

AIRMAIL

Miller

314.6

CGMST 295
OBS European

1st Ind

Have Dte # 4626

**SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4626**

Dept of the Army, CGMST, Washington 25, D. C., 6 January 1950

TO: CG, AGRD, European Area, APO 38, c/o FM, New York, New York

1. Reference is made to basic communication.
2. This Office approves the classification of the Unknowns listed therein as Unidentifiable.

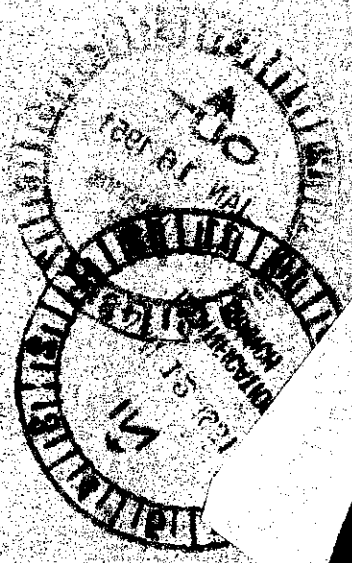
FOR THE QUARTERMASTER GENERAL:

Incls w/d

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

Carroll/id
Fey
REB
Cy furnished: Adm Sect

UNRECORDED X-80- (LINEY) FRANCE



AIRMAIL

1. FILE UNDER NO. 293 - Unk France X-80 (Limey)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 27 Oct 49
4. FROM: OQMG
5. TO: CG, AGRC, EA, AFO58, c/o PM, N.-Y., N.Y.
6. SUBJECT: Request for Information
Crawford, James W. S/Sgt 34254893
Hunt, Orville Pfc 16006829
.....

7. DOCUMENT FILED UNDER NO. 293 - GRS - European (Ident)

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

1

USMC, ST.AVOLD, FRANCE
Plot A, Row 11, Ave 55
Date reburied: 1 Jan 49

Buried at deceased Left: NESS GORDON R
37799429 PVT

DISINTERMENT DIRECTIVE

Right:
PLOTTED BY WIMBERLY

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

DIRECTIVE NUMBER
3547 00020

DATE
15 08 48
DAY MONTH YEAR

NAME: UNKNOWNX-000080
SERIAL NUMBER: UNKNOWNX-000080
GRADE: Q
ARM: Q
RACE: 0
RELIGION: 6

CEMETERY: LIMEY FRANCE
PLOT: C
ROW: 1
GRAVE: 23
DISPOSITION OF REMAINS: 3503 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
LIMEY, FRANCE
ST.AVOLD, FRANCE

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [Blank] SERIAL NUMBER: [Blank] GRADE: [Blank] DATE OF DEATH: [Blank] DATE DISTINTERRED: [Blank]

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [Blank] CONDITION OF REMAINS: [Blank]

OTHER MEANS OF IDENTIFICATION
SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
CONSIGNEE CORR. (Eq.AGRC)

REMAINS PREPARED AND PLACED IN CASKET

DATE: [Blank] BY: [Blank]
CASKET SEALED BY: RICHARD F PETERSON, Embalmer
EMBALMER (Signature): Richard F. Peterson
RICHARD F PETERSON

CASKET BOXED AND MARKED
DATE: 17 Nov 48 BY: RICHARD F PETERSON
verified by: Dewey R Bell
DEWEY R BELL, 1st Lt Cav

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
Dewey R Bell
DEWEY R BELL, 1st Lt Cav 7857 AGRC ZONE 3 Hq
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NAT
FILE
RECORDS ANNOTATED
DATE: APR 11 1949
R & R R.

DISINTERMENT DIRECTIVE

Section A -- Directive Number Date
 Name & Burial Location of deceased Day Month Year

Rank SERIAL NUMBER Rank Arm Date of Death
 UNKNOWN X-80 Day Month Year

Secretary Disposition of Remains
LIMEY

| Plot | Row | Grave | Country | Code | Dist. Pt |
|------|-----|-------|---------|------|----------|
| C | 1 | 23 | | | |

Cause of Death

Section B -- Consignee and Next of Kin

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

Section C -- Disinterment and Identification

| Name | Serial Number | Rank | Date of Death | Date Disinterred |
|--------------|---------------|------|---------------|------------------|
| UNKNOWN X-80 | Unknown | Unk | Unk | 26 march 1948 |

| Identification Tag on | Organization | Religion | Identification Verified by |
|---|--------------|----------|----------------------------|
| <input checked="" type="checkbox"/> Remains GRS | | Unknown | |
| <input checked="" type="checkbox"/> Marker GRS | | | Name & Title |

Section D -- Preparation of Remains for Shipment

| Nature of Burial | Condition of Remains |
|------------------|---|
| | Case consists of fractured skull, maxilla and mandible. |

Other Means of Identification
 NONE

Other Discrepancies 1
 NONE

Remains prepared and placed in ~~xxxxx~~ transfer box. *Robert A Pittman*
 Date 7 april 1948 BY Robert A Pittman, Embalmer.

| | |
|---|--|
| Gasket Sealed by Geo W Lowry Embalmer | Embalmer (Signature) Geo W Lowry |
| Gasket Boxed and Marked Date 26 May 48 Geo W Lowry | Spec at local markings, tags & plates verified by JAMES C ANDERSON, 1st Lt Inf |

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision /except casketing and that the report above is true.
Edwin R King
 Edwin R King, 2nd Lt Inf 539 QM SV CO

Signature of GRS Inspector (Grade & Orgn)

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

GRC Form 1194

This form modified by: Hq 3rd Zone, AGRC, EA, APC #58,

MP

02045

1947 OCT 2

FROM HQ AGRC PARIS FRANCE

MSG NO AGRC 3829

D. T. G. 021537Z

ACTION QMC

MC IN NO 50978

WAR V DAPA NR 24/02 WD PP

FROM: HQ AGRC APO 58

TO: OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON 25, DC
GRNC

REF NR AGRC THREE EIGHT TWO NINE

REURAD WCL 25624 PD DISINTERMENT AND REPROCESSING OF UNKNOWN REURAD
FERRED TO IN YOUR RADIO HAS BEEN DELAYED DUE TO NECESSITY OF ASSIGNING
ALL AVAILABLE TECHNICAL PERSONNEL TO REPATRIATION ACTIVITIES PD
PROMP ACTION WILL BE TAKEN TO COMPLY AS SOON AS PERSONNEL BECOME
AVAILABLE PD END AGRC PECKHAM

1550Z

MS 2nd - X - 80 Jimmy Trace

9f
293 Loell, Julian D.
O-1325886
m

QMG MEMORIAL DIV REP REG RR MR M.J. McFARLAND 2462

UNCLASSIFIED

COAGRC PARIS FRANCE

PRIORITY

I

FROM QMGHQ

WGL 2624

REQUEST IMMEDIATE DISINTERMENT AND REPROCESSING OF UNKNOWN XRAY DASH ONE FIVE ONE XRAY DASH FIVE FOUR ONE XRAY DASH SIX ZERO AND XRAY DASH EIGHT ZERO UNITED STATES MILITARY CEMETERY LIMET FRANCE AND UNKNOWN XRAY DASH FIVE SIX ONE XRAY DASH SEVEN FOUR AND XRAY DASH SEVEN SEVEN UNITED STATES MILITARY CEMETERY ANDILLY FRANCE PD CHECK LISTS AND TOOTH CHARTS TO BE FORWARDED VIA AIR MAIL PRIORITY PD CONGRESSIONAL INQUIRY

FOR THE QUARTERMASTER GENERAL

GMJ

UNCLASSIFIED

QMGHQ 293
(LOELL, JULIAN D. O-1325886)

1966
29 SEPT 67

G. J. MURRAY, MAJOR, QMG
MEMORIAL DIVISION

COPY:

mfs

293 WGL. X-80. France (Loell)

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

RRE 293

15 December 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- ⁷⁰ 80, Plot C,
Row 1, Grave 23, USMC LIMEY, 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. 2704, dated
22-3-48.

3. Remarks:

TR # 4626, dtd 19 Dec 49

See Case History attached.

Received JAN 3 1950 OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

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

JMC

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

JMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

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

JMC

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

CAV

CWO Frank GERR, W-2102925

USA

[Signature]
Capt. Jack C. HAYES, O-1577297

JMC

[Signature]
CWO Leodore GOUDREAU, W-2113434, USA

Incl # 7

CASE HISTORY

UNKNOWN NO. X-89

U.S. MILITARY CEMETERY

Liney, France
(Location)

This unknown was recovered from the surface of the ground at Ars sur Moselle, near Fort Driant in the area of Metz, (Moselle) France. The date of death is undetermined.

With the exception of the tooth chart there is a complete lack of identifying characteristics. An attempt to associate this remains through tooth chart with casualties in the area has proven negative.

The remaining unresolved casualties from the Fort Driant area have been checked with negative results.

UNIDENTIFIABLE.

M.H. KAMONS.

9/16/59

IDENTIFICATION CHECK LIST

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

Exh. O.# 583, dtd 30 Oct. 47

Unknown X X-80
Cemetery Lisey, France
Plot 6 Row 1 Grave 23

Date reprocessed: 10 Feb. 48

1. ~~Reprocessed~~ _____
(Hour) (Date)
2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains ~~reprocessed~~ disinterred ~~by~~ and reprocessed by Mobile Team #1, 1st Zone
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

| Item | Clothing Markings | Sizes | Indicate unusual markings color, wear, tear, repairs, etc. |
|---------------------|-----------------------|-------|--|
| * Headgear | <u>None</u> (Type) | | |
| Raincoat | <u>None</u> | | |
| Overcoat | <u>None</u> | | |
| Jacket, Field | <u>None</u> | | |
| Jacket, Combat | <u>None</u> | | |
| Mackinaw | <u>None</u> | | |
| Sweater | <u>None</u> | | |
| Jacket, HBT | <u>None</u> | | |
| * Shirt, Wool OD | <u>None</u> | | |
| Undershirt, Wool | <u>None</u> | | |
| Undershirt, Cotton | <u>None</u> | | |
| Trousers, HBT | <u>None</u> | | |
| * Trousers, Wool OD | <u>None</u> | | |

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) None

(Other item) None

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

Chevrons or Insignia None
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

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

6. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

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

UTD Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks UTD
(Yes-no; description, location)

Sunburn or tan, other than hand and face UTD

Complexion UTD
(Light, medium, dark, clear, pimples, poeks, freckles)

Build UTD
(Large, fat, thin, muscular)

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

Hair UTD
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **UTD** **UTD**
 (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, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **21 3/4**
 (Large, small, normal) (Hat band)

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

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

.....

Hands **UTD**

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

.....
 (Unusual characteristics of fingernails)

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

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

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

Hernioplasty **UTD**
 (Yes-no; location)

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

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

Evidence of healed fractures **None**
 (Nose, arms, legs, etc.)

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

7. Have finger prints been placed on Report of Interment? **NO**
(Yes-no)

If not, explain **Missing**

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

9. Remarks **Remains consisting of skull, mandible and two carpal bones received in mattress cover. No Burial Report present. GRS tag present. No clothing present. Teeth chart accomplished. Est. weight of processed remains 1 1/2 lbs.**

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

Woodrow W. Wolf

WOODROW W. WOLF
(Officer's Name)

CAPT

Rank

QMS

Service

OPERATIONS OFFICER

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



TOOTH CHART

10 February 1948

Date

Unknown X-80

Unk

Unk

Last Name **Unk**

First

Initial

Grade

Unk

Serial No.

Unit

Organization

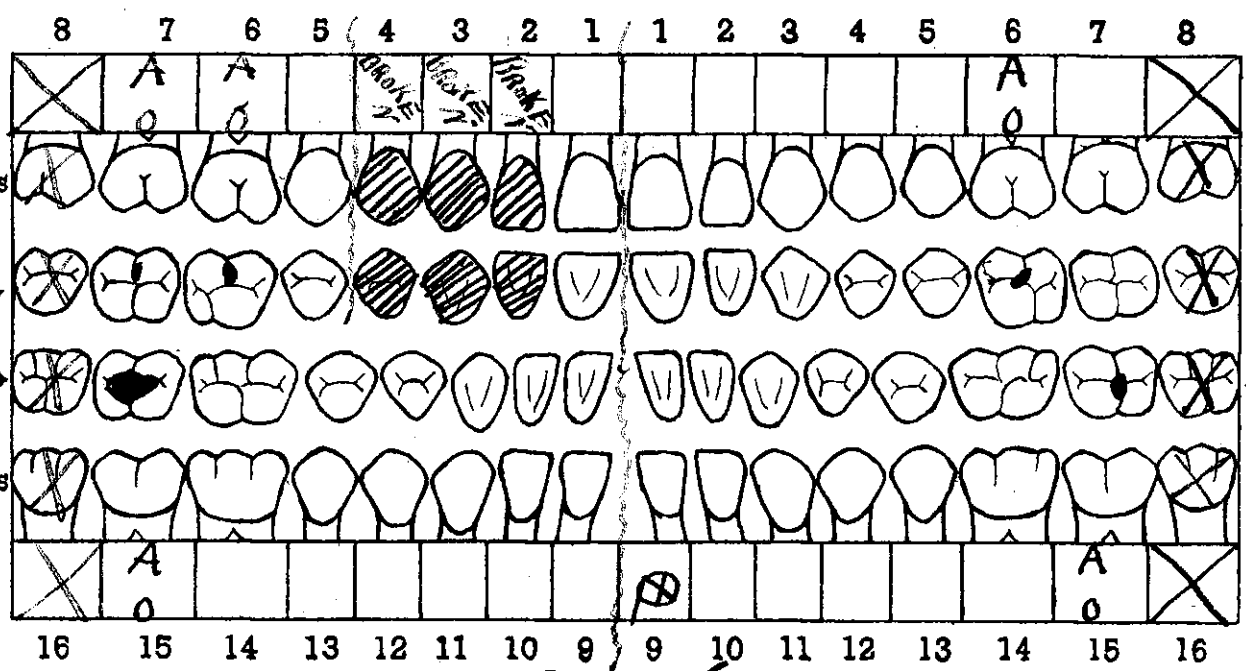
Place of Death

Date of Death

Cause of Death

Right

Left



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

WALTER J. JABLONSKI
USRA CIV IS

/s/ Walter J. Jablonski

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
CAPT OMC OPER OFF

Woodrow W. Wolf

Verified by G. R. O. Officer

CHECK LIST FOR DISINTERMENTS

() accompany Report of Burial

Only Part I should be completed, if identification tags are available. Both Part I & 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-80 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
- 3. Give exact location from which disinterred, furnishing coordinates and map series used Unburied remains, - found at Fort Driant, Ars s/ Moselle, France.
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LAND MARKS.
- 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) None
- 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)
Mr. Roberdet, French Bomb disposal
Metz, France

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

TOOTH CHART

20 June 1945

Date

UNKNOWN X-80

Unk.

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

Fort Driant, France

Unknown

Organization

Unknown

Place of Death

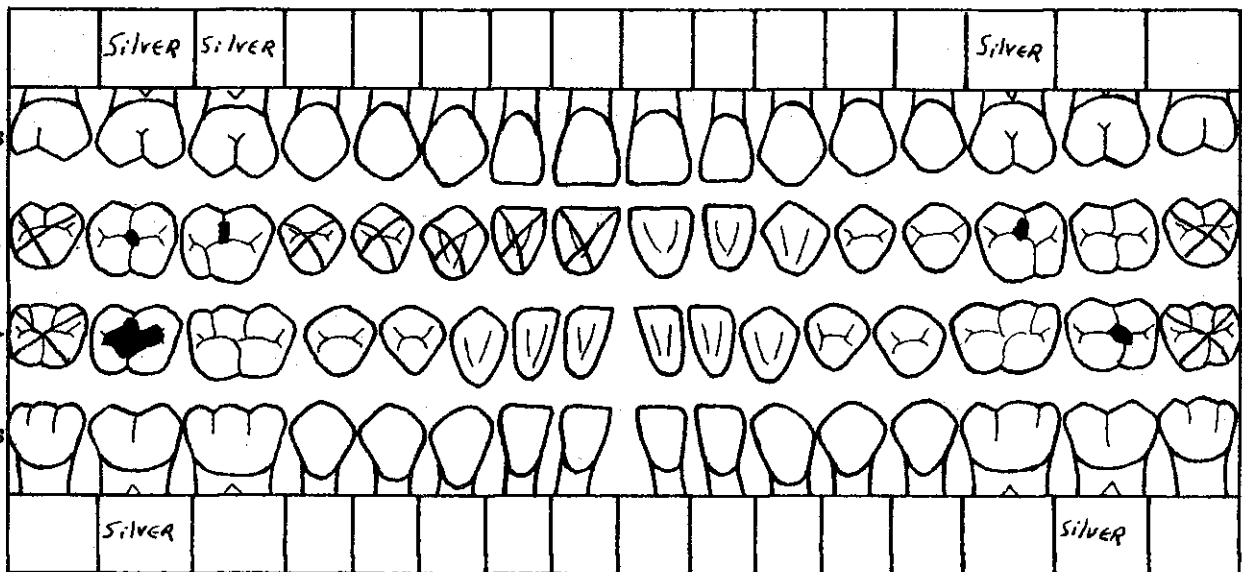
Date of Death

Cause of Death

Right

Left

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



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.

R 8, 16 and L 8, 16 extracted and granulated in
 R 1, 2, 3, 4, 5 not found with remains.

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

Matthew M. Flattery

Verified by G. R. S. Officer

MATTHEW M. FLATTERY, 1st Lt, FA, O-1169109
 3rd Platoon, 3049 CM Graves Registration Co.

AMERICAN DEAD
REPORT OF BURIAL

TM 10-430 AND AR 30-1315

20 June 1945
Date

UNKNOWN X-80 Unk. Unknown
Last Name First Initial Rank Serial No.

Unknown
Unit Organization

Fort Driant, France Unk. Unk.
Place of Death Date of Death Cause of Death

1400 hrs 20 June 1945 US Mil.Cem., Limey, France (U-642296)
Time and Date of Burial Name of Cemetery Name of Coordinates of Location

23 1 C 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?

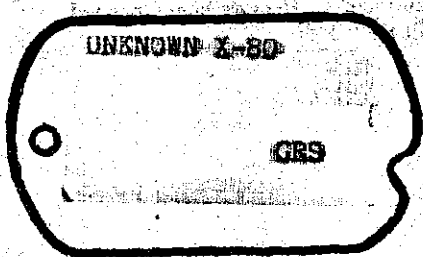
GRS Emergency tag

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

Who is buried on:
Deceased's Right: John H Jones 15042548 Pvt. 318 Inf.Regt. 22
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unknown X-81 Unknown Unk. Unknown 24
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee Unknown
Name

Address

Religion Unknown

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

None

Signature of Officer or other person reporting burial

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

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