

293

UNK. FRANCE

X-72

(ANDILLY)

48.1d





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

RRE 293

8 December 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 72, Plot M, Row 7, Grave 161, USMC ANDILLY, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 4573, dated 8-12-49.

3. Remarks:

See Case History attached.

Received 22 DEC 1949 OQMG  
Not identifiable from  
information presently  
available

Case reviewed by undersigned Members of the Board of Review:

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

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

Maj. Charles REYNOLDS, O-182639 TC

Maj. Gerald SWARTHOUT, Sr., O-267451 CE

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

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

CWO Frank GLEER, W-2102925 USA

*Leodore Goudreau*  
Capt. Jack C. HAYES, O-1577297 CMC

CWO Leodore GOUDREAU, W-2113434, USA

Incl #2

*293 and France (Andilly) X-72*

## CASE HISTORY

UNKNOWN NO. X-72

U.S. MILITARY CEMETERY

Andilly, France

(Location)

X-72 was recovered from the surface of the ground near Longueville les Cheminots, (Moselle) France. This discovery was made by a French demining team. Death was evidently caused by the explosion of a land mine as this area was heavily mined. Date of death is undetermined.

An attempt to associate this unknown with casualties in the area has proven negative. A new reprocessing dated 31 August 1949 has failed to reveal any new identifying data.

UNIDENTIFIABLE.

M.H. KAMONS.

*No Personal Effects per 1st Ind QMDKG 332.3 (30 Dec 49)*



EO 2134

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-72			2. DATE OF REPORT 31 AUGUST 1949		
3. NAME OF CEMETERY U.S.M.C. <del>Saint Avold</del> Andilly Lk		4. PLOT M	5. ROW 7	6. GRAVE 161	7. DATE OF DISINTERMENT REINTERMENT

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 25 - 30	9. ESTIMATED HEIGHT 5' - 9 7/8"	10. COLOR OF HAIR No Hair	11. RACE
--------------------------------	------------------------------------	------------------------------	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

MORTUARY PLATES

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

"NONE"

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

"NONE NOTED"

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

REMANENTS OF WHITE WOOL UNDERWEAR

3

# TOOTH CHART

E.O. # 2134

UNK X-72 and dity  
45MC St Avelo J  
M-7-161

31 August 1949

-Date

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

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	NOTE A O		X		NOTE A O	NOTE A O	NOTE A O	NOTE A O	NOTE A O	NOTE A O	NOTE A O	NOTE A O	NOTE A O	X	A O	A O
Side views	[Diagrams of teeth from side view]															
TOP	[Diagrams of teeth from top view]															
VIEWS	[Diagrams of teeth from front view]															
Side Views	[Diagrams of teeth from side view]															
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	NOTE A O	Carie	X				NOTE A O	NOTE A O	NOTE A O	NOTE A O			NOTE A O	A MO	A DOLF	A O

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.

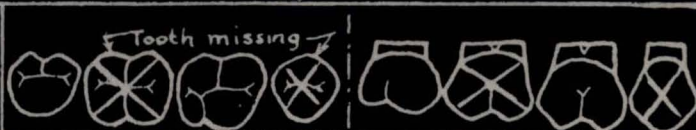
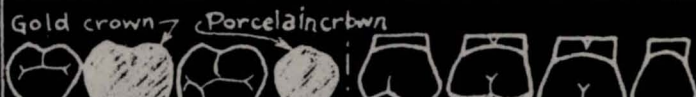

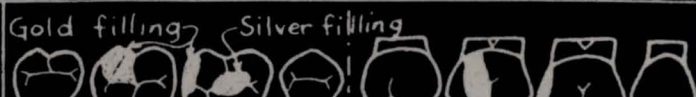

size - Average - small.  
 color - clear ivory  
 Posthumously  
 Missing - R 1, 2, 3, 9, 10, 16,  
 - L 1, 2, 3, 5, 9, 10, 13.  
 Spaces - R6 4 m.m.  
 - L6 3 m.m. (Est)  
 - R14 NONE  
 R12-11 1 m.m.  
 R12 + 13 drifted distally with R13 occupying  
 normal position of R14.  
 Alveolus of R8 indicates tooth was impacted against R7 at a 45° angle.  
 " " R2 Rotated 20° distally  
 R4 and L4 Rotated slightly (10°) distally  
 ET FORM 1-22 (29 AUG. 46)  
 wear - Moderate  
 (OLD GRAVE REGISTRATION FORM 1-A)  
 Alignment - Excellent

Signature of Officer or other person who prepared Tooth chart

*Wesley A. Neep*

Verified by G. R. C. Officer



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

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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

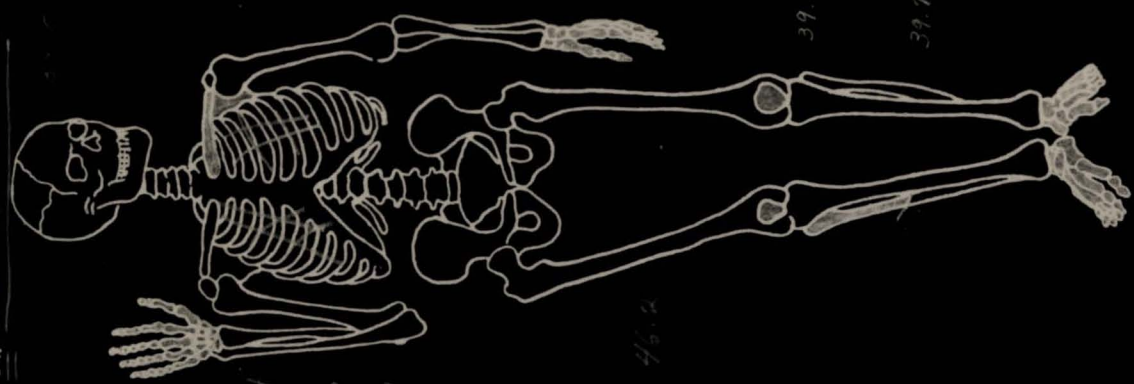
9

# 2134  
EO

19. BLACK OUT PARTS OF BODY NOT RECORDED

X-7a USMC ANDIKKY

7 VERTEBRAE PRESENT  
54.5cm CIR. OF SKULL



Est. HEIGHT : 5' - 9 7/8"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)  
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF "None" DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION  
CASE PREVIOUSLY PROCESSED BY REPAT TEAM.  
DENTAL CHART ATTACHED SHOWING TEETH RECOVERED DURING PROCESSING.  
REMAINS CONSISTS OF TWELVE (12) POUNDS OF DISARTICULATED SKELETAL PORTIONS.  
A THOROUGH SEARCH FAILED TO REVEAL THE PRESENCE OF HAIR.  
No HAIR  
No FRACTURES OR HEALED FRACTURES.

6

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE  
C. J. Misagman  
U.S. O.A. CIVILIAN

CHECK LIST FOR DISINTERMENTS

to accompany Report of Burial

Only Part I should be completed, if identification tags are available.  
Both Part I & Part II should be completely filled out if identification tags are not available.

If information is unavailable, so indicate.

PART I

(Positive Identification)

1. UNKNOWN X-72 Unk. Unk. Unknown  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many and where attached No tags found with remains.
3. Give exact location from which disinterred, furnishing coordinates and map series used Longueville les Cheminot, France  
U-834406
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) None
5. Approximate or established date of death (state which & give basis for date selected) Unknown
6. Approximate or established date of burial (give basis for date established) Unknown
7. Manner in which grave was marked and all information contained on the marker None
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
9. Names and addresses of all persons questioned concerning death of burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)  
Virgil F. Simason, Sgt., 35422995, 3rd Plt., 3049 QM-Gr.Reg

PART II

(Doubtful or Undetermined Identification)

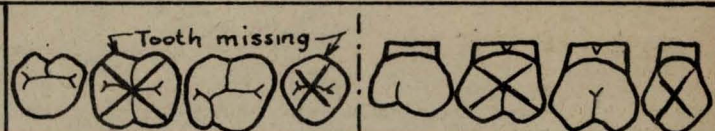
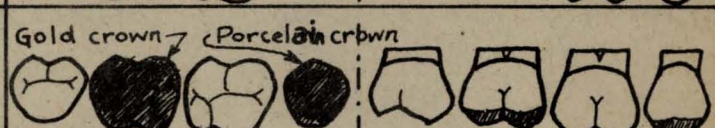
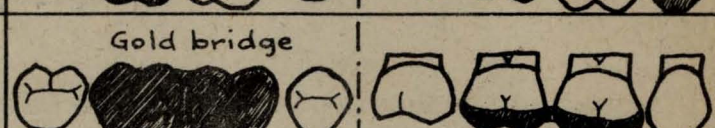
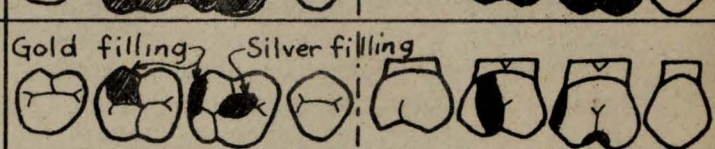
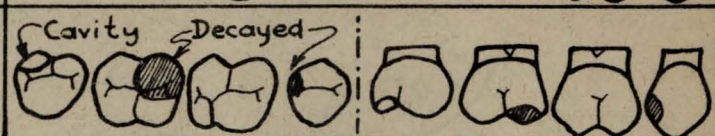
10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) \_\_\_\_\_
11. Unobtainable Unobtainable Unobtainable Unobtainable  
(Est Height) (Est Weight) (Color of Hair) (Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc Unobtainable

13. Give as detailed description as possible of condition and amount of remains Approx. 20 to 25 lbs of remains. Body badly decomposed and dried. Hands missing. Body completely disjointed.
14. Give probable cause of death, type location of wounds (is there evidence that body was burned?)  
KIA (Land mine explosion) No evidence of burn.
15. Give minute description of all effects, clothing & shoes, including clothes markings & size, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gun, food, soap, papers, letters, tobacco etc. giving brands when applicable: Remnants of:  
Wool undershirt - no size or marking  
Wool drawers - no size or marking  
OD shirt - size 15 1/2 - 33 - no marking  
OD trousers - no size or marking.
16. Give description of any vehicle found in the area that could be connected with the death of the deceased  
None  
(Type) (ID Serial No.) (Registration) (Serial No.)
17. Give exact location of remains in vehicle before removal  
None
18. If buried in a coffin, give description and markings  
None
19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains. None
20. Other pertinent information which would aid in establishing identity Tooth chart attached - This body was picked up 2 mi. NE of Longueville les Cheminot. Was killed by minr. Was buried by german POW while cleaning the field.

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)  
Virgil F. Simason, Sgt. 35422995. 3049 QM GR Co.

3 August 1945  
(Date)



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

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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

8 December 1949  
Date

SUBJECT: Unidentifiable Remains

*293 Unk. France X-72 (Andilly)*

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

1. The records pertaining to Unknown X- 72, Plot M, Row 7, Grave 161, USMC ANDILLY, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 4573, dated 8-12-49. No further information is available.

FOR THE COMMANDING GENERAL:

See Case History attached.

Case reviewed by:

/s/ Lt.Col.E.D.MULVANYI, O-359598  
/t/ Capt. EDWARD F. PRICE, JR. O-1588236  
/s/ CWO LEODORE GOUDREAU, W-2113434

Received 22 DEC 1949  
Not identifiable from  
information presently  
available

00MG

✓  
NAT  
File 10 Jan 50  
M. Blaine  
Ident. Br.

## CASE HISTORY

UNKNOWN NO. X-72 U.S.MILITARY CEMETERY Andilly, France  
(Location)

X-72 was recovered from the surface of the ground near Longueville les Cheminots, (Moselle) France. This discovery was made by a French demining team. Death was evidently caused by the explosion of a land mine as this area was heavily mined. Date of death is undetermined.

An attempt to associate this unknown with casualties in the area has proven negative. A new reprocessing dated 31 August 1949 has failed to reveal any new identifying data.

UNIDENTIFIABLE.

M.H.KAMONS



CRJ

USMC, ST. AVOLD, FRANCE  
Plot A, Row 15, Grave 47  
Date reburied: 4 Jan 48

DISINTERMENT DIRECTIVE

PLOTTED BY WIMBERLY

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DONALD H TACKETT  
1st Lt. QMC

DIRECTIVE NUMBER  
3504 00000

DATE  
15 | 06 | 48  
DAY | MONTH | YEAR

NAME: UNKNOWN X SERIAL NUMBER: 000072 RANK: Q ARM: Q  
DATE OF DEATH: DAY | MONTH | YEAR

CEMETERY: ANDILLY - LAY ST REMY  
DISPOSITION OF REMAINS: 0  
CODE: 3503 DIST. PT.: 80

LOT: M ROW: 7 GRAVE: 161 COUNTRY: FRANCE  
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
ST. AVOLD, FRANCE

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:  
SEE ATCHD WORK SHEET

MINOR DISCREPANCIES:

REMAINS PREPARED AND PLACED IN CASKET:

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

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:  
DATE: 30 Aug. 48 BY: Geo W. Lowry, Embalmer  
Donald H. Tackett 1st Lt QMC

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

Final Casketing by

Donald H. Tackett 1st Lt QMC

DONALD H TACKETT, 1st Lt., QMC, 7857 AGRC, Zone 3, HQ

SIGNATURE OF GRS INSPECTOR

NAT FILE 7857 AGRC Zone 3, HQ  
RECORDS ANNOTATED  
DATE APR 11 1949  
NAME Shuford  
R & R BR.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

### RECORD OF CUSTODIAL TRANSFER

**1. SHIPPED**

FROM <i>ANDILLY</i>		TO <i>SAINT AVOLD FRANCE.</i>	
KIND OF CONVEYANCE <i>TRUCK</i>		NAME OF CONVOYER <i>Alvin Michel</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	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 <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

## DISINTERMENT DIRECTIVE

<b>SECTION A —</b> NAME AND BURIAL LOCATION OF DECEASED  UNKNOWN X-000072				DIRECTIVE NUMBER  X-000072		DATE DAY   MONTH   YEAR  Q	
				NAME  UNKNOWN		SERIAL NUMBER  X-000072	
METERY  MADE IN U.S.A.				DATE OF DEATH DAY   MONTH   YEAR  DISPOSITION OF REMAINS  CODE   DIST. PT.		CAUSE OF DEATH	
DT  M	ROW  7	GRAVE  161	COUNTRY  ANDILLY 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  UNKNOWN X - 000072	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED  15 JULY 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY  W R BAILEY, EMBALMER.  NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  MATTRESS COVER	CONDITION OF REMAINS : DISARTICULATED. FRACTURED SKULL, LT FIBULA. MISSING: LT CLAVICLE, LT SCAPULA.
OTHER MEANS OF IDENTIFICATION  GRS TAG FOUND ON MARKER. GRS TAG FOUND WITH REMAINS.	
OTHER DISCREPANCIES  NONE	

REMAINS PREPARED AND PLACED IN <del>CASKET</del> Transfer box	BY <i>W.R. Bailey</i> W R BAILEY, EMBALMER
DATE 16 JULY 1948 CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY All markings, tags & plates 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.

*Elmo R King*  
 ELMO R KING 2nd Lt Inf - 539 QM SV CO  
 SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

## RECORD OF CUSTODIAL TRANSFER

<b>1. SHIPPED</b>			
FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>2. SHIPPED</b>			
FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>3. SHIPPED</b>			
FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>4. SHIPPED</b>			
FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>5. SHIPPED</b>			
FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>6. SHIPPED</b>			
FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>7. SHIPPED</b>			
FROM		TO	
MODE OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

AMERICAN DEAD

186

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

REPORT OF BURIAL

4 August 1945 Date

TM 10-630 AND AR 30-1815

UNKNOWN X-72

Unk.

Unknown

Last Name

First

Initial

Rank

Serial No.

U-834406

Unit

Organization

Longueville les Cheminot, France

Unknown

KIA (Land mine)

Place of Death

Date of Death

Cause of Death

1400 hrs 4 August 1945

US Mil. Cem., Andilly, France (U-650490)

Time and Date of Burial

Name of Cemetery

Name of Coordinates of Location

161

7

M

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags Unidentified. Tooth chart attached.

How were remains identified?

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:

Alfred

Deceased's Right:

Shaw

12126183

Serial No.

Pvt.

Rank

194 Gli Inf

Organization

160

Grave No.

Deceased's Left:

Herbert

Cane

36480125

Serial No.

Unk.

Rank

Unknown

Organization

162

Grave No.

Signature of 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

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

REBURIAL

None

Previously buried in isolated grave

located at Longueville les Cheminot, France U-834406

Signature of Officer or other person reporting burial

Matthew M. Flattery

Verified by G.R.S. Officer

MATTHEW M. FLATTERY, 1st Lt., FA, O-11609 3rd Ptl., 3049 QM Graves Registration Co.

87

188

AMERICAN DEAD

### REPORT OF BURIAL IF DECEASED UNIDENTIFIED

GRAVES REGISTRATION  
FORM NO. 1  
(Revised 1 Sept. 1942)

4 August 1945  
Date

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

Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Color of Eyes: \_\_\_\_\_  
Color of Hair: \_\_\_\_\_  
Race: \_\_\_\_\_  
Laurels/Marks: \_\_\_\_\_  
Number of Rifle: \_\_\_\_\_  
Wear Glasses? \_\_\_\_\_  
Is Tooth Chart Attached? \_\_\_\_\_

(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.:

GRS Emergency tag

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

Who is buried on:  
Deceased's Right: \_\_\_\_\_  
Deceased's Left: \_\_\_\_\_

Left Hand  
2  
1  
Thumb  
Grave No. 160  
Grave No. 162

Right Hand  
2  
1  
Thumb

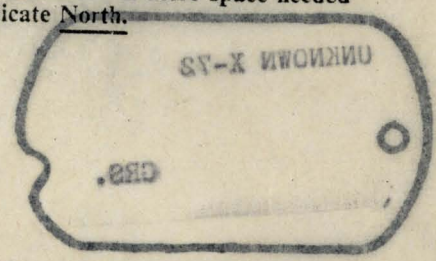
#### TOOTH CHART

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.

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

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

Name: \_\_\_\_\_  
Emergency Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Religion: \_\_\_\_\_  
List on separate sheet found in box and disposition of same:  
None



REBURIAL

Previously buried in isolated grave located at U-884408 Longueville les Cheminot, France

Signature of Officer or other person reporting: \_\_\_\_\_  
Other Data: \_\_\_\_\_

MATTHEW M. FLATTERY, 1st Lt., FA, O-11803  
3rd Ptl., 3049 QM Graves Registration Co.

AG P BR HQ SOS

87

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

*Reburied*

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

4 August 1945  
Date

UNKNOWN X-72 UNK UNK  
Last Name First Initial Rank Serial No.

UNK UNK  
Unit Organization

Longville-Leo-Cheminot, FRANCE 834406 UNK KIA - LAND MINE  
Place of Death Date of Death Cause of Death

1400hrs 4 August 1945 AMERICAN MILITARY ANDILLE - FRANCE  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

161 7 M CROSS  
Grave Number Row Number Plot Number 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?

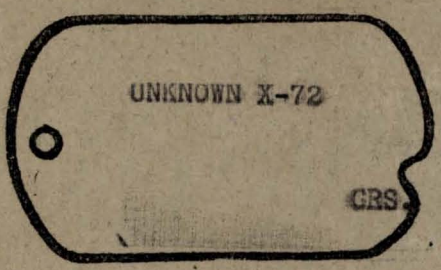
What means of identification were buried with the body?  
*A.R.S. Emergency Tag*

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

Who is buried on:

Deceased's Right:	_____	_____	_____	_____	_____
	Name	Serial No.	Rank	Organization	Grave No.
					<i>160</i>
Deceased's Left:	_____	_____	_____	_____	_____
	Name	Serial No.	Rank	Organization	Grave No.
					<i>162</i>

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 \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Religion \_\_\_\_\_

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

### 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

3

2

1

4

Thumb

4

3

2

1

Thumb

Right Hand

#### TOOTH CHART

		Deceased's Left															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	8																
Lower	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.