

forwarded to OQMG for: this headquarters indicate these case papers were not previously case which are considered to be of investigative importance. Records of

UNKNOWN X-220, LUYNES (FCC) DRAGUIGNAN

CIFCK LIST FOR DISINUTRMENTS

(To accompany Report of Resurial)

Only Part I should be completed if identification tags are available. Both Part I and Part II should be completely filled out if identification tags are not available.

If information is unavailable so indicate.

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# (Doubtful or Undetermined Identification)

10.	Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records)
	(Est height) (Est weight) (Color of hair) (Color of eyes) Give description of facial features and body characteristics, if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, ets.
13.	Give as detailed description of condition and amount of remains as possible
14.	Give probable cause of death, type and location of wounds (Is there evidence body was burned?)
	Give minute description of all effects, clothing and shoes, including clothe markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches ets. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brancs when applies blooms.
m on more of the control of the cont	brands when applicable:
16. č	live description of any vehicle found in the area that could be connected with the death of the deceased
17. (	(Type) (WD serial number) (Organization) (Serial No. and type of each gum)  hive exact location of remains in Vehicle before removal
18. Ī	of buried in a coffin; give description and markings
-	(Over)

Inc ( \$5

### TOOTH CHART

20 Feb. 1946 Date Flok, Richard Unk. 37566637 First Initial Rank Serial No. Last Name 141st Inf. Unk. Unit Organization KIA-GSE -Need Vic: Derbiere, France 89 Aug. 1944 Place of Death Date of Death Cause of Death Right Left 7 8 6 2 3 6 7 5 3 2 1 5 8 Side views UPPER TOP VIEWS LOWER Side Views

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), 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.

Tooth chart not taken for none was found when disinterments was done.

CHARLES C. CORMAN 24. LA. Inf.

Signature of Officer or other person who prepared Tooth chart

Verfied by G. R. S. Officer

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# CHECK LIST FOR DISINTERMENTS (To accompany Papert of Reburnal)

Only Part I should be completed if identification tags are available.

Both Part I and Part II should be completely filled out if identification tags are not available.

If information is unavailable so indicate.

### PART I (Positive Identification)

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(Use reverse side of sheet if space provided is not sufficient.)

X-210

Date: 21 Feb. 1946

# (Doubtful or Undetermined Identification)

10.	Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records)
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12	(Est weight) (Est weight) (Color of hair) (Color of eyes)  Maye trace in the facial features and body characteristics, if possible, including the presence of scars, moles, circumcision, tactoos, length of hair, presence of mustache or beard, etc.
13.	Give as detailed description of condition and amount of remains as possible
3	st. M lbs. remains. Body badly decomposed.
	Give probable cause of death, type and location of wounds (Is there evidence body was burned?)
15.	Give minute description of all effects, clothing and shoes, including clothe markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches ets. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, ets., giving brands when applicable:
16.	Give description of any vehicle found in the area that could be connected with the death of the deceased
	(Type) (WD serial number) (Organization) (Serial No. and type
	of each gun) Give exact location of remains in vehicle before removal
18.	If buried in a coffin, give description and markings
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### TOOTH CHART

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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), 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.

Signature of Officer or other person who prepared Tooth chart

Verfied by G. R. S. Officer

### U.S. MILITARY CEMETERY LUYNES, FRANCE

5 Feburary 1946

### CERTIFICATE

This is to certify that I viewed the remains from grave 63, Plot A, Row6, and the remains from grave 249, Plot B, Row 21.

I further certify that they are not the same person, inasmuch as one skull has been found in each of the two graves.

Sevid facob
DAVID JACOB
Captain MC

Delta D.T.C.

Incl 1

X-220

# HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

Unidentifiable Remains SUBJECT: The Quartermaster General TO: Memorial Division Washington 25, D. C. The records pertaining to Unknown X- 220, Plot B 21 , Grave 249 , USMC Luynes, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable. 2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2411, dated 20 August 1947 further information is available. FOR THE COMMANDING GENERAL: s/ George L. Freeman t/GEORGE L/ FREEMAN 1st Lt Actg Agst Adj Gen 

# HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

20 August, 1948

SUBJECT: Unidentifiable Remains.

TO:

The Quartermaster General

Memorial Division Washington 25, D.C.

l. The records pertaining to Unknown X-220, Plot B,

Row 21, Grave 249, USEC Luynes, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2411, dated 20 August, 1947. No further information is available.

FOR THE COLLANDING GENERAL:

GEORGE A FREEMAN 1st Lt QMC Actg Asst Adj Gen

Paceleve 17 SEP 1948 00MG information presently available

Inc/#19

JS

🖫 Johnson Junius, Pvt Interred 10 nuary 1949 13014873 DISINTERMENT DIRECTIVE : UNKNOWN X-228 FLOTT ED BY M, MAN MET DIRECTIVE NUMBER DATE SECTION A -48 3551 10249 0 10 NA 🏗 AND BURIAL LOCATION OF DECEASED DAY MONTH YEAR SERIAL NUMBER GRADE RACE RELIGION x - 2200 6 UNKNOWN PLOT ROW GRAVE DISPOSITION OF REMAINS A I X-EN-PROVENCE FRANCE LUYNES В 3501 CODE DIST. CTR. SECTION B - CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) DRAGUIGNAN, FRANCE SECTION C - DISINTERMENT AND IDENTIFICATION DATE DISTINTERRED NAME SERIAL NUMBER GRADE DATE OF DEATH Unknown X - 22017 February 48 RELIGION IDENTIFICATION VERIFIED BY IDENTIFICATION TAG ON ORGANIZATION UNKNOWN WILLIAM J. SMITH REMAINS 1st Lieut CENAME AND TITLE MARKER SECTION D - PREPARATION OF REMAINS FOR SHIPMENT CONDITION OF REMAINS NATURE OF BURIAL Wrapped in Mattress Cover Advanced Decomposition OTHER MEANS OF IDENTIFICATION None MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) None REMAINS PREPARED AND PLACED IN CASKET C. R. Tompkins 24 February 1948 EMBALMER (Signature) CASKET SEALED BY C. R. Tompkins CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE 24Feb48 Robert J. Hodge JOSEPH A. PEACOCK, Captain, Infantry I hereby certify that un .... that all the foregoing operations were conducted and accomplished under my immediate supervision Infantry JOSEPH A. PEACOCK, Captain, SIGNATURE OF AGRS INSPECTOR REMARKS AND SPECIAL INS This grave formerly occupied by Pvt. STARLING Lee, 34205808, disinterred

I certify that the entries on this form are true 4 January 1949. copies of the entries on Copy No. A of this Disinterment Directive, which contains of the percons whose name

AGRC (Luynes, A-6-63) AGRRE

1st Ind.

SLOANE/ACH/pr 5010 286

AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER, APO 887, U. S. ARMY. 14 January 1946.

TO: Commanding Officer, Southern Sector, American Graves Registration Command, ET, APO 772, U. S. Army.

- 1. Request disinterment of remains buried in grave 63, Row 6, Plot A, (Luynes) and in Grave 249, Row 21, Plot B (Luynes) and that they be reprocessed for additional information.
- 2. Check Lists and Tooth Charts will be prepared and forwarded this headquarters in quadruplicate.
- 3. Upon disinterment the remains will be viewed by a Medical Officer and a signed statement forwarded this headquarters as to the possibility of the two being one and the same person.
- 4. If found to be same person, the remains will be buried as Pvt Richard D. Fick, 37566637, 141st Infantry in Plot A, Row 6, Grave 63 (Luynes) and the Grave #249, Row 21, Plot B (Luynes) closed.

BY COMMAND OF MAJOR GENERAL LITTLEJOHN:

(VER DIST. 97)

J. BLONDELL Lt. Col., A. G. D. Adjutant General

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G.R.S.

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FJG/LP/pr

HEADQUARTERS, AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER AREA, APO 887, U. S. ARMY. 12 March 1946.

TO: The Quartermaster General, Washington 25, D.C.

- 1. Paragraph 5, basic communication complied with.
- 2. The remains buried in Plot A, Row 21, Grave 249 have been assigned an "Unknown" number, and corrected Report of Burial, will be forwarded your office by letter of transmittal.

FOR THE COMMANDING OFFICER:

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F. J. GERACE, Lt. Col. QMC, Assistant Adjutant.

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To fick Technolo

# U.S. MILITARY CEMETERY LUYNES, FRANCE

5 Feburary 1946

# <u>CERTIFICATE</u>

This is to certify that I viewed the remains from grave 63, Plot A, Row6, and the remains from grave 249, Plot B, Row 21.

I further certify that they are not the same person, inasmuch as one skull has been found in each of the two graves.

DAVID JACOB Captain MC

Delta D.T.C.

# At bestem of page was typed

"The City Directory and Telephene Directory list Bon E. Fick (not Frick) as living at 2522 Fillmere Avenue N.E., Minneapelis 15, Minn."

"If you need further information kindly adviso"

JOHN R. COAN
Postmastor



### RESTRICTED

### ARMY SERVICE FORCES

Fick, Richard D. (Luynes,) France

Office of the Quartermaster General Washington 25, D. C.



SUBJECT: Identification of Unknown Deceased

TO:

Commanding General, COMZONE European Theater of Operations APO 887, c/o Postmaster

New York, New York

FOR: The Chief Quartermaster

6 NOV. 1945 & APO 887 & 4492

- 1. Reference is made to report of interment submitted to this office for Pvt. Richard D. FICK, 37566637, 141st Infantry, and report of interment for Believed to be: FRICK, Richard D., rank, serial No. and organization unknown.
- 2. It is noted that the deceased buried as Richard D. FICK, in Grave 63, Row 6, Plot A, U. S. Military Cemetery, Luynes, France, was killed in action as a result of gun-shot wounds in the head, on 3 August 1944 in the vicinity of Derbiers, France, Coord. H 935628. The deceased interred as Believed to be Richard D. FRICK, in Grave 249, Row 21, Plot B, U. S. Military Cemetery, Luynes, France, died as a result of severe wounds in head and chest 25 August 1944 in the vicinity of Montelimar, France, Coord. N920558. It is noted that two identification tags were found on the body interred in grave 63, and no tags were found on the remains in grave 249. However, it is stated on the reverse side of the burial report covering deceased in grave 249, that tags had been given to the Canadian Red Cross.
- 3. The dental chart submitted on the burial report of Believed to be FRICK is practically identical with the chart on file for Richard D. FICK, 37506637. Physical description also compares favorably. The files of the War Department do not contain a record of Richard D. FRICK.
- 4. Although the places of death on the two reports are approximately  $5\frac{1}{2}$  miles apart, it is believed that the two deceased referred to may be one and the same.
- 5. Information is requested, at the earliest practicable date, relative to the amount of remains in each grave.

FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROSENGARD 2nd Lieutenant, QMC

Unther S. Rosengard

**Assistant** 

### TOOTH CHART

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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), 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.

Signature of Officer of other person who prepared Tooth chart

Verfied by G. R. S. Officer

Mar 29 9 33 AM '46

MENGRIAL STRISTON

### TOOTH CHART

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	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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), 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.

Signature of Officer or other person who prepared Tooth chart

Verfied by G. R. S. Officer

### TOOTH CHART

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VIEWS }	B	H	Œ	) <del>(</del>			IV		<b>W</b> (		3	)(S		Œ	恶	LOWER
ide Views	M				$\Omega$	75	7/7	A	D	Q	$\bigcap$	9	C	M.	M	TEETH WERE I FOUND
·	16	15	14	13	12 1	1 10	9	9	10	11	12	13	14	15	16	eur "I"

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), 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.

Signature of Officer or other person who prepared Tooth chart

Verfied by G. R. S. Officer

# CHECK LIST FOR DISINTERMENTS (To accompany Report of Reburial)

Only Part I should be completed if identification tags are available.

Both Part I and Part II should be completely filled out if identification tags are not available.

If information is unavailable so indicate.

# PART I (Positive Identification)

	Richard D.	Unk.	Unk.	Unknown
(Full nam	me of deceased)	(Rank)	(NEA)	
ttached No.	ne			w many, and whore
ive exact le	ocation from whi	ch disinterroà, f	urnishing co	ordinates and map
Cemetery	This body was	s disinterred i Luynes. France	in the U.S	. Military
OTE: ATTACH	OVERLAY SHOWING PERMINENT LANDM	EXACT LOCATION O	F ISOLATED (	RAVE TYING LOCA-
ull name of	cometery (if but	riod in an organi	zed cemetery Chateau Ch	) This body was met Serophim.F
pproximate c	or istablished de	ato of death (sta ath 25 Aug. 194	to which and	give basis for
			<del>,</del>	
pproximate (	or established d	ate of burial (gi	vo basis for	date established)
anner in whi	ich the grave wa	s marked and all	information	contained on the
		in possession of ame and addresses		unauthorized mili- uals concerned
ary personno	dresses of all p	ame and addresses	of individu	doath or burial
Jamos and add informaticarctaker, the	dresses of all plion each furnish	ersons questioned	concerning	doath or burial
Jamos and add informaticarctaker, the	dresses of all plion each furnish	ersons questioned	concerning	doath or burial
Jamos and add informaticarctaker, the	dresses of all plion each furnish	ersons questioned	concerning	doath or burial
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Jamos and add informaticarctaker, the	dresses of all plion each furnish	ersons questioned	concerning	doath or burial
Jamos and add	dresses of all pion each furnish hose responsible	ersons questioned	concerning	doath or burial

Date: 21 Feb. 1946

# (Doubtful or Undetermined Identification)

10	. Fill in any information available regarding name, rank, ASN, or organ- ization (Check cemetery records)
	Body too badly decomposed for any of the information.  (Est height) (Est weight) (Color of hair) (Color of eyes description of facial features and body characteristics, if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or heard, ets.
13	Give as detailed description of condition and amount of remains as possible Est. 25 lbs. remains. Body badly decomposed.
14.	Give probable cause of death, type and location of wounds (Is there evidence body was burned?)
15 <b>.</b>	Give minute description of all effects, clothing and shoes, including clothe markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches ets. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:
16.	Give description of any vehicle found in the area that could be connected with the death of the deceased
	(Type) (WD serial number) (Organization) (Serial No. and type of each gun)
17.	Give exact location of remains in vehicle before removal
18.	If buried in a coffin, give description and markings
•	

CHECK LIST FOR DISINTERMENTS (To accompany Pepert of Reburnal)

Only Part I should be completed if identification tags are available.

Both Part I and Part II should be completely filled out if identification tags are not available.

If information is unavailable so indicate.

# PART I (Positive Identification)

/mull mama at decededul	(Rank )	(AEN)	(Organization	/ no
(Full name of deceased) tate if identification tags we	re attached to	romains, how	many, and who	LO
tate if indictification vog-				
ttached None ive exact location from which	disinterrea, fu	rnishing coo	rdinates and m	ap:
ive exact location from which				
crics used This body was OTE: ATTACH OVERLAY SHOWING EX	disinterred	IN THE U.	S. MILITERY	
V-478547	TOTAL TO MATCH OF	ISOLATED GR	AVE TYING LOCA	
OTE: ATTACH OVERLAY SHOWING EA	tion Townstreet on	,		
TION IN WITH PERMANENT LANDMAPS	1336 Sin an Arganiz	ed comptery)		
PION IN WITH PERMANENT LANDMARKS full name of cometery (if buries approximate or istablished date	M III dit oregine		TRAN PORT	-
originally interred by	eiviliens et	GPST STATE	The At Second	SH,
approximate or istablished date	Of DOTAIN (PAGE			خند
into solected) Date of des	ith 85 Aug. I	944		
Approximate or established date	1.7 / 2.5	o bosis for	date establish	nod)
approximate or established date	e of purion (gr	to pasts for	detan and	•
App.		· AND ALLEY	contained on t	he
Manner in which the grave was	marked and all	information	GOURGING ON A	
	2.0			
m 0.72 C 77				
marker	noggosaion of	civilian or	uncuthorized m	ili
List personal effects found in tary personnel, furnishing nam	possession of a and addresses	civilian or of individu	unauthorized mals concorned	ili —
	possession of a and addresses	civilian or of individu	unauthorized mals concorned	i <b>li</b>
List personal effects found in tary personnel, furnishing nam	ic and ideal control			
List personal effects found in tary personnel, furnishing nam	attores	corcorning	death or buris	
List personal effects found in tary personnel, furnishing nam	rsons questioned	concerning	doath or buris	11
List personal effects found in tary personnel, furnishing nam	rsons questioned	concerning	doath or buris	11
List personal offects found in tary personnel, furnishing name Names and addresses of all personal information each furnished caretaker, those responsible for	rsons questioned i (contact local for ourial and c	concerning	doath or buris	11
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(Use reverse side of sheet if space provided is not sufficient.)

# (Destful or Undetermined Identification)

10.	Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records)
11.	
10	(Est height) (Est wmight) (Color of hair) (Color of eyes)
,±-4, 9	including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.
32	Give as detailed describing so
± ) •	Give as detailed description of condition and amount of remains as possible
1	
	Set. 85 lbs. Feeding. Bedy bedly decopered.
14.	Give probable cause of death, type and location of wounds (Is there evidence body was burned?)
*	wordy was but ned; )
\ 1 %_	Give minute description of all effects, clothing and shoes, including clothe
	a description of any unusual cuts, design markings, pockets, colors, patches ets. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:
يعدد بيأ	
÷	
16	
	Give description of any vehicle found in the area that could be connected with the death of the deceased
	(Type) (WD serial number) (Organization) (Serial No. and type
17.	of each gun). Give exact location of remains in vehicle before removal.
18.	Lf buried in a coffin, give description and markings
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	The state of the s

CHECK LIST FOR DISINTERMENTS (To accompany Report of Reburial)

only Part I should be completed if identification tags are available.

Both Part I and Part II should be completely filled out if identification tags are not available.

If information is unavailable so indicate.

# PART I (Positive Identification)

Friek,			Unk.	Unknown	
State if identi	of deceased) fication tags	(Rank) wore attached to	(ACN) romains, how	(Organizati many, and w	on) here
attached	Alam Orom ribial	n disinterred, fu	rnishine coo	rdinates and	mar
Give exact loca series used	TPIOU TLOU MILLO	a disinterred	in the H	2647444	_
Semestery .		Layses, Franc			,
NOTE: ATTACH OV	TERLAY SHOWING I	exact location of RKS.	ISOLATED GR		
Full name of co	motery (if bur:	iod in an organiz	ed comptery)	This be	Ly. I
GF1412811	T interrad by	Pairiliana at	Chateeu (1	aret Sere	
Approximate or	istablished da	to of death (stat	o which and a	givo basis i	O.C
dato selected)	Date of de	eth 25 Aug. 19	***	<del></del>	
	<u> </u>				<del> </del>
			2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	data agtabl	sher
Approximate or.	established da	to of burial (giv	o∞pαsis frot	dare caran.	101100
			nformation c	ontained on	tho
	h the grave was	marked and all i	THOTER GION C	LIC. DOMADDING.	100 (c) Cy
marker	effects found i	n possession of c	ivilian or u	nauthorized	mil.
marker	effects found i		ivilian or u	nauthorized	mil.
marker List personal of tary personnol.	effects found i , furnishing ha	n possession of c me and addresses	ivilian or u of individua	nauthorized 1s concerne	mila
Names and address of information caretaker, tho	effects found i furnishing ha esses of all pe	n possession of c	ivilian or u of individua concerning d Movor, prios	nauthorized Is concerne leath or bur	mild
List personal tary personnol.  Names and addressed information	effects found i furnishing ha esses of all pe	n possession of come and addresses	ivilian or u of individua concerning d Movor, prios	nauthorized Is concerne leath or bur	mild
Names and address of information caretaker, tho	effects found i furnishing ha esses of all pe	n possession of come and addresses	ivilian or u of individua concerning d Movor, prios	nauthorized Is concerne leath or bur	mild
Names and address of information caretaker, tho	effects found i furnishing ha esses of all pe	n possession of come and addresses	ivilian or u of individua concerning d Movor, prios	nauthorized Is concerne leath or bur	mild
Names and address of information caretaker, tho	effects found i furnishing ha esses of all pe	n possession of come and addresses	ivilian or u of individua concerning d Movor, prios	nauthorized Is concerne leath or bur	mild
Names and address of information caretaker, tho	effects found i furnishing ha esses of all pe	n possession of come and addresses	ivilian or u of individua concerning d Movor, prios	nauthorized Is concerne leath or bur	mild
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Names and addrand information information)	effects found i furnishing ha esses of all pe	n possession of come and addresses	ivilian or u of individua concerning d Movor, prios	nauthorized Is concerne leath or bur	mild
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Names and addrand information information)	effects found i furnishing has esses of oll point each furnishes to responsible	n possession of eme and addresses rachs questioned d (contact local for burial and ar	ivilian or u of individua  concerning d Moyor, prios ny other poss	nauthorized Is concerne leath or bur	mild d

(Use reverse side of sheet if space provided is not sufficient.)

# (Does bful or Undetermined Identification)

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(Est height)	(Est weight)	(Color o	. /* .* 6	A 5
including the presence of hair, presence of mustacl	i scars, moles,	ed scharacta		
			4	2081
ive as detailed desired				
live as detailed descript	tion of condition	and amount o	of remain	s as possi
N- 95 Lbs. Pendal.	hely hally de			
tive probable cause of de			ınds (Is	there evid
oody was burned?)	<del></del>			
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description of any unus ts. Also list, with deta alue, such as gum, food,	ual cuts, design iled description soap. papers. le	Markings, po	tem of cokets, co	Lothing, wolors, pat
description of any unus ts. Also list, with deta alue, such as gum, food,	ual cuts, design iled description soap. papers. le	Markings, po	tem of cokets, co	Lothing, wolors, pat
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description of any unus ts. Also list, with deta alue, such as gum, food,	ual cuts, design iled description soap. papers. le	Markings, po	tem of cokets, co	Lothing, wolors, pat
description of any unus ts. Also list, with deta alue, such as gum, food,	ual cuts, design iled description soap. papers. le	Markings, po	tem of cokets, co	Lothing, wolors, pat
description of any unus ts. Also list, with deta alue, such as gum, food,	ual cuts, design iled description soap. papers. le	Markings, po	tem of cokets, co	Lothing, wolors, pat
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description of any unus ts. Also list, with deta alue, such as gum, food, rands when applicable:  ive description of any veith the death of the dece	ual cuts, design iled descriptions soap, papers, le	List each i markings, po s, all effect etters, tobac	tem of cockets, constitution of constitution	lothing, wolders, pat intrinsic giving connected No. and 4
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Incl & 3

### U.S. MILITARY CEMETERY LUYNES, FRANCE

5 Feburary 1946

## DERTIFICATE

This is to certify that I viewed the remains from grave 65, Plot A, Row6, and the remains from grave 249, Plot B, Row 21.

I further certify that they are not the same person, inasmuch as one skull has been found in each of the two graves.

Savid Jacob DAVID JACOB Capterin MO

Delta D.T.C.

fre (\*)

RESTRICTEL

B/L Hq Com Z, ETOUSA, OCCM dtd 29 April 45, subj: Report of Burial for FRICK, Richard D. 93

1st Ind.

JFT/jkb

Officer.

HEADQUARTERS SEVENTH ARMY, Office of the Quartermaster, APO 758, U.S. Army, 9 May 1945.

TO: Chief Quartermaster, Com Zone, ETOUSA, APO 887, U.S. Army.

Records at this headquarters fail to reveal should be ceased as a member of this command.

FOR THE QUARTERMASTER:

1 Incl:

GRSC (Luynes B-21-249)

2nd Ind.

PJW/AK/jh

GR REG SERV COMD, HQ USFET, APO 887, U.S. ARMY, 31 July 1945.

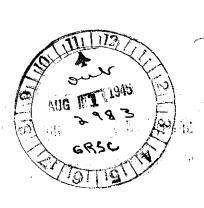
TO: Quartermaster General, Washington 25, D.C.

- 1. Attention is invited to basic communication and 1st indorsement.
- 2. Request a check be made of your records against the information on the reverse side of inclosure, and this office advised of the results as an aid in positive identification of deceased buried in Plot B, Row 21, Grave 249, U.S. Military Cemetery, Luynes, France.

For the Commanding General:

Incl n/c.

推翻



F.C. MOORE, Captain, QMC, Adjutant.

2

, 008 mil

2 May nay

# HEADQUARTERS COMMUNICATIONS ZONE EUROPEAN THEATER OF OPERATIONS UNITED STATES ARMY Office of the Chief Quartermaster APO 887

AK/nb

Q-GRE(Luynes B-21-249)

(S:14 May 1945) 29 April 1945.

SUBJECT: Report of Burial for FRICK, Richard D.

TO

: Graves Registration Officer, QM Section, Hq, Seventh U S ARMY, APO 758. U S ARMY.

- l. Inclosed true copy of Report of Burial for FRICK, Richard D. Serial number, rank and organization unknown, has been received by this office. The deceased is buried in the U. S. Military Cemetery, Luynes, France with date of death as 25 Aug 1944.
- 2. No record of subject deceased can be found in the files of A G Casualty or Central M.R.U.
- 3. Request a check be made of your records against the information entered on the Report of Burial to determine if subject deceased was a member of your command.

MAY 1545

Incl:

a/s

H.W. BOBRINK, Colonel, QMC, Chief, GR&E Div. AGRC FORM No. 11 Revised 16 Sept. 1946 Formely "Check List of Unknowns")

# IDENTIFICATION CHECK LIST

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

			Unknown X - 220
			Cemetery <b>LUYNES</b>
			Plot <b>B</b> Row <b>21</b> Grave <b>21.9</b>
1.	Dare reprocessed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ute)	
2.	Place of death(Name of closest to		(Constitution of the constitution of the const
	(Name of closest to	₩Ш) .	(Coordinates and letter Prefix, maps)
	(Sheet, scale and serials used)		
3.	Remains ************************************	uberdinate	Identification Point # 1 (Name and organization)
4.	Evacuated to Cemetery by		
			(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 None (Type)	<b>,</b>	
	Raincoat None		
	Overcoat None	,,	
	Jacket, Field None	<del>.</del>	
	Jacket, Combat None	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Mackinaw None		
	Sweater None	.,,,	
	Jacket, HBT None		
	* Shirt, Wool ODRemnants_of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Undershirt, Wool None		
	Undershirt, Cotton None		
	Trousers, HBT None		79
	* T-ousers. Wool ODRennants of	***************************************	

### X - 220 Luines

Belt, web	NONE
Drawers, wool	NONE
Drawers, cotton	NONE
Leggings, wool	NONE
Socks, cotton	NONE
* Shoes	IPR (type) G.I. SERVICE SIZE 102 E
Overshoes	None
Web Equipment	(type)
(Other item)	1 Leather knife sheath marking " MILSCO 1943 "
	Remnants of Burlap. these items should be computed by measuring the remains
Chevrons or Insignia	None (Type & location; shirt, jacket, coat, helmet)
Shoulder Patch	None
_	that deceased was a member of the XXX, Ground or XXXal Force? Yes AGF Tibia 40.8 Ulna - 27.9 Femur 49.4 Radius 25,7 Humerus 34,7
KST	•
	nt 51 114 Weight Urn Description of wounds UTD
Bandages or dressings	Scars (Length, width, location)
U	Number, location — illustrate on separate page)
Outstanding moles, w	arts or birthmarks (Yes-no; description, location)
Sunburn or tan, other	than hand and face UTD
Complexion	(Light, medium, dark, clear, pimples, pocks, freckles)
Build	(Large, fat, thin, muscular)
HairN	ene found (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
Hair	(Baldness, widows peak, distinctive cutting or other characteristics)
Sidahurna 1980.	Mustache UTD Beard or UTD (Color, size, shape) (Length, heavy)

6.

Conton	(H1)		
ooatee	(Light, color, extent)	**************************************	en e
Fyes	UTD	Evebrows	IMO
Lycs	(Color, setting, shape)		(Color, bushiness, extent across nose)
Nose		Eears	UTO
	(Size, shape, straight)		(Size, set close to or far from head)
Mouth	UFD	Lips	UTD
	(Large, medium, small)	-	(Small, large, full)
Teeth	See Teath Chart	***************************************	
	(White, size, uneveness, space	cing, noticeable crows	ns, fillings, extracts)
Chin	UVO	<b></b>	
	(Prominent, reced	ling, pointed, dimple	s, double)
Jaw	UTD Circumfer	ence of head in	inches
(1	Large, smail, normal)		(Hat band)
Neck	(Size, length, short, normal, wrinkled)	Larynx	[7]
	(Size, length, short, normal, wrinkled)		(Prominent, normal)
Shoulders	(Broad, straight, small, rounded)	Arms	1710
,	(Broad, straight, small, rounded)	(Length, m	uscular, color, extent and quantity of hair
Des 1 1 construe d'une 1 1 1 de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, («««»»»«««»»»»»»»»»»»»»»»»»»»»»»»»»»»»	
Hands		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	4
Fingers			
r mycro amenium	(Short, thick, long, slende	er, size of knuckles, r	niesing fingers or joints)
	(Unusual character	istics of fingernails)	: •
Chest	ITTO	<u>                                     </u>	
	(Size of nipples, color, quantity	and extent of hair,	large, small, normal)
Waist	· DTD		
	(Size of navel, appendector		
Back	<b>UTD</b> Ci	rcumcision	Pubic Hair None found
	(Quantity and extent of hair)	(Ye	s-no) (Color)
Herniaplasty	OTD	***************************************	
, ,		(Yes-no; location)	· ·
Legs	UTD		,
-	(Inseam, muscular, knock-kneed, bot	wed, normal, quantit	y, color and extent of hair)
Feet	(Size, corns, callouses, flat)	Toes	
	(Size, corns, callouses, flat)	•	Slender, straight, crooked, overlap)
Evidence of	healed fracturesNone f	ound	4-2
		(Nose, arms, l	egs, etc.)
			. 1

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

X - 220 LUYNES

Service

7.	Have finger prints been praced on Report of Interment? NO (Yes-no)
•	If not, explain Finger tips missing
8.	Has tooth chart been prepared? Yes_no) If not, explain
9. <b>ni</b> nus	Remarks Remains recovered in a wooden box, pratically complete in skeletal form smandible and some feet and hand bones, wrapped in burlap. Clothing found in
	is. No clothing marking found. Estimated weight of remains 12 Lbs ,Fluoroscopic
exami	ination negative. Burial report found .No GRS Tag found . Nothing found to warrant
chemi	ical Laboratory Examination .
	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.
	Const Sada (Officer's Name)
	ERNEST C. GADDY

Rank

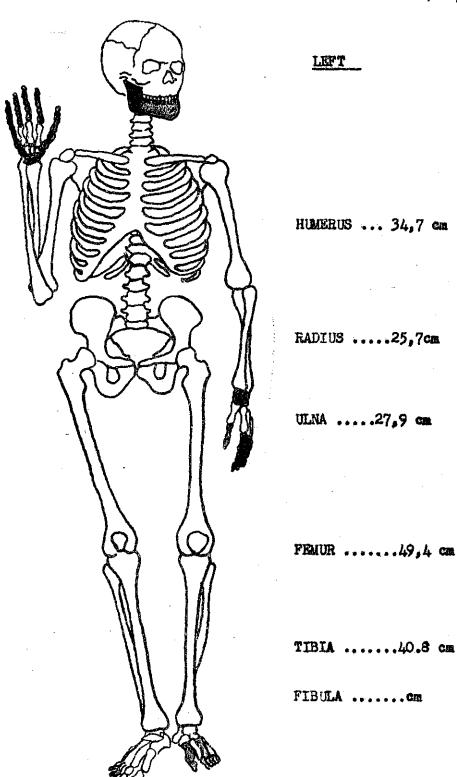
Central Identification Point
(Organization)

# SKELETAL CHART

X -220 Luynes Plet - B Row - 21 Grave - 249

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT



G. R.& E. DIV. OFFICE OF THE CHIEF QUARTERMASTER HO. COM. ZONE, ETOUSA

### TOOTH CHART

X -220 Luynes

Plot : B

Row : 21 Grave : 21,9

29 July

Unknown X = 220 1947 Last Name First initial Serial No. Unit Organization Place of Death Date of Death Cause of Death Right Left 7 6 5 CEM 6 7 CEM NOTE Side views CARIE TOP **UPER VIEWS** LOWER Side Views 16 15 14 13 12  $\Pi$ 10 9 9 10 12 13 14

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), 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.

Edwara

Signature of Officer or other person who prepared Tooth chart

Vertied by G. R. S. Officer

JEST C. GATTY C.I.P.

ORAVES REGISTRATION FORM Nº 1-A

MISSING TEETH ... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and Tooth missing labeled, thus : CROWNED TEETH... Block in solid the crown of tooth (lakel gold, porcelain, Silver or gold and Gold crown porcelain), thus : BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), Gold bridge FILLINGS.. Draw filling on tooth as accurately Gold filling? as possible (block in and label gold, silver, cement), -Silver filling CARIES (CAVITIES). Outline location and size of cavity, shade in thus: 5 Decayed

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

# ADDITIONAL SPACE FOR FURTHER REMARKS

Posthurously missing, R1, 2, and L1, 2, 3

Therapted before death, R3

From the appearance of the socket, L3 was amerupted before death .

Medium size ivory colored teeth are in poor alignment .

° Q.M.C. Бэки 1 - GRS SOS NATOUSA

RESTRICTED

SOS NATOUS

July 1943

July 1943

		. AR 30-18	15 & TM 19-639		
				8 Dece	mber 1944
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the second second		Date R		
Unknown Am	erican X-220			Unknown	White
(Last Name)	(First Name)	(Middle Initial)	-	(Serial No.)	(Race)
Unknown		Inknown	Army		USA
(Rank)	-	(Organization)	(Branc	h)	(Country)
Vic. Monteli (Place of Death)		(Date of Death)	SFW in hea (Cause of D		Unknown (Religion: P, C. H. etc.)
		MEANS OF	IDENTIFICA'	TION	•
		y: Yes ( ); No (0) ans used to identify be		card, letters, etc.)	: Over
Complete finger Complete tooth-	print chart of bot chart on reverse si	h hands on reverse si de and list anatomical	de if body car characteristes	nnot be identified and other data i	(OVER) f fingerprints cannot be taken
	give circumstances Effects found on	: None  Body and disposition	of Same:		
Frick, Richa				SALVATOR	e g. Petinga E F. PETINGA INF
	(Name of Emergency	Addressee)		1st Lt (Address of Eme	rgency Addressee)
(Signature (or Name	e) of Person furnishin	g above data when other t	han the Officer re	eporting burial.)	
	(Time		(Location, Name,	& No. of Cemetery)	
					E REVERSE SIDE THIS FORM
*B	21	249 (Grave No.)		Cross	Gen. Service (Type of Religious Ceremony)
(Plot No.) Identification T If identification	Tags not present	ody (0 ) ; Identification, what other identification	on Tag attache ition data wer	ed to marker (O e buried with th	). ne body and in what kind o
container [					and one buried lft
Bodies buried o		e paragraph 4 on reverse		below m	·
Right side	: Jones, Donal	i M. Pvt 17160639 (Rank) (ASN)	Co. A. 794	th MP (Organization)	248 (Grave No.)
Left side :		en at time of bur	ial		250
*	(Name)	(Rank) (ASN)		(Organization)	(Grave No.)
		<u></u>	,	/s/ H.J. WEN	DT.

(Signature of Person Reporting Burial)

(Veriefied by G.R.S. Officer)

H.J. WENDT, 1st Lt. 48th QM GR CO. (4th Plt)

INSTRUCTIONS FOR FILLING OUT BURIAL, REPORT: Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer.

OVER FOR BURIAL INSTRUCTIONS.



# RESTRICTED

Q.M.C. FORM 1 - GRS SOS NATOUSA July 1943

(Believed to Be)

OVER FOR BURIAL INSTRUCTIONS.

### REPORT OF BURIAL AR 30-1815 & TM 10-630

REBURIAL

	•	•	8 Decem	ber 1944
				ate Report Filled Out
Frick	Richard	D.	Unknown	White
(Last Name)	(First Name) (Middle Initial	1)	(Serial No.)	(Race)
Unknown	Unknown	Army		USA
(Rank) Vic. Monte	(Organization) elimar,France,25 Aug l		<sub>neh)</sub> n head & chest	(Country) Unknown
(Place of Death) (N92	(Date of Death)	(Cause of	Death)	(Religion : P, C. H. etc.)
	MEANS O	F IDENTIFICA	ATION	
	ound on body: Yes ( ); No (		on card, letters, etc.) :	Over
Complete tooth-chart	chart of both hands on reverse on reverse side and list anatomic			(OVER) ngerprints cannot be taker
· ·	circumstances: None		·	
List of Personal Effe	cts found on Body and disposition	on of Same:	•	1:
•		A TRUE	COPY	
	•	Strow	1 de la companya della companya della companya de la companya della companya dell	
		Olyans	DETAIDEDC	
			REINDERS, , Infantry,	
		ZHU LIV.	' THY ON OT A *	- V
**************************************	C D Address		(Address of Emergence	or Adresse)
(Name	of Emergency Addressee)		(Address of Emergen	y Madicipacy
(Signature You Name) of 1	Person furnishing above data when other	r than the Officer	reporting hurial.	299 <del>0900</del> 4 78 - 1 <b>20</b> 002 120022 120022 120029 1200 1200 1200
,				1
Shroud) 14001	rs 7 December 1944 U. (Time and Date of Burial)	Uccation Name	em. Luynes, kir	ance.
IR RURIAL OTHER TH	AN IN ESTABLISHED CEMETERY FUR			EVERSE SIDE THIS FORM
	21 - 249	•	en Cross	the second control of
(Plot No.)	(Row No.) (Grave No.			Type of Religious Ceremony)
Identification Tag by	rried with body (O); Identifica	tion Tag attacl	ned to marker (O).	
If identification Tags	not present, what other identifi	ication data we	ere buried with the b	ody and in what kind o
QM(	Form 1-GRS in sealed	d containe	r buried with	body and one
_	her side (See paragraph 4 on revers		buried left be	low marker.
			A 570 A 42 MED	248
Right side :	Iones, Donald M.Pvt.17	N)	.A.794th MP. (Organization)	(Grave No.)
and the second of the second o	Frave 250 open at time		•	250
Lore bido	ame) (Rank) (ASI		(Organization)	(Grave No.)
€ (H			/s/ H.	J.Wendt, (4th Plt
(Signature	of Person Reporting Burial)		(Verified by 6	As WENDT, 1st Lt
INSTRUCTIONS FOR FIL for allied and enemy dea	LING OUT BURIAL, REPORT : Make of d. Sign all copies. Submit report to n	ut QMC Form 1 - nearest member of	GRS in quadruplicate, for	U.S. dead, one additional copy

will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer.