293 IDLI, PETER P. PVT. C.E. 32 860 406 EUROP. A. (N.Y.)'45 clw.

Keep

CONTROLLED CASE

NAME	GRADE	SERIAL NO.
IOLI, PETER P.	PVT.	32860406

DO NOT TAKE ANY ACTION ON THIS CASE OR RELEASE INFORMATION FROM THIS FILE WITHOUT THE CONCURRENCE OF:

☐ LIAISON OFFICE, MEMORIAL DIVISION	FLAGGED BY *(Initials)*
☒ IDENTIFICATION BRANCH, MEMORIAL DIVISION	FLAGGED BY *(Initials)* Aen

UNKNOWN	NON-RECOVERABLE CASE NO.	A-Z CARD FLAGGED BY	333 CARD FLAGGED BY
X - 53 Limey, France		File Brand 27 JUL 1949 Identification Section	

IMPORTANT

THIS FORM MUST BE MAINTAINED ON TOP OF 293 FILE AT ALL TIMES UNTIL CANCELLED BY MEMORIAL DIVISION. ONLY THE "CONGRESSIONAL TOPPER", OQMG FORM 391, MAY BE PLACED OVER THIS FORM.

OQMG FORM 5 APR 48 1900

48 7158

ORIGINAL

RECEIPT OF REMAINS

HEADQUARTERS, NYPE

DISTRIBUTION CENTER DISTRIBUTION CENTER #1, AGRS ROUTINE

~~58th ST. & 1st AVE., BROOKLYN, NEW YORK~~

REMAINS CONSIGNED TO:

NICHOLAS COPPOLA

49-01 104TH STREET

CORONA N Y

REMAINS OF THE LATE PVT PETER P IOLI ACCOMPANIED BY AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING MORNING ON MONDAY 6 MARCH PLEASE MAKE ARRANGEMENTS TO ACCEPT REMAIN UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

G. H. BARE

COLONEL, QMC

ESCORT:

Sgt 1cl Joseph E. Ziguleski
RA-31258667
Det 5, 1300 ASU

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 6 (Day) day of Mar. (Month), 19 50

FILE
15 MAR 1950
REPATRIATION BRANCH
MGM. DIV.

Sgt. Joseph E. Ziguleski
(Witness (Escort))
RA. 31258667

Nicholas Coppola
(Consignee)
by Nicholas Coppola Jr.

QMC FORM REV 5 MAR 48 1193

U. S. GOVERNMENT PRINTING OFFICE 16—54737-1

1

X-53

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY MONTH YEAR)
3547 00015	15 10 49

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
IOLI PETER P	32860406	PVT	1	1	2

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	DIST. CTR.
LIMEY FRANCE	B	7	157	2300	01

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
NICHOLAS COPPOLA 49-01 104TH STREET CORONA, N. Y. (FLUSHING, N.Y.)	MRS GIOVANNI IOLI (MOTHER) 54-10 102ND STREET CORONA, N. Y.

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	USAGF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (*Signature*)

CASKET BOXED AND MARKED

DATE BY

SHIPPING ADDRESS VERIFIED 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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

PREV. UNK. X-53

NEW. STORAGE

CHANGE

QMC FORM REV 11 FEB 48 1194

57

Prev Disp as unk X-53

X-2

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: Lido Remains Storage Area	TO: AGRC (Water Division) Bremerhaven Port of Embarkation
KIND OF CONVEYANCE: Rail	NAME OF CONVOYER: A. F. Mitchell
SIGNATURE OF SHIPPER: E.N. Heisey, 1st Lt., QMC — DATE:	SIGNATURE OF RECEIVER: Francis R. MacDonald, Capt., QMC — DATE:

2. SHIPPED

FROM: AGRC (Water Division) Bremerhaven Port of Embarkation	TO: USAT James E. Robinson
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: F. R. MacDonald, Capt. QMC — DATE: 6. Feb. 1950	SIGNATURE OF RECEIVER: — DATE: 6. Feb. 1950

3. SHIPPED

FROM:	TO: NYPE
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: — DATE:	SIGNATURE OF RECEIVER: W. W. PREISCH, LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER — DATE: FEB 27 1950

4. SHIPPED

FROM: NYPE	TO: DC 01
KIND OF CONVEYANCE: TRAILER	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: W. W. PREISCH, LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER — DATE: FEB 27 1950	SIGNATURE OF RECEIVER: H. O. YOUNG, Captain, QMC — DATE: FEB 27 1950

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:

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
IOLI, Peter P.	32860406	Pvt			

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE / DIST. CTR.)
LIMEY [redacted], FRANCE	B	7	157	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER			Ltr-Hq AGRC RRE 200.2 dtd 19 Jul 49.

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY: Elijah H Fields, Embalmer

EMBALMER (*Signature*): Elijah H Fields

CASKET BOXED AND MARKED: 27 Jul 49 Elijah H Fields (DATE BY)

~~[illegible]~~ All markings, tags and plates verified by Robert V Hubbard, Capt Inf

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

Robert V Hubbard, Capt Inf, 7887 AGRC Hq Gp
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: USMC St Avold France	TO: CIC Neuville Belgium
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: Pvt Vito M Biondo, RA-12305611
SIGNATURE OF SHIPPER: Frank B Callaghan, 1st Lt FA — DATE: 11 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

DISINTERMENT DIRECTIVE

Section A -- Initial Location Desired	Directive Number	Date Day / Month / Year

Name	SERIAL NUMBER	Rank	Arm	Date of Death Day / Month / Year
UNKNOWN	X-53			

Cemetery: LIMEY

Disposition of Remains

Plot	Row	Grave	Country	Code Dist.Pt. / Cause of Death
B	7	157	FRANCE	

Section B -- Consignee and Next of Kin

Name and Address of Consignee	Name and Address of Next of Kin

Section C -- Disinterment and Identification

Name	Serial Number	Rank	Date of Death	Date Disinterred
Unknown	X -53	Unk	Unk.	31 Mar. 48

Identification Tag on	Organization	Religion	Identification Verified by
[X] Remains Emb.Plates [X] Marker Grs.		Unk	Name & Title

Section D -- Preparation of Remains for Shipment

Nature of Burial	Condition of Remains
Nude - Mattress Cover.	Disarticulated. Skeletal state. Bones missing: Rt & Lt. Clavicle Rt Scapula, Rt. Humerus, Rt & Lt. Ulnae, Rt. & Lt. Radii, Rt. & Lt. Patella,
Other Means of Identification: None	
Minor Discrepancies: No Identification tag found on remains.	

Remains prepared and placed in xxxxxx transfer box.

Date 31 Mar. 48 By Philip F. Pfaff PHILIP F.PFAFF, Embalmer.

Casket Sealed by	Embalmer (Signature)
Melvin W Blackburn, Embalmer	Melvin W. Blackburn Melvin W Blackburn
Casket Boxed and Marked 19 May 48 Melvin W Blackburn, Embalmer	Address verified by VERIFIED BY James C Anderson, 1st Lt Inf

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

James B. Johns

JAMES B. JOHNS, 1st. Lt. Inf. 337 QM.SV.BN.

Signature of GRS Inspector (Grade&Orgn)

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

QMC Form 1194

This form modified by: HQ 3rd Zone, AGRC, EA, APO #58, GH.

F.V.

CASE NO	INSPECTION CHECK LIST	SPACE NO.

NAME OF DECEASED (*Last, First, Middle Initial*)	BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
IOLI, PETER P	GF	W		M	

RANK OR GRADE	SERIAL NUMBER	CONSIGNEE
PVT	32860406	NICHOLAS COPPOLA 49-01 104TH ST. CORONA, NY

SHIPPING CASE—GENERAL APPEARANCE (*Check ONLY Discrepancies*)		CONDITION OF SHIPPING CASE (*Check One*) ☑ SATISFACTORY ☐ UNSATISFACTORY
	FINISH (*Exterior*)	REMARKS
	FINISH (*Interior*)	
	HANDLES	OK
	HANDLE BOLTS	
	STENCILING—NAME PLATE	
	HEALTH PERMIT MARKER	
	HEALTH PERMIT NUMBER	

CASKET—GENERAL APPEARANCE (*Check ONLY Discrepancies*)		CONDITION OF CASKET (*Check One*) ☑ SATISFACTORY ☐ UNSATISFACTORY
	FINISH (*Exterior*)	REMARKS
	HANDLES AND FASTENINGS	
	STENCILING—NAME PLATE	OK
	CAM LOCKS (*Sealing*)	
	ODOR OR MOISTURE	

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM	☐ REPAIR SHOP
CONDITION OF REMAINS ☐ SATISFACTORY ☐ UNSATISFACTORY	CASKET REPAIRED ☐ YES ☐ NO
NECESSARY DISINFECTION (*Explain*)	CASKET EXCHANGED ☐ YES ☐ NO
	SHIPPING CASE REPAIRED ☐ YES ☐ NO
	SHIPPING CASE EXCHANGED ☐ YES ☐ NO
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
					Inspected O'Farrell

REMARKS

QMC FORM 4 MAR 48 **1251** Replaces QMC Form R-5054, which is obsolete.

16—54755-1 U. S. GOVERNMENT PRINTING OFFICE

RECEIVED

1950 FEB 23 22 02

GREENWICH MEAN TIME (Z)
U. S. ARMY. COMCENTER
HQ. NYPE BROOKLYN. N Y

WU00

WU10 26 COLLECT 5 EXTRA TENXXX TDN CORONA NY FEB 23 441P

COLONEL G H BARE QMC DISTRIBUTION CENTER NO 1, NPOE

PLEASE DELIVER REMAINS OF THE LATE PVT. PTERXXX PETER P IOLI

TO NICHOLAS COPPOLA 49-01 104 STREET CORONA NY AS INFORMED

MRS GIOVANNI IOLI 54-10 102 STREET CARONA NY

XXXXXXXXXXXXXXX

49-01 104 54-10 102

502P

PLSGIVE ME A FEW MORELINE FEEDS BN MSGZS

RECEIVED

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK 1950 FEB 22 16 05

I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

JAMES McCARTHY
Major, TC
Admin O, AGR Div.

Mrs GIOVANNI IOLI

54-10 102ND ST.

CORONA, NEW YORK

ROBINSON

PLEASE BE ADVISED REMAINS OF THE LATE PVT PETER P IOLI ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO NICHOLAS COPPOLA, 49-01 104TH ST, CORONA, NEW YORK.

ROBINSON

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF SEVERAL WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DATE REMAINS WILL BE DELIVERED TO HIM. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION WITHIN FORTY EIGHT HOURS OR SUBMIT NEW DELIVERY INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE, COL, QMC

RELEASED TO W U
23 FEB 50

FOX (REV)

107

RRE Form #39
13 Jul 48

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

IOLI	Peter	P.	Pvt	32860406
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

RePatriated to the United States: 15 FEB. 1950

Incl #

STATION FILE
File 4-4-51

UNKNOWN X-53

TGRSTTBFET
Form No. 12
10- 9-45

CHECH LIST FOR DISINTERMENT OF UNFNOWS

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasomable estimate cannot be made, a negative answer should be stated.

PART 1
Physical Description

1. Estimated height Unobtainable
2. Estimated weight Unobtainable
3. Color of eyes Unobtainable
4. Color of hair Unobtainable
5. Race White
6. Quantity and characteristics of hair on head (length, baldness, curly, etc.)
Unobtainable
7. Amount and color of hair on body (arms, chest, pelvic region, legs) Unobtainable
8. Description of mustache and beard
Unobtainable
9. Length of sideburns Unobtainable
10. Was the deceased circumsized? Unobtainable
11. Are any tatoos or scars on the body?(Give the description)
Unobtainable
12. Is there anything unusual about the fingernail structure?
Unobtainable
13. Is there anything unusual in the construction of the toes or feet? Unobtainable
14. Was tooth chart taken? Yes Were fingerprints taken? Unob.
15. Approximate cause of death? Drowning
16. Was the body burned? No To what extent?
17. Are any parts of the body missing or severed?
Badly decomposed
18. Is there any evidence of first-aid or other medical treatment?
Unobtainable
19. If the remains are badly mangled, a careful search should be made for identification tags or personnal effects.
20. If no clothing is found, measurements should be made of the head, neck, chest, waist, foot, leg (inseam), and arm length in order that clothing sizes may be determined
Unobtainable (Body badly decomposed)

PART 11

Description and sizes of Clothing

21. List every item of clothing found, showing color of each.
22. List sizes of each item of clothing (if sizes are not shown clothing measurements should be made or body measurements recorded as outlined in 20, above.
23. Report all clothing markings, Markings that are indistinct should be recorded as such.
24. Report all unusual or distinctive charateristics of clothing such as insignia, tears, repairs, wear, shortened leggings, unusual buttons, slits in shoes, etc.

ITEM	REMARKS
Shoes	size 9½ D
Parts of OD pants	No size or marking

6

PART 111

Measurements and Charactersistics of skeleton

(To be filled out only in those where a skeleton or part of a skeleton is found)

25. Length of foot 9½ D shoe
26. Width of foot Unobtainable
27. Length of leg Unobtainable
28. Arm measurements for sleeve length Unobtainable
29. Circumference of skull Approx. 21 inches
30. Length of fingers Unobtainable
31. Width of hand at knuckle Unobtainable
32. Length of skeleton Unobtainable
33. Size of bone structure (larger, medium or small) Medium
34. Evidence of bone scars indicating healed fractures Unobtainable
35. Unusual characteristics in bone structure None
36. Are any parts missing or detached? Badly decomposed

6

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

A. J. Mason
(Officer's signature)
A.J. MASON, 1st Lt.CE, 610th QM GR Co.

(Rank) (Service) (Orgn)

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

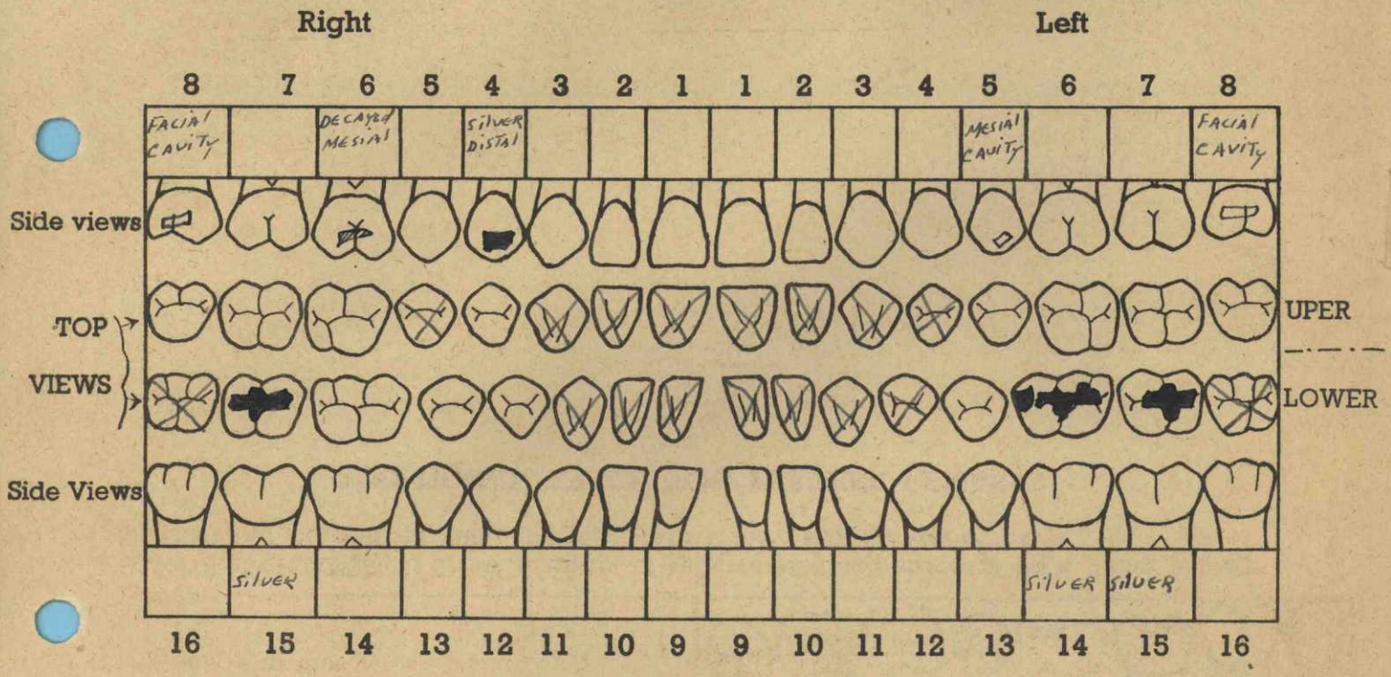
TOOTH CHART

16 May 1945
Date

Last Name	First	Initial	Rank	Serial No.
Unknown X-53	Unknown	Unknown	Unknown	Unknown

Place of Death	Date of Death	Cause of Death
Moselle River Vicinity of Metz, France	Unknown	Drowning

Unit: Moselle River Vicinity of Metz, France
Organization: Unknown



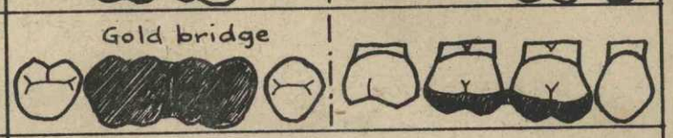
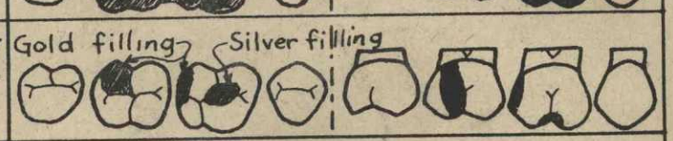
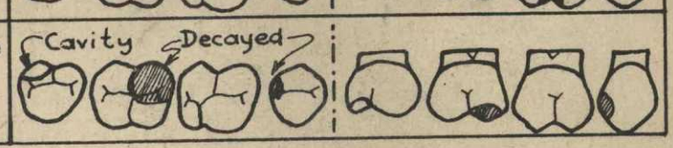
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

R 1, 2, 3 and L 1, 2, 3, 4 not found with remains
R 5, 16 and L 16 extracted and granulated in
L 9, 10, 11, 12 and R 9, 10, 11 not found with remains

Sgt. Howard C. White Med. Detach.
Signature of Officer or other person who prepared Tooth chart

Matthew M Flattery
Verfield by G. R. S. Officer
MATTHEW M FLATTERY, 1st Lt, FA
3049 QM Graves Reg Co

GRAVES REGISTRATION
FORM N° 1-A

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

SIP. 4-45/50M/77322

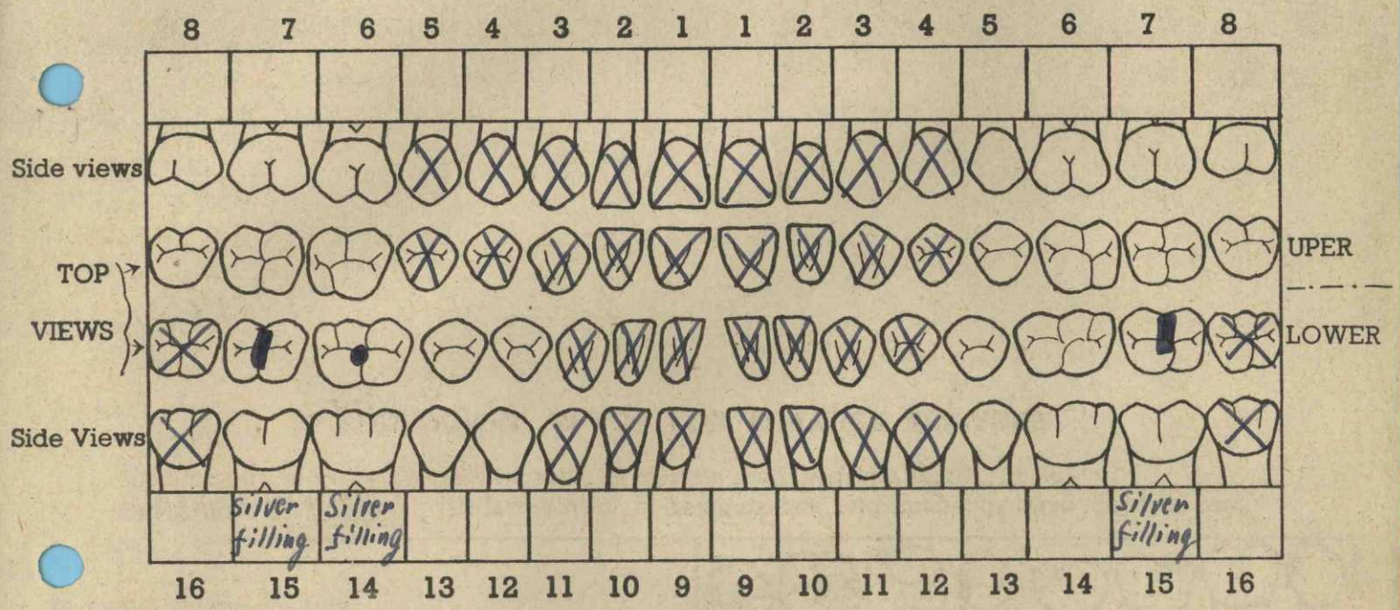
G. R.& E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

14 December 1945
Date

UNKNOWNX-53		Unk.	Unknown
Last Name	First / Initial	Rank	Serial No.
Moselle River	Unknown		
Unit		Organization	
Vic.Metz, France	Unknown		Drowned
Place of Death	Date of Death		Cause of Death

Right — Left



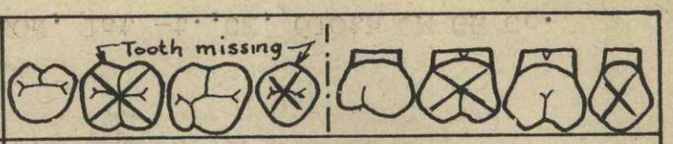
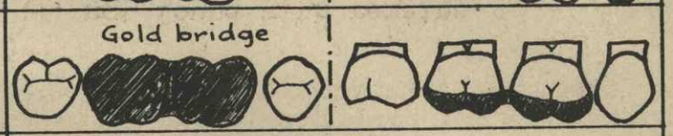
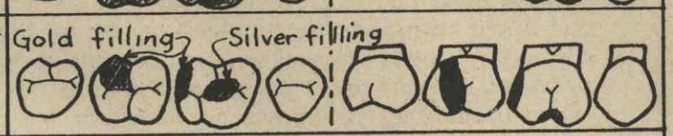
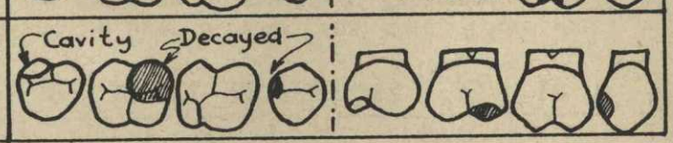
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

R 1, 2, 3, 4, 5 and L 1, 2, 3, 4, not found with remains.
R 9, 10, 11, 16 and L 9, 10, 11, 12 , 16 not found with remains.

T/5 Jack A. Batson
Signature of Officer or other person who prepared Tooth chart

A J Mason
Verified by G. R. S. Officer
A.J. MASON, 1st Lt.,CE, 610th QM GR Co.

GRAVES REGISTRATION
FORM N° 1-A

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

SIP.4-45/50M/77822

AG 704 Dead (11 Sep 45)
S. R. & D. No. 4042

11 September 1945

MEMORANDUM FOR: Chief, Casualty Branch

SUBJECT: Review and Determination of Status Under the Missing Persons Act.

I. - FACTS

1. The following named persons, former members of the organizations designated, have been carried on War Department records as missing in action, not in flying or jumping pay status, in the European Area, since 10 September 1944, as reported by ETO Shipment Nos. indicated:

* * * *

d. COMPANY C, 204TH ENGINEER COMBAT BATTALION:

Zalac, Michael J., Jr.	36 813 035	Sergeant	192
Ioli, Peter P.	32 860 406	Private	192

293

* * * *

6. Filed in the "Service Record" of each of the persons named in paragraph 1d, above, is a statement, undated, and signed by First Lieutenant Irvin Redman, Corps of Engineers. The statements read:

"I certify that Sergeant Michael J. Zalac, Jr., ASN 36 813 035 was crossing the Moselle River in an assualt boat just eact of the town of Dornot, France at approximately 0230, 10 September 1944.

"He and four other enlisted men were crossing the river with supplies for soldiers on the enemy side of the river. Intense small arms fire and shell fire was present. The craft was hit and sunk. Sergeant Zalac was last seen just prior to the sinking of the craft."

"I certify that Private Peter P. Ioli, ASN 32 860 406 was crossing the Moselle River in an assault boat just east of the town of Dornot, France at approximately 0230, 10 September 1944.

"He and four other enlisted men were crossing the river to the enemy side with supplies for soldiers already there. Intense small

arms fire and shell fire was present. The craft was hit and sunk. Private Ioli was wounded before dropping into the Moselle River where he was last seen swimming towards the enemy side of the river."

II. - CONCLUSIONS

1. The persons named in Part I, paragraph 1 a, b, c, and d, above, became missing in action on 10 September 1944, in the vicinity of Dornot, France, as a result of efforts on the part of their respective organizations to establish and withdraw from bridgeheads across the Moselle River.

* * * *

g. Sergeant Zalac was last seen about 0230 hours, 10 September 1944, in an assault boat crossing the Moselle River just east of Dornot, France. As a result of enemy shell fire, the craft was hit and sunk. Sergeant Zalac was last seen just prior to the sinking of the craft.

h. Private Ioli was last seen under the same circumstances as described in the preceding paragraph regarding Zalac except that, when his craft was hit and sunk, he was wounded. He was seen to drop into the river and was last seen swimming towards the enemy side of the river.

2. In view of the foregoing facts and circumstances, together with the fact that no report has been received by the War Department during the twelve months which have elapsed since these persons became missing in action indicating that they are alive, it is concluded that they may not "reasonably be presumed to be living" within the meaning of Section 5 of the Missing Persons Act.

III. - RECOMMENDATION

It is recommended that findings of death be made under the provisions of Section 5 of the Missing Persons Act, in the cases of the persons named in Part I, paragraph 1, above, and that these findings show the presumed date of death, in each case, to be 11 September 1945.

Investigator

/i/ R C S
Captain, AGD

CONCURRED IN:

/i/ J T B
John T. Burns, Lt Col.AGD,
OIC, Status Review and
Determination Section

Approved:

/i/ G F H
George F. Herbert
Colonel, AGD
Chief, Casualty Branch

112482

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE: 8 march 1950

NAME OF DECEDENT (*Last, First, Middle Initial*): IOLI, PETER P.

BRANCH OF SERVICE: AGF

RANK OR GRADE: PVT

SERIAL NO.: 32860406

TO BE FILLED IN BY CLAIMANT

A. [X] INTERMENT EXPENSES (*Civilian or Private Cemetery*)

B. [ ] TRANSPORTATION EXPENSES (*National or Post Cemetery*)

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 278.64 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: Mount Saint Mary's Cemetery

CITY OR COUNTY: Flushing

STATE: New York

RETURN FOUR COPIES TO

NYPOE Brooklyn, N.Y.

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of $ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (*City, town, or place from which remains were shipped*)

TO: (*Name and Location of National or Post Cemetery*)

Susie Ioli

SIGNATURE OF CLAIMANT

ADDRESS (*Street number or RFD, City and State*): 54-10 102nd Street, Corona, N.Y.

RELATIONSHIP TO DECEDENT: Mother

REMARKS

W. C. Steiger
Col., F.D.
Brooklyn, N. Y.
MAR 1950
Sym. 215-216
Sta. 625

QMC FORM REV 5 MAR 48 **1236** PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16—54738-1

PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed $75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The $75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the $75 maximum must be borne by the person who incurred or paid the additional expenses.

PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

U. S. GOVERNMENT PRINTING OFFICE 16—54738-1

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

8/9/13/49

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

Pvt Peter P. Ioli, 32 860 406
Plot B, Row 7, Grave 157
United States Military Cemetery
Limey, France

DATE: 6 September

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Giovanni Ioli (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☑ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: *(Please place an "X" in the box opposite the option you have selected.)*

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Mt St Marys Cem. Flushing N.Y. (NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT ~~Flushing N.Y.~~ (LOCATION OF CEMETERY SELECTED)

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

CHANGE

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: *(If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)*

none

DD proc. 10-17-49

loaded 10-7-49

L A Scott

Prev. unknown

Change from previous Administrative Order

FILE

OCT 21 1949

Field

OQMG FORM 14 NOV 1946 345 MILITARY

SEP 19 1949

PAGE 1

9-16-49

PART I (*Continued*)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.

OR

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
Nicholas Coppola			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR ~~PROVINCE~~	STATE OR TERRITORY OF U. S. A., OR COUNTRY
49-01 104 St	Corona	Queens	N.Y.
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
Corona N.Y.	49-01 104 St Corona		HA 9 3400

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (*For additional space use page 4.**)

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Giovanni Toli
(SIGNATURE OF NEXT OF KIN)

Giovanni Toli
(NAME PRINTED OR TYPED)

54-10 102 St
(STREET AND NUMBER)

Corona N.Y.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8 day of Sept, 19 49, at ~~city~~ (or town) of Corona, county of Queens, and State (or Territory or District) of New York

GREGORY S. COPPOLA
NOTARY PUBLIC, STATE OF NEW YORK
Residing in Queens County
Queens Co. Clk's No. 4404; Reg. No. 447 C-0
Commission Expires March 30, 1950

Gregory S. Coppola
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

*NOTE.—Page 4 is part of the notarial attestation.

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE _____ (PLEASE INSERT RELATIONSHIP), AS THE NEXT OF KIN OF THE DECEASED NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

(DATE)

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIO

All remarks and information entered here will be considered as part of the Notarial Attestation.

QQMG FORM 638
REV 1 APR 48

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

3424

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
2	Chief Repat Br Rec Sec Mem Div	Chief Repat Br Corr Sec	29 Aug 1949	293 Request dispatch of necessary letter to NOK of IOLI, Peter P. Return file to Captain Snedigar. 1 Incl. 293 File — SNEDIGAR 5198 — Thomas 5198 — mgr
3	Chief Repat Br Corr Sec Mem Div	Chief Repat Br Rec Sec Attn: Captain Snedigar	6 Sept 1949	1. Returned herewith is 293 file for IOLI, Peter P. 2. Combination grave location - LOI and letter to Effects QM have been dispatched. Incl n/c — KRAUSS 5072 — Spell
4	Chief Repat Br Rec Sec Mem Div	M & R Br Admin Div	6 Sept 1949	File. Action completed in this Office. 1 Incl. 293 File — SNEDIGAR 5198 — Thomas 72267 — mgr

accepted 345
Mother Option #2
approved by Capt. Voge
9-16-49

FILE
Name Krook
Section
Date 9-16-49
Acceptance Section

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE 16—49650-5

3424

OQMG FORM REV 1 APR 48 638

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief Id Br Mem Div	Repat.Br. Records Section	15 Aug 1949	1. Attached case files forwarded for necessary correction of records and deflagging.
		IN TURN		2. All records in Ident. Section have been amended and the Field notified.
		Corres Section		1. For necessary Grave Location Letter to NOK.
				2. For dispatch of notification to Effects QM.
				1 Incl: 293 file for IOLI, Peter P. Pvt. 32860406
Carroll				METZ 74059 BARRY 2462

FILE

Date _____

Name _____

Section _____

Branch _____

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE 16—49650-5

QMCMF 293
Ioli, Peter P.
SN 32 860 406

6 September 1949

Mr. John Ioli
54-10 102nd Street
Corona, New York

Dear Mr. Ioli:

We are desirous that you be furnished information concerning the resting place of the remains of your son, the late Private Peter P. Ioli.

The official report of burial has been received and discloses that the remains of your son were recovered from the Moselle River, located in the vicinity of Metz, France, by our American Graves Registration Personnel, properly identified, and buried in Plot B, Row 7, Grave 157, in the United States Military Cemetery Limey, located eighteen miles northwest of Nancy, France.

The report further indicates that these remains have now been casketed and are being held at St. Avold, France, pending disposition instructions from the next of kin, either for return to the United States or for permanent burial in an overseas cemetery.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your son, it is urged that you complete the inclosed form, "Request for Disposition of Remains", and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

W. W. CAMPBELL
Lt. Colonel, QMC
Memorial Division

Incls.
ep

WEC

CORRESPONDENCE ACTION SHEET

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE

PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
USMC, Limey, France	B	7	157

ADDRESSEE
MR.
MISS
MRS. Mr. John Ioli

RELATIONSHIP
Father

ADDRESS (Street, City, State)
54-10 - 102nd Street
Corona, New York

NAME OF DECEDENT (Last, First, Middle): Ioli, Peter P.

GRADE: Pvt

SERIAL NUMBER: 32 860 406

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS

FORM LTR "B" INITIAL LOI

Para. 1 - -

Para. 2 - omit and insert: The official report of burial has been received and discloses that the remains of your son were recovered from the Moselle River, located in the vicinity of Metz, France, by our American Graves Registration Personnel, properly identified, and buried in Plot B, Row 7, Grave 157, in the USMC, Limey, _____.

Para. 3 - St. Avold, France

Paras. 5, 6, and 7

Incls

Note action sheet for letter to Effects QM

ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE
Spell 1 Sept. 49		

OQMG FORM 1902
REV 17 JUN 48

48 11972

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

In Reply Refer To OMGMF 293

Ioli, Peter P.
SN 32 860 406

6 September 1949

SUBJECT: Identification of former UNKNOWN deceased.

TO : Commanding Officer
Quartermaster Activity
Kansas City Records Center
Kansas City 1, Missouri

Attn: Effects Quartermaster

1. The remains which were previously interred as UNKNOWN X-53 Plot B, Row 7, Grave 157, USMC Idmey, France have been identified by a GRS Field Board of Review as those of Pvt Peter P. Ioli - 32 860 406, whose Next of Kin, according to the records of this Office, is Mr. John Ioli - father 54-10 102nd Street, Corona, New York

2. The identification has been approved by this Office.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

W. E. CAMPBELL
Lt. Colonel, QMC
Memorial Division

WEC

ep

Green Copy

AIRMAIL

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMT 293
IOLI, Peter P.
Pvt. 32 860 406

15 August 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

293 Ioli, Peter P.

1. The identification of IOLI, Peter P. Pvt. 32 860 406, (formerly X-53, Plot B, Row 7 and Grave 157, USMC Limey, France) as established by your Headquarters has been approved by this office.

2. Request all records be amended accordingly.

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

73650

Carroll/ejh
Foy
REB

REB

AUG 15 2 59 PM '49
Q. M. G.
MAIL & RECORDS BRANCH

Release 8/17/49

AIRMAIL

48 7211

G. B. Carroll

IDENTIFICATION CHECK LIST

DATE: 28 July 1949

UNKNOWN X- NO. OR OTHER DESIGNATION	CEMETERY	PLOT	ROW	GRAVE
X-53	Limey, France	B	7	157

IDENTIFIED AS 293 IOLI, Peter P., Pvt., 32 860406

ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN
DATE AND PLACE OF DEATH	X		
CAUSE OF DEATH	X		
DENTAL CHART	X		
COLOR HAIR			
ESTIMATED HEIGHT	X		
ESTIMATED WEIGHT			
SCARS, FRACTURES, ETC.			
LAUNDRY MARKS			
SHOE SIZE	X		
TYPE CLOTHING	X		
IDENTIFICATION TAG			
PERSONAL EFFECTS			
STATEMENT OF CIVILIANS			
ENEMY RECORDS			
EMERGENCY MEDICAL TAG			
PAY BOOK (EM/OFF.)			
SIGNED STATEMENT OF IDENTITY			
Coordinates:			
Metz, France	49°06'N	- 06°11'E	
Dornot, France	49°03'N	- 06°04'E	

REMARKS

Unknown X-53 was recovered from the Moselle River in the vicinity of Metz, France. This is in agreement with Army records for Pvt. IOLI as to place and cause of death, which indicate that he was last seen, after having been wounded, attempting to swim the Moselle River in the vicinity of Dornot, France. (Metz is approximately eight miles downstream from Dornot.) See AGO letter dated 4 Feb 1946.

Tooth chart for Unknown X-53 compares very favorably with Army dental records for Pvt. IOLI and negatively with unidentified members of his organization known to have been missing in action at the same location.

Estimated height compares very favorably.

Shoe size is in exact agreement.

MAN
File
Cleared
Aug 49

OQMG FORM 1908
21 JUN 48

48 12144

C O P Y

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D.C.

C O P Y

SUBJECT: Identification of Unknown Deceased

TO: The Quartermaster General, Washington 25, D. C.

ATTENTION: Chief, Registration and Planning Branch
Room 2426, Temporary Building B.

1. In accordance with your request, the following information is submitted concerning a crossing of the Moselle River on the night of 10 September 1944 in order to assist in the identification of bodies recovered in the area.

2. According to the records of this office, the 11th Infantry Regiment had established a bridgehead on the east bank of the Moselle River on or about 8 September 1944, at a point approximately three-quarters of a mile from Dornot, France. On the night of 10 September, the position having become untenable, it became necessary to withdraw the troops and due to a scarcity of boats, a number of the men swam the river. The withdrawal was made at night under enemy small arms and artillery fire. A number of casualties resulted. The following men from the regiment were still carried missing in action as of 11 September 1945, when Findings of Death were made:

1st Lt Thomas J. Cullison	01318765	Company E
1st Lt Matthew Wirtz	01287638	Company E
1st Lt James E. Wright	0402766	Company F
Tec Sgt Harold M. Spear	36103576	Company F
Sgt Fred Sterzinger	36018806	Company F Andilly(M-7-166)LdyMk
Pfc Gerald Gross	36227845	Company F Gr.Failly(L-4-82) T/C
Pvt Wendell F. Standridge	35927044	Company F
Sgt Thaddeus S. Matuszak	36214574	Company K
Pfc Herman Abravaya	32657192	Company K Gr.Failly(L-4-81)ID tg
Pfc James L. Williams	36568028	Company K
Pvt Bennie Ruffolo	36214242	Company K

3. First Lieutenants Cullison and Wirtz were known to be two of the men who started to swim across and were last seen in the middle of the river. A man believed to have been Lieutenant Cullison was heard to call out that he couldn't make it and Lieutenant Wirtz was heard to call for help but due to darkness, his exact position cloud not be located. Private First Class Gross was last seen at the Company command post just before the withdrawal from the bridgehead and Private Standridge was seen to enter the river, Sergeant Matuszak and Private Ruffolo were also seen on the east bank of the river just before the withdrawal. No specific information is available regarding any other of the above named men.

4. The following personnel of Company C, 204th Engineer Combat

Battalion, also became missing in action on 10 September 1944 while crossing the river near Dornot, France, and remained in that status until 11 September 1945, when Findings of Death were made:

Sergeant Michael J. Zalac	36813035
Private Peter P. Ioli	32860406

According to information available in this office, Sergeant Zalac and Private Ioli, with three other enlisted men, were crossing the river at approximately o230 hours on the night of 10 September with supplies for soldiers on the enemy side. Intense small arms fire and shell fire were present and the craft was hit and sunk. Sergeant Zalac was last seen just prior to the sinking of the craft and Private Ioli was wounded before dropping into the river, He was last seen swimming toward the enemy side. The identity of the other personnel in the boat is not available in this office. *

5. It is our understanding that a body believed to be that of Sergeant Fred Sterzinger, 36018806, was recovered by French civilians near the bank of the river sometime in November 1944 and that the same civilians also found the identification tags of Sergeant Zalac in a field near Fontigny, In the event the bodies of any of the men named herein are recovered, it is requested that this office be so advised in order that Official Reports of Death may be issued.

FOR THE ADJUTANT GENERAL:

/s/ John T. Burns
/t/ JOHN T. BURNS
Lt. Colonel, AGD
Officer in Charge
Status Review and
Determination Section

* AGO listings of unresolved casualties reveal no additional unresolved casualties of 204th Engineer Battalion KIA or MIA on 10 September 1944.

GBC

DENTAL CHART

Unknown X-53, USMC Limey, France

R-8	MSD	f (Carious)
R-7		
R-6		m (Carious)
R-5	X	X
R-4	MSD	dA
R-3	MSD	Missing
R-2	MSD	Missing
R-1	MSD	Missing
L-1	MSD	Missing
L-2	MSD	Missing
L-3	MSD	Missing
L-4	MSD	Missing
L-5		m (Carious)
L-6		
L-7		
L-8	Carious	f (Carious)
R-16	oA	X
R-15		oA
R-14	X	
R-13		
R-12	MSD	
R-11	MSD	Missing
R-10	MSD	Missing
R-9	MSD	Missing
L-9	MSD	Missing
L-10	MSD	Missing
L-11	MSD	Missing
L-12		Missing
L-13		
L-14	moA	oA moA
L-15	oA	oA
L-16	X	X
	T/C dated 12 Feb 48	T/C dated 16 May 45

Height: 5' 8 1/8"
Hair: None found
Shoe Size: 9½D

Name: IOLI, Peter P., Pvt., 32860406

R-8	
R-7	
R-6	Carious
R-5	X
R-4	dA
R-3	
R-2	
R-1	
L-1	
L-2	
L-3	
L-4	
L-5	
L-6	
L-7	
L-8	
R-16	oA
R-15	Carious
R-14	X
R-13	
R-12	
R-11	
R-10	
R-9	
L-9	
L-10	
L-11	
L-12	
L-13	
L-14	
L-15	oA
L-16	X
	Form 79 dated 29 Mar 43

Height: 5' 8 1/4"
Hair: Brown
Shoe Size: 9½D

CULLISON, Thomas J., 1/Lt., DENTAL
0-1318765

[redacted]

R-8
R-7 1A
R-6
R-5
R-4
R-3
R-2
R-1

L-1
L-2
L-3
L-4
L-5
L-6
L-7
L-8

R-16 X
R-15
R-14 X
R-13
R-12
R-11
R-10
R-9

L-9
L-10
L-11
L-12
L-13
L-14
L-15 fA
L-16 fA

Form 79 dated 11 Jun 43

Height: 5' 10"
Hair: Brown
Shoe Size: 7 E

WIRTZ, Matthew, 1/Lt., 0-1287638 DENTAL

R-8	X
R-7	X
R-6	doA
R-5	
R-4	X
R-3	
R-2	X
R-1	X

L-1	mS
L-2	mS dS
L-3	
L-4	moA
L-5	X
L-6	mA
L-7	oA
L-8	X

R-16	X
R-15	oA
R-14	X
R-13	
R-12	
R-11	
R-10	
R-9	

L-9	
L-10	
L-11	
L-12	X
L-13	
L-14	X
L-15	X
L-16	X

Form 79s dated 17 Dec 41, 12 Feb 42, 24 Feb 44

Height: 5' 11"
Hair: Brown
Shoe Size: NOR

WRIGHT, James E., 1/Lt., DENTAL
0-402766

XXXXXXXXX

R-8	X
R-7	
R-6	
R-5	
R-4	
R-3	
R-2	
R-1	
L-1	
L-2	
L-3	
L-4	
L-5	
L-6	
L-7	
L-8	
R-16	
R-15	
R-14	X
R-13	
R-12	
R-11	
R-10	
R-9	
L-9	
L-10	
L-11	
L-12	
L-13	
L-14	X
L-15	
L-16	

Dental record dated 24 Jul 42 (8WA)

Height: 5' 8½"
Hair: NOR
Shoe Size: NOR

CHART

Name: SPEAR, Harold H., T/Sgt.,
36103576

R-8 _____
R-7 _____
R-6 _____
R-5 ____ Non-restorable ____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 _____
L-7 _____
L-8 _____

R-15 _____
R-16 _____
R-14 ____ X ____
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 ____ X ____
L-15 _____
L-16 _____

Dental record dated 20 Feb 41 (8WA)

Height: 5' 7"
Hair: Brown
Shoe Size: 7 E

CHART

Name: STANDRIDGE, Wendell F., Pvt.,
35927044

R-8 oA
R-7
R-6 dolfA fA
R-5 moA
R-4 X
R-3
R-2
R-1

L-1
L-2
L-3
L-4
L-5
L-6
L-7 loA
L-8 oA

R-15
R-16 dofA
R-14 oA
R-13
R-12
R-11
R-10
R-9

L-9
L-10
L-11
L-12
L-13
L-14 X
L-15
L-16

Form 79 dated 13 Mar 44

Height: 5' 7"
Hair: Brown
Shoe Size: 7½D

CHART

Name: MATUSZAK, Thaddeus S., Sgt.,
36214574

R-8 _____
R-7 _____
R-6 _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 _____
L-7 _____
L-8 _____

NO TEETH MISSING
NO TEETH FILLED

R-15 _____
R-16 _____
R-14 _____
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 _____
L-15 _____
L-16 _____

Dental record dated 15 Jan 42 (8WA)

Height: 5' 8"
Hair: Brown
Shoe Size: 10 D

CHART

Name: WILLIAMS, James L., Pfc.,
36568028

R-8 X
R-7
R-6
R-5
R-4
R-3
R-2
R-1

L-1
L-2
L-3
L-4
L-5
L-6 X
L-7 Carious
L-8 X

R-16 X
R-15
R-14
R-13
R-12
R-11
R-10
R-9

L-9
L-10
L-11
L-12
L-13
L-14
L-15
L-16 X

Dental record dated 6 Feb 43 (8WA)

Height: 5' 7"
Hair: Blond
Shoe Size: 10 D

CHART

Name: RUFFOLO, Bennie, Pvt., 36214242

R-8	X
R-7	
R-6	X
R-5	
R-4	
R-3	
R-2	
R-1	
L-1	
L-2	
L-3	
L-4	
L-5	
L-6	X
L-7	
L-8	X
R-15	X
R-16	X
R-14	
R-13	
R-12	
R-11	
R-10	
R-9	
L-9	
L-10	
L-11	
L-12	
L-13	
L-14	
L-15	X
L-16	Carious

Dental record dated 24 Jun 41 (SWA)

Height: 5' 5½"
Hair: Black
Shoe Size: 9 E

ZALAC, Michael J., Jr., Sgt., DENTAL
36813035

XXXXXXXXXX

R-8 _____
R-7 _____
R-6 _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 _____
L-7 _____
L-8 _____

NO TEETH MISSING
NO TEETH FILLED

R-16 _____
R-15 _____
R-14 _____
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 _____
L-15 _____
L-16 _____

Dental records dated 23 Mar 43 (SWA)

Height: 5' 6½"
Hair: Brown
Shoe Size: 9½C

AGRC FORM No. 11
Revised 16 Sept. 1946
Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

X-53

Ex.O. # 650,
dtd 11 December 1947

Unknown X - 53

Cemetery Limey, France

Plot B Row 7 Grave 157

Date reprocessed :

1. ~~Arrived at cemetery~~ 12 February 1948
(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 IB 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	None (Type)		
Raincoat		None	
Overcoat		None	
Jacket, Field		None	
Jacket, Combat		None	
Mackinaw		None	
Sweater		None	
Jacket, HBT		None	
* Shirt, Wool OD		None	
Undershirt, Wool		None	
Undershirt, Cotton		None	
Trousers, HBT		None	
* Trousers, Wool OD	Remnants of	None	

APR 2 - 1948

Belt, web ..... None

Drawers, wool ..... None

Drawers, cotton ..... None

Leggings, wool ..... None

Socks, cotton ..... None

* Shoes Fair Service Shoes Size (type) 9 1/2 D

Overshoes ..... None

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? UTD

6. Description of Remains: Lt. Humerus - 34.2 Lt. Femur - 45.9 Lt. Tibia - 37.7 Lt. Fibula - 38.7

Age UTD Height EST 5'-8 1/8" 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
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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)

X-53

Goatee ..... UTD .....
(Light, color, extent)

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

Nose ..... UTD ..... Eears ..... UTD .....
(Size, shape, straight) (Size, set close to or far from head)

Mouth ..... UTD ..... Lips ..... UTD .....
(Large, medium, small) (Small, large, full)

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

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

Jaw ..... UTD ..... Circumference of head in inches ..... 21 " .....
(Large, small, normal) (Hat band)

Neck ..... UTD ..... Larynx ..... UTD .....
(Size, length, short, normal, wrinkled) (Prominent, normal)

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

.....

Hands ..... UTD .....

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

.....
(Unusual characteristics of fingernails)

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

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

Back ..... UTD ..... Circumcision ..... UTD ..... Pubic Hair ..... None .....
(Quantity and extent of hair) (Yes-no) (Color)

Herniaplasty ..... UTD .....
(Yes-no; location)

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

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

Evidence of healed fractures ..... None found .....
(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 Skeletal - too Decomposed

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

9. Remarks Remains were received in the skeleton form wrapped in a mattress cover Clothing found in debris, No Clothing marks. Teeth found in tact with skull and were charted No GRS tag or Report of Burial present. EST Height 5'8 1/8" EST Weight of processed remains 30 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 W Wolf
WOODROW W WOLF
(Officer's Name)

CAPT. QMC
Rank Service

OPERATIONS OFFICER
(Organization)

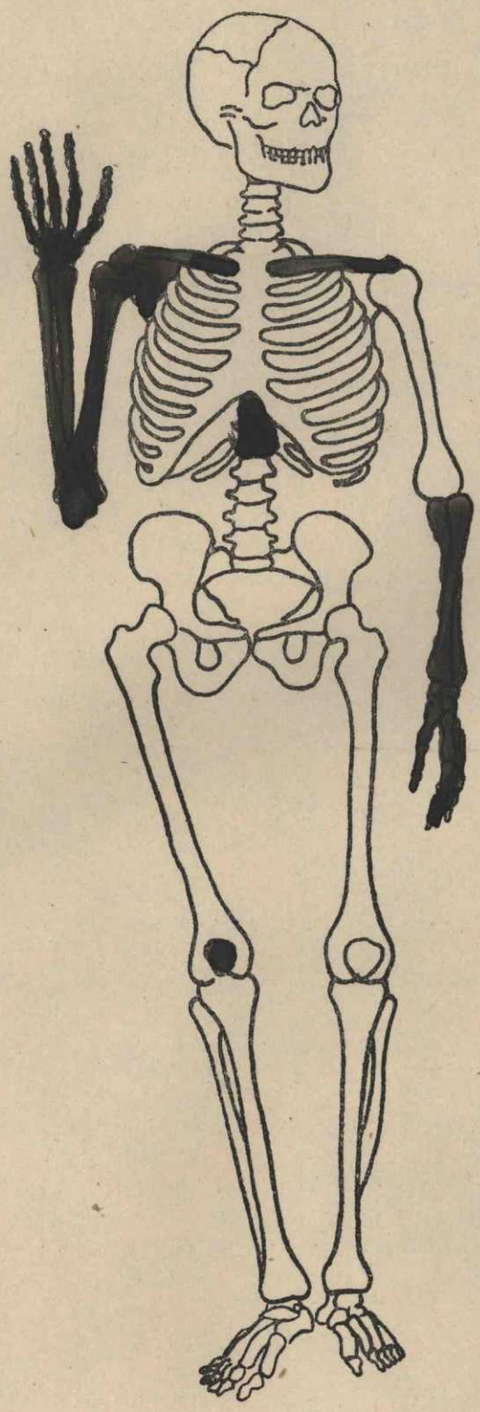
SKELETAL CHART

X-53

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Humerus.....34.2.....cm

Femur.....45.9.....cm

Tibia...37.7.....cm

Fibula .....38.7.....cm

EST. Height 5' 8 1/8"

CHART "A"

TOOTH CHART

X-53

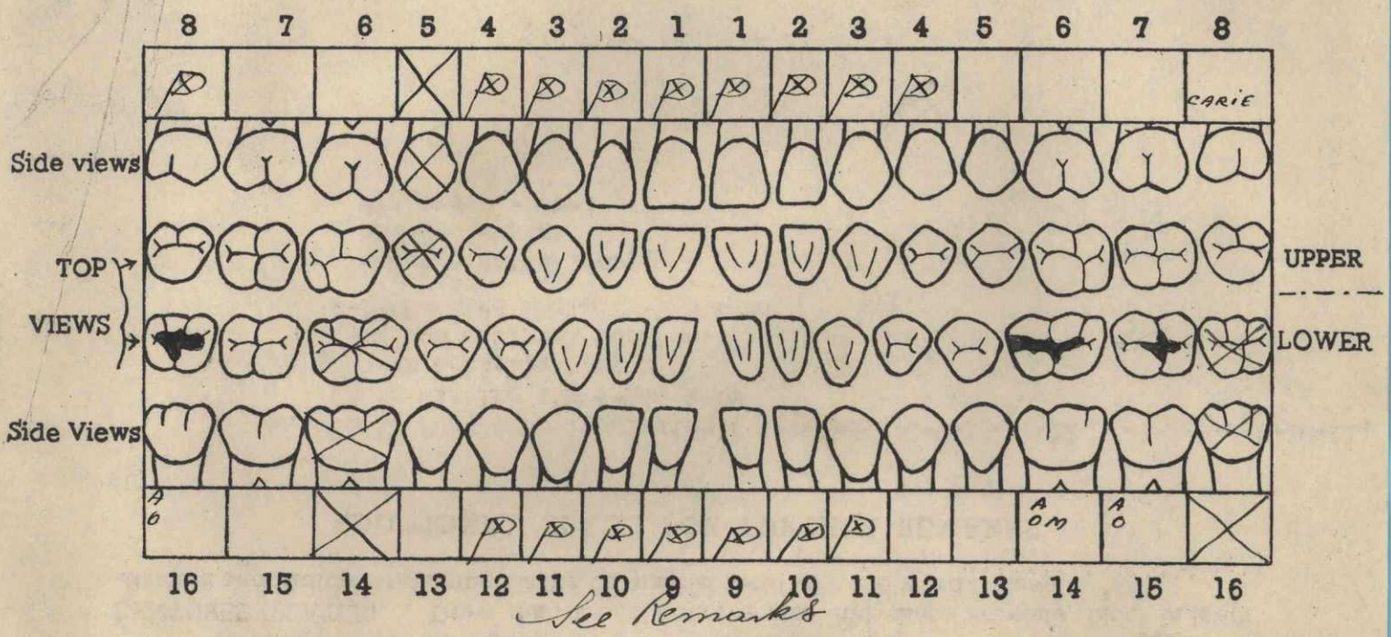
12 February 48
Date

Unknown X-53 — Last Name, First, Initial
Unk — Grade
Unk — Serial No.

Unk — Unit
Unk — Organization

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.

WALTER J. JABLONSKI
US DA CIV IS

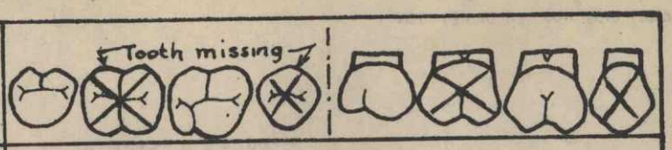
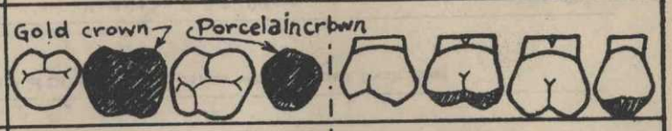
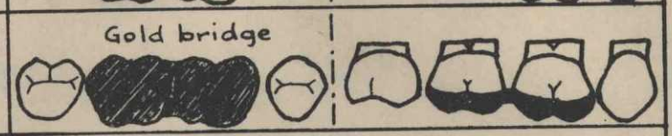
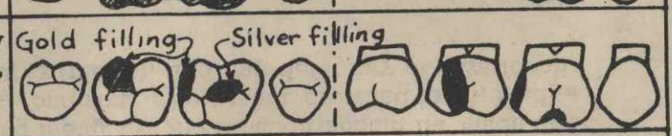
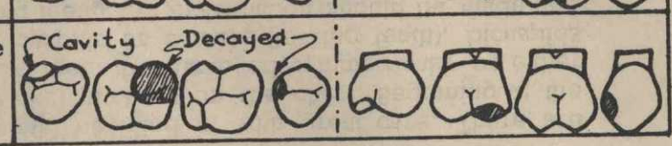
/s/ Walter J. Jablonski
Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
CAPT QMC OPER OFF

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

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

AGL (3) 10-46-50M-6912 -1207

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

[X] =Teeth Posthumously missing : R-1-2-3-4-8-9-10-11-12, L-1-2-3-4-9-10-11,
Teeth missing : R-5-14, L-16
Spaces R-13-15, none
R-13 has a Distal version
R-13 Rotated mesially 1/8 turn

Color - white Ivory
Size - Average
Alignment - Good

CASE HISTORY

Unknown X-53. USMC Limey, France.

On 10 September 1944 Pvt. Peter P. Ioli, 32860406, Co. C., 204th Engr. C. Bn., was reported on Casualty Clearance Plan to have been hit by enemy small arms fire while attempting to effect a crossing of the Moselle River at Dornot, France, with four other members of his organization in an M2-Assault Boat. Pvt. Ioli is said to have fallen or jumped into the river after being hit by the bullet. All efforts to rescue him at the time failed due to the fact that the area was covered by enemy fire.

Subsequent investigations failed to recover any trace of Pvt. Ioli. His casualty status was later changed from MIA to KIA.

In May 1945 the remains of an unknown was delivered by the 168th General Hospital to USMC Limey, France. This unknown was assigned number X-53.

The only data available on this unknown at this time is that the deceased died in the Moselle river near Metz of drowning. It is not known how or where the Hospital obtained the remains.

Reprocessing reports of X-53 revealed only the estimated height and shoe size and these are in agreement with the height and shoe size of Pvt. Ioli. The tooth chart for X-53 is also in agreement with that of Pvt. Ioli.

On this basis identification of X-53 as Pvt. Ioli is accomplished.

Chatelain 1 July 1949

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

TOOTH CHART

Finney

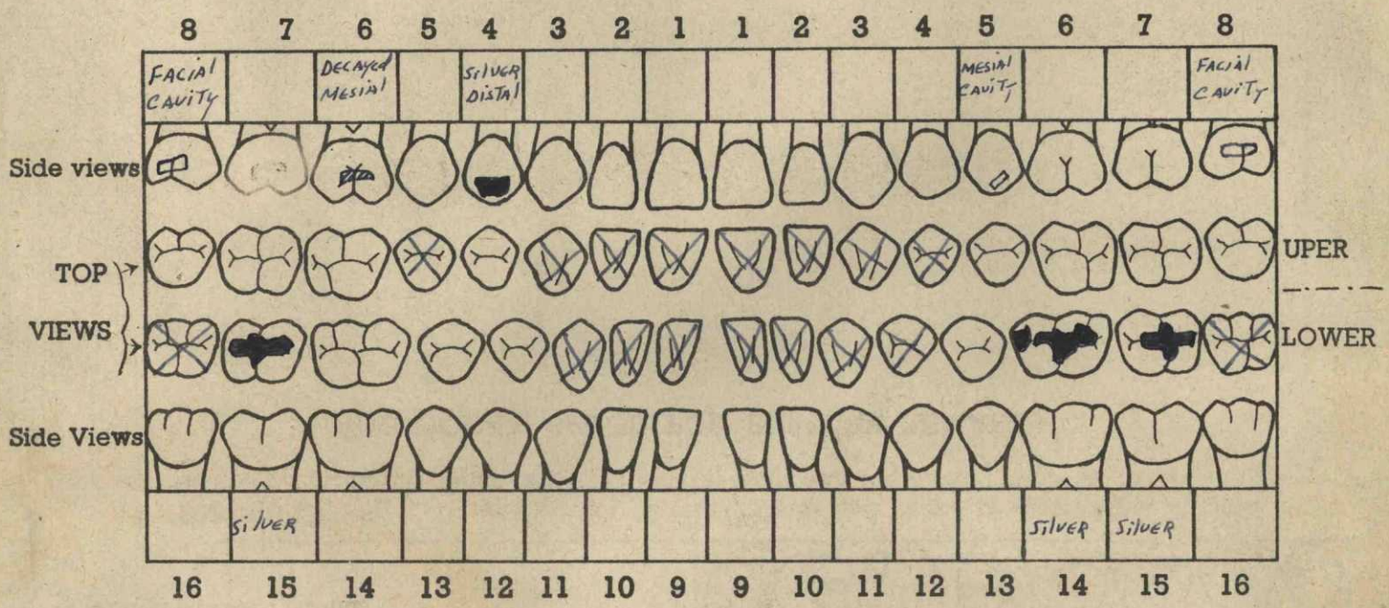
16 May 1945
Date

Last Name	First	Initial	Rank	Serial No.
Unknown X-53		Unknown	Unknown	Unknown

Place of Death	Date of Death	Cause of Death
Moselle River Vicinity of Metz, France	Unknown	Drowning

Unit: Unknown
Organization: Unknown

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.

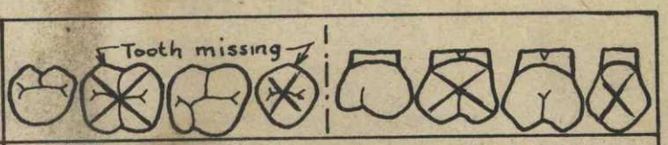
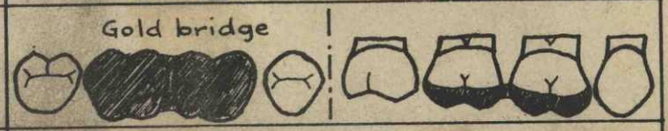
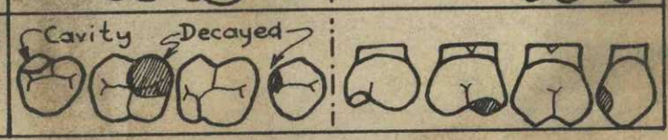
R 1, 2, 3 and L 1, 2, 3, 4 not found with remains
R 5, 16 and L 16 extracted and granulated in
L 9, 10, 11, 12 and R 9, 10, 11 not found with remains

Sgt. Howard C. White Med. Detach.
Signature of Officer or other person who prepared Tooth chart

Matthew M Flattery
Verified by G. R. S. Officer

MATTHEW M FLATTERY, 1st Lt, FA
3049 QM Graves Reg Co

GRAVES REGISTRATION
FORM N° 1-A

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

SIP. 4-45/50M/77322

293 Jolly, Peter P

1. FILE UNDER NO. ~~293 - Unk.~~ France X-53 (Limey)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind

3. DATE: 22 Apr 49

4. FROM: OQMG

5. TO: CG, AGRC, EA, APO 58, %PM, New York

6. SUBJECT: Request for Information

7. DOCUMENT FILED UNDER NO. 293 - WARENSKJOLD, James O. (0669936)

msb

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.

QMC FORM REV 14 OCT 47 351 **CROSS-INDEX SHEET** 16—63774-1 U. S. GOVERNMENT PRINTING OFFICE

293 FILE

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial)	GRADE	PRESENT SERIAL NUMBER
Ioli, Peter P.	Pvt	32860406

ORGANIZATION	RACE	CREED	FORMER SERIAL NUMBER (If Applicable)
Co C 204 Engr C Bn	W	Catholic	

DATE OF DEATH/~~MIA~~	CAUSE OF DEATH	PLACE OF DEATH OR PLACE LAST SEEN IF MIA
10 Sept 44	KIA	Wounded and drowned in Moselle River at Dornot, France
DATE OF FOD		

HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE
5' 8½"	168	Brown	Brown	9½D

DENTAL CHART

INDUCTION DATE 11 Mar 43

UPPER RIGHT	UPPER LEFT
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
LOWER RIGHT	**LOWER LEFT**
16 15 ~~14~~ 13 12 11 10 9	9 10 11 12 13 14 15 16

X = Extracted *O = Cavious* *1 = Cavious Non-Restorable*

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTHMARK
None	None

ADDITIONAL INFORMATION

Born: 29 June 23

1 Form 79 loaned
QMG 12 Sept 46

File
MAR 8 1949

G. W. ROGERS
Capt., QMC
Identification Branch

OQMG FORM 371
23 SEP 46

Ref Ltr R. CLL

DATE FORWARDED TO FIELD _____

48 21325

293 FILE

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial)	GRADE	PRESENT SERIAL NUMBER
Ioli, Peter P.	Pvt	38860406

ORGANIZATION	RACE	CREED	FORMER SERIAL NUMBER (If Applicable)
Co C 204th Engr C Bn	White	Catholic	

DATE OF DEATH ~~MIA~~	CAUSE OF DEATH	PLACE OF DEATH OR PLACE LAST SEEN IF MIA
10 Sep 44	KIA	
DATE OF FOD		

HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE
5' 8½"	168	Brown	Brown	9½D

DENTAL CHART 11 Mar 43

1 Form 79 attached

UPPER RIGHT	UPPER LEFT
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
LOWER RIGHT	**LOWER LEFT**
16 15 X14 13 12 11 10 9	9 10 11 12 13 14 15 16

X = Extracted O = Cavious 1 = Cavious Non-Restorable

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTHMARK
None shown	

ADDITIONAL INFORMATION

Born: 29 June 23

File MAR 10 1949

J. W. Rogers
Capt., QMC
Identification Branch

OQMG FORM 371
23 SEP 46

DATE FORWARDED TO FIELD ETO 7 Mar 49

26 97660

REGISTER OF DENTAL PATIENTS AT

Dental Clinic #1
Fort Devens, Mass.

(1) SURNAME	(2) CHRISTIAN NAME	(3) RANK	(4) COMPANY	(5) REGIMENT OR STATE CORPS	(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
Ioli	Peter	~~Pvt.~~ Cpl.	C	204th Engr. Bn.	19	W	N.Y.	1/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS	
	Mar. 1943	R	
L16	29th Exam. Rec. TE	Cl.I	ABC
L15,16	" X-ray lexp.	#3180	ABC
~~Ping. area L16~~	" Talbot's Sol.	Cl.I	AAM
L16	31st Exam. Rec. TE	Cl.I	ABC
Malposed L16	" T.E. Anes Cn.	Cl.I-II	AAM
C R16 - o	April 6th A	Cl.II-IV	FIR
	June 1943		
	24 Exam.	Cl. II	~~ABC~~
R5	" ~~Xray #3717 1 exp~~		~~ABC~~
~~R18~~ R5	"Rec. T.E.	Cl. II-I	RBW
Pulpitic R5	" T. E. Anes In	Cl. I-IV	AAM
	July 2nd Exam., Reclass.	Cl.IV-II	~~ABC~~
C R4 - d	" " A	Cl.II-IV	RJR
C L 15-o	Oct 13 A	Cl-IV-II-IV	FIR

J. C. Daniels
Lt. Col. Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)
16—20622

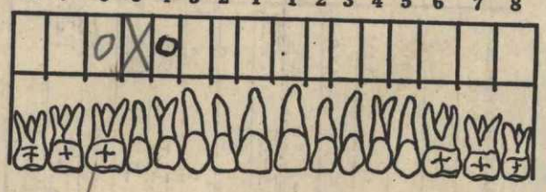
19A

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right Left

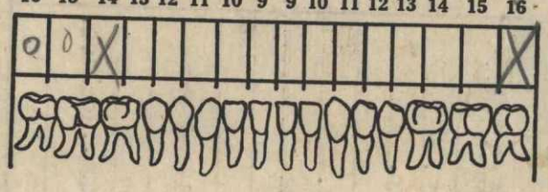
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

Right Left

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS II

Occlusion Normal: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

Date 3-29, 19 43

Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture (horizontal line)

Teeth replaced by fixed bridge (oval to include abutments)

16—20622

2/2

G. W. ROGERS
Capt., QMC
Identification Branch

IDENTIFICATION SECTION
MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL	ARMY SERIAL NUMBER	GRADE
ZOLI PETER P	32860406	PVT

HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE	DATE OF DEATH
5' 8¼"	168	BROWN	BROWN	9½ D	10 SEPT 1944

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED *(Give complete designation)*

C C 204 ENGR C BN

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

WOUNDED & DROWNED IN MOSELLE RIVER AT DORNOT FRANCE

LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.

STATION	DATES
FT DEVENS MASS	3/20/43 - 4/1/44

FROM: WD, AGO CLINICAL RECORDS BRANCH
NO RECORDS ON FILE

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTH MARKS
NOT OF RECORD	

DENTAL CHART 11 MAR 1943

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
UPPER RIGHT									UPPER LEFT							
16	15	~~14~~	13	12	11	10	9		9	10	11	12	13	14	15	16
LOWER RIGHT									LOWER LEFT							

attached 1 form 79

X - EXTRACTED O - CARIOUS / - CARIOUS NON-RESTORABLE

AGRAC FORM 1 Aug 1946 **I-380**

(Indicate dentures, bridgework, etc., if shown.)

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

—BATTLE CASUALTY REPORT

DATE CAS. REPORT RECEIVED: 1945 SEP 28

ARMY	NAME Ioli, Peter P. ASN 32 860 406	PVT GRADE SON
NAME AND ADDRESS OF E. A.	Mrs. Susie Ioli (mother) 54-10 102nd St. Corona, N.Y.	DATE TELEGRAM SENT 29

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR SON

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
PVT	IOLI PETER P	32860406	CE	ETO		267

TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	CASUALTY CODE
KILLED IN ACTION	IN FRANCE	10	SEP	44	19

REMARKS: ☐ CORRECTED COPY

Finding of death has been issued previously under Sec 5 Public Law 499, 7 Mar 42, as amended, showing presumed date of death as 11 Sept 45. This report of death, based on information rec'd since that date is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

File 10-8-45 SMB

~~XXXX~~
Additional information; Reports of death issued 2 October 1945.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED ✓ FORM 43 _____ AG 201 REQ _____
CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____
PREVIOUSLY REPORTED NO _____ YES ✓ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.		DATE AND AREA	E. A. NOTIFIED
		[redacted]	11 Sept 45	11 Sept 45

FORWARDED TO → SPEC. IDEN. ☐ C. & F. ☐ TELEGRAM ☐ LETTER ☐ CERTIF. ✓ F. REL. ☐ CORRES ☐ DEPAT. ☐ S. R. & D. ☐ NO ☐

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY Mighelson 28 Sept 45 REVIEWED BY Snowden

DISTRIBUTION "A" ☐ 28 COPIES DISTRIBUTION "B" ☐ _____ COPIES

WD AGO FORM 0365 1 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 2 Oct 45 rc

FULL NAME	ARMY SERIAL NUMBER	GRADE
Ioli, Peter P.	32 860 406	Pvt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Corona, N.Y.	Corps of Engineers	29 June 23
PLACE OF DEATH / **CAUSE OF DEATH**		**DATE OF DEATH**
European Area / Killed in action		10 Sept 44
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	18 Mar 43	

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. Susie Ioli (mother) 54-10 102nd St. Corona, N.Y.

BENEFICIARY (Name, relationship, and address)
Mrs. Susie Ioli (mother) same as above
John Ioli (father) same as above

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Finding of death has been issued previously under Sec 5 Public Law 490, 7 Mar 42, as amended, showing presumed date of death as 11 Sept 45. This report of death based on information received since that date is issued in accordance with Sec 9 of said act and its effect on prior payments and settlements is as prescribed in Sec 9.

Hold 10-2-45 10 SMB

BY ORDER OF THE SECRETARY OF WAR

J. A. Ulio

ADJUTANT GENERAL

WD AGO FORM 52-1 1 JUN 1945 EDITION OF 1 FEBRUARY 1945 MAY BE USED

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

NIOLI, Peter P. Pvt. USMC 32860406
(Name) (Rank) (ASN)

previously buried as Unknown X - 53, USMC LIMEY, FRANCE
Identification accepted in accordance with Letter, File AGAO-S 293.9 (27 Mar 47) D-M, War Dept., TAGO, 9 April 47, subject: Establishment of Boards of Review for Identification of Unknown Dead Overseas, by the following members of the Board of Review, established by Par. 5, SO # 16, Hq, A.G.R.C., dated 3 Feb 49, amendment, Par 2, SO # 32, dated 18 Mar 1949, Hq. A.G.R.C., and SO # 43, dated 19 April 1949, Hq. A.G.R.C.

Col. H.P. HENRY, O-12589 QMC — Lt.Col. E.D.MULVANITY, O-359598 QMC

Major Roger BERGER, O-251736 ORD — Captain Jack C.HAYES, O-1577297 QMC

Captain E.F. PRICE Jr., O-1588236 QMC — 1/Lt. Edward E. STOUT, O-1594512 CE

IDENTIFICATION RECOMMENDED

APPROVED
29 July 49

T. H. METZ, Lt. Col. QMC
Chief, Identification Branch
Memorial Division, QMC

File 24 Aug 49

CORRECTED COPY /ge

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

6 July 1949
Date

Last Name	First	Initial	Rank	Serial No.
I O L I ,	Peter	P.	Pvt.	32860406

Unit: Co "C" 204th Engineer Combat Battalion
Organization:

Place of Death: Moselle River, Vic of METZ, France
Date of Death: 10 September 1944
Cause of Death: Possible drowning

Time and Date of Burial: 1400, 16 May 1945
Name of Cemetery: U.S.M.C. LIMEY , France
Name or Coordinates of Location:

Grave Number: 157
Row Number: 7
Plot Number: B
Type of Marker: Cross

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

If No Identification Tags
How were remains identified? Previously buried as Unk. X-53 (LIMEY) Identified through : 1) Tooth chart for X-53 in agreement with dental data on Pvt.Ioli. 2) Est height & show size of Unk. X-53 in agreement with height & shoe size of Pvt .Ioli. 3) Est time & area of death in agreement with time & area of death of Pvt. Ioli. 4) Cause of death (drowning) of Unk. X-53 is the same cause of death as Pvt. Ioli. 5) Tooth chart and physical characteristics of Unknown X-53 does not compare favorably with similar data on unresolved casualties known to have drowned in the same area .

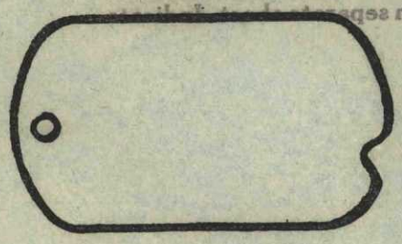
What means of identification were buried with the body?

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

Who is buried on :

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right :	CLARENCE C. DRAGOO	351375544	Pvt.	101 Airborne Div	156
Deceased's Left :	LOREN C RUTAN	355564386	Unk	35 Inf Div	158

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in bellow :

Emergency Addressee: Unknown
Name

Address

Religion: Catholic

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

This corrected copy of Report of Burial, prepared in the Office of the American Graves Registration Command.

File
2 Jan 48
L.L. Byers
Pfc

Signature of Officer or other person reporting burial

C. W. Steinsiek

Verified by G.R.S. Officer

CW STEINSIEK
Capt. QMC

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, **Take Those You Can,** and fill in the following :

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

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

Left Hand: Thumb 1, 2, 3, 4

Right Hand: Thumb 1, 2, 3, 4

TOOTH CHART

Deceased's Left: 1 2 3 4 5 6 7 8

Deceased's Right: 8 7 6 5 4 3 2 1

Upper: 8 7 6 5 4 3 2 1

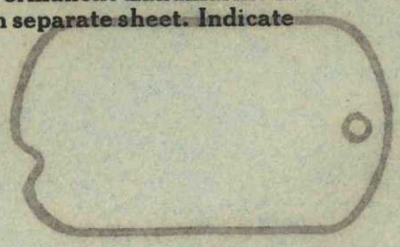
Lower: 1 2 3 4 5 6 7 8

Indicate: missing natural teeth by X ; crowns by O ; fillings by □ ; Bridges by ⊂ linking anchor teeth ; replacements by artificial teeth X

Characteristics : .....

Other Data : .....

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



S. et Ce 76992 - 887 M - 3-45

AMERICAN [illegible]AD

456

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

16 May 1945
Date

IOLI, Peter P.
Last Name

First

Initial

Pvt
~~Unk~~
Rank

32860406
~~Unknown~~
Serial No.

~~Unknown X-53~~

Unknown
Unit

Organization

Moselle River, Vicinity of Metz, France
Place of Death

~~Unknown~~ 10 Sept 44
Date of Death

Drowned
Cause of Death

1400 hrs 16 May 1945
Time and Date of Burial

US Military Cemetery, Limey, France
Name of Cemetery

(U-642296)
Name or Coordinates of Location

157
Grave Number

7
Row Number

B
Plot Number

Cross
Type of Marker

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

If No Identification Tags
How were remains identified? Unidentified. Body brought in by 168th General Hospital Metz, France.
Toothchart is attached (See other side)

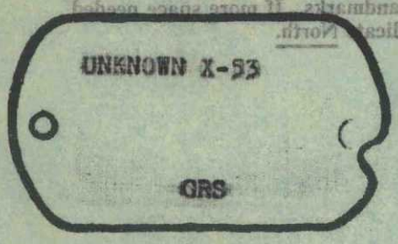
What means of identification were buried with the body?
GRS Emergency tag

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Clarence C Dragoo	35137544	Pvt	101 AirBorne Div	156
Deceased's Left:	Loren C Rutan	35564386	Unk	35 Inf Div	158

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee Unknown
Name

Address

Religion ~~Unknown~~ Catholic

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

None

1335

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

MATTHEW M. FLATTERY 1st Lt, O-1169109
3rd Plt, 3049 QM Graves Registration Co

456

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Total weight of remains : 65 lbs.
Both arms missing at elbow joint

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

The only clothes were Service shoes - size 9½ D
Remnants of OD trousers no size or markings.

Left Hand: 4, 3, 2, 1, Thumb
Right Hand: 4, 3, 2, 1, Thumb

TOOTH CHART

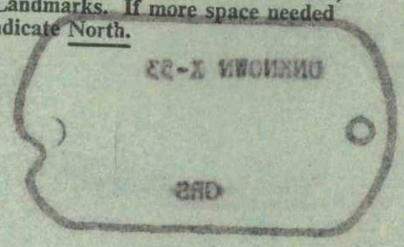
Deceased's Left: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Deceased's Right: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Upper / Lower

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊂ linking anchor teeth; replacements by artificial teeth ⊠

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



AG P BR HQ SOS /22560

AMERICAN DEAD

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

16 May 1945
Date

Last Name	First	Initial	Rank	Serial No.
IOLI,	Peter	P.	Pvt	32860406

Unknown X-53 — Unknown

Unit	Organization
Unknown	

Place of Death	Date of Death	Cause of Death
Moselle River, Vicinity of Metz, France	10 Sept 44 — Unknown	Drowned

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1100 hrs 16 May 1945	US Military Cemetery, Limey, France	(U-642296)

Grave Number	Row Number	Plot Number	Type of Marker
157	7	B	Cross

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

If No Identification Tags
How were remains identified? Unidentified. Body brought in by 168th General Hospital Metz, France
Toothchart is attached (See other side)

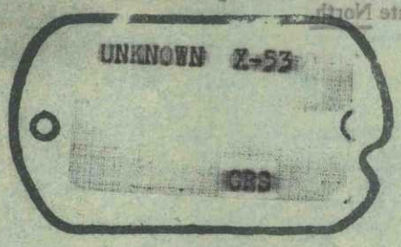
What means of identification were buried with the body? GRS Emergency tag

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Clarence C Dragoo	35137544	Pvt	101 Airborne Div	156
Deceased's Left:	Loren C Rutan	35564386	Unk	35 Inf Div	158

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee Unknown
Name

Address

Religion ~~Unknown~~ Catholic

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

None

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

MATTHEW M. FLATTERY, 1st Lt, 0-1169109
3rd Plt, 3049 QM Graves Registration Co

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Total weight of remains - 65 lbs.
Both arms missing at elbow joint

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

The only clothes were Service shoes - size 9½ D
Remnants of OD trousers no size or markings.

Left Hand: 1 Thumb, 2, 3, 4
Right Hand: 1 Thumb, 2, 3, 4

TOOTH CHART

Deceased's Right — Deceased's Left

Upper																Lower
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⌒ linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

AG P BR HQ SOS 22560

Form prescribed by
Comptroller General, U.S.
7 October 1944

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

4042

a

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private Peter P. Ioli, Army Serial Number 32,860,406, Corps of Engineers, *to be dead. He was officially reported as missing in action as of the* 10th *day of* September *194* 4. *For the purposes stated in said Act, death is presumed to have occurred on the* 11th *day of* September, *194* 5.

BY ORDER OF THE SECRETARY OF WAR

George F. Herbert

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	

PREVIOUS REVIEWS
None

DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH) YEARS	MONTH	DAYS
29 Jun 1923	Corona, New York	18 Mar 1943	Under	Three	Years

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Susie Ioli	Mother	54-10 102nd Street Corona, New York

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Mrs. Susie Ioli	Mother	54-10 102nd Street Corona, New York
Mr. John Ioli	Father	54-10 102nd Street Corona, New York

REMARKS

Distribution 56

Circumstances of Disappearance: Soldier disappeared while crossing the Moselle River in France in an attempt to establish a bridgehead against intense enemy resistance.

18 SEP 1945
File VE

WD AGO FORM 0353
1 FEB 1945

THIS FORM SUPERSEDES WD AGO FORM 0353, 1 NOVEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

SENSITIVE SURFACE HANDLE EDGES ONLY

122,231

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 2 Oct 45 rc

FULL NAME	ARMY SERIAL NUMBER	GRADE
Ioli, Peter P.	32 860 406	Pvt
HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Corona, N.Y.	Corps of Engineers	29 June 23
PLACE OF DEATH / CAUSE OF DEATH		DATE OF DEATH
European Area / Killed in action		10 Sept 44
STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES (YEARS / MONTHS / DAYS)
European Area	18 Mar 43	

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. Susie Ioli (mother) 54-10 102nd St. Corona, N.Y.

BENEFICIARY (Name, relationship, and address)
Mrs. Susie Ioli (mother) same as above
John Ioli (father) same as above

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

Finding of death has been issued previously under Sec 5 Public Law 490, 7 Mar 42, as amended, showing presumed date of death as 11 Sept 45. This report of death based on information received since that date is issued in accordance with Sec 9 of said act and its effect on prior payments and settlements is as prescribed in Sec 9.

BY ORDER OF THE SECRETARY OF WAR

J. A. Ulio

ADJUTANT GENERAL

WD AGO FORM 52-1 1 JUN 1945 EDITION OF 1 FEBRUARY 1945 MAY BE USED

122 231

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

BATTLE CASUALTY REPORT

DATE CAS. REPORT RECEIVED: 1945 SEP 28

NAME	NAME Ioli, Peter P. ASN 32 860 406	GRADE SON
NAME AND ADDRESS OF E. A.	Mrs. Susie Ioli (mother) 54-10 102nd St. Corona, N.Y.	DATE TELEGRAM SENT 29

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR SON

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
PVT	IOLI PETER P	32860406	CE	ETO		267

TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	CASUALTY CODE
KILLED IN ACTION	IN FRANCE	10	SEP	44	19

REMARKS: ☐ CORRECTED COPY

Finding of death has been issued previously under Sec 5 Public Law 499, 7 Mar 42, as amended, showing presumed date of death as 11 Sept 45. This report of death, based on information rec'd since that date is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

Additional information; Reports of death issued 2 October 1945.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED ✓ FORM 43 ____ AG 201 REQ. ____ DATE ____
CASUALTY BRANCH FILE ATTACHED ____ OR CHARGED TO ____
PREVIOUSLY REPORTED NO ____ YES ✓ (AS INDICATED BELOW): DATE AND AREA 11 Sept 45 E. A. NOTIFIED 11 Sept 4
FILE NO. ____ MESSAGE NO. [redacted]

FORWARDED TO → SPEC. IDEN. ☐ C. S. P. ☐ TELEGRAM ☐ LETTER ☐ CERTIF. ✓ F. REL. ☐ CORRES ☐ REPAT. ☐ E. R. & D. ☐ NO

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY Michelson 28 Sept 45 REVIEWED BY Snowden

DISTRIBUTION "A" ☐ 28 COPIES DISTRIBUTION "B" ☐ ____ COPIES

WD AGO FORM 0365 2 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED.

Form prescribed by
Comptroller General, U.S.
7 October 1944

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

4042

122,231 f2

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private Peter P. Ioli, Army Serial Number 32,860,406, Corps of Engineers, *to be dead. He was officially reported as missing in action as of the* 10th *day of* September *194* 4. *For the purposes stated in said Act, death is presumed to have occurred on the* 11th *day of* September, *194* 5.

BY ORDER OF THE SECRETARY OF WAR

George F. Herbert

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	

PREVIOUS REVIEWS
None

DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH) YEARS	MONTH	DAYS
29 Jun 1923	Corona, New York	18 Mar 1943	Under	Three	Years

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Susie Ioli	Mother	54-10 102nd Street Corona, New York

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Mrs. Susie Ioli	Mother	54-10 102nd Street Corona, New York
Mr. John Ioli	Father	54-10 102nd Street Corona, New York

REMARKS

Distribution 56

Circumstances of Disappearance: Soldier disappeared while crossing the Moselle River in France in an attempt to establish a bridgehead against intense enemy resistance.

WD AGO FORM 0353
1 FEB 1945

THIS FORM SUPERSEDES WD AGO FORM 0353, 1 NOVEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

122231

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
IOLI PETER P	32860406	PVT	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE 9	10	SEP	44		MIA	192

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
Mrs Susie Ioli	Mother	23 Sept 44 REH

NO. AND NAME OF STREET—CITY—STATE

54-10 102nd Street Corona New York

REMARKS:

☐ CORRECTED COPY

ARMY EXPERTS BUREAU RECEIVED SEP 29 1944 KCMO

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ____ FORM 43 ____ AG 201 REQ ____

CASUALTY BRANCH FILE ATTACHED ____ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO ____ YES ____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO ➤ ☐ SPEC. IDEN. ☐ TELEGRAM ☐ WOUNDED ☐ LETTER ☐ CORRES. ☐ S. R. & D. ☐ CERTIF. ☐ M. & M. ☐ NON-DEL.

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY ____ REVIEWED BY ____

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
34 35	36 37 38	39 40	41	42	43 44 45	46 47	48	49	50 51	52	53 54	55 56 57	58	59

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COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

(S-8-5-45)
GHG:KB:bh
June 5, 1945

122231

Mrs. Susie Ioli
54-10 102nd Street
Corona, New York

Dear Mrs. Ioli:

son, Private Peter P. Ioli:

1 Package and contents

son.

Yours very truly,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

1

ac

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

CRDER FOR SHIPMENT

SHIP TO:

Mrs. Susie Ioli
54-10 102nd Street
Corona, New York

Effects of:
Name: Pvt. Peter P. Ioli
ASN: 32860406
Case No.: 122231 M
Wt.:

DATE 5 June 1945
CHG:KB:bh

FOR: Effects Quartermaster

REMARKS:

_____ Inclose Bureau Check
Acct. No._____
Amount _____
_____ Inclose "Valuables" item
_____ Ship "Valuables" item(s)

_____ Remove G.I.
_____ Note discrepancy in_____
_____ Films removed
_____ Diary removed
_____ Laundry removed

ROUTING:

_____ Accounting Branch
_____ Warehouse Division
1 Files Branch, Adm. Div.
2

1 pkg

REMARKS:

FRANKED
Franked_____
Est. Exp. Chgs._____
Est. Frt. Chgs._____
No. of packages 1

JUN 8 1945

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

PACKAGE DESCRIPTION

#1 Pkg

ARMY EFFECTS BUREAU INVENTORY

122,231

DECEASED	✓
MISSING	
P.O.W.	
ABANDONED	
TALLY NO.	7629
INV. DATE	21 Jun 44
ORIG. NO. OF PKGS.	1
BOX NO.	24
SHEET	1
OF	1 SHEETS
ORGANIZATION	604th Eng C Bn

NAME Peter P. Iôli

A.S.N. 32860406 RANK Pvt

	Belt		TOWELS & WASHCLOTHS		WINGS
1	BELT, ~~MONEY~~ (NO MONEY)		CLOTHING		BAGS, CLOTH OR TRAVEL
	Cloth, Wash		BRACELET IDENT.		BILLFOLD, (NO MONEY)
	Coats		Brushes		Case
	Footwear, Pr.		CAMERAS		Footlocker
	Gloves, Pr.		Glasses		KIT, SEW, TLT, OR WRITING
	Handkerchiefs		Knives		BOOKS
	Headwear		Lighters		Books, Address
	Jackets		MISC. INSIGNIA		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
	Ties		RIBBONS, DECORATION		Photos
	Towels		Rings		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SHORT SNORTER
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH		SOUVENIR MONEY
					Stationery
					TESTAMENTS
					U.S. MONEY (AMOUNT)

File Copy

REMARKS Bene
Mrs. Susie Iôli
54-10 102nd St
Corona Long Island
New York

ATTACHMENTS | | FORM #54 | | FORM #100 |
Inventories ✓

MC

C.A.T. Mrs. Susie Iôli 54-10 - 102nd St. Corona L.I., New York

WEIGHT			G.I. REMOVED
			SHORTAGE ON REVERSE
			IDENT. TAGS REMOVED
			DIARY REMOVED
DATE SHIPPED	JUN 8 1945		LOCKED STORAGE
			LAUNDRY REMOVED
✓	#43 OR ADDITIONAL		FILM REMOVED

WAREHOUSE SPACE 503	STORED BY
INVENTORIED BY Millquist	
PACKED BY Parker	CHECKED BY

Eff. OM Form 11 (24 Feb 45)

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above listed items were not in the containers inventoried by me:

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME TOLI, PETER P. [illegible]. 0406

BAY	PALLET	BOX	TALL
	12	24	7629

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

Eff. QM Form 43

RESTRICTED

ANNEX A

13 September 1944
Date

SUBJECT: Inventory of Personal Effects of:

IOLI, PETER P. Pvt. 32360406
(LAST Name) (First Name((MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO _____
US Army

The above named individual of Company "C"
(Unit)

20
204th Engineer C Battalion was reported Missing in Action
(Organization) (Status-Killed, MIA)

_____ about 10 September 1944
(Hospitalized, etc) (Date)

Designated Beneficiary if information readily accessible Mrs. Susie Ioli. 54-10 102nd St., Corona, L.I. N.Y.

INVETORY OF EFFECTS

1 Money belt, (Empty) ✓

John Bell
JOHN BELL
1st Lt., CE
Commanding

RESTRICTED

EQMCZ FORM 2R

TALLY IN No. TIP-81

TALLY IN INVENTORY RECORD

NAME Ioli, Peter P. RANK Pvt. ASN 32860406

ORGANIZATION Co. C - 204th Eng. C. Bn.

DATE 21 Oct. 44 CASE NO PARCEL Envel. STATUS MIA

ITEMS	DESCRIPTION	REMARKS
	Belt, Money (empty)	

INVENTORIED T/5 Geiger WHSE SPACE