24

To The A. G. O.

G.R.S. Form #114-B

JAN 7 - 1926

2030

FULL NAME ANDERSON, Leonard Selvey

RANK Private, First Class SERIAL 302330

DIVISION & ORGANIZATION Company L, 168th Infantry

DATE OF DEATH July 28 '18

STATE FROM WHICH HE CAME Wisconsin

MEDALS OR DECORATIONS AWARDED. none.

FINAL GRAVE LOCATION 38 54 5 16 B

Date Grave Row Block

608

Cemetery

C128218
mother
not married

23/306/ARK

AUDITED BY
B.W. 6/4/24

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:

REPORTED BY:

(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

FRACTURED.

7. Disinterment supervised by N. N. Foster H.H.FOSTER.SUP.EMB. Approved A.E.DEWEY.1stLT.QMC. (Title)

8. Reburial supervised by N. N. Foster H.H.FOSTER.SUP.EMB. Approved : A.E.DEWEY.1stLT.QMC. (Title)

ghh.fh

Sub P19 C 3 B5 KL T 12/10

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson, 3 2 3 3 0, Leonard
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co. L, 166 Inf.
(Rank.) (Organization.)

DATE OF BURIAL 7-31-18.

PLACE OF BURIAL Fere en Tardenois Plot.

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

GRAVE NUMBER 12

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:

REPORTED BY:

P.C. Hatch, Chaplain 166 Inf.
(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l., G. H. Q., A. E. F.

RIGHT HUMERUS

FRACTURED.

7. Disinterment supervised by N. N. Foster
H.H. FOSTER. SUP. EMB.

Approved A.E. DEWEY. 1st LT. QMC.
(Title)

8. Reburial supervised by N. N. Foster
H.H. FOSTER. SUP. EMB.

Approved : A.E. DEWEY. 1st LT. QMC.
(Title)

ghh. fh

S.FORM NO.16

Place [redacted]s-(Aisne).

Date June 9, 19.

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: Leonard Anderson. Number: 302330.

Rank: ? Organization: ?

Disinterment and Reburial made by Group Unit 304.

Disinterred (Date) June 9, 19. From (Give complete location)

Cemetery # 621 Grave 280.

Reburied (Date) June 9, 19. in: (Give complete location)

Cemetery # 608 Seringes-et-Nesles(Aisne) Map 33 S.E.

Grave 67 Plot 2 Section G.

608

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

Buried 5 feet deep. Body badly decomposed.

Was one identification tag found upon the body? Yes. One on cr.

What other means of identification were found upon the body? None.

11825

CONFIRMED No. D.....

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.Q., 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: Corp R E Heffner 1st Lt O W Forsberg.

C.O.Group Unit 304.

G. R. S. Form. No. 16-A

REPORT OF DISINTERMENT AND REBURIAL

Place SERINGES ET NESLES CTY 608

Date 5.3.21

1. Remains of ANDERSON, LEONARD Serial Number 302330

Rank PFC Organization CO. L. 168th Inf.

2. Disinterred (date): 5.3.21 From (give complete location): Gr 67 Sect G Plot 2

By: Group FOSTER Unit FIELD SECTION # 7

3. Reburied (date): 5.3.21 In (give complete location): GIVEN NEW LOCATION FOR PURPOSE OF CONCENTRATION Gr 26 Sect K Plot 1

By: Group FOSTER Unit FIELD SECTION # 7 Nature of reburial PINE BOX & BURLAP

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

FEATURES UNRECOGNIZABLE BADLY DECOMPOSED

UNIFORM AND BURLAP

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

(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)

IMPOSSIBLE TO DETERMINE

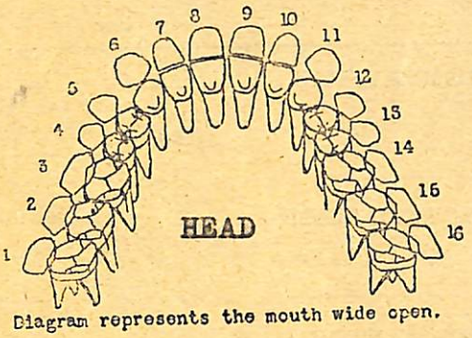
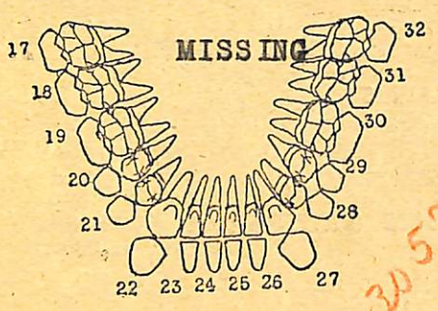


Diagram represents the mouth wide open.



A-30577

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

RIGHT HUMERUS. HEAD AND BOTH JAWS MISSING. RIGHT FEMUR & TIBIA FRACTURED.

7. Disinterment supervised by N. N. Foster H.H.FOSTER.SUP.EMB. Approved A.E.DEWEY.1stLT.QMC.

(Title)

8. Reburial supervised by N. N. Foster H.H.FOSTER.SUP.EMB. Approved: A.E.DEWEY.1stLT.QMC.

(Title)

ghh.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.

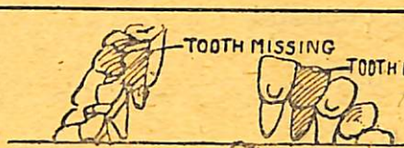
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

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), 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 ol cavity, shade in thus :

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

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

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME Enderson Leonard	AND	3	144
	CEMETERY 608	1	2
BURIED	GRAVE 38	2	38
	ROW S	2	05
	BLOCK B	1	2
STATE	Wisc	2	58
RANK	Pvt 1/c	1	2
DIVISION	42	2	42
ORGANIZATION	168	3	168
ARM	Inf	1	1
MARTIAL Brother	no	1	2
NAME Anderson John		3	
	STATE	2	
800 N. Mason St RESIDENCE	COUNTY	2	
Appleton, Wisc	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Head	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	AL
TRIP	YR.	1	
ACCEPTANCE		1	

AUDITED
MAR 30 1932

RJA
29/514/PJ

2a

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Anderson, Leonard 608 B

July 7, 1930

Mr. John Anderson
800 N. Mason Street
Appleton, Wisconsin.

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?	no
If so, give her name and address:	
2. Is the deceased survived by a widow who has not remarried?	no
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?	no.
If so, give her name and address:	

RECEIVED JUL 12 1930 W. D. C.

For The Quartermaster General,

Very truly yours,

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

Enclosures:
Envelope
Act
Amendment

WISCONSIN MICHIGAN POWER COMPANY
112 E. COLLEGE AVE.
APPLETON, WISCONSIN

800 No. Mason St.,
Appleton, Wis.,
July 31, 1929.

Quartermaster General,
Washington, D.C.

Dear Sir:

In reply to your letter of June 20, the late Private first class Leonard Anderson, Co. L, 168th Inf. has no mother or widow entitled to make the pilgrimage to France. QM 293 A-C.

Very truly yours,
John Anderson
per V.A.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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

June 20, 1929.

Mr. John Anderson,
864 Clark Street,
Appleton, Wisc.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the brother of the late Private first class Leonard Anderson, Co.L, 168th Inf. whose remains are now interred in the Oise Aisne American Cemetery, Seringes-et-Nesles, Aisne, France.

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

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

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

For The Quartermaster General,

Very truly yours,

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

2 incls.
Act of Congress.
Envelope.

QM 293 A-C

Anderson, Leonard February 9, 1929.

Mr. John Anderson,
864 Clark Street,
Appleton, Wisc.

Dear Sir:

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 Leonard Anderson, Private, first class, Company L, 168th Infantry.

For The Quartermaster General,

Very truly yours,

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

LEB

1 Incl.
Record card.

O.M.G.-N. DISPATCHED 11 AM

29/85/

1st Ind. WW AI/1-206

War Department, A.G.O., March 20, 1928. To: The Quartermaster General.

The records of this office show that Leonard Anderson, A.S. #302330, held the rank of private first class at time of death.

By order of the Secretary of War:

Adjutant General.

G.R.S. FORM #114-A.

Oise-Aisne Cty. 608

STATION Seringes-et-Nesles, Aisne

To be prepared in triplicate.

DATE February 6, 1928

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT — COMPARATIVE REPORT

Records of G.R.S. Headquarters.

1. Name ANDERSON, Leonard Misc.
2. No. 302330
3. Rank Pvt., 1/cl.
4. Org. Co. L, 168th Inf. 42nd Div.
5. D.D. July 28, 1918
6. C.D. KIA.

Discrepancy found upon exhumation of body

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

Discrepancy found upon disinterment

7. Grave No. 54 Sec.
8. Plot Block B Row 16
9.

15. Grave No. Sec.
16. Plot Row
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 6, 1928 By P.D.Woodman
24. Inscription on grave marker:
Name ANDERSON, Leonard Serial No. 302330
Rank Pvt., 1/cl. Organization Co. L, 168th Inf.
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 Pine box and burlap
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 February 6,1928 By P.D.Woodman
31. Casket sealed by P.D.Woodman

Signature of Embalmer, (Supervisor)

P.D.Woodman

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

32. Designation of body:

Name ANDERSON, Leonard Serial No. 302330

Rank Pvt., 1/cl. Organization Co. L, 168th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) February 6,1928 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 _____

Convoyer _____ Signature Shipping Officer (Name) _____

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 _____

Convoyer _____ Signature Shipping Officer (Name) _____

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred February 23, 1928, Oise-Aisne American Cty.
(Date)

42. Grave No. 38 Section _____

43. Plot Block B Row 5

G.R.S. Representative William E. Moore
William E. Moore, Superintendent.

G. R. S. Form. No. 16-A

Place Oise-Aisne Cty. 608

REPORT OF DISINTERMENT AND REBURIAL

Date February 6, 1928.

1. Remains of ANDERSON, Leonard Serial Number 302330

Rank Private 1/cl. Organization Co. L. 168th Inf.

2. Disinterred (date): February 6, 1928. From (give complete location):

Grave 54, Block B, Row 16

By: Group Cty. Unit

3. Reburied (date): February 23, 1928 In (give complete location):

~~Morgues~~ Grave 38, Block B, Row 5

By: Group Cty, Unit. Nature of reburial casket

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

Pine box and burlap

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

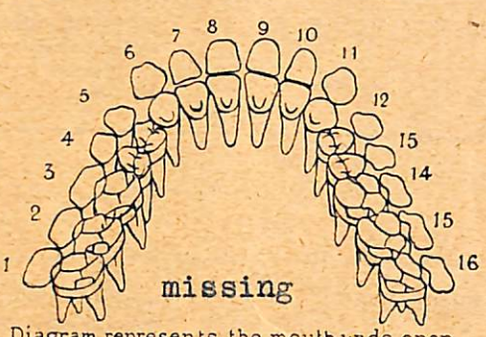
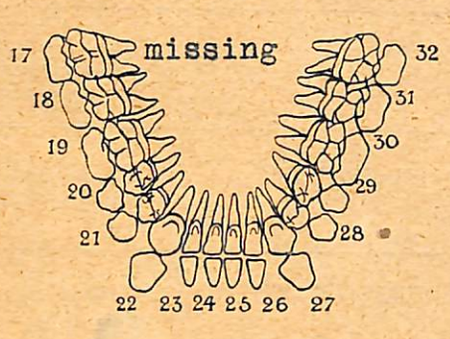


Diagram represents the mouth wide open



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

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

Right tibia fractured middle. Right femur fractured lower end. Right humerus missing. Right clavicle missing. Head and both jaws missing.

7. Disinterment supervised by O. D. Woodman Approved: W. E. Moon

(Title)

8. Reburial Supervised by Charles E. Yahn, 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 wohm 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 shoudl 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 jwas 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) thu :	
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES)	Outline location and size ol 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.

QM 293 A-C

ANDERSON, Leonard - Pvt.1cl

October 31,1925

Mr. John Anderson,
864 Clark St.,
Appleton, Wisc.

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 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,

L.W. REDINGTON,
Major, Q.M.C.,
Assistant.

1-Incl.
Record card.

RD

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

OFFICIAL BUSINESS

WASHINGTON, D. C.

Deceased

RETURN TO WRITER

Deceased
1-6-24

WASHINGTON, D.C. OCT 24 5-PM 1925

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

INSURED VALUABLE MAIL

MENOMINEE OCT 27 1130AM MICH 1925

REC'D OCT 29 1925 Q. M. G.

Mrs. Carrie Anderson,

~~1509 Michigan Ave.~~,

~~Menominee~~,

~~Michigan~~.

FILE

OCT 31 1925

Soldier's ★ Overseas Grave

Name Leonard Anderson

Rank Private, First class

Organization Company L, 168th Infantry

Grave No. 54 Row 16 Block B

Cemetery Oise-Aisne American

Location Seringes-et-Nesles, Aisne, France

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
ANDERSON, Leonard - Pvt.1cl

October 24,1925

Mrs. Carrie Anderson,
1509 Michigan Ave.,
Menominee, 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 scldier'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.

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Very truly yours,

L.W. REDINGTON,
Major, Q.M.C.,
Assistant.

1-Incl.
Record card.

FILE

OCT 3 1925

QM 293 A-C

ANDERSON, Leonard - Pvt.1cl

October 24,1925

Mrs. Carrie Anderson,
1509 Michigan Ave.,
Menominee, Michigan.

Dear Madam:

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Very truly yours,

L.W. REDINGTON,
Major, Q.M.C.,
Assistant.

RD
SGB

1-Incl.
Record card.

Anderson, (Surname.) Leonard (Christian name in full.) 302,330 (Army serial number)

Pvt. 1cl. Co L, 168th Inf. (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? (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. Carrie Anderson

1327 Main St. Menominee Mich.

(Number and street or rural route.) (City, town, or post office.) (State.)

Read carefully the letter accompanying this card.

3—6713

COMPILATION OF DISPOSITION OF REMAINS DATA

File #17667

I. Location Index Card:

(a) Name ANDERSON, Leonard Ser. No. 302330

(b) Rank Pvt. 1/c Organization Co. L., 168th Inf.

(c) Date of death 7-28-18 (d) Cause of death K/A

TYP. DFB

CKR. I.

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

(a) Grave No. 67 Row -- Plot 2 Sec. G TYP.

(b) Emerg. Address Mrs. Corrie Anderson, Mother, 2527 Elm St., Milwaukee, Wis.

W.R. gives: Mrs. Carrie Anderson (mother) 1327 Main St, Menominee, Mich. (12-23)

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

IV. A. G. O. Disposition Card: Date of receipt —

(a) Name Mrs. Carrie Anderson (b) Relationship Mother

(c) Address 1327 Main St Menominee Mich

(d) Remains to be brought to U. S.? Yes.

(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 RF Date 12-10, 1920.

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

, dated

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

No correspondence.

Examiner's Initials RF Date 12-10, 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 12-11, 1920.

COUNTRY France Cemetery No. 608 Sheet No. 60

G. R. S. Form No. 115
Amended Apr. 16, 1920 3—7729

Make Form No. 114

CARDED FORM 115 - A COMPLETED

Sent R- 1-22-21 checked 12-22

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

Typed by _____, Checked by _____, _____, 1920.

VIII. Final Action:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 1/15/21, ~~1920~~

Par #2 Not to be returned P.B.M.

IX. CORRECTIONS

Change of advice.	Action Taken.
Desires body be	
Body to be shipped to	

X. Suspension Remarks: 7-120-5/18/21 - Carrie Anderson - mother n/k - 1509 Michigan Ave, Menominee, Mich. - Lease in Europe - H 7/20/21 ecm.

Name _____

Rank _____

Serial No. _____

Rank

Serial No.

Org.

Remarks:

A. G. O. Card & Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks:

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks:

Checkers Marks 12-11-24

Discrepancies

Name

Rank

Serial No.

Org.

Remarks: E.A.

S/1100/IML

Checked 12-11-24

Harlow, C. W.

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

Please Rush

NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
Anderson, Leonard, Pvt. 1/c	608 - 60	Dec. 11, 1920

C 128218

SERIAL NUMBER	ORGANIZATION
302330	Co. L. 168th Inf.

Date of death - 7-28-18

WAR RISK INSURANCE INFORMATION

Copy fwd. to Adj. Dept. 12-23-20 "M"

DATE 12/18/20

NAME OF BENEFICIARY: Mrs. Carrie Anderson

RELATIONSHIP: Mother

Address
1327 Main St., Menominee, Mich..

S709/MB

608-60

August 10th,1921.

File No. 293.8 Cem.Div.Cor.Br.

Mrs. Carrie Anderson,
1509 Michigan Ave.,
Menominee, Mich.

Re:- Anderson, Leonard, Pvt. 1/c
Serial No. 302330,
Co.L, 168th Inf.

Dear Madam:-

Our Shipping Inquiry Form #120, dated May 18th,1921, requesting that the remains of the deceased soldier named above be left in France for burial in a permanent American cemetery has been forwarded to the Cemeterial Division, Office of the Quartermaster General, Washington,D.C., for necessary action.

The Cemeterial Division, Washington,D.C., will furnish you the grave location in the permanent American cemetery as soon as possible after the body has been placed therein.

The Department desires to renew its previous expression of sympathy in your bereavement.

By authority of the Quartermaster General:

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

MAILED
AUG 10 1921
U.S. BR. G. R. S.
BY:

F.C.PALLAS,
Executive Assistant.

mks/eow

RECEIVED
AUG 11 1921

G.R.S. Form No. 120
Shipping Inquiry
(Ed. of Jan. 1, 1921)

Lot - 60

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

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

TO: Mrs Carrie Anderson, ~~1327 Main St.~~ 1509 Michigan Ave, Menominee, Mich. moved to 1509 Michigan ave

SUBJECT: Remains of ~~Pvt. 1/cl Leonard Anderson.~~

The records of this office show that you have requested that the body of the above named

soldier remain in Europe.

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 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.

GEO. H. PENROSE,
Colonel, Q.M.C.

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	He was Never married.			
Soldier's children (Name oldest first)	1			
	2 no Children			
	3			
Father				
Mother	Mrs Carrie Anderson	1509 Michigan Ave	Menominee	Michigan
	~~Leota Anderson~~		~~Houghton~~	~~Michigan~~
Brothers, (Name oldest first)	2 Martin Anderson	Unknown	Milwaukee	Wis.
	3 John Anderson	"	Milwaukee	Wis.
	1			
Sisters, (Name oldest first)	2 No Sistars	noted 115 7/20/21 ecw.		
	3			

MAY 20 1921

Date May 16th Signature Mrs Carrie X her Anderson mark

Address 1509 Michigan Ave. Relationship Mother
Menominee, Mich.

Important - CAREFULLY read instructions before filling out this paper

Witness: Frank Gray Shaver
Harriet S Shaver

S-1947/MD (over)

May 18th 1921.

I, the undersigned, am the mother and nearest living next of kin of
(Relationship)
the within-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 Her Mrs Carrie X Anderson
mark

Witnesses { Frank Hayshaw
Harriet S Shower

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.

S-1947/MB

COMPILATION OF DISPOSITION OF REMAINS DATA File #17667

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Leonard Ser. No. 302330 TYP DPB

(b) Rank Pvt. 1/c Organization Co. L., 168th Inf.

(c) Date of death 7-28-18 Cause of death K/A

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

(a) Grave No. 67 Row -- Plot 2 Sect. G TYP

(b) Emerg. Address H.R. gives: Mrs. Carrie Anderson (mother) 1327 Main St., Menominee Mich. Mrs. Corrie Anderson, Mother, 2527 Elm St., Milwaukee, Wis. (12-23)

III. Files of soldiers dying from contageous diseases CKR DIB

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

Asst. cord - Mrs. Carrie Anderson (mother) 1327 Main St - Minominee, Mich., requests body remain in Europe (crem 1/17/21)

V. Following advice forwarded to Europe by - (cable on ..... 192 (letter of transmittal on 1/25 192 1

Part #2 Not to be returned (crem)

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. JAN 26 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. 192

COUNTRY CEMETERY NO. SHEET NO.

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

S-666/MB

France 608 60

Sent 1-22-21

17667

Name Anderson 302330 Leonard

Rank .... {Corps / Regt.} ....

Date of Death ....

anrilla aisne

Place Near (Cierges,) France.

Cause Killed in Action.

anne

Reburied Battlefield Cemetery 10/22/18

Grave No. 280 Row K.

SE map Coordinates 272.30- 198

Cemetery Battle field 6 Wynne

Identified by {Tag / ~~Papers~~ / ~~Clothing~~} Tags

List of Effects ....

(62)

565

REVIEWED

Oscar W.Forsberg

Field Record Made by 1st.Lieut. Inf. U.S.A. Com'd'g.

Company 304, Graves Rgistration Service

Group I

365

For additional data use reverse side

176667

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson 302330 Leonard Anderson

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

Pvt. Co. L. 168 Inf.

(Rank.) (Organization.)

DATE OF BURIAL 7-31-18.

PLACE OF BURIAL F. Fère en Tardenois Map

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

Cnvre-Fresnes-33A6

E196.5 N271.75

GRAVE NUMBER 19a (Co. 5 W)

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:

SIC #1

[stamp] ...ED

REPORTED BY: W. E. Robb + R. C. Hatch, Chap's 168 Inf

(Signature and Rank of Reporting Officer.)

28 AUG 19..

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

Harlow, C. W.
copy

OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

NAME OF DECEASED SOLDIER	CEMETERY NO.	DATE
Anderson, Leonard, Pvt. 1/c	608 - 60	Dec. 11, 1920

SERIAL NUMBER: 302330

ORGANIZATION: Co. L. 168th Inf.

Adjustment Made DEC 3 1920.

File No. 17667

Date of death - 7-28-18

FILE

WAR RISK INSURANCE INFORMATION

Original attached to P 115.
12-23-20 WM.

DATE 12/18/20

NAME OF BENEFICIARY: Mrs. Carrie Anderson

RELATIONSHIP: Mother.

Address
1327 Main St. Menominee, Mich.

8

S709/MB

FROM : G.R.S. OFFICER, Paris.

FILE NUMBER 17667

TO : Chief, G.R.S., (Registration Branch), Tours,

DATE July 3,1919.

SUBJECT : Location, grave of:

NAME ANDERSON, Leonard SERIAL NUMBER 302330

RANK Private 1/cl. ORGANIZATION Co. L., 168th Infantry

NO.	QUESTION	REPLY
1.	Do particulars of soldier given above agree with records?	1. Yes
2.	Date of death.	2. 7.28.1918.
3.	Grave Location:	3. Grave #280, Row K., American Battle Area Cemetery, Cierges Department Aisne.
4.	Who reported burial?	4. ---
5.	Confirmed by G.R.S.?	5. ---
6.	How is grave marked?	6. Not given
7.	Identification tags: (a) Buried with Body? (b) Attached to grave Marker?	7. No information
8.	Emergency address:	8. Mrs Corrie Anderson (Mother) 2527, Elm Street, Milwaukee, Wisc.
9.	Has above been notified? (Give Date)	9. Date not given presumed to have been notified.

REMARKS:

Jan 2, 1919

Requested by _____

European address _____

Relationship to deceased _____

Checked by _____

9634-
9646

REVIEWED