

100 CRU

1

USMC ST. AVOLD FRANCE Buried at deceased:
 Plot D, Row 20 Grave 33 Left: -MILLER, Paul E
 Date reburied: 13 Dec 48 **DISINTERMENT DIRECTIVE** 0-674996 2 LT
 Right: -HAMNER, Marshall 0
 17073944 S SG

Donald H Tackett
 DONALD H TACKETT
 1 LT
 QMC

P. B. Swart
 DIRECTIVE NUMBER P. B. Swart
 DATE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
 3574 00000 15 08 48
 DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
 UNKNOWN B-003276 Q 0 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
 ST AVOLD FRANCE 4P 6 70 3503 80
 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ST. AVOLD, FRANCE
 NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED
 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
 OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
 Embossed plates and stencil changed to read, "Unknown, X-003276-B"

REMAINS PREPARED AND PLACED IN CASKET
 DATE BY

CASKET SEALED BY: Arthur R. Lawrence Embalmer
 EMBALMER (Signature): *Arthur R. Lawrence*
 Arthur R. Lawrence

CASKET BOXED AND MARKED: 8 Oct 48 BY Arthur R. Lawrence
 SHIPPING ADDRESS VERIFIED BY all markings, tags, and plates verified: *M.R. Swart*
 M.R. Swart Capt QMC

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
M.R. Swart
 M.R. Swart Capt QMC 7857 AGRC Zone 3 Hq
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
 DATE: MAR 25 1949
 NAME: *Shuford*
 R & BR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

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

6. SHIPPED

FROM		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

DISINTERMENT DIRECTIVE

Section A Name & Burial Location of deceased		Directive Number 3574		Date	
		Day Month		Year	
NAME	SERIAL NUMBER	RANK	ARMY	DATE OF DEATH	
UNKNOWN X-3276 B				Date	Month Year

CEMETERY ST AVOID	Disposition of Remains Poll-Dbt
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PLOT	ROW	DEPTH	COUNTRY	Code Dist. Pt.
4P	6	70	FRANCE	Cause of Death

Section B - Consignee and Next of Kin	
Name and address of Consignee	Name and Address of Next of Kin.

Section C - Disinterment and Identification				
NAME	Serial Number	Rank	Date of Death	Date Disinterred
UNKNOWN X-3276-B				2 Sept 48
Identification Tag on		Organization	Religion	Identification verified by Oliver E. Modin Embalmer Name & Title
<input checked="" type="checkbox"/> Remains GRS				
<input checked="" type="checkbox"/> Marker GRS				

Section D - Preparation of remains for shipment	
NATURE OF BURIAL	Condition of Remains
Mattress/cover	Some bony fragments left.

Other means of identification

NONE

Minor Discrepancies

No Report of Burial with remains

Remains prepared and placed in wooden Box Casket	
Date 10 Sept 48	By <i>Oliver E. Modin</i> Oliver E. Modin, Embalmer
Casket Sealed by Oliver E. Modin, Embalmer	Embalmer (Signature) Oliver E. Modin
Casket Marked	All markings, tags, plates verified by <i>Henry F. Alzmann</i> HENRY F. ALZMANN, 1st Lt. INF.
Date 10 Sept 48	by Oliver E. Modin

I hereby certify that all the foregoing operations, ~~except~~ were conducted and accomplished under my immediate supervision and that the report above is correct. Final casketing by:

Henry F. Alzmann
HENRY F. ALZMANN, 1st Lt. INF. Zone 3

Henry F. Alzmann
HENRY F. ALZMANN, 1st Lt. INF.

IDENTIFICATION CHECK LIST

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

D.D.# 660, dated 15 Dec 47

Unknown X - 3276 A(B)

Cemetery St. Avoild, France

Plot PPPP Row 6 Grave 70

Date reprocessed :

1. ~~ARRIVED AT CEMETERY~~ 20 Jan 1948
(Hour) (Date)

2. Place of death Borg, Germany (WL 0601)
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by and reprocessed by Mobile Team #1, 1st. Zone
(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>Remnants of</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of, wool O.D.</u>		
Jacket, HBT	<u>Remnants of</u>		
* Shirt, Wool OD	<u>Remnants of, two (2)</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

Belt, web Remnants of

Drawers, wool None

Drawers, cotton None

Leggings, wool Remnants of, canvas one (1)

Socks, ~~cotton~~ wool Remnants of, wool O.D.

* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) Remnants of leather faced gloves.

(Other item) Remnants of pocket comb.

* 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 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 **See Tooth Chart with case X - 3276 (A)B**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Head 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)

(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 **Missing**
 (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 **UTD**
 (Nose, arms, legs, etc.)

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

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

If not, explain Fingers missing

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

9. Remarks Estimated weight of processed remains 1.2025.

See narrative on case X - 3276 (A)B

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.

Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT
Rank

CSC
Service

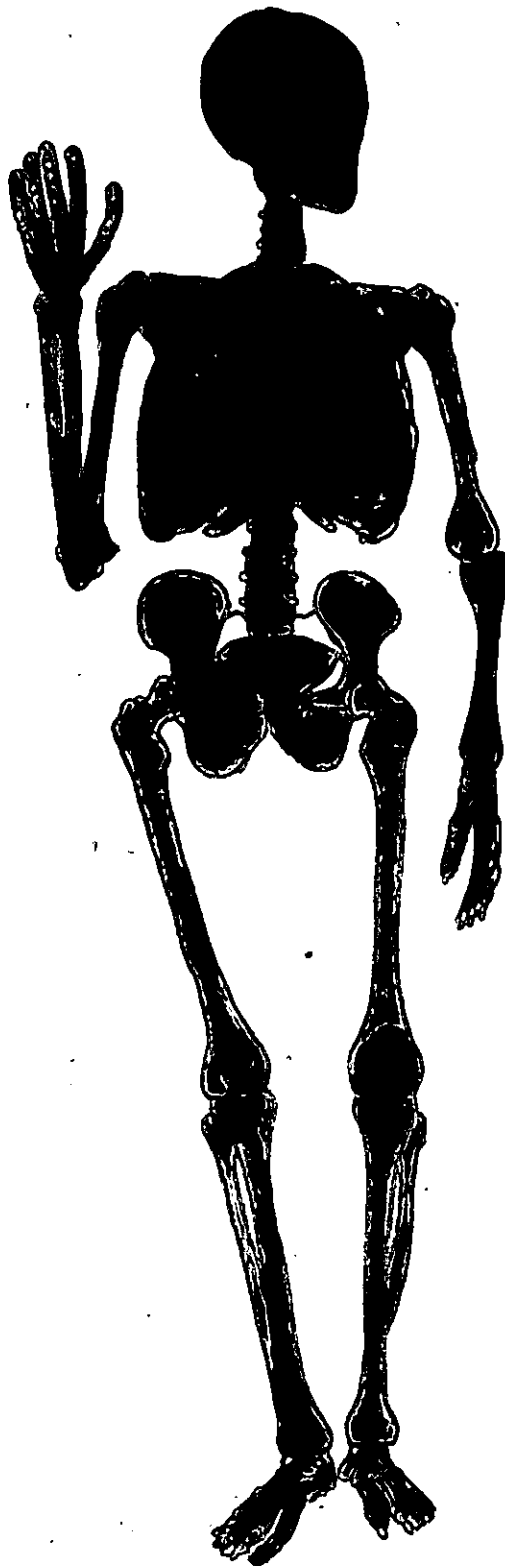
OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



TOOTH CHART

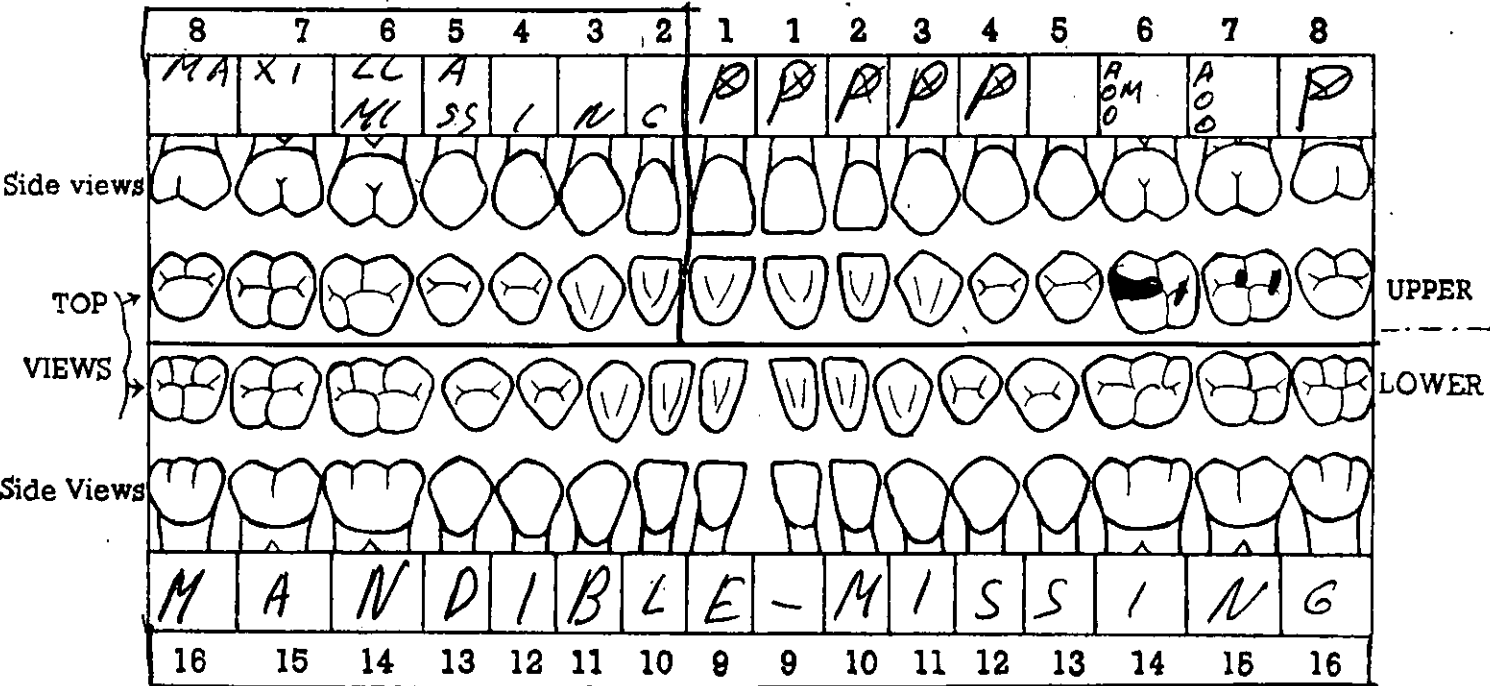
20 Jan 1948

Date

Unknown ^A - 3276 (A)B	Unk	Unk
Last Name	First	Initial
Unk	Unk	Unk
Unit	Grade	Serial No.
Borg, Germany	Est. Feb.-March 46	Head wounds
Place of Death	Date of Death	Cause of Death

Right

Left



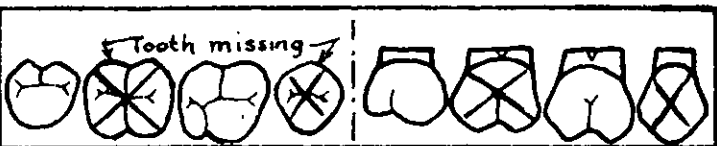
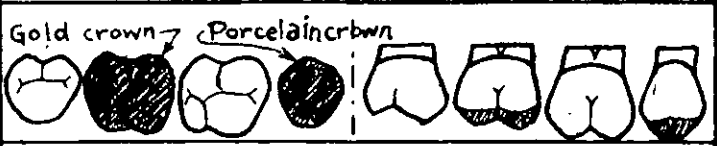
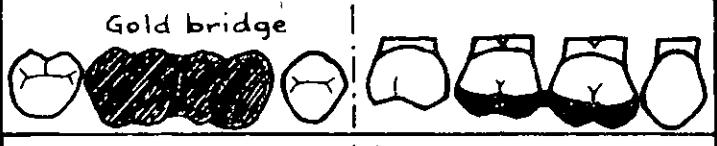
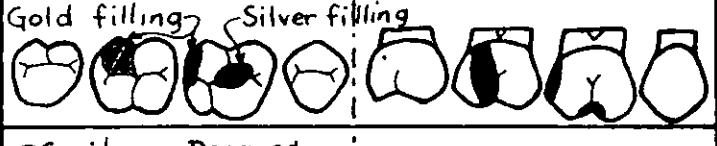
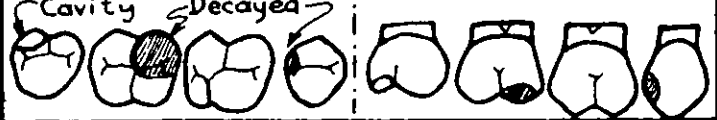
SEE REMARKS

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

WALTER J JABLONSKI
 US DA CIV IS
 WOODROW W WOLF
 CAPT QMC OPER OFF

/s/ Walter J Jablonski
 Signature of Officer or other person who prepared Tooth chart

Woodrow W Wolf
 Verified by G. R. C. Officer

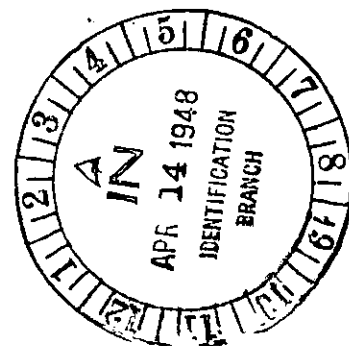
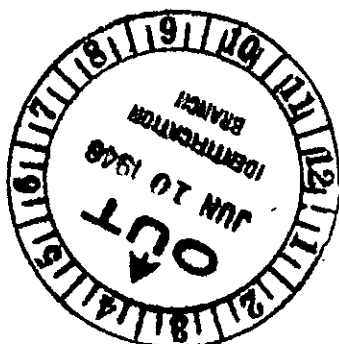
<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK...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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

⊗ = Teeth posthumously missing : R-1, L-1-2-3-4-8.
 Right part of maxilla missing
 Color : dull ivory
 Size : average
 Alignment : good.

Teeth were found among the remains of one body.
 Teeth and chart will remain with case (B).



eth

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

REPORT OF BURIAL

6 Feb 1948
Date

Unknown X - 3276 A(B)

Last Name

First

Initial

Rank

Unk

Serial No.

Unk

Unit

Unk

Organization

Borg, Germany (WL 0601)

Feb. - March 1945

Head wounds.

Place of Death

Date of Death

Cause of Death

1400 19 Jan 46

USMC, St. Avold, France (C-260584)

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

70

Row Number

Temp. Wdn. Cross

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?

This deceased was segregated from former Unknown X - 3276.

What means of identification were buried with the body?

One (1) copy of GRS Form #1 placed in a burial bottle and buried with remains.

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

Who is buried on :

Deceased's Right :

X - 3313 B

Unk

Unk

Unk

71

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left :

X - 3418 B

Unk

Unk

Unk

69

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

Unk

Name

Unk

Address

Religion

Unk

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

None

LEO H LAMPRECHT
US DA CIV IS
WOODROW W WOLF
CAPT QMC
OPERATIONS OFFICER

Leo H. Lamprecht
Signature of Officer or other person reporting burial

Woodrow W. Wolf
Verified by G.R.S. Officer

211

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

REPORT OF BURIAL

6 Feb 1948
Date

Unknown X - 3276 A(B) TM 10-630 AND AR 30-1815

Last Name: Unknown X - 3276 A(B) Rank: Unk
 First Initial: Unk Serial No.: Unk
 Unit: Unk Organization: Unk
 Place of Death: Borg, Germany (WL 0601) Date of Death: Est. Feb. - March 1945 Cause of Death: Head wounds.
 Time and Date of Burial: 1400 19 Jan 46 Name of Cemetery: USMC, St. Avold, France (Q-260584) Name or Coordinates of Location: USMC, St. Avold, France (Q-260584)
 Grave Number: 70 Row Number: 6 Plot Number: PPPP Type of Marker: Temp. Wdn. Cross

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

If No Identification Tags
How were remains identified? This deceased was segregated from former Unknown X - 3276.

What means of identification were buried with the body?

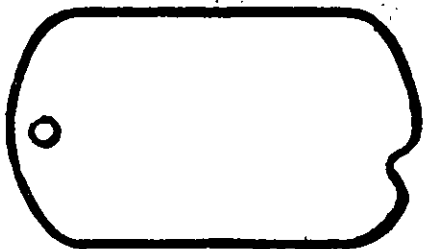
One (1) copy of GRS Form #1 placed in a burial bottle and buried with remains.

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

Who is buried on :

Deceased's Right :	X - 3313 B	Unk	Unk	Unk	71
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left :	X - 3418 B	Unk	Unk	Unk	69
	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 bellow :

Emergency Addressee: Unk
Name

Unk
Address

Religion: Unk

List only Personal Effects Found on Body and disposition of same : None

LEO H LAMPRECHT
US DA CIV IS
WOODROW W WOLF
CAPT OMC
OPERATIONS OFFICER

Leo H. Lamprecht
Signature of Officer or other person reporting burial

Woodrow W. Wolf
Verified by G.R.S. Officer

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

(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

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