

1

USMC HAMM  
PLOT G, ROW 8, GRAVE 27  
DATE OF BURIAL 8 June 1951 DISINTERMENT DIRECTIVE  
VERIFIED BY GRS OFFICER  
*Robert W. Gansel* 4-2-57

ROBERT W. GANSEL, 1st Lt QMC  
SECTION A --  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
3574, 10008  
DATE  
15 05 51  
DAY MONTH YEAR

NAME UNKNOWN X-1754 SERIAL NUMBER GRADE ARM 8 RACE 0 RELIGION 6  
CEMETERY 943 unk St. Avold X-1754 PLOT SSS ROW 1 GRAVE 8 DISPOSITION OF REMAINS 1202x 80  
ST AVOLD FRANCE DIST. CTR. 6929

SECTION B - CONSIGNEE AND NEXT OF KIN  
NAME AND ADDRESS OF CONSIGNEE ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ HAMM, LUXEMBOURG  
NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) 6001

SECTION C - DISINTERMENT AND IDENTIFICATION  
NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT  
NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION  
**SEE ATTACHED SHEET**

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major 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.  
RECORDS ANNOTATED  
DATE 6/20/51  
NAME Eugene Shuter  
REGIST. BR. MEM. DIR.  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS ARE UNIDENTIFIABLE. PREV. BUR. IN ISOLATED GRAVE AT HAUPTFRIED-  
HOF MANNHEIM, GERMANY, GRAVE 38.  
IF PERMANENT INTERMENT HAS BEEN MADE, DO NOT DISINTER THESE REMAINS. CORRECT PERMANENT CEMETERY CONSIGNEE IN RED INK ON NUMBER 1 COPY OF DISINTERMENT DIRECTIVE.  
CONSIGNEE CHANGED BY HQ, AGRC  
FILE  
RECORDS ANNOTATED  
DATE 20 June 51  
NAME Eugene Shuter  
REGIST. BR. MEM. DIR.

*4-1-3*

*PIN*

# DISINTERMENT DIRECTIVE

1

|   |                             |  |                 |                  |                        |
|---|-----------------------------|--|-----------------|------------------|------------------------|
| <b>SECTION A — NAME AND BURIAL LOCATION OF DECEASED</b> |                             |  |                 | DIRECTIVE NUMBER | DATE                   |
| NAME  | UNKNOWN X-1754              | SERIAL NUMBER                              | RANK            | ARM              | DATE OF DEATH          |
|   | <del>SWANSON ROBERT A</del> | <del>UNKNOWN X-200000000</del><br>0-705850 | <del>B-1A</del> | J                | DAY   MONTH   YEAR     |
| CEMETERY  |                             |  |                 |                  | DISPOSITION OF REMAINS |
|   |                             |  |                 |                  | CODE   DIST. PT.       |
| PLOT  | ROW                         | GRAVE                                      | COUNTRY         |                  | CAUSE OF DEATH         |
| SSS   | 1                           | 3  | ST AVOLD FRANCE |                  |                        |

| SECTION B — CONSIGNEE AND NEXT OF KIN |                                 |
|---------------------------------------|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE         | NAME AND ADDRESS OF NEXT OF KIN |
|                                       |                                 |

| SECTION C — DISINTERMENT AND IDENTIFICATION                         |               |          |                                 |                  |
|---|---------------|----------|---------------------------------|------------------|
| NAME  | SERIAL NUMBER | RANK     | DATE OF DEATH                   | DATE DISINTERRED |
| SWANSON, Robert A.  | 0-705850      | 2/Lt     |                                 | 19 July 48       |
| IDENTIFICATION TAG ON   | ORGANIZATION  | RELIGION | IDENTIFICATION VERIFIED BY      |                  |
| <input type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER |               |          | Melvin W. Blackburn<br>Embalmer |                  |
|   |               |          | NAME AND TITLE                  |                  |

| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT |   |
|---|---|
| NATURE OF BURIAL                                | CONDITION OF REMAINS  |
| Uniform & Mattress/cover                        | Missing Lt/Tibia, Rt/Lt Fibula<br>All bones fractured except Rt/Lt Clavicle, Rt/<br>Humerus, Rt/Radius & Rt/Ulna. Body disarticu-<br>lated. Final stage of decomposition. |
| OTHER MEANS OF IDENTIFICATION                   |   |
| Embossed plate with remains                     |   |
| MINOR DISCREPANCIES                             |   |
| No Report of Burial with remains                |   |

|  |  |
|--|--|
| REMAINS PREPARED AND PLACED IN CASKET  |  |
| DATE 21 July 48                        | BY Melvin W. Blackburn, Embalmer   |
| CASKET SEALED BY                       | EMBALMER (Signature)   |
| Melvin W. Blackburn, Embalmer          | <i>Melvin W. Blackburn</i>   |
| CASKET BOXED AND MARKED                | SHIPPING ADDRESS <del>XXXXXX</del> All markings plates & tags verified by: <i>James C. Vanecko</i> |
| DATE 21 July 48 BY Melvin W. Blackburn | <i>James C. Vanecko</i><br>James C. Vanecko, Lt. CAC   |

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

Final casketing by: *James C. Vanecko*  
*James C. Vanecko*  
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

\* AUTH: ltr Chief, Bur Rec Br, Reg Div, dtd 2 Feb 1950, Subject: "Redesignation".

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

|  |                   |   |      |
|--|-------------------|---|------|
| FROM<br>USMC St AvoId, France              |                   | TO<br>CIC Naurville, Belgium                      |      |
| KIND OF CONVEYANCE<br>Truck                |                   | NAME OF CONVOYER<br>Pvt Vito M Biando RA 12805611 |      |
| SIGNATURE OF SHIPPER<br><i>[Signature]</i> | DATE<br>11 Oct 40 | SIGNATURE OF RECEIVER                             | DATE |

## 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 | DATE | SIGNATURE OF RECEIVER | DATE |

## 5. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | 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 |

AIRMAIL

CLASS 314.6  
GPO Approved

21 Ins

SUBJECT: Certification of Indemnifiability  
Transmittal Letter #6254

Department of the Army, GPO, Washington 25, D. C., 22 June 1951

To: Commanding Officer, 7877 Graves Registration Detachment,  
APO 757, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknown I-771,  
Grand Falls, listed in basic communication, as Indemnifiable.

2. Indemnifiable classification of Unknowns I-1754 and I-1790,  
St. Avold, France, was approved and your headquarters notified by  
Letter, this Office, dated 11 May 1951, copy inclosed.

FOR THE QUARTERMASTER GENERAL

- 1 Incl
- 21-Unknown Incl 1
- 21-Listed 1 Incl
- 2. Copy for dated 11 May 51

WILLIAM H. GIBB  
Lt Col GPO  
Memorial Division

JAN

Colley/can  
By  
cc--Administrative Section

X 293 GAK SF 000000 X-1000

AIRMAIL

6

DISINTERMENT DIRECTIVE

243 *unk. G. and B. X-1754*

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 10008

DATE  
15 05 51  
DAY MONTH YEAR

NAME: UNKNOWN X-1754 SERIAL NUMBER: GRADE: ARM: 8 RACE: 0 RELIGION: 6

CEMETERY: ST AVOLD FRANCE PLOT: 555 ROW: 1 GRAVE: 8 DISPOSITION OF REMAINS: 1202 CODE 50 DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NEUVILLE-EN-CONDROZ, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN 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 (Prepare Discrepancy Report QMC Form 1194a for major 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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS ARE UNIDENTIFIABLE. PREV. BUR. IN ISOLATED GRAVE AT NAUPTRIED-  
HOF MANNHEIM, GERMANY, GRAVE 30.  
IF PERMANENT INTERMENT HAS BEEN MADE, DO NOT DISINTER THESE REMAINS. CORRECT PERMANENT CEMETERY CONSIGNEE IN RED INK ON NUMBER 1 COPY OF DISINTERMENT DIRECTIVE

*File 18 May 51  
Rec'd  
Adams*

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

MEMO 293

11 May 1951

GRS European *(Edwards)*

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
7887 Graves Registration Detachment  
APO 757, c/o Postmaster  
New York, New York

1. Reference is made to Transmittal Letter No. 6254, dated 19 April 1951, forwarding Certificates of Unidentifiability of Remains.
2. This Office approves the classification of unknowns X-1754 and X-1790, interred in the United States Military Cemetery, St. Avold, France, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Cy furnished: Adm Sec  
Jeffrey/rar  
Foy

THOMAS E. OIA  
Capt OIC  
Memorial Division

11 May 1951  
10:15 AM  
BY  
10:15 AM  
10:15 AM

MAIL

AIRMAIL

QJGME 208 214.6

1st Ind

GRS European

SUBJECT: Certificates of Unidentifiability  
Transmittal Letter #6254

Department of the Army, GAGM, Washington 25, D. C., 1 May 1951

TO: Commanding Officer, 78th Graves Registration Detachment,  
APO 757, c/o Postmaster, New York, New York

1. This Office approves the classification of the following Unknowns listed in basic communication, as Unidentifiable:

|                |                              |
|----------------|------------------------------|
| Unknown X-38   | St. Laurent, France          |
| Unknown X-8523 | Neuville-en-Candros, Belgium |
| Unknown X-8527 | Neuville-en-Candros, Belgium |

2. Paragraph 3 of the Anthropological Report for Unknown X-38, St. Laurent, indicates the casket and shipping case are tagged as Unknown X-38, ISEC St. Laurent, but the remains are tagged "Thomas D. Mendenhall, Tec 5, 35405344". It is requested that these remains be designated Unknown X-38. Unknown X-34, St. Laurent, has been identified as Tec 5 Thomas D. Mendenhall, 35405344.

3. This Office has no record of Unknown X-571, Grand Faily, France. It is requested that Report of Burial be forwarded as soon as possible.

4. Unknowns X-1754 and X-1790, St. Avoird, will be the subject of a later communication.

FOR THE QUART MASTER GENERAL:

6 Incls  
w/d

THOMAS E. C. X  
Capt JEC  
Memorial Division

Cy furnished: Adm Sec  
Coffey/rar  
Foy

298 1008 2 1954 (S.F. 1008)

AIRMAIL

HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
OPERATIONS DIVISION  
APO 757 (Liege) US ARMY

*Am*

GROP 200.2

*943 unk. St. Avold X-1754* 16 April 1951

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

*MB*

1. The records pertaining to Unknown X-1754, Plot SSS, Row 1 Grave 8, USMC St. Avold, France, have been reviewed in accordance with par 159, SR 830-110-5, DA dated 3 March 1949, and it is the opinion of the Board of Review appointed by par 4, SO No 32, this headquarters, dated 10 April 1951, that sufficient evidence is not available to establish the identity of the deceased concerned, and it is recommended these remains be classified as unidentifiable.

2. Report of reprocessing of remains was forwarded to the Office of The Quartermaster General, by Transmittal Letter No. 4755, dated 3 February 1950.

3. Remarks: **See attached narrative.**

Lt Col James C. MacPAILLAND, O-1576321, QMC Maj George GUNDERMAN, Jr, O-1289071, QMC

Capt Clyde W. STEINSIEK, O-1040311, QMC

*Allan Lawson*  
Capt Allan L. LAWSON, O-1286075, QMC

*Robert W. Gansel*  
1/Lt Robert W. GANSEL, O-1599085, QMC

*John A. Boutin*  
2/Lt John A. BOUTIN, O-947298, QMC

*T/L # 6254*

Received *19 April 1951* OQMG  
Not identifiable from  
information presently  
available

File

*11 May 1951*  
*Di Jeffrey*  
Identified Branch

*Incl #3*



CASE HISTORY

Unknown X-1754

USMC St Avold, SSS-1-8

UNIDENTIFIABLE

Remains of X-1754 were originally disinterred from grave # 38, Mannheim Cemetery, Germany, reburied in USMC St Avold on 19 February 1946. Cemetery Register indicates the subject deceased, recorded as "Swason - American", was buried on 8 September 1944.

On 16 October 1946, Unknown X-1754 was identified as the remains of 2/Lt Robert A. SWANSON, O 705 850. 2/Lt Swanson was the only unaccounted for crew member of A/C # 43-38139 which was downed in vicinity of Mannheim on 5 September 1944.

However, subsequent investigation revealed that the tooth chart of Unknown X-1754 was in complete disagreement with the FPDIF of 2/Lt Swanson. Consequently, these remains were redesignated Unknown. It is noted a tentative association, based on favorable dental comparison, was established with 2/Lt Swanson and Unknown X-1756 St Avold, which were recovered from grave # 40 of Mannheim cemetery.

The teeth charted with Unknown X-1754 were compared with the available dental records for all the Air Corps casualties reported interred in Mannheim with negative results.

In view of the above, it is recommended that Unknown X-1754 be classified Unidentifiable.

*A. M. Swetnick*  
A. M. SWETNICK  
5 April 1951

*Ans*

Basic ltr, OQMG, OQMGU 293, Subject: Information Required for Graves Registration, dated 5 May 1947.

RRE 293 (Unks. X-1754 & 1755, St. Avold) 1st Ind.

Hq, American Graves Registration Command, European Theater Area, APO 58, U S Army, 2 June 1947.

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

Inclosed photostatic copies of Forms 1-A Tooth-chart, together with FPDIFs, are forwarded in compliance with paragraph 3, basic communication.

FOR THE COMMANDING GENERAL:

*Joseph E. McCLUSKEY*  
JOSEPH E. MCCLUSKEY  
1st Lt., Inf  
Actg Asst Adj Gen

4 Incls: a/s

293 inc to X 1754. Name (St. Avold)

*Should be reported*



*Bureau*

5

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO

QMGMU 293

Unks. X-1754 & X-1755

RX -(St. Avold) France

5 May 1947

SUBJECT: Information Required for Graves Registration

TO : Commanding Officer  
American Graves Registration Command  
European Area  
APO 887, c/o Postmaster  
New York, New York

1. This office is in receipt of corrected Reports of Burial for Unknowns X-1754 and X-1755, U.S. Military Cemetery, St. Avold, France, whose remains have been identified and buried as follows:

(Previously X-1754)  
SWANSON, Robert A. O-705850 2nd Lt. Plot SSS, Row 1, Grave 8

(Previously X-1755)  
CAIN, Lewis L. 34649901 Sgt. Plot SSS, Row 1, Grave 7

2. These remains were evidently reprocessed and new dental charts accomplished, however, copies of the corrected Forms 1A were not forwarded to this office.

3. As comparison of tooth charts were the main factors of the identification, it is requested that corrected copies of tooth charts for X-1754 and X-1755, be forwarded to this office at the earliest practicable date in order to complete our records.

FOR THE QUARTERMASTER GENERAL:

*James C. MacFarland*  
JAMES C. MacFARLAND  
Major, QMC  
Memorial Division

COMMUNICATIONS SECTION  
MAY 2 10 34 AM '47

copy to  
1st Lt. Swanston  
1st Lt. Caw

8 May 1947

243 unk. France 4-1754 (Lt. Auld)

SUBJECT: Information Required for Graves Registration

TO : Commanding Officer  
American Graves Registration Command  
European Area  
APO 887, c/o Postmaster  
New York, New York

1. This office is in receipt of corrected Reports of Burial for Unknowns X-1754 and X-1755, U.S. Military Cemetery, St. Amand, France, whose remains have been identified and buried as follows:

(Previously X-1754)  
SWANSTON, Robert A. O-705850 2nd Lt. Plot 888, Row 1, Grave 8

(Previously X-1755)  
CAW, Lewis L. 34649901 Sgt. Plot 888, Row 1, Grave 7

2. These remains were evidently reprocessed and new dental charts accomplished, however, copies of the corrected forms 11 were not forwarded to this office.

3. As comparison of tooth charts were the main factors of the identification, it is requested that corrected copies of tooth charts for X-1754 and X-1755, be forwarded to this office at the earliest practicable date in order to complete our records.

FOR THE QUARTERMASTER GENERAL:

JAMES C. WOODHURST  
Major, USA  
Memorial Division

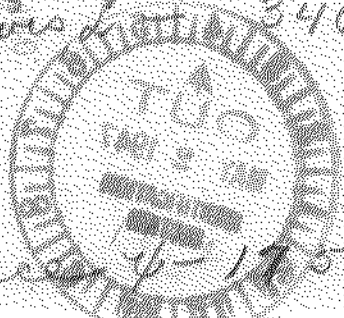
RECEIVED AND  
RECORDS BRANCH  
MAY 5 10 57 AM '47

NJS 3

ald

243 Swanston Robert A. O-705850

243 Caw Lewis L. 34649901



243 unk. France 4-1755 (Lt. Auld)

CAK  
Q  
D  
h  
(Basic Ltr: Hq, QMGMR 293, dtd 14 February 1947, subj: Burial Reports)

RRE 200.2 (St Avold SSS-1-8) 1st Ind.

Hq, American Graves Registration Command, European Theater Area, APO 887,  
US Army. 12 March 1947.

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

In compliance with request contained in basic communication there are enclosed Reports of Burial for Unknowns X-1754 and X-1755, interred in US Military Cemetery, St Avold, France, Plot SSS, Row 1, Graves 8 and 7 respectively.

FOR THE COMMANDING OFFICER:

2 Incls: a/s

*Philip J. Wolf*  
PHILIP J. WOLF  
Major, QMC  
Actg Asst Adj Gen

*Inclosure extracted in Identification  
Section, 16 apr 47*

*file  
16 April 47  
X.F. Blatchley  
NAT*

*1936 Camp X-1954 France (St Avold)*

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

IN REPLY REFER TO QMGMR 293

Unknown X-1754, X-1755  
(St. Avold) France

14 February 1947

SUBJECT: Burial Reports

TO : Commanding Officer, American Graves Registration Command,  
European Theater Area, APO 887, c/o Postmaster, New York,  
New York

1. Reference is made to Burial Reports for Unknown X-1754 and Unknown X-1755 in USMC St. Avold, France, Plot SSS, Row 1, Graves 8 and 7 respectively.

2. It is requested that duplicate copies of the above Burial Reports be forwarded at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

*James C. MacFarland*  
JAMES C. MACFARLAND  
Major, QMC  
Assistant

16  
Form 293  
Unknown X-1754, X-1755  
(St. Avold) France

14 February 1947

SUBJECT: Burial Reports

TO : Commanding Officer, American Graves Registration Command,  
European Theater Area, APO 887, c/o Postmaster, New York,  
New York

1. Reference is made to Burial Reports for Unknown X-1754 and  
Unknown X-1755 in USMC St. Avold, France, Plot 285, Row 1, Graves 8  
and 7 respectively.

2. It is requested that duplicate copies of the above Burial  
Reports be forwarded at the earliest practicable date.

FOR THE DISTRICT COMMANDER:

JAMES C. McPHERLAND  
Major, USMC  
Assistant

WCS

wfl

RECORDS SECTION AND  
FEB 14 8 45 AM '47  
MEMORIAL DIVISION

9  
X-1754, France X-1755 (St. Avold)



3 July 1946

2-1754  
CMOYS 273 Unknown L-175 (St. Avold) France

*Handwritten initials*

Memorial Graves Reg. Identification  
COMD, 2nd & T. Sts. SW Washington 25, D. C.

The Adjutant General's Office  
ASF, Washington 25, D. C.

ATTENTION: Officer's Records

Immediate Action X

Information required for Graves Registration

It is requested that the dental records for 1st Lt. Robert A. SWANECH,  
ASN. O-705850, be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND  
Major, QMC  
Assistant

*Handwritten initials*  
DT

ab  
*Handwritten marks*

*Large handwritten signature*

*Vertical stamp or markings*

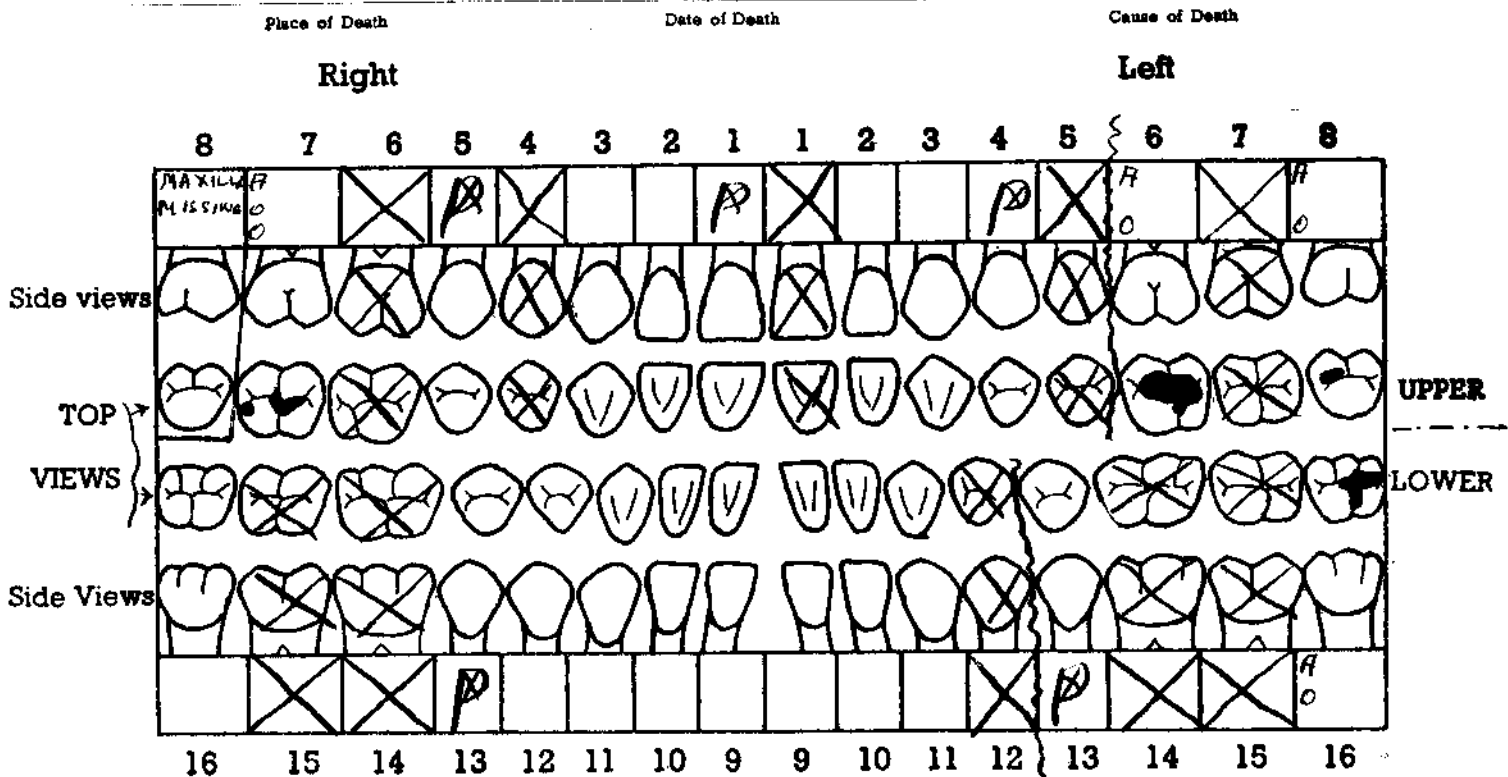
*Handwritten note:*  
#293 Swanech, Robert A.  
(O-705850)



# TOOTH CHART

*X-1754*

~~Swanson~~ Robert A. Unk 0-705850  
 Last Name First Initial Rank Date  
Unk AAF  
 Unit Organization



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), 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.

WALTER J JABLONSKI  
 US DA CIV IS

WOODROW W WOLF  
 CAPT QMC OPER OFF

/s/ Walter J Jablonski  
 Signature of Officer or other person who prepared Tooth chart

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

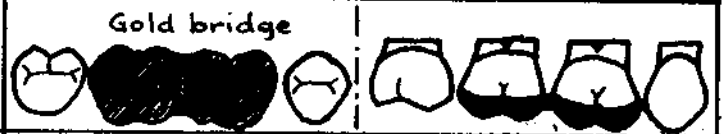
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



**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**

Teeth posthumously missing R-1-5-13, L-4-13  
 Teeth missing R-4-6-14-15, L-1-3-7-12-14-15,  
 Spaces L-6-8, 5mm  
 R-16, L-16 have a mesial version  
 L-16 rotated distally 1/8 turn  
 R-16 rotated distally 1/8 turn  
 L-8 has a facial version

Color : Dull ivory  
 Size : Small  
 Alignment : Fair.

**IDENTIFICATION CHECK LIST**

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

Known

D.D.# 625, dated 26 Nov 47

Unknown ~~X~~  
~~XXXXXX~~  
Cemetery St. Avold, France  
Plot SSS Row 1 Grave 8

- Date reprocessed:**
1. Arrived at cemetery ~~XXXXXX~~ 15 Jan 48  
(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 ~~XXXXXX~~ and reprocessed by I.S. First Zom  
(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><br>(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>Remnants of wool O.D.</u> |       |  |
| Jacket, HBT         | <u>None</u>                  |       |  |
| * Shirt, Wool OD    | <u>None</u>                  |       |  |
| Undershirt, Wool    | <u>Remnants of</u>           |       |  |
| Undershirt, Cotton  | <u>None</u>                  |       |  |
| Trousers, HBT       | <u>None</u>                  |       |  |
| * Trousers, Wool OD | <u>None</u>                  |       |  |

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) Remnants of flying coveralls (summer)

(Other item) Remnants of surgical dressings

\* 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? AAF

6. Description of Remains: L.Ulna - 25.1  
L.Humerus-31.7  
L.Radius -23.9

Age UTD Height Est 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 Light brown, 1 1/2" long, straight.  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

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

Eyes ..... **UTD** Eyebrows ..... **UTD**  
(Color, setting, shape) (Color, hushiness, 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 Teeth Chart**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... **UTD** Circumference of head in inches ..... **Fractured**  
(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 ..... **Missing**  
(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, fat) (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 Fingers missing

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

9. Remarks Remains received wrapped in mattress cover, in skeletal state. Identification tag did not accompany remains nor does it appear on the grave marker. Clothing remnants in debris.  
Estimated weight processed remains : 15 lbs.

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**

Rank

**QMC**

Service

**OPERATIONS OFFICER**

(Organization)

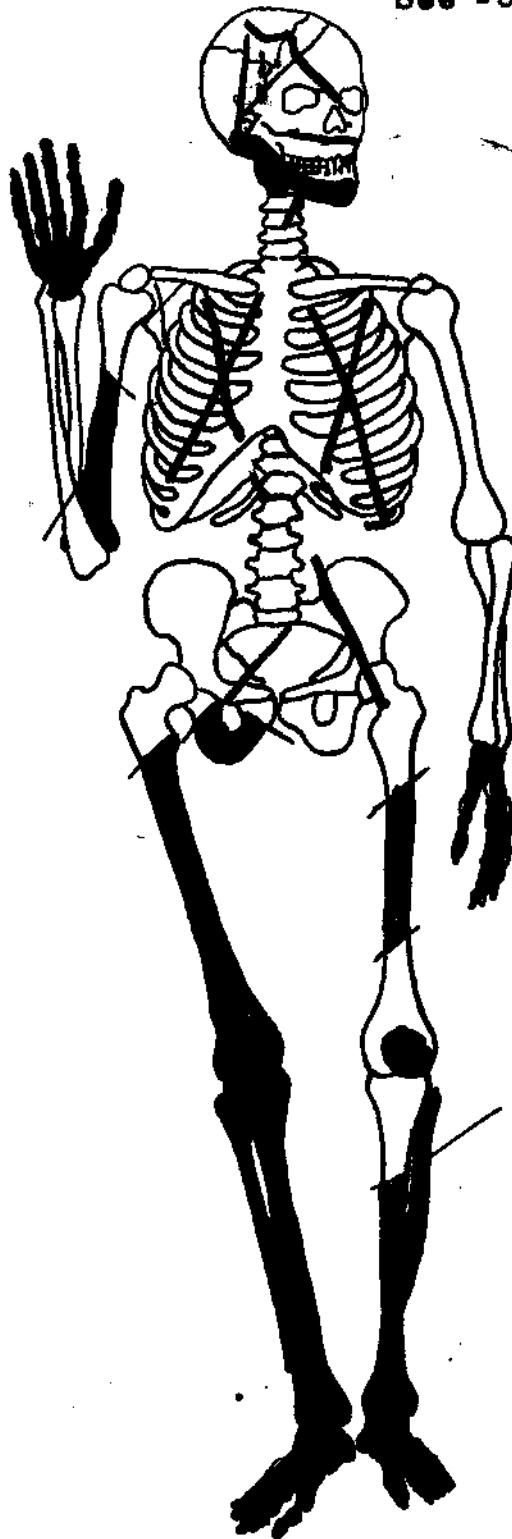
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

See Tooth Chart.

R I G H T

L E F T



HUMERUS 31.7 cm

RADIUS 23.9 cm

ULNA 25.1 cm

Est. Height : 5' 3 3/8 " *Est. as verified*

#X-1754

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

# TOOTH CHART

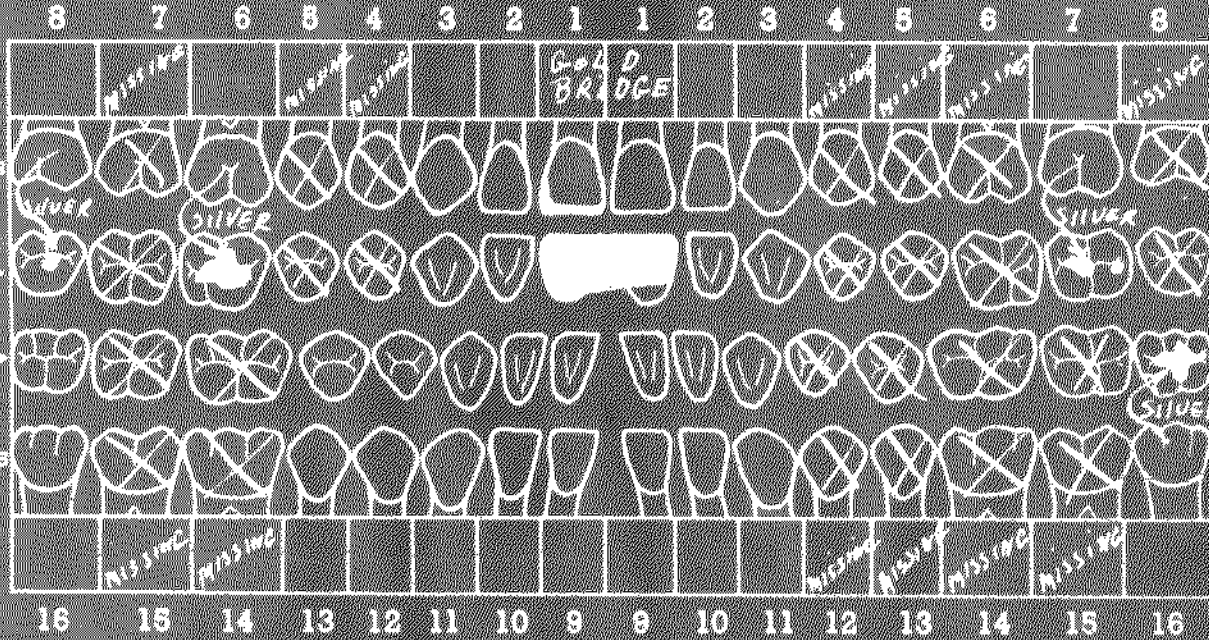
16th August, 1946  
Date

UNKNOWN X - 1754

|                |               |         |                |            |
|----------------|---------------|---------|----------------|------------|
| Last Name      | First         | Initial | Rank           | Serial No. |
| Unit           | Organization  |         |                |            |
| Place of Death | Date of Death |         | Cause of Death |            |

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

*Frank A. Cuomo* M.S.  
Signature of Officer or other person who prepared Tooth chart  
*Robert A. Owen*  
Verified by G. R. & E. 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 :



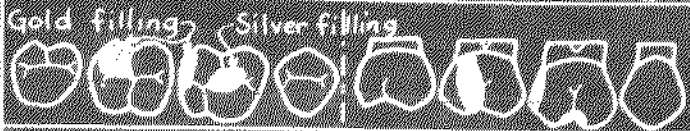
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



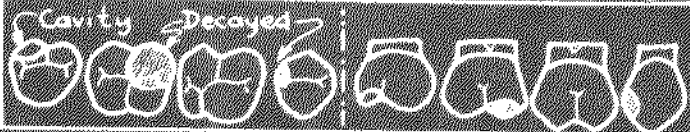
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

**Maxillary:** Fracture between R-5 and 6 missing since death. Number R-1 and L-1 has a gold bridge. L1 missing before death with a gold bridge on R-1 R- 4,5 missing before death. R-6 has a large silver filling. R-7 is missing before death. R-8 has a silver filling occlusal. L-4 missing before death- L-5 missing since death. L-6 missing before death. L-7 has two silver fillings occlusal. L-8 missing before death.

**Mandible:** R-14-15 missing before death. L-12 missing before death. L-13 missing since death. L-14,15 before death. L-16 has a large silver filling occlusal.

Maxillary and mandible both are badly fractured.



AGRC  
FORM No. 11  
Revised 5 January 1948

# CHECK LIST OF UNKNOWNNS

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

Unknowns X - 1754  
Cemetery St. Avold France (Q-260534)  
Plot SSS Row 1 Grave 8

1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)
2. Place of death \_\_\_\_\_  
(name of closest town) (coordinates and letter Prefix, map)  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by \_\_\_\_\_  
(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       |       | Indicate unusual markings,<br>Color wear, tear, repairs, etc. |
|--------------------|----------------|-------|---|
|                    | Markings       | Sizes |   |
| *Headgear          | None<br>(type) |       |   |
| Raincoat           | None           |       |   |
| Overcoat           | None           |       |   |
| Jacket, Field      | None           |       |   |
| Jacket, Combat     | None           |       |   |
| Mackinaw           | None           |       |   |
| Sweater            | None           |       |   |
| Jacket, HBT        | None           |       |   |
| *Shirt, Wool OD    | remnants of    |       |   |
| Undershirt, Wool   | remnants of    |       |   |
| Undershirt, Cotton | None           |       |   |
| Trousers HBT       | None           |       |   |
| *Trousers, Wool OD | None           |       |   |

64



Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **remnants of, size 38**

Leggins, Wool **None** (Note unusual lacing)

Socks, Cotton **None**

\*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **remnants of HBT coveralls**

(Other item) **None**

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

6. Chevrons or **None**  
Insignia

(Type & location - shirt, jacket, coat, helmet)

Shoulder Patch **None**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

**UTD**

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds

Bandages or dressings **UTD** Scars (length, width, location)

Tattoos **UTD**  
(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks **UTD**  
(Type and description, location)

Sunburn or tan, other than hands & face **UTD**

Complexion (light, med. dark, clear, pimples, rosy) **UTD**

Build (large, fat, thin, muscular) **UTD**

Hair **light brown** (color, length, quantity, curly, wavy, straight, whorls, or definite partings)



Hair **UTD**  
 (thickness, widow's peak, distinctive cutting or other characteristics)

Sideburns **UTD** (color, setting, shape) Mustache **UTD** (color, size, shape) Beard or **UTD** (length, heavy)

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

Eyes **UTD** (color, setting, shape) Eyebrows **UTD** (color, thickness, extent across nose)

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

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

Teeth **UTD** **SEE TOOTH CHART**  
 (white, size, curvature, spacing, noticeable crowns, fillings, extract)

Chin **regular** (prominent, receding, pointed, dimple, double)

Jaw **UTD** (large, small, normal) Circumference of head in inches **20"** (head band)

Neck **UTD** (size, length, short, normal, wrinkled) Larynx **UTD** (prominent, normal)

Shoulders **UTD** (broad, straight, small, rounded) Arms **UTD** (length, muscular, color)

Hands **UTD** (extent and quantity of hair)

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

**UTD** (Usual characteristics of fingernails)

Chest **UTD** (size of nipples, color, quantity & extent of hair, large, small, normal)

Back **UTD** (quantity & extent of hair) Navel **UTD** (size of navel, appendectomy, amount)

Hernioplasty **UTD** (yes-no, location) Circumcision **UTD** (yes-no) Pubic hair **reddish brown** (color)

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



Feet

UTD

(size, corns, callouses, flat)

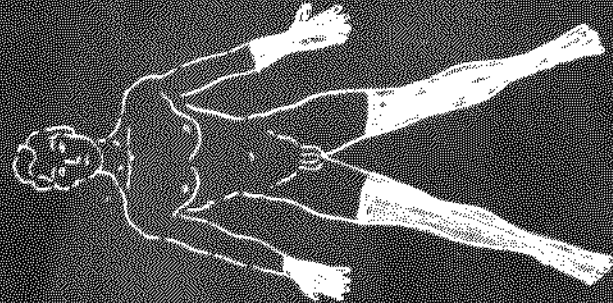
Toes

(climber, straight, pointed, overlap)

Evidence of healed fractures UTD

(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :



10. Have fingerprints been placed on Report of Interment NO

(yes-no)

If not, explain No hands

11. Has tooth chart been prepared Yes If not, explain

(yes-no)

12. Remarks : body badly crushed, multiple fractures. In advanced stage of decomposition. Approximate weight of remains 30 lbs.

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.

*Robert L. Owens*

Officer's Name

Robert L. Owens

Rank Service

2nd Lt. Inf.,

Organization

Central Identification Point

67



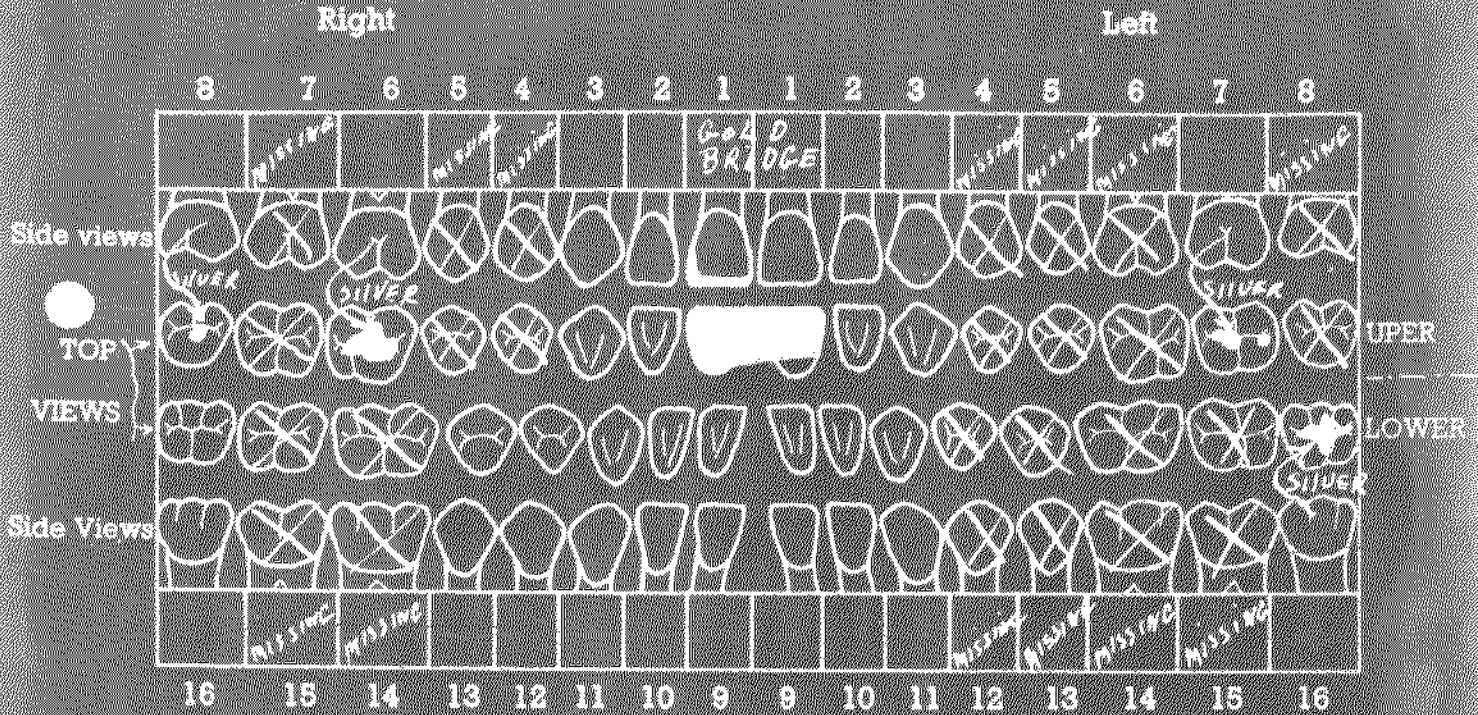
1754

# TOOTH CHART

16th August, 1946  
Date

UNKNOWN X - 1754

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_ Rank: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Unit: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_



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.

*Francis A. Cuomo* M.G.  
Signature of Officer or other person who prepared Tooth chart  
*[Signature]*  
 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

**Maxillary:** Fracture between R-5 and 6 missing since death. Number R-1 and L-1 has a gold bridge. L1 missing before death with a gold bridge on R-1 R- 4,5 missing before death. R-6 has a large silver filling. R-7 is missing before death. R-8 has a silver filling occlusal. L-4 missing before death- L-5 missing since death. L-6 missing before death. L-7 has two silver fillings occlusal. L-8 missing before death.

**Mandible:** R-14-15 missing before death. L-12 missing before death. L-13 missing since death. L-14,15 before death. L-16 has a large silver filling occlusal.

Maxillary and mandible both are badly fractured.

# CHECK LIST OF UNKNOWN

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

Unknown X 1754  
Cemetery Mannheim  
Hinter Feld 1 Plot UNK Row UNK Grave 38

1. Arrived at cemetery 1400 11 Feb 1946  
(Hour) (date)

2. Place of death UNK  
(Name of closest town) (coordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains recovered or disinterred by Pfc Dreper 46 Qn GR Co.  
(name and organization)

4. Evacuated to Cemetery by T/Sgt Kniefel 6865 Qn Bn Mobile  
(name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements).

| Item      | Clothing    | Markings | Sizes | Color | wear, | Indicate unusual markings |
|-----------|-------------|----------|-------|-------|-------|---------------------------|
|           |             |          |       |       |       | tear, repairs, etc.       |
| *Headgear | <u>NONE</u> |          |       |       |       |                           |
|           | (type)      |          |       |       |       |                           |

Raincoat NONE

Overcoat NONE

Jacket, Field NONE Jacket, Combat NONE

Mackinaw NONE

Sweater NONE

Jacket, HBT NONE

\*Shirt, Wool, OD NONE

Undershirt, Wool 1 GI OD

Undershirt, Cotton 1 GI OD

Trousers HBT NONE

\*Trousers, Wool OD NONE



Belt, Web

Drawers, Wool

Drawers, Cotton

Leggings, Wool   (Note unusual facing)

Socks, Cotton

\*Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

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

6. Chevrons or Insignia   (type & location; shirt, jacket, coat, helmet)

Shoulder Patch

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

8. Description of Remains:

Age  Height  Weight  Description of wounds

Bandages or dressings  Scars  (Length, width, location)

Tattoos  (Number, location — illustrate on sep. page)

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

Sunburn or tan, other than hands & face

Complexion  (light, med, dark, clear, pimples, pocks, freckles)

Build  (large, fat, thin, muscular)

Hair  (color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair  (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns light (color, setting, shape) Mustache light (color, size, shape) Beard or Goatee light (length, heavy,

light, color, extent)

Eyes light (color, setting, shape) Eyebrows light (color, bushiness, extent across nose)

Nose light (size, shape, straight) Ears light (size, set close to or far from head)

Mouth light (large, medium, small) Lips light (small, large, full)

Teeth light (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin light (prominent, receding, pointed, dimple, double)

Jaw light (large, small, normal) Circumference of head in inches light (hat band)

Neck light (size, length, short, normal, wrinkled) Larynx light (Prominent, normal)

Shoulders light (broad, straight, small, rounded) Arms light (length, muscular, color)

(extent and quantity of hair)

Hands light

Fingers light (short, thick, long, slender, size of knuckles, missing fingers

or joints.)

(Unusual characteristics of fingernails)

Chest light (size of nipples, color, quantity & extent of hair, large, small, normal)

Back light (quantity & extent of hair) Waist light (size of navel, appendectomy, amount)

quantity & color of hair) Circumcision light (yes-no) Pubic hair light (color)

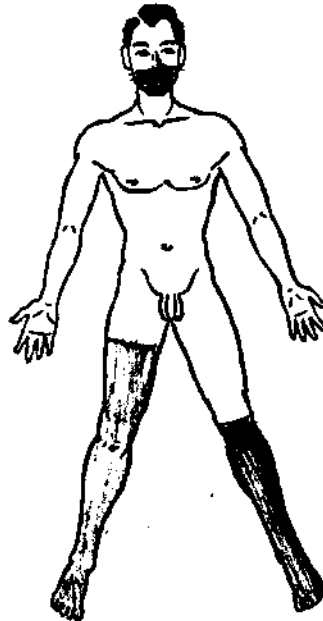
Hernioplasty light (yes-no; location)

Legs light (muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet light (size, corns, callouses, flat) Toes light (slender, straight, crooked, overlap)

Evidence of healed fractures light (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery:



10. Have fingerprints been placed on Report of Interment **NO** Yes-no

If not, explain **TOO BADLY DECOMPOSED**

11. Has tooth chart been prepared **NO** If not, explain **TEETH MISSING** Yes-no

12. Remarks: **EAR, UPPER AND LOWER JAW MISSING RIGHT LEG MISSING LEFT LEG MISSING BELOW KNEE**

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.



*Roger Draper*  
**Roger Draper**  
Officers Name

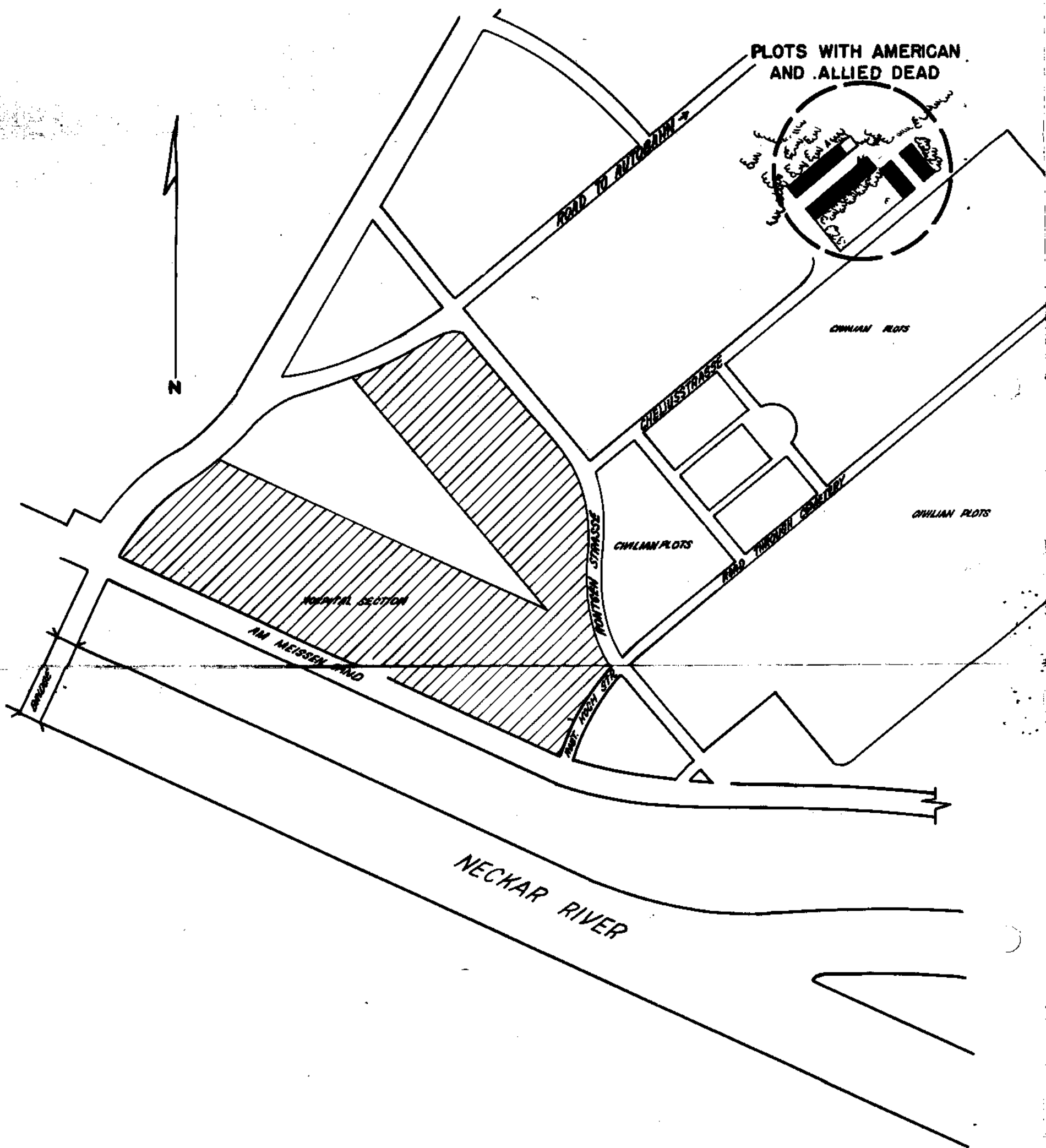
**Pfc**  
Rank Service

**46 GR Co.**  
Organization

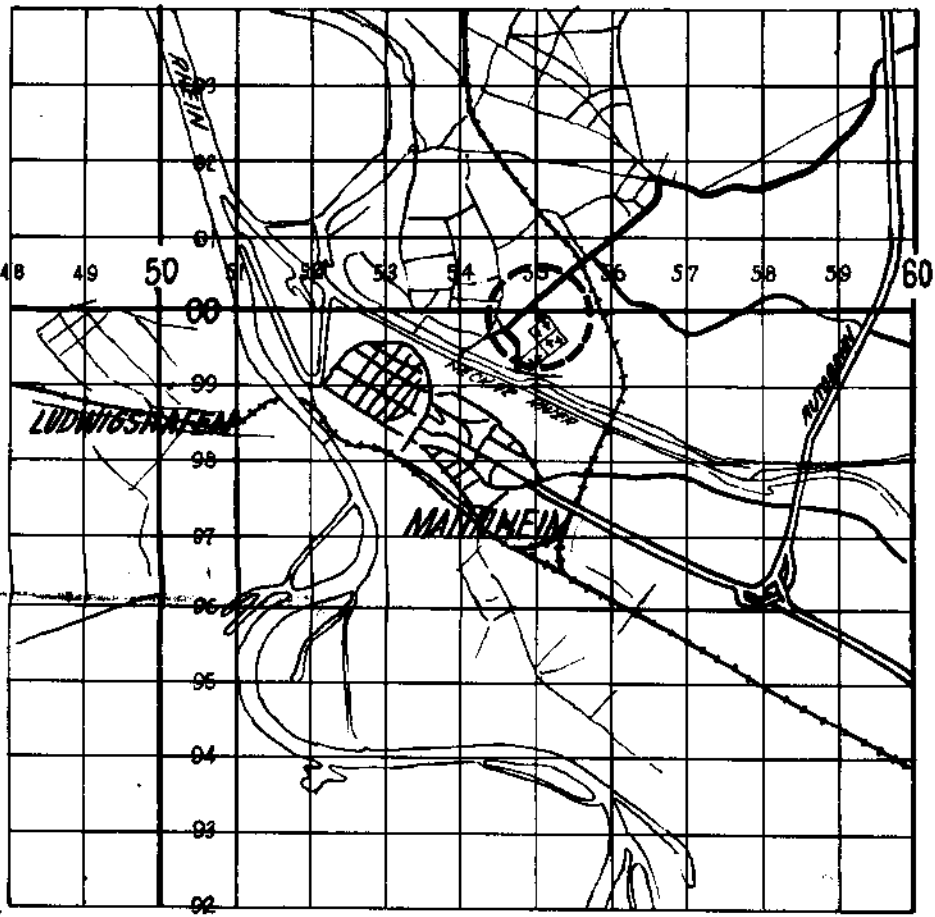


46TH Q.M. GRAVES REGISTRATION CO.  
JAMES E. HAWKINS, 1ST LT., QMG, CMDG.  
SGT. F.H. TERRY, DRAFTSMAN  
INVESTIGATION MADE 13 AUGUST 1945

# CIVILIAN CEMETERY AT



# MANNHEIM, GERMANY



COORDINATES: R-551997  
 MAP REFERENCE: GERMANY  
 MANNHEIM, SHEET U-3

## SECTION SHOWING GRAVES AS LISTED IN CEMETERY REGISTER

- 1 UNK. AMER.
- 2 UNK. AMER.
- 3 UNK. AMER.
- 4 COIN - AMER.
- 5 SWANSON - AMER.
- 6 THOMAS - AMER.
- 7 AMBUSH - AMER.
- 8 SWERLOW - AMER.
- 9 BRIDGES - AMER.
- 10 MAPPER - AMER.

Grave of X-1754

- 11 UNK. AMER.
- 12 BRITZLING - AMER.
- 13 BROWN - AMER.
- 14 PINE - AMER.
- 15 BELL - AMER.
- 16 LEROY - AMER.
- 17 ITALIAN
- 18 LEBINE - AMER.
- 19 CALTONA - AMER.
- 20 BITTARD - ITALIAN
- 21 DRALLE - AMER.
- 22 RENZO - ITALIAN
- 23 FERRARIO - ITALIAN
- 24 ITALIAN
- 25 UNK. AMER.
- 26 UNK. AMER.
- 27 PINES - AMER.
- 28 UNK. AMER.
- 29 GOLDEN - AMER.
- 30 UNK. AMER.
- 31 UNK. AMER.
- 32 UNK. AMER.
- 33 UNK. AMER.
- 34 UNK. AMER.
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- 94 UNK. AMER.
- 95 UNK. AMER.
- 96 UNK. AMER.
- 97 UNK. AMER.
- 98 UNK. AMER.
- 99 UNK. AMER.
- 100 UNK. AMER.

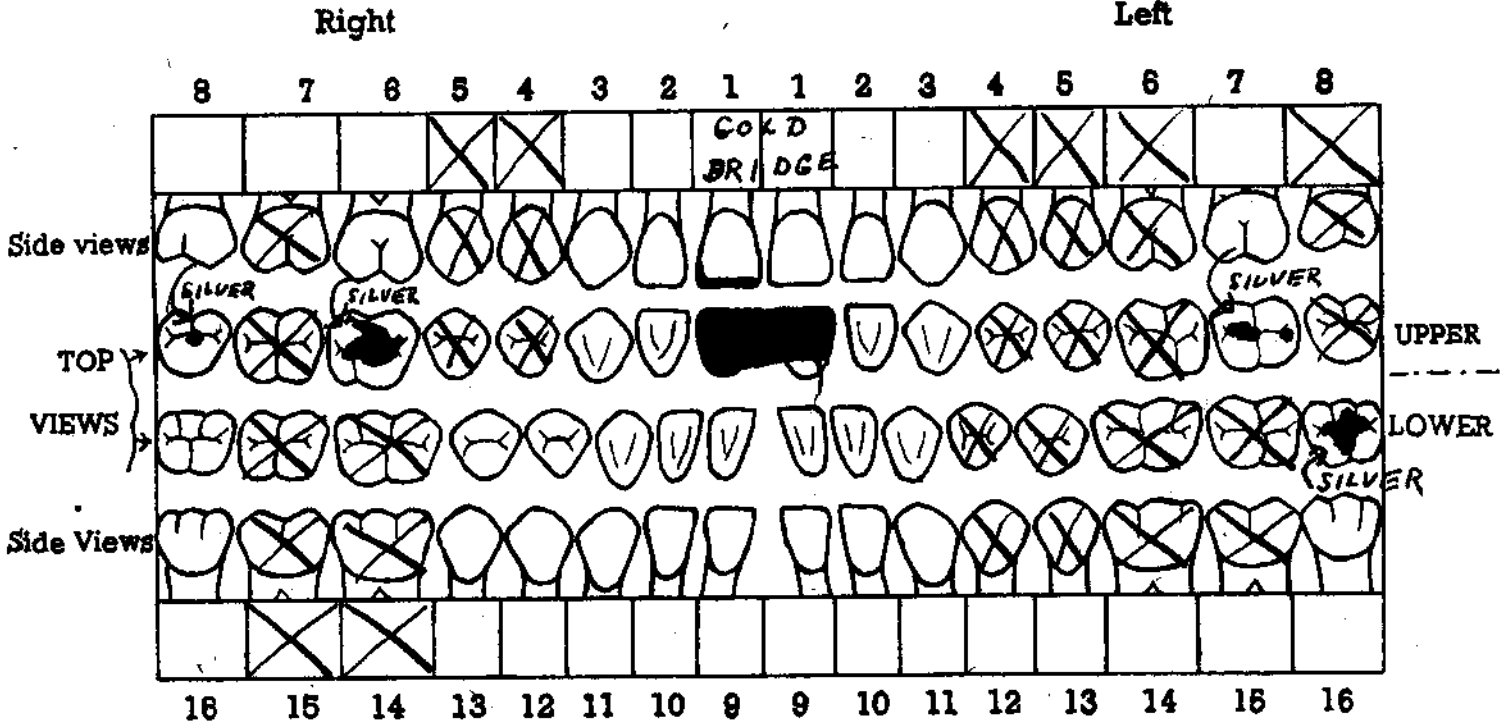
• 2 MEN IN ONE GRAVE

# TOOTH CHART

16th August, 1946.  
Date

|                  |       |         |              |            |
|------------------|-------|---------|--------------|------------|
| UNKNOWN X - 1754 |       |         |              |            |
| Last Name        | First | Initial | Grade        | Serial No. |
| Unit             |       |         | Organization |            |

|                |               |                |
|----------------|---------------|----------------|
| Place of Death | Date of Death | Cause of Death |
|----------------|---------------|----------------|



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.

A CERTIFIED TRUE COPY:

*Joseph E. Mc Cluskey*  
 JOSEPH E. MC CLUSKEY  
 1st Lt, Inf

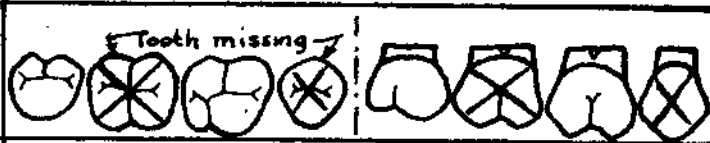
/s/ Fione A. Cuomo M.G.

Signature of Officer or other person who prepared Teeth chart

/s/ Robert L. Owen

Verified by G. R. C. 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 :



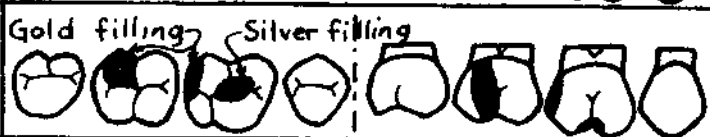
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

**Maxillary:** Fracture between R-5 and 6 missing since death. Number R-1 and L-1 has a gold bridge. L1 missing before death with a gold bridge on R-1, R-4,5 missing before death. R-6 has a large silver filling. R-7 is missing before death. R-8 has a silver filling occlusal. L-4 missing before death- L-5 missing since death. L-6 missing before death. L-7 has two silver fillings occlusal. L-8 missing before death.

**Mandible:** R-14-15 missing before death. L-12 missing before death. L-13 missing since death. L-14,15 before death. L-16 has a large silver filling occlusal.

Maxillary and mandible both are badly fractured.

CORRECTED COPY

**REPORT OF BURIAL**

Date 1 February 1950

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

*Corrected X-1754*

UNKNOWN X-1754

Take fingerprints of those You Can obtain a complete set of fingerprints in the following manner:

Last Name: UNKNOWN, First: UNKNOWN, Initial: UNKNOWN, Rank: UNKNOWN, Serial No.:

Unit: UNKNOWN, Number of Rifles: UNKNOWN, Color of Hair: UNKNOWN, Color of Eyes: UNKNOWN, Cause of Death: UNKNOWN

Place of Death: U. S. Military Cemetery, AVOLD, France

Time and Date of Burial: 19 Feb 46, Date of Death: 8 September 46, Coordinates of Location: Cross

Grave Number: 8, Row Number: 1, Type of Marker: Cross

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

No Identification Tags: Previously identified as 2/Lt Robert A. SWANSON, O-705850. Redesignated Unknown X-1754 in original grave location. Auth: Hq, AGRC-EA.

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

|                   |        |            |      |              |           |
|-------------------|--------|------------|------|--------------|-----------|
| Deceased's Right: | HOPPER | 18226338   | SGT  | 351 Bb Gp    | 9         |
| Deceased's Left:  | CAIN   | 34649901   | SGT  | 351 Bb Gp    | 7         |
|                   | Name   | Serial No. | Rank | Organization | Grave No. |

Signature for Name, Rank and if possible Organization of person reporting burial:

Emergency Address: UNKNOWN

Address: UNKNOWN

Religion: UNKNOWN

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

**REBURIAL**  
Previously buried in isolated grave located at Mannheim, Germ. Gr. 38

This corrected copy of Report of Burial, prepared at HQ, AGRC-EA.

Signature of Officer or other person reporting burial: EDWARD E. PRICE Jr.  
Capt. OMC  
Verified by G. R. S. Officer



CORRECTED COPY  
**REPORT OF BURIAL**

sr/ms

16 October 1946

TM 10-630 AND AR 30-1815

Date

|                         |            |   |              |                                 |            |
|-------------------------|------------|---|--------------|---------------------------------|------------|
| SWANSON                 |            | Robert                                  | L            | 2/Lt.                           | 0-705850   |
| Last Name               |            | First                                   | Initial      | Rank                            | Serial No. |
| Bomb Sq.                |            |   | 351 Bomb Gp. |                                 |            |
| Unit                    |            |   | Organization |                                 |            |
| Vic. MANNHEIM, Germany  |            | 5 September 1944                        |              | K I A                           |            |
| Place of Death          |            | Date of Death                           |              | Cause of Death                  |            |
| 1030, 19 Feb/46         |            | U.S. Military Cemetery ST AVOLD, France |              |                                 |            |
| Time and Date of Burial |            | Name of Cemetery                        |              | Name or Coordinates of Location |            |
| 8                       | 1          | SSS                                     |              | 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 Previously buried as Unknown X-1754 (St. Avold)

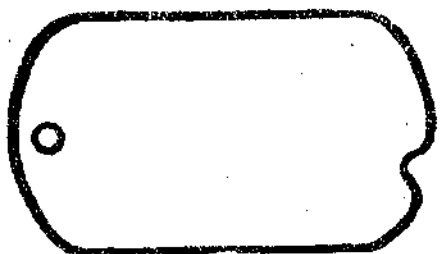
- How were remains identified? Identified through:
- 1) Favorable comparison of tooth charts for X-1754 and Lt. Swanson.
  - 2) Est. date and place of death for X-1754 in agreement with MACR for AC 43-38139 of which Lt. Swanson was a crew member.

What means of identification were buried with the body?

- 3) Five identified crew members of AC 43-38139 disinterred from same civilian cem. with X-1754. 4) German Dulag record KU-2851 lists Lt. Swanson as being interred in the cemetery from which X-1754 was disinterred. 5) Cemetery records at civ. cem. from which X-1754 was disinterred indicate that Lt. Swanson was interred in To determine Right or Left use Deceased's Right and Left in the grave from which X-1754 was disinterred.

|                   |         |            |      |           |
|-------------------|---------|------------|------|-----------|
| Who is buried on: |         |            |      |           |
| Deceased's Right: | X-1750  |            |      | 9         |
|                   | Name    | Serial No. | Rank | Grave No. |
| Deceased's Left:  | C A I N | 34649901   | Sgt. | 7         |
|                   | Name    | Serial No. | Rank | 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 Addressee Unknown  
Name

Address

Religion Unknown

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

This corrected copy of Report of Burial, prepared in the Office of the American Graves Registration Command.

Previously buried in isolated grave located at:  
 Hauptfriedhof MANNHEIM, Germany R-551997, Sh. U-3, 100.000  
 Sec. Kriegerfeld/Erweiterung, Hinter Feld 1, Grave 38

A CERTIFIED TRUE COPY

Signature of Officer or other person reporting burial  
Philip J. Wolf s/t/ PHILIP J. WOLF  
 PHILIP J. WOLF MAJ. QMC.  
 Verified by G.R.S. Officer

U.S. SOS. 9/1/46 Form 8/1  
 Major, QMC

**CORRECTED COPY**  
**REPORT OF BURIAL**

16 October 1946

TM 10-630 AND AR 30-1815

Date

121

215

|                        |   |                |
|------------------------|---|----------------|
| SWANSON, Robert A      | 2/Lt.                                   | 0-705850       |
| 508 Bomb Sq.           | 351 Bomb Gp.                            |                |
| Vic. MANNHEIM, Germany | 5 September 1944                        | K I - A        |
| 1030, 19 Feb/46        | U.S. Military Cemetery ST AVOLD, France |                |
| 8                      | 1                                       | SSS            |
| 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 Previously buried as Unknown X-1754 (St. Avold)

How were remains identified? Identified through:

- 1) Favorable comparison of tooth charts for X-1754 and Lt. Swanson.
- 2) Est. date and place of death for X-1754 in agreement with MACR for AC 43-38139 of which Lt. Swanson was a crew member.

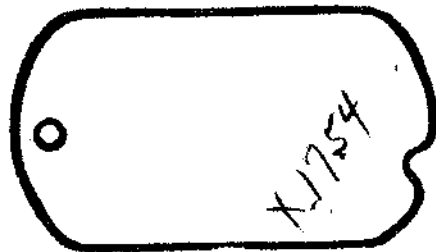
What means of identification were buried with the body?

- 3) Five identified crew members of AC 43-38139 disinterred from same civilian cem. with X-1754. 4) German Dulag record KU-2851 lists Lt. Swanson as being interred in the cemetery from which X-1754 was disinterred. 5) Cemetery records at civ. cem. from which X-1754 was disinterred indicate that Lt. Swanson was interred in To determine Right or Left use Deceased's Right and Left. the grave from which X-1754 was disinterred.

Who is buried on:

|                   |         |            |      |              |           |
|-------------------|---------|------------|------|--------------|-----------|
| Deceased's Right: | X-1750  |            |      |              | 9         |
|                   | Name    | Serial No. | Rank | Organization | Grave No. |
| Deceased's Left:  | C A I N | 34649901   | Sgt. | 351 Bb. Gp   | 7         |
|                   | Name    | Serial No. | Rank | Organization | 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 Addressee

Unknown

Address

Unknown

Religion

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

None

REBURIAL

Previously buried in isolated grave located at:

Hauptfriedhof MANNHEIM, Germany. B-551997, Sh. U-3,100.000, Sec. Kriegerfeld/Erweiterung, Hinter Feld 1, Grave 38

This corrected copy of Report of Burial, prepared in the Office of the American Graves Registration Command.

Signature of Officer or other person reporting burial

PHILIP J. WOLF

Verified by G.R.S. Officer

MAJ.

CMC.

Graves Registration  
Form No. 1  
Revised 1 Sept 1943

**REP RT OF BURIAL**

DA FORM 10-630 AND AR 30-1815

11 Feb 1946

1754  
X-1754 ST AVOLD UNK UNK UNK UNK  
Last Name First Initial Rank Serial No.  
UNK UNK AAF  
UNK UNK  
Unit Organization  
UNK UNK  
Place of Death Date of Death Cause of Death  
1020 19 Feb 1946 UNK UNK UNK  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
8 1 ON UNK UNK Q-260584  
Grave Number Row Number Plot Number Type of Marker

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

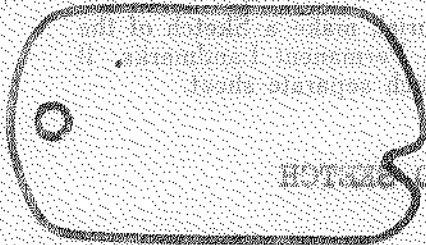
**If No Identification Tags**

How were remains identified? **UNIDENTIFIED SEE ATTACHED FORM 10 AND CHECK LIST FOR UNKNOWN'S FOR FURTHER CLUES BELIEVED TO BE SWANSON**  
What means of identification were buried with the body?  
**ONE GR FORM #1 IN BURIAL BOTTLE**

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

Who is buried on:  
Deceased's Right: UNKNOWN X-1750 E N O N 9  
Deceased's Left: UNKNOWN X-1755 7

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  
HOTEL MICHIGATTA 226 Address  
Religion

**NO IDENTIFICATION TAGS**

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

NONE

*Handwritten notes:*  
MANNHEIM 9953  
grave #2

Morris P. Miserendino  
2nd Lt. *Inf* Officer or other person reporting burial  
46 QM GR Co. disinterring Off.

Verified by G. E. & Officer

Charles F. Barney  
CHARLES F. BARNEY, 2nd Lt. Inf. 6800th QM GR Det  
Reinterring Officer

RECORDS SECTION

RECORDS SECTION

### 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: **Unk.** Laundry Marks: **Unk.**  
Weight: **Unk.** Number of Rifle: **Unk.**  
Color of Eyes: **Unk.** Wears Glasses: **Unk.**  
Color of Hair: **Unk.** Tooth Chart Attached: **No**  
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.

Left Hand

2

1

Thumb

FINGERPRINTS IMPOSSIBLE  
TOO BADLY DECOMPOSED

Right Hand

2

1

Thumb

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

**NONE**

### TOOTH CHART

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Decceased's Right |   |   |   |   |   |   |   |   |   |   |   |   |   | Decceased's Left |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 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 |
|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Upper             |   |   |   |   |   |   |   |   |   |   |   |   |   | Lower            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

Characteristics: **NO TOOTH CHART**

Other Data: **TEETH MISSING**

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.

**SEE ATTACHED SKETCH**