

AUG 16 1929

2 A. G. O.
AUG 11 1926

WORLD WAR DIV.

RECEIVED
GRAVES REGISTRATION SERVICE
18 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.



Co B 103rd Eng.
28th Division

ANDERSON, William R. - Pvt 1255835
Home : not known

Pvt Anderson was hit in the head by a piece of trench mortar shell, which killed him instantly .
It happened at Le Chêne tondu, Argonne Forest, about 4 a.m. October 5th 1918 .

He was buried at Le Chêne Tondu .

Informant : Binz, Otto E. - Pvt 1255837
Co B 103rd Eng.

Home : Cuero, Texas .

Searcher : R.M. Butler, 1st Lt 103rd Eng.

2/19/19

A/A/

CODE SLIP

| HEADING | SUB- HEADING | NO. OF COLS | CODE |
|--|----------------------|----------------|--------------|
| NAME <i>Anderson</i> | <i>A N D</i> | 3 | <i>1 4 4</i> |
| BURIED <i>William R</i> | CEMETERY <i>1232</i> | 1 | <i>1</i> |
| | GRAVE <i>28</i> | 2 | <i>28</i> |
| | ROW <i>13</i> | 2 | <i>13</i> |
| | BLOCK <i>7</i> | 1 | <i>6</i> |
| STATE | <i>ny</i> | 2 | <i>37</i> |
| RANK | <i>Pvt 1</i> | 1 | <i>2</i> |
| DIVISION | <i>28</i> | 2 | <i>28</i> |
| ORGANIZATION | <i>103</i> | 3 | <i>103</i> |
| ARM | <i>Engns.</i> | 1 | <i>4</i> |
| MARTIAL | <i>No</i> | 1 | <i>2</i> |
| NAME <i>Anderson</i> | | 3 | |
| <i>Mrs. Victor</i> (Probably sister-in-law) | STATE | 2 | |
| | COUNTY | 2 | |
| | CITY | 3 | |
| RELATION <i>SM</i> | <i>mother</i> | 1 | <i>1</i> |
| OTHER <i>no loco</i> | | 1 | |
| ELIGIBILITY | <i>Dead 5-19-27</i> | 1 | <i>6</i> |
| NATIVITY | | 1 | |
| RACE | | 1 | |
| ENGLISH | | 1 | |
| ATTENDANT | | 1 | |
| HEALTH | | 1 | |
| NO. OF SONS | | 1 | |
| DATE OF | MO. | 1 | |
| TRIP | YR. | 1 | |
| ACCEPTANCE | | 1 | |

AUDITED

MAR 31 1932

RS

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

L

IN REPLY REFER TO QM 293 A-C

Anderson, William R. 1232 SL

July 7, 1930

Mrs. Victor Anderson
79 Harrison Avenue
Harrison, N. Y.

Dear Madam:

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

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

1. Is the deceased survived by a mother?

If so, give her name and address:

*No - Mother died
May 19, 1927*

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.

Pvt. William R. Anderson

P. B - 103rd Engineers

Meuse-Argonne American Cemetery

Sept. 25, 1929

War Dept.
Office of Quartermaster General
Washington, D. C.

Gentlemen: In reference to
your letter addressed to
Mr. William Anderson, in
regard to the "Act of Congress
enabling mothers and widows
of deceased soldiers to
make a pilgrimage to
the cemeteries in France,
am sorry to advise you
that both Mr. & Mrs. Anderson



the information you
desire, I am
Very truly yours,

Dorothy F. Anderson

Mrs. Victor Anderson
79 Harrison Ave
Harrison, N. Y.

mother and father of
Pvt. William R. Anderson killed
in France, are deceased.
As far as I know the
boy was not married so
therefore there is no
one in his family entitled
to go on this pilgrimage.
It is a wonderful thing and
I know that Mrs. Anderson
lived she would have
looked forward with
eagerness to this trip to
see where her boy
lay. Trusting this is

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, William R.
1232

September 3, 1929

Mr. William Anderson,
P.O. Box 120,
Harrison, N. Y.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated June 29, 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:

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.

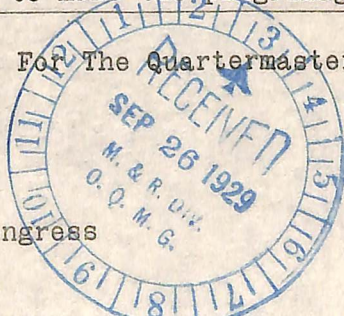
3. If survived by a widow or mother does she desire to make the pilgrimage?

Mother died
May 19, 1927.

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

June 29 1929.

Anderson, William R.

Mr. William Anderson
P. O. Box #120
Harrison, N.Y.

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 Pvt. William R. Anderson, Co. B, 103d Engrs., whose remains are now interred in the Meuse-Argonne American Cemetery, 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 incs.
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, William R. 1232 SL

July 7, 1930

Mrs. Victor Anderson
79 Harrison Avenue
Harrison, N. Y.

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:

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

If so, give her name and address:

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,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C
Anderson, William R.
1232

September 3, 1929

Mr. William Anderson,
P.O. Box 120,
Harrison, N. Y.

Dear Sir:

The records of this office do not indicate that a reply has been received to our communication dated ~~June 29, 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:

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.

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,
Major, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Anderson, William R.

June 29, 1929.

Mr. William Anderson
P. O. Box #120
Harrison, N.Y.

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 Pvt. William R. Anderson, Co. B, 103d Engrs., whose remains are now interred in the Meuse-Argonne American Cemetery, 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,
Major, Q. M. Corps,
Assistant.

In reply refer to:
293 C-R

June 30, 1923.

Mr. William Anderson,
Post Office Box 120,
Harrison, N.Y.

Dear Sir:

The Quartermaster General desires that you be informed that the permanent grave of ~~Private William E. Anderson, Company B, 103rd Engineers, is~~ Grave 28, Row 13, Block F, Meuse-Argonne American Cemetery, Romagne-sous-Montfaucon (Meuse), France.

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

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

Very truly yours,

H. J. Conner,
Assistant.

23/236/ARK



JUL 2 1923
H.B.

COMPILATION OF DISPOSITION OF REMAINS DATA

File 27135

I. LOCATION INDEX CARD:

(a) Name ANDERSON, William R. Ser. No. 1255835
 (b) Rank Pvt. Organization Co. B, 103rd Engineers
 (c) Date of death 10-5-18 (d) Cause of death K/A

TYP. B

CKR. 30

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

(a) Grave No. 48 Row - Plot 1 Sec. 31 TYP. B
 (b) Emerg. Address William Anderson (father) P.O. Box 120, Harrison, N.Y.

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

IV. A. G. O. DISPOSITION CARD:

Date of receipt None

(a) Name William Anderson (b) Relationship Father
 (c) Address Harrison, N.Y.
 (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 S. C. Date 4-26-21, 192

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

_____, dated _____

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

Examiner's Initials _____ Date _____, 192

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

No request for disposition.

(a) Cancellation memos referred to? _____

Examiner's Initials S. C. Date 4-26-21, 192

COUNTRY FRANCE

CEMETERY No. 1232-SEC 31

SHEET No. 8

Checked 4-26-21

VII. G. R. S. Form No. 114 made _____, 192

Typed by _____, Checked by _____, 192

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 192
letter on **MAY 7 1921**, 192

Sec. 31

PARAGRAPH 2 - NOT TO BE RETURNED

(ap)

IX.

REMARKS

Location Index

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

A.G.O. Card & Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

G. R. S. Corr

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Checkers

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

S-1783/MB

4-27-21

COMPILATION OF DISPOSITION OF REMAINS DATA

File 27135

I. LOCATION INDEX CARD:

(a) Name ANDERSON, William R. Ser. No. 1255835
 (b) Rank Pvt. Organization Co. B, 103rd Engineers } TYP.
 (c) Date of death 10-5-18 (d) Cause of death K/A } 30

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

(a) Grave No. 48 Row - Plot 1 Sec. 31 TYP. B
 (b) Emerg. Address William Anderson (father) P.O. Box 120, Harrison, N.Y.

III. Files of soldiers dying from contagious diseases / / / / / / / / / CKR. (30)

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

Sec. 31
 V. Following advice forwarded to Europe by { cable on _____, 192
 { letter of transmittal on MAY 7 1921, 192
PARAGRAPH 2 - NOT TO BE RETURNED (AP)

VI. Form 115 forwarded to G. R. S., Hoboken, N. J., _____, 192

VII. SUPPLEMENTARY REQUESTS.

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

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

COUNTRY

CEMETERY No.

SHEET No.

REPORT OF DISINTERMENT AND REBURIAL

Date Dec 2, 1921.

1. REMAINS OF ANDERSON, William R. SERIAL NUMBER 1255835.
 RANK Pvt. ORGANIZATION Co. B. 103rd Engrs.

2. Disinterred (date) : Dec 2, 1921 From (give complete location) : gr 48, sec 31, plot 1 Cem 1232

By : Group 3 Unit sec 1

3. Reburied (date) : Dec. 2, 1921 In (give complete location) : Meuse-Argonne Cem. 1232, Gr 28 Row 13, Block F

By : Group Re-burial 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 uniform badly decomposed, features not recognizable.

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

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

Tag on body inscribed: W.R.Anderson, (rest corroded)

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

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

(b) Weight (estimated) do

(c) Hair—Color do

Quantity do

Characteristics do

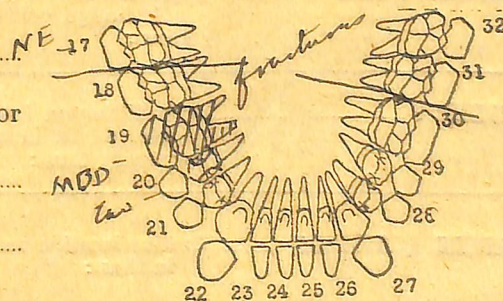
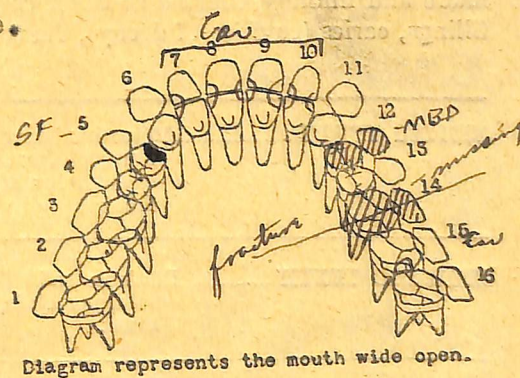
(d) Hair on face—Color do

Location do

Quantity do

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

(f) Wounds or missing parts (received at time of casualty) skull shattered, jaws fractured.



7. Disinterment supervised by J. L. Haky Approved : H. S. Harpole
 (Title) H. S. Harpole, 1st Lt. U.S.A.C.

8. Reburial supervised by A. U. Dufault Approved : James W. Younger
 (Title) Captain, QMC

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

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

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

MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



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



FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



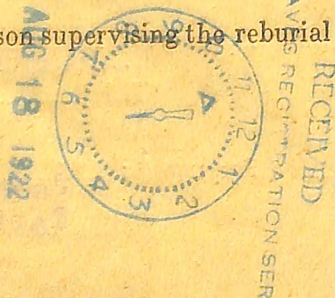
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



DENTURES (PLATES).....Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

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

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



Dec 2 1921

To be prepared in triplicate.

DATE

nem

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, William R.

10. Name

2. No. 1255835

11. No.

3. Rank Pvt

12. Rank

4. Org. Co. B. 103rd Engrs.

13. Org.

5. D.D. Oct. 5th./18

14. (a) D.D.

6. C.D. KIA

(b) D.B.

None

Discrepancy found upon disinterment

7. Grave No. 48 Sec. 31

15. Grave No. Sec.

8. Plot 1 Row

16. Plot Row

None

9.

17.

18. Cemetery Meuse-Argonne Amer.19. Commune or town Romagne-sous-Montfaucon20. Dept. or County Meuse.21. Country France22. G.R.S. Hdqrs. Code No. 1232 - 3123. Disinterred (Date) Dec 2 1921

By

J L Haky

24. Inscription on grave marker:

Name William R AndersonSerial No. 1255835Rank Pvt.Organization Co B 103 Engrs.

25. Was identification disc found on grave marker?

No

On body?

Yes

Signature Junior Technical Assistant

R W Leemans

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).

None27. Condition of body Badly decomposed, features unrecognizable28. Nature of burial Pine box, burlap and uniform29. 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 2 1921

By

J L Haky

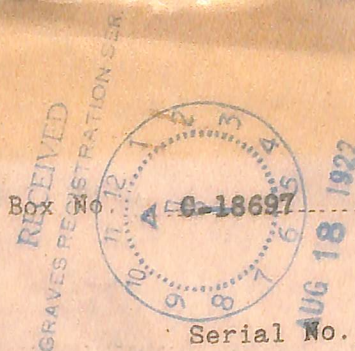
31. Casket sealed by

J L Haky

Signature of Embalmer, (Supervisor

SHIPMENT. (Show actual marking of box.)

Box No.



Serial No. 1255835

32. Designation of body:

Name William R. ANDERSON.

Rank Pvt.

Organization Co. B. 103rd Engrs.

33. Consigned to:

Name of Permanent Cemetery Meuse-Argonne Amer. Cty. 1232, Romagne-sous-Montfaucon, Meuse.

34. Casket boxed and marked (Date) Dec 2 1921

By J L Harky

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

H S Harpole

H S Harpole, 1st Lt. Q MC

36. Remarks

37. Shipped from point of Operation: (Date)

Dec 2 1921

cc

To point of Concentration Morgue Romagne

(Name)

J. Gerald Cole
J. GERALD COLE
Captain, C. A. C.

Convoyer W J Royed.

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

To Permanent Cemetery

(Name)

Convoyer

Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred

Meuse-Argonne Cemetery #1232 Dec. 2, 1921

(Date)

42. Grave No.

28

Section

Block

43. Plot

F

Row

13

G.R.S. Representative

James W. Younger
Captain, QM C

Date 6th, June 1919.REPORT OF DISINTERMENT AND REBURIAL.

27135

Remains of:

Name: ANDERSON, William R.Number: 1255820Rank: Pvt.Organization: Co. B 103 Engrs.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

6th, May 1919.Isolated GraveAPREMONT ARDENNES35 SE E 300. N 276.5

Reburied (Date)

in: (Give complete location)

6th, May 1919.Grave # 48 Sec. # 31 Plot # 1ARGONNE AMER. CEMETERY #1232ROMAGNE MEUSE

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

Burial good; body buried in uniform; body badly decomposed.Was one identification tag found upon the body? YesWhat other means of identification were found on the body? None

10395

Note:

CONFIRMED N° D 10395

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.P.S.

Supervised by: Lt. HowlettR. H. ROSENTHALC.O. Group 2nd Lieut. M.C.U.S.A.

Anderson, William E.

(Surname.)

(Christian name in full.)

1,255,835

(Army serial number.)

Pvt.

Co. B 103 Engrs.

(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)

William E. Anderson

Harrison, N.Y.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Noted

by G. C.

Date

4-26-21

1232 Sec. 21-8

11/11/21

10/1/21

27135

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

ANDERSON 1255835 William R.

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

Pvt. Co B 103rd Engrs.

(Rank). (Organization)

PLACE OF DEATH: **Le Chene Conde**

CAUSE OF DEATH: **trench mortar**

DATE OF BURIAL: **Oct. 6, 1918**

PLACE OF BURIAL: **Le Chene Conde**

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

See correspondence - WARNER, Arthur B.
1254848

GRAVE NUMBER:

HOW MARKED: Name Peg? Cross? **yes**

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? **yes**

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

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

(Marne)
Vienne-le-Chateau

NEAREST RELATIVE **35 SE**

275
ADDRESS:

RELATIONSHIP:

REPORTED BY:

W. E. Towen Capt 103 Engrs
(Signature and Rank of Reporting Officer).

Communal List No. 275-2753
Daily Report No. _____



ANDERSON,

27135
WILLIAM R.

1255835

Pvt. Co.B. 103rd Engineers.

MAP CO - ORDINANCE 299.92 - 276.2

COMM. C224 APREMONT (MEUSE)

MAP 35 S.E.

R.B.Sketch #52

DIED Oct. 5th 1918. ar La Chene Tondou.

Letter of Oct. 25th 1918. by Frank E.
Powers, Capt. 103rd Engineers.

ORDINANCE

B 337

Montblainville
MME. ~~Apremont~~ (Meuse)
~~C 224~~ SHT. 35 S.E. COORD { E-299.92
170 { N-276.20

1955

1153

ANDERSON

Pat. Co. B. 103rd Engineers.

MAP CO - ORDNANCE 228.25 - 276.25

COMM. 0324 AIRMONT (MUSSE)

MAP 38 2.11

U.S. Sketch #22

DIED Oct. 25, 1918. at a Camp in France.

Letter of Oct. 25, 1918. by Frank E. Lowers, Capt. 103rd Engineers.

RECEIVED
OCT 25 1918
U.S. ARMY
OFFICE OF THE
JAG

Communal List No.
Daily Report No.

170-1153

27135

FROM: G. R. S. Officer, Paris.

FILE NO. 27135

TO: Chief, G. R. S., (Registration Branch), Tours,

DATE June 25th. 1919.

SUBJECT: Location, grave of:

NAME ~~ALONES~~ ~~Walter~~ ~~William R.~~

SERIAL NUMBER

RANK 1st. Lieut.

ORGANIZATION 310th. Inf. Engrs.

| NO. | QUESTION | REPLY |
|-----|---|--|
| 1. | Do particulars of soldier given above agree with records? | 1. ANDERSON, William R., Co. B., 103rd Engineers. |
| 2. | Date of death: | 2. 10-5-18. |
| 3. | Grave location: | 3. Commune C-293. Isolated Grave 2, Commune of Apremont-le-Forêt, Department Ardennes, Map reference: Map 353E, Coordinates: R300. - H276.5. |
| 4. | Who reported burial? | 4. G.R.S. Officer. |
| 5. | Confirmed by G. R. S.? | 5. Yes. |
| 6. | How is grave marked? | 6. Cross. |
| 7. | Identification tags: | 7. |
| | (a) Buried with Body? | (a) No. |
| | (b) Attached to grave Marker? | (b) Yes. |
| 8. | Emergency address: | 8. William Anderson, (Father) P.O. Box 120, Harrison, N.Y. |
| 9. | Has above been notified? (Give Date) | 9. 4-15-19. Yes. |

REMARKS:

Forwarded to Chief G.R.S., June 26th. 1919.

Requested by... ~~McJONES, K. Walter~~

European address... c/o Morgan Harjes & Co., #14 Place Vendôme - PARIS. 2

Relationship to deceased.....

Checked by 



1030
am

TO:- REGISTRATION BRANCH, G.R.S.

FILE NUMBER

27135

FROM:-

DATE:

6/27

Please furnish information as indicated below regarding the following soldier:

NAME *ANDERSON, WILLIAM R.* NUMBER

RANK

ORGANIZATION

C O B 103 Engrs.

| NO. | QUESTION | REPLY |
|---|---|--|
| 1. | Do particulars of soldier given above agree with Records? | 1. <i>Yes.</i> |
| 2. | Date of Death. | 2. <i>10-5-18</i> |
| 3. | Cause and place of Death. | 3. <i>K / A.</i> |
| 4. | Number of Casualty Cablegram | 4. <i>284</i> |
| 5. | Date buried. | 5. <i>Not given</i> |
| 6. | Grave Location. (a) Complete record required. (b) Name of Cemetery or Commune only required. | 6. <i>Cty. C-293</i> <i>Grave no 2. Isolated</i> <i>Commune. APREMONT.</i> <i>ARDENNES.</i> |
| 7. | Who reported burial. | 7. <i>Grave</i> |
| 8. | Has report been confirmed by G.R.S. | 8. <i>Yes.</i> |
| 9. | Report as to grave marker. | 9. <i>35SE E 300. N 276.5.</i> |
| 10. | Report as to Identification Tags. | 10. <i>Grave</i> |
| 11. | Who is nearest relative? | 11. <i>Cross</i> |
| 12. | Has M/R been notified? (Give Date) | 12. <i>On grave marker</i> |
| 13. | Report the exact position of your inquiry on this case. (Reply in all cases if no information on record) | 13. <i>WILLIAM ANDERSON</i> <i>(Father)</i> <i>P.O. Box 120.</i> <i>HARRISON. N.Y.</i> |
| 14. | What is the Photograph No.? | 14. <i>4-15-19.</i> |
| N.B. All Proper names to be printed in PLAIN BLOCK LETTERS. | | <i>PD</i> <i>6-27-19.</i> |