

# LIST OF PAPERS

File under No. 293.8

Ray Anderson # 3750815  
Pvt. 1<sup>st</sup> Cl. Co. D. 309<sup>th</sup> Inf.

3-6788

SERIAL NUMBER	FROM—	DATE	TO—	SYNOPSIS
	St. Meyer, Va.	4-30-24	Miss Souder	

Records from  
European Claims Unit  
St. Meyer, Va. No. 1

To The A. G. O.

2193

G.R.S. Form #114-B

MAR 10 1926

FULL NAME ANDERSON, Ray R.

RANK Pvt. 1/c SERIAL 3750815

DIVISION & ORGANIZATION 78th. Div. Co. D, 309th Inf.

DATE OF DEATH Oct. 19, '18

STATE FROM WHICH HE CAME Miss

MEDALS OR DECORATIONS AWARDED. None of record.

FINAL GRAVE LOCATION Date Grave Row Block

Meuse-Argonne, #1232

Cemetery

4 MAR 11 A.G.O. 1926 WORLD WAR DIV.

Km 213 23/306/ARK

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE	
NAME	Anderson	AND	5	1 0 4
BURIED	CEMETERY	1232	1	1
	GRAVE	33	2	33
	ROW	9	2	09
	BLOCK	B	1	2
STATE	Wis		2	58
RANK	Prvt 1c		1	2
DIVISION	78		2	78
ORGANIZATION	309		3	309
ARM	Inf		1	1
MARTIAL	Mo		1	2
NAME	Cornican		5	
Mrs Edith Anderson	STATE		2	35
RESIDENCE (Sister)	COUNTY		2	
	CITY		3	
RELATION	Mother		1	1
OTHER			1	2
ELIGIBILITY	Dead - 1921		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	

Ray R

No SM  
No 2nd

**AUDITED**

MAR 31 1932  
RB

12/22

47

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, Ray R. 1232 S

July 7, 1930

Mrs. Edith Anderson Cormican  
Morse, Wisconsin

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

no

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?

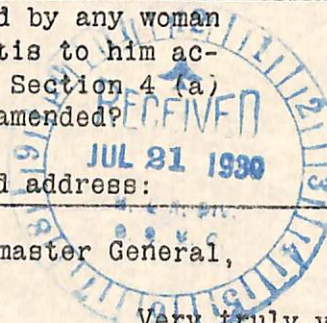
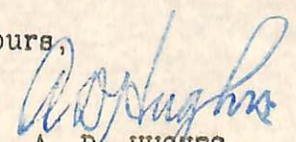
If so, give her name and address:

no

For The Quartermaster General,

Very truly yours,

Enclosures:  
Envelope  
Act  
Amendment

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

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

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

June 27 , 1929.

Mrs. Edith Anderson Cormican,  
Morse, Wisc.

Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the sister of the late Private, 1st class, Ray R. Anderson, Co. D, 309th Inf., whose remains are now interred in the Meuse-Argonne Amer. Cty., Romagne-sous-Montfaucon, Meuse, 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.

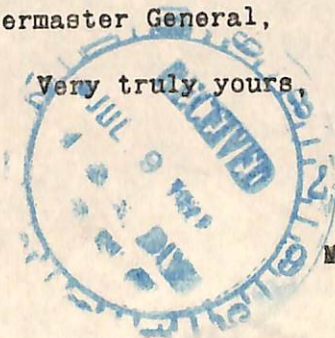
Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived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

2 incls.  
Act of Congress.  
Envelope.



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

Morse Wis July 2 - 1929

John T. Harris  
Major I. M. Corps.  
Washington D.C.

Dear Sir

In Reply to your letter on the  
opposite side of this will say. My brother,  
was not married, and mother died, about  
eight years ago. So there is no relative  
closer than his sisters,

Your Respt.

Mrs Edith Cornucan

In reply refer to:  
293.8 C-R

*File*

# 110726

Nov. 24, 1922.

Mrs. Edith Anderson, Cornician,  
Morse,

Wis.

The Quartermaster General desires that you be informed that

Dear Madam:  
the permanent grave of

the late Ray R. Anderson, Pvt. 1/c, Co. D,

309th Infantry, is Grave 33, Row 9, Block B, Meuse-Argonne American

Cemetery, Romagne-sous-Montfaucon, Department of Meuse, France,  
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 main-  
tained by this Government in a manner befitting the last resting  
place of our heroes.

MAILED

Very truly yours,

NOV 27 1922

G.R.S.

H. J. CONNER,  
Assistant.

22/1281/ARK

*Oct 22 1921*

*hs  
707*

DATE 3/15/22.

1. NAME ANDERSON, Ray R SERIAL No. 3750815

RANK Pvt.1/c1. ORGANIZATION Co.D. 309th Inf.

GRAVE LOCATION Meuse-Argonne Amer.Romagne-s-Montfaucon, Meuse #1232, Sec.2

CTY. NAME NUMBER

112 Sec.2 3

GRAVE ROW PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 1 Isolated Champigneulle Ardennes

GRAVE COMMUNE DEPT.

COORDINATES Verdun 35NW 287.6N 294.8E

CONCENTRATED TO 3/18/19 112 2 3

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.

None available data f-1/pfb

SUBSEQUENT REBURIALS

DATE GRAVE ROW PLOT CEMETERY

DATE GRAVE ROW PLOT CEMETERY

SIGNATURE, AREA SUPERVISOR *M. B. Birdseye* M. B. BIRDSEYE

1st Lt., Q.M. Corps.

3. FINAL GRAVE LOCATION 3/15/22 33 9 B.

DATE GRAVE ROW PLOT

Meuse-Argonne Amer.Cty.#1232 Romagne-sous-Montfaucon (Meuse)

CEMETERY

AUDITED BY  
SGB 9/23/22

RECEIVED  
GRAVE REGISTRATION SER.



JUL 31 1922

# 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.

110726

REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Number: 3750815

Name: ANDERSON, Ray  
(Unidentified American)

Rank: Unkn

Organization: Unkn

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

18th, March 1919.

ISOLATED GRAVE. GRANDPRE ARDENNES.

NW 35. E294.8 N287.6

Reburied (Date)

in: (Give complete location)

18th, March 1919.

Grave#112 Sed.2. Plot 3. AMER.B/A CTY #1232.

35 NE E 308. N 285.

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

Body buried in uniform. Burial good.

Was one identification tag found upon the body? No

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

CONFIRMED No. 10275

10275

10275

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. E.A. Caswell.

R. H. ROSENTHAL  
2nd Lieut. O. N. G. I. S. A.

C.O. Group \_\_\_\_\_ Unit \_\_\_\_\_

Place R. Omagne 1252.

# REPORT OF DISINTERMENT AND REBURIAL

Date Mar 8, 1922.

1. REMAINS OF ANDERSON Ray. SERIAL NUMBER 3750815  
RANK Pvt 1/c ORGANIZATION Co. D. 309th Inf.

2. Disinterred (date): Mar 7, 1922 From (give complete location): gr 112, sec 2, plot 3, Cty. 1232.

By : Group 3 Unit sec 1

3. Reburied (date): Mar 15, 1922 In (give complete location): Meuse Argonne Cty 1232, gr 33, bl B, row 9

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 and burlap and U.S. uniform, badly decomposed, unrecognizable.

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

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

none.

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

(a) Height (actual measurement) impossible to determine.

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

(d) Hair on face—Color do

Location o

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.

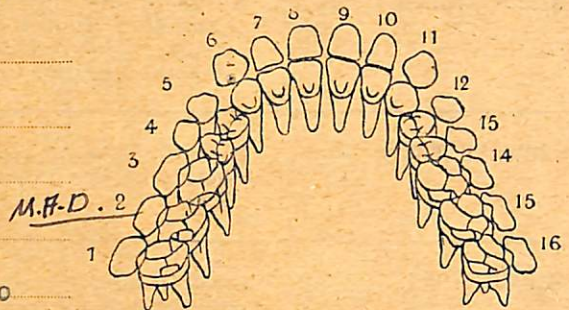
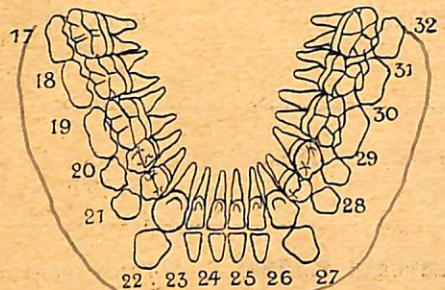


Diagram represents the mouth wide open,



EVEN & REGULAR.

7. Disinterment supervised by E. J. Goodrich.

Approved: I. H. Joffe, 1st Lt. Q.M.C.  
(Title)

8. Reburial supervised by W. B. Sheild

Approved: A. E. D'ewey, 1st Lt. Q.M.C.  
(Title)

30769

## 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".

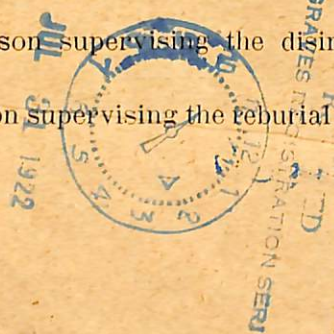
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying 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:	 <p style="text-align: center;">TOOTH MISSING      TOOTH MISSING</p>
<b>CROWNED TEETH</b>	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p style="text-align: center;">GOLD CROWN      PORCELAIN CROWN</p>
<b>BRIDGE WORK</b>	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE      GOLD BRIDGE</p>
<b>FILLINGS</b>	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p style="text-align: center;">SILVER FILLING      GOLD FILLING</p> <p style="text-align: center;">GOLD FILLING      GOLD FILLING</p>
<b>CARIES (CAVITIES)</b>	Outline location and size of cavity, shade in thus:	 <p style="text-align: center;">CAVITY      DECAYED</p> <p style="text-align: center;">DECAYED      DECAYED</p>
<b>DENTURES (PLATES)</b>	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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 March 8, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT <sup>mg</sup> COMPARATIVE REPORT

Records of G.R.S. Headquarters.	Discrepancy found upon exhumation of body
1. Name <u>ANDERSON, Ray</u>	10. Name _____
2. No. <u>3750815</u>	11. No. _____
3. Rank <u>Pvt. 1/cl.</u>	12. Rank _____
4. Org. <u>Co.D. 309th Inf.</u>	13. Org. _____
5. D.D. <u>10-19-18</u>	14. (a) D.D. _____
6. C.D. <u>MIA KA</u>	(b) D.B. <u>None.</u>

Discrepancy found upon disinterment

7. Grave No. <u>112</u> Sec. <u>2</u>	15. Grave No. _____ Sec. _____
8. Plot <u>3</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, Sec. 2</u>	
23. Disinterred (Date) <u>March 8, 1922.</u>	By <u>E. E. Goodrich.</u>
24. Inscription on grave marker:	
Name <u>ANDERSON, Ray.</u>	Serial No. <u>3750815</u>
Rank <u>Pvt., 1/Cl.,</u>	Organization <u>Co.D., 309th. Inf.</u>
25. Was identification disc found on grave marker? <u>Yes (Peg)</u> On body? <u>Yes</u>	

P. H. Chunn  
Signature Junior Technical Assistant  
P. H. Chunn.

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.

27. Condition of body Badly decomposed; features unrecognizable.

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

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 March 8, 1922. By E. E. Goodrich

31. Casket sealed by E. E. Goodrich

Signature of Embalmer, (Supervisor

E. E. Goodrich

SHIPMENT. (Show actual marking of box.)

Box No.



32. Designation of body:

Name RAY ANDERSON

Rank Pvt. 1/cl.

Organization Co. D. 309th Inf.

33. Consigned to:

Meuse-Argonne Amer. #1232,

Name of Permanent Cemetery Romagne-s-Montfaucon, Meuse

34. Casket boxed and marked (Date) March 8, 1922.

By E. E. Goodrich

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

*I. E. Joffe*  
I. E. Joffe, 1st Lt., QMC.

36. Remarks

WS

37. Shipped from point of Operation: (Date) March 8, 1922.

To point of Concentration Morgue, Romagne.

Convoyer P. H. Doran.

(Name)  
Signature Shipping Officer G. F. Spain, 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

(Name)  
Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne cty 1232, Mch 15, 1922

(Date)

42. Grave No. 33

Section

43. ~~Block~~ B

Row

9

G.R.S. Representative

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

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 110726

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Ray R. Ser. No. 3750815  
(b) Rank Pvt. 1/c Organization Co.D, 309th Inf.  
(c) Date of death 10/19/18 (d) Cause of death K/A

TYP. EK  
CKR. 30



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

(a) Grave No. 112 Row -- Plot 3 Sec. 2 TYP. EK  
(b) Emerg. Address Mr. Pet. <sup>eA</sup> Elison (brother-in-law) Morse, Wisconsin. <sup>also (3-21-21) M</sup> <sup>Jack</sup>

III. Files of soldiers dying from contagious diseases -- CKR. 30

IV. A. G. O. DISPOSITION CARD:

*no card in file A.P. 3-14-21*  
Date of receipt

(a) Name (b) Relationship  
(c) Address  
(d) Remains to be brought to U. S.?  
(e) To be interred in National Cemetery in U. S. at  
(f) Shipping instructions upon arrival of body in U. S.  
(g) Disposition instructions if not brought to U. S.

Examiner's Initials Date, 1920.

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

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

*no correspondence*

Examiner's Initials *H.P.* Date *3-14*, 1920.

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

*W.P.*

*no request for disposition, E.A. same.*

(a) Cancellation memos referred to?

Examiner's Initials Date, 1920.

COUNTRY France CEMETERY No. 1232-sec. 2 SHEET No. 5

FORM 115 - A COMPLETED CARDED

H.S. 4-4-21

*Checked 3-21-21 6711*

CEMETERIAL DIVISION

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

Typed by \_\_\_\_\_, Checked by \_\_\_\_\_, APR 28 1921, 1920.

RECEIVED.

VIII. FINAL ACTION:

CEMETERIAL DIVISION  
OVERSEAS PROJECT SUB-SEC.

Following advice forwarded to Europe by { cable on \_\_\_\_\_, 1920  
letter on 3/23/21, 1920

*Sec. 2.  
Par. 2. Not to be returned (EGL)*

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS:

*B. A. W. R. Mrs. Edith Anderson Cornican  
District 1 Marsee, Miss. (B-31-21) E.M.*

# COMPILATION OF DISPOSITION OF REMAINS DATA

File # 110726

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Ray R. Ser. No. 3750815  
 (b) Rank Pvt. 1/c Organization Co. D, 309th Inf.  
 (c) Date of death 10/19/18 (d) Cause of death R/A

} TYPK  
 } *30*

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

(a) Grave No. 112 Row --- Plot 3 Sec. 2 TYP. BK ---  
 (b) Emerg. Address Mr. Pet<sup>e</sup>A. ~~Alison~~ (brother-in-law) Morse, Wisconsin.

III. Files of soldiers dying from contagious diseases --- CKR. *30*

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

*No card in file. (HR. 3-14-21)*  
*No request for disposition.*  
*— AP. 4-4-21*

V. Following advice forwarded to Europe by { cable on ---, 192  
*Sec. 2.* { letter of transmittal on 3/23/21, 192  
*Par. 3. Not to be returned (EAS).*

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., APR 11 1921, 192

VII. SUPPLEMENTARY REQUESTS.

Date of and source.	Relationship and name.	Desires.	Action taken.

VIII. Form 115 received from G. R. S., Hoboken, N. J., ---, 192

COUNTRY --- CEMETERY No. --- SHEET No. ---

Research Section

Gard Dept.

G.R.S Form No. 8-W; Central Records  
Liaison.

Memo For: G.R.S. representative, C.R.O.

Subject: Information required for G.R.S.

1. Items checked are to be completed:

Surname: Anderson *dit*  
 Number: 3750815 *dit*  
 First name: Ray *R ~~Ray~~*  
 Rank: *Pr 1 Cl.*  
 Company: *Co D. 309 Inf.*  
 Organization: *309 Inf.*  
 Date of death: *Oct 19/1918*  
 Cause: *Killed in action*  
 Place:

Location of hospital:

Number " "  
Class " "

Emergency address *Post Eliason, Providence, Rhode Island*  
*Morse, W. Va.*

Relationship: *Brother*

Authority:  
Cablegram No:  
Telegram from:

dated:

Reported to Washington:  
C.C.Nos. 544

(Underscore the "official" C.C.)  
Remarks: 15

CHARLES C. PIERCE,  
Colonel, Q.M.C., U.S.A.

NS-3404/MB

*Anderson* 7/5  
2-14-20

Form 1-A, D-10275 shows:

Cemetery #1232,

Grave #112

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

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Anderson, Ray R., Pvt. 1/c.

1232-Sec.2 - 5

3/16/21.

SERIAL NUMBER

ORGANIZATION

Adjustment Made

3750815

Co. D, 309th Inf.

5-4 1922

Date of death - 10/19/18.

File No. 110726

WAR RISK INSURANCE INFORMATION

NOTED FORM 115

DATE 3-31-21 E.M.

DATE

3/29/21

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Edith Anderson Cormican

Sister

Address

Morse, Wis

S/709/LML

WAR. DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

G.R.S. Form 8-W-A-0  
Information requested of A.G.O.

Date 3/16/21.

File No. Requisition.

(SPECIAL)

From: The Quartermaster General, U. S. Army, (Cemeterial Division)  
To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.  
Subject: Information required for G.R.S.

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- |  |  |
|--|--|
| a. Surname <b>Anderson</b> ✓               | f. Date of death <b>10/19/18.</b> ✓                  |
| b. Christian name <b>Ray R.</b> ✓          | g. Cause of death <b>K/A.</b> ✓                      |
| c. Serial Number <b>3750815</b> ✓          | h. Authority (C.O.#)                                 |
| d. Organization <b>Co. D, 309th Inf.</b> ✓ | i. Emergency address <i>Pete Alison, Morse, Wis.</i> |
| e. Rank <b>Pvt. 1/c.</b> ✓                 | j. Relationship <i>Brother-in-law</i>                |

BODY DESCRIPTION  
(See page #2 of the Service Record)

- a. Age of enlistment  
b. Color of eyes  
c. Color of hair ~~Adjustment Made~~  
d. Height  
e. Weight

DENTAL CHARTS  
(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- |             |   |   |   |   |   |   |   |            |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|------------|---|---|---|---|---|---|---|
| 8           | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| upper right |   |   |   |   |   |   |   | upper left |   |   |   |   |   |   |   |
| 8           | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| lower right |   |   |   |   |   |   |   | lower left |   |   |   |   |   |   |   |

APR 20 1921

File No. 110726

H. L. ROGERS,  
Quartermaster General, U.S.A.

BY:

*H. J. Conner*  
H. J. CONNER,  
1st. Lieut., Q.M.C.

NOTED FORM 115  
DATE 3-21-21 M

CEMETERY NO: C.W. 1232 - Sec. 2.

SHEET NO: 5  
TYPED BY: I.W.

5/713/LML

*Dornelly, S.D. & P.S. Wg 8, 3-18-21.*

MAR 17 1921

FROM: O.Q.M.G.  
CEMETERIAL DIVISION  
Munitions Building  
Room

PLEASE  
EXPEDITE