

G.R.S. Form #114-B

CAUSE OF DEATH

FULL NAME ANDERSON, Anders M.

RANK Pvt.

SERIAL 2258776

DIVISION & ORGANIZATION Co.C. 39th Inf.

OK
4th Div.

DATE OF DEATH Aug 5, 1918
~~8-6-18~~

OK

STATE FROM WHICH HE CAME

Montana
none

MEDALS OR DECORATIONS AWARDED:

10-6-1922 9 11 A

FINAL GRAVE LOCATION

Date Grave Row Block

1764

Cemetery

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

OK
909

23/306/ARK

Date: Aug. 1st 1918

Place: Foret de Fere

Wounded by shrapnel during air raid. Reported that he died in hospital about 30 days later. Place unknown.

No Informant given

Signed: Clyde W. TOLAND, 2nd Lt.
39th Infantry

MD

March 1st 1919

Co C.- 39th Infantry
4th Division

ANDERSON, Anders, M.- Pvt. 2258776.-

Date: Aug. 1st 1918

Place: Foret de Fere

Wounded by shrapnel during air raid. Reported that he died in hospital about 30 days later. Place unknown.

No Informant given

Signed: Clyde W. TOLAND, 2nd Lt.
39th Infantry

MD

March 1st 1919

Place _____

Date _____

REPORT OF DISINTERMENT AND REBURIAL.

Name: ANDERSON, Anders M.

Number: 2258776

Rank: Pvt.

Organization: Co. C, 39th Inf.

Disinterment and Reburial made by Group _____ Unit _____

Disinterred (Date) Sept. 25, 1919 From: (Give complete location)

Grave No. 28, Bezu St. Germain

Reburied (Date) Sept. 25, 1919 in: (Give complete location)

Grave No. 170, Section U, Plot No. 4, Belleau No. 579 #1764

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

Complete body

Was one identification tag found upon the body? No.

What other means of identification were found on the body?

Name, serial number, rank and organization on cross

Note:

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: F.M. Van Natter,
Captain, Inf.

C.O. Group _____ Unit _____

22 23 24 25 26 27

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

Impossible to determine

7. Disinterment supervised by James McGourty
James McGourty, S.E.

Approved: James W. Younger, Capt. QMC
(Title)

8. Reburial supervised by James McGourty
James McGourty, S.E.

Approved: James W. Younger, Capt. QMC
(Title)

WK

CONFIDENTIAL No. D
20050

19-51078

Place Belleau, Aisne

REPORT OF DISINTERMENT AND REBURIAL

Date June 10/21

1. REMAINS OF ANDERSON, ANDERS M. SERIAL NUMBER 2258776

RANK Pvt. ORGANIZATION Co. C, 39th Inf.

2. Disinterred (date): From (give complete location):

June 10/21. Belleau Aisne Amer. Cty. #1764 Gr. 170-U-4

By: Group #6 McGourty Unit Sect. 6

3. Reburied (date): In (give complete location):

June 10/21. Belleau, Aisne Amer. Cty. #1764 Gr. 170-U-4

By: Group McGourty Unit Sect. 6 Nature of reburial Burlap and box

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

5 ft. earthen grave, blanket burlap and box

Decomposed, unrecognizable

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

(b) Other means of identification found upon disinterment, and general remarks:

Tag on cross partly corroded looks as if removed from body.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to determine

(c) Hair—Color None

Quantity None

Characteristics None

(d) Hair on face—Color None

Location None

Quantity None

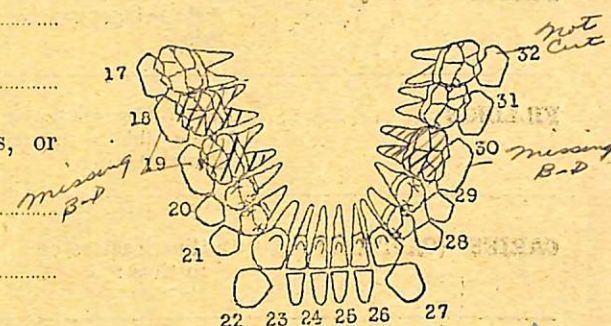
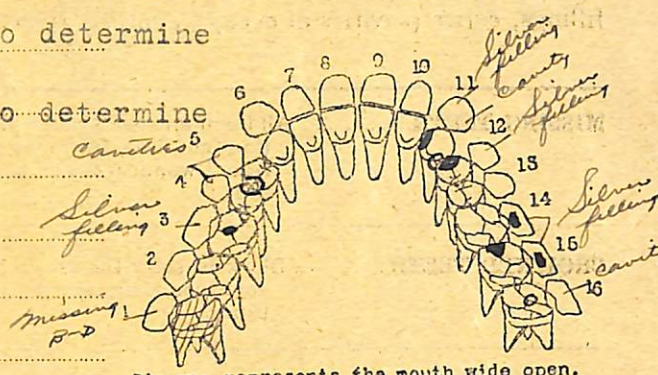
(e) Permanent marks on body (old scars, peculiarities, or

missing parts) Teeth nos. 1, 18, 19, 30

missing before death

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

Impossible to determine



7. Disinterment supervised by James McGourty, S.E. Approved: James W. Younger, Capt. QMC
(Title)

8. Reburial supervised by James McGourty, S.E. Approved: James W. Younger, Capt. QMC
(Title)






WK

10-51078

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

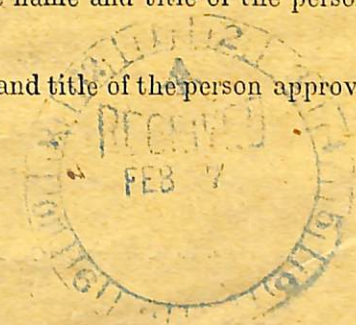
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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.



Andersen, Anders E.

P.F.C.

2,258,766

Co. C. 39th Inf.

DOW 8/6/18 - ce 2572 - HF 17/19

GRAVE LOCATION BLANK

R

LOCATION OF THE GRAVE OF

emphas

Anderson

Anters

(Surname.)

(Number.)

(First Name and Initials.)

Pvt.

Co. C

39th Inf.

(Rank.)

(Organization.)

DATE OF BURIAL... Aug. 4, 1918

PLACE OF BURIAL... Bezu-St. Germain

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

Town cemetery

GRAVE NUMBER.....

HOW MARKED: Name Peg?..... 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?.....

If name unknown and tags missing, description and marks should be given here:

REPORTED BY:

Lt. G. R. Carpentier,

117th En. Bn.

(Signature and Rank of Reporting Officer.)

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Anderson</i>	<i>A N D</i>	3	<i>1 4 4</i>
<i>Anders M.</i>	CEMETERY <i>1764</i>	1	<i>4</i>
BURIED	GRAVE <i>9</i>	2	<i>09</i>
	ROW <i>11</i>	2	<i>11</i>
	BLOCK <i>a</i>	1	<i>1</i>
STATE	<i>Mont</i>	2	<i>31</i>
RANK	<i>Prst</i>	1	<i>2</i>
DIVISION	<i>4</i>	2	<i>04</i>
ORGANIZATION	<i>39</i>	3	<i>039</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL <i>father</i>	<i>No</i>	1	<i>2</i> <i>Rm</i>
NAME <i>Anderson</i>	<i>Anderson</i>	3	<i>1 4 4</i>
<i>Peder J.</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Sweden</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER	<i>Father</i>	1	<i>1</i>
ELIGIBILITY	<i>I lead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	AUDITED
NO. OF SONS		1	<i>AUG 17 1952</i>
DATE OF	MO.	1	<i>RS</i>
. TRIP	YR.	1	
ACCEPTANCE	<i>lead</i>	1	<i>3</i>
<i>29/514/</i>	<i>Allesmark</i>	2	<i>07</i>

Wm JB

840

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE February 8, 1930.

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
ANDERSON, Anders M.	Pvt.	2258776	Co. C 39th Inf.	8/5/18.

STATE Montana	CTY. NO.	1764	GRAVE 9	ROW 11	BLOCK A
---------------	----------	------	---------	--------	---------

	<u>Check relationship</u>	<u>Living - Deceased</u>	<i>XC-40-976</i>
	MOTHER	: : ✓ :	<i>2-13-30 W</i>
	STEPMOTHER (For the year prior to commencement of service)	: : : :	<i>Adm.</i>
NAME	MOTHER THRU ADOPTION	: : : :	<i>Ernest L. Walton</i>
AND	(For the year prior to commencement of service)	: : : :	<i>Farmers Ste Bank</i>
ADDRESS	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	: : : :	<i>Bainvilli. mont</i>
	WIDOW (Who has not remarried)	: : : :	<i>_____</i>
	<i>Single man</i>	: : : :	<i>_____</i>
		: : : :	<i>Father:</i>
		: : : :	<i>Peder Jorgen Anderson</i>
		: : : :	<i>Chaermerhuset Ore</i>
		: : : :	<i>Mejlskov.</i>
		: : : :	<i>Denmark</i>

Veterans Bureau Claim Number _____
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Anders M.

June 11, 1929.

**Mr. James Christensen,
Froid, Montana.**

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 friend of the late Private Anders M. Anderson, Co. C, 39th Inf., whose remains are now interred in the Aisne-Marne 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, Anders M.

Subject _____

29/243

CENTRAL RECORDS OFFICE
AMERICAN EXPEDITIONARY FORCES
A.P.O. 902 - FRANCE.

F 188

February 13, 1919.

FROM : Central Records Office, A.G.D. A.P.O. 902.
TO : Personnel Adjutant, 4th Division.
SUBJECT :: Corrections.

1. In checking records at this office the following errors have been noted, and it is requested that you promptly supply us with definite information so that we may make necessary adjustments without delay.

✓ Anderson, Anders M.
Pvt.
Co. C, 39th Inf.

2258776

Reported Died of wounds August 5, 1918.
Grave Location Blank shows as buried August 4th 1918.

Carey, Daniel P.
Pvt.
Co. G, 39th Inf.

²
210761

Reported died of wounds August 5th 1918.
Reported buried August 4th 1918 by, Chaplain Roy E. Williams.

2. It is impossible to reconcile the two dates in these instances, i.e., date of deaths and date of burials, and your explanation in reply should receive prompt attention so that our records maybe adjusted accordingly.

Earle Boothe,
Adjutant General.

Harry C. Miller
By, Harry C. Miller,
Captain, F.A.

1st Ind.

Statistical Section, Headquarters 4th Division, American E.F., February 21, 1919.
To: - Personnel Adjutant, 39th Infantry. Forwarded.

1. Original communication herewith will be complied with in detail in so far as records of your office will permit.

2. Records of this office show Anders M. Anderson, 2258776, formerly a member of Co "C", wounded in action Aug 1-7, 1918; soldier reported dropped from rolls of organization September 8th, 1918; no further record this office. Our records show Daniel P. Carey, 2102761, formerly a member of Co "C", as having died in hospital, designation unknown, August 5, 1918; no further record.

John I. Freeman
John I. Freeman,
Captain, Infantry,
Personnel Adjutant.

IAS/pcc.

X made

file
recd
3/27/31

2258776,
(Anderson, Anders M.)

2nd Ind.

Statistical Section, 39th Infantry, American E.F. 4-April-1919: To Central Records Office, Adjutant General's Department, American E. F., (Thru Personnel Adjutant, 2nd Battalion, 39th Infantry, Coblenz, Germany,) returned.

1. Private Anders M. Anderson, Company "C" 39th Infantry, was wounded during Air raid in Forêt de Teres, night of August 1, 1918. No report of death received at this Office.

2. Private Daniel P. Carey, 2102761, was assigned to Regiment per V. O. C. G. and assigned to Company "G" 39th Infantry per V. O. C. O. July 27, 1918.

/ggl

(C. J. Wittbecker,
1st Lieut., 39th Infantry,
Acting Personnel Adjutant.

3rd Ind.

2102761

(Carey, Daniel P.)

From: Statistical Section, 2nd Bn., 39th Infantry, AEF. April 19, 1919:
To-Central Records office, Adjutant General's Department, Amer. E.F. Returned

1. Pvt Carey 2102761 Daniel P. was wounded in action Aug 1 to 6, 1918, degree unknown; present whereabouts unknown.

W.A. Ellis,
1st Lieut., 39th Infantry,
Personnel Adjutant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Anders M.
1764

Aug. 21, 1929.

Mr. James Christanson,
Froid, Montana.

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, Anders M.

Mr. James Christansen,
Froid, Montana.

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 friend of the late Private Anders M. Anderson, Co. C. 36th Inf., whose remains are now interred in the Aisne-Merne 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.

QM 293 A-C

(Anderson, Anders M.)

December 5, 1928.

Mrs. Karen Kristine Anderson,
Skjermhuset pr. Mejlsken St. Fya. Denmark.

Dear Madam:

The inclosed card gives the permanent cemetery and grave location of the late **Anders M. 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.

1 Incl.
Record card.

DISPATCHED

28/570

QH 293 A-C.

(Andersen, Anders M.)

September 7, 1927

Mr. James Christansen,
Froid, Montana.

Dear Sir:

In order that the permanent headstone to be placed at the grave of the late Private Anders M. Andersen, Company C, 59th Infantry, in the Aisne-Marne American Cemetery, may be correctly inscribed, The Quartermaster General desires that you be requested to advise this office whether the name should be spelled "Andersen" or "Anderson".

Very truly yours,

K. J. HAMPTON,
Lt. Colonel, Q.M.G.,
Assistant

GR *sk*
ESM *Edm*



COMPILATION OF DISPOSITION OF REMAINS DATA

File #12877

I. LOCATION INDEX CARD:

(a) Name *Anderson, EK 3/10/21* ~~ANDERSON, Anders M.~~ Ser. No. 2258776 } TYP. *evs* ✓
(b) Rank *Pvt.* Organization *Co. C, 39th Inf.* } CKR. *13. J.*
(c) Date of death *8/6/18* (d) Cause of death *dwria*

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

(a) Grave No. *170* Row *-* Plot *4* Sec. *U* TYP. *evs*
(b) Emerg. Address *Mr. James Christansen (Friend) Froid, Montana* *(Juer.) EK 3/10/21*
a 90 James Christansen (friend) Ford, Mont.
III. Files of soldiers dying from contagious diseases *-* CKR. *13. J.*

no card in file - Ed. 2-19-21

IV. A. G. O. DISPOSITION CARD:

Date of receipt _____

(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

(first cousin) James Christensen, R#2, Froid, Montana, dated Aug 24, 1919

confirming request in Par. IV., item _____, above, or requesting that *advising he is nearest relative in this country, his parents, brother + sister residing in Denmark. As far as he is concerned the body of deceased may remain in France.*

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

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

no request for disposition

(a) Cancellation memos referred to? *Yes Ed.*

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

COUNTRY **FRANCE** CEMETERY No. **1764** SHEET No. **39**

FORM 115 - A COMPLETED

CARDED *checked 3-16-21 E.M.*

H.S. 3-18-21

RECEIVED.

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

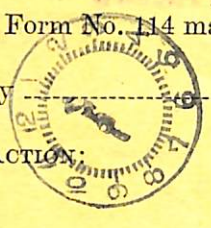
APR 28 1921

Typed by _____, Checked by _____, 1920.

CEMETERY DIVISION
OVERSEAS PROJECT SUB-SEC.

VIII. FINAL ACTION:

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



MAR 24 1921

MAR FEB 10 1921

Par. # 2 Not To Be Returned

met

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*B. A. N. R. Mrs. Karen Kristine Anderson (Mort.)
Skjermehuset pr. Mejlsken Street, Aya,
Denmark. 3-16-21 C.M.*

Also advised
on S-W-a
2/21/21 that name
was Andersen^{both}
checked on 11 X-B^{way}
as Anderson.

Claim 40986

Which name
do you think?

To be prepared in triplicate.

DATE October 6, 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, Anders M
 2. No. 2258776
 3. Rank Pvt.
 4. Org. Co. C. 39th Inf.
 5. D.D. Aug. 6th.
 6. C.D. DOW

10. Name _____
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 170 Sec. U
 8. Plot 4 Row _____
 9. _____

15. Grave No. _____ Sec. _____
 16. Plot _____ Row _____
 17. None

18. Cemetery Aisne-Marne Amer.19. Commune or town Belleau20. Dept. or County Aisne.21. Country France

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

176423. Disinterred (Date) Oct 6 1922By G P Keating

24. Inscription on grave marker:

Name ANDERSON, Anders M.Serial No. 2258776Rank PvtOrganization Co. C 39th Inf.25. Was identification disc found on grave marker? yes On body? NoSignature G P Keating
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).

Bottle record agrees.27. Condition of body Badly decomposed, features unrecognizable.28. Nature of burial Burlap and wooden box.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? none30. Body prepared and placed in casket: Date Oct 6, 1922 By G P Keating

31. Casket sealed by _____

Signature of Embalmer, (Supervisor)

G P KEATING

SHIPMENT. (Show actual marking of box.) Box No. C-31132

32. Designation of Body:

Name Anders M. ANDERSON. Serial No. 2258776

Rank Pvt. Organization Co. C. 39th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) October 6, 1922 By G P Keating

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 A E Dewey 1st Lt QMC

36. Remarks

October 6, 1922.

37. Shipped from point of operation: (Date)

To point of Concentration (Name)

Convoyer Signature Shipping Officer

38. Received at Railroad or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railroad or Point of Concentration: Date

To Permanent Cemetery Aisne Marne Amer. 1764 Belleau (Aisne) (Name)

Convoyer Signature Shipping Officer A E Dewey 1st Lieut QMC

40. Received: Date

G.R.S. Representative

41. Reinterred Oct. 6, 1922, Aisne-Marne Cem.1764, Belleau(Aisne) (Date)

42. Grave No. 9 Section

43. Plot BLOCK A Row 11

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

Place Belleau (Aisne)

REPORT OF DISINTERMENT AND REBURIAL

Date October 6, 1922.

1. REMAINS OF ANDERSON, Anders M. SERIAL NUMBER 2258776
 RANK Pvt ORGANIZATION Co. G. 39th Inf.

2. Disinterred (date): October 6, 1922 From (give complete location): Gr. 170 Sec U Plot 4 Cemetery 1764
 By: Group 2 Unit Aisne Marne

3. Reburied (date): Oct. 6, 1922 In (give complete location): Gr. 9, Block A, Row 11, 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:
Burlap and wooden box. Badly decomposed, features unrecognizable.

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

(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) impossible to estimate

(c) Hair—Color none visible.

Quantity

Characteristics

(d) Hair on face—Color none visible.

Location

Quantity

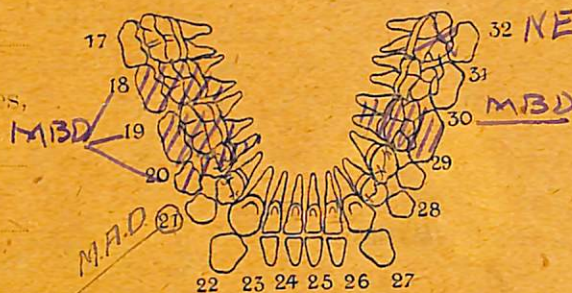
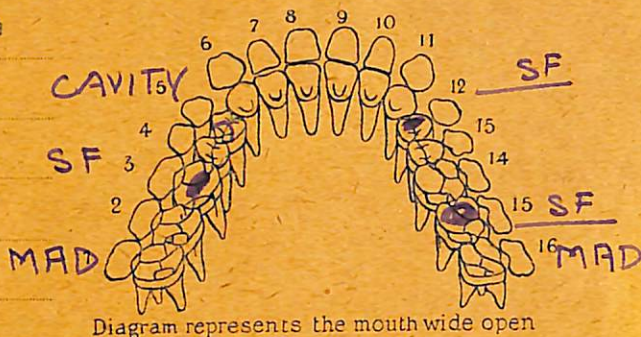
(e) Permanent marks on body (old scars, peculiarities,

or missing parts)

none discernible.

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

Fractures: none visible. Missing parts W D Wall Jr checker.



7. Disinterment supervised by C P Keating
C P Keating Sup Emb

Approved: A E Dewey
A E Dewey, 1st Lieut Q.M.C.
 (Title)

8. Reburial supervised by L.D. Hays

Approved: W.D. Cleary
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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File #12877

I. LOCATION INDEX CARD:

(a) Name ~~ANDERSON, Anders M.~~ *OK 3/10/21* Anderson, Ser. No. 2258776
 Pvt. Co. C, 39th Inf. } evs
 (b) Rank _____ Organization _____ TYP. _____
 (c) Date of death 8/6/18 (d) Cause of death dwrta } B.J.

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

(a) Grave No. 170 Row 4 Plot U Sec. _____ TYP. evs
Mr. James Christansen (Friend) Froid, Montana
 a. 90 (b) Emerg. Address James Christansen (friend) Froid, Mont.

III. Files of soldiers dying from contagious diseases _____ *OK 3/10/21* CKR. B.J.

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

Made "No" case pending advice from nearest of kin.
a BR 3/17/21

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

Par. # 2 Not To Be Returned

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

VII. SUPPLEMENTARY REQUESTS.

Date of and source. Relationship and name. Desires. Action taken.

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

COUNTRY _____ CEMETERY No. _____ SHEET No. _____

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

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

Pvt. Co. C 39th Inf.
(Rank.) (Organization.)

DATE OF BURIAL Aug 4, 1918

PLACE OF BURIAL Bezu-St Germain

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

Town cemetery

GRAVE NUMBER

HOW MARKED: Name Peg? 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?

If name unknown and tags missing, description and marks should be given here:

.....
.....
.....
.....
.....
.....

REPORTED BY:

Lt. G. R. Carpentier,
117th Sn. Tn.

(Signature and Rank of Reporting Officer.)

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

21 AOU Reg

12877

1. G. R. Form No. 1. H. G. R. file

2. Soldier's No.

3. Anderson, Anter. Surname (In Block Letters) First Name and Initials

4. Pvt C 39th Inf. Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. 8/4/18 Date of Burial Cemetery

7. Town or Commune (In Block Letters) Department

8. 28 Grave No. 82- I. C. MYERS Plot No. or Letter

9. Name Peg? Cross? Headboard? Bottle? Check Method of Marking

10. Buried with Body? Attached to Grave Marker? Identification Tags

11. If name unknown and tags missing, give marks and description

12. Map Reference, if interment is outside of cemetery

13. Give name of Chaplin or Burial Officer

Signed

Group. Unit 305. G. R. S. Unit..... G. R. S.

GROUP NO 1

NOV 8 1918

2827
FILE

✓
Oct. 15, 1919.

Anderson #2258776 Anders M. Pvt.

Co. "C" 39th Inf.

moved from Cty #404. To -

Grave #170, Section "U", Plot #4,

#1764

American Cty #~~579~~, Belleau, (Aisne)

Letter from G.R.S., AFinF

Photo No.
7-8516

F-4

Card Dept

12877

12877

12877

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

1. Items checked are to be completed:

- () Surname: Anderson
- () Number: 2258776
- () First name: Anters (Anders M)
- () Rank: Pvt
- () Company: C
- () Organization: 39th Inf.
- () Date of death:
- () Cause:
- () Place:

Location of hospital:

- Number " "
- Class " "
- () Relative: Mr. James Christiansen
- () Relationship: Friend
- () Address: Froid, Montana.
- () 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:

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

*Please
rush!*

C.W. Harlow

NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
ANDERSON, Anders M.	1764:39	2-19-21
SERIAL NUMBER	ORGANIZATION	
2258776	Co. C, 39th Inf.	
	D/D: 8-6-18	

C-40986

WAR RISK INSURANCE INFORMATION

Copy forwarded to

Adjustment Department

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

DATE March 12, 1921.

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Karen Kristine Anderson,

Mother

Address

Skjermehuset pr. Mejlsken Street, Fya, Denmark.

S/709/LML

Copy

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

C.W. Harlow

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

~~ANDERSON, Anders M.~~
SERIAL NUMBER

ORGANIZATION

~~1764:39~~

~~2-19-21~~

~~2258776~~

~~Co. C, 29th Inf.~~
~~D/D: 8-6-18~~

FILE

WAR RISK INSURANCE INFORMATION

NOTED FORM 115
DATE 3/16/21 E.M.

DATE

Adjustment Made
3/17/21

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Karen Kristine Anderson

5-19-1922
12877
File No. 12877

Address

Skjermehuset pr. Mejlsten Street, Giza, Denmark

S/709/LML

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Muniticns Building
Room 1128

PLEASE
EXPEDITE

WAR DEPARTMENT
Office of the Quartermaster General of the Army
Washington

G.R.S. Form 8-W-A-0
Information requested of A.G.O.

Date 2/21/21.

File No. Registration.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname Anderson ~~Anderson~~
- b. Christian name Anders M.
- c. Serial Number 2258776
- d. Organization Co. C, 39th Inf.
- e. Rank Pvt.
- f. Date of death 8/6/18.
- g. Cause of death DWRIA.
- h. Authority (C.O.#) 252
- i. Emergency address James Christensen, Ford, Mont.
- j. Relationship Friend.

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of Froid examination prior to enlistment)

- a. Strike out teeth missing
- | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|-------------|---|---|---|---|------------|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | | upper right | | | | | upper left | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | | lower right | | | | | lower left | |

*Donnelly Enl. Rec Sec
L.V.R. Mig 8 2-24-21*

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

BY: *H. J. Conner*

H. J. CONNER,
1st. Lieut. Q.M.C.

C.W.
CEMETERY NO: 1764
SHEET NO: 39
TYPED BY: I.W.

*Rec'd World War Div.
FEB 23 1921*

Rec'd S & S Div. A.G.O.

FEB 23 1921 6

S/713/LML

Drawn by

1764-139

2-19-21

Checked
2-19-21
K.H.

12877

A. H. 293.8 Anderson, Anderson m.

Aug 24 1919
Groidwood

P. C. Harris

Dear Sir

In reply to your second request concerning Anders M. Anderson I will say you recid the card and sent it back to me with the information I had not answered all questions. I shall endeavor to explain to you how I feel about his remains. He was first cousin to me and I was his nearest relative

Respectfully
James Christensen
Groid
Route no 2 Montana

2,258,776
Part 8 C, 39 sub.

710

File
9-19-19

Anderson, Anders M.

716

in this country. His
parents brother and sister
resides in Denmark
I feel his remains may
as well rest in France
as in the U. S. A.

I have no authority
to express my desire
where his resting place
shall be

Hoping I have given
you the desired information

Yours truly

Respectfully

James Christensen
Groid

Pauls no 2 Montana

2, 258, 776
Paul. & C., 39 Aug.

293.8 (Anderson, Anders M.) DR

September 19, 1919.

From: The Adjutant General of the Army
To: Mr. James Christensen, R #2, Froid, Montana.
Subject: Pvt. Anders M. Anderson, #2,258,776, Co. C, 39 Inf.

1. Referring to your letter of August 24th relative to the final disposition of the remains of your cousin, Anders M. Anderson, I beg leave to advise you that it is the policy of the Department in the case of an unmarried man, to recognize the right of the parents in precedence over that of other relatives to say what disposition is to be made of the remains. A new card and letter are therefore enclosed herewith, requesting that you forward same to the parents of this soldier.

2. It is desired to express to you and the other relatives of this soldier, the deep and sincere sympathy of the Department on account of the great loss sustained in his death.

P.O. Harris Per
Per

3 Encl.

File
89 9-19-19

