

7887 GRAVES DETACHMENT

APO 757

*293 Unk, St. Avold X 7415*

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-7415, ST AVOLD

(POC) HAMM

*Sept. 4/6*

*89 July 4/5*

REPORT OF INVESTIGATION  
AREA SEARCH

IF 2057

(SA 11111)

AGRC Form 10 (Revised)

13 September 1946

1 January 1946

Date

NAME Unknown X-7415 RANK Unk. ASN Unknown

ORGANIZATION AAF

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? No If so, state the facts as to whom you believe the deceased to be:

a. NAME 1 UNKNOWN RANK \_\_\_\_\_ ASN \_\_\_\_\_

b. ORGANIZATION \_\_\_\_\_

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Two unknowns buried adjacent to this body

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

a. Date of above burials 3 August 1944 Common Graves? No

5. Name and Type of Cemetery Friedhof Benndorf

(Military or Civilian)

6. Map Coordinates of the Cemetery (D-80) M-52

a. Town Benndorf Country Germany prov. Halle-Merseburg

7. Give exact location in cemetery of the remains.

a. Section Ausländer Row 1 Grave 3

b. Is sketch attached? Yes

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

a. Town \_\_\_\_\_ Coordinates \_\_\_\_\_

b. Is Sketch attached? \_\_\_\_\_ ( Not applicable )

c. Is area mined? \_\_\_\_\_

9. How is the grave marked? \_\_\_\_\_

10. If grave is marked with cross, give exact markings thereon. Not applicable

a. From what source was this information obtained? Not applicable

(Identification tags, personal effects)

1. By whom \_\_\_\_\_ Not applicable

11. Where are the cemetery records? In Burgermeister's office, Benndorf

(Town Hall, cemetery, burgermeister's office)

*[Handwritten signature and initials]*

X-7415

- a. What information was contained thereon? Copy of records attached
- b. Where was the information obtained? From bodies
- c. By whom? Paul Schleicher, Cemetery Caretaker
12. What is the date of death? 29 July 1944
- a. Give basis Burial Records-Burgermeister's Office
13. What is the cause of death? Unknown
- b. Give basis Not applicable
14. What is the date of burial? 3 August 1944
- a. Give basis Burial Records-Burgermeister's office
15. What was the place of death? 500 Meters north of Benndorf Coords
- b. Give basis Statement of Edmund Bohme, former Burgermeister, Benndorf
16. Where were the remains found? Scattered around the field Coords
- a. By whom? Edmund Bohme, Benndorf
- b. Is sketch attached? No
17. Was a casket used? No Who furnished the casket? Not applicable
- Type of casket Not applicable How marked? Not applicable
18. Who made the burial German Civilian  
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Paul Schleicher, Benndorf and  
Edmund Bohme, Benndorf

b. Are certificates and statements attached? Yes, a statement of  
Edmund Bohme, Benndorf

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? No
- a. Give location in plane from which the bodies were removed Not applicable  
(Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? Yes
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of Plane Plane was removed by German Army in Sept. 1944
- b. Markings and/or name on plane Unknown
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: Unknown
21. How did crash occur? Explosion Anti-aircraft Yes
- Enemy Planes? No Collision? No
22. Did plane explode in the air? Yes On ground? No
23. Did plane burn in the air? Yes On ground? Yes
24. What was the direction of the flight? Unknown
25. What was the civilian opinion regarding destination of plane? East towards Merseburg and the  
Leuna Oil Works

26. Had bombs been released prior to the crash? Yes
27. Does specific time and date of crash correspond with date of death of above named deceased? Yes
28. Number of planes in formation prior to crash Unknown
29. State precise time and date of plane crash 11.00 hours 29 July 1944  
(Night?) (Day?)
30. Were parachutists seen? No How many? Not app. Escaped? Not app.

Prisoners? Not applicable

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? This section not applicable
- 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) Not applicable

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

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 Had been turned to German Army

a. Were identification tags found at the time of death? No

Where? Not applicable By whom? Not applicable

Present disposition Not applicable

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.

X-7415

- b. Were personal effects found at the time of death? **Yes**  
 Where? **On body** By whom? **Edmund Bohme**  
 Present disposition **Unknown**
- c. Was deceased identified by living members of the crew at the time of death? **No**
- d. Did Cemetery Register or cross indicate the immunization shot? **No**
42. Was Deceased given first aid? **Not applicable** If so, where? **Not applicable**  
 By whom? **Not applicable** Are statements from the medical people attached? **Not applicable**
43. Was deceased evacuated to a German civilian hospital? **No**  
 Where? **Not applicable** Names of people concerned **Not applicable**
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **No**
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **Yes**  
**The bodies were not burned or decapitated.**  
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? **No**  
 a. If so, give basis for positive assumption **Not applicable**  
 b. If so, has higher headquarters been notified? **Not applicable**
47. Was case previously investigated? **Yes** By whom? **Unknown**  
 When? **14 June 45**
48. Give full names, addresses, and information obtained from each person interviewed  
**Edmund Bohme, Benndorf and Paul Schleicher, Benndorf.**
49. Are all positive statements regarding identification and particulars surrounding death attached? **Yes**
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? **No**
51. Was investigation preceded by advanced publicity? **Soviet Zone**  
 (If special investigation, give case number)
52. Give Brief Narrative **Attached**  
 (Use attached, sheets if necessary)

Signature of Interpreter

Signature of Investigator

Rank

ASN

Rank

ASN

Organization

Organization

Note: The form "Tense" on Benndorf were made out and left unsigned by previous investigator. It is not known at this hq. who made the investigation.

Narrative of Disinterment

27 August 1946

Benndorf, Germany

M52/D80 1/250,000

Disinterring team # 3 disinterred the grave of 3 Americans deceased located in the cemetery of Benndorf, Germany M52/D80 1/250,000 on the morning of the 27 August 1946. Of the 3 deceased all were found to be unknowns. IF 2055 was located in grave # 1, IF 2056 in grave # 2, IF 2057<sup>745</sup> in grave # 3. Attention is called to narrative of Investigation concerning Ellis in grave # 2.

X-7411  
Ellis

X-7415

X-7387  
Mortimer

Jack E. Cauley  
JACK E. CAULEY  
2nd Lt. INF  
Disinterring Officer

Taylor no  
companion  
sign see the

PL  
39  
B-1038

X-7415

STATEMENT OF FOYER DIEG REINSTER.

One American airplane fell down near Benndorf the 29 July 1944. I could not see the plane-crash myself, because I was in the shelter at this time. A part of the plane fell on this shelter. The plane was a Boeing-machine. Another part of the plane fell down about 200 metres from the shelter and burned out. With the help of the police I guarded the place, and the found bodies were guarded by the police until members of the German Army came. I took the personally property from the bodies and turned it in at the office of the airport Halle. The bodies are buried on the local church cemetery. One copy about the found property and also one map is in the office of village Benndorf.

Edmund Boehme

Benndorf 7 March 1946

X-7415-

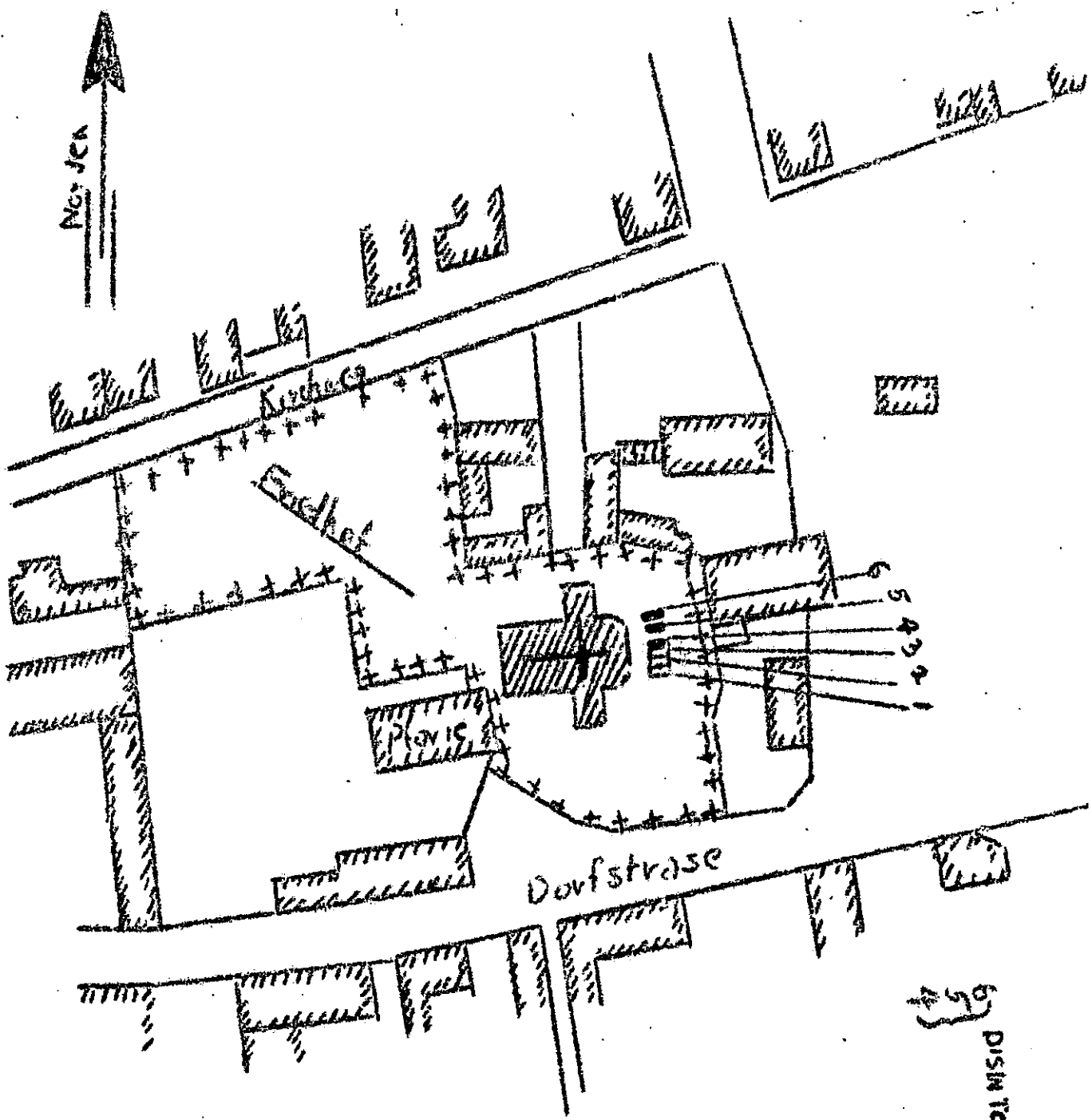
## NARRATIVE OF INVESTIGATION

Upon investigation of missing aircrew report, I found six of the nine bodies which were probably the men on the plane. Three of the six had been disinterred earlier in 14 June 1945, by a Graves Registration outfit.

As there were no witnesses of the crash, it is impossible to determine what happened to parachutists mentioned in the eyewitness account unless they have returned to military control. One of the men is probably S/Sgt. James E. ELLIS 15061397 as there was a letter on one body addressed to T/Sgt. E. Ellis as noted on attached list of personal effects.

X-7415-





Lageplan  
des Friedhofes der Gemeinde  
Benedorf (Geiseltraf) Kr. Merseburg  
 M. 1:1000

DISINTEGRATED IN JUNE 1945

X-7415-

Franzblau - 12083625  
Maurice J. 73217

Clouse Halsted P  
6655174

me Yunes Clarence B.  
Ellis James E. 32720416  
Holmes F.D. 15061397

Kir 2584

Franzblau 12083625  
Maurice G 7327

Claude Hald P  
6655174

me Yusef Clarence B.  
3720416

Ellen S. James E.  
15061397

Sharon F.D.

KU 2584

QPP  
7/10/49

USMC HAMM

Plot: H Row: 5 Gr: 47

Date of Burial: 29 June 50 **DISINTERMENT DIRECTIVE**

Verified by GRS Officer

Robert W. GANSEL 1st LT QMC

SECTION A *Robert W. Gansel*  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 01 48  
DAY MONTH YEAR

NAME

UNKNOWN X-007415

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

1

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

DISPOSITION OF REMAINS

0 3503 80  
CODE DIST. PT.

PLOT

4L

ROW

7

GRAVE

151

COUNTRY

FRANCE

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN **NO FLAG SENT**

NAME AND ADDRESS OF CONSIGNEE

~~SAINT AVOLD, FRANCE~~ HAMM, LUXEMBOURG  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

These remains are unidentifiable and are to be permanently interred. (HQ, AGRC -15DECL9)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-007415

SERIAL NUMBER

RANK

Unk

DATE OF DEATH

Est 29 July 44

DATE DISTINTERRED

1 June 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

GRS

USAAF

Unk

Richard F Peterson  
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Mattress cover

CONDITION OF REMAINS Partially disarticulated-  
Fractures of Skull & Mandible, L/Humerus, R/L/Femur, R/L/Illium, R/Fibula - Missing distal head of R/Ulna, Radius & L/Fibula

OTHER MEANS OF IDENTIFICATION

Report of burial found w/remains

**NAT FILE**

MINOR DISCREPANCIES

None

**RECORDS ANNOTATED**

DATE 27 JUL 50

NAME R. T. Johns

R.T. BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET

DATE 8 June 48

BY

Richard F Peterson Embalmer

CASKET SEALED BY

Richard F Peterson Embalmer

EMBALMER (Signature)

*Richard F Peterson*  
Richard F Peterson

CASKET BOXED AND MARKED

DATE 8 June 48 by Richard F Peterson

SHIPPING ADDRESS VERIFIED BY All markings plates & tags verified by *Seals*

BRUCE E BLAIR, 1st Lt QMC

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

*Bruce E Blair*  
BRUCE E BLAIR, 1st Lt QMC, 337 QM Bn.

SIGNATURE OF GRS INSPECTOR

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

CONSIGNEE CORRECTED - REC. DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC ST AVOLD, FRANCE</b>		TO <b>OIC NEUVILLE, BELGIUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>CPL JOHN A MOUNTFORD 39107628</b>	
SIGNATURE OF SHIPPER <i>[Handwritten Signature]</i>	DATE <b>28 Oct 49</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>(BY CIVILIAN GUARDIAN) STAVOLD FRANCE</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

19 July 1949

(Date)

RRE 293

273 Unknown France (St. Avoird) X-7415

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 7415, Plot LLLL  
Row 7, Grave 151, USMC Saint - Avoird, France,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified as  
unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your  
Office by Transmittal Letter No. 2047, dated 4 October 1946

3. Remarks:

T. L. # 4144, 21 July 49  
Received .....  
Not identifiable from ..... OQMG.  
information presently .....  
available ..... 10 Oct 49

Case reviewed by undersigned Members of the Board of Review:

[Signature]  
Col. H.P. HENRY, O-12589

QMG

Lt. Col. E.D. MULVANY, O-359598

QMG

[Signature]  
Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMG

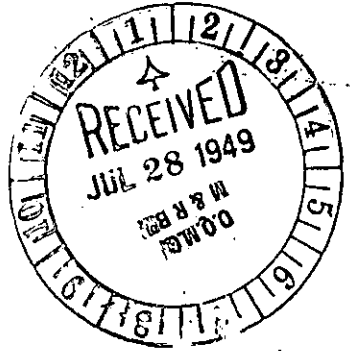
[Signature]  
Capt. E.F. PRICE, Jr. O-1588236

QMG

[Signature]  
1/Lt. Edward E. STOUT, O-1594512

CE

Incl #8



100-10000

UNITED STATES GOVERNMENT

100-10000

JLJ Kly

6

DISINTERMENT DIRECTIVE

293 unk France X-7415 (H. Hall)

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

NAME UNKNOWN X-007415 SERIAL NUMBER X-007415 RANK ARM 1 DATE OF DEATH 15 01 48 CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 350.3 80 CODE DIST. PT. PLOT 4L ROW 7 GRAVE 151 COUNTRY FRANCE CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SAINT AVOLD, FRANCE (BY ADMINISTRATIVE ORDER) NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION USAAF RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET DATE BY CASKET SEALED BY EMBALMER (Signature) 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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.





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



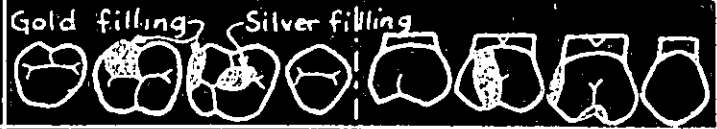
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

I 8 unerupted before death.  
R 8 not fully developed before death.  
Teeth are large, pinkish, ovoid.

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AGRC  
FORM No. 11  
Revised 5 January 1946

## CHECK LIST OF UNKNOWNNS

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

Unknown X- 7415  
Cemetery \_\_\_\_\_  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_
2. Place of death 500 meters north of Renndorf, Germany  
(hour) (date) \_\_\_\_\_  
(name of closest town) \_\_\_\_\_ (coordinates and letter Prefex, maps)
3. Remains recovered or disinterred by 95th AM Bn.  
(Sheet, scale and serials used) \_\_\_\_\_  
(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 Markings Sizes Indicate unusual markings  
Color wear, tear, repairs, etc.

Item	Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear (type) <u>none</u>			
*Raincoat <u>none</u>			
Overcoat <u>none</u>			
Jacket, Field <u>none</u>			
Jacket, Combat <u>none</u>			
Mackinaw <u>none</u>			
Sweater <u>none</u>			
Jacket, HBT <u>none</u>			
*Shirt, Wool OD			
Undershirt, Wool <u>one (1)</u>			
Undershirt, Cotton <u>none</u>			
Trousers HBT <u>none</u>			
*Trousers, Wool OD <u>none</u>			

Belt, Web

none

Drawers, Wool

one (1) pair, size 32, white

Drawers, Cotton

jockey type, shorts, label marked "Jockey type shorts"

Leggins, Wool

none

(Note unusual lacing)

Socks, Cotton

none

\*Shoes

(type)

none

Overshoes

none

Web Equipment

(Type)

none

(Other item)

remnants of packing from parachute seat

(Other item)

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

6. Chevrons or

Insignia

none

(type & location: shirt, jacket, coat, helmet)

Shoulder Patch

none

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

AAF

8. Description of Remains

Age

utd

Est. height

6'

Weight

170 lbs

Description of wounds

utd

Bandages or dressings

utd

Scars

utd

(length, width, location)

utd

Tattoos

utd

(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks

utd

(yes-no; description, location)

Sunburn or tan, other than hands & face

utd

Complexion

utd

(light, med. dark, clear, pimples, poeks, freckles)

Build

utd

(large, fat, thin, muscular)

Hair

dark brown, 2" long

(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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X-7415

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

Sideburns utd  
(color, setting, shape)

Mustache utd  
(color, size, shape)

Board 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 utd  
(large, medium, small)

Lips utd  
(small, large, full)

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

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

Jaw normal  
(large, small, normal)

Circumference of head in inches skull crushed  
(hat 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)

navel utd  
(size of navel, appendectomy, amount)

utd  
(quantity & color of hair)

Circumcision utd Pubic hair light brown  
(yes-no) (color)

Hernioplasty utd  
(yes-no; location)

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

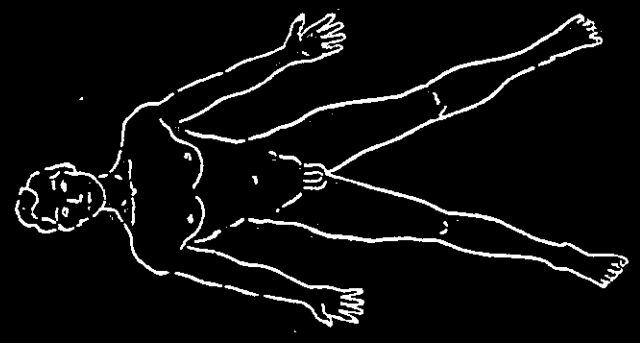
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X-7415

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

Evidence of healed fractures utd  
(nose, arms, legs, etc.)

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



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

If not, explain too decomposed

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

12. Remarks : Remains badly decomposed. skull crushed, both femurs  
fractured, apparently all parts of body present.  
Est. weight of remains recovered 50 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.

R.C. Johnson  
Officer's Name  
R.C. Johnson  
2nd Lt. INF  
Lab-Officer  
Rank Service

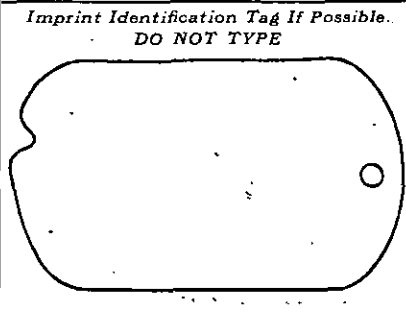
Central Identification Point  
Organization

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WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
16 September 1946



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL No.
Unknown X - 7415		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	AAF
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
500 meters north of Benndorf, Germ.	plane crash	Est. 29 July 1944

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or 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	None

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 (Q-260584) St. Avold, France.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
16 Sept. 1946	1500	Casket	Temp. wood-cross	LLL	7	151

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	Cemetery Benndorf, Prov. Halle-Merseburg Germany- Sheet M-52 (D-80)
	PLOT No. ROW No. GRAVE No.
	foreign 1 3

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
General Service	Ch. H. M. Trebaol, Capt.	One copy WD QMC Form # 1042 Report of Interment placed in Burial Bottle and buried with remains.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
No	yes-embossed plate	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Beginning of Row				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Kozohorsky, John Jr.	Pfc	36964637	334 Inf. Regt.	152

SIGNATURE OF PERSON PREPARING REPORT Ellsworth T. Mac Intyre Capt. QMC- C.I.P.	SIGNATURE OF GRS OFFICER VERIFYING REPORT Verne C. Edmonds 2nd Lt. Inf.- C.I.P.
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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.

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**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


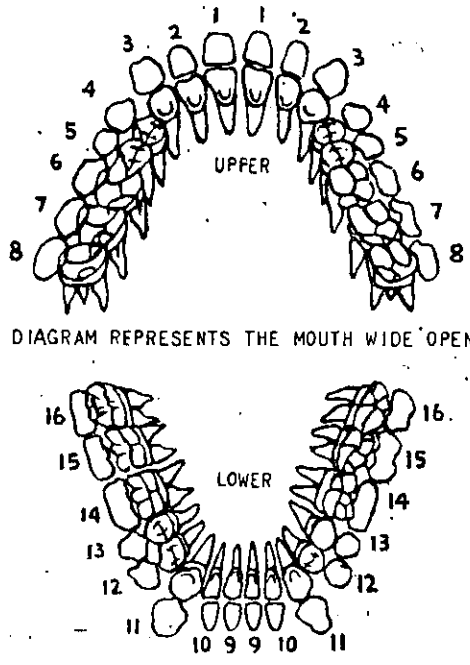




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles; and tanks; and serial numbers 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.

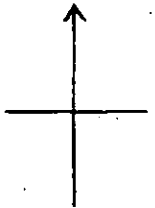
HEIGHT <b>Est. 6'</b>	WEIGHT <b>Est. 170 lbs.</b>	COLOR OF EYES <b>utd</b>	COLOR OF HAIR <b>dark brown 2" long</b>	BIRTHMARKS, SCARS, OR TATTOOS <b>utd</b>
WEAPON AND SERIAL No. <b>none</b>		LAUNDRY MARKS <b>none</b>		WHERE BODY WAS BURIED OR FOUND <b>Benndorf, Germany</b>

**OTHER IDENTIFICATION CLUES**

None

FILLINGS 	 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES 	
MISSING TEETH 	
CROWNED TEETH 	
BRIDGE WORK 	

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



**REMARKS:** Form 11 Check List of Unknowns and Form 1A Tooth Chart accomplished. Too badly decomposed for fingerprints. Est. weight of remains recovered 50 lbs.