

1. FILE UNDER NO. 293 - Unk. Belgium X-6056 (Neuville)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 9 Sept 49
4. FROM: OQMG
5. TO: CG, American GRS, European Area, APO 58, NY, NY
6. SUBJECT: Request for Information
Bill, Carl J. Pvt 36868601
.....

7. DOCUMENT FILED UNDER NO. 293 - GRS, European (Ident.)

mfs

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.

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USMC Neuville en Condroz
Plot: C Row: 7 Grave: 34
Date of Burial: 21 Apr 50
Verified by GRS Officer
M.R. Swarb, Capt QMC

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 1260 02298	DATE 15 08 48 DAY MONTH YEAR
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NAME UNKNOWN	SERIAL NUMBER X-006056	GRADE UNK	ARM J	RACE O	RELIGION 6
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CEMETERY NEUVILLE BELGIUM	PLOT Z	ROW 7	GRAVE 172	DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.
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SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) These remains are unidentifiable and are to be permanently interred. (HQ, AGRC-1, DECH9)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-6056	GRADE UNK	DATE OF DEATH	DATE DISINTERRED 18 APR 49
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IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS ROB <input type="checkbox"/> MARKER EMB	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY KENNETH DESCHENEUX, CAPT INF NAME AND TITLE
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SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER	CONDITION OF REMAINS REMAINS CONSISTS OF ONE COMPLETE SKULL.
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OTHER MEANS OF IDENTIFICATION
NONE

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 21 APRIL 1949	BY VEACHEL M VIBBERT
CASKET SEALED BY VEACHEL M VIBBERT	EMBALMER (Signature) VEACHEL M VIBBERT, EMBALMER

CASKET BOXED AND MARKED 21 APR 49	DATE BY STEVEN COLLELO CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY ALL TAGS, PLATES AND MARKINGS VERIFIED BY: KENNETH W DESCHENEUX, CAPT INF
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. EXCEPT CASKETING

HAT FILE RECORDS ANNOTATED DATE 7 June 50 NAME R. W. Johnson 1ST LT INF SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned

Raymond Johnson 1ST LT INF

RRE Form #43
20 Sep 48

293 Unit - Neuville X-6056

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X - 6056 (TEMP - NEUVILLE)

(Last Name) (First Name) (Initial) (Rank) (ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery - NEUVILLE - en - CONDROZ

Incl #

STATION FILE

Evac No. 3Z-110

REPORT OF INVESTIGATION

AREA SEARCH

29 August 1947
(Date)

Case Number 3Z-110
Name Unknown X - 6056 Rank Unknown ASN Unknown
Means of Identification None

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 Na RANK Na ASN Na
b. ORGANIZATION Na

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

a. NAME Na RANK Na ASN Na
b. ORGANIZATION Na

3. Names of other deceased buried in immediate vicinity None

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

a. Date of above burials Na Common graves? Na

4. Name and type of Cemetery Not buried in cemetery
(Military or civilian)

5. Map Coordinates of the Cemetery Na

a. Town Na Country Na

6. Give exact location in cemetery of the remains:

a. Section Na Row Na Grave Na

b. Is sketch attached? Na

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7. If remains are not located in a cemetery, give exact location.
- a. Town B. BITCHE (Moselle, France) Ochsenmühle-forest
Coordinates K.50, Q.75
- b. Is sketch attached? Yes
- c. Is area mined? Partially
8. How is grave marked? No grave, surface burial.
9. If grave is marked with cross, give exact markings thereon Na
- a. From what source was this information obtained? Na
(Identification Tags, Personal effects, etc.)
10. Where are the cemetery records? Na
(Town Hall, Cemetery, Burgomasters Office)
- a. What information was contained thereon? Na
11. What is the date of death? Appr December 1944, January 1945
- a. Give basis Heavy combat in sector at that time
12. What is the cause of death? Unk.
- a. Give basis Na
13. What is the date of burial? Unk
- a. Give basis Na
14. What was the place of death? Unk
Coordinates Na
15. Where were the remains found? Ochsenmühleforest near Bitche, Moselle, France
Coordinates K.50, Q.75
16. Was casket used? No Who furnished the casket? Na
17. Who made the burial? Na
(Civilians, American military, German military, etc.)
- a. What are the names and addresses? Na
- b. Are certificates and statements attached? Na

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NOT APPLICABLE

SECTION B — AIR CORPS DECEASED

(To be completed only if deceased is believed to be a member of the A.A.F.)

- 18. 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)
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 of 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 the date of death of above-named deceased?
- 27. Number of planes in formation prior to the crash?
- 28. State precise time and date of plane crash.
(Night? Day?)
- 29. Were parachutists seen? How many?
Escaped? Prisoners?

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NOT APPLICABLE

SECTION C — ARMORED CORPS DECEASED

(To be completed only if deceased is believed to have been a member of the Armored Corps)

- 30. Were remains found in wreckage of a tank?.....
 - a. Give specific position in tank from which deceased was removed:
 (Radio man, driver, assistant driver or front, side or 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. Numbers 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? (Truck, jeep, mines, or small arms fire) Unk.....
 If so, give complete and thorough results of the investigation Na.....
 a. Are all certificates and statements of people who possessed knowledge of the case attached?
 Yes.....
- 39. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased See attached statement.....

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SECTION E — GENERAL
(To be completed by investigation in all cases)

40. Were personal effects recovered by the investigation team? No
If not, state reason None found
a. Were Identification Tags found at the time of death? Unk
Where? Na By whom? Na
Present disposition? Unk
b. Were personal effects found at the time of death? Unk
Where? Na By whom? Na
Present disposition? Unk
c. Was deceased identified by living members of the crew at the time of death? Unk
d. Did cemetery register or cross indicate the immunization shot? Na
41. Was deceased given first aid? Unk If so, where? Na
By whom? Na Are statements from the medical people attached?
Na
42. Was deceased evacuated to a German civilian hospital? No
Where? Na Names of people concerned Na
43. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
44. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?
Decomposed
(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. Na
b. If so, has higher Headquarters been notified? Na
46. Was case previously investigated? Unk By whom? Na
When? Na

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47. Give full names, addresses, and information obtained from each person interviewed: _____

 Gendarme Gallas, Gendarmerie at Bitché, France
 Adjutant Drums, Gendarmerie at Bitché, 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?

 No
50. Was investigation preceded by advance publicity? _____
 Yes
 (If special investigation, give case number) _____
 Na
51. Give brief narrative _____
 See attached narrative

Alvin J. Michel

(Use attached sheets if necessary)

William P. Gill

Alvin J. Michel
 (Signature of Interpreter)

William P. Gill
 (Signature of Investigator)

Ofc. RA-38308229
 Rank ASN

Gr.-5 10336
 Rank ASN

539 QM SERVICE COMPANY (AC)
 (Organization)

539 QM SERVICE COMPANY (AC)
 (Organization)

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NARRATIVE

While present at disinterring activities on 26 June 1947 in the area of fort "Schiesseck" near Bitche, France, the investigator was informed by two gendarmes from Bitche that human remains were lying in a forest near a place called "Ochsenmuhle" approximately $1\frac{1}{2}$ mile north of Bitche.

Accompanied by the two gendarmes the investigator and the disinterring team visited the place. Except for the skull and an American helmet and scattered bits of U.S. Army equipment, nothing was uncovered that could lead to the identification of the remains.

As this area was and is still heavily mined it might be assumed that subject deceased had been killed in action by a landmine, the explosion of which completely disintegrated the body.

Interrogation of deminers and gendarmes failed to disclose any information regarding said remains.

According to inhabitants of this area this soldier had been killed approximately in December 1944 or January 1945 when heavy fighting took place in this sector.

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Nancy, 26 June 1947

S T A T E M E N T .

I, the undersigned WILLIAM P. GILL, Investigator employed in the 539 QM SERVICE COMPANY (AC), AGRC, living at Nancy do hereby certify that on the 26th of June 1947 when investigating cases, and present at disinterring activities in the territory of "Ochsenmuhle" near Bitche, France I was informed by the gendarmes Gallas and Drums about the presence of human remains in the forest belonging to said "Ochsenmuhle".

I visited the spot with the above mentioned gendarmes and noticed a skull, with an American helmet, lying on the surface of the ground. The gendarmes were not able to tell me who had made the discovery of said remains; they only knew that an unknown demining employee had informed the gendarmerie at Bitche. An interrogation of demining employees did not reveal who this deminer was.

No further information regarding these remains ~~WERE~~ was available despite close investigation and interrogation at Gendarmerie and Demining - service.

William P Gill
Investigator

IDENTIFICATION CHECK LIST

32 -110

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

Unknown X - 6056 -
Cemetery Neuville en Condroz . Belgium
Plot Z Row 7 Grave 172

Date processed

1. ~~Across country~~ BTB : 15 August 1947
(Hour) (Date)

2. Place of death BTB : Ochsenmuhleforest near BITCHE , Moselle , France
(Name of closest town) (Coordinates and letter Prefix, maps)

K 50, Q 75.
(Sheet, scale and serials used)

3. Remains recovered or disinterred by 539 QM . Service CO (AC)
(Name and organization)

4. Evacuated to Cemetery by Subordinate Identification Point # 2, Neuville en Condroz
(Name and organization) Belgium .

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>One steel helmet with marking</u> (Type)	<u>" R - 1393 "</u>	
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)

Overshoes **None**

Web Equipment **None** (type)

(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?

Ground Forces

6. Description of Remains: **All major bones missing**

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

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

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** (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, extracts)

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

Jaw **UTD** (Large, small, normal) Circumference of head in inches **22"** (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 **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** (Quantity and extent of hair) Circumcision **UTD** (Yes-no) Pubic Hair **None found** (Color)

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

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

Feet **UTD** (Size, corns, callouses, flut) 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.

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? Yes If not, explain (Yes-no)

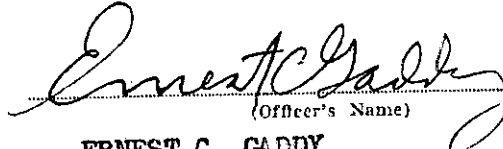
9. Remarks Case consists of the head, only maxilla missing. No clothing.

Fluoroscopic Examination unnecessary. Nothing found to warrant Chemical

Laboratory Examination. Estimated weight of remains: 1 1/2 Lbs. Processing revealed

no positive identifying clues, therefore this case is classified " 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.



(Officer's Name)

ERNEST C. GADDY

CWO USA

Rank

Service

CENTRAL IDENTIFICATION POINT

(Organization)

3Z - 110

Unknown X - 6056

SKELETAL CHART

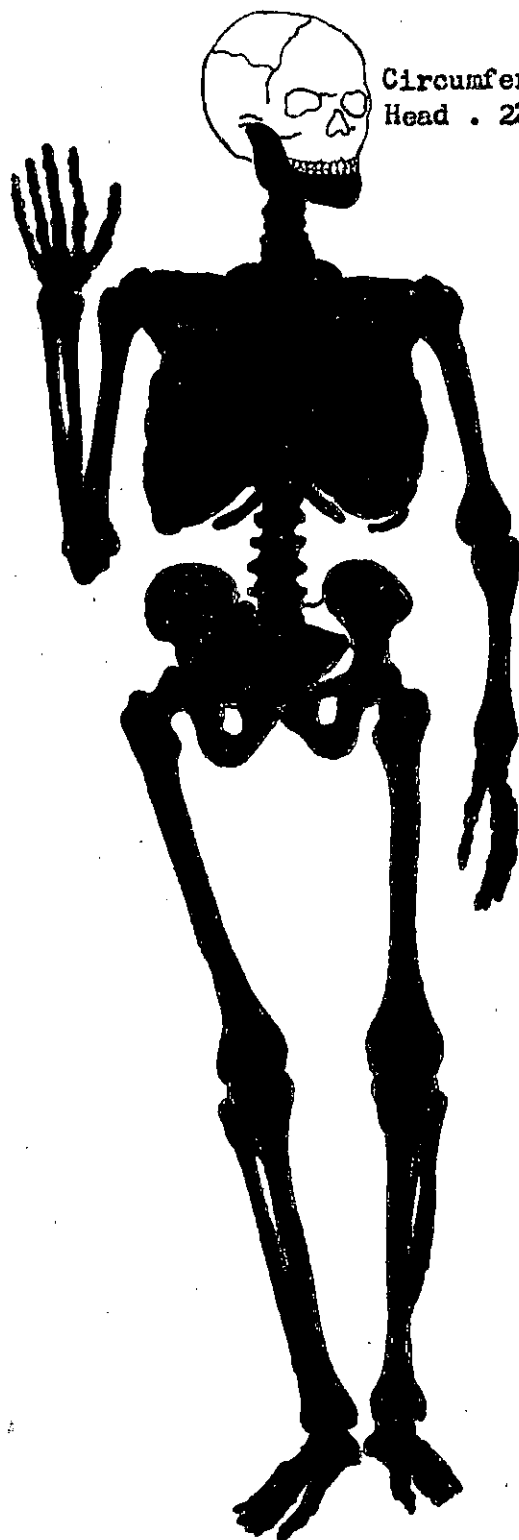
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot : Z

Row : 7

Grave: 172

Circumference of
Head . 22 "



U.S. Military
Cemetery,
Neuville en Condruz
(Belgium)

CHART "A"

All major bones missing

Evac No. 3Z-110

REPORT OF INVESTIGATION

Case # 571

AREA SEARCH

*Attention Graves
Registration
Casualty Clearance Division*

29 August 1947
(Date)

Case Number 3Z - 110

Name Unknown X - 6056

Rank Unknown

ASN Unknown

Means of Identification None

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 **Na** RANK **Na** ASN **Na**

b. ORGANIZATION **Na**

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

a. NAME **Na** RANK **Na** ASN **Na**

b. ORGANIZATION **Na**

3. Names of other deceased buried in immediate vicinity **None**

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

a. Date of above burials **Na** Common graves? **Na**

4. Name and type of Cemetery **Not buried in cemetery**
(Military or civilian)

5. Map Coordinates of the Cemetery **Na**

a. Town **Na** Country **Na**

6. Give exact location in cemetery of the remains:

a. Section **Na** Row **Na** Grave **Na**

b. Is sketch attached? **Na**

7. If remains are not located in a cemetery, give exact location.
- a. Town **BITCHE (Moselle, France) Ochsenmühle-forest**
Coordinates **K.50, Q.75**
- b. Is sketch attached? **Yes**
- c. Is area mined? **Partially**
8. How is grave marked? **No grave, surface burial.**
9. If grave is marked with cross, give exact markings thereon **Na**
- a. From what source was this information obtained? **Na**
(Identification Tags, Personal effects, etc.)
10. Where are the cemetery records? **Na**
(Town Hall, Cemetery, Burgomasters Office)
- a. What information was contained thereon? **Na**
11. What is the date of death? **Appr December 1944, January 1945**
- a. Give basis **Heavy combat in sector at that time**
12. What is the cause of death? **Unk.**
- a. Give basis **Na**
13. What is the date of burial? **Unk**
- a. Give basis **Na**
14. What was the place of death? **Unk**
Coordinates **Na**
15. Where were the remains found? **Ochsenmühleforest near Bitche, Moselle, France**
Coordinates **K.50, Q.75**
16. Was casket used? **No** Who furnished the casket? **Na**
17. Who made the burial? **Na**
(Civilians, American military, German military, etc.)
- a. What are the names and addresses? **Na**
- b. Are certificates and statements attached? **Na**

NOT APPLICABLE

SECTION B. — AIR CORPS DECEASED.

(To be completed only if deceased is believed to be a member of the A.A.F.)

- 18. 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)
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 of 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 the date of death of above-named deceased?
- 27. Number of planes in formation prior to the crash?
- 28. State precise time and date of plane crash.
(Night? Day?)
- 29. Were parachutists seen? How many?
Escaped? Prisoners?

NOT APPLICABLE

SECTION C — ARMORED CORPS DECEASED

(To be completed only if deceased is believed to have been a member of the Armored Corps)

30. Were remains found in wreckage of a tank?
- a. Give specific position in tank from which deceased was removed:
- (Radio man, driver, assistant driver or front, side or 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. Numbers 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? (Truck, jeep, mines, or small arms fire) **Unk**
- If so, give complete and thorough results of the investigation **Na**
- a. Are all certificates and statements of people who possessed knowledge of the case attached?
- Yes**
39. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **See attached statement**

SECTION E — GENERAL

(To be completed by investigation in all cases)

40. Were personal effects recovered by the investigation team? **No**
If not, state reason **None found**
a. Were Identification Tags found at the time of death? **Unk**
Where? **Na** By whom? **Na**
Present disposition? **Unk**
b. Were personal effects found at the time of death? **Unk**
Where? **Na** By whom? **Na**
Present disposition? **Unk**
c. Was deceased identified by living members of the crew at the time of death? **Unk**
d. Did cemetery register or cross indicate the immunization shot? **Na**
41. Was deceased given first aid? **Unk** If so, where? **Na**
By whom? **Na** Are statements from the medical people attached?
Na
42. Was deceased evacuated to a German civilian hospital? **No**
Where? **Na** Names of people concerned **Na**
43. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **No**
44. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?
Decomposed
(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. **Na**
b. If so, has higher Headquarters been notified? **Na**
46. Was case previously investigated? **Unk** By whom? **Na**
When? **Na**

47. Give full names, addresses, and information obtained from each person interviewed:

Gendarme Gallas, Gendarmerie at Bitcho, France
Adjutant Drums, Gendarmerie at Bitcho, 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?

No

50. Was investigation preceded by advance publicity?

Yes
(If special investigation, give case number)

No

51. Give brief narrative

Alvin J. Michel

(Use attached sheets if necessary)

William P. Gill

Alvin J. Michel
(Signature of Interpreter)

William P. Gill
(Signature of Investigator)

Ofc. RA-38308229
Rank ASN

Gr.-5 10356
Rank ASN

539 QM SERVICE COMPANY (AG)
(Organization)

539 QM SERVICE COMPANY (AG)
(Organization)

NARRATIVE

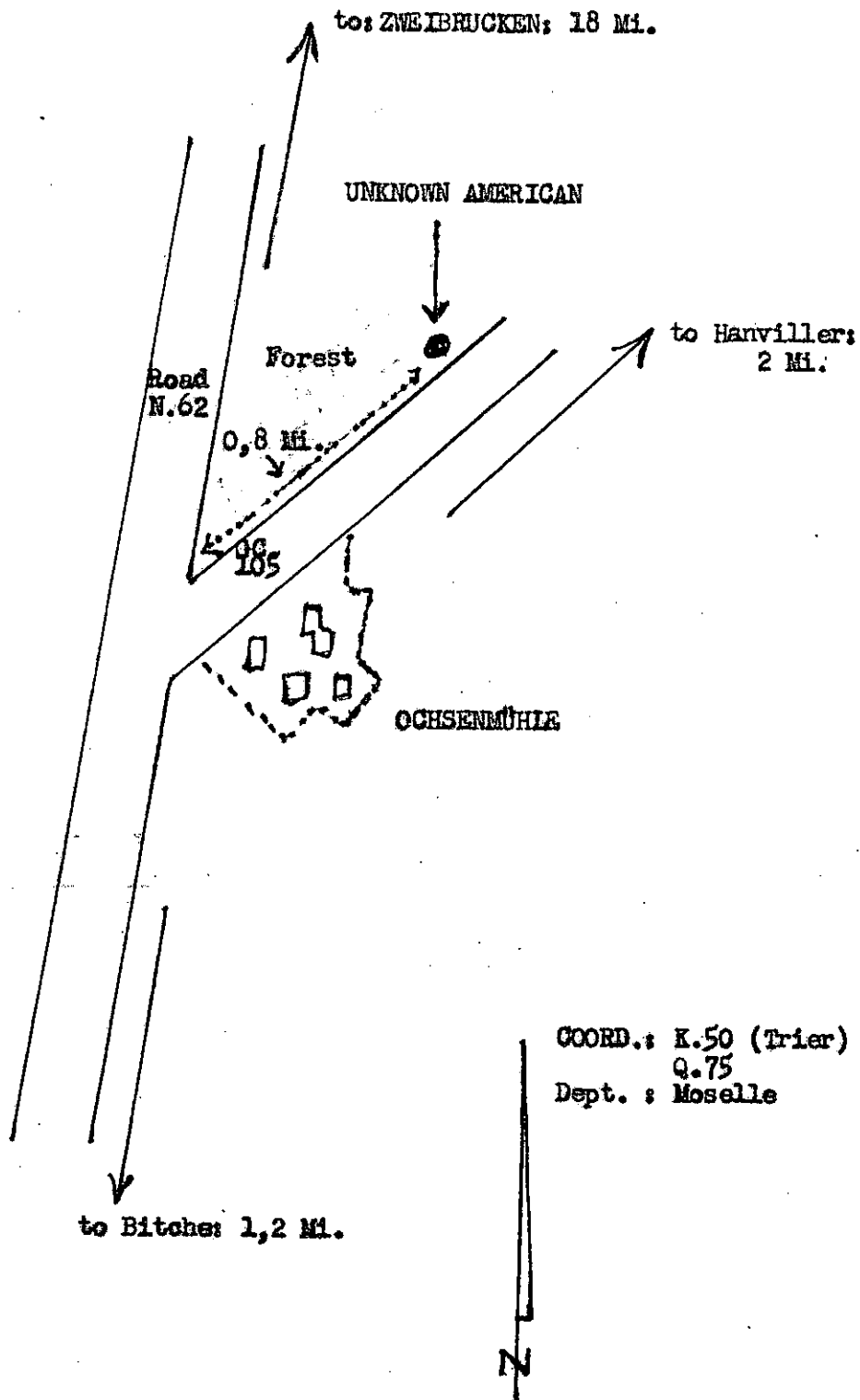
While present at disinterring activities on 26 June 1947 in the area of fort "Schiesseck" near Bitché, France, the investigator was informed by two gendarmes from Bitché that human remains were lying in a forest near a place called "Ochsenmühle" approximately $1\frac{1}{2}$ mile north of Bitché.

Accompanied by the two gendarmes the investigator and the disinterring team visited the place. Except for the skull and an American helmet and scattered bits of U.S. Army equipment, nothing was uncovered that could lead to the identification of the remains.

As this area was and is still heavily mined it might be assumed that subject deceased had been killed in action by a landmine, the explosion of which completely disintegrated the body.

Interrogation of deminers and gendarmes failed to disclose any information regarding said remains.

According to inhabitants of this area this soldier had been killed approximately in December 1944 or January 1945 when heavy fighting took place in this sector.



Nancy, 26 June 1947

S T A T E M E N T .

I, the undersigned WILLIAM P. GILL, Investigator employed in the 539 QM SERVICE COMPANY (AC), AGRC, living at Nancy do hereby certify that on the 26th of June 1947 when investigating cases, and present at disinterring activities in the territory of "Ochsenmuhle" near Bitche, France I was informed by the gendarmes Gallas and Drums about the presence of human remains in the forest belonging to said "Ochsenmuhle".

I visited the spot with the above mentioned gendarmes and noticed a skull, with an American helmet, lying on the surface of the ground. The gendarmes were not able to tell me who had made the discovery of said remains; they only knew that an unknown demining employee had informed the gendarmerie at Bitche. An interrogation of demining employees did not reveal who this deminer was,

No further information regarding these remains ~~WERE~~ was available despite close investigation and interrogation at Gendarmerie and Demining - service.

William P. Gill
Investigator

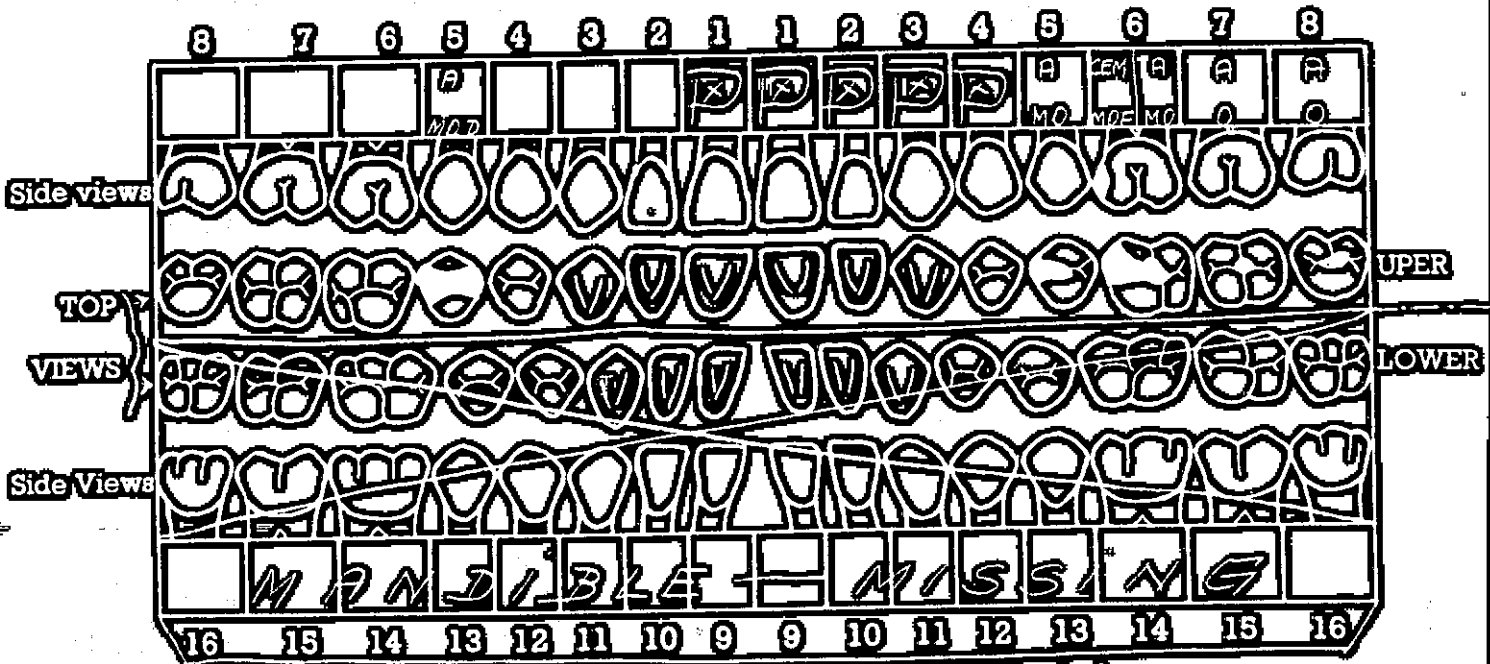
TOOTH CHART

15 August 1947
 Date

Unknown X-6056
 Last Name First Initial Rank Serial No.
 Unknown
 Unknown
 Unit Organization
 BTB A Ochsenmuhle Forest near Bitch, Moselle, France BTB A KIA
 Place of Death Date of Death Cause of Death
 Estimated December 1944
 January 1945

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.

30

Sgt. Ernest C. Gaddy
 Signature of Officer or other person who prepared Tooth chart

Ernest C. Gaddy
 Verified by G. R. S. Officer

ERNEST C. GADDY
 CWO USA CIP

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 remaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing, R1 and L1, 2, 3, 4,
 Medium sized teeth, in very good alignment
 have been bleached white

(31)

6011 R 30 6/10 IDENTIFICATION DATA

1. REMAINS OF UNKNOWN 1F 6056			2. DATE OF REPORT 2 FEB 1979		
3. NAME OF CEMETERY NEUVILLE	4. PLOT 2	5. ROW 7	6. GRAVE 072	7. DATE OF DISINTERMENT REINTERMENT	

8. ESTIMATED WEIGHT/AGE 28/30		9. ESTIMATED HEIGHT UTO	10. COLOR OF HAIR NONE FOUND	11. RACE UTO
---	--	-----------------------------------	--	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
NONE FOUND

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
NONE FOUND

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? SEE SKELETAL CHART
--	--

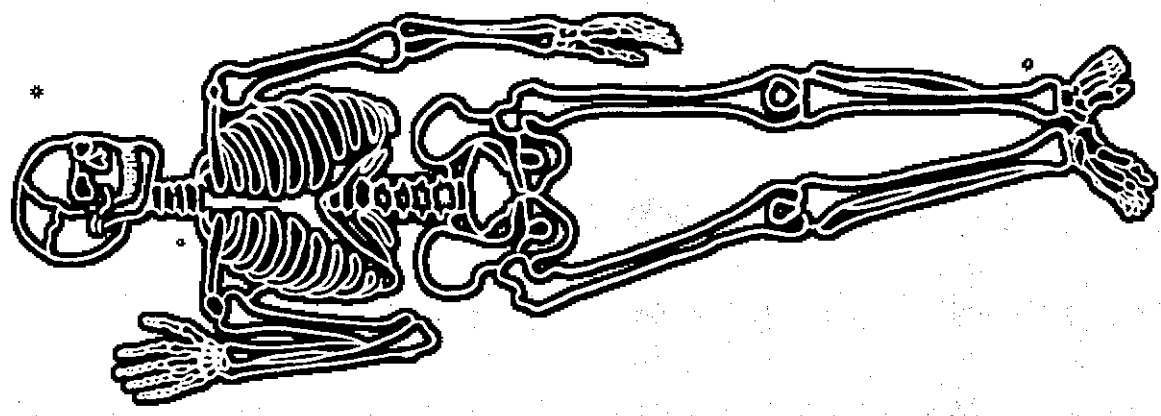
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
NONE FOUND

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area.)

**HELMET, STEEL, REMNANTS
NETTING, CAMOUFLAGE, FOR HELMET**

12

15. BLACK OUT PARTS OF BODY NOT RECORDED



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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION
REMAINS RECOVERED, CONSISTING ONLY OF A SKULL -
ESTIMATED REMAINS FOUND WITH REMAINS, BONE NO
MARKED - EXAMINATION UNDERWAY.
ESTIMATED AGE, 28/30 YEARS - ESTIMATED HEIGHT 5'10."
NO EVIDENCE OF AN OLD HEALING SCAR OR OTHER
IDENTIFYING MARK, BORN OF 7-6056 FOUND WITH REMAINS
IN PRESENCE OF BONE, PLACED IN MATRESS COVER
... ..

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
10

SIGNATURE
Bernard Henry

SKELETAL CHART

(CHECK OFF PARTS OF BODY NOT RECEIVED AT CHECK IN)

February 2-47
4656
Small
SKULL 22 1/2 inches

RIGHT

LEFT

Hand - ...

Hand - ...

HUMERUS _____ cm

HUMERUS _____ cm

ULNA _____ cm

ULNA _____ cm

RADIUS _____ cm

RADIUS _____ cm

ULNA _____ cm

ULNA _____ cm

RADIUS _____ cm

RADIUS _____ cm

ULNA _____ cm

ULNA _____ cm

CHART 11-10

DETERMINED HEIGHT _____ IN

Small

- RECEIVED
- SWAPPED
- MIS INC
- SURED

TOOTH CHART

X-6056
Beville 15012
Z-7-172

2 Feb 49
Date

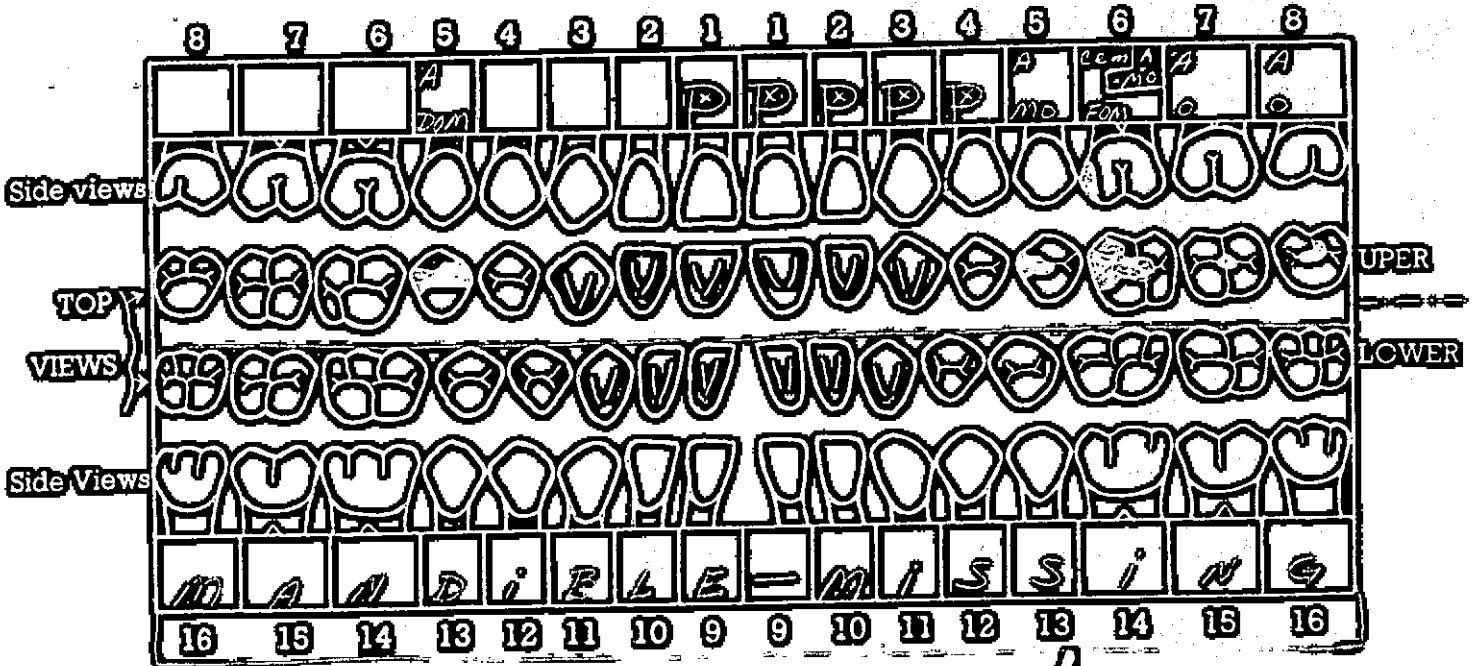
Last Name First Initial Rank Serial No.

Unit Organization

Place of Death Date of Death Cause of Death

Right

Left



In 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.

SIZE - average
Color - good
Alignment - good
Tooth 10 & 11 has been repaired with composite
Missing = 11
243,344

Harold J. Thomas
Signature of Officer or other person who completed tooth chart

Printed by G. & E. Office

X - 6056
Neuville en Condroz, Belgium
Plot Z, Row 7, Grave 172

2 Feb. 1949

There is no suggestion of comparison of the teeth found
in this case with that of : RAMSEY, Erwin H. Pfc 69641593, St. Avold USMC
Plot F, Row 13, Grave 732.

Comparison made with form # 371 and form # 79 for Ramsey.

/s/ Harold D WEBBER
US DA CIV SI-7
C.I.C.

A CERTIFIED TRUE COPY

[Signature]
DON O. MOHRE
1st. Lt. FA

Abel # 4

R-1393.

Laundry Listing: Rico, Juan pot Inf 10301393 7-5-2

Not in Alpha. Car Listing.

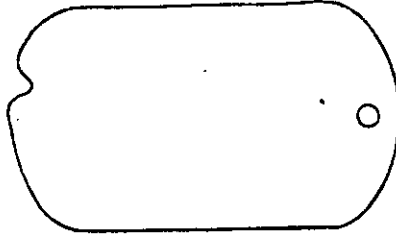

S/ Sgt Smith, Giffin rd - 33180642 worked in
same area, same date.

Birth charts not agreeable.

Further research necessary.

RESTRICTED

32 110 H 1

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 20 Aug. 1947			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No. Unknown		
NAME (Last, first, middle initial) Unknown X- 6056		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 BTB: Ochsenmühle Forest, near Bitche, Moselle, France		CAUSE OF DEATH BTB: KIA			DATE OF DEATH Est. Dec. '44-Jan. '45			
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 8 on reverse)						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes								
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 USMC, Neuville en Condroz, Belgium (VK 390187)								
DATE OF BURIAL 21 Aug. 1947		HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Temp Wooden Cross	PLOT No. Z	ROW No. 7	GRAVE No. 172
WAS THIS A REBURIAL? (Yes or no) No		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Remains found on ground in Ochsenmühle Forest, near Bitche, Moselle, France K50, Q75			PLOT No.	ROW No.	GRAVE No.	
TYPE OF RELIGIOUS CEREMONY General		PERSON CONDUCTING BURIAL RITES J. W. Sartman Capt. O. A. Rusher Rabbi Lepchivcher		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of WD QMC Form 1042 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) No						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) X- 6057			RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 173		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) X- 6055			RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 171		
SIGNATURE OF PERSON PREPARING REPORT ALBERT G. RICHARDSON <i>Albert G. Richardson</i> USWD Civ. CAF 3			SIGNATURE OF GRS OFFICER VERIFYING REPORT IVOR J. FOSMO <i>Ivor J. Fosmo</i> 2nd Lt Inf. CIP					
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