

USMC EPINAL, FR E4 *referred*  
FLOT A-ROW 49 GRAVE 11  
REBURIED 22 July, 1949.

DISINTERMENT DIRECTIVE

PAUL S. RONDE,  
SECTION OFFICER, Q.M.C.  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3523 CG-2

DATE  
27 06 49  
DAY MONTH YEAR

NAME  
COMMON GRAVE  
(SEE ATTACHED SHEET)

SERIAL NUMBER GRADE ARM RACE RELIGION  
8 0 6

CEMETERY  
EPINAL - FRANCE X-217-A, -

PLOT ROW GRAVE DISPOSITION OF REMAINS  
2G 15 4641 3502 80  
CODE DIST CTR

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
EPINAL, FRANCE

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION  
SEE ATTACHED BOARD OF REVIEW REPORT

MINOR DISCREPANCIES (P p e D epan y R po t QMC Fo m 1194a fo majo d sc epanc e )

REMAINS PREPARED AND PLACED IN CASKET  
DATE X<sup>W</sup> 293 *Unit France X 217 B (Special)*

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
FILED  
31 AUG 1949  
REPATRIATION BRANCH

*Final 7*

## RECORD OF CUSTODIAL TRANSFER

### 1 SHIPPED

FROM <b>US C 3T VOLD, TRUCK</b>		TO <b>CIG LY 1, FGE</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>R. 30001639</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>US C 3T VOLD 1st Lt I</b>		DATE <b>22/1/49</b>	SIGNATURE OF RECEIVER
			DATE

### 2 SHIPPED

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

### 3 SHIPPED

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

### 4 SHIPPED

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

### 5 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		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  
3523 00000

DATE  
15 10 47  
DAY MONTH YEAR

NAME  
UNKNOWNX

SERIAL NUMBER  
217

RANK  
Q

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
EPINAL

DISPOSITION OF REMAINS  
0 3502 80  
CODE DIST PT

PLOT ROW GRAVE COUNTRY  
20 15 4641 FRANCE

CAUSE OF DEATH  
6

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
EPINAL, FRANCE  
  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION

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  
DATE TIME 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 GRS Inspector

## RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM <b>USMC EPINAL</b>		TO <b>OIC USMC ST AVOLD</b>	
KIND OF CONVEYANCE <b>RAIL</b>		NAME OF CONVOYER <b>SGT MEISENHEIMER</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>LOUIS PARAGON, 1st Lt FA</b>	DATE <b>29 June 1949</b>	SIGNATURE OF RECEIVER	DATE

2 SHIPPED

FROM <b>USMC ST AVOLD, FRANCE</b>		TO <b>OIC EPINAL, FRANCE</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>RA30001536 CPL KILLIKELLY CHRISTOPHER JR</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>FRANK J O'NEILL, 1st Lt FA</b>	DATE <b>22/7/49</b>	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 <i>[Faint handwritten text]</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Faint handwritten text]</i>	DATE	SIGNATURE OF RECEIVER	DATE

6 SHIPPED

FROM <i>[Faint handwritten text]</i>		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

## GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER 3523 CG-2	NUMBER OF REMAINS IN GROUP 2	NUMBER OF CASKETS 1	TEMPORARY OVERSEAS CEMETERY EPINAL, FRANCE	U S NATIONAL CEMETERY EPINAL FRANCE
GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP PLOT 2G, ROW 15, GRAVE 4641			DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP 3523 CG-2	

DECEDENT IN GROUP				NEXT OF KIN	
NAME OR X NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
UNKNOWN		X-217A			
UNKNOWN		X-217B			

REPATRIATION  
RECORDS BRANCH

AUG 10 10 43 AM '49

REPT. DIVISION

CORRECTED REPORT OF BURIAL

REPORT OF BURIAL

20 February 1948

(Revised 1 Sept. 1943)

X-217 A and B

Last Name	First Initial	Rank	Serial No.
Unknown	Unknown	Unknown	Unknown
Place of Death	Date of Death	Color of Hair	Cause of Death
St. Jean Rohrbach, Fr. Est.	1 November 1944	Unknown	Unknown
Time and Date of Burial	Name of Cemetery	Name of Coordinates of Location	Type of Marker
1102 hrs 25 January 1945 U.S.	Mil. Cem. EPEP	France	Wooden
Grav. Number	Row Number	Plot Number	Grav. No.
4641	1	1	4641

Disposition of Identification Tags: Yes  No  Attached to Marker: Yes  No

If No Identification Tags: How were remains identified? **Reprocessing revealed a mass burial of two remains segregated and reburied as X-217 A and B**

What remains were buried with the body? **None**

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

Who is buried on: **Right**

Deceased's Right	<b>PIEON, Leo W.</b>	<b>42090741</b>	<b>Pvt</b>	<b>Co C.</b>	<b>157 Inf.</b>	<b>4640</b>
Deceased's Left	<b>MOSS, James U.</b>	<b>34973615</b>	<b>Pvt</b>	<b>Co L.</b>	<b>313 Inf.</b>	<b>4642</b>

If this is an isolated burial make a sketch of the TOOTH CHART



Signature of Name, Rank, and Grade of Officer Reporting Burial: \_\_\_\_\_

Address: \_\_\_\_\_

Right: \_\_\_\_\_

List only Personal Effects Found on Body and disposition of same

This Corrected Copy of Report of Burial was prepared in the Office of the American Graves Registration Command.

*Joseph H. ...*  
 JOSEPH H. ...  
 let It, ...  
 Verified by C R S. Officer

# 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 \_\_\_\_\_
- Weight \_\_\_\_\_
- Color of Eyes \_\_\_\_\_
- Color of Hair \_\_\_\_\_
- Race \_\_\_\_\_
- Laundry 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.

\_\_\_\_\_

Left Hand

Right Hand

Thumb

## TOOTH CHART

	D e a s e d ' R i g h t					D e a s e d ' L e f t										
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate missing natural teeth by X, was by O, fill gaps by □, Bridges by ○, linking anchor teeth, repl. cements 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





# RESTRICTED

QMC Form 1 GRS  
508 N TO SA  
July 1943

## REPORT OF BURIAL

AR 80-1815 & TM 10-630

3 February 1945

Date Report Filled Out

UNKNOWN AMERICAN X-217 (V 580 480)			Unknown	White
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
Unknown	Unknown		Army	U.S.A.
(Rank)	(Organization)	(Branch)	(Country)	
Vic of St Jean Lohrbach, Fr. Est. 1, November 1944			Body entirely crushed and	Unk
(Place of Death)	(Date of Death)	(Cause of Death)	Hanged	(Religion P C H. etc.)
V 330 4.0				

### MEANS OF IDENTIFICATION

Identification Tags found on body Yes ( / ) No ( 0 )  
If no identification tags other means used to identify body (Identification card letters, etc.) None

Complete fingerprint chart of both hands on reverse side if body cannot be identified See Reverse  
Complete tooth chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified give circumstance See Reverse  
List of Personal Effects found on Body and disposition of Same

(Name of Emergency Addressed)	(Address of Emergency Address)
Edward Catchings GWS	117. 107th Infantry
(Signature of Person for which buried when other than the Office reporting burial)	
Chroud 1102 hrs	25, January 1945
(Time and Date of Burial)	(Location Name & No. of Country)
	U. S. 11. Com. Espinal, France

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM  
23 15 6642 Temp Tooden General Service

(Plot No.)	(Row No.)	(Grave No.)	(Kind of Grave Markers)	(Type of Religious Ceremony)
Identification Tag buried with body ( 0 )		Identification Tag attached to marker ( 0 )		
If identification tags not present, what other identification data were buried with the body and in what kind of container? <u>QMC Form 1-41 in sealed bottle buried with body</u>				

Bodies buried on either side (See paragraph 4 on reverse side this form)				
Right side	PILOU, Leo W., Pvt.	42090711	Co. 6. 157 Inf.	4680
	(Name)	(Rank)	(ASN)	(Organization)
Left side	LOSS, James U., Pvt	31974015	Co. 1. 313 Inf.	4642
	(Name)	(Rank)	(ASN)	(Organization)

(Signature of Person Reporting Burial) V. V. ... 1st Lt., Co. 16 2nd Div. Co. (Verified by GRS Officer)

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT Make out QMC Form 1 GRS in quadruplicate if U.S. dead one additional copy if allied and enemy dead Sign all copies Submit report to nearest member of Graves Registration Service Graves Registration Service fill forward the original and two copies through the last available administrative headquarters (to be checked against Casualty Reports and filled papers and all copies filed by the Graves Registration Office of that headquarters) to Base Section Graves Registration Service Officer OVER FOR BURIAL INSTRUCTIONS.

# INSTRUCTIONS FOR BURIAL

**1 PREPARATION OF BODY** Have body examined by member of Medical Department whenever possible (to attach EMT Form 52b) Remove all personal property remove one identification tag leave other on body in protected position (in case of enemy dead leave 1/2 tag on body forward 1/2 with personal effects) If no tag present make notation of identifying data on form protect in sealed bottle canteen spent shell or best available container and bury it. If unidentified take fingerprints of both hands if this not possible fill out foot chart and note height weight color of eyes and hair tattoo marks birthmarks etc and other data as serial no of weapon laundry marks where body found etc Wrap body in shelter half mattress cover or blanket when available

**2 BURIAL** Dig grave to a depth of five feet (hasty battlefield burials to sufficient depth to prevent elements from exposing the body) *Place only body in a grave* Dig graves side by side row behind row

**3 MARKING OF GRAVE** Fasten identification tag to temporary name peg and place at head of grave For enemy dead write data on peg When pegs are not available copy data on a piece of paper place in bottle spent shell or other receptacle seal tightly and place so as to mark and identify grave If identification tag cannot be fastened to peg or placed in container do not leave at grave but forward with report of burial If only one tag is found on body it should be buried with body The information thereon should be written on marker or placed in container at head of grave Do not use weapons or helmets to mark graves

**4 LOCATION OF GRAVE** Report burials in established cemeteries by plot row and grave number (or show on cemetery map) For all other burials prepare sketch in space provided below and give location by means of map references or by reference to prominent permanent landmarks Information must be specific accurate, complete Stand at foot of grave facing head to determine bodies buried to the left and right

**5 PERSONAL EFFECTS** List only personal effects taken from body on the Burial Report form Place these with information as to identity of owner organization on emergency addressee in personal effects bag or wrap in waterproof towel or other available material and turn over to Grave Registration Service Personnel with report of burial Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point

**SKETCH AND MAP REFERENCE** N

Crashed and Landed Human  
Fragments mixed with bits of  
O. D. Clothing and six pairs of  
combat shoes.

Found near tank with following  
Markings.

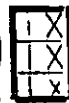
Tank No. 306x30  
B 1231 on left side Front  
A 465 " " " "  
F 4151 on right side  
D 1274 " " " "

Impossible to obtain fingerprints  
or tooth chart - head and hands missing

**TOOTH CHART**

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

INDICATE missing teeth by X  
fillings by bridges by   
placement by d tu



Characteristics  
Other Data

4  
3  
2  
1  
Thumb  
Left  
Right  
Thumb  
If this is possible fill in tooth chart.  
4

AGFC  
FORM NO 11  
Revised 5 January 1946

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

DAVIS  
KASKA  
GALIFIER  
MYERS

Unknown X 217  
Cemetery Epinal  
Plot 20 Row 15 Grave 1611

1 Arrived at cemetery 31 Oct 47  
(Hour) (date)

2 Place of death \_\_\_\_\_  
(Name of closest town) (to direct and letter  
to see maps)

Sheet, scale \_\_\_\_\_ is used

3. Remains recovered and stored by Mobile Team #1  
(name and organization)

4 Evacuated to Cemetery by KASKA, 510 Gm Sv Co  
(Name and organization)

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

Clothing Indicate unusual markings  
\*Headgear None Markings None Color None wear, tear, repairs None  
(type)

Raincoat None

Overcoat None

Jacket, Field None

Jacket, Combat None

Mackinaw None

Sweater None

Jacket, HBT None

\*Shirt, Wool, OD Rem. of

Undershirt, Wool None

Undershirt, Cotton None

Trousers HBT None

\*Trousers, Wool OD Rem. of

EX - 'D' 1162

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggings, Wool None (Note unusual lacing)

Socks, Cotton Rem. of (wool)

\*Shoes (type) Combat, right shoe, rem. of G-2 ✓

Overshoes None

Web Equipment (type) None

(Other item) None

(Other item) None

\*If body is made sizes of feet should be computed by measuring the remains

6. Chevrons or Insignia None  
(type & location, shirt jacket coat helmet)

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces No

8. Description of Remains  
Age UTD Height 5-7.5 Weight 130 lbs Description of wounds \_\_\_\_\_

Bandages or dressing None Scars UTD  
(length width, location)

Tattoo UTD  
(Number, location - illustrate on sep page)

Outstanding moles warts or birthmarks UTD  
(yes-no description location)

Sunburn or tan, other than hands & face UTD

Complexion UTD  
(light med dark clear, pimples, pocks, freckles)

Build UTD  
(large, fat thin muscular)

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

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

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

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

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

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

Teeth UTD See Tooth Chart  
 (white, size, underpass, decay, pieces of UTD fillings, extract)

Chin UTD  
 (prominent, receding, pointed, double)

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

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

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

UTD  
 (extent and quantity of hair)

Hands UTD

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

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

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

UTD Circumcision UTD Pubic hair None  
 quantity & color of hair (yes-no) (color)

Hernia/plasty UTD  
 (yes-no, location)

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

UTD  
 ANNEX #4  
 TOB #5

Ex - 'D' 2 of 2

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

Evidence of healed fractures UTD  
 (nose, arms legs, etc )

9 - ~~Black out parts of body not received at cemetery:~~

10 Have fingerprints been placed on Report of Interment No  
 Yes-no

If not, explain Hands missing

11 Has tooth chart been prepared Yes If not, explain  
 Yes-no

12. Remarks One from a mass burial of two. See attached narrative.

Est. wt. of remains : 3 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

*Noel E Gibson*  
 NOEL E GIBSON

Officer's Name

A certified true copy  
~~A C BARROWS  
 Major CAV  
 Asst Oper Officer~~

*REC*

	US	WD	CIVILIAN
Rank			
	10	10	
Organization	AM	749	

ANNEX # 4

SKELETAL CHART

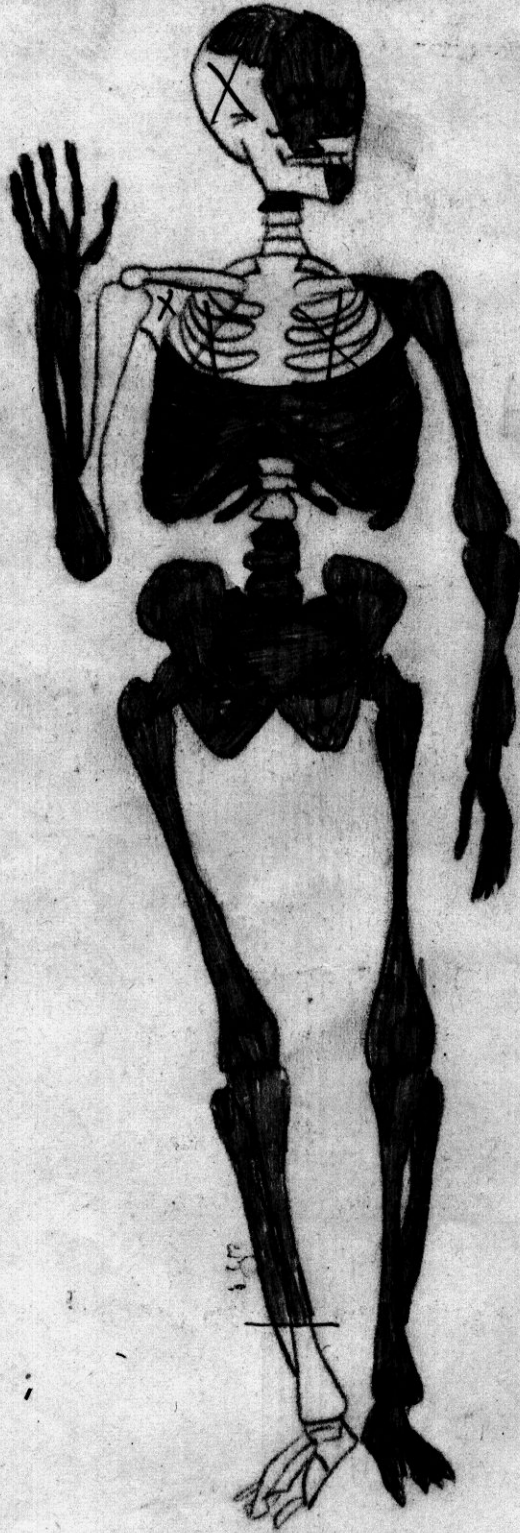
(Black out parts of body not received at cemetery)

X-217 A

Right

Left

Humerus: 39.5



5'7 5/8"

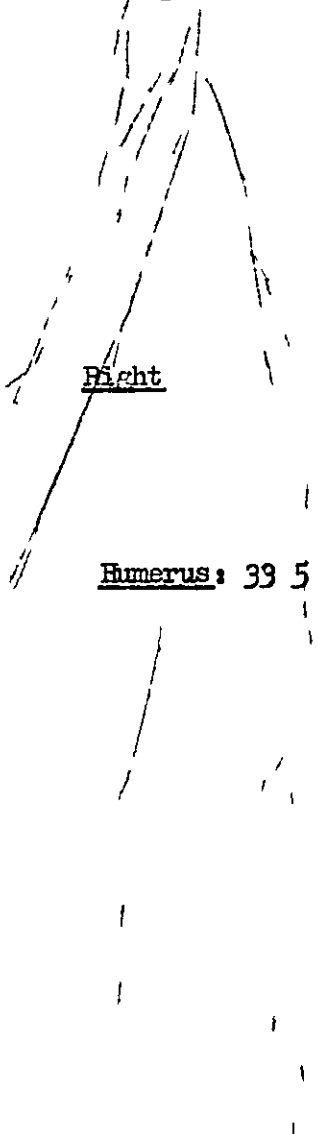
A

Plot - R07 - Gra  
20 - 15 - 4641

X-217 (A) & B

SKELTAL CHART

( Black out parts of body not received at cemetery )



Right

Humerus: 39 5



X-217 A

Left

5'7 5/8"

A

EX-"F" 1063



REPAIRS  
RECORDS BRANCH

MAR 10 10 45 AM '49

REPAIRS BRANCH

# TOOTH CHART

31 Oct 47

Da

X - 217 A B

Last Name First Initial Rank Serial N

Unit

Organization

Place of Death

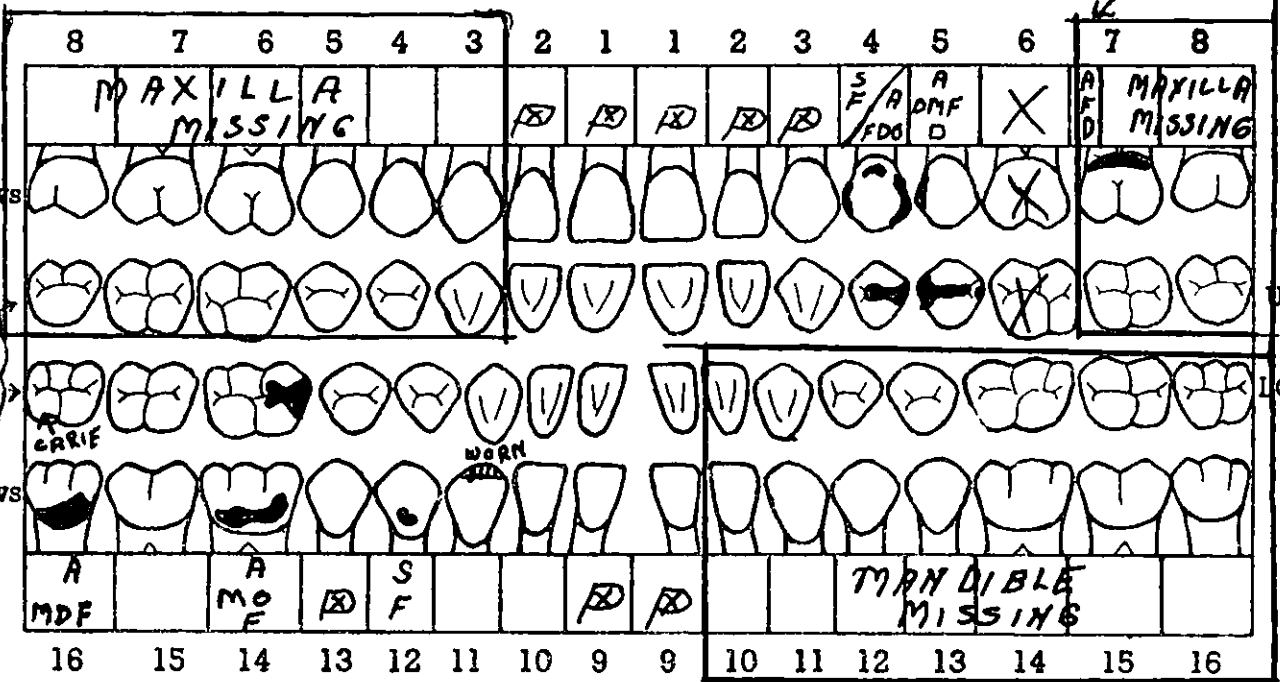
Date of Death

Cause of Death

Right

Left

NOTE



UPPER  
 LOWER

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.

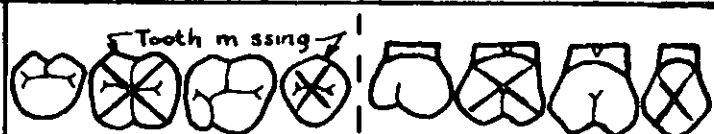
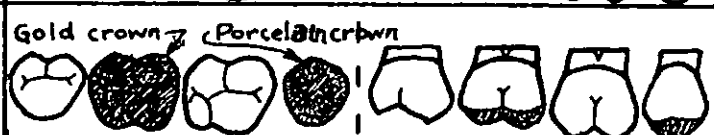
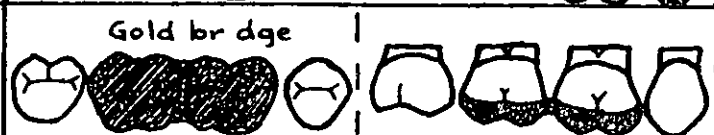
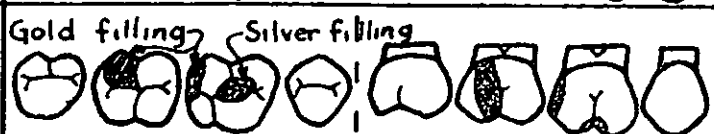
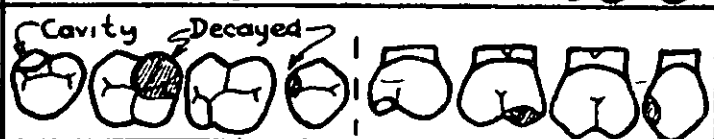
A certified true copy

*R C Barrows*  
 R C BARROWS  
 Major CAV  
 Asst Oper Officer

**S/ NOEL E GIBSON**

Signature of Officer

US WD CIVILIAN  
 Verified by GRS OI

<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**

REPAIRING  
 RECORDS DIV.  
 AUG 10 10 45 AM '49  
 4701 111111

**IDENTIFICATION CHECK LIST**

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

X-217  
 A-B  
 Epinal

Davis  
 Kaska  
 Gauthier  
 MYERS

Unknown X 217  
 Cemetery Epinal  
 Plot 20 Row 15 Grave 4641

- 1 Arrived at cemetery (H ) (D T )
- 2 Place of death (N F I I W ) (C d i t I I H P n m ps)  
 (Sheet 1 1 1 d)
- 3 Remains recovered or disinterred by MOBILE TEAM #1  
 (N m I g I )
- 4 Evacuated to Cemetery by Kaska 370 Q M S Co  
 (N I I H )
- 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 (Typ)		
Raincoat	None		
Overcoat	None		
Jacket Field	None		
Jacket Combat			
Mackinaw			
Sweater			
Jacket HBT			
* Shirt Wool OD	Remnants		
Undershirt Wool	None		
Undershirt Cotton			
Trousers HBT			
Trousers Wool OD	Remnants		

REPAIRS  
RECORDS BRN

JUN 10 10 42 AM '64  
FEDERAL BUREAU OF INVESTIGATION

# CHECK LIST OF UNKNOWN

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

Unknown X  
 Cemetery  
 Plot                      Row                      Grave

- 1 Arrived at cemetery (H ) (d t )
- 2 Place of death (N m f l l wn) ( d t d l t t P f map )

Sheet scale and serials used

- 3 Remains recovered or disturbed by (N m d gen zati )
- 4 Enclosed to Cemetery by (N m d q t )
- 5 Description of clothing and equipment (if clothes do not fit obtain size from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wea tear repairs etc
Headgear				

Raincoat

Overcoat

Jacket Field

Jacket Combat

Mackinaw

Sweater

Jacket HBT

Shirt Wool OD

Undershirt Wool

Undershirt Cotton

Trousers HBT

Trouser Wool OD

X 217  
A B

Belt Web  
 Drawers Wool  
 Drawers Cotton  
 Leggings Wool *None* (Note unusual lacing)  
 Socks Cotton *Remnants (Wool)*  
 Shoes *Combat* (type) *Right Shoe, Remnants 8 1/2 D*  
 Overshoes *None*  
 Web Equipment (type) *None*  
 (Other item) *NONE*  
 (Other item) *NONE*

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

6 Chevrons or Insignia *None*  
(type & location shirt jacket coat helmet)  
 Shoulder Patch *None*

7 Does clothing indicate that deceased was a member of the Air Ground or Naval Forces  
 -- *No*

8. Description of Remains

Age *UTD* Height *EST 5-7 1/8* Weight *316 lb* Description of wounds *UTD*  
 Bandages or dressings *None* Scars *UTD*  
(Length, width location)  
 Tattoos *UTD*  
(Number location -- illustrate on sep page)  
 Outstanding moles, warts or birthmarks *UTD*  
(yes describe location)

Sunburn or tan other than hands & face *UTD*  
 Complexion *UTD*  
(light med dark fair pimples, pox, freckle)  
 Build *UTD*  
(large fat thin muscular)  
 Hair *UTD* *NONE FOUND*  
(length quantity curly wavy straight wavy d fl (t) part)  
 Hair *UTD*  
(baldness widow peak distinct cutting or the hair style)

X 217  
A B

Goatee UTD  
(Light l t t)

Eyes UTD Eyebrows UTD  
(Cl tll g h p) (Col l ll t t)

Nose UTD Ears UTD  
(S l p t ht) (Siz t l t t l l)

Mouth UTD Lips UTD  
(f h ll m m ll) (ll l h l ll)

Teeth SEE TOOTH CHART.  
(Wh t pa l g ti bl w fill g t t)

Chin UTD  
(P ml t ed g poi t d d mples d bl)

Jaw UTD Circumference of head in inches UTD  
(I g m ll m l) (H t b d)

Neck UTD Larynx UTD  
(Sl l gth h rt m l w l kled) (f ml t m l)

Shoulders UTD Arms UTD  
(B d t ght m ll d d) (L gth m cul l t t d q t ty f h l)

Hands UTD

Fingers UTD  
(Sh t th ck l g l d i f k ckl ml f g fl g j t)

Chest UTD  
(Sl f mples l q tity d t t f h l ge ll m l)

Waist UTD

Back UTD Circumcision UTD Pubic Hair NONE  
(Q ut l t t f l) (l) (Cl)

Hernioplasty UTD

Legs UTD

Feet UTD Toes UTD  
(S ll fl t) (Stend t ght h d l p)

Evidence of healed fractures UTD  
(S l b t)

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



REPAIRS BRANCH  
RECORDS BRANCH  
AUG 10 10 44 AM '99  
SPECIAL DIVISION

X-217  
Ⓟ B

7 Have finger prints been placed on Report of Interment? **NO** (Y )

If not explain **HANDS MISSING**

8 Has tooth chart been prepared? **YES** (Yes n ) If not explain

9 Remarks **ONE FROM A MASS BURIAL OF TWO  
SEE attached narrative. Est wt of  
Remains 3LBS**

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

*Noel E. Lebane*  
(Off m )

Rank

S rvl

(O g nizat )

REPAIYIA  
FCORDS BRANI  
DUG 10 10 44 AM 49  
MIRIAT DIVISION

20-15-4641  
Plot - Row - Grove

X 217  
Ⓐ B

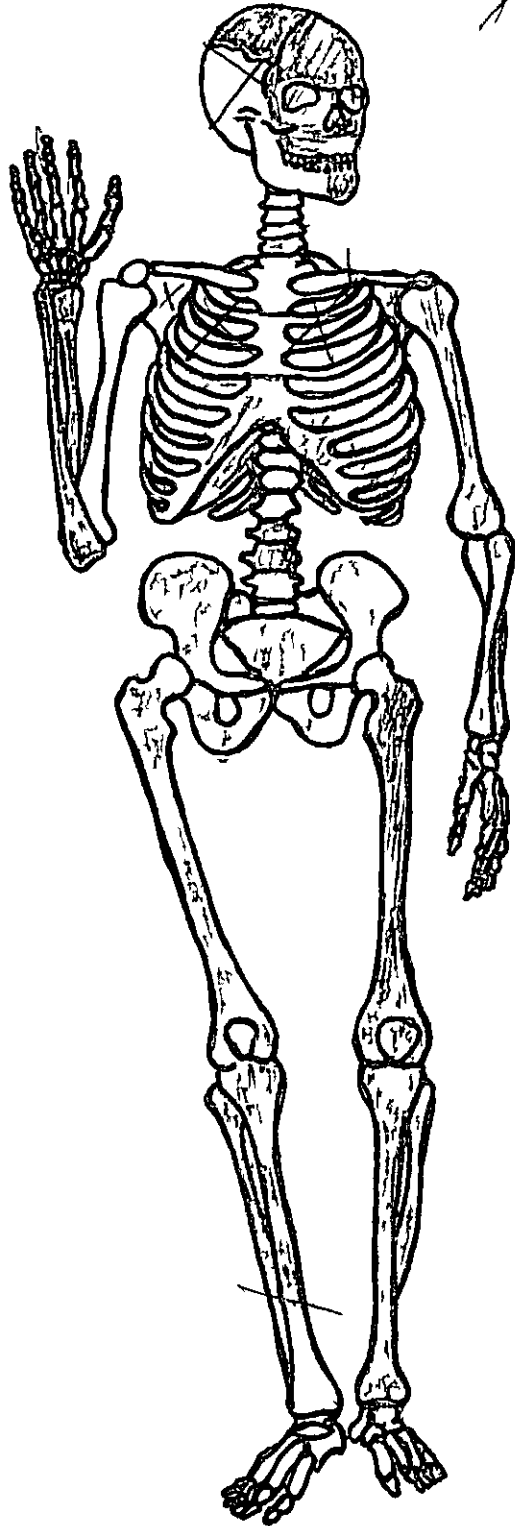
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-217 Ⓐ  
Left

Right

HUMANS 335



5' - 7 5/8

CHART A

REPATRIA  
RECORDS BRANCH

APR 10 10 44 AM '49

MEMORIAL DIVISION

X-217  
 A+B

**TOOTH CHART**

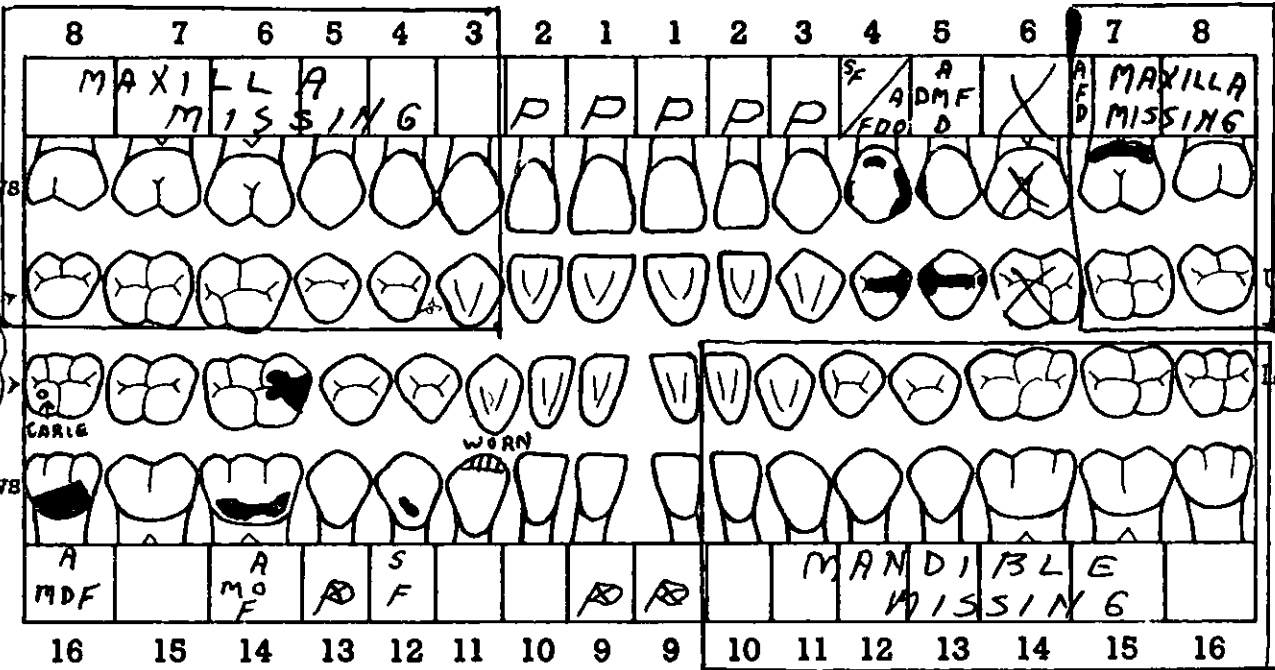
*Epinal*  
31 OCT 47  
 Date

X 217 A B

Las Name	First	Initial	Rank	Serial N
Unit		Organization		
Place of Death	Dat of Death		Cause of Death	

Right

Left

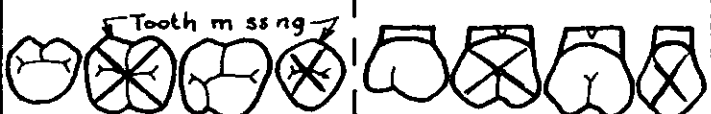
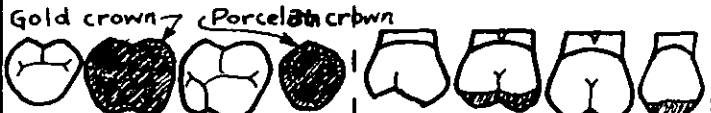
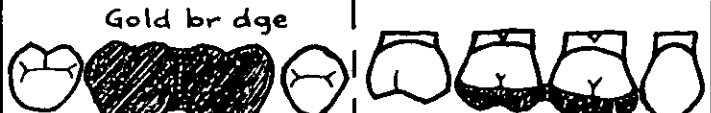
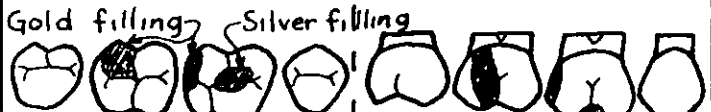



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*Noel E Gibson*

Signature of Office in person who prepared Tooth chart

Valid by G. R. S. Office

<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 remaining clasps on natural teeth with the word clasp

**ADDITIONAL SPACE FOR FURTHER REMARKS**

REPAIRS  
 RECORDS BRANCH  
 APR 10 10 44 AM '49  
 MEDICAL DIVISION

# DISINTERMENT DISCREPANCY REPORT

(THIS FORM TO BE COMPLETED ONLY IN CASE WHERE DISCREPANCY IS SUCH THAT IDENTITY MAY BE IN ERROR)

EPORT NO <b>3</b>	DIREC IVE NO <b>3523 00000</b>
----------------------	---------------------------------------

DISINTERMENT DATE  
**31 Oct 47**

## A INFORMATION SHOWN ON DISINTERMENT DIRECTIVE (QMC FORM 1194)

NAME <b>UNKNOWN X217</b>	RANK	SERIAL NUMBER	ARM OR SERVICE <b>NA</b>	DATE OF DEATH
COUNTRY <b>France</b>	CFMETERY <b>Epinal</b>	PLOT <b>2-G</b>	ROW <b>15</b>	GRAVE <b>4641</b>

## B INSCRIPTION ON MARKER

NAME <b>UNKNOWN X-217</b>	RANK	SERIAL NUMBER	ORGANIZATION
DATE OF DEATH	FAITH	PLOT	ROW <b>15</b> GRAVE <b>4641</b>

## C INFORMATION ON REMAINS DISINTERRED FROM THIS GRAVE (IF MORE THAN ONE LIST HERE)

NAME <b>X-217 A X-217 B</b>	RANK <b>Unk</b>	SERIAL NUMBER <b>Unk</b>	ORGANIZATION <b>Unk</b>
------------------------------------	--------------------	-----------------------------	----------------------------

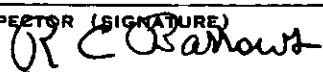
IF NO IDENTIFICATION TAG WAS FOUND ON REMAINS GIVE DETAILS THAT INDICATED DISCREPANCY

Findings of processing Mobile Team # 1  
Viz: Anatomical Parts of two decedents in single grave 4641  
Plot 2G Row 15 USMC Epinal France

REMAINS BURIED ON DECEASED LEFT NAME (LAST FIRST MIDDLE INITIAL)	RANK	SERIAL NUMBER	GRAVE NUMBER
<b>MOSS James U</b>	<b>Pvt</b>	<b>34973615</b>	<b>4642</b>
REMAINS BURIED ON DECEASED RIGHT NAME (LAST FIRST MIDDLE INITIAL)	RANK	SERIAL NUMBER	GRAVE NUMBER
<b>PILON Leo W</b>	<b>Pvt</b>	<b>42090741</b>	<b>4640</b>

## D ACTION TAKEN TO CORRECT DISCREPANCY

Referred to Board of Review Zone Hdqs  
for investigation

DATE <b>15 Dec 47</b>	AGRS INSPECTOR (SIGNATURE)  <b>R C BARROTS</b> Maj CAV
--------------------------	---



REPAIRS  
RECORDS BRANCH

AUG 10 10 45 AM '49

REPAIRS

REPAIRS  
RECORDS BRANCH

REPAIRS  
RECORDS BRANCH



NARRATIVE  
-----

Remains received wrapped in a mattress cover Processing revealed a Mass Burial of parts of two men in skeleton form Separation was made and both cases placed in the same burial case Separation was possible by the difference of bone stains, bone structure and sizes the bones of X - 217 B were smaller Bone measurements were impossible for X - 217 B

Clothing found in debris No markings found

Teeth were found and charted and placed with X - 217 A.

Fluoroscopic examination unnecessary

s/ NOEL E GIBSON  
US VD CIVILIAN

A certified true copy

*R C Barrows*

R C BARROWS

Major CAV

Asst Oper Officer

230  
230  
00

CASE HISTORY

NO

TRIABLE

(Category)

~~10 DEC 1947~~ 16 DEC 1947  
(Date)

Epinal Center

2G-15-4041  
(Plot, Room, Grave)

SECTION I (to be completed by the Operations Division)

IDENTITY UNKNOWN AMERICAN X-217

DATE OF BIRTH Est 1 Nov 44 IO Unk

PREVIOUS IDENTIFICATION

PARTIALLY IDENTIFIED (Circle applicable items)

a IDENTIFICATION, but remains / on grave marker / None

b Recoverable coroner's or tooth marks / fingerprints

c Clothes markings / Personal effects / Sworn Statement /  
I.C. / letter C.C. / C.C. data

d Genealogical records / Civil IO Records / Red Cross Records  
e ROB in sealed bottle w/body

SECTION II (to be completed at grave side - print legibly)

IDENTIFIED - DURING DISINTERMENT (Circle applicable items)

a IDENTIFICATION, found with remains / on grave marker

b FINGERPRINTS, found with remains / on grave marker

c IDENTIFICATION, found with remains / on grave marker

d RECOVERABLE TOOTH MARKS, found with remains, listing same as

(If identification is found other than "None")

e IDENTIFICATION (Yes) \_\_\_\_\_ NOS No \_\_\_\_\_  
( ) (Signature)

SECTION III (to be completed during corpse processing - print legibly)

IDENTIFICATION - DURING CORPSE PROCESSING

Major discrepancies \_\_\_\_\_

b Major discrepancies ( )  
( )

c Means of Identification \_\_\_\_\_

(If none listed, so state)

d \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Narrative

X-217AB

Remains received wrapped in a  
Mattress Cover. Processing revealed a  
Mass burial of parts of two men in  
skeletal form. Separation was made  
and both cases placed in the  
same burial case. Separation was  
possible by the difference of bone  
stains, bone structures and sizes. The  
bones of X-217B were smaller. Bone  
measurements were impossible for X-217C.

Clothing found in debris. No markings  
found.

Teeth were found and charted and  
placed with X-217A.

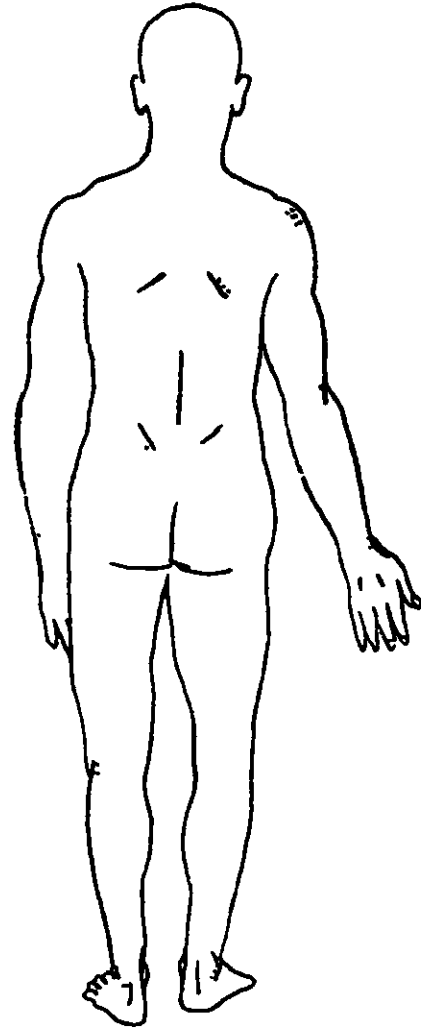
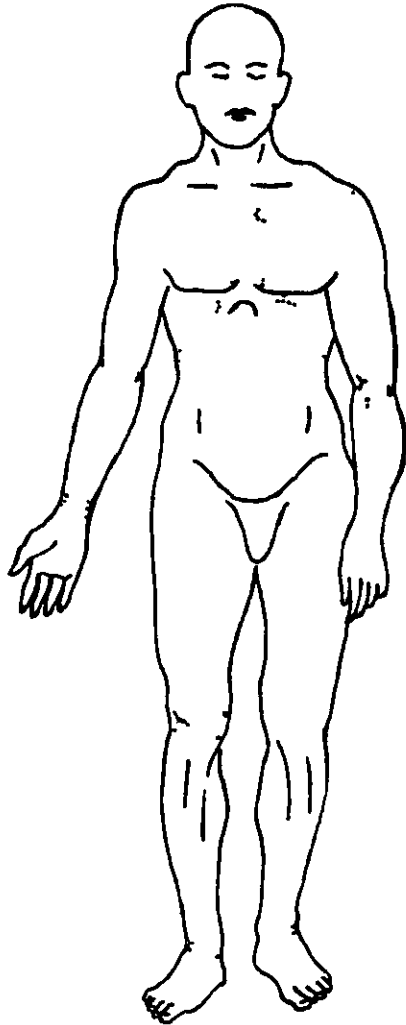
Fluoroscopic examination unnecessary.

~~type two copies of~~  
~~this~~

# ANATOMICAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RECORDS BRANCH  
AUG 10 10 44 AM '49  
FUNERAL DIVISION



ACRC  
FORM NO 11  
Revised 5 January 1946

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

DAVIS  
K SKA  
G J'HLER  
YERS

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

1 Arrived at cemetery \_\_\_\_\_  
(Hour) (date)

2 Place of death \_\_\_\_\_  
(Name of closest town) (County, direction and letter  
of road, or maps)

Sheet, state and date buried \_\_\_\_\_

3. Remains recovered and secured by CIP Mobile Team #1  
(name of 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	Indicate unusual markings
	Markings	Size Color wear, tear, repairs
*Headgear	None	
	(type)	
Raincoat	None	
Overcoat	None	
Jacket, Field	None	
Jacket, Combat	None	
Mackinaw	None	
Sweater	None	
Jacket, HBT	None	
*Shirt, Wool, OD	Rem. of	
Undershirt, Wool	None	
Undershirt, Cotton	None	
Trousers HBT	None	
*Trousers, Wool OD	Rem. of	

EX - 'E' 1 of 2

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggings, Wool None (Note unusual lacing) None

Socks, Cotton Rem. of (wool)

\*Shoes (type) Right only (combat) 8 1/2 D

Overshoes None

Web Equipment (type) None

(Other item) None

(Other item) None

\*If body is rade sizes clothes should be computed by measuring the remains

6 Chevrons or None  
 Irsinia None  
 (type & location, shirt jacket coat, helmet)

Shoulder Patch None

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

8. Description of Remains  
 Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings None Scars UTD  
 (length width, location)

Tattoo UTD  
 (Number, location - illustrate on sep page)

Outstanding moles warts or birthmarks UTD  
 (yes-no description location)

Sunburn or tan other than hands & face UTD

Complexion UTD  
 (light med dark clear purple pocks freckles)

Build UTD  
 (large fat thin, muscular)

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



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

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

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

Nose UTD Ears 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 wear are s, r, c, d, o, u fillings, extract)

Chin UTD  
 (prominent, rounded, pointed, double)

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

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

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

UTD  
 (extent and quantity of hair)

Hands UTD

Fingers UTD  
 (short thick, long, slender, size of knuckles rising fingers or  
 joints) UTD  
 (Unusual characteristics of fingernails)

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

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

UTD Circumcision UTD Pubic hair None found  
 quantity & color of hair (yes-no) (color)

Hernioplasty UTD  
 (yes-no location)

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

UTD

ANNEX #4

TOB #5

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

Evidence of healed fractures UFD (nose, arms legs, etc)

Black out parts of body not received at cemetery:



10 Have fingerprints been placed on Remains of Interment No Yes-no

If not, explain Hands missing

11 Has tooth chart been prepared Yes If not explain Yes-no

12. Remarks One of a mass burial. See attached narrative.

Est. wt. 6 oz.

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

*Noel E. Gibson*  
NOEL E. GIBSON

~~CITIZENSHIP~~  
US MD CIVILIAN  
Rank 10 45 AM  
Organization

A certified true copy  
*RCB*  
~~R C BARROWS  
Major CAV  
Asst. Oper. Officer~~

ANNEX # 4

X-217A B

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

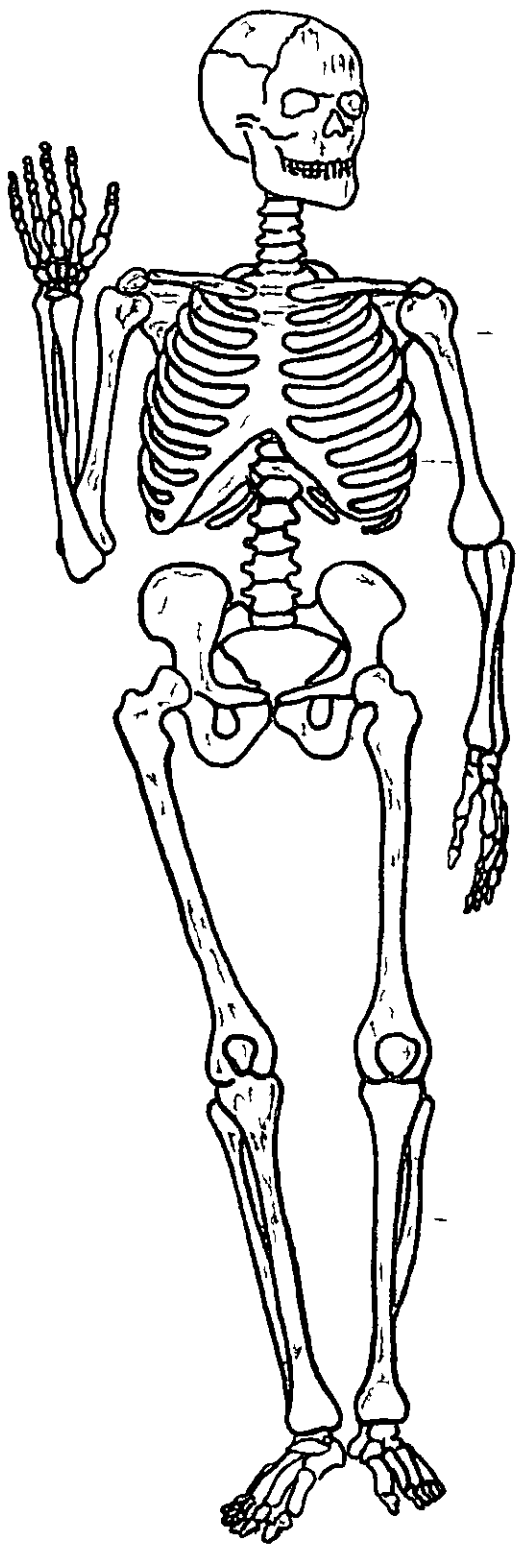


CHART A

EX - 9' 1063

REPAIRS  
RECORDS BRANCH

APR 10 10 45 AM '49

1 5111 11111111

1 2

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

X-217  
 A-13

*Epinal*

**IDENTIFICATION CHECK LIST**

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

DAVIS  
 KASKA  
 GAUTHIER  
 MYERS

Unknown X  
 Cemetery  
 Plot Row Grave

- 1 Arrived at cemetery (H ) (D t )
- 2 Place of death (N m f l est tow ) (C d l t l l t P n m ps)  
 (Sheet l d l d )
- 3 Remains recovered or disinterred by *CIP MOBILE TEAM #1*  
 (N m d g l t )
- 4 Evacuated to Cemetery by (N m d l l )
- 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	<i>NONE</i> (F p )		
Raincoat	<i>NONE</i>		
Overcoat	<i>NONE</i>		
Jacket Field	<i>NONE</i>		
Jacket Combat	<i>NONE</i>		
Mackinaw	<i>NONE</i>		
Sweater	<i>NONE</i>		
Jacket HBT	<i>NONE</i>		
* Shirt Wool OD	<i>REMNANTS</i>		
Undershirt Wool	<i>NONE</i>		
Undershirt Cotton	<i>NONE</i>		
Trousers HBT	<i>NONE</i>		
* Trousers Wool OD	<i>REMNANTS</i>		

KEPAINIA  
FCORDS BIRAK  
10 10 10 10 10  
10 10 10 10 10

Belt web NONE \_\_\_\_\_

Drawers wool NONE \_\_\_\_\_

Drawers cotton NONE \_\_\_\_\_

Leggings wool NONE \_\_\_\_\_

Socks cotton REMNANTS (WOOL) \_\_\_\_\_

\* Shoes RIGHT ONLY (type) Combat SIZE 8 1/2 D \_\_\_\_\_

Overshoes NONE \_\_\_\_\_

Web Equipment NONE (type) \_\_\_\_\_

(Other item) NONE \_\_\_\_\_

(Other item) NONE \_\_\_\_\_

If body is disfigured in the field by maiming or other means \_\_\_\_\_

Chevrons or Insignia NONE (Type & location birth jacket thumbnail) \_\_\_\_\_

Shoulder Patch NONE \_\_\_\_\_

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

6 Description of Remains

Age UTD Height UTD Weight UTD Description of wounds UTD \_\_\_\_\_

Bandages or dressings NONE Scars UTD (Location) \_\_\_\_\_

UTD Tattoos (Number, location, description) \_\_\_\_\_

Outstanding moles warts or birthmarks UTD (Location) \_\_\_\_\_

Sunburn or tan other than hand and face UTD \_\_\_\_\_

Complexion UTD (Light medium dark complexion) \_\_\_\_\_

Build UTD (Height, build) \_\_\_\_\_

Hair NONE FOUND (Color, length, quality, style, light/dull, etc) \_\_\_\_\_

Hair UTD (Build, width, peak, distance, etc) \_\_\_\_\_

Sideburns UTD Mustache UTD Beard or UTD (Length, etc) \_\_\_\_\_

REPAIRS  
RECORDS BRANCH

AUG 10 10 44 AM '44

REPAIRS DIVISION



Goatee UTD  
(t g l t l t t)

Eyes UTD Fv brows UTD  
(c l t t g h l) (t l l l t t)

Nose UTD Ears UTD  
(s h l t t t) (s l t l t t t t t d)

Mouth UTD Lips UTD  
(t l t t) (t t l t t)

Teeth - SEE TOOTH CHART  
(w l t p i g t l l w b l l g t t)

Chin - UTD  
(P m t d l g p t d t m p l d b l)

Jaw UTD - Circumference of head in inches UTD  
(l g m l l) (t t b d)

Neck UTD Larynx UTD  
(s l t g t h t r m l w k l d) (t l t m l)

Shoulders UTD Arms UTD  
(B l t g h t m l l d d) (t g l l l t t d q t t y f h l)

~~Hands - UTD~~

~~Fingers (Sh t t h k l g l d f k l l m i g t t g t t)~~

~~Chest (s r p l e s l q t t y d t t f l l g l l l)~~

~~Waist (s g f l p l l y l q t t y d l f h l)~~

Back UTD Circumcision ( ) Pubic Hair NONE FOUND  
(t t y d t t t t t) (c l)

~~Hernioplasty ( )~~

~~Legs (l k k k l l d l l t t l d t t f h l)~~

~~Feet (s l l l t) Toes (s l d t g l t k d t p)~~

~~Evidence of healed fractures (N l b )~~

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

REPAIRS BRN 1  
CORDS BRN 40  
US 10 10 44 AM 40  
11 11 11 11

X-217  
A(B)

7 Have finger prints been placed on Report of Interment? **NO** (Y 3-2)

If not explain **HANDS MISSING**

8 Has tooth chart been prepared? **YES** If not explain (Ye n)

9 Remarks *One of a mass burial - see attached narrative ~~with case X-217(A)R~~ with case X-217(A)R Est Wt - 6oz*

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

*Noel E. Libani*  
(Off N m)

R k \_\_\_\_\_ S rvt \_\_\_\_\_  
(O ga Izati )

HEPARINA  
CORDS BRAN  
10 44 AM '99  
VIA LIVISIO

X-217A B

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

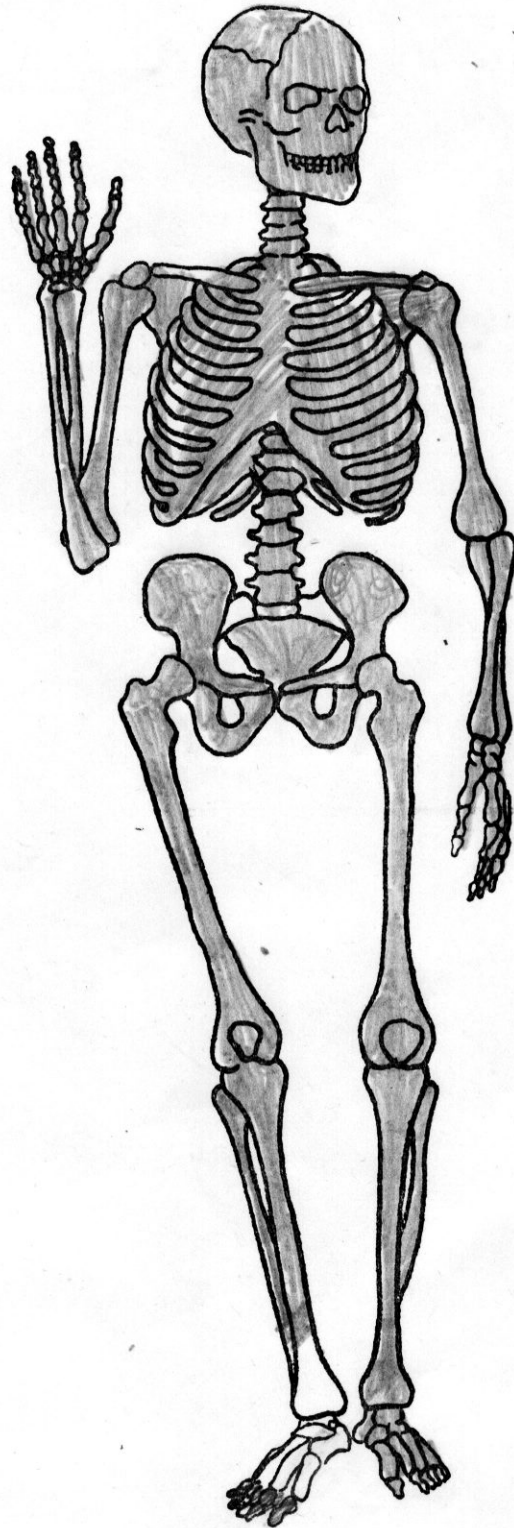


CHART "A"

REPAIRS  
FORDS BRAN  
AUG 10 10 44 AM '79  
MILWAUKEE DIVISION

ST

10 10 44 AM '79

Attention Operatives

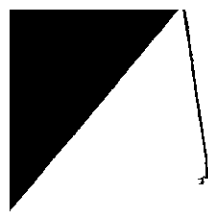
Information appears on the reverse side of the original tooth chart that does not appear on the certified copies

Please recheck your files for the skeletal chart on X217A B. A skeletal chart was completed for this case. A new chart is attached with these papers. It was made by memory and may not be accurate. Mr. Kaska who is now at Espinal may be able to remember the case and verify the one hereby attached.

Mr. Noel E. Gibson

AUG 10 10 44 AM '49

MEMORIAL DIVISION





TCRS

R E S T R I C T E D

X-217 AB  
EPINAL

FORM No. 15

14-9-45

MASS BURIAL CERTIFICATE

To be accomplished by a Medical Officer in all cases of group or mass burials interred in a single grave.

U S Military Cemetery Epinal 31 October 1947  
(date)

Plot 2 G, Row 15, Grave 4641

I certify that I have this date examined the group remains buried as (State names or Unknown X number)

UNKNOWN X - 217

and certify to the best of my knowledge that

1. The group remain consist of parts of TWO decedents based on the presence of one or more of the following anatomical parts

DISTAL SECTION OF RIGHT TIBIA - TWO RIGHT TARSALS

AND 5 R-METARSALS

2. No segregation of bodies or parts is possible for the following reasons

SEGREGATION WAS POSSIBLE.

3. Fingerprints NO available. If not, explain (are - are not)

HANDS MISSING

4. Remarks THOSE BONES WERE SEPARATED FROM THE ABOVE CASE

AND REBURIED IN THE SAME CASSET

Medical Officer's signature

R.C. Ballou, Maj, Cav  
Signature of Graves Reg  
Officer verifying report

(Rank)

(Service)

(Rank)

(Service)

(Organization)

HQ 32 AGRC.  
(Organization)

R E S T R I C T E D

**DISINTERMENT DISCREPANCY REPORT**  
 (THIS FORM TO BE COMPLETED ONLY IN CASE WHERE DISCREPANCY IS SUCH THAT IDENTITY MAY BE IN ERROR)

REPORT NO **33** D REC E NO **352300000**  
 DISINTERMENT DATE **31 Oct 47**

**A INFORMATION SHOWN ON DISINTERMENT DIRECTIVE (QMC FORM 1194)**

NAME <b>UNKNOWN X</b>	RANK <b>217</b>	SERIAL NUMBER <b>217</b>	ARM OR SERVICE <b>NA</b>	DATE OF DEATH
COUNTRY <b>FRANCE</b>	CEM ETERY <b>EPINAB</b>	PLOT <b>291</b>	ROW <b>15</b>	GRAVE <b>4641</b>

**B INSCRIPTION ON MARKER**

NAME <b>UNKNOWN X 217</b> <i>See Army Records</i>	RANK _____	SERIAL NUMBER _____	ORGANIZATION _____
DATE OF DEATH _____	FAITH _____	PLOT _____	ROW _____
			GRAVE <b>4641</b>

**C INFORMATION ON REMAINS DISINTERRED FROM THIS GRAVE (IF MORE THAN ONE LIST HERE)**

NAME <b>X 217 A</b> <b>X-217 B</b>	RANK <b>UNK</b>	SERIAL NUMBER <b>UNK</b>	ORGANIZATION <b>UNK.</b>
--	--------------------	-----------------------------	-----------------------------

**FINDINGS OF REPROCESSING MOBILE TEAM PER OI #118 Hqs AGRC Paris Dtd Oct 47 #1**

REMAINS BURIED ON DECEASED LEFT NAME (LAST FIRST MIDDLE INITIAL) <b>MOSS, JAMES U</b>	RANK <b>PVT</b>	SERIAL NUMBER <b>34973615</b>	GRAVE NUMBER <b>4642</b>
REMAINS BURIED ON DECEASED RIGHT NAME (LAST FIRST MIDDLE INITIAL) <b>PILON, LEO W.</b>	RANK <b>PVT</b>	SERIAL NUMBER <b>42090741</b>	GRAVE NUMBER <b>4640</b>

**D ACTION TAKEN TO CORRECT DISCREPANCY**

**ZONE BOARD OF REVIEW**  
**Recommendation to CO 3rd Zone**  
**GG AGRC, Paris.**

DATE **15 DEC 47** AGRS INSPECTOR (SIGNATURE) **RC BARRONS**  
**MAJ CAC**



15  
10 13 11 11  
CNRS  
15 11 11

3011 RESTRICTED

X-717 AB  
E. J. ...

10 to 15  
14- -1,

MASS BURIAL CERTIFICATE

is required by a Medical Officer in all cases of group or mass burials  
interred in a single grave

is the Cemetery \_\_\_\_\_ (date)

Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave \_\_\_\_\_

I certify that I have this date examined the group remains buried as (State names  
of the new & number) \_\_\_\_\_

and certify, to the best of my knowledge that:  
1. The group remains consist of part of TWO decedents based on the presence  
of one or more of the following natural parts

DISTAL SECTION OF RIGHT TIBIA - TWO RIGHT -  
TARSALS AND METATARSALS.

2. The identification of bodies or parts is possible for the following reasons \_\_\_\_\_

Segregation was possible

3. If any \_\_\_\_\_ NO available. If not, explain \_\_\_\_\_  
(are - are not)

Hands missing

4. \_\_\_\_\_

THESE BONES WERE SEPARATED FROM  
THE ABOVE CASE AND REBURIED  
IN THE SAME CASSET

Medical Officer's Signature

Signature of Graves Reg  
Of receiving report

(Rank) \_\_\_\_\_ (Service) \_\_\_\_\_

(Rank) \_\_\_\_\_ (Service) \_\_\_\_\_

(Organization) \_\_\_\_\_

(Organization) \_\_\_\_\_

RESTRICTED

HEPATITIS  
RECORDS BRANCH  
AUG 10 10 43 AM '10

FORM No. 15

14-9-45

MASS BURIAL CERTIFICATE

To be accomplished by a Medical Officer in all cases of group or mass burials interred in a single grave.

Epinal

31 October 1947

U S. Military Cemetery

Plot 8G, Row 18, Grave (date) 4041

I certify that I have this date examined the (group remains buried as (State names or Unknown X number):

UNKNOWN X - 217

and certify to the best of my knowledge that:

1. The group remain consist of parts of TWO decedents based on the presence of one or more of the following anatomical parts:

DISTAL SECTION OF RIGHT TIBIA - TWO RIGHT TARSAIS

AND 5 R-TARSALS.

2. No segregation of bodies or parts is possible for the following reasons

SEGREGATION WAS POSSIBLE.

3. Fingerprints NO available. If not, explain

(are-are not)

HANTS MISSING.

4. Remarks THOSE BONES WERE SEPARATED FROM THE ABOVE CASE

AND REBURIED IN THE SAME CASKETS

Medical Officer's signature

Signature of Graves Reg. Officer verifying report

(Rank)

(Service)

(Rank)

(Service)

(Organization)

(Organization)

A CERTIFIED TRUE COPY:

*R.C. Barrow*  
R.C. BARROWS,  
MAJOR, CAV.  
Asst Opns. Officer.

REPAIRS  
CORDS BRANCH

AUG 10 10 43 AM '49

REPAIR DIVISION

10  
1

2

NARRATIVE

X-217 AB

Remains received wrapped in a Mattress Cover Processing revealed a mass burial of parts of two men in skeleton form Separations was made and both cases placed in the same burial case Separation was possible by the difference of bone stains, bone structures and sizes The bones of X-217 B were smaller Bone measurements were impossible for Y-217 B

Clothing found in debris No markings found

Teeth were found and charted and placed with Y-217 A

Flourescopic examination unnecessary



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION CO AND  
EUROPEAN AREA  
APO 58 US ARMY

21 October 1948  
Date

293 France X-217-A (Epinal)

SUBJECT Unidentifiable Remains

TO The Quartermaster General  
Memorial Division  
Washington 25, D C

1 The records pertaining to Unknown X-217 A&B, Plot GG,  
Row 15, Grave 4641, USMC Epinal, 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 2684, dated 9 March 1948 No  
further information is available

FOR THE COMMANDING GENERAL

/s/ George L Freeman  
/t/ GEORGE L FREEMAN  
1st Lt QMC  
Actg Asst Adj Gen

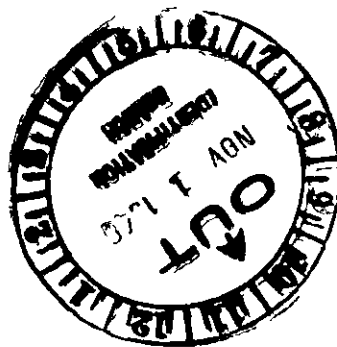
Received **28 OCT 1948** OQMG  
Not identifiable from  
information presently  
available

**FILE 29 OCT 1948**

*House*  
*Ident Br*

4  
293 France X-217-13 (Epinal)





HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

21 October 1948  
Date

293 Unknown France X-217-A (Epinal)

-SUBJECT - Unidentifiable Remains

TO The Quartermaster General  
Memorial Division  
Washington 25, D C

II

1 The records pertaining to Unknown X-217 A&B, Plot GG,  
Row 15 Grave 4641, USMC Epinal, 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 2684, dated 9 March 1948. No  
further information is available.

FOR THE COMMANDING GENERAL

/s/ George D. Freeman  
/t/ GEORGE L. FREEMAN  
1st Lt QMC  
Actg Asst Adj Gen

Received 28 OCT 1948 OQMG  
Not identifiable from  
information presently  
available

FILE 29 OCT 1948

Moansel  
Ident Br

293 Unknown France X-217-B (Epinal)

**INTRAOFFICE REFERENCE SHEET**

*293 Unknown - France X-217 A+B (Epinal)*

DUE HOUR AND DATE

1 NO	2 FROM-	3 TO-	4 DATE	5 MESSAGE
4	Liaison Office Mem Div	I&R Br Adm Div	21 Oct 1949	Unknown X-217 Epinal  1 Noted  2 No further action required of this Office Forwarded for file  Incls n/c  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <i>[Signature]</i>                          HINMAN                          2321                     </div> <div style="text-align: center;"> <i>[Signature]</i>                          LONGO                          71088                     </div> </div>

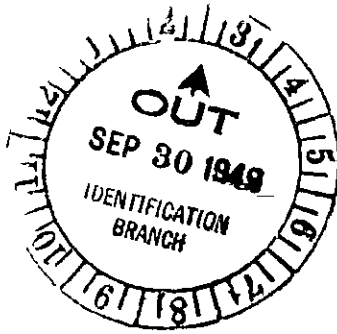
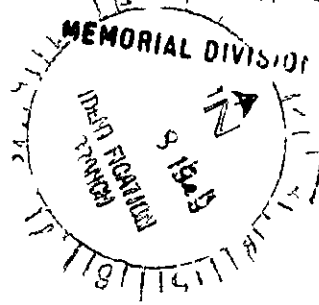


**INTRAOFFICE REFERENCE SHEET**

DUE HOUR AND DATE \_\_\_\_\_

1 NO	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Liaison Office	Ident Br Attention Miss Clements	28 Sept 1949	<p>Unknown X-217 Epinal</p> <p>1 Request that you make proper notations in the attached file to show that the case is <u>Not Identifiable</u></p> <p>2 Further request that you forward info to Repat Br</p> <p>3 This is in accordance with our conversation on</p> <p style="text-align: right;"><i>McDonald</i> MC DONALD 2322</p> <p>1 Incl 293 file on subject Unknown</p>
2	Chief Ident Br Mem Div	Liaison Office  THRU Records Section Repat Br	30 Sept 1949	<p>1 Attached is a copy of Certificate of Unidentifiability for Unknown X-217 A and B, Plot GG, Row 15, Grave 4641, USMC Epinal, France</p> <p style="text-align: right;"><i>Carroll Barry</i> METZ 74059 BARRY - 2462</p> <p>2 Incls 1 - 293 file (X-217 A &amp; B) 2 - Certificate</p>
3	Chief Resolution Section Repat Br Mem Div	Liaison Office Memorial Division	7 Oct 1949	<p>1 necessary action taken in compliance with comment #1</p> <p>2 Forwarded for your action</p> <p style="text-align: right;"><i>Carroll</i> RPO of ITH 5057 <i>Carroll</i> CAJ ITH 71600</p> <p>Incls n/c</p>

OCT 11 9 37 AM '49





COPY

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMISSION  
EUROPEAN AREA  
APO 58 JS ARMY

COPY

293 Unk - France X-217 A+B (Epinal)  
21 October 1948  
Date *dt*

SUBJECT Unidentifiable Remains

TO The Quartermaster General  
Memorial Division  
Washington 25, D C

1 The records pertaining to Unknown X-217 A&B, Plot GG,  
Row 15, Grave 4641, USMC Epinal, 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 2684, dated 9 March 1948 No  
further information is available

~~FOR THE COMMANDING GENERAL~~

~~/s/ George L. Freeman~~  
/t/ GEORGE L. FREEMAN  
1st Lt QMC  
Actg Asst Adj Gen

1 d 28 Oct 48 OQMG  
1 d 11 Oct 48  
1 d 11 Oct 48  
1 d 11 Oct 48  
1 d 11 Oct 48

*NAJ*  
*File*  
*208704*  
*208704*  
*208704*

6

DISINTERMENT DIRECTIVE

293 Unk. France X-217 (Epinal)

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3523 00000

DATE  
15 10 47  
DAY MONTH YEAR

NAME

UNKNOWNX

SERIAL NUMBER

217

RANK

ARM

0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

EPINAL

DISPOSITION OF REMAINS

0 3502 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

20 12 4641 FRANCE

CAUSE OF DEATH

6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

EPINAL, FRANCE

(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

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 1

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

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