293-UNK.

X-80

FRANCE (SOLERS)

48 fr

7887 GRAVES DETACHMENT

243 unk Solers V-80

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to CQMG for:

UNKNOWN X-80 Solers

(POC) EPINAL

file 277 d 51

| Familien- u. Borname: 4 bekannte  SEA X-80 4 UNINOWNS geboren am 7 656 in: Rreis:  | 41           |
|--|--------------|
|  |              |
| Truppenteil:   |              |
| The state of the s |              |
| Dienstgrad: Flg. Fliers  |              |
| Erfennungsmarte:   |              |
| Tag des Todes  April 44 Vannes 3/ Cosson  34 (6) 144   | - 43         |
|  |              |
| Lage und Nr. des Grabes: Okleans - Les Anbrais Dep   | 1.           |
| Lairet Reihel, grab 14- 20 anges much. were  | 70.0         |
| Gemeldet durch: B.L. Ref. 1. B.G.D. Waft. Erupp. 2 31. Telakati. 589, Otleans Ty. M. 29713 A v. 18.7.4   | 4            |
| 4 bet W. G. U.   | Section Con- |

Led at: Orleans Les Aub (Loiret) Row 2, grave 17, 18, 19 and 20. Brit and Amer. section

> SOLERSI 6-1-4

ReG# 4039 B/L HQ AGRC, ETA, Subj. Isolated Burials, dtd. 8-6-46, 4th Ind. Cont'd. / 0/) eT

(Loiret 4039)

4th Ind.

TDE/rj

Headquarters, 551st Quartermaster Group, APO 809, US Army, 16 July 1946

TO: Commanding Officer, Second Field Command, AGRC, APO 887, US Army.

Basic communication complied with, inviting attention to the 3rd Indorsement.

FOR THE GROUP COMMANDER:

13 14/ Tel: Reims 2961 & 2962 Ext. 4 3,35

man D. Elkelin TRUMAN D. ECKOLS Major - Infantry Chief Operations Section

- 14 - 13 - 12 - 11 - 10

( Loiret 4039)

5th Ind.

AGRYO 293.9

HEADQUARTERS, SECOND FIELD COMMAND, AMERICAN GRAVES REGISTRATION COMMAND, APO 887 ( Fontainebleau ) U.S ARMY 23 JULY 1946.

TO: Commanding Officer, American Graves Registration Command, European Theaten Area, APO 887 U.S Army.

1. Attention is invited to 3rd indorsement.

- 2. Investigation conducted in the Orleans area revealed that five known crew members listed in inclosed MACR had been previously disinterred by 3049th QM Graves 23 April 1945 and evacuated to U.S Military Cemetery, Solers, France. Three unknowns presumably including the remaining crew hembers and AVALLONE, V.J T-123319 were disinterred on the same date and reburied in U.S Military Cemetery, olers, as unknowns X-85, X-86 and X-87.
- 3. Further investigation failed to disclose any remaining American burials in this vicinity.
  - 4. This Headquarters now considers this case closed.

FOR THE COMMANDING OFFICER

Inel: n/c Tel: "ontainebleau 5710 Ext. 124

gules E. Franklin JULES E. FRANKLIN 2nd Lt.

Actg. Chief, Isolated Burials Division.

(Loiret 4039)

2nd Ind ..

HEADQUARTERS 551 QM Group, APO 809, US Army, 24 June 1946.

TO: Commanding Officer, Detachment 608 QM Graves Reg. Co., Orleans, France, APO 809, US Army.

- 1. For compliance with basic communication and 1st Indorsement.
- 2. Information copy of this communication has been furnished company headquarters.
- 3. For operational purposes the detachment at Orleans will correspond and communicate direct with this Headquarters.

BY ORDER OF COLONEL TRAVER:

Tel.: Reims 2961

Incls: n/c

TRUMAN D. ECKOLS

Major Inf. Chief of Operations

(Loiret 4039)

3rd Ind.

OWC/tm

HEADQUARTERS 608 QM Graves Registration Co., APO 809 US Army, 15 July 1946.

TO: Commanding Officer 551 CM Group, APO 809, US Army.

1. Thorough investigation has been completed. Brothen, John O., Emert, Alfred C., Sparks, Harry L., Ellis, Jesse R., Freidkas, William have been disinterred by 3049 CM G.R. Co. and reinterred on 23 April 45 in Solers Military Cemetery. The above-mentioned deceased were the only deceased found during investigation. On 23 April 1945 three unidentified deceased were buried in Solers Military Cemetery as Unknown X - 85, X - 86 and X 87.

FOR THE COMMANDING OFFICER:

Incls: n/c

Tel: Chalons 1192

16 JUL 1946
HEADQUARTERS
HEADQUARTERS
HEADQUARTERS
HEADQUARTERS
HEADQUARTERS

Orland W. Carroza
ORLAND W. CARROZA
2nd Lt. Inf
OPERATIONS OFFICER

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

29 3 unde France X 80 (Salers) 28 Sept 48 SUBJECT: Unidentifiable Remains The Quartermaster General TO: Memorial Division Washington 25, D. C. 1. The records pertaining to Unknown X- 80, Plot F, Row 3, Grave 48, 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. 2256 , dated 4 April 1947 . No further information is available. FOR THE COMMANDING GENERAL:

> Received \_\_\_\_\_\_OOMG Not identifiable from information presently available

> > FILE 28 OCT 194

CHIGMY DEPT OF ARMY WASH DE CAMPBELL X 5641

UNCLASSIFIED

CO AGRE PARIS PRANCE

41806

PRIORITY

XXXXXXXXXXX

AGRC 1350

CHARGE GRAVES WW TT

FROM CMCMY REURAD ABLE GEORGE ROCER CHARLIE ONE THREE FIVE ZERO

FOUR ONE PD UNKNOWNS XRAY EIGHT ZERO AND XRAY EIGHT ONE SOLERS FRANCE
COULD NOT BE ASSOCIATED WITH SUBJECT DECEDENT DUE TO LACK OF
IDENTIFYING DATA CMA ALSO XRAY NINE FIVE AND XRAY NINE NINE SOLERS
FRANCE COULD NOT BE ASSOCIATED WITH SUBJECT DECEDENT DUE TO DENTAL
DISCREPANCIES PD REQUEST YOUR HEADQUARTERS FORWARD BY RADIO REPLY ANY
NEW ASSOCIATIONS MADE WITH LT HESSER

AGRE 1350 IS MC IN 53218

(8 MAR 48)

UNCLASS IF IED

GMGMY 293 GRAVES REGISTRATION EA

21 1730Z JULY 18 O.J. MURRAY MAJOR, GMC, MEM DIV Hause

| (40)   | h h                                       |                            |   |  | 0 1  |  |          | FBJ  |
|--|---|----------------------------|---|--|--|--|----------|--|
| 4  | USMC A<br>PLOT B R<br>DATE REB            | NAL, F<br>OW GRA<br>URIED: | RAVE 27 Aug 48 DIS                        | 2  | ENT DIRECT   |  | ALC: NO. | 333746 HARD, B.  |
|  | SECTION A —<br>NAME AND BU                | RIAL LOCA                  | ND W. ASHLEY TION OF DECEASED             | 1.000  | 3568   |  | 1        | DATE 15   05   48   DAY   MONTH   YEAR   |
| IAME   |   |                            | UNKNOWN                                   | SERIAL NU  | THE RESERVE OF THE PARTY OF THE | RANK   | ARM<br>Q | The second secon |
| SOLERS<br>LOT ROW  | ME<br>GRAVE                               | COUNTR                     | ROWNING WALLEST TO A STREET OF THE STREET | Terosia<br>Terosia   | TO CONTROL   |  | 0        | 3502 80<br>CODE DIST. PT.  |
| F 3  | 48  |                            | ANCE                                      |  |  |  |          | 6  |
| EPINAL,  | FRANCE                                    |                            |   | NAME   | AND ADDRESS OF   |  |          |  |
| IAME   | UNK                                       | NOWN                       | SECTION C — DISINTE SERIAL NUMBER         | RMENT AN   | DIDENTIFICATION DATE OF DEATH  |  |          | E DISTINTERRED   |
| IDENTIFICATION TAG REMAINS MARKER  |   | NIZATION                   | UNKNOWN                                   | <b>900</b>   | RELIGION   | Wm E.  | ON VER   |  |
| ATURE OF BURIAL  | C. S. |                            | SECTION D — PREPARAT                      | PROPERTY AND PROPE | AINS FOR SHIPME  | STATE OF THE PARTY |          |  |
| OD Unii  | form                                      |                            |   |  | Multiple   | fractur  | es.      |  |
| GRS te   |   | rema                       | ins and marke                             | er.  | CHECKER WIN  |  |          | 60.3   |
| None   | is 1                                      |                            |   | 127  | N. OURCANE   |  |          |  |
| EMAINS PREPARED A  | ND PLACED IN C                            | xxxx t                     | rf case                                   | 7/19   | 199  |  |          |  |
| ATE 22 Jul<br>ASKET SEALED BY  | 4   | CIPOOT I                   | BY  | Wm E.  | Dann<br>R (Signature)  |  | Se       | the.   |
| ASKET BOXED AND  | MARKED                                    | SETTLE                     |   | SHIPPING<br>MARKI  | ED C SET<br>ADDRESS VERIFIED<br>NGS VERIFIE  | ED BY:   | 13       | PLATES AND   |
| THE RESERVE AND ASSESSMENT OF THE PARTY.   | certify that a<br>eport above             | Il the for                 | regoing operations we                     | re conduc<br>cept  | casketing  | plished unde   | er my    | immediate supervision  |
| THE RESERVE OF THE PARTY OF THE | Jolers                                    |                            |   |  | Kanemits   |  | 1 L      | t Inf  |
| Prepare Disc   | repancy Repo                              | ort QMC                    | Form 1194a for major                      |  |  |  | A LANGE  | 1564 A   |

no tetter necessarios

**医处原图** 

MC FORM EV 15 MAR 46 1194

## RECORD OF CUSTODIAL TRANSFER

| 要。在《中国·西西斯·西西斯·西西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·   | 1. SHI               | PPED   |                 |
|--|----------------------|--|-----------------|
| USMC Solers  |                      | USMC Epinalito, 1 Lt Inf   |                 |
| IND OF CONVEYANCE  |                      | NAME OF CONVOYER T. Delcurel   |                 |
| Train IGNATURE OF SHIPPER  | DATE OTGE            | SIGNATURE OF RECEIVER OF THE SIGNATURE OF RECEIVER   | DATE            |
| though Berech  | 7 Augus              | 111111111111111111111111111111111111111  |                 |
| Joseph A. Peacock, Capt I  | 2. SHI               | PPEN TO A POPULATION OF THE PPEN   | 141             |
| ROM  |                      | TO   |                 |
| CIND OF CONVEYANCE   |                      | NAME OF CONVOYER   |                 |
| COST SECTIONAL STATE OF THE SECTION  |                      | ANNUT CORRESPONDE SALL SALL SALL SALL SALL SALL SALL SAL   |                 |
| IGNATURE OF SHIPPER 19   | DATE                 | SIGNATURE OF RECEIVER  | DATE            |
| A PART MILAN O CITY XXX UTI Case   | 10                   |  |                 |
| and The State of t | 3. SHII              |  |                 |
| ROM  |                      | 10   |                 |
| IND OF CONVEYANCE  |                      | NAME OF CONVOYER   |                 |
| GRS tags with remains and  | parker.              | SIGNATURE OF RECEIVER  | DATE            |
|  | 4. SHI               | PPED   | Street Tolling  |
| sow OD Uniform   | 12.12                | 10 Multiple fractures.   |                 |
| CIND OF CONVEYANCE   | Ser Seaten           | NAME OF CONVOXES   | LILA CONTRACTOR |
| GIGNATURE OF SHIPPER   | DATE                 | SIGNATURE OF RECEIVER  | DATE            |
| ODDO-X MARKING   |                      | व  |                 |
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| (BY ADMINISTRATIVE ORDER)  |                      | NAME OF CONVOYER   |                 |
| GIGNATURE OF SHIPPER ELLINGT LEVANCE   | DATE                 | SIGNATURE OF RECEIVER  | DATE            |
| e evip street programme.   |                      | STATE OF THE PARTY |                 |
| The second secon | 6. SHI               | PPED THE REAL PROPERTY OF THE PERSON OF THE  |                 |
| SOW F 3 48 FRANCE  |                      | e  |                 |
| IND OF CONVEYANCE  | WALL TO              | NAME OF CONVOYER   | 14              |
| SIGNATURE OF SHIPPER   | DATE                 | SIGNATURE OF RECEIVER  | DATE            |
|  |                      | TO THE STATE OF THE POOR   | TO THE          |
| UNK  | 7. SHI               | PPED UUU UU  |                 |
| ROM  |                      | TO sheeting  |                 |
| IND OF CONVEYANCE  | 4.7                  | NAME OF CONVOYER ON STATE OF THE STATE OF TH | 48              |
| SIGNATURE OF SHIPPER   | DATE                 | SIGNATURE OF RECEIVER  | DATE            |
| The state of the s | The Part of the last | courts operating stars: 4  | 100             |
|  |                      |  |                 |

FB3

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APC 58 US ARMY

SUBJECT: Unidentifiable Remains.

TO:

The Quartermaster General

Memorial Division Washington 25, D.C.

- 1. The records pertaining to Unknown X- 80 , Plat F , Row 3 , Grave 48 , 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. 2256, dated 4 April, 1947 . No further information is available.

FOR THE COLMANDING GENERAL:

1st It

Actg Asst Adj Gen

Receievd 10-15-48 00MG Not identifiable from information presently available

CHECK LUST FOR DISTINGUENTS (To accompany Report of Mabura)

Only Part I should be completed, if identification tags are available.

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

If information is unavailable, so indicate.

## FART I. (Positive Identification)

|    |  | Contract of Contract of | The second of the second   |  |
|----|--|-------------------------|--|--|
|    | Unknown X-80<br>(Full name of deceased)  | Unknown                 | Unknown  | Unknown  |
| 1  | (Full name of deceased)  | (Rank)                  | . (ASN) ·  | (Organization)   |
|    | State if identification tags   | were state              | hed to remains   | how many, and where  |
| ֡  | attached No tags found.  |                         |  |  |
|    | Give exact location from whi   |                         |  | THE RESIDENCE OF THE PARTY OF T |
| S  | eries used Grande cimetiere  | of Orleans              | F685225, 10H, P  | ithiviers-Orleans.   |
|    | ICTE: ATTACH OVERLAY SHOWING   | Town Town               | TAN OF TOSTABLE  | GDATED DECEMO I OGS  |
|    | FION IN WITH PERMANENT LANDM   |                         | TICH OF ISOLATED   | GRAVE TYING LOCA-  |
|    | Full name of cemetery (if our  |                         | owen iged cometo   | our)   |
|    | France Cimetiere of Orleans.   |                         | on ganzasa cemeter   | 11   |
| A  | pproximate or established de   | ate of deal             | h (state which &   | give basis for data  |
|    | elected) Unknown   |                         | . ,  | 8  |
|    | - OTINITO WILL   |                         |  | The second secon |
|    | Explicate the second se |                         |  | CONTRACTOR OF STREET   |
| Ā  | pproximate or established de   | a se of buri            | al (give basis fo  | r date established   |
| TT | Inknown  |                         |  |  |
| Mi | anner in which grave was man   | ked and al              | I information con  | ntained on the   |
| m  | *rker No grave marker of a   | ny kind.                |  |  |
| _  |  |                         |  |  |
|    | ist personal effects found   |                         |  |  |
| t  | ary personnel, furnishing ne   | eme and add             | ress of individus  | als concerned  |
| 7  | None   |                         |  |  |
|    |  |                         |  |  |
|    |  |                         | -  |  |
|    | Tames and addresses of all pand information each furnished   |                         |  |  |
|    | aker, there responsible for  |                         |  |  |
|    | information)   | Dus san and             | eny coner posses   | same amportante  |
|    |  | 12 - 21                 | 202  |  |
|    | C. Lermis - interpreter for  |                         |  |  |
|    | M. Fernand Genchou, secreta<br>Marcel Lacroix - superinten   |                         |  |  |
|    | Marcel Lacrolx - Superinten  | dent of the             | e cemetery at Uri  | eans.  |
|    | All the second s |                         |  |  |
|    | CONTRACTOR OF THE PROPERTY.  | STATE OF THE STATE OF   |  |  |
|    |  | HART II                 |  |  |
|    | (Doubtful or   | Underermin              | ed Identification  | 1)   |
|    |  |                         | 1.   | ACM  |
|    | Fill in any information avail  |                         |  | ASN, or organiza-  |
|    | tion (Check cemetery records   | and critce              | /  |  |
|    |  |                         |  |  |
|    | 700.   |                         |  |  |
|    |  |                         | tht brown in axil  |  |
| -  | live description of facial fe  |                         | The state of the s | The state of the s |
|    | including the presence of sea  |                         |  |  |
|    | hair, presence of mustache or  |                         |  | ,,,  |
|    | T Producto or masterne bi  | 20024, 00               | - onoocarngore   |  |

| Give as detailed description as possible of condition and amount of require Complete head and rt hand missing. Rt leg severed at ankle. Advance state of decomposition. Approx. weight of remains-100 lbs.   |
|--|
| Give probable cause of death, type & location of wounds (is there evident that body was burned) Plane crash. Type & location of any wounds unobtained  |
| There is no evidence of any burning.   |
| Give minute description of all effects, clothing & shoes, including clothe markings & sizes, as well as shoe size. List each item of clothing, with description of any unusual cuts, design markings, poskets, colors, patches etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicables Cotton undershirt, wool undershirt, wool on sweater(sleevless), dark green electrically heated flying suit; all sizes  |
| are unobtainable.  Fleece lined flying boot-size extra large.  |
| Fleece lined llying bood-size extra large.   |
|  |
|  |
| Give description of any vehicle found in the area that could be connected with the death of the deceased None involved.  |
| (Type) (ND Serial No.) (Organization) (Serial N° & Type)   |
| of each gun) Give exact location of remains in vehicle before removal  None involved.  |
| If buried in a coffin, give description and markings   |
| List names of all other decessed persons buried in the vicinity. Also give available information concerning the cause & place of each that may assist in identification of those remains   |
| Men listed on investigation report made by Matthew M. Flattery, 1st Lt., FA, 3049 QM Graves Reg Co.  |
|  |
|  |
|  |
| Other pertinent information which would aid in establishing identity.  |
|  |
| The contract of the contract o |
| Matthew M Flattery  Lst Lt 0-1169109 3019 QM Gr Reg Co (Individual in Charge of Disinterment) (Rank) (ASN) (Organization)  |
|  |

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

## IDENTIFICATION CHECK LIST

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

|                           |                          | Unknown X - 80                                    |
|---------------------------|--------------------------|---|
|                           |                          | Cemetery Solers , France.                         |
|                           |                          | PlotRow Row Grave                                 |
| Date reprocesseds         |                          |   |
| neoedcalocaradecy (       | Hour) (Date)             |   |
| Place of death            | Name of closest town)    | (Coordinates and letter Prefix, maps)             |
|                           | Name of closest town)    | (Coordinates and letter Frenk, maps)              |
| (Sheet, scale and         | serials used)            |   |
| Remains more dis          | interred by Mobile La    | boratory Central Identification Point, St         |
|                           |                          | (Name and organization)                           |
| Evacuated to Cemetery b   | у                        |   |
|                           |                          | (Name and organization)                           |
| Description of clothing a | nd equipment: (if clothe | es do not fit, obtain size from body measurements |
| Item Clothin              |                          | Indicate unusual markings                         |
| Markin                    |                          |   |
| Headgear None             | MATERIAL SERVICE         |   |
| (                         | Type)                    |   |
| Raincoat None             |                          |   |
| OvercoatNone              |                          |   |
| acket, FieldNone          |                          |   |
| acket, Combat None        |                          |   |
| Mackinaw None             |                          |   |
| Sweater Remnant           | of wool,                 |   |
| acket, HBTNone            |                          |   |
| Shirt, Wool OD            | •                        | -   |
| Indershirt, Wool          | mants of                 |   |
| Undershirt, CottonR       | emmants of               |   |
|                           |                          |   |
| Trousers, HBTN            |                          |   |

| Belt, web   |
|---|
| Drawers, wool   |
| Drawers, cotton None  |
| Leggings, wool. None  |
| Socks, resear wool, remants of,   |
| * Shoes (type)  |
| Overshoes None  |
| Web Equipment (type)  |
| (Other item) Remnants of electrically heated flying suit, remnants of electrically  |
| heated flying boot. (Other item)  |
| * If body is nude, sizes of these items should be computed by measuring the remains   |
| Chevrons or 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?  |
| Description of Remains:   |
| AgeHeight 61_23/42 WeightDescription of wounds Utd  |
| Bandages or dressings Utd Scars Utd   |
| (Length, width, location)   |
|   |
| Tattoos (Number, location — illustrate on separate page)  |
| •   |
| Outstanding moles, warts or birthmarks.  (Yes-no; description, location)  |
| Outstanding moles, warts or birthmarks (Yes-no; description, location)  Sunburn or tan, other than hand and face  |
| Outstanding moles, warts or birthmarks  (Yes-no; description, location)  Sunburn or tan, other than hand and face  Utd  Complexion  (Light, medium, dark, clear, pimples, pocks, freckles)  |
| Outstanding moles, warts or birthmarks (Yes-no; description, location)  Sunburn or tan, other than hand and face Utd  |
| Outstanding moles, warts or birthmarks.  Sunburn or tan, other than hand and face.  Complexion  (Light, medium, dark, clear, pimples, pocks, freckles)  Hair Land Mark (Large, fat, thin, muscular)   |
| Outstanding moles, warts or birthmarks.  (Yes-no; description, location)  Sunburn or tan, other than hand and face.  (Light, medium, dark, clear, pimples, pocks, freekles)  Build  (Large, fat, thin, muscular)  Hair Light brown straight approx. 2 logg. (Color, length, quantity, curly, wavy, straight, whorls, or definite parting) |
| Outstanding moles, warts or birthmarks.  (Yes-no; description, location)  Sunburn or tan, other than hand and face.  (Light, medium, dark, clear, pimples, pocks, freckles)  Build  (Large, fat, thin, muscular)  Hair Light bron straight approx. 2 108.  (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  |

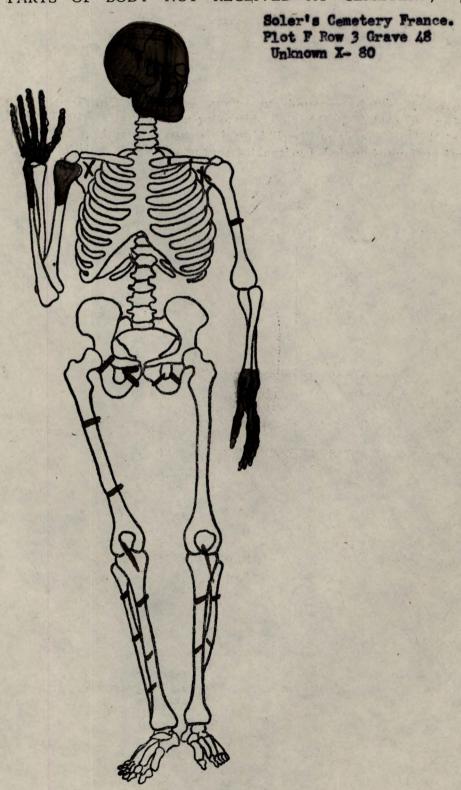
6.

| Goatee                                   | Utd   |  |   |
|--|---|--|---|
|  | (Light, color, extent)  |  |   |
| Eyes                                     | 110-2   | Eyebrows   | (Color, Dushiness, extent across nose)  |
|  | (Color, setting, shape)   |  | (Color, bushiness, extent across nose)  |
| Nose                                     |   | Eears  | Ued   |
|  | (Size, shape, straight)   |  | (Size, set close to or far from head)   |
| Mouth                                    | Utd   | Lips   | Utd   |
|  | (Large, medium, small)  |  | (Small, large, full)  |
| Teeth                                    | Teeth missing   | ***************************************  |   |
|  | (White, size, uneveness, s  | spacing, noticeable cro  | owns, fillings, extracts)   |
| Chin                                     | Utd   |  |   |
|  | (Prominent, re  | eceding, pointed, dimp   | ples, double)   |
| law                                      | Utd Circum  | ference of head is   | n inches skull missing  |
|  | (Large, small, normal)  |  | (Hat band)  |
| Veck                                     | Пед   | Larvnx   | Utd   |
| Veca management                          | (Size, length, short, normal, wrinkled)   |  | (Prominent, normal)   |
| Shoulders                                | Utd   | Arms   | Utd   |
| diffurders                               | ***************************************   | minimum 4 11 1110 minimum  |   |
|  | (Broad, straight, small, rounded)   | (Length,   |   |
|  | (Broad, straight, small, rounded)  Utd  | (Length,   |   |
|  | (Broad, straight, small, rounded)  Utd  (Short, thick, long, sle  | (Length,   | o, missing fingers or joints)   |
| Fingers                                  | (Short, thick, long, sle  | nder, size of knuckles   | s, missing fingers or joints)   |
| Fingers                                  | (Short, thick, long, sle  | nder, size of knuckles   | s, missing fingers or joints)   |
| Fingers                                  | (Short, thick, long, sleet)  (Unusual charaet)  (Size of nipples, color, quant  | nder, size of knuckles   | s, missing fingers or joints) s) ir, large, small, normal)                        |
| Fingers                                  | (Short, thick, long, sle  | nder, size of knuckles   | s, missing fingers or joints) s) ir, large, small, normal)                        |
| Fingers                                  | (Short, thick, long, sleet (Unusual character)  (Size of nipples, color, quant  | nder, size of knuckles cteristics of fingernail tity and extent of ha  | s, missing fingers or joints)  ir, large, small, normal)  ity, and color of hair) |
| Chest                                    | (Short, thick, long, sleet (Unusual character)  (Size of nipples, color, quant  | cteristics of fingernail tity and extent of ha   | s, missing fingers or joints) s) ir, large, small, normal)                        |
| Chest                                    | (Short, thick, long, sleen (Unusual character)  (Size of nipples, color, quant (Size of navel, appended)  (Quantity and extent of hair) | cteristics of fingernail tity and extent of ha   | ir, large, small, normal)  ity, and color of hair)  Pubic Hair  Yes-no)  (Color)  |
| Chest                                    | (Short, thick, long, sleet (Unusual character)  (Size of nipples, color, quant  | cteristics of fingernail tity and extent of ha   | ir, large, small, normal)  ity, and color of hair)  Pubic Hair  (Color)           |
| Chest                                    | (Size of nipples, color, quant  (Size of navel, appended)  (Quantity and extent of hair)  | cteristics of fingernail tity and extent of ha ctomy, amount, quanti   | ir, large, small, normal)  ity, and color of hair)  Pubic Hair  Yes-no)  (Color)  |
| Fingers  Chest  Back  Herniaplasty       | (Size of nipples, color, quant  (Size of navel, appended)  (Quantity and extent of hair)  | cteristics of fingernail tity and extent of ha ctomy, amount, quanti   | ir, large, small, normal)  ity, and color of hair)  Pubic Hair  Yes-no)  (Golor)  |
| Chest                                    | (Size of nipples, color, quant  (Size of navel, appended)  (Quantity and extent of hair)  | cteristics of fingernail tity and extent of ha ctomy, amount, quanti Circumcision  | ir, large, small, normal)  ity, and color of hair)  Pubic Hair  Yes-no)  (Color)  |
| Chest                                    | (Size of nipples, color, quant  (Size of navel, appended)  (Quantity and extent of hair)  | cteristics of fingernail tity and extent of ha ctomy, amount, quanti Circumcision  | ir, large, small, normal)  ity, and color of hair)  Pubic Hair  Yes-no)  (Color)  |
| Fingers  Chest  Back  Herniaplasty  Legs | (Size of nipples, color, quant  (Size of navel, appended  (Quantity and extent of hair)  (Size, corns, callouses, flat)                 | cteristics of fingernail tity and extent of ha ctomy, amount, quanti Circumcision (Yes-no; location) bowed, normal, quan | ir, large, small, normal)  ity, and color of hair)  Dark by Yes-no)  (Color)      |

| 7. | Have finger prints been placed on Report of | Interment? (Ves-no)  |
|----|---|--|
|    |   | (10.20)  |
|    | If not, explain                             |  |
|    |   |  |
| 8. | Has tooth chart been prepared? (Yes-no)     | If not, explain  |
|    |   |  |
|    |   |  |
| 9. | Remarks Remains received with larg          | e amount of decomposed flesh, majority of  |
|    | bones fractured. Remnants of, clothi        | ng badly decomposed no markings evident.   |
|    |   | esults Negative. Estimated weight of remain<br>dentification were found, this case remains |
|    |   | nt Chemical Laboratory Examination.  |
| 3  | 220000000000000000000000000000000000000     |  |
|    |   |  |
|    |   | nains of subject deceased and all resulting information                                    |
|    | has been recorded to the best of my knowled | ge.  |
|    |   |  |
|    |   | on with mo   |
|    | Grave marker:                               | Munth 1. Mu htm  |
|    | Inknown X- 80                               | (Officer's Name)   |
|    | A CO  | ELLSWORTH T. MAC INTYRE  |
|    |   | Rank Service   |
|    |   |  |
|    |   |  |

## SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



| TRAVES REGISTRATION OF NO. 1   |  |  |   |  |
|--|--|--|---|--|
| Revised 1 Sept. 1943)  | REPORT   | F BURIAL   | 20  | April 1945   |
| in a   | JAA 063-01 MT lands. If unable to obta   | gerprints of Both F  | Take Fin  | Date   |
| nknown X-80 ni Ili   | Take Those You Can, and I  | Sing Fingerprints, 7   | U complete  | nknown   |
| Last Name  |  | MAPS: laitin   | the follow  | Serial No.   |
| Unit   | vorsamber of Rifle:  | ght: m   | Organization  |  |
| nknown   | vonviru Glasses?   | or of Eyes:  | LIBILE  |  |
| Place of Death 1944  | of Solers Chart Attache Solers Ceme  | Death - 19   | Rac   | S-3018   |
| Time and Date of Rurial  | li trada dinot Nametofil   | e. bave medical warsman  | Idiasod Name or Coord   | inates of Location   |
| 8 Grave Number Row Number  | hart below.) In space below, le  | Plot Number  | oro and descri  | SS<br>pe of Marker   |
| Disposition of Identification Tags:  |  | o Attached to Ma   | The second second   |  |
|  | balled with body Tes [] 140  | A Attached to Ma   |   | -  |
| f.No Identification Tags How were remains identified   | 12   |  |   | u  |
|  | ody is in an adwand  |  |   |  |
| ead and rt hand missi<br>Il that remained of o   | ing, with rt leg se  | evered at ankle  | . Approx.   | 100 lbs is   |
|  |  | v any identifying cluss f  | Note below  |  |
| What means of identification   | on were buried with the body 315   | rganization of deceased,   | probable or   |  |
| CDC Provener Ma  |  |  | 100   |  |
| GRS Emergency Tag  | 5  |  |   |  |
| Ditt.  | . D  | •  |   |  |
| o determine Right or Left us   |  | ert.   | The second second   |  |
|  |  |  |   |  |
| A Dronet   |  | Pfc 77]  | FABn  | 19   |
| Propst   |  | Pfc 773  | F A Bn Organization   | 119 E  |
| Propsi   | t 35753729<br>ame Serial No.  Win X-76 Unknown   | Rank Unk Unk   | Organization  | Grave No.  |
| Deceased's Right: Propsi   | t 35753729  ame Serial No.  Wm X-76 Unknown Serial No.   | Rank Unk Unk Rank  | Organization  Organization  | Grave No.  |
| Deceased's Right: Propsi   | t 35753729  ame Serial No.  Wm X-76 Unknown Serial No.   | Rank Unk Unk Rank  | Organization  Organization  | Grave No.  |
| Deceased's Right: Propsi   | t 35753729  ame Serial No.  Wm X-78 Unknown  Serial No.  Serial No.  Serial No.  Serial No.  Serial No.  | Rank  Unk  Rank  Rank  a si sidt II  above Data when other than  | Organization Organization Organization  TRAHO I   | Grave No.  |
| Deceased's Right: Propsi   | t 35753729  ame Serial No.  Wm X-76 Unknown Serial No.   | Rank  Unk  Rank  Rank  a si sidt II  above Data when other than  | Organization Organization Organization  TRAHO I   | Grave No.  |
| Deceased's Right: Propsi   | ame 35753729  Forial No.  Wm X-78 Unknown  Serial No.  | Rank  Unk Rank  S at sidt M above Para when other than   | Organization Organization Organization  TRAHO I   | Grave No.  |
| eceased's Right: Propsi  | ame 35753729  Forial No.  Wm X-78 Unknown  Serial No.  | Rank  Unk  Rank  Rank  a si sidt II  above Data when other than  | Organization Organization Organization  TRAHO I   | Grave No.  |
| Deceased's Right: Propsi   | ame 35753729  Forial No.  Wm X-78 Unknown  Serial No.  | Rank  Unk Rank  S at sidt M above Para when other than   | Organization Organization Organization Officer reporting burial.  | Grave No.  |
| Deceased's Right: Propsi Number of Name, Right and Propsi Deben engage enough  | ame 35753729  Forial No.  Wm X-78 Unknown  Serial No.  | Rank  Unk Rank  S at sidt M above Para when other than   | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  |
| Deceased's Right: Propsi Number of Name, Right and Propsi Deceased's Left: Unknown Number of Name, Right and Propsi Deceased's Name, Right and Propsi UNKNOWN X 80   | ame Serial No.  Win X-78 Unknown Serial No.  | Rank  Unk Rank  B ai zidi H above Data when other than the cation tag is not affixed ressee Unknown  Addre   | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  |
| Deceased's Right: Propsi Number of Name, Right and if point Deben space show it UNKNOWN X 80  GRS  | ame Serial No.  Wm X-78 Unknown Serial No.  See Organization of person furnishing and partial of identification of person furnishing.  Emergency Additional Religion Units   | Rank  Unk Unk Rank  a i zidi II above Data when other than incation tag is not affixed ressee Unknown  Addre   | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  |
| Deceased's Right: Propsi Noneceased's Left: Unknow Noneceased's Left:  | ame Serial No.  Wm X-78 Unknown Serial No.  See Organization of person furnishing and partial of identification of person furnishing.  Emergency Additional Religion Units   | Rank  Unk Unk Rank  a i zidi II above Data when other than incation tag is not affixed ressee Unknown  Addre   | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  |
| Deceased's Right: Propsi Number of Name Right and Propsi Signature of Name Right and Propsi Debegon space sport if   | ame Serial No.  Wm X-78 Unknown Serial No.  See Organization of person furnishing and partial of identification of person furnishing.  Emergency Additional Religion Units   | Rank  Unk Unk Rank  a i zidi II above Data when other than incation tag is not affixed ressee Unknown  Addre   | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  |
| Deceased's Right: Propsi Number of Name, Right and if point Deben space show it UNKNOWN X 80  GRS  | ame Serial No.  Wm X-78 Unknown Serial No.  See Organization of person furnishing and partial of identification of person furnishing.  Emergency Additional Religion Units   | Rank  Unk Unk Rank  a i zidi II above Data when other than incation tag is not affixed ressee Unknown  Addre   | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  |
| Deceased's Right: Propsi Number of Name Right and Propsi Signature of Name Right and Propsi Debegon space sport if   | ame Serial No.  Wm X-78 Unknown Serial No.  See Organization of person furnishing and partial of identification of person furnishing.  Emergency Additional Religion Units   | Rank  Unk Unk Rank  a i zidi II above Data when other than incation tag is not affixed ressee Unknown  Addre   | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  177 Grave No.  HTOOT  SS SS  11 12 12 12 12 12 12 12 12 12 12 12 12 1 |
| Deceased's Right: Propsiling Prop | ame Serial No.  Ferial No.  Fe | Rank  Unk Rank  Bai sidt II above Data when other than the distribution tag is not affixed the distrib | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  |
| Deceased's Right: Propsil Deceased's Left: Unknown Signature of Name, Right and Propsil Debegg error of Name, Right and Propsil Deceased's Right: Unknown  UNKNOWN X 80  GRS  List only Personal Effects Four  | ame Serial No.  Wm X-78 Unknown Serial No.   | Rank  Unk Rank  Bai sidt II above Data when other than the distribution tag is not affixed the distrib | Organization Organization Organization Organization Officer reporting burial. If fill in below:  Name Name Name Name Name Name  | Grave No.  177 Grave No.  HTOOT  SS SS  11 12 12 12 12 12 12 12 12 12 12 12 12 1 |
| Deceased's Right: Propsil Noneceased's Left: Unknown Signature of Name, Right and Propsil Debegg error of the Propsil Deceased's Right: Propsil Noneceased's Right: Noneceased's Left: Unknown Noneceased's Left: Noneceased's Le | ame Serial No.  Ferial No.  Fe | Rank  Unk Rank  Bai sidt II above Data when other than the distribution tag is not affixed the distrib | Organization Organization Organization Officer reporting burial. If fill in below:  | Grave No.  |
| Deceased's Right: Propsil Deceased's Left: Unknown Signature of Name, Right and Propsil Debegg error of Name, Right and Propsil Deceased's Right: Unknown  UNKNOWN X 80  GRS  List only Personal Effects Four  | ame Serial No.  Win X-78 Unknown Serial No.  Die Organization of person furnishing and algorithm of identify print of id | Rank  Unk Rank  Bai sidt II above Data when other than the distribution tag is not affixed the distrib | Organization Organization Organization Organization Officer reporting burial. If fill in below:  Name Name Name Statistics of fertilities Name Name Name  | Grave No.  |
| Deceased's Right: Propsilization of the property of the proper | Tande Cemeter  Serial No.  Ser | Rank  Unk Unk Rank  Bai sidt II above Data when other than the distribution tag is not affixed the dis | Organization Organization Organization Organization Officer reporting burial. If fill in below:  Name Name Name Statistics of fertilities Name Name Name  | Grave No.  |
| Deceased's Right:  Propsi Note Control of Name Right and Propsi Signature of Name Right and Propsi Debegg enough and Propsi Deceased's Left:  Unknown X 80  GRS  Cist only Personal Effects Found Custy buried in One Plot K Row 1   | Tande Cemeter  Serial No.  Ser | Rank  Unk Rank  Bai sidt H above Data when other than the distribution tag is not affixed the distribu | Organization Organization Organization Officer reporting burial If fill in below:  Name Name Name Officer reporting burial | Grave No.  |

|                  | 1    |   |  |   |  |             |                                       |   |                                      | Carvas Registration  |
|------------------|------|---|--|---|--|-------------|---------------------------------------|---|--------------------------------------|--|
|                  |      | 210                                       | [ [hard  | ra O                                      | 2  | IF          | DECEAS                                | ED UNIDE                                      | TIELED WADI                          | Forst Van  |
|                  | 4    | -   | Date   |   | Tal  | ce Fin      |                                       |   | nable to obtain a                    |  |
|                  |      |   | UMOUD  | Unl                                       | con  | iplete :    | set of Fingerpr                       | ints, Take Those Y                            | ou Can, and fill in                  | Vakanowa X-80  |
|                  |      |   | erial No.  | 3   | the  | follow      | ing:                                  | Initial                                       | First                                | Last Name  |
|                  | -    |   |  |   | ation  | Wei         | ght:                                  | Laundry Number of                             | Marks:                               |  |
|                  | -    | -   | rash   | (C) 9                                     | Plan   |             | or of Eyes:                           | nworWear Glas                                 | Ses?                                 | Talenown   |
|                  | 23   |   | -3018  |   | NDG  | Race        | I OV V                                | Jers Cemeter                                  | 2 1915                               | Place of Dear<br>1830 hrs 20 Apri  |
|                  |      | tion                                      | ites of Loca   |   | pers   | CHILLE D    | resent, nil in a t                    | personnel take a tooth tooth chart below.) In | chart, if no medical lah             | Tune and Date of Bu  |
|                  |      |   | of Marker  | Type<br>Type                              | and  | describ     | e any scars, birti                    | hmarks, moles, deform                         | nities, etc.                         | 118 Grave Number   |
| Left             |      |   |  | No E                                      | Yes 🔲  | arker       | Attached to M                         | y Yes D No E                                  | n Tags: Buried with bod              | Disposition of Identificate  |
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| ď                |      | to f                                      | Comp   | .00                                       | ttteo  | mone        | h in oteta                            | honrowhe re                                   | identified? d. Body is in            | How were remains   |
|                  |      | is  | OO lbs   | 1   | kolddy   | .9          | lans to be                            | rt leg severe                                 | missing, with                        | ned ir bas been  |
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|                  |      |   |  | 1   |  |             |                                       |   | •                                    |  |
|                  |      |   |  |   |  |             |                                       |   | cy Tag                               | GRS Emerge   |
|                  |      |   |  |   |  |             |                                       | Oo I bee shid .                               | Thomas of any for T.                 | To determine Right o   |
|                  |      |   |  |   |  |             |                                       | Night and Dete                                | Cloy P                               | Who is buried on:  |
|                  | Thur | Que.                                      | 1  | -   | Bn   | IF          | Pfc 77                                | 35753729                                      | Propst                               | Lacessed's Right:  |
|                  | nb   | 'on' o.                                   | The state of the s |   | noitenina  | 18-19       | Rank                                  | Ferial No.                                    | Name                                 | Thu  |
|                  |      | e No.                                     | Gran   |   | noitszina  | mom         | Unic Un                               | Unknown                                       | Unknown X-78                         | Deceased's Left:   |
|                  |      |   | TOOT   |   |  |             | If thi                                | is is an Isolated Bur                         | ial, make a Sketch of                | the Location   |
|                  |      | . ∞                                       | 20   | -   |  |             |                                       | ted with Permanent<br>h separate sheet.       | Lanumarks. II more                   | space needed   |
|                  |      | 7   | 10   | ; Bridges                                 | : Worled   | un De       | n tag is not affix                    | 11 print or suemuneano                        |                                      | STATE STATE OF THE |
| 45               |      | 9   | ÷  | 0   |  | 1448        | awomlati                              | Emergency Addressee                           | 08                                   | X+ NMONENO   |
| 1's L            |      | 10  | ū  | gs by                                     | Name   |             |                                       |   | ()                                   | 0  |
| Decease          |      | -   | 7  | Hilling                                   |  |             |                                       |   | )                                    | CRS  |
| Dec              |      | .70                                       | 17   | cial t                                    |  | 1683        | bbA                                   |   | (                                    |  |
| 1                |      |   |  | 2.4                                       | -  | 1           |                                       | 1.77  |                                      |  |
|                  |      | 01  | 21   | S tr                                      |  | -           | П                                     | Religion Unlanow                              | NEW TOWNSHIP OF THE PERSONS NAMED IN | and commented to the comment of the  |
|                  |      | 1 2                                       |  | rowns b                                   |  |             |                                       | ,   |                                      | List only Personal Eff   |
|                  |      | 1 1 2                                     | -  | × ; crowns b                              |  |             |                                       | ,   |                                      | List only Personal Eff   |
| 1                |      | -   | -  | by x; crowns b                            |  |             |                                       | ,   |                                      | List only Personal Eff   |
|                  |      | - 51                                      |  | teeth by x; crowns b; replacements by art | The second section is a second section of the second second section is a second |             |                                       | ,   | octs Found on Body URANI             | List only Personal Eff   |
| (tight           |      | 10 CT                                     | -<br>-<br>-<br>-<br>-  | tural teeth by x; crowns b                | entered to the second of the s |             |                                       | ,   | URAAL Grande                         | 838  |
| od's Roght       |      | 1 1 1                                     | -<br>-<br>-<br>-<br>-  | is natural teeth by x; crowns b           | contractions are to the property of the second contraction of the seco |             |                                       | ,   | URAAL Grande                         | List only Personal Eff REB revieus!y buried  |
| 4                |      | 61<br>61<br>61                            |  | sing                                      | SAIN   |             | same: None                            | and disposition of                            | URAAL Grande                         | 838  |
| Deceased s Right |      | C1 25 25 25 25 25 25 25 25 25 25 25 25 25 |  | E.E.                                      | ictoring b   |             |                                       | and disposition of                            | Crande on Body UPAL Grande Orleans   | REB reviously buried PlotRon   |
| 4                |      | 61<br>61<br>61                            |  | E.E.                                      | Characterius p   | Ather Data: | same: None                            | and disposition of                            | URAAL Grande                         | 838  |
| 4                | Crp  | 21 mm                                     |  |   | Characterius Pr.   | Other Data: | same: None                            | and disposition of                            | Crande on Body UPAL Grande Orleans   | REB reviously buried PlotRon   |