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10099

G.R.S. Form #114-B

FULL NAME **ANDERSON, James A.**

RANK **Pvt.** SERIAL **108926**

DIVISION & ORGANIZATION **369th Infantry Co. K. 93rd Div.**

DATE OF DEATH **9-27-18**

STATE FROM WHICH HE CAME **New Jersey**

MEDALS OR DECORATIONS AWARDED **None shown**

FINAL GRAVE LOCATION **10-19-1921 23 27 F**  
Date Grave Row Block

**Meuse-Argonne American Cemetery 1232**

Rec'd World War Div.  
5 APR 4 1928

Cemetery  
Robert C. Davis,  
Major General,  
The Adjutant General.  
By

A. G. O.  
AUG 11 1926  
WORLD WAR DIV.

CEC  
AUG 16 1926

23/306/ARK  
WS 4-11-28

(b) Weight (estimated) **170 lbs.**

(c) Hair—Color **Apparently dark brown**

Quantity **medium**

Characteristics **Straight**

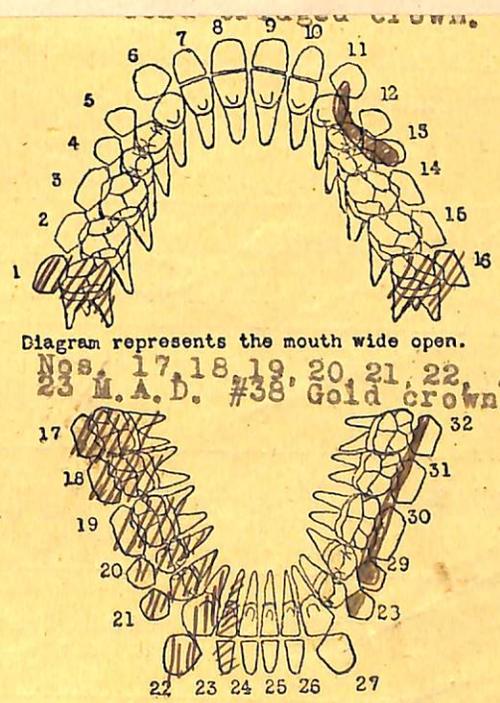
(d) Hair on face—Color **No hair on face**

Location **do**

Quantity **do**

(e) Permanent marks on body (old scars, peculiarities, or missing parts) **None**

(f) Wounds or missing parts (received at time of casualty) **None**



Nos. 29, 30, 31 & 32 Gold bridged crown.

D-30376

7. Disinterment supervised by **Perry F. Nangle, Sup. Emb.**

Approved: **Walter C. Brown, Capt. Q.M.C. Inspector.**

8. Reburial supervised by **Perry F. Nangle, Sup. Emb.**  
BJB

Approved: **Walter C. Brown, Capt. Q.M.C. Inspector.**

2. Disinterred (date): 4/1/21

From (give complete location):

Gr. 14 Gr. 7857, Plot 1, Row F. Bl. R. St. Sever. Cem. #56. Rouen (Seine Inf.)

By: Group 3 Unit A. Sec. 5

3. Reburied (date): 4/1/21 In (give complete location):

Gr. 5, Plot 1, Row B. Bl. R. St. Sever. Cem. #56. Rouen (Seine Inf.)

By: Group 3 Unit A. Sec. 5 Nature of reburial In burlap and pine box.

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

In hospital shroud and in pine coffin. 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: Apparently hospital case. Tag on cross reads: "J. Anderson, Pvt. 105th Inf. U.S.A. 1202839."

6. What does examination of body show as regards the following identifying items? Nos. 1 & 16

(a) Height (actual measurement) 68 inches.

M.B.D. Nos. 11, 12 & 13 Gold bridged crown.

(b) Weight (estimated) 170 lbs.

(c) Hair—Color Apparently dark brown

Quantity medium

Characteristics Straight

(d) Hair on face—Color No hair on face

Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None

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

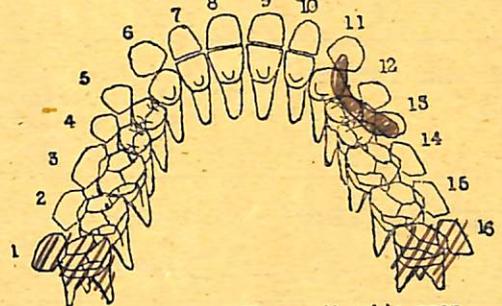
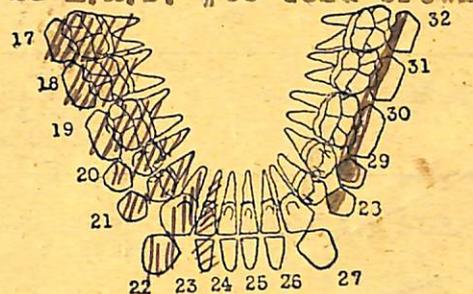


Diagram represents the mouth wide open. Nos. 17, 18, 19, 20, 21, 22, & 23 M.A.D. #38 Gold crown.



Nos. 29, 30, 31 & 32 Gold bridged crown.

D-30376

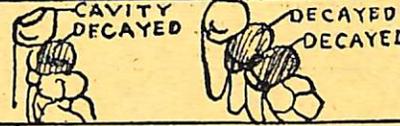
7. Disinterment supervised by Perry F. Nangle, Sup. Emb. Approved: Walter C. Brown, Capt. (Title) Q.M.C. Inspector.

8. Reburial supervised by Perry F. Nangle, Sup. Emb. BJB Approved: Walter C. Brown, Capt. (Title) Q.M.C. Inspector.

## 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), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<p><b>MISSING TEETH</b>.....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><b>CROWNED TEETH</b>.....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 GOLD CROWN</p>
<p><b>BRIDGE WORK</b>.....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><b>FILLINGS</b>.....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 GOLD FILLING      GOLD FILLING</p>
<p><b>CARIES (CAVITIES)</b>.....Outline location and size of cavity, shade in thus :</p>	 <p style="text-align: center;">CAVITY DECAYED      DECAYED DECAYED</p>
<p><b>DENTURES (PLATES)</b>.....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.



# REPORT OF DISINTERMENT AND REBURIAL

Date December 29, 1920.

1. REMAINS OF JAMES ANDERSON SERIAL NUMBER -108926  
RANK Pvt. ORGANIZATION Co. K, 369th Inf.

2. Disinterred (date): December 28, 1920. From (give complete location): Map 35SW N273.5 E280.6.

By: Group J. Van Egmond. Unit 9.5

3. Reburied (date): December 29, 1920. In (give complete location): Grave #172, section 112, plot 4, Argonne American Cemetery #1232.

By: Group \_\_\_\_\_ Unit \_\_\_\_\_ Nature of reburial Regulation.

4. Report as to nature of original burial and condition of body upon disinterment:  
Body buried in overcoat, uniform, 2 1/2 feet deep. Body badly decomposed.

5. (a) Identification tags: Buried with body? None. On grave marker? None.

(b) Other means of identification found upon disinterment, and general remarks:  
Temporary cross over grave with G.R.S. tag attached which read "ANDERSON, JAMES 369 INF".

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

(a) Height (actual measurement) Impossible to determine.

(b) Weight (estimated) " " "

(c) Hair—Color None found.

Quantity " "

Characteristics " "

(d) Hair on face—Color " "

Location " "

Quantity " "

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Face shot off. Lower jaw broken in middle.

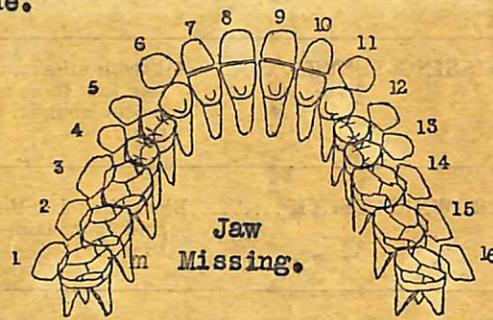
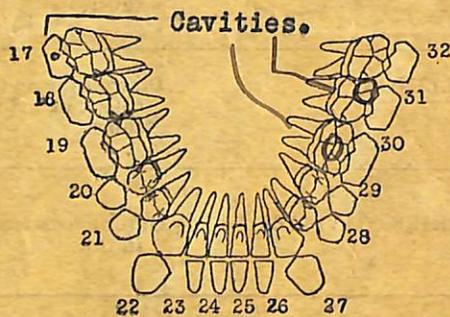


Diagram represents the mouth wide open.



Cavities.

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

CONFIRMED No. D 21287

7. Disinterment supervised by J. VAN EGMOND, Assist. Caretaker, Cty #1232. Approved: L. O. MATHEWS, Major, Q.M.C. (Title)

8. Reburial supervised by W. R. MANN, Capt., Infantry. Approved: L. O. MATHEWS, Major, Q.M.C. (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.
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<b>MISSING TEETH</b> .....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
<b>CROWNED TEETH</b> .....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
<b>BRIDGE WORK</b> .....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
<b>FILLINGS</b> .....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	
<b>CARIES (CAVITIES)</b> .....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.



CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Anderson	3	144
BURIED	CEMETERY	1	1
	GRAVE	2	23
	ROW	2	27
	BLOCK	1	6
STATE	W J	2	35
RANK	Pnt	1	2
DIVISION	93	2	93
ORGANIZATION	369	3	369
ARM	Inf	1	1
MARTIAL	No	1	2
NAME	Anderson	3	
RESIDENCE (Father)	STATE	2	
	COUNTY	2	
	CITY	3	113
RELATION	mother	1	1
OTHER	W SM	1	
ELIGIBILITY	no loc Dead (1922)	1	6
NATIVITY		1	
RACE	BLACK	1	2
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

**AUDITED**  
MAR 31 1932  
RS

Rps

47

Ma

X C-147789  
4/126

Anderson, James A. Pvt. Co. K, 369th Inf.

N.J.

<sup>spatual</sup>  
Date of mother's death? 4-11-22 (Hilda Smith)

~~SW?~~ father deaf

Loco? Annie Anderson died 1-24-19  
was prom loco from time set was 6

Seebode

Single

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

L

IN REPLY REFER TO QM 293 A-C  
Anderson, James A. 1232 F

July 7, 1930

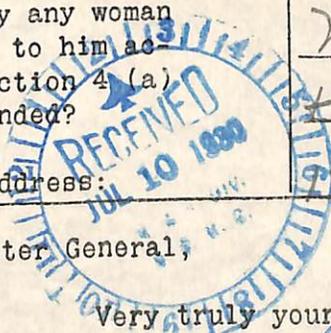
Mr. Aaron Anderson  
179 N. Lincoln Avenue  
Washington, N. J

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

- 
1. Is the deceased survived by a mother? *yes* But she is dead  
If so, give her name and address: 10 years this past  
January -
- 
2. Is the deceased survived by a widow who has not remarried?  
If so, give her name and address: He was not  
married -
- 
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?  
If so, give her name and address: No only a father  
+ sister  
975 North Lincoln Ave  
Washington  
New Jersey



For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

*A. D. Hughes*  
A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, James A.  
1232

September 3, 1929.

*Sept 6, 1929*

Mrs. Annie Anderson,  
179 N. Lincoln Ave.,  
Washington, N. J.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 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:

*The deceased has never been married.*

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.

*The stepmother has been dead going 10 years, no one but a sister + father living and a little niece + nephew is the only relationship he has living*

3. If survived by a widow or mother does she desire to make the pilgrimage?

*I know his mother would be delighted to make the pilgrimage if she was living. Thank you*

For The Quartermaster General,

Very truly yours,

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

2 Incls.  
Act of Congress  
Envelope

*(sister) Miss Helen Anderson  
(father) Mr. Aaron Anderson*



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29 , 1929.

Anderson, James A.

Mrs. Annie Anderson,  
179 N. Lincoln Ave.,  
Washington, N.J.

Dear Madam:

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 mother of the late Pvt. James A. Anderson, Co. K, 369th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

In the event your son was survived by a widow who has since remarried it is 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.

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, James A. 1232 F

July 7, 1930

Mr. Aaron Anderson  
179 N. Lincoln Avenue  
Washington, N. J

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

A. D. HUGHES,  
Captain, Q. M. Corps,  
Assistant.

Anderson,

James A.

108,926

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt., Co. K, 369th Inf.

(Rank and organization.)

State your relationship to the deceased

Father

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?

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:

(Name of person to receive rema'ns.)

(Express office.)

(Telegraph office.)

no

(Number and street.)

(City or town.)

(State.)

(Sign here)

Aaron Anderson

(Number and street or rural route.)

(City, town, or post office.)

(State.)

175 South Lincoln

Washington

New Jersey

Read carefully the letter accompanying this card.

3-6713

72

This card belongs in  
Case in City 1532  
Sec 112 sheet 5.  
Form 115 in City  
21 - sheet 21 has  
been corrected.

has been corrected  
been noticed

Blf  
6/15/9

Included in  
10-5-20

1232 - 2/10 - 5  
6-2-2  
2-2-218

~~10-5-20~~  
~~10-5-20~~  
~~10-5-20~~

O. Q. M. G.

MAIL & RECORD BRANCH

File

293 - Anderson, James A. (1232)

Subject

Priv. - Co. K - 369<sup>th</sup> Infantry

29/243

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C  
~~Anderson, James A.~~  
1232

September 3, 1929.

Mrs. Annie Anderson,  
179 N. Lincoln Ave.,  
Washington, N. J.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated <sup>June 29, 1929</sup> 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 29 , 1929.

Anderson, James A.

Mrs. Annie Anderson,  
179 N. Lincoln Ave.,  
Washington, N.J.

Dear Madam:

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 mother of the late Pvt. James A. Anderson, Co. K, 369th Inf., whose remains are now interred in the Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Meuse, France.

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

In the event your son was survived by a widow who has since remarried it is 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.

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

November 10, 1923.

Mrs. Annie Anderson,  
179 North Lincoln Ave.,  
Washington, N.J.

Dear Madam:

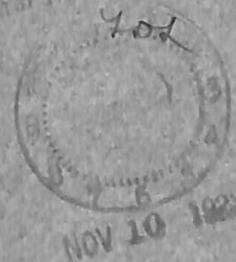
The Quartermaster General desires you to be informed that the permanent grave of Private James A. Anderson, Company K, 369th Infantry, is Grave 23, Row 27, Block F, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, 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,

H. J. ROOSTER  
Assistant. General



# REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF ANDERSON, JAMES A. SERIAL NUMBER 108926

RANK Pvt. ORGANIZATION Co., 369th Inf.

2. Disinterred (date): Sept. 7, 1921. From (give complete location):

G.C. 172 Sec. 112 Pt. 4 Meuse-Argonne Corp., #1232.

By: Group Durisee Unit Sec. 1

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

Oct 19 1921 Meuse Argonne Cty 1232 Row 27 B1 F Gr. 23

By: Group Reburial S Unit S Nature of reburial Unlined Casket

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

In wooden box U. S. uniform and blanket. Body badly decomposed.

features not recognizable.

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

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

Paper found in bottle buried with body reads: "Temporary cross over gr. with GRS. tag which reads: Anderson James, 369th Inf. Teeth chart taken, reburied in gr. 172 Sec 112 Pt. 4, Com. #1232, Dec. 29-20, Signed W. R. Mann Capt. Inf. GRS. plaque found on

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

(a) Height (actual measurement) Impossible to estimate

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color None visible

Quantity None

Characteristics None

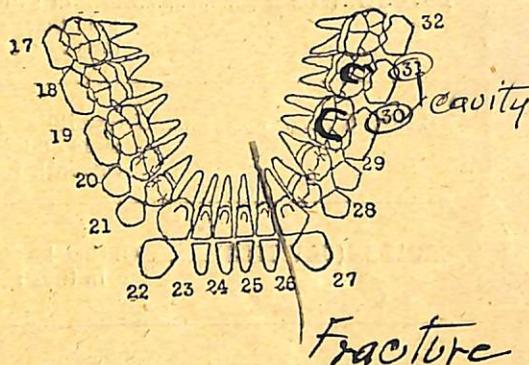
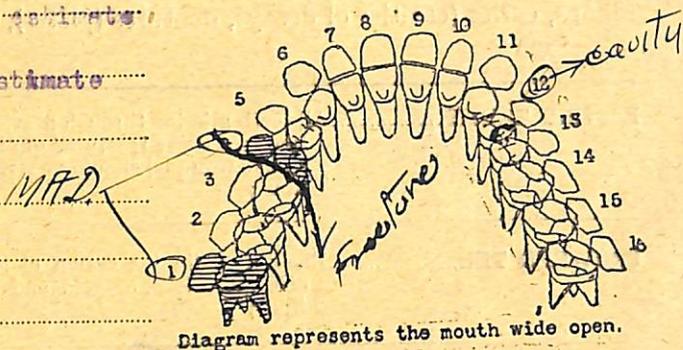
(d) Hair on face—Color None visible

Location None

Quantity None

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None visible

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



Right arm fractured just below shoulder, left side of skull fractured, Upper jaw fractured between teeth No. 4 and 5. Lower jaw fractured at 26 and 27.

7. Disinterment supervised by W. G. Durisee

W. G. Durisee S. E.

Approved: James V. Younger  
(Title) Capt. G. S. C.

8. Reburial supervised by W. B. Sheald

W. B. Sheald

Approved: James V. Younger  
(Title) Capt. G. S. C.



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

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

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

**MISSING TEETH**.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



**CROWNED TEETH**.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



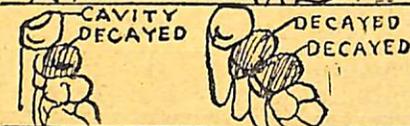
**BRIDGE WORK**.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**FILLINGS**.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



**CARIES (CAVITIES)**.....Outline location and size of cavity, shade in thus:



**DENTURES (PLATES)**.....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

To be prepared in triplicate.

DATE Sept. 7, 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

- 1. Name ANDERSON, James A.
- 2. No. 108926
- 3. Rank Pvt.
- 4. Org. Co. K, 369th Inf.
- 5. D.D. Oct. 2nd 9-27-18
- 6. C.D. k-1-a

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

Discrepancy found upon disinterment

- 7. Grave No. 172 Sec. 112
- 8. Plot 4 Row \_\_\_\_\_
- 9. \_\_\_\_\_

- 15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_
- 16. Plot \_\_\_\_\_ Row \_\_\_\_\_
- 17. no discrep.

- 18. Cemetery Argonne American
- 20. Dept. or County Meuse
- 22. G.R.S. Hdqrs. Code No 1232 see 112

- 19. Commune or town Romagne/s/Montfaucon
- 21. Country France

23. Disinterred (Date) Sept. 7/19/17/1921 By W.G. Durisoe

24. Inscription on grave marker:

Name ANDERSON, James A. Serial No. 108926  
 Rank Pvt. Organization Co. K, 369th Inf.

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

J. B. Foster  
 Signature Junior Technical Assistant

PREPARATION

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

Paper found in bottle buried with body reads "Temporary cross over grave with G.R.S. tag which read Anderson, James 369th Inf. 100th chart taken, reburied in grave 172, Sec. 112 Pt. Cem. #1232. Dec. 29/20 Signed by Capt. Mann. Capt. Inf. G.R.S. plaque found on box read Anderson, James 369th Inf."

27. Condition of body badly decomposed, Unrecognizable.

28. Nature of burial Pine box, Uniform & 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 Sept. 7, 1921 By W.G. Durisoe

31. Casket sealed by W.G. Durisoe

Signature of Embalmer, (Supervisor) W.G. Durisoe

M.K.H.  
579-23

SHIPMENT. (Show actual marking of box.) Box No. C-3941

32. Designation of body:

Name ANDERSON, James A. Serial No. 108926

Rank Pvt. Organization Co. K, 369th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) Sept. 7. 1921 By W.G. Durisoe

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 James W. Younger  
James W. Younger Capt. G.M.C.

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

37. Shipped from point of Operation: (Date) Sept. 7. 1921

To point of Concentration Morgue Cem. #1232. (Name)

Convoyer \_\_\_\_\_ Signature Shipping Officer J. Gerald Cole  
J. GERALD COLE  
Captain, C. A. C.

38. Received at Railhead or Point of Concentration: Date \_\_\_\_\_  
By G.R.S. Representative \_\_\_\_\_

39. Shipped from Railhead or Point of Concentration: Date \_\_\_\_\_

To Permanent Cemetery \_\_\_\_\_  
(Name)  
Convoyer \_\_\_\_\_ Signature Shipping Officer \_\_\_\_\_

40. Received: Date Sept 7 1921

G.R.S. Representative Alfred W. ...

41. Reinterred \_\_\_\_\_

42. Grave No. Oct 19, 1921 Meuse Argonne (Date) Cty 1232 Section \_\_\_\_\_

43. Plot Row 27 Bl. F Gr. 23 Row \_\_\_\_\_

G.R.S. Representative James W. Younger  
James W. Younger Capt. G.M.C.



ef

dlb.

# COMPILATION OF DISPOSITION OF REMAINS DATA

File 68346

I. LOCATION INDEX CARD:

(a) Name ANDERSON, James A. Ser. No. 108926  
 (b) Rank Pvt. Organization Co. K, 369th Inf.  
 (c) Date of death 9-27-18 (d) Cause of death k/a

TYP. b  
 CKR. Sp

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

(a) Grave No. 172 Row - Plot 4 Sec. 112 TYP. b

(b) Emerg. Address Mrs. Annie Anderson, (Mother) 179 No. Lincoln Ave., Washington, N. J.

III. Files of soldiers dying from contagious diseases 8. Wa. April 6, 1921 confirms (Ed. 6.22) CKR. Edt

IV. A. G. O. DISPOSITION CARD:

Date of receipt \_\_\_\_\_

(a) Name Arnon Anderson (b) Relationship Father  
 (c) Address 175 North Lincoln St. Washington, N.J.  
ok - card (6-23-21) m.  
 (d) Remains to be brought to U. S.? No  
 (e) To be interred in National Cemetery in U. S. at No

(f) Shipping instructions upon arrival of body in U. S. \_\_\_\_\_

(g) Disposition instructions if not brought to U. S. \_\_\_\_\_

Examiner's Initials MH Date 6/2, 1921

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

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

Examiner's Initials \_\_\_\_\_ Date \_\_\_\_\_, 192

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

12/2/20. Arnon Anderson (Father)  
179 N. Lincoln Ave. Washington, N.J.

above deceased was impressed to request that  
the body remain in France

(a) Cancellation memos referred to? \_\_\_\_\_

Examiner's Initials MH Date 6/2, 1921 m

COUNTRY FRANCE CEMETERY No. 1232-Sec. 112 SHEET No. 5

Sh 7/15/21  
checked 6-23-21  
C

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 192

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192  
letter on JUN 15 1921, 192

*Sec 112*

Par. 2 Not to be returned. *CPW*

IX.

REMARKS

WRITE NOTHING BELOW THIS LINE.

Miss Hughes -

When Form  
115 is compiled  
please detach these  
O.S.D papers and  
file with Form 115 -

Mr. [unclear]

5-19-21

FILE

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

~~21-21~~ JUN 21 1920  
017-1232-

FROM: Chief, Graves Registration Service, Q.M.C.  
TO: Mrs. Annie Anderson, 179 N. Lincoln Ave., Washington, N.J.  
SUBJECT: Remains of Pvt. James Anderson

The records of this office show that you have ~~requested that this~~  
~~body be~~ Expressed no desire as to the return of his body.

~~body be~~

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.

MRB

(OVER)

RECEIVED



DEC 2 1917  
G. H. S.

---

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 name 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.

WAR DEPARTMENT  
CIMITERIAL DIVISION, GRAVES REGISTRATION SERVICE  
FLIER #5, HOBOKEN, N.J.

November 13th, 1920.

File 293.8 Cem.Div. Cor.Branch.  
(Anderson, James A.)

*No wife, no children!*

Mr. Aaron Anderson,  
179 N. Lincoln Ave.,  
Washington, N.J.

Dear Sir:

It is requested that you please inform this office if the late Private James A. Anderson, #108926, Co. K, 369 Infantry, is survived by widow or children, and if so, kindly furnish name and address of each.

The above information is necessary due to the fact that instructions for the disposition of remains will be issued by this office only upon properly executed authority of the legal next of kin; and in this case, if the soldier is married, the widow (and if she has remarried, the children of the late soldier) would be the legal next of kin;

If the deceased is not survived by any of the above mentioned persons, it is requested that you inform this office definitely if you wish the body of the late soldier left in France for burial in an American National Cemetery, or returned to the United States and shipped to you, or interred in the National Cemetery at Arlington, Virginia.

Your early attention to this matter will be appreciated.

By authority of the Quartermaster General:

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

BY: *Clay S. Worick*  
CLAY S. WORICK,  
Captain, A.G.D.

*noted on 11/15  
11-20-20*

*He is not survived with many.  
Please leave it remain in France  
Aaron Anderson*

COMPILATION OF DISPOSITION OF REMAINS DATA

File 68346

I. LOCATION INDEX CARD:

(a) Name ANDERSON, James A. Ser. No. 108926
(b) Rank Pvt. Organization Co. K, 369th Inf.
(c) Date of death 9-27-18 (d) Cause of death k/a
TYP. b

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

(a) Grave No. 172 Row Plot 4 Sec. 112 TYP. b

(b) Emerg. Address Mrs. Annie Anderson, (Mother) 179 No. Lincoln Ave.,

Washington, N. J.
8-27-21 April 6, 1921 confirms (Ed. 6-3-21)
III. Files of soldiers dying from contagious diseases 1/1/1/1 CKR. Lett

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

-----
-----
-----
-----

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192
letter of transmittal on JUN 15 1921, 192

Sec 112 Par. 2 Not to be returned. LPW

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., \_\_\_\_\_, 192

VII. SUPPLEMENTARY REQUESTS.

Table with 4 columns: 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.

SL 7/15/21



FROM: O. Q. M. G.  
CEMETERIAL DIVISION  
Munitions Building  
Room

PLEASE  
EXPEDITE



WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

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

Date 4-6-21

File No. Requisition

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

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** ✓
- b. Christian name **James A** ✓
- c. Serial Number **108926** ✓
- d. Organization **Co. K 369 Inf.** ✓
- e. Rank **Pvt.** ✓
- f. Date of death **9-27-18** ✓
- g. Cause of death **K/A** ✓
- h. Authority (C.O.#) **387** ✓
- i. Emergency address **Mrs. Annie Anderson, 179 No. Lincoln Ave., Washington, N. J.** ✓
- j. Relationship **(Mother)** ✓

BODY DESCRIPTION  
(See page #2 of the Service Record)

- a. Age of enlistment **20 yrs**
- b. Color of eyes **Brown.**
- c. Color of hair **Black.**
- d. Height **5 ft. 7 in.**
- e. Weight **141 lbs.**
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks) **none**

DENTAL CHARTS  
(See Physical report of 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

Date & Place of Enlistment:  
**Aug 22/17 at Brooklyn, N. Y.**

OVER

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

Palmer  
Cemetery NO: 1232

BY: *[Signature]*  
H. J. CONNER,  
1st. Lieut. Q.M.C.

SHEET NO:  
TYPED BY:

S/713/LML

Rec'd World War Div  
Date APR. 7. 1921

APR 10 1921

APR 10 1921

Cty 1232 Argonne American Cemetery,  
Romagne-sous-Montfaucon, Meuse,  
(Disinterred & Reburied: Date 12/29/20)

Buried Cem. H.C. - 445-  
G.R.S. 314 Sheet #51 from Master Cd.

Donnelly, S.D. E.P.S. Wg 8, 4-7-21

RECEIVED

APR - 7 1921

FROM: O. Q. M. G.  
CEMETERIAL DIVISION  
Munitions Building  
Room ~~1108~~ 1109

PLEASE  
EXPEDITE

INVESTIGATION AND ADJUSTMENT DEPARTMENT

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
WASHINGTON

68346

Adjustment Made

Date March 3, 1921

File No. ~~69346~~ Registration.

MAR 28 1921

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

To: The Adjutant General of the Army, Sixth and B Streets NW., Washington, D. C.

File No. ~~69346~~

Subject: Information required for G. R. S.

FILE

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

9/27/18

- ✓ a. Surname. **ANDERSON**
- ✓ b. Christian name. **James A.**
- ✓ c. Serial number. ~~100926~~ **108926.**
- ✓ d. Organization. **Co. K. 369th Inf**
- ✓ e. Rank. **Pvt.**
- ✓ f. Date of death. **9/26-10/2/18**
- ✓ g. Cause of death. **K/A**
- ✓ h. Authority (C. C. No.) **387**
- ✓ i. Emergency address.
- ✓ j. Relationship.

**BODY DESCRIPTION.**

(See page 2 of the Service Record.)

- a. Age at 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 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.							

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

By

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

Mr. Wilson

MAR 5 1921

1232-  
~~21-21~~

629 18  
46

November 13th, 1920.

File 293.8 Com.Div. Cor.Branch.  
(Anderson, James A.)

Mr. Aaron Anderson,  
179 N. Lincoln Ave.,  
Washington, N.J.

Dear Sir:

It is requested that you please inform this office if the late Private James A. Anderson, #108926, Co. K, 369 Infantry, is survived by widow or children, and if so, kindly furnish name and address of each.

The above information is necessary due to the fact that instructions for the disposition of remains will be issued by this office only upon properly executed authority of the legal next of kin; and in this case, if the soldier is married, the widow (and if she has remarried, the children of the late soldier) would be the legal next of kin;

If the deceased is not survived by any of the above mentioned persons, it is requested that you inform this office definitely if you wish the body of the late soldier left in France for burial in an American National Cemetery, or returned to the United States and shipped to you, or interred in the National Cemetery at Arlington, Virginia.

Your early attention to this matter will be appreciated.

By authority of the Quartermaster General:

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

FF/NL

BY:

CLAY S. WORICK,  
Captain, A.G.D.

*Amplified Nov 30 noted on 115*

RECEIVED  
NOV 18 1920

G.A.S. FORM NO. 12

GENERAL HEADQUARTERS  
AMERICAN EXPEDITIONARY FORCES  
ADJUTANT GENERAL'S OFFICE

FROM : ADJUTANT GENERAL.

TO : C.O., Co. K, 369th Inf.

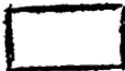
SUBJECT : Information for burial Register.

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

By Command of General Pershing:

Robert C. Davis  
Adjutant General.

Notes:



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

Nearest relative of deceased:

Relationship:

Address:

68346

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

8

ANDERSON 100926 James A  
(Surname). (Number). (First Name and Initials).

Pvt. Co K 369th Inf.  
(Rank). (Organization).

PLACE OF DEATH: .....

CAUSE OF DEATH: .....

DATE OF BURIAL: .....

PLACE OF BURIAL: .....

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

GRAVE NUMBER: .....

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

Headboard?..... Bottle?.....

IDENTIFICATION TAGS:

Was one buried with body?.....

Was one fastened to name peg or stake used as a grave marker?.....

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

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY: .....

(Signature and Rank of Reporting Officer).

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

FILE.

FILE



6834

2. Soldier's No.

3. ANDERSON

JAMES

Surname (in block letters) First Name and Initials

4. Rank

Company

369th Inf.

Regt. or Corps

5. Date of Death

K in A  
Cause, if known

6. Date of Burial

Cemetery

RIPONT

ARDENNES

7. Town or Commune (in block letters) Department

8. Grave No.

Plot No. or Letter

5

9. Name Peg? ..... Cross?  Yes Headboard? ..... Bottle? .....  
Check Method of Marking10. Buried with Body? ..... Attached to Grave Marker?  Marker  
Identification Tags

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

CAME of RIPONT. (MARNE)

12. Verdun 35. S.W., 273.85 N., 279.85, E.  
Map Reference, if interment is outside of cemetery

13. Give name of Chaplain or Burial Officer

Signed

Group 3 ..... Unit 302 G. R. S.

6-455

*[Handwritten signature]*

*[Handwritten signature]*

FROM: O. Q. M. G.  
CEMETERY DIVISION  
Munitions Building  
Room 1128

PLEASE  
EXPEDITE

OFFICE OF THE QUARTERMASTER GENERAL  
CEMETERIAL DIVISION  
OVERSEAS PROJECT SUBSECTION  
Room 1128, Munitions Bldg.

Date June 16, 1920

*Special*

Cemetery No 1232 - 21 - 21

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

TO: The Adjutant General of the Army.

SUBJECT: Disposition of Remains - (Name: Anderson, James A.)

Rank: Private Organization Co. K, 15th Infantry N.Y.N.G.  
*(became Co K 369 Inf.)*

The records of this office fail to show the serial number of the above-named soldier, and it is requested that your office enter this information hereon and return to this office (Cemeterial Division, Overseas Project Subsection).

The remains of soldier mentioned hereon are soon to arrive in the United States and it is requested that information be furnished at the earliest practicable date. In case the serial number is not available it is requested that the date and place of enlistment be indicated; also the name and address of the beneficiary.

*Information not available in this office.*

H. L. ROGERS,  
Quartermaster General.

BY: *H. J. Conner*  
H. J. CONNER,  
Captain, Q.M.C.

1st Ind.

Office of the Adjutant General of the Army, Washington, D. C. 6-17 1920.  
TO: The Quartermaster General of the Army.

Returned:

Serial No. 108926 Date of Enlistment Aug 22 '17

Place of Enlistment Brooklyn New York

Name and address of the beneficiary. No record Aug 201 - all paper file

*Ea: Mrs Annie Anderson (mother)  
179 N. Lincoln Ave  
Washington, N.Y.*

Adjutant General

*16  
Annally & H  
Lun 2017 24 343*



*Reviewed  
Annally 1920  
6-17-20*

DO NOT USE SMALL SLIPS.

13-6950

{ Each clerk will sign his surname to steps  
taken by him, adding his room number.  
Indicate dates thus: 4-8-18. }

DO NOT USE SMALL SLIPS.

THIS SPACE FOR OFFICE MEMORANDA.

Records of James A. Anderson, 108 926.  
chgd. to Donald. (Stone) Mar. 3/21.

Donnelly, S. D. E. P. S. Wg 8, 3-7-21.