

USMC St: James  
 Plot: L, Row 13, Gr: 2  
 Date of Burial: 16/6/1950 **DISINTERMENT DIRECTIVE**  
 Verified by GRS Officer:  
 R. J. Robinson  
 R. J. Robinson, CWO USA

6/3/50  
 [Handwritten initials]

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

Bank Starnes UNKNOWN X-003212

Q

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

0

DISPOSITION OF REMAINS

3503 80  
 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

SSS 9 102 FRANCE

CAUSE OF DEATH

6

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

SIXAVOUE, FRANCE  
 (BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

These remains are unidentifiable and are to  
 be permanently interred. (Reg. Div.-27 Feb 50)

ST JAMES, FRANCE.

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-003212

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

21 July 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS

UNKNOWN

 MARKER GRS

Forrest L Brown

Embalmer NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover - Remnants  
 of undetermined Uniform

CONDITION OF REMAINS Fractured R/Femur, L/Hu-  
 merus, Tibia & Fibula - Disarticulat-  
 ed.

OTHER MEANS OF IDENTIFICATION

Report of Burial Unk-3212 found with remains

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 July 48

BY

Forrest L Brown, Embalmer

CASKET SEALED BY

Forrest L Brown Embalmer

EMBALMER (Signature)

Forrest L Brown

CASKET BOXED AND MARKED

~~EMBALMER (Signature)~~ All markings, tags &  
 plates verified by:

DATE 22 July 48 BY Forrest L Brown

HENRY F ALZMANN 1st Lt Inf,

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  
 HENRY F ALZMANN  
 1st Lt Inf

HENRY F ALZMANN 1st Lt Inf, 7857 AGRC,  
 Zone 3 Hq. SIGNATURE OF GRS INSPECTOR

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

Consignee changed by Reg Div [Signature]

FILE

RECORDS ANNOTATED

DATE 8-4-50

NAME [Signature]

BR. MEM. DIV.

**RECORD OF CUSTODIAL TRANSFER**

**1. SHIPPED**

FROM <b>USMC St Avoild, France</b>		TO <b>OIC Neuville, Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl William H Bryant, RA 33720418</b>	
SIGNATURE OF SHIPPER <i>Frank B. Callaghan</i> <b>1st Lt. RA</b>	DATE <b>28 Oct 49</b>	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

QUEST 314.6 T/L 4785 1st Ind  
GNS European

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #4785

Dept. of the Army, OQMS, Washington 25, D. C., 2 March 1960

TO: Commanding Officer, 7887 Graves Registration Detachment  
APO 787, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknown X-3557,  
listed on basic communication, as Unidentifiable.

2. It is recommended that all action in connection with Unknown  
X-3512 be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

2 Incls:  
w/d

T. H. HETZ  
Lt Colonel, OMC  
Memorial Division

Holden:rdt  
Clements  
REB

213 X-3512 (G.H. Gandy) France

JHN  
TAC

AIRMAIL

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

RFE 314.6

21 February 1950

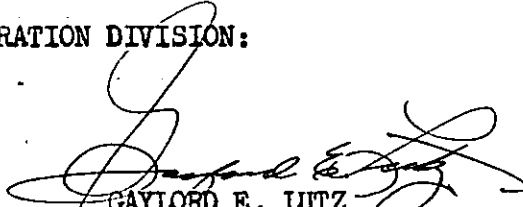
SUBJECT: Identification Check Lists  
Transmittal Letter # 4779

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

Forwarded herewith for your files are two (2) copies of  
Identification Check Lists, pertaining to the remains indicated below:

<u>Unknown No.</u>	<u>Cemetery</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-3212	St Avold	SSS	9	102
w/d X-3357	St Avold	ZZZ	9	100

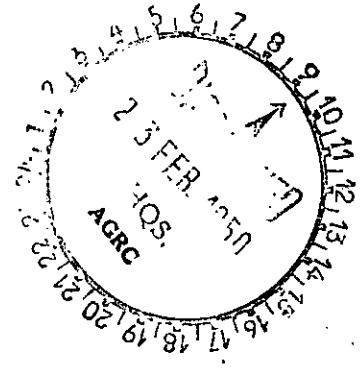
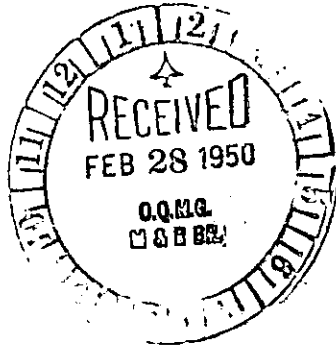
FOR CHIEF, REGISTRATION DIVISION:



GAYLORD E. LUTZ  
1st Lt, QMC  
Registration Division

2 Incls  
Ident Check  
Lists

3/14/6 SPS  
Lutz



TO: SAC, [illegible]  
FROM: [illegible]

TO: SAC, [illegible]  
FROM: [illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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

COPY

RRE 293

17 February 1950

(Date)

293unk France X-3212 Stawald

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X-3212, Plot SSS,  
Row 9, Grave 102, USMC St. Avoird, 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. 4779, dated  
17-2-50.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

E. D. Mulvanity Lt. Col. O-359598  
Edward F. Price Jr. Capt. O-1588236  
Leodore Goudreau CWO W-2113434

Received 3 MAR 1950 OQMG  
Not identifiable from  
information presently  
available

1097  
file  
1 March 1950  
C. E. Schubert  
St. Av.



T. L. #4785

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 757 US ARMY

RFE 293

17 February 1950  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 3212, Plot SSS, Row 9, Grave 102, 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 4779, dated 17-2-50.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

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

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

*Edward F. Price, Jr.*  
Capt. Edward F. PRICE, Jr., O-1589236 QMC

1st Lt. Gaylord E. LUTZ, O-1595665 QMC

*Ledore Goudreau*  
CWO Ledore GOUDREAU, W-2113434 USA

Received 3 MAR 1950  
Not identifiable from  
information presently  
available  
OQMG

Incl #1



CASE HISTORY

UNKNOWN NO X-3212

U.S. MILITARY CEMETERY St-Avoid

1. The remains of X-3212 were recovered from the Civilian Cemetery at Hutterdorf, Germany, with three (3) other remains listed below with their present status.

Hoverson, Tellef C., 37169804, Identified at time of disinterment  
X-3213, Identified as Guess, Raymond L., 34889003  
X-3214, Identified as Mc Coy, Charles C., 36784539

2. The remains of X-3212 were believed to be, Mc Coy, Charles C., 36784539, however X-3214 has been identified as Mc Coy.

3. The tooth chart for the remains of X-3212 has been compared with the dental information available for all unresolved casualties associated with the Hutterdorf, Germany, area with negative results.

4. As no other Identity clues exist for the remains of X-3212, it is recommended that the remains of X-3212 be declared UNIDENTIFIABLE.

Donald L. HOPKINS  
14 Feb. 1950



DISINTERMENT DIRECTIVE

293 7.ink France X-3212 (St Avold)

6

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 01 48  
DAY MONTH YEAR

NAME

UNKNOWN X-003212

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

DISPOSITION OF REMAINS

3503 80  
CODE DIST. PT.

CEMETERY

ST AVOLD - METZ

PLOT ROW GRAVE COUNTRY  
555 3 102 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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

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

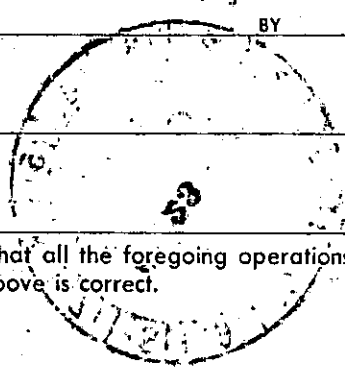
CASKET SEALED BY

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.

*Handwritten notes and signatures in the bottom right corner, including a date '15 01 48' and a signature.*

293 -

293 -

*Unk. France X-3212 (St. Quold)*  
~~McCoy, Charles C. 36,784,539~~

INDEX SHEET

SYNOPSIS

Letter

26 Aug. 1946

FROM:  
TO:  
ATTN:

ORIG  
AGO . WW II Records Admin Center, St. Louis, Mo.  
Clinical Records Br.

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO.

293 -

*McCoy, Charles C. 36,784,539*  
~~Unk. France X-3212 (St. Quold) Franko.~~

Feb

FILE UNDER NO. 293 -

293

*Unk. France X-3212 (St. Arnold)*  
~~McCoy, Charles C. 36,784,539~~

INDEX SHEET

SYNOPSIS

Letter

26 Aug. 1946

FROM:  
TO:  
ATTN:

OCMG  
AGO WW II Records Admin Center, St. Louis, Mo.  
Clinical Records Br.

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 -

293

*McCoy, Charles C. 36,784,539*  
~~Unknown X-3212 (St. Arnold) France~~

rtb

E.O. 123271 - ROUTINE IDENTIFICATION DATA

1. REMAINS OF UNKNOWN: **UNK-3212** 2. DATE OF REPORT: **22 SEP 49**

3. NAME OF CEMETERY: <b>USMC ST-AVOLD</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>555</b>	<b>9</b>	<b>102</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT AGE: <b>18 TO 22</b>	9. ESTIMATED HEIGHT: <b>6' 3/8"</b>	10. COLOR OF HAIR: <b>NONE FOUND</b>	11. RACE: <b>UTO</b>
--	-------------------------------------	--------------------------------------	----------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**NONE**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  
**NONE**

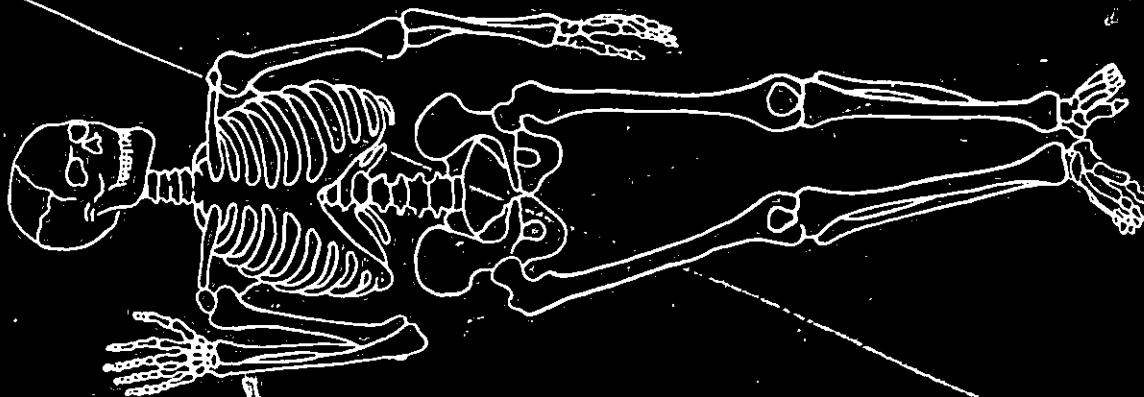
14. WAS BODY BURNED? TO WHAT EXTENT?  
 YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
**NONE**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  
**NONE**

19. BLACK OUT PARTS OF BODY NOT REGISTERED.



SEE SKELETAL CHART

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER.

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION.

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM. EMBOSSED PLATE RECEIVED FOR VAIS-6-3221 DISPOSITION REPINNED TO BLANKET CONTAINING REMAINS.

HAIR - NONE

TEETH SEE TOOTH CHART

EST. AGE - 19-22

EST. HT. - 6' 3/4"

SCULLS

GREEN

CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

NAME, GRADE, AND SERVICE, AND ORGANIZATION

SIGNATURE

*John E. Boyd*

**SKELETAL CHART**  
 (BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

X-00 3212  
 ST. AVOLD  
 See tooth chart  
 SSS-9-102  
 E.O. 3212

STERNUM 

HUMERUS 36

HUMERUS

ULNA 29.1

ULNA

RADIUS 27

RADIUS

FEMUR

48


FEMUR

TIBIA 40.5

TIBIA

FIBULA 40

FIBULA

-  - FRACTURED
-  - SCATTERED
-  - MISSING
-  - BURNED

COLOR OF HAIR NONE  
 ESTIMATED AGE 18 TO 22 Yrs  
 ESTIMATED HEIGHT 6 Ft. 3/8 In  
 ESTIMATED WEIGHT \_\_\_\_\_ LBS.

  
 Signature

CHART "A"

# TOOTH CHART

19 March 1947

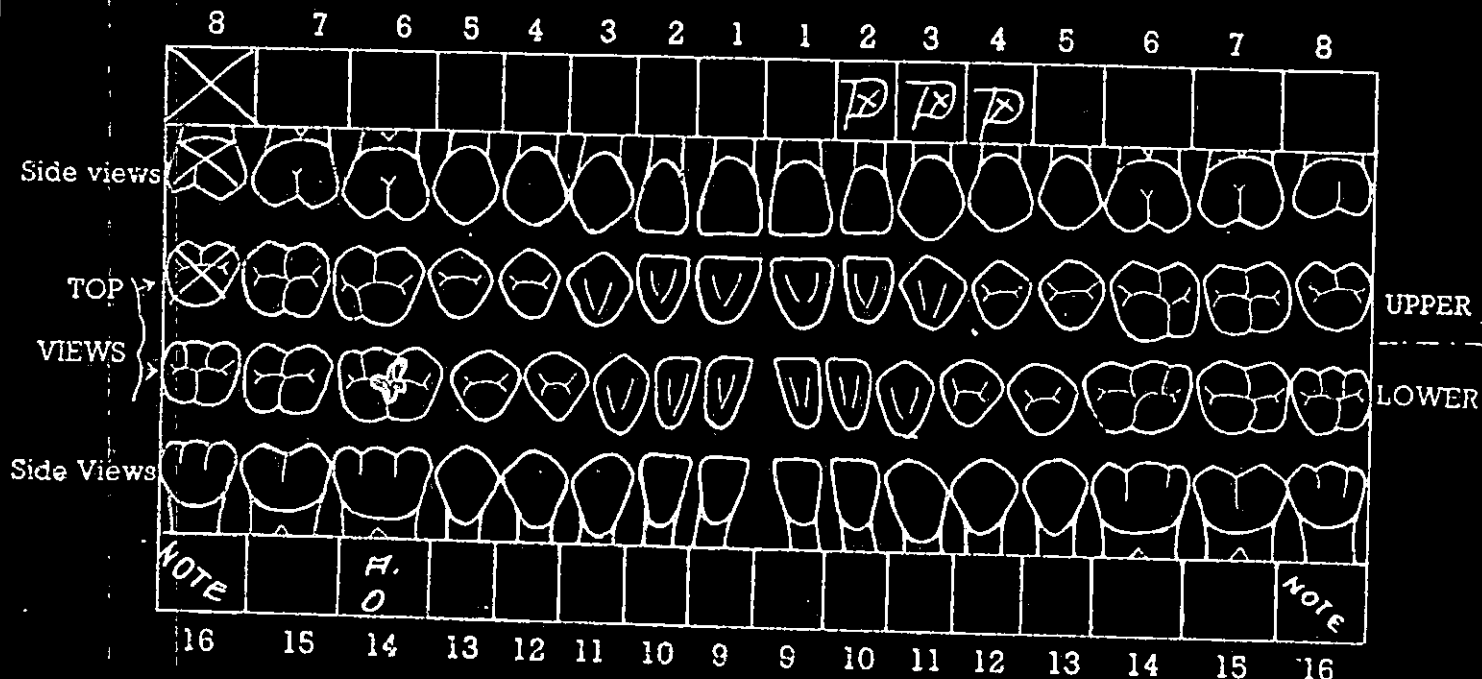
Unknown X-3212

Date

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), 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.

*S/Edward Sebastian* copied by *W. Dolich*  
 Signature of Officer or other person who prepared Tooth chart

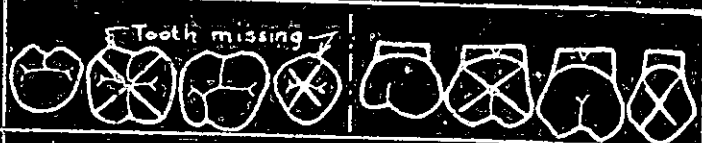
ELLSWORTH T. MAC INTYRE, Captain, M.C. C.I.P.

Verified by C. R. & E. Officer

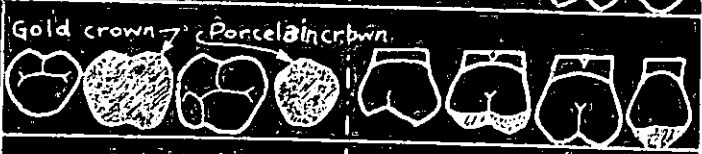
*Ellsworth T. Mac Intyre*



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



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



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Posthumously missing, L2, 3, 4  
 Unerupted before death, R16  
 Possibly unerupted before death, L16.  
 Mesial version, R3.  
 Rotated distally 1/8 turn, R3.  
 Medium sized teeth in fair alignment have turned pink.

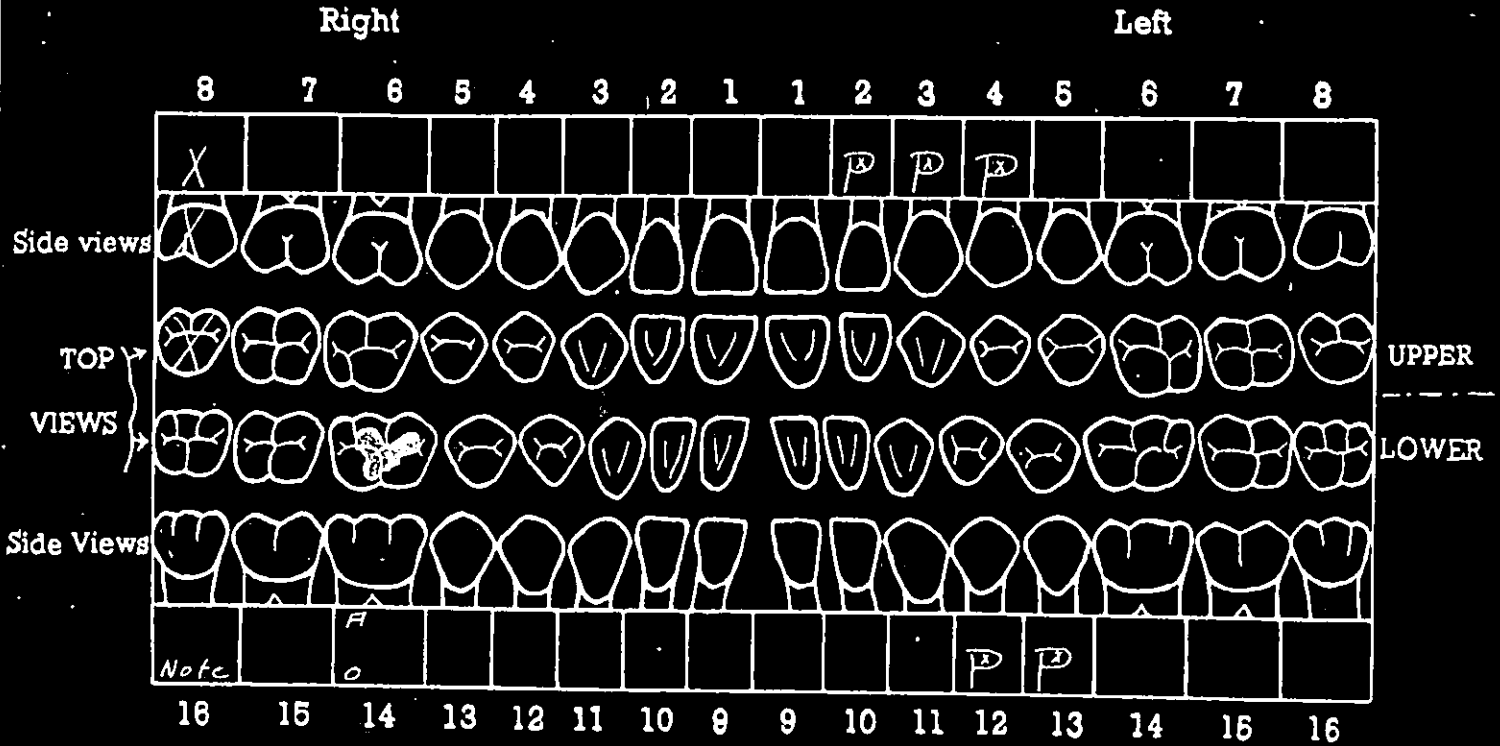
h9

# TOOTH CHART

Unknown X-3212  
St. Aug Id 555-9-102  
E.O. 2327

22 Sept. 1949  
Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death		Cause of Death

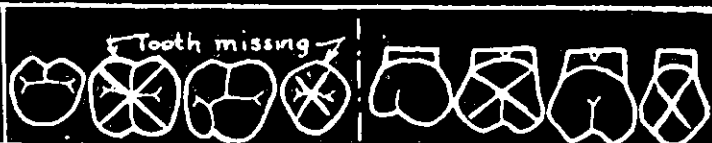


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), 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.

*Odin Roberts*  
 \_\_\_\_\_  
 Signature of Officer or other person who prepared Tooth chart

\_\_\_\_\_  
 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 :



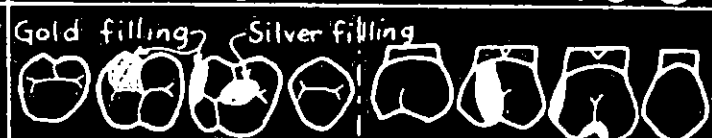
**CROWNED TEETH.** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



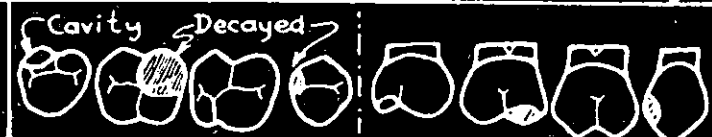
**BRIDGE WORK.** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

Size: Average

Color: Ivory

Stain: Light

Calculus: Medium

Post harmonously missing: L 2, 3, 4, 12, 13

Alignment: Generally good

R 3 used facially & mesially

NOTE:

R 11 not fully erupted.

5

# TOOTH CHART

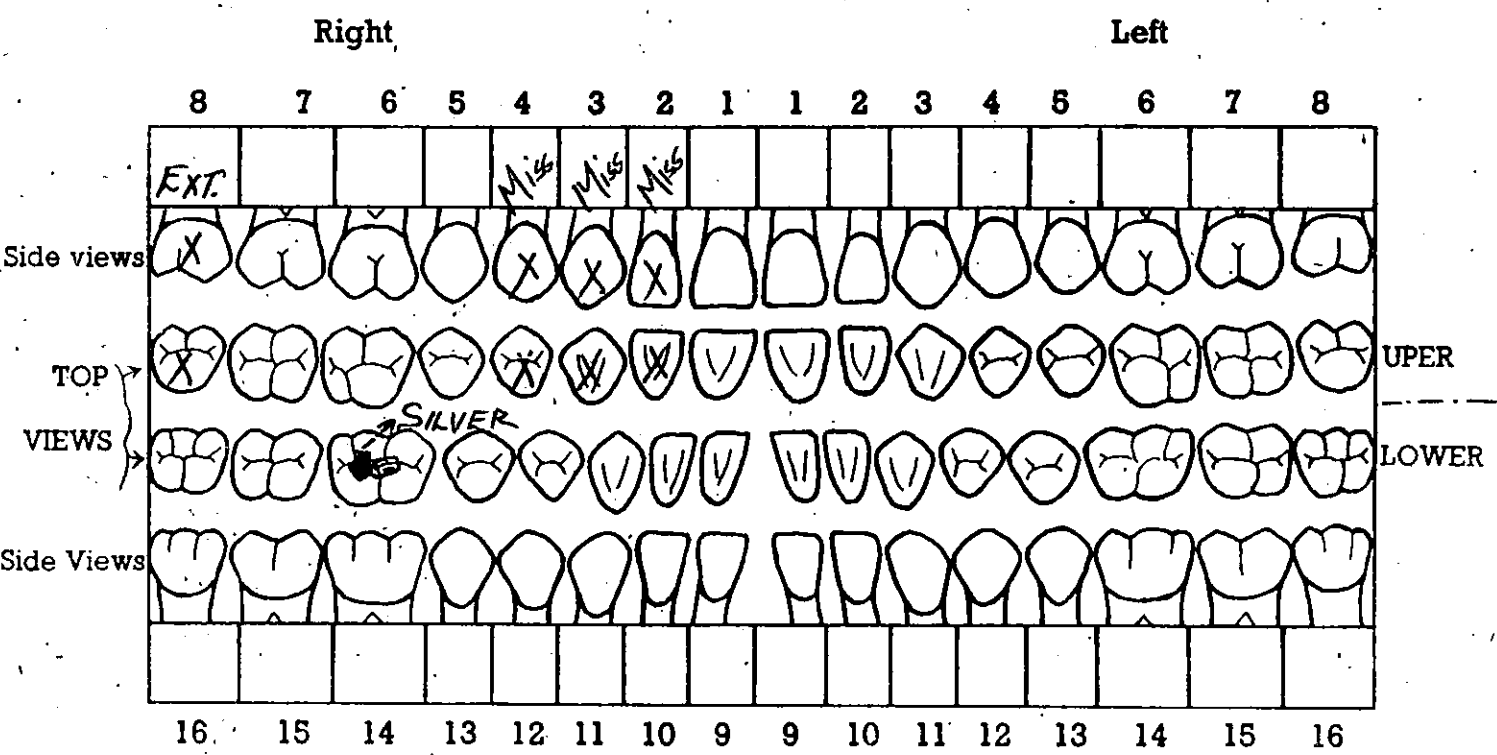
3212

15 Feb. 1946  
 Date

UNK X-3212 (St. Avoild/France) UNK UNK  
 Last Name First Initial Rank Serial No.

UNK INF  
 Unit Organization

HUTTENROFF/Germany WO 3592 18 March 1945 S.W. of buttock  
 Place of Death Date of Death Cause of Death



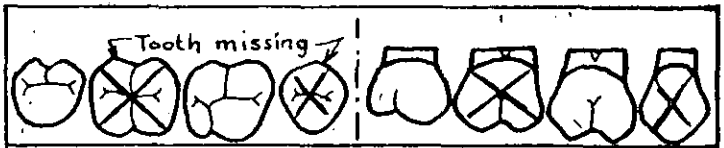
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bacuspids (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.

*S/ Sgt. G. H. Newbold*  
 Signature of Officer or other person who prepared Tooth chart

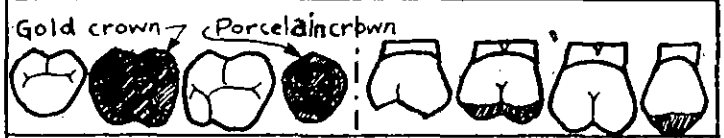
*William H. Zerhan*  
 Verified by G. R. S. Officer

WILLIAM H. ZERHAN  
 2nd. Lt. . Inf. O-1336585  
 606 Q.M. Graves Registration Co.

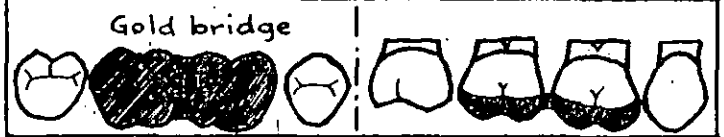
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



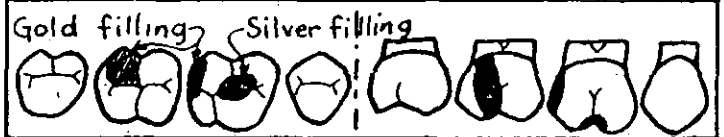
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



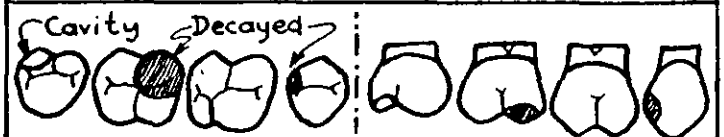
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Mass grave of Tellef C. Hoverson, UNK.X-3212, UNK.X-3213, and UNK.X-3214, American soldiers in the town of HUTTERSODRF, Germany

Map: 1/250,000

Sheet: Trier, Germany K-50

Coords: WQ 3692

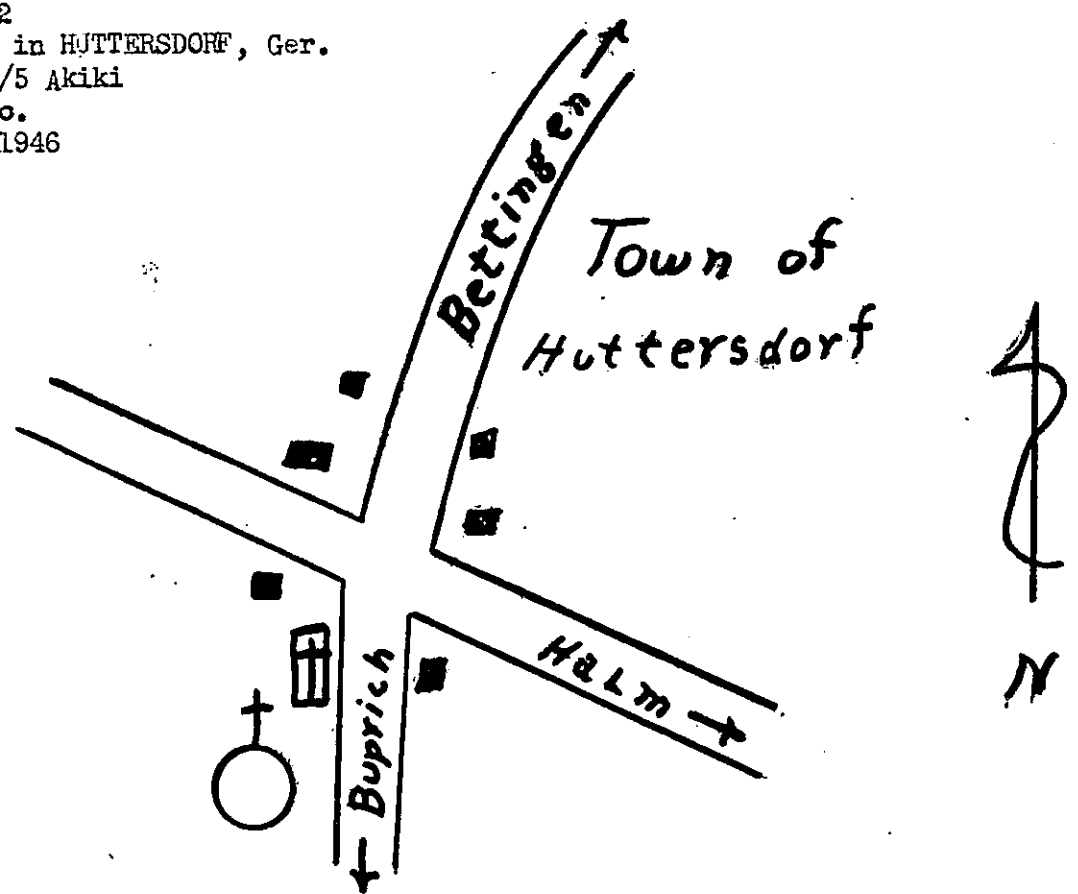
Location: Cem. in HUTTERSODRF, Ger.

Sketched by: T/5 Akiki

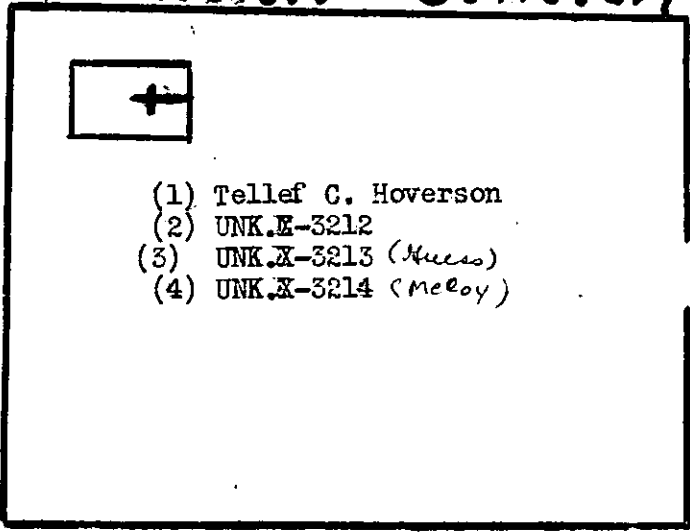
606 QM. G.R. Co.

Date: 16 Feb. 1946

Not to scale



### Huttersdorf Cemetery



IDENTIFICATION BRANCH  
MEMORIAL DIVISION

DATE \_\_\_\_\_

CHECK LIST OF MEANS OF IDENTIFICATION

FOR: 3212

Unknown X-Number or  
other designation

Cemetery

Identified as

	Favorable	Unfavorable	Unknown
Date and place in agreement			
Dental Chart			
Color Hair			
Estimated Height			
Estimated Weight			
Laundry Marks			
Shoe Size			
Type Clothing			
Identification Tag			
Personal Effects			
Statement of Civilians			
Enemy Records			
Scars			
EMT (Emergency Medical Tag)			
Pay Book (EM. Off.)			

Date and place in agreement  
Dental Chart  
Color Hair  
Estimated Height  
Estimated Weight  
Laundry Marks  
Shoe Size  
Type Clothing  
Identification Tag  
Personal Effects  
Statement of Civilians  
Enemy Records  
Scars  
EMT (Emergency Medical Tag)  
Pay Book (EM. Off.)

*for informational purposes only*

\* It is noted that the coordinates of the place of death as indicated on the Reports of Burial for Unknown X-3212, 3213 and 3214 were identical, Q260584; however, the name of the place of death differed in each instance, Hutterdorf, Huttendorf and Huttersdorf, Germany respectively. Army Map Service was consulted on verifying the location on the basis of coordinates and map referral as shown on the Report of Burial. Their findings are as follows:

- (1) there is no town, city, village or area by the name of Hutterdorf, Germany.
- (2) Huttendorf, Germany was not located in the vicinity of the coordinates given.
- (3) Huttersdorf, Germany is located at Coordinates Q260584-Map 1:250,000 Sheet K50, Trier, Germany coordinates WQ3592.

On the basis of the foregoing, it is concluded that Huttersdorf, Germany is the actual place of death for Unknowns X3212-3213-3214 and also for Tellef C. Hoverson, who was KIA and interred in Huttersdorf. ~~XXXXXXXX~~

X-3213 has been identified by this office as Raymond L Guess, 34889003.  
X-3214 " " " " " " " " Charles C. McCoy, 36784539.

# CHECK LIST FOR UNKNOWNNS

Pvt. Gorman

(name of soldier processing remains)

St. Avold, France

1. Unknown X = 3212

~~U.S. Military Cemetery No.~~

Coll. Pt.

Homburg, Germany

2. If remains were disinterred, attach Check List for Disinterments.

3. Arrived at cemetery 1300, 15 Feb. 1946 From 606 QM.G.R.Co. Homburg, Germany  
(hour) (date) (collecting point)

4. Place of death Hattersdorf, Germany Map: 1:250,000 Sheet: K-50 Trier, Ger.  
(name) (coordinates and landmarks)

5. Coords: WQ 3592

6. Remains recovered by T/5 Berk, 606 QM.G.R.Co.  
(name and organization)

7. Evacuated to cemetery by T/5 Berk, 606 QM.G.R.Co.  
(name and organization)

8. Is load list attached no.  
(yes-no)

9. Are names of deceased found in same area as this Unknown starred yes  
(yes-no)

10. Are circumstances described which may indicate organization of the deceased yes  
(yes-no)

11. If only part of body was received, was a careful search made for other parts of Unknown yes  
(yes-no)

12. If remains come from vehicle, plane, etc: unknown  
(type of vehicle or plane, nick name, serial number, organization or symbols)

13.

14. Crew list unknown  
(names of other deceased and positions in which found)

15.

16.

17. If a tank, which hatches were free and available for escape use

not applicable

18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give  
detailed information concerning vehicle or plane  
(parts of markings or symbols) (burned) (pierced by shell fire - where)

19.

20. unknown  
(found in town field by road etc.) (damaged by mine explosion)

21. unknown (if any)  
(names of men who escaped) (description of other vehicles or planes in same area)

22. Detailed description of personal effects no. P.E.  
(Indicate exact pocket or part of body where found)

23.

24.

25.

26.



Description of clothing and equipment : (If clothes, do not list, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. *Headgear (type)				
28. Reincoat				
29. Overcoat				
30. Jacket, Field	none	36 R	green	none
31. Jacket, Combat				
32. Mackinaw				
33. Sweater	none "est"	large	O.D.	none
34. Jacket, HBT				
35. * Shirt, Wool OD	none	15 1/2 - 33	O.D. white	none
36. Undershirt, Wool	none			none
37. Undershirt, Cotton				
38. Trousers, HBT				
39. * Trousers, Wool OD	none "est"	31-31	O.D.	none
40. Belt, Web	none "est"	34"	O.D.	none
41. Drawers, Wool	none		white	none
42. Drawers, Cotton				
43. Leggings				(Note unusual lacing)
44. Socks Wool Cotton	none "est"	9\	O.D.	none
45. * Shoes (type)				
46. Overshoes				
47. Web Equipment (type)				
48. (other item)				
49. (other item)				

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

50. Chevrons or none Shoulder Patch none  
(type and location; shirt jacket coat helmet)

Insignia none

51. Description of Remains

52. Age unk. Height unk. Weight unk. Description of wounds none S.W. of buttock  
(years) (it-in) (lbs)

53.

none

Flesh and skin decayed

54. Bandages or dressings ..... Scars .....  
(length, width, location)

55. ....  
flesh and skin decayed

56. .... Tattoos .....  
(number, location -- illustrate on sep. page)

57. Outstanding moles, warts or birthmarks .....  
flesh and skin decayed  
(yes-no) (description, location)

58. ....  
flesh and skin decayed

59. Sunburn or tan, other than hands and face .....  
fingers decayed - white, see tooth chart

60. Tobacco stain on fingers or teeth .....  
(designate where extent)

61. Complexion ..... flesh and skin decayed ..... Build "est" mangled  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

62. ....  
black, small patch found

63. Hair .....  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak)

64. ....  
(distinctive cutting or other characteristics)

65. Sideburns ..... flesh decayed ..... Mustache ..... flesh decayed ..... Beard or goatee ..... flesh decayed  
(color, setting, shape) (color, size, shape) Length.

66. ....  
(heavy, light, color, extent)

67. Eyes ..... decayed ..... Eyebrows ..... flesh decayed  
(color, setting, shape) (color, bushiness, extent across nose)

68. Nose ..... flesh decayed ..... Ears ..... not "est" flesh decayed  
(size, shape, straight) (size set, close to or far from head)

69. Forehead ..... flesh decayed ..... Mouth ..... flesh decayed ..... Lips ..... flesh decayed  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

70. Teeth ..... white, see tooth chart  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

71. Chin ..... flesh decayed ..... Cheekbones ..... flesh decayed  
(prominent, receding, pointed, dimple, double) (high, normal)

72. Jaw ..... flesh decayed ..... Circumference of head in inches .....  
(large, small, normal) (hat band)

73. Neck ..... "est" 1 1/2 flesh decayed ..... Larynx ..... decayed ..... Shoulders ..... not "est" 2  
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

74. .... decayed ..... Arms ..... not "est" dismembered and decayed  
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)

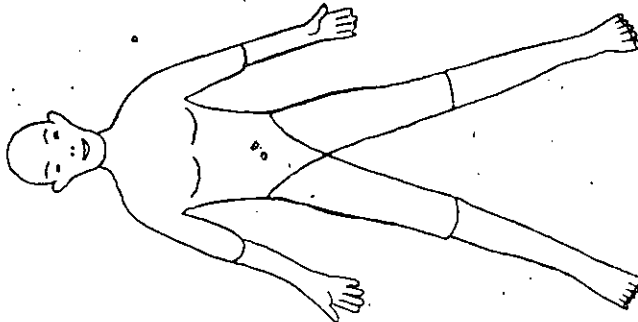
75. .... flesh decayed ..... Hands ..... not "est" flesh decayed  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

76. ....  
fingers decayed

76. ....  
(marks on fingers indicating that rings were worn)

77. ....

78. Fingers **not rest decayed**  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. **flesh decayed**  
(Unusual characteristics of fingernails)
80. Chest **not rest flesh decayed**  
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back **decayed** (quantity and extent of hair) Waist **rest 31 flesh decayed**  
(size at navel, appendectomy, amount and color of hair)
82. Circumcized **decayed** Pubic hair **black** Hernioplasty **flesh decayed**  
(yes-no) (color) (yes-no) (location)
83. Legs **rest 31 flesh decayed**  
(inseam) (muscular; knock kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet **flesh decayed** Toes **flesh decayed**  
(size; corns; callouses; flat) (slender, straight, crooked, overlap)
85. Evidence of healed fractures **no**  
(nose, arms, legs, etc.)
86. Block out parts of body not received at cemetery.



87. Have photographs been made and attached **no** If not, explain **see question 90**  
(yes-no)
88. Have fingerprints been placed on GRS No I **no** If not, explain **fingers decayed**  
(yes-no)
89. Has tooth, chart been prepared? **yes** If not, explain  
(yes-no)
90. Remarks: **Remains in advance stage of decomposition. Body intact.**
91. **weigh approx. 120 pounds.**
- 92.
- 93.
94. **body reburied in U.S. Military Cemetery, St. Avol, France.**
- 95.
- 96.

*William H. Zethan*  
 Signature of GRO and Organization

WILLIAM H. ZETHAN  
 2nd Lt. Inf.  
 606 Q.M.G.R.Co.

## IDENTIFICATION CHECK LIST

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

Unknown X - 3212

Cemetery St. Avoird, France

Plot 633 Row 9 Grave 102

1. ~~Arrived at cemetery~~ Date reprocessed: 19 Mars 1947  
(Hour) (Date)

2. Place of death .....  
(Name of closest town) (Coordinates and letter Prefix, maps)  
.....  
(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by Central Identification Point Strasbourg,  
(Name and organization) France

4. Evacuated to Cemetery by .....  
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Remnants of</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of (wool)</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnants of</u>		
Undershirt, Wool	<u>Remnants of two (2)</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>Remnants of</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

Belt, web **Remnants of**

Drawers, wool **Remnants of two (2)**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

\* Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (type)

(Other item) **Wool OD. leather palm, gloves**

(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? **Ground Forces (found in burial Report)**

6. Description of Remains:

Age **UTD** Height **5'10 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 **Brown 1 1/2 inches long**  
(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**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **20 3/4 inches**  
(Large, small, normal) (Hat band)

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

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

Hands **UTD**

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

(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **None found**  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **UTD**  
(Yes-no; location)

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

Feet **UTD** Toes **UTD**  
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures **None found**  
(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 **decomposed**

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

9. Remarks **Remains recovered in advanced stage of decomposition, wrapped in mattress cover, clothing was found on body. No clothing marks found. Estimated weight of remains: 40 lbs. Fluoroscopic Examination revealed one (1) 32 caliber bullet. This man remains "UNKNOWN". Nothing found to warrant Chemical Laboratory Examination.**

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

*Ellsworth T. Mac Intyre*  
**ELLSWORTH T. MAC INTYRE**  
(Officer's Name)

**Captain** **QMC.**  
Rank Service

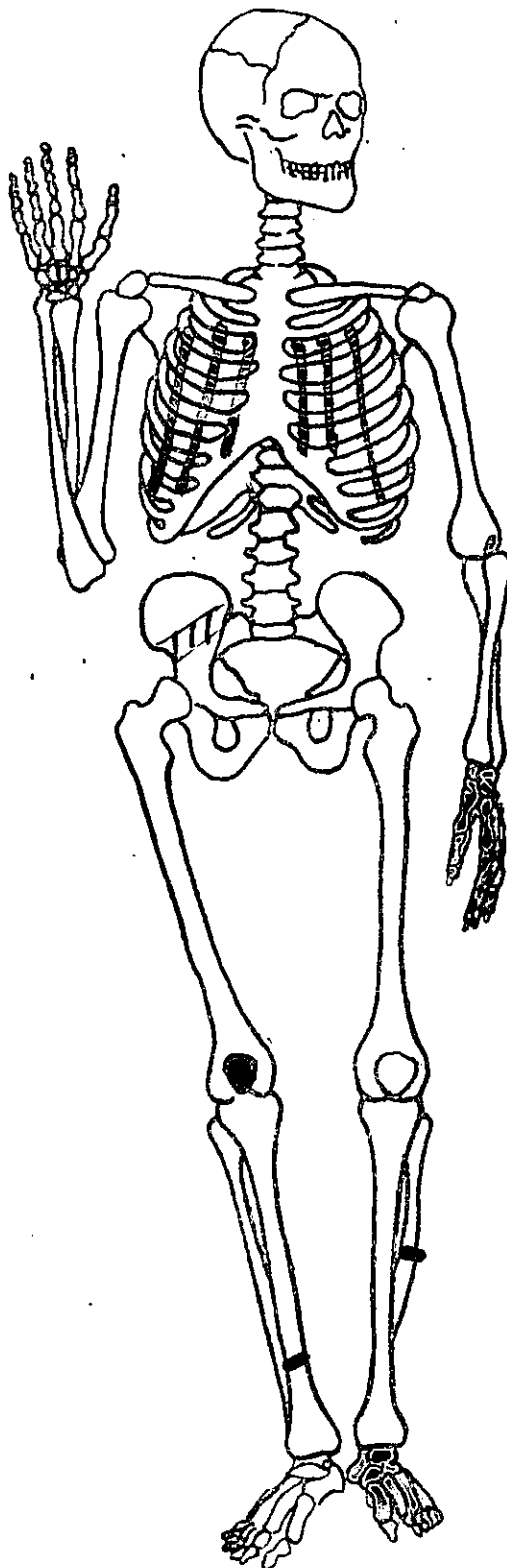
**Central Identification Point**  
(Organization)

X-3212

# SKELETAL CHART

St. Avoird, France  
Plot SSS, Row 9, Grave  
102

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





Restricted

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

15 Feb. 1946

Date

UNK X-3212 (St. Avold/France)

UNK

UNK

Last Name

First

Initial

Rank

Serial No.

UNK

UNK

Unit

Organization

HITTERDORF/Germany

WO 3592

18 March 1945

S.W. of buttock

Place of Death

Date of Death

Cause of Death

1400 19 February 1946

U.S. Mil. Cem. St. Avold/France Q 260 584

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

102

9

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

How were remains identified?

" See REVERSE "

What means of identification were buried with the body?

" GRS No. 1 in bottle "

HITTERDORF/Germany

Map: 1/250,000, Sheet K-50, Trier,  
Germany, Soords. WO 3592

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

Who is buried on:

Deceased's Right:	UNKNOWN X-3214				104
	Name	Serial No.	Rank	Organization	Grave No.

Deceased's Left:	UNKNOWN X-3213				103
	Name	Serial No.	Rank	Organization	Grave No.

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 UNK Name

UNK Address

Religion UNK

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

NONE

WILLIAM H. ZERHAN  
2nd. Lt. Inf. 6-1336585  
606 Q.M. G.R. Co.

DISINTERRING OFFICER: *William H. Zerhan*  
Signature of Officer or other person reporting burial

REINTERRING OFFICER: *Charles F. Barney*  
ified by G.R.S. Officer

CHARLES F. BARNEY, 2nd Lt. Inf. 6800th QM GR Det.

# 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: NO  
 Weight: UNK      Number of Rife: UNK  
 Color of Eyes: UNK      Wear Glasses: UNK  
 Color of Hair: Black      Is Tooth Chart Attached: Yes  
 Race: UNK

(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.

"Impossible to determine, body badly decomposed"

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

Man presumed to be Charles C. McCoy  
 ASN 36784539 I.D. Tag was found among  
 three UNK bodies in a mass grave

Impossible to take, badly decomposed

Impossible to determine, badly decomposed

Left Hand

Right Hand

Thumb

Thumb

## TOOTH CHART

Deceased's Right														Deceased's Left																
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
See tooth chart																														
Upper														Lower																

Indicate: missing natural teeth by X; crowns by C; fillings by D; Bridges by B; linking anchor teeth; replacements by artificial teeth by A.

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.

Remarks:  
 1. See attached Sketch

