

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

RRE 314.6

15 November 1949

SUBJECT: CIL Remains

243 unknown St. Avold CIL remains
m

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

1. The remains designated as Unknown X-3418 B, U S Military Cemetery St Avold, Plot PPPP, Row 3⁶, Grave 69, have been eliminated from the records of this headquarters by assignment of a CIL number.

2. Records this headquarters indicate that these remains cannot be associated with any casualty now interred in the European Area.

FOR THE COMMANDING GENERAL:

Gaylord E. Lutz
GAYLORD E. LUTZ
1st Lt, QMC
Actg Asst Adj Gen

*for filing
authority
see Bureau Report
1-27-48*

243 unknown France X-3418 B (St. Avold).

*St. Avold
CIL remains*



NOV 16 49



OUT

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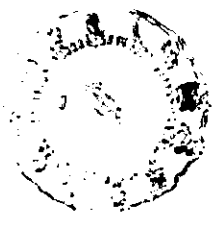
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RECEIVED
NOV 16 1979

NOV 16 79



OUT

243 unk H. Arnold CIL Miss BH

Graves Registration
Form No. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

27 Jan 48
Date

TM 10-630 AND AR 30-1815

Unknown X - 3418 A (B)

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk
Unit

Unk

Organization

Diefflen, Germany

Place of Death

Est. Dec 44

Date of Death

S.W. of Chest.

Cause of Death

1400 23 Feb 46

Time and Date of Burial

USMC, St. Avold, France (Q-260584)

Name of Cemetery

Name or Coordinates of Location

69

Grave Number

Row Number

Plot Number

Type of Marker

FFFF

Temp. Wdn. Cross

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

If No Identification Tags

How were remains identified?

This deceased was segregated from former Unknown X - 3418.

Cancel--- Assigned CIL# per ETO ltr dtd 15 November 1949

What means of identification were buried with the body?

One (1) copy of GRS form #1 placed in a burial bottle and buried with the remains.

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

Who is buried on :

Deceased's Right :

X - 3276 B
Name

Unk
Serial No.

Unk
Rank

Unk
Organization

70
Grave No.

Deceased's Left :

X - 3426 C
Name

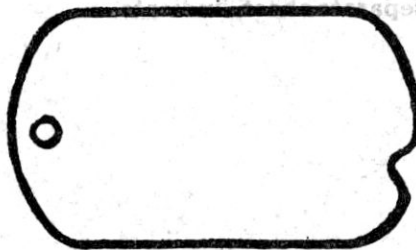
Unk
Serial No.

Unk
Rank

Unk
Organization

68
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

Unk
Name

Unk
Address

Religion

Unk

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

None

CARLYLE D. JOHNSON Jr.
US DA CIV IS

Signature of Officer or other person reporting burial

WOODROW W WOLF
CAPT QMC
OPERATIONS OFFICER

Verified by G.R.S. Officer

NHAN FILE 5 May 52

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. :

Thumb			
1			
2			
3			
4			

Left Hand

1			
2			
3			
4			

Right Hand

TOOTH CHART

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

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.

IDENTIFICATION CHECK LIST

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

D.D.# 660, dated 15 Dec 47

Unknown X - 3418 A (B).

Cemetery St. Avold, France

Plot FFFF Row 6 Grave 69

Date reprocessed :

1. ~~Arrived at cemetery~~ 14 Jan 48
(Hour) (Date)

2. Place of death Diefflen, Germany
(Name of closest town)

W Q - 2986
(Coordinates and letter Prefix, maps)

K-50, 1/250,000
(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by and reprocessed by Mobile Team #1, 1st. Zone
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u>		
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>Remnants of</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

Belt, ~~with~~ Remnants of, leather

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes Remnants of (type) one (1) shoe size "8 1/2 - B"

Overshoes Remnants of rubber overshoes.

Web Equipment None (type)

(Other item) Remnants of comb.

(Other item) None

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

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

Shoulder Patch None

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

6. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings UTD 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 Brownish black 2" 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 on case X-3418(A)B**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Head missing**
(Large, small, normal) (Hat band)

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

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

.....

Hands **UTD**

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

.....
(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **Missing**
(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.

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

If not, explain Fingers missing

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

9. Remarks See narrative of X - 3418 (A)B.

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

Woodrow W Wolf
WOODROW W WOLF
(Officer's Name)

CAPT

Rank

OMC

Service

OPERATIONS OFFICER

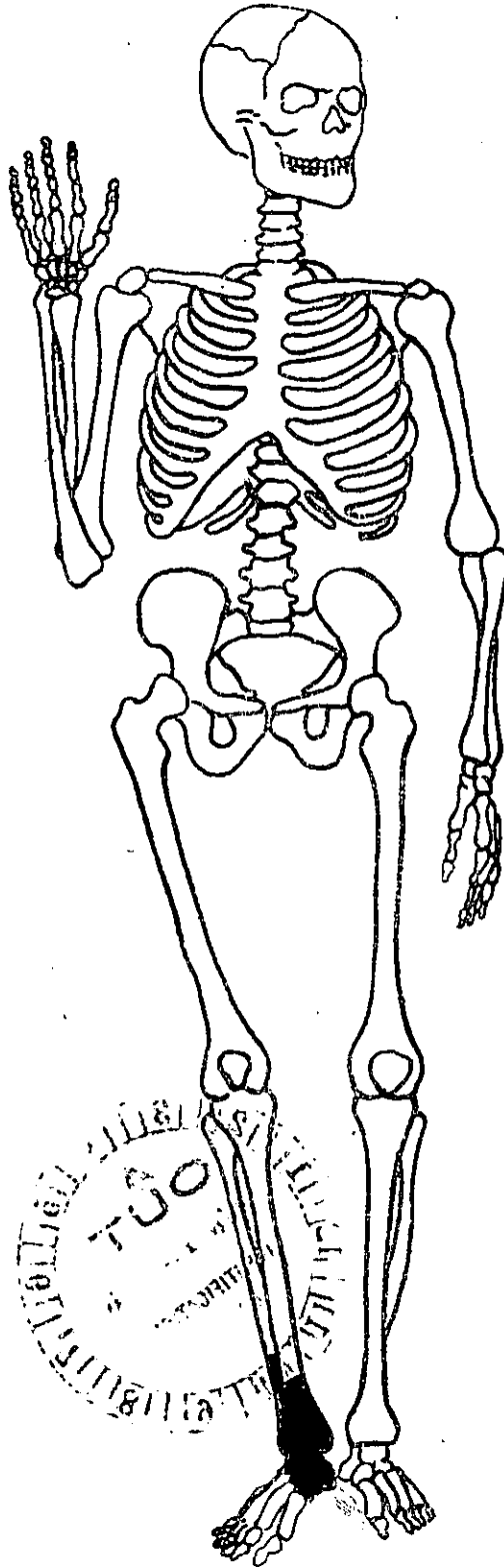
(Organization)

SKELETAL CHART

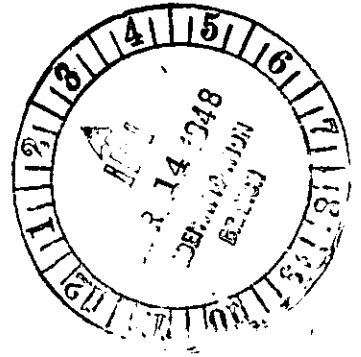
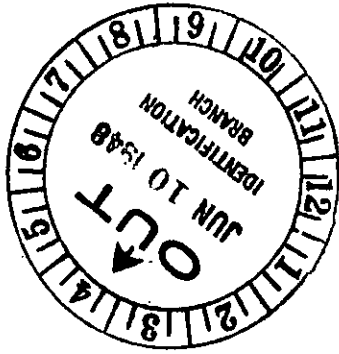
(BLACK OUT PARTS OF BODY ~~RECEIVED~~ RECEIVED AT CEMETERY)

R I G H T

L E F T



Est. Height : UTD



● x-2418 B ●
Stowed

Cancelled - Assigned

CIL #

1 ✓

USMC, ST. AVOLD, FRANCE Buried at deceased left: DAUWILDER RAYMOND (36682302 - TEC 3
Plot D, Row 6, Grave 39 Date reburied: 13 Dec 48 DISINTERMENT DIRECTIVE Right: GRACY EDWARD T 34688022 PFC

Donald H Tackett P. B. Hurston

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DONALD H TACKETT 1st Lt. QMC DIRECTIVE NUMBER 3574 00000 DATE 15 08 48 DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER B-003418 GRADE ARM Q RACE 0 RELIGION 6

CEMETERY ST AVOLD FRANCE PLOT 4F ROW 6 GRAVE 69 DISPOSITION OF REMAINS 3503 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST. AVOLD, FRANCE NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE NATURE OF BURIAL CONDITION OF REMAINS OTHER MEANS OF IDENTIFICATION

CANCELLED

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) Tags & stencils made to read Unknown X-003418-B

REMAINS PREPARED AND PLACED IN CASKET DATE BY

CASKET SEALED BY Anthony J Martin Embalmer EMBALMER (Signature) Anthony J Martin

CASKET BOXED AND MARKED DATE Oct 48 BY Anthony J Martin SHIPPING ADDRESS VERIFIED BY All markings, tags & plates verified by: RAFAEL T RUIZ 1st Lt FA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Rafael T Ruiz
RAFAEL T RUIZ, 1st Lt FA 8857 AGRC Zone 3 Hq. SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS NAT FILE RECORDS ANNOTATED DATE MAR 25 1948 NAME R & B BRV

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

Section A Name & Burial location of deceased	Directive Number 3574 Day Month	Date Year
--	--	--------------

NAME	SERIAL NUMBER	RANK	ARMY	DATE OF DEATH
UNKNOWN X-3418 B				Date Month Year

CEMETERY **ST AVOID** Disposition of Remains **Poll-Dbt**

PLOT	ROW	GRAVE	COUNTRY	Code Dist. Pt. Cause of Death
4P	6	69	FRANCE	

Section B - Consignee and Next of Kin

Name and address of Consignee	Name and Address of Next of Kin.

Section C - Disinterment and Identification

NAME	Serial Number	Rank	Date of Death	Date Disinterred
UNKNOWN X3418 B				2 Sep 48
Identification Tag on		Organization	Religion	Identification verified by
_____				Embalmer Desse H. Johnson
_____ X _____ EMB				Name & Title

Section D - Preparation of remains for Shipment

NATURE OF BURIAL	Condition of Remains
Mattress cover	Distal end of R/Tibia and Fibula and 3 foot bones are the only bones left.

Other Means of Identification

None.

Minor Discrepancies

No report of burial with remains.

Remains prepared and placed in ~~wooden~~ **metal** casket

Date 10 September 1948	By Desse H. Johnson Embalmer
Casket Sealed by	Embalmer (Signature)
Desse H. Johnson Embalmer	<i>Desse H. Johnson</i>
Casket marked	Desse H. Johnson
Date 10 Sep 48	by Kanemitsu Ito 1st Lt Inf
	All markings, tags, plates verified

I hereby certify that all the foregoing operations, ~~except casketing~~ were conducted and accomplished under my immediate supervision and that the report above is correct.

Final casketing by *[Signature]*
Kanemitsu Ito 1st Lt Inf
 Signature Of G&S Inspector (Grade & Orgn.)

Kanemitsu Ito 1st Lt Inf 7857 AGRC Zone 3 Hq

Z
293-GRS-European
50 (2000)

QMGT DEPT OF ARMY, WASH.D.C., CAPT SLOANE EXT 2462

UNCLASSIFIED

CG AGHC PARIS FRANCE

PRIORITY

X

CHARGE GRAVES

WCL-32342

FROM QMGT

293 Under/X-6531 B
1st World

RE GRIGGS CMA DENNIS HOW ZERO SEVEN ZERO THREE ONE TWO ZERO ~~CG~~ PREVIOUSLY
XRAY SIX FIVE THREE ONE ABLE CMA INTERRED UNCLE SUGAR MIKE CHARLIE ST AVOLD ~~CG~~
PLOT FOX FOX FOX FOX CMA ROW TWO CMA GRAVE TWO TWO PD REQUEST THIS OFFICE BE
INFORMED BY RADIO IF AN ASSOCIATION HAS BEEN MADE FOR XRAY SIX FIVE THREE ONE
BAKER CMA SAME CEMETERY CMA PLOT CMA ROW AND GRAVE PD ALSO REQUEST INFORMATION
REGARDING ORIGINAL GRAVE LOCATION OF BOYNTON CMA ROBERT WILLIAM ONE SIX ZERO
THREE ONE EIGHT NINE THREE ~~CG~~ INTERRED UNCLE SUGAR MIKE CHARLIE ST AVOLD ~~CG~~
PLOT EASY EASY EASY EASY CMA ROW ONE CMA GRAVE TWO PD IF THESE REMAINS WERE
DISINTERRED FROM THE SAME GRAVE LOCATION IN HOCHMUTTING ~~CG~~ GERMANY AS XRAY
SIX FIVE THREE ONE ABLE AND BAKER CMA REQUEST SIMULTANEOUS REPROCESSING FOR
POSSIBLE CONSOLIDATION OF XRAY SIX FIVE THREE ONE BAKER WITH BOYNTON ~~CG~~ AND
RESULTS FORWARDED THIS OFFICE BY AIR MAIL PD CONGRESSIONAL INQUIRY

UNCLASSIFIED

QMGT 293
GRS EUROPEAN

1218
OCT 29Z

O.J. MURRAY, MAJOR, QMC
MEMORIAL DIVISION

293 - Unk. France (Misc) (St. Avold) (X-1774, X-1779, X-1781 thru X-1788)

COMO DEPT OF ARMY WASH DC

UNCLASSIFIED

CO AGRC PARIS FRANCE

PRIORITY

W C L 25646

FROM COMGT PARA 2 MYLTR 16 FEB 49 COMGT 293 GRS EUROPEAN
SUBJ IDENTIFICATION OF UNKNOWN DECEASED

IF NOT ACCOMPLISHED REQUEST PRIORITY SIMULTANEOUS REPROCESSING
XRAY 1781B ST AVOLD ASGD CIL YOUR HQ WITH JAMES E ALLEMAN 0760523
AND OTHER DECEASED CREW MEMBERS FOR PURPOSE CONSOLIDATION PD FURTHER
REQUEST FWD BURIAL RPT AND COMPLETE CASE PAPERS FOR XRAY 1781B
WITH COPY URLTR ASGG CIL TOGETHER WITH LATEST REPROCESSING RPTS FOR
ALL DECEASED PD ABRAD DATE RPTS MAY BE EXPECTED PD ALL CASES SUSPENDED
PENDING REC PD SP INQUIRY

X 293 Unk. France (St. Avold)

UNCLASSIFIED

COMO CAPT BERRY EXT 72947
293 GRS EUROPEAN

281830Z
NOV 49

H. R. MOHER
1ST LT COM MEM DIV

C O P Y

USMC ST. AVOLD, FRANCE
Plot D, Row 41, Grave 24
Date reburied: 20 Dec 48

Buried at deceased Left

DISINTERMENT DIRECTIVE
Right:

Donald H. Packett
DONALD H. PACKETT

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3574 00000

DATE
15 08 48
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: B-001781 GRADE: Q ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: ST AVOLD FRANCE PLOT: 4P ROW: 4 GRAVE: 43 DISPOSITION OF REMAINS: 3503 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST AVOLD, FRANCE

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN SERIAL NUMBER: UNKNOWN GRADE: UNKNOWN DATE OF DEATH: UNKNOWN DATE DISINTERRED: UNKNOWN
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: UNKNOWN IDENTIFICATION VERIFIED BY: UNKNOWN NAME AND TITLE: UNKNOWN

CANCELLED
Deleted

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNKNOWN CONDITION OF REMAINS: UNKNOWN

OTHER MEANS OF IDENTIFICATION
SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
Embossed Plates and Stencil changed to read " UNKNOWN X - 001781-B."

REMAINS PREPARED AND PLACED IN CASKET
FILE

DATE: 18 MAY 1949
CASKET SEALED BY: Arthur R. Lawrence, Embalmer
REPATRIATION BRANCH

EMBALMER (Signature): *Arthur R. Lawrence*
Arthur R. Lawrence, Embalmer

CASKET BOXED AND MARKED: 8 Oct 48
DATE: 8 Oct 48 BY: Arthur R. Lawrence, Embalmer

IDENTIFICATION VERIFIED BY: *M.R. Swart*
plates verified by: M.R. SWART, Capt QMC.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

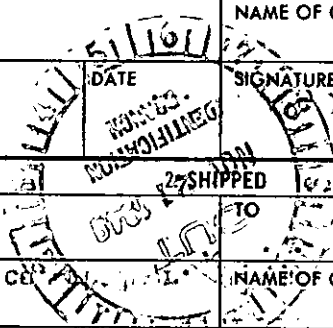
M.R. Swart
M.R. SWART, Capt QMC 7857 AGRC Zone 3 Zone
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
Jh

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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



2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

293 - Unks. France (Misc) (St. Avold) (X-1774, X-1779, X-1781A-B thru X-1788)

QMGMT 293
GRS European

16 February 1949

SUBJECT: Identification of Unknown Deceased

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

1. Reports of Burial are on file in this Office for Unknowns interred in USMC, St. Avold, France, which have been associated with the seven (7) unidentified members of the crew of 2/Lt. James K. Allen, O-760523, pilot of A/C #43-38363 which crashed 5 November 1944 while on a mission to Ludwigshafen, Germany. Comparison of dental records for the deceased with tooth charts submitted for the Unknowns and information contained in German records indicate favorable individual association as follows:

<u>Unk. No.</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>		<u>Name</u>	<u>Grade</u>	<u>ASN</u>
X-1774	SSS	7	75	associated with	East, Paul H.	S/Sgt.	3756532
X-1779	SSS	12	133	"	"	Alleman, James E.	2/Lt. 0-760523
X-1781 (A)	SSS	12	135	"	"	Edwe, Clifford E.	2/Lt. 0-557546
X-1781 (B)	PPPP	4	43				
X-1782	SSS	12	136	"	"	Bonacci, Louis	S/Sgt. 3278465
X-1783	SSS	12	137	"	"	Brent, Joseph E, Jr.	Sgt. 14185237
X-1784	SSS	12	138	"	"	Story, John J., Jr.	2/Lt. 0-555834
X-1788	SSS	12	142	"	"	Ettman, Jerome B.	2/Lt. 0-773450

2. Urgent inquiries have been received from the next of kin of the subject deceased. Inasmuch as these remains have apparently been segregated so as to represent eight (8) bodies whereas there are only seven (7) deceased, it is requested that all of the Unknowns be reprocessed simultaneously for the purpose of possible consolidation. It is further requested that the resultant findings be presented to a Field Board of Officers with a view to establishing positive identification of the Unknowns and that reports thereof be forwarded this Office at the earliest possible date.

3. As an aid to identification, there is inclosed herewith photostatic copy of chemical laboratory report regarding remnants of clothing found on Unknown X-1788. Copy of this report had not been forwarded with the Report of Burial but instead had been sent to the Army Effects Bureau.

4. OQMG Forms 371 for all of the subject deceased have previously been forwarded you.

FOR THE QUARTERMASTER GENERAL:

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

C O P Y
mab

X-1781A-B (Kottman)

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

19 Jan 1948
Date

293
Unknown X - 1781 A (B)

TM 10-630 AND AR 30-1815
I am reporting this burial if unable to obtain the fingerprint of the deceased. If you can obtain a fingerprint of the deceased, please attach it to this report.

Last Name: Unk First: Unk Initial: Unk Rank: Unk
Unit: Unk Organization: AAF

Place of Death: USMC, St. Avold, France Date of Death: 5 Nov 44 Cause of Death: Plane crash

Time and Date of Burial: 22 Feb 46 Name of Cemetery: USMC (260584) Name of Coordinates of Location: R.C.

Grave Number: 1000 Row Number: 43 Plot Number: PPPP Type of Marker: Temp. Wdn. Cross.

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

If No Identification Tags How were remains identified?
This deceased was segregated from former Unknown X - 1781 CANCEL---Assigned CIL# per ltr ETA 31 May 49, Subj: CIL Remains.

What means of identification were buried with the body?
One (1) copy of GRS Form #1 placed in a burial bottle and buried with the remains.

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

Who is buried on:
Deceased's Right: X - 847 B Unk Unk Unk 44
Deceased's Left: X - 1773 B Unk Unk Unk 42

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: Unk Name
Address: Unk
Religion: Unk
None

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

CARLYLE D. JOHNSON Jr
US DA CIV IS

WOODROW W WOLF
CAPT QMC OPER OFF

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

Handwritten notes and signatures at the bottom right, including a date '14 Mar 50'.

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.

Attached to Marker Yes No Attached to Marker Yes No

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

One (1) copy of G-2 form placed in a buried bottle and buried with the deceased.

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

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.

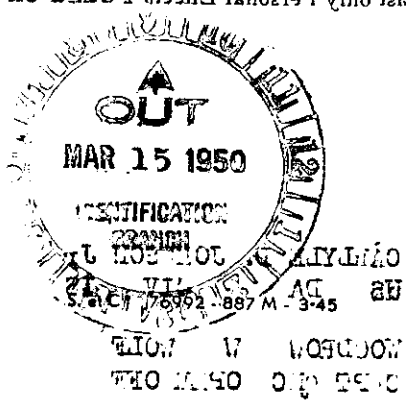
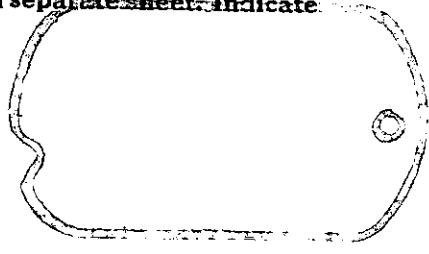
Deceased's Right	8	7	6	5	4	3	2	1	1	1	2	3	4	5	6	7	8
	Upper																
Deceased's Left	8	7	6	5	4	3	2	1	1	1	2	3	4	5	6	7	8
	Lower																

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○; linkings anchor teeth; replacements by artificial teeth by ○.

Characteristics: _____
 Other Data: _____

Signature of Officer or Inspector: _____
 Verified by: _____

Emergency Address: _____
 Address: _____
 Religion: _____



Left Hand

Right Hand

Thumb

Thumb

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

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

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

TOOTH CHART

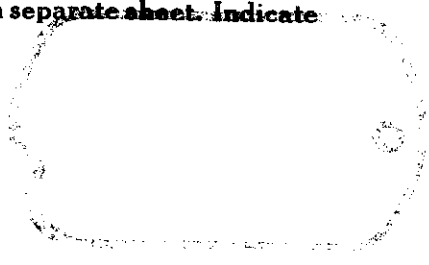
		Deceased's Left								Deceased's Right							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	Lower																

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.



SEARCHED
SERIALIZED
MAR 15 1960
FBI - MEMPHIS
S. O. C. 76962-887 M-3-45

IDENTIFICATION CHECK LIST

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

D.D.# 270, dated 9 April 47

Unknown X - 1781 A(B)

Cemetery St. Avoild, France

Plot FFFF Row 2 Grave 43

Date reprocessed :

1. Arrived at cemetery 3 Dec 47
(Hour) (Date)

2. Place of death Unk Unk
(Name of closest town) (Coordinates and letter Prefix, maps)

Unk
(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred ~~by~~ and reprocessed by Mobile Team #1, 1st. Zone
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

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

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

Belt, web NoneDrawers, wool Remnants of (heavy)Drawers, cotton NoneLeggings, wool NoneSocks, cotton None* Shoes None (type)Overshoes NoneWeb Equipment None (type)(Other item) Remnants of electrically heated flying suit.(Other item) Remnants of wool O.D. Mufflers. Remnants of field jacket hood.

• 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 NoneDoes clothing indicate that deceased was a member of the Air, Ground or Naval Force? **AAF**

6. Description of Remains:

Age UTD Height UTD Weight UTD Description of wounds UTDBandages or dressings UTD 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 UTDComplexion UTD
(Light, medium, dark, clear, pimples, pocks, freckles)Build UTD
(Large, fat, thin, muscular)Hair Light brown
(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 on case X - 1781 (A)B**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Head missing**
 (Large, small, normal) (Hat band)

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

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

.....

Hands **UTD**

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

.....
 (Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **Missing**
 (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.

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 See Tooth Chart with
(Yes-no)

case X - 1781 (A)B

9. Remarks See narrative case 1781 (A)B.

Estimated weight of remains 4 lbs.

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

Woodrow W Wolf
WOODROW W WOLF

(Officer's Name)

CAPT

Rank

QMC

Service

OPERATIONS OFFICER

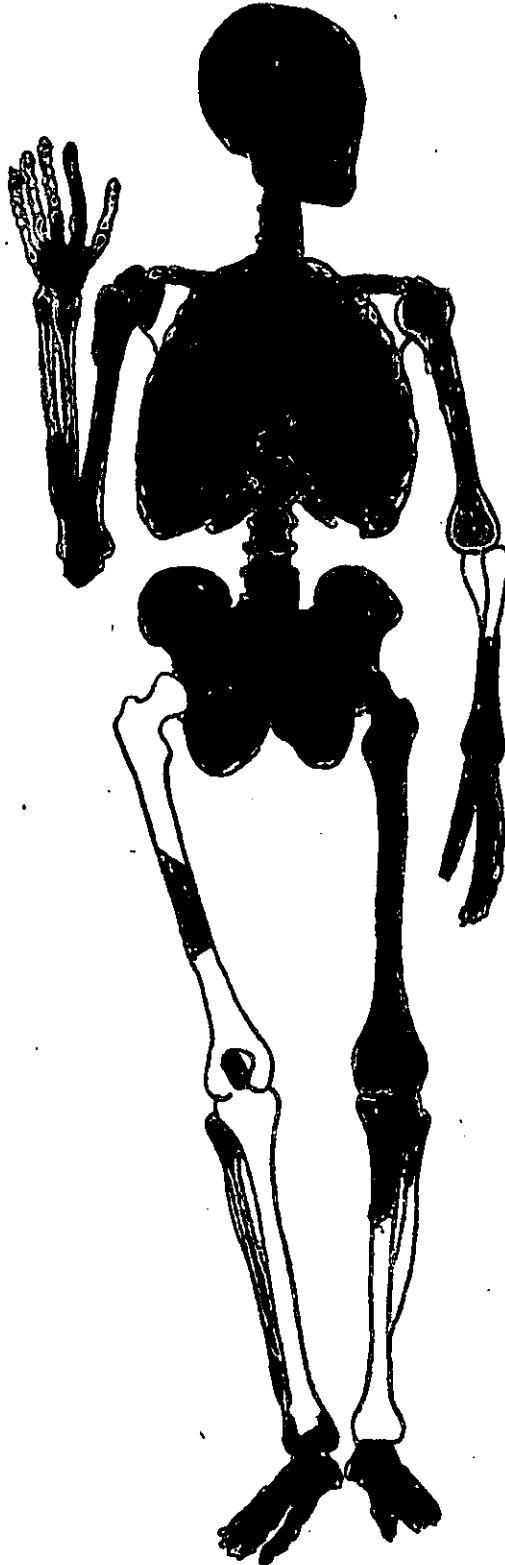
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Est. Height : UTD

