

7887 GRAVES DETACHMENT

293 Unk. St. Corneille <sup>ARO 757</sup> 429

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 - 29 St Corneille

(POC) ST JAMES

File - Man  
19 Nov. 51  
M. Martin - Jd Par

CHECK LIST FOR DISINTERMENT OF UNKNOWN

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be stated.

PART I  
Physical Description

1. Estimated height Impossible to estimate
2. Estimated weight Impossible to estimate
3. Color of eyes Missing
4. Color of hair None
5. Race Impossible to determine
6. Quantity and characteristics of hair on head (length, baldness, curly, etc.)  
No hair found
7. Amount and color of hair on body (arms, chest, pelvic region, legs)  
No hair found
8. Description of mustache and beard None found
9. Length of sideburns None found
10. Was the deceased circumcised? Penis missing
11. Are any tattoos or scars on the body? (Give description) None found
12. Is there anything unusual about the fingernail structure? Missing
13. Is there anything unusual in the construction of the toes or feet? Missing
14. Was tooth chart taken? No teeth found Were fingerprints taken? No fingers found
15. Proximate cause of death? Nothing found that would indicate cause of death
16. Was the body burnt? To what extent? Bones found did not appear to have been burned
17. Are any parts of the body missing or severed? Approximately 5 lbs. of decayed and dismembered bones were all that was found.
18. Is there any evidence of first-aid or other medical treatment? No
19. If the remains are badly mangled, a careful search should be made for identification tags or personal effects.
20. If no clothing is found, measurements should be made of the head, neck, chest, waist, foot, leg (inseam), and arm length in order that clothing sizes may be determined. Impossible to take measurements. Could not identify the bones that were found

PART II  
Description and Inventory of Clothing

21. List every item of clothing found showing color of each.
22. List sizes of each item of clothing (if sizes are not shown, clothing measurements should be made or body measurements recorded as outlined in 20, above).
23. Report all clothing markings. Markings that are indistinct should be recorded as such.
24. Report all unusual or distinctive characteristics of clothing such as insignia, tears, repairs, wear, shortened leggings, unusual buttons, slits in shoes, etc.

ITEM

REMARKS

No clothing found

PART III

Measurements and Characteristics of Skeleton

(To be filled out only in those cases where a skeleton or part of a skeleton is found)

35. Length of foot
36. Width of foot
37. Length of leg (inseam)
38. Arm measurement for sleeve length
39. Circumference of skull
40. Length of fingers
41. Width of hand at knuckles
42. Length of skeleton
43. Size of bone structure (large, medium, or small)
44. Evidence of bone scars indicating healed fractures
45. Unusual characteristics in bone structure
46. Are any parts missing or detached?

Investigation conducted by:

*Harold E. Davis*  
Harold E. Davis, QMC  
Commanding  
3058 QM Cr Reg Co.  
(Organization)

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be stated.

PART I  
Physical Description

1. Estimated height Impossible to estimate
2. Estimated weight Impossible to estimate
3. Color of eyes Missing
4. Color of hair None
5. Haze Impossible to determine
6. Quantity and characteristics of hair on head (length, baldness, curly, etc.)  
No hair found
7. Amount and color of hair on body (arms, chest, pelvic region, legs)  
No hair found
8. Description of mustache and beard None found
9. Length of sideburns None found
10. Was the deceased circumcised? Penis missing
11. Are any tattoos or scars on the body? (Give description) None found
12. Is there anything unusual about the fingernail structure? Missing
13. Is there anything unusual in the construction of the toes or feet? Missing
14. Was tooth chart taken? No teeth found Were fingerprints taken? No fingers found
15. Proximate cause of death? The bones found were charred. This leads to belief that deceased was burned to death.
16. Was the body burnt? To what extent? 3 pieces of bone were found. These bones were so charred that it was impossible to determine what part of the body they were from.
17. Are any parts of the body missing or severed? Only 3 pieces of bone were found.
18. Is there any evidence of first-aid or other medical treatment? No
19. If the remains are badly mangled, a careful search should be made for identification tags or personal effects.
20. If no clothing is found, measurements should be made of the head, neck, chest, waist, foot, leg (inseam), and arm length in order that clothing sizes may be determined. Impossible to take measurements. Could not identify the bones that were found.

200 21  
Description and state of clothing

21. List every item of clothing found showing color of each.
22. List sizes of each item of clothing (if sizes are not shown, clothing measurements should be made or body measurements recorded as outlined in 20, above).
23. Report all clothing markings. Markings that are indistinct should be recorded as such.
24. Report all unusual or distinctive characteristics of clothing such as insignia, tears, repairs, wear, shortened leggings, unusual buttons, slits in shoes, etc.

ITEM

REMARKS

No clothing found

PART III

Measurements and Characteristics of Skeleton

(To be filled out only in those cases where a skeleton or part of a skeleton is found)

25. Length of foot
26. Width of foot
27. Length of leg (inseam)
28. Arm measurement for sleeve length
29. Circumference of skull
30. Length of fingers
31. Width of hand at knuckles
32. Length of skeleton
33. Size of bone structure (large, medium, or small)
34. Evidence of bone scars indicating healed fractures
35. Unusual characteristics in bone structure
36. Are any parts missing or detached?

Investigation conducted by:

*(Handwritten Signature)*  
(Of Nicer's Signature)  
HARRY C. DERY, 1st Lt., MC  
Commanding  
3058 2nd Lt. Box 1  
(Organization)

QIIMT 293  
GFS European *dent*

29 March 1951

Mr. Clyde Fuller  
1216 North Prospect Avenue  
Milwaukee 2, Wisconsin

Dear Mr. Fuller:

This Office wishes to acknowledge receipt of your letter dated  
19 March 1951.

Your prompt reply and cooperation in this matter is greatly ap-  
preciated.

Sincerely yours,

THOMAS E. COX  
Capt GME  
Memorial Division

Martin/id  
Foy

Cy furnished: Adm Sec

293 - X-29 - ST CORRECTION, FRANK

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

COPY

17 August 1949  
Date

*Blank Form 29 (St. Cornille)*  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 29, Plot B,  
Row 10, Grave 241, USMC St. Cornille, France have been  
reviewed and it is the opinion of this office that insufficient evidence  
is available to establish the identity of this deceased, and that these  
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by  
letter of transmittal No. 2384, dated 6-8-47. No  
further information is available.

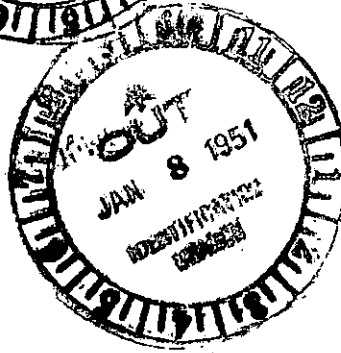
FOR THE COMMANDING GENERAL:

/s/ H. P. Henry  
/t/ R. Berger  
Edward E. Stout

Received  
Not identifiable from  
information presently  
available

31 AUG 1949

CCMG





HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

17 August 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 29, Plot B  
Row 10, Grave 241, USMC ST. CORNEILLE, 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. 2384, dated 6-8-47.

Remarks:

Received 31 AUG 1949  
Not identifiable from  
information presently  
available

QQMG


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. BERGE, 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 #5

CASE HISTORY

UNKNOWN NO X-29

US Military Cemetery St. Cornaille, France

Two tanks from the 34th Tank Bn. were knocked out during action at Dangeul, France on 10 August, 1944. Four men were killed in this action, two of them were identified as pvt. Carl Hansen, 39841131 and pvt. Bartley H. Graham, 37137442.

Burial reports for unknowns X-28 and X 29, USMC St. Cornaille, France show these men as having been killed in same action at Dangeul.

Field investigation at Dangeul, France show a tank bearing the markings 5434A. This is in agreement with the organization of T/5 Banville and Sgt. Morris. American medics are known to have removed remains from said tanks.

One other casualty of the 34th Tank Bn. was listed as KIA same date and area, as the above casualties, however, statements of members of the organization indicate that when remains are found they will be complete, since subject casualty, (Noren, Gustave, W. T/4, 37150126) was known to have been evacuated, injured, by aid men.

Due to lack of physical characteristics on remains of unknowns X-28 and X-29, USMC St. Cornaille, individual identification of these remains as Sgt. Morris or T/5 Banville is impossible.

QMGM 293, 8 Jun 49  
Subject: Identification of World War II Deceased

RRE 314.6 1st Ind

Hq, AGRC-EA, APO 58, US Army, 1 Jul 49

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

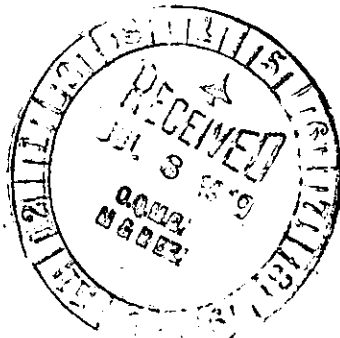
1. In compliance with basic communication, the two remains involved in the group identification of T/5 Joseph A. BANVILLE, 11049470 and Sgt Daniel W. MORRIS, 37039540, previously interred in Plot B, Row 10, Graves 240 and 241, USMC St. Corneille, have been redesignated Unknowns X-28 and X-29. Forwarded herewith are corrected Reports of Burial reflecting these redesignations.

2. Action has been initiated this day to have the remains concerned declared unidentifiable. Relevant Certificates of Unidentifiability will be furnished your office under separate cover.

FOR THE COMMANDING GENERAL:

2 Incls  
Corrected Reports  
of Burial

EDWARD F. PRICE JR.  
Capt, QMC  
Actg Asst Adj Gen



243 MAIL ROOM (Adj Gen)

293 - Unk. France X-28 ( St. Cornaille )

8 June 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference Corrected Reports of Burial for group burial of Banville, Joseph A., T/5, 11049470 and Morris, Daniel W., Sgt., 37039540 ( previously X-28 and X-29 ) United States Military Cemetery St. Cornaille, Plot B, Row 10 , Graves 240 and 241.

2. In view of the small amount of remains recovered, the fact that it has not been determined from which of the tanks the remains were recovered and the fact that T/4 Gustav W. Noren 37150126, missing in the same action as the above, is still unaccounted for, it is recommended that the above cases be redesignated unknown and processed as unidentifiable.

3. Request corrected reports of burial be forwarded this Office at the earliest practicable date.

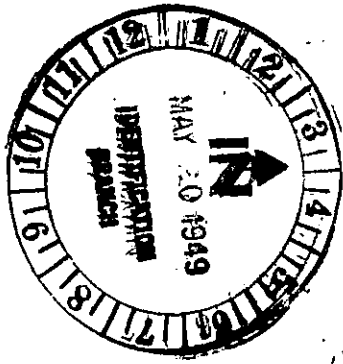
FOR THE QUARTERMASTER GENERAL:

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

COPY:  
mfs

*X-29 93 UNK France X-29 (St. Cornaille)*





FORM 293  
Unk. X-28 and X-29  
(St. Cornaille) France

22 April 1949

SUBJECT: Additional Information

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

1. Reference is made to Corrected Reports of Burial for Unknown X-28 and X-29, USMC, St. Cornaille, France, Plot B, Row 10, Graves 240 and 241.

2. In order to complete action on the above case the following information is requested:

- a. Clarification of statements (1) and (2), under how remains were identified, on Corrected Reports of Burial.
- b. Complete case papers on this case be forwarded to this Office.

3. All action is suspended on the above case until requested information is received.

FOR THE QUARTERMASTER GENERAL:

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

Newbaker:cam  
Clements  
RMB

X 293 Unk. France X 29 (St. Cornaille)  
NJS

In: 19 April 1949

TO: QM Pentagon Liaison

FROM: Ident. Sect. Ident. Br.

Request a list of tanks knocked out of DANGEUL, FRANCE on 10 August 1944, also request tank crew listings for these tanks and status of each crew member.

C. E. NEWBAKER  
X-72993

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Out: 27 May 1949

FROM: QM Pentagon Liaison Office

TO : Ident. Sect. Ident. Br.

Information requested above is not available in this office.

*B. J. of.*  
BEKOWSKI  
6679

*S. J. Dyer*  
DYER  
73090



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

RRE 200.2

Date 15 JAN. 1949

SUBJECT: Reprocessing of Remains

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

The remains of X-30  
interred in Plot B, Row 10, Grave 242, USMC St Cornille,  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

**This case has been consolidated with X-29.**

**Case X-30 is now eliminated.**

**FOR THE COMMANDING GENERAL:**

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

# IDENTIFICATION CHECK LIST

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

Unknown X 30  
Cemetery St. Cornelle, FRANCE  
Plot B Row 10 Grave 242

Date Reprocessed :

1. ~~Reprocessed at cemetery~~ 2 JULY 1947  
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by Mobile Team Central Identification Point A.G.R.C.  
(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	<u>None</u>		
	(Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web ..... **None**

Drawers, wool ..... **None**

Drawers, cotton ..... **None**

Leggings, wool ..... **None**

Socks, cotton ..... **None**

\* Shoes ..... **None** (type) ..... **None**

Overshoes ..... **None**

Web Equipment ..... **None** (type) ..... **None**

(Other item) ..... **None**

(Other item) ..... **None**

\* 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 ..... **None**

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

**U.T.D.**

6. Description of Remains :

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, pocks, freckles)

Build ..... **Utd**  
(Large, fat, thin, muscular)

Hair ..... **Utd**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair ..... **Utd**  
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ..... **Utd** ..... Mustache ..... **Utd** ..... Beard or ..... **Utd**  
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **Utd**  
(Light, color, extent)

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

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

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

Teeth **No Teeth recovered**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **Utd** Circumference of head in inches **Missing**  
(Large, small, normal) (Hat band)

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

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

Hands **Utd**

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

**Utd**  
(Unusual characteristics of fingernails)

Chest **Utd**  
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist **Utd**  
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back **Utd** Circumcision **Utd** Pubic Hair **Utd**  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **Utd**  
(Yes-no; location)

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

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

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

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

" See attached Chart "

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

If not, explain Hands missing

8. Has tooth chart been prepared? NO If not, explain No Teeth recovered  
(Yes-no)

9. Remarks Remains consist of a few fragments of bones: which are illustrated on skeletal lists. Remains found deep in grave resting on a wooden plank. Remnants of mattress cover found. Embossed plate recovered bearing Unknown X-30. No burial bottle recovered. All major bones missing. Unable to estimate Height. Fluoroscopic examination unnecessary. Estimated weight of remains 6 ounces. No Tooth Chart.

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.

Nothing found to warrant Chemical Laboratory Examination. Case remains "UNKNOWN".

*Ernest Gaddy*

(Officer's Name)

ERNEST C. GADDY

CWO

USA

Rank

Service

Central Identification Point

(Organization)

X-30

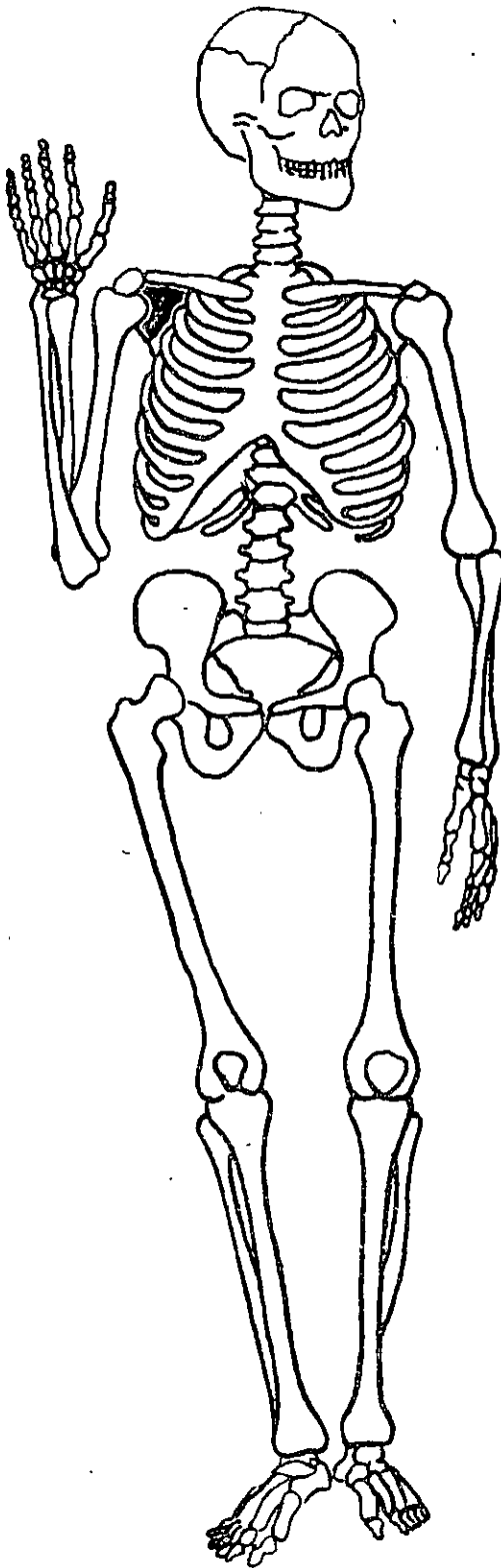
St. Cornelle,

FRANCE

Plot; B Row; 10 Grave; 242

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



1. FILE UNDER NO. 293 - Unk. France X-30 (St. Comeille)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 17 Jan 49  
4. FROM: HQS, AGRC, EA, APO 58, U. Sa. Army  
5. TO: TQMG  
6. SUBJECT: Identification Check List-Transmittal Letter #3379

7. DOCUMENT FILED  
UNDER NO. 314.6 - GRS European (T/L 3379)

msb

**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.

6

DISINTERMENT DIRECTIVE

293 Unit France X-30 (St. Cornelle)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 2525 0000

DATE 15 04 40 DAY MONTH YEAR

NAME UNKNOWN X-0000 10 SERIAL NUMBER RANK ARM 0 DATE OF DEATH DAY MONTH YEAR

CEMETERY AT CORNELLES - LE RARE DISPOSITION OF REMAINS 3004 00 CODE DIST PT

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH 2 10 003 FRANCE

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST. JAMES, FRANCE (BY ADMINISTRATIVE ORDER) NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.



6

DISINTERMENT DIRECTIVE

293 Unk. France X-30 (St. Cornille)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3576 00000

DATE 15 00 48 DAY MONTH YEAR

NAME UNKNOWN X-000030

SERIAL NUMBER RANK

ARM 0

DATE OF DEATH DAY MONTH YEAR

CEMETERY ST CORNEILLE - LE MANS

DISPOSITION OF REMAINS 0 3504 00

PLOT ROW GRAVE COUNTRY B 10 242 FRANCE

CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST. JAMES, FRANCE (BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FWLC

1

Reentered 1 August 1949  
K-18-2 St JAMES  
John J. ANDREWS  
1st Lt. Inf OIG

DISINTERMENT DIRECTIVE

SECTION A NAME AND BURIAL LOCATION OF DECEASED <i>John J. Andrews</i>	DIRECTIVE NUMBER <b>3576 00007</b>	DATE <b>15 04 48</b> DAY MONTH YEAR
---	---------------------------------------	---

AME <b>UNKNOWN</b>	SERIAL NUMBER <b>X-000029</b>	RANK	ARM <b>0</b>	DATE OF DEATH DAY MONTH YEAR
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EMETERY <b>ST CORNEILLE - LE MANS</b>	DISPOSITION OF REMAINS <b>0 3504 80</b> CODE DIST. PT.
--	--

LOT <b>B</b>	ROW <b>10</b>	GRAVE <b>241</b>	COUNTRY <b>FRANCE</b>	CAUSE OF DEATH <b>6</b>
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SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>ST. JAMES, FRANCE (BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN
---	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN</b>	SERIAL NUMBER <b>X-29</b>	RANK <b>UTD</b>	DATE OF DEATH	DATE DISTINTERRED <b>2 June 1948</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION <b>UNKNOWN</b>	RELIGION <b>UTD</b>	IDENTIFICATION VERIFIED BY <b>ROY HALFORD EMB NAME AND TITLE</b>	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>MATTRESS COVER</b>	CONDITION OF REMAINS <b>Multiple Fractures and multiple parts missing</b>
---	--

OTHER MEANS OF IDENTIFICATION  
**NONE**

MINOR DISCREPANCIES  
**NONE**

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **Transfer Case**

DATE <b>21 June 1948</b>	BY <b>J. EARL TUCKER</b>	EMBALMER (Signature)
-----------------------------	-----------------------------	----------------------

ASKET BOXED AND MARKED <b>ROY HALFORD</b>	ASKET BOXED AND MARKED <b>ROY HALFORD</b>	DATE <b>16/9/48</b>	BY <b>ROY HALFORD</b>	SHIPPING ADDRESS VERIFIED BY <b>XXXX</b>	NAME <b>ROY HALFORD</b>	RECORDS ANNOTATED DATE <b>2 Sept 49</b> NAME <b>ROY HALFORD</b>
--	--	------------------------	--------------------------	---	----------------------------	---

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. ~~I certify~~ that the entries on this form are correct.

**COPIES OF THE ENTRIES ON THIS FORM ARE TO BE MAINTAINED IN THE DISINTERMENT DIRECTIVE FILE.**  
**R. B. MCDANIEL CAPT FA**  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

*John J. Andrews*  
**2**

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM USMC ST. CORNEILLE		TO USMC ST. JAMES	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER Cpl BINETTE	
SIGNATURE OF SHIPPER T.C. MURRAY CAPT QMC	DATE 16/7/48	SIGNATURE OF RECEIVER HARRY F. HILL CAPT QMC	DATE 16/7/48

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

FROM (BY ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE BY AIR		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

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

### 7. SHIPPED

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

R E S T R I C T E D

Ltr, Hq TUSA, OQM, file AG 393-GNMCQ-2, dtd 6 Dec 44, subj: "Re-ports of Burial", continued.

7th Ind. Contd.

3. There are no other clues to the identity of Unknown X-28, 29, and 30 available in this headquarters. Since the burials were not made by a unit assigned to the Third U. S. Army, the complete correspondence in this case is being forwarded to your headquarters for further action.

For the Quartermaster:

FRANK KEMMERER  
Major *MC*

Army Graves Registration Officer

Incls: n/c

*293 Wick Francis (St. Warrville) X-29*

R E S T R I C T E D

Q-GRE (St Corneille, B-10-240)

6th Ind.

RDP/mjs

OCQM, HQS COM Z, ETOUSA, APO 887, U. S. ARMY, 26 March 1945.

TO: The Graves Registration Officer, Third United States Army, APO 409,  
U. S. Army.

1. Forwarded in compliance with basic communication.
2. Your attention is invited to enclosed Report of Investigation  
and Check Lists of disinterments.

Incls: n/c

H. W. BOHRINK,  
Colonel, QMC,  
Chief, GR & E Div.

GRS FILE

AG 293.10 - GNMCQ-2

7th Ind.

rgi/ask

(6 Dec 44)

HEADQUARTERS THIRD UNITED STATES ARMY, Office of the Quartermaster,  
APO 403. 21 April 1945.

TO: Chief, Graves Registration and Effects Division, Office of  
the Chief Quartermaster, APO 887-A, U. S. Army.

1. This headquarters requested information concerning the remains buried as Unknown X-28, 29, and 30, US Military Cemetery No. 1, St. Corneille, France, because it was believed that they might be connected with three men who were reported KIA by the 34th Tank Battalion. The information concerning these three men was forwarded to your headquarters in a letter from this headquarters dated 20 December 1944.

2. Although the investigation at Dangeul, France, disclosed that the remains of Leondus C. Welch and Carl Hansen were formerly buried at that place, information furnished by your headquarters in reply to letter from this headquarters dated 14 November 1944, subject: "Reports of Burial" indicated that Reports of Burial were on file for them. If this is true, the investigation conducted by the 3058th QM Graves Registration Company at Dangeul did not concern the remains now buried as Unknown X-28, 29, and 30.

R E S T R I C T E D

Q-GRE (St Corneille, B-10-140) 3d Ind. w./cjm  
Hq., 1st Quartermaster Group, Com Z ETO, APO 562, US Army 13 Feb 45

(S: 23 February 1945)

TO: Commanding Officer, St. Corneille American Military Cemetery,  
U. S. Army. (ATTN: CO, 3058th QM Graves Registration Company,  
APO 517, US Army.)

1. Forwarded for your compliance with 1st Indorsement.

2. Request that this office be notified immediately if  
weather conditions do not permit disinterment at this time.

MAURICE WHITNEY  
Lt. Col., QMC  
Commanding

Incl: n/c

4th Ind.

Hq, 3058th QM Graves Registration Company, APO 562, US Army, 10 Mar 45.  
TO: OCQA, GR & B Division, Hq, COM Z, ETO, APO 887, US Army  
(THRU Channels)

1. Attached are CHECK LISTS FOR DISINTERMENT OF UNKNOWN as  
requested in basic communication. Also attached are results of  
investigation in the town of Dangeul, France.

HARRY C. DEAN  
1st Lt., QMC  
Commanding

Incl:

- 3 Reports of Burial
- 1 Statement by Secretary to Mayor of Dangeul
- 1 Translation of above
- 3 Each of 3 Check Lists for Disinterment of Unknown

Q-GRE (St Corneille, B-10-140) 5th Ind. JHJ/m  
OCM, Hq, NORMANDY BASE SECTION CZ ETO, APO 887, US ARMY.

TO: Chief, Quartermaster, Com Zone ETO, APO 887, US Army.  
(ATTN: Graves Registration and Effects Division)

1. Attention invited to 4th Indorsement.

JOHN H. JUDD,  
Colonel, QMC,  
Base Section Quartermaster.

Incl n/c

GRS FILE

R E S T R I C T E D

Q-GRE ) St. Corneille, B-10-240) 1st Ind. RLP/mjg

(S: 4 March 1945)

OCQM, HQS COM Z, ETOUSA, APO 887, US Army, 7 February 1945.

TO: Commanding Officer, First QM Group, APO 562, US Army.

1. Attention is invited to basic communication.
2. Request investigation be conducted and disinterments made to supply information requested in paragraphs 2 and 3, and full report of findings made to this headquarters.
3. Request reply by indorsement.

H. W. BOBRINK,  
Colonel, qmC,  
Chief, GR & Div.

3 Incls: n/c  
Info copy to:  
GRO, Brittany Base Section, APO 517.

Q-GR 293. (St Corneille, B-10-240) 2nd Ind. EAL/k  
OCQM, HQ, NORMANDY BASE SECTION, CZ ETO, APO 562, US ARMY 11 Feb 45

TO: Commanding Officer, First QM Group, APO 562, US Army.

1. Forwarded for your immediate action.

For the Base Section Quartermaster:

EDWIN A. LEWYD  
2nd Lt., qmC  
Assistant

3 Incls: n/c

R E S T R I C T E D

GRS FILE

R E S T R I C T E D

HEADQUARTERS THIRD UNITED STATES ARMY,  
Office of the Quartermaster  
APO 403

/rgi

AG 293 - GNMCQ-2

20 December 1944

SUBJECT: Identification of Deceased Personnel

TO : Chief, Graves Registration and Effects Division, Office of  
the Chief Quartermaster, APO 887-A, U. S. Army

1. In a letter from this headquarters dated 6 December 1944, file AG 293 - GNMCQ-2, Subject: "Reports of Burial," a request was made for more information concerning reports of burial of Unknown X-28, Unknown X-29, and Unknown X-30, U. S. Military Cemetery No. 1, St. Corneille, France.

2. The attached true copy of correspondence with the Commanding General, 5th Armored Division contains information concerning three former members of that command who were killed in the vicinity of Dangeul, France. There may be some relationship between the three Unknowns and the men mentioned in the 2d Indorsement. This information is being forwarded for whatever value it may have in connection with the investigation previously requested by this headquarters.

For the Quartermaster:

FRANK KEMMERER  
Major QMC  
Army Graves Registration Officer

1 Incl  
Copy of ltr dtd 13 Nov 44  
without inclosure

*See link X-1 Corneille for letter*

- 1 -

R E S T R I C T E D



# IDENTIFICATION CHECK LIST

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

Unknown X - 29  
Cemetery Ste. Cornelle, France  
Plot B Row 10 Grave 241

1. ~~Arrived at cemetery~~ **Date reprocessed: 2 July 1947.**  
(Hour) (Date)
2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
\_\_\_\_\_  
(Sheet, scale and serials used)
3. Remains ~~recovered by~~ disinterred by Mobile Team Central Identification Point  
(Name and organization) AGRC
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	none		
	(Type)		
Raincoat	none		
Overcoat	none		
Jacket, Field	none		
Jacket, Combat	none		
Mackinaw	none		
Sweater	none		
Jacket, HBT	none		
* Shirt, Wool OD	none		
Undershirt, Wool	none		
Undershirt, Cotton	none		
Trousers, HBT	none		
* Trousers, Wool OD	none		

Belt, web **none**

Drawers, wool **none**

Drawers, cotton **none**

Leggings, wool **none**

Socks, cotton **none**

\* Shoes (type) **none**

Overshoes **none**

Web Equipment (type) **none**

(Other item) **none**

(Other item) **none**

\* 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 **none**

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

6. Description of Remains :

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, pocks, freckles)

Build **Utd**  
(Large, fat, thin, muscular)

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

Hair **None found**  
(Baldness, widows peak, distinctive cutting or other characteristics)

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

Goatee **Utd**  
(Light, color, extent)

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

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

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

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

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

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

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

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

Hands **missing**

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

(Unusual characteristics of fingernails)

Chest **Utd**  
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist **Utd**  
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back **Utd** Circumcision **Utd** Pubic Hair **None found**  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **Utd**  
(Yes-no; location)

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

Feet **Utd** Toes **Utd**  
(Size, corns, callouses, flat) (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.

**See attached chart.**

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 No teeth recovered

9. Remarks Remains consists of a few fragments of bones, which are illustrated on skeletal list. Remains found deep in a grave. Remnants of mattress cover found. Embossed plate found bearing Unknown X-29. No Report of Burial found. All major bones fractured and/or missing. Unable to estimate height. No tooth chart. Fluoroscopic Examination unnecessary. Estimated weight of remains recovered: 1 Lb. Nothing found to warrant Chemical Laboratory Examination. Case remains "Unknown".

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.

Ernest C. Gaddy  
(Officer's Name)

**ERNEST C. GADDY**  
**CWO USA**

Rank Service

**Central Identification Point**  
(Organization)

Unknown X-29  
Cemete St. Corneille, France  
Plot B, Row 10, Grave 241

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



CORRECTED COPY

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1943)

# REPORT OF BURIAL

30 June 1949  
Date

FM 10-430Z AND AR 30-1815

UNKNOWN X-29  
Last Name First Initial Rank Serial No.

Unknown Unknown  
Unit Organization

Dangeul, France 10 August 1944 Tank Explosion  
Place of Death Date of Death Cause of Death

1730 - 12 Sept. 44 US Military Cemetery ST. CORNEILLE, France  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

241 10 B Cross  
Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags : Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags Previously identified with X-28 as the remains of  
How were remains identified? either/or:

BANVILLE, Joseph A. T/5 11049470  
MORRIS, Daniel W. Sgt 37039540

Redesignated Unknown X-29, authy: OCMG Ltr, File OCMGMT 293, Unknown X-2  
What means of identification were buried with the body? and X-29 (St. Corneille) France,  
dated 8 June 1949

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

Who is buried on :

Deceased's Right : X-28  
Name Serial No. Rank Organization Grave No. 240

Deceased's Left : OPEN GRAVE  
Name Serial No. Rank Organization Grave No. 242

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



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

Emergency Addressee: Unknown  
Name

Address

Religion: Unknown

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

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

*Edward F. Price Jr.*  
Signature of Officer or other person reporting burial  
EDWARD F. PRICE JR.  
Capt, OMC  
Verified by G.R.S. Officer

*10/10/49*

## IF DECEASED UNIDENTIFIED

**Take Fingerprints of Both Hands.** If unable to obtain a complete set of Fingerprints, **Take Those You Can,** and fill in the following :

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

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

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

Left Hand


Thumb

Right Hand


Thumb

### TOOTH CHART

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

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

Characteristics :

Other Data :

**If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet, indicate North.**

RESTRICTED

HEADQUARTERS THIRD UNITED STATES ARMY  
Office of the Quartermaster  
APO 403

AG 293 - GMSQC-2

6 December 1944

SUBJECT: Reports of Burial

TO: Chief, Graves Registration and Effects Division, Office of the Chief  
Quartermaster, APO 887-A, U. S. Army

1. The attached reports of burial show the place of death of Unknown X-28, Unknown X-29, and Unknown X-30 as Dangeul, France (JV 460886). It is possible that these are the remains of three former members of the Third United States Army.

2. These reports contain no information indicating reburials. If they were, however, it is requested that the person who supervised the work of disinterring the remains be directed to return to the location of the original burials to obtain all information which may lead to the identification of the Unknowns, and that a report be furnished this headquarters to show:

- a. The exact location of the original graves, including an overlay.
- b. The number of original graves.
- c. The names of any identified bodies buried in the same area.
- d. The name and address of the person or persons who made the original burials.
- e. Information revealing the cause and approximate time of death, from where the bodies were evacuated, and a description of any vehicles which may have been involved in the action which was the cause of death.
- f. Statements from French civilians concerning the disposition of personal effects.
- g. Any other facts which might aid in identifying these Unknowns.

3. It is also requested that the remains be disinterred and examined, and that this headquarters be furnished all information obtained from the examination which could be used for identification. It should include answers to the following questions:

- a. What was the apparent cause of death?
- b. Is there any evidence of burns?
- c. Are the bodies mutilated?
- d. Are the arms, legs, or head missing or severed from the rest of the body?
- e. Can shoes or clothing be described?
- f. Are clothing markings or sizes obtainable?
- g. Can a description of the hair be given? (Color, length, sideburns)
- h. Are any teeth left? (A tooth chart should be made if there are)
- i. Can any other description of the remains be obtained which might assist in establishing identity?

For the Quartermaster:

FRANK KEMMERER  
Major QMC



RESTRICTED

HEADQUARTERS THIRD UNITED STATES ARMY  
Office of the Quartermaster  
APO 403

AG 293 - GEMCQ-2

6 December 1944

SUBJECT: Reports of Burial

TO: Chief, Graves Registration and Effects Division, Office of the Chief  
Quartermaster, APO 887-A, U. S. Army

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- c. Are the bodies mutilated?
- d. Are the arms, legs, or head missing or severed from the rest of the body?
- e. Can shoes or clothing be described?
- f. Are clothing markings or sizes obtainable?
- g. Can a description of the hair be given? (Color, length, sideburns)
- h. Are any teeth left? (A tooth chart should be made if there are)
- i. Can any other description of the remains be obtained which might assist in establishing identity?

For the Quartermaster:

FRANK KEMMERER  
Major QMC

Army Graves Registration Officer

JLB

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

BANVILLE, Joseph A.

T/5

11049470

MORRIS, Daniel W.

Sgt.

37039540

(Name)

(Rank)

(ASN)

MAR 4 1949

previously buried as Unknown X-29, US C St. Cornelle  
Identification accepted in accordance with Letter, File AGAO-S 293.9 (27 Mar 47)  
D-M, War Dept, TAGO, 9 April 47, subject: Establishment of Boards of Review for  
Identification of Unknown Dead Overseas, by the following members of the Board  
of Review, established by Par 5, SO #16, Hq. A.G.R.C. dated 3 Feb 1949.

*Stanley C. Tyrnell*

Capt. Jack C. HAYES, O-1577297

QMC

Capt. Stanley C. TYRNELL, O-1304296

Inf

*Edward B. Stout*

Capt. Edward F. PRICE, Jr O-1538236

QMC

1/Lt Edward E. STOUT, O-1594512

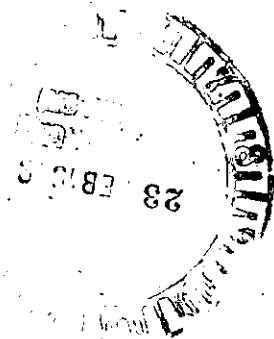
CE

*Ernest J. Oglesby*

1/Lt Ernest J. OGLESBY, O-449004 Cav

11 FEB 1949

8





GROUP IDENTIFICATION

CORRECTED COPY

/cb

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1943)

**REPORT OF BURIAL**

26 January 1949

DA FORM 10-630 AND G.A.R. 30-1875

Date

\* X - 29

Last Name: Co "C" 34th Tank Bn.      First:      Initial:      Rank: 5th Arm Div      Serial No.:

Unit:      Organization:

Place of Death: Dangeul, France      Date of Death: 10 August 1944      Cause of Death: Tank Explosion

Time and Date of Burial: 1730 - 12 Sept. 44      Name of Cemetery: US Military Cemetery ST. CORNEILLE, France      Name or Coordinates of Location:

Grave Number: 241      Row Number: 10      Plot Number:      Type of Marker: Cross

Disposition of Identification Tags : Buried with body Yes  No  Attached to Marker Yes  No

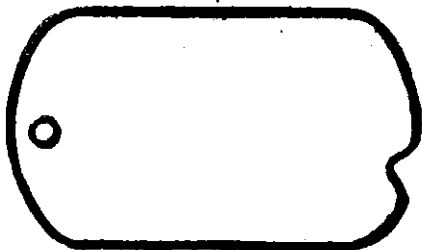
If No Identification Tags Identified through: 1) According to Burial Reports  
How were remains identified for X-28 and X-29, subject remains were removed from tank in the town of Dangeul, France, which is in agreement with circumstances surrounding the death of T/5 Joseph A. Banville, 11049470 and Sgt. Daniel W. Morris, 37039540. 2) Field investigation at Dangeul, France, reveals tank markings on knocked out tanks which are in agreement with organization to which T/5 Banville and Sgt. Morris were assigned. 3) X-28 and X-29 recovered from same area as two identified members of 34th Tank Bn., listed as killed in same action. 4) T/5 Banville and Sgt. Morris are the only casualties which can be associated with Unknowns X-28 and X-29.

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

Who is buried on :

Deceased's Right :	Name	Serial No.	Rank	Organization	Grave No.
	X-28				240
Deceased's Left :	Name	Serial No.	Rank	Organization	Grave No.
	X-30				242

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



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

Emergency Addressee: Unknown Name

Address: Banville : Catholic  
Religion: Morris : Protestant

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

\* X-29 and X-28 are the remains of either of:  
BANVILLE, Joseph A. T/5 11049470  
MORRIS, Daniel W., Sgt. 37039540

This corrected copy of Report of Burial, prepared in the Office of the American Graves Registration Command.

Signature of Officer or other person reporting burial

Verified by G.R.S. Office

GEORGE L. FREEMAN  
1st Lt., QMC

# IF DECEASED UNIDENTIFIED

**Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following :**

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

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

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

4	
3	
2	
1	
Thumb	

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

## TOOTH CHART

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

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

Characteristics :

Other Data :

**If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.**

**RESTRICTED**  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

22704  
2 September 1944  
Date

UNKNOWN X-29		Unknown	Unknown
Last Name	First	Rank	Serial No.
Unknown		Unknown	
Unknown		Unknown	
Dangeul, France		Unknown	
Place of Death		Organization	
1730, 12 Sept. 1944		U. S. Military Cemetery	
Date of Burial		Date of Death	
241		10	
Time and Date of Burial		Cause of Death	
241		St. Corneille, France	
Grave Number		Name of Cemetery	
241		B	
Row Number		Name or Coordinates of Location	
10		Cross	
Plot Number		Type of Marker	
241		Cross	

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

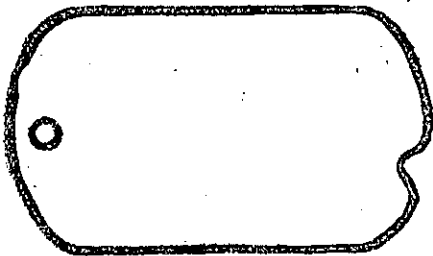
Embossed plate.

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

Who is buried on:

Deceased's Right:	Unknown X-28	Unknown	Unknown	Unknown	240
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Unknown X-30	Unknown	Unknown	Unknown	242
	Name	Serial No.	Rank	Organization	Grave No.

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



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

Emergency Addressee Unknown  
Name

Address

Religion Unknown

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

No personal effects or cash found on body.

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*Gerald H. Myers*

Signature of Officer or other person reporting burial.

GERALD H. MYERS, 2nd Lt., OMC

## IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

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

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

Thumb			
1			
2			
3			
4			

Left Hand

1			
2			
3			
4			

Right Hand

### TOOTH CHART

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

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

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



# REPORT OF BURIAL

12 September 1944

TM 10-630 AND AR 30-1815

GRAVES REGISTRATION  
FORM NO. 1  
(Revised 1 Sept. 1943)

Date

UNKNOWN X-29		Unknown	Unknown
Last Name	First	Initial	Serial No.
Unknown		Unknown	Unknown
Unit		Organization	Unknown
Dangeul; France		Unknown	Unknown
Place of Death		Date of Death	Cause of Death
1730, 12 Sept. 1944		U. S. Military Cemetery	v. GORVILLE, France
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
241 10		E	CROSS
Grave Number	Row Number	Plot Number	Type of Marker

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

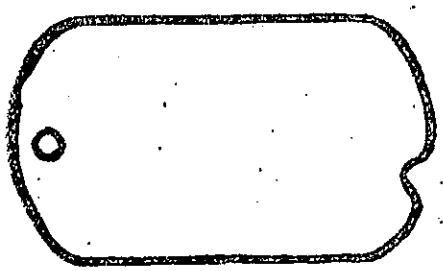
Embossed plate.

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

Who is buried on:

Deceased's Right:	Unknown X-28	Unknown	Unknown	Unknown	240
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Unknown X-30	Unknown	Unknown	Unknown	242
	Name	Serial No.	Rank	Organization	Grave No.

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



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

Emergency Addressee Unknown Name

Address

Religion Unknown

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

No personal effects or cash found on body.

Charles W. Moore  
Signature of Officer or other person reporting burial

CHARLES W. MOORE, 2nd Lt., USMC

**REPORT OF BURIAL**

12 September 1944

TM 10-630 AND AR 30-1815

Date

GRAVES REGISTRATION  
Form No. 1  
(Revised 1 Sept. 1943)

<b>UNKNOWN X-29</b>		<b>Unknown</b>	<b>Unknown</b>
Last Name	First	Initial	Serial No.
<b>Unknown</b>		<b>Unknown</b>	
Unit		Organization	
<b>Dangoul, France</b>		<b>Unknown</b>	<b>Unknown</b>
Place of Death		Date of Death	Cause of Death
<b>1730, 12 Sept. 1944</b>		<b>U. S. Military Cemetery</b>	<b>St. Cornelle, France</b>
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
<b>241 10</b>		<b>B</b>	<b>CROSS</b>
Grave Number	Row Number	Plot Number	Type of Marker

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

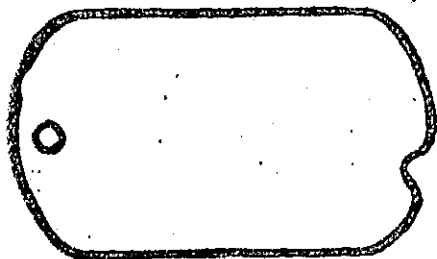
**Embossed plate.**

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

Who is buried on:

Deceased's Right:	<b>Unknown X-28</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>240</b>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<b>Unknown X-30</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>242</b>
	Name	Serial No.	Rank	Organization	Grave No.

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



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

Emergency Addressee **Unknown**  
Name

Address

Religion **Unknown**

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

**No personal effects or cash found on body.**

*Gerald H. Myers*

Signature of Officer or other person reporting burial

**GERALD H. MYERS, 2nd Lt., OMC**

## IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

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

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

Thumb			
1			
2			
3			
4			

Left Hand

1			
2			
3			
4			

Right Hand

### TOOTH CHART

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

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

Characteristics: .....

Other Data: .....

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

**RESTRICTED**  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

2270  
2 September 1944  
Date

UNKNOWN X-30		Unknown		Unknown	
Last Name Unknown	First Unknown	Initial Unknown	Rank Unknown	Serial No.	
Unit Dangeul, France			Organization Unknown		Cause of Death Unknown
Place of Death 1730, 12 Sept. 1944		Date of Death U. S. Military Cemetery		Name or Coordinates of Location St. Corneille, France	
Time and Date of Burial 242 10		Name of Cemetery B		Type of Marker Cross	
Grave Number		Row Number		Plot Number	

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

Cancel - Considered  
with X-30 per ITO dtd  
15 Jan 49.

What means of identification were buried with the body?

Embossed plate.

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

Who is buried on:	Unknown X-29	Unknown	Unknown	Unknown	241
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Nannie	34886142	Cpl.	1194 Engr. Base Depot Group	243
	Name	Serial No.	Rank	Organization	Grave No.

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



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

Emergency Addressee Unknown Name

Address \_\_\_\_\_

Religion Unknown

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

No personal effects or cash found on body.

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*Gerald H. Myers*  
Signature of Officer or other person reporting burial  
**GERALD H. MYERS, 2nd Lt., QMC**

## IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

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

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

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

4	
3	
2	
1	
Thumb	

### TOOTH CHART

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

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

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.