

G.R.S. Form #114 B

To The A. G. O.

8395

JUN 1 - 1920

DATE 10/28/21

1. NAME Christianson, Martin *Very name* SERIAL No. 2703607

RANK Pvt ORGANIZATION Co. M. 349th Inf

& DIVISION - 98

GRAVE LOCATION French Mil. Cty. Traubach-le-Haut (Alsace) 526

CTY. NAME

NUMBER

14

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 45 Traubach le Haut Alsace *cty #526*

GRAVE

COMMUNE

DEPT.

COORDINATES E.452.38 N.96.61 Map Mulhouse S.W. 101

CONCENTRATED TO Dec. 7, 1920 7

DATE

GRAVE

ROW

PLOT

French Mil. Cty. Traubach le Haut

526

CEMETERY

CTY. NUMBER

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

Ident. tags found on grave marker and on body. Per GRS Form 16-A Dec. 7, 1920. Traubach le Haut, Alsace.

DATE OF DEATH Oct. 18, 1918

STATE FROM WHICH HE CAME N. Dak

SUBSEQUENT REBURIALS None MEDALS OR DECORATIONS AWARDED none

DATE

GRAVE

ROW

PLOT

CEMETERY

L. O. Davis,
Major General,
The Adjutant General

By RVD
JUN 10 1920

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR Stanley J. Grogan

STANLEY J. GROGAN, Capt. Inf. USA.

3. FINAL GRAVE LOCATION 10/28/21 35 26 B

DATE

GRAVE

ROW

Block

Plot

AUDITED BY

AD 25-1823

FR

Meuse-Argonne American Cemetery # 1252 Romagne sous Montfaucon CEMETERY

Rec'd World War Div.

5 APR 8 1928

GRD
4/9/28

BR

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 I6, 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.

Received
JUN 11 26
M & R BRANCH

Q.M.C.

DIVISION

Martin Christianson

Trabach-Hautt, France.

G. R. S. Form No. 16-A

Place

REPORT OF DISINTERMENT AND REBURIAL

Date Dec. 7, 1920

1. REMAINS OF Martin Christianson SERIAL NUMBER 2703607
RANK Pvt. ORGANIZATION Co. M. 349th Inf.

2. Disinterred (date): Dec. 7, 1920 From (give complete location): Grave #45, Cem. #526
By: Group #4 Unit #2

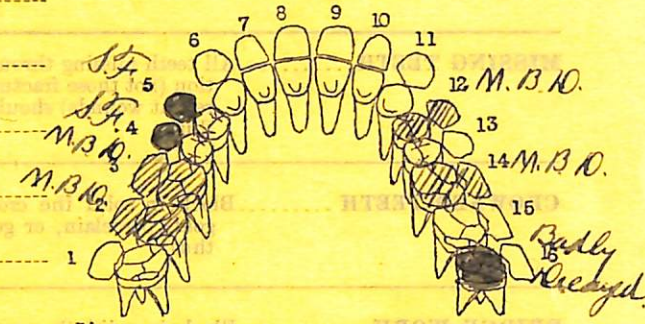
3. Reburied (date): Dec. 7, 1920 In (give complete location): Grave #14, Cem. #526
By: Group #6 Unit #3 Nature of reburial: Uniform, blanket and pine box.

4. Report as to nature of original burial and condition of body upon disinterment:
Body badly decomposed. Features not recognizable.
Blanket and uniform

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) 5 ft. 10 inches.

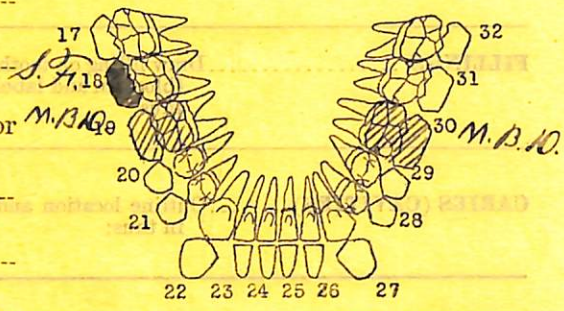
(b) Weight (estimated) 145 lbs.
(c) Hair—Color None visible.
Quantity
Characteristics



(d) Hair on face—Color None visible.
Location

Diagram represents the mouth wide open.

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None visible.



(f) Wounds or missing parts (received at time of casualty) None visible.

D-302-24

7. Disinterment supervised by [Signature] Approved: [Signature]
(Title) [Signature]






8. Reburial supervised by [Signature] Approved: [Signature]
(Title) [Signature]

S H 9 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.

<p>MISSING TEETH.....All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:</p>	 <p>TOOTH MISSING TOOTH MISSING</p>
<p>CROWNED TEETH.....Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:</p>	 <p>GOLD CROWN PORCELAIN CROWN GOLD CROWN</p>
<p>BRIDGE WORK.....Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
<p>FILLINGS.....Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:</p>	 <p>SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
<p>CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:</p>	 <p>CAVITY DECAYED DECAYED DECAYED</p>

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.

CODE SLIP



HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	Christ. iisen	3	388
	C H R		
	CEMETERY	1	1
BURIED	GRAVE	2	35
	ROW	2	26
	BLOCK	1	5
STATE	N. D.	2	40
RANK	Pnt	1	2
DIVISION	88	2	88
ORGANIZATION	349	3	349
ARM	Inf	1	1
MARITAL	no	1	2
NAME	Christianson, Adolph	3	
RESIDENCE	Boyl 26	2	
	Rhame. N. D.	2	
RELATION	mother	3	
OTHER		1	
ELIGIBILITY	Dead	1	6
NATIVITY	11-20-29-	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF TRIP	MO.	1	
	YR.	1	
ACCEPTANCE		1	

AUDITED
 JAN 26 1933
 RHM

29/514

2.7 Countries

navy

per

MA
Christianson Martin

Pvt
Co M 349th Inf

XC-94048

Born
11-30-88

enl
6-23-18

Mother died 11-20-29-Norway

Single

ins to his born 1894

Adolph Christianson

Box 26 - Rhame - N. D.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Christianson, Martin
1232.

Sept. 5, 1929

Mr. Haakon Christianson,
RD, Spring Grove, Minn.

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:

No.

2. If he is survived by a mother, stepmother, mother thru adoption, or any other woman who stood in loco parentis to him, according to the terms of Section 4 of the enclosed Act, give her name, address, and relationship in the space opposite.

His mother's name is Mrs. Agnette Thorsen (her address) Hammar, Norway.

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

No.

For The Quartermaster General,



Very truly yours,

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

2 Incls.
Act of Congress
Envelope

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

June 29, 1929.

Christianson, Martin

Mr. Haakon Christianson
RD, Spring Grove, Minn.

Dear Sir:

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

The records of this office show that you are the brother of the late Pvt. Martin Christianson, Co. H, 349th Inf., 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.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

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

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Very truly yours,

2 Incls.
Act of Congress
Envelope

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

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OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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For The Quartermaster General,

Very truly yours,

2 incls.
Act of Congress.
Envelope.

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

Christianson,

Martin

2,703,607 ✓

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt. Co. M 49th Inf.

(Rank and organization.)

State your relationship to the deceased

Brother.

Do you desire the remains brought to the United States?

know

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

know

(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)

Haukan Christianson,
Spring Grove, Miss. P. I.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

Drawn by mks

57-12

10-11-20

checked

at 10-11-20

QM 293 A-C
CHRISTIANSON, Martin - Pvt.

January 21, 1924

Mr. Haakon Christianson,
R.D., Spring Grove,
Minn.

Dear Sir:

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

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

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

Very truly yours,

1-Incl.
Record card.

R. L. FOSTER
CENTRAL Q. M. G.
Assistant, ROOM 202



JAN 21 1924

B. O. C.

REPORT OF DISINTERMENT AND REBURIAL

Date Sept. 7, 1921.

1. REMAINS OF CHRISTIANSON, Martin, SERIAL NUMBER 2703607

RANK Pvt. ORGANIZATION Co. H, 349th. Inf.

2. Disinterred (date): Sept. 7, 1921. From (give complete location): Gr. No. 14
French Military Cemetery # 526, Trambach-le-Haut, (Alsace)

By: Group 2. Unit Section No. 4

3. Reburied (date): Oct. 28, 1921 In (give complete location):
Cty. 1232, Gr. 35, Block B, Row 26

By: Group Reburial S Unit _____ Nature of reburial metallic lined casket

4. Report as to nature of original burial and condition of body upon disinterment:
Buried in wooden box in blanket, uniform.
Body badly decomposed, recognition impossible.

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

(b) Other means of identification found upon disinterment, and general remarks:
No effects found.

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

(a) Height (actual measurement) Unable to determine, see par. # 4.

(b) Weight (estimated) Unable to determine.

(c) Hair—Color Apparently dark brown.

Quantity Unable to determine.

Characteristics None discernible.

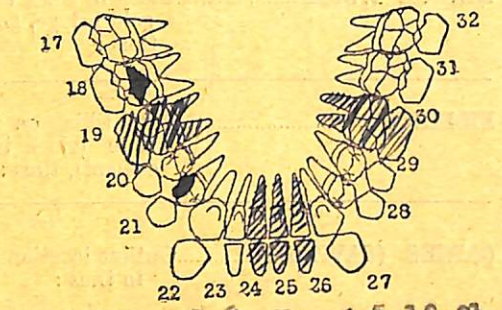
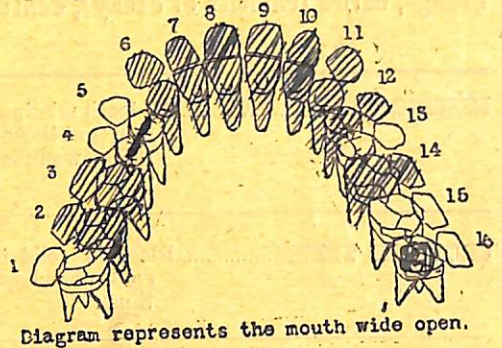
(d) Hair on face—Color None visible.

Location Unable to determine.

Quantity Unable to determine.

(e) Permanent marks on body (old scars, peculiarities, or missing parts) None discernible.

(f) Wounds or missing parts (received at time of casualty) None discernible.



No. 2, 3, M.B.D. No. 4, 5, 18, 21,
S. P. No. 6, 7, 8, 9, 10, 11, 24, 25, 26,
M.A.D. No. 12, 14, 19, 30, extracted.
No. 16, decayed.

7. Disinterment supervised by J. E. Hanson, etc. Approved: G. J. Blake
(Title) Capt. U.S. Army bjm

8. Reburial supervised by A. U. Dufault Approved: James W. Younger
(Title) Capt. U.S. Army dmd

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

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

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

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



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



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



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



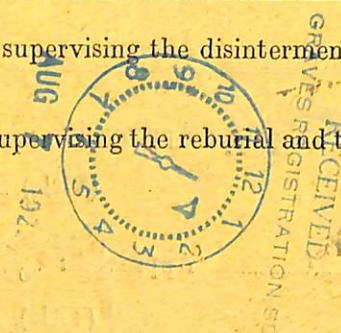
CARIES (CAVITIES).....Outline location and size of cavity, shade in thus:



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

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

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



To be prepared in triplicate.

DATE Sept. 7, 1921

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 Christianson, Martin
 2. No. 2703607
 3. Rank Pvt.
 4. Org. Co. M. 349th Inf
 5. D.D. Oct. 18 1918
 6. C.D. DOD

10. Name Martin Christiansen.
 11. No. _____
 12. Rank _____
 13. Org. _____
 14. (a) D.D. _____
 (b) D.B. _____

7. Grave No. 14 Sec. _____
 8. Plot _____ Row _____
 9. _____

Discrepancy found upon disinterment
 15. Grave No. _____
 16. Plot _____ Row _____
 17. _____

18. Cemetery French Military
 20. Dept. or County Alsace
 22. G.R.S. Hdqrs. Code No. 526

19. Commune or town Traubach-le-Haut
 21. Country France

23. Disinterred (Date) Sept. 7, 1921.
 24. Inscription on grave marker: _____

By J. E. Benson.

Name Martin Christianson
 Rank Pvt.

Serial No. 2703607
 Organization Co. M, 349th Inf. Gr. 14

25. Was identification disc found on grave marker? Yes.

On body? Yes.

J. E. Benson
 Signature Junior Technical Assistant

PREPARATION

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

No effects found. Burial accomplished. Reburial record on body.

27. Condition of body Barely decomposed, recognition impossible.

28. Nature of burial Buried in wooden box blanket, and uniform.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? Yes See No. 10.

30. Body prepared and placed in casket: Date Sept. 7, 1921. By J. E. Benson.

31. Casket sealed by J. E. Benson

Signature of Embalmer, (Supervisor)

J. E. BENSON.

AUDITED BY

SHIPMENT. (Show actual marking of box.)

Box No. C-4825

32. Designation of body:

Name Christianson, Martin

Serial No. 2703607

Rank Pvt

Organization O.M. 349th Inf

33. Consigned to:

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

34. Casket boxed and marked (Date)

Sept. 7, 1921

By J. E. Benson.

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

C. J. Blake
C. J. BLAKE, Capt. Q.M.C.

36. Remarks

Disc on body in cross road (Martin Christianson U.S.A. 2703607)

37. Shipped from point of Operation: (Date)

Sept. 7, 1921.

38. To point of Concentration

Belfort (Terr. de Belfort) France.

(Name)

39. Convoyed by:

Signature Shipping Officer

Capt. Q.M.C.

40. Received at Railhead or Point of Concentration: Date

41. By G.R.S. Representative

42. Shipped from Railhead or Point of Concentration: Date

Sept. 17, 1921.

43. To Permanent Cemetery

Romagne-sous-Montfaucon (Meuse)

(Name)

44. Convoyer

RAY HALL.

Signature Shipping Officer

W. R. BUCKLEY,
Capt. Q.M.C.

45. Received: Date

Sept. 21, 1921

46. G.R.S. Representative

W. R. Buckley

47. Reinterred

Meuse-Argonne Cty. 1232

Oct. 28, 1921

(Date)

48. Grave No.

35, Block E, Row 26

Section

49. Plot

Row

FR

G.R.S. Representative

James W. Younger
JAMES W. YOUNGER
Capt. Q.M.C.

dmd

425143

GRAVE LOCATION BLANK

LOCATION OF THE GRAVE OF

Christiansen, 2703607, Martin
(Surname), (Number), (First Name and Initials).

Pvt Co "M" 349th Inf
(Rank), (Organization).

PLACE OF DEATH Bellemagny, Haute-Alsace

CAUSE OF DEATH: Broncho-Pneumonia

DATE OF BURIAL: October 18, 1918

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

GRAVE NUMBER: 45

HOW MARKED: Name Peg Yes Cross? No

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 Haakon Christiansen

ADDRESS: R.F.D. Spring Grove, Minn.

RELATIONSHIP: Brother!

REPORTED BY: Luther Malmberg

Luther Malmberg, 1st Lt & Chaplain
(Signature and Rank of Reporting Officer) 350th Inf

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

NOV 20 1918

FILE
 CEMETERY DIVISION
 REGISTRATION SECTION

January 18 1922

MEMO FOR: Cards Department.

1. CASE OF:

Co. M. 349th Inf.
 ORGANIZATION (Old)

CHRISTIANSON 2703507 Martin Pvt.,
 (Name)

Correction or additional data changes as shown below have been made on the Registration Card of the above-mentioned soldier and a corresponding change will be necessary on the Organization Card:

ORGANIZATION (New)

	Date	Place	F-1A No.
FILE NO.			
SURNAME	Orig.		D-
SERIAL NUMBER	1st. Reb. 12/7/20	526	D- 30224
FIRST NAME AND INITIALS	2nd Reb.		D-
RANK	3rd Reb.		D-
DATE OF DEATH			
CAUSE OF DEATH			

(Note: In the above spaces below double line fill in ONLY the new date and data correcting previous information)

BY: Miss Lannon

Card.
 (Department)

5 x 8 card was sent to file.

Corrections made
 on Organization
 File Card: *JD*

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

File # 42943

(a) Name CHRISTIANS ON, Martin Ser. No. 2703607
(b) Rank Private Organization Co.M, 349th Inf.
(c) Date of death 10/18/18 (d) Cause of death Pneumonia.

TYP. EK

CKR. AB

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

(a) Grave No. 45 Row -- Plot -- Sec. -- TYP. EK
(b) Emerg. Address Haakon Christianson(brother) RD, Spring Grove, Minn.

III. Files of soldiers dying from contagious diseases NO CARD

CKR. AB

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Haakon Christianson (b) Relationship Brother
(c) Address Spring Grove, Minn. R.1.
(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 mks Date 10-11, 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 mks Date 10-11, 1920.

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

(a) Cancellation memos referred to? Yes MOM

Examiner's Initials MOM Date 10-11, 1920.

COUNTRY

France

CEMETERY No. _____

526

SHEET No. _____

12

*10-1-21
Transit to
Morse
Cryome 1232
10-26-21*

*check
ack
10-11-21*

@

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
WASHINGTON

NOV 8 1920

FROM: Chief, Graves Registration Service, Q. M. C.

To: Mr. Haakon Christianson, Spring Grove, Minn. R.R. # 1.

SUBJECT: Remains of Pvt. Martin Christianson, Ser. No. 2703607
Co. M. 349th Inf.

The records of this office show that you have requested that his body remain in Europe.

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

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

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Major, U. S. A.

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

NAME OF—	NO. AND STREET.	TOWN.	STATE.
Was soldier married? Soldier's widow			
Soldier's children. (Name oldest first.)	1		
	2		
	3		
Father			
Mother			
Brothers. (Name oldest first.)	1		
	2		
	3		
Sisters. (Name oldest first.)	1		
	2		
	3		

Date _____ Signature _____

Address _____ Relationship _____

Address _____, 1920.

I, the undersigned, am the _____ and nearest living relative of the within-named
(Relationship.)

soldier, and desire the following disposition of his remains, viz:
(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.
2. To be returned to the U. S. and shipped to _____
(Name.)
_____ (R. R. station.) _____ (State.)
3. To be returned to the U. S. and buried in _____ National Cemetery.
4. To remain in Europe, for burial in a permanent American Cemetery.

Signature _____

INSTRUCTIONS FOR FILLING OUT.

1. If definite instruction as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.
2. The transfer of bodies will be made ENTIRELY at Government expense.
3. This paper MUST BE SIGNED BY THE PERSON WHO IS THE NEXT of kin IN THE ORDER shown in the square on the other side of this sheet.
4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.
5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.
6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.
7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT ONCE and mail to this office.
8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.
9. Use the inclosed envelope—pay no postage.

3-7860

WASHINGTON
GRAVES REGISTRATION SERVICE
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
WAR DEPARTMENT

NOV 8 1920

RECEIVED
NOV 5 1920

COMPILATION OF DISPOSITION OF REMAINS DATA

See 115
10-26-21

I. LOCATION INDEX CARD:

File # 42943

(a) Name **CHRISTIANS ON, Martin** Ser. No. **2703607**
 (b) Rank **Private.** Organization **Co.M, 349th Inf.** TYP **EK**
 (c) Date of death **10/18/18** Cause of death **Pneumonia.** *MB*

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

(a) Grave No. **46** Row **3** Plot **2** Sect. **1** TYP **EK**
 (b) Emerg. Address **Haakon Christianson(brother) RD, Spring Grove, Minn.**

III. Files of soldiers dying from contagious diseases. **NO CARD** CKR *MB*

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

*A.F.O. Card- Haakon Christianson (brother)
 P.I. Spring Grove, Minn. requests body be
 not returned to U.S. MB 11-2-20*

V. Following advice forwarded to Europe by (cable on **11-1-1920**)
 (Letter of transmittal on **11-1-1920**)

Par. 2. Not to be returned. MB 11-2-20

VI. Form 115 forwarded to G.R.S.Hoboken, N.J. **NOV. 3. 1920** 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.

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

5-666/MB **France** **526** **12**

MB 11-3-20