## FILE IDENTIFICATION TOPPER

FILE NUMBER 13 work	Stavold	X666
SUBJECT		

QMC FORM | |2|

#### 7887 GRAVES DETACHMENT

243 and It, avold x-666

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 OQMD for:

UNKNOWN X-666 St Avold

(POC) NEUVILLE

HAN Pile

21 Sept 51

AGRC FORM No. 11 Revised 16 Sept. 1946 Formely, "Check List of Unknowns")

#### IDENTIFICATION CHECK LIST

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

				Unknown X	<b>-6</b> 6 <b>6</b>	
				Cemetery S	. Avold, France	.,
				PlotER	Row	<b>5</b>
1.,	Date reproce		March 1947			,
2.	Place of death	(Name of	closest town)		nates and letter Prefix, maps)	`haatet radii
					_	
	(Sheet, sca	ale and serials us	ed)			
					ion Point, Strasbo organization) Franc	•
٦.	Evacuated to Cem	etery by		(Name and org	anization)	······
5.	Description of clos	thing and equip	oment: (if clothes	do not fit, obta	in size from body measureme	ents)
		Clothing Markings	Sizes		Indicate unusual markings color, wear, tear, repairs,	etc.
	* Headgear	O CLOTHING	FOUND.			
	Raincoat			ebred-no-niliererer-e		·
	Overcoat					·
	Jacket, Field					
	Jacket, Combat					
	Mackinaw		······································			
	Sweater					
	Jacket, HBT				······································	
	* Shirt, Wool OD					••••••
	Undershirt, Wool				<u></u>	
	Undershirt, Cotto	n		······································		
	Trousers, HBT					
	* Trossers Wool	OD				

Belt, web	NO CLOTHING	FOUND			
Drawers, wool					
Drawers, cotton					
Leggings, wool			•••••••••••••••••••••••••••••••••••••••		
Socks, cotton	5, }, **********************************			)	
* Shoes	All markets and the second and the s	(type)	······································		
Overshoes		***************************************			
Web Equipment .	H(2000000000000000000000000000000000000	(type)	<u></u>	,	
(Other item)	***************************************		,,,,,,	***************************************	
(Other item)	s of these items should	be cemputed by	measuring the rema	ins	
Chevrons or Insignia		Nor	i; shiri, jacket, coat	halmet)	
		Type of location	i, smir, jacker, com	,	
Shoulder Patch	<u></u>	······································	None		
Does clothing indi	cate that deceased	was a membe	er of the Air, G	round or Naval Force	:?
D (D		td			
Description of Ren					
Age Utd H	eight <b>5 10 V</b>	/eight <b>Utc</b>	Description	of wounds	
Bandages or dress	ings Utd		Scars	(Length, width, location	n)
	Utd	Number, location	Tattoos n — illustrate on se	parate page)	
Outstanding moles	s, warts or birthman	ks	Utd (Yes-no; d	escription, location)	-41:
Sunburn or tan, o	ther than hand and	face	IJ <b>\$</b> Ġ		
Complexion	(L	ight, medium, d	ark, clear, pimples,	pocks, freckles)	
Build		U <b>t</b> å			
		(Large, lat, thi	i, museular)		
Hair	None found (Color, length, qu	tantity, curly, w	avy, straight, whorl	s, or definite parting)	
Hair	(Baldness, widow	s peak, distinct	ive cutting or other	characteristics)	······································
	Utd M r, setting, shape)	ustache(Col	Utd or, size, shape)	Beard or Length,	<u>d</u> , hенvy)

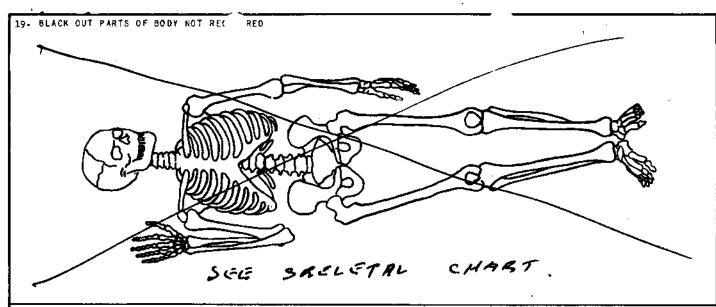
6.

Goatee	(Light, color, extent)	·			1
Fuec	Utd	Evebrov	vs	'Uta	,
Lyes	(Color, setting, shape)		(Calo	r, hushiness, exte	nt across nose)
Nose	(Size, shape, straight)	Eears	,	Jtd	
	(Size, shape, straight)		(Size, s	set close to or far	from head)
Mouth	Utd	Lips	U:	Small, large, full	
	(Large, medium, small)			(Billari, farge, furi	,
Teeth	See Rocth there where	sa, spacing, noticeable of	rowns, fillin	gs, extracts)	
Chin	Utd. (Prominer	it, receding, pointed, di	mples, doubl	e)	
				•	
Jaw(Lar	rge, small, normal)	cumference of head	in inches	(H	at band)
Neck	Utd	Larynx	***************************************	Utd	
	(Size, length, short, normal, wrin	kled)		(Prominent, nor	nal)
Shoulders	Utd	Arms	·····	Utd	
	(Broad, straight, small, round				l quantity of bair)
IIahus	<b>1780</b>				•
Fingers	(Short, thick, long	g, slender, size of knuck	les, missing	Angers or joints)	19111111111111111111111111111111111111
######################################	(Unusual	characteristics of Angern	ails)	-	· · · · · · · · · · · · · · · · · · ·
Check	Utd				
Chest	(Size of nipples, color,	quantity and extent of	hair, large,	small, normal)	
Waist	Utd		·····		***************************************
,	(Size of navel, ap)	pendectomy, amount, qua	ntity, and co	lor of hair)	
Back	Utd		uta	Pubic Hair	None found
	(Quantity and extent of hair)		(Yes-no)		(Color)
Herniaplasty .	Utd	(N'			The second secon
		(Yes-no; loca	1101)		
Legs	(Inseam, muscular, knock-ki	d	antity, color	and extent of	hair)
•					
Feet	(Size, corns, callouses, flat)	Toes	(Slender	straight, crooked	l, overlap)
	, , , ,				
Evidence of he	ealed fractures	<u>UI</u>	<u>^</u>		

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

7.	Have finger prints been placed on Report of Interment?
	If not, explain
8.	Has tooth chart been prepared?If not, explain
9.	Remarks Remains received in mattress cover. Skeleton intact with con-
	siderable amount of flesh. Estimated weight of remains recovered:
	50 Lbs. No elething found. Fluorescopic Report negative. Burial
	bottle found in grave. 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.
	Country. huntinge
	ELLSWORTH T MAG INTYRE (Officer's Name)
	Gaptain Rank Service
	Central Identification Point. (Organization)

1 tarit 1 1-6-6	2. DATE OF REPORT 2 ( SEFT 44
VAIL- 4- LL6	4. PLOT 5. ROW 6. GRAVE 7. DATE OF
	QISINTERMENT REINTERMENT
USMC ST AVOLA	EC 10 23
STIMATED WEIGHTAGE 9. ESTIMATED HEIGH	PHYSICAL DESCRIPTION T   10. COLOR OF HAIR   11. RACE
3 TO 30 5/94"	
IVE DESCRIPTION OF ANY OFFICIAL IDENTIFICA	
NONE	
EVE DESCRIPTION OF TATTOOS OR SCARS ON BOD	Y AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
	•
Make Forms	
	·
WAS BODY BURNED? TO WHAT EXTENT?	
YES NO	<u> </u>
WAS BODY MANGLED? TO WHAT EXTENT?	
DESCRIBE EVIDENCE OF HEALED FRACTURES AND	
DESCRIBE EVIDENCE DE REALEU FRACIURES AND	BUNE MALFURMATIONS
•	·
NoNE	
	·
LIST CHERY ITEM OF CLOTHING CONTRACT AND	
SERVICE, ETC. (If laundry marks are indist	PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, inct such notation should be made and specimen forwarded through
LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through
SERVICE, ETC. (If laundry marks are indist channels for examination when facilities a	inct such notation should be made and specimen forwarded through



20

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM. EMBOSSED PRATE MAKED UNK-7-666.

DISPUSITION REPINNED TO BLANKET CONTRICTOR REMAINS.

HAIR. NONE FOUPD.
TEETH. - SEE TOOTH CHART
EST. AGE 25 TO 30
EST. MC. 51 91"

Screto PETERSON. GREEN.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

Jahre & Belle

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

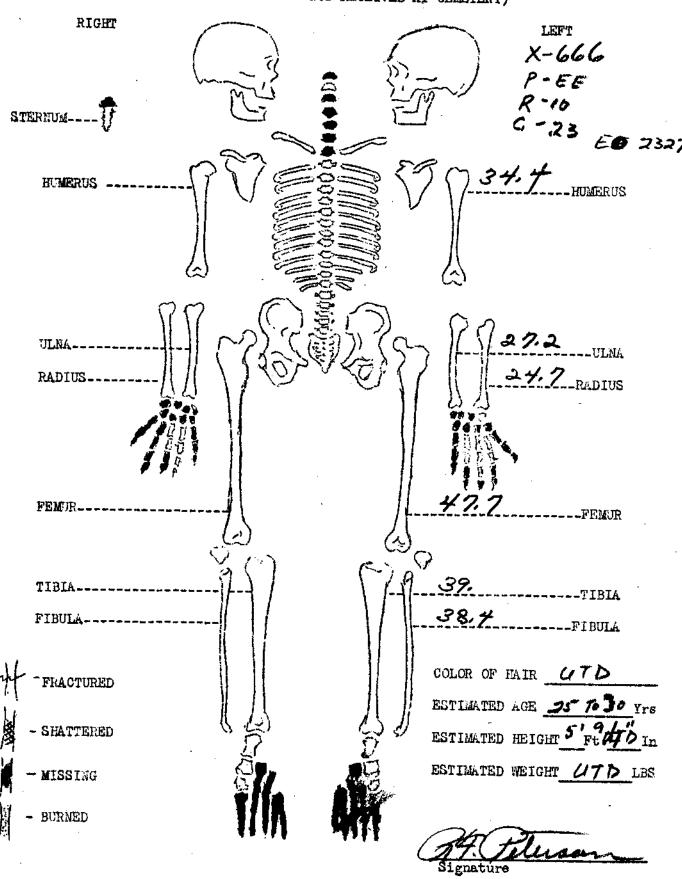


CHART A

### TOOTH CHART

5+. Avaid 2E-10-23 E.O. 2329

	•												-	<u> 21 S</u>	Date	1949	•
	<u> </u>	Lest Name		<u></u> .	First		 Ini	tial .			Grad	le			Serial No.		<del></del>
-	Uait						<u> </u>					Org	nization				
<del>:-</del>	···	Place of I	Desth				Date	of Deat	h					Cause of D	enth		
		R	ight	`										Left			
	8	7	6	5	4	3	, 2	1	1	2	3	4	5_	6	7	8	
ļ	X	P	X	X	ച	FMIL	Д	P	P	X,	<i>P</i>	P		X	X	X	
Side views		D		$\bigcirc$	$\bigcirc$	$\bigcirc$	0			$\Box$	()			$\overset{(\mathcal{U})}{\sim}$		$\sim$	
торү	<b>E</b> (	H	B	$\odot$	0	<b>W</b>	$\bigcirc$	abla	V	<b>V</b>	KU	)(C)	)( <u>-</u>	)(d	过		UPPER
VIEWS	<b>33</b> (	D	Œ	9	P	<b>?</b> (v		W		W	<b>W</b>	<u>B</u> (	9		位	处	LOWER
Side View	EX.		(T)	Full	[B			M	Ti Di	B	Q	A	Y Y			N.	
	16	15	14	13	2	11	10	9	9	10	) 11	12	13	14	15	16	

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.

Oden Rolatto
Signature of Officer or other person who prepared Tooth chart

Verheld by G. R.C . Officer

ET FORM I-22 (29 AUG.46) COLD GRAVE REGISTRATION FORM I-A)

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 Gold crown - Porcelaince tooth (label gold, porcelain, Silver or gold and porcelain), thus : BRIDGE WORK... Block in solid the crown of . Gold bridge tooth (label gold bridge, gold and porcelain bridge), thus: FILLINGS.. Draw filling on tooth as accurately Gold filling 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

Lige: Autronal Space Color: Sull Ivary Stain: Heavy. Calculus: Michael.

alignment: Pour

1 12 related menally 30 . R 13 would destally.

RI to R3 (routhine). 6 mm. LI to L3-6 mm. Questine)

R4 to R7 (routhine) 11 mm.

#### CHECK LIST FOR UNKNOWNS

UNKNOWN X- 666 CEMETERY COLL COL ST ACCE. PRANCE GRAVE \_\_\_\_ ROW 10 From Mockenhols, Car. 27 Aug. 1945 Arrived at cemetery (collecting point) hour) (date) River, vicinity of Bookenheim, Ger. R-545-779, theet U) Place of death (coordinates and landmarks). (name) ABLA M CM Co. Remains recovered by (name and organization) Evacuated to cemetery by\_ (name and organization) Are names of deceased found in same area as this Un-Is load list attached\_ In a (yes-no) in a second and the se Are circumstances described which may indicate organization of If only part of a body was received, was a careful search made the deceased\_ for other parts of Unknown Pull body received (yes-no) Taken from the Mine river If remains come from vehicle, plane, etc:\_ type of vehicle or plane, nickname, serial number, organization or symbols) Not applicable (names of other deceased and positions in which found) If a tank, which hatches were free and available for escape use Not applicable If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane Not apple able (found in town, field, by road, etc.) (damaged by mine explosion) (names of men who escaped) (description of other vehicles or planes in same area) None found, body was naked Detailed description of personal effects\_ (Indicate exact pocket or part of body where found)

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

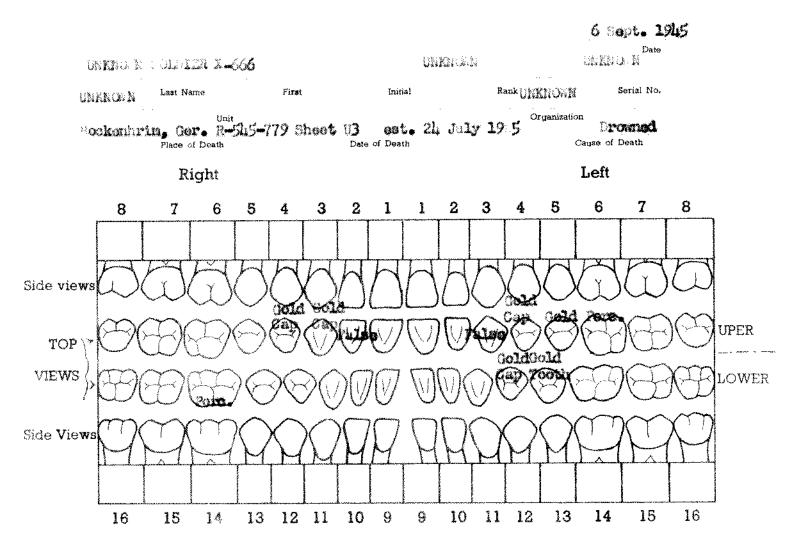
	Sizes	Color	wear, tear, repairs, etc.
			NO CLOSSING PORD OF
·_ · · · · · · · · · · · · · · · · · ·			DECKADED. BELOW ARE BOTTLEAS CLOSED BY SUCKES
	14-20		No saliet found
	34-30		Note found
			(note unusual lacing)
	6) æ 7 3		No e com found.
	< .1.		
of these item	s should b	e compute	d by measuring the remains. Shoulder Patch
	and the same and the same of	t, helmet	
Weight 1901		ion of wor	unds Market
	ion; shirt, j Weight	of these items should b ion; shirt, jacket, coa Weight Descript	of these items should be compute ion; shirt, jacket, coat, helmet Weight Description of wo

C
Scars (length, width, location)
location - illustrate on sep. page)
yes-no) (description, location)
yes-no) (description, lacation)
a on fingers, feeth are white
gnate where, extent)
Build
les, pocks, freckles) (large, fat, thin,
A war see
y, straight, whorls, or definite parting,
cutting or other characteristics)
e Beard or goatee (length,
(COTOL, SING, CHILDO)
Macing
8
(color, bushiness, extend across nose)
(Size, set close to or far from head)
manada CPUANOS
Lips
Lips ge, medium, small) (small, large, full
cillings extractions)
, noticeable crowns, fillings, extractions)
Ungerbones
innia double) (high, normal)
The state of the s
of head in inches (hat band)
Normal Land
Tanung Shoulders Shoulders
(prominent normal)
ar, inseas est. 22" neck to wrist 30"
) (muscular, color, extent & quantity of hai
<b>"我们在我们的</b> "
s (large, small, narmal, calloused noticeably

(short, thick, long, slend	er; size of	knuckles)	(missing fingers or join	ts)
	**************************************	9.4		- ,
	(1		racteristics of fingernai	1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5
Chest_ Normal chest est. 36	inches	and secondary	. The second of	±i3 }
(size at nipples; color,				ī Y
Back inable to determine		A. M. Marie	k a large, Sikill, norma	L)
(quantity and extent of hair)	Maist (size	ht novol	Though the state of the state o	
ble Cinamical Military	N	ا وعدم مسال من	appointed touty & co.	Lor
Circumcized (yes-no)	(color)	Herniapla		:
			(yes-no) (location)	
(inseam) (muscular: knock-knock	and James	11. 1		
(inseam) (muscular; knock-knee				ha
(size; corns; callouses; flat	<del></del>	Straight,		٠
and the second s	Color Color	(slender, s	traight, crooked, overlap	)
vidence of healed fractures kom	······································		and the storage of the storage and a storage of the	
lack out parts of body not	(nos	so,arms, le	gs, etc.)	
eccived at cometery:	And the second s		all and the second seco	
And the second of the				
			And the second s	- · · · · · · · · · · · · · · · · · · ·
( ) ( )		and the same processing		
ive photographs been made and atta	ached No	Tract	Not warrented	×+ ·- ·
	(vas-n	¢ واللا∡ شيئـــــــ		
we fingerprints been placed on GH	10 # 1	$\_$ If not,	explain Flesh game from :	<u> An</u>
s tooth chart been prepared?	res- If not.	no) explain	wild to make a company of the	
marks: (yes-	-no)	~ a = To - ++ yr = = = + +		
HIGH A.T.	·	<u> </u>		····
. *			The state of the s	<del></del>
		, :		
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		·	A series on the series of the	
The state of the s		The second second	the state of the s	
	· · · · · · · · · · · · · · · · · · ·			<del></del> -
				<del></del>
	***************************************			<del>,,,,,,,,,</del>

G. R.& E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETGUSA

#### TOOTH CHART



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.

# Lupper Rt. - Palse gold tooth
# 3 upper Rt. - in but has a gold cap.

Sate R Signature of Officer or when person who are pared Tooth chart

CHEMAID L. HURBINARY THE LAS CHEST GLOWN ON OR CO.

MISSING TEETH . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:	MAMARRA
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:	Gold crown 7 Porcelain crown  Gold Crown 7 Porcelain Crown
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	Gold bridge Gold bridge
FILLINGS. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:	Gold filling, Silver filling
CARIES (CAVITIES) Outline location and size of cavity, shade in thus:	Cavity Decayed 5 5 5 5 5

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

	T				//			7		
жд: 	E .		N C DROZ	- OS						
· , / 1	E .		28 JR;10 36 Act 1950 DIS	NTERMENT DIRECTIVE						
- And Completed	MEDIES	NATY GRE	COPFICER/					2/10/50		
200000000000000000000000000000000000000	M.R.STA	IV, KOT	1 Miss 12	<del></del>	DIRECTIVE NUMB	DAYE				
i. va só só va só	SECTION A		TION OF DECEASED		3574	Commence of the control of the contr	<b>)</b>	15 01 48 DAY MONTH YEAR		
NAME		······································		SERIAL NU	MBER	RANK	ARM	DATE OF DEATH		
			UNKNOWN	x-00	00666		Q	DAY MONTH YEAR		
CEMETERY				*,				DISPOSITION OF REMAINS		
ST AVO	LD -	MET	<i>Z</i>				0	3503 80 CODE DIST. PT.		
PLOT ROW	GRAVE	COUNTR				- Allenon,		CAUSE OF DEATH!		
EE 10	) 2:	3 <i>5 FR</i>	ANCE					6		
	, d		SECTION B — CON	SIGNEE AND	NEXT OF KIN	- 720	J.C	Way Adams 1		
NAME AND ADDRESS				NAME.	AND ADDRESS OF	NEXT OF KIN	Ø/	* Property of the second of th		
STA/AVOKE Neuville-E	<i>ny ig rey</i> N-Condr	yyk Oz, belg	IUM	These	remains	are unider	n <b>t</b> if	iable and are to		
(AX/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	u/stra/	t/výe/.dki	der/y					ns. Div. 5 Sep 50)		
			SECTION C DISINTE	RMENT ANI	DIDENTIFICATION					
NAME			SERIAL NUMBER	RANK	DATE OF DEATH		DAT	E DISTINTERRED		
	own		X <b>-0</b> 006 <b>66</b>	 			2	5 August <b>1948</b>		
IDENTIFICATION TA	GON O	RGANIZATION		<u>i</u>	RELIGION IDENTIFICATION VERIFIED BY					
REMAINS A MARKER		UNKI	NOWN			ntze <b>l,</b> imbalmer				
MARKER A	Riley		CENTION D. DREGARAT	IAH AT BEN	Alse con culous	[ ]		NAME AND TITLE		
NATURE OF BURIAL			SECTION D PREPARAT		N OF REMAINS		er intol	le te.		
With remn	ants of	uniform		1	tal form.		_	on complete.		
OTHER MEANS OF ID	ENTIFICATIO	N						1.A		
Embossed	plate f	ound with	n remains					лоложина по		
MINOR DISCREPANCI								ABBIBACION		
						j <sup>a</sup>		X-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C		
Report of	'burial	ingossi'	ble to read			7. 	·	Same of the same o		
REMAINS PREPARED	AND PLACED	IN CASKET		) kj. k	here of	791	132			
DATE 30 Augu	st 1948		By Menr	у A. Ge	ntzel, ind	almer	·			
CASKET SEALED BY					(Signature)	. Dec	121			
Henry a.	Centze	l, imbal	ne r	Henr	ул. Gentz	el, Embl	er			
CASKET BOXED AND	MARKED			SMIRPANG	adoresa yerihe	DAX ALL	mar	kings, tags &		
			ntzel, kabalmer		. P	els by S		<b>11.</b> 3		
I hereby and that the i				ere condu	ted and acco	nplished vndใ	er my	immediate supervision		
Final Cask	eting B	A: E &	درروي	engter		\$				
Bruce E. B	lair, l	st It will	3 Bruce E. 1	State?	Let Lt IMC	7857 AC		Lone 3 Hg.		
1 Prepare Disc	crepancy F	Report QMC	Form 1194a for major	r discrepa.		Y ONG HABITON	~! <b>.</b>			
l coestas at	o enamen	#n <u>-</u> 1090	. Ta							

QMC FORM REV 15 MAR 46 1194

SIGNATURE OF SHIPPER  SIGNATURE OF SHIPPER  A. SHIPPED  TO  A. SHIPPED  TO  A. SHIPPED  TO  A. SHIPPED  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	RECOR	OF CUS	TODIAL TRANSFEI	R		
FROM 1980 ET PYPER PENNOS DATE SIGNATURE OF RECEIVER DATE  SIGNATURE OF SHIPPER DATE SIGNATURE OF SHIPPER DATE  SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE  SIGNATURE OF SHIPPER DATE  SIGNATURE OF RECEIVER DATE	VI.	1. SH	IIPPED	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE OF SHIPPER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ТО	milie	Delgium	·· · · · •
SCHATURE OF SHIPPER  2. SHIPPED  10  1. SHIPPED  10  10  1. SHIPPED  10  10  10  10  10  10  10  10  10  1		······································	HAME OF CONVOYER	- G	(700	· · · · · · · · · · · · · · · · · · ·
FROM 10  SIGNATURE OF SHIPPER 1011 10 10 10 10 10 10 10 10 10 10 10 1		DATE		······	<u> </u>	
FROM  SIGNATURE OF SHIPPER  AME OF CONVOYER  SIGNATURE OF SHIPPER  ASSINPPED  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  ASSINPPED  TO  AME OF CONVOYER  SIGNATURE OF SHIPPER  ASSINPPED  TO  AME OF CONVOYER  SIGNATURE OF SHIPPER  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	Praise & Gallatta, In Tit	-2 Nov 1	8,3	6	2	
RIND OF CONVEYANCE  SIGNATURE OF SHIPPER  3. SHIPPED  FROM  A. SHIPPED  FROM  B. SIGNATURE OF RECEIVER  B. SHIPPED  FROM  B. SIGNATURE OF RECEIVER  B.	radii.	2. SM		<u> </u>	X	<u> </u>
SIGNATURE OF SHIPPER  3. SHIPPED  10  NAME OF CONVOYER  SIGNATURE OF SHIPPER  10  10  10  SIGNATURE OF SHIPPER  10  10  SIGNATURE OF SHIPPER  10  10  SIGNATURE OF SHIPPER  10  SIGNATURE OF SHIPPER  10  SIGNATURE OF SHIPPER  10  SIGNATURE OF PECEIVER  10  SIGNATURE OF PECEIVER  10  SIGNATURE OF SHIPPER  11  SIGNATURE OF SHIPPER  11  SIGNATURE OF SHIPPER  12  SIGNATURE OF SHIPPER  13  SIGNATURE OF SHIPPER  15  SIGNATURE OF SHIPPER  15  SIGNATURE OF SHIPPER  16  SIGNATURE OF SHIPPER  17  SIGNATURE OF SHIPPER  18  SIGNATURE OF SHIPPER  19  SIGNATURE OF SHIPPER  19  SIGNATURE OF SHIPPER  10  SIGNATURE OF SHIPPER  DATE  10  SIGNATURE OF SHIPPER  DATE  10  SIGNATURE OF SHIPPER  DATE  15  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE	PROM		TO			
ISONATURE OF SHIPPER  SIGNATURE OF SHIPPER  A. SHIPPED  TO  A. SHIPPED  TO  A. SHIPPED  TO  A. SHIPPED  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	KIND OF CONVEYANCE		NAME OF CONVOYER	<del>, , , , , , , , , , , , , , , , , , , </del>	** <b>***</b> *** * * * * * * * * * * * * * *	
KIND OF CONVEYANCE  SIGNATURE OF SHIPPER  1. SHIPPED  TO  NAME OF CONVOYER  A. SHIPPED  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE	SIGNATURE OF SHIPPER	DATE	-SIGNATURE OF RECEIVE	R		DATE
KIND OF CONVEYANCE  SIGNATURE OF SHIPPER  1. SHIPPED  TO  NAME OF CONVOYER  A. SHIPPED  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE		second control con		Y		
KIND OF CONVEYANCE  SIGNATURE OF SHIPPER  4. SHIPPED  TO  OP FOR  TO  OATE  4. SHIPPED  TO  OATE  ANAME OF CONVOYER  SIGNATURE OF RECEIVER  TO  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  TO  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  TO  SIGNATURE OF SHIPPER  ANAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE		3. SH	IPPED	POTO F	denine y	n Le
SIGNATURE OF SHIPPER	FROM CONTRACT OF THE TRACTOR OF THE	. 4	10	100 g	Lud Van NOW	Process Comments of the Commen
FROM  ALSHIPPED  TO GOLDON  KIND OF CONVEYANCE  DATE  SIGNATURE OF SHIPPER  SIGNATURE OF SHIPPER  TO  S. SHIPPED  FROM  IO  NAME OF CONVOYER  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  1. SHIPPED  FROM  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE	KIND OF CONVEYANCE		NAME OF CONVOYER			<del>&amp;</del>
FROM  KIND OF CONVEYANCE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  TO  NAME OF CONVOYER  SIGNATURE OF RECEIVER  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF CONVOYER  TO  NAME OF CONVOYER  DATE  SIGNATURE OF SHIPPER  TO  TO  NAME OF CONVOYER  DATE  SIGNATURE OF SHIPPER  DATE	SIGNATURE OF SHIPPER OF THE STATE OF THE SAME SAME SHEET SHE	DATE	SIGNATURE OF RECEIVER	R	The same	DATE
FROM  KIND OF CONVEYANCE  SIGNATURE OF SHIPPER  DATE  S. SHIPPED  FROM  NAME OF CONVOYER  SIGNATURE OF RECEIVER  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  NAME OF CONVOYER  SIGNATURE OF SHIPPER  TO  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE		4. SH	IDDEU			<u> </u>
KIND OF CONVEYANCE  SIGNATURE OF SHIPPER  DATE  S. SHIPPED  FROM  TO  NAME OF CONVOYER  SIGNATURE OF RECEIVER AND DATE  S. SHIPPED  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE	FROM:			103705	oe rrou c	
KIND OF CONVEYANCE  DATE  SIGNATURE OF SHIPPER  5. SHIPPED  FROM  NAME OF CONVOYER  NAME OF CONVOYER  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  AS SHIPPED  FROM  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  TO  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE			1		•	•
SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  1  S. SHIPPED  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  TO  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  1. SHIPPED  FROM  TO  TO  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE				<u></u>	***************************************	######################################
FROM  SIGNATURE OF SHIPPER  SIGNATURE OF SHIPPER  DATE  6. SHIPPED  FROM  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  DATE  SIGNATURE OF SHIPPER  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  1. SHIPPED  FROM  TO  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE		DATE	SIGNATURE OF RECEIVE	Ri saray."	* (01000)	PATE 7.
FROM  KIND OF CONVEYANCE  DATE  SIGNATURE OF SHIPPER  6. SHIPPED  FROM  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  DATE  SIGNATURE OF RECEIVER  DATE  1. SHIPPED  FROM  TO  SIGNATURE OF SHIPPER  DATE  1. SHIPPED  FROM  TO  NAME OF CONVOYER  DATE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPED  FROM  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  DATE						<u> </u>
KIND OF CONVEYANCE  SIGNATURE OF SHIPPER  6. SHIPPED  FROM  FOO  KIND OF CONVEYANCE  DATE  1. SHIPPED  1. SIGNATURE OF RECEIVER  DATE  SIGNATURE OF SHIPPER  DATE  1. SHIPPED  1. SHIPPED  FROM  TO  NAME OF CONVOYER  DATE  1. SHIPPED  FROM  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE  SIGNATURE OF SHIPPER  DATE	FROM	5. SH		<del></del>		······································
SIGNATURE OF SHIPPER  6. SHIPPED  7. SIGNATURE OF RECEIVER  NAME OF CONVOYER  SIGNATURE OF SHIPPER  1. SHIPPED  7. SHIPPED  7. SHIPPED  1. SHIPPED  SIGNATURE OF SHIPPER  DATE						
SIGNATURE OF SHIPPER			NAME OF CONVOYER		**************************************	
FROM FROM FROM FROM FROM FROM FROM FROM	SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	R	V	DATE
FROM  KIND OF CONVEYANCE  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  1. SHIPPED  FROM  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  DATE  SIGNATURE OF SHIPPER  DATE  DATE  DATE	CT. AND JUNEOUS		4			
FROM  KIND OF CONVEYANCE  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  1. SHIPPED  FROM  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  DATE  SIGNATURE OF SHIPPER  DATE  DATE  DATE		H2 A	IDOEN	.,*	S No. 1	
SIGNATURE OF SHIPPER  DATE  1. SHIPPED  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  DATE  DATE  SIGNATURE OF RECEIVER  DATE  DATE  DATE  DATE	FROM	V. 4327	· _ · · · · · · · · · · · · · · · · · ·	<u></u>		
T. SHIPPED  TO  KIND OF CONVEYANCE  SIGNATURE OF RECEIVER  DATE  SIGNATURE OF RECEIVER  DATE  DATE  SIGNATURE OF RECEIVER  DATE  DATE  DATE  DATE	KIND OF CONVEYANCE		NAME OF CONVOYER	v. ****		
FROM TO  KIND OF CONVEYANCE NAME OF CONVOYER  SIGNATURE OF SHIPPER DATE  DATE  SIGNATURE OF RECEIVER DATE	SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	₹		DATE
FROM  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  DATE  DATE		- "		•		W C T &
FROM  TO  KIND OF CONVEYANCE  NAME OF CONVOYER  SIGNATURE OF SHIPPER  DATE  DATE  DATE		1. SHI	IPPED	<u></u>	······································	
SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE	FROM				·····	
	KIND OF CONVEYANCE		NAME OF CONVOYER	· · · · · · · · · · · · · · · · · · ·	*	
)	SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	₹	<del>/</del>	DATE

years.

arrang.

# AIRWAIL

314.6

CRE Property

1st Ind

GRS European

SUBJECT: Certificates of Unidentifiability of Remains Transmittal Letter #5054

.....

Department of the Army, OQMG, Washington 25, D. C. 22 August 1950

TO: Commanding Officer, 7887 Graves Registration Detachment, APO 757, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed in basic communication as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

2 Incls

Cy furnished: Adm Sec rar/Jeffrey Duncan THOMAS R. COX Capt QMC Memorial Division

JIN



-2-

# HE ADQUARTERS 7867 GR. VES REGISTRATION DETACHLENT REGISTRATION DIVISION APO 757 (liege) US ANAY

GREE 293 CERTIFICATE OF ULIDENTIFIABILITY OF RELAINS

- 1. The records pertaining to Unknown X 666 ,Plot KR

  Row 10 Grave 235 ,USEC , St. Avold, France
  have been reviewed in accordance with par 159, SR 830-110-5, DA, dated
  3 March 1949, and it is the opinion of the Board of Review, appointed
  by par 2, SO No. 66, this headquarters, dated 14 June 1950, that sufficient evidence is not available to establish the identity of the
  deceased concerned, and it is recommended these remains be classified
  as unidentifiable.
- 2. Report of Reprocessing of remains was forwarded to the Office of the Guartermaster General, by Transmittal Letter No. 1668 dated 28 September 1945
  - 3. Remarks:

See copy of Case History attached.

I COL E. D. TULWANITY, 0-359598, CICHO
Haj Georg GUNDERMAN, Jr., 0-12890 L.QMC

Maj Ames C. MacFARLAND, 0-1576321, QMQ

1st Lt Gaylord E. LUTZ, 0-1595665, QLC

1st Lt Robert W. GANSEL, 0-1599085, OCC

C.O Raymond T. RODY GUEZ, W-2107098, USA

Identification Brough

Luc C#1

#### CASE RISTORY

THEOROGE I-666

USEO ST AVOID, FRANCE

Unknown X-666 was washed ashore from the Maine River mear Heckenhein, Germany (L-50), and recovered by a G. R. Detakhment in late August 1945. Het date of death is given as 24 July 1945. How this date was estimated can not be determined.

The remains was somplete and nude.

Since no clothing was found there is no proof that the remains is Aperican.

Tooth chart comparison was made with dental data for all Rhine river drawning easualties, which could possibly be associated with this case, with negative results.

Association was also attempted with all unresolved casualties listed for Map Sheets L-50, K-50 and K-49, with negative results.

Since no association with a reported easualty can be made and since there is no evidence to determine the nationality of the remains, it is believed that Unknown X-566 must be considered UNIDENTIFIABLE.

8. 0. POSET 1 August 1950

\$5°2

A	243 Wind & 606 FAUNCE (Supple)							
NAME	SECTIO NAME	NA— AND BURHAL LOCATION OF DE		SERIAL NU	DIRECTIVE NUMBER		ARM	DATE DAY MONTH YEAR DATE OF DEATH
CEMETERY  STATE OF THE PLOT ROW  STATE OF THE PLOT ROW	GRAVE	* ACTIVITY COUNTRY	E CONTRACTOR OF THE CONTRACTOR				0	DAY MONTH YEAR DISPOSITION OF REMAINS CODE DIST. PT. CAUSE OF DEATH
NAME AND ADDRESS ST. AVOLE (BY ADMIN	, FA	SIGNEE	CTION B — CON	and the book of the same	D NEXT OF KIN AND ADDRESS OF	NEXT OF KIN		
NAME		SECTION SERIAL NU	AV1	RMENT AN RANK	D IDENTIFICATION DATE OF DEATH		DAT	e distinterred
IDENTIFICATION TA	G ON	ORGANIZATION UNKNOWN			RELIGION	IDENTIFICATION	Y VER	TRIED BY
NATURE OF BURIAL OTHER MEANS OF ID	ENTIFICA		U - FREE ARMII		MAINS FOR SHIPME	N.I.		
MINOR DISCREPANCI		ED IN CASKET						
	BY certify	that all the foregoing c bove is correct.	perations we	€2HIPPING	R (Signature)  ADDRESS VERIFIED  cted and accom		my	immediate supervision
1 Prepare Disc	crepanc	y Report QMC Form 119	94a for major	discrepa	i kajal kani kala disebuah ingan melangan perangan kananan disebuah disebua	F GRS INSPECTO	R	

#### CHECK LIST FOR UNKNOWNS

UNKNOWN X- 666
CEMETERY US MIL CEM ST AVOID, FRANCE
PLOT EX ROW 10 GRAVE 235

Arrived at cemete	ery 27 Aug. 1945 From Hockenheim, Ger.
	(hour) (date) (collecting point) Rhine River, vicinity of Hockenheim, Ger. R-545-779, Sheet U3
riace of death	(name) (coordinates and landmarks)
Remains recovered	by 48th QM GR Co.
Emparated to some	etery by 48th QM GR Co.
	(name and organization).  ached No Are names of deceased found in same area as this Un-  (yes-no)
. /	Are circumstances described which may indicate organization of
the deceased K	If only part of a body was received, was a careful search made
for other parts	of Unknown Full body received
If remains come	(yes-no) Taken from the Rhine river from vehicle, plane, etc:
serial	number, organization or symbols)
•	Not applicable
2.00	(names of other deceased and positions in which found)
<u> </u>	
If a tank, which	hatches were free and available for escape use
	Not applicable
If organization ceased are not k	to which vehicle or plane was assigned or if names of all other de- nown, give detailed information concerning vehicle or plane
di di	Not applicable
(parts of markin Washed asho	gs or symbols). (burned). (pierced by shell fire - where) re from the Rhine river in the vicinity of Hockenheim, Gere
(found in town,	field, by road, etc.) . (damaged by mine explosion) Not applicable
(names of men w	ho escaped) (description of other vehicles or planes in same area)
	None found, body was naked
*	(Indicate exact pocket or part of body
where found)	
-	
<u> </u>	

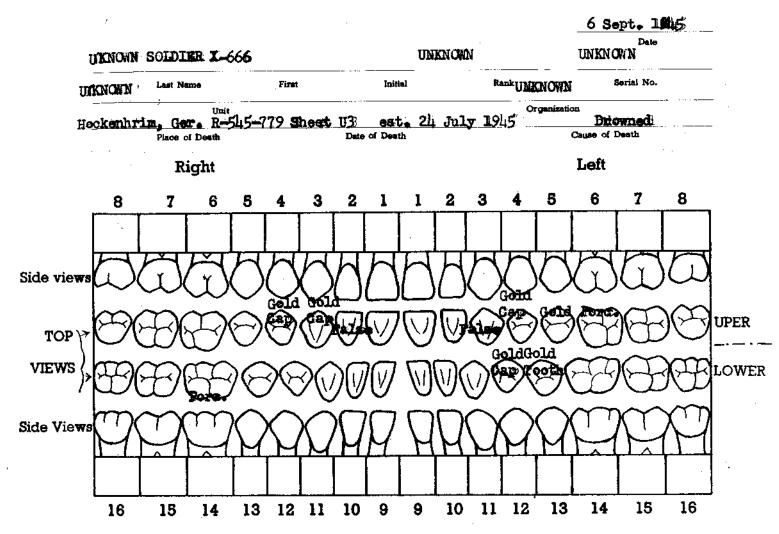
<u>Pescription of clothing and equipment</u>: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
Headgear	<b>,</b>			NO CLOTHING FOUND ON
(type)			<del> </del> -	
Raincoat				DECEASED. BELOW ARE ESTIMAT CLOTHING SIZES
Overcoat				
Macket, Field	<u> </u>		1	
Jacket. Combat	I ns.			
ackinaw				<b>\$</b>
Sweater				
Jacket, HBT				
hirt, Wool OD		14-30		No shirt found
Indershirt, Wool			<u> </u>	
Indershirt, Cotton				
rousers, HBT				
rousers. Wool OD		34-30		None found
Belt. Web				
rawers, Wool				
Prawers, Cotton				
eggings	<del></del>			(note unusual lacing)
Wool ocks Cotton	4 - 1			
hoes(type)	***	6½ or 7 D		No shoes found.
vershoes		4		
eb quipment (type)				
other item)		* *		
other item)	e e e e e e e e e e e e e e e e e e e			Advisor Commence of the Commen
II body is mude, sizes of nevrous or	of these item None	s should b	e compute	d by measuring the remains.
nsignia (type & locati ascription of Remains:	<del></del>	acket, coa	t, helmet	Shoulder Fatch Kone
e UNK Height	Weight 1901	os Descript	ion of wo	unds Drowned
(years) (ft-in)	(lbs	)		والوال المعجوب والمعجوب

Bandages or dressings None	Scars Post Mortom scars
paimages of dressings	(lengen, width, location)
Tattoos_ Nor	ie ~
Outstanding moles, warts or birthmarks	umber, location - illustrate on sep. page) None
•	(yes-no) (description, location)
Sunburn or tan, other than hands and f	ace Unable to determine
Tobacco stain on fingers or teeth No. 3	SKIII ON LINGSID, 10001 W.
ANNASTE TO DE MENTINE	signate where; extent) Build Large
(light, med, dark, clear, pin Muscaiar	ples; pocks, freckles) (large, fat, thin,
muscular) Hair Brown, straight	Andrea same to a series super
(color, length, quantity, curly, w	avy, straight, whorls, or definite parting,
baldness, widows peak, distinctive	e cutting on other characteristics)
	he Beard or goatee None
Sideburns Mustac (color, setting, shape)	(color, size, shape) (length,
(coror, peoprify purpe)	****
heavy, light, color, extent)	
Eyes Missing Eyebro	Missing Missing
(color, setting, shape)	(color, bushiness, extend across nose) K
Nose Smashed Ears	Missing
(size, shape, straight)	(Size, set close to or far from head)
Forehead Crushed Mouth	Crushed Lips Crushed
(high, wide, wrinkled) (le	arge, medium, small) (small, large, full)
See attached tooth chart	
Teeth (white size uneveness speci)	ng, noticeable crowns, fillings, extractions)
(will be, blue, microfices, spans	Normal
Chin Appears to have a double chin	Cheekbones Normal (high, normal)
(prominent, receding, pointed,	104 inches
Jaw Normal Circumference	ce of head in inches 192 inches (hat band)
(large, small, normal)	Broad
Neck Short, est 14 inches	larynx Normal Shoulders Broad (broad,
(size, long, short, normal, wrink	led) (prominent, normal) (bload,
Rounded Arms Muscu	lar, inseam est. 22" neck to wrist 30"
stroight small rounded) (lengt)	h) (muscular, color, extent & quantity of mair)
, Skin is gone wrists 6 3/4 **	ds Normal
(vaccination scar, size of wrists)	ds Normal (large, small, normal, calloused noticeably)
None all of the skin is	missing from the hands.
(marks on fingers indicating that rin	
VIII.	A STATE OF THE STA
	and some factories and the same same same same same same same sam

	size of knuckles) (missing fingers or joints)
ker og de kere en	Missing
No. 4 and the second second	(unusual characteristics of fingernails)
hest Normal chest est. 36 inc	he <i>s</i>
(size at nipples; color, quan	ntity & extent of hair; large, small, normal)
ack Unable to determine Wais	est. 34 Most of skin is gone, no hair
(quantity and extent of hair)	(size at navel, appendectomy, amount & color of
able Circumcized Unknown Pubic hair	
pair) (yes-no)	(color) (yes-no) (location)
egs 30 inches Normal Misc	cular
O	bowed, normal) (quantity, color & extent of hai
the same of the second programmer and the same of the	ToesStraight, normal
(size; corns; callouses; flat)	(slender, straight, crooked, overlap)
widence of healed fractures None	
· <del></del>	(nose, arms, legs, etc.)
lack out parts of body not eccived at cemetery:	Mp.
scelved at come tory:	
The second secon	
	The second secon
( == 0)	The state of the s
	And the second s
Part of	
Orro photographs have a little and a little	ed No If not Vernicin Not warranted
	edIf not, explainNot warranted
are probabilish been made and attach	(ves-no)
10 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·	(yes-no) # 1 No If not, explain Flesh gone from fing
ave fingerprints been placed on GRS	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no)
ave fingerprints been placed on GRS ; as tooth chart been prepared? Tes (yes-no)	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
ave fingerprints been placed on GRS ; as tooth chart been prepared? Tes (yes-no)	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
ave fingerprints been placed on GRS ; as tooth chart been prepared? Tes (yes-no)	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
ave fingerprints been placed on GRS ; as tooth chart been prepared? Tes (yes-no)	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
ave fingerprints been placed on GRS ; as tooth chart been prepared? Tes (yes-no)	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
ave fingerprints been placed on GRS and tooth chart been prepared? Tes (yes-no)	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
ave fingerprints been placed on GRS ; as tooth chart been prepared? Tes (yes-no)	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
ave fingerprints been placed on GRS ; as tooth chart been prepared?  Yes-no emarks:	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
ave fingerprints been placed on GRS ; as tooth chart been prepared? Tes (yes-no)	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain
emarks:	(yes-no) # 1 No If not, explain Flesh gone from fing (yes-no) If not, explain

#### TOOTH CHART



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.

# 4 upper Rt. - False gold tooth # 3 upper Rt. - in but has a gold cap.

Signature of Officer or other person who prepared Tooth chart

Sgt. R. P. Zaciek, 18th CM GR Co.

GERAID L. HORNER, 1st Lt., CMC, 610th CM GR Co.

MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:	MAMARA
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:	Gold crown y chorcelais crown
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	Gold bridge
FILLINGS Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:	Gold filling, Silver filling
CARIES (CAVITIES) Outline location and size of cavity, shade in thus:	Cavity Decayed Son

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

Crised 1 Sept. 1941)	多 とう ひ ひ こうしょりん	HORTINO FOR AND	The first of the contract of t	ox a T	6 Sept. 1945	
UNKNOWN SOLDI		its, Take Those Yo	leinikanand ingerpra	qmoə UN	KNOWN	en e
UNKNOWN	Fir	atial			Serial No.	1
a contract the contract of the		St. Number of Rills Luwerteglasses 27			owned	
Place of De	My Canball	Properties and A	Color of Event Land	775 Q	wase of Death	-
Time and Date of Buria					Q-260-584 %	4
235	oelow locaical	steers to small chart, ogget take a tooth chart, he chart below. In space	sible, have medical personel present for	ross <del>ad</del> rodyj) O	ross	COMMISSION
Grave Number	Pow Hammer "512	atts, moies, detormines,	escribe eny scars, britte	and di		***************************************
		d with body Yes [] N		arker Ye	*LI No KJ	- C
How were rema	ins identified X	de Heverse) as as	omased takan ir	om the	Rhine River	
	niskin		c. of Hockenhei	m, Ger	•	F. C.
			• Sintul no		tem or a mention communication (see that the mention of the contrast, the company of the communication of the comm	***************************************
What means of	edquenosodq dentification were	ses found and the book soud soud	below any identifying ch	Note		TIME OF THE STATE
GRS Form	l in buria	l bottle for se	The second secon			
	I need bes	(raves 1885.00.	. om gomerser. Montdillent vi			
To determine Right		eceased's Right and			<ul> <li>Controller or Contract or Controller or Contr</li></ul>	
Who is buried on:	CAULK	35829713	* Lained mo'l		234	
Deceased's Right:	Name	Serial No.	Rank Or	gunization	Guerre No.	<b>†</b>
Deceased's Left :	AFILAFAY Name	31308873 Serial No.	Rank	1	236	1
•		04-04-135830261,	All the contract of the first term of the contract of the cont	ganization De	Grave No.	
Signature at Arabe, Ranki	iid il h <b>andkle Ogwin</b> eli	e of house banding story Date	piece offer than officer reporting	recal.	The state of the s	<u> </u>
		space needed attac attention to make a state	970111 ation in not affixed f	ll in belo		
			Unknown	,i	0 0	
0		Emergency Addre	·····	Nume	Mary Company of the Assessment Company of the Compa	6
				9	Secretary Secret	5
		)	Address	į.		Ô
		Religion	Unknown	8 8		
List only Personal E	Effects Found o	on Body and dispositi	on of same : No	d shamabiqsi	distance operations to the best of the second operation and the second	(Careconomics
				Care.		
					45 45	
						<i>1</i> 2.
			Officer			N.
				SECTION SECTION	24 TM	8 7365
		<del></del>	Signature of Offices or other po	son reportant	bujis I	000
			GIHO	heur	#3 93	10
			Ventical by G. R. S.	Officer ()	-1	-
			NER, 1st It.,	~ 45	es   ee	

			in the state of th		ONIDEND	A Section of Continues	a menical management
	\$ <b></b>				th Hands: If the		6 1 Sept. 1943)
	7110	.[]( <b>]</b> () <b>c</b> c	mplete set of	f Fingerprin	ts, Take Those	You Can, and	
	. eA biast	fil	l in the follow	wing:	Fig.	Anna Anna Anna Anna Anna Anna Anna Anna	Agrical Constitution of the Constitution of th
			Height:	90 lbs e	t Laundry Mark	rs:	
	ACC Alberta	WORL	Color of F	yes. Vidi	Wear Glasses		Skenkeim, Co
د د	1880 <b>-</b> 089-		Color of t	lair Brown	Tooth Char	t Attached? Ye	1 75
	enisod komin 28	ordo (If	possible, have	medical perso	onel take a tooth chi	art, if no medical	Time and Date of Barial
		en pe	rsonnei present. d describe any :	scars, birther	chart below.) In spa with, moles, deformiti	ice below, locate, ics, etc. redant wall	C.C.
	CON C	) es Y 😁	inched to Mark	No QUA	TiesY vised in	on Tage: Builed w	seition of Identificati
N	化电子多元素 化二氯化合金		Tooth c	hart tak	an and attach	ad ata	
	THE WARRANT	. P. W 3	ocicentato	nformatia	n could be o	b <b>tained</b> imessi s	ilow were remain
			ringerp on hand:	rints îm s.	ossible due	to no skin	
- 11 1. <del>- 1</del> 1 1.1.		pro	obable organizat	lentifying clue tion of decens	s found, such as lette	sta, photographe, id staw norteadingel	What means of c
Э'n.					it Med. Tab.		arios anos
			by the	18th om c	raves Reg. Co	a. and then	
			sent to	the U.S.	Mil.Com.Št.	wold, France	determine Right
∃ .	234		for bur	LaL.	8.6829713		
.5¥.	ersel.	socite:	ament of	Rank	Security 25	Name	ceased's Sight:
	OES mad				1300073	Manua .	
			imud Jai bor i	amaji e ( <b></b> 054	Sensi Ne.	2500	censed's Left:
		CHAR1		If this 'Locatio	ls an Isolated B A, orionted with	urial, make a : Permanent L	Sketch of the
	w   w	~~ii		more s	pace needed att	ach separate s	heet.
	*15	Ö.				1	N
	9 9		Avocciosis	***************************************	Energency Ade		
<del></del>	w   w	fillings al teet					0
	****		enikA			<b>/</b>	
	m m	by artific	Two acount				
	n n	ing natural teeth by X; crowns by O; filling anchor teeth; replacements by artificial tee		ewer the control of t	Religios	Accounted a second second (COS BOOK) (SECOND SECOND	enne: 2440(11)(11)(11)(11)(12)(12)(12)(12)(12)(12)
1, 14,		: cro		me <b>e to n</b> oisi	Body and dispos	Hects Found on	st only Personal E
		la cer					
	0 0	reth l					
· · ·	m m	ral te reth;					
••	7 7	sing natural teeth by X; crowns anchor teeth; replacements by					
	2 2	anch anch					
** **.	I Jadu		0.50 <b>1</b> 10.00 20 <b>1</b> 20.00	le conscal			
· · · · · ·	9 9	••					
	0 0	<b>4.9</b>	271/25	The Court of the Court of	er in the growing that have been abled	医乳腺管 化氯基甲酚 医阴道病	
	8 8	by Clink			Ser amana ang mananana ang ang ang ang ang ang ang ang		e e e e e e e e e e e e e e e e e e e