

243 unks St. Avold X-8062 III-Z-20

NOTICE OF DISINTERMENT
(Avis d'Exhumation)

MZ

GRS-GZ Form No 8

Date 17 October 1946

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to U.S. Military Cemetery St. Avold, France (Q-260584) for reburial.

La personne Américaine décédée, ci-dessous indiquée, a été, à cette date, exhumée du lieu indiqué et a été évacuée dans un cimetière américain a _____ pour être re-enterrée.

(Lichtenberg Forest, Section 21
(Reipertviller, France

<u>Unknown X-8062</u>	<u>Unkn</u>	<u>Unkn</u>	<u>(Lichtenberg Forest, Section 21 (Reipertviller, France</u>
(NAME)	(RANK)	(ASN)	(PLACE OF DISINTERMENT)
(NOM)	(GRADE)	(N.M)	(LIEU D'EXHUMATION)

If communal cemetery, show Plot, Row and Grave No, if available.

Si le lieu d'exhumation est un cimetière communal, indiquer l'endroit, le No du chemin et celui de la tombe, s'il y a lieu.

signed/ Harcourt Newman
 (Officer of WCO in charge of
 disinterment)
HARCOURT NEWMAN
2nd Lt., Infantry
 (Organization)
 4444 QM SERV CO.
 THIRD ZONE AGRC

*File
E. J. J. J.
30. 10
27 Oct 51*

FILE WITH

X-8062

1. Attached is a list of all unresolved casualties of the 45th + 103rd Inf Div between Jan 16 and 29, 1945. X-8062, X-8064 and X-8067 + X-8070 are probably men on this list.

TWO identified men listed below were recovered from the same area as the above unknowns:

1. ANDREW B. OWENS.

411 } 411 Inf Regt - KIA 20 JAN 45
412 } 103 Div. ST. AVOLD 0000-5-122
429 }

2. ODIS O. SPENSER

157 } 157th Inf Regt. KIA 21 JAN 45
179 } 45th Div ST AVOLD 0000-5-117
180 }

ACTION: Writing for DSS forms on all men on attached list

Reidier, 31 Jan 47

UNRESOLVED CASUALTIES PT 103 + 45th INF DIV
JAN 16 - 29, '45

RAMZE, JAMES S. PFC. KIA 9 411 INF
Jan. 17, '45, 35079340

REYNOLDS, LOUIS O. PVT. KIA 9 179th Inf. Jan. 18, '45
36418471

LANG, WILLIAM J. PFC. KIA 9 411 Inf 19 Jan '45
12113898

✓ ANDRE, WILLIAM L. Pfc. KIA 9 179th Inf
Jan. 19, '45 35925915

GERSY, MARTIN G. CPL. KIA 9 179th Inf
19 Jan '45, 36774515

PORPHIR, ALBERT PFC. KIA 9 411 Inf 20 Jan '45
38669940

VAN SCHAICK, JOHN Pfc MIA 9 411 Inf Jan. 20, '45
31358378

✓ ALLSBROOK, CHARLES H. S/SGT. KIA 9 411 Inf
20 Jan. '45 34465795

ALTERGOTT, HENRY S/SGT. KIA 9
411 Inf Jan. 20, '45 36715962

~~OWENS, ANDREW B. Pfc 9 411 Inf Jan 20, '45
38684915~~

BOWEN, SANFORD Pfc PDD 157 Inf
Jan 20, 45, 3530 8473

SMITH, LOWELL D. Pfc, KIA 9 157 Inf Jan 21, 45
36984783

LEWIS, RALPH E. CPL, MIA 9 157 Inf Jan 21, 45
38349849

WALLACE, ALBERT J., Pfc, KIA 9 157 Inf Jan 21, 45
37784109

ADAMS, LEONARD E. Pfc KIA 9 157 Inf Jan 21, 45
35899388

CHAPMAN, HOWARD, Pfc, MIA 9 157 Inf Jan 21, 45
35839226

HOFMAN, DONALD, Pfc, KIA 9 157 Inf Jan 21, 45
36463467

BROOKS, KENNETH A. Pfc, KIA 9 410 Inf Jan 10, 45
42144608

AIRMAIL

ORIG 293
GND European

1st Ind.

SUBJECT: Unidentifiable Remains
Transmittal Letter #4141

Department of the Army, GPO, Washington 25, D. C., 13 October 1949

TO: Commanding General, American Graves Registration Command,
European Area, APO 58, c/o Postmaster, New York, New York

1. Reference is made to basic communication.
2. Subject cases have been accepted by this Office and approved as Unidentifiable.

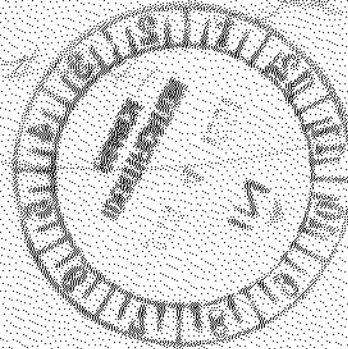
FOR THE QUARTERMASTER GENERAL:

Incls w/c

T. H. MEYER
Lt. Colonel, GPO
Memorial Division

3146 Post Europe
H. Meyer

Rice/14
For
MB



MB
TIC

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

20 JUL 1949

(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 8062, Plot 0000
Row 5, Grave 119, USMC Saint-Avoid, 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. 3098, dated 29 November 1946

3. Remarks:

T.P. # 4141, 20 July 49
Received
Not identifiable from OQMG
information presently
10 @ 79

Case reviewed by undersigned Members of the Board of Review:


Col. H.P. HENRY, O-12589

QMC

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

QMC


Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC


1/Lt. Edward E. STOUT, O-1594512

CE

Incl # 8

This Grave formerly occupied by: UNKNOWN 06462
 USMC ST AVOLD, FRANCE
 Plot 7, Row 10, Grave 24
 Date reburied: 29 July 49
DISINTERMENT DIRECTIVE
 Date disinterred: 29 July 49

SECTION A - **FRANK B CALLAGHAN**
 NAME AND BURIAL LOCATION OF DECEASED: Lt FA
 DIRECTIVE NUMBER: **3574 00000**
 DATE: **15 01 48**
 DAY MONTH YEAR

NAME: **79 3-16-48 [Signature]** UNKNOWNX-008062
 SERIAL NUMBER: [Signature]
 RANK: [Signature]
 CEMETERY: **ST AVOLD - METZ**
 DATE OF DEATH: DAY MONTH YEAR
3503 80
 CODE DIST. PT.
 CAUSE OF DEATH: **6**

SECTION B - CONSIGNEE AND NEXT OF KIN
 NAME AND ADDRESS OF CONSIGNEE: **ST. AVOLD, FRANCE**
 (BY ADMINISTRATIVE ORDER)
 NAME AND ADDRESS OF NEXT OF KIN:

SECTION C - DISINTERMENT AND IDENTIFICATION
 NAME: **UNKNOWN X-008062**
 SERIAL NUMBER:
 RANK: **Unk**
 DATE OF DEATH: **Est Sept 44 & Jan 45**
 DATE DISINTERRED: **17 Mar 48**
 IDENTIFICATION TAG ON: MARKER **GRS**
 ORGANIZATION: **USAGF**
 RELIGION: **Unk**
 IDENTIFICATION VERIFIED BY: **Forrest L. Brown, Embalmer**
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
 NATURE OF BURIAL: **Ground Forces uniform**
 CONDITION OF REMAINS: **disarticulated. Left Ulna, & Radius missing. Right Tibia & Fibula missing.**

OTHER MEANS OF IDENTIFICATION
Marking B-0952 on bottom of canteen cover in Personal Effects Bag.

MINOR DISCREPANCIES I
None

REMAINS PREPARED AND PLACED IN CASKET
 DATE: **26 Mar 48** BY: **Forrest L. Brown, Embalmer**

CASKET SEALED BY: **Forrest L. Brown, Embalmer**
 EMBALMER (Signature): [Signature]

CASKET BOXED AND MARKED
 DATE: **26 Mar 48** BY: **Forrest L. Brown, Embalmer**
 Signature: **Marshall C. Dickinson, 1st Lt FA**

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

SIGNATURE OF GRS INSPECTOR: **Marshall C. Dickinson, 1st Lt FA, 337 [Signature]**

1. Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
 RECORDS ANNOTATED
 DATE: **25 Aug 49**
 NAME: [Signature]

TOOTH CHART

29 October 1946
Date

Unknown X-8062

Unkn

Unkn

Last Name: Unknown
First: Unknown

Last: Unkn
First: AGF

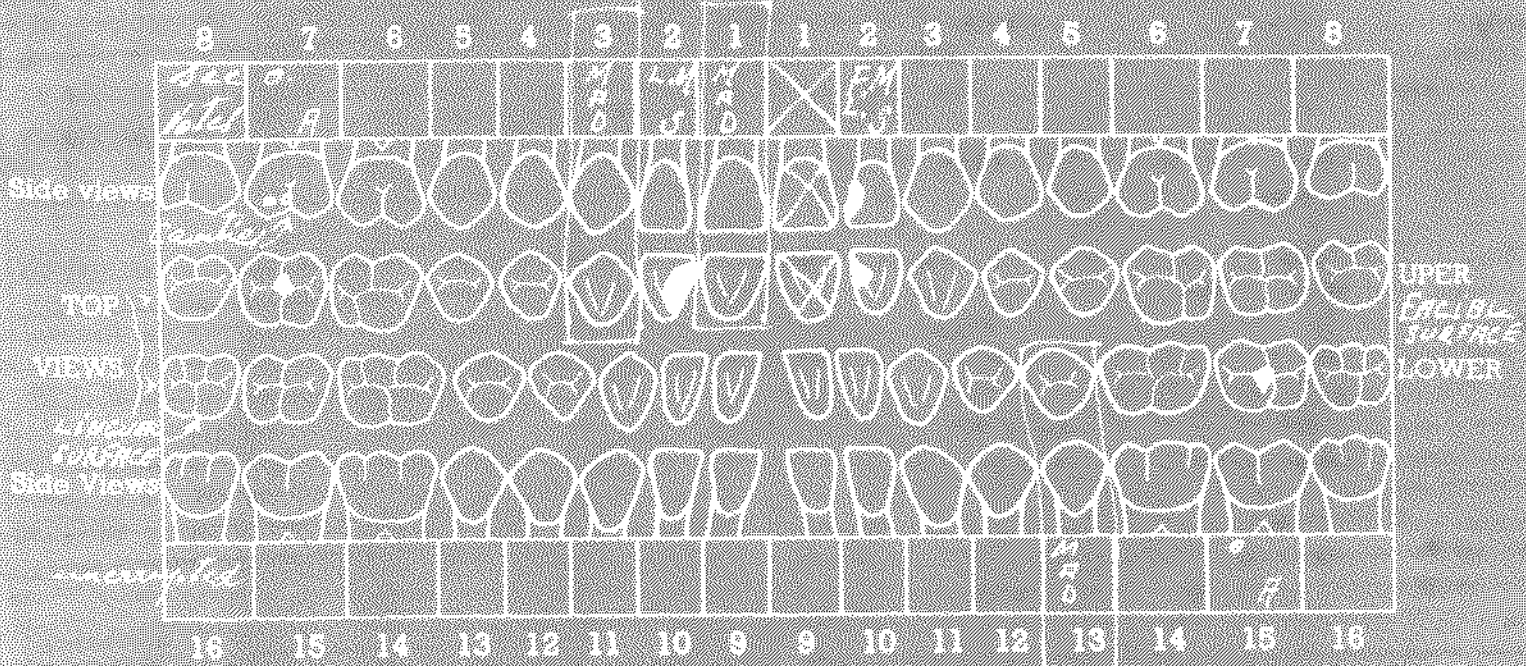
Social No.

Lichtenberg Forest, Section 21, Est: Sept 1944
Reipertville, France Date of Death: 07 Jan. 1945

Organization: Killed in action
Cause of Death:

Right

Left



SEE REMARKS

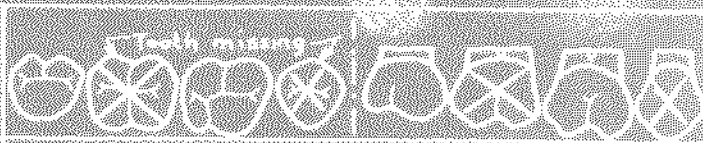
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Dorinda R. Steele B-211403
Signature of Officer or other person who prepared tooth chart

Elsworth D. MacIntyre
Verified by C. R. & E. Officer

ELLSWORTH D. MACINTYRE
Captain, C.M.C. C.I.P.

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



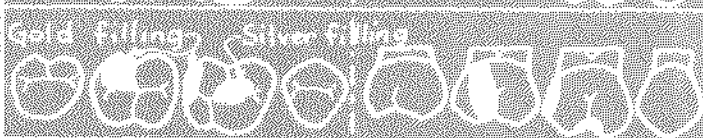
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



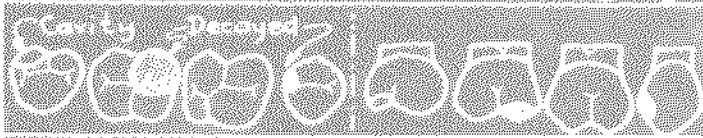
BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

Unerupted in life: RL6, LL6

Missing after death: LL1, RL, R3

Missing before death: LL

R8 possibly unerupted in life

L8 partially erupted in life

R10 offset lingually 3 mm

Well aligned

Average sized teeth

Bleached white

81

CHECK LIST OF UNKNOWNNS

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

Unknown X-8062
Cemetery St. Avold, France
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death Lichtenberg Forest, Section 21, Reipertviller, France
(name of closest town) (coordinates and letter Prefex, maps)
K-49 Q-84
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 4444 QM Co (AC)
(name and organization)
4. Evacuated to Cemetery by Central Identification Point
(name and organization)
5. Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).

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

Item	
*Headgear	<u>Helmet Liner Marking W2920</u> (type)
Raincoat	<u>None</u>
Overcoat	<u>Remnants of</u>
Jacket, Field	<u>None</u>
Jacket, Combat	<u>None</u>
Mackinaw	<u>None</u>
Sweater	<u>Remnants of</u>
Jacket, HBT	<u>None</u>
*Shirt, Wool OD	<u>Remnants of</u>
Undershirt, Wool	<u>two (2) remnants of</u>
Undershirt, Cotton	<u>None</u>
Trousers HBT	<u>None</u>
*Trousers, Wool OD	<u>remnants of 2 pair</u>

Belt, Web **remnants of**

Drawers, Wool **remnants of 2 pair**

Drawers, Cotton **None**

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

Socks, Cotton **None**

*Shoes **None** (type)

Overshoes **Shoepac liner**

Web Equipment. (Type) **canteen cover W-2920"BAR" cartridge belt and canteen cover**

(Other item) **Remnants of leather palmed gloves.**

(Other item) **Remnants of one new Testament**

*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.

Ground Forces

8. Description of Remains :

Age **UTD** Height **EST: 5'8 1/2"** 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 **Brown**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

Sideburns **UTD** (color, setting, shape) Mustache **UTD** (color, size, shape) Board 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 **SEE TOOTH CHART** (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 **20 1/2** (hat band)

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

Shoulders **UTD** (broad, straight, small, rounded) Arms **UTD** (length, muscular, color)

(extent and quantity of hair)

Hands **UTD**

Fingers **UTD** (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

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

(quantity & color of hair) Circumcision **UTD** (yes-no) Pubic hair **NONE** (color)

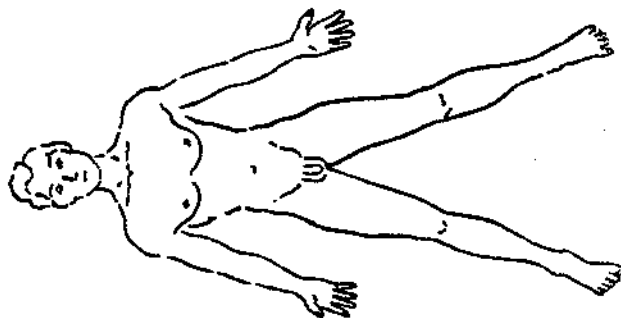
Hernioplasty **UTD** (yes-no; location)

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

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

Evidence of healed fractures NONE (nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Interment no (yes-no)

If not, explain decomposed

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

12. Remarks : **Remains recovered in skeleton form.**

Estimated weight of remains recovered: 15 lbs.

Fluoroscopic examination report: negative

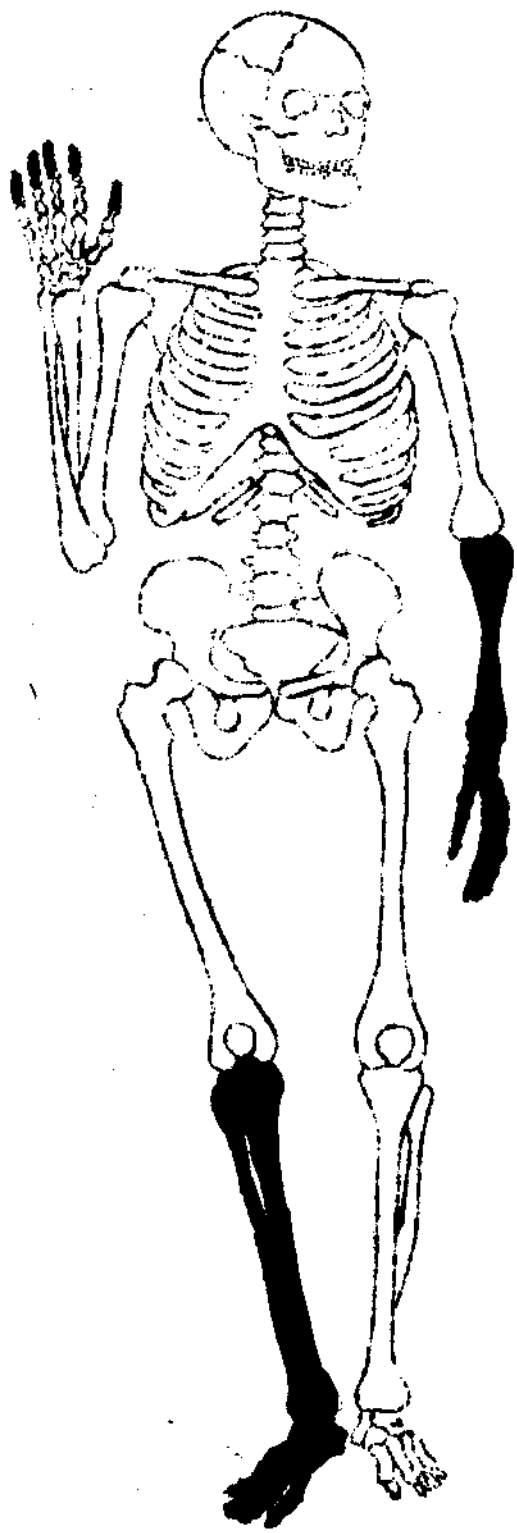
Nothing found to warrant chemical laboratory examination

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.

R G Johnson
R. G. JOHNSON
Officer's Name

2nd Lt., Inf Lab Officer
Rank Service

Central Identification Point
Organisation



REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946

29 October 1946
Date

NAME Unknown X-8062 RANK Unkn ASN Unkn

ORGANIZATION AGF

MEANS OF IDENTIFICATION None

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

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

1. Was positive identity acquired for the deceased through the surface investigation? No. If so, state the following information:

a. NAME not appl. RANK not appl. ASN not appl.

b. ORGANIZATION not appl.

2. Was partial identification established? No. If so state the facts as to whom you believe the deceased to be:

a. NAME not appl. RANK not appl. ASN not appl.

b. ORGANIZATION not appl.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY III Z-17 (pre-

sumed to be ANDREW B. OWENS, III Z-18 (presumed to be ODIS O. SPENCER)
(Use reverse side for listing of crew members from MACR)

III Z-19 (UNK), III Z-21 (UNK)

a. Date of above burials not buried Common Graves? not appl.

ATTN: AGF-10
for use in [unclear]

4. Name and Type of Cemetery not appl.
(Military or Civilian)
5. Map Coordinates of the Cemetery not appl.
a. Town not appl. Country not appl.
6. Give exact location in cemetery of the remains.
a. Section not appl. Row not appl. Grave not appl.
b. Is sketch attached? not appl.
7. If remains are not located in a cemetery, give exact location.
a. Town Reipertsviller, France Coordinates E49, Q84
b. Is sketch attached? Yes
c. Is area mined? Yes
8. How is the grave marked? not appl.
9. If grave is marked with cross, give exact markings thereon.
not appl.
a. From what source was this information obtained?
(Identification tags, personal effects) not appl.
b. By Whom not appl.
10. Where are the cemetery records? not appl.
(Town Hall, Cemetery, burgermeister's office)
a. What information was contained thereon? not appl.
b. Where was the information obtained? not appl.
c. By whom? not appl.
11. What is the date of death? Unknown
a. Give basis not appl.
12. What is the cause of death? Unknown
a. Give basis not appl.
13. What is the date of burial? not buried

- a. Give basis not appl.
14. What was the place of death? Lichtenberg Coords K49, Q84
Forest, Section 21
- a. Give basis Place where unburied remains were found
15. Where were the remains found? Lichtenberg Coords K49, Q 84
forest, section 21
- a. By Whom? Mr. Charles Erwein, 169 Lichtenberg, Bas Rhin, France
- b. Is sketch attached? Yes
16. Was a casket used? not appl. Who furnished the casket? not appl.
 Type of casket not appl. How marked not appl.
17. Who made the burial (not American Mil. or German Mil.)
- a. What are the names and addresses? not appl.
- b. Are certificates and statements attached? not appl.

SECTION B- AIR CORPS DECEASED (To be completed only if Deceased is believed to be member of AAF).

- Not applicable**
18. Were remains found in the plane wreckage? _____
- a. Give location in plane from which bodies were removed
(Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? _____
19. 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: _____
20. How did crash occur? Anti-aircraft
- Enemy Planes? _____ Collision? _____

21. Did plane explode in the air? _____ On ground? _____
22. Did plane burn in the air? _____ On ground? _____
23. What was the direction of the flight? _____
24. What was the civilian opinion regarding destination of plane? _____
25. Had bombs been released prior to the crash? _____
26. Does specific time and date of crash correspond with date of death of above named deceased? _____
27. Number of planes in formation prior to crash _____
28. State precise time and date of plane crash _____
(night? day/)
29. 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).
Not applicable

30. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed.
Radio man, driver, asst. driver or front, side, back.
- b. Near wreckage? _____
31. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc. _____
32. What was the type of enemy action that resulted in the tank's disablement? _____
33. Did tank explode? _____ Burn? _____

34. Number of tanks in immediate vicinity at time of disablement _____

35. Does specific time and date of disablement correspond with date of death of above named deceased? _____

36. Precise time and date of destruction of tank _____
(night? day?)

37. Did any of the crew members escape? _____ Prisoners? _____

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

38. 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 interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? _____

39. 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)

40. Were personal effects recovered by the investigating team _____

No. If not, state reason None found

a. Were identification tags found at the time of death? Unknown

Where? not appl. By whom? not appl.

Present disposition Unknown

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? Unknown

Where? not appl. By whom? not appl.

Present disposition Unknown

- c. Was deceased identified by living members of the crew at the time of death? not appl.
- d. Did Cemetery register or cross indicate the immunization shot? not appl.
41. Was Deceased given first aid? Unk. If so, where? not appl.
By whom? not appl. Are statements from the medical people attached? not appl.
42. Was deceased evacuated to a German civilian hospital? No
Where? not appl. Names of people concerned not appl.
43. Is it possible on surface investigation to obtain from civilian sources a physical description of deceased No
44. Is it possible on surface investigation to obtain from civilian sources the condition of remains? Decapitated
(Burnt? Decapitated? etc)
45. Do facts surrounding death show any evidence that it might be an atrocity case? No
- a. If so, give basis for positive assumption not appl.
- b. If so, has higher headquarters been notified? not appl.
46. Was case previously investigated? No By whom? not appl.
When? not appl.
47. Give full names, addresses, and information obtained from each person interviewed
Mr. Charles Erwein, 169 Lichtenberg, Bas-Rhin, France
48. Are all positive statements regarding identification and particulars surrounding death attached? Yes

49. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes
50. Was investigation preceded by advanced publicity? Yes
(If special investigation, give case number) not appl.
51. Give Brief Narrative See attached narrative

(Use attached sheets if necessary)

A. Tonnelier.
A. Tonnelier
Signature of Interpreter

Jack Diens
J. Diens
Signature of Investigator

Ind. Civ.
Rank ASN

C.A.F. 2 A-442430
Rank ASN

4444 QM Service Co (AC)
Organization

4444 QM Service Co (AC)
Organization


October 17, 1946.

STATEMENT of Mr. ERWEIN Charles, No. 169 at
LICHTENBERG, Bas-Rhin.

While demining in the month of May 1946, I found
5 bodies of American soldiers in Section 21 of the
Lichtenberg forest. These are the five bodies which
were removed to-day by the disinterring team of the
4444 QM Ser Co AGRC.

/s/ Erwein.

CERTIFIED A TRUE TRANSLATION:


GERDA C. PRUYS
WD Dutch Civ.
Translator

N A R R A T I V E

The five remains covered by this case were discovered by Mr. CHARLES ERWEIN at Lichtenberg while parts of the Lichtenberg forest were being demined near the town of Reipertsweller. The case was first mentioned in connection with U.S. deceased III Z - 18 who was found in the same woods.

All five bodies were found in an area of about 35 by 20 feet as enclosed sketch shows. As none of them were buried, this must have been the very spot where they were killed in action. Upon investigation two of the five remains were identified by identification tags on the body as respectively ANDREW B. OWENS and ODIS O. SPENCER. They were removed from the forest on the same day as the other three and evacuated to Strasbourg under evacuation numbers III Z - 19, III Z - 20, and III Z - 21. On the body of deceased III Z - 21 a wallet was found, however the papers in it were illegible, the wallet was left on the body and shipped to Strasbourg.

Lichtenberg
Forest

3 kms

III-Z-21

III-Z-17

II-Z-18

100 Yds.

II-Z-20

II-Z-19

FOREST

Forest

REIPEITSWILLER

3 kms

ROAD

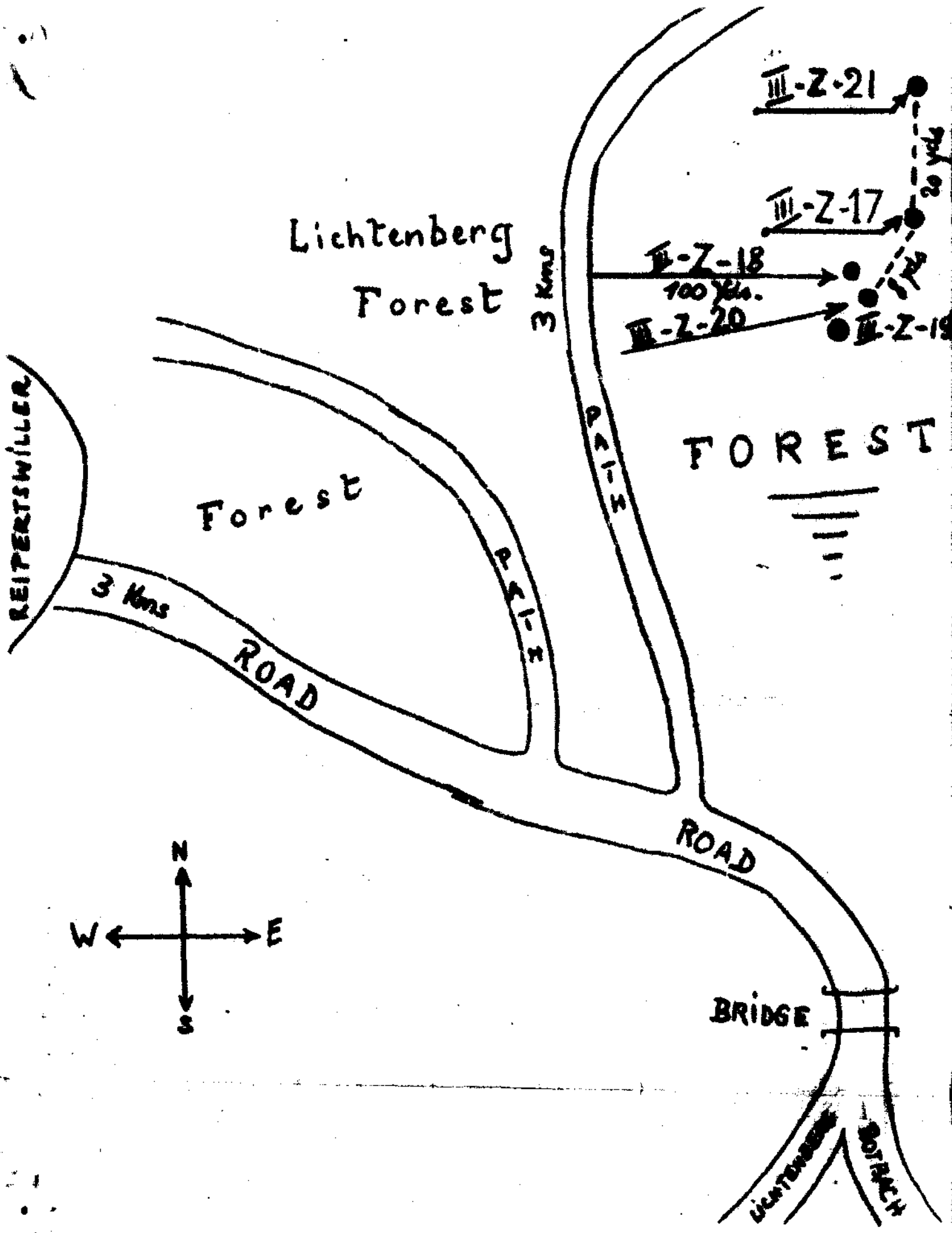
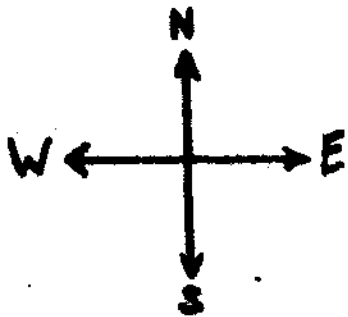
P. 11-12

ROAD

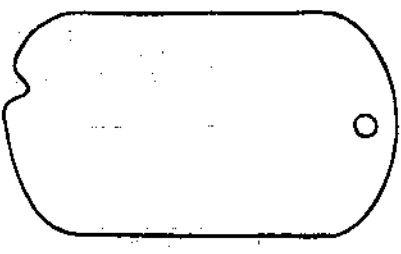
BRIDGE

LICHTENBERG

BOFACH

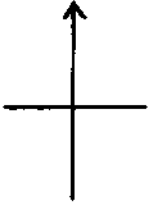


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QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 31 October 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) Unknown X-8062		SERIAL NO. Unknown				
GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE AGF			
RACE Unknown	RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Lichtenberg forest, Section 21 Reipertviller, France		CAUSE OF DEATH Killed in action		DATE OF DEATH Est. Sept. 1944 or Jan. 1945		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Military Cemetery at St. Avold, France (Q-260584)						
DATE OF BURIAL 31 October 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) casket	TYPE OF GRAVE MARKER temp wdn cross	PLOT NO. 0000	ROW NO. 5	GRAVE NO. 119
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Lichtenberg Forest, Section 21, Reipert- viller, France K-49 Q-84			PLOT NO.	ROW NO.	GRAVE NO.
TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES Ch. H. M. Trebaol, Capt. Ch. Chas. R. Williams, 1/Lt		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC Form 1042 - Report of Interment - placed in burial bottle - and buried with remains			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown X-8055		RANK Unk	SERIAL NO. Unk	ORGANIZATION AAF	GRAVE NO. 118	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-8059		RANK Unk	SERIAL NO. Unk	ORGANIZATION AAF	GRAVE NO. 120	
SIGNATURE OF PERSON PREPARING REPORT ELLSWORTH T. MAC INTYRE Captain, Q.M.C. C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT FRANCIS A. GIFFORD Captain, GRS C.I.P.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

MEMORIAL DIVISION
 DEC 23 10 41 AM '46
 RECORDS BRANCH AND
 RECORDS SECTION

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	HEIGHT Est: 5' 8½"	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR BROWN
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. None		LAUNDRY MARKS See below	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES Helmet liner marked: "W-2920" Canteen cover marked: "W-2920"			
LEFT THUMB				
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER				
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: right; margin-top: 20px;">  </div>			
RIGHT LITTLE FINGER	REMARKS: Form 11 Check List of Unknowns, Form 1A Tooth chart accomplished. Unable to obtain fingerprints because of decomposition Est. weight of remains recovered: 15 lbs.			