

Hq. 145th. Infantry.

CRUSK, Peter, Pvt. 1516592
Home address: Cleveland, Ohio.

Killed September 28th. 1918.

Pvt. Crusk was instantly killed near Montfaucon, France about 2.00 P.M., Sept. 28, 1918. He was carrying trench mortar ammunition and had taken shelter in a shell hole waiting for the line to advance. While in the shell hole the safety pin in the pistol head of one of the shells evidently dropped out and the shell exploded. His remains were buried in the shell hole that he had taken shelter in "pete" as the boys called him was one of the bright spots in the company. His "pidgin" english (Pete was an Italian) was a never failing source of amusement for the men, and his never failing sense of humor made him invaluable as a morale raiser.

Informant: MARCOLIN, Frederick, W.
Capt. Hq. 145th. Infantry
Home address: 1716 E. 89th. St.
Cleveland, Ohio.

Next of Kin:
Anton Crusk
Center Vallery, N.Y.

Searcher: Capt. F.W. Marcolin
H.q. 145th. Infantry.

MJM.

Crusk,

(Surname)

Peter

(Christian name in full.)

1,516,592

(Army serial number.)

Pvt

Hq Co 145th Inf.

(Rank and organization.)

State your relationship to the deceased

Brother

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)

Jim Crusk

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by M.H.

1232 - July 58 - 41

Mr. James Crusk. 5-2-21

P.O. Box, 31

Central Valley, Orange Co.,
N.Y.

checked

M.H. 5-4-21

To The A. G. O.

hw

G.R.S. Form #114-B

FEB 18 1926

727

319
293

DATE 11-4-21

1. NAME CRUSK, Peter

SERIAL No. 1516592

RANK Pvt

ORGANIZATION Hqrs Co 145th Inf.

& DIVISION

GRAVE LOCATION Meuse-Argonne Am. Romagne/s/Montfaucon 1232 sec 58

CTY. NAME

NUMBER

44

sec 58

1

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

Montfaucon, Meuse

GRAVE

COMMUNE

DEPT.

COORDINATES

Verdun 35SE 277.9N 309.9E

CONCENTRATED TO

6/11/19

44

58

1

DATE

GRAVE

ROW

PLOT

Meuse Argonne 1232

CEMETERY

CTY. NUMBER

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

Tag on body

data f-1/pfb

STATE FROM WHICH HE CAME Ohio

MEDALS OR DECORATIONS AWARDED none found

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

M: G. BIRDSEYE

1st Lt. Q.M. Corps

3. FINAL GRAVE LOCATION

11-4-21

7

19

Block A

DATE

GRAVE

ROW

PLOT

Meuse-Argonne Amer. Cty. Romagne/s/Montfaucon 1232

Rec'd World War Div. CEMETERY

5 MAR 30 1926

AUDITED BY
M.M.E.
3-12-23

US 4/7/26

EXP



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.



Date 26th June 1919

REPORT OF DISINTERMENT AND REBURIAL:

Remains of:

Name CRUSK, Peter (Crusak)

Number: 1516592

Rank Unkn organization: Unkn

Disinterment and Reburial made by Group: Unit:

Disinterred (Date) 11th June 1919 From: (Give complete location) Isolated Grave MONTFAUCON MEUSE

35 SE E 309.95 N 277.9

Reburied (Date) 11th June 1919 in: (Give complete location) Grave No 44 Sec 58 Plot 1

ARGONNE AMER CEMETERY NO 1232

ROMAGNE MEUSE

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

Burial good; buried in uniform; body badly decomposed.

Was one identification tag found upon the body? No

What other means of identification were found upon the body? None

CONFIRMED No. D. 11984

Note:

If upon disinterment, effects are found upon the bodies, they will be promptly sent to the Effects Depot direct, as is required by G. O. 170, G. H. O., 1918. after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by Lt. Renesler

JMB

C.O. Group Unit



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Faint, illegible text in the upper middle section of the page.

Faint, illegible text in the middle section of the page.

Faint, illegible text in the lower middle section of the page.

Faint, illegible text in the lower section of the page.

Faint, illegible text in the lower section of the page.

Faint, illegible text at the bottom of the page, possibly a footer or signature area.

CODE SLIP

✓

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Crusk,</i>	<i>C r u s k</i>	3	<i>3 0 8 - 1 2</i>
<i>Peter</i>	CEMETERY <i>1 2 3 2</i>	1	<i>1</i>
BURIED	GRAVE <i>7</i>	2	<i>0 7</i>
	ROW <i>1 9</i>	2	<i>1 9</i>
	BLOCK <i>A</i>	1	<i>1</i>
STATE	<i>Ohio</i>	2	<i>4 1</i>
RANK	<i>Priv.</i>	1	<i>2</i>
DIVISION	<i>3 7</i>	2	<i>3 7</i>
ORGANIZATION	<i>1 4 5</i>	3	<i>1 4 5</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARTIAL	<i>no</i>	1	<i>2</i>
NAME <i>Crusk,</i>	<i>C r u s k</i>	3	<i>3 0 8 1 2</i>
<i>Mariamighe</i>	STATE <i>Ohio</i>	2	
RESIDENCE	COUNTY <i>Franklin</i>	2	
	CITY <i>Columbus</i>	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Mother</i>	1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

JAN 26 1938

RAM

country

Italy

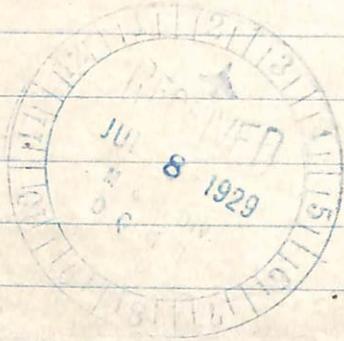
01

du

Central Valley, Nev.
July 3, 1929

Dear Sir,

I received your letter asking me if the late Port. Peter Crusk has a mother or wife living he has no wife but has a mother and father in Italy which I will give you their names and address below.



Giuseppe Crusk.
Marvamiereghe Crusk.
Dr. Giselia Provincia
Cosenza Italy.

P.S. Please write to them in Italian.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Crusk, Peter

June 27, 1929.

Mr. Antonio Crusk,
Central Valley, N.Y.

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 brother of the late Pvt. Peter Crusk, Hq. Co. 145th 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 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
Crusk, Peter

June 27, 1929.

Mr. Antonio Crusk,
Central Valley, N.Y.

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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.

In reply refer to:
293.8 C-R

33511

March 20, 1923.

Mr. Antonio Crusk,
Central Valley, N. Y.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Private Peter Crusk, Hdqrs. Co., 145th Infantry, is Grave 7, Row 19, Block A, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucou, 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.

RK
Q

MAR 20 1923
M. I. W.

33511
GRAVE LOCATION BLANK

LOCATION THE GRAVE OF

CRUSK, 1516592, Peter
(Surname). (Number). (First Name and Initials).

Pvt. Hq. Co. 145th., Infantry
(Rank). (Organization).

PLACE OF DEATH: *Bit Ivory + Moufacon*

CAUSE OF DEATH: *Explosion of J.M. shell*

DATE OF BURIAL: *about Oct 5/1918*

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

*See correspondence-Wyatt, John
2715664*

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 *Spinoville (house)*

208 355 E. COORD

NEAREST RELATIVE: *Anton Crank*

ADDRESS: *Centre Valley N.Y.*

RELATIONSHIP: *brother*

REPORTED BY:
.....
(Signature and Rank of Reporting Officer).

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

Communal List No. 208-2549

Communal List No. _____

Daily Report No. _____



335114
G.A.S. FORM NO. 12

GENERAL HEADQUARTERS
AMERICAN EXPEDITIONARY FORCES
ADJUTANT GENERAL'S OFFICE.

FROM : ADJUTANT GENERAL.
TO : C.O.Co. Hq. 145th., Infantry
SUBJECT : Information for burial Register.

1. You are directed to transmit without delay to the Chief, Graves Registration Service, the information indicated on enclosed Graves Location Blank as necessary for the completion of official records.

By Command of General Marshing:

Robert C. Davis
Adjutant General.

Note:

In case this item is checked, you will note hereon:

Nearest relative of deceased:

Relationship: _____

Address: _____



RECEIVED

9 A.M. 19 Mar 1902

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

33511

FILE

5-4-21

(Date)

FORM 115 has been compiled on the following case:-

CEMETERY NO. 1232 SECTION 58

FORM 115 Sheet No. 41

H.M.

(Initials)

GSP-SS
Form No. 1011.

S/2052/L.M.

MA

Crusk Peter
Pvt
Hq Co 145th Inf

Ban 2-1-96
end 12-6-17

XC-72483

m-naire Mirafles in Crusco

Staly

comp to faults in Staly. no record of low ^{any} for

res to Bro. Ban 93

from Crusco
Central Valley - n-y.

1-9-33

Place Romagne Sous Montfaucon

REPORT OF DISINTERMENT AND REBURIAL

Date Nov, 4, 1921.

1. REMAINS OF CRUCK PETER SERIAL NUMBER 1516592
RANK Cruick Pvt. ORGANIZATION Hq. Co., 145th Inf.

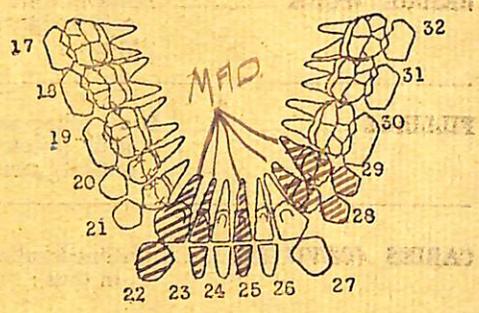
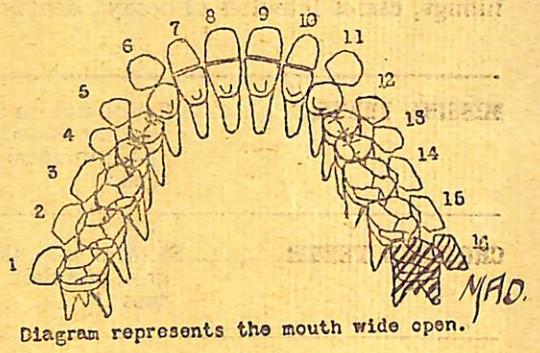
2. Disinterred (date): Nov, 4, 1921. From (give complete location):
Gr. 44 sec 58 pt 1 Cem., #1232.
By: Group 9 Unit Sec. 1

3. Reburied (date): Nov. 4, 1921. In (give complete location):
Row 19, Block A. Gr. 7, 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:
box, U.S. uniform and burlap. badly dec. mposed features unrecognizable.

5. (a) Identification tags: Buried with body? Yes On grave marker? No
tag on body reads: " Peter Cruick 1516592.
(b) Other means of identification found upon disinterment, and general remarks:
GRS plaque on body agree With record.

6. What does examination of body show as regards the following identifying items ?
(a) Height (actual measurement) Imp to det.
(b) Weight (estimated) do
(c) Hair—Color do
Quantity do
Characteristics do
(d) Hair on face—Color do
Location do
Quantity do
(e) Permanent marks on body (old scars, peculiarities, or missing parts) None visible
(f) Wounds or missing parts (received at time of casualty)



30781

7. Disinterment supervised by H. E. Strong Approved: Geo. (Tit) Bland
H. E. Strong S.E. Lt. QMC

8. Reburial supervised by A. U. Dufault Approved: James W. Younger
WS. A. U. Dufault, concentration (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 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.



To be prepared in triplicate.

DATE Nov. 4. 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 <u>GRUSK, Peter</u>	10. Name
2. No. <u>1516592</u>	11. No.
3. Rank <u>Pvt</u>	12. Rank
4. Org. <u>Hq. Co. 145th Inf</u>	13. Org.
5. D.D. <u>Sept. 29, 1918</u>	14. (a) D.D.
6. C.D. <u>KIA</u>	(b) D.B. <u>None</u>

Discrepancy found upon disinterment	
7. Grave No. <u>44</u> Sec. <u>58</u>	15. Grave No. Sec.
8. Plot <u>1</u> Row	16. Plot Row
9.	17. <u>None</u>

18. Cemetery <u>Meuse-Argonne Am</u>	19. Commune or town <u>Romagne/s/Montfaucon</u>
20. Dept. or County <u>Meuse</u>	21. Country <u>France</u>
22. G.R.S. Hdqrs. Code No. <u>1232 sec 58</u>	
23. Disinterred (Date) <u>Nov 4 1921</u>	By <u>H E Strong</u>
24. Inscription on grave marker:	
Name <u>Peter Grusk</u>	Serial No. <u>1516592</u>
Rank <u>Pvt</u>	Organization <u>HQ Co 145th Inf</u>
25. Was identification disc found on grave marker? <u>No</u> On body? <u>Yes</u>	

Archie A. Lopez
Signature Junior Technical Assistant

PREPARATION

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

GRS plaque found on body agrees with records.

27. Condition of body Badly decomposed, features unrecognizable

28. Nature of burial Box, US Uniform and hurlap.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

30. Body prepared and placed in casket: Date Nov 4 1921 By H E Strong

31. Casket sealed by H E Strong.

Signature of Embalmer, (Supervisor) *H. E. Strong*

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No.



32. Designation of body:

Name CRUSK, Peter Serial No. 1516592

Rank Pvt Organization Hqs. Co. 145th Inf

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne An. Romagne/s/Montfaucon 1232

34. Casket boxed and marked (Date) Nov 4 1921 By H H Strong

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 Geo G Bland, 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) Nov 4 1921

To point of Concentration Morgue Romagne

Convoyer W J Royed Signature Shipping Officer G F Spann, Capt. QMC

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Arg. Cemetery. (Date) Nov. 4, 1921.

42. Grave No. 7. Section

43. ~~Block~~ Block A. Row 19.

G.R.S. Representative James W. Younger
James W. Younger
Captain, Q.M.C.

hw

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 33511

*2/17/22 Exhumed
for Concentration # 1282
Mines - Argonne
at 3/9/22*

I. LOCATION INDEX CARD:

(a) Name CRUSK, Peter Ser. No. 1516592
(b) Rank Pvt. Organization Hq. Co., 145th Inf.
(c) Date of death 9-29-18 (d) Cause of death k/a

TYP. ob
CKR. B.

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

(a) Grave No. 44 Row -- Plot 1 Sec. 58 TYP. ob
(b) Emerg. Address Mr. Antonie Crusk (Brother) Center Valley, N. Y.

III. Files of soldiers dying from contagious diseases _____ CKR. B. J.

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Jim Crusea (b) Relationship brother

(c) Address _____

(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 MH Date 5/2, 1920

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

_____, dated _____

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

Examiner's Initials _____ Date _____, 1920.

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

No request for disposition

(a) Cancellation memos referred to? _____

Examiner's Initials MH Date 5/2, 1920

COUNTRY France CEMETERY No. 1232-Sec. 58 SHEET No. 41

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

Typed by _____, Checked by _____, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 5-16, 1920

Section - 58

Par. 2. Not to be returned (JEN)

IX.

CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS:

*G. B. Ed. Anton Creek, Centre
Valley, N.Y. - brother*

Discrepancies _____

Name _____

Rank _____

Serial No. _____

Org. _____

Remarks _____

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Mupher
5-2

A.G.O. Card & Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Ed

G. R. S. Corr

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Checkers

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

checked 2/17

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 33511

*See Form 115
att 3/9/52*

I. LOCATION INDEX CARD:

(a) Name CRUSK, Peter Ser. No. 1516592
 (b) Rank Pvt. Organization Hq. Co., 145th Inf. } TYP. ob
 (c) Date of death 9-29-18 (d) Cause of death k/a } B. J.

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

(a) Grave No. 44 Row -- Plot 1 Sec. 58 TYP. ob
 (b) Emerg. Address Mr. Antonie Crusk (Brother) Center Valley, N. Y.

III. ~~Files of soldiers dying from contagious diseases~~ CKR. B. J.

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

.....

V. Following advice forwarded to Europe by { cable on _____, 192
 Section - 58 { letter of transmittal on 5-16-, 192 /
 Par. 2 - Not to be returned (JEN)

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.
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VIII. Form 115 received from G. R. S., Hoboken, N. J. _____, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____