

293-UNK. X-166 FRANCE (SOLERS)

48 fr

FILE IDENTIFICATION TOP PER

FILE NUMBER

293-UNK. SOBERS, FR. X 166-

SUBJECT

QMC FORM 1121  
1 Aug 45

51 12256

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION COMMAND  
 EUROPEAN AREA  
 APO 58 US ARMY

*7411*  
 293 unid France X/66 (Salers)

29 Sept 48  
 Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 166, Plot J, Row 1, Grave 20, USMC Salers 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 4/4/47. No further information is available.

FOR THE COMMANDING GENERAL:

/s/  
/t/ Geo. L. Freeman

Received 28 OCT 1948 OQMG  
 Not identifiable from  
 information presently  
 available

FILE 28 OCT 1948  
 e Duncan  
 Jd Bz

✓ PHS  
MMM

USMC, EPINAL, FRANCE Buried at deceased's left: MARRA MELVIN  
Plot A Row 32 Grave 11 33450 22 Pfc  
Date reburied 21 Aug 48 **DISINTERMENT DIRECTIVE**  
RIGHT REED CLARENCE H  
35087729 Pfc

SECTION A - WOJG AUS DIRECTIVE NUMBER DATE  
NAME AND BURIAL LOCATION OF DECEASED 3568 00070 15 05 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
UNKNOWN X-000166 B Q DAY MONTH YEAR

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

LOT ROW GRAVE COUNTRY CAUSE OF DEATH  
J 1 20 FRANCE 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNKNOWN X-166 Unk Unk 27 Jul 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN Unk J. S. TAYLOR, Embalmer  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
OD Uniform Skeletal Form - Frac Distal End R & L Humerus  
L. Humerus

OTHER MEANS OF IDENTIFICATION  
GRS tag with remains.

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN ~~CASE~~ Transfer Case  
DATE 28 Jul 48 BY J. S. TAYLOR

CASKET SEALED BY JR SPRINKLE EMBALMER (Signature)  
JR SPRINKLE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY All tags, markings and pla  
tes verified by: JAMES B. JOHNS 1st Lt  
DATE 19 AUG 1948 BY JR SPRINKLE

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

R. B. MC DANIEL, Capt., FA  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NAT FILE RECORDS ANNOTATED  
50 Oct 48  
NAME R & R BR.

no label necessary

## RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC SOLERS		TO USMC EPINAL	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>Put him E.F. remain</i>	
SIGNATURE OF SHIPPER <i>J.A. Peacock</i> JOSEPH A. PEACOCK, Capt., Inf.	DATE 11/8/48	SIGNATURE OF RECEIVER <i>W. L. ...</i>	DATE 23 Aug 48

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>PIKHOVA</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>ЕВИАНЪ ЕВАНЦЕ</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <i>50 ЕВАНЦЕ</i>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>НЕРОН</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

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

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION COMMAND  
 EUROPEAN AREA  
 APO 58 US ARMY

293 unk. France (Solers) X-160

29 September 1948  
 Date

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X- 166, Plot J, Row 1, Grave 20; USMC Solers 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 4/4/47. No further information is available.

FOR THE COMMANDING GENERAL:

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

30 Jan 49

Copy referred to in X-166 file  
 not located in MGR after search.  
 need.

Received 28 OCT 1948 OQMG  
 Not identifiable from  
 information presently  
 available

Incl #32

## CHECK LIST FOR DISINTERMENTS

(To accompany Report of the ( ))

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-166      Unk      Unk      Unk  
(Full name of deceased)      (Rank)      (ASN)      (Organization)
2. State if identification tags were attached to remains, how many, and where attached No identification tags were found on the remains.
3. Give exact location from which disinterred, furnishing coordinates and map series used Parisien de Pantin Cemetery, (Seine), R 095471, Sheet 10G, Paris Fontainebleau, 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) Parisien de Pantin Cemetery, (Seine), France
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) 14 August 1944 Taken from Cemetery Records
7. Manner in which grave was marked and all information contained on the marker Plain wooden cross with following inscription: "Kseiysck Americain 14 Aout 1944 L' Defer"
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) The above information was given by P. L. Conservateur. See correspondence: "Hq, Seine Sect, Com Z, ETOUSA, OOM, GRS. Subject: Isolated Burials, signed by Capt Walter Brooks Bradley"

## PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
11. Unknown      Unknown      Dark Brown      Unknown  
(Est Height)      (Est Height)      (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.  
Dark brown hair on head approx 2 $\frac{1}{2}$  inches in length.

13. Give as detailed description as possible of condition and amount of remains  
Approx 29 lbs of remains in advance state of decomposition. All  
members present and intact, except head which was lying on torso.  
Remains were casketed.

14. Give probable cause of death, type & location of wounds (is there evidence  
that body was burned) KIA, type and location of wounds unknown. No  
evidence found of body being burned.

15. Give minute description of all effects, clothing & shoes, including clothes  
markings & 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: No clothing found with remains.

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 No & 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  
"Y" Type French Coffin, 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

See correspondence: Hq, Seine Sect, Com Z, ETOUSA, OQM, GRS,  
Subject: Isolated Burials, signed by Capt Walter Brooks Bradley"

20. Other pertinent information which would aid in establishing identity.  
Finger-prints impossible, Tooth Chart is attached.

Robert C. Perkins Sgt 38539318 3049 QM Grave Reg  
(Individual in Charge of Disinterment) (Rank) (ASN) (Organization) Co

(Date)



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

# TOOTH CHART

KMF/feh

30 August 1945

Date

Unknown X-166

Unk

Unk

Unknown  
Last Name

First

Initial

Rank

Serial No.

Vic. of Pantin, France  
Unit  
Place of Death

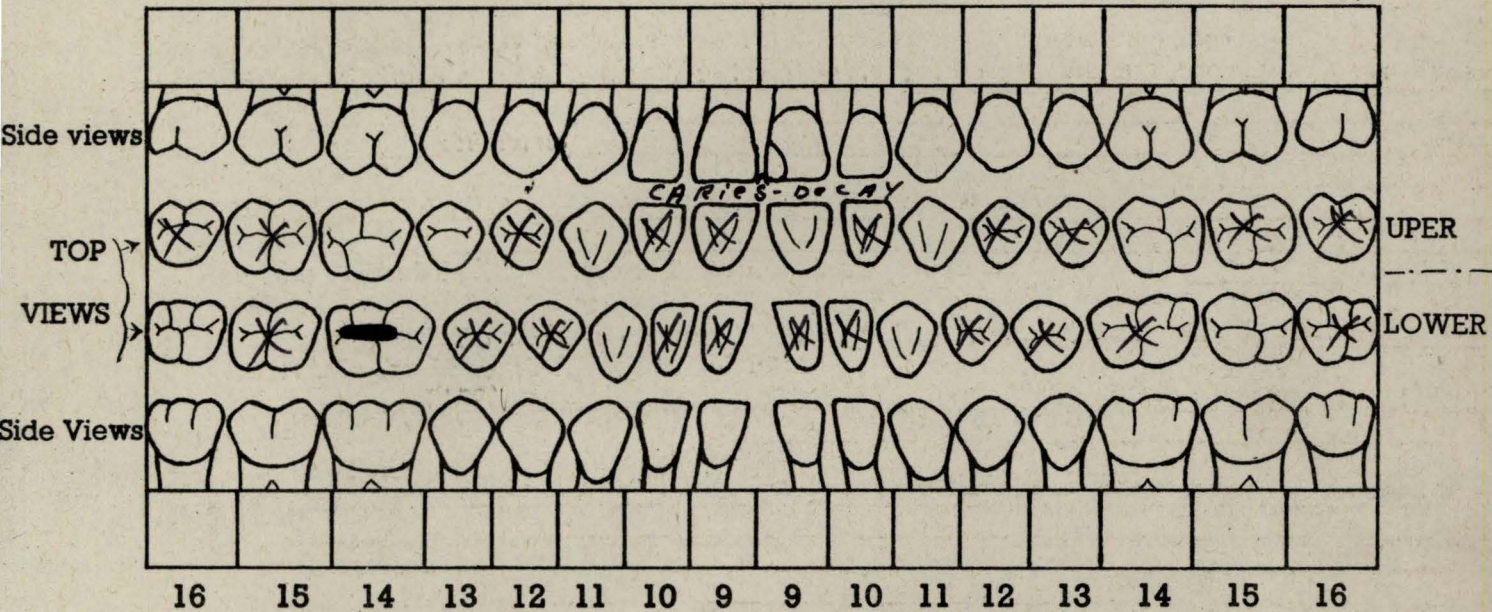
Unk  
Date of Death

Organization  
KIA  
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.

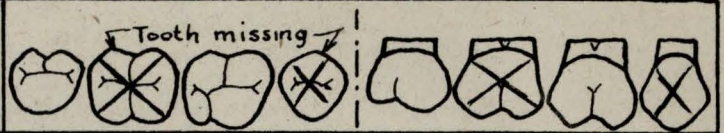
R 4, 7, 8, 12, 15 - L 4, 5, 7, 8, 13, 14, 16 extracted and granulated in.  
R 1, 2, 9, 10, 13 - L 2, 9, 10 not found with remains. Above filling is made of silver.

*Sgt. William J. Moffitt - Med. Dept*  
Signature of Officer or other person who prepared Tooth chart

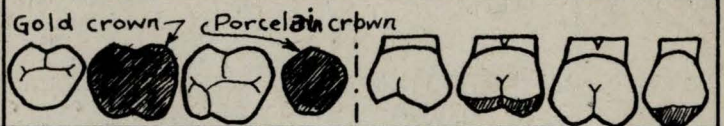
*Kenneth M. Fleischmann*  
Verified by G. R. S. Officer

KENNETH M FLEISCHMANN, 1st Lt., CE  
3049 QM Graves Reg. Co

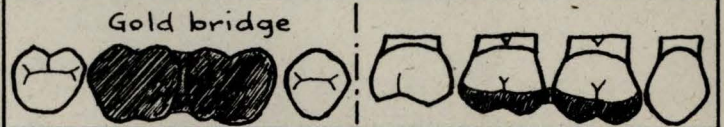
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



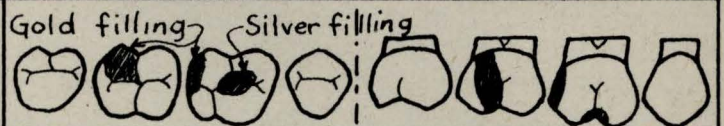
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES)...** Outline location and size of cavity, shade in thus :



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

### ADDITIONAL SPACE FOR FURTHER REMARKS

AGRC FORM No. 11  
Revised 16 Sept. 1946  
Formerly "Check List  
of Unknowns")

X-166

## IDENTIFICATION CHECK LIST

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

- 166  
Unknown X \_\_\_\_\_  
Cemetery Solers Cemetery, France  
Plot \_\_\_\_\_ Row I Grave 20

1. Arrived at cemetery 24 February 1947  
(Hour) (Date)
2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
\_\_\_\_\_  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by Mobile Laboratory Central Identification  
Point Strasbourg  
(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) None		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
* Shirt, Wool OD	None		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

Belt, web ..... **None**

Drawers, wool ..... **None**

Drawers, cotton ..... **None**

Leggings, wool ..... **None**

Socks, cotton ..... **None**

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

Overshoes ..... **None**

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

(Other item) ..... **None**

(Other item) ..... **None**

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

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

Shoulder Patch ..... **None**

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

**UTD**

6. Description of Remains:

Age **UTD** <sup>Est.</sup> Height **5'3 3/4"** 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 ..... **dark brown, straight, approx. 2" long**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair ..... **None**  
(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 **See tooth chart**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **20 inches**  
 (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.

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

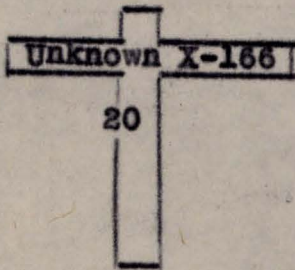
If not, explain **hands missing**

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

9. Remarks **Remains recovered in nude and in skeleton form. Estimated weight of remains: 12 Lbs. Fluoroscopic Examination: Negative. As no means of identification was found the deceased remains to be unknown. No clothing found with remains. 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:



*Ellsworth T. Mac Intyre*  
**ELLSWORTH T. MAC INTYRE**

(Officer's Name)

**Captain**

Rank

**QMC.**

Service

**Central Identification Point**

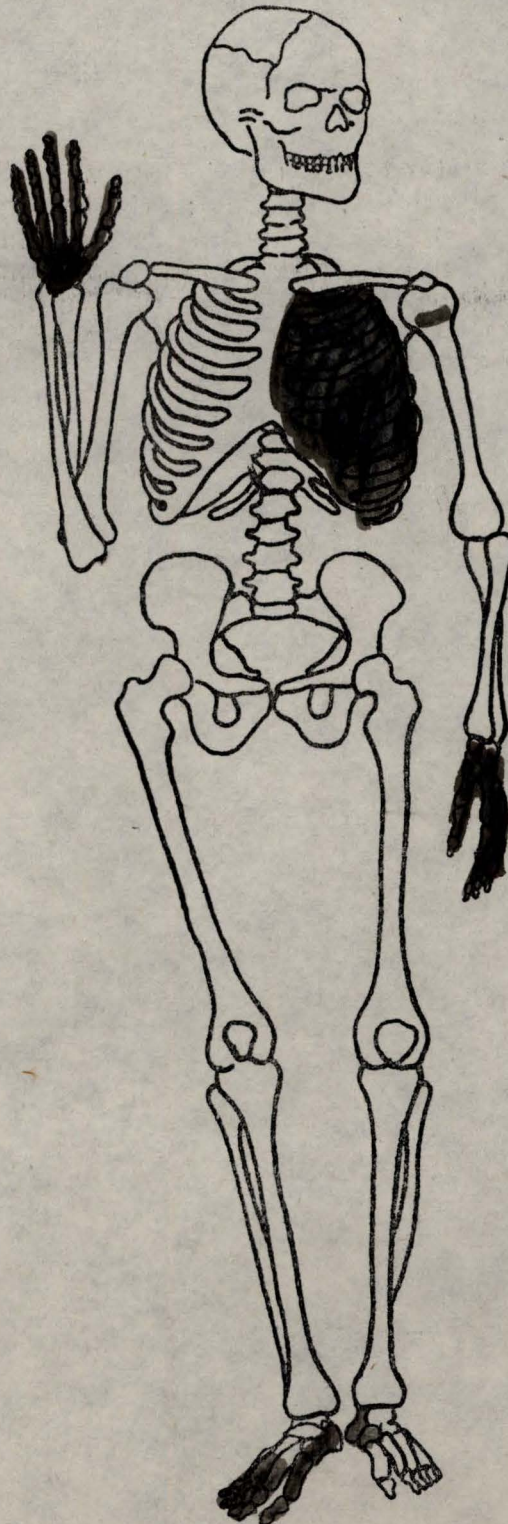
(Organization)

X-166

# SKELETAL CHART

Unknown X-166  
Solers Cemetery  
(France)

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



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

X-166 Solers Cemetery  
Plot J, Row 1, Grave 3

# TOOTH CHART

24 February 1947

Unknown X-166

Date

Last Name First Initial Rank Serial No.

Unit

Organization

Place of Death

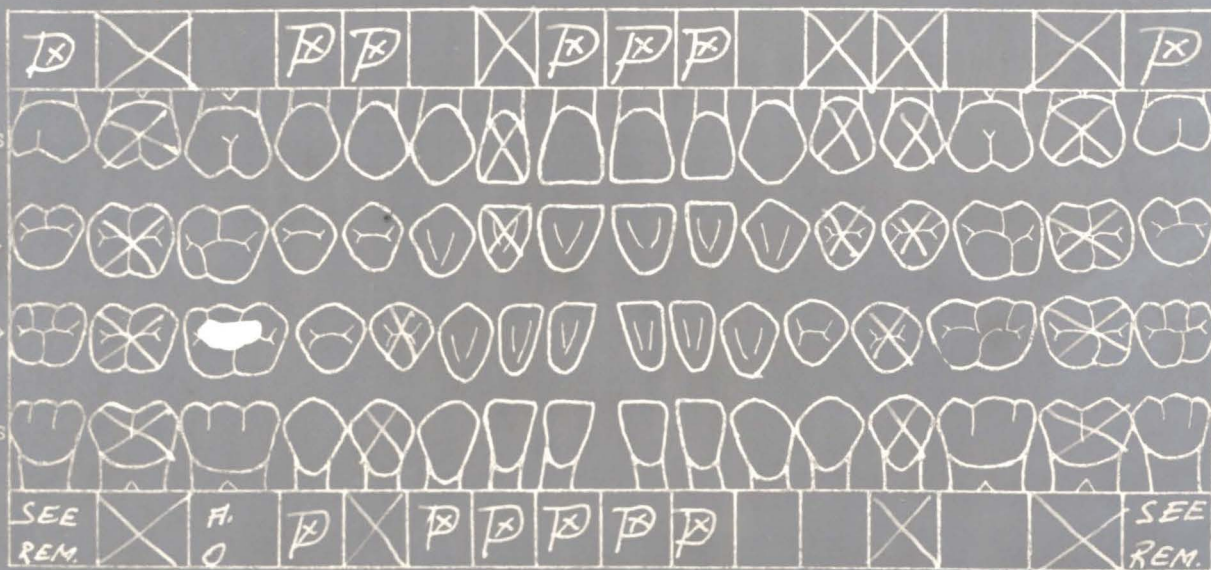
Date of Death

Cause of Death

Right

Left

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



SEE REM.

SEE REM.

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

See remarks

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.

*Lawrence De Shaw M.D.*  
Signature of Officer or other person who prepared Tooth chart

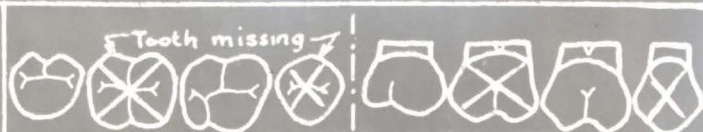
ELLSWORTH T. MAC INTYRE, Captain, M.C.I.F.

Verified by G. R. S. Officer

*Ellsworth T. Mac Intyre*



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



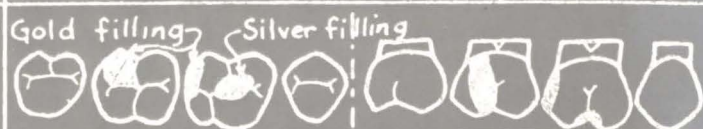
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES).** Outline location and size of cavity, shade in thus :



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Teeth are average size.

R9-10-11 and 13, L9 and 10, R1-4 - 5 and 8, L1-2 and 8 are all posthumously missing.

R2 and 7, L4-5 and 7, R12 and 15, L13 and 15, are all missing before death.

R-16 is partially erupted and probably did not show in life.

L16 is present but not erupted and most likely did not show in life.

There's a 2mm space between L11 and L12.

# RESTRICTED

GRAVE REGISTRATION  
FORM NO. 1  
(Revised 1 Sept. 1943)

AMERICAN

## REPORT OF BURIAL

KMF/feh

30 August 1945

TM 10-630 AND AR 30-1815

Unknown X-166

Last Name: Unknown First: Unknown Initial: Unknown Rank: Unk

Unit: Unknown Organization: Unknown

Vicinity of Pantin, France

Place of Death: Unknown Date of Death: Unknown Cause of Death: KIA

Time and Date of Burial: 11:30 hrs., 31 August 1945 Name of Cemetery: Unknown Name or Coordinates of Location: NDG VS 3018

Grave Number: 20 Row Number: 20 Plot Number: 20 Type of Marker: CROSS

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

If No Identification Tags: Unidentified

How were remains identified? Approx 20 lbs. of remains in advance state of decomposition. All members present and intact, except head, which was severed and lying on top of torso. Remains were casketed. Finger-prints impossible due to condition of remains. Tooth chart attached.

What means of identification were buried with the body? See reverse side. GRS Emergency Tag.

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

Who is buried on: End of row

Name	Serial No.	Rank	Organization	Grave No.
James R. Osborne	15196315	T/Sgt	1408 AAF Bn	19
James R. Osborne			1402 AAF Base Unit	

### TOOTH CHART

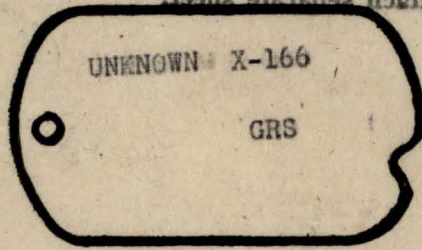
If print of identification tag is not affixed fill in below:

Emergency Addressee: Unknown

Address: Unknown

Religion: Unknown

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



## REBURIAL

buried in isolated grave

Parisien de Pantin Cemetery  
(Seine) R 095471, Sheet 10G  
Paris Fontainebleau; 1:100,000

Signature of Officer or other person reporting burial: *Kenneth M. Fleischmann*

Verified by G. R. S. Officer

KENNETH M FLEISCHMANN, 1st Lt., CG  
3049 QM Graves Reg. Co

### RESTRICTED

RESTRICTED

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: Unknown Laundry Marks: NO
Weight: Unk Number of Rifle: Unk
Color of Eyes: Unk Wear Glasses? Unk
Color of Hair: D. Br. Is Tooth Chart Attached? Yes
Race: White

(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.

Grave marked with plain wooden cross with the following printed thereon: "Kseiysek American 11 Aout 1944 L Defer"

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

See Correspondence: Hq Seine Section, Com Z ETOUSA, OOM, Subject Isolated Burials, dtd 3 May 1945, Signed by WALTER BROOKS BRADLEY, Capt., OMC.

Form with fields for Date, Serial No., Cause of Death, Name of Cemetery, etc.

Form with fields for Last Name, Unit, Place of Birth, Time and Date of Burial, etc.

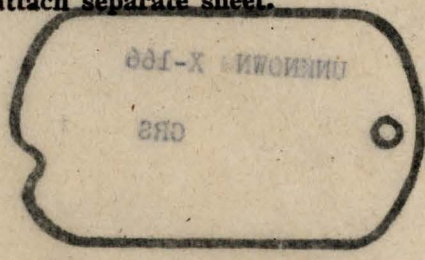
TOOTH CHART

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.

Tooth chart table with columns for Deceased's Right and Deceased's Left, and rows for Upper and Lower teeth.

Indicate: missing natural teeth by X; crowns by O; fillings by square; Bridges by circle; linking anchor teeth; replacements by artificial teeth by X.

Form with fields for Address, Religion, Emergency Address, Characteristics, and Other Data.



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

REBURIAL

Parisien de Pantin Cemetery (Seine) R. 025171, Sheet 100 Paris Tombeaux, F: 100,000

SEP 28 1945

RESTRICTED