

G.R.S. Form #114-B  
MMB

JUN 1 - 1926

DATE Feb. 22, 1922.

1. NAME ANDERSON, Morris SERIAL No. 2073186

RANK Pvt ORGANIZATION Co. E. 354th Inf. 89 Div

GRAVE LOCATION Meuse-Argonne Amer. Romagne/s/Montfaucon 1232 Sec. 7  
CTY. NAME NUMBER

182

Sec. 7

4

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION Romagne, sous, Montfaucon, Meuse

GRAVE

COMMUNE

DEPT.

COORDINATES Verdun 35NE 284.7N 305.9E

CONCENTRATED TO 3/27/19 182 7 4

DATE

GRAVE

ROW

PLOT

Meuse Argonne 1232

CEMETERY

CTY. NUMBER

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

Tag on body

data f-1/pfb

DATE OF DEATH Oct 11/1918

STATE FROM WHICH HE CAME Ill

MEDALS OR DECORATIONS AWARDED none

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

M. B. BIRDSEYE  
1st Lt., G.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION Feb. 22, 1922. 3 3 E

DATE

GRAVE

ROW

Plot Block

Meuse-Argonne American Cemetery, 1232, ROMAGNE-sous-MONTFAUCON, (Meuse)

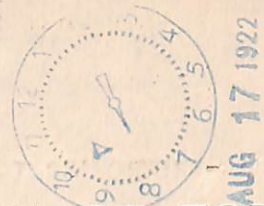
CEMETERY

Rec'd World War Div.

2 APR 2 1922

AUDITED BY  
R.B.W. 5/10/23

A. G. O.  
JUN 5 1926  
WORLD WAR DIV.



# 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 16, 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.



RECEIVED

C° E. 354th Inf.  
89th Div.

Anderson, Morris, Pvt 2073186  
Home: Dear Grove, Ill.

Killed in action, October 21/1918.

Pvt. Anderson was lying in a funk hole in the Bois de Bantheville on Oct. 21st 1918, when a shell made a direct hit in the hole. He was killed instantly. There are no eye witnesses present with the company.

(No Informant given)

Emerg. add.:  
Herman Lendon: (cousin)  
Dear Grove, Ill.

Signed: Chase, Edward, Capt.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Anderson</i>	<i>AND</i>	3	<i>1 0 4</i>
<i>Morris</i>	CEMETERY <i>1232</i>	1	<i>1</i>
BURIED	GRAVE <i>3</i>	2	<i>03</i>
	ROW <i>3</i>	2	<i>03</i>
	BLOCK <i>E</i>	1	<i>5</i>
STATE	<i>Ill</i>	2	<i>13</i>
RANK	<i>Pvt</i>	1	<i>2</i>
DIVISION	<i>89</i>	2	<i>89</i>
ORGANIZATION	<i>354</i>	3	<i>354</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARITAL	<i>Sister</i>	1	<i>2</i>
NAME <i>Anderson</i>		3	
<i>Elva</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Sweden</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER <i>parents died before 1918</i>	<i>Sister</i>	1	<i>2</i>
ELIGIBILITY <i>no I.M. no law</i>	<i>Dead</i>	1	<i>6</i>
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

**AUDITED**  
MAR 31 1932

*RS*

*87* 29/514

*CEM*

Born 8-22-91

ent 6-25-18

Anderson, Morris

C 94 653

Pvt. Co. E, 354th Inf.

Ill.

Date of mother's death?

Parents died before  
1918

SM?

} no rec.

Loco?

Seebode

Buy 2. Elma Anderson  
Sweden

Em ad - brother of  
Cousin - Herman Anderson  
Deer Grove ND



WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE 7-23-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
Anderson, Morris	Pvt.	2073186	Co. E. 354th Inf.	10-21-18

STATE	CTY. NO. 1232	GRAVE 3	ROW 3	BLOCKE.
				<i>7-26-29</i>

NAME AND ADDRESS	Check relationship	Living - Deceased		
		Living	Deceased	
	MOTHER	:	:	<i>E-94 65-3</i> <i>(Sister)</i>
	STEPMOTHER (For the year prior to commencement of service)	:	:	<i>Miss Elva Anderson,</i> <i>3 erum, Lo'derup,</i>
	MOTHER THRU ADOPTION (For the year prior to commencement of service)	:	:	<i>Skane,</i> <i>Sweden.</i>
	MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)	:	:	_____
	WIDOW (Who has not remarried)	:	:	_____

Veterans Bureau Claim Number

94653

29/156

Anderson, Morris

2,073,186

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt.

Co. I 354th Inf.

(Rank and organization.)

State your relationship to the deceased

2nd Cousin

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)

Herman Linden

(Number and street or rural route.)

(City, town, or office.)

(State.)

Read carefully the letter accompanying this card.

Mobile

✓  
Over

Dup. card sent to ~~brother~~ in  
Sweden. 9/9/19. Ans. 1-215-613

Brothers add: Per Anderson  
No 3. Crump, Sweden  
Loderup, Sweden

RECEIVED  
MAY 15 1921  
3-11-21

drawn by 918  
1232 Sec 7-4

3/17/21

#1232  
Per. Oby

Anderson,

(Surname.)

Morris

(Christian name in full.)

2,073,186

(Army serial number.)



Pvt.

Co. E, 354th 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)

*Per Anderson  
Orum, Löderup, Sweden*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

*E.M.*

In reply refer to:  
293.8 C-R

March 16, 1923.

Mr. Herman Londen,  
Deer Grove, Ill.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of the late Private Morris Anderson, Company E, 354th Infantry, is Grave 3, Row 3, Block E, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

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

Very truly yours,

H. J. Conner,  
Assistant.

22/1423/ARK

In reply refer to:  
293.8 C-R

March 16, 1923.

Miss Elna Anderson,  
3 Oru, Le'deruo,  
Skane, Sweden.

Dear Madam:

The Quartermaster General desires that you be informed that the permanent grave of the late Private Morris Anderson, Company E, 354th Infantry, is Grave 3, Row 3, Block E, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France.

This is one of the permanent American military cemeteries to be maintained by this Government in Europe. Each grave will be marked by a headstone of white marble, of suitable design, with name, rank, organization, date of soldier's death and State from which he came. The headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

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

Very truly yours,

H. J. Conner,  
Assistant

CC  
Q. M. G.  
B. O. C.  
B. O. C.  
1923

Date 6th May 1919.

REPORT OF DISINTERMENT AND REBURIAL.

49253

Remains of:

Name: ANDERSON Morris

Number: 2073186

Rank: Unknown

Organization: Unknown

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

27th March 1919.

Grave-- Battle Area Cemetery

ROMAGNE, MEUSE 35 NE 305.9 E 284.7 N

Reburied (Date)

in: (Give complete location)

27th March 1919.

Grave #182 Sec #7 Plot #A

Amer. B/A Cemetery #1232

ROMAGNE, MEUSE 35 NE 308 E 285 N

1232

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

Burial very poor, body badly decomposed.

Was one identification tag found upon the body? Yes

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

CONFIRMED No. D-10747

10747

10747

Note:

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: Lt Payne

cmf.

R. H. ROSENTHAL

2nd Lieut. O.M.C.U.S.A.

C.O. Group            Unit

Concentration

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

Place Romagne 1232

REPORT OF DISINTERMENT AND REBURIAL

Date Feb. 22, 1922

1. REMAINS OF ANDERSON, Morris, SERIAL NUMBER 2073186
RANK Pvt. ORGANIZATION Co. E. 354th Inf.

2. Disinterred (date): Feb. 22, 1922 From (give complete location): Gr. 182, Sec. 7, Pt. 4, Cem. 1232

By: Group Foster Unit F.S.#1

3. Reburied (date): Feb. 22, 1922, Mouse Argonne Cty 1232, gr 3, bl E, row 3 In (give complete location):

By: Group Reburial S Unit Nature of reburial unlined casket

4. Report as to nature of original burial and condition of body upon disinterment: Wooden box. U.S. Uniform. Burlap. Body badly decomposed.

5. (a) Identification tags: Buried with body? Yes On grave marker? No

(b) Other means of identification found upon disinterment, and general remarks: Tag on body reads. "Morris Anderson, 2073186."

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

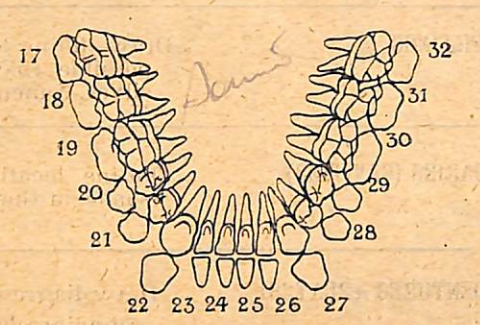
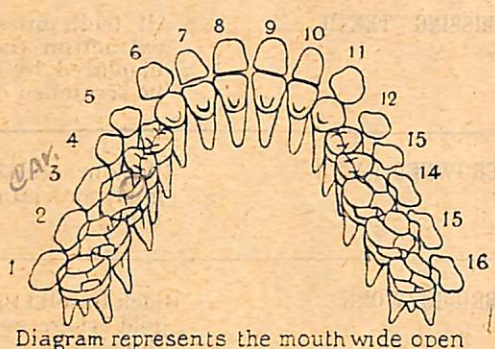
(d) Hair on face—Color do

Location do

Quantity do

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

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








7. Disinterment supervised by H.H. Foster Approved: F. Overheiser, Capt. QMC. jb

8. Reburial supervised by W.B. Sheild Approved: A.E. Dewey, 1st Lt, QMC.

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

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

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

<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.



To be prepared in triplicate.

DATE Feb. 22, 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 <u>ANDERSON, Morris</u>	10. Name _____
2. No. <u>2073186</u>	11. No. _____
3. Rank <u>Pvt</u>	12. Rank _____
4. Org. <u>Co. B 354th Inf.</u>	13. Org. _____
5. D.D. <u>10-21-18</u>	14. (a) D.D. _____
6. C.D. <u>A.I.A.</u>	(b) D.B. <u>None.</u>

Discrepancy found upon disinterment

7. Grave No. <u>182</u> Sec. <u>7</u>	15. Grave No. _____ Sec. _____
8. Plot <u>4</u> Row _____	16. Plot _____ Row _____
9. _____	17. <u>None.</u>

18. Cemetery <u>Meuse-Argonne Amer.</u>	19. Commune or town <u>Romagne/s/Montfaucon</u>
20. Dept. or County <u>Meuse</u>	21. Country <u>France</u>
22. G.R.S. Hdqrs. Code No. <u>1232</u> Sec. <u>7</u>	

23. Disinterred (Date) Feb. 22, 1922. By H. H. Foster.

24. Inscription on grave marker:

Name <u>ANDERSON, Morris</u>	Serial No. <u>2083186</u>
Rank <u>Pvt.</u>	Organization <u>Co. B., 354th. Inf.</u>

25. Was identification disc found on grave marker? No On body? Yes

Rex M. Maddy  
 Signature Junior Technical Assistant  
Rex M. Maddy.

PREPARATION

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

Body identified by tag.

27. Condition of body Badly decomposed; features unrecognizable.

28. Nature of burial Wooden box; U. S. Uniform.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? Yes. See item- 24.

30. Body prepared and placed in casket: Date Feb. 22, 1922. By H. H. Foster.

31. Casket sealed by H. H. Foster.

Signature of Embalmer, (Supervisor H. H. Foster.

AUDITED

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

32. Designation of body:

Name Morris ANDERSON

Rank Pvt

Organization Co. B 354th Inf.



Serial No.

2073186

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer. Cty. Roman /s/ Montfaucon 1232

Casket boxed and marked (Date) Feb. 22, 1922.

By H. H. Foster.

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, Capt., QMC.

36. Remarks

WS

37. Shipped from point of Operation: (Date) Feb. 22, 1922.

To point of Concentration Morgue, Romagne.

Convoyer Thos. T. Wynn.

Signature Shipping Officer

(Name

*J. F. Spann*  
J. F. Spann, Capt., QMC.

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 Meuse Argonne Cty 1232, Feb, 22, 1922

(Date

42. Grave No. 3

Section

43. Plot XXXXBlock E

Row

3

G.R.S. Representative

*A. E. Dewey*  
A. E. Dewey, 1st Lt, QMC.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File #49253

(a) Name ANDERSON, Morris Ser. No. 2073186  
(b) Rank Pvt. Organization Co.E, 354th Infantry  
(c) Date of death 10/21/18 (d) Cause of death K/A

TYP. DMA  
CKR. 13.7

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

(a) Grave No. 182 Row - Plot 4 Sec. 7 TYP. DMA  
(b) Emerg. Address Mr. Herman Lenden (Cousin) Deer Grove, Ill.

III. ~~Files of soldiers dying from contagious diseases~~

CKR. 13.7 (over)

IV. A. G. O. DISPOSITION CARD:

Date of receipt Mar. 18

(a) Name Pvt Anderson (b) Relationship brother  
(c) Address Perm 3, Tidernup, Sweden  
(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 HR Date 3-17, 1920

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

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

no correspondence

Examiner's Initials HR Date 3-17, 1920

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

no request for disposition

(a) Cancellation memos referred to? no, HR

Examiner's Initials HR Date 3-17, 1920

COUNTRY FRANCE

CEMETERY No. 1232-sec. 7

SHEET No. 4

checked 9/11/21

CEMETERY DIVISION

VII. G. R. S. Form No. 114 made

, 1920.

RECEIVED.

Typed by

, Checked by

, 1920.

APR 28 1921

VIII. FINAL ACTION:

Following advice forwarded to Europe by

cable on

letter on

3/25

CEMETERY DIVISION 1920  
OVERSEAS PROJECT SUB-SEC.

*Dec 7 mt  
Par II To be returned*

*EPW*

IX.

CORRECTIONS

CHANGE OF ADVICE.

ACTION TAKEN.

Desires body be

Body to be shipped to

X. SUSPENSION REMARKS:

*W. R. B. A. - Miss Elna Anderson (sister)  
3 Oru, Le'derno, skane Sweden.  
(4-1-21 - 8. m. m.)*

# COMPILATION OF DISPOSITION OF REMAINS DATA

File #49253

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Morris Ser. No. 2073186  
 (b) Rank Pvt. Organization Co.E, 354th Infantry } TYP. DMA  
 (c) Date of death 10/21/18 (d) Cause of death K/A } B.J.

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

(a) Grave No. 182 Row - Plot 4 Sec. 7 TYP. DMA  
 (b) Emerg. Address Mr. Herman Lenden (Cousin) Deer Grove, 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. Card: per Anderson Brother Arum 3,  
 To "demur" Sweden desires body to remain  
 in France* *H.S. 4-4-21*

V. Following advice forwarded to Europe by { cable on ..... 192  
*Sec 7* { letter of transmittal on 3/25 ..... 192 <sup>1</sup>

*Part II not to be returned epw*  
APR 9 1921

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

49253

1. G. R. S.  No. 1. H  R. S. File

2. Soldier's No. 2073186

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

4. Rank Company Regt. or Corps

5. Date of Death Cause, if known

6. B.A.C.  
Date of Burial Cemetery

7. Romagne Meuse  
Town or Commune (in block letters) Department

8. 7  
Grave No. Plot No. or Letter

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

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

11. If name unknown and tags missing, give marks and description.  
CMME. Romagne-sous-montfaucon

(C-280) SHT 3515 000 [E-305, 9]  
280 UN 284, 75

12. "A" sketch 75  
Map reference, if interment is outside of cemetery

13. 2262  
Give name of Chaplain or Burial Officer

GROUP No. 2 Signed Sgt. Horsley

PROV. UNIT "A" G.R.S. Group Unit G. R. S.

FILE

49253

# GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF  
Anderson 2073186 Morris

~~Morris 2073186 Anderson~~  
(Surname.) (Number.) (First Name and Initials.)

Pvt. Co E 33rd Inf.  
(Rank.) (Organization.)

DATE OF BURIAL: Oct 21st - 18

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

cemetery at 05.6 - 84.8  
map. Remonville 1/20 000.

GRAVE NUMBER 2

HOW MARKED: Name Peg?  Cross?   
Headboard?  Bottle?

IDENTIFICATION TAGS:

Was one buried with body?  yes

Was one fastened to name peg or stake used as a grave marker?  yes

If name unknown and tags missing, description and marks should be given here:

(Mouse)

OMME. Romaine-sous-Montfaucon

(O-280) SHT. 35 NE. COORD. { E 305.6  
N 284.8

REPORTED BY:

Chaplain J. E. Woods

(Signature and Rank of Reporting Officer.)

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