

G.R.S. Form #114-B CAUSE OF DEATH

FULL NAME. ANDERSON, Major

*killed in action* 293

RANK. Pvt.

*OK*

SERIAL

561421

*OK*

DIVISION & ORGANIZATION. Co. K, 59th Infantry

*OK 4th Div*

DATE OF DEATH. 7/19/1918

*OK*

STATE FROM WHICH HE CAME.

*Illinois*

MEDALS OR DECORATIONS AWARDED.

*none*

FINAL GRAVE LOCATION. 10-25-22  
Date

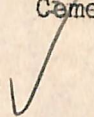
11  
Grave

4  
Row

A  
Block

Aisne-Marne American Cemetery # 1764  
Cemetery

A. G. O.  
MAY 9 1927  
WORLD WAR DIV.



*281*  
*5-24-17*

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Anderson	3	1 4 4
	Major		
BURIED	CEMETERY 1764	1	4
	GRAVE 11	2	11
	ROW 4	2	04
	BLOCK a	1	1
STATE	Ill	2	13
BANK	Put	1	2
DIVISION	4	2	04
ORGANIZATION	59	3	059
ARM	Inf	1	1
MARTIAL	(Bro) Mo	1	2
NAME	Anderson	3	1 4 4
RESIDENCE	180 Slick % First Natl. Bank McLeansboro, Ill.		
	STATE Ill	2	
	COUNTY	2	13
	CITY	3	xxx
RELATION	no fm no loc Mother	1	1
OTHER		1	3
ELIGIBILITY	Dead	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	AUG 17 1932
DATE OF TRIP	MO. YR.	1 1	RS
ACCEPTANCE		1	3

AUDITED

AUG 17 1932

RS

pm

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

2

IN REPLY REFER TO QM 293 A-C  
Anderson, Major 1764 B

July 7, 1930

Mr. Dick Anderson  
c/o First National Bank  
McLeansboro, Ill.

Dear Sir:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

No

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

If so, give her name and address:

No.

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

If so, give her name and address:

No.

For The Quartermaster General,

Very truly yours,



*A. D. Hughes*

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

Enclosures:  
Envelope  
Act  
Amendment

QH 293 A-C  
Anderson, Major

November 22, 1929.

Mr. Richard Anderson,  
McLeansboro,  
Illinois.

Dear Sir:

Receipt is acknowledged of your letter of November 14, 1929, relative to the pilgrimage authorized by Congress in the Act of March 2, 1929. *7 Nov 22 1929*

There is inclosed herewith a card showing the exact location of the grave of your brother, the late Private Major J. Anderson, Company K, 59th Infantry, in the Aisne-Marne American Cemetery in France.

For The Quartermaster General,

Very truly yours,

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

1 Incl.  
Card.

SC/

U. S. M. G. O. W.

NOV 23 4 51 PM '29

McLeansboro, Illinois.  
November 14, 1929.

War Department  
The Quartermaster General  
Washington, D. C.

Dear Sir:

In reply to your letter of November 1, 1929, requesting the full name of my brother and the name of the cemetery, I am sorry to state that I am not informed either of the location or the name of the cemetery.

At the death of my brother, I was sent, through the American Red Cross, National Headquarters, Washington, a picture of the grave, but it did not designate the location.

His name and rank are:

Capt. Major J. Anderson  
CO. K. 59th. Inf.

He was killed in service July 29, 1918.



yours truly  
Richard Anderson

QM 095 Anderson, Richard

November 1, 1929.

Mr. Richard Anderson,  
McLeansboro,  
Illinois.

Dear Sir:

Receipt is acknowledged of your letter of October 28, 1929, relative to the pilgrimage authorized by Congress in the Act of March 2, 1929.

The above Act provides that invitations for a pilgrimage shall be extended to only the mothers and widows for whom such pilgrimage is authorized, and it does not contain any provision which permits of the transfer of the invitation. It is, therefore, regretted to have to advise that you are not eligible under the law to make this pilgrimage.

In order that your letter may be correctly filed, it will be appreciated if you will advise the full name of your brother and the name of the cemetery in which he is buried.

For The Quartermaster General.

Very truly yours,

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

SC/p

Q. M. G. M. DIV

1929 NOV 2 AM 9 41

DISPATCH

+

Mc Leansboro, Ill.  
October 28, 1929.

War Department.

The Quartermaster General  
Washington D. C.

Dear Sir - Since the receipt of your letter of September 13, 1929, concerning Pilgrimages to Cemeteries in Europe, I have been in doubt as to whether, providing a brother is the soul survivor of the Deceased, a brother is granted the privilege of a pilgrimage.

My Mother, Father, and sister are dead and I, Richard Anderson, am the nearest living relative of the late Major Anderson.

Please let me hear from you in regard to this matter.

yours very truly.  
Richard Anderson.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Major  
1764

Sept. 13, 1929

Mr. Dick Anderson  
c/o First National Bank,  
McLeansboro, Illinois

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated July 29, 1929 making inquiry concerning the name and address of the mother and widow of the deceased service man above named. These addresses are desired with a view to ascertaining the number of mothers and widows who desire to make a pilgrimage to the cemeteries of Europe in which the remains of their sons and husbands are interred.

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

Write answers in space below

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

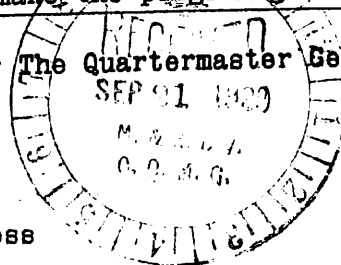
No.

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

None

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

For The Quartermaster General,



Very truly yours,

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

2 Incls.  
Act of Congress  
Envelope

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Major

July 29th, 1929

Mr. Dick Anderson  
c/o First National Bank,  
McLeansboro, Illinois

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 Major Anderson, Co. K. 59th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, 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:
3. 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.

27065-

(Bro)

Mr. Dick Anderson

% First National Bank,

McLeansboro, Ill.

x

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 11, 1929.

Anderson, Major.

Mr. Dick Anderson,  
529 Collinsville Ave.,  
East St. Louis, Ill.

*e 27065*  
*H 6/24*

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 Major Anderson, Co. K. 59th Inf., whose remains are now interred in the Aisne-Marne American Cemetery, Belleau, 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*  
JOHN T. HARRIS,  
Major, Q. M. Corps,  
Assistant.

2 incls.  
Act of Congress.  
Envelope.

WAR DEPARTMENT



WASHINGTON, D. C.

OFFICIAL BUSINESS

OFFICE OF THE QUARTERMASTER GENERAL



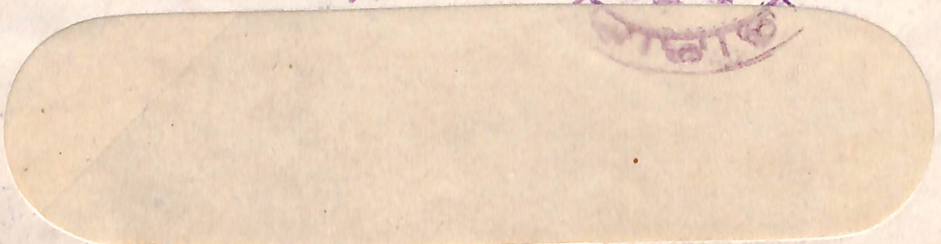
PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE \$300

LETTERS FOR  
CITIZENS  
MILITARY  
TRAINING  
- CAMPS -

ADDRESSER NOT RECEIVED  
REHGT  
JUN 15 1929  
RECEIVED



Correct postage return stamps  
be placed on your mail to insure  
prompt delivery.



QM 293 A-C  
(Anderson, Major)

October 20, 1928.

Mr. Dick Anderson,  
529 Collinsville Ave.,  
East St. Louis, Ill.

Dear Sir:

The inclosed card gives the permanent cemetery and grave location of the late Major Anderson.

The Quartermaster General desires that you be informed that all American military cemeteries, both in Europe and in our own country, will be maintained by the Government forever, the graves permanently marked by headstones showing the decedent's name, rank, organization, State, and date of death, all of which will be done without the necessity of requests emanating from relatives.

Please understand that in effecting the final disposition of our heroic dead the utmost care and reverence is exercised.

Very truly yours,

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

WB

1 Incl.  
Record card,

28/570

20 OCT 20 1928

RECORDED

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

To be prepared in triplicate.

DATE Oct 25, 1922

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, Major

2. No. 561421

3. Rank Pvt.

4. Org. Co. K. 59th Inf.

5. D.D. July 19, 1918

6. C.D. KIA

10. Name \_\_\_\_\_

11. No. \_\_\_\_\_

12. Rank \_\_\_\_\_

13. Org. \_\_\_\_\_

14. (a) D.D. \_\_\_\_\_

(b) D.B. no discrep.

Discrepancy found upon disinterment

7. Grave No. 75 Sec. M. 300

8. Plot 2 Row \_\_\_\_\_

9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

17. no discrep.

18. Cemetery Aisne-Marne Amer.

20. Dept. or County Aisne.

22. G.R.S. Hdqrs. Code No. \_\_\_\_\_

19. Commune or town Belleau

21. Country France

1764

23. Disinterred (Date) Oct. 25, 1922

By C.W. Dodge

24. Inscription on grave marker:

Name Major Anderson

Rank Pvt.

Serial No. \_\_\_\_\_

Organization Co. K. 59th Inf.

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

J.C. Annabel  
 Signature Junior Technical Assistant  
J.C. Annabel,

PREPARATION

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

Bottle record agrees.

27. Condition of body Badly decomposed. Features unrecog.

28. Nature of burial Wooden box and burlap.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? none

30. Body prepared and placed in casket: Date Oct. 25, 1922 By C.W. Dodge

31. Casket sealed by C.W. Dodge

Signature of Embalmer, (Supervisor) C.W. Dodge

8/17/26

SHIPMENT. (Show actual marking of box.) Box No. C-31137

32. Designation of body:

Name Major ANDERSON. Serial No. 561421

Rank Pvt. Organization Co. K. 59th Inf.

33. Consigned to:

Name of Permanent Cemetery Aisne-Marne Amer.Cty.1764, Belleau,Aisne.

34. Casket boxed and marked (Date) Oct. 25, 1922 By G.W.Dodge

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

Signature of G.R.S. Inspector O.E. Davis, 1st Lt. QMC

36. Remarks

none

37. Shipped from point of operation: (Date) Oct. 25, 1922

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 Oct. 25, 1922

To Permanent Cemetery Aisne Marne Cem.1764, Belleau (Aisne)

(Name)

Convoyer Signature Shipping Officer O.E. Davis, 1st Lt. QMC

40. Received: Date

G.R.S. Representative

41. Reinterred Oct. 25, 1922, Aisne-Marne Cem.1764, Belleau (Aisne)

(Date)

42. Grave No. 11 Section

43. Plot BLOCK Row A Row 4

G.R.S. Representative W.D. Cleary  
Lt., Chaplain, USA.

## REPORT OF DISINTERMENT AND REBURIAL

Place Belleau (Aisne)

Date Oct. 25, 1922

1. REMAINS OF ANDERSON, Major

SERIAL NUMBER 561421

RANK Pvt.

ORGANIZATION

Co. K. 59th. Inf.

2. Disinterred (date) :

From (give complete location):

Oct. 25, 1922. Gr. 75, Sec. M. Pl. 2. Cem. 1764

By : Group

1

Unit

Aisne Marne

3. Reburied (date) Oct. 25, 1922

In (give complete location): Gr. 11, Block A,

Row 4, Aisne-Marne Cem. 1764, Belleau (Aisne)

By : Group re-burial group

Unit

Nature of reburial

Lined  
gasket

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

Wooden box and burlap.

Badly decomposed. Features unrecog.

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

On grave marker? yes

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

Bottle record agrees.

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

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location do

Quantity do

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

or missing parts) Imp. to determine

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

Fractures: Left femur, left molar, 1 fibula  
both pelvic bones. Missing parts: None

Checker J.C. Annabel,

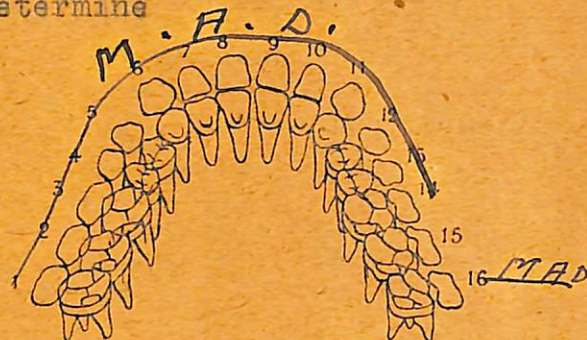
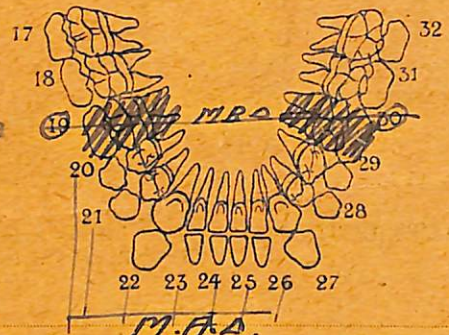


Diagram represents the mouth wide open

7. Disinterment  
supervised by

C.M. Dodge S.E.

Approved :

O.E. Davis, 1st

(Title) Lt. QMC

8. Reburial  
supervised by

L.D. Hays

Approved :

W.D. Cleary

(Title) Lt., Chaplain, USA.

## 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.

<b>MISSING TEETH</b>	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	
<b>CROWNED TEETH</b>	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	
<b>BRIDGE WORK</b>	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	
<b>FILLINGS</b>	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	
<b>CARIES (CAVITIES)</b>	Outline location and size of cavity, shade in thus :	
<b>DENTURES (PLATES)</b>	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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.

6308

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

Date 1-3-25

SUBJECT: Information required for Cemeterial Division.

TO: The Adjutant General of the Army, World War Division, Washington, D.C.

1. It is requested that the items checked below be completed:

a. Surname Anderson  g. Date of death 7-19-1918  
 b. Christian name Major  h. Authority Gr. 10 + 208  
 c. Serial number 561421  i. Cause of death KIA  
 d. Organization Co. K 59 Inf j. Place of death \_\_\_\_\_  
 e. Rank Pvt. k. Place of burial \_\_\_\_\_  
 f. Emergency Address Dick Anderson

529 Collinsville Ave.  
East St. Louis, Ill  
Brother

l. Date of discharge \_\_\_\_\_

BODY DESCRIPTION

a. Date of enlistment Feb. 13, 1918  d. Height 5 ft. 4 1/2 in.  
 b. Age at enlistment 23 years  e. Weight\* 135 lbs.  
 c. Color of hair Dark-brown f. Fractures or breaks \_\_\_\_\_  
 Place ent. Cp. Greene, N.C.

DENTAL CHARTS

At Camp  By Local Board L. B. not of Rec.

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Upper right	Upper left	Upper right	Upper left
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Lower right	Lower left	Lower right	Lower left

To what

Robert O. Davis,  
Major General,  
The Adjutant General,  
By R. P. H. For The Quartermaster General:



A. L. 83

24/552/EYS

Ex-Kennel Mail  
Rm 2141

JAN 12 1925  
World War Div.  
JAN 9 1925

R. P. H.  
for rec'd  
1/1/25

Anderson,

Major

561,421

(Surname)

(Christian name in full.)

(Army serial number.)

Pvt

Co K 59 Inf

(Rank and organization.)

State your relationship to the deceased

Brother

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)

Lick Anderson

529 Collinville ave

East St Louis

Illinois

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

E. M.

Date June 9, 1919.

REPORT OF DISINTERMENT AND REBURIAL.

## Remains of:

Name: Anderson, Major

Number: 561421

Rank: Pvt.

Organization: Co..K, 59th Inf.

Disinterment and Reburial made by Group

Unit "B"

Disinterred (Date)

From: (Give complete location)

June 9, 1919

Plot-89 Myers, at Priez, Aisne

Coord. 269.1N - - 174.1E

Grave 19.

Reburied (Date)

in: (Give complete location)

June 9, 1919

National Cemetery at Belleau Woods, Aisne

Coord. 262.60N - - 176.04E

Plot-2, Sec. M, Grave 75

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

Body in poor condition.

Was one identification tag found upon the body? yes

What other means of identification were found on the body? none

## Note:

CONFIRMED No. D-243-25

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct, as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by:

Sgt. A. TurnerH. C. M. Cameron

C.O. Group

Unit

# REPORT OF DISINTERMENT AND REBURIAL

Date 6.18.21

1. REMAINS OF ANDERSON, MAJOR SERIAL NUMBER 561421

RANK PVT ORGANIZATION CO. K. 59th Inf.

2. Disinterred (date) : 6.18.21 From (give complete location) : Gr 75 Sect M Plot 2

By : Group RENOUARD Unit FIELD SECTION # 2

3. Reburied (date) : 6.18.21 In (give complete location) : Gr 75 Sect M Plot 2

By : Group RENOUARD Unit FIELD SECTION # 2 Nature of reburial PINE BOX & BURLAP

4. Report as to nature of original burial and condition of body upon disinterment :  
BADLY DECOMPOSED FEATURES UNRECOGNIZABLE  
U.S. 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) IMPOSSIBLE TO DETERMINE

(b) Weight (estimated) IMPOSSIBLE TO DETERMINE

(c) Hair—Color IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

Characteristics IMPOSSIBLE TO DETERMINE

(d) Hair on face—Color IMPOSSIBLE TO DETERMINE

Location IMPOSSIBLE TO DETERMINE

Quantity IMPOSSIBLE TO DETERMINE

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

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

FRACTURES: LEFT FEMUR: LEFT TIBULA.

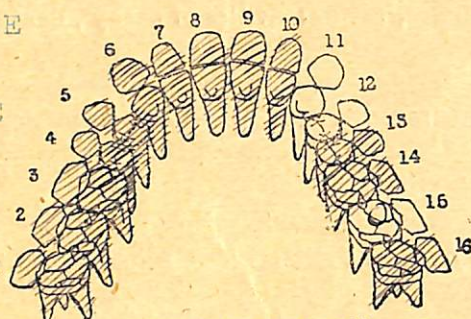
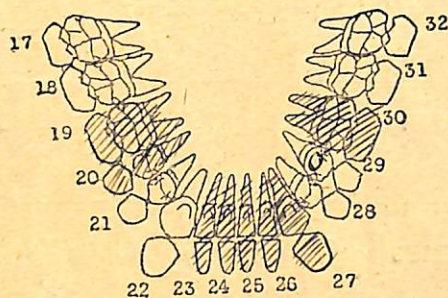


Diagram represents the mouth wide open.



1-10, incl. 13, 14, 16, 20, 23, 24, 25, 26, 27, mis. a. d. 15, 29, cav. 19, 30, e. ext.

7. Disinterment supervised by E. J. Renouard  
E. J. RENOUARD. SUP. EMB.

Approved : R. Williams  
(Title) R. S. Williams, 1st Lieut., Q M, Corps.

8. Reburial supervised by E. J. Renouard  
E. J. RENOUARD.

Approved : R. Williams  
(Title) R. S. Williams, 1st Lieut., Q M, Corps.

D-51047

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

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

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

<p><b>MISSING TEETH</b>.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :</p>	
<p><b>CROWNED TEETH</b>.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :</p>	
<p><b>BRIDGE WORK</b>.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p><b>FILLINGS</b>.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p><b>CARIES (CAVITIES)</b>.....Outline location and size of cavity, shade in thus :</p>	
<p><b>DENTURES (PLATES)</b>.....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."</p>	

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



# COMPILATION OF DISPOSITION OF REMAINS DATA

File #6305

## I. LOCATION INDEX CARD:

(a) Name ANDERSON, Major Ser. No. 561421 } TYP. evs  
 (b) Rank Pvt. Organization Co. K. 59th Inf. } CKR. B.J.  
 (c) Date of death 7/19/18 (d) Cause of death k/a



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

(a) Grave No. 75 Row - Plot 2 Sec. M TYP. evs  
 (b) Emerg. Address Mr. Dick Anderson (Brother), 529 Collinsville Ave.,  
East St. Louis, Ill.

*Over*

III. Files of soldiers dying from contagious diseases - CKR. B.J.

## IV. A. G. O. DISPOSITION CARD:

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

(a) Name Dick Anderson (b) Relationship Brother  
 (c) Address 529 Collinsville Ave., East St. Louis, Ills.  
 (d) Remains to be brought to U. S.? No  
 (e) To be interred in National Cemetery in U. S. at \_\_\_\_\_  
 (f) Shipping instructions upon arrival of body in U. S. \_\_\_\_\_  
 (g) Disposition instructions if not brought to U. S. \_\_\_\_\_

Examiner's Initials MH Date 2-19-21, 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 MH Date 2-19-21, 1920.

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

No request for disposition

(a) Cancellation memos referred to? Yes. MH

EM Examiner's Initials MH Date 2-19-21, 1920.

COUNTRY FRANCE CEMETERY No. 1764 SHEET No. 45

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

**FORM 115 - A COMPLETED**

FILED

Checked  
3-16-21  
EM

Make Form No. 114

H-5-3-18-21

Rev. 5-28-21 J.P.

RECEIVED.

VII. G. R. S. Form No. 114 made \_\_\_\_\_, 1920.

Typed by \_\_\_\_\_ Checked by \_\_\_\_\_, 1920.

APR 28 1921

VIII. FINAL ACTION

Following advice forwarded to Europe by

{ cable on \_\_\_\_\_, 1920

{ letter on **MAR 10 1921**, 1920

CEMETERY DIVISION  
OVERSEAS DEPT. OF COMMERCE

CEMETERY DIVISION



MAR 24 1921

Par. # 2 Not To Be Returned

mcA

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*B.A.M.R. Miss Katie Anderson (sister)  
529 Collingsville Ave., St. Louis Ill.*

*3-16-21 E.M.*

Location Index .....  
Discrepancies .....

Name .....

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 .....

..... Discrepancies .....

Name .....

Rank .....

Serial No. ....

Org. ....

Remarks

*Handwritten:* 2-19-21  
*Stamp:* [Circular stamp with illegible text]

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

*Please make*

C.W. Harlow

NAME OF DECEASED SOLDIER  
ANDERSON, Major Pvt.  
CEMETERY NO. 1764:45  
DATE 2-19-21  
SERIAL NUMBER 561421  
ORGANIZATION Co. K, 59th Inf.  
C-27065  
D/D: 7-19-18

Copy forwarded to

WAR RISK INSURANCE INFORMATION

Adjustment Department

Date 3-16-21 E.M.

DATE March 12, 1921.

NAME OF BENEFICIARY

RELATIONSHIP

Miss Katie Anderson,

Sister

Address

529 Collinsville Ave., St. Louis, Ill.

S/709/LML

# COMPILATION OF DISPOSITION OF REMAINS DATA

File #6305

**I. LOCATION INDEX CARD:**

(a) Name ANDERSON, Major Ser. No. 561421  
 (b) Rank Pvt. Organization Co. K. 59th Inf. } TYP. evs  
 (c) Date of death 7/19/18 (d) Cause of death k/a } B.J.

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

(a) Grave No. 75 Row - Plot 2 Sec. M TYP. evs  
 (b) Emerg. Address Mr. Dick Anderson (Brother), 529 Collinsville Ave., East St. Louis, Ill.

III. Files of soldiers dying from contagious diseases - CKR. B.J.

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

*A. G. O'gard - Dick Anderson, brother, 529 Collinsville Ave., East St. Louis, Mo., desires body be not returned. a BK 3/17/21*

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

*Par. # 2 Not To Be Returned*

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., MAR 22 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. APR 28 1921, 192

COUNTRY \_\_\_\_\_ CEMETERY No. \_\_\_\_\_ SHEET No. \_\_\_\_\_

# GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Anderson 561421 Major

(Surname.)

(Number.)

(First Name and Initials.)

Private

(Rank.)

(Organization.)

DATE OF BURIAL

July 23, 1918

PLACE OF BURIAL

Puez, dept. Aene

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

GRAVE NUMBER. 19

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 :

Chaplain W.D. Casey

(Signature and Rank of Reporting Officer.)

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

# GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Anderson 561421 Major  
(Surname.) (Number.) (First Name and Initials.)  
Private  
(Rank.) (Organization.)

DATE OF BURIAL July 23, 1918

PLACE OF BURIAL Prez, def. Avenue  
(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

GRAVE NUMBER 19

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:  
Chaplain W. D. Casey  
(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.  
2 ADU Rca

6307  
Anderson Major #561421

Pvt.

DB about July 18-22/18

BURIED AMERICAN CEMETERY OF PRIEZ

GR 19

57

542

Co. K., 59th. Inf.  
4th. Div.

ANDERSON, Major - Pvt. 561421

Killed in action July 19/18, in Aisne and Marne Offensive. Priez  
Grave No. 19.

Just about dark on July 19/18, I saw Pvt. Major Anderson killed by  
a shell. He was killed instantly.

Informant: Pomykalski, Adolph - Sgt. 561478  
Co. K., 59th. Inf.

Home: 1619 Brigham St., Chicago, Ill.

Not signed.

SJ

*Copy*

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

C.W. Harlow

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

ANDERSON, Major Pvt.

1764:45

2-19-21

SERIAL NUMBER

ORGANIZATION

561421

Co. K, 59th Inf.

DD: 7-19-18

**FILE**

WAR RISK INSURANCE INFORMATION

NOTED FORM 115

DATE 3-16-21 E.M.

DATE

*Adjustment Made  
3/21/22  
5-19-1922*

NAME OF BENEFICIARY

RELATIONSHIP

Miss Katie Anderson

*6305  
File No.*

Address

529 Collinsville Ave. St. Louis, Ill.

S/709/LML

CEMETERIAL DIVISION  
GRAVES REGISTRATION SERVICE  
REGISTRATION SECTION

File # 6305

Classification           

Adjustment           

*Qty 1764*

Date 7/29/20

MEMORANDUM:

To: Registration Files Sub-Section

Subject: Adjustments made on Registration Files

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

	CORP.	ADD. DATA		CORP.	ADD. DATA
File Number			Date of Burial		
Name			Date of Reburial		
Serial Number			Burial Information		
Rank			Nearest Relative <i>5X8</i>	✓	
Organization			Notified Nearest Relative <i>5X8</i>		✓
Cause of Death			Blue Card thrown out		
Date of Death			White Card set up		
Casualty Cablgram Number					
<i>Remarks 5X8</i>					✓

O.K. Alphabetical Files K.E.S. 8-3-20

~~O.K. Organization Files~~ \_\_\_\_\_

~~O.K. State Files~~ \_\_\_\_\_

Cemetery Audit Department  
 Investigation & Adjustment Dept.

By *Johnson*

1 Cards attached.

Classification \_\_\_\_\_

Adjustment \_\_\_\_\_

CEMETERY DIVISION  
GRAVES REGISTRATION SERVICE  
REGISTRATION SECTION

JUN - 9 1920  
Date \_\_\_\_\_

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

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

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

O.K. Alphabetical Files H. E. S. 6-15-20

O.K. Organization Files \_\_\_\_\_

O.K. State Files. \_\_\_\_\_

✓ Card Dept  
Cemetery Audit Department  
Investigation & Adjustment Dept.  
By C.B.S.

1 Cards attached.

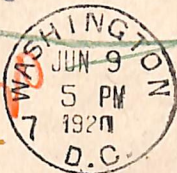
WAR DEPARTMENT

Cemeterial Division

Washington, D.C.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF \$300



Mrs. Lucy Anderson

~~Little Anderson~~  
~~McLeansboro, Ill.~~

100 Iowa Beecher  
St. Louis, Mo.  
of your correct address

Return to

W

FILE

File # 6305

(over) 6/30/20

PROF. A. M. Anderson  
529 East Delaware St.  
St. Louis, Mo.