

REPORT OF INVESTIGATION AREA SEARCH

REINTERRED U.S. MIL. CEM.  
ST. AVOLD NN-6-70

19 April 1946,  
Date

NAME Unknown X-6030 RANK Unknown ASN Unknown  
ORGANIZATION Unknown  
MEANS OF IDENTIFICATION None

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

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

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

a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_  
b. ORGANIZATION \_\_\_\_\_

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

a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_  
b. ORGANIZATION \_\_\_\_\_

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY \_\_\_\_\_  
NONE

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

A. Date of above burials \_\_\_\_\_ Common Graves? \_\_\_\_\_

4. Deleted \_\_\_\_\_

5. Name and type of cemetery Isolated Grave  
(Military or Civilian)

6. Map Coordinates of the Cemetery \_\_\_\_\_

a. Town \_\_\_\_\_ Country \_\_\_\_\_

7. Give exact location in cemetery of the remains.

a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

b. Is sketch attached? \_\_\_\_\_

8. If remains are not located in a cemetery, give exact location.

a. Town Pevange (Moselle) Coordinates Q - 180361

b. Is sketch attached? YES

c. Is area mined? NO

9. How is the grave marked? UNMARKED

10. If grave is marked with cross, give the exact markings thereon

a. From what source was this information obtained?  
(Identification tags, personal effects)

b. By whom?

11. Where are the cemetery records? No records  
(Town hall, cemetery, burgermeister's office)

a. What information was obtained thereon?

b. Where was the information obtained?

c. By whom?

12. What is the date of death? EST. Nov 1944

a. Give basis Time of fighting in this area

13. What is the cause of death? UNK. See statement

a. Give basis

14. What is the date of burial? Nov. 1944

a. Give basis Statement of Mr. BARBIER

15. What is the place of death? Pevange (Moselle) Coords Q- 18e351

a. Give basis Remains found there

16. Where were the remains found? Pevange (Moselle) Coords Q- 18e351

a. By whom? Mr. BARBIER

b. Is sketch attached? YES

17. Was a casket used? NO Who furnished the casket?

Type of casket How marked?

18. Who made the burial? French Civilian

(Civilian, American Mil or German Mil)

a. What are the names and addresses? Mr. BARBIER, Pevange (Moselle)

b. Are certificates and statements attached? YES

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

19. Were remains found in the plane wreckage?

a. Give location in plane from which the bodies were removed

(Tail gunner, pilot, radio turret, etc., or front, side, of plane)

b. Near wreckage?

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

a. Type of plane

b. Marking and/or name of plane

*File  
24 Nov 51  
A. Martin*

c. Give numbers. Motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_  
\_\_\_\_\_

21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_  
Enemy plane? \_\_\_\_\_ Collision? \_\_\_\_\_

22. Did plane explode in the air? \_\_\_\_\_ On the ground? \_\_\_\_\_

23. Did plane burn in the air? \_\_\_\_\_ On the ground? \_\_\_\_\_

24. What was the direction of the flight? \_\_\_\_\_  
\_\_\_\_\_

25. What was the civilian opinion regarding the destination of the plane?  
\_\_\_\_\_

26. Had bombs been released prior to the crash? \_\_\_\_\_

27. Does specific time and date of crash correspond with the date of death of above named deceased? \_\_\_\_\_

28. Number of planes in formation prior to crash \_\_\_\_\_

29. State precise time and date of plane crash \_\_\_\_\_  
(Night?, Day?)

30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? \_\_\_\_\_

a. Give specific position in tank from which deceased was removed \_\_\_\_\_

(Radio man, driver, asst driver or .. front, side, or back)

b. Near wreckage? \_\_\_\_\_

32. Location of destroyed tank 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. \_\_\_\_\_  
\_\_\_\_\_

33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_

34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_

36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_

37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night?, Day?)

38. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

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

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arm fire) UNK

If so, give complete and thorough results of the interrogation.

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

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased

See Statement of Mr. BARBIER

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

41. Were personal effects recovered by investigating team NO

If not, state reason NONE AVAILABLE

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

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Present disposition UNK

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation abandoned.

b. Were personal effects found at the time of death? UNK

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

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? No records

42. Was deceased given first aid? UNK If so, where? \_\_\_\_\_

By whom? \_\_\_\_\_ Are statements from the medical people attached? \_\_\_\_\_

43. Was deceased evacuated to a German hospital? UNK

Where? \_\_\_\_\_ Names of the people concerned \_\_\_\_\_

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Two legs originally found but only one is buried (Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? NO

a. If so, give basis for positive assumption \_\_\_\_\_

b. If so, has higher headquarters been notified? \_\_\_\_\_

47. Was case previously investigated? NO By whom? \_\_\_\_\_

When? \_\_\_\_\_

48. Give full names, addresses, and information obtained from each person interviewed Mr. BARBIER, Fovange ( Moselle ) FRANCE

See statement

49. Are all positive statements regarding identification and particulars surrounding death attached? YES

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? NO

51. Was investigation preceded by advanced publicity? YES

(If special investigation, give case number) \_\_\_\_\_

52. Give brief narrative The mayor's statement contains all information obtained, No other graves were known to citizens of the Commune.

(Use attached sheets, if necessary)

J. Renonce  
Signature of Interpreter

J. RENONCE

Rank

ASN

3049th G.R. Co.

Organization

C.S. Rayburn  
Signature of Investigator

Pfc. C.S. RAYBURN 35296316

Rank

ASN

3049 th G.R. Co.

Organization

N



MORHANGE

UNKNOWN X-6080  
REI REFERRED U.S. MIL. GEN.  
ST. AVOLD NN-6-70



AMERICAN SOLDIER → ⊕

6C137D

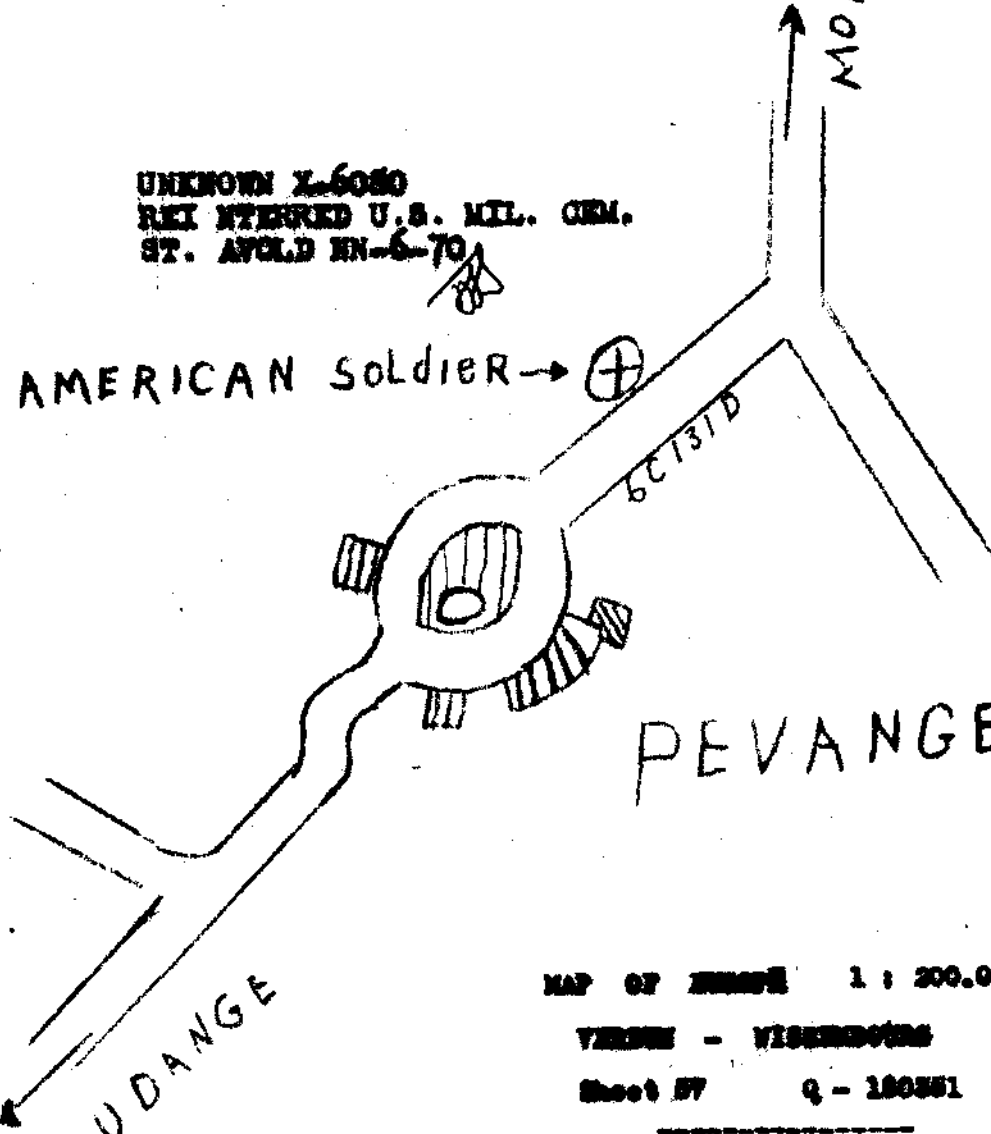
PEVANGE

HABOUDANGE

MAP OF AREA 1 : 200,000

VIETNAM - VIETNAM

Sheet 87 Q - 18051



TRUE COPY

PEVANGE le 5 Avril 1946

DECLARATION

Je, soussigné, BARBIER Fernand, Maire de la Commune de PEVANGE, declare ce qui suit:

Au debut Novembre 1944, lors des combats qui se deroulerent dans la region, les Autorites Americaines evacuerent la population de PEVANGE.

A mon retour, le 17 Novembre 1944, apres la liberation du Village, j'ai trouve 2 jambes humaines.

Les chaussures et guetres qu'elles portaient, etaient d'origine Americaine, ce qui laisse supposer que ces restes peuvent etre ceux d'un soldat Americain.

Je l'ai alors signale a la Gendarmerie de Morhange,

Quelques jours apres, une jambe a disparu; c'est alors que j'ai enterre celle qui restait.

J'affirme qu'aucune autre chose n'a ete decouverte (partie d de corps, papiers d'identite ou objets divers)

Personne, dans la Commune de Pevange ne peut donner aucune information concernant cette decouverte.

Pevange, le 5 Avril 1946

Ont signe: Le Maire : BARBIER

Le Garde-Champetre : GRANDTHURIN

Un Conseiller Municipal : M. GUERBER

Cachet de la Mairie.

STATEMENT

I, undersigned, BARBIER Fernand, Mayor of the Community of PEVANGE, declare what follows:

On beginning of November 1944, American troops were fighting against Germans in the vicinity of the village, the ~~authorities~~ American Authorities evacuated the population of Pevange.

When I came back, on the 17 Nov. 44, after the liberation, of Pevange, I found 2 human legs. The shoes and leggins they wore, were of American origin., which let me suppose that the remains may be those of an American soldier.

I reported about my discovery to the French Gendarmerie in Morhange. Some days after, one leg disappeared, then, I buried the one which remained.

I certify that nothing else has been discovered in the vicinity ( parts of body, identity papers or other things).

Nobody, in the community may give any information concerning that discovery to my knowledge.

Have signed: The Mayor : BARBIER - the rural constable: GRAND-THURIN, and a common councilman: M. GUERBER

Seal of the Mairie

CERTIFIED A TRUE COPY

*Howard E. Metzbow*  
Howard E. METZBOWER  
2nd. Lt. INF.

UNKNOWN X-6080

REINTERRED U.S. MIL. CEM.

ST. AVOLD NN-6-70

UNKNOWN X-6080  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD NN-6-70

P. Leverage

I, under signed Barber Fernand, Mayor of the community of PEVANGE declares what follows.

On beginning of November 1944, American troops were fighting against Germans in the vicinity of the village, the American authorities evacuated the population of PEVANGE.

When I came back, on the 17 Nov 44, after the liberation of PEVANGE I found 2 legs human legs - The shoes and bagging they were were ~~from~~ of American origin, which ~~was~~ <sup>led me</sup> ~~suppose~~ that the <sup>remains</sup> ~~remains~~ may be those of an American soldier.

I reported ~~it~~ about my discovery to the French Gendarmerie in Mochang some days after, ~~one~~ <sup>one</sup> leg disappeared then, I ~~buried~~ <sup>buried</sup> the one which remained.

I affirm that nothing else has been discovered ~~for~~ in the vicinity (parts of body, newspapers or other things).

Nobody in the community ~~may~~ <sup>may</sup> give any information concerning that discovery to my knowledge.



## Declaration.

Je soussigné, BARBIER Fernand, maire de la commune de PEVANGE déclare ce qui suit :

Au début Novembre 1944, lors des combats qui se déroulaient dans la région, les autorités américaines évacuèrent la population de PEVANGE.

A mon retour, le 17 Novembre 1944, après la libération du village j'ai trouvé 2 paquets humains - Les chaussures et gants qu'ils portaient étaient d'origine américaine, ce qui laisse supposer que ces restes peuvent être ceux d'un soldat américain.

Je l'ai alors signalé à la gendarmerie de Marbais.

Quelques jours après, une jambe a été trouvée, c'est alors que j'ai enterré celle qui restait.

J'affirme que aucune autre chose n'a été découverte (partie de corps, papiers<sup>idées</sup> ou objets divers).

Personne dans la commune de  
~~la commune~~ PEVANGE ne peut donner  
aucune information concernant cette  
deconvance -

Le garde champêtre  
Grandthurin

Pevange le 5 ~~Avril~~ 46



*Le Maire*  
*Buis*

M. GERBER Pierre - Conseiller municipal

X-6080

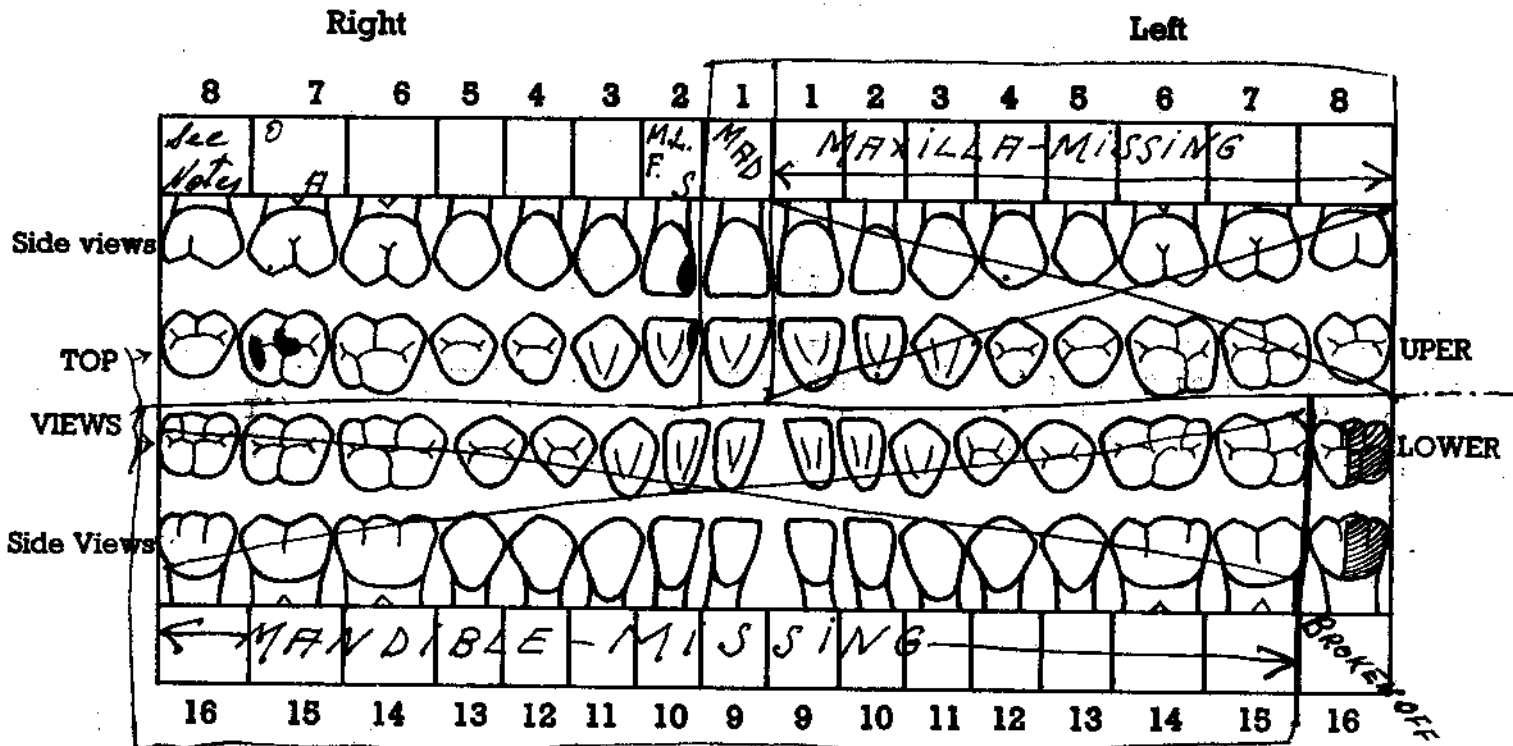
G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
HQ. COM. ZONE, ETOUSA

X-6080  
St. Avold

# TOOTH CHART

12 October 1946  
Date

Last Name	First	Initial	Rank	Serial No.
Unit			Organization	
Place of Death		Date of Death	Cause of Death	



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.

*Robert A. Ventura* U.S. Civ. B. 315054 M.G.  
Signature of Officer or other person who prepared Tooth chart

*Robert A. Salvador*  
Verified by G. R. S. Officer  
ROBERT A. SALVADOR

CAPT. INF.  
CENTRAL IDENTIFICATION POINT

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



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



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

1.) Only one (1) teeth found on right mandible. Appears to be R 16, because there is no more room for another teeth. However, it is hard to tell because the teeth is broken and half of it is missing.

2.) R 8 was only slightly erupted before death.

AGRC  
FORM No. 11  
Revised 5 January 1946

# CHECK LIST OF UNKNOWNNS

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

Unknown **X - 6080**  
Cemetery **St. Amand, France (Q-260584)**  
Plot **UN** Row **6** Grave **70**

1. Arrived at cemetery .....  
(hour) (date)
2. Place of death .....  
(name of closest town) (coordinates and letter Prefex, maps)  
  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by .....  
(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.
	<b>None</b>		
*Headgear	<b>None</b>		
Raincoat	<b>None</b>		
Overcoat	<b>None</b>		
Jacket, Field	<b>None</b>		
Jacket, Combat	<b>None</b>		
Mackinaw	<b>None</b>		
Sweater	<b>None</b>		
Jacket, HBT	<b>None</b>		
*Shirt, Wool OD	<b>Officer's, green, remnants of.</b>		
Undershirt, Wool	<b>None</b>		
Undershirt, Cotton	<b>Yes, small piece</b>		
Trousers HBT	<b>None</b>		
*Trousers, Wool OD	<b>None</b>		

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

\*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **Coverall, pieces -- Parachute harness, pieces.**

(Other item)

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

6. Chevrons or Insignia **None**  
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **None**

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

**A.A.F.**

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **None found**

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

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

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

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

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

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

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

Hair **None**  
(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**  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **UTD**  
(prominent, receding, pointed, dimple, double)

Jaw **UTD** Circumference of head in inches **Crushed**  
(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 & extent of hair, large, small normal)

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

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

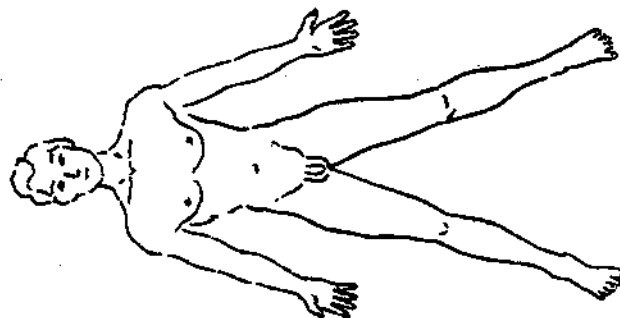
Hernioplasty **UTD**  
(yes-no; location)

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

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

Evidence of healed factures None found  
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :



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

If not, explain \_\_\_\_\_

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

12. Remarks : Remains a small amount of crushed and burned bones, impossible to identify with any degree of accuracy. X-Ray not needed. Present weight, about 2 pounds. Burial bottle.

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.

*Robert A. Salvador*  
Officer's Name

**ROBERT A. SALVADOR**

**SAFT. INF.**  
Rank Service

**CENTRAL IDENTIFICATION POINT**

Organization



# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Sub (misc) St. Arnold  
X-6010 X-6067 X-6080

## SYNOPSIS AND DATES

*misc filed*

NEW CLASSIFICATION 293 Sub St. Arnold X-6010

# RECLASSIFICATION SHEET

Plot J Row 27 Gr 35  
 Date of Burial: 22 June 1950  
 Verified by GRS Officer: **DISINTERMENT DIRECTIVE**  
*B. J. Rodriguez*  
 P. T. RODRIGUEZ, C.M.C., USA

*9pp*  
*7/2/50*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
 DIRECTIVE NUMBER **3574 00000**  
 DATE **15 01 48**  
 DAY MONTH YEAR

NAME **UNKNOWNX-006080** SERIAL NUMBER **UNKNOWNX-006080** RANK **1** ARM **1**  
 DATE OF DEATH DAY MONTH YEAR

CEMETERY **ST AVOLD - METZ** DISPOSITION OF REMAINS **350 25 80**  
 CODE DIST. PT.

PLOT **NM** ROW **6** GRAVE **70** COUNTRY **FRANCE** CAUSE OF DEATH **6**

SECTION B - CONSIGNEE AND NEXT OF KIN  
 NAME AND ADDRESS OF CONSIGNEE **ST AVOLD, FRANCE** NAME AND ADDRESS OF NEXT OF KIN **ST LAURENT, FRANCE**  
 (BY ADMINISTRATIVE ORDER) These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-9 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION  
 NAME **UNKNOWN X-006080** SERIAL NUMBER **UNKNOWN X-006080** RANK **1** DATE OF DEATH **30 June 48** DATE DISTINTERRED **30 June 48**

IDENTIFICATION TAG ON  REMAINS  MARKER GRS ORGANIZATION **USAAF** RELIGION **Unknown** IDENTIFICATION VERIFIED BY **Geo W. Lowry** NAME AND TITLE **Embalmer**

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT  
 NATURE OF BURIAL **Mattress/cover** CONDITION OF REMAINS **Remains consists of fractured Skull & Mandible, Lt/Rt Humerus, Rt/Ulna, - R/L Scapula. All fractures & few vertebrae.**

OTHER MEANS OF IDENTIFICATION **Report of Burial with remains** **NAT FILE**

MINOR DISCREPANCIES **NONE** **RECORDS ANNOTATED** **DATE 27 JUL 50** **NAME R.T. Johns** **RtP BR. MEM. DIV.**

REMAINS PREPARED AND PLACED IN CASKET  
 DATE **7 July 48** BY **Geo W. Lowry, Embalmer**

CASKET SEALED BY **Geo W. Lowry, Embalmer** EMBALMER (Signature) *Geo W. Lowry*  
**Geo W. Lowry**

CASKET BOXED AND MARKED **7 July 48** BY **Geo W. Lowry** SHIPPING ADDRESS VERIFIED BY **Jesse C. Harrell** verified by: *Jesse C. Harrell*  
**JESSE C. HARRELL, 1st Lt. CAC**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
 Final casketing by *Jesse*  
**JESSE C. HARRELL, 1st Lt.**  
*Jesse C. Harrell*  
**JESSE C. HARRELL, 1st Lt. CAC. 7857 AGRC**  
 3rd Zone/Hq SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
 Consignee changed by Reg Div. *90*

AIRMAIL

COMM 114.0

1st Ind

000 European

(Am. Avia) 1-1000

SUBJECT: Certification of Unidentifiability of Unknown  
Transmittal Letter #1071

Dept. of the Army, OAG, Washington 25, D. C., 7 February 1950

TO: Chief, Registration Division, 7887 Graves Registration Detachment,  
APO 50, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed on  
basic communication as Unidentifiable with the exception of Unknown  
1-6010, which was suspended to your headquarters by radio 2 February 1950.

FOR THE QUARTERMASTER GENERAL:

7 Inclns  
w/a

T. D. WISE  
Lt. Colonel, GSC  
Memorial Division

Holloman  
Clements  
RMB

1-6010  
1-6080  
1-6080  
1-6080

AIRMAIL

293 Dub - France (misc) Lt. Auck  
X-6010 X-6067 X-6080

ORIG REPT OF AGY VAN TO  
CITE INFORMATION BY  
TWT GENE THE  
PARIS FRANCE

UNCLASSIFIED

REFUSED

serial 33218

FROM GENE THE ONE IDENTIFIABILITY THAT GENE THAT GENE  
THAT GENE IS ATLAS

CIL MEMORANDUM REPT OF GENE THE OFFICE GENE GENE  
PENDING THE FBI AND

V. Jeffrey  
Clements  
JTB

cc: Administrative Section

UNCLASSIFIED

171102

UNCLASSIFIED

TO CAPT HENRY BIR TUBOS

JAN 10

W. A. RICHARD  
CAPT, G-2, NSA CITY

• ORG MEMPHIS  
(BY ATLAS) FRANCE

293 William  
Scanlon  
X-6080 (JTB 0011)

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

RRE 293

30 December 1949

(Date)

293 m. France X-6080 (St Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6080 , Plot HN,  
Row 6, Grave 70, USMC ST. AVOLD, France  
have been reviewed and it is the opinion of the Board of Review, this  
headquarters, that sufficient evidence is not available to establish  
the identity of the deceased concerned, therefore, these remains should  
be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office  
of The Quartermaster General by Transmittal Letter No. 1890, dated  
7-5-46.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Lt. Col. E. D. Mulvanity  
Capt. Edward F. Price, Jr.  
CWO Leodore Goudreau

Received 3 FEB 1950 OQMG

Not identifiable from  
information presently  
available

File

3 FEB 1950

V. Jeffrey  
Identification Branch

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

RRE 293

30 December 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6080, Plot II, Row 6, Grave 70, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 1899, dated 7-5-46.

3. Remarks:

See Case History attached.

FILE - 3 FEB 1950  
Received  
Not identifiable from  
information presently  
available

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

JMC

Lt. Col. E. D. MULVANITY, O-359596

JMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

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

JMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GERR, W-2102925

USA

Capt. Jack C. HAYES, O-1577297

JMC

CWO Leodore GOUREAU, W-2113434, USA

Incl #7

## CASE HISTORY

UNKNOWN NO.

X-6080

U.S. MILITARY CEMETERY

St Avold, France

(Location)

Unknown X-6080 was recovered from an isolated grave in the vicinity of Pevange, (Moselle) France. Date of death is estimated as November 1944. Cause of death is undetermined. However according to the reprocessing checklist, this unknown is possibly an air corps casualty, as remnants of a parachute harness was found on the remains. Officers clothing was also found. Condition of the remains however makes identification difficult. An estimated height was impossible to determine and very few teeth were recovered.

Because of the above information this remains is declared UNIDENTIFIABLE.

M. H. KAMONS.



21 118

6

### DISINTERMENT DIRECTIVE

293 Under 8-6080 France (Signature)

SECTION A NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3574 00000		DATE 13 01 00		
NAME				SERIAL NUMBER UNKNOWN 8-00000		RANK	ARM 1	DATE OF DEATH
CEMETERY ST AVOLD - METZ								DAY MONTH YEAR 13 01 00
PLOT NA				ROW C	GRAVE 70	COUNTRY FRANCE		DISPOSITION OF REMAINS 0 3503 00
								CODE DIST. PT. 0
								CAUSE OF DEATH 0

**SECTION B — CONSIGNEE AND NEXT OF KIN**

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

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME		SERIAL NUMBER	RANK	DATE OF DEATH		DATE DISTINTERRED	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAAF		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	EMBALMER (Signature)
------	----	----------------------

CASKET SEALED BY	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.



CHECK LIST FOR UNKNOWNIS

UNKNOWN X-6080  
CEMETERY ST. AVOLD  
PLOT NN- ROW 6 GRAVE 70

ARRIVED AT CEMETERY 1500 19 April 1946 FROM (COLLECTING POINT)

PLACE OF DEATH Pevange Moselle France Carte Michelin sht 87 1.200.000

EVACUATED TO CEMETERY BY 3049th QMGR Co (COORDINATES & LANDMARKS) (Q-180351)

REMAINS RECOVERED BY GPP 535th QM Gr (NAME AND ORGANIZATION)

IS LOAD LIST ATTACHED ARE NAMES OF DECEASED FOUND IN SAME AREA AS THIS (YES-NO)

UNKNOWN STARTED ARE CIRCUMSTANCES DESCRIBED WHICH MAY INDICATE ORGANIZATION OF THE DECEASED IF ONLY PART OF A BODY WAS RECEIVED, WAS A CAREFUL

SEARCH MADE FOR OTHER PARTS OF UNKNOWN (YES-NO)

IF REMAINS COME FROM VEHICLE, PLANE, ETC: (TYPE OF VEHICLE OR PLANE)

NICKNAME SERIAL NUMBER ORGANIZATION OR SYMBOLS

CREW LIST (NAMES OF OTHER DECEASED AND POSITIONS IN WHICH FOUND)

IF A TANK, WHICH HITCHES WERE FREE AND AVAILABLE FOR ESCAPE USE

IF ORGANIZATION TO WHICH VEHICLE OR PLANE WAS ASSIGNED OR IF NAMES OF ALL OTHER DECEASED ARE NOT KNOWN, GIVE DETAILED INFORMATION CONCERNING VEHICLE OR PLANE

(PARTS OF MARKINGS OR SYMBOLS) (BURNED) (PIERCED BY SHELL FIRE - WHERE) (FOUND

IN TOWN, FIELD, BY ROAD) (DAMAGED BY MINE EXPLOSION) (NAMES OF MEN WHO ESCAPED)

(DESCRIPTION OF OTHER VEHICLES OR PLANES IN AREA)

DETAILED DESCRIPTION OF PERSONAL EFFECTS (INDICATE EXACT POCKET OR PART OF BODY

WHERE FOUND)

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **none**

Remains, Wool **none** (Date unusual finding)

Socks, Cotton **none**

\*Shoes (Type) **none Est 9½**

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **none**

(Other item) **none**

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

6. Chevrons or **none**  
 Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch **none**

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

8. Description of Remains; **EST**  
 Age **UTD** Height **UTD** Weight **115 lb** Description of wounds **UTD**

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

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

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

**UTD**

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

Complexion **UTD**  
 (Light, med, dark, clear, rhyler, roets, freckels)

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

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

ANNEX #4

Bandages or dressings UTD Scars UTD  
length, width

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

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

location UTD

Sunburn or tan, other than hands and face UTD

Tobacco stain on fingers or teeth UTD  
(designate where, extent)

Complexion UTD  
(light, med, dark, clear, pimples, pocks, freckles)

Build UTD  
(large, fat, thin, muscular)

Hair UTD  
(color, length, quantity, curly, wavy, straight, whorles, or  
definite parting, baldness, widow's peak, other characteristics)

Sideburns UTD Eyebrows UTD  
(color, setting, shape) (color, bushiness,  
mustache UTD Beard or goatee UTD  
across nose (color, size, shape) (length, heavy, light,  
color, extent) Eyes UTD  
(color, setting, shape)

Nose UTD Ears UTD  
(size, shape, straight) (size, set close or far from  
Forehead UTD Mouth UTD Lips UTD  
(head) (high, wide, wrinkled) (large, med, small) sm, lge

Teeth UNABLE TO OBTAIN TOOTH CHART  
(white, size, unevenness, spacing, noticeable crown, fillings, miss'g)

Chin UTD Cheekbones UTD  
(prominent, receding, pointed, double, knob) (high, normal)

Jaw UTD Circumference of head in inches UTD  
(large, small, normal) (hat band)

Neck UTD Larynx UTD  
(size, long, short, normal, wrinkled) (prominent, normal)

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

UTD

Extent & quantity of hair (vaccination scar, size of wrists)

Hands UTD  
(large, small, normal, calloused noticeably) (marks on fingers  
indicating that rings were worn)

Fingers UTD  
(short, thick, long, slender; size of knuckles) (missing  
fingers or joints) (unusual characteristics of fingernails)

Chest UTD  
(size at nipples; color, quantity & extent of hair; large, small,  
Back UTD Waist UTD  
normal) (quantity & extent of hair) (size at naval, appendectomy  
amount & color of hair) (circumcized UTD Pubic hair UTD  
(yes-no) (color)

Hernioplasty UTD Legs UTD  
(yes-no) (location) (inseam) (muscular; knock-  
kneed, bowed, normal) (quantity, color & extent of hair)

Feet UTD Toes UTD  
(size; corns; callouses; flat) (Slender, straight, crooked, etc.)  
Evidence of healed fractures UTD  
(nose, arms, legs, etc.)

Black out parts of body not  
receives at cemetery



Have photographs been made and attached no If not, explain  
unable to obtain (yes-no)  
Have fingerprints been placed on GRS #1 no If not, explain  
unable to obtain (yes-no)  
Has tooth chart been prepared no If not, explain  
unable to obtain. (yes-no)

Remarks: Distal end of right tibia and fibula and bones of right foot  
are all of remains recovered. Fracture complete distal 3rd tibia and  
fibula. Proximal fragment not recovered. Approximate weight of remains  
1/2 lb/.

*[Signature]*  
FC Kochendorfer 2nd/Lt Inf 535 QM Gr  
Signature of GRO and Organization



UNKNOWN X-6080  
REINTERRED U.S. MIL. CEM.  
ST. AVOLD NN-6-70

AMERICAN SOLDIER →

MORHANGE

60131D

PEVANGE

HABOUDANGE

MAP OF EUROPE 1 : 200,000

VERDUN VISSERBOURG

Sheet 57 Q - 180351

# CHECK LIST OF UNKNOWNNS

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

Unknown X - 6080  
Cemetery St. Aved, France (Q-260584)  
Plot UN Row 6 Grave 20

1. Arrived at cemetery .....  
(hour) (date)
2. Place of death .....  
(name of closest town) (coordinates and letter Prefex, maps)  
.....  
(Sheet, scale and serinls used)
3. Remains recovered or disinterred by .....  
(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).**

	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
Item	<u>None</u>		
*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>Officer's, green, remnants of.</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>Yes, small piece</u>		
Trousers HBT	<u>None</u>		
*Trousers, Wool OD	<u>None</u>		

Belt, Web ..... **None**

Drawers, Wool ..... **None**

Drawers, Cotton ..... **None**

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

Socks, Cotton ..... **None**

\*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **Coverall, pieces -- Parachute harness, pieces.**

(Other item)

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

6. Chevrons or  
Insignia ..... **None**  
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch ..... **None**

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

**A.A.F.**

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **None found**

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

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

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

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

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

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

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

Hair ..... **None**  
 (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 teeth chart**  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin ..... **UTD**  
 (prominent, receding, pointed, dimple, double)

Jaw ..... **UTD** ..... Circumference of head in inches ..... **Crushed**  
 (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 & extent of hair, large, small normal)

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

.....  
 (quantity & color of hair) ..... Circumcision ..... Pubic hair ..... **None found**  
 (yes-no) (color)

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

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

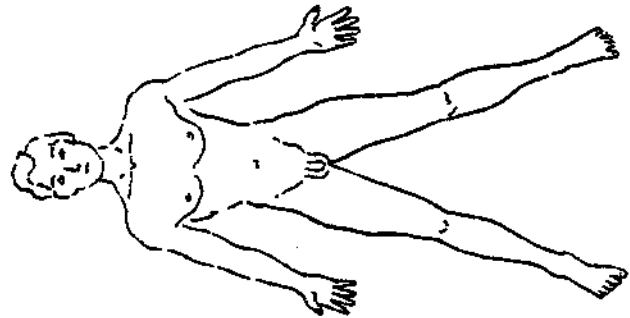


Feet Too decomposed  
(size, corns, callouses, flat)

Toes Too decomposed  
(slender, straight, crooked, overlap)

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

9. Black out parts of body not received at cemetery :



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

If not, explain.....

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

12. Remarks : Remains a small amount of crushed and burned bones, impossible to identify with any degree of accuracy. X-Ray not needed. Present weight, about 2 pounds. Burial bottle.

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.

*Robert A. Salvador*  
Officer's Name  
**ROBERT A. SALVADOR**  
**CAPT.** **INF.**  
Rank Service

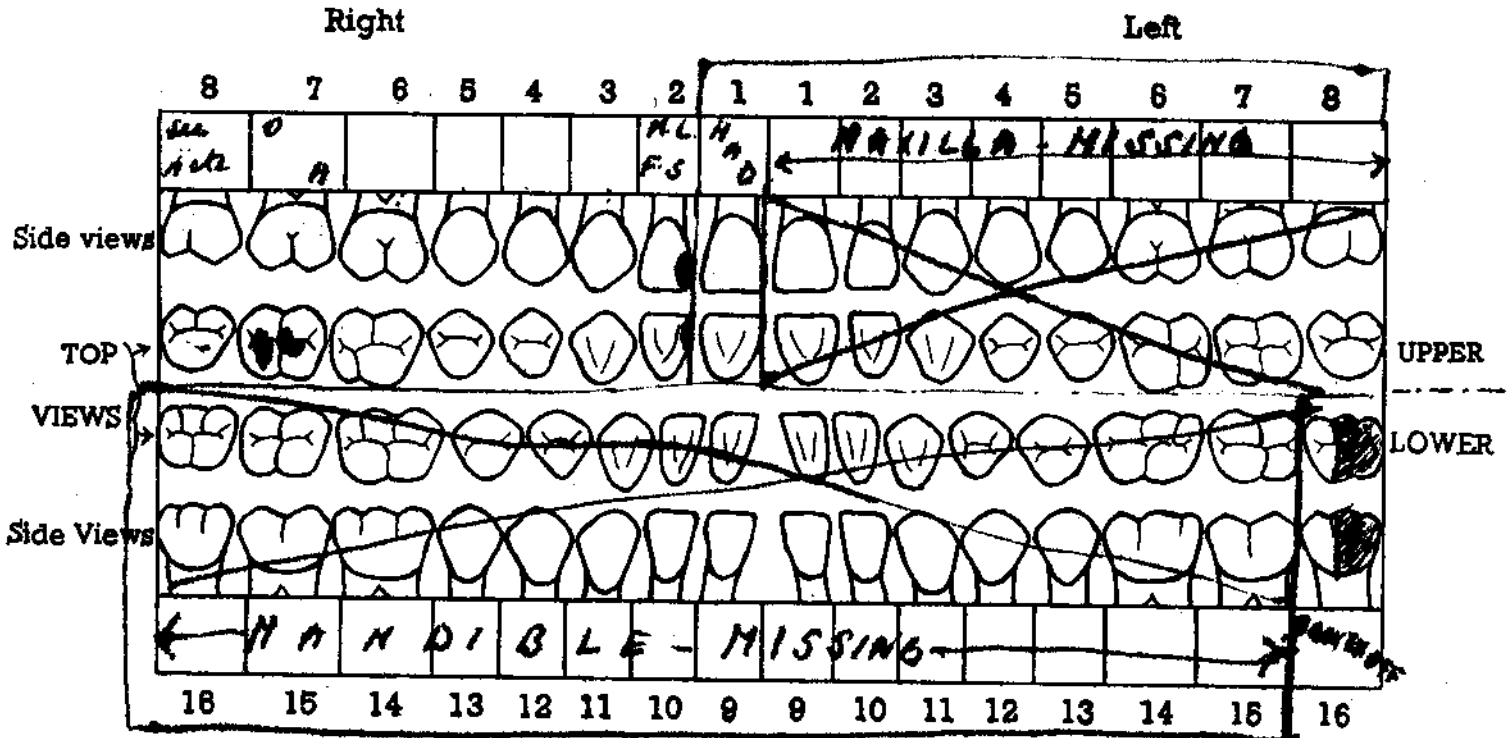
**CENTRAL IDENTIFICATION POINT**  
Organisation

# TOOTH CHART

X-6080  
ST. AVOLD, France

12 October 1946  
Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death		Cause of Death



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), bicuspid (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.

\_\_\_\_\_  
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer  
s/t ROBERT A. SALVADOR  
CAPT. INF.  
CENTRAL IDENTIFICATION POINT

ET FORM 1-22 (29 AUG. 46)  
(OLD GRAVE REGISTRATION FORM 1-A)

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



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



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



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



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

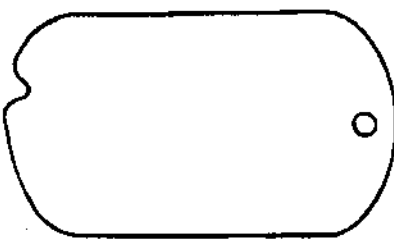


**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"


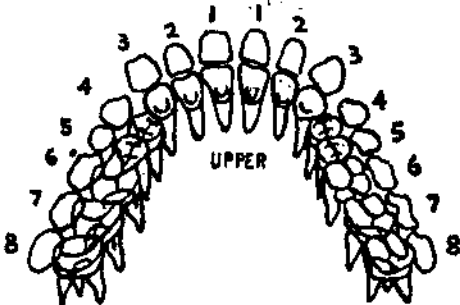
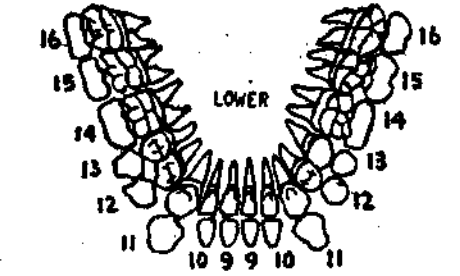





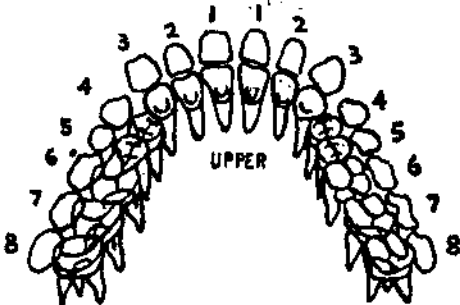
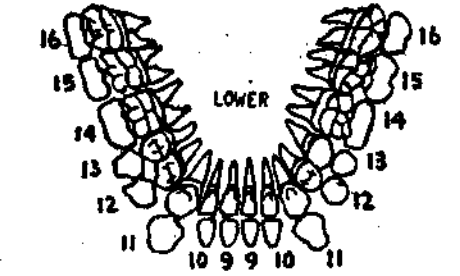





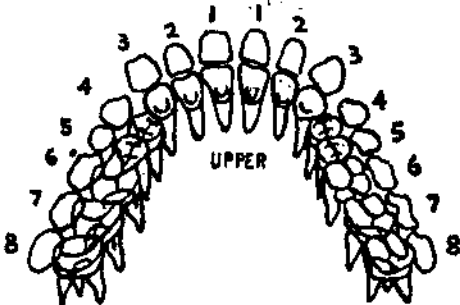
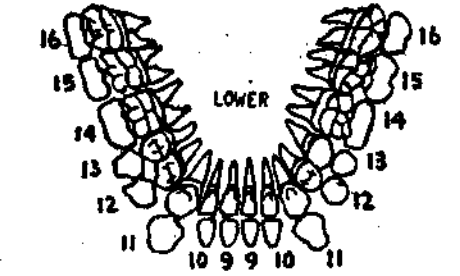




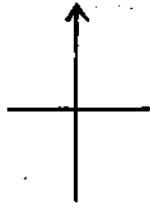
**ADDITIONAL SPACE FOR FURTHER REMARKS**

- 1) Only one (1) tooth found on right mandible. Appears to be R 16, because there is no more room for another tooth. However, it is hard to tell because the tooth is broken and half of it is missing.
- 2) R 8 was only slightly erupted before death.

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>20 Apr 11 1946</b>	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) <b>UNKNOWN-X-6080</b>			SERIAL No. <b>Unknown</b>		
	GRADE <b>Unknownm</b>	ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Ground Forces</b>		
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Pevange</b> <b>Moselle France</b>		CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH <b>Est Nov 1944</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center"><b>Yes</b></p>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>US Military Cemetery(Q-260584) St Avoird France</b>						
DATE OF BURIAL <b>20 Apr 11 1946</b>	HOUR <b>1500</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>Temp wooden Cross</b>	PLOT No. <b>NN</b>	ROW No. <b>6</b>	GRAVE No. <b>70</b>
WAS THIS A REBURIAL? (Yes or no) <b>yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Isolated Grave near Pevange Moselle France</b> <b>Carte Michelin sht 87 I:200.000(Q-180351)</b>					
TYPE OF RELIGIOUS CEREMONY <b>General Service</b>	PERSON CONDUCTING BURIAL RITES <b>Ch. O.A. Rusher Capt.</b>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>One copy of WD QMC Form 1042 placed in burial bottle and buried with remains.</b>			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>No Embossed Plate</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>PESHALL, CECIL W.</b>			RANK <b>UNK</b>	SERIAL No. <b>34818435</b>	ORGANIZATION <b>UNK</b>	GRAVE No. <b>69</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN-X-6081</b>			RANK <b>UNK</b>	SERIAL No. <b>UNK</b>	ORGANIZATION <b>Air Corps</b>	GRAVE No. <b>71</b>
SIGNATURE OF PERSON PREPARING REPORT <b>FC Kochendorfer 2nd Lt Inf</b> <b>535 Quartermaster Group</b>			SIGNATURE OF THEATRE VERIFICATION REPORT <b>RALPH W. SILKSTEIN MAJOR, INF.</b> <b>THIRD FIELD COMMAND</b>			
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**

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>																			
LEFT RING FINGER	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.																			
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR																
LEFT INDEX FINGER	BIRTHMARKS, SCARS, OR TATTOOS																			
LEFT THUMB	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND																
RIGHT THUMB	OTHER IDENTIFICATION CLUES																			
RIGHT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align:top;"> <b>FILLINGS</b>                   SILVER FILLING                  GOLD FILLING             </td> <td rowspan="6" style="width:50%; text-align:center; vertical-align:middle;">                  UPPER                  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN                   LOWER             </td> </tr> <tr> <td style="vertical-align:top;"> <b>CAVITIES</b>                   CAVITY                  DECAYED             </td> </tr> <tr> <td style="vertical-align:top;"> <b>MISSING TEETH</b>                   TOOTH MISSING             </td> </tr> <tr> <td style="vertical-align:top;"> <b>CROWNED TEETH</b>                   PORCELAIN CROWN                  GOLD CROWN             </td> </tr> <tr> <td style="vertical-align:top;"> <b>BRIDGE WORK</b>                   GOLD BRIDGE             </td> </tr> <tr> <td style="vertical-align:top;"> <b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b> </td> </tr> </table>				<b>FILLINGS</b>  SILVER FILLING GOLD FILLING	 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER	<b>CAVITIES</b>  CAVITY DECAYED	<b>MISSING TEETH</b>  TOOTH MISSING	<b>CROWNED TEETH</b>  PORCELAIN CROWN GOLD CROWN	<b>BRIDGE WORK</b>  GOLD BRIDGE	<b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>									
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RIGHT MIDDLE FINGER	REMARKS: Attached Form 11 "Check List of Unknowns" Unable to obtain form 1A Tooth Chart or fingerprints because of missing portions of remains Est Wt of Remains 1/2 lb																			
RIGHT RING FINGER																				
RIGHT LITTLE FINGER																				

# RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM <b>USMC St Avoild France</b>		TO <b>OIC Neuville Belgium</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Cpl Vincent P Matozzo, RA-32707218</b>	
SIGNATURE OF SHIPPER <i>Frank B Salinas</i> <b>Frank B Salinas, 1st Lt FA</b>	DATE <b>25 Oct 49</b>	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 <b>(RA ADMINIC MEXICAN OUDON)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>ST. VAUGHN SERVICE</b>	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