

Repts H.A. 10/15/18 cc 359P

**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

Cristoffersen, 2143770, Thos. H.  
(Surname) (Number) (First Name and Initials)

Pvt. 1cl. Co. K, 326 Inf.  
(Rank) (Organization)

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF BURIAL: 10-24-18

PLACE OF BURIAL:

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

Buzancy map - 4th edition. Scale:  
1 to 20,000. 85.2 - 98.85

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? Yes

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

NEAREST RELATIVE:

ADDRESS:

RELATIONSHIP:

REPORTED BY:  
B. P. Tyler, Chaplain, 326 Inf.  
(Signature and Rank of Reporting Officer)

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

Christoffersen  
Thomas H

Europe

Dup

*Christoffersen*

~~Cristoffersen~~

Thomas H.

2,143,770

(Surname.)

(Christian name in full.)

(Army serial number.)

Pvt. 1cl

Co K 326th Inf

(Rank and organization.)

State your relationship to the deceased

*Executors*

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)

*Wm. J. Ryker*

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

H

Mr. Nat. J. Rydman,  
Morris, Minn.

1932  
1931  
1930

1932 - 1931 - 1930  
1932 - 1931 - 1930  
4-7-21

To The A. G. O.

4394

G.R.S. Form #114-B

Apr 27 1926

FULL NAME ..... CHRISTOFFERSON, Thomas H. ....

RANK ..... Pvt 1/c ..... SERIAL ..... 2143770 .....

DIVISION & ORGANIZATION ..... Co. K, 326th Inf. .... 82 div .....

DATE OF DEATH ..... Oct 15, 1918 .....

STATE FROM WHICH HE CAME ..... N. Dak .....

MEDALS OR DECORATIONS AWARDED. none

FINAL GRAVE LOCATION ..... 34 ..... 18 ..... C .....  
Date Grave Row Block

Meuse-Argonne, #1232

Cemetery

Robert C. Davis,  
Major General,  
The Adjutant General,  
MAY 6 1926

23/306/ARK

41 A.G.O.  
APR 30 1926  
WORLD WAR DIV.



C° K. 326th Inf.  
82nd Div.

CHRISTOFFSEN, Thomas, Pvt 2143770

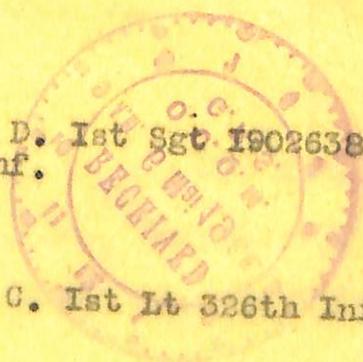
Pvt Thomas Christoffsen was instantly killed while advancing near St Juvin, on the 14th of Oct. 1918, and was buried near St Juvin.

Informant : O'leary, James D. 1st Sgt 1902638  
C° K. 326th Inf.

Home : Potsdam, N.Y.

Signed : Turner, Louis C. 1st Lt 326th Inf.

HC



Date 7th, May, 1919REPORT OF DISINTERMENT AND REBURIAL.

Remains of:

Name: CHRISTOFFE ARSEN, Thomas H. ✓  
(Christoffen)Number: 2143770Rank: Pvt.Organization: Co K 326th Inf.

Disinterment and Reburial made by Group

Unit

Disinterred (Date)

From: (Give complete location)

3rd, April, 1919Grave ISOLATED ST. JUVIN, ARDENNESMap 35 N.W. E 297.9 N 285.9

Reburied (Date)

in: (Give complete location)

3rd, April, 1919Grave #56 Section #27 Plot #2Amer. B.A.Cty. #1232 ROMAGNE, MEUSE ✓Map 35 N.E. E 308.16 N 284.87

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

Burial poor. 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

Note:

If upon disinterment, effects are found upon bodies, they will be promptly sent to the Effects Depot direct as is required by G.O. 170, G.H. 2, 1918., after being carefully examined for clues to identity in doubtful cases, notation whereof will be made and reported to Chief, Graves Registration Service.

Supervised by: Lt. SheltonR. H. ROSENTHAL2nd Lieut. Q.M.C.U.S.AC.O. Group            Unit           

ARB.

CONFIRMED No. D-10900

10900

10900

Date: 1918

REPORT OF DISINTERMENT AND REBURIAL

Remains of:

Name: ... (Organization) Rank: Lt.

Organization: Co H 38th Inf.

Unit

Disinterment and Reburial made by Group

From: (Give complete location)

Reinterred (Date)

Grave Location

Grav. No. 1918

Grav. No. 1918

in: (Give complete location)

Reburied (Date)

Grav. No. 1918

Grav. No. 1918

Grav. No. 1918

Grav. No. 1918

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

Burial poor. Body buried in uniform. Body badly decomposed.

Was one identification tag found upon the body? Yes

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

10000



Notes: If upon disinterment, remains are found... sent to the Effects Dept... after being carefully examined for clues... report to Chief, Graves Registration Service.

R. M. ROSENTHAL

Supervised by: Lt. ...

O.O. Group Unit

118

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Christoffersen, Thos. H.  
1232.

Sept. 5, 1929

Mr. Matt J. Ryhan,  
Morris, Minnesota

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

**Christoffersen,  
Thomas H.**

June 29, 1929.

**Mr. Matt J. Ryhan,  
Morris, 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 cousin of the late Pvt. 1/c1 Thomas H. Christoffersen, Co.K, 326th 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.

CODE SLIP

HEADING	SUB-HEADING	NO. OF COLS	CODE
NAME	<i>Christofferson</i>	3	388
	<i>Thomas H.</i>		
	CEMETERY <i>1232</i>	1	1
BURIED	GRAVE <i>34</i>	2	34
	ROW <i>18</i>	2	18
	BLOCK <i>6</i>	1	3
STATE	<i>N. Dak.</i>	2	40
RANK	<i>Private</i>	1	2
DIVISION	<i>82</i>	2	82
ORGANIZATION	<i>326</i>	3	326
ARM	<i>Inf.</i>	1	1
MARITAL	<i>(Father)</i>	1	2
NAME	<i>Thomassen</i>	3	
	<i>Kristoffer</i>		
RESIDENCE	STATE	2	
	COUNTY	2	
	CITY	3	
RELATION	<i>Mother</i>	1	1
OTHER	<i>(Father died) 1931</i>	1	1
ELIGIBILITY	<i>no loco or SM</i>	1	6
NATIVITY	<i>NO end (9/3/28)</i>	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS		1	
DATE OF	MO.	1	
TRIP	YR.	1	
ACCEPTANCE		1	

*Audited*  
APR 1 9 1982  
MB

*MH*

ACCEPTANCE  
29/514  
*AGD*

Serial #

2143770

1232

Ke 139985

Christofferson, Thos. H - Pat. cl - Co K - 326 Inf  
date + place of mother's death? 9-3-28  
Father in Norway died 10-6-31  
~~Loco on SM in U.S.?~~

Ret born 6-21-90  
end 9-18-17

MB

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

DATE January 16, 1930

NAME <i>Single</i>	RANK	SERIAL	ORGANIZATION	DATE OF DEATH
<u>Christofferson, Thomas H.</u>	<u>Pvt 1/c</u>	<u>2143770</u>	<u>Co. K. 326th Inf.</u>	<u>Oct. 15, 1918</u>

STATE <u>North Dakota</u>	CTY. NO. <u>1232</u>	GRAVE <u>34</u>	ROW <u>18</u>	BLOCK <u>C</u>
---------------------------	----------------------	-----------------	---------------	----------------

	<u>Check relationship</u>	<u>Living - Deceased</u>	
	MOTHER	: : ✓	<i>(2) Kristoffer Thomassen</i>
		: : :	<i>Odoy noid Solvaer</i>
	STEPMOTHER (For the year prior to commencement of service)	: : :	<i>P.O. Slenesef</i>
		: : :	<i>Helgeland, Norway</i>
NAME	MOTHER THRU ADOPTION	: : :	
AND	(For the year prior to commencement of service)	: : :	
ADDRESS		: : :	
	MOTHER IN LOCO PARENTIS	: : :	_____
	(For the year prior to commencement of service)	: : :	_____
	WIDOW	: : :	_____
	(Who has not remarried)	: : :	

Veterans Bureau Claim Number XC-139985 *1/2200*  
29/156/

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Christoffersen,  
Thomas H.

June 23, 1929.

Mr. Matt J. Ryhan,  
Morris, 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 cousin of the late Pvt. 1/c1 Thomas H. Christoffersen, Co.K, 326th 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 OF THE ARMY  
WASHINGTON

FILE: 293.8 C-R

SUBJECT: Permanent Grave Location of  
#66697

September 11, 1922.

TO:

Pvt. 1/c. Thomas H. Christoffersen,  
Company K, 326th Infantry.

Mr. Christoffer Tomassen, Odol Luro, Nordland, Norway.

*File*

1. The permanent grave of this soldier is No. Row  
Block

34 18

C, Meuse-Argonne American Cemetery at Romagne-sous-Montfaucon,

~~Department of Meuse, France~~ 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, organization and date of soldier's death. 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.

3. 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.

For the Quartermaster General:

MAILED

SEP 11 1922

GEORGE H. PENROSE,  
Assistant.

G.R.S.

65

DATE Jan 16/22

1. NAME CHRISTOFFERSON, Thomas H. SERIAL No. 2143770

RANK Pvt. 1st. cl ORGANIZATION Co. K. 326th Inf

GRAVE LOCATION Meuse Arg. Amer. Cty. Romagne-sous-Montfaucon, Meuse, 1232 Sec. 27  
CTY. NAME NUMBER

56 Sec. 27

GRAVE

ROW

2

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION 3A Sketch 25 - 5/8k. NE of St. Juvin Ardennes

GRAVE

COMMUNE

DEPT.

COORDINATES 285.9N 297.9E Verdun N W 35; 200 yds. from road

CONCENTRATED TO 4-3-19 56 Sec. 27 2

DATE

GRAVE

ROW

PLOT

Meuse Argonne

CEMETERY

1232  
CTY. NUMBER

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

Tag on body

Data from Form 1

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY

ejr. tm

DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

*Wm M. Cline*

Wm M. CLINE  
Captain Q.M.C.

3. FINAL GRAVE LOCATION Jan 16/22 34 Block C. 18.

DATE

GRAVE

ROW

PLOT

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

CEMETERY

ADDED BY  
SAB 7/29/22

RECEIVED  
U.S. REGISTRATION SERVICE  
JUL 10 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.

Place R omagne 1232.

# REPORT OF DISINTERMENT AND REBURIAL

Date Jan 16, 1922.

1. REMAINS OF CHRISTOFFERSON, Thomas. H. SERIAL NUMBER 2143770  
RANK Pvt. 1/c ORGANIZATION Co. K. 326th Inf.

2. Disinterred (date): Jan 16, 1922 From (give complete location): gr 56, sec 27, plot 2. C ty. 1232.  
By: Group 1 Unit sec 1

3. Reburied (date): Jan. 16, 1922, Grave 34, Block C, Row 18, Cemetery 1232. In (give complete location): Unlined Casket  
By: Group Reburial S Unit  Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment :  
wooden box and burlap and U.S. uniform. body decomposed, unrecognizable.

5. (a) Identification tags : Buried with body ? yes. On grave marker ? no  
(b) Other means of identification found upon disinterment, and general remarks :  
body tag reads: Thos H. Christoffersen. 2143770

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

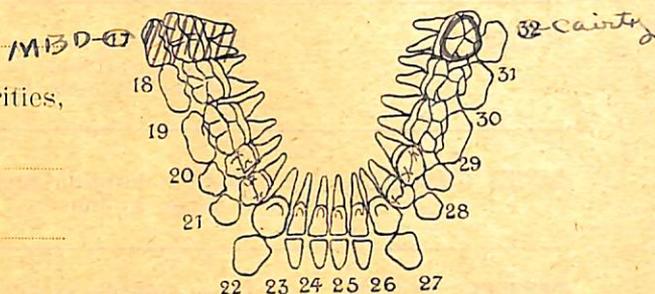
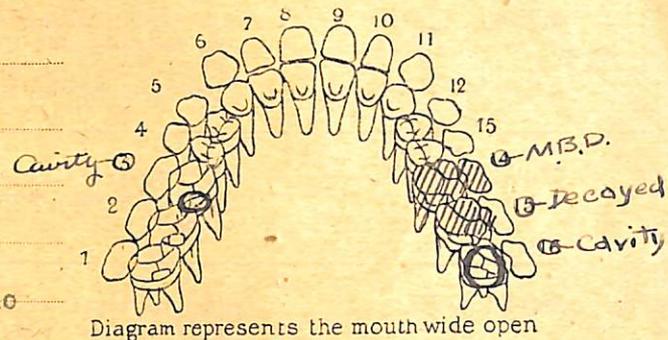
(d) Hair on face—Color do

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) none visible.



30699

7. Disinterment supervised by W. Means

Approved: Geo. C. Bland  
Geo. C. Bland 1st Lt. Q.M.C.  
(Title)

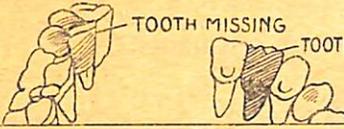
8. Reburial supervised by A.U. Dufault  
JEL A.U. Dufault,

Approved: James W. Younger  
James W. Younger,  
Captain Q.M.C.  
(Title)

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

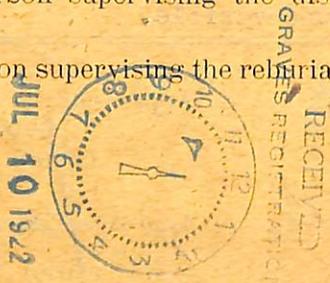
Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

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

<b>MISSING TEETH</b>	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus :	 <p style="text-align: center;">TOOTH MISSING      TOOTH MISSING</p>
<b>CROWNED TEETH</b>	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus :	 <p style="text-align: center;">GOLD CROWN      PORCELAIN CROWN GOLD CROWN</p>
<b>BRIDGE WORK</b>	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus :	 <p style="text-align: center;">GOLD AND PORCELAIN BRIDGE      GOLD BRIDGE</p>
<b>FILLINGS</b>	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus :	 <p style="text-align: center;">SILVER FILLING      GOLD FILLING GOLD FILLING      GOLD FILLING</p>
<b>CARIES (CAVITIES)</b>	Outline location and size of cavity, shade in thus :	 <p style="text-align: center;">CAVITY DECAYED      DECAYED DECAYED</p>
<b>DENTURES (PLATES)</b>	Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"	

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

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



To be prepared in triplicate.

GRAVES REGISTRATION SERVICE



Romagne 1232

DATE Jan 16 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 CHRISTOFFERSON, Thomas

2. No. 2143770

3. Rank Pvt. 1st. cl

4. Org. Co. K. 326th Inf

5. D.D. Oct. 15

6. C.D. KIA

10. Name Thos F Christoffersen

11. No. 2143770

12. Rank \_\_\_\_\_

13. Org. \_\_\_\_\_

14. (a) D.D. \_\_\_\_\_

(b) D.B. \_\_\_\_\_

Discrepancy found upon disinterment

7. Grave No. 56 Sec. 27

8. Plot 2 Row \_\_\_\_\_

9. \_\_\_\_\_

15. Grave No. \_\_\_\_\_ Sec. \_\_\_\_\_

16. Plot \_\_\_\_\_ Row \_\_\_\_\_

17. None

18. Cemetery Meuse Arg. Amer. Cty.

19. Commune or town Romagne-sous-Montfaucon

20. Dept. or County Meuse

21. Country France

22. G.R.S. Hdqrs. Code No. 1232 - Sec. 27

23. Disinterred (Date) Jan 16 1922

By W Means

24. Inscription on grave marker:

Name Thomas Christofferson

Serial No. 2143770

Rank PFC

Organization Co K 326th Inf

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

*John H Crawford*  
Signature Junior Technical Assistant

PREPARATION

John H Crawford

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).

None

27. Condition of body Badly decomposed features unrecognizable

28. Nature of burial US Uniform burlap and box

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? See Item 10 ~~and 11~~

30. Body prepared and placed in casket: Date Jan 16 1922 By W Means

31. Casket sealed by W Means

Signature of Embalmer, (Supervisor *W. Means*)

SHIPMENT. (Show actual marking of box.) Box No. C-20946

32. Designation of body:

Name Thomas CHRISTOFFERSON Serial No. 2143770

Rank Pvt. 1st. cl Organization Co. K. 326th Inf.

33. Consigned to:

Name of Permanent Cemetery Meuse Arg. Am r. Cty. #1232 Romagne-sous-Montfaucon

34. Casket boxed and marked (Date) Jan 16 1922 By W Means

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

*Geo C Bland*  
Geo C Bland 1st Lt. QMC

36. Remarks

37. Shipped from point of Operation: (Date) Jan 16 1922 cc

To point of Concentration Morgue Romagne

Convoyer W J Royed (Name) Signature Shipping Officer *G. F. Spann*

G F Spann, Capt. QMC

38. Received at Railhead or Point of Concentration: Date

By G.R.S. Representative

39. Shipped from Railhead or Point of Concentration: Date

To Permanent Cemetery

Convoyer (Name) Signature Shipping Officer

40. Received: Date

G.R.S. Representative

41. Reinterred Meuse Argonne Cemetery 1232. Jan. 16, 1922,

(Date)

42. Grave No. 34 Section

43. ~~Plot~~ Block C Row 18

fr

G.R.S. Representative

*JEL*

*James W. Younger*  
James W. Younger,  
Captain Q.M.C.

COMPILATION OF DISPOSITION OF REMAINS DATA

I. LOCATION INDEX CARD:

(4-25-21)H File #66697  
(a) Name Christoffersen, Thomas H. Ser. No. 2143770  
(b) Rank Pvt. 1/c1 Organization Co. K, 326th Infantry  
(c) Date of death 10/15/18 (d) Cause of death K/A

TYP. DMA  
CKR. 13-7

*3/21/22 Exhumed*  
*2/22/22*  
*For Centralization*  
*Munich - Argonne 4/10/22*  
*#1232*

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

(a) Grave No. 56 Row - Plot 2 Sec. 27 TYP. DMA  
*OK also (4-25-21)H*  
(b) Emerg. Address Nat. J. Ryhan (Cousin) Norris, Minn.

III. ~~Files of soldiers dying from contagious diseases~~ CKR. 13-7

IV. A. G. O. DISPOSITION CARD:

Date of receipt \_\_\_\_\_

(a) Name Mat J. Ryhan (b) Relationship Cousin  
(c) Address omitted  
(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 BER Date 4-7-, 1920.

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

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

Examiner's Initials BER Date 4-7-, 1920.

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

no request for disposition

(a) Cancellation memos referred to? yes

Examiner's Initials BER Date 4-7-, 1920.

COUNTRY FRANCE

CEMETERY No. 1232 Sec. 27 SHEET No. 41

JUN 3 1921

H. S.

*checked 5-14-21*



Rank

Serial No.

Org.

Remarks

*Pin - 4-7-21*

A.G.O. Card & Corr.

Discrepancies

Name

Rank

Serial NO.

Org.

Remarks

*NR E. a*

G. R. S. Corr.

Discrepancies

Name

Rank

Serial No.

Org.

Remarks

Checkers

Discrepancies

Name

Rank

Serial no.

Org.

Remarks

*7.00 amount  
4-8-21*

*checked  
4/8/01  
SK*

OSP-SS  
Form No. 1009

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

*Looney*  
*2200*  
*10/15/18*

Harlow C.W.

NAME OF DECEASED SOLDIER

CEMETERY NO.

DATE

Cristoffersen, Thomas, Pvt. 1/c.

1232-Sec.27 - 41

4/8/21.

SERIAL NUMBER

ORGANIZATION

DATE OF DEATH

2143770

Co. K, 326th Inf.

10/15/18.

Copy forwarded to  
Adjustment Department  
Date 5/11/21-WC

WAR RISK INSURANCE INFORMATION

DATE

C-139985  
4-27-21

PERSON NAMED BY SOLDIER TO BE BENEFICIARY OF INSURANCE

RELATIONSHIP

ADDRESS

Mr. Christoffer Tomassen  
PERSON RECEIVING DEATH COMPENSATION

Father  
RELATIONSHIP

Odoi Luro, Nordland Norway

S/1868/LML

*not*  
*(over)*

Mrs Andrea Tomassen mother!  
Idoi Luro, Nordland, Norway.

RECEIVED  
APR 29 1921

General Division  
Foreign Affairs Section

## COMPILATION OF DISPOSITION OF REMAINS DATA

Form 115  
See  
at 4/10/22

**I. LOCATION INDEX CARD:**

(4-25-21) H      File #66697

(a) Name Christoffersen, Thomas A. Ser. No. 2143770

(b) Rank Pvt. 1/c1 Organization Co. K, 326th Infantry } TYP. DMA

(c) Date of death 10/15/18 (d) Cause of death K/A } B. J.

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

(a) Grave No. 56 Row - Plot 2 Sec. 27 TYP. DMA

(4-25-21) H

(b) Emerg. Address Nat. J. Ryhan (Cousin) Morris, Minn.

III. Files of soldiers/dying from contagious diseases \_\_\_\_\_ CKR. B. J.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

V. Following advice forwarded to Europe by { cable on \_\_\_\_\_, 192

letter of transmittal on MAY 25 1921, 192

Section # 27 - HD

Par. # 2 Not To Be Returned

Christoffersen - Thomas A.

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. \_\_\_\_\_

66697  
**GRAVE LOCATION BLANK**

LOCATION OF THE GRAVE OF

CHRISTOFFERSON

Cristoffersen 2143770 Thos H  
(Surname) (Number) (First Name and Initials)

Pvt. 1cl. Co. K, 326 Inf.  
(Rank) (Organization)

PLACE OF BURIAL:.....

CAUSE OF DEATH:.....

DATE OF BURIAL:..... 10-24-18.....

PLACE OF BURIAL:.....

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

Luzancy map - 4th edition scale:  
1 to 20,000. 85.2 - 87.8

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?..... **Yes**.....

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

**OMME, ST. JUVIN (ARDENNES)**  
**(O-250) 3HT, 35 N.W. COORD {E.-298.8,}**  
**{N.-285.18}**

NEAREST RELATIVE: .....

ADDRESS: .....

RELATIONSHIP: .....

REPORTED BY:

**B. P. Tyler, Chaplain, 326 Inf.**

(Signature and Rank of Reporting Officer).



Communal List No. 230217  
Library Report No. \_\_\_\_\_

2. SOLDIER'S No. 2143770

3 CRIST, JEFFERSON THOMAS H  
SURNAME FIRST NAME

4 RANK COMPANY REG'T OR CORPS

5 UNKNOWN IN ACTION  
DATE OF DEATH CAUSE

6 UNKNOWN ISOLATED  
DATE OF BURIAL CEMETERY

7 NEAR ST. JUVIN ARDENNES  
TOWN OR COMMUNE DEPARTMENT

8 1 B (SKETCH NO 19)  
GRAVE NO. PLOT NO. OR LETTER

9 NAME PEG, CROSS, HEAD BOARD, BOTTLE

10 BURIED WITH BODY, ATTACHED TO MARKER

11 IF NAME UNKNOWN TAGS MISSING MARKS  
DESCRIPTION

COMM: ST. JUVIN (Ardenne)

(C-250) SIT. 35 N.W. COORD E 98.6  
N 299.9

12 VERDUN N.W. 33  
MAP REFERENCE

285-9 N 298-6 E

13

GIVE NAME OF CHAPLAIN

SIGNE *Fernand L. Mader* Q.M. Sgt 3rd Lt

GROUP NO 12 ANIT 305 G.R.S.

R.B.O.R.  
1111



Adjustment Made

14 1921

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

WAR DEPARTMENT

Office of the Quartermaster General of the  
Washington

PLEASE  
EXPEDITE

File No. 66697

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

File No. 66697 Requisition

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

(SPECIAL)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

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

- a. Surname Cristoffersen ~~Christoffersen~~
- b. Christian name Thomas H. ~~or (Thomas)~~
- c. Serial Number 2143770
- d. Organization Co. K, 326th Inf.
- e. Rank Pvt. 1/c.
- f. Date of death 10/15/18.
- g. Cause of death K/A.
- h. Authority (C.O.#)
- i. Emergency address Matt J. Ryhan (Cousin)
- j. Relationship Morris, Minn

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

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

Noted on Form No. 115  
Date 4-26-21-H

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

BY: H. J. Conner

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

C.W.  
CEMETERY NO: 1232-Sec.27.

SHEET NO: 41  
TYPED BY: I.W.

Rec'd World War Div.

Date.....

APR 11 1921

APR 11 1921

Donnelly - 711-EP-Sec. 4-11-21.

S/713/LML

Adjustment Made

APR 14 1921

WAR DEPARTMENT

Office of the Quartermaster General of the Army  
Washington

File No. 66697

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

Date 4/8/21.

File No. 66697 Requisition

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

(SPECIAL)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

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

a. Surname Christoffersen  
Cristoffersen

1. Date of death 10/15/18.

~~b. Christian name Thomas H.  
or (Thomas)~~

2. Cause of death K/A.

c. Serial Number 2143770

h. Authority (C.O.#)

d. Organization Co. K, 326th Inf.

~~3. Emergency address~~

e. Rank Pvt. 1/c.

~~4. Relationship~~

BODY DESCRIPTION

(See page #2 of the Service Record)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

a. Age of enlistment

a. Strike out teeth missing

b. Color of eyes

7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
upper right upper left

c. Color of hair

7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
lower right lower left

d. Height

e. Weight

f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

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

BY:

*H. J. Conner*

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

C.W.  
CEMETERY NO: 1232-Sec.27.

SHEET NO: 41  
TYPED BY: I.W.

Rec'd World War Div.

Date.....

APR 11 1921

APR 11 1921

Kennelly - 7H-EP Sec. 4-11-21.

Noted on Form No. 115  
Date 4-26-21-H

S/713/LML

WAR DEPARTMENT  
Office of the Quartermaster General of the Army  
Washington

Date 4/2/21

Form 8-W-1-H  
Information requested of A.G.O.

Title No. Registration

From: The Quartermaster General, U. S. Army, (Comesterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

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

1. Date of death 10/15/18

2. Cause of death

3. Authority (G.O.#)

4. Emergency address

5. Relationship

a. Surname

b. Christian name (Thomas H. or Thomas)

c. Serial Number 214370

d. Organization Co. K, 328th Inf.

e. Rank Pvt 1st

PHYSICAL DESCRIPTION  
(See page 2 of the Service Record)

a. Age of enlistment

b. Color of eyes

c. Color of hair

d. Height

e. Weight

f. Permanent marks and physical defects at

enlistment (Old fractures or breaks)

APR 12 1921

RECEIVED

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

a. Strike out teeth missing

7 6 5 4 3 2 1 1 2 3 4 5 6 7  
upper right upper left

7 6 5 4 3 2 1 1 2 3 4 5 6 7  
lower right lower left

H. J. ROBERTS  
Quartermaster General, U.S.A.

BY:

H. J. COOPER  
Act. Adjt. Gen., G.M.C.

QUARTERMASTER NO. 1234-5678

41

1.5

APR 12 1921

112

CEMETERIAL DIVISION  
REGISTRATION SECTION**FILE**

September 13, 1921

## MEMO FOR:

Cards Department.

1.  
CASE OF:Co. K, 326th Infantry.

ORGANIZATION (Old)

CRISTOFFERSEN, #2143770, Thomas -- Pvt. 1/cl.  
(Name)**FILE**

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)

FILE NO.  
SURNAME CHRISTOFFERSEN  
SERIAL NUMBER  
FIRST NAME AND INITIALS Thomas  
RANK  
DATE OF DEATH  
CAUSE OF DEATH

	Date	Place	F-1A No.
Orig.			D-
1st Reb.			D-
2nd Reb.			D-
3rd Reb.			D-

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

BY: Muriel D. Towne.Investigation & Adjustment.  
(Department)5 x 8 card was sent to file.Corrections made  
on Organization  
File Card:By N.B.

S/1105/LML

*File #* 66697

G.R.S Form No. 8-W; Central Records  
Card Sec. #3, Liaison.  
1-30-1920.

Memo For: G.R.S. representative, C.R.O.  
Subject: Information required for G.R.S.

1. Items checked are to be completed:

- ✓ Surname: ~~CHRISTOFFERSON~~ *Cristoffersen*
- ✓ Number: 2143770. ✓
- ✓ First name: Thomas. ✓
- ✓ Rank: 1/C Private. ✓
- ✓ Company: Co.K. 326th. Infantry/ ✓
- ✓ Organization: 326th. Inf. ✓
- ✓ Date of death: 10-15-18. ✓
- ✓ Cause: K/A ✓
- ✓ Place:

Location of hospital:

~~Number " "~~  
~~Class " "~~

- ✓ ~~Emergency address~~ *Nat J. Ryhan*
- ✓ ~~Relationship:~~ *Morris, Minn. Cousin*

Authority:

- ✓ Cablegram No: 238 *GRS 340*
- Telegram from:

dated:

- ✓ Reported to Washington:
- C.C.Nos.

(Underscore the "official" C.C.)

Remarks:

*Taken from Master Cds*

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

NS-3404/MB

*Evans 2/5/20*  
*J.C. 59 7W 37*

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

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

SUBJECT: Information required for G.R.S.

1. Items checked are to be completed:

- Surname: Christofferson  
 Number: 2143770  
 First name: Thomas  
 Rank: Pvt 1/c  
 Company: K  
 Organization: 326th Inf  
 Date of death:  
 Cause:  
 Place:

Location of hospital:

- Number " "  
 Class " "  
 Relative:  
 Relationship:  
 Address:

- Authority:  
 Cablegram No:  
 Telegram from:

dated:

- Reported to Washington:  
 C.C. Nos:  
 (Under score the "official" C.C.)  
 Remarks:  
 Show present status on reverse side.

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

Initials of Reporter:

Washington files.

Christofferson Or Cris-



Classification

Adjustment \_\_\_\_\_

CEMETERIAL DIVISION  
GRAVES REGISTRATION SERVICE  
REGISTRATION SECTION

Date April 20, 1920.

MEMORANDUM:

To: Registration Files Sub-Section.

Subject: Adjustments made on Registration Files.

1. Changes as checked have been made in the Registration Files which will necessitate a corresponding change in the Classification Files.

	CORR.	ADD. DATA		CORR.	ADD. DATA
File Number			Date of Burial		
Name	X		Date of Reburial		
Serial Number			Burial Information		
Rank			Nearest Relative		X
Organization			Notified Nearest Relative		X
Cause of Death			Blue Card thrown out		
Date of Death			White Card set up <sup>3 x 5</sup> <sub>Reb.</sub>	X	
Casualty Cablegram Number		X	Gross reference card set up	0	0

O.K. Alphabetical Files P 73-4-22-20

~~O.K. Organization Files~~

~~O.K. State Files.~~

Cemetery Audit Department  
Investigation & Adjustment Dept.

By Helen Myers

3 Cards attached.