

293 UNKNOWN X-76

FRANCE (ANDILLY)

145ms

MAR-08-01 THU 12:33 PM USA CILHI

FAX NO. 808 448 7813

P. 06/06

DATE: 07 MAR 2001 By: Ms T. Bal
 REFERENCE REQUEST FEDERAL RECORDS CENTER
 RECORD GROUP : ACCESSION # : AGENCY BOX # : RECORD CENTER LOC
 092 : 70 A 01 : 10367 : 9/16:00-1-1

Request for:
 293 INDIVIDUAL DECEASED PERSONNEL FILE

Name	SVC #	Rank	DOD	Conflict
Unknown X-76 File				WWII

Reason Ordered: Case Research

Country: Barrackpore, India Purpose: Research
 Nature of Service: TEMPORARY LOAN OF RECORDS

Name of Requester	Telephone Number	Date
Ms. Tere Bal		
CASUALTY DATA - WWII SECTION	(808) 449-5260 ext 219	03/07/2001
Name & Address of Agency	Records Received by	Date Received:
US Army Central ID Lab, Hawaii ATTN: TAPC-PED-H (CD/WWII) 310 Worchester Avenue Hickam AFB, HI 96853-5530		

SECTION II - FOR USE BY RECORDS CENTER

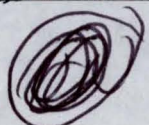
() Records not in Center Custody :Remarks
 () Records Destroyed :
 () Additional Info Required :
 () Missing :Date :Service :Time Req :Searcher
 () Records Charged out to: 3-12-01 : : : JCM

Section III - To be Completed by Requesting Agency

Ship To: Commander
 US Army Central Identification Laboratory, Hawaii
 ATTN: TAPC-PED-H (CD/WWII)
 310 Worchester Avenue
 Hickam AFB, HI 96853-5530 Phone: (808) 449-5260

Local Form 11

045157



10489
10487
10369

UNKNOWN S
10368

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- 76, Plot M, Row 9, Grave 217, 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 10 JAN 1950 OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

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

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

Maj. Charles REYNOLDS, O-182639 TC

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

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

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

CWO Frank GLER, W-2102925 USA

Leodore Goudreau
Capt. Jack C. HAYES, O-1577297 QMC
CWO Leodore GOUDREAU, W-2113434, USA

Incl #3

293 Mark. France (Andilly) 7-76

CASE HISTORY

UNKNOWN NO. X-76

U.S. MILITARY CEMETERY

Andilly, France

(Location)

X-76 was recovered from an isolated area near Haut-de Faite, in the vicinity of Lunéville, (Meurthe and Moselle) France. The remains was found on the surface of the ground in a heavily wooded area. Death is probably caused by the explosion of a land mine.

Clothing marking of "K-3144" is not of any casualty listed on AG casualty listings. Clothing markings "S-6243" and MM-8250" are of casualties but not in this theater.

An attempt to associate this unknown with the casualties in this area was made with negative results.

Latest report of reprocessing failed to reveal any further identifying data.

UNIDENTIFIABLE.

M. H. KAMONS.

No Personal effects per 1st Ind. Q MDKG 332.3 (30 Dec 49)

CJW

EO 2134

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-76			2. DATE OF REPORT 31 August 1949		
3. NAME OF CEMETERY U.S.M.C. ANDILLY	4. PLOT M	5. ROW 9	6. GRAVE 217	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 20 - 25	9. ESTIMATED HEIGHT 5' - 7 5/8"	10. COLOR OF HAIR BROWN (Pubic)	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? TO WHAT EXTENT?

 YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

 YES NO

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)

"NONE FOUND"

7

EG 2134

19. BLACK OUT PARTS OF BODY NOT RECOVERED

6 VERTEBRAE PRESENT
55.5 CIRC. OF SKULL
CM.



EST. HEIGHT: 5' - 7 1/2"

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.

REMAINS CONSISTS OF TEN (10) POUNDS OF DISARTICULATED SKELETAL PORTIONS. NO TISSUE

NO CLOTHING

NO HEALED FRACTURES

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

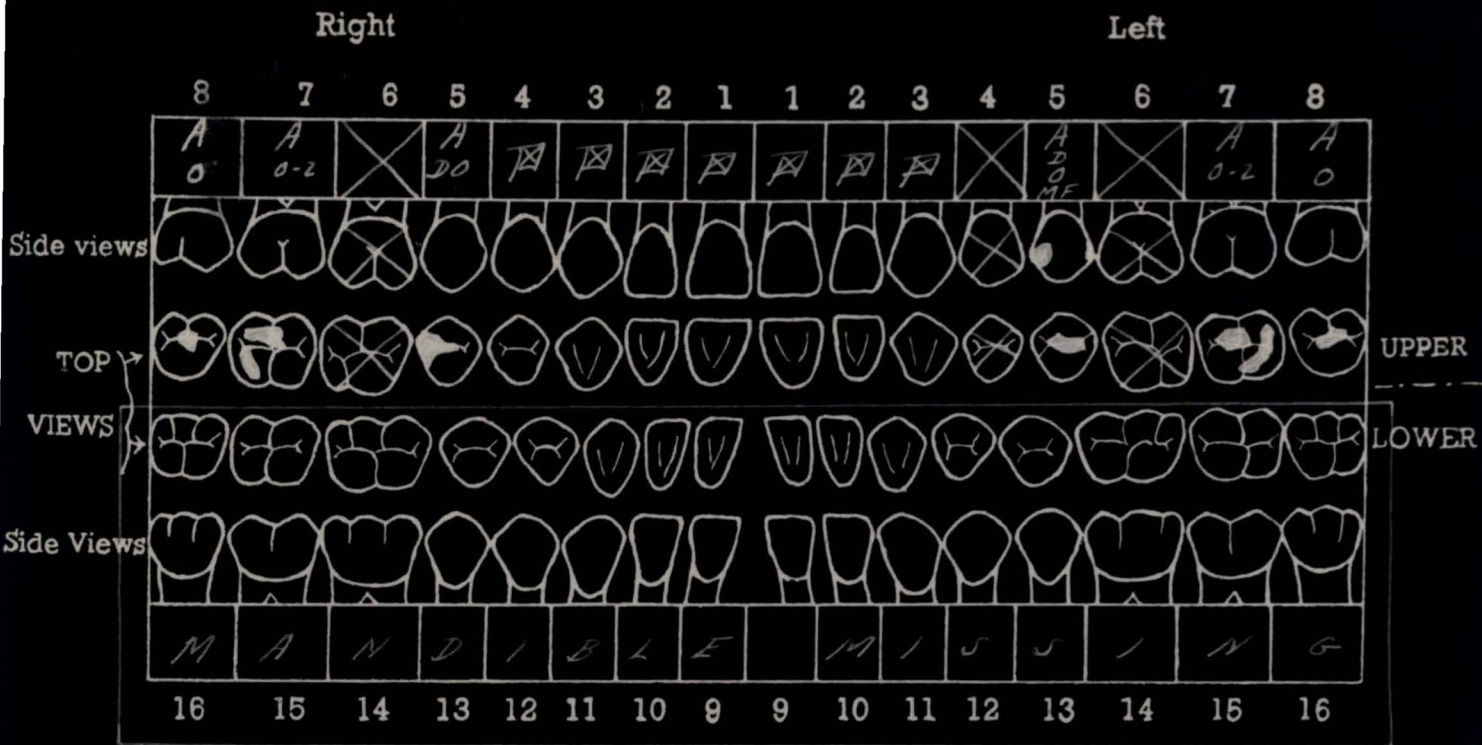
A. J. Missajman
J.V. ON CIVILIAN

E.O. #2134
TOOTH CHART

UNK X-76
 USMC St. Avold
 M-9-217

31 August 1949
 Date

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



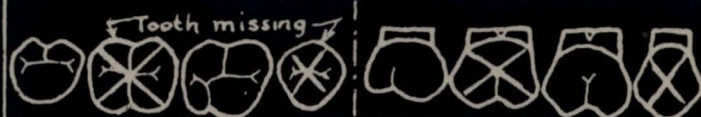
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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 - R1, 2, 3, 4,
 L1, 2, 3.
 spaces - L6 4mm.
 L4+ 5mm.
 R6 NONE
 L5 & R5 have lingual version
 Alignment - Good
 Wear - Moderate

9
 Wesley A. Hoop
 Signature of Officer or other person who prepared Tooth chart
 DAC SP-8

Verified by G. R.C. Officer

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



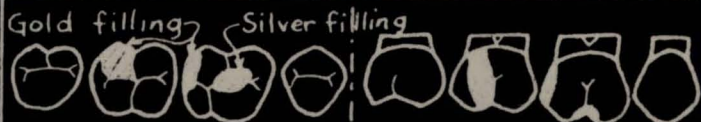
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



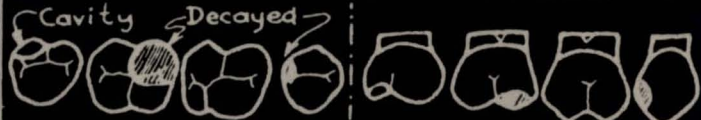
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

01

UNBURIED REMAINS

CHECK LIST FOR ~~XXXXXXXXXX~~

(To accompany Report of Reburial)

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-76 | Unk. | Unk. | Unknown |
|----|---|--------|-------|----------------|
| | (Full name of deceased) | (Rank) | (ASN) | (Organization) |
| 2. | State if identification tags were attached to remains, how many, and where attached <u>No tags</u> | | | |
| 3. | Give exact location from which disinterred, furnishing coordinates and map series used <u>body found unburied in middle of Parroy Forest, 1/2 mile East of Haut de Raite, France (VU-033085)</u> | | | |
| | 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) <u>None</u> | | | |
| 5. | Approximate or established date of death (state which & give basis for date selected) <u>Approx. 15 Oct. 1944 - Information received from Stelv, Joseph Luneville, France - French man -</u> | | | |
| 6. | Approximate or established date of burial (give basis for date established) <u>None</u> | | | |
| 7. | Manner in which grave was marked and all information contained on the marker <u>None</u> | | | |
| 8. | List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned <u>None</u> | | | |
| 9. | Names and addresses of <u>all</u> persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) <u>Mr. Joseph Stelv, frenchman, Luneville, France</u> | | | |

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) | (Color of 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. 40 lbs. of remains. Remains severed, decomposed and mangled.
 Last stage of decomposition. No hands or feet present. No part of body intact.
14. Give probable cause of death, type & location of wounds (is there evidence that body was burned) No evidence of body being burned.
15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, 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 gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:
Raincoat - no size - marking S-6243
Remnants of OD trousers - no size - marking M-8250
Carbine clip packet - marking K-3144
Remnants of 1 legging - no size or marking -
Remnants of wool undershirt and drawers - no size or marking -
Remnants of field jacket - 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) (WD Serial No.) (Organization) (Serial No. & Type of each gun)
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
Partial tooth chart attached.

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

5 September 1945

(Date)

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

TOOTH CHART

6 September 1945

Date

UNKNOWN X-76

Unk.

Unknown

Last Name

First

Initial
Unknown

Rank

Serial No.

$\frac{1}{2}$ mi. East of Unit VU-033085
Haut de Faite, France

Approx. 15 Oct 1944

Organization

KIA

Place of Death

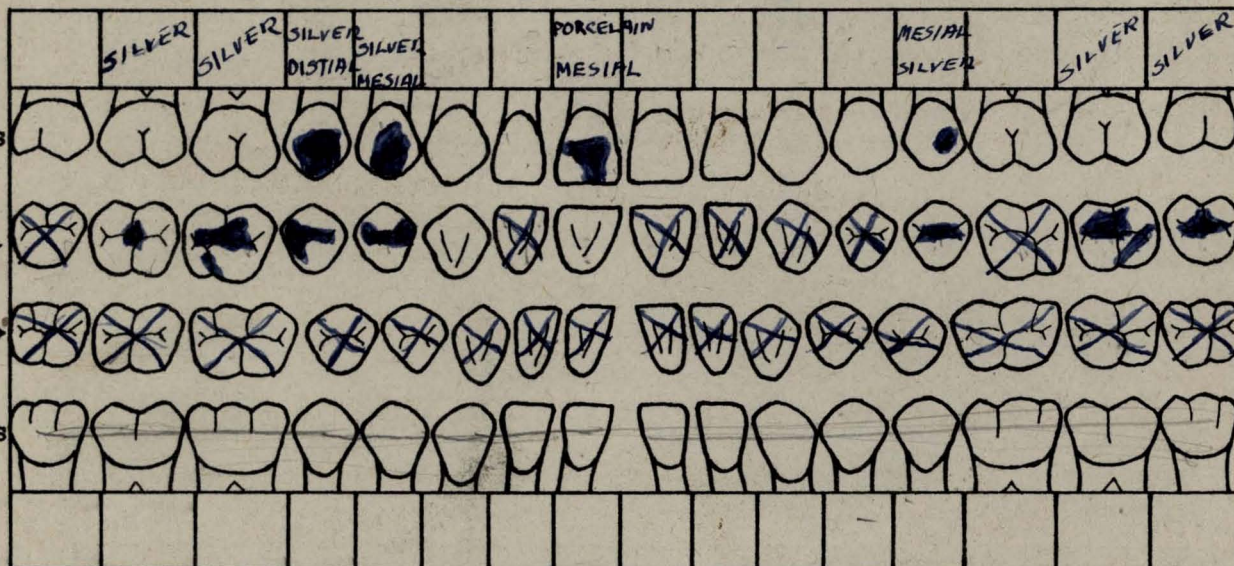
Date of Death

Cause of Death

Right

Left

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



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

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.

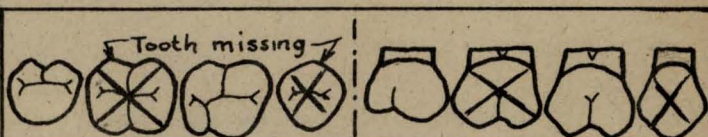
R 2, L 1, 2, 3 not found with remains.
R 8, L 4, 6 extracted and granulated in
Lower teeth not found with remains

Sgt Howard G. White Med. Detail
Signature of Officer or other person who prepared Tooth chart

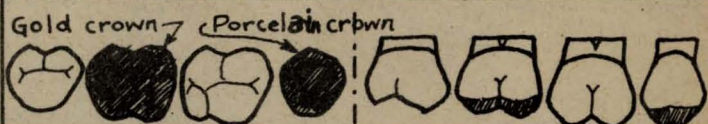
Verified by G. R. S. Officer

RICHARD W. MASSEY, Capt. QMC
3rd Flt., 3049 QM Gr, Reg. Co.

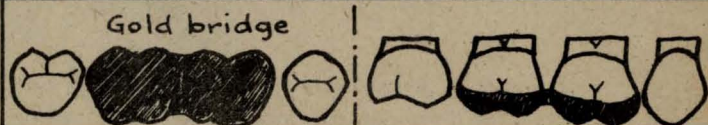
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



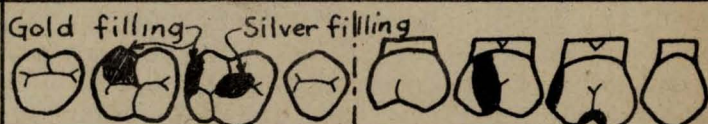
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



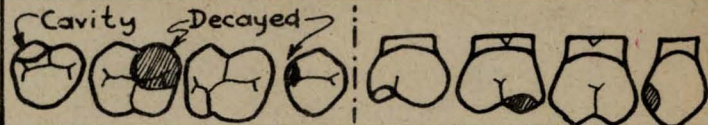
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

8 December 1949
Date

293 Unk France X-76 (Andilly)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 76, Plot M, Row 9, Grave 217, 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. MULVANY, O-359598
/t/ Capt. EDWARD F. PRICE, JR. O-1588236
/s/ CWO LEODORE GOUDREAU, W-2113434

Received 10 JAN 1950 QQMG
Not identifiable from
information presently
available

*NAT ✓
File 10 Jan 50
M. Blase
Ident Br*

CASE HISTORY

UNKNOWN NO: X-76 U.S.MILITARY CEMETERY Andilly, France
(Location)

X-76 was recovered from an isolated area near Haut-de Faite, in the vicinity of Luneville, (Meurthe and Moselle) France. The remains was found on the surface of the ground in a heavily wooded area. Death is probably caused by the explosion of a land mine.

Clothing marking of "K-3144" is not of any casualty listed on AG casualty listings. Clothing markings "S-6243" and "M-8250" are of casualties but not in this theater.

An attempt to associate this unknown with the casualties in this area was made with negative results.

Latest report of reprocessing failed to reveal any further identifying data.

UNIDENTIFIABLE.

M.H.KAMONS.

PLOTTED BY WIMBERLY *W* CRJ

USMC, ST. AVOLD, FRANCE Buried at deceased Location: MITCHEM KENNETH C
Plot D, Row 18, Grave 36 37632754 PVT
Date reburied: 7 Jan 49 DISINTERMENT DIRECTIVE
Right: HALL ERMOL R
35902690 PFC

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: *M. R. SWART*
CAPT., QMC DIRECTIVE NUMBER: 3504 00000 DATE: 15 06 48
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000076 RANK: RANK ARM: Q DATE OF DEATH: DAY MONTH YEAR

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

LOT: M ROW: 9 GRAVE: 217 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 DISTINTERRED:
IDENTIFICATION TAG ON: REMAINS MARKER 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 SH T

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

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

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: All markings, tags and plates verified by:
DATE: 30 Aug 48 BY: Geo W. Lowry 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*
DONALD H. TACKETT, 1st Lt. QMC. Zone 3 Hq SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NAT
RECORDS ANNOTATED
DATE APR 11 1949
NAME
R & R BR

RECORD OF CUSTODIAL TRANSFER

APR 11 1968

1. SHIPPED

FROM DAVID H. ...		TO	
KIND OF CONVEYANCE ANDILLY		NAME OF CONVOYER SAINT AVOLD FRANCE	
SIGNATURE OF SHIPPER <i>Ed King</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	DATE	SIGNATURE OF RECEIVER	DATE

670110 B 1011087A

CL7

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE	
NAME				SERIAL NUMBER		DATE OF DEATH	
UNKNOWN				X-000076		Q	
CEMETERY				RANK		DISPOSITION OF REMAINS	
LOT				ROW		CODE	
M				9		DIST. PT.	
GRAVE				COUNTRY		CAUSE OF DEATH	
217				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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN	X-000076			15 July 1948.
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
NAME AND TITLE				

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
Military clothing	Disarticulated; missing; mandible, lt femur, lt tibia & lt fibula.
OTHER MEANS OF IDENTIFICATION	
GRS tag found on marker reads "UNKNOWN X76"	

MINOR DISCREPANCIES /
No identification tag found with remains.

REMAINS PREPARED AND PLACED IN COVER transfer box
DATE 16 July 1948.
BY John D REGAN, Embalmer.
ASKET SEALED BY
EMBALMER (Signature)

ASKET BOXED AND MARKED	ALL markings plates & tags verified by:
DATE	BY

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

/except casketing

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

6		DISINTERMENT DIRECTIVE					
		SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 3504 00800		DATE 15 08 48 DAY MONTH YEAR
NAME		SERIAL NUMBER UNKNOWNX-000076		RANK	ARM	DATE OF DEATH DAY MONTH YEAR	
CEMETERY ANDILLY - LAY ST REMY						DISPOSITION OF REMAINS 3503 80 CODE DIST. PT.	
PLOT M 9	ROW 217	GRAVE FRANCE	COUNTRY		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 DISTINTERRED	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	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							
MINOR DISCREPANCIES							
REMAINS PREPARED AND PLACED IN CASKET							
DATE		BY					
CASKET SEALED BY			EMBALMER (Signature)				
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY				
DATE		BY					
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
_____ SIGNATURE OF GRS INSPECTOR							
Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							

AGRRE (Andilly, M-9-217)

1st Ind.

FJG/KHG/mc

HEADQUARTERS, AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER AREA,
APO 887, U.S. ARMY. 26 February 1946.

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

1. Information has been received that the 44th and 79th Infantry Divisions were operating in the area where Unknown X-76 (Andilly) was killed.

2. Since the 44th and 79th Infantry Divisions are no longer in this theater, this headquarters is unable to comply with paragraph 2, basic communication.

3. This headquarters has no record of any casualty the last four digits of whose serial number correspond with the laundry mark listed on the report of burial referred to in paragraph 1 basic letter.

FOR THE COMMANDING GENERAL:

Paul L. McCullin
May. Inf.

for. F.J. GERAGE,
Lt. Col. QMC,
Actg. Asst. Adjutant General.

↑
OUT
1 - MAR. 1946
O.R.S.
APO 887
911

293 mkt X 76 France (Andilly)

file
293 mkt X 76
NAT - case
misc. info
S.M. [unclear]
4-15-46



R E S T R I C T E D



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.IN REPLY REFER TO SPQYG 293
Unknown X-76
(Andilly) France

4 December 1945

SUBJECT: Identification of Unknown Deceased.

TO : Commanding General, COMZONE
European Theater of Operations
APO 887, c/o Postmaster
New York, New York
FOR: The Chief Quartermaster

1. Reference is made to report of burial for Unknown X-76, U. S. Military Cemetery, Andilly, France (U-650190) Plot M, Row 9, Grave 217. Date of death was estimated as 15 October 1944. Body was found unburied in the middle of Parroy Forest, $\frac{1}{2}$ mile east of Haut-de-Faute, France, (VU-033085). No clues to identity or organization of deceased were available.

2. It is requested that a list of all Army personnel reported missing or killed in action, in vicinity of Haut-de-Faute, France, 15 October 1944, and for whom no burial reports have been received, be obtained from the organizations known to have been in the area at that approximate time, and forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:



ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

726
27 July 46
AP 707 Ser
NAT. Case number
investigation

R E S T R I C T E D

RESTRICTED

SPQYG 293
Unknown X-76
(Andilly) France

4 December 1945

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FOR THE QUARTERMASTER GENERAL:

REGISTERED
1457730

ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

DEC 4 3 49 PM '45

MEMORIAL DIVISION

GRAVES REGISTRATION SECTION

DEC 4 2 36 PM '45

MEMORIAL DIVISION

DEC 4 2 40 PM '45
C.O. M.C.
MAIL & RECORDS BRANCH

*File
17 July 46
9 P 97
2nd Lt. Ser
NAT - Coast under
microtype*

RESTRICTED

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

GRAVE REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)

AMERICAN DEAD
8 September 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: 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.

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

What means of identification were buried with the body?
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Unidentified. Tooth chart attached. Marking S-6243 on raincoat. Marking M-8250 on remnants of OD trousers. Marking K-3144 on cabbie clip paper.

To determine Right or Left use Deceased's Right and Left:
Who is buried on:
Deceased's Right: Curf A. Warner Jr. 34494250 Unk.
Deceased's Left: Unk. 36252695

Signature of Name and Title of Official (to be filled in by official other than officer):

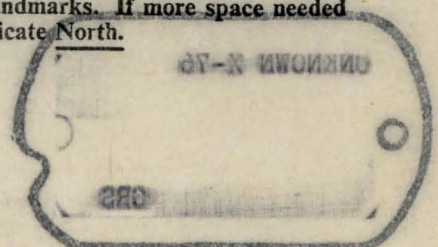
TOOTH CHART

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	8	Deceased's Left	8	Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○; linking anchor teeth; replacements by artificial teeth X
	7	7			
	6	6			
	5	5			
	4	4			
	3	3			
	2	2			
	1	1			
Upper		Lower			

Emergency Address: Unk.
Address: Unk.
Religion: Unk.
List only Personal Effects Found on Body and disposition of same:
None

Signature of Officer or other person assisting: Richard W. Massey
Verified by: Richard W. Massey
Other Data: 3rd Flt., 3043 GM Gr. Reg. Co.



AG P BR HQ SOS 122560

5 OCT 1945