

293-UNK. X-81 FRANCE (SOLERS)

48 ir

M

Mrs. Miller

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

43 unknown France X81 (Solers)

28 Sept 48
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 81, Plot F,
Row 3, Grave 54, USMC Solers, 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. 2256, dated 4 April 1947. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ Geo. L. Freeman
/t/

Received 15 OCT 1948 OQMG
Not identifiable from
information presently
available

FILE 28 OCT 1948
C. P. Duncan
2d. Div.

USMC EPINAL, FRANCE BURIED AT DECEASED LEFT: UNKNOWN X-000080
PLOT B ROW 3 GRAVE 54 DATE REBURIED: 1 Sept. 48 DISINTERMENT DIRECTIVE RIGHT:

SECTION A - ^{RAYMOND W. ASHLEY} ~~WOJG~~ ^{AUS}
NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE
3568 00035 15 05 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X-000081 Q
DAY MONTH YEAR

CEMETERY DISPOSITION OF REMAINS
SOLERS MELUN 0 3502 80
CODE DIST. PT.

LOT ROW GRAVE COUNTRY CAUSE OF DEATH
F 3 54 FRANCE 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN
EPINAL, FRANCE
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-000081 Utd 20 Jul 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN Utd George Avakian, Emb
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Remnants of OD Uniform. Mattress cover Remnants consisting of 1/3 lbs.

OTHER MEANS OF IDENTIFICATION
GRS tags with remains and marker.

MINOR DISCREPANCIES 1
None

REMAINS PREPARED AND PLACED IN ~~CASKET~~ ^{trf case}

DATE 22 Jul 48 BY *George Avakian*

CASKET SEALED BY EMBALMER (Signature) *Ed. C. Settle III*
ED. C. SETTLE, III

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY All markings, plates & tags verified by: *James B. Johns*
JAMES B. JOHNS, 1st Lt., Inf.

DATE 25 Aug. BY *H. B. CRYDER, JR.*

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

SIGNATURE OF GRS INSPECTOR *Kanemitsu Ito*
Kanemitsu Ito, 1 Lt Inf

Prepare Discrepancy Report GRC Form 1194 for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Solers	TO USMC Epinal
KIND OF CONVEYANCE Train	NAME OF CONVOYER R.O.V. DeBourcy
SIGNATURE OF SHIPPER Joseph A. Peacock, Capt Int	DATE 23 Aug 41
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER

2. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER

3. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER

4. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER

6. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER

7. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER

293 Unit X-81 / France Solers
C.F.S. (EA)

GNGMY DEPT OF ARMY WASH DC CAMPBELL X 5641
CG AGRC PARIS FRANCE

UNCLASSIFIED

41806

PRIORITY

XXXXXXXXXXXX

AGRC 1350

CHARGE GRAVES WW II

FROM GNGMY REURAD ABLE GEORGE ROGER CHARLIE ONE THREE FIVE ZERO
REFERENCE FIRST LT ROBERT ROGER HESSER ZERO SIX NINE THREE ZERO
FOUR ONE PD UNKNOWN XRAY EIGHT ZERO AND XRAY EIGHT ONE SOLERS FRANCE
COULD NOT BE ASSOCIATED WITH SUBJECT DECEDENT DUE TO LACK OF
IDENTIFYING DATA CMA ALSO XRAY NINE FIVE AND XRAY NINE NINE SOLERS
FRANCE COULD NOT BE ASSOCIATED WITH SUBJECT DECEDENT DUE TO DENTAL
DISCREPANCIES PD REQUEST YOUR HEADQUARTERS FORWARD BY RADIO REPLY ANY
NEW ASSOCIATIONS MADE WITH LT HESSER

X 293 Unit X-81 / France Solers

AGRC 1350 IS MC IN 53218

(8 MAR 48)

UNCLASSIFIED

GNGMY 293
GRAVES REGISTRATION EA

21 1730Z
JULY 48

O.J. MURRAY
MAJOR, GRC, MEM DIV

Ident

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION COMMAND
 EUROPEAN AREA
 APO 58 US ARMY

293 unk. France (Solers) X-81

28 Sept. 1948
 Date

SUBJECT: Unidentifiable Remains.

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2. Report of Reprocessing was forwarded to your office by
 letter of transmittal No. 2256 , dated 4 April, 1947 . No
 further information is available.

FOR THE COMMANDING GENERAL:

George L. Freeman
 GEORGE L. FREEMAN
 1st Lt QMC
 Actg Asst Adj Gen

Received 10-15-48 OQMG
 Not identifiable from
 information presently
 available

CHECK LIST FOR DISINTERMENT

(To accompany Report of Burial)

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

If information is unavailable, so indicate.

PART I

(Positive Identification)

1. Unknown X-81 Unknown Unknown Unknown
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached. No tags found.
3. Give exact location from which disinterred, furnishing coordinates and map series used. Grande cimetiére of Orleans, F685225, Sheet 10H, Pithiviers-Orleans, 1:100,000.
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) Grande cimetiére of Orleans.
5. Approximate or established date of death (state which & give basis for date selected) Unknown
6. Approximate or established date of burial (give basis for date established) Unknown
7. Manner in which grave was marked and all information contained on the marker. No grave markers of any kind.
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned. None
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)
C. Lermis - interpreter for the city of Orleans, Oise.
M. Fernand Genchon, secretary to the Mayor of Orleans.
Marcel Lacroix - superintendent of the cemetery at Orleans.

PART II

(Doubtful or Undetermined Identification)

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

13. Give as detailed description as possible of condition and amount of remains.
Left leg from the thigh down was all that remained of the deceased.
14. Give probable cause of death, type & location of wounds (is there evidence that body was burned) Plane crash. Type & location of any wounds unobtainable.
Leg shows evidence of being burned.
15. Give minute description of all effects, clothing & shoes, including cloth markings & sizes, as well as shoe size. List each item of clothing, with 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: Shoe size 8 $\frac{1}{2}$ D.
Brown wool socks with garter attached, remnants of wool underwear, remnants of wool OD trousers: all size unobtainable.
16. Give description of any vehicle found in the area that could be connected with the death of the deceased None involved.
- | (Type) | (ID Serial No.) | (Organization) | (Serial N ^o & Type) |
|--------|-----------------|----------------|--------------------------------|
| | | | of each gun) |
17. Give exact location of remains in vehicle before removal
None involved.
18. If buried in a coffin, give description and markings.
French "V" type coffin with no markings.
19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of each that may assist in identification of these remains
Men listed in investigation report made by Matthew M. Flattery, 1st Lt., FA, 3049 QM Graves Reg Co.
20. Other pertinent information which would aid in establishing identity.

Matthew M Flattery(Individual in Charge of Disinterment)1st Lt. O-1169109 3049 QM Graves Reg Co(Rank) (ASN)(Organization)20 April 1945(Date)

AGRC FORM No. 11
Revised 16 Sept. 1946
Formerly "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 - 81

Cemetery Solers, France.

Plot F Row 3 Grave 54

Date reprocessed: 19 February 1947

1. ~~Arrived at cemetery~~
(Hour) (Date)
2. Place of death
(Name of closest town) (Coordinates and letter Prefix, maps)
.....
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by Mobile Laboratory Central Identification Point,
(Name and organization) Strasbourg, France.
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	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of,</u>		

Belt, web None

Drawers, wool Remnants of

Drawers, cotton None

Leggings, wool None

Socks, ~~cotton~~ wool, remnants of,

* Shoes One (1) left service shoe (type) size 8 1/2 D

Overshoes None

Web Equipment None (type)

(Other item) Remnants of summer flying coveralls.

(Other item) None

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

Chevrons or None

Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

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

Air Forces.

6. Description of Remains :

Age Utd Height Est: 5' 8 1/2" Weight Utd Description of wounds Utd

Bandages or dressings Utd Scars Utd (Length, width, location)

Utd Tattoos (Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face Utd

Complexion Utd (Light, medium, dark, clear, pimples, pocks, freckles)

Build Utd (Large, fat, thin, muscular)

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

Hair None found (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 **Utd** Ears **Utd**
 (Size, shape, straight) (Size, set close to or far from head)

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

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

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

Jaw **Utd** Circumference of head in inches **skull missing**
 (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)

.....
 (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 **Utd**
 (Nose, arms, legs, etc.)

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

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

If not, explain hands missing

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

9. Remarks Remains received in skeleton form, with only few bones remaining.

Clothing badly decomposed. No markings evident. Clothing and debris fluoroscoped results Negative. Estimated weight of remains recovered: 4 Lbs. As no means of identification were found, this case remains "Unknown". 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.

GRAVE MARKER

Unknown X- 81

54

Ellsworth T. Mac Intyre

(Officer's Name)

ELLSWORTH T. MAC INTYRE

CAPTAIN

Rank

CVC.

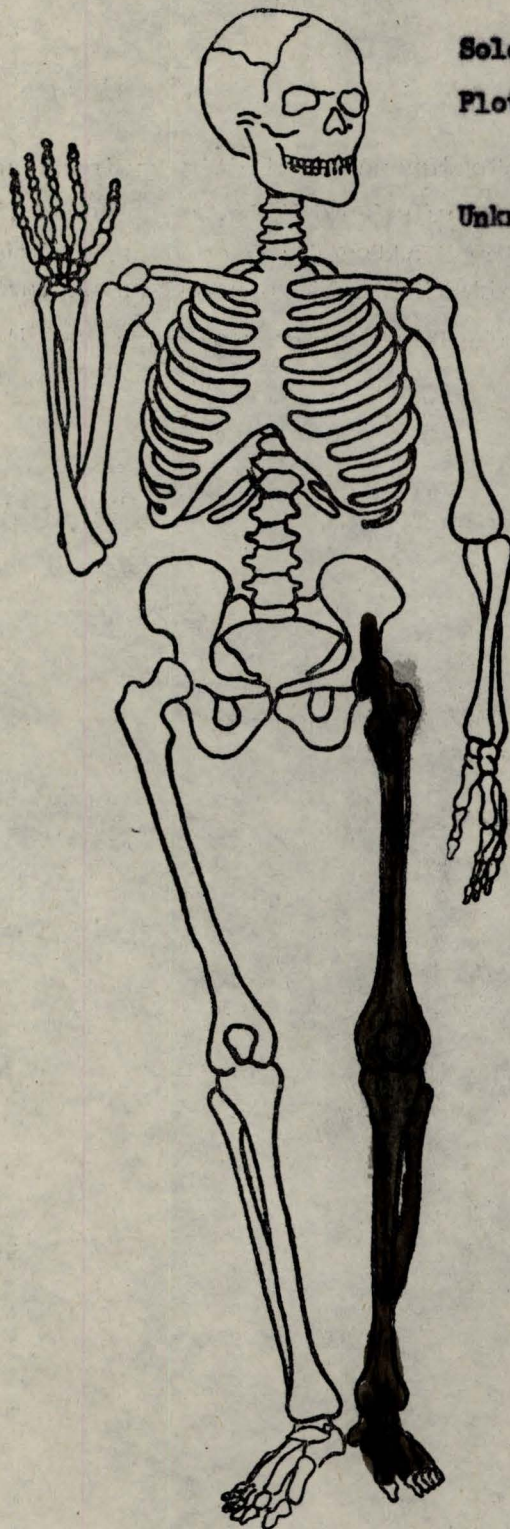
Service

CENTRAL IDENTIFICATION POINT.

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY ~~NOT~~ RECEIVED AT CEMETERY)



Solers Cemetery France.

Plot F Row 3 Grave 54

Unknown X- 81

RESTRICTED

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1943)

AMERICAN

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

20 April 1945 Date

Unknown X-81

Last Name

First

Initial

Rank

Unknown

Serial No.

Unit

Organization

Unknown

Unknown

Plane crash

Place of Death

Date of Death

Cause of Death

1430 hrs 20 April 1945

Solers Cemetery No 1

NDG VS-3018

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

54

Grave Number

Row Number

Plot Number

Cross

Type of Marker

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

If No Identification Tags

How were remains identified?

Unidentified. Tooth chart unobtainable. The left leg from the thigh down was all that remained of the deceased.

What means of identification were buried with the body?

GRS Emergency Tag

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

Who is buried on:

Deceased's Right:

Unknown X-82

Unknown

Unk

Unknown

55

William A

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

McCormick

36273592

Pvt

45th Div

53

Name

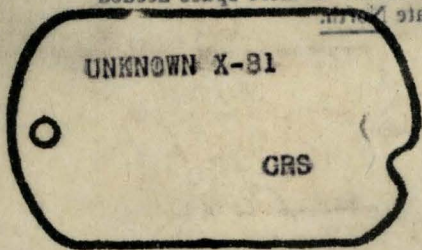
Serial No.

Rank

Organization

Grave No.

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



Emergency Addressee Unknown

Name

Address

Religion Unknown

List only Personal Effects Found on Body and disposition of same: None

REBURIAL

Previously buried in Grande Orleans Cemetery

Plot K Row 1 Grave 8

Signature of Officer or other person reporting burial

Matthew M. Flattery

Verified by G.R.S. Officer

MATTHEW M FLATTERY, 1st Lt., FA 3049 QM Graves Reg Co

RESTRICTED

1260

Table with 10 columns and 10 rows, likely a tracking or inventory table.

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below. In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
 How were remains identified? _____
 Unidentified. Tooth chart unobtainable. The left leg from the thigh down was all that remained of the deceased.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

GRS Emergency Tag

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

Who is buried on:

Deceased's Right: _____
 Deceased's Left: _____

TOOTH CHART

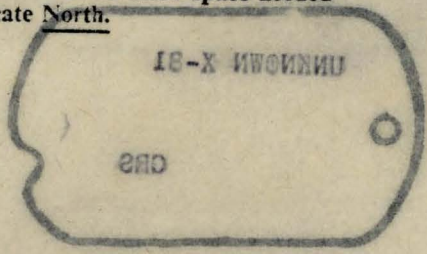
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Upper															
Deceased's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Lower															

Indicate: natural teeth by X; crowns by O; fillings by □; Bridges by C; link anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:



REBURIAL

Previously buried in _____ Cemetery
 Plot K Row 1 Grave 8

RESTRICTED 122560 AG P BR HQ SOS

MATTHEW M FLATTERY, 1st Lt., USA
 30th OM Graves Reg Co