

4550

1528

G.R.S. Form #114-B

FULL NAME. ANDERSON, John F. *sol. sig.*

RANK. Pvt. SERIAL. 2022817

DIVISION & ORGANIZATION. Co. C, 47th Infantry, 4th Division

DATE OF DEATH. 7-31-18

STATE FROM WHICH HE CAME. MICHIGAN

AWARDS OR DECORATIONS AWARDED. None

FINAL GRAVE LOCATION. 21 6 D
Date Grave Row Block
Oise-Aisne American Cemetery # 608
Cemetery

24/292/EYS

293

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

(a) Height (actual measurement) IMP. TO DETER.

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color None

Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts) BADLY DECOMPOSED.

(f) Wounds or missing parts (received at time of casualty) COMPLETE FRACTURE OF SKULL.

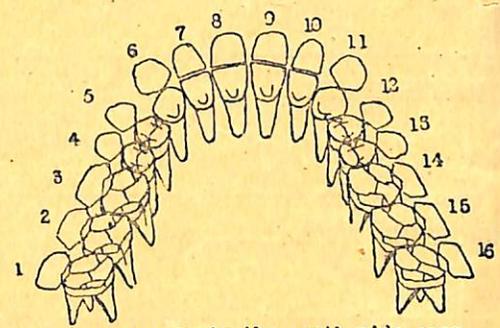
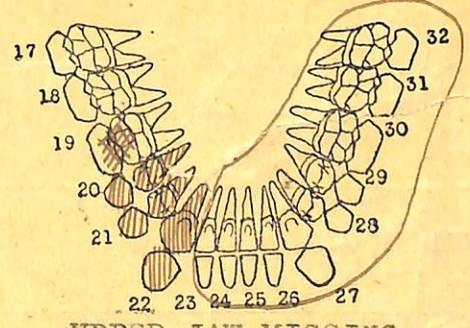


Diagram represents the mouth wide open.



UPPER JAW MISSING
19 dec. 20, 21, 22 mis.
23 - 32 inclusive ~~mis~~
fractured and missing.

7. Disinterment supervised by H. S. Harpole Approved: E. W. Austin MAJOR, F. A. (Title)

8. Reburial supervised by H. S. Harpole Approved: E. W. Austin MAJOR, F. A. (Title)

JJO. fh

FILE

2859

2. Disinterred (date) :

From (give complete location) :

3/1/21

Gr. 165 Sect. M Plot 4.

By : Group EMB. AVERY. Unit Sect. 7

3. Reburied (date) :

In (give complete location) :

3/1/21

Gr. 165 Sect. M Plot 4.

By : Group EMB. AVERY. Unit Sect. 7 Nature of reburial Box and burlap.

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

U.S. UNIFORM AND BURLAP. BODY BADLY DECOMPOSED. NO HEAD.

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

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

NONE

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

(a) Height (actual measurement) IMP TO DETER

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color None

Location do

Quantity do

(e) Permanent marks on body (old scars, peculiarities, or missing parts) BADLY DECOMPOSED.

(f) Wounds or missing parts (received at time of casualty) COMPLETE FRACTURE OF SKULL.

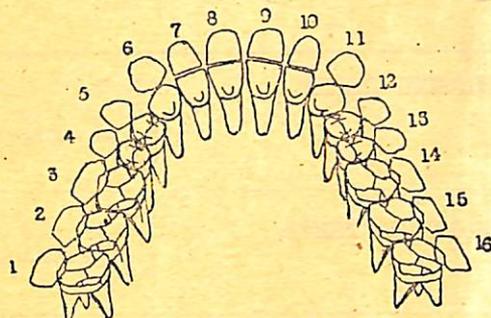
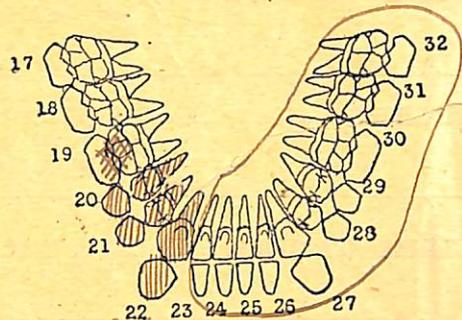


Diagram represents the mouth wide open.



UPPER JAW MISSING

19 dec. 20, 21, 22 mis.

23 - 32 inclusive ~~and~~

fractured and missing.

FILE

Harpole

5859

7. Disinterment supervised by

H.S. Harpole
H. S. HARPOLE, 2nd LT. Q.M.C.

Approved : E. W. AUSTIN, MAJOR, F.A.

(Title)

8. Reburial supervised by

H.S. Harpole
H. S. HARPOLE, 2nd LT. Q.M.C.

Approved : E. W. AUSTIN, MAJOR, F.A.

(Title)

JJO. fh

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 TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	 <p>TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	 <p>GOLD CROWN PORCELAIN CROWN</p>
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGSDraw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	 <p>SILVER FILLING GOLD FILLING</p>
CARIES (CAVITIES)Outline location and size of cavity, shade in thus :	 <p>CAVITY DECAYED DECAYED</p>
DENTURES (PLATES)Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."	

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	John E	1	2
	CEMETERY 608	1	
	GRAVE 21	2	21
	ROW 6	2	06
	BLOCK D	1	4
STATE	Mich	2	26
RANK	Pvt	1	2
DIVISION	4	2	04
ORGANIZATION	47	3	047
ARM	Inf	1	1
MARITAL	No	1	2
NAME	Anderson	3	144
	Mrs. Andreas	2	
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER	Father	1	1
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE	Country	1	27
29/514	Sweden		2a

AUDITED
MAY 20 1948
RAM

ACCEPTANCE
29/514
Camm

NAME

RANK

SERIAL

ORGANIZATION

DATE OF DEATH

Anderson John E

Pvt

2022817

Co C 47th Inf

7/21/18

STATE

CTY. NO. 608

GRAVE 21

ROW 6

BLOCK D

Check relationship

Living - Deceased

MOTHER	<i>living</i>	<i>18</i>	:	:	:	(M)
STERMOTHER (For the year prior to commencement of service)	<i>no relation</i>	<i>ing</i>	:	:	:	<i>Maja Kajsa Hedev</i>
			:	:	:	<i>add. same as that of father -</i>
MOTHER THRU ADOPTION (For the year prior to commencement of service)			:	:	:	<i>Father (Dns.)</i>
			:	:	:	<i>Andreas Andersson</i>
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)			:	:	:	<i>Sorhvilla Va</i>
			:	:	:	<i>Dals Lerdal</i>
WIDOW (Who has not remarried)	<i>no record of widow</i>		:	:	:	<i>Sweden</i>

NAME

AND

ADDRESS

Single

Veterans Bureau Claim Number C 170 205

29/156

2-23-33

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Anderson, John E. 608 M

July 7, 1930

Mrs. Andreas Anderson
Dals Lerdal Sweden
~~Lorville, Va.~~

Foreign

Dear Madam:

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
A. D. HUGHES,
Captain, U. S. M. Corps,
Assistant.

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

File

293 - Anderson, John E.

Subject

Priv. - Co. C - 47th Infantry

29/243

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, John E. 608 U M

July 7, 1930

Mrs. Andreas Anderson
Dals Lordal Sweden
Lorlvilla, Va.

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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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

B
ANDERSON, John E. - Pvt.

May 17, 1926

Mr. Andreas Anderson,
Lerkville Va Dals Lordal,
Sweden.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American overseas military cemetery is to be maintained by the United States for all time. The graves will be permanently marked by white headstones inscribed with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves, as soon as possible, and without necessity for special action or request on the part of relatives.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

F.H. FORD,
Colonel, Q.M.G.,
Assistant.

1 Incl.
Record card.

RD
702

25/560/EYS



To be prepared in triplicate.

DATE Jan. 30, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT mg

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name ANDERSON, John E.

10. Name

2. No. 2022817

11. No.

3. Rank Pvt.

12. Rank

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

13. Org.

5. D.D. July 31st, 1918

14. (a) D.D.

6. C.D. MIA K/A

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 165 Sec. M

15. Grave No. Sec.

8. Plot 4 Row

16. Plot Row

9.

17. No discp

18. Cemetery Amer.

19. Commune or town Fismes

20. Dept. or County Marne

21. Country France

22. G.R.S. Hdqrs. Code No. 617

23. Disinterred (Date) 1-30-22

By C.J.Osgood

24. Inscription on grave marker:

Name John E. Anderson

Serial No. 2022817

Rank Pvt

Organization Co. C. 47th Inf.

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

C. J. Osgood
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).

Bottle record checks.

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? None

30. Body prepared and placed in casket: Date 1-30-22 By C.J.Osgood

31. Casket sealed by C.J.Osgood

Signature of Embalmer, (Supervisor C. J. Osgood)

RECEIVED BY
8512
411726

SHIPMENT. (Show actual marking of box.) Box No. C-22927

32. Designation of body:

Name John E. ANDERSON Serial No. 2022817

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

33. Consigned to:

Name of Permanent Cemetery Oise-Aisne Amer.#608, Seringes-et-Nesles, Aisne

34. Casket boxed and marked (Date) 1-30-22 By C. J. Osgood

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 *O. E. Davis*
O. E. Davis, 1st Lt. QMC

36. Remarks _____

37. Shipped from point of Operation: (Date) _____

To point of Concentration _____ (Name)
Convoyer _____ Signature Shipping Officer _____

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery Oise Aisne, Am Cty 608 seringes et Nesles, Aisne.
(Name)
Convoyer _____ Signature Shipping Officer *O. E. Davis*
O. E. Davis, 1st Lt. QMC

40. Received: Date FEB 1 1922

G.R.S. Representative *A. H. Wood*

41. Reinterred AUG. 14, 1922, Oise-Aisne Cem. 608, Seringes et Nesles (Aisne)
(Date)

42. Grave No. 21 Section -----

43. Plot BLOCK D Row 6

G.R.S. Representative *C. J. Blake*
C. J. Blake,
Capt., QMC.

tab

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF ANDERSON, John E. SERIAL NUMBER 2022817

RANK Pvt. ORGANIZATION Co. C, 57th Inf.

2. Disinterred (date): Jan. 30th, 1922 From (give complete location): Gr. 165, Sec. M, Plot 4, Cem. 617

By: Group 3 Unit Sec. 7

3. Reburied (date): Aug. 14, 1922 In (give complete location): Gr. 21, Block D, Row 6, Cise-Aisne Cem. 608, Seringes et Nesles (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:

Body badly decomposed, recognition impossible. Buried in burlap and wooden box.

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

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

Battle record checks.

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

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

(b) Weight (estimated) " "

(c) Hair—Color None

Quantity -----

Characteristics -----

(d) Hair on face—Color None

Location -----

Quantity -----

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

missing parts) None

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

Skull shattered and missing in part.

T. H. Chunn, checker.

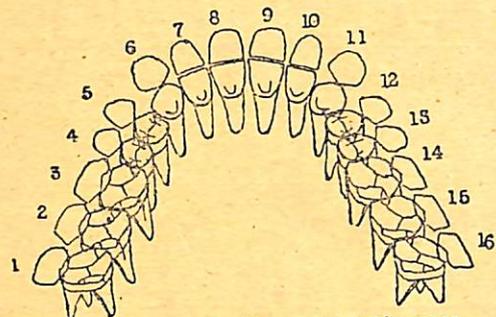
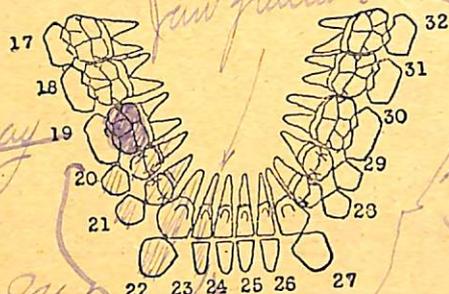


Diagram represents the mouth wide open.



7. Disinterment supervised by C. J. Osgood, Sup. Emb. Approved: O. E. Davis, 1st Lt., QMC.

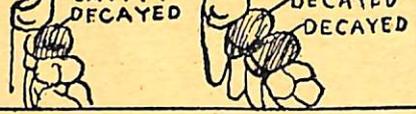
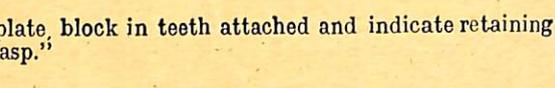
8. Reburial supervised by L. D. Hays Approved: C. J. Osgood, Capt., QMC.

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.

Date May 28/19

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name John E. Anderson

Number: None 2022817

Rank: Private

None

Organization: None

C.O. 47th Infantry

Disinterment and Reburial made by Group 1 Unit 304

Disinterred (Date) May 28/19 From: (Give complete location)

From Grave # 3 sketch #255-Forsberg.

33SE E299.55 N287.25

Reburied (Date) May 29/19 in: (Give complete location)

Grave # 165 section M. Cemetery #18 Fismes (Marne)

617

Map #34 Reims. SW. 286.25N-205.75E.

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

Buried in ditch 2 feet deep--- Body badly decomposed

Was one identification tag found upon the body? No tags.

What other means of identification were found upon the body?

Identified by letter found in pocket.

CONFIRMED No. D 20647

Note:

If upon disinterment, effects are found upon the 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, Graves Registration Service.

Supervised by: Mech. R. Williams

1st. Lt. Oscar W. Forsberg.

C.O. Group 1 Unit 304

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #100502

(a) Name ANDERSON, John E. Ser. No. 2022817

(b) Rank Pvt. Organization Co. C, 47th Infantry

(c) Date of death 7/31/18 (d) Cause of death K/A

TYP. DMA

CKR. [initials]

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

(a) Grave No. 165 Row --- Plot 4 Sec. M TYP. DMA

(b) Emerg. Address Cole N. MacDonald (friend), Virginia, Mim.

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

CKR. [initials]

IV. A. G. O. DISPOSITION CARD:

No card in file 11-30-20 mks
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 -----

-----, dated -----

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

No cor

Examiner's Initials mks Date 11-30, 1920.

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

No request for disposition

(a) Cancellation memos referred to? -----

Yes all

Examiner's Initials all Date 12-1-, 1920.

COUNTRY FRANCE CEMETERY No. 617 SHEET No. 29

11-18-21

Handwritten notes and initials in bottom right corner.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #100502

(a) Name ANDERSON, John E. Ser. No. 2022817
 (b) Rank Pvt. Organization Co. C, 47th Infantry
 (c) Date of death 7/31/18 Cause of death K/A

TYP DMA

JD

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

(a) Grave No. 165 Row --- Plot 4 Sect. M TYP DMA
 (b) Emerg. Address Cole N. MacDonald (friend), Virginia, Mim.

OKR *JD*

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

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

Also Card - No card in file.

GRT-File Corres - No request for disposition. 1/8/21-P.

V. Following advice forwarded to Europe by (cable on 12/27 192) (Letter of transmittal on 1/27 192)

Par # 1. Not to be returned (P)

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. JAN 18 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. 5-16 192 1.

MB

COUNTRY _____ CEMETERY NO. _____ SHEET NO. _____

G.R.S. FORM 115-A August 1920

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

WASHINGTON

Hoboken, N.J.

JAN 27 1921

FROM: Chief, Cemeterial Division, O. Q. M. G.

To: Mr. Cole H. McDonald, Virginia, Minn.

SUBJECT: Remains of Pvt. John E. Anderson, Ser. No. 2022917, Co. C, 47th Inf.

The records of this office show that you have requested that the body of the above named
~~have been returned to you for interment in the National Cemetery at Arlington, Va.~~
have made no request for the disposition of his remains.

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

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

By authority of the Quartermaster General.

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

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

Was soldier married?

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

Date

Signature

Address

Relationship

RECEIVED
MAIL UNIT

MAY 16 1921

Cemeterial Division

Overseas Project Sub-Section
(Name.)

I, the undersigned, am the and nearest living next of kin of the within-named
(Relationship.)
soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U. S. and shipped to
(R. R. station.) (State.)

3. To be returned to the U. S. and buried in National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature.....

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions for the disposition of a body are not received from the next of kin within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest next of kin in the spaces provided therefor on the other side of this sheet.

5. 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.

6. If YOU are not the nearest next of kin, please ask the nearest next of kin, if living near you, to fill out this paper.

7. If YOU are not the nearest living next of kin and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope—pay no postage.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

Research Section. C. Dept.

G.R.S Form No. 8-W; Central Records Liaison.

1017

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: 652135 - 2,022,817
- ✓ First name: John E.
- ✓ Rank: Private
- ✓ Company: Co. C,
- ✓ Organization: 47th Inf.
- ✓ Date of death: 7-31-18
- ✓ Cause: see below.
- Place:

Location of hospital:

Number " "

Class " "

✓ Emergency address Cole N. MacDonald,
Virginia,
Minn.

✓ Relationship Friend

Authority:

Cablegram No:

Telegram from:

dated:

Reported to Washington:

✓ C.C.Nos. 540-3-5

(Underscore the "official" C.C.)

✓ Remarks: Now pres. to be dead from all available information.

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

cas. Sec.

11/13/19

NS-3404/MB

H.F.C.

RECEIVED
USP SS.

Form 1-A shows:

Cemetery #C-92,
Grave #3

Serial No verified from
M.C. Lee - Cuba papers
& Demob. News
11/15/19
W.H.B.

G.R.S. Form No.
 Classification
 Adjustment _____

CEMETERIAL DIVISION
 GRAVE'S REGISTRATION SERVICE
 REGISTRATION SECTION

File # 100502

MEMORANDUM:

Date 9-1-20.

To: Registration Files Sub-Section

Subject: Adjustments made on Registration Files

FILE

1. Changes as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORP.	ADD. DATA		CORP.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			Burial Information		✓
Rank			Nearest Relative		
Organization			Notified Nearest Relative		✓
Cause of Death			Blue Card thrown out		
Date of Death			White Card set up		
Casualty Cablgram Number					

O.K. Alphabetical Files 9-3-20-cw

O.K. Organization Files _____

O.K. State Files _____

**REVIEWED
 OSP SS.**

✓ Card Dept.
 Cemetery Audit Department
 Investigation & Adjustment Dept.

By mcCoslett

1 Cards attached.

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

ANDERSON, John E. - Priv. 2022817

File 100502
Missing in action between Aug. 3rd and 25th 1918.
Was killed by a trench mortar shell, while dug in at rail tracks
at the Vesle River, died instantly.

Informant: EWERSKIN, Carl E. - 2023447
C^o C - 47th Infantry -
Home : Putnam - Mich.

Signed: WALKER, Ew. Jr. - 1st Lieut.
47th Infantry -

3/3/19

AL.

O'H-IDA
1-101
WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, May 17, 1920.

IN REPLY
REFER TO 201 (Anderson, John E.) WW

File no. 100 502

From: The Adjutant General of the Army.

To: The Quartermaster General of the Army
Washington, D. C.

Subject: Date of death of Private John E. Anderson, #2,022,817, ✓
Company C, 47th Inf.

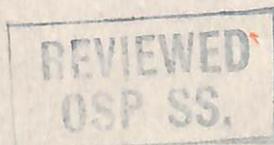
1. Upon investigation, it has been ascertained that the date of death of the above man heretofore communicated to you, is erroneous, and that he was killed in action July 31, 1918. ✓

2. For purposes of identification, you are advised that the records show that the deceased was enlisted Sept. 6, 1917 and the name of the person to be notified in case of emergency was given as: Cole N. McDonald, Friend, Virginia, Minn. ✓

By order of the Secretary of War.

P. C. Harris

The Adjutant General.
per. R



G. R. S.
Anderson, John E.

1st Ind.

vme

Graves Registration Service, Office of the Quartermaster General,
18th and Virginia Ave., Washington, D. C. February 3, 1920. To:
The Adjutant General of the Army, War Department, Washington, D.C.

1. The records of this office show that Private John E. Anderson #2022817, Company C, 47th Infantry was buried and has been reburied in American Cemetery at Fismes, Dept of Marne, Grave #165, Section M, May 28, 1919. No original burial given.

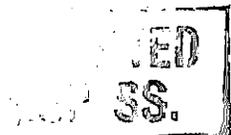
2. This information has not been released to the emergency address inasmuch as your confirmation of the death of this soldier has not been received. It is respectfully requested that confirmation together with casualty cablegram number be forwarded to this office so that relatives may be notified and our records changed accordingly.

By authority of the Quartermaster General:

CHARLES C. PIERCE
Colonel, U.S. Army
Chief, Graves Registration Service.

By:

CHARLES J. WYNNIE
Captain, Q. M. C.
Graves Registration Service.



(COPY)

2-201 AMS:GEB

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON.

201 (Anderson, John E.) DR

January 24, 1920

From: The Adjutant General of the Army.

To: The Quartermaster General of the Army,
Washington, D.C.

Subject: Burial Record.

1. A report is desired relative to the date and place of burial, and if reburied, the date of the original burial, of Private John E. Anderson, #2,022,817, Company C, 47th Infantry. Any other information which your records afford from which this office may ascertain the date of death will be contained in the report. This case is urgent and it is requested that it be expedited.

By order of the Secretary of War:

P. O. Harris. Per
The Adjutant General
Per:

RENEWED
OSP SS.

TO:- REGISTRATION BRANCH, G.R.S.

Date 1/28/20.

FROM:- INQUIRY BRANCH.

Please furnish information as checked (✓) below regarding the following soldier:

NAME *Anderson, John E.*

Serial Number
2,022,817.

RANK *Pvt.*

ORGANIZATION *Co. C, 47th Inf.*

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	(1) <i>John E. Anderson.</i>
2.	Date of Death	(2) <i>no record</i>
3.	Cause and place of death	(3) <i>no record</i>
4.	Number of Casualty Cablegram	(4) <i>no record</i>
5.	Date buried	(5) <i>no record</i>
6.	Grave Location (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	(6) <i>from grave # 311</i> <i>Reburied 5/28/19.</i> <i>Grave # 165, Sect M,</i> <i>Cty. # 617.</i> <i>Fismes, France.</i>
7.	Who reported burial?	
8.	Confirmed by G.R.S.?	
9.	Report as to Grave Marker	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	(10) <i>a) no record</i> <i>b)</i>
11.	Complete Emergency Address?	(11) <i>no record</i>
12.	Has above been notified? (Give date)	(12) <i>no record</i>
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	
15.	Inquiry made by?	

INDEXED
GSP SS.

Released by Information Control Dept.

Directory *no record*
Cards 5 x 8 *no record*
Cards 4 x 6 *no record*

N.B. All Proper names to be typewritten, or printed in PLAIN BLOCK LETTERS.

x form # 16 ✓
G.L.B. Stone. J.P.H.L.

100502 ✓

Mar 27, 1919.

Central Records Office
Bourges.

Retel GROKS 5689 period No record Pvt John E Anderson 652135 Co C 47th Inf.

O. B.

CARSON.

C. M. NOBLE
1st Lieut., OIC.
ACL/ WK
11:19 AM

Copy to;
T & C
G R S
Sgt Daly Original

File

FILED
OSP. SS.

Signal Corps, United States Army Telegram.

2724

Received at

B52CRAX630B

BOURGES MAR 25 1919

GRAVES REG SVC

TOURS

CRO KS 5689REQUEST BURIAL INFORMATION PVT JOHN E ANDERSON 652135 CO C
47 INF WIRE CORRECT DATE PLACE DEATH PLACE DATE BURIAL BURIAL OFFICER

DAVIS

720P

REVIEWED
OSP SS.



TO:- REGISTRATION BRANCH, G.R.S.

FILE NUMBER

DATE

FROM:-

Please furnish information as indicated below regarding the following soldier:

NAME

Anderson, John E.

NUMBER

652135

RANK

Put.

ORGANIZATION

C C

47 Inf

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with Records?	
2.	Date of Death.	
3.	Cause and place of death.	
4.	Number of Casualty Cablegram.	
5.	Date buried.	
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required.	
7.	Who reported burial.	
8.	Has report been confirmed by G.R.S.	
9.	Report as to Grave Marker.	
10.	Report as to Identification Tags.	
11.	Who is nearest relative?	
12.	Has N/R been notified? (Give Date)	
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	
14.	What is the Photograph No.?	

N.B. All Proper names to be printed in PLAIN BLOCK LETTERS.

No card
RM
3/26/19