

^{n.}
Andersob

Andrew C.

1,550,483

(S
e.)

(Christian name in full.)

(Army
number.)

Pvt.

Bty. B

76th FA.

(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

(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.)

B
(Sign here)

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

91

Drawn by M K S

91-16

11-20-20

11/14/00

REVIEWED
OSP SS.

ANDERSON, Andrew C., Pvt.

February 27, 1924

Mrs. Kain Anderson,
5 Beldgade,
Roskilde, Denmark.

The Quartermaster General desires to invite your attention to the enclosed 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,

1-Incl.
Record card.

O. Q. M. G.
CENTRAL MAIL ROOM
Assistant.
FOSTER

MPK
127



COMPILATION OF DISPOSITION OF REMAINS DATA

File # 77964

*5/6/22 Examined
1/22 Concentration
1233
att 5/25/22*

I. LOCATION INDEX CARD:

(a) Name ANDERSON, Andrew C. Ser. No. 155 04 83
(b) Rank Pvt. Organization Bty. B, 76th F.A.
(c) Date of death 12-28-18 (d) Cause of death fracture of skull & abscess

TYP. DB

CKR. *ok*

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

(a) Grave No. 1122 Row - Plot - Sec. - TYP. DB
(b) Emerg. Address Mr. John Anderson, (Father) Kaskilde, Denmark

*E/A WR
1-15-21
gms*

Anderson, Kain Mrs. (mother) 5 Beldgade, Roskilde Denmark

III. Files of soldiers dying from contagious diseases

NO CARD

CKR. *ok*

IV. A. G. O. DISPOSITION CARD:

Date of receipt -

(a) Name - (b) Relationship Father
(c) Address -
(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 mk S Date 11-20, 1920.

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

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

no corresp

Examiner's Initials mk S Date 11-20, 1920.

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

*Mrs. Sophie Hansen, aunt,
119 Howland Ave., Racine, Wis., 2-10-19, "does not wish body
shipped here for interment." Would like to know if nephew died*

(a) Cancellation memos referred to? yes S.H. (over)

Examiner's Initials S.H. Date 11-22, 1920.

COUNTRY FRANCE

CEMETERY No. 91 SHEET No. 16

G. R. S. Form No. 115
Amended April 6, 1920

3-7729

Make Form No. 114

FORM 115 - A COMPLETED

11-19-21

*checked
per 11/24/20
7/23/21*

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

Typed by _____, Checked by _____, 1920.

VIII. FINAL ACTION:

Following advice forwarded to Europe by { cable on _____, 1920
letter on 12/17/, 1920

Par #2. Not to be returned (E&S) 12-27-20.

IX.

CORRECTIONS

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

X. SUSPENSION REMARKS: *from disease, wounds or if killed in action, wishes photograph of grave. 11-22-20. S.M.*
APR 12 1921 Proposed Cablegram #269 to Europe
"Suspend for foreign advice" 4/12/21 E&S

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 77964

Form 115
att 5/26/21

I. LOCATION INDEX CARD:

ANDERSON, Andrew C. Ser. No. 1550483 DB
(a) Name Pvt. Bty. B. 76th F.A. TYP
(b) Rank Organization Cause of death fracture of skull & abscess
(c) Date of death 12-28-28 death

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

(a) Grave No. Row Plot Sect. TYP DB
Anderson, John (father) Raskilde, Denmark
(b) Emerg. Address Mrs. (mother) 5 Beldgade, Raskilde Denmark

III. Files of soldiers dying from contagious diseases

CKR

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

A.G.O. Card: Mr. Name (father) no address,
requests body to remain in Europe.
(Els) 12-27-20

V. Following advice forwarded to Europe by (cable on 12/17/1920)
(Letter of transmittal on 12/17/1920)

Par. # 2. Not to be returned (Els) 12-27-20

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
			APR 12 1921 OVERSEAS ADVISED by proposed cable #269 to suspend for foreign advice

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

COUNTRY

CEMETERY NO.

SHEET NO.

G.R.S. FORM 115-A
August, 1920

S-666/MB

FRANCE

91

16

H. S. 4-22-21

44-19-21

Place Toul (MAM), France.

REPORT OF DISINTERMENT AND REBURIAL

Date Mar. 1, 1932.1. REMAINS OF ANDERSON, Andrew C.SERIAL NUMBER 1550483RANK Pvt.ORGANIZATION Bty. D, 76 F.A.

2. Disinterred (date):

From (give complete location):

Mar. 1, 1932, Gr. 1122, Can. 91, Toul (MAM), France.By: Group Osgeood'sUnit Y. 1. 83. Reburied (date): July 31 1932In (give complete location): Gr. 11 Bk. D Row 24Cty. # 1235By: Group Reburial

Unit

Nature of reburial Casket & shipping case

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

Wooden box and uniform. Badly decomposed. Features unrecognizable.5. (a) Identification tags: Buried with body? Yes. On grave marker? Yes.

(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) Impossible to estimate(c) Hair—Color None visible

Quantity

Characteristics

(d) Hair on face—Color None visible

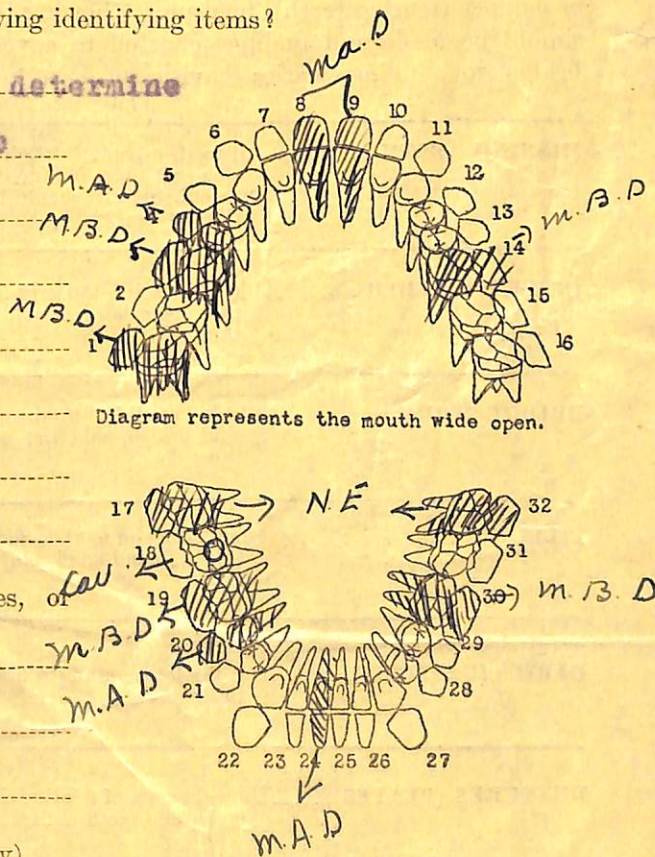
Location

Quantity

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

missing parts) None visible

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



7. Disinterment supervised by

Approved:

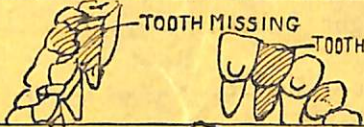
8. Reburial supervised by

Approved:

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:	 TOOTH MISSING TOOTH MISSING
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 GOLD CROWN PORCELAIN CROWN
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	 GOLD AND PORCELAIN BRIDGE GOLD BRIDGE
FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING
CARIES (CAVITIES) Outline location and size of cavity, shade in thus:	 CAVITY DECAYED DECAYED DECAYED

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."

3-7832

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 Mar. 1, 1922

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

Records of G.R.S. Headquarters.

Discrepancy found upon exhumation of body

1. Name ANDERSON, Andrew C.

10. Name _____

2. No. 1550483

11. No. _____

3. Rank Pvt

12. Rank _____

4. Org. Bty B 76th F A

13. Org. _____

5. D.D. Dec. 28th 1918

14. (a) D.D. _____

6. C.D. Fracture of skull & abscess

(b) D.B. no discrep. _____

Discrepancy found upon disinterment

7. Grave No. 1122 Sec. _____

15. Grave No. _____ Sec. _____

8. Plot D Row 9

16. Plot _____ Row _____

This Cemetery is not divided into Plots
or Rows at present.

9. _____

17. _____

18. Cemetery Amer.19. Commune or town Toul20. Dept. or County Met-M21. Country France22. G.R.S. Hdqrs. Code No. 9123. Disinterred (Date) Mar. 2, 1, 1922By C. J. Osgood

24. Inscription on grave marker:

Name Andrew C. Anderson

Serial No. _____

Rank Pvt.Organization Bty. B. 76th. F. A.25. Was identification disc found on grave marker? yes On body? yesB. J. Black
Signature Junior Technical AssistantB. J. Black,

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 unrecognizable.28. Nature of burial Box and uniform.29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See No. 17 above. Body disc agrees with Form 114-A. Rank omitted, Org. shows only "U.S.A."30. Body prepared and placed in casket: Date Mar. 1, 1922 By C. J. Osgood31. Casket sealed by C. J. Osgood

Signature of Embalmer, (Supervisor

C. J. OsgoodAUDITED BY
W. L. 8-31-23

SHIPMENT. (Show actual marking of box.) Box No. C-24528

32. Designation of body:

Name Andrew C. ANDERSON Serial No. 1550483

Rank Pvt. Organization Bty. B 76th F A

33. Consigned to:

Name of Permanent Cemetery St. Mihiel Amer. #1233, Thiaucourt, M-et-M

34. Casket boxed and marked (Date) Mar. 1, 1922 By C. J. Osgood

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 J. J. Powers, 1st. Lt. QMC

36. Remarks

None

37. Shipped from point of Operation: (Date) Mar. 1, 1922

To point of Concentration Toul (M-et-M)

Convoyer Frank Atwell Signature Shipping Officer J. J. Powers, 1st. Lt. QMC

38. Received at Railhead or Point of Concentration: Date Mar. 1, 1922

By G.R.S. Representative L. B. Massie, Capt. QMC

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery St. Mihiel, Amer. No. 1233, Thiaucourt, (M-et-M)

Convoyer Frank Stwell Signature Shipping Officer L. B. Massie, Capt. QMC

40. Received: Date 9 MAR 1922

G.R.S. Representative G. D. GAMBLE, Captain, Q. M. C.

41. Reinterred July 31 1922 (Date)

42. Grave No. 11 Section

43. ~~X~~ Plot Bk. D Row 24

G.R.S. Representative A E Dewey 1st. Lt. QMC

C 145181
OFFICE OF THE QUARTERMASTER GENERAL
CEMETERIAL DIVISION
OVERSEAS PROJECT SUB-SECTION

Please rush

Hogue

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Anderson, Andrew C., Pvt.

91 - 16

12/31/30.

SERIAL NUMBER

ORGANIZATION

1550483

Btry. B, 76th F.A.

Date of death - 12/28/18.

WAR RISK INSURANCE INFORMATION

DATE _____

NAME OF BENEFICIARY

RELATIONSHIP

Anderson, Kain Mrs

1 Mother

Address

5 Beldgade, Roskilde Denmark

*Copy
to adj
1-12-21.
1-15-21
gpb*

The Graves Registration Office.

These lines to send you our warm
thanks for "the Memoire", send to us.
We are very grateful to "have it in remem-
brance of our dear son and his fellow
comrades.

77964

Very truly
Yours

Hansen & John Andersen
Läderskød
Rostkild
Denmark

hence Brigade 3.

23-4-30.



47964
77964
Office of the Chief Quartermaster
American Expeditionary Forces.

According to the information
about the death of our son

Private Andrew C. Anderson Battery D.

16 Field Artillery We wish to express our warm-
est thanks for your sympathy and kindness

It is a great comfort in our
grief to know that his body has been recovered
and the grave will be carefully kept.

We will be very grateful in
having a photograph of his grave, when it will
be possible to forward one to us.

Thankful for what you can do for us

I beg to remain

Yours very truly

John Anderson.

Bredgade 5.

Roskilde

Danmark.

16-2 1919

REVIEWED
OSP SS.

77964
79 MAY 1919

G.R.S. FORM NO.23

NAME Andrew C. Anderson

FILE NUMBER 77964

SERIAL NUMBER

RANK Pvt ORGANIZATION Batt B, 76th F.A.

NO	QUESTION	REPLY
1.	Do particulars of soldier given above agree with records?	1.-Andrew C. Anderson, #1550483 Pvt. Bty. B 76th., F.A.
2.	Date of death.	2.-12-28-18
3.	Grave location.	3.-Grave No.1122. American Cemetery Toul, M-et-M. No.91
4.	Who reported burial?	
5.	Confirmed by G.R.S.?	5.-CONFIRMED N° D
6.	How is grave marked?	6.-Cross
7.	Identification tags:	7.-Yes
	(a) Buried with body?	a. Yes
	(b) Attached to grave marker?	b. Yes.
8.	Emergency address?	8.-John Anderson, (Father) Kaskilde, Denmark.
9.	Has above been notified? (Give date)	9.-Yes. 1-21-19
10.	Cablegram number.	10.- 409

ANALYSIS OF INQUIRY

Flowers, flags etc (Par.#5, Bul.10-B)	Effects (G.R.S.Forms 7 & 7-A)
Monuments (Par #6, Bul.10-B)	Accrued Pay (G.R.S. Forms 19 & 22)
Disinterments (Par.#8 Bul.10-B)	Liberty Bonds (G.R.S.Forms 21 & 22)
Circumstances of death (G.R.S. Form No.6)	War Risk Insurance (G.R.S.Forms 20 & 22)
Photograph requested (File 004.5)	Disposition of remains (a) Return to U.S.(Form 23)
Grave Location	(b) Remain in France (Form .4)
	(c) Miscellaneous (Letter)

REMARKS:

RECEIVED

WAR DEPARTMENT
OFFICE, QUARTERMASTER GENERAL
CEMETERIAL DIVISION

Date

TO:

Col. Pierce, Chief
Col. Jones, Executive Officer
Lt. Col. Davis, D.R.C., Executive Asst.
Major Lemly
Captain Conner
Captain Wyne
Captain Smith
Captain Parker
Lieut. Noetzel

Mr. Robb - Principal Clerk
Mrs. Hodges - Personnel Clerk
Mr. Houghton - Files

Prepare reply for ()
signature of ()
Sec'y of War
General Rogers
Col. Pierce
Col. Jones
Lt. Col. Davis, D.R.C.

FOR:

Information (need not be returned)
Information and return
Action
Returned
Remark and recommendation
Suspension
File
Investigation and report
Copies
Papers in case
Necessary reply
Personal conference
Draft of letter or endorsement
Signature
Translation
Note and return
Check for correction

Return to:

From:

REVIEWED

SS.

77964
GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

ANDERSON, **1550483** **ANDREW C.**
(Surname). (Number). (First Name and Initials).

Private 1/c, Battery B, 76th F. A.
(Rank). (Organization).

PLACE OF BURIAL: **U.S.A. Base Hospital #45**

fracture of skull
CAUSE OF DEATH: **operation abscess sub-dural**

DATE OF BURIAL: **December 30th. 1918.**

PLACE OF BURIAL: **Toul Cemetery**

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

GRAVE NUMBER: **1122**

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

Headboard? **no** Bottle? **no**

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 of marks should be given here:

REVIEWED
OSP SS.

NEAREST RELATIVE: **Mrs. S. Hansen,**

ADDRESS: **109 Holland Ave, Racine, Wis.**

RELATIONSHIP: **Aunt**

REPORTED BY:

C. Olaf Jonson, 2nd Lt. C.H.C.U.S.A.

(Signature and Rank of Reporting Officer).

Form C, PS 10-15 &
000.1 sent-
4.128/12

#6#7764

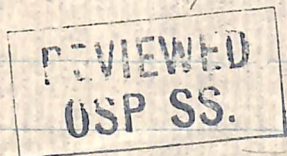
119 Howland Ave,
Racine, Wisc,

Feb. 10 - 1919.

Graves Registration Service,

A. E. L.

Dear Sir:-



I rec'd your letter
today advising us of Pvt.
Andrew C. Andersen's death,
and that you have identified
the place where he is buried.
The war department had not
notified me of his death, as
his father, mother, brother
and sister survive him in
Denmark, and therefore
I, as his aunt here in the

status, does not wish to
have his body shipped here
for interment, but would
be very much obliged if
it is possible for you to
favor me, by letting me
know ^{just} how he died, whether
it was from wounds, disease
or killed in action. Thanking
you in advance for the
favor, I remain

Mrs. Sophie Hansen
(per) Miss Margaret Hansen

P.S. If it is possible we would like
to have a picture of Pvt. Anderson's
resting place. We would be
very thankful.



77964
AMERICAN EXPEDITIONARY FORCES
HEADQUARTERS SERVICES OF SUPPLY
OFFICE OF THE CHIEF QUARTERMASTER, A.E.F.
GRAVES REGISTRATION SERVICE
FRANCE

June 7th, 1918

Burial information for the American Red Cross.
- - - - -

Soldier's name : ANDERSON, Andrew C.

Rank : Private. Serial # 1550483.

Organization : Battery B., 76th P.A.

Date of Death : 20th December, 1918.

Place of Burial : The American Cemetery, Justice
Hospital Group at SOUL, department of
the MEUNTERS-ST-LOUIS. The grave number
is 1122.

Reference number : 77964.

(All communications regarding this Grave location should
quote the above reference number and be addressed to : -

Chief, Graves Registration Service
Headquarters Service of Supply
Office of the Chief Quartermaster
American E. F.
France.)

Washington - Paris.

OSP/SC.

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

REVIEWED
OSP SS.

Cst. M. B. Dix, ARC

Ref. 85599

AMERICAN RED CROSS

May 9 1919

Paris,

Name of Soldier: Andrew C. Anderson

Rank: Pte.

Company: Bty. B

Regiment: 76th F.A.

Forward Burial Report to
"Bureau of Communication" for
Washington

REVIEWED
SP SS.

Burial report required for Paris.

G.R.S. Form #114-B

DEC 18 1925

3942

10

fei

DATE

1. NAME ANDERSON, Andrew C.SERIAL No. 1550483RANK Pvt.ORGANIZATION Bty. B 76th F A
& DIVISION -3GRAVE LOCATION Amer. Cty., Toul

CTY. NAME

91

NUMBER

11229D

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION

1122Toul(M et M)

GRAVE

COMMUNE

DEPT.

COORDINATES 69 NE. E.361.4 N.209.15CONCENTRATED TO Hospital Burial11229D

DATE

GRAVE

ROW

PLOT

Toul (M et M)91

CEMETERY

CTY. NUMBER

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

Tag on cross

DATE OF DEATH

Dec 28, 1918

STATE FROM WHICH HE CAME

Min

Data Form 1-A

MEDALS OR DECORATIONS AWARDED

none

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

I. H. JOFFE 1st Lieut., OMC.3. FINAL GRAVE LOCATION July 31, 19221124Block D

DATE

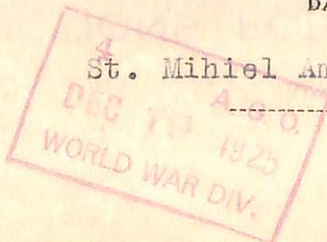
GRAVE

ROW

PLOT

St. Mihiel American Cemetery #1233, Thiaucourt, M et M

CEMETERY



AUDITED BY

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.

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

ANDERSON,

1550483

ANDREW C.

(Surname).

(Number).

(First Name and Initials).

Private 1/c, Battery B, 76th F. A.

(Rank).

(Organization).

PLACE OF DEATH: U.S.A. Base Hospital #45

CAUSE OF DEATH: fracture of skull
operation abscess sub-dural

DATE OF BURIAL: December 30th. 1918.

PLACE OF BURIAL: Toul Cemetery

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

GRAVE NUMBER: 1122

HOW MARKED: Name Peg? yes Cross? yes

Headboard? no Bottle? no

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:

NEAREST RELATIVE: Mrs. S. Hansen,

ADDRESS: 109 Holland Ave, Racine, Wis.

RELATIONSHIP: Aunt

REPORTED BY:

C. Olaf Jensen, 2nd Lt. Q.M.C.U.S.A.

(Signature and Rank of Reporting Officer).

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

CODE SLIP

HEADING	SUB- HEADING	NO. OF COLS	CODE
NAME <i>Anderson</i>	<i>Und</i>	3	<i>1 4 4</i>
<i>Andrew b.</i>	CEMETERY <i>1933</i>	1	<i>3</i>
BURIED	GRAVE <i>11</i>	2	<i>11</i>
	ROW <i>24</i>	2	<i>24</i>
	BLOCK <i>0.</i>	1	<i>4</i>
STATE	<i>minn</i>	2	<i>27</i>
RANK	<i>Priv.</i>	1	<i>2</i>
DIVISION	<i>3.</i>	2	<i>03</i>
ORGANIZATION	<i>76.</i>	3	<i>076</i>
ARM	<i>2d.</i>	1	<i>3.</i>
MARITAL	<i>No</i>	1	<i>2</i>
NAME <i>Anderson</i>		3	
RESIDENCE <i>all rel foreign</i>	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	<i>1</i>
OTHER		1	
ELIGIBILITY	<i>Dead</i>	1	<i>6.</i>
NATIVITY	<i>12-31-31</i>	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE 29/514		1	

AUDITED
MAR 11 1932
RM

for

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

DATE 8/14/31

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
ANDERSON, Andrew C	Pvt	1550483	Bty B 76th F A	12/28/18

STATE	CTY. NO. 1233	GRAVE 11	ROW 24	BLOCK D
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	<u>Check relationship</u>	<u>Living - Deceased</u>	
MOTHER	<i>Died 12-31-31</i>	<i>✓</i>	<i>m</i> Karen Anderson
STEPMOTHER (For the year prior to commencement of service)			Læderstræde 8 Roskilde Denmark
MOTHER THRU ADOPTION (For the year prior to commencement of service)			
MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)			<i>and rel</i> <u>foreign</u>
WIDOW (Who has not remarried)			<u>3-6-33</u>

Single man ✓

Veterans Bureau Claim Number C 145 181
29/156