

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Tank (misc) St. Auld V416, V429, X953  
X954, X6136, X6495, X6730A, X6730B

## SYNOPSIS AND DATES

*Misc filed*

NEW CLASSIFICATION 293. Tank St. Auld V416

# RECLASSIFICATION SHEET

USMC St. James  
Plot: K, Row: 7, Gr: 15  
Date of Burial: 16/6/1950  
Verified by GRS Officer:  
*R. F. Rodriguez*  
R. F. RODRIGUEZ, ORO USA

DISINTERMENT DIRECTIVE

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		
<i>243</i>		UNKNOWN X-000429			Q	DAY	MONTH	YEAR
CEMETERY		DISPOSITION OF REMAINS				DAY	MONTH	YEAR
ST AVOLD - METZ		3503 80				DAY	MONTH	YEAR
		CODE				DIST. PT.		
						CAUSE OF DEATH		
						6		

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
~~SAINT AVOLD, FRANCE~~  
~~(BY ADMINISTRATIVE ORDER)~~  
ST JAMES, FRANCE.

NAME AND ADDRESS OF NEXT OF KIN  
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-3 Jan 50).  
*ED*

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISTINTERRED	
UNKNOWN X- 000429							11 Aug 48	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY		
<input type="checkbox"/> REMAINS		USAAF				Henry A Gentzel, Embalmer		
<input checked="" type="checkbox"/> MARKER		GRS				NAME AND TITLE		

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Mattress cover	Multiple fractures except R/humerus, L/humerus, radius and ulna. Fractured skull and maxilla.

OTHER MEANS OF IDENTIFICATION  
Report of Burial found with remains

MINOR DISCREPANCIES /  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
13 Aug 48	Henry A Gentzel, Embalmer
CASKET SEALED BY	EMBALMER (Signature)
Henry A Gentzel, Embalmer	<i>Henry A Gentzel</i> Henry A Gentzel

CASKET BOXED AND MARKED	DATE	BY
13 Aug 48	13 Aug 48	Henry A Gentzel, Embalmer
		Jesse C Harrell, 1st 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  
*Jesse C Harrell*  
Jesse C Harrell, 1st Lt CAC, 7857 AGRC Zone 3 Hq.  
Jesse C Harrell, 1st Lt CAC

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
Consignee changed by Reg Div. *90*  
FILE  
RECORDS ANNOTATED  
DATE *2-1-52*  
NAME *Grb*  
BR. MEM. DIV.

**RECORD OF CUSTODIAL TRANSFER RECEIVED**

**1. SHIPPED**

FROM: <b>USMC ST AVOLD, FRANCE</b>		TO: <b>OIC NEUVILLE, BELGIUM</b>	
KIND OF CONVEYANCE: <b>TRUCK</b>		NAME OF CONVOYER: <b>CPL JOHN A MOUNTFORD 39107628</b>	
SIGNATURE OF SHIPPER: <i>Frank B Callaghan</i> <b>FRANK B CALLAGHAN 1st Lt FA</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: <b>None</b>		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: <b>EVMI VAOLD EBVICE</b>	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

293 Unknown - France (misc) St. Avold

QMGMT 314.6 X-416 X-953 X-954 X-429  
GEB European 1st Ind  
(St. Avold) France X-6136 X-6495 X-6730 A+B

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #4650

Dept. of the Army, OQMG, Washington 25, D. C., 10 February 1950

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

1. This Office approves the classification of the Unknowns listed on basic communication as Unidentifiable with the following exceptions:

Unknown X- 416	Plot B	Row 18	Grave 1934
Unknown X-953	Plot T	Row 17	Grave 2788
Unknown X-954	Plot T	Row 17	Grave 2789

2. Unknown X-416 was suspended to your headquarters by radio 3 February 1950.

3. Unknowns X-953 and X-954 were suspended to your headquarters by letter dated 17 January 1950.

FOR THE QUARTERMASTER GENERAL:

8 Incls:  
w/d

T. H. METZ  
Lt. Colonel, OMC  
Memorial Division

Holden:cam  
Clements  
REB

JMN

TEC

X 293 Unknown, France X-429 (St. Avold)

AIRMAIL

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

RRE 293

27 December 1949  
(Date)

*293 Unknown - France X-429 (St. Avold)* *dl*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 429, Plot M,  
Row 9, Grave 1833, 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. 2235, dated  
17-3-47.

3. Remarks:

See Case History attached.

FILE 3 FEB 1950  
OQMG

Information from  
available

Case reviewed by undersigned Members of the Board of Review:

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

*File  
NAT  
3 Feb. 1950  
D. Goudreau  
J. Br.*

T.L.#4650

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

27 December 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 429, Plot M  
Row 9, Grave 1833, 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 The Office of the Quartermaster General by Letter of Transmittal No. 2235, dated 17-3-47.

3. Remarks:

See Case History attached.

**FILE** 3 FEB 1950  
Not identifiable from information presently available  
OQMG

Case reviewed by undersigned Members of the Board of Review:

Colonel Harold P. HENRY, O-12589, OMC Lt. Col. E. D. Mulvanity, O-359598, OMC

Edward Price  
Capt. Edward F. PRICE, Jr. O-1588236 OMC CWO Frank GEER, W-2102925, USA

Leodore Goudreau  
CWO Leodore GOUDREAU, W-2113434, USA

Incl #2

CASE HISTORY

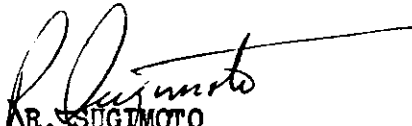
UNKNOWN NO X-429 U.S. MILITARY CEMETERY St. Avoild  
(Location)

Tooth chart obtained for the remains of X-429 has been compared with available dental records for all unresolved casualties in Map Sheet Ger N-52 with negative results.

Efforts to associate subject remains with an unresolved casualty or casualties by all other means have proven negative. It is to be further noted that the case papers do not furnish any information that may be used as a clue to identity.

Clothing marks "Belshaw" J 235? and R-157? found on shirt with the remains of X-429 have been compared with the World Casualty Listing with negative results.

In view of the negative results of the investigation mentioned above, it is recommended that this case be declared Unidentifiable.

  
R. SUGIMOTO  
Investigator  
21 December 1949



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DISINTERMENT DIRECTIVE

JLJ *Gene*

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE		
NAME <i>293</i> <i>Huk France X-429 St. Avold</i>		SERIAL NUMBER <i>3374</i>	RANK <i>00000</i>	ARM	DATE OF DEATH	
CEMETERY <i>UNK GWNX-000429</i>					DAY   MONTH   YEAR <i>15   01   48</i>	
DISPOSITION OF REMAINS					CODE   DIST. PT.	
PLOT <i>ST AVOLD - METZ</i>	ROW	GRAVE	COUNTRY		CAUSE OF DEATH	
					DAY   MONTH   YEAR <i>3503   80</i>	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <i>FRANCE</i>	NAME AND ADDRESS OF NEXT OF KIN <i>5</i>
<i>SAINT AVOLD, FRANCE</i>	

(BY ADMINISTRATIVE ORDER) SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS				
<input type="checkbox"/> MARKER				NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <i>USAAF</i>	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
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

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



6

DISINTERMENT DIRECTIVE

JLU *Gene*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

DATE OF DEATH  
15 01 48  
DAY MONTH YEAR

DISPOSITION OF REMAINS

CODE DIST. PT.

CAUSE OF DEATH  
3503 80

NAME *293*  
*Huk France X-429 St. Avold*

SERIAL NUMBER *3574* RANK *00000* ARM *0*

CEMETERY *UNKNOWN - 000429*

PLOT ROW GRAVE COUNTRY  
*ST AYGLD - METZ*

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
*FRANCE*  
*SAINT AVOLD, FRANCE*

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER) SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL *USAAF* 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

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

# TOOTH CHART

12 February 1947

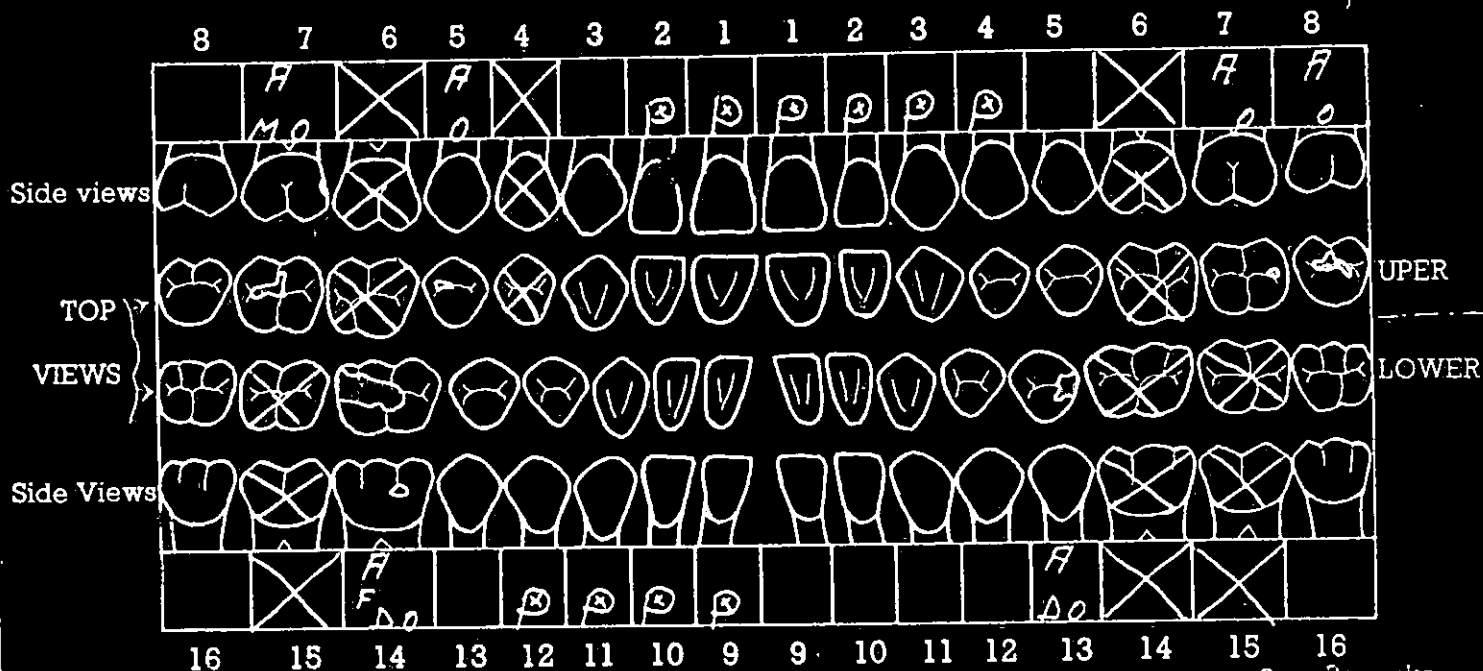
Date

UNKNOWN X - 429

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

Right

Left



See Remarks

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

*Edward Sebastian*  
Signature of Officer or other person who prepared Tooth chart

*Ellsworth T. Mac Intyre*  
Verified by C. R. S. Officer  
Ellsworth T. Mac Intyre, Captain OMC - C.I.P.

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



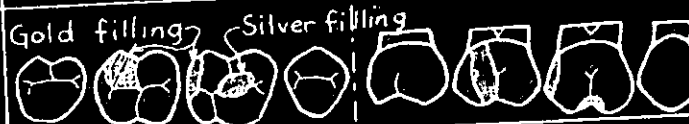
**CROWNED TEETH** . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



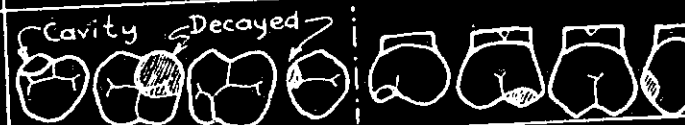
**BRIDGE WORK** . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

### ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing R 12, 11, 10, 9, 2, 1 and L 1, 2, 3, 4.  
 Spaces R 3-5, 9 mm; R 5-7, 1 mm; R 14-16, none; L 5-7, none; L 13-16, 11 mm.  
 Lingual version, R 16 and L 13, 16, 5.  
 Rotated distally 1/8 turn, R 5.  
 Large teeth in poor alignment, have turned pink. Heavy brown lingual stains.

# CHECK LIST OF UNKNOWN

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

Unknown X - 429  
Cemetery St-Avoid, France  
Plot M Row 9 Grave 1833

1. ~~Reprocessed~~ Date reprocessed 12 February 1947  
(Hour) (date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (ordinates and letter Prefex, maps)

Sheet, scale and serials used.

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

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	none		

(type)

Raincoat none

Overcoat none

Jacket, Field none

Jacket, Combat none

Mackinaw none

Sweater remnants of wool OD

Jacket, HBT none

\*Shirt, Wool, OD none

Undershirt, Wool none

Undershirt, Cotton none

Trousers HBT none

\*Trousers, Wool OD none

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggings, Wool none (Note unusual lacing) none

Socks, Cotton none

\*Shoes (type) none

Overshoes none

Web Equipment (type) none

(Other item) one (1) burial bottle

(Other item) none

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

6. Chevrons or Insignia none  
(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 utd

Bandages or dressings utd Scars utd  
(Length, width, location)

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

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

Sunburn or tan, other than hands & face utd

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

Build utd  
(large, fat, thin, muscular)

Hair light brown hair, approx. 2" 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 Goatee **utd** .....  
 (color, setting, shape) (color, size, shape) (length, heavy,  
 .....  
 ..... **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, extract)

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

Jaw **normal** ..... Circumference of head in inches **Est. 20 1/2"** .....  
 (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)

..... **utd** .....  
 (extent and quantity of hair)

Hands **utd** .....  
 ..... **utd** .....  
 (sort, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers **utd** .....  
 ..... **utd** .....  
 (unusual characteristics of fingernails)

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

Back **utd** ..... Waist **utd** .....  
 (quantity & extent of hair) (size of navel, appendectomy, amount)

..... **utd** ..... Circumcision **utd** ..... Pubic hair **none found** .....  
 (quantity & color of hair) (yes-no) (color)

Hernioplasty **utd** .....  
 (yes-no, location)

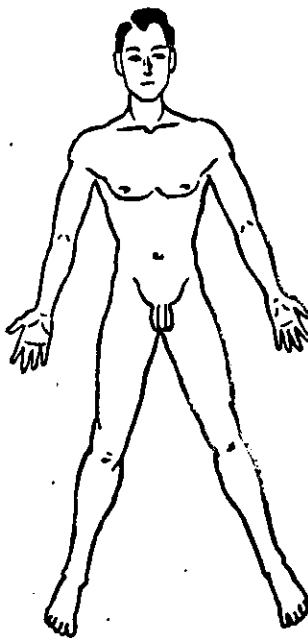
Legs **utd** .....  
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

.....

Feet ..... **utd** ..... Toes ..... **utd** .....  
 (Size, corns, callouses, flat) (slender, straight, crooked, overlap)

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

9. Black out parts of body not received at cemetery: **see attached chart**



10. Have fingerprints been placed on Report of Internment no  
Yes-no

If not, explain too decomposed

11. Has tooth chart been prepared yes If not, explain  
Yes-no

12. Remarks: Fluoroscope unnecessary. Remains recovered in skeletal form, badly fractured and crushed. No clothing marks. Impossible to estimate height or weight due to condition of remains. Est. weight of remains recovered 25 lbs. 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.

On cross:

UNKNOWN X - 429  
Plot M Row 9 Grave 1833  
St-Avoid

*Ellsworth T. Mac Intyre*  
Ellsworth T. Mac Intyre  
Officers Name

Captain QMC

Rank

Service

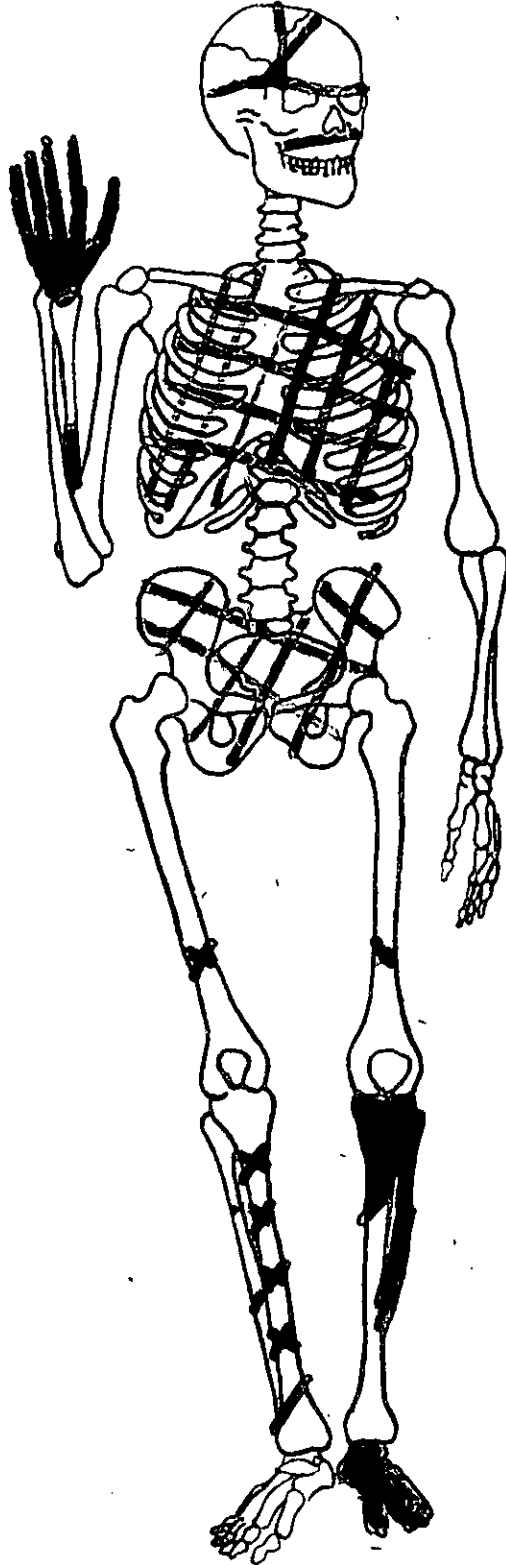
Central Identification Point

Organization

X - 429  
St-Avoid Cemetery, France  
Plot M Row 9 Grave 1833

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22 JULY 1945

Date

UNKNOWN X-429 (BELSHAW)		UNK	UNKNOWN
Last Name	First	Rank	Serial No.
UNKNOWN	U.S.A.A.F.		
GROSS POSNA, GERMANY		1944	PLANE CRASH
Place of Death		Date of Death	Cause of Death
1400 8 JULY 45	U.S. MIL. CEM., ST. AVOLD, FRANCE	Q 206854	
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
1833	9	M	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? **BODY DISINTERRED FROM GROSS POSNA, GERMANY, COORDINATES RE 3207. FINGERPRINTS OR TOOTH CHART IMPOSSIBLE. CLOTHING MARKS: "BELSHAW" J 235 ?, R-157 ? FOUND ON SHIRT 14 1/2.**

**NO TAGS**

What means of identification were buried with the body?

FORM GR-1

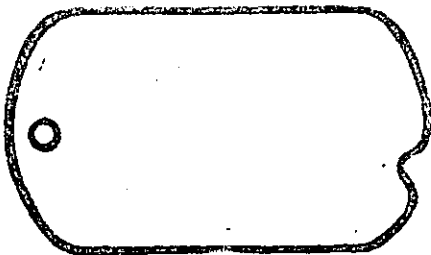
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	UNKNOWN X-194	UNK	UNK	UNKNOWN	1834
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	WEST	UNKNOWN	UNK	UNKNOWN	1832
	Name	Serial No.	Rank	Organization	Grave No.

SGT EDWARDS 3046 QM GR CO

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



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

Emergency Addressee UNK Name

Religion

# REBURIAL

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

NONE

**Previously buried in isolated grave located at GROSS POSNA, GER.**

(RE-3207)

*F. L. Phillips*

Signature of Officer or other person reporting burial

F. L. PHILLIPS, 2nd LT QMC  
HQ5 OIS

Verified by G.R.S. Officer



*dup*

GRAVE REGISTRATION  
Form No. 1  
(Revised 1 Sept. 1948)

# REPORT OF BURIAL

TM 10-430 AND AR 30-1815

22 July 1945  
Date

BA

UNKNOWN X-429 (BELSHAW) Unknown

Last Name First Initial Rank Serial No.

Unknown USAAF Organization

Unit Date of Death Cause of Death

Gross Posna, Germany 1944 plane crash

Place of Death Date of Death Cause of Death

1400- 8 July 1945 US Military Cemetery, Evreux, France Q-20685A

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

1833 9 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? Body disinterred from Gross Posna, Germany, coordinates RE 3207. Fingerprints or tooth chart impossible. Clothing marks: "BELSHAW" J 235 ?, R-157 ?, found on shirt 14 1/2.

no tags

What means of identification were buried with the body?

Form #1 GR

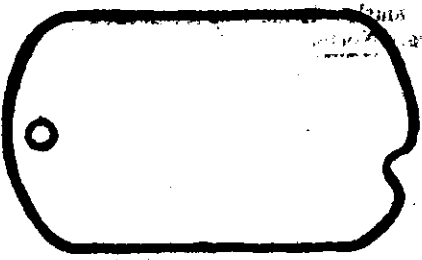
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	Unknown X-194	Unk	Unk	Unk	1834
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	WEST	Unk	Unk	Unk	1832
	Name	Serial No.	Rank	Organization	Grave No.

SGT EDWARDS 3046 QM Gr Co

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



If primary identification tag is not affixed fill in below:

Emergency Addressee Unknown Name

Address

Religion Unknown

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

none

### REBURIAL

Previously buried in isolated grave located at GROSS POSNA, Germany RE-3207

A TRUE COPY

*Joseph E. McCluskey*  
 JOSEPH E. McCLUSKEY  
 2nd Lt, Inf

F.E. PHILLIPS  
 2nd Lt, QMC HQS OIS

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

*dup*

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22 July 1945

Date

UNKNOWN X-429 (BELSHAW) Unk Unknown  
Last Name First Initial Rank Serial No.

Unknown USAAF  
Unit Organization

Gross Posna, Germany 1944 plane crash  
Place of Death Date of Death Cause of Death

1400- 3 July 1945 US Military Cemetery St. Amand, France G-206854  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

1833 9 M 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 Body disinterred from Gross Posna, Germany, coordinates  
How were remains identified? RE 3207. Fingerprints or tooth chart impossible.  
Clothing marks: "BELSHAW" J 235 ?, R-157 ?, found on  
no tags shirt 14 1/2.

What means of identification were buried with the body?

Form #1 GR

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

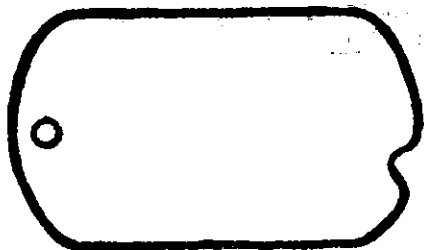
Who is buried on:

Deceased's Right: Unknown X-194 Unk Unk Unk 1834  
Name Serial No. Rank Organization Grave No.

Deceased's Left: WEST Unk Unk Unk 1832  
Name Serial No. Rank Organization Grave No.

SGT EDWARDS 3046 3046 Gr Co

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



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

Emergency Addressee Unknown  
Name

Address

Religion Unknown

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

none

### REBURIAL

Previously buried in isolated grave  
located at GROSS POSNA, Germany RE-3207

F.L. PHILLIPS  
2nd Lt, 4MC H&S OIS

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

# REPORT OF BURIAL

## IF DECEASED UNIDENTIFIED

GRAVES REGISTRATION  
FORM NO. 1  
Revised 1 Sept 1943

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

	Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____ Race: _____	Laundry Marks: _____ Number of Rifle: _____ Wear Glasses? _____ Is Tooth Chart Attached? _____
	(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in chart below. In space below, describe any scars, birthmarks, moles, deformities, etc.)	Grave Number: _____ Disposition of Identification Tags: _____ How were remains identified? _____
	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:	
	To determine Right or Left of Deceased's Right and Left: Who is buried on: _____ Deceased's Right: _____ Deceased's Left: _____	
	Organization: _____ Rank: _____ Serial No.: _____	Name: _____ Rank: _____ Serial No.: _____

Left Hand

Right Hand

### TOOTH CHART

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

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.

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

Signature of Officer or other person reporting: \_\_\_\_\_

Address: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Other Data: \_\_\_\_\_

Characteristics: \_\_\_\_\_

Indicate: missing natural teeth by x; crowns by C; fillings by F; Bridges by B; missing anchor teeth; replacements by artificial teeth X