

17
293

FULL NAME **ANDERSON, Nora E.**

RANK **Nurse** SERIAL **none**

DIVISION & ORGANIZATION **Base Hospital #68**

DATE OF DEATH **1-16-19**

STATE FROM WHICH HE CAME **Minnesota**

MEDALS OR DECORATIONS AWARDED **None.**

FINAL GRAVE LOCATION	Date	Grave	Row	Block
	6-24-1922	30	11	A

St. Mihiel American Cemetery. 1233 Cemetery



Robert O. Davis,
Major General
The Adjutant General.
By *ade*

REC'D WORKING UNIT
MAY 26 1925

MAY 28 1925

23/306/ARK

stake used as a grave marker?
If name unknown and tags missing, description and marks should be given here:

NEAREST RELATIVE **Nels E. Anderson**

ADDRESS **St. Hilaire, Minn.**

RELATIONSHIP: **Father.**

REPORTED BY: *William J. Gibson*

William J. Gibson, Chaplain B H 68
(Signature and Rank of Reporting Officer).

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

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson, Nora E......
(Surname). (Number). (First Name and Initials).

Nurse Army Nurse Corps B H 68.....
(Rank). (Organization).

PLACE OF DEATH: **USA Base Hospital 68**.....

CAUSE OF DEATH: **Cerebro-spinal meningitis, nephritis, pneumonia.**

DATE OF BURIAL: **January 18, 1919**.....

PLACE OF DEATH: **Military Cemetery**.....

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

Hospital Center, Mars-sur-Allier,.....

Nievre, France......

GRAVE NUMBER: **110**.....

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

Headboard?..... Bottle? **Yes**.....

IDENTIFICATION TAGS:

Was one buried with body?.....

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

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

NEAREST RELATIVE: **Nels K. Anderson**.....

ADDRESS: **St. Hilaire, Minn.**.....

RELATIONSHIP: **Father.**.....

REPORTED BY: *William J. Gibson*.....

William J. Gibson, Chaplain B H 68.....
(Signature and Rank of Reporting Officer).

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

CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE
N. ME	Anderson, Nora E	3	1044
	CEMETERY 1233	1	3
BURIED	GRAVE 30	2	30
	ROW 11	2	11
	BLOCK A	1	1
STATE	Minno	2	27
RANK	nurse	1	7
DIVISION	med. corps	2	52
ORGANIZATION	B. H 68	3	068
ARM	Army Nurse Corp	1	5
MARITAL		1	
NAME		3	
	STATE	2	
RES IDENCE	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Dead 2-6-32	1	6
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

No Sm
No Loco

Audited
DEC 12 1931
A. J.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M
Anderson, Nora E. (STM)

July 11, 1932

Mrs. Eliza Anderson,
Thief River Falls, 323 Knight Ave So.
Minn.

Dear Madam:

The Act of Congress of March 2, 1929, as amended May 15, 1930, authorizes pilgrimages to the cemeteries Of Europe during the years 1930, 1931, 1932 and 1933 for the mothers and widows of deceased members of the American forces who were lost or buried at sea or whose remains are interred in Europe.

Your attention is particularly invited to the fact that this is the last opportunity you will have to make the pilgrimage under the provisions of the above mentioned Act. Unless you take advantage of this LAST chance to make a trip in 1933 you will receive no benefit from the Act. There is no provision of law which will permit the Government to make a money allowance to any mother or widow who does not choose to make the pilgrimage.



IT IS REQUESTED THAT YOU GIVE THE MATTER YOUR MOST CAREFUL CONSIDERATION BEFORE REACHING A DECISION, BEARING IN MIND THAT THIS IS THE LAST OPPORTUNITY YOU WILL HAVE TO MAKE THE TRIP AT GOVERNMENT EXPENSE.

In order to assure proper and satisfactory accommodations for the mothers and widows making the journey in 1933, reservations for steamship transportation must be made by this office several months in advance. It is requested that you answer the questions below by writing "Yes" or "No" or "Undecided" in the blank space following the question. When you have answered the question, sign your name and return this sheet in the enclosed addressed envelope which requires no postage. PLEASE DO NOT DELAY, as it is essential that the information be in this office promptly.

This letter is being sent to all eligible mothers and widows who did not make the pilgrimage during the years 1930, 1931 or 1932. There is enclosed a circular of information WHICH YOU SHOULD READ VERY CAREFULLY BEFORE MAKING YOUR DECISION.

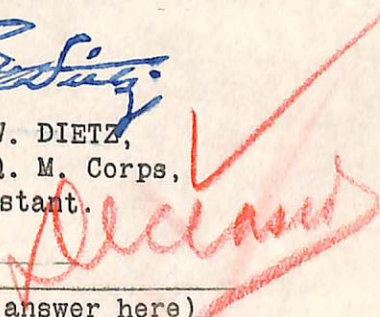
For The Quartermaster General,

Very truly yours,

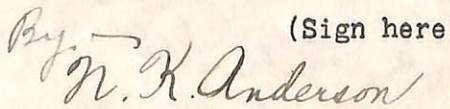


CHAS. W. DIETZ,
Captain, Q. M. Corps,
Assistant.

2 Encls.

DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1933?

No 
(Write answer here)

(Sign here)


Mrs. Eliza Anderson
She died Feb. 6th 1932.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM-293-AM

July 24, 1931.

Anderson, Nora E. Nurse (St.M.) M

Mrs. Eliza Anderson,
Theif River Falls, Minn.

Dear Madam:

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

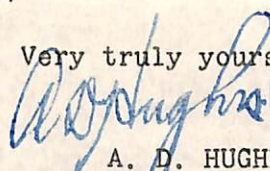
To assure proper and satisfactory accommodations, reservations for steamship transportation required during the summer of 1932 must be made by this office not later than August 1st of this year. It is therefore desired that you answer the question below by writing either of the words "Yes", "No", or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

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

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

For The Quartermaster General,

Very truly yours,



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



DO YOU DESIRE TO MAKE A PILGRIMAGE DURING THE YEAR 1932? No
Write answer here

Eliza Anderson
Sign here

October 15, 1930.

QM 293 A-M
Anderson, Nora E. 1233 M

Mrs. Elisa Anderson,
Thief River Falls, Minn.

Dear Madam:

Reference is made to the reply to a form letter forwarded from this office to Mr. Nels K. Anderson in which he stated that on account of poor health you could not make the pilgrimage to the grave of your daughter, the late Nurse Nora E. Anderson, authorized by the Act of March 2, 1929.

In the event your health improves and you desire to make this journey at some time during the summer months of 1931, 1932 or 1933, it is requested that you communicate with this office in order that the necessary arrangements may be made for you.

For The Quartermaster General.

Very truly yours,

R. E. SHANNON,
Captain, Q. M. Corps,
Assistant.

mf

ETK

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-M
Anderson, Nora E. Nurse 1233 M

October 9, 1930

Mrs. Eliza Anderson
Thief River Falls
Minnesota

Dear Madam:

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

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

1. Do you desire to make this pilgrimage?	<i>No can't do old and weak</i>
2. Do you desire to make the pilgrimage in the calendar year 1931?	<i>No</i>
3. Please give your age and state your health.	<i>Age 72 years. health poor</i> Condition of health
4. Do you speak English?	<i>Yes</i>
5. What other language do you speak?	<i>Norwegian</i>

Mrs. Eliza Anderson

For The Quartermaster General:

Very truly yours,

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



Encls:
Act
Amendment
Envelope

L

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Nora E. 1233 F

July 7, 1930

Mr. Nels K. Anderson
St. Hilaire E
Minnesota.

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:

yes

Elisa Anderson

Thief River Falls Minn

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

If so, give her name and address:

*can not go because
of poor health*

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:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

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



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

QM 293 A-C

IN REPLY REFER TO _____
Anderson, Nora E.

May 25, 1929



123M
Mr. Nels K. Anderson,
St. Hilaire,
Minn.

Gentlemen! Thank you
I cannot accept
Mr Nels K Anderson

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"

Anderson,

(Surname.)

Nora E.

(Christian name in full.)

(Army serial number)

Nurse

Base Hosp # 68

(Rank and organization)

State your relationship to the deceased

Father

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)

Nora E. Anderson
R. F. D. No. 1, St. Helaire, Bonnington, Co. Monaghan

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

May 26, 1929.

Anderson, Nora E.

Mr. Nels K. Anderson,
St. Hilaire,
Minn.

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 **father of the late Nora E. Anderson, Nurse, Base Hosp. # 68, whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Mourmest-Roselle, 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, Nora E. - Nurse

February 14, 1925

Mr. Nels K. Anderson,
St. Hilaire,
Minn.

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,

R. P. HARBOLD,
Major, Q.M.C.

Assistant.

RD

~~751~~

1-Incl.
Record card.



Place Nevers,

Date June 18, 1919

REPORT OF DISINTERMENT AND REBURIAL.

86028

Remains of:

Name: Nora E. Anderson,

Number:

Rank: Nurse

Organization: Base Hospital #68

Disinterment and Reburial made by Group

Unit Detachment.

Disinterred (Date)

From: (Give Complete location)

June 15, 1919.

Grave C-11, American E.F. Cemetery

No. 85, Mars-sur-Allier (Nievre).

Reburied (Date)

in: (Give complete location)

June 15, 1919.

Grave 585, American E.F. Cemetery

No. 395, Nevers (Nievre).

395

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

Buried in strong coffin, body clothed, badly decomposed, water covered coffin.

Was one identification tag found upon the body? No question as to identity.

What other means of identification were found on the body?

10192

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, G.R.S.

CONFIRMED N° D

10192

Supervised by

Harry S. Sands
2nd Lt. Co.

C.O. Group

Unit

CHAS. S. DENNY
1st Lieut. C. A.

COMPILATION OF DISPOSITION OF REMAINS DATA

File No. 86028

1542
2/27 Examined
1/22 Concentration
St Michel 1233
att 3/10/20

1. LOCATION INDEX CARD:

(a) Name ANDERSON, Nora E. Ser. No. -----)
(b) Rank Nurse Organization Base Hosp. #68) TYP. EML
(c) Date of death 1-16-19 of death Meningitis) CKR. EML

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

(a) Grave No. 585 ^{*584 old numbering*} Row 50 Plot --- Sect. ---) TYP. ILH
492 new numbering (same grave)
(b) Emerg. Address Nels K. Anderson, (Father), St. Hilaire, Minn.

111. Files of soldiers dying from contagious diseases; Card agrees with/ (d) CKR. EML

IV. A.G.O. DISPOSITION CARD:

Date of receipt none

(a) Name Nels K. Anderson (b) Relationship Father
(c) Address R.F. #1, St. Hilaire, Minn.
(d) Remains to be brought to U. S.? no
(e) To be interred in National Cemetery in U. S. at no

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

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

Examiner's Initials FB Date 5-26- 1920

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

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

no correspondence

Examiner's Initials mm Date 5-26- 1920

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

request for disposition

(a) Cancellation memos referred to? yes - MMS

Examiner's Initials MMS Date 5/29 1920

COUNTRY FRANCE CEMETERY NO. 395 SHEET NO. 12

G.R.S. Form #115
Amended April 6, 1920.

CARDED

Make Form #114

checked 12-17-20

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

Typed by _____

Checked by _____

1920

VIII. FINAL ACTION: DEC 27 1920

Following advice forwarded to Europe by-

(cable of _____)
(letter on 8/2 1920)

Par. # 2. Not to be returned (Mack)

AP 12/22/20

IX. CORRECTIONS

CHANGE OF ADVICE	ACTION TAKEN
Desires body be	RECEIVED.
Body to be shipped to	DEC 31 1920
	CEMETERY DIVISION OVERSEAS PROJECT SUB-SEC.

X. SUSPENSION REMARKS:

*Form 120 - 6-16-20 Grandfather Nelson
Anderson St. Helaire, Minn. confirms previous
instructions to let body remain in France*

D 12-21-20

**FORM 115 RETURNED BY HOBOKEN - 5031
TO REMAIN IN EUROPE.**

12/31/20 JFW

To be prepared in triplicate.

DATE Dec. 14. 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? Nora E

10. Name

2. No. ---

11. No.

3. Rank Nurse

12. Rank

4. Org. B.H.# 68

13. Org.

5. D.D. Jan 16-19

14. (a) D.D.

6. C.D. Meningitis

(b) D.B. none

Discrepancy found upon disinterment

7. Grave No. 175 Sec.

15. Grave No. Sec.

8. Plot Row

16. Plot Row

9.

17. none

18. Cemetery American Mil

19. Commune or town Nevers

20. Dept. or County Nievre

21. Country France.

22. G.R.S. Hdqrs. Code No. 395

23. Disinterred (Date) Dec. 14. 1921

By W. R. Tomlinson

24. Inscription on grave marker:

Name Anderson, Nora. E.

Serial No. ---

Rank Nurse.

Organization B.H.#68.

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

Thos. A. Pace
Signature Junior Technical Assistant

Thos. A. Pace.

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).

No effects found. Form 16-A accomplished.

27. Condition of body Badly decomposed, Recognition impossible

28. Nature of burial Wooden box and Red Cross Nurse's 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 Dec. 14. 1921. By W.R. Tomlinson

31. Casket sealed by W. R. Tomlinson

Signature of Embalmer, (Supervisor W. R. Tomlinson)

W. R. Tomlinson.

AUDITED BY
848
10/2/23

SHIPMENT. (Show actual marking of box.) Box No. C-23674

32. Designation of body:

Name Nora E. ANDERSON Serial No. ---

Rank Nurse Organization B.H.# 68

33. Consigned to:

Name of Permanent Cemetery St. Mihiel American Cty. 1233 Thiaucourt. M-et-M.

34. Casket boxed and marked (Date) Dec. 14, 1921. By W. R. Tomlinson.

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 [Signature]
S. H. Hunsicker, 1st Lt. QMC.

36. Remarks

~~Reburial record on body checks. Red Cross insignia bearing "16053" found on uniform.~~

37. Shipped from point of Operation: (Date) Dec. 14, 1921.

To point of Concentration Nevers, Nièvre, France.
(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 22 DEC 21

To Permanent Cemetery St. Mihiel (1233) Thiaucourt. M et M.
(Name)

Convoyer R. L. Hall. Signature Shipping Officer [Signature]

40. Received: Date 26 DEC 1921

G.R.S. Representative [Signature]

41. Reinterred: June 24, 1922.
(Date)

42. Grave No. 30 Section _____

43. ~~Plot~~ Block A. Row 11

G.R.S. Representative [Signature]
A. E. Dewey, 1st Lt. QMC.

REPORT OF DISINTERMENT AND REBURIAL

Date Dec. 14, 1921.

1. REMAINS OF Anderson, Nora E. SERIAL NUMBER _____
RANK Nurse. ORGANIZATION B.H.#68.

2. Disinterred (date) : Dec. 14, 1921. From (give complete location): Gr.175.
Amer. Cem. # 395. Nevers, Nievre, France.

By : Group 1 Unit Sec. 4.

3. Reburied (date) June 24, 1922.. In (give complete location) : Gr.30, Bk,A, Row 11.

By : Group Reburial Unit Casket and Shipping Case.
Nature of reburial _____

4. Report as to nature of original burial and condition of body upon disinterment :
Wooden box and Red Cross Nurse's uniform. Body badly decomposed
Recognition impossible. Head posted.

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

(b) Other means of identification found upon disinterment, and general remarks :
No effects found.

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

(a) Height (actual measurement) impossible to determine

(b) Weight (estimated) " " "

(c) Hair—Color apparently dark brown

Quantity full head

Characteristics long and straight

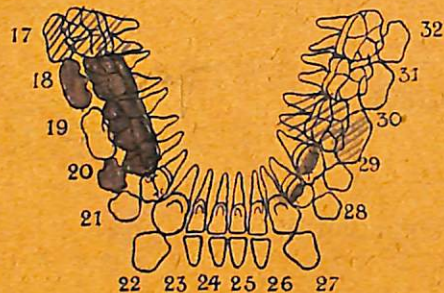
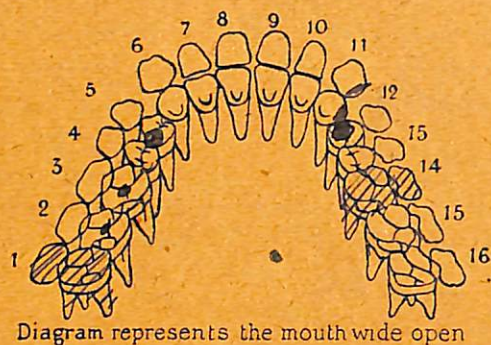
(d) Hair on face—Color none

Location none

Quantity none

(e) Permanent marks on body (old scars, peculiarities, or missing parts) none visable

(f) Wounds or missing parts (received at time of casualty) none visable



MBD.1.14.17.30.
SF.2.3.5.28.29.
G & P bridge 18.19.20.
G.F.11.12.

7. Disinterment supervised by W. R. Tomlinson

Approved: S. H. Hunsicker

TAP

(Title) 1st. Lt. OMC.

8. Reburial supervised by H.L. Kramer

Approved: A. E. Dweey

(Title) _____

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

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

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

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

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

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

REPORT OF DISINTERMENT AND REBURIAL

1. REMAINS OF NORA E. ANDERSON. SERIAL NUMBER -----

RANK NURSE. ORGANIZATION ----- BASE HOSPITAL # 68.

2. Disinterred (date): 10-19-20. From (give complete location): Grave 482.

Amer. Cemetery # 395, Nevers (Nievere) France.

Nurses name on cross 483.

By: Group 4. JORGENSEN. ~~XGXX~~ Sec 5.

*Grave no
confused
with that of
Bladys beyond
see 114 for
Cem
4/29/21*

3. Reburied (date): 10-19-20. In (give complete location): Grave 175.

Amer. Cemetery # 395, Nevers (Nievere) France.

New wooden Box in Blanket

By: Group 4. JORGENSEN. ~~XGXX~~ Sec. 5. Nature of ~~burial~~ Bottle with identity paper.

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

Wooden Box, Army Nurse Corps Uniform - Post Mortem

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

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

American National Red Cross Button with number 16053 on back.

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

(a) Height (actual measurement) -----

(b) Weight (estimated) -----

(c) Hair—Color -----

Quantity -----

Characteristics -----

(d) Hair on face—Color -----

Location -----

Quantity -----

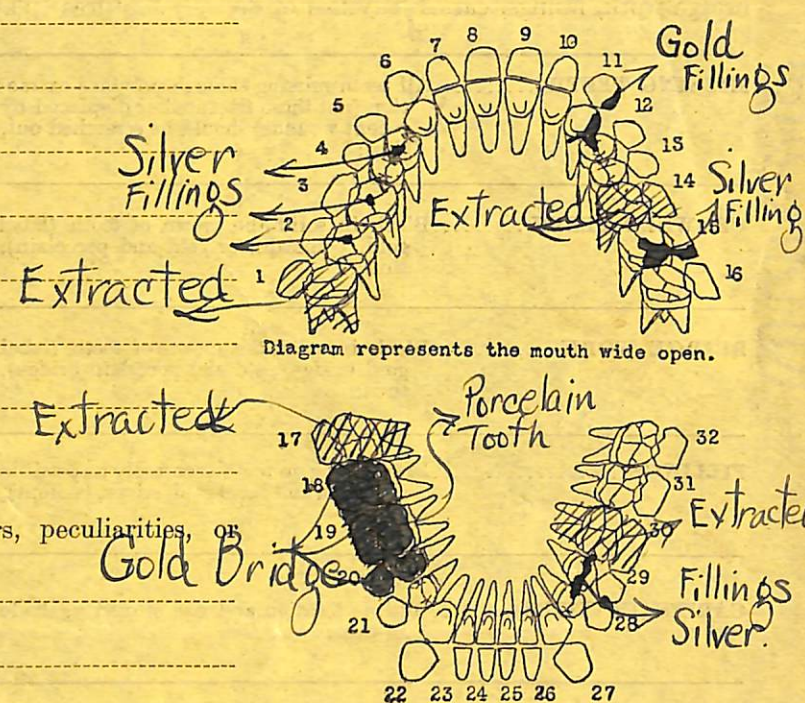
(e) Permanent marks on body (old scars, peculiarities, or

missing parts) -----

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

Body too badly decomposed to describe.

(CHECKER H. F HOWARD.)



7. Disinterment supervised by J.H. Walton

J.H. WALTON.

Approved: S. D. DOWNS

S. D. DOWNS

OF SECTION.

(Inspector) CAPTAIN. Q.M.C.

(Title) CAPT. Q.M.C. MASTER R

8. Reburial supervised by J.H. Walton

J.H. WALTON.

Approved: S. D. DOWNS

S. D. DOWNS

OF SECTION.

(Inspector) CAPTAIN. Q.M.C.






(Title) CAPT. Q.M.C. MASTER OF SECTION.

Lynne Gladys

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 TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	
BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	
FILLINGSDraw 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.

RECEIVED
 FEB 21 1921
 G. R. S.

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

395-12

JOR.

JUN 9 1920

FROM: Chief, Graves Registration Service, Q.M.C.
TO: Mr. Nels. K. Anderson, R.F.D. #1, St. Hilaire, Minn.
SUBJECT: Remains of Nurse, Nora E. Anderson

Rush Answer

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

The above is correct

no change

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:

KMB

Noted on Form No. 115

Date 12-21-20 - CS. P. (rush)

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

NAME OF	NO. & STREET	TOWN	STATE
---------	--------------	------	-------

Soldier's Widow	<i>none</i>	<i>St. Hilaire</i>	<i>Minnesota</i>
-----------------	-------------	--------------------	------------------

Soldier's Children	1.		
(Name oldest first)	2.		
	3.	<i>None</i>	

Father	<i>Nels K. Anderson</i>	<i>St. Hilaire</i>	<i>Minnesota</i>
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Mother	<i>Elesa Anderson</i>	<i>St. Hilaire</i>	<i>Minnesota</i>
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Brothers	1.	<i>August K. Anderson</i>	<i>St. Hilaire</i>
(Name oldest first)	2.	<i>Peter L. Anderson</i>	<i>St. Hilaire</i>
	3.	<i>Frederic G. Anderson</i>	<i>St. Hilaire</i>

Sisters	<i>Mrs. Dawn Johnson</i>	<i>St. Hilaire</i>	<i>Minnesota</i>
	<i>Miss Elmer and Esther Anderson</i>	<i>St. Hilaire</i>	<i>Minnesota</i>

Date June 11th 1920 Signature Nels K. Anderson

Address St. Hilaire Relationship Father

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

(OVER)

The transfer of body remains entirely at Government expense

19 ✓

RECEIVED



JUN 21 1920

G. R. S.

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.

87573

concentrated &

86028

REVIEWED
OSP SS.

86028

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson, Nora E.
(Surname). (Number). (First Name and Initials).

Nurse Army Nurse Corps B H 68
(Rank). (Organization).

PLACE OF DEATH: USA Base Hospital 68

CAUSE OF DEATH: Cerebro-spinal meningitis, nephritis, pneumonia.

DATE OF BURIAL: January 18, 1919

PLACE OF BURIAL: Military Cemetery

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

Hospital Center, Mars-sur-Allier, Nievre, France.

GRAVE NUMBER: 11 c

HOW MARKED: Name Peg? Yes Cross? Yes

Headboard? Bottle? Yes

IDENTIFICATION TAGS:

Was one buried with body?

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

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

**REVIEWED
OSP SS**

NEAREST RELATIVE: Nels K. Anderson

ADDRESS: 323 Wilairo, Minn.

RELATIONSHIP: Father

REPORTED BY: William J. Gibson

William J. Gibson, Chaplain B.H. 68
(Signature and Rank of Reporting Officer).

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

CEMETERIAL DIVISION
REGISTRATION SECTION

FILE

File No. 86028

December 21, 192 1

MEMO FOR:
Cards Department.

1.
CASE OF:

Base Hosp. # 68,
ORGANIZATION (Old)

ANDERSON, Nora. E. Nurse
(Name)

FILE

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

	Date	Place	F-1A No.
FILE NO.			
SURNAME	Orig.		D-
SERIAL NUMBER	1st. Reb. 10/19/20	395	D- 30058
FIRST NAME AND INITIALS	2nd Reb.		D-
RANK	3rd Reb.		D-

DATE OF DEATH

CAUSE OF DEATH

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: Miss Lannon

Card.
(Department)

5 x 8 card was sent to file.

Corrections made
on Organization
File Card:

By B
S/3324/LML