

293 UNKNOWN-X-6

FRANCE.

(SOLERS.)

47ch

FR

QMCMT 293
SERAFIN, Joseph F.
ASN 36036178

11 October 1949

SUBJECT: Additional Information

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

1. Attached information relative to circumstances surrounding death of T/4 Joseph F. Serafin, 36036178 is forwarded in accordance with request contained in radio AGRC 5825.

2. Investigation in this Office reveals a possible association between X-10, USMC Solers, France and T/4 Serafin.

3. It is noted that the seven (7) casualties listed for Reconnaissance Company, 32nd Armored Regiment on 3 September 1944 (see attached copy After Action Report, 32nd A.R.) were interred at Solers. Burial information contained on Reports of Internment for those seven men is quite similar to that contained on Reports of Internment for Unknowns X-6, X-9, X-10 and X-14, USMC Solers. Unknowns X-6 and X-9 may be eliminated inasmuch as the fingerprints do not compare favorably. X-14 was recovered from a tank, and this is not in agreement with the known facts surrounding T/4 Serafin's death. Original Report of Internment for Unknown X-10 indicates T/4 stripes and 3rd Armored Division Patch, which are in agreement with T/4 Serafin's rank and organization.

4. It is requested that an investigation be conducted, and if the evidence warrants, that the facts be presented to a Field Board of Review and the findings forwarded this Office by Air Mail.

5. A Congressional inquiry has been received for T/4 Serafin.

FOR THE QUARTERMASTER GENERAL:

- 6 Incls
- 1- Missing Rpt
- 2- Stat (McGuire)
- 3- Stat (McCormick)
- 4- Ltr dtd 21 May 45
- 5- After Action Report
- 6- Physical & dental info

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

X 293 Mark France X-6 (Solers)

M

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

28 Sept 1948
Date

23 unknown France X 6 (Solers)

~~SUBJECT: Unidentifiable Remains~~

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

1. The records pertaining to Unknown X- 6, Plot A,
Row 5, Grave *89, USMC Solers, 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. 2397, dated 13 August 1947. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ Geo. L. Freeman
/t/

Received 15 OCT 1948 OQMG
Not identifiable from
information presently
available

FILE 28 OCT 1948
C. D. Swearingen
Ed Br.

RL *gww*

1

USMC EPINAL FRANCE BURIED AT DECEASED'S LEFT:
PLOT E ROW 21 GRAVE 19
DATE REBURIED 17 Aug 1948 **DISINTERMENT DIRECTIVE**

RIGHT: EDUNAS, DAVID A
31297504 Pvt

SECTION A - *Albert E. Price*
NAME AND BURIAL LOCATION OF DECEASED: **ALBERT E. PRICE**
DIRECTIVE NUMBER: **3568 00015**
DATE: **15 05 48**
DAY MONTH YEAR

NAME: **UNKNOWN** SERIAL NUMBER: **X-000006** RANK: **Q** ARM: **Q** DATE OF DEATH: **3502 80**
DAY MONTH YEAR

CEMETERY: **SOLERS MELUN** DISPOSITION OF REMAINS: **0 3502 80**
CODE DIST. PT.

PLOT: **A 5 89** COUNTRY: **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: **Unknown** SERIAL NUMBER: **X-6** RANK: **UTD** DATE OF DEATH: **9 July 1948** DATE DISTINTERRED:

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNKNOWN** RELIGION: **UTD** IDENTIFICATION VERIFIED BY: **V. K. Sorenson Embalmer** NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Mattress cover.** CONDITION OF REMAINS: **Advanced decomposition.**

OTHER MEANS OF IDENTIFICATION: **GRS tag on marker.**

MINOR DISCREPANCIES: **None.**

REMAINS PREPARED AND PLACED IN CASE: **Transfer case.**

DATE: **9 July 1948** BY: *V. K. Sorenson* **V. K. Sorenson**

CASKET SEALED BY: **E.C. SETTLE III** EMBALMER (Signature): *E.C. Settle III* **E.C. SETTLE III**

CASKET BOXED AND MARKED: **8/17/48** BY: **E.C. SETTLE III** **J.B. JOHNS, 1st Lt. Inf.**

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**

Kanemitsu Ito
KANEMITSU ITO, 1st Lt, Inf.
SIGNATURE OF GRS INSPECTOR

NAT FILE RECORDS ANNOTATED
DATE: *18 Oct 48*
NAME: *[Signature]*
B & R BR.

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

no action necessary

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Solers		TO USMC Epinal	
KIND OF CONVEYANCE Train		NAME OF CONVOYER <i>But Jim E. Freeman</i>	
SIGNATURE OF SHIPPER <i>J. A. Peacock</i> JOSEPH A. PEACOCK, Capt, Inf.	DATE <i>11/21/48</i>	SIGNATURE OF RECEIVER <i>William D. ...</i>	DATE <i>23 Nov 48</i>

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 <i>A. K. ...</i>	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>...</i>	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

Handwritten initials

FILE UNDER NO. 293 - 293 - Unknown France X-6 (Solers)

INDEX SHEET

SYNOPSIS

///////

1st Ind.

9 June 1947

FROM:
TO:

OLMG

CG, Amer. GRC, European Area, APO 58, c/o PM, New York

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown Misc

rtb

FILE UNDER NO. 293 - Unknown France X-6 (Solders)

INDEX SHEET

SYNOPSIS

LETTER

1 April 1947

FROM: OQMG
TO: AG, ASF
ATTN: Status Review & Determination Sub-Sec., AGO,

SUBJ: Identification of Unknown Deceased

Fingerprint Comparison

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc)

rtb

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION COMMAND
 EUROPEAN AREA
 APO 58 US ARMY

293 unk. France (Solers) X-6

28 Sept. 1948
 Date

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X- 6, Plot A,
 Row 5, Grave 89, USMC Solers, 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. 2397, dated 13 August, 1947. No
 further information is available.

FOR THE COMMANDING GENERAL:

George L. Freeman
 GEORGE L. FREEMAN
 1st Lt QMC
 Actg Asst Adj Gen

Received 10-15-48 OQMG
 Not identifiable from
 information presently
 available

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

I-76

IDENTIFICATION CHECK LIST

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

Unknown X 6
Cemetery Solers, France
Plot A Row 5 Grave 89

Date reprocessed:

1. Arrived at cemetery 29 July 1947
(Hour) (Date)
2. Place of death
(Name of closest town) (Coordinates and letter Prefix, maps)
.....
(Sheet, scale and serials used)
3. Remains recovered or disinterred by Mobile Team, AGRC, EA
(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: **Right HUMERUS 31,9** **RIGHT TIBIA 36,7**
Right ULNA 25,7 **RIGHT FIBULA 36,8**
RIGHT RADIUS 24,1 **LEFT FEMUR 43,9**

Age UTD Est. Height 5.5" Weight UTD Description of wounds UTD

Bandages or dressings Large bandage over left side of abdomen Scars UTD
(Length, width, location)

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

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

Sunburn or tan, other than hand and face UTD

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

Build UTD
(Large, fat, thin, muscular)

Hair Medium brown 2 inches long
(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**
 (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 **Est. 20 7/8 inches**
 (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)

..... **UTD**
 (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 **Medium brown**
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

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

Evidence of healed fractures **UTD**
 (Nose, arms, legs, etc.)

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

SEE ATTACHED CHART

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

If not, explain Too decomposed

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

9. Remarks Remains received in an advanced stage of decomposition.
No clothing found.
Remains wrapped in mattress cover and hospital dressing.
An operation had been performed on the abdomen.
No burial report found. No GRS tag found.
Estimated weight of remains: 40 Lbs.
Fluoroscopic Examination not necessary.
Nothing found to warrant Chemical Laboratory Examination.

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.

Ernest Gaddy
(Officer's Name)
ERNEST C. GADDY
C.W.O. U.S.A.
Rank Service

CENTRAL IDENTIFICATION POINT
(Organization)

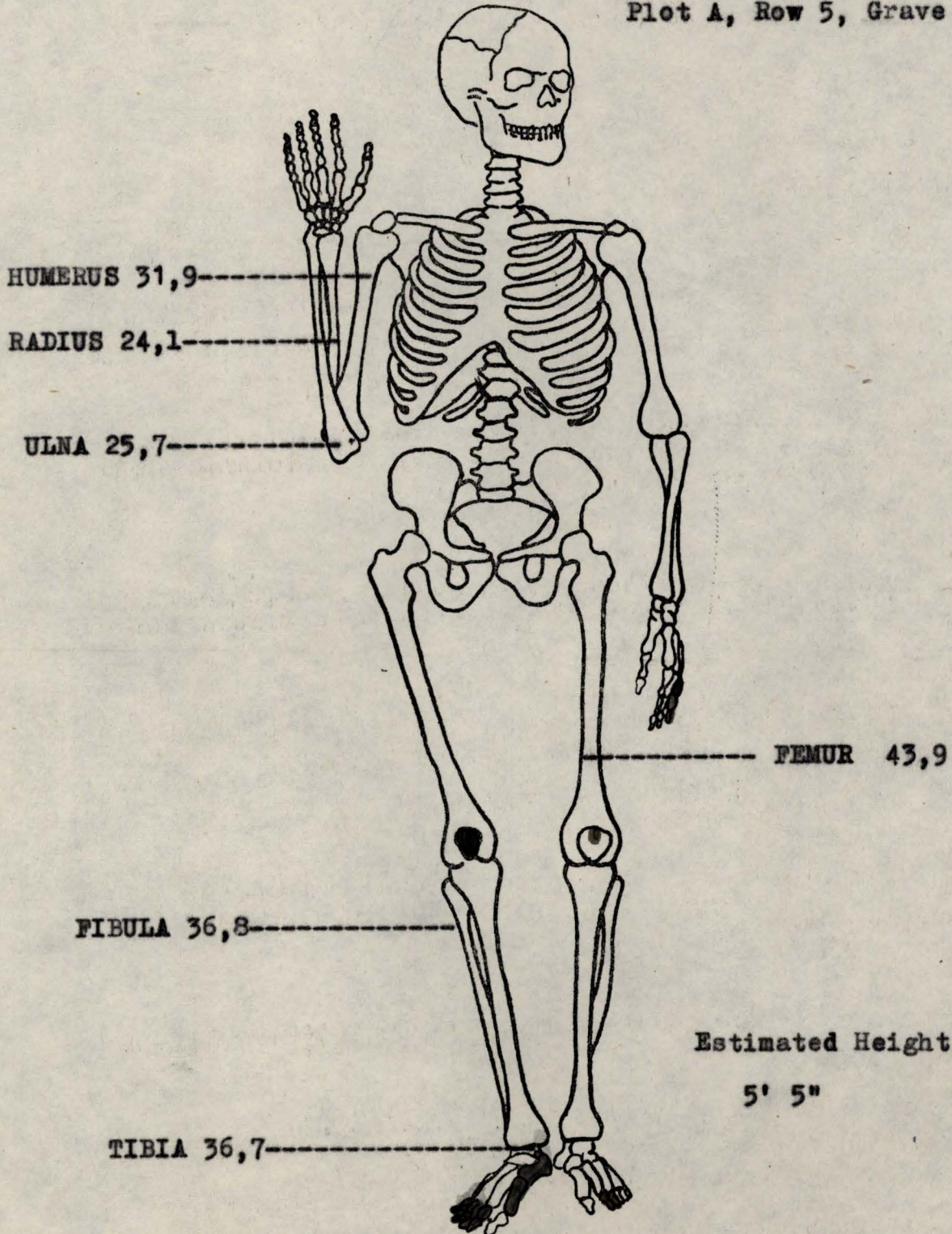
X-6

SKELETAL CHART

Solers, France

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot A, Row 5, Grave 89



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

Salers, France
Plot A, Row 5, Grave 83

TOOTH CHART

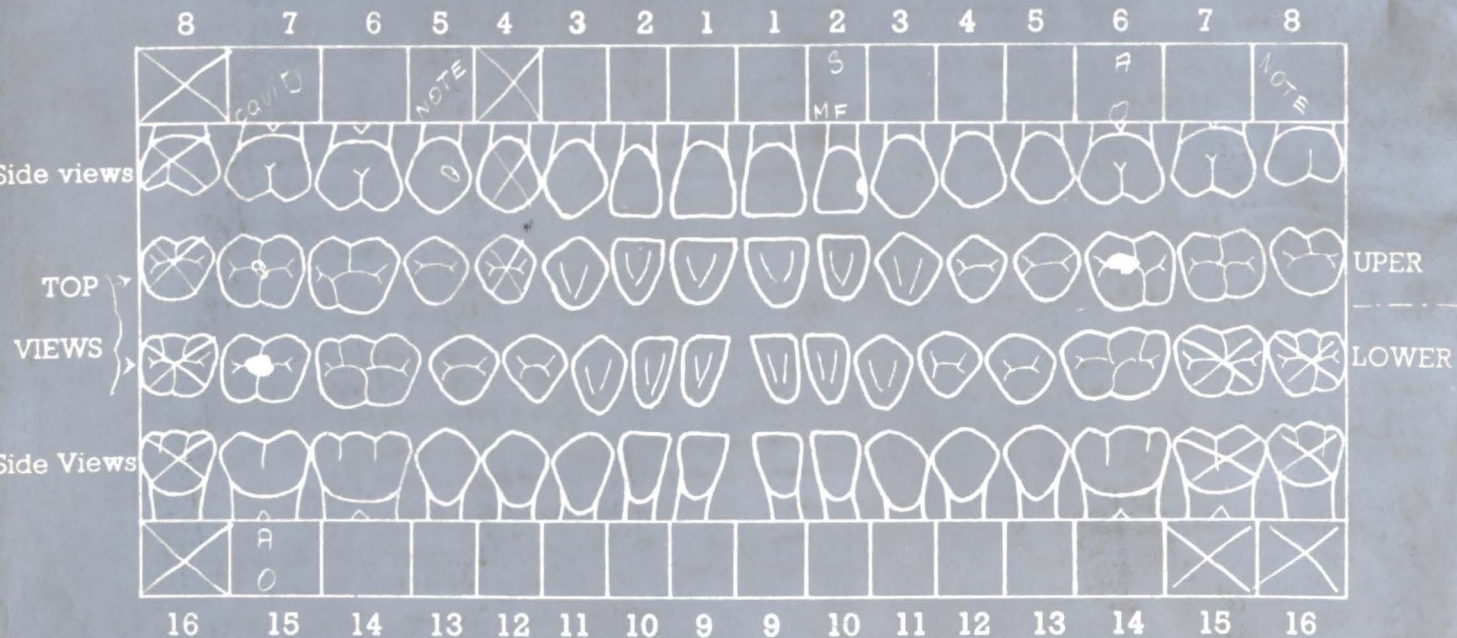
29 July 1947
Date

UNKNOWN A-6

Last Name: UNKNOWN A-6 First: Initial: Rank: Serial No.:
Unit: Organization:
Place of Death: Date of Death: Cause of Death:

Right

Left



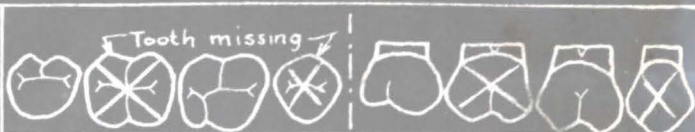
See Remarks

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.

Raymond T. Winkler M.D.
Signature of Officer or other person who prepared Tooth chart

Ernest Caddy
Verified by G. R. S. Officer
ERNEST C. CADDY
CWO USA C.I.P.

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



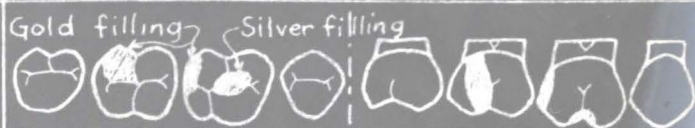
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



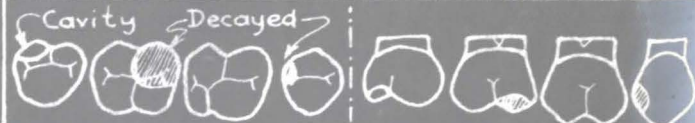
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Spaces R 5-R 3, 7mm; R 3-R2, 2mm; R 2-R1, 1mm; L 1-L 2, 1mm.

L 8 peg shaped.

R 3 rotated 1/8 turn mesially.

L 13 lingual incl. 3mm.

R 5 developmental defect facial surface.

Stain moderate, lingual surface of upper anteriors and left posteriors.

Heavy stain on lingual of lowers.

Calculus moderate on uppers.
heavy on lowers.

Teeth, white, medium size, in good alignment.

Consolidate 22987.

with X-6 Sales

Degen

293 Unk France (Solers) X-6

FILE UNDER NO. 293 - Unknown(22987)- France SOLERS

INDEX SHEET

SYNOPSIS

Letter

3/22/45

FROM:
TO:

COMZ
CG, COMZONE European T/O APO 887, c/o PM New York, NY

SUBJ:

Fingerprints of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unknown France (Misc.) SOLERS

CONSOL. W/

UNK 293 X-6, France (Solers)

(RM)

RESTRICTED

22987

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

1 Sept 44

Date

UNIDENT. X 6 (AMERICAN)

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Belgium

2 Sept 44 Est.

KIA. GSW. Head.

Place of Death

Date of Death

Cause of Death

1600-hrs, 4 Sept 44

Solers # 1

301-187

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

89

5

A

Temp

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Fingerprints on other side.

What means of identification were buried with the body?

GR. Form # 1 and Embossed Plate.

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

Who is buried on:

Deceased's Right:

Erck, Allen W.

0-389520

90

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

UNIDENT. X 5

88

Name

Serial No.

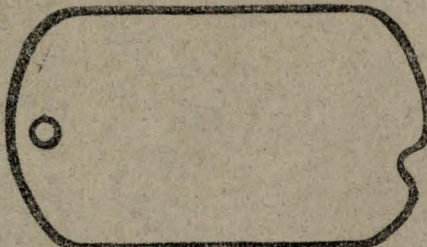
Rank

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

Name

Address

Religion

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

No Effects.

Signature of Officer or other person reporting burial

Robert E. Berry

ROBERT E. BERRY

1st Lt. OMC

Graves Registration Officer

Verified by G.R.S. Officer

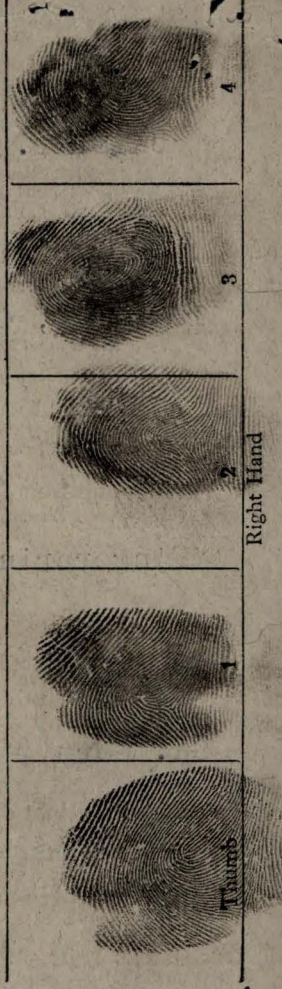
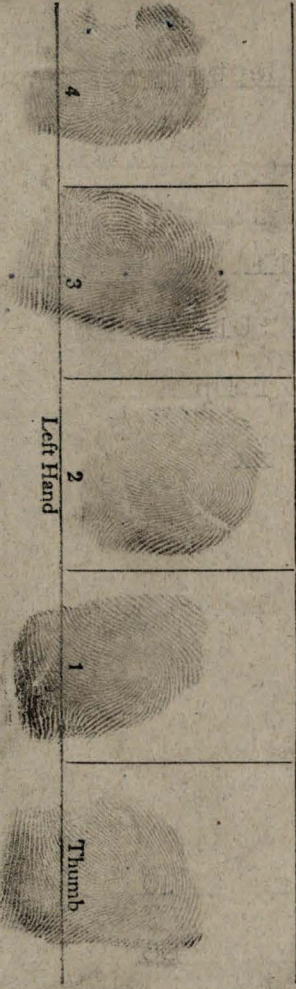
IF DECEASED UNIDENTIFIED

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

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

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

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



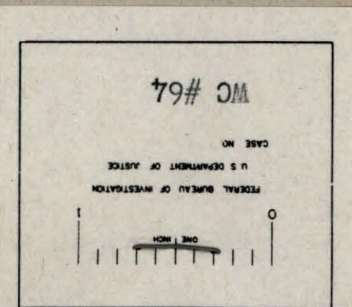
TOOTH CHART

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

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

Characteristics: _____
 Other Data: _____

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



*not found in F.B.I.
 would and/w.D.
 12/ May 147*

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

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

22987
4 Sept 44 27
Date

UNIDENT. X 6 (AMERICAN)

Last Name First Initial Rank Serial No.

Unit: **Belgium** Date of Death: **2 Sept 44 Est.** Organization: **KIA. GSW. Head.**
Place of Death: **1600-hrs, 4 Sept 44** Cause of Death: **301-187**
Time and Date of Burial: **89 5** Name of Cemetery: **Solers # 1** Name or Coordinates of Location: **Temp**
Grave Number: **89** Row Number: **5** Plot Number: **A** Type of Marker: **Temp**

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

If No Identification Tags

How were remains identified?

Fingerprints on other side.

What means of identification were buried with the body?

GR. Form # 1 and Embossed Plate.

hugh

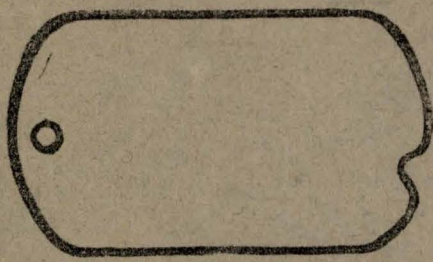
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: **Erek, Allen W. 0-389520 90**
Name Serial No. Rank Organization Grave No.

Deceased's Left: **UNIDENT. X 5 88**
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 _____ Name

_____ Address

Religion _____

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

No Effects.

WR-106-98

Signature of Officer or other person reporting burial
ROBERT E. BERRY
1st Lt. OMC
Graves Registration Officer

27 ✓

IF DECEASED UNIDENTIFIED

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

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

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

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



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

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

Characteristics: _____

Other Data: _____

Not found in F.B.I.
Woodland / Cal.
9 / Feb. / 45

22987
4 Sept 44 27
Date

RESTRICTED REPORT OF BURIAL
TM 10-630 AND AR 30-1815

GRAVES REGISTRATION Form No. 1 (Revised 1 Sept, 1943)

UNIDENT. X 6 (AMERICAN)

Last Name

First

Initial

Rank

Serial No.

Unit

2 Sept 44 Est.

Organization

KIA. GSW. Head.

Belgium

Place of Death

Date of Death

Cause of Death

1600-hrs, 4 Sept 44

Solers # 1

301-187

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

89

5

A

Temp

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags How were remains identified?

Fingerprints on other side.

What means of identification were buried with the body?

GR. Form # 1 and Embossed Plate.

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

Who is buried on:

Erek, Allen W.

0-389520

90

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

UNIDENT. X 5

5

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

Name

Address

Religion

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

No Effects.

Signature of Officer or other person reporting burial

ROBERT E. BERRY

1st Lt. OMC

Graves Registration Officer

Verified by G.R.S. *[Signature]*

W.R. 106-98

IF DECEASED UNIDENTIFIED

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

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

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

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



TOOTH CHART

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

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

Characteristics: _____

Other Data: _____

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