

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Re-burial)

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)

1. **Fick, Richard D.** **2nd Lt.** **37800057** **1st Lt. Inf.**
 (Full name of deceased) (Rank) (ASN) (Organization)
 2. State if identification tags were attached to remains, how many, and where attached. **Two tags found in grave with body one & one on marker.**
 3. Give exact location from which disinterred, furnishing coordinates and map series used. **U.S. Military Cemetery 7-00007, Luzon, France**
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) _____
 5. Approximate or established date of death (state which and give basis for date selected) **29 Aug. 1944 Information taken from files at the cemetery.**
 6. Approximate or established date of burial (give basis for date established) _____
 7. Manner in which the grave was marked and all information contained on the marker _____
 8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and addresses of individuals concerned _____
 9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) _____

Charles C. Gorman
Charles C. Gorman,

2d Lt. Inf. 9-150007 6071 3d Bn.

(individual in charge of disinterment) (Rank) (ASN) (Organization)

Date: **20 Feb. 1946**

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

Incl # 5

X-210

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records) _____
11. ~~Body was too badly decomposed for any of these information.~~
(Est height) (Est weight) (Color of hair) (Color of eyes)
12. 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, etc. _____
13. Give as detailed description of condition and amount of remains as possible
~~The body was badly decomposed Est. 25 lbs. female.~~
14. 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 etc. 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 _____

(Over)

Incl #5

X-220

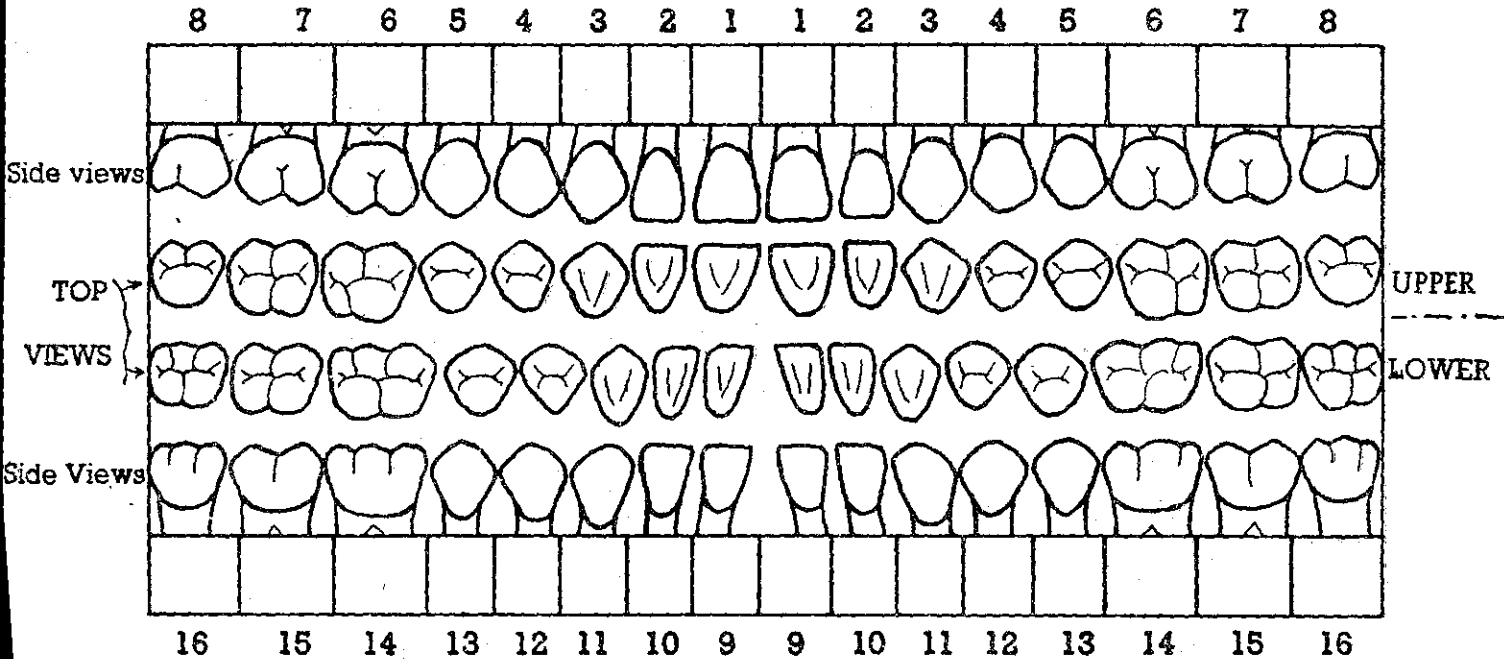
TOOTH CHART

20 Feb. 1946

Fiek,	Richard	D.	Unk.
Last Name	First	Initial	Rank
141st Inf.		Unk.	
Unit		Organization	
Vic: Derbiero, France		KIA-OSM -Head	
Place of Death	Date of Death	Cause of Death	

Right

Left



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 S. Gorman
CHARLES S. GORMAN 2d. Lt. Inf.

Signature of Officer or other person who prepared Tooth chart

Verified 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)

1. Frisk, Richard D. Unk. Unk. Unknown
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached None
3. Give exact location from which disinterred, furnishing coordinates and map series used This body was disinterred in the U.S. Military Cemetery #473347, F Lynes, France.
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) This body was originally interred by civilians at Chateau Chomet Seropha, France
5. Approximate or established date of death (state which and give basis for date selected) Date of death 28 Aug. 1944
6. Approximate or established date of burial (give basis for date established)
7. Manner in which the grave was marked and all information contained on the marker
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and addresses of individuals concerned
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)

Charles C. Gorman
(individual in charge of disinterment) 1st Lt. Inf. Co. 1300007 4871 48th
(Rank) (ASN) (Organization)

Date: 21 Feb. 1946

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

X-220

PART II
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records) _____

11. _____
(Est height) (Est weight) (Color of hair) (Color of eyes)

12. ~~Body too badly decomposed for any of the information,~~ if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc. _____

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. 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, etc. 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 _____

(Over)

X-220

TOOTH CHART

(Believed to be)

~~14 Feb, 1945~~
 Date

Frick,

Richard

D.

Unk.

Unk.

Last Name

First

Initial

Rank

Serial No.

Unk.

Unknown

Unit

Organization

Vic: Montleinar, France

25 Aug. 1944

SFV in head & chest

Place of Death

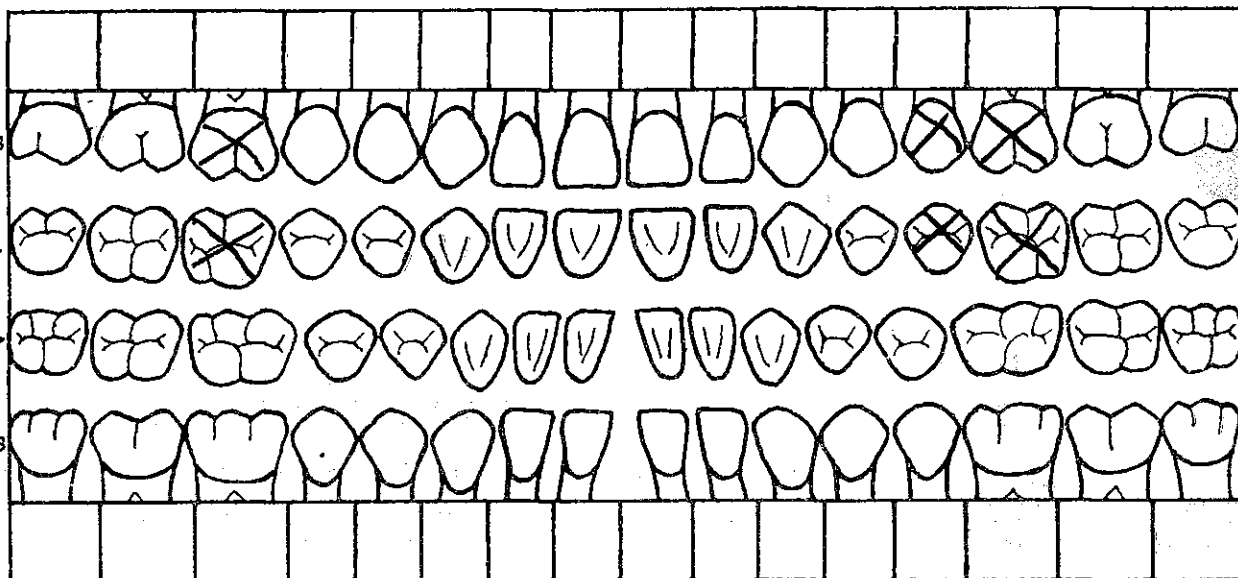
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



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

UPPER
 LOWER
 LOWER
 TEETH
 WERE NOT
 FOUND

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.

Charles C. German 2nd Lt. Inf.
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

U.S. MILITARY CEMETERY
LUYNES, FRANCE

5 February 1946

C E R T I F I C A T E

This is to certify that I viewed the remains from grave 65, Plot A, Row 6, 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

DAVID JACOB
Captain MC
Delta D.T.C.

Incl 1

X-220

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

20 August 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 220, Plot B,
Row 21, Grave 249, USMC Luyne, 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 COMMANDING GENERAL:

/s/ George L. Freeman
/t/ GEORGE L. FREEMAN
1st Lt JAC
Actg Asst Adj Gen

For record only: The original of this letter is being held in Identification Section.

Received 17 SEP 1948
Not identifiable from
information presently
available **QQMG**

NAT
FILE 23 SEP 1948
Embarked
Merrill

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

20 August, 1948
Date


SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X-220, Plot B, Row 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. No further information is available.

FOR THE COMMANDING GENERAL:


GEORGE W. FREEMAN
1st Lt OMC
Actg Asst Adj Gen

Received: **17 SEP 1948** OQMG
Unidentifiable from
information presently
available

Incl #19

1

Interred 10 January 1949
C-2-17 Draguignan
JOHN L. BOYD
1st Lt. - FA

Ri: Johnson Junius, Pvt
13014873

DISINTERMENT DIRECTIVE
FLOTTED BY M. MANE

Left: UNKNOWN X-228

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 3551 10249
DATE 07 10 48
DAY MONTH YEAR

NAME UNKNOWN X - 220
SERIAL NUMBER
GRADE
ARM 8
RACE 0
RELIGION 6

CEMETERY LUYNES AIX-EN-PROVENCE FRANCE
PLOT B ROW 21 GRAVE 249
DISPOSITION OF REMAINS 3501 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE DRAGUIGNAN, FRANCE
NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME U n k n o w n
SERIAL NUMBER X - 220
GRADE -
DATE OF DEATH -
DATE DISTINTERRED 17 February 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER
ORGANIZATION UNKNOWN
RELIGION -
IDENTIFICATION VERIFIED BY WILLIAM J. SMITH
1st Lieut CE
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Wrapped in Mattress Cover
CONDITION OF REMAINS 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

DATE 24 February 1948 BY C. R. Tompkins
CASKET SEALED BY C. R. Tompkins
EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE 24Feb48 BY Robert J. Hodge
SHIPPING ADDRESS VERIFIED BY JOSEPH A. PEACOCK, Captain, Infantry

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
RECORDS ANNOTATED
DATE MAR 9 1949
NAME [Signature]
JOSEPH A. PEACOCK, Captain, Infantry
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
This grave formerly occupied by Pvt. STARLING Lee, 34205808, disinterred 4 January 1949.
I certify that the entries on this form are true copies of the entries on Copy No. 4 of this Disinterment Directive, which contains the names of the persons whose names are listed hereon.

[Signature] 153 X-V

AGRC (Luynes, A-6-63) AGRRE

1st Ind.

SLOANE/AGH/dr
(S: 13 February 1946)

RECEIVED
23 FEBRUARY 1946
307th Q. M. Bn.
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:

J. Blondell

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

(VER. DIST. 97)

OUT
G.R.S.
APO 887
3394

Vertical stamp on the right edge of the page, partially cut off.

ACRRE (Luynes, A-21-249)

3rd Ind.

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:

5 Incls. n/c

21	22	23	24	1	2	3
20	-OUT-			4		
19	14 MAR 1946			5		
18	428			6		
17				7		
16				8		
15	14	13	12	11	10	9

F. J. Gerace *17 15*
 F. J. GERACE,
 Lt. Col. GMC,
 Assistant Adjutant.

293 *frick, Richard D.*

293-15

U.S. MILITARY CEMETERY
LUYNES, FRANCE

5 February 1946

C E R T I F I C A T E

This is to certify that I viewed the remains from grave 63, Plot A, Row 6, 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.

C O P Y

At bottom of page was typed

"The City Directory and Telephone Directory
list Ben E. Flick (not Fricke) as living at
2522 Fillmore Avenue N.E., Minneapolis 13, Minn."

"If you need further information kindly advise"

JOHN R. COAK

P o s t m a s t e r



RESTRICTED
ARMY SERVICE FORCES



IN REPLY REFER TO

SPQYG 293

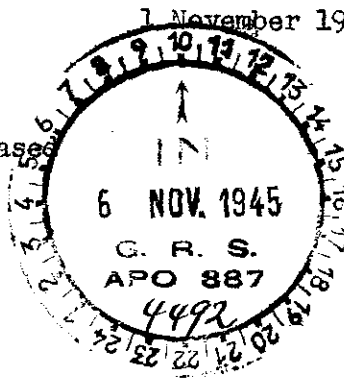
Fick, Richard D.
(Luynes,) France

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

1 November 1945

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



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 25 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, 37566637. 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 5½ 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

ARTHUR S. ROSENGARD
2nd Lieutenant, QMC
Assistant

TOOTH CHART

(Believed to be)

14 Feb. 1946

Date

Frick,

Richard

D.

Unk.

Unk.

Last Name

First

Initial

Rank

Serial No.

Unk.

Unknown

Unit

Organization

Vic: Montleimar, France

25 Aug. 1944

SFW in head & chest

Place of Death

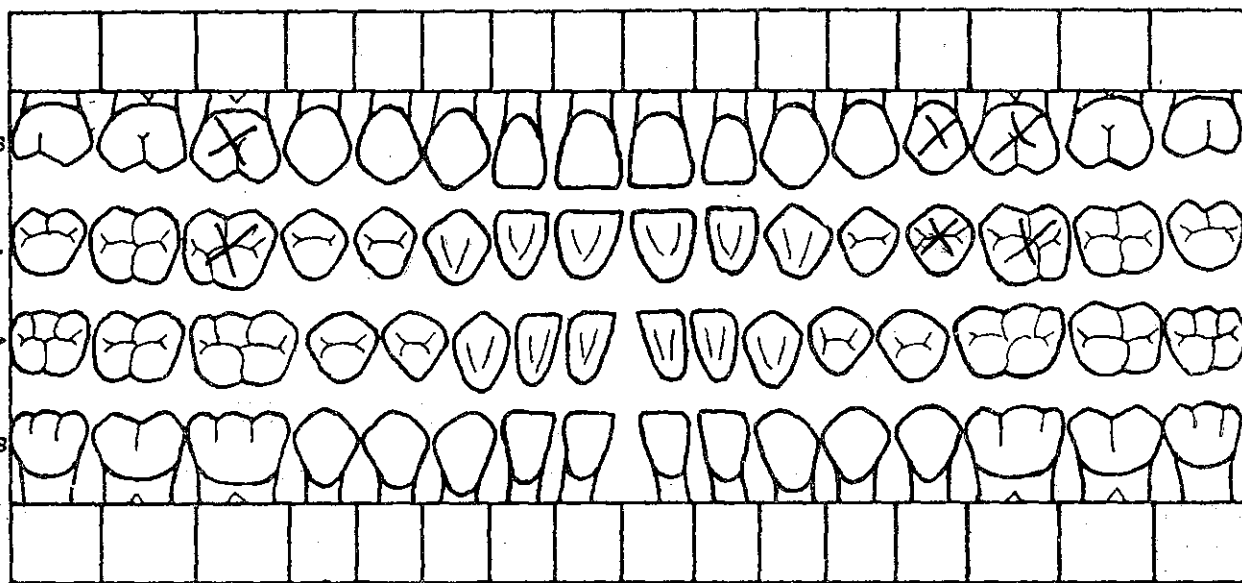
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



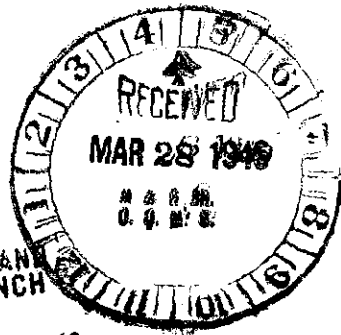
UPPER
 LOWER
 LOWER
 TEETH
 WERE
 NOT
 FOUND

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), 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.

Charles C. Gorman 2nd Lt. Inf.
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer



REGISTRATION AND
RECORDS BRANCH

MAR 29 9 33 AM '46

MEMORIAL DIVISION

TOOTH CHART

(Believed to be)

14 Feb. 1946

Date

Frick,

Richard

D.

Unk.

Unk.

Last Name

First

Initial

Rank

Serial No.

Unk.

Unit

Unknown

Organization

Vie: Montleimar, France

25 Aug. 1944

SFW in head & chest

Place of Death

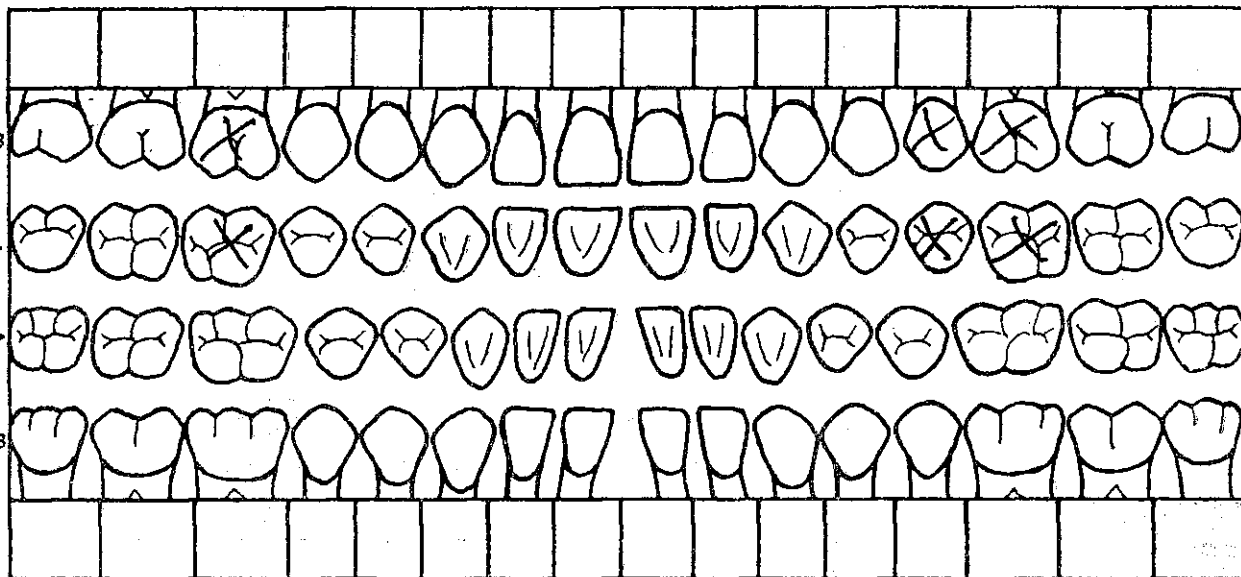
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



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), 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.

Charles E. Gorman 2nd Lt. Inf.
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

TOOTH CHART

(Believed to be)

14 Feb. 1946

Date

Frick,

Richard

D.

Unk.

Unk.

Last Name

First

Initial

Rank

Serial No.

Unk.

Unknown

Unit

Organization

Vic: Montleinar, France

25 Aug. 1944

SPW in head & chest

Place of Death

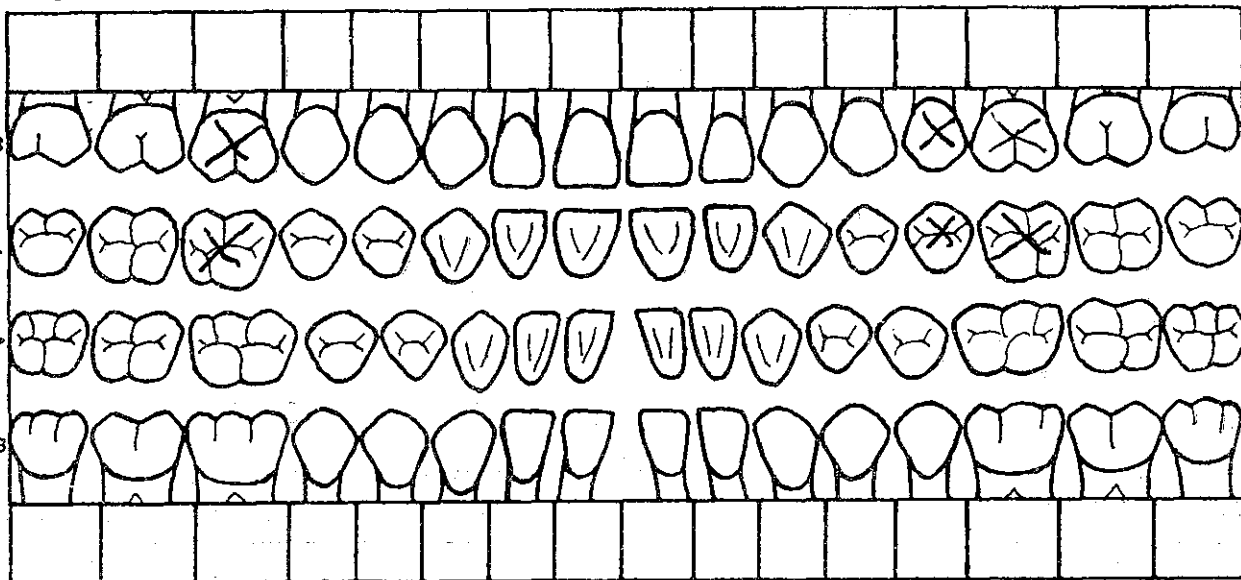
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



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), 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.

Charles J. Gamard Lt. Jg.
 Signature of Officer or other person who prepared Tooth chart

Verified 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)

1. Frick, Richard D. Unk. Unk. Unknown
 (Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached None
3. Give exact location from which disinterred, furnishing coordinates and map series used This body was disinterred in the U.S. Military Cemetery T-478347, F Luyves, France.
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) This body was originally interred by civilians at Chateau Chamet Serophim, France
5. Approximate or established date of death (state which and give basis for date selected) Date of death 25 Aug. 1944
6. Approximate or established date of burial (give basis for date established)
7. Manner in which the grave was marked and all information contained on the marker
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and addresses of individuals concerned
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)

Charles C. Gorman 2d Lt. Inf.
CHARLES C. GORMAN

2d Lt. Inf. O-1338587 6871 CM Bn.
(individual in charge of disinterment) (Rank) (ASN) (Organization)

Date: 21 Feb. 1946

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

Incl # 3

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records) _____

11. Body too badly decomposed for any of the information.
(Est height) (Est weight) (Color of hair) (Color of eyes)
12. 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, etc. _____

13. Give as detailed description of condition and amount of remains as possible
Est. 25 lbs. remain. Body badly decomposed.

14. 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 etc. 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 _____

(Over)

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)

1. Frick, Richard D. Unk. Unk. Unknown
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached None
3. Give exact location from which disinterred, furnishing coordinates and map series used This body was disinterred in the U.S. Military Cemetery T-478347, F Luyas, France.
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) This body was originally interred by civilians at Chateau Chauet, Seroplin, France
5. Approximate or established date of death (state when and give basis of date selected) Date of death 25 Aug. 1944
6. Approximate or established date of burial (give basis for date established)
7. Manner in which the grave was marked and all information contained on the marker
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and addresses of individuals concerned
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)

Charles C. Gorman
CHARLES C. GORMAN
(individual in charge of disinterment) 2d (Regt), Inf (S), 1550597 4871 1st Bn.

Date: 31 Feb. 1946

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

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records)

11. (Est height) (Est weight) (Color of hair) (Color of eyes)

12. ~~Body too badly decomposed for any of the information.~~ Body too badly decomposed for any of the information, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.

13. Give as detailed description of condition and amount of remains as possible

Est. 35 lbs. remain. Body badly decomposed.

14. 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, etc. 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

(Over)

hcl

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)

- | | | | | |
|----|--------------------------|-------------|-------------|----------------|
| 1. | <u>Frick, Richard D.</u> | <u>Unk.</u> | <u>Unk.</u> | <u>Unknown</u> |
| | (Full name of deceased) | (Rank) | (ASN) | (Organization) |
2. State if identification tags were attached to remains, how many, and where attached None
3. Give exact location from which disinterred, furnishing coordinates and map series used This body was disinterred in the U.S. Military Cemetery T-478347, F. Luyon, France.
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) This body was originally interred by civilians at Chateau Chomet Seroplin, France.
5. Approximate or established date of death (state which and give basis for date selected) Date of death 25 Aug. 1944
6. Approximate or established date of burial (give basis for date established)
7. Manner in which the grave was marked and all information contained on the marker
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and addresses of individuals concerned
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)

Charles G. Gorman
CHARLES G. GORMAN 2d Lt. Inf. 9-158007 6871 M Bn.
(individual in charge of disinterment) (Rank) (ASN) (Organization)

Date: 21 Feb. 1946

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

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records) _____

11. _____

(Est height)

(Est weight)

(Color of hair)

(Color of eyes)

12. 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, etc. _____

13. Give as detailed description of condition and amount of remains as possible _____

~~Est. 55 lbs. remain. Body badly decomposed.~~

14. 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 etc. 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 _____

(Over)

Incl # 3

U.S. MILITARY CEMETERY
LUYNES, FRANCE

5 February 1946

C E R T I F I C A T E

This is to certify that I viewed the remains from grave 63, Plot A, Row 6, 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

DAVID JACOB
Captain MC
Delta D.T.C.

Incl #1

C.H.

B/L Hq Com Z, ETOUSA, OCGM dtd 29 April 45, subj: Report of Burial for FRICK, Richard D. *293*

1st Ind.

JFT/jkb

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 ^{19 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31} deceased as a member of this command.

FOR THE QUARTERMASTER:

YRF
2914
 IN
 11 MAY 1945
 James F. Tweedy
 Colonel, QMC,
 Executive Officer.

1 Incl:
n/c

293 with name of James F. Tweedy

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:

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

Incl n/c.

our
 AUG 11 1945
 293
 GRSC

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.

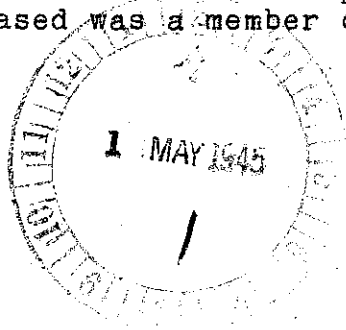
SUBJECT: Report of Burial for FRICK, Richard D.

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

1. 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.



Incl:
a/s

H.W. Bobrink
H.W. BOBRINK,
Colonel, QMC,
Chief, GR&E Div.

Belt, web NONE
 Drawers, wool NONE
 Drawers, cotton NONE
 Leggings, wool NONE
 Socks, cotton NONE
 * Shoes IPR (type) G.I. SERVICE SIZE 10 1/2 E

Overshoes None

Web Equipment _____ (type) _____

(Other item) 1 Leather knife sheath marking " MILSCO 1943 "

(Other item) Remnants of Burlap

* 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 XAV, Ground or NAVY Force? Yes AGF

6. Description of Remains: EST :
Tibia 40.8 Ulna - 27.9
Femur 49.4 Radius 25,7 Humerus 34,7

Age UTD Height 5' 11 1/2" Weight UTD Description of wounds UTD

Bandages or dressings None found 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 found
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

Sideburns UTD Mustache UTD Beard or UTD
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **UTD**
 (Light, color, extent)

Eyes **UTD** Eyebrows **UTD**
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose (Size, shape, straight) Ears **UTD**
 (Size, set close to or far from head)

Mouth **UTD** Lips **UTD**
 (Large, medium, small) (Small, large, full)

Teeth **See Teeth Chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin **UTD**
 (Prominent, receding, pointed, dimples, double)

Jaw **UTD** Circumference of head in inches **20 7/8"**
 (Large, small, normal) (Hat band)

Neck **UTD** Larynx **UTD**
 (Size, length, short, normal, wrinkled) (Prominent, normal)

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

Hands **UTD**

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

..... **Missing** (Unusual characteristics of fingernails)

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

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

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

Hernioplasty **UTD**
 (Yes-no; location)

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

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

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

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

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

If not, explain Finger tips missing

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

9. Remarks Remains recovered in a wooden box, practically complete in skeletal form minus mandible and some feet and hand bones, wrapped in burlap. Clothing found in debris. No clothing marking found. Estimated weight of remains 12 Lbs ,Fluoroscopic examination negative. Burial report found .No GRS Tag found . Nothing found to warrant chemical 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.

Ernest C Gaddy
(Officer's Name)

ERNEST C. GADDY
CWO U.S.A

Rank

Service

Central Identification Point
(Organization)

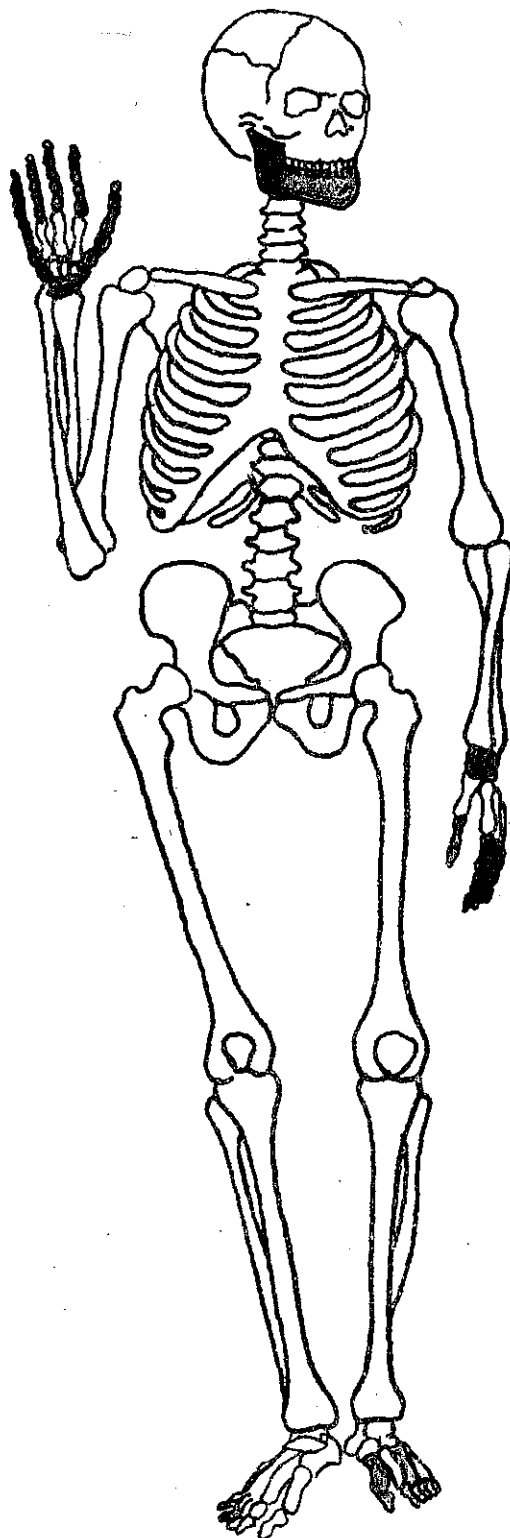
SKELETAL CHART

X -220
Lynes
Plot - B
Row - 21
Grave - 249

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS ... 34,7 cm

RADIUS25,7cm

ULNA27,9 cm

FEMUR49,4 cm

TIBIA40.8 cm

FIBULAcm

CHART "A"

ESTIMATED HEIGHT : 5' 11 1/4"

25

TOOTH CHART

X - 220
 Luynes
 Plot : B
 Row : 21
 Grave : 219

29 July 1947
 Date

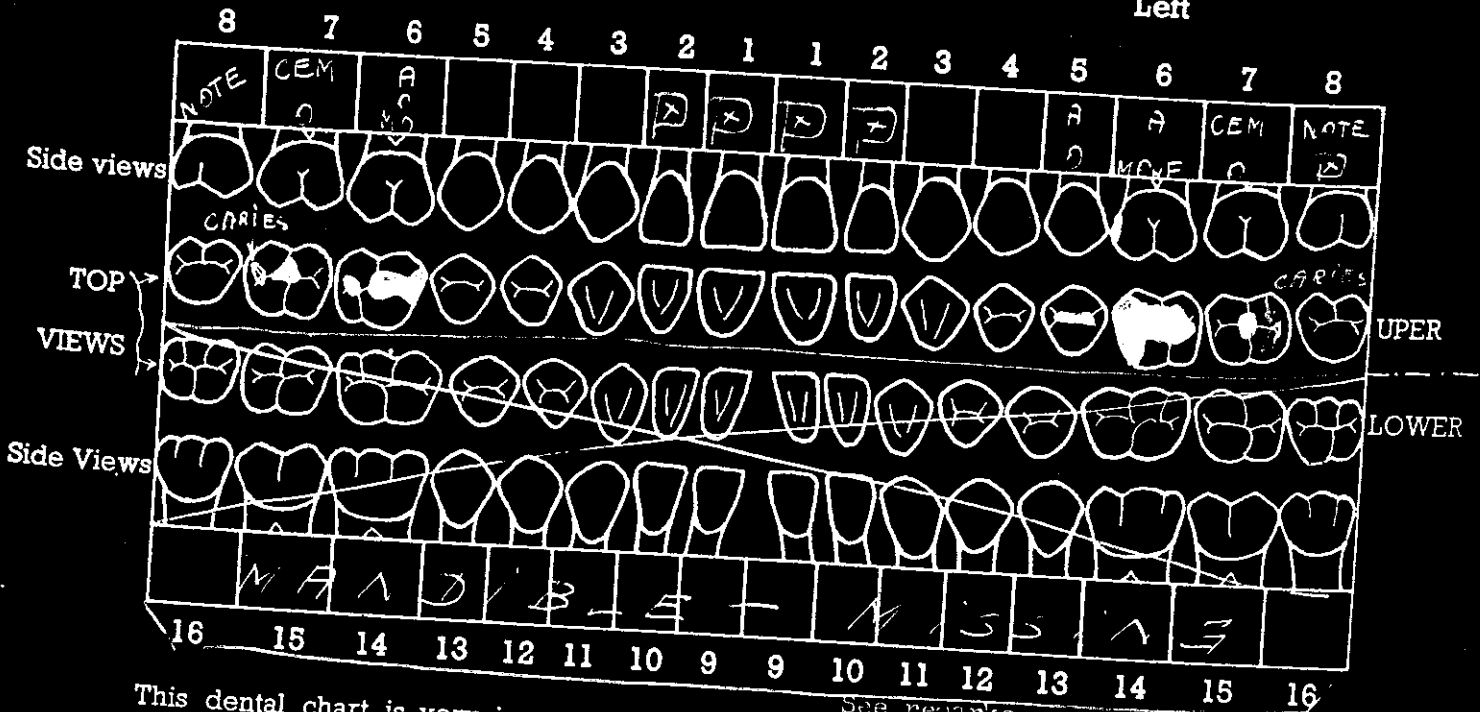
Unknown X - 220

Last Name First Initial Rank Serial No.

Place of Death Date of Death Organization Cause of Death

Right

Left

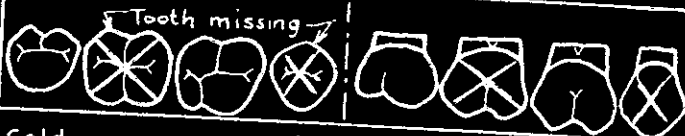






This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

See remarks

Edward Robinson
 Signature of Officer or other person who prepared Tooth chart

Ernest Johnson
 Verified by C. R. S. Officer

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing, R1, 2, and L1, 2, 3

Interrupted before death, R3

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

Medium size ivory colored teeth are in poor alignment.

976

REPORT OF BURIAL

AR 30-1815 & TM 10-639

Jr. Letter 1863

8 December 1944

Date Report Filled Out

<u>Unknown American X-220</u>		<u>Unknown</u>		<u>White</u>
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
<u>Unknown</u>	<u>Unknown</u>	<u>Army</u>	<u>USA</u>	
(Rank)	(Organization)	(Branch)	(Country)	
<u>Vic. Montelimar, France</u>	<u>25 Aug. 1944</u>	<u>SFW in head & chest</u>	<u>Unknown</u>	
(Place of Death) <u>(N920558)</u>	(Date of Death)	(Cause of Death)	(Religion : P, C. H. etc.)	

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (O).

If no identification tags, other means used to identify body (identification card, letters, etc.) : Over

Complete fingerprint chart of both hands on reverse side if body cannot be identified. (OVER)

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidenfied, give circumstances : None

List of Personal Effects found on Body and disposition of Same :

I certify that all the information hereon is a true copy of the original report of of burial except for the redesignated X number. Decedent formerly believed to be: Frick, Richard D.

Salvatore F. Petinga

SALVATORE F. PETINGA
1st Lt INF

(Name of Emergency Addressee)

(Address of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

Shroud 1400 Hrs. 7 December 1944 US Military Cemetery Luynes, France

(Time and Date of Burial) (Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

<u>B</u>	<u>21</u>	<u>249</u>	<u>Wooden Cross</u>	<u>Gen. Service</u>
(Plot No.)	(Row No.)	(Grave No.)	(King Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (O) ; Identification Tag attached to marker (O).

If identification Tags not present, what other identification data were buried with the body and in what kind of container ? QMC Form 1-GRS in sealed container buried with body and one buried left

Bodies buried on either side (See paragraph 4 on reverse side this form) below marker.

Right side :	<u>Jones, Donald M.</u>	<u>Pvt</u>	<u>17160639</u>	<u>Co. A.</u>	<u>794th MP</u>	<u>248</u>
	(Name)	(Rank)	(ASN)	(Organization)		(Grave No.)
Left side :	<u>Grave 250 open at time of burial</u>					<u>250</u>
	(Name)	(Rank)	(ASN)	(Organization)		(Grave No.)

(Signature of Person Reporting Burial) /s/ H. J. WENDT.

(Verified 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 NATOUSSA
July 1943

(Believed to Be)

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

REBURIAL

8 December 1944

Frick	Richard	D.	Unknown	Date Report Filled Out White
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
Unknown	Unknown	Army		USA
(Rank)	(Organization)	(Branch)		(Country)
Vic. Montelimar, France, 25 Aug 1944 SFW in head & chest				Unknown
(Place of Death)	(Date of Death)	(Cause of Death)	(Religion : P, C. H. etc.)	
(N920558)				

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (O).

If no identification tags, other means used to identify body (identification card, letters, etc.) : Over

Complete fingerprint chart of both hands on reverse side if body cannot be identified. (OVER)

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified, give circumstances: None

List of Personal Effects found on Body and disposition of Same :

A TRUE COPY ✓
Elmer C. Reinders
 ELMER C. REINDERS,
 2nd Lt., Infantry.

(Name of Emergency Addressee)

(Address of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

Shroud) 1400hrs 7 December 1944 U.S. Mil. Cem. Luynes, France.
(Time and Date of Burial) (Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

B	21	249	Wooden Cross	Gen Ser.
(Plot No.)	(Row No.)	(Grave No.)	(Kind Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (O) ; Identification Tag attached to marker (O).

If identification Tags not present, what other identification data were buried with the body and in what kind of container ? QMC Form 1-GRS in sealed container buried with body and one buried left below marker.

Bodies buried on either side (See paragraph 4 on reverse side this form)

Right side :	Jones, Donald M. Pvt. 17160639	Co. A. 794th MP.	248
(Name)	(Rank)	(ASN)	(Grave No.)
Left side :	Grave 250 open at time of burial		250
(Name)	(Rank)	(ASN)	(Grave No.)

(Signature of Person Reporting Burial)

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

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

QM. MBS. 1-44. 100.000