

Place _____

Date _____

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: ANDERSON, Albert

Number: 2020834

Rank: Pvt.

Organization: Co. C, 47th Inf.

Disinterment and Reburial made by Group _____

Unit _____

Disinterred (Date) Sept. 15, 1919 From: (Give complete location)

Charly

Reburied (Date) Sept. 16, 1919 in: (Give complete location)

Grave No. 146, Section U, Plot No. 3, Belleau Cemetery No. 579 #1764

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

In box

Was one identification tag found upon the body? No

What other means of identification were found on the body?

Name and tag on cross

Note:

CONFIRMED

Jan 49

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct, as is required by G. O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, G.R.S.

Supervised by: W.D. Van Ingen,
1st Lt. Cavalry

C.O. Group. _____ Unit _____

file 4/11/27
200

Place Belleau, Aisne

REPORT OF DISINTERMENT AND REBURIAL

Date June 14/21

1. REMAINS OF ANDERSON, ALBERT SERIAL NUMBER 2020834

RANK Pvt. ORGANIZATION Co. C, 47th Inf.

2. Disinterred (date): June 14/21. Belleau, Aisne Amer. ty. #1764 Gr. 146-U-3
From (give complete location):

By: Group Dawe Unit Sect. 6

3. Reburied (date): June 14/21. Belleau, Aisne Amer. ty. #1764 Gr. 146-U-3
In (give complete location):

By: Group Dawe Unit 6 Nature of reburial Box & blanket

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

5 ft. earthen grave, hospital shroud in wooden box,
Decomposed, unrecognizable

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

Tag on body reads "Albert Anderson, Pvt. U S Army. 2020834"

(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) Undeterminable

(b) Weight (estimated) Undeterminable

(c) Hair—Color Undeterminable

Quantity Undeterminable

Characteristics Undeterminable

(d) Hair on face—Color Undeterminable

Location Undeterminable

Quantity Undeterminable

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

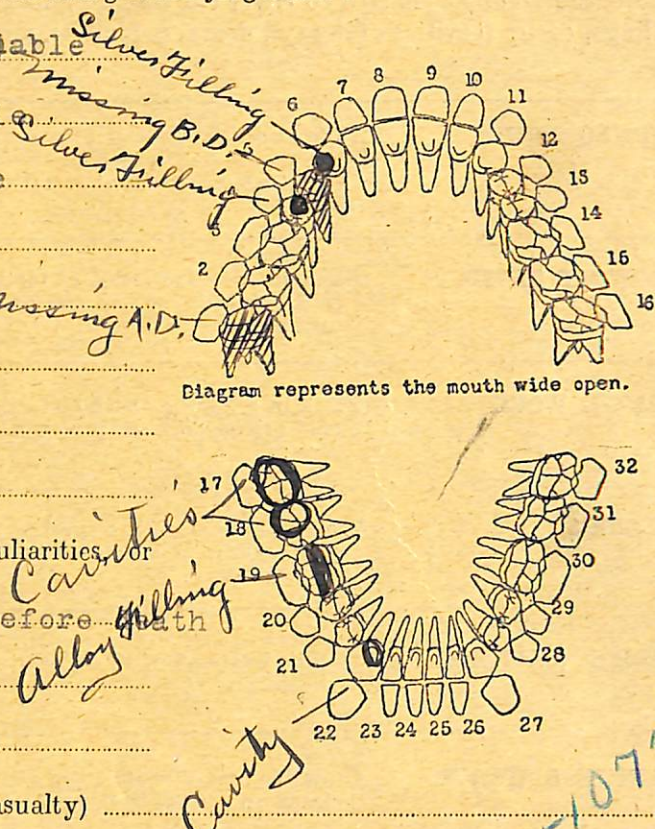
missing parts) Tooth No. 5 missing before bath

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

None visible

7. Disinterment supervised by A. C. Dawe S. E. Approved: H. Shaler 1st Lt. F. A.
(Title)

8. Reburial supervised by A. C. Dawe S. E. Approved: H. Shaler 1st Lt. F. A.
(Title)








10-51077

W/K
V

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

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

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.

RECEIVED
FEB 7

No cards received [✓] 27
in action.

G.R.S. Form #114-B

CAUSE OF DEATH

FULL NAME..... ANDERSON, Albert *OK*

RANK..... Pvt. *OK* SERIAL..... 2020834 *OK*

DIVISION & ORGANIZATION..... Co. C, 47th Inf. *OK 4th Div*

DATE OF DEATH..... 8/9/1918 *OK*

STATE FROM WHICH HE CAME..... *Mich.*

AWARDS OR DECORATIONS AWARDED..... *none*

FINAL GRAVE LOCATION..... 10-9-22 3 6 A
Date Grave Row Block

A. G. O.
MAY 9 1927
WORLD WAR DIV.

24/292/EYS

Aisne-Marne American Cemetery # 1764
Cemetery

453

OK 5-14-27

4th Division.

Wounded in
bault, France. Died
No men in t

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:
The information given is taken from tags and the Hospital records Hospital 10/12 in Charly.
REPORTED BY:
Chaplain E. J. Reilly, 1st Lieut.
(Signature and Rank of Reporting Officer.)
This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.
56 aty C.A.C. Over.

2010834

ver near St Thi-

st Lieut.
h Inf.

Co C - 47th Infantry.

3 - 3 - 19.

AL.

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Anderson 2020834 Albert
(Surname.) (Number.) (First Name and Initials.)

Private 47 P.D. U.S.A.
(Rank.) (Organization.)

DATE OF BURIAL Aug 10, 1918

PLACE OF BURIAL Charly, France

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

This cemetery is the one used for French soldiers Andersons grave is about six graves from the nearest wall.

GRAVE NUMBER

HOW MARKED : Name Peg? Cross? yes

Headboard? Bottle? yes

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 :

The information given is taken from tags and the Hospital records Hospital 10/12 in Charly.

REPORTED BY :

Chaplain E. J. Reilly 1st Lt
(Signature and Rank of Reporting Officer.)

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

56 aty C.A.C. Over

C° C - 47th Infantry - 4th Division.

Wounded in battle, France. Died No men in t

2 2020834

ver near St Thi-

st Lieut. h Inf.

C° C - 47th Infantry.

3 - 3 - 19.

AL.

in the French Hospital
10/12 at Charly, France
The records say that
Anderson was wounded
at Bazoches on Aug 8.
He died at 5 30 P M Aug 9.

Chaplain Rully



C^o C - 47th Infantry -
4th Division.

ANDERSON, Albert - Priv. 2040354²

Wounded in action Aug. 9th 1918, on the Vesle River near St Thi-
bault, France. Died Aug. 9th 1919.
No men in the Company who remember the above.

No informant given.

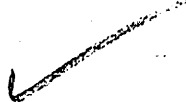
Signed: WALLEY, Ew. Jr. - 1st Lieut.
47th Inf.

C^o C - 47th Infantry.

AL.

3 - 3 - 19.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Anderson	3	1 4 4
	Albert		
BURIED	CEMETERY 1764	1	4
	GRAVE 3	2	03
	ROW 6	2	06
	BLOCK A	1	1
STATE	Mich	2	26
BANK	Prot	1	2
DIVISION	4	2	04
ORGANIZATION	47	3	047
ARM	Inf	1	1
MARITAL (Father)	no	1	2
NAME	Anderson	3	
	August		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
	Sweden		
RELATION	Mother	1	1
OTHER	Father	1	1
ELIGIBILITY	Illend	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	AUG 17 1952
DATE OF	MO.	1	RB
. TRIP	YR.	1	
ACCEPTANCE		1	
29/514/			

AUDITED

Sm

mm
903

RB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE February 8, 1930.

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>ANDERSON, Albert</u>	<u>Pvt.</u>	<u>2020834</u>	<u>Co. C 47th Inf.</u>	<u>8/9/18/</u>

STATE <u>Michigan.</u>	CTY. NO. <u>1764</u>	GRAVE <u>3</u>	ROW <u>6</u>	BLOCK <u>A</u>
------------------------	----------------------	----------------	--------------	----------------

	<u>Check relationship</u>	<u>Living - Deceased</u>	<u>XC-57-5-80</u> <u>2-13-30</u>
	MOTHER	: : ✓ :	
	STEPMOTHER (For the year prior to commencement of service)	: : : :	Father: Mr. August Anderson
NAME	MOTHER THRU ADOPTION	: : : :	Storgatan 14-
AND	(For the year prior to commencement of service)	: : : :	Sölvesborg -
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : : :	Sweden.
	WIDOW (Who has not remarried)	: : : :	
	<u>Single man</u>	: : : :	

Veterans Bureau Claim Number _____
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 11, 1929.

Anderson, Albert.

Mr. Ben A. Anderson,
901 Pearl St.,
Belvidere, Ill.

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 Private Albert Anderson, Co.C. 47th Inf., whose remains are now interred in the Aisne-Mirne American Cemetery, Belleau, Aisne, 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.

O. Q. M. G.
MAIL & RECORD BRANCH

File 293 - Anderson, Albert (1764)

Subject Pvt. - Co. C - 47th Infantry

29/243

Anderson,

(Surname.)

Albert

(Christian name in full.)

2, 020, 834

(Army serial number.)

Pvt.

Co C, 47th Inf.

(Rank and organization.)

State your relationship to the deceased

Brother

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 Ben C Anderson *Behvidere* *Kaledonia*
(Name of person to receive remains.) (Express office.) (Telegraph office.)

Behvidere *Illinois*
(Number and street.) (City or town.) (State.)

(Sign here)

Mr Ben C Anderson

R. R. No 1. *Kaledonia* *Illinois*
(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

Drawn by JMT
1764738
2-19-28

checked
2-19-21
JMT

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Albert
1764

Aug. 21, 1929.

Mr. Ben A. Anderson,
901 Pearl St.,
Belvidere, Ill.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated ~~June 11, 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

June 11, 1929.

Anderson, Albert.

Mr. Gen A. Anderson,
901 Pearl St.,
Belvidere, Ill.

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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".

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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.

B
QM 293 A-C
(Anderson, Albert)

November 3, 1928.

Mr. August Anderson,
#2 Lorlay St.,
Selvsborg, Blekinge, Sweden.

Dear Sir:

The inclosed card gives the permanent cemetery and grave location of the late **Albert Anderson**.

The Quartermaster General desires that you be informed that all American military cemeteries, both in Europe and in our own country, will be maintained by the Government forever, the graves permanently marked by headstones showing the decedent's name, rank, organization, State, and date of death, all of which will be done without the necessity of requests emanating from relatives.

Please understand that in effecting the final disposition of our heroic dead the utmost care and reverence is exercised.

Very truly yours,

J. McCLINTOCK,
Major, Q. M. Corps,
Assistant.

O. Q. M. G. M. & R. DIV.

1 Incl.
Record card.

NOV 5 11 AM '28

DISPATCHED

28/570

To be prepared in triplicate.

DATE Oct. 7, 1922

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 ANDERSON, Albert
 2. No. 2020834
 3. Rank Pvt.
 4. Org. Co. C. 47th Inf.
 5. D.D. Aug. 9th. 1918
 6. C.D. DWRIA

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. no discrep.

Discrepancy found upon disinterment

7. Grave No. 146 Sec. U
 8. Plot 3 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. no discrep.

18. Cemetery Aisne-Marne Amer.
 20. Dept. or County Aisne.
 22. G.R.S. Hdqrs. Code No. _____

19. Commune or town Belleau
 21. Country France
 1764

23. Disinterred (Date) Oct. 7, 1922

By C. W. Dodge

24. Inscription on grave marker:

Name Albert Anderson
 Rank Pvt.

Serial No. _____
 Organization Co. C. 47th. Inf.

25. Was identification disc found on grave marker? yes On body? yes (entirely corroded)

J. C. Annabel
 Signature Junior Technical Assistant
J. C. Annabel

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 agrees.

27. Condition of body Badly decomposed. Features unrecog.

28. Nature of burial Wooden 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 Oct. 7, 1922 By C.W. Dodge

31. Casket sealed by C.W. Dodge

C.W. Dodge
 Signature of Embalmer, (Supervisor)

AUDITED BY sub. 12/2/22

SHIPMENT. (Show actual marking of box.) Box No. C-31131

32. Designation of body:

Name Albert ANDERSON. Serial No. 2020834

Rank Pvt. Organization Co. C. 47th Inf.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne Amer. Cty. 1764, Belleau, Aisne.

34. Casket boxed and marked (Date) Oct. 7, 1922 By C.W. Dodge

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 I. H. Joffe, 1st Lt. QMC

36. Remarks

None

37. Shipped from point of Operation: (Date) Oct. 7, 1922

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 Oct. 7, 1922

To Permanent Cemetery Aisne Marne Cem. 1764, Belleau (Aisne)
(Name)
Convoyer _____ Signature Shipping Officer I. H. Joffe, 1st Lt. QMC

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred Oct. 9, 1922, Aisne-Marne Cem. 1764, Belleau (Aisne)
(Date)

42. Grave No. 3 Section _____

43. Plot BLOCK A Row 6

G.R.S. Representative W.D. Cleary
W.D. Cleary
Lt., Chaplain, USA.

Place Belleau (Aisne)

REPORT OF DISINTERMENT AND REBURIAL

Date Oct. 7, 1922.

1. REMAINS OF ANDERSON, Albert SERIAL NUMBER 2020834
 RANK Pvt. ORGANIZATION Co. C. 47th. Inf.

2. Disinterred (date): Oct. 7, 1922. Gr.146, Pl.3. Sec. U. Cem. 1764 From (give complete location):
 By: Group 1 Unit Aisne Marne

3. Reburied (date) Oct. 9, 1922 In (give complete location): Gr. 3, Block A, Row 6, Aisne-Marne Cem. 1764, Belleau (Aisne)
 By: Group re-burial group Unit _____ Nature of Reburial Lined casket

4. Report as to nature of original burial and condition of body upon disinterment:
Wooden box and burlap.
Badly decomposed. Features unrecognizable.

5. (a) Identification tags: Buried with body? yes On grave marker? yes
(entirely corroded)
 (b) Other means of identification found upon disinterment, and general remarks:
Bottle record agrees.

6. What does examination of body show as regards the following identifying items?
 (a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

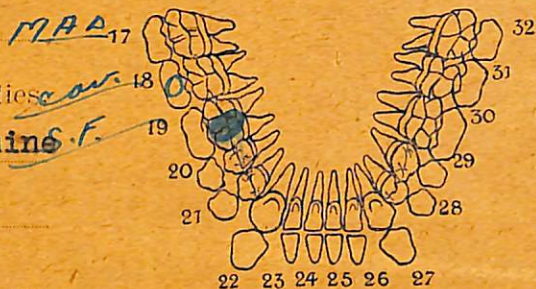
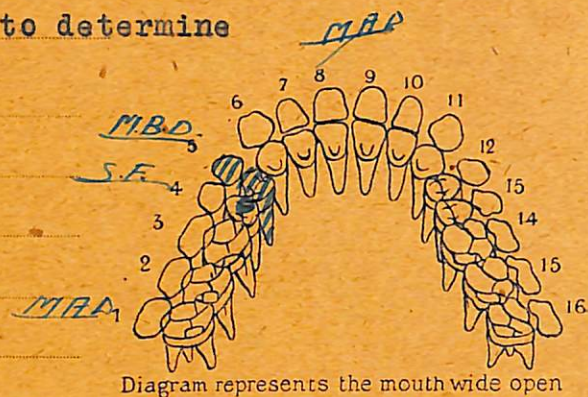
Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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



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

Checker: J.C. Annabel,

7. Disinterment supervised by C.W. Dodge S.E. Approved: I.H. Joffe, 1st. Lt. QMC
 (Title)

8. Reburial supervised by W.D. Hays Approved: W.D. Cleary
 (Title) Lt., Chaplain, USA.

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.

8887

COMPILATION OF DISPOSITION OF REMAINS DATA

File #11011

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Albert Ser. No. 2020834
(b) Rank Pvt. Organization Co. C, 47th Inf.
(c) Date of death 8/9/18 (d) Cause of death dwria
TYP. evs
CKR. 13.7

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

(a) Grave No. 146 Row - Plot 3 Sec. U TYP. evs
(b) Emerg. Address Mr. Ben A. Anderson (Brother) 901 Pearl St., (Over)
Belvidere, Ill.

III. Files of soldiers dying from contagious diseases - CKR. 13.7

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(a) Name Mr. Ben A. Anderson (b) Relationship Brother
(c) Address PP No. 1, Caledonia, Illinois
(d) Remains to be brought to U. S.? Yes
(e) To be interred in National Cemetery in U. S. at No

(f) Shipping instructions upon arrival of body in U. S. Mr. Ben A. Anderson
Belvidere, Illinois
Cyfs - Belvidere - Ill - Caledonia
(g) Disposition instructions if not brought to U. S. -

Examiner's Initials MH Date 2-19-21, 1920.

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

_____, dated _____
confirming request in Par. IV., item _____, above, or requesting that _____
No correspondence

Examiner's Initials MH Date 2-19-21, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes - MH
Examiner's Initials MH Date 2/19/21, 1920.

COUNTRY FRANCE CEMETERY No. 1764 SHEET No. 38

VII. G. R. S. Form No. 114 made 2-25-21., 1920.

Typed by H. W. E., Checked by gar, 2-25-21., 1920.

RECEIVED BY
MAIL UNIT

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on MAR 10 1921, 1920

JUN 4 1921

Cemeterial Division
Overseas Project Sub-Section

Par. 1 To be returned. (L.S.)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*B. G. M. R. Mr. August Anderson, (Father)
2 Lorley St. Selvesborg, Blekinge,
Sweden - 3-16-21 E.M.
6/7/21 Europe advised by proposed cable 316 -
Suspend Foreign Advice - August Anderson, #2
Lorley St., Selvesborg, Blekinge, Sweden. 6/7/21
6/29/21 Europe advised to accept in lieu of
next of kin. No affidavit of residence on file.
7/15/21 - Letter from Europe states (father) Mr. August
Anderson, 2 Lorley St., Selvesborg, Blekinge, Sweden,
indicating disurb remains interred in P. G. C. 1900
Letter from Europe 7/18/21 "instructions (cable 316) obeyed." att
11/4/21*

COMPILATION OF DISPOSITION OF REMAINS DATA

File #11011

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Albert Ser. No. 2020834
 (b) Rank Pvt. Organization Co. C, 47th Inf. } TYP. evs
 (c) Date of death 8/9/18 (d) Cause of death dwria } B.J.

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

(a) Grave No. 146 Row - Plot 3 Sec. U TYP. evs
 (b) Emerg. Address Mr. Ben A. Anderson (Brother) 901 Pearl St.,
Belvidere, Ill.

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

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

a g o Card - Mr. Ben A. Anderson, brother, R. R. # 1, Caledonia, Illinois, requests body returned and shipped to him at Belvidere, Illinois. aBR 3/17/21

V. Following advice forwarded to Europe by { cable on _____, 192
 letter of transmittal on MAR 10 1921, 192

Par. 1 To be returned. (L.S.)

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., MAR 22 1921, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.
<i>June 3, 1921 let. from Hoboken</i>		<i>Suspend Foreign advice</i>	<i>6/7/21 Europe advised by proposed cable</i>
<i>Letter from Europe 7/8/21</i>	<i>"instructions obeyed" at 11/4/21</i>		<i>216 - Suspend Foreign advice - August Anderson, #2 Lorley St., Belvidere, Blkington Sweden - 4/7/21 6-29-21 Europe advised to accept in lieu of next of kin. No official of residence on file 6-29-21 119.</i>

VIII. Form 115 received from G. R. S., Hoboken, N. J. 6-4-21, 192

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

AP 3-17-21

REPORT OF DISINTERMENT, PREPARATION, AND SHIPMENT OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records Office Chief G. R. S.

Discrepancy found upon examination of body.

1. Name ANDERSON, Albert 10. Name

2. No. 2020834 11. No.

3. Rank Pvt. 12. Rank

4. Org Co. C, 47th Inf. 13. Org

5. D. D. 8-9-18. 14. (a) D. D

6. C. D. DWRIA 15. (b) D. B.

Discrepancy found upon disinterment.

7. Grave No. 146 Sec. U 15. Grave No. Sec.

8. Plot 3 Row - 16. Plot Row

9. - 17.

18. Cemetery American Concentration

19. Commune or town Belleau

20. Department or county Aisne

21. Country France 22. G. R. S. Headquarters Code No. 1764

23. Disinterred (Date.) By

24. Inscription on grave marker { Name Serial No.
Rank Organization

25. Was identification disk found on grave marker? On body?

Signature of Junior Technical Assistant.

(The following space is reserved for notations to be made by office Chief Graves Registration Service.)

3-7727

cable ref. no. 38.

(OVER)

PREPARATION

RECEIVED

JUN 4 1921

Cemeter

Ovensas P...

- 26. What other means of identification were on body? (If no disk or other means of identification on body, give description of body in detail).....
- 27. Condition of body.....
- 28. Nature of burial.....
- 29. Any discrepancy noted upon examination of body, as compared with G. R. S. records quoted above?
- 30. Body prepared and placed in casket..... (Date.) By.....
- 31. Casket sealed by

Signature of Embalmer (Supervisor).....

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

- 32. Designation of body { Name ANDERSON, Albert Serial No. 2020834
Rank Pvt. Organization Co. C, 47th Inf.
- 33. CONSIGNEE—Name Mr. Ben. A. Anderson,
Address Belvidere, Ill. (Ex.-Belvidere; Tele-Caledonia, Ill.)

34. Casket boxed and marked..... (Date.) By.....

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.....

36. Remarks

37. Shipped from cemetery..... (Date.) To..... (Point of concentration.)
Convoyer..... Signature Shipping Officer

38. Received at point of concentration..... (Date.)
Signature Receiving Officer.....

39. Shipped from point of concentration..... (Date.)
To..... (Port.) Convoyer

40. Received European port..... (Date.)
Signature of G. R. S. Representative.....

41. Shipped to..... (U. S. port.) On..... (Boat.)
Date..... Convoyer..... (Signature of Shipping Officer.)

42. Received..... (Date.) By G. R. S. Representative..... (Signature.)

43. Shipped to destination..... (Date.) { B/L or Express Order No.
Convoyer..... { Shipping Officer.....

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Anderson *2020834* *Albert*
(Surname.) (Number.) (First Name and Initials.)
Private *47 R.I., U.S.A.*
(Rank.) (Organization.)

DATE OF BURIAL. *Aug 10, 1918*

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

This cemetery is the one used for French soldiers

The grave of Anderson is about six graves from the nearest wall.
GRAVE NUMBER.....

HOW MARKED: Name Peg?..... Cross? *yes*
Headboard?..... Bottle? *yes*

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:

Can 426
Can 426

The information given is taken from tags and the Hospital records. Hospital 10/12 in Charly.
REPORTED BY:

Chaplain E. J. Reilly, 1st Lieut
(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.
56 Art. C.A.C. *1540U B 90*

Charles Currier

OK

11011
CONFIRMED

Name..... Anderson, 2020334, Albert

Rank,..... Pvt..... Co..... {Corps} 47th Inf
{Regt}

Date of Death.....

Place.....

Cause.....

Date of Burial..... 9/2/18

Grave No..... 7

Cemetery..... 78- See reverse side
I. C. MYER

Identified by {Tag } Tag on cross
{Papers }
{Clothing }

List of Effects.....

Field Record Made by..... **GROUP N° 1**

..... **Unit 303. G. R. S.**

Company.... Graves Registration Service

NOV 5 1918

For additional data use reverse side

Plot 70-Myers

French Civilian Cemetery, Charly,
Aisne. 251.9N - 174.9E.
Lambert 1/50,000.



R.S. Form No. 8; Central Records Liaison.
 No For: G.R.S. representative, C.R.O.
 SUBJECT: Information required for G.R.S.

Items checked are to be completed:

) Surname: Anderson
) Number: 2030834 (2020834 Per MC)
) First name: Albert
) Rank: Pvt.
) Company: C
) Organization: 47th Inf
) Date of death:
) Cause:
) Place:

Location of hospital:

Number " "
 Class " "
) Relative: Mr. Ben A. Anderson,
) Relationship: Brother.
) Address: 901 Pearl St. Belvidere,
 Illinois.
) Authority:
 Cablegram No:
 Telegram from:

dated:

) Reported to Washington:
 C.C. Nos:
 (Underscore the "official" C.C.)
) Remarks:
) Show present status on reverse side.

CHARLES C. PIERCE,
 Lieut.-Colonel, Q.M.C., U.S.A.

Initials of Reporter:

FILE. Oct. 13, 1919.

Anderson #2020834 Albert Pvt.

Co. "C" 47th Inf.

Disinterred from Cty #426. To -
Grave #146, Section "U", Plot #3,
Cemetery ~~#579~~, Belleau, (Aisne)

#1764

Letter from G.R.S. AFinF

F-8

July 29, 1921.

1764 Reg., Br. Cem. Div.

The Quartermaster General, U. S. Army (Cem terial Division).

Chief, American Graves Registration Service, Q. M. C., in Europe.

Supplementary advice on American Concentration Cemetery, #1764,
Belleau, Aisne, France.

1. Reference paragraph 1, office letter of March 10, 1921 (File No. 1764 Reg. Sec., Cem. Div.) also our cablegram No. 788 paragraph 1-a the records of this office show that Mr. August Anderson, of #2 Lorley St., Selvesborg, M^ekinga, Sweden, is the father of the deceased soldier named below:

Cable
Ref.No.

38 Anderson, Albert, Private, 2020834, Company C, 47th Infantry.

2. There is of record in this office a request made by Mr. Ben A. Anderson R. R. No. 1, Caledonia, Illinois, that the body be shipped to him at Belvidere, Illinois.

3. The above is forwarded for your information and use in ascer-
taining and complying with the desires of the next of kin. Initiate Form
114 if necessary. There is no affidavit of residence on file.

By authority of the Quartermaster General:

CHARLES J. WYNN,
Captain, Q. M. Corps.

OSPS
C & C Dept.

COPY FOR ADM. FILES

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE, Q.M.G., IN EUROPE
8, AVENUE D'IENA.

11011

PARIS July 15th, 1921.

✓ File No. 293.9 Disp. Cem. #1764

- 38 -

FROM : Chief,
TO : Quartermaster General. Munitions Building. Washington. D.C.
SUBJECT : Disposition of remains of Pvt. Albert ANDERSON #2020834,
Co.C. 47th Inf., Cem. #1764, Belleau, Aisne, France.

1. Reference your cable #788 dated June 7th, 1921, File #1764, Reg. Sec. Cem. Div., wherein it was directed that we communicate with the next of kin of the above deceased soldier, you are advised that reply has been received from Mr. August Anderson, 2 Lorley St., Selvesborg, Blekinga, Sweden, indicating that he wishes his late son's body to be left in France for final burial in a permanent American cemetery.

2. There is enclosed herewith for your records copy of the letter from this office to Mr. Anderson, advising him that his wishes have been made of record and will be complied with.

1 1/2
WSE-cr-cb

Edgar A. Fry
EDGAR A. FRY
Colonel. Inf.,
Acting Chief.

Rue
Ren

Copy in OSP
LPW - 9/16/21

NOTED ON 115.
LPW - 9/16/21

July 15th 1921.

File No. 293.9 Disp. Cem. #1764

Mr. August ANDERSON,
2, Lorley St.,
Selysberg,
Bleckinge,
Sweden.

Älsate Herrs.

Vi hava emottagit Edert brev av den June 28, 1921, an-
gande liket af Eder son, Pvt. Albert ANDERSON, #2020854, Co.C,
47th Inf.

Denna byra tjänstfärdiga och skall rätta sig efter
Eder önskan. När liket är begravet i en militärisk begravningsplats
i Frankrike skola vi underrätta Eder om belägenheten.

Högaktningfullt.

WILBUR S. ELLIOTT,
Captain, G.M.C.,
Chief, Statistical Branch. Adm. Div.

4

Translation

Dear Sir,

Your letter dated June 28th 1921 with reference to the
disposition of the remains of your son, Pvt. Albert ANDERSON, #2020854,
Co.C, 47th Inf., has been received.

This office is pleased to advise you that your wishes have
been made of record and will be complied with. When the remains of your
late son have been finally placed in a permanent American Cemetery, you
will be advised as to their location.

Yours very sincerely,

WBE/CR

July 15th, 1921.

File No. 293,9 Disp. Cem. #1764

FROM : Chief,
TO : Quartermaster General, Munitions Building, Washington, D.C.
SUBJECT : Disposition of remains of Pvt. Albert ANDERSON #2020834,
Co.C. 47th Inf., Cem. #1764, Belleau, Aisne, France.

1. Reference your cable #788 dated June 7th, 1921, File #1764, Reg. Sec. Cem. Div., wherein it was directed that we communicate with the next of kin of the above deceased soldier, you are advised that reply has been received from Mr. August Anderson, 2 Lorley St., Selvsborg, Blekinga, Sweden, indicating that he wishes his late son's body to be left in France for final burial in a permanent American cemetery.

2. There is enclosed herewith for your records copy of the letter from this office to Mr. Anderson, advising him that his wishes have been made of record and will be complied with.

C. L. SAMPSON

1 incl;
WEB-cr-cb

EDGAR A. FRY,
Colonel, Inf.,
Acting Chief.



RECEIVED
AUG 1 1921

Orig. in GRS.
LPO - 9/16/21

6 - 6 - 21 1920.

Prepare the communication to Chief, G. R. S.,
in Europe, indicated below:

1. Corrective letter

- (1) Name
- (2) Rank
- (3) Serial No.
- (4) Organization.

2. Supplementary letter

- (1) Body to be returned
- (2) " to remain
- (3) " to Foreign country
- ~~(4) Communicate and comply with wishes of relatives.~~
- (5)
- (6)

~~3. Cable *England Foreign* advice~~
(a) Body to remain
(b) Body to be returned
(c) Special

H. B. Cairns.

Ref. Par. 1 Letter 3/10/21

Also our cable no. 788 - Par. 1-a

L. E. S.

6/10/21 1920.

1- Father - B.M.R.

2-a a g o cord

no aff

no encl

Follow

Mr August Anderson

2 Dorsey St.

Selmaborg

Blekinge

Sweden

IMMEDIATE ACTION

WAR DEPARTMENT
CEMETERIAL DIVISION GRAVES REGISTRATION SERVICE
Room #348, Pier #2, Hoboken, N.J.

1764-38

Recorded, Cemeterial Div., O. O. M. G.
File 293.8-11011

File No. 293.8 Cor. Branch.
(ANDERSON, Albert)

June 3rd, 1921.

Memorandum for:- Chief, Cemeterial Division, O.Q.M.G., Washington, D.C.

Subject:- Return of Records.
Transmittal Memorandum Number H-3336.

1. Returned herewith are records pertaining to the late Private Albert Anderson, serial number 2020834, Company C., 47th Infantry, whose body has been ordered to be returned to the United States and whose nearest of kin resides in Sweden. It is recommended that cable advice be dispatched to the Chief, American Graves Registration Service in Europe requesting that shipment be suspended and that the wishes of the nearest of kin be ascertained and complied with if practicable.

R. E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

BY:-

F. C. Pallas
F. C. PALLAS,
Executive Assistant.

1 incl.
(records)

Anderson, Albert

R-6-4-21 M

WAR DEPARTMENT
CEMETERIAL DIVISION GRAVES REGISTRATION SERVICE
Room #348, Pier #2, Hoboken, N.J.

1764-38

File No. 293.8 Cor. Branch.
(ANDERSON, Albert)

June 3rd, 1921.

Memorandum for:- Chief, Cemeterial Division, O.Q.M.G., Washington, D.C.

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R. E. SHANNON,
Captain, Q.M. Corps,
Officer in Charge.

BY:-

Lab.

F. C. PALLAS,
Executive Assistant.

1 incl.
(records)
EB/lab

RECEIVED



Office of the
Chief of the
Cemeterial Division

JUN 4 1921

RECEIVED

Copy

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

C.W. Harlow

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

ANDERSON, Albert

Pvt.

1764:38

2-19-21

SERIAL NUMBER

ORGANIZATION

2020834

Co. C, 47th Inf.

D/D: 8-9-18

FILE

WAR RISK INSURANCE INFORMATION

NOTED FORM 115

DATE

3-16-21 E.M.

DATE

Mar 2 1922

Adjustment Made

5-19-21

File No. 11011

NAME OF BENEFICIARY

RELATIONSHIP

Mr. August Anderson

Father

Address

#2 Lorley St, Seluesborg Blekinge Sweden

S/709/LML

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

Please rush

C.W. Harlow

NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
ANDERSON, Albert	Pvt. 1764:38	2-19-21
SERIAL NUMBER	ORGANIZATION	
2020834	Col C, 47th Inf.	
	D/D: 8-9-18	

C-57580

WAR RISK INSURANCE INFORMATION

Copy forwarded to
Adjustment Department

DATE March 12, 1921.

Date *3-16-21 E.M.*

NAME OF BENEFICIARY

RELATIONSHIP

Mr. August Anderson,
Address

Father

#2 Lorley St., Selvesborg, Blekinga, Sweden.

S/709/LML

WAR DEPARTMENT
 OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
 CEMETERIAL DIVISION
 WASHINGTON.

1764-38 01

R APR 4 1921

FROM: Chief, Cemeterial Division, O.Q.M.G.
 TO: Mr. Ben A. Anderson, R.R.#1, Caledonia, Ill.
 SUBJECT: Remains of Pvt. Albert Anderson, Ser. No. 2020834 Co. C, 47th Inf.

The records of this office show that you have requested that the body of the above named _____
soldier be returned to the United States and shipped to you at Belvidier, Ill.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.
 The nearest next of kin may choose between (1) return of body to any address in the United States; (2) interment in the National Cemetery, Arlington, Va., or any other National Cemetery; or (3) body to remain in Europe.
 By authority of the Quartermaster General.

GEO. H. PENROSE,
 Colonel, Q.M.C.

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

Was soldier married? _____

NAME OF	NO. AND STREET	TOWN	STATE
Soldier's widow			
1			
Soldier's children (Name oldest first)			
2			
3			
Father			
Mother			
1			
Brothers, 2 (Name oldest first)			
3			
1			
Sisters, 2 (Name oldest first)			
3			

Date _____ Signature _____

Address _____ Relationship _____

Important - CAREFULLY read instructions before filling out this paper

July 29, 1921.

1764 Reg., Br. Com. Div.

The Quartermaster General, U. S. Army (Comterial Division).

Chief, American Graves Registration Service, Q. M. C., in Europe.

Supplementary advice on American Concentration Cemetery, #1764,
Bellocq, Aisne, France.

1. Reference paragraph 1, office letter of March 19, 1921 (File No. 1764 Reg. Sec., Com. Div.) also our cablegram No. 786 paragraph 1-a the records of this office show that Mr. August Andersen, of #2 Lorley St., Selvasberg, Blekinge, Sweden, is the father of the deceased soldier named below:

Cable
Ref. No.

30 Anderson, Albert, Private, 2020834, Company C, 47th Infantry.

2. There is of record in this office a request made by Mr. Ben A. Anderson R. R. No. 1, Caledonia, Illinois, that the body be shipped to him at Belvidere, Illinois.

3. The above is forwarded for your information and use in ascertaining and complying with the desires of the next of kin. Initiate Form 114 if necessary. There is no affidavit of residence on file.

By authority of the Quartermaster General;

CHARLES J. WINE,
Captain, Q. M. Corps.

CSFB
C & C Dept.