

293 *uck. St. Avold* X-001098 *act*

HEADQUARTERS  
7770 USAREUR QM MORTUARY SERVICE DETACHMENT  
APO 757 US ARMY

AGRC Form # 37  
(Modified)

Date 12 September 1955

REPORT OF DISINTERMENT AND TRANSFER  
OF Non-American Remains

NAME OF DECEASED Unknown X-001098  
(Last Name) (First Name) (Middle In.) (Serial No.)

Reprocessing  
DATE OF DISINTERMENT 12 September 1955  
(Day) (Month) (Year)

DISINTERRED AND RELEASED FROM St Avold DDD 3 32  
(Cemetery) (Plot) (Row) (Grave)

DECEASED BURIED TO RIGHT  
FROM WHICH REMAINS CON- (Last Name) (First Name) (Middle In.) (Serial No.)  
CERNED WERE REMOVED  
(Plot) (Row) (Grave)

DECEASED BURIED TO LEFT  
FROM WHICH REMAINS CON- (Last Name) (First Name) (Middle In.) (Serial No.)  
CERNED WERE REMOVED  
(Plot) (Row) (Grave)

TO BE REINTERRED AT \_\_\_\_\_  
(Cemetery) (Plot) (Row) (Grave)

AUTHORITY Remains originally buried Community Cemetery at Happenheim, Germany.  
Determined Non-American.

I hereby acknowledge receipt this day 12.9.55 of the above remains together with ~~one copy of report of burial (WD Form 1012) and~~ all relevant documents from Hq 7770 USAREUR QM MORTUARY SERVICE DETACHMENT, APO 757, US Army (Frankfurt/Main, Germany).

[Signature]  
(Signature of Person Receiving Remains)

Ministere des Anciens Combattants  
et Victimes de Guerre  
Bad Neuenahr, Unterstrasse 15  
(Address of above signature)

[Signature]  
(Signature of Officer or other person releasing Remains)

JOS R. O'DONELL  
Capt  
Chief, G-1  
(Organization of above signature)

RECORDS ANNEX 11  
12 Sept 55  
PAGE 22-ER. REG. DEV.

Incl 4

293 unk St. Avold X- 1098

SUBJECT: X-1067 - St. Avold  
X-1093 - St. Avold  
X-1096 - St. Avold  
X-1098 - St. Avold  
X-1102 - St. Avold

Subject Unknowns to be released as Foreign Nationals  
(per information from Mr. Galway, Registration Branch, this  
date.)

*Mary Alice Clements*

MARY ALICE CLEMENTS  
30 June 1955  
Identification Branch

*File  
M.A. Clements  
20. 31  
JUL 30 1955*

## DENTAL COMPARISON CHART

UNKNOWN	NAME
X- 1098, St. Avold	
R-8	X
R-7	o - carious
R-6	decayed
R-5	PX
R-4	decayed
R-3	
R-2	
R-1	
L-1	
L-2	Baby tooth
L-3	
L-4	
L-5	decayed
L-6	PX
L-7	
L-8	X
R-16	
R-15	
R-14	decayed
R-13	
R-12	
R-11	
R-10	
R-9	
L-9	
L-10	
L-11	
L-12	
L-13	
L-14	X
L-15	
L-16	
ESTIMATED HEIGHT	HEIGHT
5'2"	
ESTIMATED WEIGHT	WEIGHT
ESTIMATED AGE	AGE
HAIR	HAIR

**REMARKS**

Disinterred from Heppenheim Civ. cem.  
in 1945.

Fingerprints not found in FBI

No clothing found on remains to indicate  
American.

Unidentifiable: Jan. 1950

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

RRE 293

10 January 1950

(Date)

*293 Unknown - 1098 (St. Avold)*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 1098, Plot DDD,  
Row 3, Grave 32, USMC St. Avold, France,  
have been reviewed and it is the opinion of the Board of Review, this  
headquarters, that sufficient evidence is not available to establish  
the identity of the deceased concerned, therefore, these remains should  
be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office  
of The Quartermaster General by Transmittal Letter No. 2648, dated  
6-2-48.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. Henry O-12589

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

CWO Leodore Goudreau W- 2113434

Received 3 FEB 1950 OQMG  
Not identifiable from  
information presently  
available

*File - NAT  
J. P. Barker  
Id. Branch  
3 Feb 50*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 757 US ARMY

RRE 293

10 Jan. 1950

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

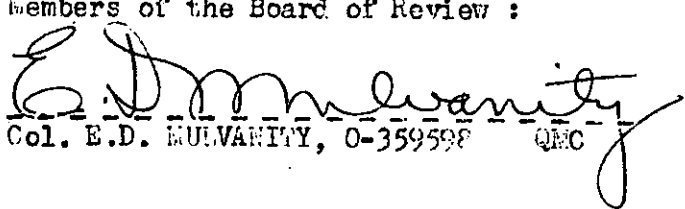
1. The records pertaining to Unknown X - 1098, Plot DDD, Row 3, Grave 32, USMC St-Aveld, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of the Quartermaster General by Transmittal Letter No 2648, dated 6-2-48.

3. Remarks : See Case History attached.

Case reviewed by undersigned Members of the Board of Review :

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

  
Lt Col. E.D. MULVANY, O-359598 QMC

Capt. Edward F. PRICE, Jr., O-1588236 QMC 1st Lt. Gaylord E. LUTZ, O-1595665 QMC

  
CWO Ledore GOUFFREAU, W-2113434 USA

Received 3 FEB 1950 OQMG  
Not identifiable from  
information presently  
available

Incl # 3

Parker

UNKNOWN NO. 1093

U.S. MILITARY CEMETERY

Saint Avold

(Location)

The remains now designated Unknown X-1093 (USMC Saint Avold) were recovered from the vicinity of Heppenheim, Germany. These remains were originally thought to be those of Pfc John A. GRABOS, 35840040 but the fingerprints on Report of Burial do not correspond with those of Pfc Grabos. Fingerprints were also compared against casualties known to have been interred in cemetery from which these remains were recovered also without results. Several attempts have been made to identify this Unknown through the use of fingerprints without results. Tooth chart and physical characteristics of X-1093 have been compared against unresolved casualties in the area from which these remains were recovered also without results. In view of this these remains are being declared UNIDENTIFIABLE.

L. Pierpoint  
9 January 1950

1

USMC St Laurent  
Plot: C, Row: 24, Gr: 30  
Date of Burial: 24/6/1950  
Verified by GRS Officer:  
*R. J. Rodriguez*

DISINTERMENT DIRECTIVE

GPP  
7/2/50

R.I. RODRIGUEZ, GWO USA  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3574 00000

DATE  
15 01 48  
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWN X-001098		1	
CEMETERY				DISPOSITION OF REMAINS
ST AVOLD - METZ				0 350 15 80 CODE DIST. PT.
LOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
DDD	3	32	FRANCE	6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN ST LAURENT, FRANCE
--	---

These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-13 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-001098		Unk	9 Jan 45	4 May 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS EMB <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION USAGF	RELIGION Unk	IDENTIFICATION VERIFIED BY Richard F Peterson, Embalmer	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform	CONDITION OF REMAINS Completely disarticulated In skeleton form - Hands missing.
OTHER MEANS OF IDENTIFICATION Report of Burial found on remains, reads UNK X-1098	

MINOR DISCREPANCIES 1 None	NAT FILE RECORDS ANNOTATED DATE 27 JUL 50 NAME H. T. Johns BR. MEM. DIV.
-------------------------------	---

REMAINS PREPARED AND PLACED IN CASKET  
DATE 10 May 48 BY Richard F Peterson, Embalmer

CASKET SEALED BY Richard F Peterson, Embalmer	EMBALMER (Signature) <i>Richard F Peterson</i> Richard F Peterson, Embalmer
--	---

CASKET BOXED AND MARKED 10 May 48 Richard F Peterson, DATE BY Embalmer	ADDRESS VERIFIED BY All markings, tags and plates verified by <i>Bruce E Blair</i>
--	--

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

*Bruce E Blair*  
Bruce E Blair, 1st Lt OMC, 337 QM Bn  
SIGNATURE OF GRS INSPECTOR

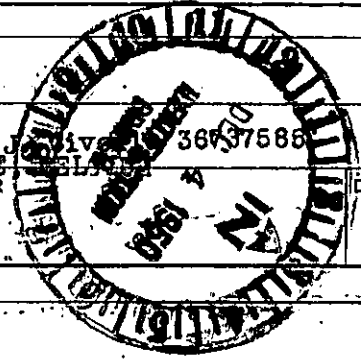
1 Prepare Discrepancy Report OMC, Form 1194a for major discrepancies.

Consignee changed by Reg Div. *[Signature]*

*2nd 16*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED



FROM		TO	
KIND OF CONVEYANCE <b>TRUCK</b> <b>SMC ST AVOID</b>		NAME OF CONVOYER <b>Cpl Adolph J. ...</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>BANK B. CALLAHAN</b>	DATE <b>29 Oct 49</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <b>MR. ...</b>	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	DATE <b>02 NOV</b>	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>(21 AVOID SERVICE)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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



DISINTERMENT DIRECTIVE

6

293 Unknown France X-1098 (St. Arnold)

SECTION A  
 NAME AND BURIAL LOCATION OF DECEASED: **3574 00000** DIRECTIVE NUMBER  
 DATE: **15 01 48** (DAY MONTH YEAR)

NAME: **UNKNOWN** SERIAL NUMBER: **X9001098** RANK: **1** ARM: **1** DATE OF DEATH: **15 01 48**  
 CEMETERY: **ST AVOLD + NETZ** DISPOSITION OF REMAINS: **3509 80** (CODE DIST. PT.)  
 LOT: **DBL** ROW: **1** GRAVE: **32** COUNTRY: **FRANCE** CAUSE OF DEATH: **6**

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **ST. AVOLD, 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:  
 IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: **USAGF** RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:  
 OTHER MEANS OF IDENTIFICATION:  
 MINOR DISCREPANCIES:

REMAINS PREPARED AND PLACED IN CASKET  
 DATE: BY: CASKET SEALED BY: EMBALMER (Signature):  
 CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:  
 DATE: BY:

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

**AIRMAIL**

QMGMT 314.6

1st Ind

GRS European

(St. Avold) France

SUBJECT: ~~Certificates of Unidentifiability of Remains~~  
Transmittal Letter #4694

Dept. of the Army, OQMG, Washington 25, D. C., 7 February 1950

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

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

FOR THE QUARTERMASTER GENERAL:

4 Incls  
w/d

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

Holden:cam  
Clements  
REB

JMN

TEC

**AIRMAIL**

X 393  
JMN  
TEC  
X-1000

WAR DEPARTMENT  
CLASSIFIED MESSAGE CENTER  
INCOMING CLEAR MESSAGE  
PRIORITY

00003

From: AGRC Paris, France signed Peckham cite AGRRE  
To : Office of the Quartermaster General, Washington 25,  
D.C.

Nr : AGRC 2560 31 July 1947

*7/28/47 mult add,*  
Reurad WCL 38363. Disinterment and reprocessing  
directed 31 July 1947. QMC forms 1044 and 1045 will be  
forwarded to your office upon completion of reprocessing.

End.

O. Q. M. G.  
TELEGRAPH  
SECTION

AUG 1 2 03 PM '47

ACTION:

*(QMC) mem (RR) (2)*

MC IN 50242

(1 Aug 47)

DTG 311625Z

wbr

SECURITY AL...

UNCLASSIFIED

*293 War R X1098 Lt Colonel Francis*

*see 1 Aug 47  
File  
5 Aug 47  
Foster  
7/27/47*

293 Unk. France X-1098 (St. Avoild)

COMMEMORIAL DIV REPAT REG BR MAJ NEWFARLAND 2A62

UNCLASSIFIED

COACH PARIS FRANCE

PRIORITY

1

H. EDGON FRANKFURT GERMANY

MULTIPLE ADDRESS

FROM MRSU

*WEL 35363*  
*1098*

RE: LIST EXHUMATION OF UNKNOWN BRAY ONE ZERO NINE EIGHT UNITED STATES  
MILITARY CEMETERY SAINT AVOILD FRANCE AND NO FORMS ONE ZERO FOUR FOUR AND  
ONE ZERO FOUR FIVE BE FORWARDED UPON COMPLETION OF REPROCESSING

FOR THE QUARTERMASTER GENERAL

MEMORIAL DIVISION  
H. G.  
TELEGRAPH  
STATION

*will be sent by  
11/23/48  
4:51 AM*



UNCLASSIFIED

MEMO 293 (UNK. X-1098  
ST AVOILD, FRANCE)

25 JULY 47  
9:55

O. J. MERRAY, MAJOR, GSC  
MEMORIAL DIVISION

*293 Unk. France X-1098 (St. Avold)*

CGMG MEMORIAL DIV ESPAT REC BR MAJ MacFARLAND 2462

UNCLASSIFIED

CGAGRC PARIS FRANCE

PRIORITY

X

H. EDGOM FRANKFURT GERMANY

MULTIPLE ADDRESS

FROM MEMU

*wel 38363  
1098*

REQUEST EXHUMATION OF UNKNOWN GRAY ONE ZERO NINE EIGHT UNITED STATES  
MILITARY CEMETERY SAINT AVOLD FRANCE AND ONE FORMS ONE ZERO FOUR FOUR AND  
ONE ZERO FOUR FIVE BE FORWARDED UPON COMPLETION OF REPROCESSING

FOR THE QUARTERMASTER GENERAL

*Handwritten:* Jul 29 4 51 AM '47  
MEMORIAL DIVISION  
H. G.  
LEGATION  
STATION



UNCLASSIFIED

MEMU 293 (UNK. X-1098  
ST AVOLD, FRANCE)

28 JULY 47  
9:55

O. J. MURRAY, MAJOR, CGM  
MEMORIAL DIVISION



RECEIVED  
JUL 28 1947  
MAIL ROOM

*[Handwritten scribble]*

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)  
 DD # 247, dated 19 March 1947

Unknown X -1098  
 Cemetery St Avold, France.  
 Plot DDD Row 3 Grave 32

**Date reprocessed:**

1. ~~At St Avold cemetery~~ 9 December 1947  
(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~~ and reprocessed by Mobile Team # 1, First Zone  
(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	<u>None</u> <small>(Type)</small>		
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>None</u>		

FEB 20 1948

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: **R. HUMERUS 31.8**      **R. FEMUR 40.5**  
**R. ULNA 25.1**      **R. TIBIA 32.1**  
**R. RADIUS 23.6**      **R. FIBULA 33.1**

Age **UTD** Height **Est. 5' 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, poeks, 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 None  
(Light, color, extent)

Eyes None Eyebrows None  
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose None Ears None  
(Size, shape, straight) (Size, set close to or far from head)

Mouth None Lips None  
(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 22 3/16  
(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  
(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 picked on Report of Interment? No  
(Yes-no)

If not, explain Too decomposed

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

9. Remarks Remains received in skeletal form. No mattress cover. No U.K. box.  
No GRS tag. No clothing marks or clothing found. Burial bottle found.  
Fluoroscopic exam. negative. Est. wgt: 22 lbs. Remains badly charred.

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.

*Woodrow W. Wolf*  
**WOODROW W. WOLF**

(Officer's Name)

**CAPT QMC**

Rank

Service

**OPERATIONS OFFICER**

(Organization)

# SKELETAL CHART

X-1098

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T

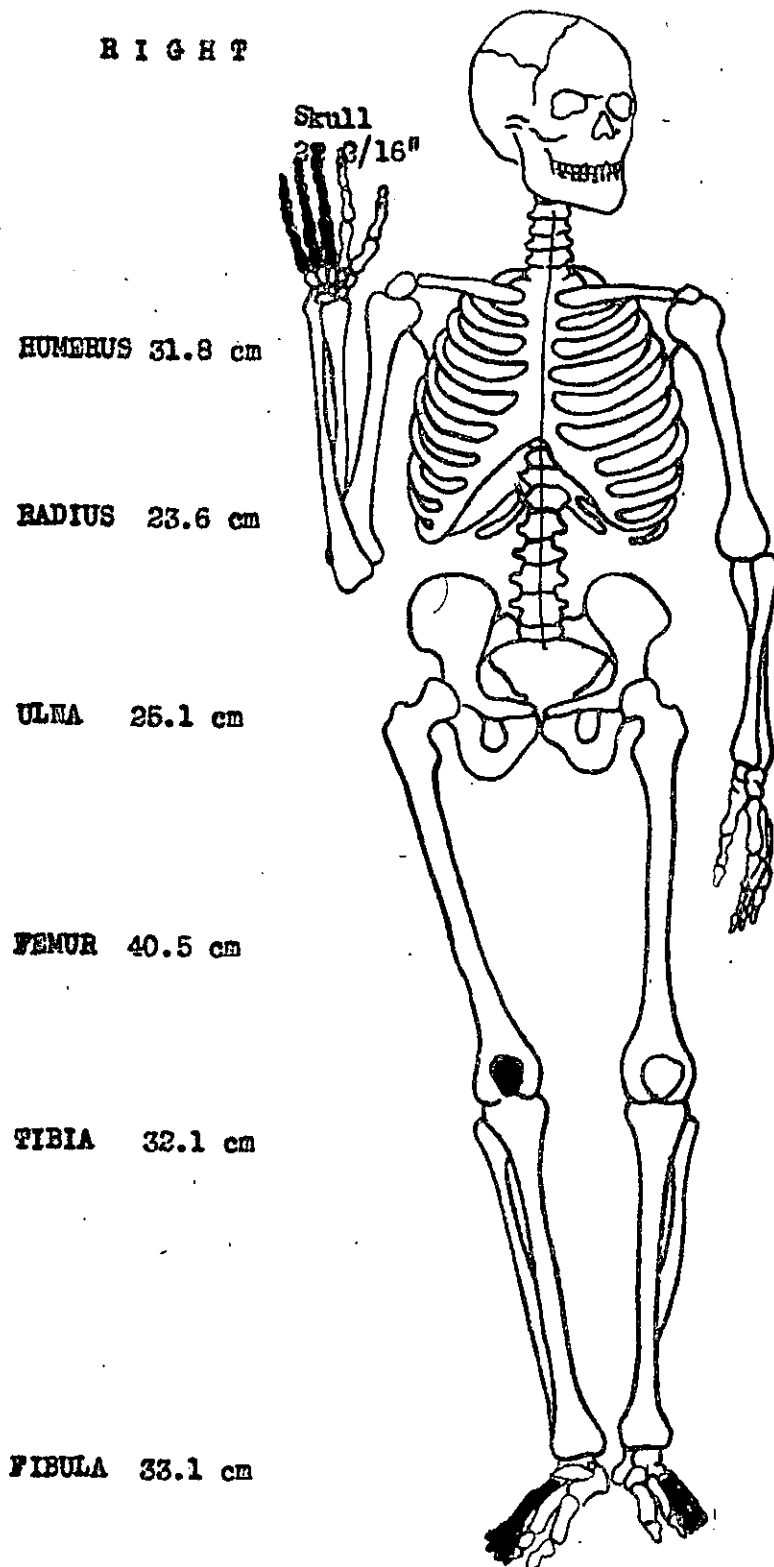


CHART "A"

Est. HEIGHT 5' 2"

# TOOTH CHART

9 December 1947

Date

Unk X-1098

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

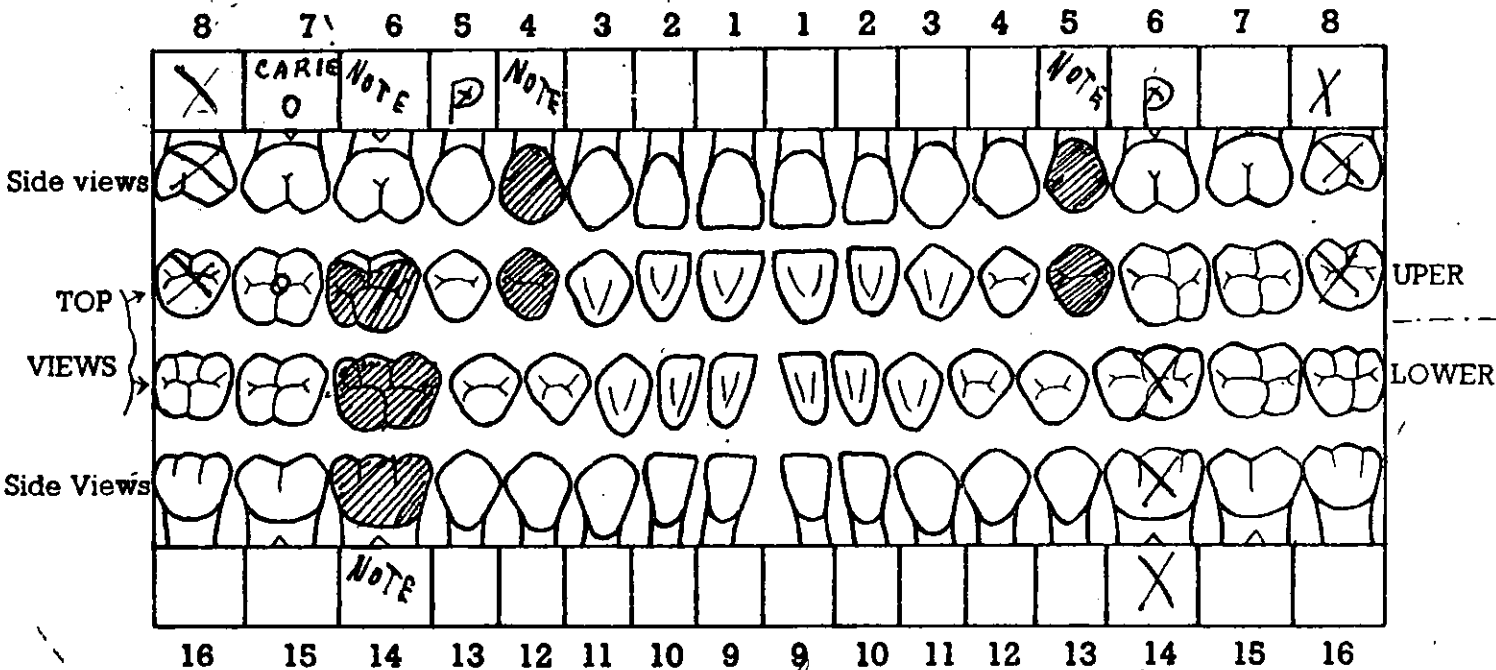
Place of Death

Date of Death

Cause of Death

Right

Left



*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.

IVOR J. FOSMO  
 2nd Lt., Inf.

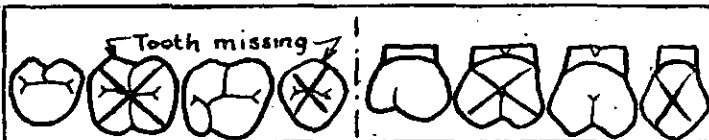
/s/ Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

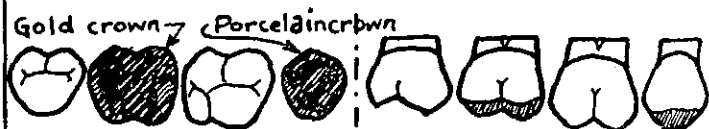
WOODROW W. WOLF  
 CAPT QMC OPER OFF

*Woodrow W. Wolf*  
 Verified by G. R. S. Officer

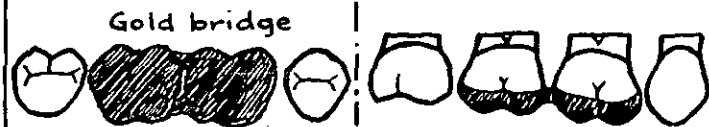
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



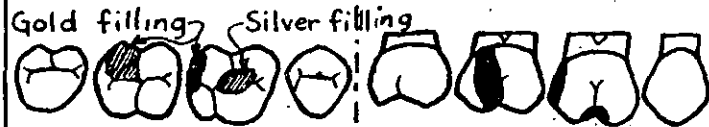
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



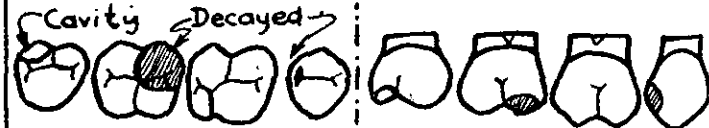
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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.

⊗ : posthumously missing

R-14, R-6, R-4, and L-5 have completely decayed away as shown by the shading.

R-11 has rotated 1/16 of a turn distally

L-13 " " 1/8 " " " "

L-11 " " 1/16 " " " mesially

L-4 " " 1/16 " " " distally

L-2 is a small baby tooth.

Color : white ivory

Size : average

Alignment: good

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

*d-1098*  
Graves John A.

Army Serial No. 35840040

Name of Cemetery St. Avoild

Plot DDD

Row 3

Grave 32

Letter to: Field

Remarks: Correct name on burial

Re-burial, previously burried in Bensheim  
Flot 1, row 3, Grave. 1184

*Reburied as Unknown d-1098*

Last Name                      First Name                      H.I.

Grabos *N-1098*                      John                      A.

Army Serial No.                      35840040

Name of Cemetery                      St. Avoild

Plot                      DDD

Row                      3

Grave                      32

Letter To:                      Field

Remarks:                      Correct name on burial

Re-burial, previously burried in Bensheim  
Flot 1, row. 3, Grave. 1184

*Reburied as Unknown N-1098*

**REPORT OF BURIAL**

27 April 1945

Date

392

*K-1098*  
**Shatos, John**  
Last Name First Initial

IM-10-630 AND AR 30-1815

Last Name

First

Initial

Rank

Serial No.

Unit

242 Inf.

Organization

*P.O. Lomeno, Italy (176014)*

Place of Death

Date of Death

9 Jan. 1945

Malnutrition, sv.  
Cause of Death

0900 hrs. 14 Apr. 1945  
Time and Date of Burial

**U S Mil Cem Bensheim Ger M 622213**  
Name of Cemetery Name of Coordinates of Location

1184  
Grave Number

5  
Row Number

Plot Number

TW  
Marker

Disposition of identification Tags. Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags

How were remains identified? *Remains secured from Prisoners, Civ. Com. records. overseas*

Name, Rank and Army Gravities Records Army. Deceased carried MIA 9 Jan 45.

What means of identification were buried with the body?

*1 C. P. ... I ... buried with body.*

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

Who is buried on:

Deceased's Right:

*Serial No. 344713, Pfc*

1183 Inf.  
Organization

1183  
Grave No.

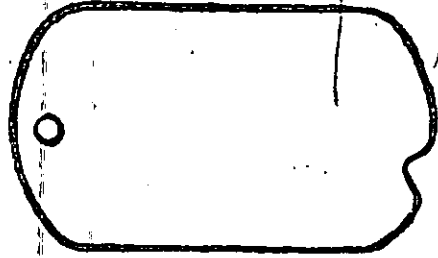
Deceased's Left:

*Serial No. 345029, Pfc*

157 Inf.  
Organization

1185  
Grave No.

*1 Sgt. ... Co.*  
Signature or Name, Rank and if possible organization of person furnishing above data when other than officer reporting burial.



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

Emergency Addressee

Name

Address

Religion

*Other*

List only Personal Effects Found on Body and disposition of

**REBURIAL**

*For further information see 1st Qtr, dated 25 March 45*

*Previously buried in isolated grave*

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

J. E. HAYKES, 1st Lt., OMC., 46th QM GE Co.

*8-72-45*



**REPORT OF BURIAL**

27 April 1945  
Date

19

393

K-1098  
*Grabos, John*

FM 10-630 AND AF 30-1815

*Grabos* Last Name  
*John* First  
*A* Initial  
*242 Inf.* Organization  
*9* Unit  
*1188* Grave No.  
*5* Row Number  
*1* Plot Number

*Vic. Lerron Hill, Ger. (1250160)* Place of Death  
*9 Jan. 1945* Date of Death  
*Malnutrition, sv.* Cause of Death

*0900 hrs. 14 Apr. 1945* Time and Date of Burial  
*USMIL Cem Bensheim Ger M622213* Name of Cemetery  
*M622213* Name of Coordinates of Location

*1188* Grave Number  
*5* Row Number  
*1* Plot Number  
*TW* Marker  
Disposition of identification Tags, Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified? *Secured from Lerron Hill, Civ. Cen. records. See reverse*

Name, Rank & ASE: *Private* Company: *46th* Army. Deceased carried MIA 9 Jan 45.

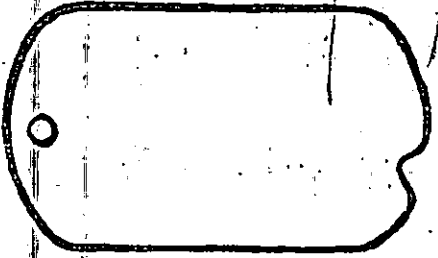
What means of identification were buried with the body?  
*SEC Tag. I was sealed bottle buried with body.*

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

Who is buried on:  
Deceased's Right: *A. Sargent Carter* Serial No. *5641715* Rank *Pfc* Organization *510 Inf.* Grave No. *1183*

Deceased's Left: *S/Sgt. Francis* Serial No. *3421* Rank *Pfc* Organization *157 Inf.* Grave No. *1185*

Signature or Name, Rank and if possible organization of person furnishing above data when other than officer reporting burial.



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

Emergency Addressee Name

Address

Religion *Unknown*

List only Personal Effects Found on Body and disposition of same

*For further information see 1st Qtr, dated 25 March 45*

**REBURIAL**

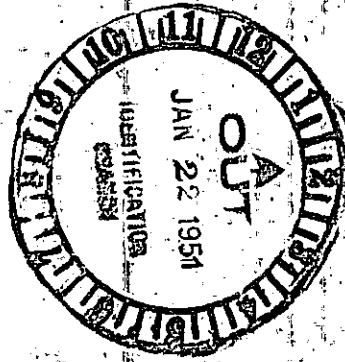
*buried in isolated grave*  
*at Lerron Hill, Ger. M622213*

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

*J. E. HAYKILLS, 1st Lt., OMC., 46th QM GR Co.*

*Handwritten initials and notes on the right side of the page.*



19

### 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:

Est. Height: 5'7"      Laundry Marks:  
 Est. Weight: 70 lbs.      Number of Rifle:  
 Color of Eyes:      Wear Glasses?:  
 Color of Hair:      Is Tooth Chart Attached?:  
 Race: W

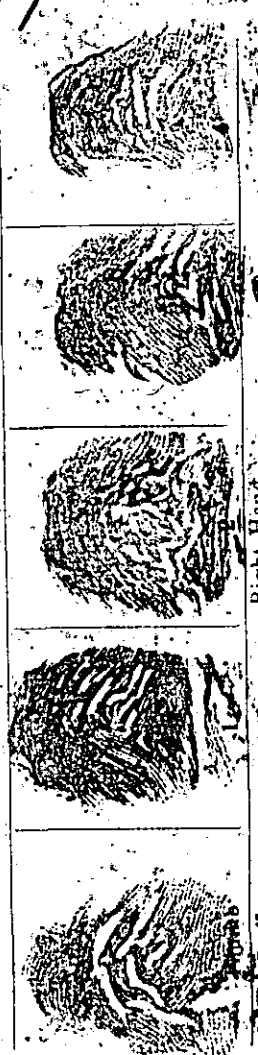
(If possible, have medical personnel take a tooth chart; if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

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

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.

Fingerprints taken by:  
S/Sgt. C. Gisler  
48th QM GR Co.

Disinterred from Civ. Cem. Heppenheim, Ger.  
(M650160).



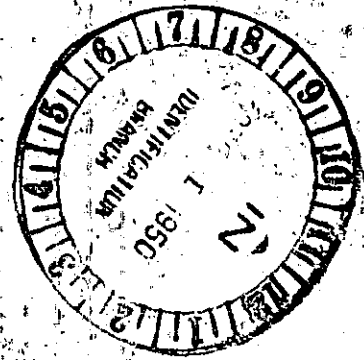
TOOTH CHART

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

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

Characteristics:

Other Data:



# REPORT OF BURIAL

SEP 17 1945

TM 10-630 AND AR 30-1815

Last Name: Unknown  
John  
Co. C.

Rank: Pfc

Date: 35840040  
Serial No.

Unit: 242 Inf

Place of Death: Vic. Heppenheim, Germany (M650160) Date of Death: 21 Jan 1945 Cause of Death: Malnutrition Sv.

Name of Cemetery: 330-15-100-05 Mil. Cemetery St. Avoird France 0260584

Grave Number: 32

Row Number: 3

Name of Cemetery: DDD  
Plot Number

Name or Coordinates of Location: Cross  
Type of Marker

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

How were remains identified? Info secured from Heppenheim Civ. Cem. records. Name, rank & ASN from 7 ArmyAG Casualty Records. Deceased carried MIA 9 Jan 45

# REBURIAL

See reverse  
reverse

Previously buried in Bensheim Cemetery

What means of identification were buried with the body?

QTC Form - 1-GRS in sealed bottle buried with body

Plot I Row # 3 Grave 1184

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

Who is buried on: Abraham, Carter, W. 33541715 Pfc 314 Inf

Deceased's Right: Name Stamm, James T. Serial No. 34950049 Rank Pfc Organization 157 Inf Grave No. 33

Deceased's Left: Name S/Sgt. Francis Deedy, Serial No. 3041 Rank Q1 Organization Co. Grave No.

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



If print of identification tag is not affixed fill in below

Emergency Address: Name \_\_\_\_\_

Address \_\_\_\_\_

Religion: Unknown.

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

See information see below 25.00.46.

Disintering officer

*R.H. Kershaw*

Signature of Officer or other person reporting burial

REINHOLD L. TURNER,  
1ST LT., MC.,  
O-205234

Verified by G. E. S. Officer

*Handwritten notes and signatures in the bottom right corner.*

# REPORT OF BURIAL

REBURIAL

SEP 17 1945

TM 10-630 AND AR 30-1815

GRAVES (Unknown) *114*  
 Last Name: ~~XXXXXXXX~~ Co. C. *John*  
 Initial: *d-1098*  
 Pfc: *242 Inf*  
 Rank: *242 Inf*  
 Date: *35840040*  
 Serial No.: *35840040*

Unit: *9* Organization: *Malnutrition Sv.*

Place of Death: *Vic. Heppenheim, Germany (M650160)* Date of Death: *Est. 21 Jan 1945* Cause of Death: *Malnutrition Sv.*

Time and Date of Burial: *0830-19-SEP-45* Name of Cemetery: *Mil. Cemetery St. Avold France 0260584*

Grave Number: *32* Row Number: *3* Plot Number: *DDD* Type of Marker: *Cross*

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

If No Identification Tags Info secured from *Heppenheim Civ.*

# REBURIAL

See reverse reverse

Cem. records. Name, rank & ASN from *67 Army AG Casualty Records. Deceased carried MIA 9 Jan 45.*

Previously buried in *Bensheim Cemetery*

What means of identification were buried with the body?

*QMC Form - 1-GRS in sealed bottle buried with body*

Plot *I* Row *3* Grave *1184*

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

Who is buried on: *ANDERSON, Carter, W. 33541715 Pfc 314 Inf 31*

Deceased's Right: Name *STREET, James T.* Serial No. *34950849* Rank *Pfc* Organization *157 Inf* Grave No. *33*

Deceased's Left: Name *S/Sgt. Francis Deedy,* Serial No. *3041* Rank *QM GR* Organization *CG.* Grave No. *1184*

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



If print of identification tag is not affixed fill in below

Emergency Address: Name \_\_\_\_\_

Address \_\_\_\_\_

Religion: *Unknown*

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

*For further information see: 1st Ind. dated 25 March 46.*

Disinterring Officer: *R.H. Kershaw*

*R.H. KERSHAW 1st Lt. 48th QM GR CO.*  
Signature of Officer or other person reporting burial

REINTEGRATION OFFICER  
GERALD L. HUNNER,  
1ST LT., QMC.,  
O-205224

Verified by G. E. S. Officer: *G. L. Ham*

OFFICER'S COPY

*Handwritten notes and signatures in the bottom right corner, including a large '114' and other illegible markings.*

## 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:

Est. Height: 5'7"      Laundry Marks:  
 Est. Weight: 70 lbs      Number of Rifle:  
 Color of Eyes:      Wear Glasses?  
 Color of Hair:      Is Tooth Chart Attached?  
 Race: *W*

(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.

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

Left Hand


Right Hand


### TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ∅; linking anchor teeth; replacements by artificial teeth by X

Characteristics:

Other Data:

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.

Fingerprints taken by:  
 S/Sgt G. Gissler  
 49th Inf. Co.

Disinterred from Civ. Cen.  
 Reppenheim, Ger. (M50160)

20 DEC 1945

# REPORT OF BURIAL

27 April 1945  
Date

~~Graves~~ John A Pfc 35840040  
 Last Name First Initial Rank Serial No.  
 Unit Unknown 242 Inf.  
 Organization  
 Place of Death Vic. Heppenheim, Ger. (M650160) Date of Death 21 Jan. 1945 Cause of Death Malnutrition, sv.  
 Time and Date of Burial 0900 hrs. 14 Apr. 1945 Name of Cemetery US Mil Cem Bensheim, Ger. M622218 Name or Coordinates of Location  
 Grave Number 1184 Row Number 3 Plot Number I Type of Marker T

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

If No Identification Tags

How were remains identified? Info. secured from Heppenheim, Civ. Cem. records. See Reverse.

Name, Rank & ASN From AG Casualty Records, 7th Army. Deceased carried MIA 9 Jan 45.

What means of identification were buried with the body?

QTC Form 1-GRS in sealed bottled buried with body.

A TRUE COPY:

*Lt. Wael*  
*Heppenheim*

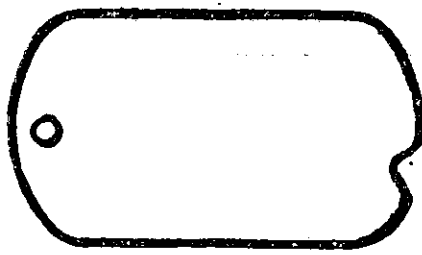
To determine Right or Left use **Deceased's** Right and Left.

Who is buried on :

Deceased's Right :	<u>Anderson, Carter W.</u>	<u>33541715</u>	<u>Pfc</u>	<u>314 Inf.</u>	<u>1183</u>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left :	<u>Street, James T.</u>	<u>34950849</u>	<u>Pfc</u>	<u>157 Inf.</u>	<u>1185</u>
	Name	Serial No.	Rank	Organization	Grave No.

S/Sgt. Francis Doody, 3041 QM GR Co.

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



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

Emergency Addressee Name

Address

Religion Unknown

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

**Previous**

Vic. Heppenheim, Germ. M650160  
Signature of Officer or other person reporting burial

/s/t/J.E. HAWKINS, 1st Lt. QMC, 46th QM Gr. Co.  
Verified by G.R.S. Officer

*Final #2*

*8241*



## 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 :

Est. Height : 5'7"      Laundry Marks :  
 Est. Weight : 70 lbs.      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.

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

Left Hand	4	3	2	1	Thumb
FINGERPRINTS TAKEN BUT UNABLE TO REPRODUCE					

Right Hand	4	3	2	1	Thumb
FINGERPRINTS TAKEN BUT UNABLE TO REPRODUCE					

### TOOTH CHART

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

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

Characteristics :

Other Data :

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.

Fingerprints taken by:  
 S/Sgt. C. Gissler  
 48th M CR Co.

Disinterred from Civ. Cem. Heppenheim, Ger.  
 (11650160).

RESTRICTED

**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

18 March 1946  
Date

UNKNOWN X-1098		Unknown		Unknown	
Last Name	First	Initial	Rank	Serial No.	
Co. C			242 Inf.		
Unit			Organization		
Vic. Huppenheim, France (M65C160)		9 Jan. 1945		Malnutrition sev.	
Place of Death		Date of Death		Cause of Death	
0830 hrs 19 Sept. 1945		US MIL CEM ST. AVOUD, FRANCE		-200-584	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
32		DDD		Cross	
Grave Number	Row Number	Plot Number		Type of Marker	

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

If No Identification Tags Formerly buried as Grabos, John A.  
How were remains identified?

See reverse

What means of identification were buried with the body?

GPS Form #1 in burial bottle

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

Who is buried on:					
Deceased's Right:	ANDERSON	33541715			31
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	STREET	34950849			33
	Name	Serial No.	Rank	Organization	Grave No.

S/Sgt Francis Deedy, 3041 4th GR Co.

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



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

Emergency Addressee Unknown  
Name

Address

Religion Unknown

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

REBURIAL

Previously buried in Bensheim Cem.  
Plot, I, Row 3, Grave 1184.

Signature of Officer or other person reporting burial

*Robert D. Heilman* JAH  
Verified by G.R. Officer

ROBERT D HEILMAN, 1st Lt. Inf., 6828 GR Det.

**IF DECEASED, INCLUDE**

Take Fingerprint of \_\_\_\_\_  
 complete set of fingerprints, \_\_\_\_\_  
 the following:

Est. Height: 5'7"  
 Est. Weight: 70 lbs.  
 Color of Eyes: \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_  
 Race: W

(If possible, have medical personnel present, fill in a tooth chart below, location and describe any scars, birthmarks, etc.)

Note: Below any identifying clues found, give probable organization of deceased, etc.

Name, Rank and ASN from AG Casualty Records  
 7th Army. Deceased carried MIA 9 Jan. 1945

Left Hand

4

3

2

1

Thumb

Right Hand

4

3

2

1

Thumb

**TOOTH CHART**

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ◊; missing anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

If file is in possession of a Sketch of the Location, enclosed with this report. If more space needed attach separate sheet.

Fingerprints taken by:  
 S/Sgt G. Gissler  
 40th MI GR Co.

Disinterred from Civ. Cem. Moppenheim, Ger.  
 (11650160).

FORMER HQ SOS

/22560

UNITED STATES GOVERNMENT

**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

16 March 1946

Date

UNKNOW X-1098

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Co. C

242 Inf.

Unit

Organization

Vic. Huppenheim, France (M650160) 9 Jan. 1945

Malnutrition sev.

Place of Death

Date of Death

Cause of Death

0830 hrs 19 Sept. 1945

US MIL CAMP ST. AVAIS, FRANCE

-200-584

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

3

DDD

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags Formerly buried as Grabos, John L.

How were remains identified?

See REVERSE

What means of identification were buried with the body?

See Form #1 in burial bottle

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

Who is buried on:

Deceased's Right:

NAME

31541715

Rank

Organization

31

Grave No.

Deceased's Left:

NAME

34950849

Rank

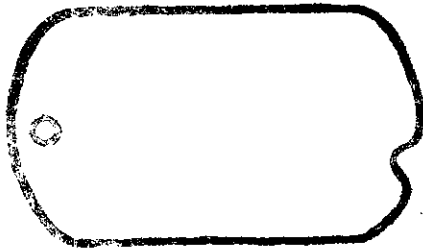
Organization

33

Grave No.

S/Sgt Francis Deedy, 3041 1st Inf Co.

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



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

Emergency Addressee Unknown

Name

Address

Religion Unknown

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

None

**REBURIAL**

Previously buried in Bunsheim Co.  
Plot, I, Row 3, Grave 1124.

Signature of Officer or other person reporting burial

Robert D. Neilman JAH

Verified by G.R. Officer

ROBERT D NEILMAN, 1st Lt. Inf., 6828 CR Det.

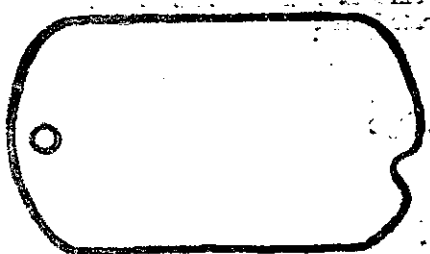
**RESTRICTED REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

18 March 1946

Date

UNKNOWN X-1098		Unknown		Unknown	
Last Name	First	Initial	Rank	Serial No.	
Co. C			242 Inf.		
Vic. Heppenhein, Franco (M650160)			9 Jan. 1945		Malnutrition sev.
Place of Death		Date of Death		Cause of Death	
0030 hrs 19 Sept. 1945		US MIL CEM ST. AVOUD, FRANCE		C-260-584	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
32 3		DDD		Cross	
Grave Number	Row Number	Plot Number		Type of Marker	
32	3	DDD		Cross	
Disposition of Identification Tags: Buried with body Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Attached to Marker Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
If No Identification Tags Formerly buried as Grabos, John A. How were remains identified?					
See reverse					
What means of identification were buried with the body?					
CRS Form #1 in burial bottle					
To determine Right or Left use Deceased's Right and Left.					
Who is buried on:					
Deceased's Right:		ANDERSCH	33541715		31
		Name	Serial No.	Rank	Grave No.
Deceased's Left:		STREET	34950249		33
		Name	Serial No.	Rank	Grave No.
S/Sgt Francis Deedy, 3041 01 CR Co.					
Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.					



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

Emergency Addressee	Unknown	Name	
Address			
Religion	Unknown		

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

**REBURIAL**

Previously buried in Bensheim Cem.  
Plot, I, Row 3, Grave 1184.

Signature of Officer or other person reporting burial:  
*Robert D. Heilman*  
Verified by GHS Officer

ROBERT D HEILMAN, 1st Lt. Inf., 6826 CR Det.

083551 127 CH 88 9 CA

**INSTRUCTIONS TO PROPERLY  
IF DECEASED AND UNIDENTIFIED**

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

1st Height: 5'7" Laundry Marks:  
2nd Weight: 70 lbs. 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.

Yes  No Attached to Body Yes  No  No Identification Tag

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

Name, Rank and ASN from AG Casualty Records  
7th Army . Deceased carried MIA 9 Jan. 1945

Grave No.	Rank	Serial No.
Grave No.	Rank	Serial No.

**TOOTH CHART**

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

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

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

Characteristics:

Only Dead

Emergency Address:  
Fingerprints taken by:  
S/Sgt G. Giesler  
40th CI GR Co.

Disinterred from Civ. Cem. Hoppenthal, Ger.  
(1550160)

GRAVES REGISTRATION  
FORM NO. 1  
(Revised 1 Sept, 1943)

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

27 April 1945

Date

*Unknown - 1098*

*Graves*  
Last Name

*John*  
First

*A*  
Initial

*Pfc*  
Rank

*35840040*  
Serial No.

Unknown  
Unit

242 Inf.  
Organization

Vic. Heppenheim, Ger. (M650160)  
Place of Death

*9*  
Date of Death *21 Jan. 1945.*

Malnutrition, sv.  
Cause of Death

0900 hrs. 14 Apr. 1945.  
Time and Date of Burial

USMIL Cem Bensheim Ger M622213  
Name of Cemetery

Name of Coordinates of Location

1184  
Grave Number

3  
Row Number

1  
Plot Number

TW  
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? Info. secured from Heppenheim, Civ. Cen. records.  
See Reverse

Name, Rank & ASN From AG Casualty Records 7th Army. Deceased carried MIA 9 Jan 45.

What means of identification were buried with the body?

QIC Form 1-GRS in sealed bottle buried with body.

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

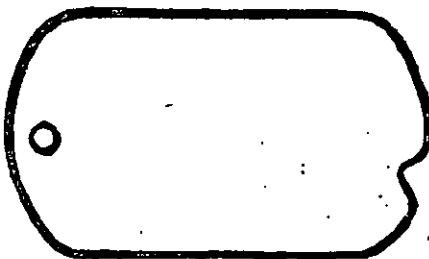
Who is buried on:

Deceased's Right: Anderson, Carter W. 33541715, Pfc 514 Inf. 1183  
Name Serial No Rank Organization Grave No.

Deceased's Left: Street, James T. 34950849, Pfc 157 Inf. 1185  
Name Serial No Rank Organization Grave No.

S/Sgt. Francis Doody, 3041 QI GR Co.

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



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

Emergency Addressee Name

Address

Religion Unknown

List only Personal Effects Found on Body and disposition of same

*For further information  
see 1st Ind, dated  
15 March 46*

## REBURIAL

Previously buried in isolated grave

*at Heppenheim, Ger. M650160*

Signature of Officer or other person reporting burial

*J. E. Hawkins*  
Verified by G. R. S. Officer

J. E. HAWKINS, 1st Lt., QIC., 46th QI GR Co.

### IF DECEASED UNIDENTIFIED

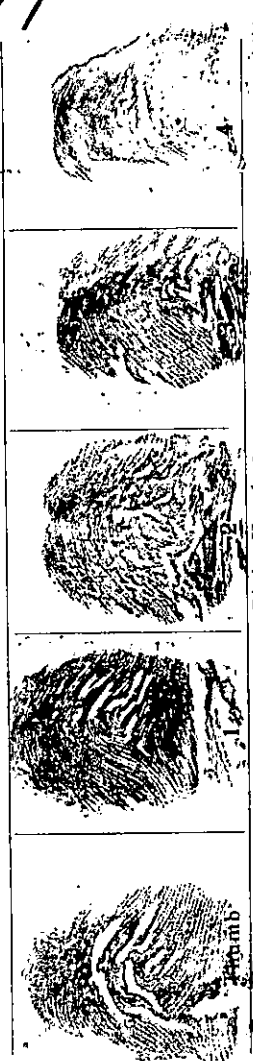
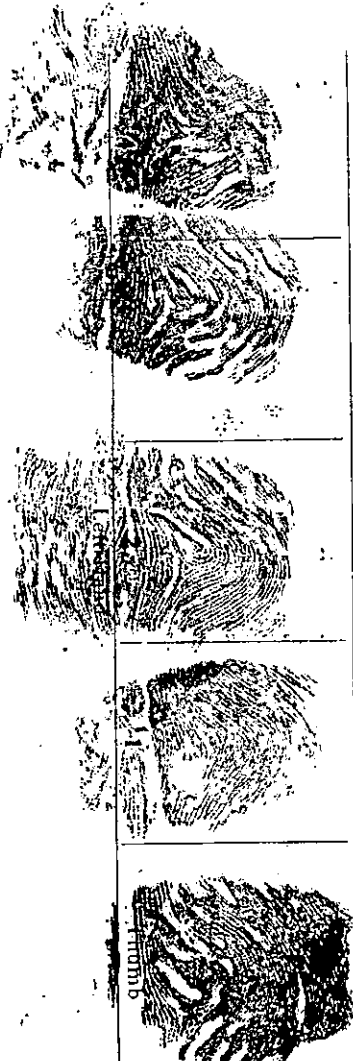
Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following :

Est. Height : 5'7"	Laundry Marks :
Est. Weight : 70 lbs.	Number of Rifle :
Color of Eyes :	Wear Glasses? :
Color of Hair :	Is Tooth Chart Attached? :
Race : W	

(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.

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

*Not found in F.B.I  
Hoes War Dept  
10 Nov 1945*



Right Hand

#### TOOTH CHART

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

Indicate : missing natural teeth by X ; crowns by O ; fillings by □ ; Bridges by ◯ linking anchor teeth ; replacements by artificial teeth X

Characteristics :

Other Data :

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.

Fingerprints taken by:  
S/Sgt. C. Gissler  
48th QM GR Co.

Disinterred from Civ. Cem. Heppenheim, Ger.  
(L650160).