

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 unk (misc) Lt. Arnold

X-1588 X-6108 X-6137 X-6150 X-6297

SYNOPSIS AND DATES

X-6387-A X-6387-B X-6387-C X-6457

misc filed

NEW CLASSIFICATION 293 unk. Lt. Arnold X-1588

RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

AFPO 757

243 unk St. Arnold X-6297 ms

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-6297 St Arnold

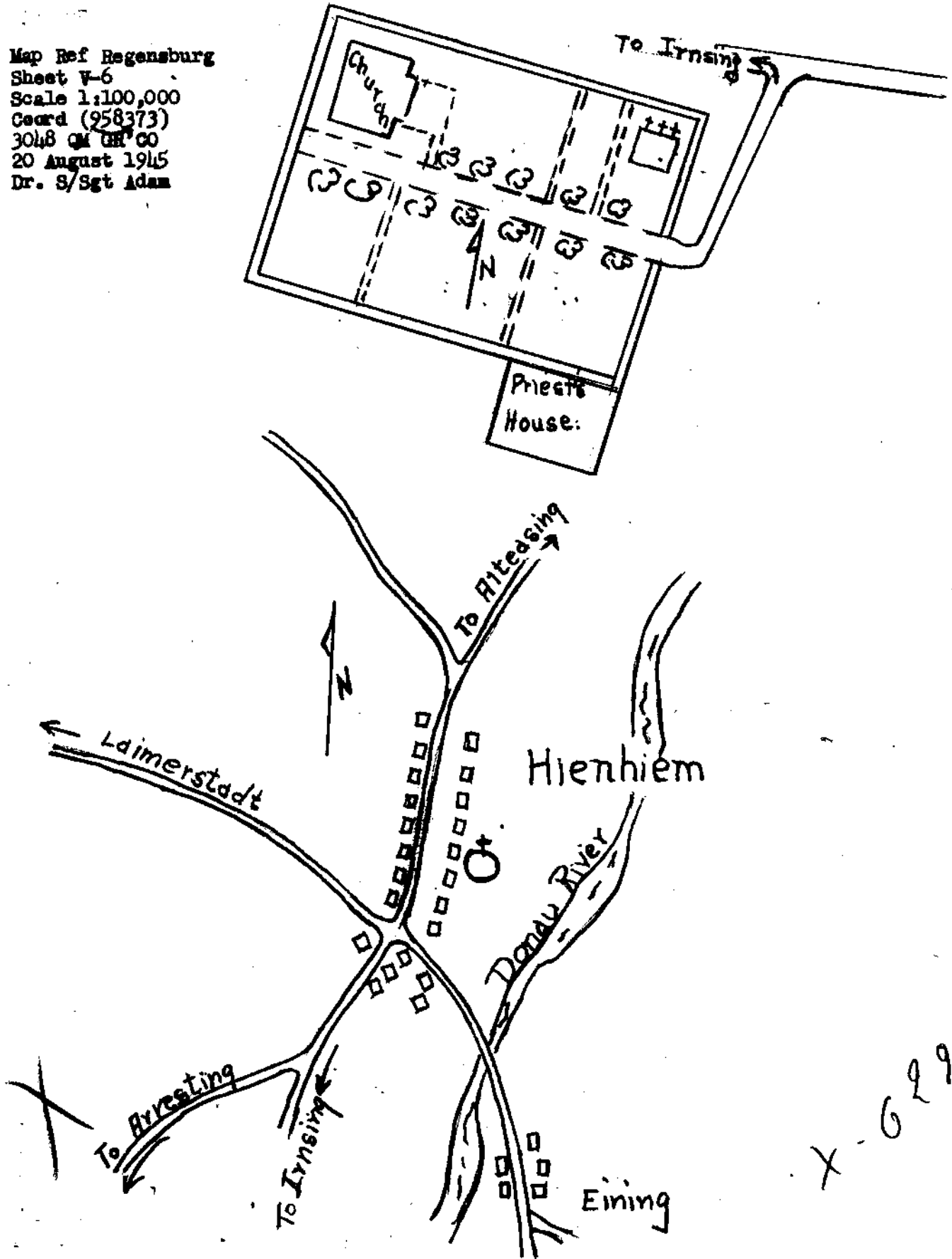
(POC) EPINAL

file
3-2-51
Kirkland
Ident

SKETCH SHOWING LOCATION OF THREE (3) AMERICAN FLIERS
BURIED IN THE CIVILIAN CEMETERY AT HIENHIEM, GER.

m-49

Map Ref Regensburg
Sheet V-6
Scale 1:100,000
Coord (958373)
3048 GM (H) CO
20 August 1945
Dr. S/Sgt Adam



X-6297

REPORT OF INVESTIGATION
AREA SEARCH

RECORDED
U. S. MIL. GEN. SER.
PLOT ~~0000~~ ROW 9 (102)

AGRC Form 10 (Revised)

8 June 1946
Date

1 January 1946

NAME Unknown X-6297 RANK Unknown ASN Unknown
ORGANIZATION A.A.F.
MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A — GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No If so, state the following information:
 - a. NAME _____ RANK _____ ASN _____
 - b. ORGANIZATION _____
2. Was partial identification established? No If so, state the facts as to whom you believe the deceased to be:
 - a. NAME Unk. RANK Unk. ASN Unk.
 - b. ORGANIZATION A.A.F.
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Two Unknown crew members buried in mass grave with this man.
(Use reverse side for listing of crew members from MACR)
 - a. Date of above burials 3 March 1944 Common Graves? mass grave
5. Name and Type of Cemetery HEINHEIM municipal Friedhof (civilian)
(Military or Civilian)
6. Map Coordinates of the Cemetery WT 9537
 - a. Town HEINHEIM Country Germany Landkreis Kehlheim, map 1:250,000 sheet M-49 Manich, Germany
7. Give exact location in cemetery of the remains.
mass grave in front right hand corner
 - a. Section _____ ROW _____ Grave _____
 - b. Is sketch attached? Yes
8. If remains are not located in a cemetery, give exact location. Not applicable
 - a. Town _____ Coordinates _____
 - b. Is Sketch attached? _____
 - c. Is area mined? _____
9. How is the grave marked? Three plain wooden crosses.
10. If grave is marked with cross, give exact markings thereon No inscription.
 - a. From what source was this information obtained?
(Identification tags, personal effects)
 1. By whom _____
11. Where are the cemetery records? None
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon?
- b. Where was the information obtained?
- c. By whom?
12. What is the date of death? **25 February 1944**
 a. Give basis **Statement of priest Housner Johann**
13. What is the cause of death? **Plane crash**
 b. Give basis **Information from priest**
14. What is the date of burial? **3 March 1944**
 a. Give basis **Information from priest**
15. What was the place of death? **HEINHEIM, Germany** Coords **WT 9537**
 b. Give basis **Location of plane crash**
16. Where were the remains found? **HEINHEIM, Germany** Coords **WT 9537**
 a. By whom? **German civilians, names unknown**
 b. Is sketch attached? **No**
17. Was a casket used? **Yes** Who furnished the casket? **priest**
 Type of casket **wooden** How marked? **Unk.**
18. Who made the burial **Civilian**
 (Civilian, American Mil. or German Mil.)
 a. What are the names and addresses? **Priest Johann Housner, House No. 112**
HEINHEIM, Germany.

SECTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? **No**
 a. Give location in plane from which the bodies were removed
- (Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? **Yes**
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
 a. Type of Plane **A four motored bomber**
 b. Markings and/or name on plane **Plane removed**
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: **Unk.**
21. How did crash occur? **Enemy planes** Anti-aircraft
- Enemy Planes? **Yes** Collision?
22. Did plane explode in the air? **No** On ground? **Yes**
23. Did plane burn in the air? **Yes** On ground? **Yes**
24. What was the direction of the flight? **From Regensburg west**
25. What was the civilian opinion regarding destination of plane? **Unk.**

26. Had bombs been released prior to the crash? **Yes**
27. Does specific time and date of crash correspond with date of death of above named deceased? **Yes**
28. Number of planes in formation prior to crash **Over fifty planes**
29. State precise time and date of plane crash **at 14.00 o'clock 25 February 1944**
(Night?) (Day?)
30. Were parachutists seen? **Yes** How many? **7 or 8** Escaped?
Prisoners? **Yes**

SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank?
a. Give specific position in tank from which deceased was removed
(Radio man, driver, assistant driver or . . . front, side, or back)
b. Near wreckage?
32. Location of destroyed tank must be investigated. Give complete results of investigation (If removed, state when and by whom)
a. Type of tank
b. Markings and/or name of tank
c. Numbers on motors, machine guns, ammunition, instruments, etc
33. What was the type of enemy action that resulted in the tank's disablement?
34. Did tank explode? **Burn?**
35. Number of tanks in immediate vicinity at time of disablement
36. Does specific time and date of disablement correspond with date of death of above named deceased?
37. Precise time and date of destruction of tank
(Night?) (Day?)
38. Did any of the crew members escape? Prisoners?

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire)
If so, give complete and thorough results of the interrogation.
a. Are all certificates and statements of people who possessed knowledge of the case attached?
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased

SECTION E — GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? **No**
If not, state reason **All taken by German Police**
- a. Were identification tags found at the time of death? **No**
Where? By whom?
Present disposition **Unk.**

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

- b. Were personal effects found at the time of death? **Yes**
 Where? **on body** By whom? **a man named Meyer in Neustadt**
 Present disposition; **turned into German Military Police** and a girl Ferschhammer
- c. Was deceased identified by living members of the crew at the time of death? **No**
- d. Did Cemetery Register or cross indicate the immunization shot? **No**
42. Was Deceased given first aid? **No** If so, where? _____
 By whom? _____ Are statements from the medical people attached? _____
43. Was deceased evacuated to a German civilian hospital? **No**
 Where? _____ Names of people concerned _____
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **No**
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **Yes**
decapitated
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? **No**
 a. If so, give basis for positive assumption _____
 b. If so, has higher headquarters been notified? _____
47. Was case previously investigated? **No** By whom? _____
 When? _____
48. Give full names, addresses, and information obtained from each person interviewed
priest Housner, Johann, House No. 112 HEINHEIM, Germany.
Michael Stober, House No. 48 HEINHEIM, Germany.
49. Are all positive statements regarding identification and particulars surrounding death attached? **Yes**
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? _____
51. Was investigation preceded by advanced publicity? **Yes**
 (If special investigation, give case number) _____
52. Give Brief Narrative **See attached sheet**
 (Use attached, sheets if necessary)

Franz Myks
 Signature of Interpreter

FRANZ MYKS

German Civilian

Rank ASN

Organization

William A. Morton
 Signature of Investigator

WILLIAM A. MORTON

Cpl. 44011133

Rank ASN

606 QM.G.R. Co.

M.B.U. # 5
 Organization

- a. What information was contained thereon?
- b. Where was the information obtained?
- c. By whom?
12. What is the date of death? **25 February 1944**
- a. Give basis **Statement of priest Housner Johann**
13. What is the cause of death? **Plane crash**
- b. Give basis **Information from priest**
14. What is the date of burial? **3 March 1944**
- a. Give basis **Information from priest**
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16. Where were the remains found? **HEINHEIM, Germany** Coords **WT 9537**
- a. By whom? **German civilians, names unknown**
- b. Is sketch attached? **No**
17. Was a casket used? **No** Who furnished the casket? **priest**
- Type of casket **wooden** How marked? **Unk.**
18. Who made the burial **Civilian** (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? **Priest Johann Housner, House No. 112
HEINHEIM, Germany.**

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19. Were remains found in the plane wreckage? **No**
- a. Give location in plane from which the bodies were removed
(Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? **Yes**
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of Plane **Four motored bomber**
- b. Markings and/or name of plane **Plane removed**
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: **Unk.**
21. How did crash occur? **Enemy planes** Anti-aircraft
Enemy Planes? **Collision?**
22. Did plane explode in the air? **Yes** On ground? **Yes**
23. Did plane burn in the air? **No** On ground? **Yes**
24. What was the direction of the flight? **Yes** **Yes**
25. What was the civilian opinion regarding destination of plane? **From Regensburg west**
Unk.

26. Had bombs been released prior to the crash? **Yes**
27. Does specific time and date of crash correspond with date of death of above named deceased? **Yes**
28. Number of planes in formation prior to crash **Over fifty planes**
29. State precise time and date of plane crash **at 14.00 o'clock 25 February 1944**
(Night?) (Day?)
30. Were parachutists seen? **Yes** How many? **7 or 8** Escaped?
Prisoners? **Yes**

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31. Were remains found in wreckage of a tank?
a. Give specific position in tank from which deceased was removed
(Radio man, driver, assistant driver or . . . front, side, or back)
b. Near wreckage?
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
a. Type of tank
b. Markings and/or name of tank
c. Numbers on motors, machine guns, ammunition, instruments, etc
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34. Did tank explode? **Burn?**
35. Number of tanks in immediate vicinity at time of disablement
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37. Precise time and date of destruction of tank
(Night?) (Day?)
38. Did any of the crew members escape? Prisoners?

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41. Were personal effects recovered by the investigating team? **No**
If not, state reason **All taken by German Police**
- a. Were identification tags found at the time of death? **No**
Where? By whom?
Present disposition **Unk.**

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? **Yes**

Where? **on body** By whom? **a man named Meyer in Neustadt and a girl Ferschhanner**
Present disposition **turned into German Military Police**

c. Was deceased identified by living members of the crew at the time of death? **No**

d. Did Cemetery Register or cross indicate the immunization shot? **No**

42. Was Deceased given first aid? **No** If so, where? _____
By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? **No**
Where? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **No**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **Yes**
decapitated
(burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? **No**

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? **No** By whom? _____
When? _____

48. Give full names, addresses, and information obtained from each person interviewed

priest Housner, Johann, House No. 112 HEINHEIM, Germany.
Michael Stober, House No. 48 HEINHEIM, Germany.

49. Are all positive statements regarding identification and particulars surrounding death attached? **Yes**

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? _____

51. Was investigation preceded by advanced publicity? **Yes**
(If special investigation, give case number) _____

52. Give Brief Narrative **See attached sheet**

(Use attached, sheets if necessary)

[Signature]
Signature of Interpreter

FRANZ MYKS
German Civilian
Rank ASN

Organization

[Signature]
Signature of Investigator

WILLIAM A. NORTON
Cpl **4401133**
Rank ASN

606 QM.G.R. Co.
M.B.U. Organization

MASS GRAVE OF THREE AMERICAN SOLDIERS IN THE CEMETERY AT HEINHEIM, GERMANY.

HEINHEIM, Germany

Map 1:250,000 sheet M-49 Munich, Germany.

coord. WF 9537

Location: in the cemetery in Heenheim, Germany.

Sketched by: Opl. William A. Morton

606 AM.G.R. Co.

M.B.U. # 5

Date: 31 May 1946

Not to scale.

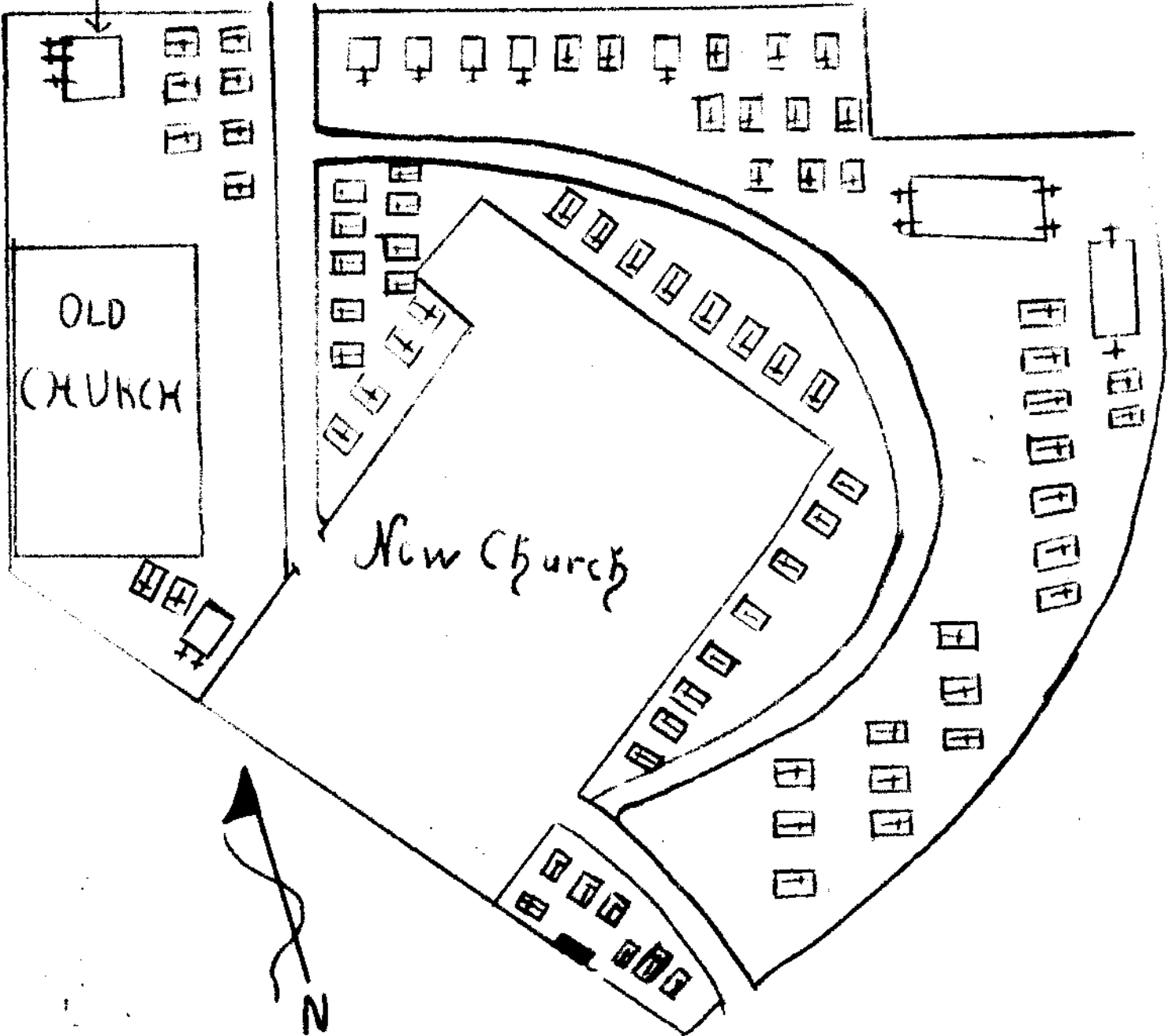
UNKNOWN X-6297

REINTERRED U.S. MIL. CEM.

ST. AVOLD, DDED-9-102

CHURCH AND CEMETERY
AT HEINHEIM GERMANY

MASS GRAVES OF THREE AMERICAN SOLDIERS



UNKNOWN X-6297
REINTERRED U.S. MIL. CEM.
ST. AVOLD, DDD-9-102

Question 52. Give Brief Narrative:

This man died in a plane crash 25 February 1944 at HEINHEIM, Germany. One crew member presumed to be W. BOYMAN and one other Unknown died in the crash. The rest of the crew parachuted to the ground and were taken prisoner. The three men who died were taken to HEINHEIM cemetery and buried 3 March 1944.

William A. Morton
WILLIAM A. MORTON
Cpl. 44011133
606 AM. G.R. Co.
M.B.U. # 5

1632
CHECK LIST OF UNKNOWN

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

Unknown X 6297
Cemetery Q-260584 St Avold
Plot DDDD Row 9 Grave 102

1. Arrived at cemetery 1000 18 June 1946
(hour) (date)
2. Place of death Heinheim Kelheim Germany Sheet M-49 Muenchen Germany 1/250,000
(name of closest town) (coordinates and letter Prefex, maps)
(W.T. 9537)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 538th QM. Group
(name and organization)
4. Evacuated to Cemetery by Major Wm. J. Pelton HQ. Third Field Command A.G.R.C.
(name and organization)

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

Clothing Markings Sizes Indicate unusual markings
Color wear, tear, repairs, etc.

Item

*Headgear None
(type)

Raincoat None

~~Overcoat~~ Electric heated flying suit

Jacket, Field None

Jacket, Combat None

Mackinaw None

Sweater None

Jacket, HBT None

*Shirt, Wool OD None

Undershirt, Wool None

Undershirt, ~~Cotton~~ One (1)

Trousers HBT None

*Trousers, Wool OD None

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **remnants of**

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

Socks, Cotton **(1) One pair**

*Shoes **None** (type)

Overshoes **Left shoe pak**

Web Equipment **None** (Type) **parachute belt**

(Other item) **None**

(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.

Air Force

8. Description of Remains :

Age **UTD** Height **UTD** Weight **Est. 150 LBS** description of wounds **UTD**

Bandages or dressings **UTD X** 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, color, pimples, poeks, freckles)

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

Hair **UTD**
(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 **UTD**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw **UTD** Circumference of head in inches **UTD**
 (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 & extent of hair, large, small normal)

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

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

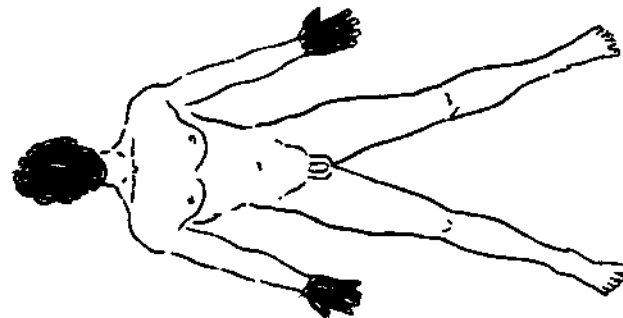
Hernioplasty **UTD**
 (yes-no; location)

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

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, 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 Too badly decomposed ^{to} obtain finger prints

11. Has tooth chart been prepared NO (yes-no) If not, explain UTO

12. Remarks : Remains completely decomposed. Approx. weight of remains 60 pounds. All bones recovered with the exception of right and left hands and the skull

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.

Wm. J. Pelton (ms)
Major Wm. J. Pelton
Officer's Name

Q.M.C.
Rank Service

Hq. Third Field Command A.G.H.C.
Organization

IDENTIFICATION CHECK LIST

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

Proc by: *C. Price*
R. H. Pann
 Clerk: *A. Richardson*

E.O. 780

Unknown X 6297
 Cemetery St. Nold, France
 Plot DDDD Row 9 Grave 102

1. Date reprocessed: 18 June '48
 (Hour) (Date)

2. Place of death _____
 (Name of closest town) (Coordinates and letter Prefix, maps)

 (Sheet, scale and serials used)

3. Remains reprocessed ~~recovered~~ by Mobile Team #1, I.S.
 (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 _____			
X Sweater <u>Wool</u>			<u>Remnants</u>
Jacket, HBT _____			
* Shirt, Wool OD _____			
X Undershirt, Wool, <u>white</u>			<u>Remnants</u>
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

Belt, web _____ *None*

Drawers, wool _____ *Remnants*

Drawers, cotton _____

Leggings, wool _____ *None*

Socks, cotton _____

* ~~Boots~~ *Boots, fleeced-lined, flying (type)*

Overshoes _____ *None*

Web Equipment _____ (type) _____

(Other item) *Electrically heated flying suit, remnants of parachute harness*

(Other item) _____

* 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 _____

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

*R. Humerus 35.0 L. Ulna 28.3
R. Tibia 40.5 L. Radius 26.6*

6. Description of Remains: _____

Age *UTA* Height *Est. 5'11 1/2"* Weight *UTA* Description of wounds _____ *UTA*

Bandages or dressings *None* 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 *UTA*

Complexion _____ (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____ (Large, fat, thin, muscular)

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

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

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

Goatee (Light, color, extent)

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

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

Mouth (Large, medium, small) Lips (Small, large, full)

X Teeth *No teeth found*
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

Hands *Missing and/or decomposed*

Fingers *Missing and/or decomposed*
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (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) Circumcision *U.T.O.* Pubic Hair *Brown*
 (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) Toes *U.T.O.*
 (Slender, straight, crooked, overlap)

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 and/or too decomposed

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

9. Remarks Remains received in skeletal form, no flesh. -
Clothing found in debris, bore no markings. Report
of Burial found, no GRS tags. Estimated
weight of reprocessed remains: 30 pounds -
No skull found. -

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.

Estimated height - 5' 11 ⁵/₈"

Carl O. Rice
(Officer's Name)

No evidence of old or
healed fractures or
amputations found.

SP-7 AGRC
Rank Service

Mobile Team #1, IIS.
(Organization)

Excess anatomical parts
were removed from
this remains to make
up St. Avold CID case # 3335.

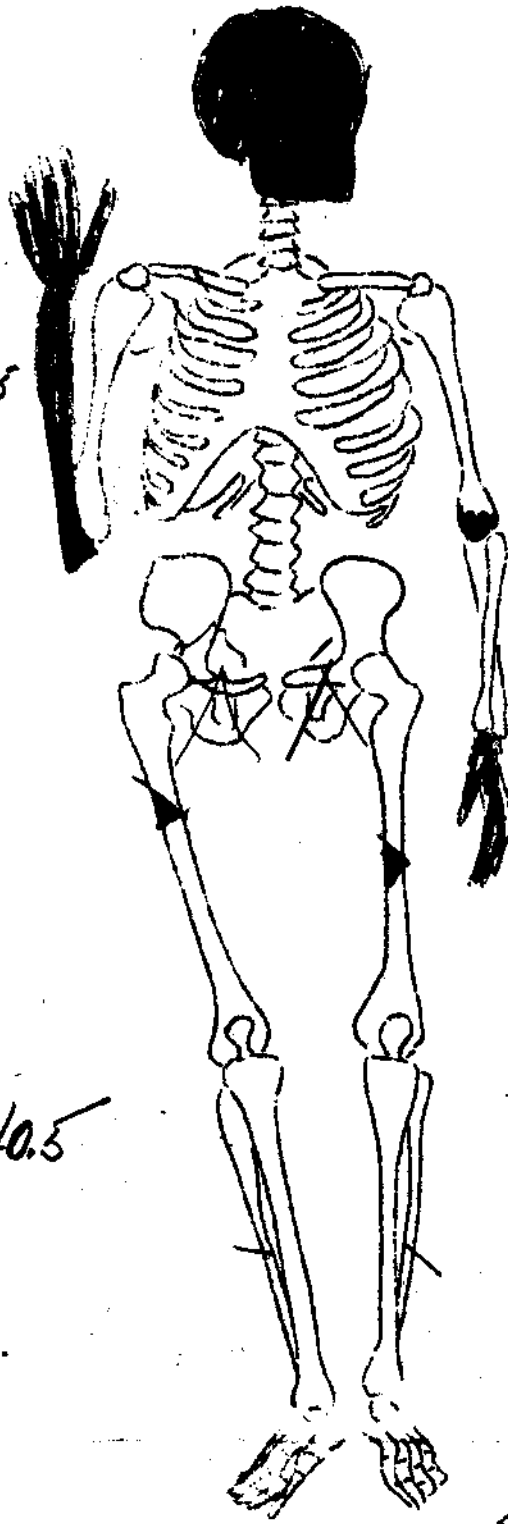
A. Richardson

X-6297
18-JUNE 4F
ST. AVOLD

4D-9-102

SKELETAL CHART

BLACK OUT PARTS OF BODY NOT RECEIVED AT CEM.



HUMERUS-35

ULNA - 28.3
RADIUS - 26.6

TIBIA - 40.5

EST. HT. 5' 11 5/8"

R.M.D.

UNKNOWN X*6297
REINTERRED U.S. MIL. CEM.
ST. AVOLD, DDD-9-102

Question 52. Give Brief Narrative:

This man died in a plane crash 25 February 1944 at HEINHEIM, Germany. One crew member presumed to be W. BOWMAN and one other Unknown died in the crash. The rest of the crew parachuted to the ground and were taken prisoner. The three men who died were taken to HEINHEIM cemetery and buried 3 March 1944.

William A. Morton
WILLIAM A. MORTON
Cpl. 44011133
606 aQM. G.R. Co.
M.B.U. # 5

1
UNK X-6297

JLU

1

USMC EPINAL
Plot: B Row: 41 Col: 8
Date of Burial: 29 June 50 **DISINTERMENT DIRECTIVE**
Verified by GRS Officer
Allen L. LAWSON 1st LT INF.

APP
9/2/50

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 3574 00000
DATE 15 12 47
DAY MONTH YEAR

NAME UNKNOWN X-006297
SERIAL NUMBER X-006297
RANK
ARM 1
DATE OF DEATH
DAY MONTH YEAR

CEMETERY ST AVOLD - METZ
DISPOSITION OF REMAINS
3502
80
CODE DIST. PT.

PLOT 4D ROW 9 GRAVE 102 COUNTRY FRANCE
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE
~~ST AVOLD METZ FRANCE EPINAL FRANCE~~
~~(EX ADMINISTRATION)~~
NAME AND ADDRESS OF NEXT OF KIN
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006297
SERIAL NUMBER
RANK Unk
DATE OF DEATH
DATE DISTINTERRED 17 June 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER GRS
ORGANIZATION USAAF
RELIGION Unk
IDENTIFICATION VERIFIED BY GEO W LOWRY, EMBALMER
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATRESS COVER
CONDITION OF REMAINS SKULL, MANDIBLE R/ULNA & RADIUS MISSING. ALL OTHER MAJOR BONES FRACTURED EXCEPT R/HUMERUS, L/ULNA, RADIUS. LARGE AMOUNT OF DECOMPOSED FLESH. DISARTICULATED.

OTHER MEANS OF IDENTIFICATION
REPORT OF BURIAL FOUND WITH REMAINS
NAT

MINOR DISCREPANCIES / NONE
FILE
RECORDS ANNOTATED
DATE 27 JUL 50
NAME R. T. Johns

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 June 48 BY R. T. Johns
GEO W LOWRY, EMBALMER

CASKET SEALED BY GEO W LOWRY, EMBALMER
EMBALMER (Signature) GEO W Lowry
GEO W LOWRY

CASKET BOXED AND MARKED
DATE 22 June 48 BY GEO W LOWRY, EMBALMER
All markings, tags & plates verified by: 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.

Henry F Alzmann
HENRY F ALZMANN, 1st Lt INF, 337 QM BN

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

Consignee corrected - Reg. Div.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avoild France		TO OIC Neuville Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Vincent P Matozzo, RA-32707218	
SIGNATURE OF SHIPPER <i>McLellan</i> Frank B Callaghan, 1st Lt PA	DATE 25 Oct 49	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER REK' NEW' DIA'	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

293 Unknown - France (misc) St. Avoird

QUART 293

GRS European

(St. Avoird, France)

9 February 1950

X-1588 X-6108 X-6137 X-6150

X-6297 X-6387-ABC X-6457

SUBJECT: Certificates of Unidentifiability of Remains

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

1. Reference is made to your Transmittal Letters, Numbers 4626, 4630, 4674 and 4556, dated December 1949 and January 1950, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of the following Unknowns in USMC St. Avoird, France as Unidentifiable:

<u>Unknown</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-1588	SSS	2	24
X-6108	Y	5	51
X-6137	Y	12	55
X-6150	AAAA	4	48
X-6297	DDDD	9	102
X-6387 A	EEEE	8	90
X-6387 B	XXX	6	61
X-6387 C	XXX	6	62
X-6457	EEEE	11	129

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

Schroth:edt
Clements
REB

293 - Unknown - France (misc) St. Avoird (H. General) Metz

AIRMAIL

AIRMAIL

QIGHT 293

1st Ind

GHS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4556

Dept. of the Army, OCMG, Washington 25, D. C., 31 January 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 Unknown X-6306, listed on basic communication, as Unidentifiable.

2. Unknown X-3215 was suspended to your headquarters by letter dated 19 January 1950.

3. It is recommended that all action in connection with other Unknowns listed be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

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

REB

TEC

Rice/id

Foy

REB

Cy furnished: Adm Sect

JA
314.6 XPS Europe
T/K 4556

X 29346 France X-6294 - ST Avond

AIRMAIL

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

RRE 293

30 Nov 1949
(Date)

293 Unknown - France X-6297 (St. Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6297, Plot DDDD,
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. 3180, dated
29-10-48.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

COL H P HENRY, O-12589
LT COL E D MULVANY, O-359859
CAPT EDWARD F. PRICE JR., O-1588236

Received 3 Feb 50 OGMG
Not identifiable from
information presently
available

*NAN
file 3 Feb 50
Adah...
J... B...*

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

293 Unit France (St. Avold) X-6997

RRE 293

30 November 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6297, Plot DDDD, 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. 3180, dated 29-10-48.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

[Signature]
Col. H. P. HENRY, O-12589 JMC

[Signature]
Lt. Col. E. D. MULVANITY, O-359598 JMC

Maj. Charles REYNOLDS, O-182639 TC

Maj. Gerald SWARTHOUT, Sr., O-267451 CE

[Signature]
Capt. Edward F. PRICE, Jr., O-1588236 JMC

1st Lt. Frederick S. DAVID, O-1826041 CAV

3 Feb 50

Not identifiable from information available
CWO Frank [redacted] USA

Capt. Jack C. HAYES, O-1577297 JMC

Incl #2

CASE HISTORY

X-6387 A, B & C
UNKNOWN No. X-6297 & X-6457

U.S. MILITARY CEMETERY St. Avold, France

1. The remains of the five unknown decedents shown above were recovered from the village church-yard at HIENHEIM, Germany. These cases are associated with the two deceased crew members, 1st Lt Daniel W. BOWMAN and S/Sgt. Warren C. LAWRENCE, of A/C #42-100266 which crashed 25 February 1944. All other crew members of the subject aircraft are listed as RTD. This association was established through the presence of a flying boot bearing the marking "Lt D.W. BOWMAN" that was found amongst the mass burial of Unknowns X-6387 A, B & C. Due to a lack of identifying data it could not be determined which of the five remains are those of 1st Lt BOWMAN and S/Sgt LAWRENCE.

2. Since a statement (See attached) made by a resident of Hienheim, one Johann HAUSSNER, implies that an American four-motored bomber crashed at Hienheim on 25 April 1945, a thorough check of MACR files was made in an effort to tie in an aircraft with the area concerned, however, this action proved negative. Captured German dulag records were not of any value to the investigation of this case, since dulag records were not maintained after the month of MARCH 1945. The tooth chart contained in the case of Unknown X-6387 A was checked against all available dental data on unresolved casualties within the Germany M-49 area with negative results. An effort was made to associate another aircraft that crashed around the 25th February 1944; however, only the aircraft of which Lt BOWMAN and Sgt. LAWRENCE were crew members could be associated with the HIENHEIM area.

3. In view of the foregoing it is recommended that these cases be declared Unidentifiable.

LB

GH

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 29 OCT 1948

SUBJECT : Reprocessing of Remains

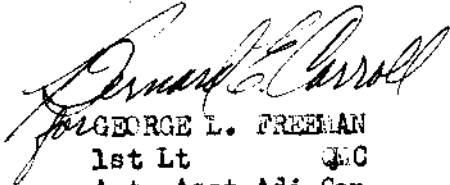
TO : The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.

The remains of X - 6297
interred in Plot DDDD, Row 9, Grave 102, USMC St Avold,
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Sweater, wool	: remnants
Undershirt, wool, white	: remnants
Drawers, wool	: remnants
Boots, fleece-lined, flying	
Electrically heated flying suit	: remnants of parachute harness
Est. Height	: 5'11 5/8"
No teeth found	
No skull found	
No evidence of old or healed fractures or amputations found.	

FOR THE COMMANDING GENERAL :

1 Incl :
Skeletal Chart


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

X-6297

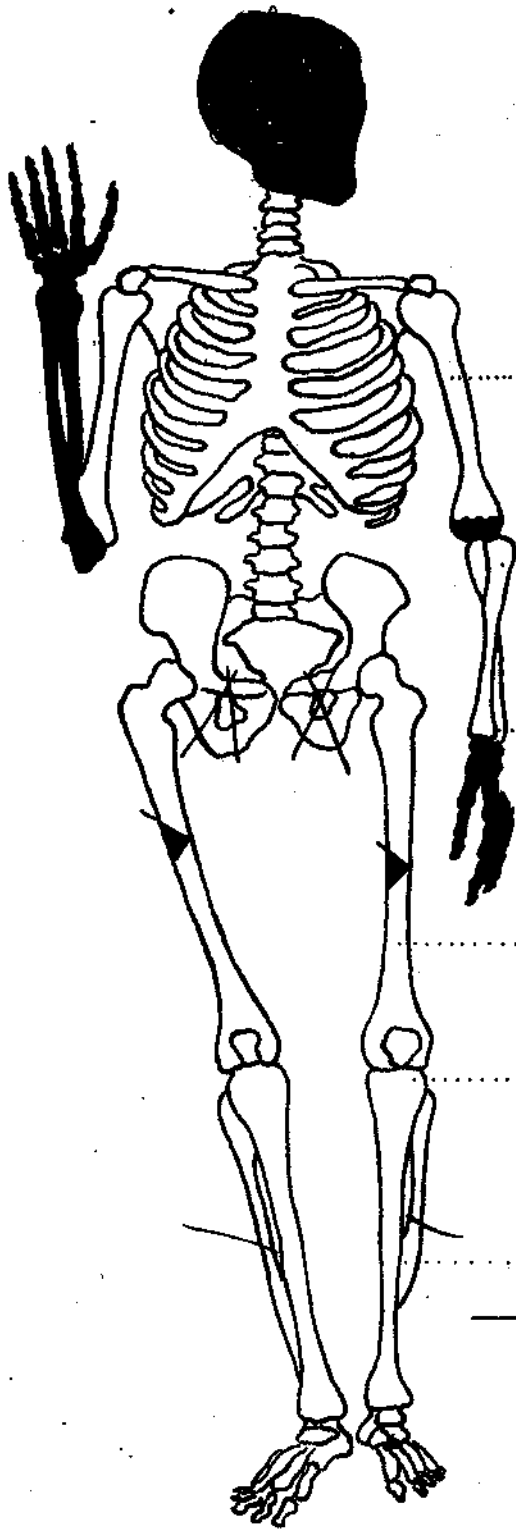
USMC ST. AVOLD

4D - 9-102

18 JUNE 1948

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)



35.0 CM. HUMERUS

26.6 CM. RADIUS

28.3 CM. ULNA

_____ CM. FEMUR

40.5 CM. TIBIA

_____ CM. FIBULA

5'11⁵/₈" ESTIMATED HEIGHT

PROCESSED BY: _____

RND

4677

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN S

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

Unknown X 6297
Cemetery Q-260584 St Avold
Plot DDDD Row 9 Grave 102

- 1. Arrived at cemetery 1000 18 June 1946
(hour) (date)
- 2. Place of death Heinheim Kelheim Germany Sheet M-49 Muenchen Germany 1/250,000
(name of closest town) (coordinates and letter Prefex, maps)
(W.T. 9537)

(Sheet, scale and serials used)

- 3. Remains recovered or disinterred by 538th QM. Group
(name and organization)
- 4. Evacuated to Cemetery by Major Wm. J. Pelton HQ. Third Field Command A.G.R.C.
(name and organization)

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

	Clothing		Indicate unusual markings
	Markings	Sizes	Color wear, tear, repairs, etc.

- Item _____
- *Headgear None
(type)
 - Raincoat None
 - ~~Overcoat~~ Electric heated flying suit
 - Jacket, Field None
 - Jacket, Combat None
 - Mackinaw None
 - Sweater None
 - Jacket, HBT None
 - *Shirt, Wool OD None
 - Undershirt, Wool None
 - Undershirt, Cotton One (1)
 - Trousers HBT None
 - *Trousers, Wool OD None

4, 17

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **remnants of**

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

Socks, Cotton **(1) One pair**

*Shoes **None** (type)

Overshoes **Left shoe pak**

Web Equipment **None** (Type) **parachute belt**

(Other item) **None**

(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.
Air Force

8. Description of Remains :

Age **UTD** Height **UTD** Weight **Est. 150 Lbs** Description of wounds **UTD**

Bandages or dressings **UTD X** 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, poeks, freckles)

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

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

717

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

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

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

Eyes **UTD** (color, setting, shape) Eyebrows **UTD** (color, bushiness, 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** (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

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

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

Shoulders **UTD** (broad, straight, small, rounded) Arms **UTD** (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 & extent of hair, large, small normal)

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

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

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

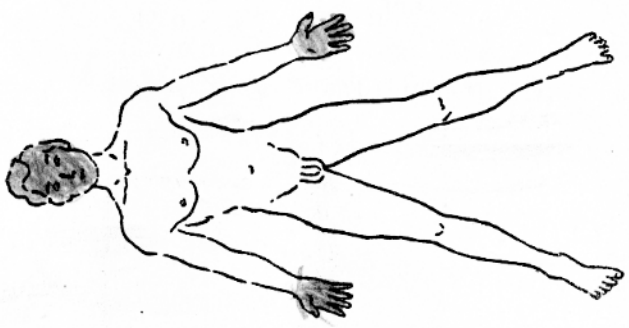
Legs **UTD** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

4677

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, 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 Too badly decomposed to obtain finger prints

11. Has tooth chart been prepared NO (yes-no) If not, explain UTO

12. Remarks : Remains completely decomposed. Approx. weight of remains 60 pounds. All bones recovered with the exception of right and left hands and the skull

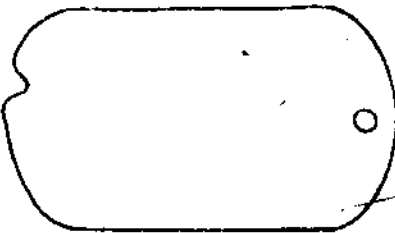
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Wm. J. Pelton (nd)
Major Wm. J. Pelton
Officer's Name

Q.M.C.
Rank Service


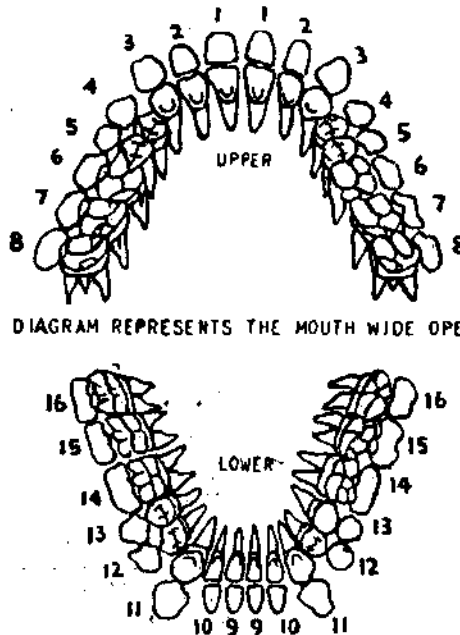






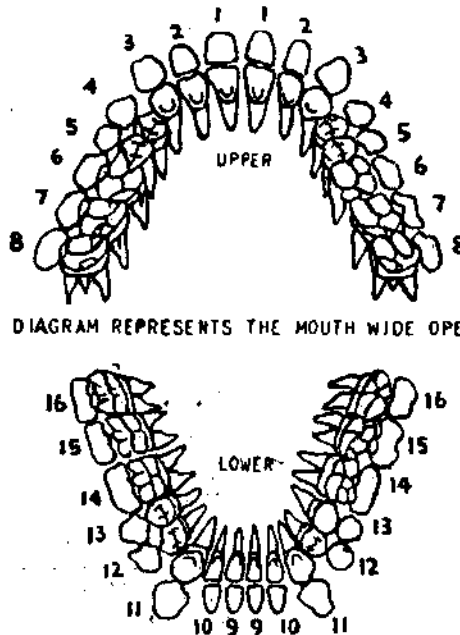






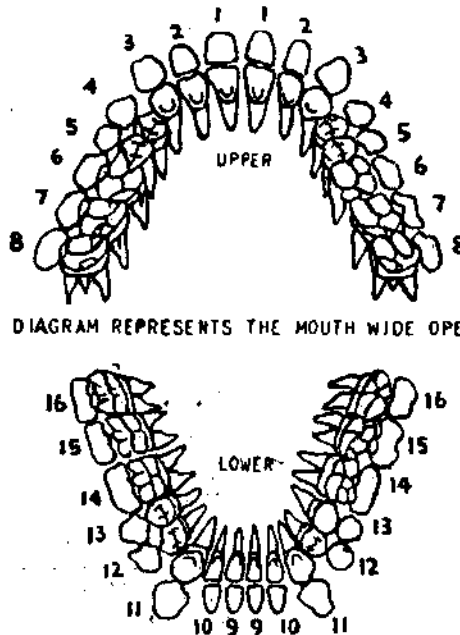





Hq. Third Field Command A.G.R.C.
Organization

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 11 June 1946
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) Unknown X-6297			SERIAL No. Unknown		
	GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE A.A.F.		
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Heinheim, Kelheim Germany	CAUSE OF DEATH Plane Crash			DATE OF DEATH Est. Feb. 1944		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (U. S. or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	None					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S. Military Cemetery (Q-260584) St. Avold France						
DATE OF BURIAL 18 June 1946	HOUR 1030	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp Wooden Cross	PLOT No. DDDD	ROW No. 9	GRAVE No. 102
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Heinheim (Civilian Cemetery) Kelheim Germany 1/250,000 Sheet M-49 W.T. 9537 Muenchen, Germany			PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES CM. J.B. JOHNSON, 1st Lt.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One Copy W.D. Q.M.C. Form 1042 - Report of Interment - Placed in burial bottle and buried with remains.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes-Embossed Plate					
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) UNKNOWN X-6303			RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 101
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-6305			RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 103
SIGNATURE OF PERSON PREPARING REPORT Max M. Schiff <i>Max M. Schiff</i>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Ralph W. Sлятор</i> RALPH W. Sлятор, Major Inf.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed for enemy dead, to the Quartermaster General through Headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

RESTRICTED

LEFT LITTLE FINGER	Section - UNIDENTIFIED REMAINS.																	
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.																	
LEFT RING FINGER	HEIGHT UTD	WEIGHT Est. 150 Lbs	COLOR OF EYES UTD	COLOR OF HAIR UTD														
	BIRTHMARKS, SCARS, OR TATTOOS None																	
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. None		LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND Heinheim, Kelheim, Germany														
	OTHER IDENTIFICATION CLUES None																	
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td> SILVER FILLING GOLD FILLING</td> <td rowspan="6" style="width:30%; text-align: center; vertical-align: middle;">  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td>CAVITIES</td> <td> CAVITY DECAYED</td> </tr> <tr> <td>MISSING TEETH</td> <td> TOOTH MISSING</td> </tr> <tr> <td>CROWNED TEETH</td> <td> PORCELAIN CROWN GOLD CROWN</td> </tr> <tr> <td>BRIDGE WORK</td> <td> GOLD BRIDGE</td> </tr> <tr> <td colspan="2">FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</td> <td style="text-align: center; vertical-align: middle;">  </td> </tr> </table>				FILLINGS	 SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
FILLINGS					 SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>												
CAVITIES					 CAVITY DECAYED													
MISSING TEETH					 TOOTH MISSING													
CROWNED TEETH					 PORCELAIN CROWN GOLD CROWN													
BRIDGE WORK					 GOLD BRIDGE													
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY																		
LEFT THUMB																		
RIGHT THUMB																		
RIGHT INDEX FINGER																		
RIGHT MIDDLE FINGER																		
RIGHT RING FINGER																		
RIGHT LITTLE FINGER	REMARKS: Attached: Form 11 Check List of Unknowns - Impossible to obtain Tooth Chart and finger prints because of missing portions. Est. weight of remains received 60 Lbs.																	

6

DISINTERMENT DIRECTIVE

593 Unknown, France X-6297/St. Avold

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3574 00000

DATE 15 12 47 DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-005297		1	
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					0 3503 80
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
4D	9	102	FRANCE	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
SAINT AVOLD, FRANCE (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	USAAF			
NAME AND TITLE				

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES 1	
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.