RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unk (mise,) St. Avold X-1588 X-6108 X-6137 X-6150 X-6297 X-6387-A X-6381-B X-6387-C X-6457

mise filed NEW CLASSIFICATION 293 Unix- Al arold X - 1588

RECLASSIFICATION SHEET

7887 GRAVES DETACHMENT

943 cmb St. anold x-6457 m

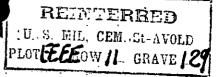
Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-6457 St Avold

(POC) EPINAL

Western?

REPORT OF INVESTIGATION (U.S. MIL, CEM. St-AVOLD PLOTE EN VIL GRAVE 129



| l January 1946 | | | • | <i>.</i> | Da | e 1946 - te | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| - | a. What information was contained the | nereon? | |
|-------------|---|--|---------------------------|
| Ø € | 4 | d? | • |
| • | c. By whom? | | * |
| 12, | What is the date of death? | SE TENNE IN AND A A | |
| | a. Give basis | Statement of priest Housner | Johann |
| . 13. | What is the cause of death? | Plane crash | |
| | b. Give basis | Information from priest | 4 |
| 14. | What is the date of burial? | 3 March 1944 | |
| | a. Give basis | Information from priest | * |
| 15. | What was the place of death? | HEINHEIM, Germany Co | WT 9537 |
| | b. Give basis | Location of plane crash | oras |
| 16. | | HEINHEIM, Germany Co | wr 9537 |
| | a. By whom? | German Civilians, names unkn | oras |
| | b. Is sketch attached? | | |
| 17. | .Was a casket used? | Yes | priest |
| | Type of casket wood | en How marked? | unk. |
| 18. | Who made that I are | atmilian | . • |
| | | (Civilian, American Mil. or Ge | rman Mil.) |
| | a. What are the names and addresses? | priest Johann Housner House | No. 112 |
| ; | | HEINHEIM, Germany | |
| | | | • • = - |
| SEG | CTION B - AIR CORPS DECEASED (To | be completed only if deceased is believed to be | a member of the AAEI |
| 19. | were remains found in the plane wred | kage?No | - |
| | a. Give location in plane from which | the bodies were removed | |
| | - | | |
| | (Tail gunner | , pilot, radio, turret, etc., or front side of plano | <u>-</u> - |
| | b. Near wreckage? Yes | | |
| . 20. | Scene of crash must be investigated. G | sive complete results of investigation (if removed | , state when and by whom) |
| | 7 FO O. HOHO | TO COT OF DOMPRET | _ |
| • | b. Markings and/or name on plane | Plane removed | - |
| | c. Give numbers on motors, machine gi | uns, instruments, radios or other equipment: | · |
| ******** | | * | • |
| 21. | tion and crasu occurs " " " " " " b- | Anti-gircraft | · |
| 00 | Enemy Planes? Yes | Collision? NO On grou | |
| 22. | Did plane explode in the air? | NO On grou | nd? Yes |
| 23. | Dia plane burn, in the air? | Tes Co droit | _{nds} Yes |
| <i>2</i> 4. | What was the direction of the flight? | From Regensburg west | |
| 25. | What was the civilian opinion regarding | destination of plane? Unk | |
| 122441 | | | |

| A hold bombs been released prior and other of crash correspond with date of death of above named deceased? Nomes repetite time and date of crash correspond with date of death of above named deceased? Nomber of planes in formation prior to crash Nomber of other prior | . | | Ye | s 🛋 | | |
|---|-------------------------------------|------------------------|--|---------------------------------------|---------------------|-----------------|
| 8. Number of planes in formation prior to crash 9. State precise time and date of plane crash 14.00.0.10.00x 255 February. 1944 25. Were parachutists seen? 26. How many? 7 Or 8 Escaped? 26. Prinoner? 26. How many? 7 Or 8 Escaped? 27. Prinoner? 27. Prinoner? 27. Prinoner? 27. Prinoner? 27. Prinoner? 27. Prinoner? 28. How many? 7 Or 8 Escaped? 29. Continue of the Armored Force. 20. Or 10.00x | 5. Had bombs been released prior | crash? | | | ed decensed? | 70S |
| 9. Storte precise time and date of plane crash. 14.00.010.100.22 Procreaty 1549 10. Were parachutists seen? 10. Were parachutists seen? 11. Were emoins found in wreckage of a tank? 12. Give shedific position in tank from which deceased only if deceased is believed to have been a member of the Americal Force). 13. Were emoins found in wreckage of a tank? 14. Give shedific position in tank from which deceased was removed (Radio man, obver, assistant driver or front, side, or back) 15. Norw wreckage? 16. Location of destroyed fonk must be investigated. Give complete results of investigation. (If removed, state when and by whom) 16. Type of tank 17. Mynor on molors, machine guns, mmunition, instruments, etc. 18. What was the type of enemy action that resulted in the tank's displement? 18. Did ank explode? 18. Did ank explode? 18. Did ank explode? 18. Did and of the crew members escape? 18. Did any of the crew members escape? 18. Did combe four from any offer means? (i.e., truck, jeep, mines, drowning, or small arms fire) 18. Side the specific clues and statements of people who passessed knowledge of the case attached? 18. Side the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased 18. Were identification tags found at the time of death? 18. Where? 18. Where is all taken by Gestman Police. 18. Where identification tags found at the time of death? 19. Where? 19. Where? 19. Where? 19. Present disposition. 10. Where? 10. Were identified personal effects will not be forwarded to PE Depot, but will remain with this form unit the second position. | 7. Does specific time and date o | f crash correspond | with date of dear | n or above name | eu decedica : | |
| Were parachulists seen? Prisoners? Yes Ection C — ARMORED CORPS, DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force). 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 badd) b. Near wreckage? 2. Location of destroyed look 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, mamunition, instruments, etc. 3. What was the type of enemy action that resulted in the tank's displacement? 4. Did tank explode? 4. Did tank explode? 5. Number of tanks in immediate inclinity at time of disablement 6. Does specific time and date of disablement correspond with date of death of above named deceased? 5. Number of tanks in immediate inclinity at time of disablement 6. Does specific time and date of destruction of tank 7. Pricase time and date of destruction of tank 8. Did any of the crew members escage? Prisoner? 5. Section D — OTHER BRANCH flo be filled out if B & C are not applicable). 3. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) If so, give complete and thorough results of the interrogation. a. Are all certificates and statements of people who possessed knowledge of the case attached? 4. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased 5. SECTION E. GENERAL (To percentified by investigation in all cases) 4. Were personal effects recovered by the investigating feam? No Where? By whom? Pressent disposition Unk. Pressent disposition Where? By whom? Pressent disposition Which the second to the time of death? No Where? By whom? Pressent disposition with this form until this form until this torm until this torm until this torm until this torm. | B. Number of planes in formation p | orior to crash | Over iii | otolook | 95 Pehrnery | 1944 |
| Prisoners? ECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force). 1. Were remains found in wreckage of a tank? a. Give specific position in tank from which deceased was removed (Radio man, oniver, assistant driver or front, side, or back) b. Near wreckage? 2. 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 13. What was the type of enemy action that resulted in the tank's dispolement? 14. Did tank explode? 15. Number of tanks in immediate vicinity at time of dispolement 16. Does specific time and date of disablement correspond with date of death of above named deceased? 17. Precise time and date of destruction of tank (Night?) (Day?) 18. Did any of the crew members escape? 18. Section D — OTHER BRANCH flo be filled out if B & C are not applicable). 19. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arm, fire) 11. So, give complete and thorough results of the interrogation. 12. Are all certificates and statements of people wino possessed knowledge of the case attached? 13. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased 14. Were personal effects recovered by the investigating leam? 15. No 16. The specific clues and evidence that the time of death? 16. Does specific clues and evidence that there of death? 17. No 18. Were identification tags found at the time of death? 18. On the specific clues dentified in personal effects will not be forwarded to PE Depot, but will remain with this form unfil the specific in one intentified in personal effects will not be forwarded to PE Depot, but will remain with this form unfil the specific clues in the first of the case of the c | | | | | | |
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| ECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force). 1. Were remains found in wreckage of a tank? a. Give specific position in tank from which deceased was removed (Radio, man, onver, assistant driver or front, side, or back) b. Near wreckage? 2. 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. 33. Whot was the type of enemy action that resulted in the tank's displacement? 34. Did tank explode? 35. Number of tanks in immediate vicinity at time of displacement 36. Does specific time and date of displacement correspond with date of death of above named deceased? 37. Precise time and date of destruction of tank (Night?) (Day?) 78. Did any of the crew members escape? 86. Care not applicable). 39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arm, fire) 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? 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased 85. SECTION E.—"GENERAL (To, be completed by investigation in all cases) 41. Were personal effects recovered by the investigating team? 42. If not, state reason a. Were identification tags found at the time of death? NO Where? By whom? Present disposition 10. Were identification tags found at the time of death? 11. Alexand it not identified personal effects will not be forwarded to PE Depot, but will remain with this form until the time of the provented to PE Depot, but will remain with this form until the content of the provented to PE Depot, but will remain with this form until the provented to PE Depot, but will remain with this form until the provented to | Prisoners? Yes | | | | | |
| a. Give specific position in tank from which deceased was removed (Radio man, driver, assistant driver or front, side, or back) b. Near wreckage? 2. 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, animunition, instruments, etc 33. What was the type of enemy action that resulted in the tank's displement? 44. Did tank explode? 45. Number of tanks in immediate vicinity, at time of displement 46. Does specific time and date of disablement correspond with date of death of above named deceased? 47. Precise time and date of destruction of tank 48. Did any of the crew members escape? 49. Prisoners? 40. Did day of the crew members escape? 40. Side the specific clues and statements of people who possessed knowledge of the case attached? 40. State the specific clues and statements of people who possessed knowledge of the case attached? 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased 50. CECTION E — GENERAL (To be completed by investigation in all cases) 41. Were personal effects recovered by the investigating team? 42. Were identification tags found at the time of death? 43. Were identification tags found at the time of death? 44. Were personal effects recovered by the investigating team? 45. More identification tags found at the time of death? 46. Were identification tags found at the time of death? 47. Were identification tags found at the time of death? 48. Were identification tags found at the time of death? 59. Whom? 50. Present disposition 60. Were identified personal effects will not be forwarded to PE Depot, but will remain with this form until the formarded to PE Depot, but will remain with this form until the formarded to PE Depot, but will remain with this form until the formarded to PE Depot, but will remain with this form until the formarded | ECTION C - ARMORED CORPS | DECEASED (To be of the | completed only if a Armored Force). | deceased is beli | eved to have been | a member of |
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| b. Near wreckage? 2. Location of destroyed task 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 13. What was the type of enemy action that resulted in the tank's displement? 14. Did tank explode? 15. Number of tanks in immediate vicinity at time of displement 16. Does spezific time and date of disablement correspond with date of death of above named deceased? 17. Precise time and date of destruction of tank (Night?) (Day?) 28. Did any of the crew members escape? 29. Prisoners? 20. SECTION D — OTHER BRANCH ITO be filled out if B & C are not applicable). 21. It so, give complete and thorough results of the interrogation. 21. Are all certificates and statements of people who possessed knowledge of the case attached? 20. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased 21. Were personal effects recovered by the investigation in all cases) 22. It not, state reason 23. Were identificate and statements of people who possessed knowledge of the case attached? 24. Were personal effects recovered by the investigating team? 25. It not, state reason 26. All taken by Ge\$man Police. 26. Were identification tags found at the time of death? 27. No. 28. Were identification tags found at the time of death? 29. Where? 20. By whom? 20. Present disposition 20. Were identificate personal effects will not be forwarded to PE Depot, but will remain with this form until the deceased of the post identified personal effects will not be forwarded to PE Depot, but will remain with this form until the deceased of the post identified personal effects will not be forwarded to PE Depot, but will remain with this form until the converted to PE Depot, but will remain with this form until the converted to PE Depot, but will remain with this form until the converted to PE Depot, but will rem | a. Give specific position in tal | nk from which dec | eased was removed | d | | |
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| Where? Present disposition Unk. If deceased is not identified personal effects will not be forwarded to PE Depot, but will remain with this form until | If not, state reason | taken by G | · | | | |
| Present disposition Unk. Medecased is not identified personal effects will not be forwarded to PE Depot, but will remain with this form until | a. Were identification tags fo | und at the time of | death? | NO | | |
| Present disposition Unk. Note despensed is not identified personal effects will not be forwarded to PE Depot, but will remain with this form until | Where? | Ву | whom? | | - | • |
| It deceased is not identified personal effects will not be forwarded to PE Depot, but will remain with his form stand | Present disposition | Un | k. | t | | |
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| | Ves | |
|--|--|---|
| b. Were personal effects found | at the time of death? <u>188</u> A man n | amed Mever in Neustadt |
| where? On body | By whom? and a g | amed Meyer in Neustadt irl named Forschhammer in |
| Present disposition & TUPLED | over to German Milita | ry Police. ((Heinheim |
| | | of death? No |
| d. Did Cemetery Register or cro | ss indicate the immunization shot? | No |
| 42. Was Deceased given first aid? | No If so, where? | |
| • | • | people attached? |
| | | No |
| • | | |
| | | , |
| • | | ysical description of the deceased? NO |
| | | s the condition of the remains? |
| Body was dismember | ad and manulad | |
| | (Burnt? Decapitated? etc | c) . |
| l6. Do facts surrounding death show | v 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? - | - ' : |
| 7. Was case previously investigated | ? No | By whom? |
| | | |
| 18. Give full names, addresses, and | information obtained from each pore | on interviewed |
| Priest Johann Housne | er, house No. 112 HEINE | IPTM Carmons. |
| | se No. 48 HEINHEIM, Ger | |
| • | • | , |
| 0. Has any information been given | conserving test to the test to the | ounding death attached? Yes |
| 1. Was investigation proceeded by | concerning isolated burials in the are | ea outside the immediate vicinity? |
| // charies investigation preceded by any | ranced publicity? Yes | |
| (ii special investigation, give case | number) . | |
| 2. Give Brief Narrative | See attached she | |
| | | |
| | (Use attached, sheets if necessa | iry) |
| 1 1 | • | |
| Tran Mila | | William d m to |
| Signature of Interpreter | | Signature of Investigator |
| FRANZ MYKS ^V German Civilian | | WILLIAM A. MORTON |
| | | Cpl. 44011133 |
| Rank ASN | | Rank A5N |
| | • | 606 QM.G.R. Co. |
| Organization | - The state of the | M.B.U. # 5 Organization |
| • | | SZI MUIIIZ LIII LIII |

UNKY X- 6457
REIN RED U.S. MIL. CEM.
ST. AVOLD -EEEE- 11- 129

Question 52. Give Brief Narrative:

DOWMAN. Dand Walter

This man died in a plane crash 25 February 1944 at HEINHEIM, Germany. One crew member presumed to be W. BOWMAN and one other Wnknown died in the crash. The rest of the crew parachuted to the ground and were taken prisoner. The three men who died were taken to HEINHEIM cemetery and buried 3 March 1944.

William A-Morton
WILLIAM A. MORTON
Cpl. 44011133
606 QM. G.R. Co.
M.B.U. # 5

Junham - X - 6:97

HACK Com. 1-18.077 ATA

Jawana Dand W 11- 0-077:

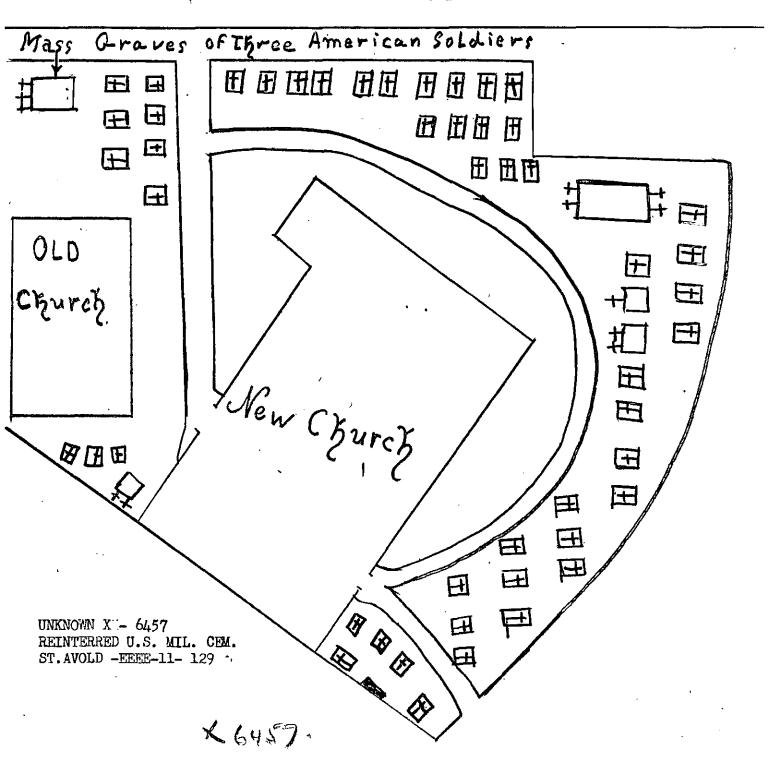
A 6457

. MASS GRAVE OF THREE AMERICAN SOLDIERS IN THE CEMETERY AT HEINHEIM GERMANY.

HEINHEIM, Germany
Map 1:250,000 sheet M-49 Munich, Germany
coord. WT 9537
Location: in the cemetery at Heinheim, Germany
Sketched by: Cpl. William A. Morton
606 QM.G.R. Co.
M.B.U. # 5
Date: 31 May 1946

Not to scale.

CHURCH AND CEMETERY AT HEINHEIM GERMANY







X-6401/ St. AUOLD

IDENTIFICATION CHECK LIST

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

E.O. 785

| | | |
|-----|--|---|
| | | Unknown X 6457 |
| | | Cemetery St. AUOLD |
| | • | Plot EEFE Row Grave |
| 1. | REPROCESSED Affived-at cemetery (Hour) (Date) | |
| 2. | Place of death (Name of closest town) | (Coordinates and lefter Prefix, maps) |
| | (Name of closest town) | (Coordinates and letter Frenx, maps) |
| | (Shect, scale and serials used) | |
| 3. | Remains recovered or disinterred by REPROLE | SSED BY MOBILE FERM #1 |
| | ,, | (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 | Indicate unusual markings |
| i. | Markings Sizes | color, wear, tear, repairs, etc. |
| | * Headgear (Type) | · |
| | Raincoat | · |
|) | Overcoat GLOUE, WOOL, OD, | • |
| X | Jacket Eield LENGHER, BETNUMNIS OF | |
| - 1 | Jacket, Combat | |
| | Macking | |
| | Sweater Julie | |
| | Jacket, HBT | |
| | * Shirt, Wool OD | · |
| V | Undershirt, Wool Renumbles of | , |
| ^ | Undershirt, Cotton | <i>k</i> / |
| | | \0\ ⁰ \ ⁰ |
| | Trousers, HBT | - N |
| M | * Trousers, Wool OD | |

| Belt, web | | NONE | *************************************** |
|---|--|---|--|
| Drawers, wool Bk | muants of | | |
| Drawers, cotton | | ride | |
| | | p) b | |
| Socks, cotton RE | | | |
| * Shoes | | مالخد | |
| _ | | 12/2 | |
| Overshoes | , | PARACHUTE, PER | and of |
| • | | · · · · · · · · · · · · · · · · · · · | |
| (Other item) ユ <i>ロロ</i> | T, FLYING, ELFE | TRICALLY HEATED | <u>, KEMNHAITS OF</u> |
| | TPDLLS SUMMERS of these items should be compu | FINING, BETMUL | ons of |
| Chevrons or | or these tems should be compu | Lea by measuring the remains | |
| Insignia | (Type & 1 | ocation; shirt, jacket, coat, helmet | |
| | | 17 | ,, |
| Shoulder Patch | | / | |
| | | . ′ | AIT FORES |
| | | nember of the Air, Ground | or Naval Force? |
| | te that deceased was a n | . ′ | PIT FORES or Naval Force? |
| Does clothing indicate Description of Remains | te that deceased was a n | nember of the Air, Ground | , |
| Does clothing indicate Description of Remarks Age (140) Hei | te that deceased was a nation of the control of the | Description of wor | , |
| Does clothing indicated Description of Remarks Age (1+0) Hei | te that deceased was a n | Description of wor | , |
| Does clothing indicated Description of Remarks Age (140) Hei | te that deceased was a mains: ght CIPD Weight gs | Description of wor | ength, width, location) |
| Does clothing indicated Description of Remark Age (140) Hei Bandages or dressin | te that deceased was a mains: ght CIPD Weight gs | Description of wor Scars Tattoos Cation — illustrate on separate p | ength, width, location) |
| Does clothing indicated Description of Remark Age OFO Hei | te that deceased was a mains: ght | Description of wor Scars Tattoos Cation — illustrate on separate p | ength, width, location) |
| Does clothing indicated Description of Remark Age OFO Hei Bandages or dressin Outstanding moles, | te that deceased was a mains: ght | Description of wor Scars Tattoos cation — illustrate on separate p | ength, width, location) |
| Does clothing indicated Description of Remark Age (1/10) Hei Bandages or dressin Outstanding moles, Sunburn or tan, other | te that deceased was a mains: ght CHD Weight gs (Number, 1) warts or birthmarks | Description of wor Scars Tattoos ceation — illustrate on separate p | ength, width, location) page) |
| Does clothing indicated Description of Remark Age (1/10) Hei Bandages or dressin Outstanding moles, Sunburn or tan, other | te that deceased was a mains: ght CLD Weight gs (Number, 1) warts or birthmarks | Description of wor Scars Tattoos ceation — illustrate on separate p | ength, width, location) |
| Does clothing indicated Description of Remark Age (1/10). Heiden Bandages or dressin Coutstanding moles, Sunburn or tan, other Complexion Complexion | te that deceased was a mains: ght CHD Weight | Description of wor Scars Tattoos cention — illustrate on separate p (Yes-no; description | ength, width, location) |
| Does clothing indicated Description of Remark Age (1/10). Heiden Bandages or dressin Coutstanding moles, Sunburn or tan, other Complexion Complexion | te that deceased was a mains: ght CHD Weight | Description of words Scars Tattoos Description of words Scars (Le Comparate of the Air, Ground Scars) (Yes-no; description of words) (Yes-no; description of words) (Yes-no; description of words) (Yes-no; description of words) | ength, width, location) page) n, location) |
| Does clothing indicated Description of Remark Age C/+D Heir Bandages or dressing Courstanding moles, Sunburn or tan, other Complexion Build | the that deceased was a mains: ght CLD Weight | Description of word Scars (Lean Tattoos position — illustrate on separate programmer, durk, clear, pimples, pocks, from thin, muscular) | ength, width, location) page) n, location) |
| Does clothing indicated Description of Remark Age C/+O Heir Bandages or dressing Courstanding moles, Sunburn or tan, other Complexion Build | the that deceased was a mains: ght CLD Weight | Description of words Scars Tattoos Description of words Scars (Le Comparate of the Air, Ground Scars) (Yes-no; description of words) (Yes-no; description of words) (Yes-no; description of words) (Yes-no; description of words) | ength, width, location) page) n, location) |
| Does clothing indicated Description of Remark Age C/+O Heir Bandages or dressing Courstanding moles, Sunburn or tan, other Complexion Build | te that deceased was a nations: ght | Description of word Scars (Lean Tattoos position — illustrate on separate programmer, durk, clear, pimples, pocks, from thin, muscular) | ength, width, location) page) n, location) reckles) |

| Goatee | | | *************************************** | *************************************** |
|----------------|--|--|---|--|
| | (Light, color, extent) | | | / |
| Fyes | (Color setting chica) | Eyebrows | | |
| Lycs | (Color, setting, shape) | | (Color, bushiness, est | ent across nose) |
| NI | | · • | الله المالية | |
| Nose | (Size, shape, straight) | Bears | (Size, set close to or fa | r from head) |
| | <i>_</i> ' | | | |
| Mouth | (Large, medium, small) | Lips | (Small, large, ful | |
| • | (Large, mediam, smarr | 1 11 | _ | |
| Teeth | .1111.1-14-14-14-14-14-14-14-14-14-14-14-14-14 | | | |
| | (White, size, uner | veness, spacing, noticeable crow | ns, fillings, extracts) | |
| Chin | | | | |
| | | nent, receding, pointed, dimple | es, double) | |
| I | 10/ | | 11155 | 1010 |
| Jaw(1 | Large, small, pormal) | Circumference of head in | inches (1 | lat band) |
| | | | u0/ | |
| Neck | (Size, length, short, normal, w | Larynx | (Prominent, nor | |
| | (Size, length, short, normal, w | TIGHT CO. | (1 John Lent, Hor | mar, |
| Shoulders | | Arms | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (Broad, straight, small, ro | unded) (Length, n | nuscular, color, extent and | d quantity of hair) |
| | | ###################################### | | |
| | | v0/ | | |
| Hands | *************************************** | 1/ | | |
| | | 9 | | |
| Fingers | (Short thick) | ong, slender, size of knuckles, | missing flavors on icinto) | 1 |
| | (Bhori, thron) | one, pronder, sine or anticares, | missing magers or joints) | - |
| | | | | 1.00() |
| | aueuaU) | ol characteristics of fingernails) | | |
| Chest | | / | | |
| | (Size of nipples, colo | r, quantity and extent of hair, | , large, small, normal) | |
| Waist | | | | |
| Waist | (Size of/navel, | appendectomy, amount, quantity | , and color of hair) | 4 1 2 1 1 1 1 1 2 2 |
| ъ. | V0 / | Circumcision (Ye | lm | ronz |
| Back | (Quantity and extent of hair) | اللي Circumcision(Y) | LD Pubic Hair | POUMD (Color) |
| | / | • | | |
| Hernia plasty | | /37 | | . #847-1 F010-994 12 525-0304/14 059-0545-44 b-1842-446-8888 |
| | | (Yes-no; location) |) | |
| Legs | (Inseam, muscular, kööck- | | | *************************************** |
| | (Inseum, muscular, knock- | kneed, bowed, normal, quantit | iy, color and extent of | hair) |
| Feet | | Toes | Utp | |
| a cot ammanana | (Size, corns, callouses, flat) |) | (Slender, straight, crooked | , overlap) |
| F J | healed fractures | 100 | AIF | |
| Evidence of | neared fractures | Nosa ayny | Luce at a | |

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

X-6457 St. AVOLO

| | | X-6451 |
|--|-------------------|-------------------------------|
| | | St. AUOLO |
| Have finger prints been placed on Report of In | nterment? | (Yes-no) |
| If not, explain | eromposen aun | , |
| Has tooth chart been prepared? (Yes-no) | If not, explain | ONE FOULD |
| FASE PROFESSED AS PEPE, | 0. 985 | |
| Remarks REMBINS RECEIVED IN SK | | |
| DEBRIS, BORE NO MARKINGS. IN | 10 PEETH RELOWER | FD. NO EVIDENTE |
| OF HEDIED FRACTURES OR ANIPUTA | • | / |
| LEWELERY RETORDS. ESTUMBLE | WEIGHT OF BED | ROLLESSED REMODES, |
| I certify that I have personally viewed the remains been recorded to the best of my knowledge Mr. HRURE Mr. DEMISS | e. <u>Moma</u> | and all resulting information |
| | Rank | Service |
| | (Org | ganization) |
| | | , |

•

.

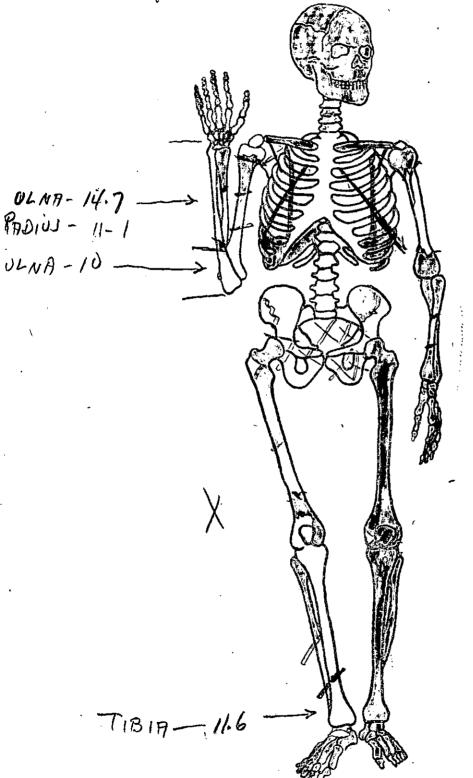
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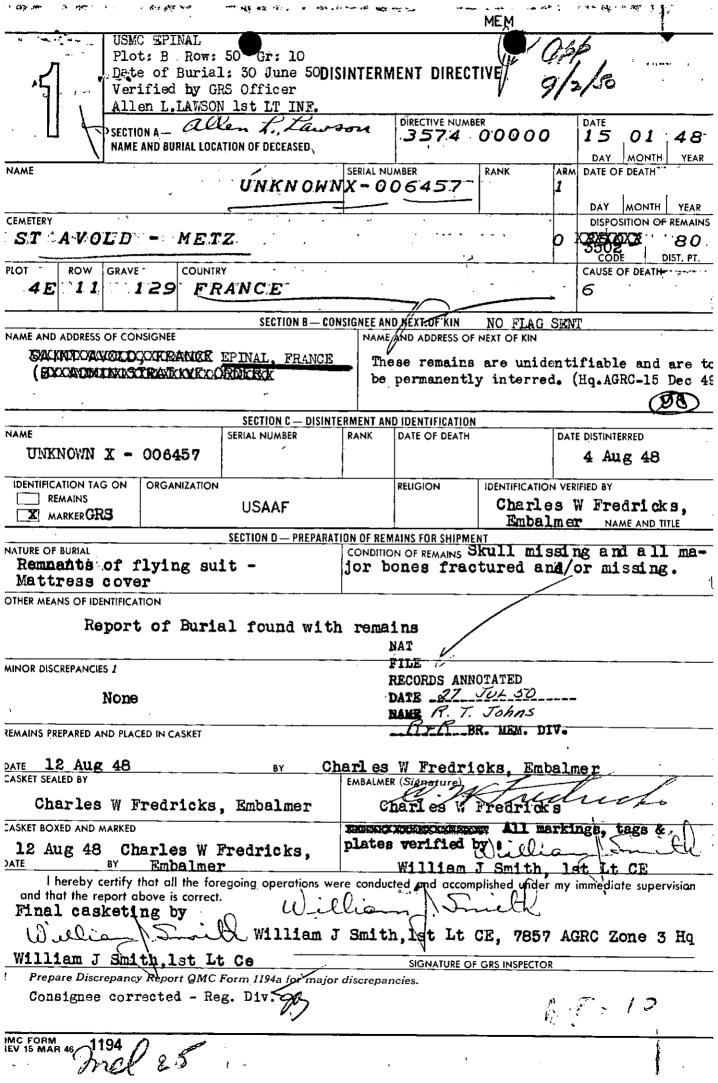
X-6487

SKELETAL CHART STAVOLD . // AUG 48

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

EEEE-11-129





RECORD OF CUSTODIAL TRANSFER

| | | 1. SH | IPPED | |
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| FROMITUSTIC St Avold France CC | | | 10 OIC Neuville Belgium | · |
| KIND OF, CONVEYANCE | 1-01. | | NAME OF CONVOYER | |
| transmersioting by IV | | | Cpl falliam H Bryant, 33720418 | |
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| Frank B. Carlogherf, 181 Lt FA | Nov | 49 | lillion : with, the le o. | |
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| organ must be a permanent a lagra- | 555. | | interior records | |
| KIND OF CONVEYANCE | | | NAME OF CONVOYER | |
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| | | • • | hull than or red to | |
| KIND OF CONVEYANCE | | | NAME OF CONVOYER | 3.4 |
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| KIND OF CONVEYANCE | | | NAME OF CONVOYER | 52 |
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| FROM (IND OF CONVEYANCE | | , , , , , , , , , , , , , , , , , , , | NAME OF CONVOYER OOOOO ID OT | ₫ C Date |

RMAL

CHANTESS SIS Suropena

9 Pobruary 1880

(St. Avold, France)

SUBJECT: Cardificates of Unidentifiability of Remains

TO:

Chief, Registration Sivision 7887 Graves Registration Detachment APO 58, c/o Postmater New York, New York

1. Reference is made to your Transmittal Letters, Numbers 4625, 4630, 4674 and 4556, dated December 1949 and January 1950, forwarding Contillector of unidentification.

2. This Office approves the classification of the following Unknowns in USEC St. Avold, France as Unidentifiable:

| Vakasea | Plot | Row | Orave |
|----------|------|----------|-------|
| Z÷1668 | 858 | ż | 24 |
| X-8106 | · A | 5 | 51 |
| X=6137 | ¥ | 12 | 55 |
| X-6150 | AAAA | 4 | 48 |
| X-6297 | Dadr | . 9 | 102 |
| X-8387 A | REER | 8 | 20 |
| X-6357 N | IXI | 6 | 61. |
| X-5887 C | XXX | 6 | 62 |
| X-6457 | AMER | 11 | 129 |

FOR THE QUARTERMARTER GENERAL:

T. H. MATA Lt Colonel, GMC Memorial Division

Sebrothiedt Clements REB

RWA!

QMGMT\293

lat Ind

GRS European

Certificates of Unidentifiability of Remains Transmittal Letter #4556

Dept. of the Army, OCMG, Washington 25, D. C., 31 January 1950

Chief, Registration Division, 7887 Graves Registration TOL Detachment, APO 58, c/o Postmaster, New York, New York

- This Office approves the classification of Unknown X-6306; listed on basic communication, as Unidentifiable.
- Unknown X-3215 was suspended to your headquarters by letter dated 19 January 1950.
- It is recommended that all action in connection with other Unknowns listed be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

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

Rice/id Foy REB Cy furnished:

314.6 M135 Carpere

AIRMAIL

4-6

4

AVOLE

REB

TEC

W

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

293 Unt-France X-6457/St. avotd (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

| 1. The records pertaining to Unknown X- 6457, Plot 4 E |
|---|
| Row 11 , Grave 129 , 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. 3106 dated 27-9-48 3. Remarks: |

Case reviewed by undersigned Members of the Board of Review:

COL H P HENRY, O-12589 LT COL E. D. MULVANITY, O-359598 CAPT EDWARD F. PRICEK JR. 0-1788236

Receieve 3 Jel 50
Not identifiable from information presently mailable

A Sopred

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND .EUROP.EAN AREA APO 58 U S ARMY

RRE 293

30 November 1949 (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

| 1. The records pertaining to Unknown X- 6457 , Plot EFFE |
|---|
| Row 11 , Grave 129 , 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 guartermaster General by Transmittal Letter No. 3106 , date |
| |

3. Remarks:

27-9-48

See Case History attached.

| Case reviewed by undersigned | Members of the Board of Review: |
|---|---|
| Col. H. P. HENRY, 0412589 | Lt. Col. E. D. MULVANITY, 0-359598 J.MC |
| Maj. Charles REYNOLDS, C-182639 TC | Maj. Gerald SWARTHOUT, Sr., 0-267451 CE |
| u | Ist It. Frederick S. DAVID, 0-1826041 CAV |
| CWO Frank GEER schient 02927 usa Not identifiable from information presents To c/ #7 available | Capt. Jack C. HAYES, 0-1577297 JMC |
| | • |

CASE HISTORY

UNKNOWN X=6387 A, B & C, X=6297 & X=6457

U.S. MILITARY CEMETERY St. Avold. France

- l. The remains of the five unknown decedents shown above were recovered from the village church-yard at HIENHEIM, Germany. These cases are associated with the two deceased crew members, lst Lt Daniel W. BOWMAN and S/Sgt. Warren C. LAWRENCE, of A/C #42-100266 which crashed 25 February 1944. All other crew members of the subject aircraft are listed as RTD. This association was established through the presence of a flying boot bearing the marking "Lt D. W. BOWMAN" that was found amongst the mass burial of Unknowns X-6387 A, B & C. Due to a lack of identifying data it could not be determined which of the five remains are those of 1st Lt BOWMAN and S/Sgt. LAWRENCE.
- 2. Since a statement (See attached) made by a resident of Hienheim, one Johann HAUSSNER, implys that an American four-motored bomber crashed at Hienheim on 25 April 1945, a thorough check of MACR files was made in an effort to tie in an aircraft with the area concerned, however, this action proved negative. Captured German dulag records were not of any value to the investigation of this case, since dulag records were not maintained after the month of MARCH 1945. The tooth chart contained in the case of Unknown X-6387 A was checked against all available dental data on unresolved casualties within the Germany M-49 area with negative results. An effort was made to associate another aircraft that crashed around the 25th February 1944; however, only the aircraft of which Lt BOWMAN and Sgt. LAWRENCE were crew members could be associated with the HIENHEIM area.
- 3. In view of the foregoing it is recommended that these cases be declared Unidentifiable.

7/13

MY.

HEADQUARTERS AMERICAN FRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

57 SEP. 1948

*#: " +3%

RRE 200.2

Date

SUBJECT: Reprocessing of Remains

TO:

The Quartermaster General

2nd & T Sts. S.V. Washington 25, D.C.

The remains of X - 6457

interred in Plot EREE, Row 11 , Grave 129 , USMC St. Avoid

France , have been reprocessed and the information not previously forwarded to your Headquarters is herewith submitted.

GLOVE, Wool O.D.

JACKET, Leather : Remnants
UNDERSHIRT, Wool : Remnants
DRAWERS, Wool : Remnants
SOCKS, Cotton : Remnants
PARACHUTE HARNESS : Remnants

FLYING SUIT : Electrically Heated Remnants

COVERALLS, Summer Flying: Remnants

TEETH : Not recovered

•

No evidence of healed fractures or amputations.

FOR THE COMMANDING GENERAL:

GEORGE/L. FREEMAN 1st Lt QMC

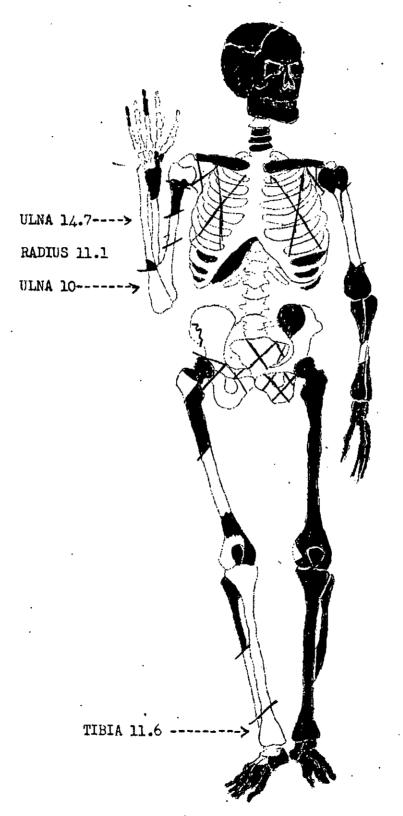
Actg Asst Adj Gen

l Incl. : Skeletal Chart

.

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)
X-6457

X-6457 St. Avold EEEE: 11: 129



| | - | | | | | |
|------------------------|-----------------|----------------------|--|--------------------------------|-----------------|---------------------------------------|
| \bigcirc | | | DISINTERN | MENT DIREC | TIVE | |
| lh i | , | | | | 7 | |
| $^{\prime}$ \bigcirc | SECTION A — | | · · · · · · · · · · · · · · · · · · · | DIRECTIVE NUM | | DATE |
| Gin) | | IAL LOCATION OF DECE | EASED | 3574 | 00000 | |
| NAME | | - | SERIAL NU | JMBER | RANK | ARM DATE OF DEATH |
| | | UNK | NOWNX+0 | Sem 37 | | |
| CEMETERY 2 9 | 3 unk | 3 = 1 A ca | 1 6-15 | 7/31. | Comple | DAY MONTH YEAR DISPOSITION OF REMAIN |
| ST AVO | n. D | METE | - Hina | | | 0 3503 80 |
| PLOT ROW | GRAVE | COUNTRY | | | | CODE DIST. PT. |
| 45 11 | 1 ! | FRANCE | | | | 19 |
| <u> </u> | <u> </u> | | 2N 2 2010101155 AV | | | <u> </u> |
| NAME AND ADDRESS | OF CONSIGNEE | SEGII | ON B — CONSIGNEE AN | AND ADDRESS O | F NEXT OF KIN | |
| 新点 1 62 W A | 101 to 100 | Mar. | | | TILENT OF JUICE | • |
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| (a) vou | in to take | rys unusery | · . | | | |
| | | CERTION | DIOLUTEDAGUE AN | | · | · |
| NAME | <u> </u> | SERIAL NUMB | C — DISINTERMENT AN ER RANK | D IDENTIFICATION DATE OF DEATH | N | DATE DISTINTERRED |
| • | , | | | | | DATE DIOMATERALD |
| IDENTIFIC TION TO | | | | | | |
| IDENTIFICATION TA | G ON ORGAN | IZATION | | RELIGION | IDENTIFICATION | N VERIFIED BY |
| MARKER | | USAAF | F | | | NAME AND TITLE |
| | | SECTION D - | - PREPARATION OF REM | | ENT | NAME AND THE |
| IATURE OF BURIAL | | | CONDITIC | N OF REMAINS | . • | |
| | | | · . | | | |
| THER MEANS OF IDE | ENTIFICATION | | ······································ | | | |
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| NOR DISCREPANCIE | S 1 | | | | | |
| - | | | • | | | |
| | | • | | | | |
| EMAINS PREPARED A | ND PLACED IN CA | SKET | | <u> </u> | | |
| | | | | | | |
| ATE ASKET SEALED BY | | BY | l eve at use | V(C) | | · · · · · · · · · · · · · · · · · · · |
| | • | | EWBALMER | (Signature) | | • |
| | | · | | | | • |
| ASKET BOXED AND A | MARKED | | SHIPPING | ADDRESS VERIFIED | BY . | |
| ATE | BY | | | | | • |
| | | the foregoing oper | ations were conduc | ted and sees- | unlichad vada- | my immediate supervision |
| and that the re | port above is | correct. | and were conduc | ica ana accom | ірнэней олфег | my immediate supervision |

SIGNATURE OF GRS INSPECTOR

VIC FORM 1194

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RESTRICTED

7-1

| C | | | | | · | | |
|---|-------------------------------------|--|--------------------------------------|--------------------------------------|--------------------|--------------|-------------|
| WD QMC FORM 1042 (Rev. 1 Apr. 1945) REPORT OF INTERMENT | | | | | | | |
| (Supersedes GRS Form 1) | • | (AR 30-1810 and AR 30-1815) | | | | 1 July 1946 | |
| | | | | | | | |
| Imprint Identification Ta DO NOT TYP | | Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) SERIAL | | | | No. | |
| | | | | | . SERIAL | . 110. | |
| | | Ur | ıknown | X-64 57 | | Unkno | WZZ: |
| | 1 | GRADE | ORGANIZATION | | BRANC | H OF SERVICE | £ |
| { | 0 | 771 | _ | | Ì | | |
| \ | - 1 | Unknown | | nknown | | A.A.F. | • |
| | | RACE | RELIGION | | IF OTHER THA | | D, GIVE |
| | | Unknown | Т | WANGE OF CO | , CATILL | | |
| Di acciociocati | | | ! | Inknown | l oute | | |
| PLACE OF DEATH | | CAUSE OF DEATH | ne Crash | | Est | OF DEATH | |
| Heinheim, Germa | ny | | • | | Feb | r. 1944 | ļ |
| EMERGENCY ADDRESSEE (Nat | nc, relationship, an | l address) | | | ! | | · |
| | | | | | | | |
| | | Unkno | awo | | | | 1 |
| IDENTIFICATION TAGS FOUND | ON BODY | IF NO TAGS FOUND ON BODY, D | ESCRIBE MEANS O | FIDENTIFICATION (I) | unidentified, fill | in section 3 | on reverse) |
| (1, 2, or none) None | | | | | | | |
| | | | | | | | |
| WERE SUBSTITUTE TAGS PRO | VIDED?(Yes or no) | None |) | 1 | | | |
| Yes | | | | | | • | · |
| LIST PERSONAL EFFECTS FOU | ND ON BODY AND | DISPOSITION OF SAME | | | | | |
| D31 PERSONAL EFFECTS FOU | IND ON BODT AND | DISPOSITION OF SAME | | | | | |
| Ì | | | | | | | |
| | | None | | | | | |
| | | | | | | | |
| | | | ··· | | _ | | |
| · | <u>_</u> | lished cemetery, furnish sketch | h and map coord | natos on reverse. | | | |
| NAME, NUMBER, COORDINATE | S, AND LOCATION | OF CEMETERY . | • | | | | |
| | U.S. Mili | tary Cemetery (Q-2 | 60584) st. | Avold, Fran | ce | - | |
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or na | ame of other) | TYPE OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
| DATE OF BOTTINE | noon | | una oy outer i | MARKER Temp Wooden | 1 1 | NON NO. | GRAVE NO. |
| l July 1946 | 1030 | Casket | | Cross | EEEE | 11 | 129 |
| WAS THIS A REBURIAL? | IF A REBURIAL I | INDICATE NAME, NUMBER, COORD | INATES OF PREVIO | | OCATION OF GR | AVE | |
| (Yes or no) Yes | Civilian | Cemetery Heinheim, | Kelheim G | ermany M-49 | PLOT No. | ROW No. | GRAVE No. |
| | | 1/250,000 | | | | | - |
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUC | TING BURIAL RITES | IF IDENTIFICATION CONTAINERS BUT | ON TAGS NOT USED, JRIED WITH BODY | DESCRIBE IDEA | ITIFICATION | DATA AND |
| General Service | CH. J.B | . JOHNSON, 1st Lt. | | | | | |
| IDENTIFICATION TAG BURIED | | IFICATION TAG ATTACHED TO | | y W.D. Q.M.C | | | |
| BODY (Yes or no) | MAR | KER (Yes or no) | | rment - Plac | | rial bo | ttle |
| No | Yes | -Embossed Plate | and bur | ied with rem | ains | | |
| BODY BURIED ON DECEASED | LEFT, NAME (Last, | , first, middle initial) | RANK | SERIAL No. | ORGANIZATIO | N GRAVE | No. |
| | | | l [*] | | | | |
| UNKNOWN X- 6458 | | | UNK | UNK | AAF | _ 12 | 8 |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | | | RANK | SERIAL NO. | ORGANIZATIO | N GRAVE | No. |
| UNKNOWN X- 6475 | | | UNK | UNK | AAF | 13 | ^ |
| | | | | : | | | · |
| SIGNATURE OF PERSON PREP. | | • | SIGNATURE OF G | AS OFFICER VERIFYING | PORT | > | |
| Max M. Schiff HQ. Third Field Command RALPH W. SLEATOR, Major | | | | jor In | f. | | |
| DICTRICUTION OF PEDODE | rep | A.G.R.C. | <u>l</u> | · | <u> </u> | · | _ |
| through Headquarters GR | . Signed origin S Officer. Copic | al for U.S. and allied dead, signs for retention in theater as p | ned original had rescribed by the | ionstddy GOMMAN iter commander. | agad, to the G | uartermasi | or Goneral |

RESTRICTED

| | Section 5. | UNIDENTIFIED | REMAINS | | | | | |
|------------------------|---|--|--------------------------|---------------------------|---------------------------|----------------------------------|--|--|
| LEFT LITTLE FINGER | mains. Fil social secul planes veh | eat care will I in anatomi ity number; icles, and tar | cal charac position o | teristics (f body for | pelow, and and in airs | d any other o planes, vehicle | dues under "Othe es, and tanks; and | atity of unidentified re- er," such as shoe size, serial numbers of air- ters and thumbs in the |
| 7. R.F. | (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart accomplished if one or more fingerprints are secured. | | | | | | condition of each and Tooth chart will not be | |
| LEFT RING FINGER | HEIGHT | WEIGHT | COLOR O | FEYES | COLOR O | FHAIR | BIRTHMARKS, SCAF | S, OR TATTOOS |
| · | UTD | UTD | יוניט | D | ידיט | D | ניט | מי |
| | WEAPON AND | SERIAL No. | | LAUNDRY | MARKS | | WHERE BODY WAS | BURIED OR FOUND |
| , Middle (FE | No | 99 | |] 1 | Vone | | Heinhei | m, Germany |
| EFI E PINGER | OTHER IDENT | IFICATION CL | UES | 1 - | | | , . | |
| | | | | None | | | | |
| LEFT INDEX FINGER | | | | | | | | |
| PHGE | FILLING | <u> </u> | SI | LVER FILL | ING | | <u> </u> | |
| 72 | | | Go | LO PILLIN | IG | | 3,200 | $\stackrel{7}{0}$ |
| | | | | | | 4 | YOUR | X24 |
| Теет Тнимв | CAVITIE | 3 | O | CAVIT | Y | 5 5 | | A55 |
| Ma T | | | | DECAY | ED | 7 | UPPER . | 1620° |
| | | | 11% | र्स | | 8 | 2 50 | MOST. |
| | MISSING | TEETH | ~ | OTH MISSU | MG. | | N . | Meso, |
| RIGHT THUMB | | | Y O | <u> </u> | | DIAGRAM | REPRESENTS THE | MOUTH WIDE OPEN |
| 35 | | | WITC. | <u> </u> | | 60 | in. | 5700 |
| <u> </u> | . CROWNED | TEETH + |)pol | CELAIN C | ROWN | :.16 \ } | | <i>3</i> 16 |
| z | | | | OLD CROV | | 15 | LOWER | 3 (15 |
| RIGHT DEX FINGER | BRIDGE | | ר אַנוע |) | | 14 | | |
| NG ES | BRIDGE | WYKK | | GOLDE | RIDGE | 13 | ZUKAAAA | 70 12 |
| , | | | | | | | | \mathcal{O} |
| WE | ,L | TCH AND MAP | DEPENDENT | | DOMATTIC | OR BURLET | OTHER THAN ESTAB | UCUED CENTERS |
| RIGHT MIDDLE FINGER | FURNISH SKE | ICH AND MAP | REFERENCE. | | , , | ii(| | |
| We by | | | | | | 14.0 | л. | V=_VEI |
| | | | | None | | ٠ ١١٠٠ | M9 21 5 0% | s aug |
| RIN | | | | | | н | วทุฐชล รถยอ <u>ว</u> | ער |
| RIGHT RING FINGER | ` | | | | | ON | IA W | में भी |
| 9 | REMARKS: | | | | | | • | |
| | 1 | ched: Fo | rm 11 | Check | List o | f Unknow | ns. Unable | to obtain |
| <u>កា</u> រ | | | | | | | e to missing | |
| RIGHT LITTLE FINGER | Est. | weight | of rem | ain s r | eceive | d 6 Lbs. | | |

AGRC FORM No. 11 Revised 5 January 1946

CHECK LIST OF UNKNOWNS

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

| * | Unknown X 6457 | E |
|---|--|--------------|
| | Cemetery Q-260584 St Avold Plot EXEC Row 11 Grave 1 | 2 9 |
| 1. Arrived at cemetery 10 (date) July 19 | 46 | |
| 2. Place of death Hoinheim Germany (VF 95 | 37) N=49 1/250,000 (coordinates and letter Prefex, maps) | 147- |
| (Sheet, scale at 3. Remains recovered or disinterred by 535th Q | | |
| 4. Evacuated to Cemetery by Major Cm. J. P. | | |
| Description of clothing and equipment : (if surements). | | ea- |
| | Clothing Indicate unusual mark Markings Sizes Color wear, tear, repairs, | - |
| Item | the second secon | |
| *Headgear | | |
| Raincoat None | | |
| Overcoat None | on the the are the transfer and the recommendation and the second | |
| Jacket, Field None | an an an a to turnidamahandhandhan p . sans ahad shahannannan cananannan desadhannasan a | -kalidhid li |
| Jacket, Combat None | | ····· |
| MackinawNone | • | ******* |
| Sweater Rone | N. M. Charles and A. | |
| Jacket, HBTNone | | |
| *Shirt, Wool OD None | | |
| Undershirt, Wool zemants | · | |
| | | |
| Undershirt, Cotton None | • | |
| Trousers HBT remants, badly burned | | , |
| *Trousers, Wool OD None | mentapa de semançar en contro o o o desena de sojo y a un o se contro con o como contro de desena de | |

| | Build UPD (large, fat, thin, muscular) | |
|---------------------|---|------------------------------|
| | Complexion (light, med. dark, cloar, pimples, pocks, freekles) | - |
| | Sunburn or tan, other than hands & face | phase i |
| | (yes-no; description, location) | |
| | Outstanding miles, warts or birthmarks TPD | |
| 8 han 6 - 8 750 asi | Bandages or dressings UTD Scars UTD (leagth, width, location) Tattoos UTD (Number, location – illustrate on sep, page) | |
| | Age TTD Height TTD Description of wounds TTD | |
| 8. | Description of Remains: | |
| | Air Force | |
| 7. | Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces | ***** |
| | (type & location : shirt, jacket, cont, helmet) Shoulder PatchNone | e as constitute and other to |
| 6, | Chevrons or Insignia None | |
| | *If body is nude, sizes of these items should be computed by measuring the remains. | AND ST. MART |
| | (Other item) Remmants of leather flight jacket, remaints of parachute harne | 989, |
| | Web Equipment None (Type) | |
| | Overshoes None | |
| | *Shoes None (type) | togethe op # . |
| | Socks, Cotton | |
| | Leggins, Wool(Note unusual lacing) | |
| | Drawers, Cotton remants | |
| | Drawers, Wool None | |
| | | |

| Iair | UYD | | | | |
|---|--|--|----------------------------|--|--|
| | | ess, widows peak, distinctiv | e cutting or other charact | eristics). | |
| ideburns | . UTD | Mustache | UTD | Board or (length, he | |
| | (color, setting, shape) | | (color, size, shape) | (length, he | |
| oatee | UID | | | : | |
| | (light, color, extent) | | | , | |
| yes | UPD | Evebroy | ve | UPD | |
| , | (color, setting, shape) | | Eyebrows (color, bush | | |
| ose | UTD | Ears | | UTD | |
| 750 | (size, shape, straight) | 1,2015 | | t close to or far from head) | |
| outh | UTD | Line | | UTD | |
| OU111 | (large, medium, small) | Lips | , | (small large, full) | |
| .1 | FIDA | | | | |
| eth | · · · · · · · · · · · · · · · · · · · | size, uneveness, spacing, n | | extract). | |
| | UTD | • | • | | |
| in | The state of the s | (prominent, receding, po | | | |
| | TOOM | _ | | UPD | |
| W | (large, small, normal) | Circumference of | head in inches | · · (hat band) | |
| | TERN | | | tem | |
| ck | (size, length, short, normal, v | vrinkled) | Larynx | (prominent, normal) | |
| | UTD | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| oulders | (broad, straight, small, | | Arms | (length, muscular, color) | |
| | torono, straight, mait, i | ounded) | | (length, muscular, emor) | |
| | | | | • | |
| | (extent and quantity of hair) | | | • | |
| nnds | UFD | de araquie a como a de la difficiencia de la constitución de la consti | | general de la company de la co | |
| | • | | | | |
| ngers | | ······································ | L | 4410 | |
| | troile) | t, thick, long, slender, size o | f knuckles, missing finger | s or joints) | |
| | Trade or other management and the state of t | | | <i>(</i> | |
| | 1 | (Unusual characteristics | of fingernails) | | |
| ıest | UPD |) | share-very | MidDianni insumuonia maa (ijayse pipikkoose ope berjikun diannia maasaas sassaa | |
| | (size of | nipples, color, quantity & e | xtent of hair, largo, smal | normal) | |
| iek | VID | ai: | st | UPD | |
| | (quantity & extent of lair) | | (size | of navel, appendectomy, amount) | |
| | nna madamannanananahangangananananananananananana | C; | roungision UTD | Pubic hair UPD | |
| | (quantity & color of hair) | | (yes-i | Tubic hall | |
| | מיזט | | | | |
| erniaplasty. | (yes-no; location) | | | | |
| | UTD | | | | |
| .gs | | | normal, quantity, color & | | |

| Evidence of healed factures Black out parts of body not received at cemetery: Have fingerprints been placed on Report of Interment If not, explain No heads Has tooth chart been prepared (yes-no) Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | s |
|--|---|
| Have fingerprints been placed on Report of Interment If not, explain No hands Has tooth chart been prepared (yes-no) Remarks: Body badly burned. Bet. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | (slender, straight, crooked, overlap) |
| Have fingerprints been placed on Report of Interment If not, explain No heads Has tooth chart been prepared (yes-no) Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | • |
| Have fingerprints been placed on Report of Interment If not, explain No heads Has tooth chart been prepared (yes-no) Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of s has been recorded to the best of my knowledge. | (nose, arms, legs, etc.) |
| Has tooth chart been prepared (yes-no) Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | |
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| Has tooth chart been prepared. (yes-no) Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | (yes-no) |
| Has tooth chart been prepared. (yes-no) Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | () co-no. |
| Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | 1 |
| Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | |
| Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | If not, explain No head |
| Remarks: Body badly burned. Est. weight I certify that I have personally viewed the remains of shas been recorded to the best of my knowledge. | |
| I certify that I have personally viewed the remains of s has been recorded to the best of my knowledge. | |
| I certify that I have personally viewed the remains of s has been recorded to the best of my knowledge. | |
| I certify that I have personally viewed the remains of s has been recorded to the best of my knowledge. | or remains received 6 Lbs. |
| I certify that I have personally viewed the remains of s has been recorded to the best of my knowledge. | |
| I certify that I have personally viewed the remains of s has been recorded to the best of my knowledge. | |
| I certify that I have personally viewed the remains of s has been recorded to the best of my knowledge. | |
| I certify that I have personally viewed the remains of s has been recorded to the best of my knowledge. | |
| has been recorded to the best of my knowledge. | |
| has been recorded to the best of my knowledge. | subject deceased and all resulting inform |
| | ma an resuming inform |
| | |
| | Wm. J. Petton (ms) |
| | |
| | Officer's Name |
| | Lajor q.H.C. |
| | L'Ajor Q.II.C. Rank Service |
| | |