

23

To The A. G. O.

G.R.S. Form #114-B

JAN 7 - 1926

1949

293

FULL NAME ANDERSON, Leo *Sol. aig.*

RANK Private SERIAL 2048837

DIVISION & ORGANIZATION Hdq. Co. Classification Camp (85 Division)

DATE OF DEATH 2-5-1919 *OK per also 6/24/27*

STATE FROM WHICH HE CAME *Michigan*

MEDALS OR DECORATIONS AWARDED *none* 28 7
9-8-1922 54 14 B

FINAL GRAVE LOCATION Date Grave Row Block
Oise Aisne American Cemetery # 608
Cemetery

*Mother's
single*

23/306/ARK

AUDITED BY
A G O
JAN 7 1926
RECORDS DIV.

name used as a grave marker.
If name unknown and tags missing, description and marks should be given here?
NEAREST RELATIVE: *Mr. Albert Adams*
ADDRESS: *Trascott Michigan*
RELATIONSHIP: *Father*
REPORTED BY:
Corporal J.A. Horan
(Signature and Rank of Reporting Officer).
This portion to be forwarded to Central Records Office, A. G. O., A. E. F.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

~~Anderson~~ 2048837 Leo
(Surname). (Number). (First Name and Initials).

Pvt Hqs. Co. Class. Camp. 85. Div.
(Rank). (Organization).

PLACE OF DEATH: Blois, France

CAUSE OF DEATH: Spinal Meningitis

DATE OF BURIAL: February 7, 1919

PLACE OF BURIAL: Blois, France

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

American plot

French Catholic Cemetery

GRAVE NUMBER: 129

HOW MARKED: Name Peg? Cross?

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. Albert Adams

ADDRESS: Trascott, Michigan

RELATIONSHIP: Father

REPORTED BY:

Corporal J.A. Horan

(Signature and Rank of Reporting Officer).

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Anderson	3	144
BURIED	Les		
	CEMETERY	1	2
	GRAVE	2	28
	ROW	2	07
	BLOCK	1	2
STATE	Mich	2	26
RANK	Pvt.	1	2
DIVISION	85	2	85
ORGANIZATION	Classification	3	XX
ARM	Camp	1	X
MARITAL	No	1	2
NAME	Anderson	3	144
RESIDENCE	Thomas (Mother)		
	STATE	2	26
	COUNTY	2	32
	CITY	3	
RELATION	Bay City Mich	1	1
OTHER		1	
ELIGIBILITY	head (4-12-31)	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE		1	
29/514/			

audited
 DEC 11 1931
 V.D.
 PAR

Anderson, Leo

608

Pvt., Hq. Co., Cross Camp 85th Div. Serial 204883

vd

Mother

died 4-12-31

~~Widow~~

Single

C-159005

~~Loco~~

~~Step-M~~

Adm + Bro

Thomas Anderson

2603-7-st

Bay City Mich.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M

Anderson, Leo (O-A) M

September 28, 1931

ed

Mrs. Agnes Adams,
Sebowaing,
Michigan.

Dear Madam:

Reference is made to previous correspondence relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930. To date information has not been received as to whether or not you desire to make a pilgrimage during the summer months of 1932, in honor of the deceased veteran named above.

In order that the records may be complete, and arrangements made accordingly, it is requested you complete the form below by writing in the space provided, your answers to the questions listed, sign your name, and return this letter in the enclosed envelope which requires no postage.

1. Do you desire to make a pilgrimage in 1932?	
2. Please state your age and condition of health:	Age: Health:
3. Do you speak English?	
4. What other language do you speak?	

Sign here

For The Quartermaster General,

Very truly yours,

Encl:
Env.

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM-293-AM

Anderson, Leo Pvt. (O-A) M-

July 9, 1931.

Mrs. Agnes Adams,
Sebouwing, Michigan

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1932 to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929, as amended.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or "Undecided" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all eligible mothers and widows who did not make a pilgrimage at the expense of the Government during 1930 and are not making the journey in 1931.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932? _____

Write answer here

Sign here

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Leo Pvt. 608-M

April 2, 1931

Mrs. Agnes Adams,
Sebowaing, Mich.

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.

The records of this office show that you are the ^{mother} of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?

2. Do you desire to make the pilgrimage in the calendar year 1931?

3. Please give your age and state your health.

Age
Condition of Health

4. Do you speak English?

5. What other language do you speak?

For The Quartermaster General,

Very truly yours,

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

Enclosures:
Envelope
Act
Amendment

DISPATCHED
1931 APR 2 PM 11 13
U.S. M. Q. M. G. DIV.

QM 293 A-M

October 9, 1930

Anderson, Leo Pvt 608 M

Mrs. Agnes Adams
Sebawaing
Michigan

Dear Madam:

A reply has not been received to office letter of recent date relative to the pilgrimage to the cemeteries of Europe, authorized by the Act of Congress of March 2, 1929, as amended May 15, 1930.

The records of this office show that you are the mother of the deceased veteran named above and in order that plans may be completed for conducting the pilgrimages in 1931, it is requested you answer the following questions by filling out the blanks left therefor and return the letter to this office in the enclosed envelope which requires no postage.

1. Do you desire to make this pilgrimage?	
2. Do you desire to make the pilgrimage in the calendar year 1931?	
3. Please give your age and state your health.	Age Condition of health
4. Do you speak English?	
5. What other language do you speak?	

For The Quartermaster General:

Very truly yours,

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

Encls:
Act
Amendment
Envelope

30/150

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Anderson, Iéo -600 M

June 4, 1930.

Mrs. Agnes Adams,
Sebowaing, Mich.

Dear Madam:

Arrangements are now being made for conducting pilgrimages during the year 1931, to the cemeteries in Europe under the provisions of the Act of Congress of March 2, 1929.

To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1931 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing the word "Yes" or "No" in the blank space following the question.

As soon as you have answered the question, please sign your name and return this sheet in the enclosed addressed envelope, which requires no postage. Do not delay, as a prompt reply is essential.

This letter is being sent to all mothers and widows who are not making the pilgrimage in 1930, regardless of whether or not they have expressed a desire to make the pilgrimage.

For The Quartermaster General,

Very truly yours,

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

DO YOU DESIRE TO MAKE THE PILGRIMAGE DURING THE YEAR 1931? _____

(Write answer here)

(Sign here)

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Leo

698

February 8, 1930

Mrs. Agnes Adams,
Sebawaing,
Huron Co., Mich.

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. Leo Anderson, Hdq. Co., Classification Camp, 85th Div. whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, France.

Will you please fill in the answers to the following questions in the space provided on this letter, and return 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?

2. If so, give her complete address.

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.

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, Lee
608

Aug. 27, 1929.

Mrs. Agnes Adams,
Sebewaing, Mich.

Dear Madam:

The records of this office do not indicate that a reply has been received to our communication dated June 20, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

Will you please fill in the answers to the following questions in the space provided on this letter, and return the letter to this office in the enclosed envelope which requires no postage?

Write answers in space below

1. Is the deceased survived by a widow who has not since remarried? If so, give her complete address:

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

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

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Leo

June 20, 1929.

Mrs. Agnes Adams,
Sebawaing, Mich.

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 **Private Leo Anderson, Hdq. Co., Classification Camp, 85th Div. whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Belesles, Aisne, 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 re-married 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.

32

QM 293 A-C

Anderson, Leo

February 9, 1929.

Mrs. Agnes Adams,
Sebewaing,
Michigan.

Dear Madam:

In order to conform to the plans for beautification of the permanent American Military Cemeteries in Europe it has been necessary to make a re-arrangement of the graves in these Cemeteries, which may be considered as permanent for all time.

The enclosed card gives the final resting place of
Anderson, Private, Headquarters Company, Classification Camp,
For The Quartermaster General,

Very truly yours,

J. McCLINTOCK,
Major, Q. M. Corps,
Assistant.

1 Incl.
Record card.

DISPATCHED
M. G. W.
11

To be prepared in triplicate.

DATE February 14, 1928

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, Leo *Mich.* 10. Name _____
 2. No. 4048837 11. No. _____
 3. Rank Pvt. 12. Rank _____
 4. Org. Hq.Co., Class.Camp 85th Div 13. Org. _____
 5. D.D. February 5, 1919 14. (a) D.D. _____
 6. C.D. Cerebro Spinal Meningitis (b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 54 Sec. _____ 15. Grave No. _____ Sec. _____
 8. Plot Black B Row 14 16. Plot _____ Row _____
 9. _____ 17. _____
 18. Cemetery Oise-Aisne 19. Commune or town Seringes-et-Nesles
 20. Dept. or County Aisne 21. Country France
 22. G.R.S. Hdqrs. Code No. 608
 23. Disinterred (Date) February 14, 1928 By Charles E. Spahn
 24. Inscription on grave marker:
 Name ANDERSON, Leo Serial No. 4048837
 Rank Pvt. Organization Hq.Co., Class Camp 85th Div
 25. Was identification disc found on grave marker? _____ On body? _____

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).

 27. Condition of body _____
 28. Nature of burial Metallic casket
 29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? _____
 30. Body prepared and placed in casket: Date _____ By _____
 31. Casket sealed by _____

Signature of Embalmer, (Supervisor)

Charles E. Spahn
Charles E. Spahn

SHIPMENT. (Show actual marking of box.) Box No. _____

32. Designation of body:

Name ANDERSON, Leo Serial No. 4048837

Rank Pvt. Organization Hq. Co., Class. Camp 85th Div.

33. Consigned to:

Name of Permanent Cemetery Oise-Aisne, Seringes-et-Besles, Aisne

34. Casket boxed and marked (Date) February 14, 1928 By Charles E. Spahn

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

Charles E. Spahn
Charles E. Spahn

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 _____

(Name)

Convoyer _____

Signature Shipping Officer

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred February 14, 1928, Oise-Aisne American Cty.
(Date)

42. Grave No. 28 Section _____

43. Plot Block B Row 7

G.R.S. Representative *William E. Moore*

William E. Moore, Superintendent.

REPORT OF DISINTERMENT AND REBURIAL

Date February 14, 1928.

1. REMAINS OF ANDERSON, Leo Hq. SERIAL NUMBER 4048837
 RANK Private ORGANIZATION Hq. Co. Class Camp 85th Div.

2. Disinterred (date) February 14, 1928 From (give complete location):
Grave 54, Block B, Row 14

By: Group _____ Cty. _____ Unit _____

3. Reburied (date) February 14, 1928 In (give complete location):
Grave 28, Block B, Row 7

By: Group _____ Cty. _____ Unit _____ Nature of reburial Metallic casket

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

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

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

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

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair—Color _____

Quantity _____

Characteristics _____

(d) Hair on face—Color _____

Location _____

Quantity _____

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

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

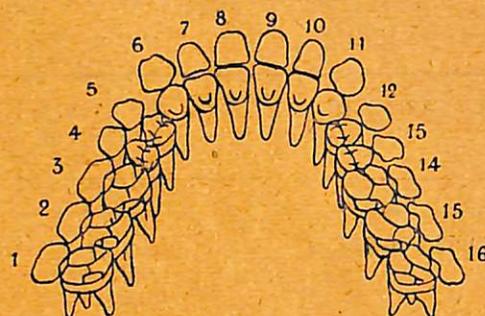
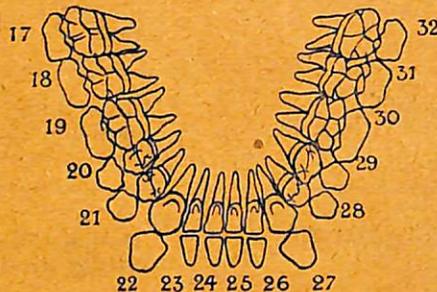


Diagram represents the mouth wide open



7. Disinterment supervised by Charles B. Spahr Approved: _____
 (Title) _____

8. Reburial supervised by Charles B. Spahr Approved: _____
 (Title) _____

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

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

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No 6.

6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO ~~QM~~ 293 A-C
ANDERSON, Leo Pvt.

April 19, 1924

Mrs. Agnes Adams,
Sebewaing,
Michigan.

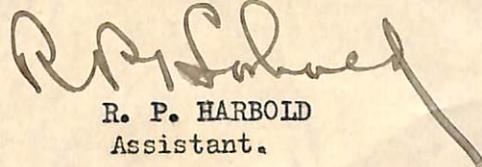
Dear Madam:

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 military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded 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,


R. P. HARBOLD
Assistant.

1-Incl.
Record card.

FILE

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

WASHINGTON, D. C.

OFFICIAL BUSINESS



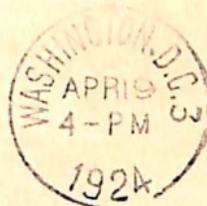
UNCLAIMED.

Mrs. Agnes Adams,

Sebewaing,

Michigan.

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



Soldier's  Overseas
Grave

Name Leo Anderson

Rank Private

Organization Headquarters Company,
Classification Camp, 85th Division

Grave No. 54 Row 14 Block B

Cemetery Oise-Aisne American

Location Seringes-et-Nesles, Aisne, France

Anderson,

Lee

2,048.837

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt

Hq Co Classification Cp Div

(Rank and organization.)

State your relationship to the deceased

Mother

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 remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Mrs. Agnes Adams.

No Street number

Libewany

Mich.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

QM 293 A-C

April 19, 1924

ANDERSON, Leo Pvt.

Mrs. Agnes Adams,
Sebowaing,
Michigan.

Dear Madam:

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 military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the 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.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded 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,

1-Incl.
Record card.

Q.M.G.
W.M. & H. P. HARBOLD
Assistant.

MFK

702



APR 19 1924
H.

To be prepared in triplicate.

DATE Nov 7th 1921

Car

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body
Tag on body reads,

1. Name ANDERSON, Leo

10. Name

2. No. 4048837

11. No. "2048837"

3. Rank Pvt

12. Rank

4. Org. Hq. Co. Classification, Camp 85th Division

13. Org.

5. D.D. Feb. 5, 19

14. (a) D.D.

6. C.D. Cerebro Spinal Meningitis, Meningo

(b) D.B.

Discrepancy found upon disinterment

7. Grave No. 129 Sec.

15. Grave No. Sec.

8. Plot 9 Row

16. Plot Row

9.

17. none

18. Cemetery Munic. Cty. Am. Plot

19. Commune or town Blois

20. Dept. or County Loir-et-Cher

21. Country France

22. G.R.S. Hdqrs. Code No. 57

23. Disinterred (Date) Nov 7th 1921

By E.J. Frank

24. Inscription on grave marker:

Name Leo Anderson

Serial No.

Rank Pvt

Organization Hq. Co. Classification
Camp 85 Division

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

W.N. Tucker
Signature Junior Technical Assistant

W.N. Tucker

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).

none

27. Condition of body badly decomposed, features unrecognizable.

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? yes - see Par 11

30. Body prepared and placed in casket: Date Nov 7th 1921 By E.J. Frank

31. Casket sealed by E.J. Frank

Signature of Embalmer, (Supervisor)

E.J. Frank
Signature of Embalmer
AUDITED BY
12-22-25

57

SHIPMENT. (Show actual marking of box.) Box No. C-12126

32. Designation of body:

313 Name ANDERSON, Leo Serial No. 4048837
Rnk Pvt Organization Hq. Co. Classification Camp 85th Division

33. Consigned to:

Name of Permanent Cemetery Oise-Aisne Amer. Cty. 608, Seringes-et-Nesles (Aisne)
Aisne-Marne Am. Cty. 1764, Belleau-Aisne

34. Casket boxed and marked (Date) Nov 7th 1921 By E. J. Frank

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector *F. Overheiser*
F. Overheiser, 1st Lt. QMC

36. Remarks none

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 Nov 7th 1921

To Permanent Cemetery Oise-Aisne Amer. Cty. 608, Seringes-et-Nesles (Aisne)
(Name)
Convoyer H. F. Tebeau Signature Shipping Officer *G. A. Ross*
G. A. Ross, Capt. QMC

40. Received: Date 16 NOV 1921

G.R.S. Representative G. F. WAUGH

41. Reinterred Sept. 8, 1922, Oise-Aisne Cem. 608, Seringes et Nesles (Aisne)
(Date)

42. Grave No. 54 Section -----

43. Plot BLOCK B Row 14

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

hw

tab

REPORT OF DISINTERMENT AND REBURIAL

Place Blois

Date November 7, 1921.

1. REMAINS OF Anderson, Leo SERIAL NUMBER 4048837

RANK Pvt. ORGANIZATION hg. Co. Classification Camp 85

2. Disinterred (date): November 7th, 1921. From (give complete location): Gr. 129 Plot Q Cemetery 57

By: Group 2 Unit Sec 5

3. Reburied (date): Sept. 8, 1922 In (give complete location): Gr. 54, Block B, Row 14, Oise-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:

Pine box and uniform, body decomposed, skeleton disarticulated

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

(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) impossible to ascertain

(b) Weight (estimated) impossible to estimate

(c) Hair—Color none visible

Quantity none

Characteristics none

(d) Hair on face—Color none

Location none

Quantity none

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

impossible to determine

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

MAD 2 3 4 8 9 10 12 13 MBD 30
PE 17 32 cavity 19

post mortem on skull.

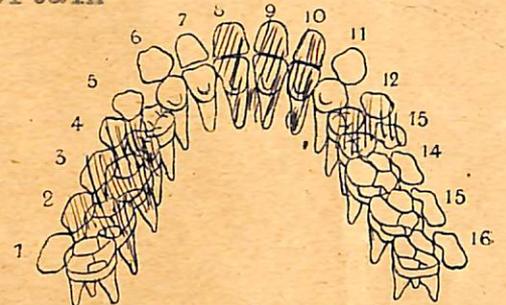
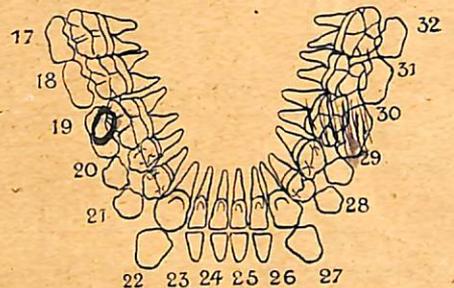


Diagram represents the mouth wide open



7. Disinterment supervised by W. N. Tucker Approved: [Signature]

8. Reburial supervised by E. Frank (Title) Overheiser
L.D. Hays (Title) 1st Lieut QMC
[Signature] (Title) C.J. Blake
[Signature] (Title) 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.

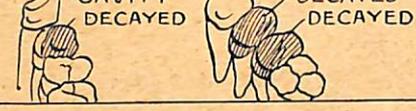
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

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.

Waverly

1667

COMPILATION OF DISPOSITION OF REMAINS DATA

File #93456

Examined for
Pres-Arene
#608
1-11-22
Contributed
att 2/4/22

1. LOCATION INDEX CARD:

(a) Name ANDERSON, Lee Ser. No. 2048837) TYP. HDP
 (b) Rank Private Organization Hdqs. Co. Class Camp 85th Div.) CKR. all
 (c) Date of death 2-5-19 of death Cerebro Spinal Meningitis

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

(a) Grave No. 129 Row --- Plot --- Sect. ---) TYP. ILH
 (b) Emerg. Address Mrs. Agnes Adams, (Mother), RFD #2, Prescott, Michigan.

111. Files of soldiers dying from contagious diseases; Card agrees with-) CKR. all

IV. A.G.O. DISPOSITION CARD:

Date of receipt Novel

(a) Name Mrs. Agnes Adams (b) Relationship Mother
 (c) Address Schwaning, Mich.
 (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 P.L. Date 5-8-1920

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

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

No Correspondence

Examiner's Initials mm Date 5-8-1920

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

Lacy A. P.C. Schwaning, Mich. (Friend for Family).
States mother wishes remains left in
France

(a) Cancellation memos referred to? Yes - M. J. B.

Examiner's Initials MAB Date 5-11-1920

Checked
by
12-11-22

CEMETERIAL DIVISION

RECEIVED

JAN 5 1921

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

Typed by _____, Checked by _____, 1920



CEMETERIAL DIVISION
OVERSEAS DEPARTMENT
1920

VIII. FINAL ACTION:

DEC 27 1920

Following advice forwarded to Europe by-
(cable on _____, 1920
(letter on **MAY 13**, 1920

Par. # 2. Not to be returned AP 12/22/20

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

Form 120-81 - Mother, nearest of kin, Mrs Agnes³¹ Adams, confirms previous shipping instructions that the body remain in France.

F.D

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

JAN 5 1921

C.M

AUG 27 1920

57 - 3

epp

FROM: Chief, Graves Registration Service, Q.M.C.

TO: Mrs. Agnes Adams, Sebawaing, Mich.

SUBJECT: Remains of Pvt. Lee Anderson, Hdqs. Co., Class Camp 85th Div. (2046837)

Rush Answer

The records of this office show that you have requested that his body remain in France.

*no change
and*

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

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

By authority of the Quartermaster General:

CHARLES C. PIERCE,

Major, U.S.A.

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 these relatives are STILL LIVING!

Was soldier married?

NAME OF	NO. & STREET	TOWN	STATE
Soldier's Widow	<i>None</i>		
Soldier's Children	1. <i>None</i> 2. <i>None</i> 3. <i>None</i>		
Father	<i>John Anderson (died July 12, 1907)</i>	<i>Sheehan</i>	<i>Mich</i>
Mother	<i>Mrs. Agnes Adams</i>	<i>Sebawaing</i>	<i>Mich.</i>
Brothers	1. <i>John Anderson</i> 2. <i>George Anderson</i> 3. <i>Tommy Anderson</i> (Name oldest first) 4. <i>Dewey Anderson</i>	<i>Detroit</i> <i>Sebawaing</i> <i>Prescott</i> <i>Sebawaing</i>	<i>Mich</i> <i>Mich</i> <i>Mich.</i> <i>Mich</i>
Sisters	1. <i>Myrtle Ross</i> 2. <i>Margaret Anderson</i> 3. <i></i> (Name oldest first)	<i>Detroit</i> <i>Detroit</i>	<i>Mich</i> <i>Mich.</i>

GENERAL DIVISION
OVERSEAS PROJECT SECTION

SEP 7
RECEIVED

*Noted on
H.S. Form*

Date *Aug. 31, 1920*

Signature *Mrs. Agnes Adams*

Address *Sebawaing, Mich.*

Relationship *Mother*

Aug. 31 1920.

I, the undersigned, am the mother and nearest living relative of the within
(Relationship)
named 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~~ _____
(Name)

(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 Mrs. Agnes Adams

INSTRUCTIONS FOR FILLING OUT

1. If definite instructions as to the disposition of a body are not received from the nearest relative within 2 weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

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 living relatives in the spaces provided therefor on the other side of this sheet.

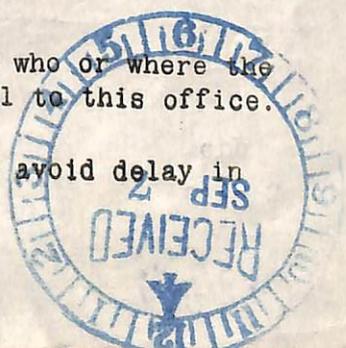
5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

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

7. 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.

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

9. Use the enclosed envelope - pay no postage.



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

57-3

CJB

MAY 12 1920

FROM: Chief, Graves Registration Service, Q.M.C.
TO: Mrs. Agnes Adams, Sebawaing, Mich.
SUBJECT: Remains of Pvt. Lee Anderson

The records of this office show that you have requested that his
body be Not returned to United States

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 _____

V.A.H.
Address _____ Relationship _____

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

181044

1970

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.

AGO report-12/26/23.

Serial 2048837-OK.

No record of Serial 4048837.

RW.

The American Red Cross

sends you the photograph of the grave of

this American Soldier

who gave his life for his country

93456 95629
Card Dept. 667

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

1. Items checked are to be completed:

() Surname: ANDERSON
() Number: 4048837
() First name: Leo *O.K.*
() Rank: Private
() Company: Hq.
() Organization: Class Camp 85th Div.
() Date of death: 2/6/19
() Cause:
() Place:

Location of hospital:

Number: "
Class: "
(X) Relative: "*Mrs. Agnes Adams.*
(X) Relationship: "*Mother*
(X) Address: "*R.F.D. #2 Prescott Michigan*
() Authority:
Cablegram No: 455 - 459
Telegram from: "

dated:

- () Reported to Washington:
C.C. Nos:
(Underscore the "official" C.C.)
() Remarks:
() Show present status on reverse side.
CC 455 ANDERSON 2048837 Leo DD. 2/6/19.
CC 459 ANDERSON 4048837 Leo DB. 2/5/19
Which is correct? CHARLES C. PIERCE,
Lieut.-Colonel, Q.M.C., U.S.A.

Initials of Reporter:

JP
REVIEWED
OSP SS.

93456

1. G. R. S. Form No. 1. G. R. S. File

2. Soldier's No. 2048837

3. *Anderson* *L. J.*
Surname (in block letters) First Name and Initials

4. *Private* *Hedge* *Class Camp 55th Div.*
Rank Company Regt. or Corps

5. *Feb. 5. 1919* *Pronch's Prison*
Date of Death Cause, if known

6. *Feb. 6. 1919* *Anderson Plot*
Date of Burial Cemetery

7. *Blois* *Loire et Cher*
Town or Commune (in block letters) Department

8. *129* *Q*
Grave No. Plot No. or Letter

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

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

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

57

REVIEWED
OSP SS.

12.
Map reference, if interment is outside of cemetery

13. *Chaplain*
Give name of Chaplain or Burial Officer

Signed *Cooper*

Group Unit *302* G. R. S.

A.P.O. 726

1. G. R. S. Form No. 1 Hq. G. R. S. File

2048837

2. Soldier's No.

Anderson

Leo

3. Surname (in block letters) First Name and Initials

Pvt

Hqrs Co

Class Camp 85 Div.

4. Rank Company Regt. or Corps

February 5, 1919

Spinal Meningitis

5. Date of Death Cause, if known

February 7, 1919

Amer. plot

6. Date of Burial Cemetery

Blois Loir-et-Cher

France

7. Town or Commune (in block letters) Department

129

8. Grave No. Plot No. or Letter

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

10. Buried with Body? ^{Yes} Attached to Grave Marker? ^{Yes}
Identification Tags

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

REVIEWED
OSP SS.

12. Map reference, if interment is outside of cemetery

13. Chaplain Allgood
Give name of Chaplain or Burial Officer

Signed Corporal J. Moran

Group..... Unit..... G. B. S.

92456
GRAVE LOCATION BOOK

LOCATION OF THE GRAVE OF

Anderson 2048837 Leo

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

Pvt Hqs Co Class Camp 85 Div.

(Rank). (Organization).

PLACE OF DEATH: Blois, France

CAUSE OF DEATH: Spinal Meningitis

DATE OF BURIAL: February 7, 1919

PLACE OF BURIAL: Blois, France

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

American plot

French Catholic Cemetery

129

GRAVE NUMBER:

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

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

IDENTIFICATION TAGS:

Yes

Was one buried with body?.....

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?

Mr Albert Adams

NEAREST RELATIVE:

Trascott Michigan

ADDRESS:

Father

RELATIONSHIP:

REPORTED BY:

Corporal J.A. Horan

(Signature and Rank of Reporting Officer).

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

REVIEWED
OSP S.S.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

ANDERSON, 4048837 Leo
(Surname). (Number). (First Name and Initials).

Pvt. Hq. Co. Class Camp 85th., Div.
(Rank). (Organization).

PLACE OF DEATH:.....

CAUSE OF DEATH:.....

DATE OF BURIAL:.....

PLACE OF BURIAL:.....

(Give Cemetery, Town and Department). Map reference 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.

cty. #57

Phoned by
Richards

G.R.S. Form #8-W; A.G.O. Liaison

93456

Date 4/13/20

Memo. For: G.R.S. Representative, A.G.O.
Subject: Information required for G.R.S.

- 1. Items checked are to be completed.

Surname *Anderson*

Number *2048837*

First name *Leo*

Rank *Pvt.*

Company *K.*

Organization *337th Inf.*

Date of death *2/6/19*

Cause *C. S. Meningitis*

Emergency address *Mrs. Agnes Adams*
R.F.D. # 2, Prescott, Michigan
Relationship.

Mother

Authority (C.C.#) *455*

Note: If this man is not dead show present status, and in case of discharge, show date and place. If case is under investigation, make notation to that effect.

REVIEWED
CSP SS.

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

Chief, Graves Registration Service.

Cty. 57

File # 93456.

G.R.S. Form # 8-11; A.G.O. Liaison.

934

Date 4-13-20

Memo. For: G.R.S. Representative, A.G.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed.

Surname ANDERSON,

Number 2048837

First name Leo.

Rank Pvt.

Company K.

Organization 337th Inf.

Date of death 2-6-19

Cause C.S. Meningitis.

Emergency address, Mrs. Agnes Adams.
R.F.D. # 2 Prescott, Mich.

Relationship. Mother.

Authority (C.C.#) 455

Note: If this man is not dead show present status, and in case of discharge, show date and place. If case is under investigation make notation to that effect.

WrB/HS 4-23-20

**REVIEWED
OSP SS.**

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

Chief, Graves Registration Service.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE BWL 1-213
WASHINGTON

IN REPLY 201 (Anderson, Lee) WW
REFER TO

February 6, 1920

93456

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

Subject: Date of death of Lee Anderson, #2048837, Private,
Headquarters Co., Classification Camp, 85th Division.

1. Upon investigation, it has been ascertained that the date of death of the above named man heretofore communicated to you, is erroneous, and that February 5th, 1919 is the correct date.

2. For purpose of identification, you are advised that the records show that the deceased was enlisted April 29th, 1918 and the name of the person to be notified in case of emergency was given as: Mrs. Agnes Adams, mother, R.F.D. #2, Prescott, Michigan.

By order of the Secretary of War:

P. C. Harris
The Adjutant General,
per. *[Signature]*

FILE

M 4

REVIEWED
OSP SS.

WAR DEPARTMENT
GRAVES REGISTRATION SERVICE
OFFICE OF THE DIRECTOR OF PURCHASE & STORAGE
WASHINGTON

115
93456

ANALYSIS OF INQUIRY

10/28/19

_____ Circumstances of Death
(Par. #2, Bul. 10-C-W)

_____ Liberty Bonds
(G.R.S. Form 111)

_____ Flowers, Flags, etc.
(Par. #6, Bul. 10-C-W)

_____ War Risk Insurance
(G.R.S. Form 111)

_____ Monument
(Par. #8, Bul. 10-C-W)

_____ Photographs
(Par. #11, Bul. 10-C-W)

_____ Discrepancies in Inscription
(Par. #9, Bul. 10-C-W)

_____ Permanent Burial In
_____ (a) France (G.R.S. Form 106)

_____ Personal Effects
(G.R.S. Form 111)

_____ (b) Other Countries

_____ Accrued Pay
(G.R.S. Form 111)

_____ Return of Bodies From
_____ (a) France (G.R.S. Form 106)
(Par. #12, Bul. 10-C-W)
_____ (b) Other countries

_____ Maintenance
(Par. #7, Bul. 10-C-W)

Remarks: _____

g g.
All particulars

NOTE: In addition to information furnished on Nos. 1, 6, 11, and 12, G.R.S. Form 101-A (Information Blank), supply data on the following:

Nos. 2, 3, 4, 5, 7, 8, 9, 10, 14, 15.

REVIEWED
OSP SS.
H. F. C.

Analysis Clerk.

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

Date October 23, 1919

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

NAME Anderson, Les

Serial Number 4048837

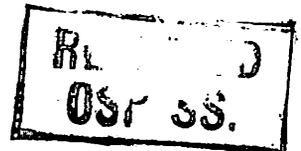
RANK Private

ORGANIZATION 85th Div. Hq. Co. Class Camp

NO.	QUESTION	REPLY
1.	Do particulars of soldier: given above agree with Records?	(1) yes
2.	Date of Death.	(2) February 6, 1919
3.	Cause and place of death.	(3) Cerebro Spinal Meningitis
4.	Number of Casualty Cablegram.	(4) cc 455 also 459 voided by form 8-3/26/19.
5.	Date buried.	(5) February 7, 1919.
6.	Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. (c) Note reinterments.	(6) grave #129 Amer. Cty. Blois, Loir et Cher no Cty. No given.
7.	Who reported burial?	Cty. # 57 Blois, Loir et Cher.
8.	Confirmed by G.R.S.?	Amer. Plot French Municipal Cty.
9.	Report as to Grave Marker.	
10.	Identification Tags: (a) Buried with body? (b) Attached to grave marker?	(10) Not given
11.	Complete Emergency Address?	(11) Mrs Agnes Adams (mother) R. F. D. #2 Prescott, Mich.
12.	Has above been notified? (Give date)	(12) March 17, 1919
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?	

Released by Information Control Dept.

Directory Cards 5 x 8
 X Cards 4 x 6



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

MLB.

m JF 11-15-19

Wrapper Ind.

Camp Personnel Adjutant, Camp Custer, Michigan August 4, 1919 - To - The
Adjutant General, General Headquarters, A. E. F. RETURNED

1. The 85th Division has been completely demobilized and from the retained records on file here it is ascertained that this soldier was evacuated to hospital January 4, 1919 and accordingly dropped from company rules pursuant to General Order 111, G. H. #2, A. E. F., January 4, 1919.

25 AOUT 1919
CENTRAL RECORDS OFFICE

Received
A. G. O.
22 AUG 1919
G. H. Q. A. E. F.

Hugh L. Torbert
Hugh L. Torbert,
Capt., A. G. D., U.S.A.,
Ass't. Camp Personnel Adjutant.

REVIEWED
OSP SS.

Req No. 2074

File 93456

ANDERSON, Leo

OK/K

93456

AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE.

FROM : Chief, GRS., Hq. SOS., A.E.F., A.P.O. No. 717.
TO : Miss Valta Martini, Secy American Red Cross, Sobowaing,
Michigan
SUBJECT : Return of body to the United States. Private Leo Anderson

1. Replying to your letter of April 3, 1918, it is regretted that no requests for the transfer of the bodies of our dead can be favorably considered at the present time.

2. Our present instructions are to the effect that nothing will be done until the matter of removal shall have been taken up as an entire project with a view to its execution as an entire project; and that the bodies will remain in the custody of the G.R.S., until the policy shall have been determined and announced.

3. Notation of your request has been made, and action will be taken as nearly in accordance therewith as may be possible in accordance with the instructions received from Washington relative to the procedure governing the disposition of the bodies after the War.

4. There is enclosed herewith G.R.S. Bulletin #10-B entitled, "Information for the Friends of Our Dead", which will answer some of the questions that are likely to arise in your mind.

LV.

Handwritten signature

CHARLES C. PIERCE,
Lieut.-Colonel, G.M.C., U.S.A.

RECEIVED
OSP SS.

1st Ind.

MCT-59

War Department, A. G. O., April 12, 1919. - To the Commanding General,
A. E. F.

Received
A. G. O.
6 MAY 1919
C. G. O. S. S.

Misc

17 12 1
2 11 1
3 10 2
4 9 3
5 8 4
6 7 5
O.C.O.S., A.E.F.
REC'D
15 Mai 19
Adminis. Div
A

(Misc) 20851-A-317

2nd Ind.

R
whe

G.H.Q., American E. F., May 12, 1919.--To C.G., S.O.S. - Graves
Registration Service.

Approved. This request will be made of record.

By command of General Pershing:

1 Incl.

G.P.S.
A

J. M. Woodcock
Adjutant General

RECEIVED
14 May 1919
A. G. O.
C. G. O. S. S.

REVIEWED
OSP SS.

14

(Miss) 20851-A-317 who

France, May 12, 1919.

Adjutant General

Miss Valta Martini, Secy American Red Cross, Sebawaing,
Michigan.

Disposition of remains of Pvt. Leo Anderson.

1. The Commander-in-Chief directs me to acknowledge receipt of your letter of April 3rd, 1919, communicating the request of the mother of Pvt. Leo Anderson, (#2,048,837) that the body of this soldier should remain in France, and to inform you that her wishes will be complied with.

2. The Commander-in-Chief also directs that his sympathy be conveyed to the soldier's mother in the great loss which she has sustained in the cause of our Country.

J. M. DONLON,
Adjutant General

REVIEWED
OSP SS.

NATIONAL OFFICERS

WOODROW WILSON PRESIDENT
ROBERT W. DE FOREST VICE-PRESIDENT
JOHN SKELTON WILLIAMS TREASURER
JOHN W. DAVIS COUNSELOR
STOCKTON AXSON SECRETARY

WILLIAM HOWARD TAFT CHAIRMAN CENTRAL COMMITTEE
ELIOT WADSWORTH VICE-CHAIRMAN
HARVEY C. GIBSON GENERAL MANAGER

RED CROSS WAR COUNCIL

BY APPOINTMENT OF THE PRESIDENT OF THE UNITED STATES

HENRY P. DAVISON, CHAIRMAN
JOHN D. RYAN
CORNELIUS N. BLISS, JR.
GEORGE B. CASE
HARVEY D. GIBSON

EX OFFICIO
WILLIAM HOWARD TAFT
ELIOT WADSWORTH



THE AMERICAN RED CROSS

HURON COUNTY CHAPTER

HEADQUARTERS HOME SERVICE SECTION

BAD AXE, MICHIGAN

CIVILIAN RELIEF COMMITTEE

C. D. THOMPSON, CHAIRMAN
A. CORNELL
GEO. M. CLARK
JOHN J. CAMPBELL

HOME SERVICE SECTION

MISS VALTA MARTINI, SECRETARY
SEBEWAING, MICH.

*Sebewaing, Mich.
April 3d. 1919.*

*Re:
Pvt. Leo Anderson, serial
2,048.837.*

*To
Adjutant General
War Department
Washington, D. C.*

*Gentlemen:- The mother of above
named man has received such
good information in regard to the
death and burial of her son she feels
perfectly satisfied that his body
grave will always be well cared
for "Over There"*

REVIEWED
OSP SS.

*Yours truly
Valta Martini*

*1. G. O. S. O. S.
201-Anderson, ser*

NAME

Leo Anderson

FILE NUMBER

93436

SERIAL NUMBER

2048837

RANK Pvt ORGANIZATION

NO. QUESTION REPLY

1. Do particulars of soldier given above agree with records? *① Hq Co Class Camp 85 Div.*

2. Date of Death *② 2-6-19*

3. Grave Location: *③ CTY # 57 - GR # 129 - AM - CTY - Blois, LOIRET - CHER -*

4. Who reported burial? *④ CPL - J. A. HORAN.*

5. Confirmed by G.R.S. *⑤*

6. How is grave marked? *⑥ NO INFO*

7. Identification Tags: *⑦*

(a) Buried with Body *⑧ yes*

(b) Attached to grave marker *⑨ yes*

8. Emergency address: *⑧ Mrs. Agnes Adams (MTR) RFD # 2, Prescott, Michigan.*

9. Has above been notified? (Give date) *⑨ yes 3-19-19*

CO # 455 + 459 also

RRB

ANALYSIS OF INQUIRY

Flowers, flags etc. (Par. #5, Bul, 10-B)

Effects (G.R.S. Form Nos 7 & 7-A)

Monuments (Par. #6, Bul. 10-B)

Accrued Pay (G.R.S. Forms 19 & 22)

Disinterments (Par. #8, Bul. 10-B)

Liberty Bonds (G.R.S. Forms 21 & 22)

Circumstances of death (G.R.S. Form No. 6)

War Risk Insurance (G.R.S. Forms 20 & 22)

Photograph requested (File 004.5)

Disposition of Remains (a) Return to U.S.) Form 23

Grave Location

(b) Remain in France Form 24

(c) Miscellaneous letter

REMARKS:

REVIEWED
OSP SS.