

293-UNK. X-99

FRANCE (SOLERS)

48 fr

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293 unknown France X99 (Solers)

28 Sept 48
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 99, Plot G,
Row 3, Grave *52, USMC Solers 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 4/4/47. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/ Geo. L. Freeman

Received 28 OCT 1948 OQMG
Not identifiable from
information presently
available

FILE 28 OCT 1948

*C. P. Freeman
Ed. P.*

USMC BATTAL, FRANCE
PLOT B ROW 24 GRAVE 15
DATE REBURIED: 27 Aug 1948

BURIED AT DECEASED'S LEFT: HALL, BENJAMIN G. JR. 36877664 PFC
RIGHT:

DISINTERMENT DIRECTIVE

SECTION A - RAYMOND W. ASHLEY
WOJG AUS
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3568 00051

DATE
15 05 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X-000099 0

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

LOT ROW GRAVE COUNTRY CAUSE OF DEATH
G 3 52 FRANCE 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN x-99 28 July 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
REMAINS UNKNOWN SETH COPELAND JR.
MARKER Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Mattress Cover Multiple fractures. Skeletal form.

OTHER MEANS OF IDENTIFICATION
GRS Tag with remains
GRS Tag on marker

MINOR DISCREPANCIES 1
NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer case
DATE 29 July 1948 BY SETH COPELAND JR.

CASKET SEALED BY ED C SETTLE III
EMBALMER (Signature) Ed. C. Settle III
ED C SETTLE III

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY ALL TAGS, PLATES AND
DATE 25 Aug 48 BY H B RYDER MARKINGS VERIFIED BY: 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

NAT FILE RECORDS MAINTAINED
ROBERT B. MC DANIEL, Capt, FA.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report GRS Form 1194a for major discrepancies.

NAME UNKNOWN
B & B BR.

No letter necessary

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U.S.M.C. SOLERS		TO U.S.M.C. EPINAL	
KIND OF CONVEYANCE Train		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Joseph A. Peacock</i> JOSEPH A. PEACOCK, Capt, INF, 19 Aug 46	DATE 19 Aug 46	SIGNATURE OF RECEIVER <i>W. H. ...</i>	DATE 22 Aug 46

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER E. B. VANCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM E. B. VANCE		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

OMGY DEPT OF ARMY WASH DC CAMPBELL X 5641
CG AGRC PARIS FRANCE

UNCLASSIFIED

41806
PRIORITY

XXXXXXXXXXXX

AGRC 1350

CHARGE GRAVES WW II

FROM OMGY REURAD ABLE GEORGE ROGER CHARLIE ONE THREE FIVE ZERO
REFERENCE FIRST LT ROBERT ROGER HESSER ZERO SIX NINE THREE ZERO
FOUR ONE PD UNKNOWN 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

X 293
Lent X-99
Primer (Solers)

AGRC 1350 IS MC IN 53218

(8 MAR 48)

UNCLASSIFIED

OMGY 293
GRAVES REGISTRATION EA
(Ident)

21 1730Z
JULY 48

G.J. MURRAY
MAJOR, GMC, MEM DIV

293
K. X-99 Solers
598

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION COMMAND
 EUROPEAN AREA
 APO 58 US ARMY

293 Unk. France (Solers) X-99

23 September 1948
 Date

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X- 992, Plot G, Row 3, Grave 52, USMC Solers 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 4/4/47. No further information is available.

FOR THE COMMANDING GENERAL:

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

Received 28 OCT 1948 OQMG
 Not identifiable from
 information presently
 available

Incl #28

13. Give as detailed description as possible of condition and amount of remains Approx 30 lbs in advance state of decomposition is all that remains of the deceased. Both legs & left arm missing.
14. Give probable cause of death, type & location of wounds (is there evidence that body was burned) Plane crash. Body was severely burned & the type or location of any wounds is unobtainable.
15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable: Remnants of wool undershirt, Officers OD shirt & khaki tie, OD sweater, electrically heated flying jacket, OD trousers with zipper, khaki belt with brass buckle; all sizes are unobtainable. Electrically heated bomb sight cover Type M-9 L3728, Order No 42-668-P, Spec No. WEG, Lucas Harold Corp. "24V" stenciled in yellow on cover.
16. Give description of any vehicle found in the area that could be connected with the death of the deceased None involved.
- (Type) (WD Serial No.) (Organization) (Serial No. & Type
of each gun)
17. Give exact location of remains in vehicle before removal None involved.
18. If buried in a coffin, give description and markings French "V" type casket with no markings.
19. List names of all other deceased persons buried in the vicinity, Also give available information concerning the cause & place of death of each that may assist in identification of those remains Men listed on investigation report made by Matthew M Flattery, 1st Lt., F A 3049 QM Graves Reg Co.
20. Other pertinent information which would aid in establishing identity None

Robert L. Steiner 1st Lt., 0-1593864, 3049 QM Gr. Reg Co
(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

May 1945
(Date)

AGRC
FORM NO. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X - 99
Cemetery Solers, France.
Plot G Row 3 Grave 52

1. Arrived at cemetery ~~XXXXXXXXXX~~ Date reprocessed: 21 Febr. 1947.
(Hour) (date)

2. Place of death
(Name of closest town) (ordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains recovered or disinterred by ~~XXXXXX~~ Mobile Laboratory Central Identification
(Name and organization) Point Strasbourg.

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>Remnants of wool,</u>		
Jacket, HBT	<u>none</u>		
*Shirt, Wool, OD	<u>none</u>		
Undershirt, Wool	<u>Remnants of,</u>		
Undershirt, Cotton	<u>none</u>		
Trousers HBT	<u>none</u>		
*Trousers, Wool OD	<u>none</u>		

Belt, Web **Remnants of a buckle**

Drawers, Wool **Remnants of,**

Drawers, Cotton **none**

Leggings, Wool **none** (Note unusual lacing)

Socks, Cotton **none**

*Shoes (type) **Remnants of a right service,**

Overshoes **none**

Web Equipment (type) **Remnants of parachute harness.**

(Other item) **Remnants of electrically heated flying suit. Plate on bomb sight marked as follows: Type M-9, Serial Number**

(Other item) **L 3728, Order Number 2-668-P, Spec. No. WEG.**

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

6. Chevrons or Insignia **none**
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch **none**

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

A.A.F.

8. Description of Remains:

Age **Utd** Height **Est. 5'5 3/8** Weight **Utd** Description of wounds **Utd**

Bandages or dressings **Utd** Scars **Utd**
(Length, width, location)

Tattoos **Utd**
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks **Utd**
(yes-no; description, location)

Sunburn or tan, other than hands & face **Utd**

Complexion **Utd**
(light, med, dark, clear, pimples, pocks, freckles)

Build **Utd**
(large, fat, thin, muscular)

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

Hair **None found**
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **Utd** (color, setting, shape) Mustache **Utd** (color, size, shape) Beard or Goatee **Utd** (length, heavy)

Utd
(light, color, extent)

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

Nose **Utd** (size, shape, straight) Ears **Utd** (size, set close to or far from head)

Mouth **Utd** (large, medium, small) Lips **Utd** (small, large, full)

Teeth **See Tooth Chart** (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **Utd** (prominent, receding, pointed, dimple, double)

Jaw **Utd** (large, small, normal) Circumference of head in inches **Utd "crushed"** (hat band)

Neck **Utd** (size, length, short, normal, wrinkled) Larvnx **Utd** (prominent, normal)

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

Utd
(extent and quantity of hair)

Hands **Utd**

Fingers **Utd** (sort, thick, long, slender, size of knuckles, missing fingers or joints)

Utd
(unusual characteristics of fingernails)

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

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

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

Hernioplasty **Utd** (yes-no, location)

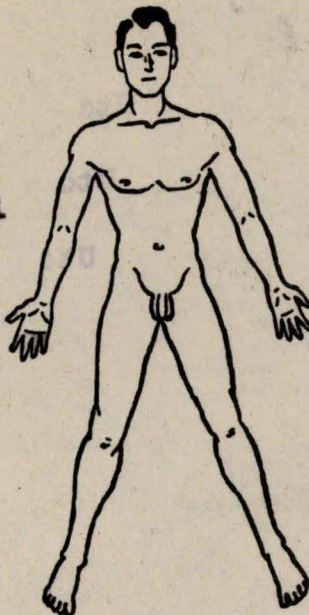
Legs **Utd** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet **Utd** (Size, corns, callouses, flat) Toes **Utd** (slender, straight, crooked, overlap)

Evidence of healed fractures **Utd** (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery:

See attached anatomical chart.



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

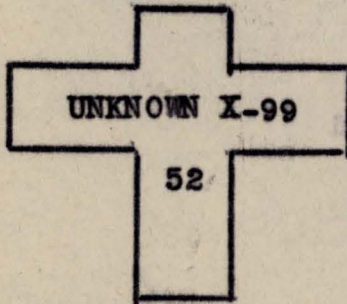
If not, explain **hands missing**

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

12. Remarks: **Remains consist of badly fractured skeleton, few remnants of burned clothing recovered. Debris and remnants of clothing fluoroscope results negative. Estimated weight of remains recovered: 12 Lbs. Nothing found to warrant Chemical Laboratory Examination. As no means of identification was found the deceased remains to be unknown. Bomb sight plate with serial number L-3728 found in debris.**

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.

Grave Marker



Ellsworth T. Mac Intyre
Officers Name

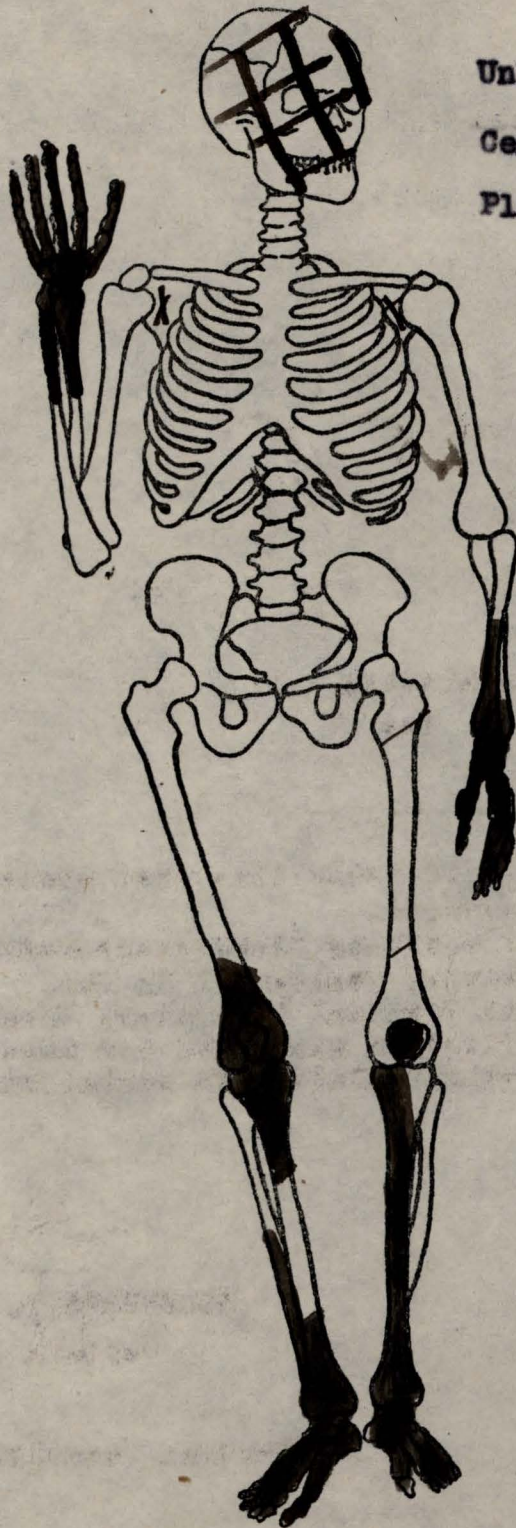
ELLSWORTH T. MAC INTYRE
Captain **Q.M.C.**

Rank Service

Central Identification Point
Organization

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Unknown X-99

Cemetery Solers, France

Plot G, Row 3, Grave 52

X-99, Cemetery Solers, France.
Plot G, Row 3, Grave 52

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, STOUSSA

21

TOOTH CHART

21 Febr. 1947

Unknown X-99

Date

Last Name First Initial Rank Serial No.

Unit

Organization

Place of Death

Date of Death

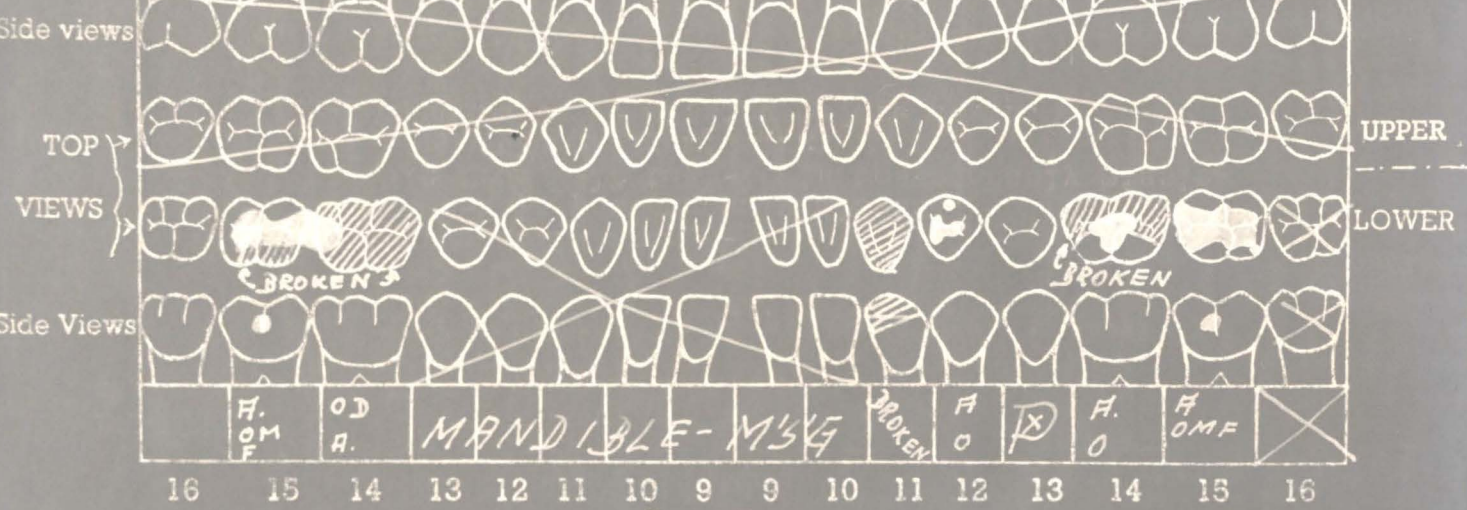
Cause of Death

Right

Left

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

← MAXILLA - MISSING →



- 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), 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.

Lawrence De Shaw 169

Signature of Officer or other person who prepared Tooth chart

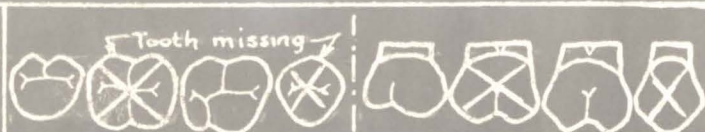
Ellsworth T. MacIntyre

Verified by G. R. S. Officer

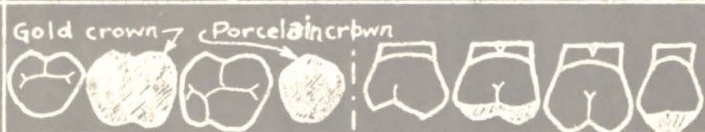
ELLSWORTH T. MAC INTYRE

Captain Q.M.C. C.I.P.

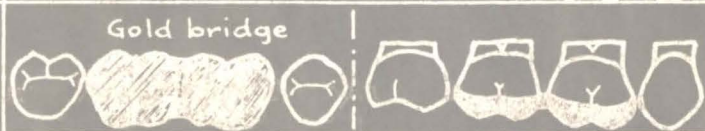
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



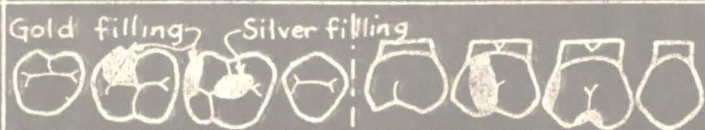
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



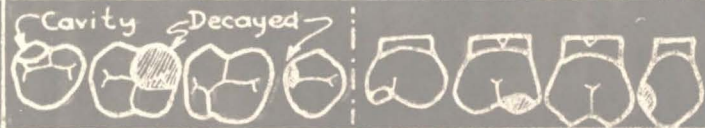
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Complete maxilla from L-8
 Thru to R-8 is posthumously missing.
 Mandible from R-13 to L-10 is posthumously missing
 L-13 is posthumously missing.
 L-16 appears to be missing before death.

RESTRICTED

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1948) AMERICAN

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

1 May 1945
Date

Unknown X-99 Unk Unknown
Last Name First Initial Rank Serial No.

Unknown Unknown
Unit Organization

Unknown Unknown Plane crash
Place of Death Date of Death Cause of Death

1130 hrs 30 April 1945 Solers Cemetery No 1 NDG VS-3018
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

52 3 G 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
How were remains identified? Unidentified. Body severely burned and in advance state of decomposition. Complete head, both legs and left arm missing. Approx weight of remains about thirty (30) lbs. Tooth chart unobtainable. See reverse side of form.

What means of identification were buried with the body?
GRS emergency tag.

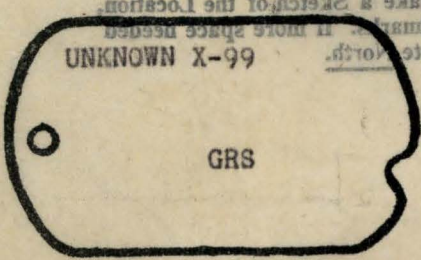
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Unknown X-100 Unknown Unk Unknown 53
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unknown X-98 Unknown Unk Unknown 51
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:

REBURIAL None

Previously buried is Grande Orleans Cemeta
Plot K Row 1 Grave 36

Signature of Officer or other person reporting burial
Robert L. Steiner
Verified by G.R.S. Officer
ROBERT L STEINER, 1st Lt., OMC
3049 QM Graves Reg Co.

RESTRICTED
1260

TOOTH CHART

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

Deceased's Left

Deceased's Right

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

GRAVES REGISTRATION
Form No. 1
(Revised 1 Sept. 1945)

Date 1 May 1945

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.

Additional information is hereby submitted:

Remnants of wool undershirt, Officers OD shirt & khaki tie, OD sweater, electrically heated flying jacket, OD trousers with zipper, khaki belt with brass buckle; all sizes unobtainable. Also with remains was an electrically heated bomb sight cover type M-9 L3728, Order No 42-668-P, Spec No. WEG

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

Lucas Harold Corp. "2 1/2" stenciled in yellow on cover.

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

Who is buried on:

Deceased's Right: _____

Deceased's Left: _____

TOOTH CHART

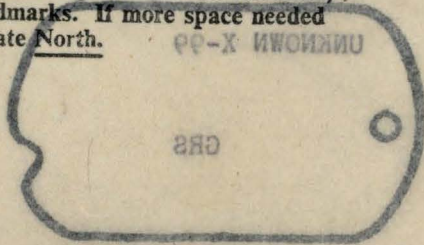
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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

Name: _____
 Address: _____
 Religion: _____
 Emergency Address: _____

Signature of Officer or other person reporting burial: _____
 Verified by G.S. Officer: _____
 Other Data: _____



REBURIAL

Previously buried in _____
 Row _____ Grave # _____

AG P BR HQ SOS /22560

ROBERT L STEINER, Lt. J.G.
 3019 OM Graves Reg Co.