

ef

342

G.R.S. Form #114 B

To The A. G. O.

5579

1. NAME **DEGENZA, Rocco** DATE **MAY 14 1926** **10/26/21.**  
 SERIAL No. **3125354**  
 RANK **Pvt.** ORGANIZATION **Co.B, 109th Inf.**  
 & DIVISION **40**  
 GRAVE LOCATION **American Brizeaux Meuse** **28** **1-5-27**  
 CTY. NAME **Meuse** NUMBER **557**  
 GRAVE **27** ROW **X 2** PLOT **2 1A**

2. ORIGINAL BATTLE AREA GRAVE LOCATION **Not known.**  
 GRAVE COMMUNE DEPT.  
 COORDINATES **Not of record.**  
 CONCENTRATED TO **Not known.**  
 DATE GRAVE ROW PLOT  
 CEMETERY CTY. NUMBER

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

DATE OF DEATH **Oct 3, 1918**  
 STATE FROM WHICH HE CAME **France**  
 MEDALS OR DECORATIONS AWARDED **none**

SUBSEQUENT REBURIALS **Not of record.**  
 Robert O. Davis,  
 Major General,  
 The Adjutant General,  
 BY **RWB**  
**MAY 18 1926**  
 DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR **Wm M. Cline** **Wm M. CLINE**  
**fg 2.** **Captain Q.M.G.**

3. FINAL GRAVE LOCATION **10/26/21.** **19** **2** **D.**  
 DATE GRAVE ROW Block Plot

Meuse-Argonne Amer.Cty.#1232 Romagne-sous-Montfaucon. (Meuse)

CEMETERY

**8**  
**A. G. O.**  
**MAY 15 1926**  
**WORLD WAR DIV.**

**M.M.G.**  
**3-1-23**

## INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.
2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.
3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.
4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



No green carbon

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Degenza</i>	3	457
	<i>Rocco</i>		
BURIED	CEMETERY <i>1232</i>	1	1
	GRAVE <i>19</i>	2	19
	ROW <i>2</i>	2	02
	BLOCK <i>15</i>	1	4
STATE	<i>Mass.</i>	2	27
BANK	<i>Pub.</i>	1	2
DIVISION	<i>28</i>	2	28
ORGANIZATION	<i>109</i>	3	109
ARM	<i>Inf.</i>	1	1
MARITAL	<i>no</i>	1	2
	<i>Father</i>		
NAME		3	773
<i>Mr. Vittorio Di Cenzo fu</i>	STATE	2	
RESIDENCE <i>Francisco</i>	COUNTY	2	
<i>Italy</i>	CITY	3	
RELATION	<i>Mother</i>	1	1
OTHER <i>no sly SM</i>	<i>Father</i>	1	1
ELIGIBILITY <i>Father died</i>	<i>Dead</i>	1	6
NATIVITY <i>1931</i>	<i>(1915 - Italy)</i>	1	
RACE <i>no race loco</i>		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE		1	
29/514/			

AUDITED

APR 22 1932

RS

Sm



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Degenza, Rocco	Pvt.	3125354	Co. B, 109th Inf.	10-3-18

STATE	CTY. NO. 1232	GRAVE 19	ROW 2	BLOCK D
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	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER	: : :	<p style="font-size: 1.5em; margin: 0;">C-150 930</p> <p style="margin: 0;">7-26-29</p>
	STEPMOTHER (For the year prior to commencement of service)	: : :	
NAME	MOTHER THRU ADOPTION	: : :	
AND	(For the year prior to commencement of service)	: : :	
ADDRESS	MOTHER IN LOCO PARENTIS	: : :	
	(For the year prior to commencement of service)	: : :	
	WIDOW	: : :	
	(Who has not remarried)	: : :	
		: : :	
		: : :	

Father  
 Vittoriano Di Cenzo,  
 Via Gertano,  
 Tricastoro #3,  
 Roma, Italy

Veterans Bureau Claim Number \_\_\_\_\_  
29/156



UNITED STATES VETERANS BUREAU

March 14 1924.

O-322  
C-150930  
Rocco DeGenzo  
Pvt. Co. B 109 Inf.  
SJJ:Mak

Quartermaster General,  
War Department,  
Washington, D.C.

Sir:

Your attention is invited to the attached form 2969 relative to the collection of amounts due the above captioned, representing Army Pay. The name of the claimant is Rocco DeGenzo.

All communications with reference to this case should bear the full name, rank and organization of the former service man, and the "C" number C-150930 as indicated above.

For the Director,

CHARLES E. MULHEARN  
Asst. Director in Charge of  
Claims and Insurance Service.

QM 293 A-A (DeGenzo, Pvt.) 1st Ind.  
War Department, OQMG, Washington, March 19, 1924 - To the Chief of  
Finance.

3 encls.



MAR 20 1924

D  
Mc  
TLB

In reply refer to:  
293.8 C-R #86098

March 10, 1923.

Mr. Vittoriano di Cenzo,  
Madonna delle Grazie, Gagliano Aterno,  
Prov. of Aquila, Italy.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Private Rocco Degenza, Company B, 109th Infantry, is Grave 19, Row 2, Block D, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

In effecting removal, the utmost care and reverence were exacted and more than willingly accorded by those performing this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

MAILED

Very truly yours,

MAR 12 1923

H. J. Conner,  
Assistant.

G.R.S.

22/1423/ARK

Place Brizeux Meuse

# REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 16, 1921.

1. REMAINS OF DEGENZA, Rocco. SERIAL NUMBER 3125354

RANK Pvt. ORGANIZATION Co. B, 109th Inf.

2. Disinterred (date): Sept. 16, 1921. From (give complete location): Grave 27, Row 2, Pl. 1, Cem. 557.

By: Group FOUR Unit FS3.

3. Reburied (date): Oct. 26, 1921 In (give complete location): Meuse-Argonne Cty. #1232 Gr. 19, Bl. D, row 2.

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 blanket uniform wooden box, badly decomp. recog. imp.

5. (a) Identification tags: Buried with body? no 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? 3, 14 MBD.

(a) Height (actual measurement) Imp. to det

4, 7, 13 MADI

(b) Weight (estimated) Imp. to det

(c) Hair—Color imp. to det

Quantity imp. to det

Characteristics imp. to det

(d) Hair on face—Color imp. to det

Location imp. to det

Quantity imp. to det

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

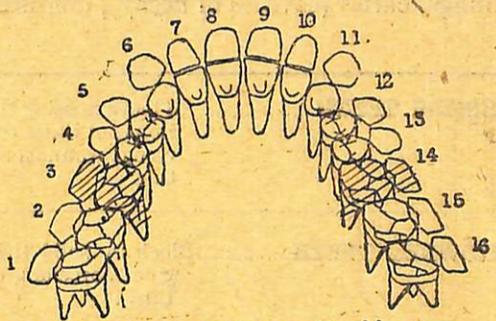
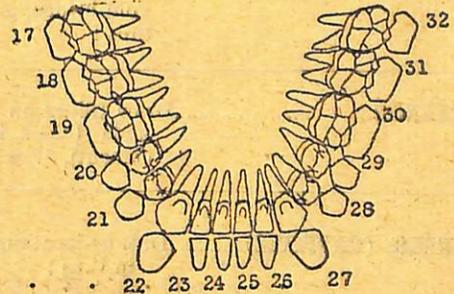


Diagram represents the mouth wide open.



21, 22, 23, 24, 28 MAD,

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

now visible.

7. Disinterment supervised by Joseph S. Hughes

Approved: J. S. Robinson

(Title) 1st Lt. CAC.

8. Reburial supervised by A. U. DUFALT

Approved: James W. Younger

(Title) JAMES W. YOUNGER, CAPT., 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 144, 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), bicuspid (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 Sept 16-21

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name DEGENZA, Rocco  
 2. No. 3125354  
 3. Rank Pvt.  
 4. Org. Co. B, 109th Inf.  
 5. D.D. Oct. 3rd, 1918  
 6. C.D. DOW

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

Discrepancy found upon disinterment

7. Grave No. 27 Sec. \_\_\_\_\_  
 8. Plot 1 Row 2  
 9. \_\_\_\_\_

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

18. Cemetery American

19. Commune or town Brizeaux

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 557

23. Disinterred (Date) Sept 16-21

By J.S. Hughes

24. Inscription on grave marker:

Name Rocco Degenza  
 Rank Pvt.

Serial No. \_\_\_\_\_  
 Organization Co. B. 109th Inf.

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

J. S. Hughes  
 Signature Junior Technical Assistant

PREPARATION

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

27. Condition of body badly decomposed, recognition info.

28. Nature of burial uniform blanket and wooden box.

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

30. Body prepared and placed in casket: Date Sept 16-21 By J.S. Hughes

31. Casket sealed by J.S. Hughes

Signature of Embalmer, (Supervisor) Joseph S. Hughes

AUDITED BY

SHIPMENT. (Show actual marking of box.) Box No. C-8827

32. Designation of body:

Name DEGENZA, Rocco Serial No. 5125354

Rank Pvt. Organization Co. B, 109th Inf.

33. Consigned to: Officer in Charge Operations,

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

34. Casket boxed and marked (Date) Sept 16-21 By J.S. Hughes

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 J.S. Robinson, 1st Lt. CAC.

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

37. Shipped from point of Operation: (Date) Sept 16-21

To point of Concentration Romagne sous Montfaucon, Meuse.,

Convoyer R.H. Cronin Signature Shipping Officer J.P. Glandon  
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 Sept 17 1921

G.R.S. Representative Alfredault Nogues 1st

41. Reinterred Oct. 26, 1921 Meuse-Argonne Cemetery #1232  
(Date)

42. Grave No. 19 Section \_\_\_\_\_

43. ~~Block~~ B1. D Row 2

G.R.S. Representative JAMES W. YOUNGER, CAPT., Q.M.C.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 86098

I. LOCATION INDEX CARD:

(a) Name DEGENZA, Rogeo Ser. No. 3125354
(b) Rank Pvt. Organization Co. B, 109th Inf.
(c) Date of death 10-3-18 (d) Cause of death DWRIA

TYP. DB
CKR. [initials]

Vertical handwritten notes: 10/26/21 - Examination for concentration, LFW-11/17/21

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

(a) Grave No. 27 Row 2 Plot A Sec. - TYP. DB
(b) Emerg. Address Mr. Victorrano Degenzo, (Father) Galana Aderna (Auguila), Italy.

III. Files of soldiers dying from contagious diseases -- CKR. [initials]

IV. A. G. O. DISPOSITION CARD:

Date of receipt [handwritten]

(a) Name (b) Relationship
(c) Address
(d) Remains to be brought to U. S.?
(e) To be interred in National Cemetery in U. S. at
(f) Shipping instructions upon arrival of body in U. S.
(g) Disposition instructions if not brought to U. S.

Examiner's Initials Date, 1920.

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

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

Handwritten: no correspondence

Examiner's Initials Date 1-19-1920.

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

Handwritten: no request for disposition

(a) Cancellation memos referred to? Yes PF
Examiner's Initials Date 1-20-1920.

COUNTRY FRANCE CEMETERY No. 557 SHEET No. 48

Handwritten: checked 2-28-21

Handwritten: P. 4-21-21.

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 1-27-21, 1920

Par. #2, Not To Be Returned

*HA*

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*B.A. W.P. - Mr. Vittoriano di Enzo,  
(Father) Madonna delle Grazie,  
Gagliano (Terno), Prov. of Aquila, Italy  
(228-21) "M"*

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

*Please  
rush  
C-150930*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Degenza, Rocco, Pvt.

557 - 48

1/20/21.

SERIAL NUMBER

ORGANIZATION

3125354

Co. B, 109th Inf.

Date of death - 10/3/18.

WAR RISK INSURANCE INFORMATION

*Copy fwd. to Ady Dept, DATE (2-28-21) M*

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Vittoriano di Genzo

Father

Address

Madonna delle Grazie, Gagliano Aterno, Prov of Aquila, Italy

S/709/LML

MA  
Di Enzo

Degenza, ~~Rocco~~  
Rocco XC 150 930 Pvt. Co.B, 109th Inf. Minn.

Date of mother's death. 1-13-15 Italy

SM? Concetta Angeloni

Loco? Italy

Single  
father died 4-5-31

Seebode



