

# AIRMAIL

QMGMT 293

1st Ind

GRS European

(Neuville) Belgium

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #4678

Department of the Army, OJMG, Washington 25, D. C. 25 January 1950

TO: Chief, Registration Division, 7887 Graves Registration Detachment,  
APO 58, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed on  
basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

7 Incls.  
w/d

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

Cy furnished: Adm Sec  
rar/Rovinski  
N. Farmer  
REB

*3146 GRS Europe  
TL 4678*

*X 1950  
Belgium  
REF  
TRC  
(unidentifiable remains)*

AIR

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 U S ARMY

RRE 293

5 January 1950  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6372, Plot BB, Row 5, Grave 123, USMC NEUVILLE, Belgium have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 2512, dated 20-10-47.

3. Remarks:

See Case History attached.

Received 4/10/50 **OQMG**  
Not identifiable from  
information presently  
available

Case reviewed by undersigned Members of the Board of Review:

Henry  
Col. H. P. HENRY, O-12589

JMC

E. D. Mulvanity  
Lt. Col. E. D. MULVANITY, O-359598

JMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

Capt. Edward F. PRICE, Jr., O-1588236

JMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GEER, W-2102925

USA

Leodore Goudreau  
~~XXXXXXXXXXXXXXXXXXXX~~  
CWO LEODORE GOUDREAU, W-2113434

Incl #3

UNKNOWN NO. 6372

U.S. MILITARY CEMETERY

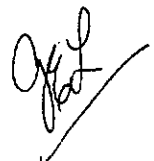
Neuville-en-Condroz

(Location)

RE      The remains now designated Unknown X-6372 (USMC Neuville-en-Condroz) were recovered from the Reipertswiller Forest, France. Form 371's for all unresolved casualties reported in this area have been compared against tooth chart and physical characteristics of X-6372 without results. In view of this these remains are being declared UNIDENTIFIABLE.

L. Pierpoint

4 January 1949



1

USMC Neuville en Condroz  
Plot: C Row: 6 Gr: 31  
Date of Burial: 21 Apr 50  
Verified by GRS Officer  
M. R. Swart, Capt QMC

DISINTERMENT DIRECTIVE

SECTION A *M. Swart*  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER 1260 02587  
DATE 15 08 48  
DAY MONTH YEAR

NAME UNKNOWNX-006372  
SERIAL NUMBER X-006372  
GRADE UNK  
ARM Q  
RACE O  
RELIGION 6

CEMETERY NEUVILLE BELGIUM  
PLOT BB ROW 5 GRAVE 123  
DISPOSITION OF REMAINS 1202 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM  
NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)  
These remains are unidentifiable and are to be permanently interred. (Eq. AGRC-13 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN.  
SERIAL NUMBER X-006372  
GRADE UNK  
DATE OF DEATH  
DATE DISTINTERRED 1-DECEMBER-48

IDENTIFICATION TAG ON  
 REMAINS EMB  
 MARKER EMB  
ORGANIZATION UNKNOWN  
RELIGION UNK  
IDENTIFICATION VERIFIED BY EDWARD E STOUT.  
1/LT CE. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER & UNIFORM  
CONDITION OF REMAINS CRUSHED SKULL, FRACTURED  
L/SCAPULA R/ULNA L/RADIUS ALL LOWER  
EXTREMITIES & L/ULNA MISSING.

OTHER MEANS OF IDENTIFICATION  
REPORT OF BURIAL READS X-6372

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)

NONE

RAT  
FILE  
RECORDS ANNOTATED  
DATE 7 June 50  
NAME R. D. Johns  
Resat BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN ~~QMC~~ TRANSFER BOX

DATE 13-JAN-49 BY LEONARD P UNDERWOOD EMBALMER.

CASKET SEALED BY WILLIAM D LEGG  
EMBALMER (Signature) WILLIAM D LEGG LICENSED EMBALMER.

CASKET BOXED AND MARKED 14-JAN -49 WILLIAM D LEGG  
ALL TAGS PLATES MARKINGS VERIFIED BY ROGER E LEWIS CAPT CAV.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. EXCEPT CASKETING

EDWARD E STOUT 1/LT CE.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

*Raymond J. Rodriguez CWO USA*  
*Jan 27*

RRE Form #43  
20 Sep 48

293 Blue - Number X - 6372

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X - 6372

(Temp.: EUVILLE)

(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)
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Subject remains have been permanently interred overseas in the United States Military Cemetery USMC EUVILLE-en-CONDROZ, Belgium

Incl #

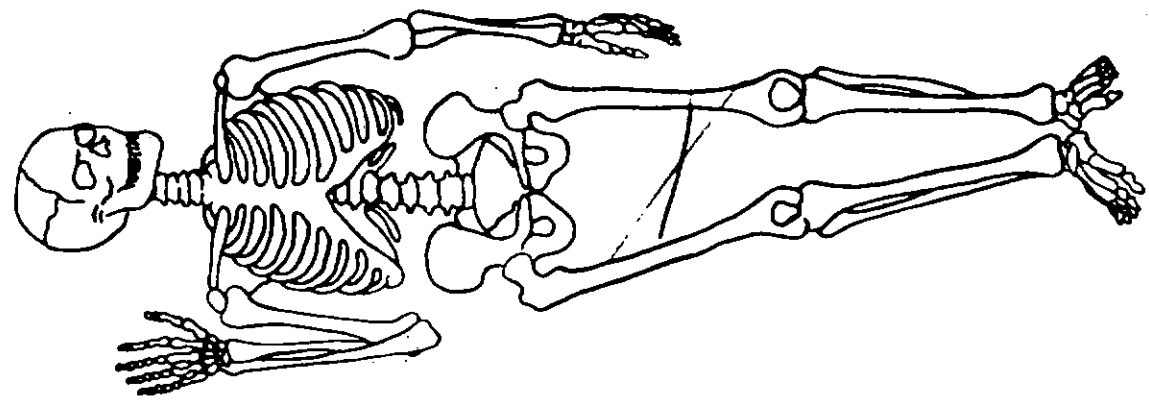
STAMP FILE

IDENTIFICATION DATA						
1. REMAINS OF UNKNOWN <i>Unknown X-6372</i>						2. DATE OF REPORT <i>17 Aug 1944</i>
3. NAME OF CEMETERY <i>Newville</i>				4. PLOT <i>BB</i>	5. ROW <i>5</i>	6. GRAVE <i>123</i>
				7. DATE OF DISINTERMENT		REINTERMENT
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT <i>age</i> <i>20/25</i>		9. ESTIMATED HEIGHT <i>5-8 1/2"</i>		10. COLOR OF HAIR <i>None found</i>		11. RACE <i>W.T.D</i>
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <i>None</i>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <i>None</i>						
14. WAS BODY BURNED?			TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
15. WAS BODY MANGLED?			TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<i>see skeletal chart</i>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <i>None</i>						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  <i>N.E.</i>						

(148)

X-6372

19. BLACK OUT PARTS OF BODY NOT COVERED



*see skeletal chart attached*

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

*Remains received disarticulated w/ f. teeth, teeth and amongst remains (see tooth chart) on (1) embossed plate bearing X-6372, recovered. disposition of plate pinned to blanket containing remains.*

*Estimated height 5'-8 1/2"  
Estimated age 20/25*

*Reported by  
officer  
[unclear]  
self*

*[Signature]*

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE  
*[Signature]*  
150

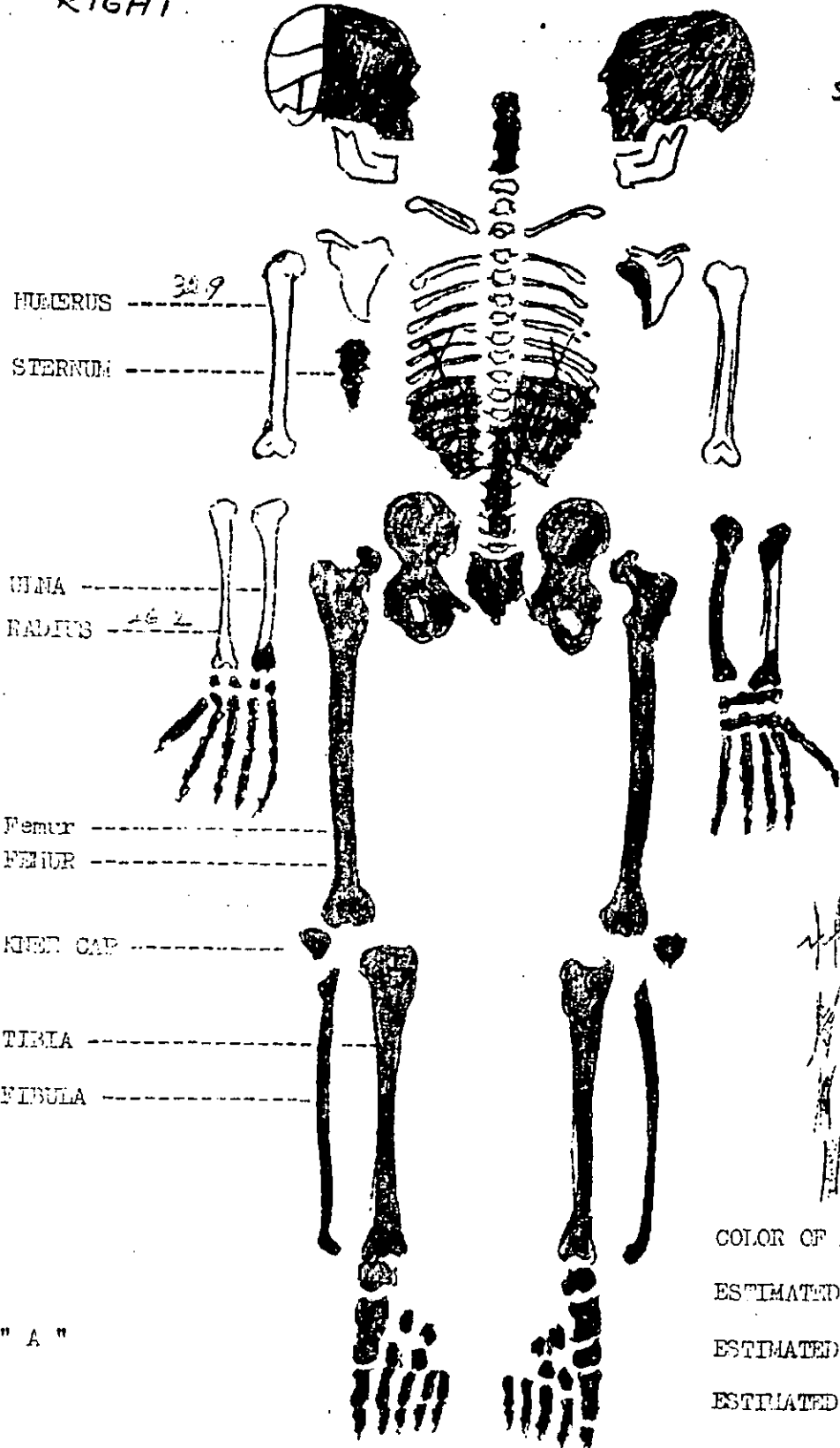
SKELETAL CHART X-6372 *Kenville*

X-6372





RIGHT

LEFT

SEE TOOTH CHART



Legend

-  - FRACTURED
-  - SCATTERED
-  - MISSING
-  - BURNED

COLOR OF HAIR BRN  
 ESTIMATED AGE 25-30 Yrs  
 ESTIMATED HEIGHT 5 Ft 8 1/2  
 ESTIMATED WEIGHT 110 LBS

CHART " A "

*R. Williams*  
 Signature

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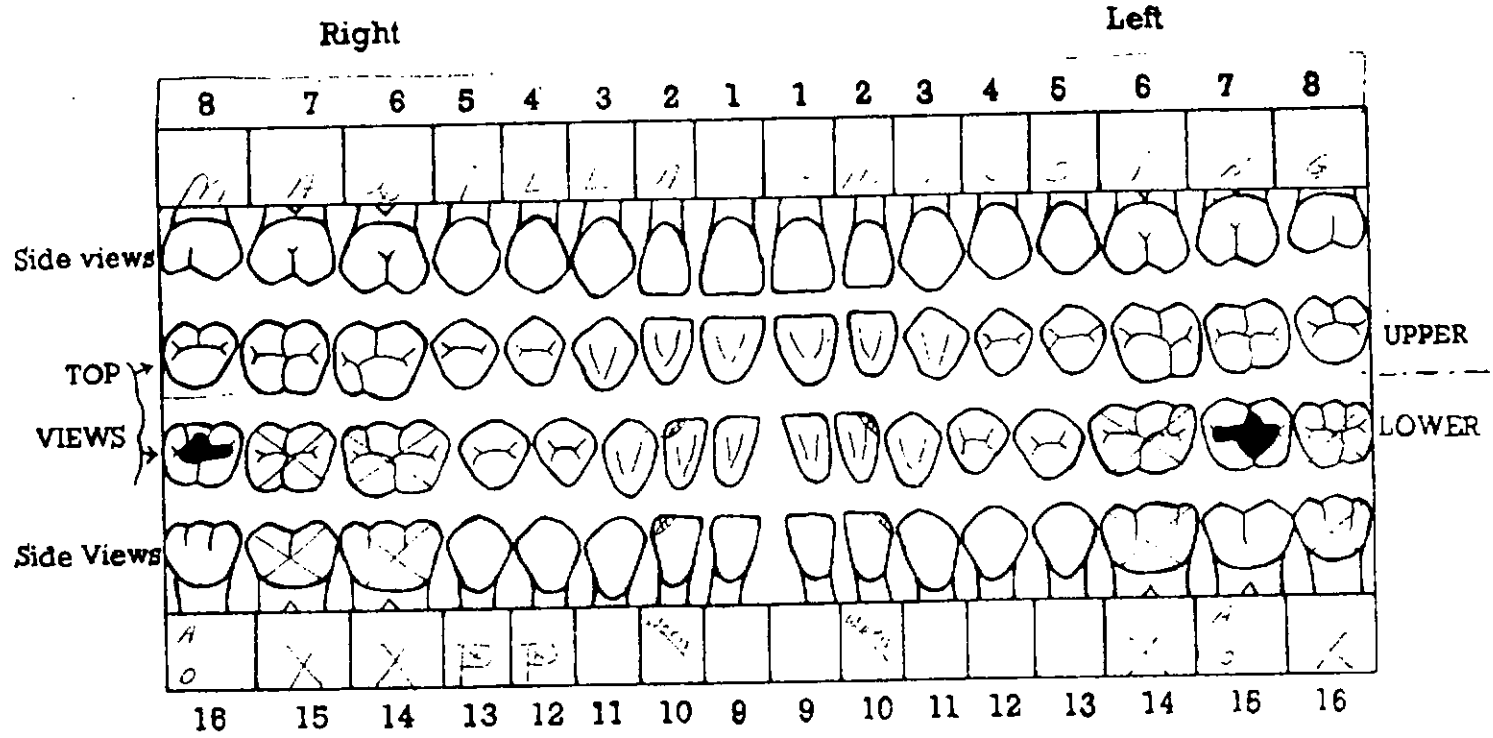


4-6372  
 Neuville BB-5-123  
 E. O. # 2259

# TOOTH CHART

17 August 49  
 Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death	Cause of Death	

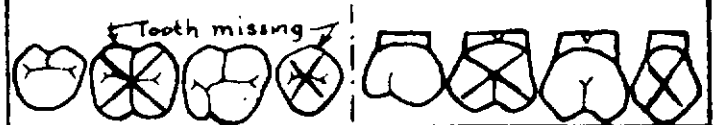


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

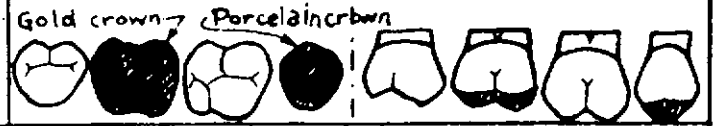
*[Handwritten Signature]*  
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

**MISSING TEETH**... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus:



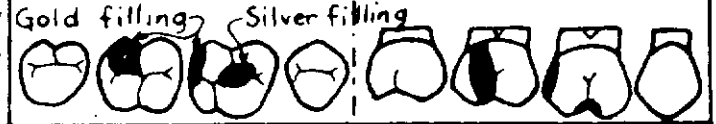
**CROWNED TEETH**... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



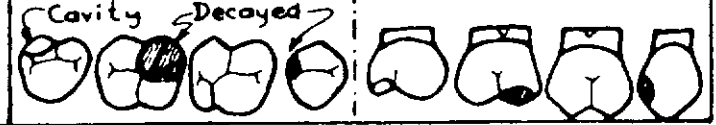
**BRIDGE WORK**... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**FILLINGS**... Draw filling on tooth as 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"

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Size average  
 Color white  
 Posthumously missing R13, 12.  
 Spaces - R16-13, None; R13-12, est. 3mm; R12-11, est. 7mm;  
 R11-10, 1mm; L11-12, 2mm; L13-15, 7mm.  
 R16 drifted mesially.  
 R13 drifted distally into R14 position, and rotated distally 90°.  
 R12 drifted distally 7mm.  
 L12, 13 - drifted distally 2mm.

X-6372

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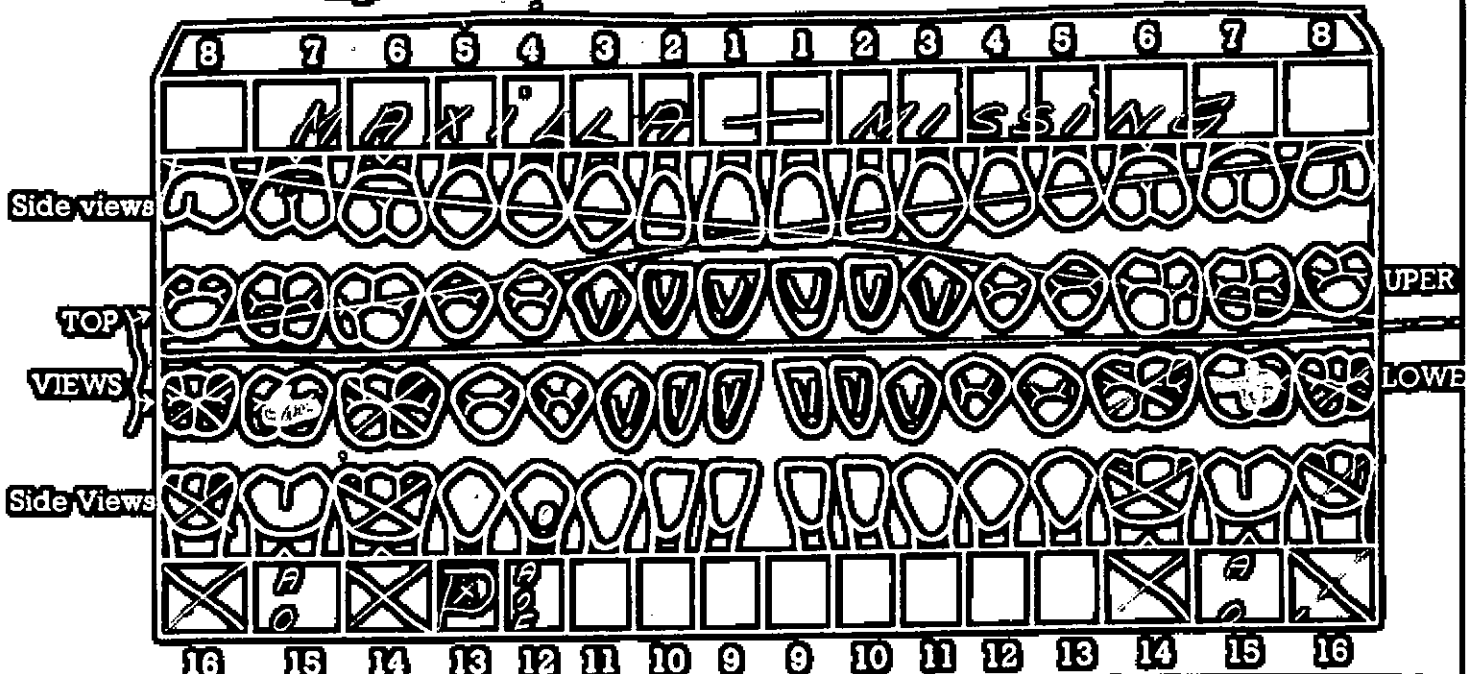
# TOOTH CHART

11 September 1947  
 Date

Unknown X-6372      Unknown      Unknown  
 Last Name      First      Initial      Rank      Serial No.  
 Unknown      Unknown      Unknown  
 Unit      Organization  
 Sect. 2 Reipentzweiler Forest,      Est. December 1944      BTB:      KTA  
 Place of Death      Date of Death      Cause of Death  
 France      February 1945

Right

Left



See remarks  
 This dental chart is very important and should be filled in with great care. There are 52 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. See reverse side for illustrations.

*James G. Gaddy*  
 Signature of Officer or other person who prepared Tooth Chart  
 Verified by G.R.E. Officer  
**James G. Gaddy**  
 C.O. USA      C.I.P.

**MISSING TEETH**... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus:



**CROWNED TEETH**... Block in solid the crown of tooth (label gold, porcelain, Silver 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 as 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".

**ADDITIONAL SPACE FOR FURTHER REMARKS**

X-Posthumously missing  
 Spaces R-11- R-12- 7mm  
           I-11- I-12-2mm  
           I-13- I-15-7mm  
 socket of R-13 rotated 1/2 of a turn distally  
 R15 rotated slightly distally  
 Teeth are normal size, white and evenly aligned.

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)

Unknown X 6572

Cemetery Neuville en Condroz, Belgium

Plot BB Row 5 Grave 123

Date processed: 11 September 1947

1. Arrived at cemetery Sept. 2 Reipertsviller Forest (Bas-Rhin), France  
(Date) (Date)

2. Place of death R 49/0 04 (Coordinates and letter Prefix, maps)  
(Name of closest town)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 539th G.I. Serv. Co. (AC) 5th Zone  
(Name and organization)

4. Evacuated to Cemetery by Subordinate Identification Point #2, Neuville en Condroz, Belgium  
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>Helmet liner</u>		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>M-1945 Remnants of size 36 R</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>OD Remnants of</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnants of</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>Remnants of</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web ..... None

Drawers, wool ..... None

Drawers, cotton ..... None

Leggings, wool ..... None

Socks, cotton ..... None

\* Shoes ..... None (type) .....

Overshoes ..... None

Web Equipment ..... None (type) .....

(Other item) ..... Remnants of hood for M-45 field jacket

(Other item) ..... None

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or  
Insignia ..... None (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... None

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

Radius: 26,7                      Humerus: 33,4

6. Description of Remains:

Age ..... UTD      <sup>Est.</sup> Height ..... 5' 9 1/2"      Weight ..... UTD      Description of wounds ..... UTD

Bandages or dressings ..... UTD      Scars ..... UTD (Length, width, location)

..... UTD      Tattoos (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks ..... UTD (Yes-no; description, location)

Sunburn or tan, other than hand and face ..... UTD

Complexion ..... UTD (Light, medium, dark, clear, pimples, pocks, freckles)

Build ..... UTD (Large, fat, thin, muscular)

Hair ..... None (Color, length, quantity, curly, wavy, straight, curls, or definite parting)

Hair ..... UTD (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ..... UTD      Mustache ..... UTD      Beard or ..... UTD (Length, heavy)

Goatee ..... (Light, color, ~~UTD~~ extent)

Eyes ..... (Color, set, ~~UTD~~ shape)      Eyebrows ..... (Color, ~~UTD~~ thickness, extent across nose)

Nose ..... (Size, shape, ~~UTD~~ straight)      Ears ..... (Size, set close ~~UTD~~ or far from head)

Mouth ..... (Large, medium, ~~UTD~~ small)      Lips ..... (Small, ~~UTD~~ full)

Teeth ..... ~~UTD~~ **See tooth chart** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... ~~UTD~~ (Prominent, receding, pointed, dimples, double)

Jaw ..... (Large, small, normal, ~~UTD~~)      Circumference of head in inches ..... ~~UTD~~ **crushed** band)

Neck ..... (Size, length, ~~UTD~~ normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, ~~UTD~~ small, rounded)      Arms ..... (Length, muscular, color, ~~UTD~~ extent and quantity of hair)

Hands ..... ~~UTD~~

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and ~~UTD~~ extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... ~~UTD~~ **None**

Hernioplasty ..... ~~UTD~~ (Yes-no; location)

Legs ..... (Inseam, ~~UTD~~ muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, ~~UTD~~ callouses, flat)      Toes ..... (Slender, ~~UTD~~ straight, crooked, overlap)

Evidence of healed fractures ..... ~~UTD~~ **None** (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

See chart

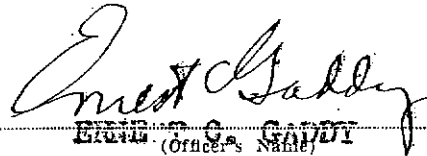
7. Have finger prints been placed on Report of Interment? NO (Yes-no)

If not, explain too decomposed

8. Has tooth chart been prepared? Yes (Yes-no) If not, explain \_\_\_\_\_

9. Remarks Remains received in a mattress cover wrapped in a metallic liner.  
In skeleton form GI clothing received with remains.  
No clothing markings.  
Fluorescopic Examination: negative.  
Estimated weight of remains: 2 lbs.  
Nothing found to warrant Chemical Laboratory Examination.  
Processing revealed no positive identifying clues, therefore this case is classified Unknown.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

  
ERNEST G. GADDY  
(Officer's Name)

CWO  
Rank

USA  
Service

CENTRAL IDENTIFICATION POINT  
(Organization)



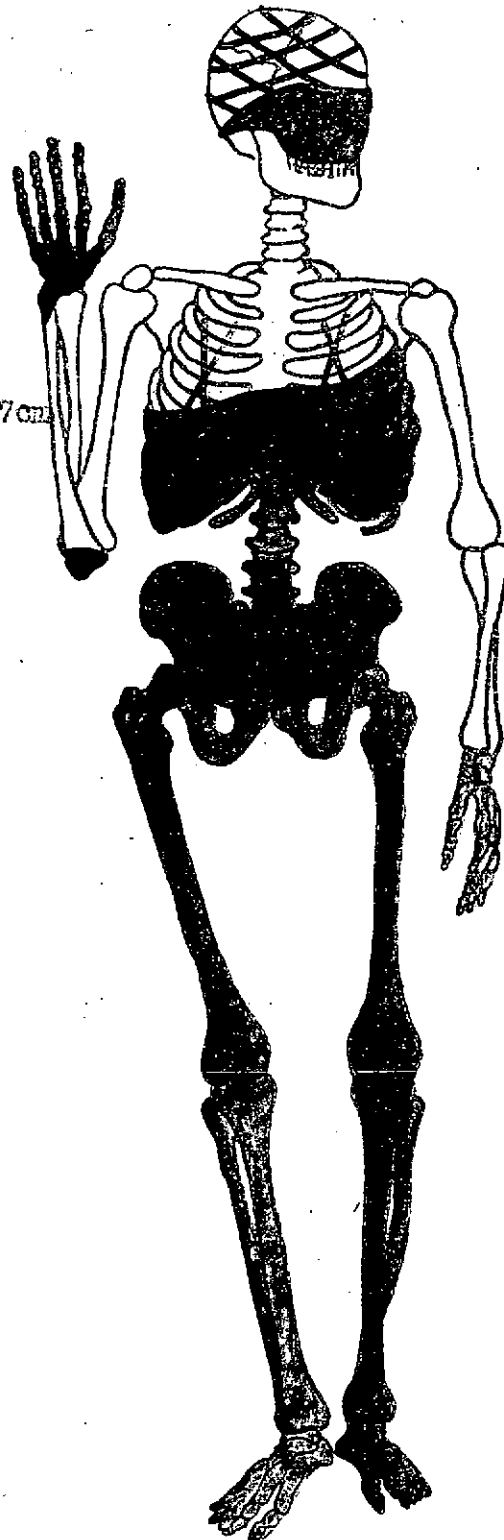
SI-235  
(Case No 679)  
**SKELETAL CHART**

Neuville en Condroz,  
Belgium (VK 390187)  
Plot BB Row 5 Grave 123  
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Unknown X-6372

Radius: 83,7cm

Humerus: 35,4



Estimated height: 5' 9 1/2"

REPORT OF INVESTIGATION  
AREA SEARCH

26 September 1947  
(Date)

Case Number 3Z-133  
Name Unknown X-6372 Rank Unknown ASN Unknown  
Means of Identification None

SECTION A — GENERAL  
(To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? NO  
If so, state the following information:  
a. NAME NA RANK NA ASN NA  
b. ORGANIZATION NA
2. Was partial identification established? NO If so, state the facts as to whom you believe the deceased to be:  
a. NAME UNKNOWN # 4 RANK UNK ASN UNK  
b. ORGANIZATION UNK
3. Names of other deceased buried in immediate vicinity 3 UNKNOWN  
  
(Use reverse side for listing of crew members from MACR)  
a. Date of above burials NO BURIALS Common graves? NA
4. Name and type of Cemetery NO CEMETERY  
(Military or civilian)
5. Map Coordinates of the Cemetery NA  
a. Town NA Country NA
6. Give exact location in cemetery of the remains:  
a. Section NA Row NA Grave NA  
b. Is sketch attached? NA

7. If remains are not located in a cemetery, give exact location.....
- a. Town **Sect. 2 REIPERTSWILLER Forest, REIPERTSWILLER, Moselle France**.....
- Coordinates **E 49/Q 84**.....
- b. Is sketch attached? **YES**.....
- c. Is area mined? **YES**.....
8. How is grave marked? **NO GRAVE**.....
9. If grave is marked with cross, give exact markings thereon **NA**.....
- .....
- a. From what source was this information obtained? **NA**.....  
(Identification Tags, Personal effects, etc.)
10. Where are the cemetery records? **NA**.....  
(Town Hall, Cemetery, Burgomasters Office)
- a. What information was contained thereon? **NA**.....
- .....
11. What is the date of death? **Estim. between Dec. 1944 - Feb. 1945**.....
- a. Give basis **Heavy combat in area at that time**.....
12. What is the cause of death? **UNKNOWN**.....
- a. Give basis **Information not obtainable**.....
13. What is the date of burial? **NO BURIAL**.....
- a. Give basis **Remains found ontop of the ground**.....
14. What was the place of death? **Sect. 2 REIPERTSWILLER Forest**.....
- Coordinates **E 49/Q 84**.....
15. Where were the remains found? **Sect. 2 REIPERTSWILLER Forest**.....
- Coordinates **K 49/Q 84**.....
16. Was casket used? **NO**..... Who furnished the casket? **NA**.....
17. Who made the burial? **NA**.....  
(Civilians, American military, German military, etc.)
- a. What are the names and addresses? **NA**.....
- .....
- b. Are certificates and statements attached? **NA**.....

SECTION B - AIR CORPS DECEASED

(To be completed only if deceased is believed to be a member of the A.A.F.)

- 18. Were remains found in the plane wreckage?.....
  - a. Give location in plane from which the bodies were removed.....  
 .....  
 (Tail gunner, pilot, radio, turret, etc., or front side of plane)  
 Near wreckage?.....
- 19. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
  - a. Type of plane.....
  - b. Markings and/or name of plane.....
  - c. Give numbers on motors, machine guns, instruments, radios or other equipment:.....  
 .....
- 20. How did crash occur?.....Anti-Aircraft?.....  
 .....Enemy Planes?.....Collision?.....
- 21. Did plane explode in the air?.....On ground?.....
- 22. Did plane burn in the air?.....On ground?.....
- 23. What was the direction of the flight?.....
- 24. What was the civilian opinion regarding destination of plane?.....  
 .....
- 25. Had bombs been released prior to the crash?.....
- 26. Does specific time and date of crash correspond with the date of death of above-named deceased?.....
- 27. Number of planes in formation prior to the crash?.....
- 28. State precise time and date of plane crash.....  
 (Night? Day?)
- 29. Were parachutists seen?..... How many?.....  
 Escaped?.....Prisoners?.....

(To be completed only if deceased is believed to have been a member of the Armored Corps)

- 30. Were remains found in wreckage of a tank?.....
  - a. Give specific position in tank from which deceased was removed:.....  
 .....  
 (Radio man, driver, assistant driver of,..... front, side or back)
  - b. Near wreckage?.....
- 31. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom).
  - a. Type of tank.....
  - b. Markings and/or name of tank.....
  - c. Numbers on motors, machine guns, ammunition, instruments, etc.....  
 .....
- 32. What was the type of enemy action that resulted in the tank's disablement?  
 .....
- 33. Did tank explode?.....Burn?.....
- 34. Numbers of tanks in immediate vicinity at time of disablement?.....  
 .....
- 35. Does specific time and date of disablement correspond with date of death of above-named deceased?.....
- 36. Precise time and date of destruction of tank.....  
 (Night? Day?)
- 37. Did any of the crew members escape?.....Prisoners?.....

SECTION D — OTHER BRANCH  
(To be filled out if B & C are not applicable)

- 38. Did death occur from any other means? (Truck, jeep, mines, or small arms fire).....  
 .....**UNKNOWN**.....  
 If so, give complete and thorough results of the investigation.....  
 .....**NA**.....
- a. Are all certificates and statements of people who possessed knowledge of the case attached? **YES**.....
- 39. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased.....  
 .....**SEE ATTACHED STATEMENTS**.....

SECTION E -- GENERAL

(To be completed by investigation in all cases)

40. Were personal effects recovered by the investigation team? **NO**  
If not, state reason. **NONE FOUND**  
a. Were Identification Tags found at the time of death? **UNK**  
Where? **NA** By whom? **NA**  
Present disposition? **UNKNOWN**  
b. Were personal effects found at the time of death? **UNK**  
Where? **UNK** By whom? **NA**  
Present disposition? **UNKNOWN**  
c. Was deceased identified by living members of the crew at the time of death? **UNK**  
d. Did cemetery register or cross indicate the immunization shot? **NA**
41. Was deceased given first aid? **UNK** If so, where? **NA**  
By whom? **NA** Are statements from the medical people attached? **NA**
42. Was deceased evacuated to a German civilian hospital? **UNK**  
Where? **NA** Names of people concerned. **NA**
43. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **NO**
44. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **BADLY DECOMPOSED**  
(Burnt, decapitated, etc.)
45. Do facts surrounding death show any evidence that it might be an atrocity case? **NO**  
a. If so, give basis for positive assumption. **NA**  
b. If so, has higher Headquarters been notified? **NA**
46. Was case previously investigated? **UNK** By whom? **NA**  
When? **NA**

47. Give full names, addresses, and information obtained from each person---  
 interviewed : Mr. MEYER, Mr. BRUNNEN, DELMINE CHIFFES, Ingwiller, Moselle  
France  
 .....  
 .....  
 .....  
 48. Are all positive statements regarding identification and particulars  
 surrounding death attached?..... YES  
 49. Has any information been given concerning isolated burials in the area  
 outside the immediate vicinity?..... YES  
 50. Was investigation preceded by advance publicity?..... YES  
 (If special investigation, give case number)..... NA  
 51. Give brief narrative..... SEE ATTACHED NARRATIVE  
 .....  
 .....  
 .....  
 .....

*Leon Herbel*  
LEON HERBEL  
 (Signature of Interpreter)

*William P. Gill*  
WILLIAM P. GILL  
 (Signature of Investigator)

French Indigenous Civ.  
 Rank ASN

CWS-5 10336  
 Rank ASN

539 QM Sv Co (AC)  
 (Organization)

539 QM Sv Co (AC)  
 (Organization)

NARRATIVE

During demining operations in the Section 2 of the Reipertswiller Forest, Reipertswiller (Moselle), France, Mr. Paul MEYER, Demining Chief, Ingwiller (Moselle) France, found, on the 15 Nov. 1946, the remains of 4 American soldiers. All four remains were lying on top of the ground in a very advanced stage of decomposition and were scattered over a small area. Despite a close search of the remains Mr. MEYER could not find any identification tags or documents that might have helped to uncover the names of the deceased whose nationality was proved by US Army pieces of clothing and equipment. The only clue that might lead to the identify of one of the casualties is a helmet of which the steel outer part was numbered O 13104-or-267 and the plastic inner part marked RUSS. Above mentioned helmet was laying near remains of UNKNOWN 3Z-128.

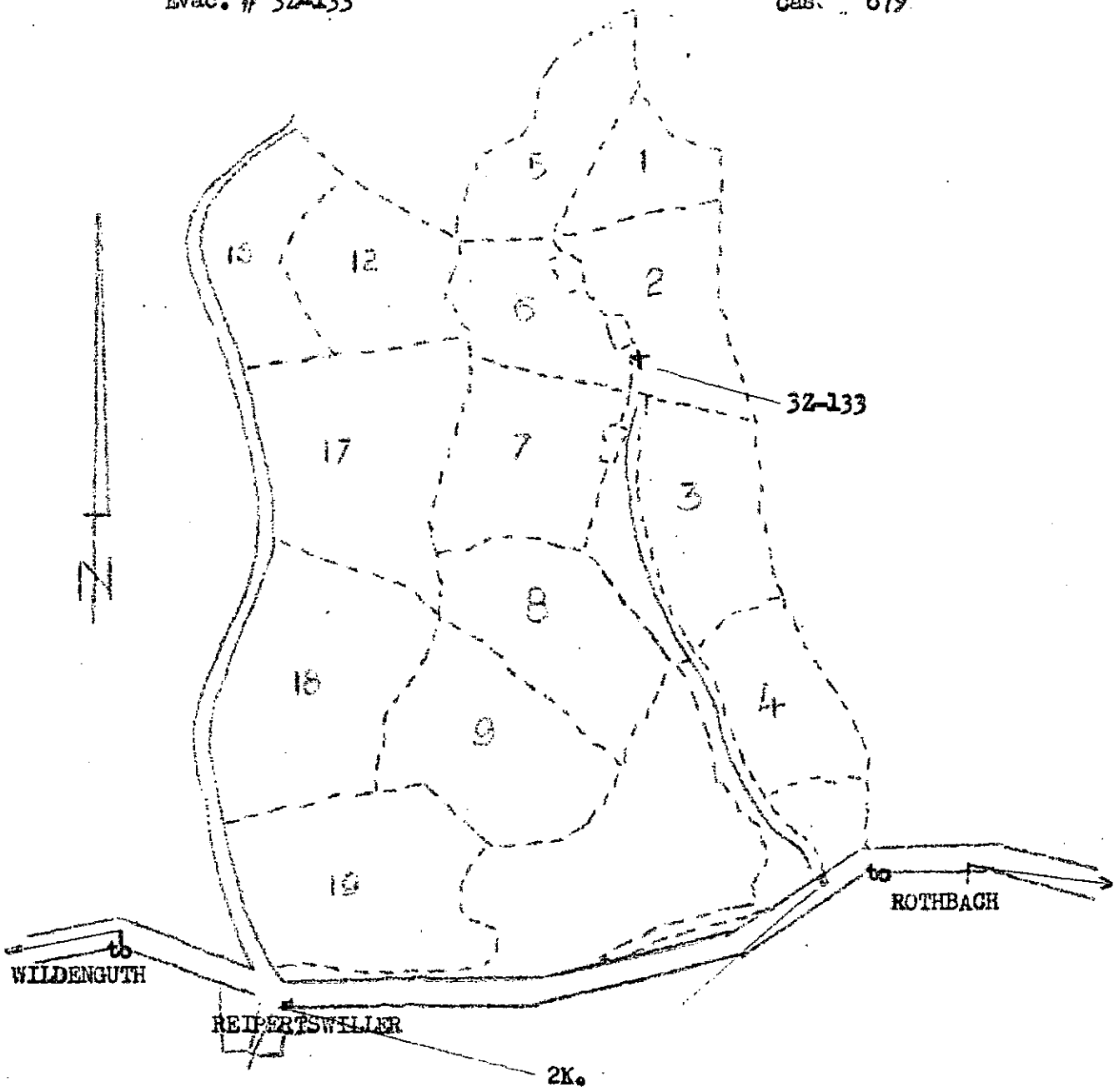
It has been impossible to recover the remains before the 21 August 1947 because the demining operations were not completed before that date and the desinterring and investigating teams had not received clearance from the French demining Services to reach the place where the remains were found.

Despite the thorough investigation conducted, no more clues were uncovered and it has not been possible to find anyone who had knowledge of the presence of the bodies in that area or had information as to the circumstances, causes or date of death of the deceased. Nevertheless, as heavy combat took place in the area between December 1944 and February 1945, it can be assumed that subject casualties were KIA sometime during that period.



Evac. # 3Z-133

Cas. 679



S T A T E M E N T

Reipertswiller, 20 Nov. 1946

I, the undersigned, MEYER, Paul, Chief deminer at Reipertswiller, declare as follows:

I have found in the forest of Reipertswiller, Section 2, on the 15 November 1946, four (4) bodies of American soldiers.

I did not find any identification tags or papers on these remains.

A number of other killed soldiers might be found in the still mined sections of this forest.

/s/ Myer, Paul

A CERTIFIED TRUE TRANSLATION:

*George A. Gens*  
GEORGE A. GENO  
Investigator Gr-5

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1943)

# REPORT OF BURIAL

15 Sept. 1947  
Date

Unknown X- 6372

Last Name

First

Initial

Unknown

Rank

Unknown

Serial No.

Unknown

Unit

Est

Organization

Unknown

Sect. 2, Reipertswiller Forest, France

Place of Death

Dec. 44

Date of Death

KIA: BTB

Cause of Death

1500 17 Sept. 1947

Time and Date of Burial

USMC, Neuville on Condroz, Belgium (VK 390187)

Name of Cemetery

Name for Coordinates of Location

123

Grave Number

Row Number

BB

Plot Number

Temp. Wooden Cross

Type of Marker

Disposition of Identification Tags : Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.

Who is buried on

Deceased's Right

X- 6371  
Name

Unknown  
Serial No.

Unknown  
Rank

Unknown  
Organization

122  
Grave No.

Deceased's Left

X- 6373  
Name

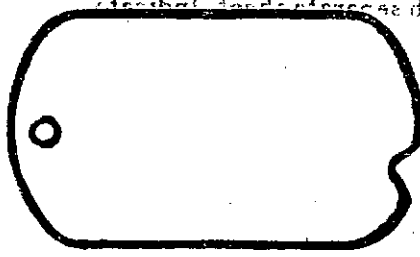
Unknown  
Serial No.

Unknown  
Rank

Unknown  
Organization

124  
Grave No.

Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below

Emergency Addressee: Unknown  
Name

Unknown  
Address

Religion: Unknown

List only Personal Effects Found on Body and disposition of same:

*Carlyle D. Johnson Jr.*  
CARLYLE D. JOHNSON Jr.  
USMC CIP  
*Ivor J. Fosmo*  
IVOR J. FOSMO  
2nd Lt Inf CIP  
Verified by G.R.S. Officer

