

O. Q. M. G.
MAIL & RECORD BRANCH

File 293 - Anderson, Oscar Q. (608)
Subject Corp. - Co. A - 47th - Infantry

29/243

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME <i>Anderson</i>	<i>AND</i>	3	<i>194</i>
<i>Oscar A</i>	CEMETERY <i>608</i>	1	<i>2</i>
BURIED	GRAVE <i>7</i>	2	<i>07</i>
	ROW <i>1</i>	2	<i>01</i>
	BLOCK <i>A</i>	1	<i>1</i>
STATE	<i>Wisconsin</i>	2	<i>58</i>
RANK	<i>Cpl</i>	1	<i>2</i>
DIVISION	<i>4</i>	2	<i>04</i>
ORGANIZATION	<i>47</i>	3	<i>047</i>
ARM	<i>Inf</i>	1	<i>1</i>
MARTIAL <i>Brother</i>	<i>no</i>	1	<i>2</i>
NAME <i>Anderson</i>		3	
<i>Carl J.</i>	STATE	2	
RESIDENCE	COUNTY	2	
<i>Clk Mound, Wis</i>	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Head</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 30 1932

CS

RS 29/514/PJ

la

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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

July 7, 1930

Mr. Carl J. Anderson
Elk Mound, Wisconsin

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,

Enclosures:
Envelope
Act
Amendment

A. D. Hughes
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, Oscar A.
608

Sept. 12, 1929.

Mr. Carl J. Anderson,
Elk Mound, Wis.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated July 30, 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.

No

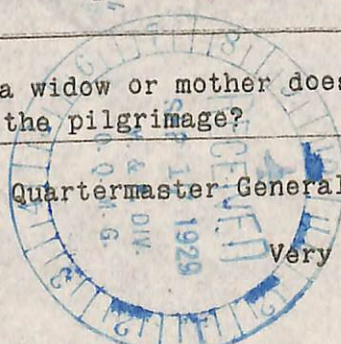
3. If survived by a widow or mother does she desire to make the pilgrimage?

For The Quartermaster General,

Very truly yours,

2 Incls.
Act of Congress
Envelope

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



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Oscar A.

July 30, 1929.

Mr. Carl J. Anderson,
Elk Mound, Wis.

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 Corporal Oscar A. Anderson, Co. A, 47th Inf. 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?	
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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Anderson, Oscar A.

June 20, 1929.

XC 138 345

Mr. John August Anderson,
R. F. D. #2, Bro.
Elk Mound, Wisc.

Carl J. Anderson
Elk Mound, Wis.

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 Corporal Oscar A. Anderson, Co. A, 47th Inf. whose remains are now interred in the Oise-Aisne American Cemetery, Seringes-et-Nesles, Aisne, France.

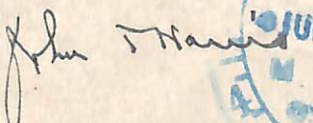
Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend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

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

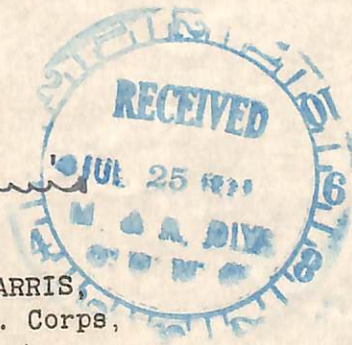
For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,


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

2 incls.
Act of Congress.
Envelope.



WAR DEPARTMENT
WASHINGTON, D. C.
OFFICIAL BUSINESS
OFFICE OF THE QUARTERMASTER GENERAL

Placed



WASHINGTON, D. C.
JUN 20
7-PM
1929

PENALTY FOR PRIVATE USE
TO AVOID PAYMENT OF
CITIZENS
POSTAGE \$3.00.
MILITARY
TRAINING
- CAMPS -

RECEIVED
JUN 27 1929
U. S. ARMY
QUARTERMASTER GENERAL

ELK MOUND
1929
JUN
25
2 PM
WIS



QM 293 A-C

ANDERSON, Oscar A. - Cpl.

October 24, 1925

Mr. John August Anderson,
R.F.D. #2,
Elk Mound, Wisconsin.



Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

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

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

Very truly yours,

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

1-Incl.
Record card.

RD

RD

To be prepared in triplicate.

DATE February 23, 1928

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, Oscar A. *Disc* 10. Name _____
 2. No. 2056298 11. No. _____
 3. Rank Cpl. 12. Rank _____
 4. Org. Co. A, 47th Inf. 4th Div. 13. Org. _____
 5. D.D. July 31, 1918 14. (a) D.D. _____
 6. C.D. KIA. (b) D.B. _____

Discrepancy found upon disinterment

7. Grave No. 7 Sec. _____ 15. Grave No. _____ Sec. _____
 8. Plot Block A Row 1 16. Plot _____ Row _____
 9. _____ 17. _____

18. Cemetery Oise-Aisne 19. Commune or town Seringes-et-Nesles20. Dept. or County Aisne 21. Country France22. G.R.S. Hdqrs. Code No. 60823. Disinterred (Date) February 23, 1928 By L. Gordon

24. Inscription on grave marker:

Name ANDERSON, Oscar A. Serial No. 2056298Rank Cpl. Organization Co. A, 47th Inf.25. Was identification disc found on grave marker? No On body? Yes (2)

Signature Junior Technical Assistant

PREPARATION

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

27. Condition of body _____

28. Nature of burial Pine box and burlap

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? _____

30. Body prepared and placed in casket: Date February 23, 1928 By L. Gordon31. Casket sealed by L. Gordon

Signature of Embalmer, (Supervisor)

L. Gordon
L. Gordon.

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

32. Designation of body: -

Name ANDERSON, Oscar A. Serial No. 2056298

Rank Cpl. Organization Co. A, 47th Inf.

33. Consigned to:

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

34. Casket boxed and marked (Date) February 23, 1928 By Charles E. Spahn

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

Signature of G.R.S. Inspector _____

Charles E. Spahn
Charles E. Spahn

36. Remarks _____

37. Shipped from point of Operation: (Date) _____

To point of Concentration _____

Convoyer _____ Signature Shipping Officer _____ (Name)

38. Received at Railhead or Point of Concentration: Date _____

By G.R.S. Representative _____

39. Shipped from Railhead or Point of Concentration: Date _____

To Permanent Cemetery _____

Convoyer _____ Signature Shipping Officer _____ (Name)

40. Received: Date _____

G.R.S. Representative _____

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

(Date)

42. Grave No. 7 Section _____

43. Plot Block A Row 1

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

Place Ole-Aisne Cty. 608

REPORT OF DISINTERMENT AND REBURIAL

Date February 23, 1928.

1. REMAINS OF ANDERSON, Oscar A. SERIAL NUMBER 2056298
RANK Cpl. ORGANIZATION Co. A. 47th Inf.

2. Disinterred (date): February 23, 1928 From (give complete location):
Grave 7, Block A, Row 1
By: Group Cty. Unit _____

3. Reburied (date): February 23, 1928 In (give complete location):
Grave 7, Block A, Row 1
By: Group Cty. Unit _____ Nature of Reburial Metalic casket

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

5. (a) Identification tags: Buried with body? yes (2) On grave marker? _____
(b) Other means of identification found upon disinterment, and general remarks:

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

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair—Color _____

Quantity _____

Characteristics _____

(d) Hair on face—Color _____

Location _____

Quantity _____

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

17, 18, 19 SF

20 MAD

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

22 to 27 MAD

6 to 9 MAD

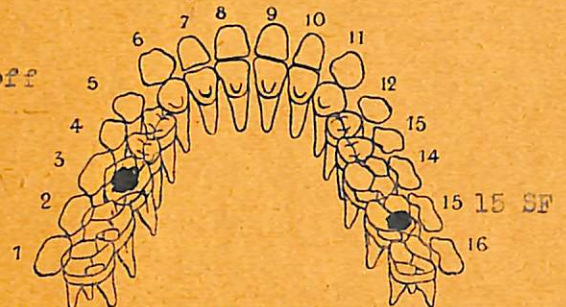
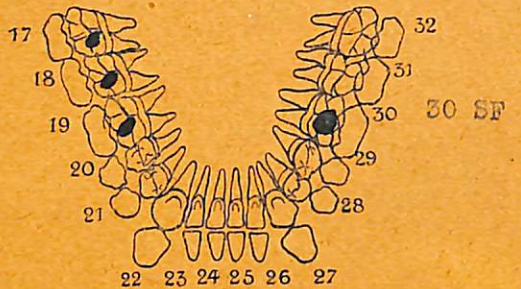


Diagram represents the mouth wide open



7. Disinterment supervised by L Gordon Approved: _____

(Title) _____

8. Reburial supervised by Charles E. Jahn Approved: _____

(Title) _____

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

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

1. Show soldier's name, serial number, rank and organization, and by 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.

1760

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

ANDERSON 2056298 OSCAR

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

(Rank.)

(Organization.)

DATE OF BURIAL. *A. July 29, 1918*

PLACE OF BURIAL. *Meurcy Farm.*

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

Map 33. S.E.

N 274.560

E 195.580

*Company (name)
Sergeant C. 30*

GRAVE NUMBER. *168*

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

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body?

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 55.

GRAVES REGISTRATION SERVICE

REPORTED *American Expeditionary Forces*

[Signature]
(Signature and Rank of Reporting Officer.)

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

12 S. Rgn

17668

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson 2056298 Oscar
(Surname.) (Number.) (First Name and Initials.)

Corp Co 47th Inf
(Rank.) (Organization.)

DATE OF BURIAL Aug 4 1918

PLACE OF BURIAL Seringes, Alsace

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

In triangle of 3 wagon roads on crest SE of Meurcy farm. 3rd row 2nd group 5 graves.

GRAVE NUMBER 3

HOW MARKED: Name Peg? Yes Cross?

Headboard? Bottle?

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:

Com. C 57 Seringes at Meurcy
E 195.30 N. 274.45 (Crisne)
Map. 33 S. E.

REPORTED BY: Francis P. Duffy
Chaplain 165th Inf.
(Signature and Rank of Reporting Officer.)

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

18 St. Reg

REVIEWED
Yes
OSP SS.

17608

Name Anderson 2056298 Oscar

Rank.....Co.....(Corps)
(Regt)

Date of Death July 28-31, 1918

Place Meurey Farm

Cause Killed in action

Date of Burial.....

Grave No. 93 plot 2 section N.

Cemetery No 2

Identified by { Tag } Tag
{ Papers }
{ Clothing }

List of Effects.....

REVIEWED
(Handwritten signature in a blue circle)

Field Record Made by L. W. N. Carr

Company 304 Graves Registration Service

For additional data use reverse side

Reburied from :

N. 274.560

195.580



Anderson,

Oscar A.

2,056,298 ✓

(Surname.)

(Christian name in full.)

(Army serial number.)

Corp,

Co. A, 47th Inf.

(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)

R. 702

John August Anderson
Elk Mound *Wis.*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

5499
+
COMPILATION OF DISPOSITION OF REMAINS DATA

File #17668

I. LOCATION INDEX CARD:

(a) Name	ANDERSON, Oscar A.	Ser. No.	2056298	} TYP. DEB CKR. B.B.
(b) Rank	Corporal	Organization	Co. A. 47th Inf.	
(c) Date of death	7-31-18	(d) Cause of death	K/A	

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

(a) Grave No. 86 Row -- Plot 2 Sec. M TYP. --
 (b) Emerg. Address John August Anderson, Father, RFD #2, Elk Mound, Wisc.

III. Files of soldiers dying from contagious diseases ----- CKR. *tel.*

IV. A. G. O. DISPOSITION CARD:

Date of receipt *None*

(a) Name *John August Anderson* (b) Relationship *Father*
 (c) Address *RFD #2 Elk Mound, Wisc*
 (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 *12-10*, 1920.

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

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

No correspondence

Examiner's Initials *MH* Date *12-10*, 1920.

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

No request for disposition

(a) Cancellation memos referred to? *yes att*

Examiner's Initials *att* Date *12-11*, 1920.

COUNTRY **France** CEMETERY No. **608** SHEET No. **62**

INDEXED
FORM 115 - A COMPLETED

checked
Dec 12-11-20
SMR-1-22-21

3/25/21 60
Reviewed

RECEIVED

MAR 17 1921

GENERAL DIVISION
LIVE WIRE PROJECT SUB-SEC.

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

Typed by _____, Checked by _____

VIII. FINAL ACTION:

Following advice forwarded to Europe by

{ cable on _____, 1920

{ letter on 1/15/21, 1920

Par #2 not to be returned (LPM)

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: ^{2/3/21 F-120} John A. Andersen, (father), next of kin, RFD #2, Elk Mound, Wis.

wished body to remain in Europe. H-3/4/21-rmj

MAR 17 1921

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

March 12, 1921.

File No. 293.0 Con.Div.Cor.Br.
(ANDERSON, Oscar A.)

Mr. John August Anderson,
R. F. D. 42,
Elk Mound, Wisconsin.

Dear Sir:-

Receipt of shipping inquiry dated February 3rd, 1921, relative to the remains of your son, the late Corporal Oscar A. Anderson, serial number 2056298, Company A, 47th Infantry, is acknowledged.

In accordance with your desire, the remains will be left in France for burial in a permanent American Cemetery. You are assured that the grave site will always be maintained as a fitting memorial of the late soldier's sacrifice.

The Department wishes to convey to you renewed assurance of its sympathy in your bereavement.

By authority of the Quartermaster General,

R. B. SHANNON,
Captain, Q.M.C.,
Officer in Charge.

MAILED

MAR 16 1921

COR. BR. G. R. S.

BY:

F. C. PALLAS,
Executive Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
CEMETERIAL DIVISION
~~WASHINGTON~~
Hoboken, N.J.

JAN 31 1921

FROM: Chief, Cemeterial Division, O. Q. M. G.
To: Mr. John August Anderson, R.F.D. # 2, Elk Mound, Wisc.
SUBJECT: Remains of Cpl. Oscar A. Anderson, Ser. No. 2056298, Co. A, 49th Inf.

*No Change
G.H.C.*

The records of this office show that you have requested that the body of the above-named soldier remain in Europe.

If these are not the correct instructions, please correct them. Make corrections on reverse side of this sheet.

The nearest next of kin may choose between, (1) return of the body to any address in the United States; (2) interment in the National Cemetery, Arlington, Va., or any other National Cemetery; or (3) body to remain in Europe.

By authority of the Quartermaster General.

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

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER or not these relatives are STILL LIVING.

Was soldier married? No.

*Wrote 2/15/21
7/5/21 my*

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Soldier's widow			
Soldier's children. (Name oldest first.)	1		
	2		
	3		
Father	John August Anderson	R. F. D. # 2	Elk Mound, Wisc
Mother	Dead		
Brothers. (Name oldest first.)	1	Carl J. Anderson	" " "
	2	Martin A. Anderson	" " "
	3		
Sisters. (Name oldest first.)	1		
	2		
	3		

Date Feb. 3rd 1921
Address Elk Mound, Wisc.

Signature John A. Anderson
Relationship Father

Feb - 3rd, 1921

I, the undersigned, am the father and nearest living next of kin of the within-named

(Relationship.)

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

John A. Anderson

INSTRUCTIONS FOR FILLING OUT.

GRAVES REGISTRY SERVICE
CORRESPONDENCE BRANCH

1. If definite instructions for the disposition of a body are not received from the next of kin within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT OF KIN IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest next of kin in the spaces provided therefor on the other side of this sheet.

5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

6. If YOU are not the nearest next of kin, please ask the nearest next of kin, if living near you, to fill out this paper:

7. If YOU are not the nearest living next of kin and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope—pay no postage.

NOTE.—INSTRUCTIONS FOR THE DISPOSITION OF REMAINS will be issued by this office upon the properly executed authority of the legal next of kin in each case. The widow is the first person having disposition of the remains of her husband. Should there be no widow or children, the father and, in turn (upon his decease), the mother, is the proper authority. The brothers, in order of seniority, and then the sisters in order of seniority, if there are no brothers, rank next in authority to decide. Under an opinion rendered by the Judge Advocate General of the Army, if a widow has remarried she forfeits her right, and the next of kin as given above will make decision.

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Oscar A. Ser. No. 2056298
 (b) Rank Copporal Organization Co. A. 47th Inf.
 (c) Date of death 7-31-18 Cause of death K/A

TYP DEB
[Handwritten initials]

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

(a) Grave No. 86 Row -- Plot 2 Sect. M TYP.....
 (b) Emerg. Address John August Anderson, Father, RFD #2, Elk Mound, Wisc.

III. Files of soldiers dying from contagious diseases..... CKR *[Handwritten initials]*

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

*Ally. card, John August Anderson (father)
 RFD #2, Elk Mound, Wisc, requests
 body remain in Europe LREM 1/17/21*

V. Following advice forwarded to Europe by (cable on..... 192
 (letter of transmittal on 1/18 1921)

Box #2. Not to be returned (LREM)
JAN 26 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..... **MAR 17 1921**..... 192.....

Sub. 1-22-21

G.R.S. Form #114-B

DEC 23 1925

6

FULL NAME ANDERSON, Oscar A.

RANK Corporal SERIAL 2056298

DIVISION & ORGANIZATION Company A, 47th Infantry 4th Div

DATE OF DEATH July 31/18

STATE FROM WHICH HE CAME Wisconsin

MEDALS OR DECORATIONS AWARDED none of record

FINAL GRAVE LOCATION Date 7 Grave 1 Row A Block

608 Cemetery

Mother dead & no widow

23/306/ARK

DEC 23 1925 WORLD WAR DIV.

AUDITED BY 6/4/25 Rev. DEC 24 1925

were to take the out to help anot was hit by a mac 6 months/ He wa

should be given here:

oping over him, he him for about 5 or ow."

REPORTED BY: Francis P. Duffy Chaplain 165th Inf (Signature and Rank of Reporting Office.)

d, Sgt. 557648 Center. Inf. Alabama Ave, t-Louis, Mo. 1919

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

Josephine Sherzer, Searcher

D.F.

31 00226 RLT 12/10
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Anderson 2056298 Oscar
(Surname.) (Number.) (First Name and Initials.)

Corp. Co. A. 47th Inf.
(Rank.) (Organization.)

DATE OF BURIAL. **Aug 4 1918.**

PLACE OF BURIAL. **Seringes, Aisne.**

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

**In triangle of 3 wagon roads on
crest SE of Meurcy farm. 3rd row
2nd group 3 graves.**

GRAVE NUMBER. **3**

HOW MARKED: Name Peg **Yes** 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:

REPORTED BY: **Francis P. Duffy**
Chaplain 165th Inf

(Signature and Rank of Reporting Officer.)

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

Co. A. 47th

car A. Cpl. 2056298

Cpl. Oscar
Thierry. I was
were to take the
out to help anot
was hit by a mac
6 months/ He wa
to the front and
been hit by sh

Corp. 2056298
rgy Hill at Chateau-
myself that day. We
myself and was going
looking over him, he
him for about 5 or
ow." He might have

d, Sgt. 557648
Center.
Inf.
Alabama Ave,
t-Louis, Mo.
1919

Josephine Sherzer, Searcher

D.P.

Co. A. 47th Infantry

ANDERSON Oscar A. Cpl. 2056298

Missing July 31st, 1918

"Cpl. Oscar A Anderson was killed July 30th on Seray Hill at Chateau-Interry. I was not an eye witness as I was wounded myself that day. We were to take the hill that morning. He was wounded himself and was going out to help another wounded man, but just as he was stooping over him, he was hit by a machine gun bullet. I had soldered with him for about 5 or 6 months. He was a tall, light-haired, heavy-set fellow."

Informant: WENDEL Leonard, Sgt. 557648

Kermon Hosp. Center.
Co. A. 47th Inf.
Home: 7109 Alabama Ave,
St-Louis, Mo.
January 30, 1919

Josephine Sherzer, Searcher

C° A - 47th Infantry -
4th Division.

ANDERSON, Oscar A. - Corp. 2056298

Missing in action July 31st 1918.

I saw Corp. Anderson about 8 P.M. on the afternoon of July 31st. He had a machine gun bullet wound in one of his arms and was on his way to the first aid station. I did not see him after that. He might have been hit by shell fire on his way back.

Informant: BORN, Richard B. - Sgt. 2264219
C° A - 47th Infantry -
Home : Butte - Mont.

Signed: WILLIAM, Donald - 1st Lieut - 47th Inf.

Place Seringeset Nesles

REPORT OF DISINTERMENT AND REBURIAL

Date April 21 /21

1. REMAINS OF ANDERSON, OSCAR A. SERIAL NUMBER 2056298

RANK Cpl. ORGANIZATION Co. A, 47th Inf.

2. Disinterred (date): ~~May~~ April 21 /21 From (give complete location):

Amer. Cty. Seringes et Nesles, #608, Gr.86-M-2

By: Group Dawe Unit _____

3. Reburied (date): _____ In (give complete location):

same date, cemetery, Gr.138-N-4

By: Group Dawe Unit _____ Nature of reburial box and burlap

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

5 ft. earthen grave, U.S. Uniform, burlap, disintegrated, unrecognizable

5. (a) Identification tags: Buried with body? yes (3) On grave marker? yes

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

Three tags found on body. Two corroded beyond recognition. Other part of serial number discernable "2056----" and "US."

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 _____

Quantity _____

Characteristics _____

(d) Hair on face—Color _____

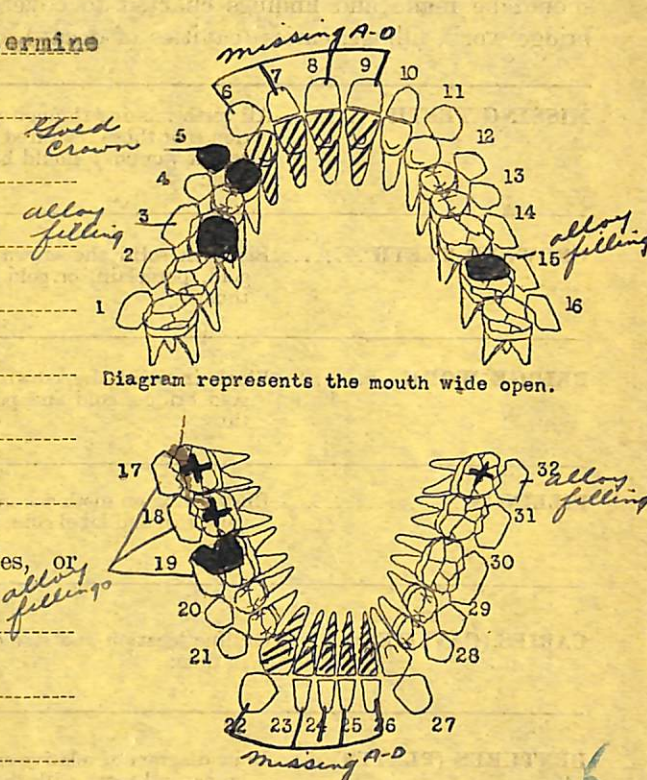
Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Impossible to determine

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

Impossible to determine



7. Disinterment supervised by A.C. Dawe, S.E.

Approved: [Signature]
(Title) L.I. Peak, 1st Lt. A.S.

8. Reburial supervised by A.C. Dawe, S.E.






Approved: [Signature]
(Title) L.I. Peak, 1st Lt. A.S.

2-30615

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.

