

1642

18

go

1. NAME ANDERSON, Carl A DATE _____
 RANK vt. ORGANIZATION Co.K., 307th Inf. SERIAL No. 3136662
 GRAVE LOCATION American Cemetery Chaumont (Haute-Marne) & DIVISION 774
 CTY. NAME _____ NUMBER 10

437

GRAVE

ROW

J
PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 437 CHAUMONT (Haute-Marne)

GRAVE

COMMUNE

DEPT.

COORDINATES E. 307.6 N.150.1

Not of record

CONCENTRATED TO

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 Jan. 24 - 1919

STATE FROM WHICH HE CAME One

MEDALS OR DECORATIONS AWARDED no record

SUBSEQUENT REBURIALS Not of record

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

WALTER F. BROWN, CAPT. QMC., Supervisor Area No. 4

3. FINAL GRAVE LOCATION August 10th, 1922.

35

17

B

DATE

GRAVE

ROW

Block

St. Mihiel American Cemetery, THIAUCOURT, (M.-et-M.)

CEMETERY

AUDITED BY
FCB 7/24/23

1925
 WORLD WAR DIV.

4m
 8-3

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.

GRAVE LOCATION

PLACE OF BURIAL

CAUSE OF DEATH

DATE OF BURIAL

PLACED BY

(Rank)

(Surname)

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson 3136662 Carl A
(Surname) (Number) (First Name and Initials)
Capt. Co K 307 Inf.
(Rank) (Organization)

PLACE OF DEATH: Base Hos #90 Chaumont
CAUSE OF DEATH: Typhoid Fever

DATE OF BURIAL: Jan. 25 - 1919

PLACE OF BURIAL: Amer. Cem. #10
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

Chaumont, Haute Marne

GRAVE NUMBER: Plot J. #437

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? Yes

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

NEAREST RELATIVE: Seward Anderson

ADDRESS: 1867 E. 30 St Minneapolis Minn

RELATIONSHIP: Brother

REPORTED BY:

Henry J. Korman, MC Chaplain
(Signature and Rank of Reporting Officer)

This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Anderson,</i>	<i>And</i>	3	<i>1 4 4</i>
<i>Grand A</i>	CEMETERY <i>1233</i>	1	<i>3</i>
BURIED	GRAVE <i>35-</i>	2	<i>35-</i>
	ROW <i>17</i>	2	<i>17</i>
	BLOCK <i>B.</i>	1	<i>2</i>
STATE	<i>Ans</i>	2	<i>43</i>
RANK	<i>Pub.</i>	1	<i>2</i>
DIVISION	<i>77</i>	2	<i>77</i>
ORGANIZATION	<i>307</i>	3	<i>307</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Anderson,</i>	<i>And</i>	3	<i>1 4 4</i>
<i>Stina M.</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>No loco</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Foreign</i>	1	<i>4</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE <i>Country</i>	<i>Sweden</i>	1	<i>0,8</i>

AUDITED
MAR 22 1934
Rt. M.

Long

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

IN REPLY REFER TO QM 293 A-C
Anderson, Carl A

Mr. Segward Anderson,
1867 E. 38th St.,
Minneapolis, Minn.

Mother living
Mrs. Stina Anderson,
Tenvik, Asebyjors
Sillerud Sookon
Varmland, Sweden

May 25, 1929.
XC- 150 990

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 Carl A. Anderson, Co. K, 307th Inf., whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.

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

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

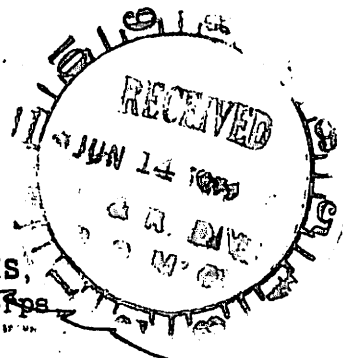
For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

[Signature]
JOHN T. HARRIS,
Major, Q. M. Corps
Assistant.



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/14/31/

NAME RANK SERIAL ORGANIZATION DATE OF DEATH
Anderson, Carl A Pvt Co K 307th Inf

STATE CTY. NO. 1233 GRAVE 35 ROW 17 BLOCK B

	Check relationship	Living - Deceased	
	MOTHER <i>comp</i>	: <i>r</i> :	: <i>Stina Anderson</i>
	STEPMOTHER (For the year prior to commencement of service)	: : :	: <i>Tennik Asbyjars,</i>
		: : :	: <i>Sillerud Sothen</i>
		: : :	: <i>Varnland, <u>Suveden</u></i>
NAME	MOTHER THRU ADOPTION	: : :	
AND	(For the year prior to commencement of service)	: : :	
ADDRESS		: : :	
	MOTHER IN LOCO PARENTIS	: : :	<i>2-24-31</i>
	(For the year prior to commencement of service)	: : :	
		: : :	
	WIDOW	: : :	
	(Who has not remarried)	: : :	

Single man

Veterans Bureau Claim Number KC 150 990
29/156

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

IN REPLY REFER TO
Anderson, Carl A

May 25, 1929.

**Mr. Seward Anderson,
1867 E. 38th St.,
Minneapolis, Minn.**

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 **Carl A. Anderson, Co. K, 307th Inf.,** whose remains are now interred in the **St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.**

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

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

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

November 24, 1923.

Mr. Anders Anderson,
Tonvik, Asebyfors,
Varmlands, Sweden.

Dear Sir:

The Quartermaster General desires you to be informed that the permanent grave of Private Carl A. Anderson, Company K, 307th Infantry, is Grave 35, Row 17, Block B, St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, 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, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

You are assured in effecting removal of the remains, the utmost care and reverence were exercised and more than willingly accorded by those who performed this sacred duty. The grave of the deceased will be perpetually maintained by this Government in a manner befitting the last resting place of our heroes.

Very truly yours,

R. L. FOSTER
Assistant.

RD



NOV 26

293 Anderson Carl A

Anderson

(Surname)

Carl A

(Christian name in full.)

3,136,662

(Army serial number.)

Pvt

Co K 307th Inf

(Rank and organization.)

State your relationship to the deceased

Brother

Do you desire the remains brought to the United States?

no

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Edward Anderson

1867 E. 28th St.

Minneapolis

Minn.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

Drawn by PF

10 - 6

10 - 28 - 20

Checked by F.S.

11 - 1 - 20

To be prepared in triplicate.

DATE Feb. 15th, 1922

80 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, Carl A
 2. No. 3136662
 3. Rank Pvt.
 4. Org. Co. K., 307th Inf.
 5. D.D. Jan. 25-19
 6. C.D. Typhoid Fever

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

7. Grave No. 437 Sec. _____
 8. Plot J Row _____
 9. _____

Discrepancy found upon disinterment

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

18. Cemetery American
 20. Dept. or County Haute-Marne
 22. G.R.S. Hdqrs. Code No. 10

19. Commune or town Chaumont
 21. Country France

23. Disinterred (Date) Feb. 15th, 1922By E. J. Frank

24. Inscription on grave marker:

Name Carl A. Anderson
 Rank Pvt.

Serial No. - - -
 Organization Co. K. 307th Inf.

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

John J. Keating
 Signature Junior Technical Assistant
John J. Keating,

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).

Tag on body agrees.27. Condition of body Badly decomposed, features not recognizable.28. Nature of burial Uniform and wooden box.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? No discrep.30. Body prepared and placed in casket: Date Feb. 15th, 1922 By E. J. Frank31. Casket sealed by E. J. Frank

AUDITED BY
 Signature of Embalmer, (Supervisor E. J. Frank)

Feb 17/24/23E. J. Frank

rs

SHIPMENT. (Show actual marking of box.)- Box No. **C-26647**

32. Designation of body:

Name **Carl A. ANDERSON** Serial No. **3136662**

Rank **Pvt.** Organization **Co. K., 307th Inf.**

33. Consigned to:

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

34. Casket boxed and marked (Date) **Feb. 15th, 1922** By **E. J. Frank**

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 **Walter F. Brown, Capt., QMC.**

36. Remarks

37. Shipped from point of Operation: (Date) **Feb. 15th, 1922**

To point of Concentration **Chaumont, Hte. Marne,**

Convoyer **Michael Plotkin** Signature Shipping Officer **Walter F. Brown**
(Name) **WALTER F. BROWN**

38. Received at Railhead or Point of Concentration: Date **Captain, Q.M. Corps, U.S. Army**

By G.R.S. Representative **C. J. BLAKE**

39. Shipped from Railhead or Point of Concentration: Date **19 FEB 1922**

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

Convoyer **Michael Plotkin** Signature Shipping Officer **Walter F. Brown, Capt., QMC.**
(Name)

40. Received: Date **23 FEB 1922**

G.R.S. Representative **G. D. GAMBLE, Captain, Q. M. C.,**

41. Reinterred, **Aug. 10 1922** (Date)

42. Grave No. **35** Section

43. ~~Plot~~ Bk. **B** Row **17**

G.R.S. Representative **A. E. Dewey 1st Lt. QMC**

REPORT OF DISINTERMENT AND REBURIALDate **Feb. 15th, 1922**

1. REMAINS OF **ANDERSON, Carl A.** SERIAL NUMBER **3136662**
 RANK **Pvt.** ORGANIZATION **Co. K. 307th Inf.**

2. Disinterred (date): **Feb. 15th, 1922** From (give complete location): **Gr. 437, Plot J, Cem. 10, Chaumont.**
 By: Group **4** Unit **Sec. 4.**

3. Reburied (date): **Aug. 10 1922** In (give complete location): **Gr. 35 Bk. B Row 17**
Cty. 1233 **Casket & shipping case**
 By: Group **Reburial** Unit Nature of Reburial

4. Report as to nature of original burial and condition of body upon disinterment:
Uniform and wooden box. Badly decomposed, features not recognizable.

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

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

Tag on body 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 determine**

(c) Hair—Color **Impossible to determine**

Quantity **Impossible to determine**

Characteristics **Impossible to determine**

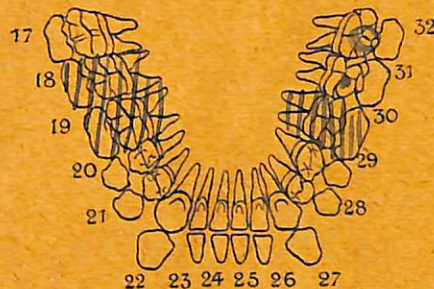
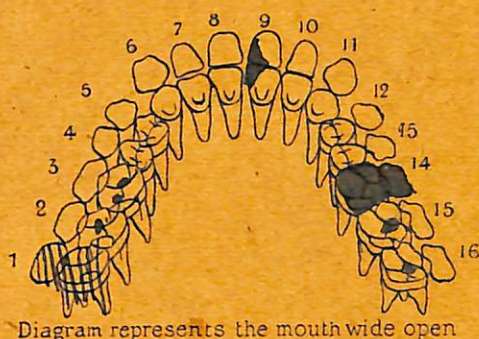
(d) Hair on face—Color **Impossible to determine**

Location **Impossible to determine**

Quantity **Impossible to determine**

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

or missing parts) **Impossible to determine**



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

None visible.

1-18-19-30-MBD.

2-3-15-16-31-SF.

9-GF.

14-GC.

32-Cav.-






7. Disinterment supervised by **E. J. Frank** Approved: **Walter F. Brown, Capt., QMC rs**
E. J. Frank, **JJK.** (Title)

8. Reburial supervised by **H. L. Kramer** Approved: **E. Dewey 1st. Lt. QMC**
 (Title)

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), bicusps (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.

G. R. S. Form No 115

COUNTRY FRANCECemetery No. 10Sheet No. 6File No. 90567

COMPILATION N/R REQUESTS

I. DATA COMPILATION

A. Location Index Card:-

(1) Name ANDERSON, Carl A. Ser. No. 3136662 TYP. MCH
 (2) Rank Pvt. Organization Co. K, 307th Inf. CKR. See
 (3) Date of death 1/24/19

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

(4) Cause of death Acute Dilatation of Heart TYP. ML
 (5) Grave No. 269 Row --- Plot --- Sect. --- CKR. TR

II. FILES EXAMINATION

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

B. A. G. O. DISPOSITION CARD

Date of receipt None

(6) Relationship Brother
 (7) Name Edward Anderson
 (8) Address 1867 E. 38th Minneapolis, Minn.
 (9) Desires remains brought to U. S.? No
 (10) Desires remains brought to U. S. and interred in National Cemetery at ---
 (11) If brought back, what shipping instructions? ---

C. A. G. O. CORRESPONDENCE

Date of communication

(12) Does correspondence Change or qualify request as made on A.G.O. card?
 If so, specify such information.

No Correspondence

(13) A. G. O. Files EXAMINED by 2003 (Date) 5/4/20

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

No request for disposition(15) G. R. S. Files EXAMINED by D.L.

(Date)

5-6-20

Examined Jan 31/22
 Concentration # 1233
 St. Michel
 mactB
 6-2-22

Reviewed 4/6/21 CD

D.L. 5-4-20

115

4384

III. FINAL ACTION

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

(16) Removal of Remains (with custody of G.R.S.) to _____

(17) Instructions that remains be left undisturbed _____

(18) Typed by _____ Checked by _____ (Date) _____

B. G. R. S. FORM NO. 114 made (Date) _____

(19) Typed by _____ Checked by _____ (Date) _____

C. SUSPENSION REMARKS:

War Risk E.A. 2/9/21

Mr. Anders Anderson (father)

Tenvik, Asebyfors, Varmland, Sweden.

Arrive first to Europe 2/23/21 for follow-up - sent 2/23/21 to Hoboken

D. Dispatched (Date) DEC 27 1920 (Let. Trans. No. _____)

PARAGRAPH 2 - NOT TO BE RETURNED *see*

Approved by _____

(Date) _____

*War Risk Beneficiary - Mr. Anders Anderson, Father,
Tenvik, Asebyfors, Varmland, Sweden.*

*sub.
02021*

FORM 115 RETURNED BY HOBOKEN - BODY
TO REMAIN IN EUROPE.

2-28-21

M

*6-16-21 - Col. Kethers states that father desires
permanent burial in France.*

A. E. - 7-22-21

90567

from

86021

81079
955-87

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson 3136662 Carl

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

Plt. Co K 307 Inf.

(Rank). (Organization).

PLACE OF DEATH:

Base Hos 790 Champaign

CAUSE OF DEATH:

Dysphoid Fever

DATE OF BURIAL:

Jan 25-1919

PLACE OF BURIAL:

Amer Cem #10

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

Champaign, Illinois

FILL

GRAVE NUMBER:

Plot J # 37

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? Yes

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

NEAREST RELATIVE: Edward Anderson

ADDRESS: 1807 E. 30 St Minneapolis, Minn

RELATIONSHIP:

REPORTED BY: Sam J. Korman, ARS Chaplain

(Signature and Rank of Reporting Officer).

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

90567

PARIS June 16, 1921.

ing, Washington,
Adderton, #3136
arne, France

ing, Washington,
Adderton, #3136
arne, France

ing, Washington,
Adderton, #3136
arne, France

2. There is inclosed 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.

Copy in 0019
1/24/41 092

H.F. RETHERS,
Colonel, Q.M.C.

Q. E. I.

7-22-21

HEADQUARTERS BASE HOSPITAL 156 APT. 90
A.P.O. 706
REPORT OF DEATH

90567

Name: Anderson, Carl # 3136662

Rank: Private

Organization: Co K, 307 Infantry

Date of death: January 24th, 1919

Cause of death: Typhoid fever

Autopsy findings: Typhoid fever: Broncho Pneumonia right lower lobe and left lower lobe, secondary typhoid fever. Pleurisy serofibrinous left.

Bacteriology: ~~24~~ A pure culture of typhoid bacilli was isolated from the spleen pulp. This strain was found to be agglutinated by typhoid immune sera in dilutions of ~~1/16~~ 1 to 1000.

Probable cause of death: Broncho pneumonia right lower and left lower lobe, secondary to typhoid fever.

Place of burial: American Military Cemetery No. 10, Chaumont, (Haute Marne), France.

No. & Location of grave: Grave No. 437, plot J

Disposal of effects: As perscribed in G.O. 40

10



File # 90567.

10 - 6

February 23rd, 1921.

File No. 296.8 4 ANDERSON, Carl A. }

FILE

FROM: The Graves Registration Service, Hoboken, New Jersey.
TO: Chief, American Graves Registration Service, Paris, France.
SUBJECT: Data relating to deceased soldier whose nearest of kin resides in a foreign country.

1. Reference remains, the late Private Carl A. Anderson, serial number 3136662, Company K., 307th Infantry, cemetery 10, cable reference number 8; the records of this office indicate that Mr. Anders Anderson, father and nearest of kin to the late soldier resides at Tenvik, Asabyfors, Varmland, Sweden.

2. Papers are forwarded for your information and it is requested that your office ascertain the desires of the nearest of kin and take such action as may be deemed advisable.

Lab
R. E. SHANNON,
Captain, Quartermaster Corps,
Officer in Charge.

1 incl.
Copy of W.R.E.A.
20/1a5

Mailed-O.P.D.
FEB 26 1921



WAR DEPARTMENT.

GRAVES REGISTRATION SERVICE
American Expeditionary Forces

OFFICIAL BUSINESS.

Mr. Seward Anderson,

1867 E. 30th St.,

Minneapolis, Minn.

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300.

REVIEWED
OSP SS.



90567
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WAR DEPARTMENT
QUARTERMASTER CORPS
GRAVES REGISTRATION SERVICE
PIER 2, HOBOKEN, N. J.

10 - 6

February 23rd, 1921.

File No. 293.8 (ANDERSON, Carl A.)

MEMORANDUM FOR: Chief, Cemeterial Division, O.Q.M.G., Washington, D. C.

SUBJECT: Return of Records.
Transmittal Memorandum Number H-1431.

1. Returned herewith are records pertaining to the late Private Carl A. Anderson, serial number 3136662, Company K., 307th Infantry, whose nearest of kin resides in a foreign country. This case has been referred to the Chief, American Graves Registration Service in Europe for follow up and it is recommended that the records be held in your office pending further advice from Europe as to the final disposition of the remains of the deceased soldier.

R. E. SHANNON,
Captain, Quartermaster Corps,
Officer in Charge.

BY:


F. C. PALLAS,
Executive Assistant.

1 incl.

Recd 2928431

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BY:

Jab

F. C. PALLAS,
Executive Assistant.

1 incl.
FP/1ab

February 23rd, 1921.

File No. 293.8 (ANDERSON, Carl A.)

FROM: The Graves Registration Service, Hoboken, New Jersey.

TO: Chief, American Graves Registration Service, Paris, France.

SUBJECT: Data relating to deceased soldier whose nearest of kin resides in a foreign country.

1. Reference remains, the late Private Carl A. Anderson, serial number 3136662, Company K., 307th Infantry, cemetery 10, cable reference number 6; the records of this office indicate that Mr. Anders Anderson, father and nearest of kin to the late soldier resides at Tenvik, Asabyfors, Varmland, Sweden.

2. Papers are forwarded for your information and it is requested that your office ascertain the desires of the nearest of kin and take such action as may be deemed advisable.

Res P
Lab
R. E. SHANNON,
Captain, Quartermaster Corps,
Officer in Charge.

1 incl.
Copy of W.R.R.A.
EE/125

Mailed-O.R.D.
FEB 26 1921

copy detached for
administrative file



FEB 26 1921
E. H. 2

HOBOKEN, N.J.

OFFICE OF THE QUARTERMASTER GENERAL
ADJUTANT GENERAL DIVISION
CIVILIAN PROTEST SUB-SECTION

C-150990
Herse Rush

NAME OF DECEASED SOLDIER

CERTIFICATE NO.

DATE
OF DEATH

Anderson, Carl A.

10 - 6

1/24/19

SERIAL NUMBER

ORGANIZATION

DATE

3136662

Co. K., 307th Infantry

1/26/21

*Copy 2nd. Dep't.
to Adj. Gen.
8-9-21.*

WAR RISK INSURANCE INFORMATION

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Mr. Anders Anderson

Father

Address

Tenvik, Asebyfors, Varmland, Sweden.

Cor. Sec.

80

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

MAY 14 1920

10-6

FROM: Chief, Graves Registration Service, Q.M.C.
TO: Mr. Seward Anderson, 1667 E. 38th St., Minneapolis, Minn.
SUBJECT: Remains of Pvt. Carl A. Anderson,

The records of this office show that you have requested that his
body be not returned to the U.S.

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

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

By authority of the Quartermaster General:

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

NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow			
Soldier's Children 1.			
(Name oldest first) 2.			
3.			
Father			
Mother			
Brothers 1.			
(Name oldest first) 2.			
Sisters			
Date		Signature	

Address Relationship

Note: - Instructions on the reverse side of this sheet should be carefully read
before filling out this paper. 11 (OVER)

INSTRUCTIONS, FOR FILLING OUT

1. This paper MUST be signed by the person who is the NEXT of kin in the order shown in the square on other side of this sheet.
2. This paper must be returned showing the names and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
3. If there are minor children of the deceased soldier and no widow, the legally appointed guardian of the children should ascertain their wishes and act for them in this matter.
4. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
5. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
6. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
7. Use the enclosed envelope - pay no postage.

COMPILATION OF DISPOSITION OF REMAINS DATA

File--90567

I. LOCATION INDEX CARD:

(a) Name Anderson, Carl A. Ser. No. 3136662
 (b) Rank Pvt. Organization Co. K 307th Inf.
 (c) Date of death 1-24-19 Cause of death Acute Dilatation of Heart

TYP MCH
AW
LM ELB

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

(a) Grave No. 269 Row --- Plot --- Sect. --- TYP EML
 (b) Emerg. Address -----

III. Files of soldiers dying from contagious diseases no card CKR FR

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

Agg card - Sigward Anderson (brother) 1867 E 38th St.
Minneapolis Minn. requests that body be not
returned to U.S. aen 1/6/21

V. Following advice forwarded to Europe by (cable on 192
 (Letter of transmittal on DEC 27 1920)

PARAGRAPH 2 - NOT TO BE RETURNED

VI. Form 115 forwarded to G.R.S.Hoboken, N.J. JAN 13 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. FEB 28 1921 192

COUNTRY France
 G.R.S. FORM 115-A
 August , 1920

CEMETERY NO. 10

SHEET NO. 6

S-666/MB

MB-10-21

*Exhumed Jan 5/1921
 Concentration 1/10/21
 St. Michael #1233
 Mact
 6-2-22*