

7887 GRAVES DETACHMENT

... APO 757

943 unk St. Avold X - 3151 B

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X - 3151 B St Avold

(POC) ST AVOLD

*File  
to HQ  
Gallant  
26 Feb 51*

X-3151B  
ST. AVOLD

### IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
of Report of Interment WD QMC Form 1042) E.O. 10411



Unknown X 3151B  
Cemetery St. Avold  
Plot PPPP Row 7 Grave 78

1. REPROCESSED  
Arrived-at-cemetery 6 Aug 48  
(Hour) 8 (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 REPROCESSED BY MOBILE TEAM #7  
(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	(Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

NONE

St. Avold X-3151B

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

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

Chevrons or Insignia \_\_\_\_\_  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

NONE

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

6. Description of Remains:

TIBIA 36.4  
FIBULA 36.2

Age UTD Height EST 5'5 3/8" Weight \_\_\_\_\_ Description of wounds UTD

Bandages or dressings UTD Scars \_\_\_\_\_ (Length, width, location)

Tattoos  
(Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face \_\_\_\_\_

Complexion \_\_\_\_\_ (Light, medium, dark, clear, pimples, pocks, freckles)

Build \_\_\_\_\_ (Large, fat, thin, muscular)

Hair \_\_\_\_\_ (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

NONE FOUND

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

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



Goatee ..... (light, color, extent) *U/D*

Eyes ..... (Color, setting, shape) *U/D*      Eyebrows ..... (Color, bushiness, extent across nose) *U/D*

Nose ..... (Size, shape, straight) *U/D*      Ears ..... (Size, set close to or far from head) *U/D*

Mouth ..... (Large, medium, small) *U/D*      Lips ..... (Small, large, full) *U/D*

Teeth ..... *NONE RECOVERED*  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal) *U/D*      Circumference of head in inches ..... *MISSING*  
(Hat band)

Neck ..... (Size, length, short, normal, wrinkled) *U/D*      Larynx ..... (Prominent, normal) *U/D*

Shoulders ..... (Broad, straight, small, rounded) *U/D*      Arms ..... (Length, muscular, color, extent and quantity of hair) *U/D*

Hands ..... *MISSING*

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints) *MISSING*  
(Unusual characteristics of fingernails)

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

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

Back ..... (Quantity and extent of hair) *U/D*      Circumcision ..... *U/D*      Pubic Hair ..... *NONE FOUND*  
(Yes-no)      (Color)

Hernioplasty ..... (Yes-no; location)

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

Feet ..... (Size, corns, callouses, flat) *U/D*      Toes ..... (Slender, straight, crooked, overlap) *U/D*

Evidence of healed fractures ..... *NONE*  
(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? NO If not, explain NONE FOUND  
(Yes-no)

EASE PROCESSED AS PER E.O. 10411

9. Remarks REMNAINS RECEIVED IN SKELETON FORM. NO CLOTHING FOUND.

NO TEETH RECOVERED. NO EVIDENCE OF HEALED FRACTURES OR

AMPUTATIONS. CONSOLIDATION WITH EASE EARLOWELL, WILLIAM H.

36842038, AS PER E.O. 10411, COULD NOT BE MADE DUE TO  
DUPLICATION OF ANATOMICAL PARTS, ESTIMATED WEIGHT OF REPROCESSED  
REMNAINS 3.135.

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.

Mr. TURNER  
Mr. RICE  
Mr. DEPASS

Thomas Turner  
(Officer's Name)

Rank Service

(Organization)



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

If not, explain FINGERS MISSING

8. Has tooth chart been prepared? NO If not, explain NONE FOUND  
(Yes-no)

CASE PROCESSED AS PER E.O. 10411

9. Remarks REMNAINS RECEIVED IN SKELETON FORM. NO CLOTHING FOUND.

NO TEETH RECOVERED. NO EVIDENCE OF HEALED FRACTURES OR  
AMPUTATIONS. CONSOLIDATION WITH CASE CALDWELL WILLIAM H.

36842038, AS PER E.O. 10411, COULD NOT BE MADE DUE TO  
DUPLICATION OF ANATOMICAL PARTS. ESTIMATED WEIGHT OF UNPROCESSED  
REMNAINS 31BS.

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.

Mr. TURNER  
Mr. FINE  
Mr. DEPASS

Thomas Turner  
(Officer's Name)

Rank Service

(Organization)



6-AUGUST 48

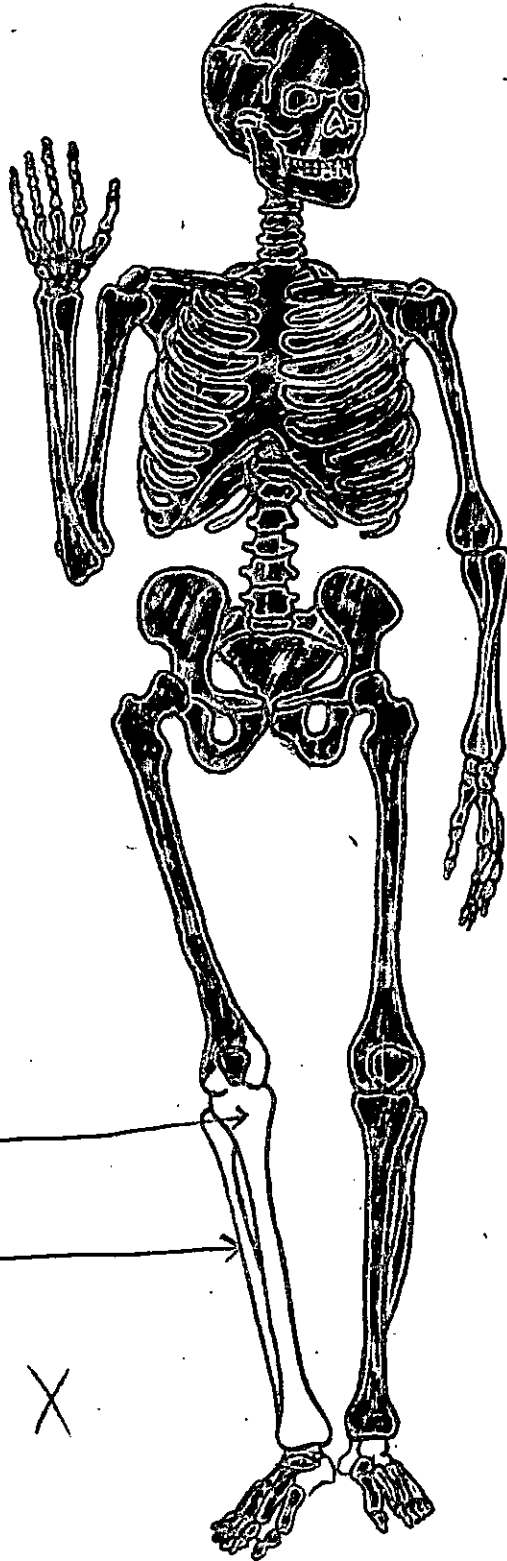
X-3151(B)

SKELETAL CHART

ST. AVOLD

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot - P P P P  
Row - 7  
GRAVE - 78



36.4 cm TIBIA

36.2 cm FIBULA

CHART "A"

EST. HEIGHT 5' 5 3/8"

1. FILE UNDER NO. 293 - Unk. France X-3151-B ( St. Avoird)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 9 Jan 50  
4. FROM: OQMG  
5. TO: Chief, Registration Division, 7887th Graves Registration  
Detachment, European Area, APO 58, NY, NY  
6. SUBJECT: Identification of World War II Deceased.

7. DOCUMENT FILED UNDER NO. 314.6 - GRS, European

(Trans. Ltr. # 4352)

mfs

**INSTRUCTIONS.**—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.





HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

21 September 1949

Date

*293 Unknown-France X-3151-B (St. Avold)*

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 3151 B Plot PPPP,  
Row 7, Grave 78, USMC ST. AVOLD, France have been  
reviewed and it is the opinion of this office that insufficient evidence  
is available to establish the identity of this deceased, and that these  
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by  
letter of transmittal No. 3037, dated 1-9-48. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/  
/t/  
Case reviewed by undersigned Members of the Board of Review:

E.F. Price, Jr.  
Capt. E.F. PRICE, JR. O-1588236 QMC

E.D. Mulvanity  
Lt. Col. E.D. MULVANITY, O-359598 QMC

Gaylord E. Lutz  
1/Lt. Gaylord E. LUTZ, O-1595665 QMC

Received 30 DEC 1949 OQMG  
Not identifiable from  
information presently  
available

*File NAT  
30 Dec 49  
J. H. H. H.*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

21 September 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 3151 B, Plot PPPP  
Row 7, Grave 78, USMC ST. AVOLD, France

have been reviewed and it is the opinion of this Office that sufficient evidence is not available at the present time to establish the identity of the deceased concerned. The remains concerned should be classified as unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your Office by Transmittal Letter No. 3037, dated 1-9-48.

3. Remarks:

Received 29 DEC 1949 OQMG  
Not identifiable from  
information presently  
available

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

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

Capt. E.F. PRICE, Jr. O-1588236

QMC

1/Lt. Edward E. LUTZ, O-1592512XXXXCE

1/Lt. Gaylord E. LUTZ, O-1595665

QMC

SEP 8 1948

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2

Date 1 SEP. 1948

SUBJECT: Reprocessing of Remains

TO: The Quartermaster General  
2nd & T Sts. S.W.  
Washington 25, D.C.

The remains of X-3151 B.  
interred in Plot PPPP, Row 7, Grave 78, USMC St. Avold  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

HEIGHT : Est. 5' 5 3/8"


TEETH : Not recovered

No evidence of healed fractures or amputations.

Consolidation with case CALDWELL, William H., 36842038 could not be  
made due to duplication of anatomical parts.

Estimated weight of reprocessed remains 3 Lbs.

FOR THE COMMANDING GENERAL :

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

1 Incl. :  
Skeletal Chart

Incl #5

SKELTAL CHART

6 August, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-3151 B.  
St. Avoild  
PPPP : 7 : 78



TIBIA 36.4cm.....

FIBULA 36.2cm.....

EST. HEIGHT: 5' 5 3/8"

24CFT

C, ST. AVOLD, FRANCE Buried at deceased: KAMINSKI VINCENT J  
Plot D, Row 22, Grave 43 O-802408 1 LT  
Date reburied: 13 Dec 48 DISINTERMENT DIRECTIVE Right: MAC DERMOTT GEORGE E  
0-765702 2 LT

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DONALD H TACKETT 1st Lt. OMC  
DIRECTIVE NUMBER 3574 00000 DATE 15 08 48  
DAY MONTH YEAR

SERIAL NUMBER UNKNOWN B-003151 GRADE Q RACE 0 RELIGION 6

CEMETERY ST AVOLD FRANCE PLOT 4P ROW 7 GRAVE 78 DISPOSITION OF REMAINS 3503 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN  
NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE  
NAME AND ADDRESS OF NEXT OF KIN BY ADMINISTRATIVE DECISION

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 WORK SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC Form 1194a for major discrepancies.)  
Stencil and Embossed Plate made to read " UNKNOWN X - 003151 - B "

REMAINS PREPARED AND PLACED IN CASKET  
DATE BY

CASKET SEALED BY Richard F. Peterson, Embalmer EMBALMER (Signature) Richard F. Peterson, Embalmer

CASKET BOXED AND MARKED 8 Oct 48 Richard F. Peterson, Embalmer. SHIPPING ADDRESS VERIFIED BY all markings, tags, and plates verified by Rafael T. Ruiz 1st Lt FA Rafael Ruiz

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
Rafael T. Ruiz  
Rafael T. Ruiz 1st Lt FA 7857 AGRC Zone 3 Hq.  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
NAT FILE RECORDS ANNOTATED DATE MAR 25 1949 NAME R & R BR.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

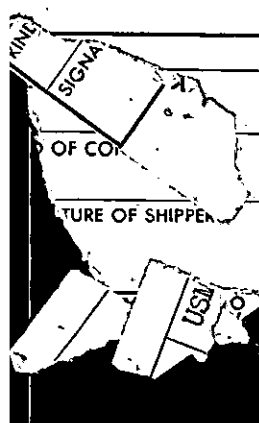
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 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



RECEIVED  
 11  
 1953

**DISINTERMENT DIRECTIVE**

Name of deceased	Directive Number <b>3574</b>	Date
Gravestone location of deceased	Day Month	Year

NAME	SERIAL NUMBER	RANK	ARMY	DATE OF DEATH
UNKNOWN X-3151 B				Date Month Year

CEMETERY <b>ST-AVOLD</b>	Disposition of Remains <b>Poll-Doubtful</b>
-----------------------------	--

PLOT	ROW	GRAVE	COUNTRY	Code Dist. Pt. Cause of Death
4P	7	78,	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
UNKNOWN X-3151 B				<b>2 September 1948</b>
Identification Tag on Remains <input checked="" type="checkbox"/> Marker <b>EMB</b>		Organization	Religion	Identification verified by <b>Henry A. Gentzel, Embalmer</b> Name & Title

**Section D - Preparation of Remains for Shipment**

NATURE OF BURIAL	Condition of Remains
<b>Mattress Cover</b>	<b>Fragmented Remains consist of right Tibia &amp; Fibula, Distal End of left Femur. A few Metatarsal Bones.</b>

**Other Means of Identification**

**Embossed Plate on Marker and with Remains " X 3151 B "**

**Minor Discrepancies**

**None**

Remains prepared and placed in ~~wooden~~ **Casket**

Date <b>10 September 1948</b>	By <b>Henry A. Gentzel, Embalmer</b>
Casket Sealed by <b>Henry A. Gentzel, Embalmer</b>	Embalmer (Signature) <i>Henry A. Gentzel</i> <b>Henry A. Gentzel, Embalmer</b>
Casket Marked Date <b>10 Sept. 48</b> <b>Henry A. Gentzel</b>	All markings, tags, plates verified by <i>William J. Smith</i> <b>William J. Smith 1st Lt CE</b>

I hereby certify that all the foregoing operations, except casketing were conducted and accomplished under my immediate supervision and that the report above is correct. **Final Casketing by** *William J. Smith*

**William J. Smith 1st Lt CE 7857 AGRC Zone 3 Hq**

**William J. Smith 1st Lt CE** Signature Of GRS Inspector (Grade & Orgn.)



# IDENTIFICATION CHECK LIST

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

Ex. O# 647, dtd 11 Dec. 47

Unknown X - 3151 \* (B)  
Cemetery St. Avoild, France  
Plot PPPP Row 7 Grave 78

1. Date reprocessed: 26 Jan. 48  
~~Received at morgue type~~  
(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~~ and reprocessed by Mobile Team #1, 1st 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> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Remnants of</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>Remnants of</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>Remnants of</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

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

Drawers, wool ..... **Remnants of**

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**  
**R-Fib- 36.8**  
**R-Fib-36.6**

6. Description of Remains:

Age **UTD** <sup>Est.</sup> Height **5' 6-1/8"** Weight **UTD** Description of wounds **UTD**

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

**UTD** Tattoos  
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face **UTD**

Complexion **UTD**  
(Light, medium, dark, clear, pimples, pocks, freckles)

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

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

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

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

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

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

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

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

Teeth ..... **See tooth chart with case X.3151 (A)**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... **UTD** ..... Circumference of head in inches ..... **Head missing**  
(Large, small, normal) (Hat band)

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

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

Hands ..... **UTD**

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

(Unusual characteristics of fingernails)

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

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

Back ..... **UTD** ..... Circumcision ..... **UTD** ..... Pubic Hair ..... **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, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... **UTD**  
(Nose, arms, legs, etc.)

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

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

If not, explain Skeletal Form

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

X-3151 (A) B

9. Remarks See narrative with case X-3151 (A) B. Est. weight of processed remains.  
: 4 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  
WOODROW

W.  
W.

Rolf  
ROLF

(Officer's Name)

Q APT

Rank

Q APT

Service

OPERATIONS OFFICER

(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

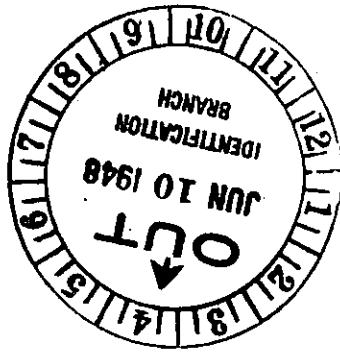
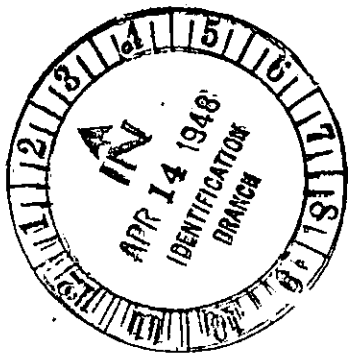


TIBIA.....36.8.....cm

FIBULA.....36.6.....cm

Est. HEIGHT 5' 6 1/8"

CHART "A"





# REPORT ON BURIAL

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

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

Race: \_\_\_\_\_

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

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

Disposition of Body: \_\_\_\_\_  
How was the body disposed? \_\_\_\_\_  
Where was the body disposed? \_\_\_\_\_  
What was the cause of death? \_\_\_\_\_  
What was the date of death? \_\_\_\_\_

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

Disposition of Burial: \_\_\_\_\_

Disposition of Burial: \_\_\_\_\_

Disposition of Burial: \_\_\_\_\_

Disposition of Burial: \_\_\_\_\_

## TOOTH CHART

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

Indicate North



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

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

Characteristics:

Other Data:

LEO H. WOODRUFF  
S. & C. 75728 - 300 M - 12-46