

FILE IDENTIFICATION TOPPER

711 Martin

FILE NUMBER

293 UNK. ST. AVOLD, X-7059

Pellison

SUBJECT

GMC FORM 1121
1 Aug 45

49 7508

7887 GRAVES DETACHMENT

APO 757

943unk St. Avold X-7059 *MS*

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-7059, ST AVOLD, FRANCE.

(FOC) DRAGUIGNAN

*file 2 mar 51
Kinkland
Ident.*

NOTICE OF DISINTERMENT
(AUSGRABUNGSURKUNDE)

GRS-GZ Form No 8

Date 1 August 1946
(Datum)

Die unten angefuhrten amerikanischen Toten sind am heutigen Tage von dem hier angegebenen Ort ausgegraben und nach einem amerikanischen Militaerfriedhof zur Bestattung ueberfuehrt worden.

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to a U.S. Military Cemetery.

St. Avoird, France (Q 260584) for reburial

UNKNOWN X 7059UNK	UNK	(found on top of ground) TETTINGEN (WL 0402)U-1,1:100.000	
(NAME) (NAME)	(RANK) (DIENSTGRAD)	(ASN) (ERKENNUNGS- MARKENNO.)	(PLACE OF DISINTERMENT) (AUSGRABUNGSORT)

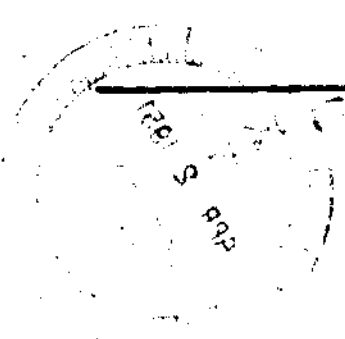
Falls Gemeindefriedhof, Grabplatz, Reihe, und Grabnummer angeben soweit moeglich.

If communal cemetery show Plot, Row, and Grave No., if available.

Ivor J. Fosmo

Officer or NCO in charge of Disinterment
IVOR J. FOSMO, 2nd Lt. Inf. O-2020412

4457 HQ. COMP. Co. (AC)
ORGANIZATION



X-7059

USMC DRAGUIGNAN
Plot: D Row: Gr: 28
Date of Burial: 18 Jul 50 **DISINTERMENT DIRECTIVE**
Verified by GRS Officer:
R. W. GANSEL, 1/Lt., OMC

*91P
7/2/50*

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

NAME
Frank Staveland UNKNOWN X-007059
SERIAL NUMBER
RANK
ARM
J
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
ST AVOLD - METZ
DISPOSITION OF REMAINS
3501
XXXXX 80
CODE DIST. PT.

PLOT
4J
ROW
6
GRAVE
144
COUNTRY
FRANCE
CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
~~ST AVOLD, FRANCE~~ DRAGUIGNAN, FRANCE
(BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49)
(21)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-007059
SERIAL NUMBER
RANK
Unk
DATE OF DEATH
Est Mar 44
DATE DISINTERRED
13 May 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER GRS
ORGANIZATION
UNKNOWN
RELIGION
Unk
IDENTIFICATION VERIFIED BY
Forrest L Brown Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Remnants of Uniform
CONDITION OF REMAINS
Fractured skull R/Tibia
Fibula - Mandible missing - Most
vertebrae missing

OTHER MEANS OF IDENTIFICATION
Burial bottle found with remains

MINOR DISCREPANCIES
None
*3. May 50
Gols
85. May 50*

REMAINS PREPARED AND PLACED IN CASKET
DATE 18 May 48 BY Forrest L Brown Embalmer

CASKET SEALED BY
Forrest L Brown
EMBALMER (Signature)
Forrest L Brown

CASKET BOXED AND MARKED
DATE 18 May 48 BY Forrest L Brown
SHIPPING AND CHECK VERIFIED BY All markings plates & tags verified by:
FRANK B CALLAGHAN, 1st Lt Pa

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

Frank B Callaghan
FRANK B CALLAGHAN, 1st Lt Pa 337 M Bn.
SIGNATURE OF GRS INSPECTOR

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

Consignee corrected - Reg. Div. *97*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avoird, France		TO OIC Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Col William H Bryant, RA 33720418	
SIGNATURE OF SHIPPER Frank J. Callaghan 1st Lt <i>[Signature]</i>	DATE 28 Oct 49	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Uk - (misc) St. Arnold

X-7031

X-7059

X-7184

SYNOPSIS AND DATES

NEW CLASSIFICATION

misc filed

293 Uk - St. Arnold X-7031

RECLASSIFICATION SHEET

RE Form #43
20 Sep 48

293 Huck - St. Avold X - 7057

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

UNIDENTIFIABLE X - 7059 (TEMP - ST AVOLD)
(Last Name) (First Name) (Initial) (Rank) (ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery DRAGUIGNAN

Incl #

STATION FILE

X-7059

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS # 1 F-1000

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

Unknown X -7059
Cemetery
Plot Row Grave

- 1. Arrived at cemetery
(hour) (date)
- 2. Place of death Tettingen, Germany Coord: WL-0402
(name of closest town) (coordinates and letter Prefex, maps)
Sheet U-1, Map 1:100,000
(Sheet, scale and serials used)
- 3. Remains recovered or disinterred by 4437 HQ, Comp. Co. (AC)
(name and organization)
- 4. Evacuated to Cemetery by Central Identification Point
(name and organization)

5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

	Clothing	Indicate unusual markings
	Markings	Sizes Color wear, tear, repairs, etc.

- Item
- *Headgear None
(type)
- Raincoat Yes, Green, no size or marks
- Overcoat None
- Jacket, Field Green, M 1943, No size or mark.
- Jacket, Combat None
- Mackinaw None
- Sweater Wool, knit O.D.
- Jacket, HBT None
- *Shirt, Wool OD Yes, No Size or mark.
- Undershirt, Wool None
- Undershirt, Cotton None
- Trousers HBT None
- *Trousers, Wool OD Yes, No size or mark.

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Belt, Web **Yes**

Drawers, Wool **O.D., Remnants of**

Drawers, Cotton **None**

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

Socks, ~~Cotton~~ **Wool, Two (2) Pair**

*Shoes **Yes** (type) **Combat Boots, Size 12 1/2" long, 4 1/2" wide**

Overshoes **Artics**

Web Equipment (Type) **None**

(Other item) **Felt lining from gunners gloves, Gas protective hood,**

(Other item) **One (1) kit glove**

*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.

Ground Forces

8. Description of Remains :

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

Bandages or dressings **None** 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, pimples, pocks, freckles)

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

Hair **Light brown**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

X-7059

Hair UTD
(baldness, widows peak, distinctive cutting or other characteristics).

Sideburns UTD (color, setting, shape) Mustache UTD (color, size, shape) Beard or UTD (length, heavy)

Goatee UTD (light, color, extent)

Eyes UTD (color, setting, shape) Eyebrows UTD (color, bushiness, extent across nose)

Nose UTD (size, shape, straight) Ears UTD (size, set close to or far from head)

Mouth unusually small (large, medium, small) Lips UTD (small large, full)

Teeth See tooth chart (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

Jaw UTD (large, small, normal) Circumference of head in inches 19 inches (that band)

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

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

UTD (extent and quantity of hair)

Hands UTD

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

UTD (Unusual characteristics of fingernails)

Chest UTD (size of nipples, color, quantity & extent of hair, large, small normal)

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

UTD (quantity & color of hair) Circumcision UTD (yes-no) Pubic hair UTD (color)

Hernioplasty UTD (yes-no; location)

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

UTD

TOOTH CHART

22 August 1946.

Unknown - X-7059

Unknown

Date
 Unknown

Last Name Unknown First Initial

Rank INF. Serial No.

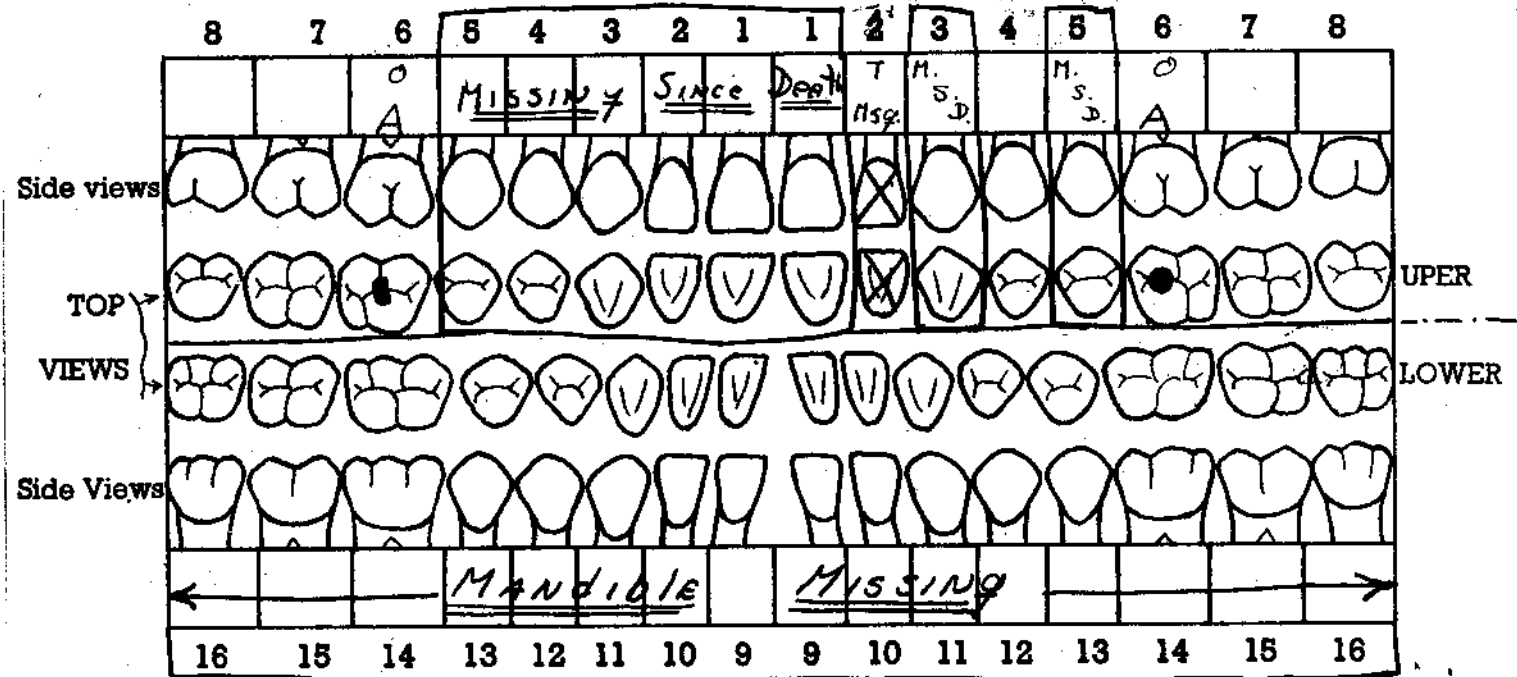
Tettingen, Germany
 Place of Death

Est. March 1944
 Date of Death

Killed by Mine explosion.
 Cause of Death

Right

Left



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.

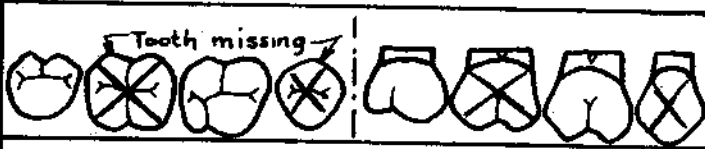
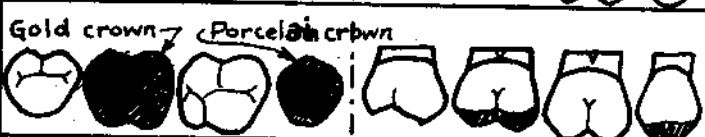

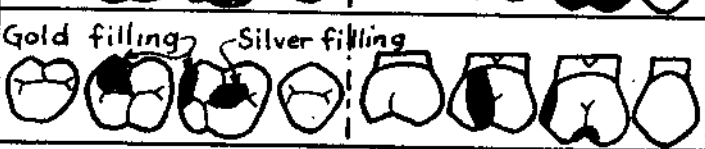
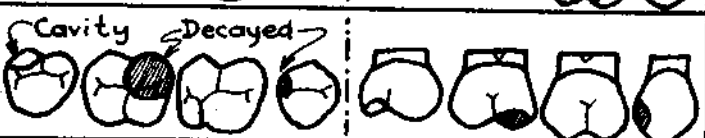
Donald R. Steele B-211463
 Signature of Officer or other person who prepared Tooth chart

DONALD R. STEELE B-211463

Verified by G. R. E. Officer
Robert L. Owens
 ROBERT L. OWENS
 2nd.Lt. INF. C.I.P.

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X-7059

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

Tooth R-8: growth incomplete, occlusal surface down 5 mm

Tooth L-2 missing long before death: position of L-1 and L-3 grown completely together over space.

Tooth L-8 unerupted: growth incomplete

Teeth missing A0: R-1,2,3,4,5
L-1,3,5.

Tooth R-6 rotated

Tooth R-7 missing long before death

R-8 angular growth over position of R-7 to tooth R-6, space completely filled.

Maxilla: exceptionally narrow and small

Teeth small, formation irregular but clean and closely set together.

Entire mandible missing.

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REPORT OF INVESTIGATION

AREA SEARCH

IDENTICAL TO DIV 1146
FOR E. CHURCHILL
CLARENCE

5 August 1946

AGRC Form 10 (Revised)

1 January 1946

Date

NAME UNKNOWN X- 7059 RANK Unk. ASN Unk.
 ORGANIZATION Inf.
 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 information:
- a. NAME _____ RANK _____ ASN _____
- b. ORGANIZATION _____
2. Was partial identification established? _____ 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 MACR)

- a. Date of above burials Unburied Common Graves? No
5. Name and Type of Cemetery None
(Military or Civilian)
6. Map Coordinates of the Cemetery None
- 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 PETTINGEN Coordinates (WL-0402)
- b. Is Sketch attached? No
- c. Is area mined? No (Previously mined)
9. How is the grave marked? No Marking
10. If grave is marked with cross, give exact markings thereon No Marking

a. From what source was this information obtained? Burgermeisters Records

(Identification tags, personal effects)

1. By whom None

11. Where are the cemetery records? Burgermeisters Office
(Town Hall, cemetery, burgermeister's office)

a. What information was contained thereon? **Date of Death and Cause of Death**

b. Where was the information obtained? **Burgermeisters Office**

c. By whom? **Burgermeister**

12. What is the date of death? **Est. March 1944**

a. Give basis **Burgermeisters Records**

13. What is the cause of death? **Killed by Mine Explosion**

b. Give basis **Burgermeisters Records**

14. What is the date of burial? **Unburied**

a. Give basis **Burgermeisters Records**

15. What was the place of death? **Killed in open fields by Tettingen** Coords **(WL-0402)**

b. Give basis **Burgermeisters Records**

16. Where were the remains found? **In open field by Tettingen** Coords **(WL-0402)**

a. By whom? **German Civilians**

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 **Unburied**

(Civilian, American Mil. or German Mil.)

a. What are the names and addresses?

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? **DOES NOT APPLY**

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. Markings and/or name on plane

c. Give numbers on motors, machine guns, instruments, radios or other equipment:

21. How did crash occur? **Anti-aircraft**

Enemy Planes? **Collision?**

22. Did plane explode in the air? **On ground?**

23. Did plane burn in the air? **On ground?**

24. What was the direction of the flight?

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

26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with 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? **DOES NOT APPLY**
- a. Give specific position in tank from which deceased was removed _____
 (Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage? _____
32. 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. 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).

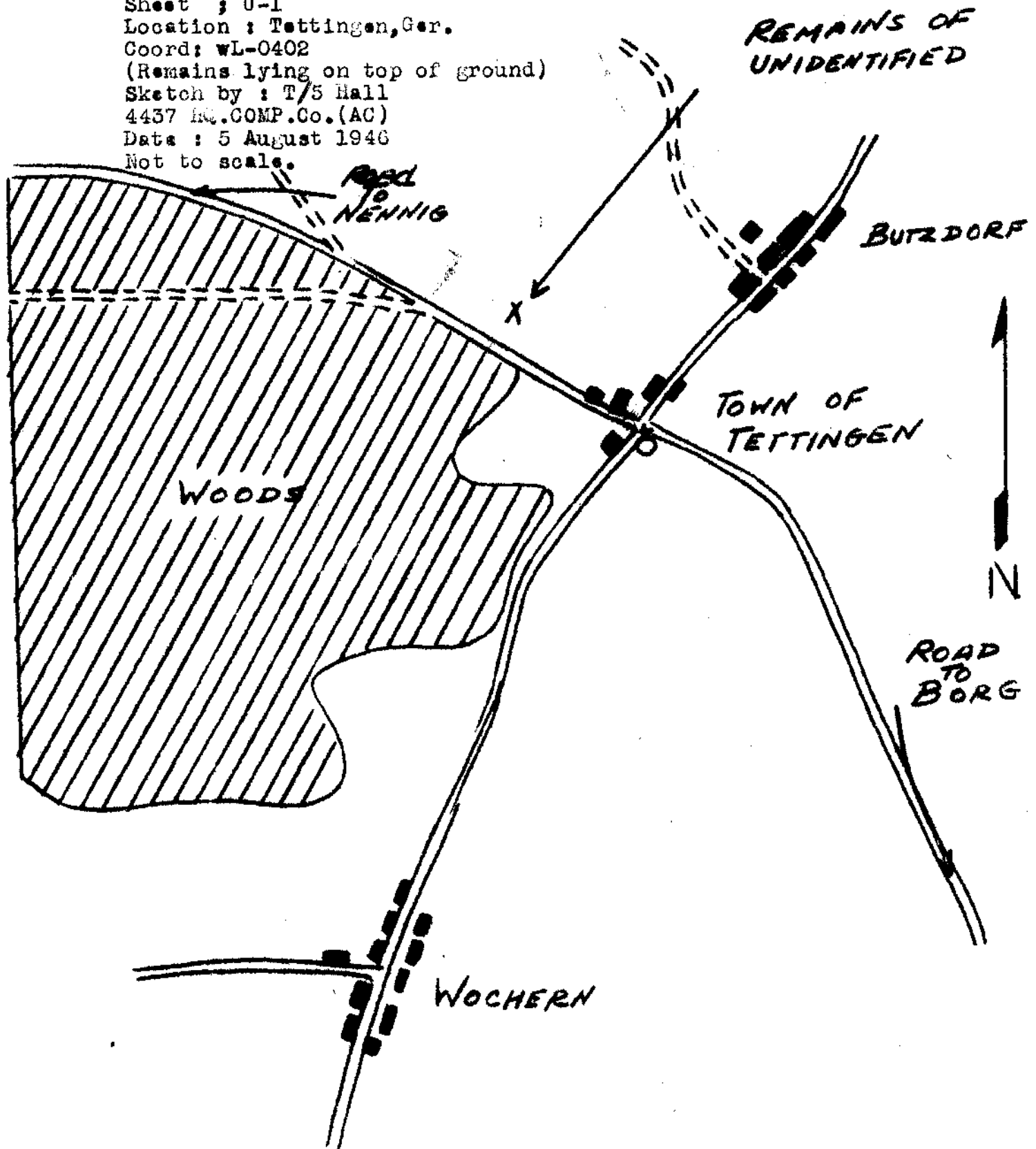
39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) **Mines**
- If so, give complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? **No**
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **Anton Jakob, Butzdorf. 2-Prymak Wladyslaw Trier, 10 Company-1 group- Karl Heinz Lonze-Berta Jacobs Butzdorf. 3-Marga Neisius Butzdorf. 3.**

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

41. Were personal effects recovered by the investigating team? **No**
- If not, state reason **No personal effects**
- a. Were identification tags found at the time of death? **1.0**
- Where? _____ By whom? _____
- Present disposition _____
- 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 is abandoned.

SKETCH SHOWING REMAINS OF UNIDENTIFIED
Remains lying on top of ground, TETTINGEN, GERMANY.

Map : Germany 1/100,000
Sheet ; U-1
Location : Tettingen, Ger.
Coord: WL-0402
(Remains lying on top of ground)
Sketch by : T/S Hall
4437 HQ.COMP.Co.(AC)
Date : 5 August 1946
Not to scale.



AMERICAN GRAVES REGISTRATION COMMAND.

AREA

SECTION

CERTIFICATE

TETTINGEN (w/Lothar)
Gemeinde (Town)

1st August 1946
Day (Date)

SAARBURG
Kreis (County)

TRIER
Bez. (Territory)

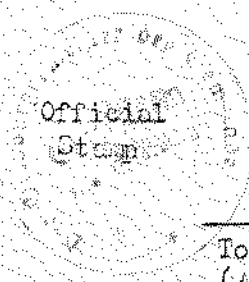
In Beantwortung der Anfrage, die heute von Vertretern der U.S. Armee an mich gestellt wurde, das Vorhandensein von Gräbern von verstorbenen Mitgliedern dieser Armee betreffend, erwidere ich, das nach dem besten Wissen und Glauben in meinem Amtsbezirk sich.....versteckene, davon bestattet.....nicht bestattet.....befindlich.
Ferner habe ich veranlasst, dass an den öffentlichen Anschlüssen in meinem Amtsbezirk die Bevölkerung ersucht wird, Auskünfte über die Lage von Gräbern verstorbener Angehöriger der U.S. Armee oder Verbündeter zu geben. Nach Erhalt solcher Auskünfte werde ich an die nächste Ebene Adresse der U.S. Armee (Gräberdienst) Bericht erstatten.

In response to the inquiry made this date by representatives of the U.S. Army regarding the existence of graves of deceased members of the U.S. Army or their Allies. I certify that to the best of my knowledge and belief there are.....deceased, buried or located on the top of the ground within the area under my jurisdiction. Further I have caused to be posted on notice boards within the community under my jurisdiction, announcements soliciting such information from persons within the community and I agree that should further information regarding the location of graves of deceased personnel of the U.S. Army or their Allies become available, I shall cause the U.S. Military to be notified at the address which I have been furnished.

	<u>Name</u>	<u>Rank</u>	<u>ASN</u>	<u>Nationality</u>	<u>Location of grave</u>	<u>Source of Info.</u>
1)	UNKNOWN	UNK	UNK		unb.	French Mil. Gov.
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						

Notiz: Dieses Formblatt ist dreifach auszufertigen. Eine Kopie verbleibt auf der Sucherseite, eine Kopie ist fuer das Hauptquartier des Gräberdienstes und die dritte Kopie fuer deren Gruppe bestimmt.

Note: This form is to be completed in triplicate. One copy retained by town official, one copy retained by searching team's Headquarters, and one copy to be forwarded to Group Headquarters.



Leonard Resnick
Investigator's Signature

Anton Jacob Butzdorf
Town Official's Signature
(Anteunterschrift)

Cpl. 33984226
Rank ASN
4437 Hq. Comp. Co.
Organization



Disinterred: 1 Day August Month 1946 Year

by: 4437 Hq. Comp. Co. Organization

Evacuated to: _____ Cemetery

Date: 1946

Remarks: (Include disposition of Personal Effects).

The undersigned persons were also contacted.

Police Chief: Anton Jacob Butzdorf

Clergy: none

Hospital: none

Mil. Govt.: Przemek Wladystaw Brymak Wladyslaw Group I Trier
comp. 10.

Cemetery Caretaker: Karl Heinz Lohse Karl Heinz Lohse

Others: Berta Jacob Berta Jakob Butzdorf 2.

Morwja Neisius Marga Neisius Butzdorf 3.

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

RRE 293

2 December 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7059, Plot JJJJ, Row 6, Grave 144, 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. 2682, dated 3-3-48.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

H. P. Henry
Col. H. P. HENRY, O-12589

MC

E. D. Mulvanity
Lt. Col. E. D. MULVANITY, O-359598

MC

Maj. Charles REYNOLDS, C-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

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

MC

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

CAV

CWO Frank GEER, W-2102985

Received *Opale R...* OQMB

Not identifiable from information presently available

Capt. Jack C. HAYES, O-1577297

MC

Incl #9

H. 4356, 6 Nov 49

UNKNOWN NO. X-7059

U.S. MILITARY CEMETERY

St. Avold

(Location)

UNIDENTIFIABLE

Remains of X-7059 were recovered in an open field near Tettingen, Germany (L-00/6)

Oil and thong kit marked "Pvt. Bennie H. Ryan 38559294" was found within a few feet of X-7059. A search of records by OCMG reveal that subject enlisted man left the US for overseas duty 6 August 1944 with Company A, 302nd Infantry and served with said organization until 22 November 1945. Discharged from the service on 11 February 1946.

Tooth chart of X-7059 was compared with available dental records for all unresolved casualties reported in Map Sheet Germany 6 with negative results.

In view of the fact processing of X-7059 revealed no positive identifying clues, the subject case is being classified as UNIDENTIFIABLE at the present time.

A. Swetnick...

WDMS 293

1st Ind

Trk. 1-7059 France (St. Avoird)

SUBJECT: Request for Information

Dept. of the Army, OAG, Washington 25, D. C., 21 July 1949

TO: Commanding General, American Graves Registration Command
European Area, APO 50, c/o Postmaster, New York, New York

Records this Office reveal that Bennie R. Ryan, 38559294, left the United States for overseas duty 6 August 1944, with Company A, 302nd Infantry and served with said organization until 22 November 1945. He served with the 517th Engineer Pan Bridge Company from 23 November 1945 to date of discharge 11 February 1946.

FOR THE ACTING TRK QUARTERMASTER GENERAL:

[Handwritten signature]

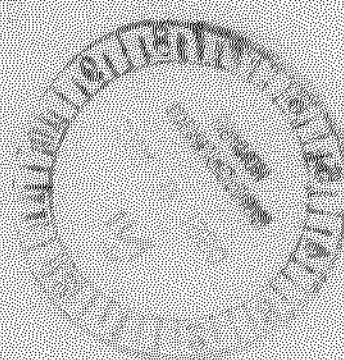
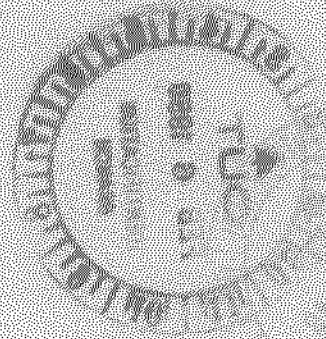
T. R. HESTER
Lt. Colonel, GSC
Memorial Division

[Handwritten initials]

HJS

HPB/rvs

20



[Handwritten note:] Ryan, Bennie R 38559294

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

REF 200.2 - Unknown X-7059
(St. Avold)

22 June 1949

SUBJECT: Request for Information

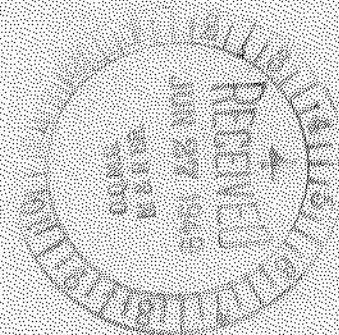
TO: The Quartermaster General, Washington 25, D.C.
ATTENTION: Memorial Division

1. Reference is made to Identification Check List forwarded with Report of Interment for Unknown X-7059, USMC St. Avold, France, Plot J, Row 6, Grave 144. Remarks indicate that clothing and other items containing name Pvt. Dennis H. RYAN, ASN 38559794 was found within a few feet of the remains of X-7059.

2. Pvt. Dennis H. Ryan's name does not appear on the casualty listings at this Headquarters. It is requested that data pertaining to Pvt. Ryan's organizational unit while overseas be forwarded to this office as a possible aid to identification of the Unknown X-7059.

FOR THE COMMANDING GENERAL:

GEORGE L. FREYMAN
1/Lt. CMC
Actg Asst Adj Gen



293 Encls X-7059 Memorial (St. Avold)

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

ST. AVOLD, FRANCE

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

UNKNOWN

MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

EMBALMER (Signature)

CASKET SEALED BY

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF GRS INSPECTOR

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

1. FILE UNDER NO. 293 - Unk. France X-7059 (St. Avold)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **18 Aug. 1947**
4. FROM: **Hqrs., Amer. OIC, European Area, APO 58**
5. TO: **OIC**
6. SUBJECT: **Request for Information**

7. DOCUMENT FILED UNDER NO. **293 - Graves Registration, European**

rtb

INSTRUCTIONS: Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr", "memo", "1st Ind", etc.
3. Date of document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

X-7059

TOOTH CHART

22 August 1946.

Unknown - X-7059

Unknown

Unknown

Last Name: Unknown First: Unknown

Initial: Unknown

Rank: Unknown

INF.

Serial No. Unknown

Tettingen, Germany

Est. March 1944

Organization: Killed by Mine explosion.

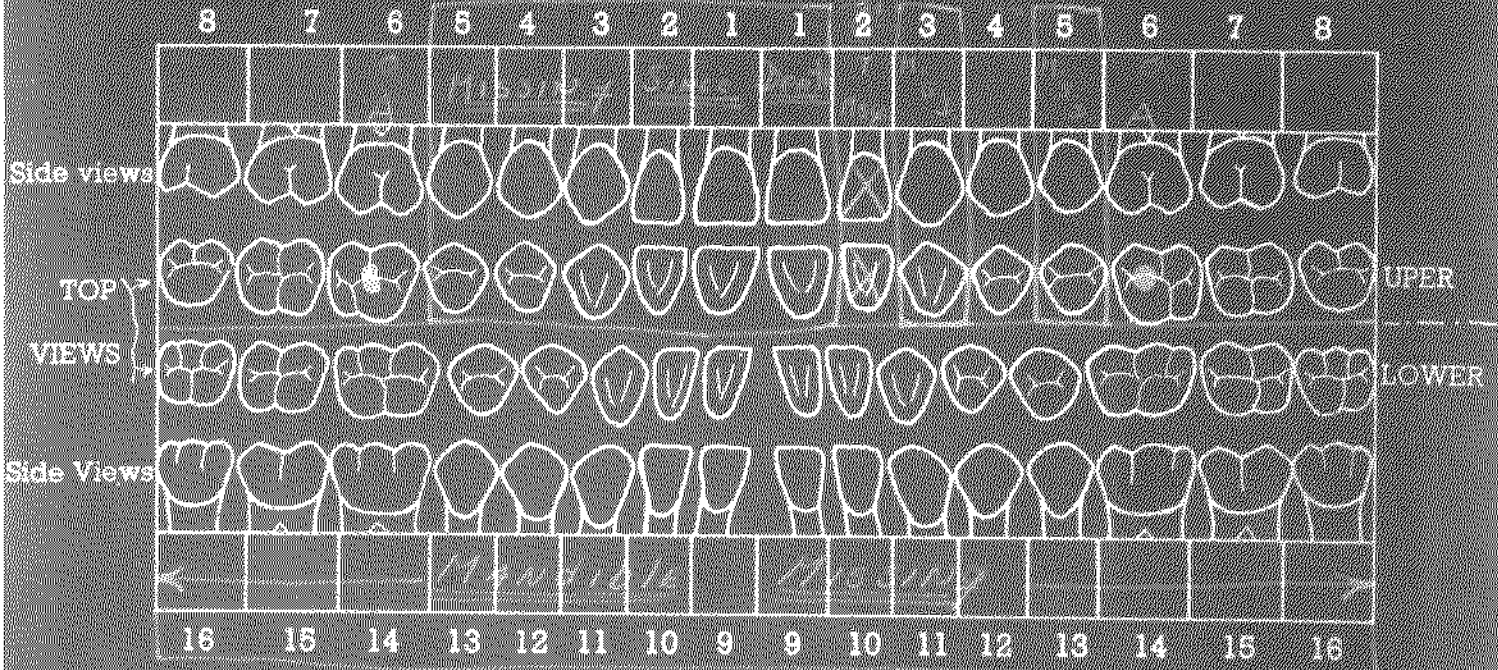
Place of Death

Date of Death

Cause of Death

Right

Left



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.

Donald R. Steele B-211463

Signature of Officer or other person who prepared Tooth chart

DONALD R. STEELE B-211463

Verified by G. R. E. Officer

Robert L. Owens

ROBERT L. OWENS

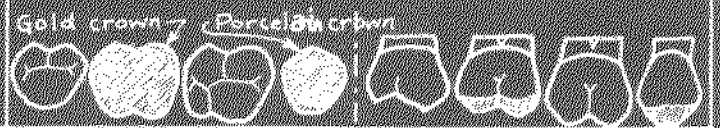
Ensl. Lt. INF. C.I.P.

290

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

Tooth R-8: growth incomplete, occlusal surface down 5 mm

Tooth L-2 missing long before death; position of L-1 and L-3 grown completely together over space.

Tooth L-8 unerupted: growth incomplete

Teeth missing AO: R-1,2,3,4,5
L-1,3,5.

Tooth R-6 rotated

Tooth R-7 missing long before death
R-8 angular growth over position of R-7 to tooth R-6, space completely filled.

Maxilla: exceptionally narrow and small

Teeth small, formation irregular but clean and closely set together.

Entire mandible missing.

291

IDENTIFICATION CHECK LIST

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

DD # 270, dtd 9 Apr 47

Unknown X - 7059

Cemetery St-Avoid, France

Plot JJJ Row 6 Grave 144

Date reprocessed:

1. Arrived at cemetery: 11 Dec 47
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred ~~by~~ and reprocessed by Mobile Team #1, 1st Zone
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>NONE</u> (Type)		
Raincoat	<u>Remnants of</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>Remnants of</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>Remnants of, wool O.D.</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>Remnants of</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

MAR 10 1948

Belt, web Remnants of

Drawers, wool NONE

Drawers, cotton NONE

Leggings, wool NONE

Socks, ~~cotton~~ Remnants of, wool

* Shoes Remnants of (type) service shoe

Overshoes Remnants of

Web Equipment NONE (type)

(Other item) NONE

(Other item) NONE

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

Chevrons or Insignia NONE
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch NONE

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

6. Description of Remains:	L humerus	32.1 cm	1 Femur	43.1 cm
	L ulna	25.4 cm	L tibia	35.2 cm
	L radius	23.5 cm	L fibula	36.2 cm

Age UTD Height 5' 2" Weight UTD Description of wounds UTD

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

UTD Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion UTD
(Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD
(Large, fat, thin, muscular)

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

Hair UTD
(Baldness, widows peak, distinctive cutting or other characteristics)

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

Goatee UFD
 (Light, color, extent)

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

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

Mouth UFD Lips UFD
 (Large, medium, small) (Small, large, full)

Teeth See tooth chart
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin UFD
 (Prominent, receding, pointed, dimples, double)

Jaw UFD Circumference of head in inches 30 3/4"
 (Large, small, normal) (Hat band)

Neck UFD Larynx UFD
 (Size, length, short, normal, wrinkled) (Prominent, normal)

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

Hands UFD

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

(Unusual characteristics of fingernails)

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

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

Back UFD Circumcision UFD Pubic Hair Missing
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UFD
 (Yes-no; location)

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

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

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

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

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

If not, explain too decomposed

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

9. Remarks Remains received in skeletal form wrapped in mattress cover in UK box. Clothing and thong case found containing name " Pvt Berne H. Ryan ASN 38559294" and rifle " 2209360. Also name inscribed on thong case. Another paper was found saying: "This thong case was found a few feet from remains. Bullet hole in top of skull. Burial Report, no GPS tag. Fluoroscopic examination negative. Est weight of remains 15 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

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

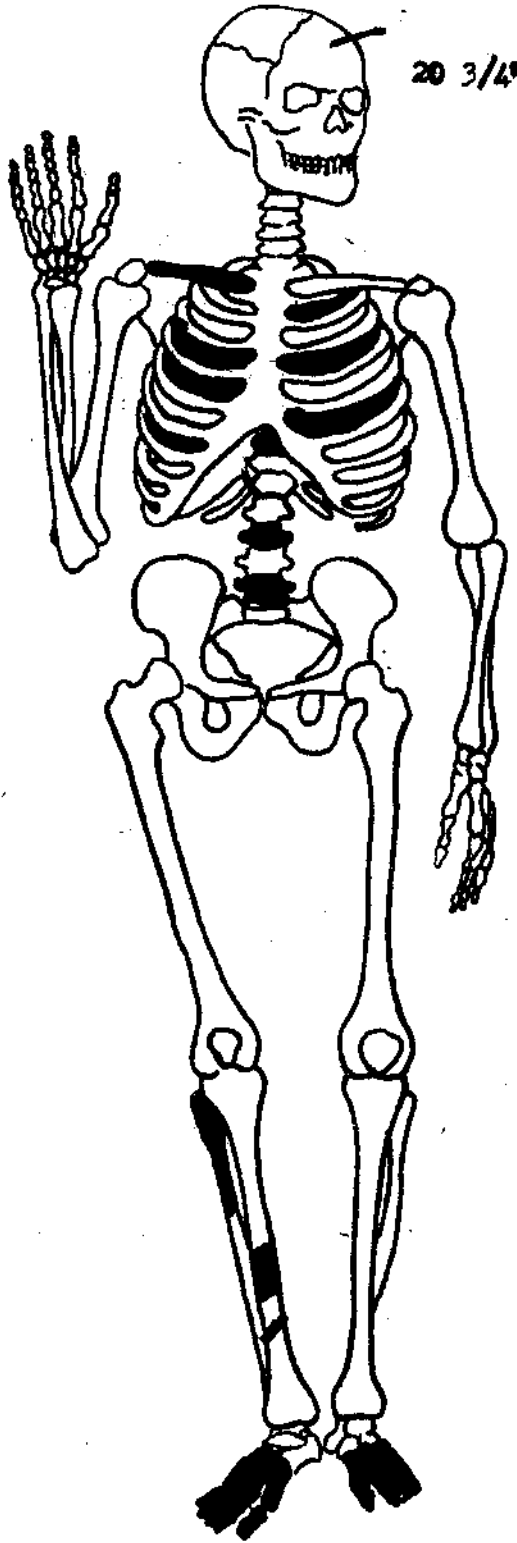
Rank CAPT ONE Service

OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT



20 3/4"

LEFT

Humerus 17.0 cm

Ulna 25.4 cm

Radius 23.5 cm

Femur 43.1 cm

Tibia 35.7 cm

Fibula 31.2 cm

Est height 5' 3"

TOOTH CHART

11 Dec 47

Date

Unk **7059**

Last Name

First

Initial

Unk

Grade

Unk

Serial No.

Unk

Unk

Organization

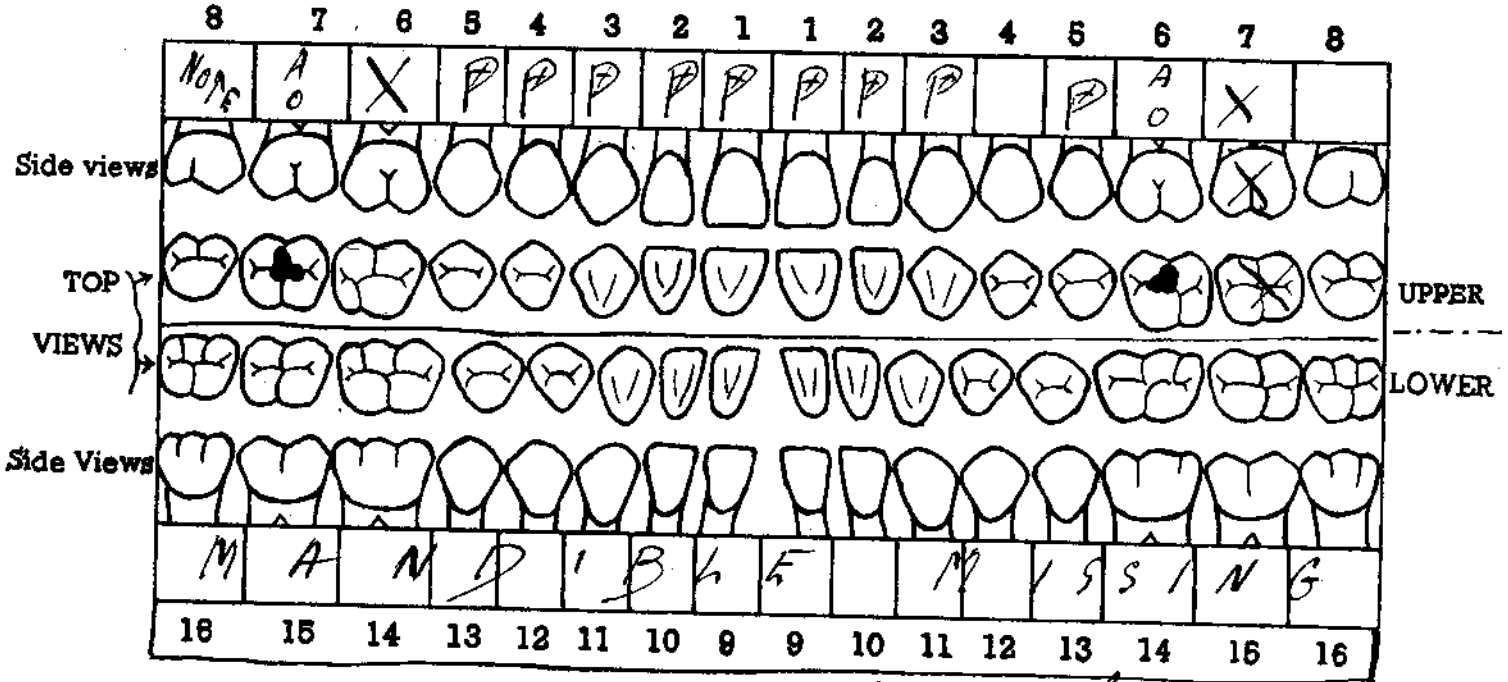
Place of Death

Date of Death

Cause of Death

Right

Left



see remarks

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

IVOR J. POSMO
USA CIV IS




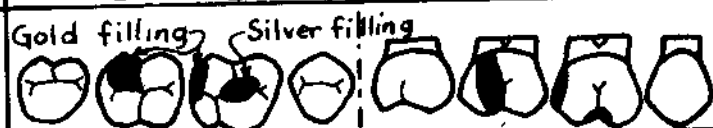
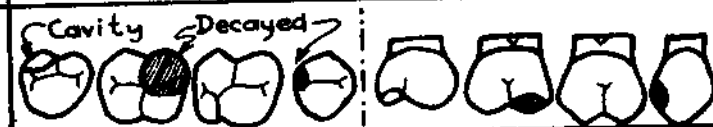
I. J. Posmo
 Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
CAPT QMG OPTR OFF

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

ET FORM I-22 (29 AUG. 46)

(OLD GRAVE REGISTRATION FORM I-A)

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

P = Posthumously missing.

Emerupted before death.

Spaces: R-7-5 no space.

L-6-8 no space.

The roof of the maxilla is very small.

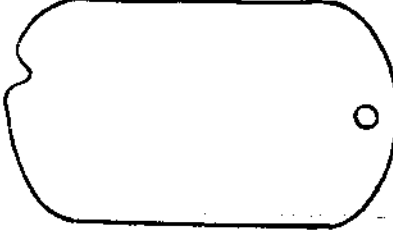
Color: bleache white.

Size: normal.

Alignment: good.

RESTRICTED

1F-1000

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)				REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 27 August 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 			Section 1.—IDENTIFICATION.						SERIAL No.	
			NAME (Last, first, middle initial) Unknown X-7059						Unknown	
			GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE INF.			
			RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Tettingen, Germany (WL-0402			CAUSE OF DEATH Killed by mine Explosion				DATE OF DEATH Est. March 1944			
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown										
IDENTIFICATION TAGS FOUND ON BODY (U. S. or none) None			IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes										
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None										
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.										
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Military Cemetery St. Avold, France (Q 260584)										
DATE OF BURIAL 27 August 1946		HOUR 1030	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Temp. wood. CROSS	PLOT No. JJJJ	ROW No. 6	GRAVE No. 144		
WAS THIS A REBURIAL? (Yes or no) No		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Tettingen, Germany Coord: WL-0402, Sht:U-1, Map 1:200,000. On Top of ground								
TYPE OF RELIGIOUS CEREMONY General Service		PERSON CONDUCTING BURIAL RITES Ch. H.A. LEE, 1st Lt		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One Copy WD QMC Form 1042 p Report of Interment - placed in burial bottle and buried with remains						
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate		RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 143			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-7145				RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 145			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-7029				RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 145			
SIGNATURE OF PERSON PREPARING REPORT ROBERT L. OWENS 2nd Lt, INF. C.I.P.				SIGNATURE OF GRS OFFICER VERIFYING REPORT SAMUEL B. PRIGG JR.						
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

Section 3 - UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(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.


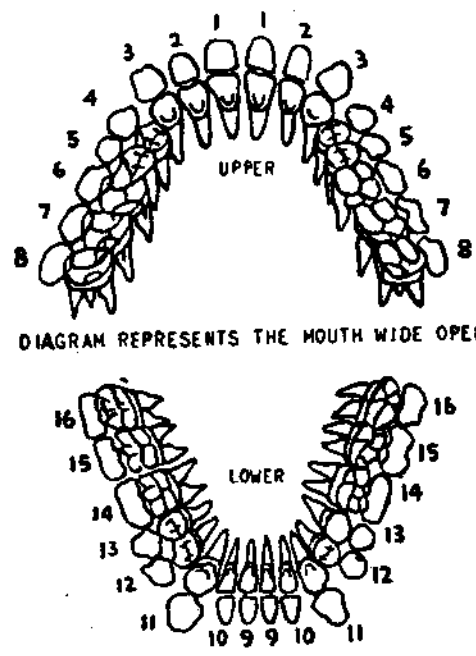




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT UTD	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR Light brown	BIRTHMARKS, SCARS, OR TATTOOS UTD
---------------	---------------	----------------------	------------------------------	--------------------------------------

WEAPON AND SERIAL NO. None	LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND Tettingen, Germany
-------------------------------	-----------------------	--

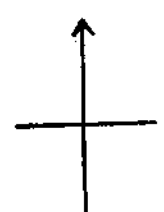
OTHER IDENTIFICATION CLUES

Oil and Thong kit with markings: "Pvt. BENNIE H. RYAN,
ASN:38559294"
Rifle No.2209169.

FILLINGS 	SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES 	CAVITY DECAYED	
MISSING TEETH 	TOOTH MISSING	
CROWNED TEETH 	PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK 	GOLD BRIDGE	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

RESTRICTED
SECRET



REMARKS: Form IA ~~SECRET~~ and Form 11 Checklist of Unknowns have been accomplished. Unable to obtain fingerprints because of decomposition of fingers. Est. weight of remains recovered 60 lbs.