

DEC 18 1925

DATE

144

1. NAME CARLSON, John A. SERIAL No. 2700085
 RANK Pvt. ORGANIZATION Hq. Co. 359th Inf.
 GRAVE LOCATION St. Mihiel Amer. Cty. Thiaucourt M&M 1233
 CTY. NAME 15 Sec. 5 NUMBER 1
 GRAVE ROW PLOT

& DIVISION 90

2. ORIGINAL BATTLE AREA GRAVE LOCATION #5. Montauville, (M et M)
 GRAVE COMMUNE DEPT. 637
 COORDINATES 236.60 N 371.27 E
 CONCENTRATED TO 5/9/19 15 Sec 5 1
 DATE GRAVE ROW PLOT
St. Mihiel Cty. Thoaucourt (M et M) 1233
 CEMETERY CTY. NUMBER

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

Tag on body

DATE OF DEATH Sept 13-18

STATE FROM WHICH HE CAME N. Dak

Data form 1.

MEDALS OR DECORATIONS AWARDED m-llc

SUBSEQUENT REBURIALS

DATE	GRAVE	ROW	PLOT	CEMETERY
DEC 24 1925				

SIGNATURE, AREA SUPERVISOR

Walter F. Brown

Captain, Q.M. Corps, U.S. Army

3. FINAL GRAVE LOCATION July 31, 1922 14 24 Block D
 DATE GRAVE ROW PLOT

AUDITED BY

DEC 19 1925
WORLD WAR DIV.

St. Mihiel Cemetery #1233

CEMETERY

By H
The Adjutant General

DEC 23 1925

new

Co. Hdq. 359th Inf.
90th Division.

CARLSON, John A. - Pvt. 2700085

Killed in action 9/12/18

No men on duty with this organization that are able to give any information as to this man.

Searcher: Karl P. Abt - Captain,
359 Inf.
3/10/1919.

G.P.

Subscribed by: _____

STATE OF _____
COUNTY OF _____

That the above named _____ do hereby certify that _____
is the true and correct _____ of _____
and that the same is true and correct to the best of their knowledge and belief.



WED No. D

Note:

When other means of identification were found on the body; none
was one identification was found upon the body; see

Witness my hand and seal this _____ day of _____ 1893.

Notary Public for the State of _____

My commission expires _____

My commission expires _____

Subscribed _____

State of _____

Witness my hand and seal this _____ day of _____ 1893.

Notary Public for the State of _____

My commission expires _____

Subscribed _____

State of _____

Witness my hand and seal this _____ day of _____ 1893.

Notary Public for the State of _____

Witness my hand and seal this _____ day of _____ 1893.

State

Witness my hand and seal this _____ day of _____ 1893.

Notary Public for the State of _____

Witness my hand and seal this _____ day of _____ 1893.

Notary Public for the State of _____

Witness my hand and seal this _____ day of _____ 1893.

Witness my hand and seal this _____ day of _____ 1893.

Notary Public for the State of _____

Witness my hand and seal this _____ day of _____ 1893.

Notary Public for the State of _____

CODE SLIP ✓

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME CARLSON	Car	3	3 1 8
	John a.		
BURIED	CEMETERY 1233	1	3
	GRAVE 14	2	14
	ROW 24	2	24
	BLOCK W	1	4
STATE	S. Dakota	2	4 0
RANK	Priv	1	2
DIVISION	90	2	9 0
ORGANIZATION	359	3	3 5 9
ARM	Inf	1	1
MARITAL	no	1	2
NAME Anderson,	And.	3	1 0 4 4
Mrs. Emma.			
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	Mother	1	1
OTHER		1	
ELIGIBILITY	Foreign	1	4
NATIVITY		1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
. TRIP	YR.	1	
ACCEPTANCE	Sweden	1	0 8
29/514/ Country		2	

AUDITED

JAN 18 1933

RAM-

fay

DA 6-22-29

NAME	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
CARLSON, John A.	Pvt.	2700085	Hq. Co, 359th Inf.	9-13-18

STATE	CTY. NO.	GRAVE	LOT	BLOCK
	1233	14	24	D

Check relationship Living - Deceased

ins

MOTHER

X	:	:
:	:	:
:	:	:
:	:	:

C-43910
7-20-29

STEPMOTHER (For the year prior to commencement of service)

NAME

MOTHER THRU ADOPTION (For the year prior to commencement of service)

AND

ADDRESS

Single

43910

mother ✓

MOTHER IN LOCO PARENTIS (For the year prior to commencement of service)

mrs Emma Anderson
Bjornegardin Sweden

WIDOW

(Who has not remarried)

Single

Veterans Bureau Claim Number

29/156

12-20-32

RECEIVED
JUL 28 1922
A. BINE
ST. LOUIS, MO.

CARLSON, John A., Pvt.

March 14, 1924

Foreign

Mrs. Emma Anderson,
Bjornegarden,
Sweden.

Dear Madam: 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,

1-Incl.
Record card.

O. Q. M. G.
Assistant.
MAIL ROOM
R. L. FOSTER

MPK
7/22



MAR 14 1924
B. O. C.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 22619

I. LOCATION INDEX CARD:

(a) Name CARLSON, John A. Ser. No. 2700085

(b) Rank Pvt. Organization Co. Hdq. 359th Inf.

(c) Date of death 9-13-18 (d) Cause of death K/A

TYP. OB

CKR. [Signature]

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

(a) Grave No. 15 Row -- Plot 1 Sec. 5 TYP. OB

(b) Emerg. Address Mrs. Emma Anderson, Bornegarden, Sweden.

III. Files of soldiers dying from contagious diseases

-- (over)

CKR. [Signature]

no card in file - bbr - 2-1-21

IV. A. G. O. DISPOSITION CARD:

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 bbr Date 2-1-1920.

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

no request for disposition.

(a) Cancellation memos referred to? yes - 90

Examiner's Initials [Signature] Date 2-2-1920.

COUNTRY France CEMETERY No. 1233 SHEET No. 527

AP 4-21-21

checked off 2-24-21

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 FEB 18 1921, 1920

Par. 2 Not to be returned.

EW

IX.

CORRECTIONS

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

X. ^{B.G.W.R.} SUSPENSION REMARKS: Mrs. Emma Anderson (mother)
Bjornegarden, Sweden
(2-24-21) CL

To be prepared in triplicate.

DATE July 31, 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 CARLSON, John A.

10. Name _____

2. No. 2700085

11. No. _____

3. Rank Pvt.

12. Rank _____

4. Org. Hq. Co. 359th Inf.

13. Org. _____

5. D.D. 9-13-18

14. (a) D.D. _____

6. C.D. K.I.A.

(b) D.B. None

Discrepancy found upon disinterment.

7. Grave No. 15 Sec. 5

15. Grave No. _____ Sec. _____

8. Plot 1 Row _____

16. Plot _____ Row _____

9. _____

17. None

18. Cemetery St. Mihiel Amer.

19. Commune or town Thiaucourt

20. Dept. or County M&M

21. Country France

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

1233

23. Disinterred (Date) July 31, 1922

By A.W. Taggart

24. Inscription on grave marker:

Name CARLSON, John A.

Serial No. 2700085

Rank Pvt.

Organization Hq. Co. 359th Inf.

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

L.H. Albin
Signature Junior Technical Assistant

L.H. Albin

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).

Nothing found to disprove identity

27. Condition of body Badly decomposed, features unrecognizable.

28. Nature of burial Wooden box and uniform.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

30. Body prepared and placed in casket: Date July 31, 1922 By A.W. Taggart

A.W. Taggart

31. Casket sealed by _____

Signature of Embalmer, (Supervisor)

A.W. Taggart
MMB

AUDITED BY
20K 11-16-23

SHIPMENT. (Show actual marking of box.) Box No. C - 29504

32. Designation of body:

Name John A. CARLSON Serial No. 2700085

Rank Pvt. Organization Hq. Co. 359th Inf.

33. Consigned to:

Name of Permanent Cemetery St. Mihiel Amer. Cty. Thiaucourt, M&M 1233

34. Casket boxed and marked (Date) July 31, 1922 By A.W. Taggart

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., Q.M.C.

36. Remarks None

37. Shipped from point of Operation: (Date) July 31, 1922.

To point of Concentration _____

(Name)

Convoyer _____ Signature Shipping Officer _____

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

By G.R.S. Representative _____

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

To Permanent Cemetery St. Mihiel Amer. 1233, Thiaucourt, France.

(Name)

Convoyer _____ Signature Shipping Officer J.J. Powers, 1st Lt., Q.M.C.

40. Received: Date _____

G.R.S. Representative _____

41. Reinterred July 31, 1922

(Date)

42. Grave No. 14 Section _____

43. Plot ~~19xx~~ Block D Row 24

G.R.S. Representative A.E. Dewey

A.E. Dewey 1st Lt. QMC.

Place Maucourt, France.

REPORT OF DISINTERMENT AND REBURIAL

Date July 31, 1922.

1. REMAINS OF CARLSON, John A. SERIAL NUMBER 2700085
 RANK Pvt. ORGANIZATION Hq. Co. 359 Inf.

2. Disinterred (date) : July 31, 1922. From (give complete location) :
Gr 15. Sec 5. Pl 1. Cem 1233.

By : Group 2 Unit 1

3. Reburied (date) July 31, 1922 In (give complete location) :
Cem. 1233 Gr. 14 Row 21 Bk. D

By : 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 ? No On grave marker ? Yes.

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

Nothing found to disprove identity.

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) None visible.

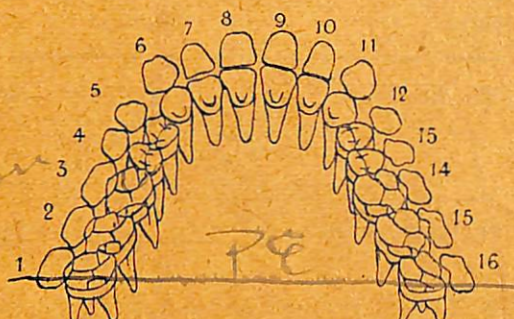
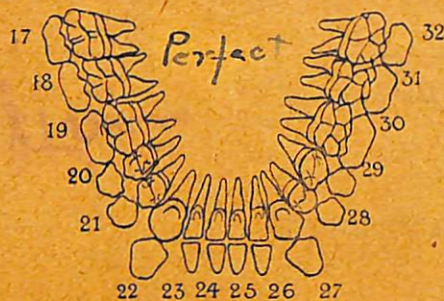


Diagram represents the mouth wide open



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

Fracture in rear of skull.

7. Disinterment supervised by A. W. Taggart

Approved : J. Powers

A. W. Taggart.

(Title) J. Powers, 1st Lt. OMC.

8. Reburial supervised by H. L. Kramer
H. L. Kramer

Approved : A. E. Dovey
 (Title) A. E. Dovey 1st Lt. OMC.

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 (c) 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.

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 22619

I. LOCATION INDEX CARD:

CARLSON, John A. Ser. No. **2700085**
 (a) Name..... Ser. No..... TYP. **OB**
Pvt. Co. Hdq. **359th Inf.**
 (b) Rank..... Organization.....
9-13-18 Cause of **K/A**
 (c) Date of death..... death.....

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

15 Row **--** Plot **1** Sect **5** TP. **OB**
 (a) Grave No..... Row..... Plot..... Sect..... TP.....
Mrs. Emma Anderson, 1 Bornegarden, Sweden.
 (b) Emerg. Address.....
-- (2-24-21) ce

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

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

No card in file (GER 2-1-21)
No request for disposition H.S. 4-21-21

V. Following advice forwarded to Europe by (letter of transmittal on.....192.....
 (cable on.....192.....
Par. 2. Not to be returned. FEB 18 1921

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

VII. SUPPLEMENTARY REQUESTS

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

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

COUNTRY G.R.S. FORM 115-A August, 1920
France
 S/666/LML

CEMETERY NO.

SHEET NO.

1233

527

AP 4-21-21

RAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Carlson 2700085- John A.
(Surname). (Number). (First Name and Initials).

Pvt. Hdq. Co. 359th Inf.
(Rank). (Organization).

PLACE OF DEATH: St. Michael Front.

CAUSE OF DEATH: Killed in action.

DATE OF BURIAL: Sept. 13-18

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

Coordinates 371.5 - 236.1

N.W. of improvised road.
4.

GRAVE NUMBER:

HOW MARKED: Name Peg? yes. Cross?

Headboard?

Bottle? Can.

IDENTIFICATION TAGS:

Was one buried with body? yes.

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

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

NEAREST RELATIVE:

ADDRESS: 1119 W. ED-HAYE (MET-M.)

RELATIONSHIP: ZNE

REPORTED BY: M. M. B. Johnson Jr. 369th Inf. 371.5 N 236.1

(Signature and Rank of Reporting Officer)

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

16

Communal List No. C-119-16
Daily Report No. _____

22619
Name: Carlson John A. #. 00085

Rank: Pvt. Co. Reg 359 Inf

Died: 9/12/18 Buried 9/13/18

Cemetery: ^{Amet.} Battlefield
Bois-Le-Pretre.

map
Reference: 236.3 N. 371.5 E.

Grade no 5. Baird sketch #26

Grave found marked #4. Should
be #5 as per sketch.

method of ^{Com. New en-1042}
(m+m)

marking: Peg and tag.

SK #1 Sgt. A. H. Mackey

Group 1. Unit "B" G. R. S.

2619

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Carlson 2700085 John A
(Surname) (Number) (First Name and Initials)

.....
.....
(Rank) (Organization)

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL:

PLACE OF BURIAL:

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

GRAVE NUMBER:

HOW MARKED: Name Peg?..... 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?

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:

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

RECEIVED



JUL 26 1875
G. H. S.

2/2/21 1920.

Prepare the communication to Chief, G. R. S.,
in Europe, indicated below:

Copy was risk.

1. Corrective letter

- (1) Name
- (2) Rank
- (3) Serial No.
- (4) Organization.

2. Supplementary letter

- (1) Body to be returned
- (2) " to remain
- (3) " to Foreign country
- ~~(4)~~ Communicate and comply with wishes of relatives.
- (5)
- (6)

3. Cable

- (a) Body to remain
- (b) Body to be returned
- (c) Special

1233 — 527
 Ref. Par. 2 Letter
 H. B. Cairns.
 2-18-21

 3-3-21 1920.

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

Harlow C.W.

*Please
rush.*

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

C 43910

Carlson, John A., Pvt.

1233 - 527

2/3/21.

SERIAL NUMBER

ORGANIZATION

2700085

Co. Hdq., 359 th Inf.

Date of death 9/13/18.

WAR RISK INSURANCE INFORMATION

copy sent adj. Dept. (2-24-21) ce

DATE

NAME OF BENEFICIARY

RELATIONSHIP

Mrs. Emma Anderson

Mother

Address

Bjornegarden, Sweden/

5/709/LML