight (estimated) Unable to determine.

(c) Hair—Color Unable to determine.

Quantity Unable to determine.

Characteristics Unable to determine.

(d) Hair on face—Color Unable to determine.

Location Unable to determine.

Quantity Unable to determine.

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

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

None.

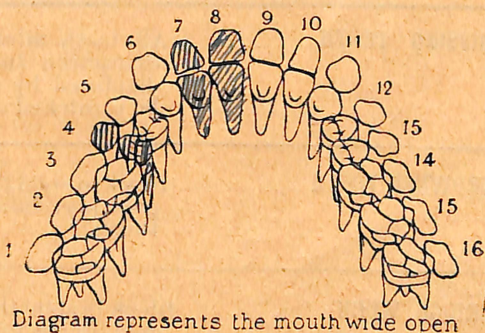
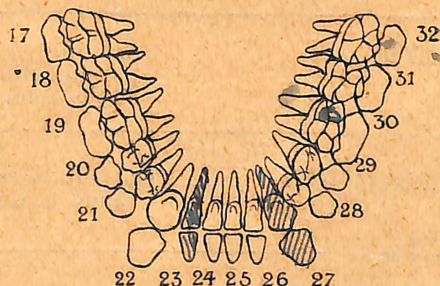


Diagram represents the mouth wide open



nos. 4, 7, 23, 27,  
missing before death.  
nos. 8 Missing after death.  
no. 30 cavity.

7. Disinterment supervised by W. C. RAPINE,

Approved : R. L. FAIN, nem  
rb. (Title) Capt. Q. MC.

8. Reburial supervised by H. L. KRAMER

Approved : A. E. DOWEY,  
(Title) 1st Lt. QMC.

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.  
 2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.






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

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

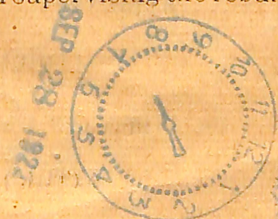
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying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

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

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	 <p style="text-align: center;">TOOTH MISSING      TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	 <p style="text-align: center;">GOLD CROWN      PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE      GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	 <p style="text-align: center;">SILVER FILLING      GOLD FILLING GOLD FILLING      GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus :	 <p style="text-align: center;">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.



To be prepared in triplicate.

DATE November 19th 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 CROSS, John R.
- 2. No. 1482585
- 3. Rank Pvt.
- 4. Org. Co. F, 142nd, Inf.
- 5. D.D. Oct. 10-18
- 6. C.D. Injuries, result of auto accident.

- 10. Name J.R. CROSS.
- 11. No. \_\_\_\_\_
- 12. Rank \_\_\_\_\_
- 13. Org. \_\_\_\_\_
- 14. (a) D.D. \_\_\_\_\_
- (b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

- 7. Grave No. 80 Sec. \_\_\_\_\_
- 8. Plot \_\_\_\_\_ Row \_\_\_\_\_
- 9. \_\_\_\_\_

- 15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_
- 16. Plot \_\_\_\_\_ Row \_\_\_\_\_
- 17. None.

- 18. Cemetery American B.F. Cty.
- 20. Dept. or County Cote-D'Or.
- 22. G.R.S. Hdqrs. Code No. 58

- 19. Commune or town Is-sur-Tille,
- 21. Country France.

23. Disinterred (Date) Nov. 19th 1921.

By W.C. RAPINE.

24. Inscription on grave marker:

Name JOHN R. CROSS.

Rank rvt.

Serial No. --

Organization Co. F 142nd Inf. Grave 80.

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

Ray Brown  
Signature Junior Technical Assistant

RAY BROWN.

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 containing reburial slip found on body. No effects found. Form 16a accomplished.

27. Condition of body Badly decomposed, recognition impossible.

28. Nature of burial in uniform, burlap and wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See number 10.

30. Body prepared and placed in casket: Date Nov. 19th 1921. By W.C. RAPINE.

31. Casket sealed by W.C. RAPINE.

Signature of Embalmer, (Supervisor)

W.C. RAPINE.

5722/23

SHIPMENT. (Show actual marking of box.) Box No. C-17150

32. Designation of body:

Name John R. CROSS Serial No. 1482585

Rank Pvt. Organization Co.F. 142nd. Inf.

33. Consigned to:

Name of Permanent Cemetery St. Mihiel Amer. Cty. #1233, Thiaucourt, M-et-M.

34. Casket boxed and marked (Date) Nov. 19th 1921. By W. C. RAPINE.

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 R. L. FAIN, hem

Capt. Q. M. C.

36. Remarks \_\_\_\_\_

37. Shipped from point of Operation: (Date) November 19th 1921.

To point of Concentration Dijon, Cote d'Or, 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 NOV 1921

To Permanent Cemetery St. Mihiel, Amer. Cty #1233, Thiaucourt, M et M

Convoyer Clinton I. Rieley Signature Shipping Officer W. R. BUCKLEY, Capt. Q. M. C.

40. Received: Date 5 - DEC 1921

G.R.S. Representative J. B. Daniel, Capt. 2mc.

41. Reinterred June 14th 1922.

42. Grave No. 21 (Date) \_\_\_\_\_ Section \_\_\_\_\_

43. Plot Block A Row 4

G.R.S. Representative A. E. Dewey

1st Lt. Q. M. C.

COMPILATION N/R REQUESTS

3/22/22  
22  
For Concentration  
St. Michiel 1233  
att 4/12/22

I. DATA COMPILATION

A. Location Index Card:-

(1) Name CROSS, John R. Ser. No. 1482585 TYP. MCH  
(2) Rank Pvt. Organization Co. F, 142nd Infantry CKR. *AW.*  
(3) Date of death 10/10/18

B. Registration Card:- (Check Reg. Card Inf. against Loc. Ind. Inf.)

(4) Cause of death Injuries - ~~struck and~~ *result of auto accident* ~~over by~~ Ambulance TYP. ESW  
(5) Grave No. 80 Row -- Plot -- Sect. -- CKR. *M. CH.*

II. FILES EXAMINATION

A. Files of soldiers dying from contagious diseases; No card in file

B. A. G. O. DISPOSITION CARD Date of receipt *none*

(6) Relationship *mother*  
(7) Name *Mrs J. B. Cross*  
(8) Address *1223 Bessie St, St. North Tex.*  
(9) Desires remains brought to U. S.? *yes*  
(10) Desires remains brought to U. S. and interred in National Cemetery at *no*

(11) If brought back, what shipping instructions? *Mrs J. B. Cross  
1223 Bessie St, St. North Tex.  
Hills Dargo Ex. Western Union Tel. St North Tex*

SEE SUSPENSION REMARKS

MM 4-13-20

C. A. G. O. CORRESPONDENCE Date of communication

(12) Does correspondence Change or qualify request as made on A.G.O. card? If so, specify such information.  
*No correspondence*

(13) A. G. O. Files EXAMINED by *Entz* (Date) *4-13-20*

D. (14) G. R. S. Files - Correspondence. (Has reference been made to File No. Cancellation memos.?) *yes* Does such correspondence, if containing request for disposition, reconcile with that of A. G. O.? *MM*  
(Specify "Yes or "No".) If "No", give date of communication, the name, address, and relationship and substance of request.

*No request for disposition Grave location registration blank*

(15) G. R. S. Files EXAMINED by *MM* (Date) *4/14/20*

checked by  
4-14-20

III. FINAL ACTION

A. MEMORANDUM to D. M. O. in E. made (Date) \_\_\_\_\_

(16) Removal of Remains (within custody of G.R.S.) to \_\_\_\_\_

(17) Instructions that remains be left undisturbed \_\_\_\_\_

(18) Typed by \_\_\_\_\_ Checked b. \_\_\_\_\_ (Date) \_\_\_\_\_

B. G. R. S. FORM NO. 114 made (Date) Apr. 29-20

(19) Typed by S. a. F. Checked by J. M. S. (Date) Apr 29-20.

C. SUSPENSION REMARKS:

6-5-20

Form 120<sup>3</sup> 28/20 J. B. Cross, Father, nearest  
of kin, 1223 Bessie St., Fort Worth, Texas  
requests body remain in France.  
esc. 6/3/20

D. Dispatched (Date) \_\_\_\_\_ (Let. Trans. No. 9/8)

Par. # 2 Not to be returned (Pym)

Approved by \_\_\_\_\_

(Date) \_\_\_\_\_

II LITOS EXAMINATION

(1) NAME \_\_\_\_\_  
(2) GRADE OR RANK \_\_\_\_\_  
(3) BRANCH \_\_\_\_\_  
(4) POSITION \_\_\_\_\_  
(5) DATE OF EXAMINATION \_\_\_\_\_  
(6) NAME OF EXAMINER \_\_\_\_\_  
(7) GRADE OR RANK OF EXAMINER \_\_\_\_\_  
(8) BRANCH OF EXAMINER \_\_\_\_\_  
(9) POSITION OF EXAMINER \_\_\_\_\_  
(10) DATE OF EXAMINATION \_\_\_\_\_  
(11) NAME OF EXAMINEE \_\_\_\_\_  
(12) GRADE OR RANK OF EXAMINEE \_\_\_\_\_  
(13) BRANCH OF EXAMINEE \_\_\_\_\_  
(14) POSITION OF EXAMINEE \_\_\_\_\_  
(15) DATE OF EXAMINATION \_\_\_\_\_  
(16) NAME OF EXAMINER \_\_\_\_\_  
(17) GRADE OR RANK OF EXAMINER \_\_\_\_\_  
(18) BRANCH OF EXAMINER \_\_\_\_\_  
(19) POSITION OF EXAMINER \_\_\_\_\_  
(20) DATE OF EXAMINATION \_\_\_\_\_

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

*Jms.*

MAY 13 1920

*Rush Answer*

FROM: Chief, Graves Registration Service, Q.M.C.  
TO: Mr. J. B. Cross, 1223 Bessie St., Ft. Worth. Texas.  
SUBJECT: Remains of Pvt. John R. Cross.

The records of this office show that you have requested that his  
body be Returned to United States.  
Shipped to --- Mr. J. B. Cross,  
1223 Bessie St., Ft. Worth, Texas.

*change instructions  
Shipping instructions*

*Remain in France.*

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

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

By authority of the Quartermaster General:

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

*noted out Form 115  
esc. 6/5/20*

NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow			
Soldier's Children	1. <i>None</i>		
(Name oldest first)	2.		
	3. <i>None</i>		
Father			
Mother	<i>J B Cross</i>		
Brothers	1. <i>Dead</i>		
(Name oldest first)	2. <i>James Jr</i>		
Sisters	<i>Myrtle Bertie Lila Jessie Georgia</i>		
Date		Signature	

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Note:- Instructions on the reverse side of this sheet should be carefully read before filling out this paper. **SAF** (OVER)

*The transfer of bodies will be made entirely at government expense. Over*

Mr. J. B. Cross, 1223 Bessie St., Ft. Worth, Texas.

Residence of Pvt. John B. Cross.

Shipped to --- Mr. J. B. Cross.  
Returned to United States.

1223 Bessie St., Ft. Worth, Texas.

Tert Worth Texas May 26 1920  
General Service Washington D C  
Will say you may leave the Remains  
of my son John B Cross in France  
J B Cross 1223 Bessie Street  
Tert Worth Tex



Vertical text on the left edge, possibly a date stamp or filing information.

Relationship, Address, Date, Signature, and other form fields at the bottom of the document.

57328

from

52252

Number of

Number of second copy

Number of first copy

Number of illustrations

Number of

Number of

No. volume of

TOTAL COST OF DAY

Cost of binding

57308

2. Soldier's  14825853.  **Cross**  **J.P.** .....  
Surname (in block letters) First Name and Initials4. **Pvt.** ..... **E** **142nd Inf.** .....  
Rank Company Regt. or Corps5. **10/10/18.** ..... **Frac. of Skull** .....  
Date of Death Cause, if known6. **10/11/18.** ..... **Is-sur-Tille** .....  
Date of Burial Cemetery7. **Is-sur-Tille Cote-d'or.** .....  
Town or Commune (in block letters) Department8. **76** ..... **80** .....  
Grave No. Plot No. or Letter9. Name Peg?  Cross?  Headboard? ..... Bottle? .....  
Check Method of Marking10. Buried with Body?  Attached to Grave Marker?  .....  
Identification Tags11. If name unknown and tags missing, give marks and description.  
.....  
.....12. ....  
Map Reference, if interment is outside of cemetery  
.....13. ....  
Give name of Chaplain or Burial Officer eer InfSigned **Chap. Morris 2nd** ..... tion-Group ..... Unit **D** ..... G. R. S.REVIEWED  
OSP SS.

57308



52752

# GRAVE LOCATION BLANK

## LOCATION OF THE GRAVE OF

Cross ..... 1482585 ..... John .....  
(Surname.) (Number.) (First Name and Initials.)

Pvt. .... Co. E. 142 Infantry .....  
(Rank.) (Organization.)

DATE OF BURIAL ... Oct. 12 1918. ....

PLACE OF BURIAL ... Is-sur-Tille .....  
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

.... Amer. E.F. Cemetary #58 .....

Map D-24

*Coord 10/10/18  
Camp Loop 41  
Cause Fracture of Skull*

GRAVE NUMBER ..... 78. Coord 80 .....

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

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:

**REVIEWED  
OSP SS.**

58

REPORTED BY *(Carved Copy)*

Joseph A. Morris, Chaplain 2nd P. Infantry.  
(Signature and Rank of Reporting Officer.)

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







Riv. fil 2 cur. John P  
Co 2 + John A. C. F. same  
Serial 2000

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Cross 1482585 Join

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

Pvt Co. E. 142nd Inf

(Rank.) (Organization.)

DATE OF BURIAL... October 12th, 1918

PLACE OF BURIAL... Is-sur-Tille

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

American Exp Forces Cemetery #58

Map D-24

GRAVE NUMBER... 78

HOW MARKED: Name Peg? Yes Cross? Yes

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:

58

REPORTED BY: Joseph A. Morris

Joseph A. Morris, Chaplain, 2nd Pion Inf  
(Signature and Rank of Reporting Officer.)

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

REVIEWED  
OSP SS.

1 NOV 1918