

7887 GRAVES DETACHMENT

APD 757

243 unk St. Avold X-6957

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-6957 St Avold

(POC) ST AVOLD

*File
Eflora
De Br
21 Feb 51*

REPORT OF INVESTIGATION

AREA SEARCH

REINTERRED
U. S. MIL. CEM. ST-ABOLD
PLOT II ROW 9 GRAVE 107

AGRC Form # 10 (Revised)

1 January 1946.

g. P. 107

22th July 1946

Date

NAME Unknown X-6957 RANK Unk. ASN Unknown

ORGANIZATION Ground Forces (armored)

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?
If so, state the following information: **NO**

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 _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

Unknown

(Use reverse side for listing of crew members from MACR)

a. Date of above burials N.A. Common Graves? _____

X

5. Name and Type of Cemetery N.A.
(Military or Civilian)
6. Map Coordinates of the Cemetery
a. Town _____ Country _____
7. Give exact location in cemetery of the remains. N.A.
a. Section _____ Row _____ Grave _____
b. Is Sketch attached? _____
8. If remains are not located in a cemetery, give exact location.
a. Town _____ Coordinates _____
b. Is sketch attached? _____
c. Is area mined? _____
9. How is the grave marked? _____
10. If grave is marked with cross, give exact markings thereon _____
a. From what source was this information obtained? _____
(Identification tags, personal effects)
b. By Whom _____
11. Where are the cemetery records? _____
(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? Est. January 17th, 1945
attached statement from civilian
13. What is the cause of death? destroyed by enemy tank
attached statement from civilian
Where is the site of burial? N.A.
Give _____



15. Where was the place of death? 3 Km south of Herrlisheim, France Coords R 11-14
 Give basis _____
16. Where were the remains found? see above Coords _____
 a. By Whom? attached statement from civilian
 b. Is sketch attached? yes
17. Was a casket used? N.A. Who furnished the casket? _____
 Type of casket _____ How marked? _____
18. Who made the burial _____
 (Civilian, American Mil. or German Mil.)
 a. What are the names and addresses? _____

 b. Are certificates and statements attached? _____

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? _____
 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? VEIS/1811
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).
 a. Type of Plane _____
 b. Markings and/or name on plane _____
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? _____ Anti-aircraft _____
 Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____
26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased? _____
28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night? Day?)
30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

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? yes
- a. Give specific position in tank from which deceased was removed. _____
It was removed from front side
(Radio man, driver, assistant driver or ... front, side, or back)
- b. Near wreckage? front side, track top of the tank and also inside part of the tank.
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank Sherman
- b. Markings and/or name of tank *? 81.59 Due to disablement the first three serial No. are unknown.
- c. Numbers on motors, machine guns, ammunition, instruments, etc Unknown
33. What was the type of enemy action that resulted in the tank's disablement? _____
Unknown
34. Did tank explode? No Burn? Yes

35. Number of tanks in immediate vicinity at time of disablement Eight (8)
36. Does specific time and date of disablement correspond with date of death of above named deceased? Yes
37. Precise time and date of destruction of tank Est. January 17th 1945
(Night? Day?)
38. Did any of the crew members escape? Unknown Prisoners? Unknown

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 _____
- a. Were identification tags found at the time of death? NO
- Where? _____ By Whom? _____
- Present disposition _____
- 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? NO
- Where? _____ By Whom? _____
- Present disposition _____

c. Was deceased identified by living members of the crew at the time of death? _____

Unknown

d. Did Cemetery register or cross indicate the immunization shot? _____

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? **burnt**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?

(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 _____

none

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?

no

51. Was investigation preceded by advanced publicity? unknown

(If special investigation, give case number)

52. Give Brief Narrative According to my knowledge the American tank was overpowered by enemy tank, and has been greatly disabled.

(Use attached sheets, if necessary)

Signature of Interpreter

Rank ASN

Organization

Shukei Sugawara
Shukei Sugawara
Signature of Investigator

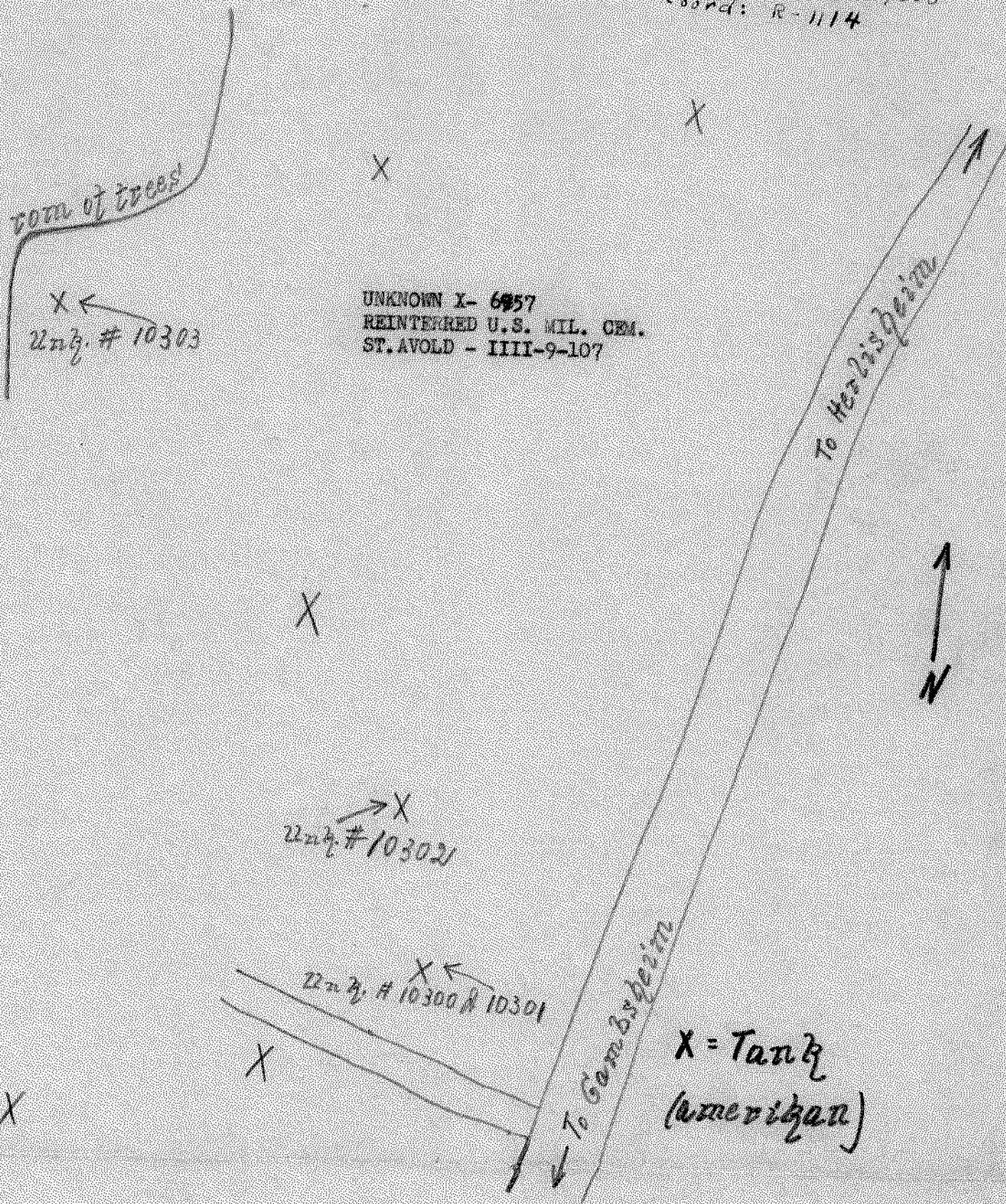
Pvt. 30117563
Rank ASN

535th QM. Grp.
Organization

Sketch

Tank battle in field about 3 kilometers south
of burgemeisters office in Herlisheim, France.

Sheet X-49 1:250,000
Coord: R-1114



IDENTIFICATION CHECK LIST

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

E.D. 790

Unknown X 6957
 Cemetery ST. AVOLD
 Plot HI Row 9 Grave 107

DATE PROCESSED 9 JULY 1948
 1. Arrived at cemetery _____
 (Hour) (Date)

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

3. Remains ^{PROCESSED} recovered or disinterred by MOBILE TEAM #1 CLP
 (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 _____			
X* Trousers, Wool OD _____			

REMNANTS

X

Belt, web NONE

Drawers, wool NONE

X Drawers, cotton REMNANTS

Leggings, wool NONE

Socks, cotton NONE

* Shoes NONE (type)

Overshoes NONE

Web Equipment NONE (type)

X (Other item) WOOL OD BLANKET - REMNANTS.

(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? 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 UTD Scars UTD (Length, width, location)

UTD Tattoos (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion UTD (Light, medium, dark, clear, pimples, poeks, freckles)

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

X 6957

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)

Teeth NONE FOUND _____ (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw _____ (Large, small, normal) Circumference of head in inches FRACTURED _____ (Hat band)

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

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

Hands Missing _____

Fingers Missing _____ (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 UTD _____ (Yes-no) Pubic Hair NONE FOUND _____ (Color)

Hernioplasty _____ (Yes-no; location)

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

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

Evidence of healed fractures NONE FOUND _____ (Nose, arms, legs, etc.)

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

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

If not, explain FINGERS MISSING

8. Has tooth chart been prepared? No (Yes-no) If not, explain None found

9. Remarks REMAINS RECEIVED IN SKELETAL FORM - NO ACCOMPANYING FLESH. CLOTHING FOUND IN DEBRIS - BONE NO MARKINGS. NO TEETH RECOVERED. REPORT OF BURIAL & GRAVE TAG RECEIVED WITH REMAINS. NO HEIGHT ESTIMATE AVAILABLE, AS ALL MAJOR BONES ARE FRACTURED AND/OR MISSING. NO EVIDENCE OF OLD OR HEALED FRACTURES - NO AMPUTATIONS. SKULL DISARTICULATED AND FRACTURED

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.

EXTRA ANATOMICAL PARTS REMOVED AND DESIGNATED CIL # 3355 ST. AVOLD

Processed By: ROBT. MILLER (Officer's Name)

MILLER
DEPASS

USDA CIV. CIT
Rank Service

Clerk - RICE
SCHWADERER (Organization) ASRC

○ ○ ○ ○
SKELETAL CHART

X-6957
ST-AVOLD, CEM
III-9-107

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

9 July 1948.

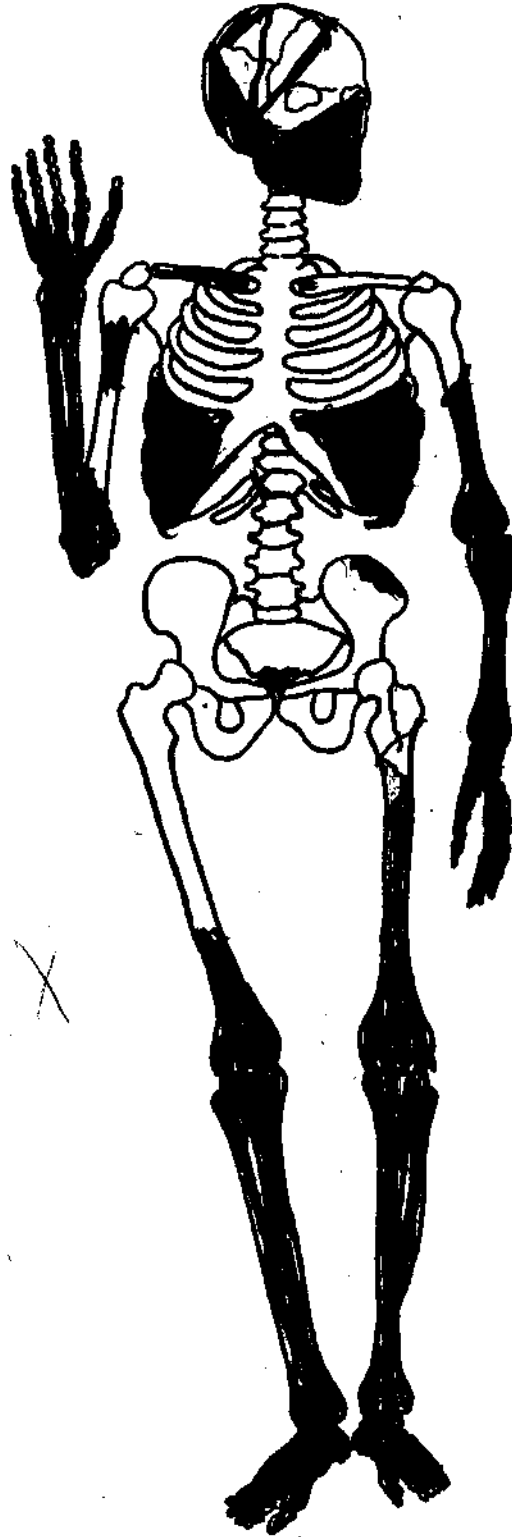


CHART "A"

ALL MAJOR BONES ARE
FRACTURED AND/OR MISSING

1. FILE UNDER NO. 293 - Uak France X-6957 (St Avold)

SYNOPSIS

2. TYPE OF DOCUMENT: TT 3. DATE: 1 Apr 50
4. FROM: CO 7887 Graves Registration Detachment Liege
5. TO: OOMG Washington, D.C.
6. SUBJECT: REFERENCE NO AGRC 619 PLEASE PASS TO MEM. DIV. RE URMSG WCL
42280. FIELD INVESTIGATION HAS BEEN DIRECTED AREZ OF HERRLISHEIM, FRANCE
AT LOCATION WHERE REMAINS OF X-1957, X-6958 AND X-6978 ST AVOLD, IN ATTEMP
TO RECOVER REMAINS OF JEROME J REBHUN, 12221341. RPTO OFFIELD INVESTIGATION
WILL BE FWD UPON COMPLETION. ENC SIGNED BALLARD

MC IN NO 53739

7. DOCUMENT FILED
UNDER NO. 293 - Brown, William E. 32 528 087

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

22 August 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6957, Plot IIII
Row 9, Grave 107, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.
2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 3180, dated 29-10-48.
3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

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

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

Major R. Berger
Major R. BERGER, O-251736

Cap. Jack O. Hayes
Capt. Jack O. HAYES, O-1577297 QMC

Capt. E.F. Price, Jr.
Capt. E.F. PRICE, Jr. O-1588236 QMC

1/Lt. Gaylord E. Lutz
1/Lt. Gaylord E. LUTZ, O-1595665 QMC

Received
Not identifiable
information presently
available

Opal Rice OQMC
5 Sept 49

9. 2. #4261, 2 Aug 49

Incl #7

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 - 6957
interred in Plot III, Row 9, Grave 107, USMC 3 t. AVOID
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Remnants of Trousers, wool OD
Remnants of drawers, cotton
Remnants of wool OD blanket

No teeth recovered.
All major bones are fractured and/or missing.

No evidence of old or healed fractures. No amputations.
Skull disarticulated and fractured.

FOR THE COMMANDING GENERAL :

1 Incl;
Skeletal Chart

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

SKELETAL CHART

9 July, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



X - 6957
USMC St. Avoird
IIII : 9 : 107

All Major Bones are Fractured and/or Missing

1	This Grave formerly occupied by: UNKNOWN X-006326 USMC ST AVOLD, FRANCE Plot A, Row 20, Grave 21 Date reburied: 11 Oct 49		DISINTERMENT DIRECTIVE Date disinterred: 11 Oct 49						
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED E. R. SWART CAPT QMC		DIRECTIVE NUMBER 3574 00000						
NAME		SERIAL NUMBER		RANK		ARM		DATE	
UNKNOWN		X-006957				1		15 01 48 DAY MONTH YEAR	
CEMETERY							DISPOSITION OF REMAINS		
ST AVOLD - METZ							0 3503 80 CODE DIST. PT.		
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH			
41	9	107	FRANCE			6			
SECTION B — CONSIGNEE AND NEXT OF KIN									
NAME AND ADDRESS OF CONSIGNEE					NAME AND ADDRESS OF NEXT OF KIN				
ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)									
SECTION C — DISINTERMENT AND IDENTIFICATION									
NAME		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED	
UNKNOWN X- 006957								23 Jun 48	
IDENTIFICATION TAG ON		ORGANIZATION			RELIGION		IDENTIFICATION VERIFIED BY		
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS		USAGF			Unk		Forrest L Brown, Embalmer NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT									
NATURE OF BURIAL				CONDITION OF REMAINS					
Uniform				All major bones fractured and/or missing except R/&L/ scapula, R/ pelvic and L/clavicle. Disarticulated.					
OTHER MEANS OF IDENTIFICATION									
Report of Burial, 8 Aug 46, X-6957, found with remains									
MINOR DISCREPANCIES									
None									
REMAINS PREPARED AND PLACED IN CASKET									
DATE		BY							
16 Jul 48		Forrest L Brown, Embalmer							
CASKET SEALED BY					EMBALMER (Signature)				
Forrest L Brown, Embalmer					Forrest L Brown				
CASKET BOXED AND MARKED					SIGNATURES VERIFIED BY				
16 Jul 48 Forrest L Brown, Embalmer					All markings, tags and plates verified by:				
DATE BY					Donald H Tackett, 1st Lt QMC				
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.									
Final casketing by Donald H Tackett, 1st Lt QMC, 7857 AGRC Zone 3 Hq									
					SIGNATURE OF GRS INSPECTOR				
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					FILE				
					22 DEC 1949				
					REPATRIATION				
					BRANCH				
					MEM. DIV.				

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X -6957
Cemetery (Q-260584) St Avoird France
Plot **IIII** Row **9** Grave **107**

1. Arrived at cemetery **1430** **6 August 1946**
(hour) (date)
2. Place of death **Herrlisheim, France** **Sheet E-49 Map 1/250,000 R-1118 (4)**
(name of closest town) (coordinates and letter Prefex, maps)
3. Remains recovered or disinterred by **535th QM Group**
(name and organization)
4. Evacuated to Cemetery by **Major Wm. J. Felton HQ. Third Field Command APO, P.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		
	<small>(type)</small>		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
*Shirt, Wool OD	Remnants of (1) One button shirt		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers HBT	None		
*Trousers, Wool OD	Remnants of, green		

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **Remnants of One blanket wool CD**

(Other item) **None**

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

6. Chevrons or Insignia **None**

(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **None**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

UTD

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**
(length, width, location)

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

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

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD**
(light, med. dark, clear, pimples, poeks, freckles)

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

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

X-6957

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 **No head** (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) aist **UTD** (size of navel, appendectomy, amount)

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

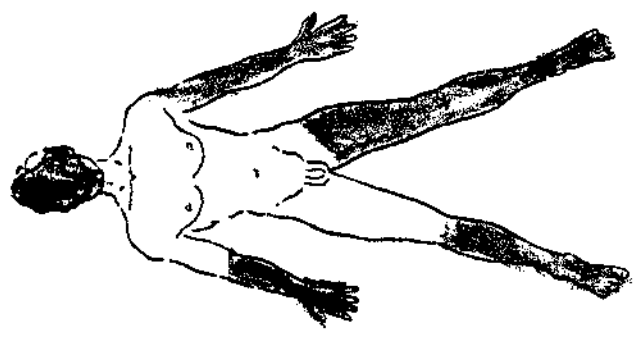
Hernioplasty **UTD** (yes-no; location)

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

Feet WTD (size, corns, calluses, flat) Toes WTD (slender, straight, crooked, overlap)

Evidence of healed fractures WTD (neck, 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 No Fingers

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

12. Remarks : Net. weight of remains about 15 Lbs. All bones recovered except as shown on diagram. In final stage of decomposition.

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.


^(HW)
Mr. J. Pelton
Officer's Name

Mr. J. Pelton
Major **Q.M.C.**
Rank Service






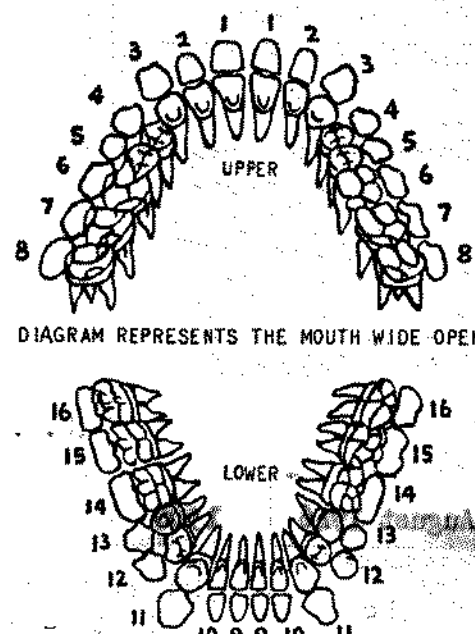










3d. Third Field Command A.G.R.C.
Organization

RESTRICTED

Case # 10303

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 8 August 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p style="text-align: center;">Unknown X-6957</p>				SERIAL No. <p style="text-align: center;">Unknown</p>	
GRADE <p style="text-align: center;">Unknown</p>		ORGANIZATION <p style="text-align: center;">Unknown</p>		BRANCH OF SERVICE <p style="text-align: center;">Ground Forces (Armored)</p>			
RACE <p style="text-align: center;">Unknown</p>		RELIGION <p style="text-align: center;">Unknown</p>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <p style="text-align: center;">Herrlesheim, France R-1114</p>		CAUSE OF DEATH <p style="text-align: center;">Tank Battle</p>			DATE OF DEATH <p style="text-align: center;">Est. Jan. 17. 1945</p>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p style="text-align: center;">Unknown</p>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center;">None</p>		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) <p style="text-align: center;">Yes</p>		<p style="text-align: center;">None</p>					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;">None</p>							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p style="text-align: center;">U.S. Military Cemetery (Q-26058) St. A, France</p>							
DATE OF BURIAL <p style="text-align: center;">8 August 1946</p>	HOUR <p style="text-align: center;">1500</p>	BURIED IN (Shroud, blanket, or name of other) <p style="text-align: center;">Casket</p>	TYPE OF GRAVE MARKER <p style="text-align: center;">Temp. Wooden Cross</p>	ROW No. <p style="text-align: center;">9</p>	GRAVE No. <p style="text-align: center;">107</p>	GRAVE No. <p style="text-align: center;">107</p>	
WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center;">No</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY. AND LOCATION OF GRAVE <p style="text-align: center;">3km South of Herrlesheim, France Sheet K-49 Map 1/250,000 R-1114</p>						
TYPE OF RELIGIOUS CEREMONY <p style="text-align: center;">General Service</p>	PERSON CONDUCTING BURIAL RITES <p style="text-align: center;">CH. H.A. LEE, 1st Lt.</p>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <p style="text-align: center;">One Copy W.D. Q.M.C. Form 1042 * Report of Interment*Placed in burial bottle and buried with remains.</p>				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p style="text-align: center;">No</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center;">Yes-Embossed Plate</p>						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN X- 6955</p>			RANK <p style="text-align: center;">UNK</p>	SERIAL No. <p style="text-align: center;">UNK</p>	ORGANIZATION <p style="text-align: center;">AAF</p>	GRAVE No. <p style="text-align: center;">106</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center;">TARTE, JOHN W</p>			RANK <p style="text-align: center;">UNK</p>	SERIAL No. <p style="text-align: center;">20402386</p>	ORGANIZATION <p style="text-align: center;">AAF</p>	GRAVE No. <p style="text-align: center;">106</p>	
SIGNATURE OF PERSON PREPARING REPORT <p style="text-align: center;">Dorothea G. Verbeek HQ. Third Field Command A.G.R.C.</p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <p style="text-align: center;">RALPH W. SLEATOR, Major Inf. 3rd Field Command.</p>				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

		Section 3. UNIDENTIFIED REMAINS.										
LEFT LITTLE FINGER		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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">HEIGHT</th> <th style="width:15%;">WEIGHT</th> <th style="width:15%;">COLOR OF EYES</th> <th style="width:15%;">COLOR OF HAIR</th> <th style="width:40%;">BIRTHMARKS, SCARS, OR TATTOOS</th> </tr> <tr> <td align="center">UTD</td> <td align="center">UTD</td> <td align="center">UTD</td> <td align="center">UTD</td> <td align="center">UTD</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	UTD	UTD	UTD	UTD	UTD
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UTD	UTD	UTD	UTD	UTD								
LEFT MIDDLE FINGER		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">WEAPON AND SERIAL No.</th> <th style="width:33%;">LAUNDRY MARKS</th> <th style="width:34%;">WHERE BODY WAS BURIED OR FOUND</th> </tr> <tr> <td align="center">None</td> <td align="center">None</td> <td align="center">Herrlesheim, France</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	None	None	Herrlesheim, France				
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND										
None	None	Herrlesheim, France										
LEFT INDEX FINGER		OTHER IDENTIFICATION CLUES None										
LEFT THUMB		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align:top;"> FILLINGS  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width:50%; vertical-align:top;">  <p>CAVITY DECAVED</p> </td> </tr> <tr> <td style="vertical-align:top;"> MISSING TEETH  <p>TOOTH MISSING</p> </td> </tr> <tr> <td style="vertical-align:top;"> CROWNED TEETH  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td style="vertical-align:top;"> BRIDGE WORK  <p>GOLD BRIDGE</p> </td> </tr> </table>  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	FILLINGS  <p>SILVER FILLING GOLD FILLING</p>	 <p>CAVITY DECAVED</p>	MISSING TEETH  <p>TOOTH MISSING</p>	CROWNED TEETH  <p>PORCELAIN CROWN GOLD CROWN</p>	BRIDGE WORK  <p>GOLD BRIDGE</p>					
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RIGHT THUMB												
RIGHT INDEX FINGER												
RIGHT MIDDLE FINGER		FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY None										
RIGHT RING FINGER		REMARKS: Form 120 Check List of Unknowns, Impossible to get Tooth Chart or Finger prints because of missing portions. Est. weight of remains 15 Lbs.										
RIGHT LITTLE FINGER												