

G.R.S. Form #114 B

JAN 15 1926

3389

DATE

1. NAME ANDERSON, Mauda ✓ Sol. Sig. ✓

SERIAL No. 3524315 ✓

RANK Pvt. ✓ ORGANIZATION Co. 3, Camp Sherman Repl Draft. ✓

GRAVE LOCATION American Cty., NOYERS (Loir et Cher) 319

CTY. NAME

NUMBER

119

GRAVE

ROW

PLOT

2. ORIGINAL ~~BATTLE AREA~~ GRAVE LOCATION 119 Noyers Loir et Cher

As shown by cemetery directory  
Hq. AGRS., Dec. 9, 1919.

GRAVE

COMMUNE

DEPT.

COORDINATES None given

CONCENTRATED TO Nothing of record

DATE

GRAVE

ROW

PLOT

CEMETERY

CTY. NUMBER

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

DATE OF DEATH Oct. 2, '18 ✓ Nothing of record

STATE FROM WHICH HE CAME Ohio ✓

MEDALS OR DECORATIONS AWARDED none ✓

SUBSEQUENT REBURIALS None of record

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

Stanley J. Grogan  
STANLEY J. GROGAN, Capt. Inf. USA.

3. FINAL GRAVE LOCATION 9/11/22 23 15 Block C.

DATE

GRAVE

ROW

PLOT

Oise-Aisne, Amer. #608 Seringes-et-Nesles (Aisne)

CEMETERY

5 NOV 30 1921

A. G. O.  
JAN 16 1926  
WORLD WAR DIV.

AUDITED BY

Gr.

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form I6, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.



Manda CC 276 ALT 12/10

### GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF  
anderson, 3524315, Manda.  
(Surname.) (Number.) (First Name and Initials.)

Pvt. Camp Sherman Repl. Dft.  
(Rank.) (Organization.)

DATE OF BURIAL Oct. 3rd, 1918.

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

United States Cemetery at Moyers,  
St. Aignan-Moyers,  
Loire et Cher, France.

GRAVE NUMBER #119.

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 James G. Tougas  
(Signature and Rank of Reporting Officer.)

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

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Anderson</i>	<i>A N D</i>	3	<i>144</i>
<i>Mauda</i>	CEMETERY <i>608</i>	1	<i>2</i>
BURIED	GRAVE <i>23</i>	2	<i>23</i>
	ROW <i>15-</i>	2	<i>15</i>
	BLOCK <i>C</i>	1	<i>3</i>
STATE	<i>Ohio</i>	2	<i>41</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>Replacements</i>	2	<i>58</i>
ORGANIZATION	<i>X</i>	3	<i>XXX</i>
ARM	<i>Draft</i>	1	<i>1</i>
MARTIAL <i>Sister</i>	<i>no</i>	1	<i>2</i>
NAME <i>Rogers</i>		3	
<i>Mrs. Alberta</i>	STATE <i> Tenn.</i>	2	
<i>764. Alympeast</i>	COUNTY	2	
RESIDENCE	CITY	3	
<i>Memphis, Tenn.</i>			
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>pled</i>	1	<i>6</i>
NATIVITY	<i>pled 12-25-28</i> <i>BLACK</i>	1	<i>2</i>
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

**AUDITED**

MAR 30 1932

*Ad*

*la*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

2

IN REPLY REFER TO QM 293 A-C

Anderson, Mauda 608 S

July 7, 1930

Mrs. Alberta Rogers  
764 Olympia Street  
Memphis, Tenn.

*Negro*

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

*No*  
*Mother died on*  
*Dec 25 1928*

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 No*

For The Quartermaster General,

*I am his sister*  
Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

*Very truly*  
*Alberta Anderson*  
*Rogers*



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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

**Anderson, Mauda**

August 6, 1929.

**Mrs. Alberta Rogers,  
764 Olympia St.,  
Memphis, Tenn.**

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 **sister of the late Private Mauda Anderson, Camp Sherman Repl Draft, 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?

*No - he never married*

2. If so, give her complete address.

*see above*

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

*His mother died Dec 24<sup>th</sup> 1928. No one else stood in loco parentis to him.*

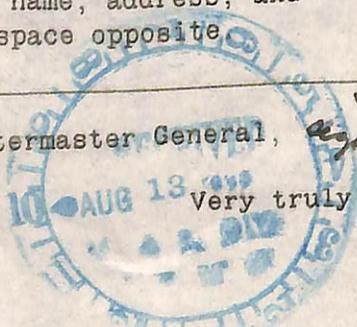
For The Quartermaster General,

Very truly yours,

*Alberta Rogers*

*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, Mauda

June 20, 1929.

XG 68,276

Mrs. Fannie A. Moore, (S) Mrs Alberta Rogers,  
Boyle, Miss. 764 Olympia St.  
Memphis, Tenn.

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 Mauda Anderson, Camp Sherman Repl Draft, 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 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 an invitation to her to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

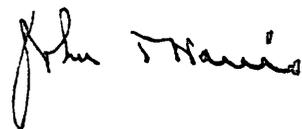
In the event your son was survived by a widow who has since remarried it is requested that a statement to that effect be made.

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.

WAR DEPARTMENT  
WASHINGTON, D. C.

OFFICIAL BUSINESS  
OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D.C.  
JUN 20  
7-PM  
7929

PENALTY FOR PRIVATE USE

TO AVOID PAYMENT OF  
POSTAGE \$3.00.  
MILITARY  
TRAINING  
CAMP

REASON FOR  
NON-DELIVERY  
CHECKED

TURNED  
TO  
WRITER

UNCLAIMED \_\_\_\_\_ UNKNOWN \_\_\_\_\_  
DECEASED \_\_\_\_\_ FOR BETTER ADDRESS \_\_\_\_\_  
MOVED LEFT NO ADDRESS \_\_\_\_\_ REFUSED \_\_\_\_\_  
NO SUCH POST OFFICE IN STATE NAMED \_\_\_\_\_

QM 293 A-C

May 23, 1924

ANDERSON, Mauda Pvt.

Mrs. Fannie A. Moore,  
Boyle,  
Mississippi.

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.

MPK  
702

1-Incl.  
Record card.



May 23 1924  
B.

COMPILATION OF DISPOSITION OF REMAINS DATA

1. LOCATION INDEX CARD:

File # 17398

(a) Name ANDERSON, Mauda Ser. No. 3524315  
(b) Rank Private Organization Camp Sherman Repl. Draft.  
(c) Date of death 10-2-18 of death Broncho Pneumonia  
(d) Cause ) CKR. S

TYP. HDP  
1-16-22 Examined  
for Concentration  
Camp - Cause 608  
att 7/6/22

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

(a) Grave No. 119 Row 5 Plot Sect. TYP. EMI  
(b) Emerg. Address Mrs. Azzielina Raymond (sister), 1303 Merle St., Toledo, Ohio.

No Card

111. Files of soldiers dying from contagious diseases; ) CKR. S

IV. A.G.O. DISPOSITION CARD:

Date of receipt

(a) Name No card in file (b) Relationship J.R. 5-13-20

(c) Address

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

(e) To be interred in National Cemetery in U. S. at

(f) Shipping instructions upon arrival of body in U.S.

(g) Disposition instructions if not brought to U.S.

Examiner's Initials Date 1920

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

, dated

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

No Correspondence

Examiner's Initials J.M. Date 5-13-1920

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

No request for disposition

(a) Cancellation memos referred to? Yes J.R.

Examiner's Initials J.R. Date 5-13-1920

COUNTRY France CEMETERY NO. 319 SHEET NO. 10

G.R.S. Form #115

Amended April 6, 1920.

Make Form #114

FORM 115 - A COMPLETED

Rechecked  
J.M.M. 5-13-20

2411-20-20

GENERAL DIVISION



1921 27

VII. G. R. S. FORM No. 114 made \_\_\_\_\_, 1920  
Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, \_\_\_\_\_ 1920

RECEIVED.  
JUL 8 1921

VIII. FINAL ACTION:

Following advice forwarded to Europe by- ( cable on \_\_\_\_\_, 1920  
( letter on 6/28, 1920

*Not to be returned (Mac B)*

IX. CORRECTIONS

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

X. SUSPENSION REMARKS:

War Risk Beneficiary, Mrs Fannie A Moore, Mother, Boyle, Miss. 2/28/21 RAH

SHIPMENT. (Show actual marking of box.) Box No. C-12390

32. Designation of body:

Name ANDERSON, Mauda Serial No. 3524315

Rank Pvt. Organization Camp Sherman Repl Draft

33. Consigned to:

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

34. Casket boxed and marked (Date) Oct 21st 1921 By E. T. Anderson

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 10th 1921

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

Convoyer H P Tebeau Signature Shipping Officer G A ROSS  
Captain QMC

40. Received: Date 16 NOV 1921

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

41. Reinterred 9/11/22, Oise-Aisne Cem. 608 Seringes-et-Nesles, (Aisne)  
(Date)

42. Grave No. 23, Blk. C Section \_\_\_\_\_

43. Plot \_\_\_\_\_ Row 15

G.R.S. Representative C. J. Blake  
Capt. QMC  
88

AUDITED BY  
VOL. 1-25-24

gr.

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

STATION St. Aignan(L-et-C)

To be prepared in triplicate.

DATE Oct 21st 1921

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name ANDERSON, Mauda  
 2. No. 3524315  
 3. Rank Pvt.  
 4. Org. Camp Sherman Repl Draft  
 5. D.D. 10.2.- 1918  
 6. C.D. Broncho Pneumonia

10. Name \_\_\_\_\_  
 11. No. \_\_\_\_\_  
 12. Rank \_\_\_\_\_  
 13. Org. \_\_\_\_\_  
 14. (a) D.D. \_\_\_\_\_  
 (b) D.B. none

CLOSED

Discrepancy found upon disinterment

7. Grave No. 119 Sec. \_\_\_\_\_  
 8. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_  
 16. Plot \_\_\_\_\_ Row \_\_\_\_\_  
 17. none

18. Cemetery American  
 20. Dept. or County Loir et Cher  
 22. G.R.S. Hdqrs. Code No. 319

19. Commune or town Noyers  
 21. Country France

23. Disinterred (Date) Oct 21st 1921

By E.T. Anderson

24. Inscription on grave marker:

Name Mauda Anderson  
 Rank Pvt

Serial No. \_\_\_\_\_  
 Organization Camp Sherman Repl. Dft.

25. Was identification disc found on grave marker? no On body? yes (entirely corroded)

J.A. Dougherty  
 Signature Junior Technical Assistant  
J.A. Dougherty

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? none

30. Body prepared and placed in casket: Date Oct 21st 1921 By E.T. Anderson

31. Casket sealed by E.T. Anderson

Signature of Embalmer, (Supervisor) E.T. Anderson  
E.T. Anderson

# REPORT OF DISINTERMENT AND REBURIAL

Date October 21, 1921.

1. REMAINS OF Anderson, Mauda SERIAL NUMBER 3524315

RANK Pvt. ORGANIZATION Camp Sherman Repl. Dft.

2. Disinterred (date) : October 21, 1921. From (give complete location) : Gr. 119 Cemetery 319

By : Group 3 Unit Sec 5

3. Reburied (date) : 9/11/22 In (give complete location) : Gr. 23, Blk. C. Row 15. Oise-Aisne Cem, 608, Seringes-et-Nesles, (Aisne)

By : Group reburial group. Unit metal lined Nature of reburial casket.

4. Report as to nature of original burial and condition of body upon disinterment : unrecognizable badly decomposed, in pine box, in uniform

5. (a) Identification tags : Buried with body ? yes, entirely corroded. On grave marker ? no

(b) Other means of identification found upon disinterment, and general remarks : none

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

(a) Height (actual measurement) unable to report

(b) Weight (estimated) unable to report

(c) Hair—Color none

Quantity none

Characteristics none

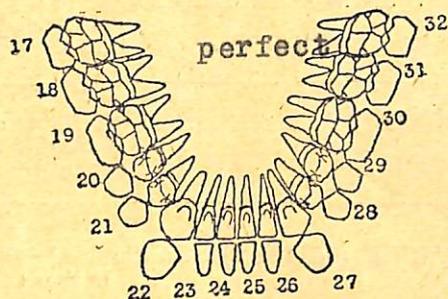
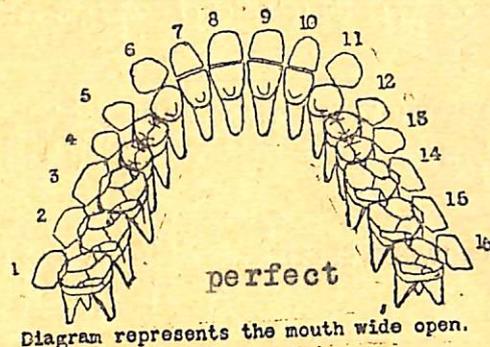
(d) Hair on face—Color none

Location none

Quantity none

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

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



Checker J. A. Dougherty

7. Disinterment supervised by E T Anderson, Supervising Emb Approved : F. Overheiser (Title) 1st Lieut. QMC

8. Reburial supervised by L. D. Hays Approved : C. J. Blake, Capt. QMC (Title) gs

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

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

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

**MISSING 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:



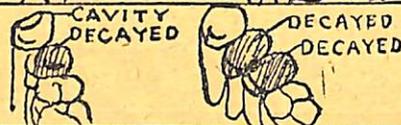
**BRIDGE WORK**.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File No. 17398

Form 115  
See Form 115  
att 2/6/22

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Mauda Ser. No. 3524315 } TYP HDP  
 (b) Rank Pvt. Organization Camp Sherman Repl. Draft } ET  
 (c) Date of death 10-2-18 Cause of death Broncho Pneumonia } ibm *pink.*

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

(a) Grave No. 119 Row 5 Plot -- Sect. --- TYP EML.  
 (b) Emerg. Address Mrs. Azzieline Raymond (sister), 1303 Marle St., Tolado, Ohio.

III. Files of soldiers dying from contagious diseases No Card CKR ILH

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

*No request for disposition* *Roll* NOV 19 1920

V. Following advice forwarded to Europe by (cable on \_\_\_\_\_ 192  
 (Letter of transmittal on 6/28, 1920.)

*Not to be returned. MacB.*

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. NOV 20 1920 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 France  
 G.R.S. FORM 115-A  
 August , 1920

CEMETERY NO. 319 SHEET NO. 10

17398

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

**Anderson,**      **3524315,**      **anda**  
.....  
(Surname.)      (Number.)      (First Name and Initials.)

**Pvt. Camp Sherman Repl. Lt.**  
.....  
(Rank.)      (Organization.)

DATE OF BURIAL **Oct. 3rd, 1918.**

PLACE OF BURIAL **U. S. Cemetery,**

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

**United States Cemetery at Moyers,**

**St. Nizian-Moyers.**

**Loire et Cher, France.**

GRAVE NUMBER **#119.**

**FILE!**  
**319**

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:

**REVIEWED  
OSP SS.**

REPORTED BY:

**Chaplain James G. Tougas.**

*Chaplain James G. Tougas*  
(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, 3524315, <sup>U</sup>anda

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

Pvt. Camp Sherman Repl. Lt.

(Rank.) (Organization.)

DATE OF BURIAL Oct. 3rd, 1918.

PLACE OF BURIAL U. S. Cemetery,

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

United States Cemetery at Moyers,

St. Aignan-Moyers,

Loire et Cher, France.

GRAVE NUMBER #119.

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 James G. Tougas*  
Chaplain James G. Tougas.

(Signature and Rank of Reporting Officer.)

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

-49-

68276

Please Rush

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

HOBOKEN, N.J.

NAME OF DECEASED SOLDIER  
ANDERSON, Mauda  
Private  
CEMETERY NO.  
319-10  
DATE  
11/29/20

SERIAL NUMBER  
3524315  
ORGANIZATION  
Cp. Sherman Repl. Dft.  
DATE OF DEATH;  
10/2/18

Copy <sup>jud</sup> rec'd  
to Ad 2-21-21.

CAUSE OF DEATH:- Broncho Pneumonia

WAR RISK INSURANCE INFORMATION

NAME OF BENEFICIARY  
Mrs. Dannie A. Moore  
DATE  
RELATIONSHIP  
Mother  
Address  
Boyle, Miss  
Cor. Sec.

Legal 12-4

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

MAY 20 1920

519-10

FROM: Chief, Graves Registration Service, Q.M.C.  
TO: Mrs. Azzoline Raymond, 1303 Merle St., Toledo, Ohio.  
SUBJECT: Remains of Pvt. Mauda Anderson.

The records of this office show that you have ~~requested instructions~~  
~~requested~~ not expressed your wishes in regard to disposition of body.

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 O. 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 \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

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

---

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.

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

TO: Mrs. Azzieline Raymond, 1303 Berle St., Toledo, Ohio.

SUBJECT: Remains of Pvt. Mauda Anderson, Co. Sherman Repl. Draft. (3524315)

The records of this office show that you have ~~expressed your desire~~  
**not expressed your desire regarding disposition of remains.**

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.

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.		
	3.		
Sisters	1.		
(Name oldest first)	2.		
	3.		

Date.....

Signature.....

Address.....

Relationship.....

IMPORTANT:- CAREFULLY read instructions before filling out this paper.

(OVER)

RECEIVED

1920.

JUL 8 1921

CENTRAL DIVISION  
REG. SEC.

I, the undersigned, am the \_\_\_\_\_ 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 \_\_\_\_\_

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.
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 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.