

7887 GRAVES DETACHMENT

943 unk St. Avold X-6564-B MB
APO 757

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:

UNKNWON X-6564-B, ST AVOLD, FRANCE.

(FOC) DRAGUIGNAN

*file 2 mar 51
Kirkland
Ident*

~~X-13032~~
ST. AVOLD
X-6564B

IDENTIFICATION CHECK LIST

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

E.D.T. 156



Unknown X - ~~13032~~ X-6564B
Cemetery ST. AVOLD FRANCE
Plot _____ Row _____ Grave _____
ABOVE GROUND STORAGE

1. REPROCESSED
Arrived-at-cemetery 3 1110 48
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains recovered-or-disinterred-by REPROCESSED BY MOBILE TEAM #1
(Name and organization)

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____ (Type)			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

NONE

X

X-6564-B

X-13032
St. ANGELO
X-6564.B

Belt, web _____
Drawers, wool _____
Drawers, cotton _____
Leggings, wool _____
Socks, cotton _____
* Shoes _____ (type) _____
Overshoes _____
Web Equipment _____ (type) _____
(Other item) _____
(Other item) _____
*If body is nude, sizes of these items should be computed by measuring the remains
Chevrons or
Insignia _____ (Type & location; shirt, jacket, coat, helmet)
Shoulder Patch _____

NONE

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

6. Description of Remains: ALL MAJOR BONES FRACTURED AND/OR MISSING

Age UTD Height UTD Weight UTD Description of wounds UTD

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

Tattoos
(Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face _____

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

Build _____ (Large, fat, thin, muscular)

Hair _____ NONE FOUND
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

X-6564-B

X-13032
ST H1020
X-6564B

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 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches (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 (Unusual characteristics of fingernails)

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

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 (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

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

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

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

SEE TOOTH CHART WITH X-6564-A

~~UTO~~

~~MISSING~~

~~UTO~~

NONE FOUND

NONE

UTO

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

X-6564-B

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

If not, explain FINGERS MISSING

8. Has tooth chart been prepared? YES If not, explain SEE TOOTH CHART WITH
(Yes-no) CASE X-6564A

9. Remarks REMAINS RETAINED IN DEBRIS WITH X-6564A TEETH
FOUND COMMON TO MASS. ESTIMATED WEIGHT OF REDPROCESSED
REMAINS 1 LB. FOR ADDITIONAL INFORMATION SEE
ATTACHED NARRATIVE WITH CASE X-6564A

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

- Mr. TURNER
- Mr. FLEE
- Mr. DEPASS

Thomas Turner
(Officer's Name)
Rank _____ Service _____
(Organization)

X
NOTE!

X-6564B is a new case and Report of Burial has not been received by this office to date.

X-6564-B

~~X-13032 from~~

SKELETAL CHART

X-6564-B
St. Auold

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

3 Aug. 1948

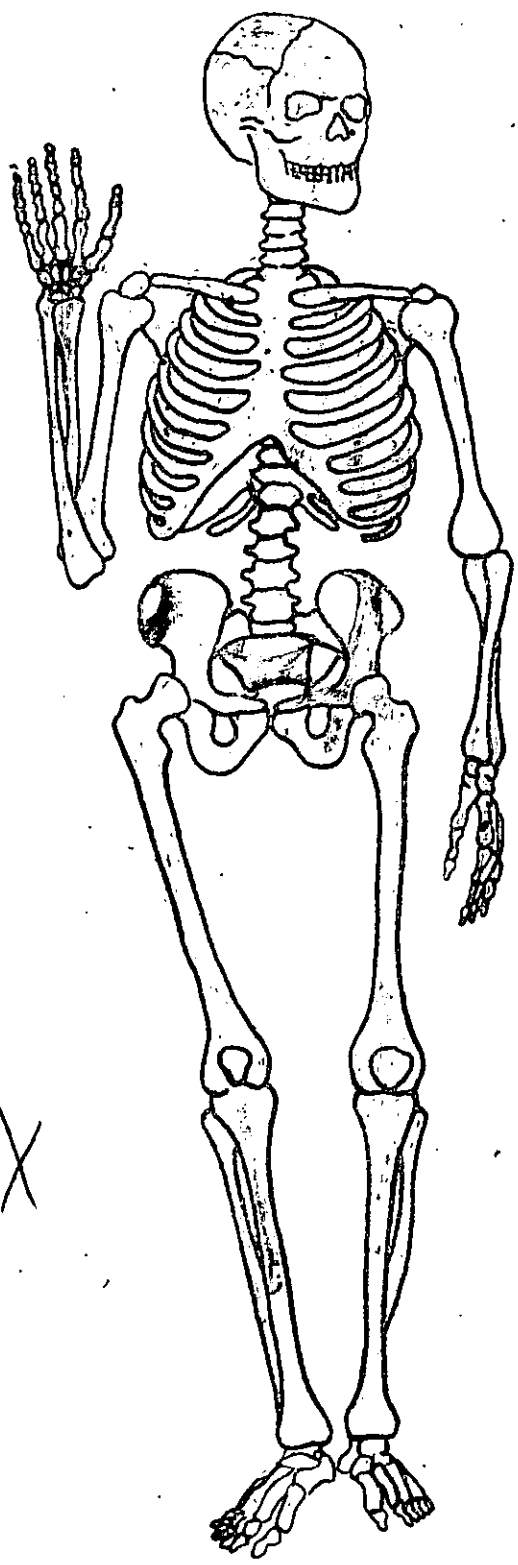


CHART "A"

X-6564-B C.O.R.

INTERRED 10 NOVEMBER 1949.
B-3-25, DRAGUIGNAN

DISINTERMENT DIRECTIVE

1

s/ HADLEY H. KEATHLEY
Cemetery Superintendent.

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15³ 12 49
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X-006564	B	Q	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
(ST AVOLD) FRANCE	3X	4	41	3501 X208 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
~~NEW KLE EN CONDRON BELGIUM~~
 DRAGUIGNAN, FRANCE

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

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
DATE	BY	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
 REMAINS ARE UNIDENTIFIABLE.
 CONSIGNEE and CODE corrected. (Hq. AGRC) (27)
 GRAVE LOCATION corrected at Hq. AGRC.

FILED
 11 JAN 1950
 REGISTRATION
 BRANCH
 MEM. H.V.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

Hadley H. Keathley
Interred 10 November 1949.
B-3-25, Draguignan.

Right: BELL Lucious-Pvt

DISINTERMENT DIRECTIVE

34007009
Left: OSBORN, George Gr S-Sgt
18001587

HADLEY H. KEATHLEY
Cemetery Superintendent.

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

UNKNOWN X-006564-B ✓

ST AVOLD

CODE . DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

5X

4

41

FRANCE

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Blanket

CONDITION OF REMAINS Remains consist of R/Talu:
distal 1/2 of R/Tibia, distal 1/4 of R/Pi-
bula, fragm. of sacrum, only L/pelvis.

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 16 February 49

BY J. A. Doss

CASKET SEALED BY

J. A. Doss

EMBALMER (Signature)

J. A. Doss

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY All markings tags &
plates verified by:

DATE 16 Feb 49 J. A. Doss

J. G. Anderson, 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.

J. G. Anderson, 1st Lt Inf

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USLC St Avold France		TO Superintendent, Draguignan, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER R J Andre, 1st Lt Inf	
SIGNATURE OF SHIPPER <i>R. H. [Signature]</i>	DATE 8 Nov 49	SIGNATURE OF RECEIVER <i>Hadley H. Keothly</i>	DATE 10 Nov 49

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

RECEIVED TO LOG
RECEIVED TO LOG

DISINTERMENT DIRECTIVE

Section A Name & Burial Location of deceased		Directive Number		Date	
		Day Month		Year	
NAME	SERVICE NUMBER	RANK	ARM	DATE OF DEATH	
<i>UNKNOWNIA/6564B</i>	—	—		Date	Month Year
CEMETERY			Disposition of remains		

PLOTT	ROW	GRAVE	COUNTRY	Code Dist. Pt.
<i>3X</i>	<i>4</i>	<i>41</i>		Cause of Death

Section B - Consignee and Next of Kin

Name and address of Consignee	Name and Address of Next of Kin.

Section C - Disinterment and Identification

NAME	Service Number	Rank	Date of Death	Date Disinterred
Identification Tag on Remains	Organization	Religion	Identification verified by	
_____			Name & Title	

Section D - Preparation of remains for shipment

NATURE OF BURIAL	Condition of Remains
<i>Blanket</i>	<i>Remains consist of R/Talus, distal 1/2 of R/Tibia, distal 1/2 of R/Fibula, and fragments of the crown and the 4 pelvis.</i>

Other Means of Identification

NONE

Minor Discrepancies

NONE

Remains prepared and placed in ~~transfer~~ Box

Date *16 FEB 1949* By *J. Adams*

Casket Sealed by _____ Embalmer (Signature)

Casket _____

Date _____

All markings, tags, plates verified by *Handwritten Signature*

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

25 Aug 49
Date

SP3 rank Frank 6564-B *Stavely*
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6564 B, Plot PPPP,
Row 13, Grave 147, USMC St. Avold have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 3165, dated 25/10/48. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/George L. Freeman
/t/1st Lt QMC
Actg Asst Adj Gen

Received 25 AUG 1949 0QMG
Not identifiable from
information presently
available

NAT
file 25 Aug 49
17.12.49
17.12.49



INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Liaison Office	Repat Br.	23 Jan. 50	<p>Unknown B-006564, St. Avold.</p> <p>1. Request duplicate copies 5,7,8 & 9 of Disinterment Directive on subject unknown for transmission to ABMC.</p> <p style="text-align: right;"><i>McDonald</i> MC DONALD 2322</p> <p>1 Incl. 293 file</p>
2	Liaison Office Mem Div	M & R Br Admin Div <i>attention miss Saunders</i>	24 Jan 1950	<p>QMML 293, Unknown B-006564, St. Avold, France</p> <p>1. Request the attached Unknown 293 B 6564 St. Avold, France, be reviewed and misplaced papers be placed in appropriate file.</p> <p>2. Colonel Gallagher, ABMC has been furnished duplicate copies of DD for Unknown B-006564, St. Avold, France.</p> <p style="text-align: right;"><i>Longo</i> LONGO 71088</p> <p>1 Incl n/c</p>

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

14 JAN 1949

(Date)

SUBJECT: Unidentifiable Remains.


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

1. The records pertaining to Unknown X - 65643 Plot _____
Above ground storage See Burial Report.
Row _____, Grave _____, USMC St-Avoid, France have been

reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office
by letter of transmittal No. 3165, dated 25/10/48.
No further information is available.

FOR THE COMMANDING GENERAL:


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

Received 25 AUG 1949 OQMG

Not identifiable from
information presently
available

Incl#22

293-Unk-France X-6564-B
(St. Arnold)

DEPARTMENT OF THE ARMY

UNCLASSIFIED

OFFICE OF THE ADJUTANT GENERAL

WASH DC

WCL 27156 AOC 7151

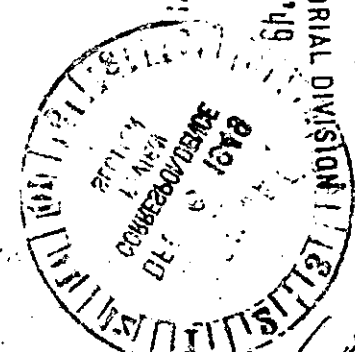
TR 602 000 7151

DELIVERED TO UNIDENTIFIABLE RELATIVE OF UNKNOWN X 6564 AND X 7293

ST ARNOLD WILL BE PROCESSED AND TWO BUREAU

JA
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ADMINISTRATIVE BRANCH
MEMORIAL DIVISION
DEC 6 3 50 PM '49
O. O. M. O.
TEL & CAR SECTION
148



WCL 27156 AOC 7151 (30 NOV 49)

X293 Unk-France X-7293 (St. Arnold)

UNCLASSIFIED

UNCLASSIFIED

OFFICE OF THE ADJUTANT GENERAL
293 OFS EUROPEAN

061702
DEC 49

A. J. BARNETT
CAPT, (MC) MEM DIV

mh

293-Unk-France X-6564-B
(St. Avold)

CLASSIFIED

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ON ACIC PARIS FRANCE

PRIORITY

WOL 27156. AMNO 7151

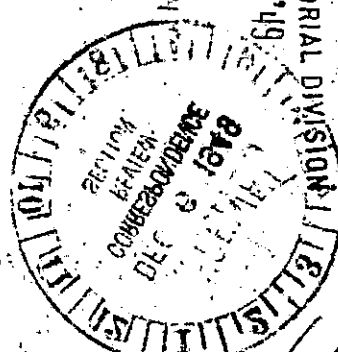
FR 0407 LEAD AMNO 7151

REVISOR FOR UNIDENTIFIABLE REMAINS OF UNKNOWN X 6564B AND X 7293

ST AVOLD WILL BE PROCESSED AND FWD SOONEST

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LW
LH

ADMINISTRATIVE BRANCH
DEC 6 3 50 PM '49
MEMORIAL DIVISION
DEC 6 4 16 PM '49
O. D. M. S.
TEL & CAB. SECTION
148



MEMO 7151 IS NO IN NO 79943 (30 NOV 49)

X1293 Unk-France X-7293 (St. Avold)

UNCLASSIFIED

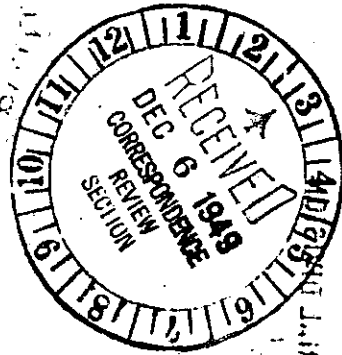
CLASSIFIED

CLASSIFIED BY X-9097
293 GRS EUROPEAN

061700Z
DEC 49

A. HENNER
CPT, GRC MEX DEU

X



PP# H9 no 6 2 330

НОВАЯ АНГЛИЯ

АДРЕС Д. ИВОНАМ
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CXAC 023
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ST/ARMY

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FUG 1 55/30

O. Q. M. G.
TEL & CAB SECTION

HQ AGRC PARIS

AGRC 7151

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DEPARTMENT OF THE ARMY
STAFF SECTION
GCT (X) FINE

DEC 1 1949

DEC 1 1 44 AM

DEPARTMENT OF THE ARMY
STAFF SECTION
GCT (X)

79043

293 MILLIKEN

201840012

AGRC PARIS FRANCE

TO CIG WASHDC

GRAVES GRMC

URGENT REF SEVEN ONE FIVE ONE

Reply Due
12-5-49

KKKK-8-17
see 319.6 O.R.S. Europe
CIL-4333

ATTN MEMORIAL DIV

564B

REMAINS ARAY SIX FIVE SIX FOUR EARLY AND ARAY SEVEN TWO NINE THREE

7293

IT WOULD BE PERMANENTLY INTERRED IN A SIGNAL FOR SYMMETRICAL JOINTS
OF CEMETERY RE UTADENTEFABILITA. BY THESE REMAINS APPROVED BY YOUR OFFICE

ONE FOUR SEPTEMBER AND ONE THREE OCTOBER RESPECTIVELY TO WASH DC

DESIGNATIONS DIFFERENT FOR SUBJECT REMAINS HAVE NOT BEEN RECEIVED

memo (Rep Recs) 2

WKT
file
6 Dec 49
M. H. ...

NO 663
CXC P 023

DEPT/ARMY
GREGORY

22715

1949 NOV 30 23 46
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FUG 165730

O. Q. M. G.
TEL & CAB. SECTION

HQ AGRC PARIS

AGRC 7151

301547Z

O m c
79043

DEPARTMENT OF THE ARMY
STAFF COMMUNICATIONS OFFICE
REGIMENTAL SIGNAL BATTALION
1215100000
DEC 1 1949

MSG NO
D. T. G.

DE UFPOC 18

R 301547Z

HQ AGRC PARIS FRANCE

COM WASHDC

GRAVES GRNC

WCRC REF SEVEN ONE FIVE ONE

Reply Due
12-5-49

ATTN MEMORIAL DIV

RECORD ATTACHED

KKKK-8-17
see 314.6 a. r. s. Europe
CIL-4333

REMAINS XRAY SIX FIVE SIX FOUR BAKER AND XRAY SEVEN TWO NINE THREE

ST AVOLD WERD PERMANENTLY INTERRED DRAGUIGNAN FOR SYMMETRICAL COMPLETION
OF CEMETERY PB UNIDENTIFIABILITY OF THESE REMAINS APPROVED BY YOUR OFFICE

ONE FOUR SAFTENBER AND ONE THREE OCTOBER RESPECTIVELY PD INASMUCH AS
MEMORIAL DIVISION

DISINTERMENT DIRECTIVES FOR SUBJECT REMAINS HAVE NOT BEEN RECEIVED

ADMINISTRATIVE DIVISION
CMA REQUEST SAME BE FORWARDED SAFT PD AGRC SGT PECKHAM

memo (Rep Reco) 2

5071 524Z NOV

1949 DEC 1 1 42
DEPARTMENT OF THE ARMY
STAFF COMMUNICATIONS OFFICE
GOT C 1 TIME

293 MILLIKEN
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Leighton

WHT
file
6 Dec 49
M. H. H.

DEC 19 1949

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HRC 1121

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HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 25 OCT. 1948

SUBJECT : Reprocessing of Remains

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

X-6564
FFFF-2-23


The remains of X - 6564 B. Above Ground Storage
interred in Plot _____, Row _____, Grave _____, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

TEETH : See Tooth Chart with X-6564 A.

For additional information see attached Narrative with Case X-6564 A.

NOTE : X - 6564 B. is a new case and Report of Burial has not been
received by this office to-date.

FOR THE COMMANDING GENERAL :


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

1 Incl.
Skeletal Chart

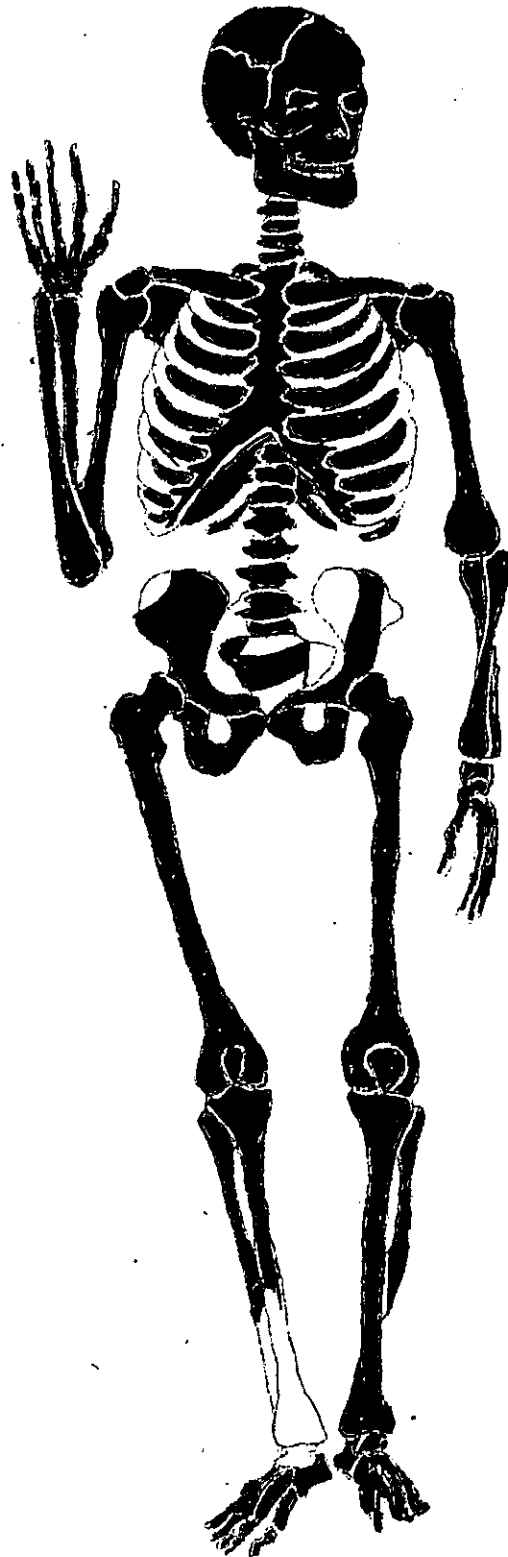
Incl # 8

SKULLTAL CHART

3 August, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X - 6564 B.
USMC St. Avold
Above Ground Storage



CORRECTED COPY
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

11 July 1949
Date

UNKNOWN X-6564 B

Last Name First Initial Rank Serial No.

Unknown
Unit

Unknown
Organization

Hochmutting, Muenchen, Germany

Est. Apr 43

Place of Death

Date of Death

Cause of Death

9 July 46, 1030 H.

US Military Cemetery ST. AVOLD, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

147

13

PPPP

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?

**Previously interred as X-6564 in Plot FFFF,
Row 2, Grave 23, USMC St. Avold. Segregated into
cases A & B. X-6564A remains in original grave
location and X-6564 B reinterred in PPPP-13-147, USMC St. Avold.**

What means of identification were buried with the body?

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

Who is buried on :

Deceased's Right : CISCOE, Milton H. 0-804303 2/Lt 97 Bb Gp 146
Name Serial No. Rank Organization Grave No.

Deceased's Left : Open Grave 148
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee Unknown
Name

Address

Religion Unknown

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

**Previously buried in Isolated Grave
located at Civ. Cem. Hochmutting,
Muenchen, Germany. Sh 49, L:250,000
(WY-8159)**

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

Signature of Officer or other person reporting burial

EDWARD F. PRICE JR.

Capt. QMC

Verified by C.A.S. Officer

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 : _____ Laundry Marks : _____
 Weight : _____ Number of Rifle : _____
 Color of Eyes : _____ Wear Glasses ? _____
 Color of Hair : _____ Is Tooth Chart Attached ? _____
 Race : _____

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

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

Left Hand

4	3	2	1
Thumb			

Right Hand

4	3	2	1
Thumb			

TOOTH CHART

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

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

Characteristics :

Other Data :

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.

