

Anderson

Lee M

2,260,899

(Surname.)

(Christian name in full.)

(Army serial number.)

Corp

Co H 362 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?

(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)

Peter Anderson

R 70 #1

Bozeman

Montana

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

G.R.S. Form #114-B

FULL NAME ANDERSON, Lee M.

RANK Cpl. SERIAL 2260899

DIVISION & ORGANIZATION Co. H., 362nd Inf. 91 Div.

DATE OF DEATH 11-17-18

STATE FROM WHICH HE CAME Mont.

MEDALS OR DECORATIONS AWARDED. ✓

FINAL GRAVE LOCATION.....	17	14	A
	Date	Grave	Row
			Block
	Suresnes, #34		
	Cemetery		

REC'D WORLD WAR DIV.
1 AUG 23 1924

23/306/ARK

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: Mr. Peter Anderson.

ADDRESS: Route 1 Bozeman Mont.

RELATIONSHIP: ... Father.....

REPORTED BY:

Charles Hightower Captain 1st Lt

(Signature and Rank of Reporting Officer) U.S.A.

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

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson **2260899** **Lee**
(Surname). (Number). (First Name and Initials).

Corporal **Co. H 362nd Inf.**
(Rank). (Organization).

PLACE OF DEATH: **Base Hospital #114**

CAUSE OF DEATH: **Compound Fracture**

DATE OF BURIAL: **Nov. 19th 1918.**

PLACE OF BURIAL: **A. E. F. Cemetery #27**
(Give Cemetery, Town and Department). Map references must specify clearly what map is used.

Merignac, Gironde

GRAVE NUMBER: **152**

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: **Mr. Peter Anderson**

ADDRESS: **Route 1 Bozeman Mont.**

RELATIONSHIP: **Father**

REPORTED BY:

Charles A. Hightower, Captain, U.S.A.
(Signature and Rank of Reporting Officer) **U.S.A.**

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 04 4</i>
<i>Lee m.</i>	CEMETERY <i>34</i>	1	<i>6</i>
BURIED	GRAVE <i>17</i>	2	<i>17</i>
	ROW <i>14</i>	2	<i>14</i>
	BLOCK <i>A</i>	1	<i>1</i>
STATE	<i>mont.</i>	2	<i>31</i>
RANK	<i>Cpl.</i>	1	<i>2</i>
DIVISION	<i>91</i>	2	<i>91</i>
ORGANIZATION	<i>362</i>	3	<i>362</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARTIAL <i>(Father)</i>	<i>no</i>	1	<i>2</i>
NAME <i>Anderson,</i>		3	
<i>Mr. Peter</i>	STATE	2	
<i>R.R. 1</i>	COUNTY	2	
RESIDENCE <i>Bozeman, Mont.</i>	CITY	3	
RELATION <i>son</i>	<i>Mother</i>	1	<i>1</i>
OTHER <i>no</i>		1	
ELIGIBILITY <i>no</i>	<i>Head</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED

SEP 22 1932

RS

son

Z

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Anderson, Lee M. 34 F

July 7, 1930

Mr. Peter Anderson
R. R. 1,
Bozeman, Montana.

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:

No

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

If so, give her name and address:

No

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Leo M.
34

August 9, 1929.

Mr. Peter Anderson,
R.R. #1,
Bozeman, Mont.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated May 4, 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:

No

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.

No

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

For The Quartermaster General,

Very truly yours,

J. T. Harris

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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-0

Anderson, Leo M.

May 4, 1929.

Mr. Peter Anderson,
R.R. #1,
Bozeman, Mont.

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 father of the late Corporal Leo M. Anderson, Company H, 362nd Infantry, whose remains are now interred in the Suresnes American Cemetery, Suresnes, Seine, 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,

5/24

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

DEB

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WASHINGTON

September 5, 1922.

FILE: 293.8 C-R #49252-

SUBJECT: Permanent Grave Location of Cpl. Lee M. Anderson,
Company H, 362nd Infantry.

TO: Mr. Peter Anderson, RR #1, Bozeman, Montana.

File

1. The permanent grave of this soldier is No. 17 Row 14,
Block A, Suresnes American cemetery at Suresnes, Department of
Seine, France.

2. 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, organization and date of soldier's death. The 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.

3. In effecting removal, the utmost care and reverence were
exacted and more than willingly accorded by those performing this
sacred duty. The grave of the deceased will be perpetually main-
tained by this Government in a manner befitting the last resting
place of our heroes.

For the Quartermaster General:

MAILED

SEP 5 1922

GEORGE H. PENROSE,
Assistant.

G.R.S.

ms
922

DATE Oct 19th, 1921.

1. NAME ANDERSON, Lee M. SERIAL No. 2260899

RANK Cpl. ORGANIZATION Co.H., 362nd Inf.

GRAVE LOCATION American Cemetery MERIGNAC (Dordogne) 27
CTY. NAME NUMBER

152
GRAVE ROW PLOT

2. ORIGINAL ~~BATTLE AREA~~ GRAVE LOCATION 152 Merignac, (Gironde)
GRAVE COMMUNE DEPT.

COORDINATES None.

CONCENTRATED TO Nov. 19, 1918. 152
DATE GRAVE ROW PLOT
Merignac, (Gironde) 27
CEMETERY CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

SUBSEQUENT REBURIALS
DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

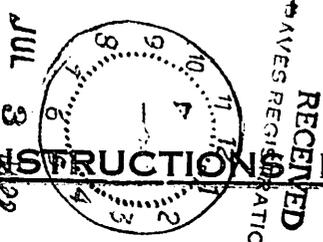
SIGNATURE, AREA SUPERVISOR *W. R. Nichols*
W. R. Nichols, Major, C.A.C.

3. FINAL GRAVE LOCATION Oct 19th, 1921. 17 A. 14.
DATE GRAVE Block ROW PLOT

SURESNES AMERICAN CEMETERY # 34 (Seins).
CEMETERY

AUDITED BY
SEB 7/12/22

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.

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 23rd, 1921

1. REMAINS OF ANDERSON, Lee M. SERIAL NUMBER 2260899

RANK Cpl. ORGANIZATION Co. H. 368th, Inf.

2. Disinterred (date): Sept. 23rd, 1921 From (give complete location): Gr. 152, Can. 27

By: Group 3 Unit Sec. 7

3. Reburied (date): October 19th, 1921. In (give complete location): Suresnes Cemetery, - Block A - Row 14 - Grave 17.

By: Group Field Operations Branch Unit Unit Nature of reburial Metal Casket and Blanket.

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

Wooden box and uniform, 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:

Body tag checks.

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

(a) Height (actual measurement) Indiscernable due

(b) Weight (estimated) to decomposition.

(c) Hair—Color None

Quantity

Characteristics

(d) Hair on face—Color None

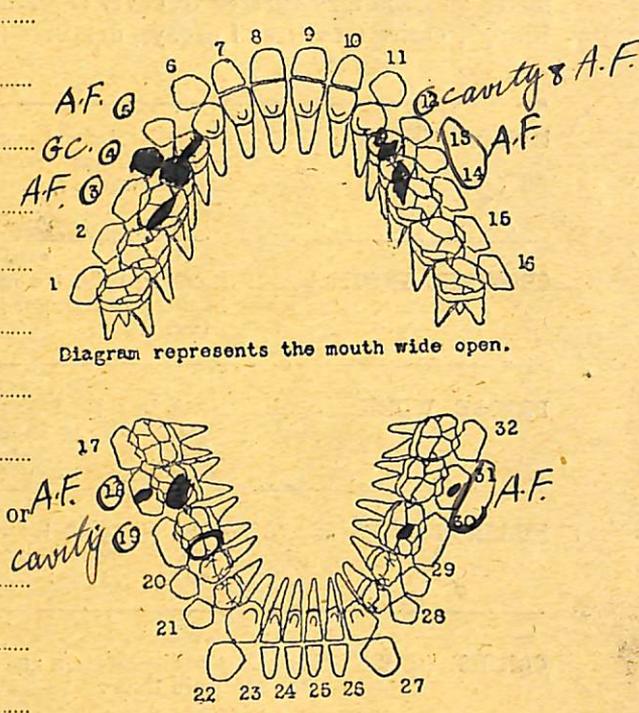
Location

Quantity

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

missing parts) None

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



D-60322

L. R. Knasin, checker.

7. Disinterment supervised by B. F. Fair Approved: [Signature]
B. F. Fair, Sup. Emb. (Title)

8. Reburial supervised by R. G. Richards Approved: [Signature]
R. G. Richards, 1st Lieut. Q.M.C. (Title) Major, Q.M.C.

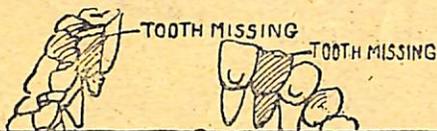
INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

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 (c) 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:



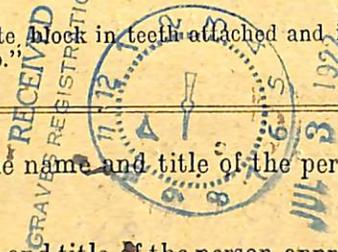
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



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.



To be prepared in triplicate.

DATE Sept. 23rd, 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, Lee H.

2. No. 2260899

3. Rank Cpl.

4. Org. Co. H., 362nd Inf.

5. D.D. 9-29-18

6. C.D. ITA

10. Name _____

11. No. _____

12. Rank _____

13. Org. _____

14. (a) D.D. _____

(b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 152 Sec. _____

8. Plot _____ Row _____

9. _____

15. Grave No. _____ Sec. _____

16. Plot _____ Row _____

17. No discrep.

18. Cemetery American Cemetery

20. Dept. or County Gironde

22. G.R.S. Hdqrs. Code No. 27

19. Commune or town MERIGNAC

21. Country France.

23. Disinterred (Date) Sept. 23rd, 1921

By B. P. Fair

24. Inscription on grave marker:

Name Lee H. Anderson

Rank Cpl.

Serial No. _____

Organization Co. H. 362nd Inf.

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

L. R. Knasir
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).

Body tag checks.

27. Condition of body Body decomposed, features not recognizable.

28. Nature of burial Wooden box and uniform.

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 Sept. 23rd, 1921 By B. P. Fair

31. Casket sealed by B. P. Fair
Signature of Embalmer, (Supervisor) B. P. Fair.

B.F. Davis

SHIPMENT. (Show actual marking of box.) Box No. 0-2128

32. Designation of body:

Name ANDERSON, Lee H. Serial No. 2260899

Rank Cpl. Organization Co.H., 362nd Inf.

33. Consigned to:

Name of Permanent Cemetery SURESNES AMERICAN CEMETERY #34

34. Casket boxed and marked (Date) Sept. 23rd, 1921 By B. F. Davis

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 [Signature]
O. E. Davis, 1st Lt., Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) Sept. 23rd, 1921

To point of Concentration Bassens (Gironde)

Convoyer Charles F. Schiller (Name) Signature Shipping Officer [Signature]

S.D. CAMPBELL, Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date 23 SEP 1921

By G.R.S. Representative W. R. NICHOLS
Major C.A.C.

39. Shipped from Railhead or Point of Concentration: Date Oct 14 1921

39 (a) Received at Paris Morgue, October 17, 1921.

[Signature]
H. L. WARD,
Major, Q.M.C.

39 (b) Shipped from Paris Morgue, Oct. 18th 1921. To Permanent Cemetery No. 34, American, Suresnes (Seine) by Shipping Officer, Convoys by:

[Signature]
H. L. WARD,
Major, Q.M.C.

42. Grave No. 47. SECTION

43. ~~Box~~ Block A. Row 14.

G.R.S. Representative [Signature]
R. G. RICHARDS,
1st Lieut. Q.M.C.

B.F. Davis

SHIPMENT. (Show actual marking of box.) Box No. 0-2128

32. Designation of body:

Name ANDERSON, Lee H. Serial No. 2260899
Rank Cpl. Organization Co.H., 362nd Inf.

33. Consigned to:

Name of Permanent Cemetery SURESNES AMERICAN CEMETERY #34

34. Casket boxed and marked (Date) Sept. 23rd, 1921 By B. F. Fair

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 [Signature]
O. E. Davis, 1st Lt., Q.M.C.

36. Remarks

37. Shipped from point of Operation: (Date) Sept. 23rd, 1921

To point of Concentration Bassens (Gironde)

Convoyer Charles F. Schiller Signature Shipping Officer [Signature]
S.D. CAMPBELL, Capt. Q.M.C.

38. Received at Railhead or Point of Concentration: Date 23 SEP 1921

By G.R.S. Representative W. R. NICHOLS
Major C. A. C.

39. Shipped from Railhead or Point of Concentration: Date Oct 14 1921

Permanent Cemetery Paris Morgue

Jack Roberts Signature Shipping Officer [Signature]

Date October 19th, 1921

Representative R. G. RICHARDS, 1st Lieut. Q.M.C.

Suresnes Cemetery. October 19th, 1921.
(Date)

17. Section

43. ~~Block~~ Block A. Row 14.

G.R.S. Representative [Signature]
R. G. RICHARDS,
1st Lieut. Q.M.C.

COMPILATION OF DISPOSITION OF REMAINS DATA

File No. 49252

1. LOCATION INDEX CARD:

(a) Name ANDERSON, Lee M. Ser. No. 2260899)
 (b) Rank Cpl. Organization Co. H. 362nd Inf.) TYP. EML
 (c) Date of death 9-29-18 of death K/A) CKR. ll

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

(a) Grave No. 152 Row --- Plot --- Sect. ---) TYP. ILH
 (b) Emerg. Address Mr. Peter Anderson, (Father), R. R. #1, Bozeman, Montana.

111. Files of soldiers dying from contagious diseases; No Card) CKR. ll

IV. A.G.O. DISPOSITION CARD:

Date of receipt None

(a) Name Peter Anderson (b) Relationship Father
 (c) Address R.F.D. #1, Bozeman, Montana
 (d) Remains to be brought to U. S.? No
 (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 JOB Date 4/30/ 1920

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

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

No Correspondence

Examiner's Initials JOB Date 4/30/ 1920

VI. G.R.S. Files - Correspondence - shows as follows:

No request for disposition

(a) Cancellation memos referred to? Yes - aa

Examiner's Initials aa Date 5-1- 1920

COUNTRY FRANCE CEMETERY NO. 27 SHEET NO. 17
 G.R.S. Form #115
 Amended April 6, 1920. Make Form #114

FORM 115 - A COMPLETED

Checked ll
10/20/20

Returned for
concentration 11-8-21

553

Typed by _____, Checked by _____, 1920



III. FINAL ACTION:

Following advice forwarded to Europe by- (cable on _____, 1920

(letter on MAY 10 1920, 1920

May 10th

OCT 27 20

Par. # 2 not to be returned - MB 10-20-20

C O R E C T I O N S

IX.

Change of advice

Action taken

CENTRAL DIVISION
OVERSEAS PRODUCT SECTION

Desires body be

Body to be shipped to



DEC 1 1920

RECEIVED

X. SUSPENSION REMARKS:

Form 120 - 7/17/20 Father (nearest of kin) confirms previous instructions that "Body Remain in France."

v.c.k.

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

HK

NOV 29 1920

You have failed to furnish this office the names and addresses of those persons indicated by the blue arrow on the enclosed form.

You are requested to furnish this office at the earliest practicable moment the name and address of each of those persons indicated by the blue arrow. If those persons are not living you should so state on the attached form and return the same at once to this office, otherwise there will be an endless and unnecessary delay in the handling of this case. Prompt action is necessary.

NS-8794/L

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

27-7

JUL 8 - 1920

FROM: Chief, Graves Registration Service, Q.V.C.
TO: Peter Anderson, R.F.D. #1, Bozeman, Mont.
SUBJECT: Remains of Cpl. Lee M. Anderson

Rush Answer

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

no change

*Mrs. Lee
7-11-20
10-29-20
2 1/2*

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	<i>Deceased was not married</i>		
Soldier's Children	1. (Name oldest first) 2. 3.		
Father	<i>Peder Anderson</i>	<i>Bozeman Montana</i>	<i>R.F.D. #1</i>
Mother	<i>Dorothy A. Anderson</i>	<i>Bozeman</i>	<i>Montana</i>
Brothers	1. <i>Albert E. Anderson</i> (Name oldest first) 2. <i>Leslie O. Anderson</i>	<i>Auburn Bozeman</i>	<i>Wash. Montana</i>
Sisters	<i>Elsie L. Anderson</i>	<i>Bozeman</i>	<i>Montana</i>

The transfer of bodies will be made entirely at Government expense.

Date *July 17, 1920*

Signature *Peder Anderson*

Address *Bozeman, Montana* Relationship *Father*

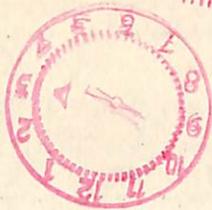
Note: - Instructions on the reverse side of this sheet should be carefully read before filling out this paper.

RECEIVED



DEC 1 1920
G. H. S.

JUL 21 1920
G. H. S.



RECEIVED

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.

49252

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson 2260899 Lee

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

Corporal Co. H 362nd Inf.

(Rank) (Organization)

PLACE OF DEATH: Base Hospital #114

CAUSE OF DEATH: Compound Fracture

DATE OF BURIAL: Nov. 19th 1918

PLACE OF BURIAL: A.E.F. Cemetery #27

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

Merignac, Gironde

GRAVE NUMBER: 152

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: Mr. Peter Anderson

ADDRESS: Route 1 Rozeman Mont.

RELATIONSHIP: Father

REPORTED BY:

Warren C. Highman Chaplain Lt. U.S.A.
(Signature and Rank of Reporting Officer)

This man reported Died 9/29/18

CC309-

CC410 sup Br 208 reports from severely
wounded & in Hospital ~~at~~ 10/14/18.

Classification _____

Adjustments _____

CEMETERY DIVISION
GRAVES REGISTRATION SERVICE
REGISTRATION SECTION

Date 7/1/20

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

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

	COPE.	ADD. DATA		COPE.	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		X	White Card set up		
Casualty Cablegram Number					

O.K. Alphabetical Files A. E. S. 7-7-20

~~O.K. Organization Files~~ _____

~~O.K. State Files.~~ _____

FILE

Cemetery Audit Department
x Investigation & Adjustment Dept.

By Alvin M. Davis

3 Cards attached.

Alvin

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

Date 11/3/19

FROM:- INQUIRY BRANCH.

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

NAME Anderson, Lee M.

Serial Number

RANK Corp.

ORGANIZATION Co H., - 362nd Inf.

NO.	QUESTION	REPLY
1.	Do particulars of soldiers given above agree with Records?	1) # 2260899
2.	Date of Death.	2) 9-29-18
3.	Cause and place of death.	3) Killed in Action
4.	Number of Casualty VCablegram.	4) 463 - Sp. 64
5.	Date buried.	(5) 11-19-18
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	Original burial ✓ 6) grave = 13-2-Amer. City #27 Menignac, (Zivoude) Badoigne
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) (a) - Yes (b) - Yes
11.	Complete Emergency Address?	11) Mr. Peter Anderson, RR #1, Bozeman, Montana
12.	Has above been notified? (Give date)	12) 12-13-18
13.	Report the exact position of your inquiry on this case. (Reply in all cases if no information on record)	(7) Clarence C. Hightower, 1st Lt. G. Chaplain U.S.A.
14.	What is the Photograph No.?	
15.	Inquiry made by?	

Released by Information Control

Dept.

Directory

Cards 5 x 8

Cards 4 x 6

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

Collis

S.F.7/9/19.

201. Anderson, Lee M.

2nd Ind.

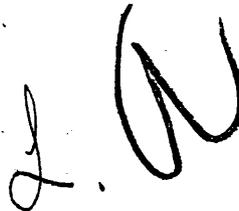
TAR/mt.

Central Records Office, A.G.D., A.P.O.#902, A.E.F., June 19, 1919 -
To Chief, Graves Registration Service, A.P.O.#717.

It is requested that the writer of original correspondence be furnished with information regarding the burial of Cpl. Lee M. Anderson, formerly a member of Co.H, 362nd Inf. Cpl. Anderson, previously reported wounded in action, is now reported killed in action on Sept.29, 1918.



D. L. STONE,
Colonel, General Staff.



B. B. - 43
14

CAMP GRANVILLE M. DODGE
APO 701
France

April 1, 1919

From: Chaplain James A. Crain, Camp Chaplain.
To: Central Records Office, AEF.
Subject: Requesting information concerning death of Corp. Lee M. Anderson,
Co.H., 362nd Infantry.

1. It is requested that I be furnished with complete information concerning the death and burial place of Corporal Lee M. Anderson, serial number unknown to me, Co.H, 362nd Infantry, 91st Division, reported dead in September 1918.

2. I desire to know particularly the date of his death, the cause of his death (disease or wounds; if disease what disease), place of burial and name of chaplain officiating.

James A. Crain
James A. Crain
JAC

RECEIVED
14 AVR 1919
CENTRAL RECORDS OFFICE

GEN. RECORDS OFF.
D
G
A
Lee M. Anderson
Lee M.

Address unobtainable

[Handwritten mark]

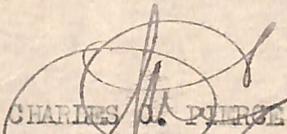
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE.

February 10th, 1919.

MEMORANDUM TO : Sgt. Hoffecker, G.R.S., C.R.O., A.P.O. 902, A.E.F.
SUBJECT : Anderson, Lee M. Cpl. Co. H, 362nd Inf.

49 452

1. On C.C. #309, the above was reported to have been killed in action on September 29th. On sub paragraph 208, C.C. #410, the status is changed to show, wounded and in hospital October 14th, this sub paragraph, no doubt, is a correct adjustment of the previous report. However, Grave Location Blank has been received, submitted by Chaplain C.C. Hightower, reporting the above to have died at Base Hospital #114 of a compound fracture and buried November 19th in the A.E.F. Cemetery at Merignac, Gironde, grave 152. Both identification tags were accounted for, one having been buried with the body and the other fastened to the grave marker. As additional information, he reports that nearest relative is Mr. Peter Anderson, Route 1, Rozeman, Montana. You will transmit this information to the proper parties at the C.R.O. and advise what action they take to correct the status of this man.


CHARLES O. PURSE
Lieut. Colonel, G.M.C., U.S.A.
Chief, G.R.S.

CMN/pf.

Returned. The above soldier was evacuated fr. BH 32. 11-5-18 & admitted to BH 114; 11-7-18. died at BH 114 on nov. 17-1918. S. P. will make the necessary corrections.

Sgt. Hoffecker.


4/10