

**AIRMAIL**

*Mullen*

*[Handwritten signature]*

QCMT 293

Unknown X-244

(St. Avold)

1st Ind.

*Unknown France X-244 (St. Avold)*

SUBJECT: Comparison of Fingerprints

Department of the Army, OQMG, Washington 25, D. C.

2 August 1949

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

1. Fingerprints submitted for Unknown X-244, Plot CC, Row 10, Grave 246, USMC St. Avold, France, (formerly Unknown X-63, USMC #1, Fumborg, Germany) have been compared by the Federal Bureau of Investigation, with those on file for the deceased mentioned in basic communication, with negative results.

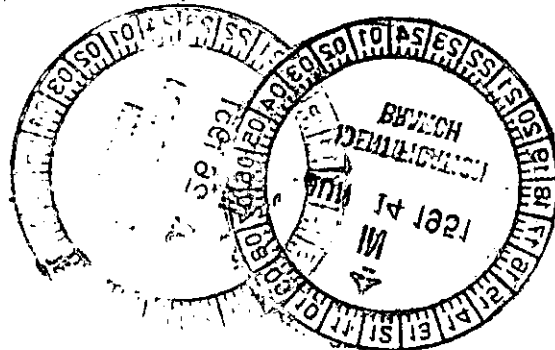
2. In the event additional information becomes available to your Headquarters, which may be of assistance in the identification of subject unknown, it should be forwarded to this Office at the earliest practicable date.

FOR THE ACTING THE QUARTERMASTER GENERAL:

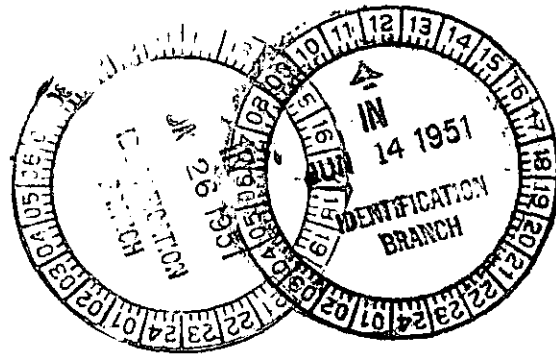
T. H. LEWIS  
Lt. Colonel, QMG  
Memorial Division

cc: Adm Sec  
smy: VHarvey  
DLandes

*REB*  
*HER*



*QCMT 293 Pasco Carl L. 36,61324*  
**AIRMAIL**



Dr. J. Edgar Hoover  
U.S. Department of Justice  
Washington, D.C.

638

RECEIVED  
NOV 26 1951

NOV 14 1951

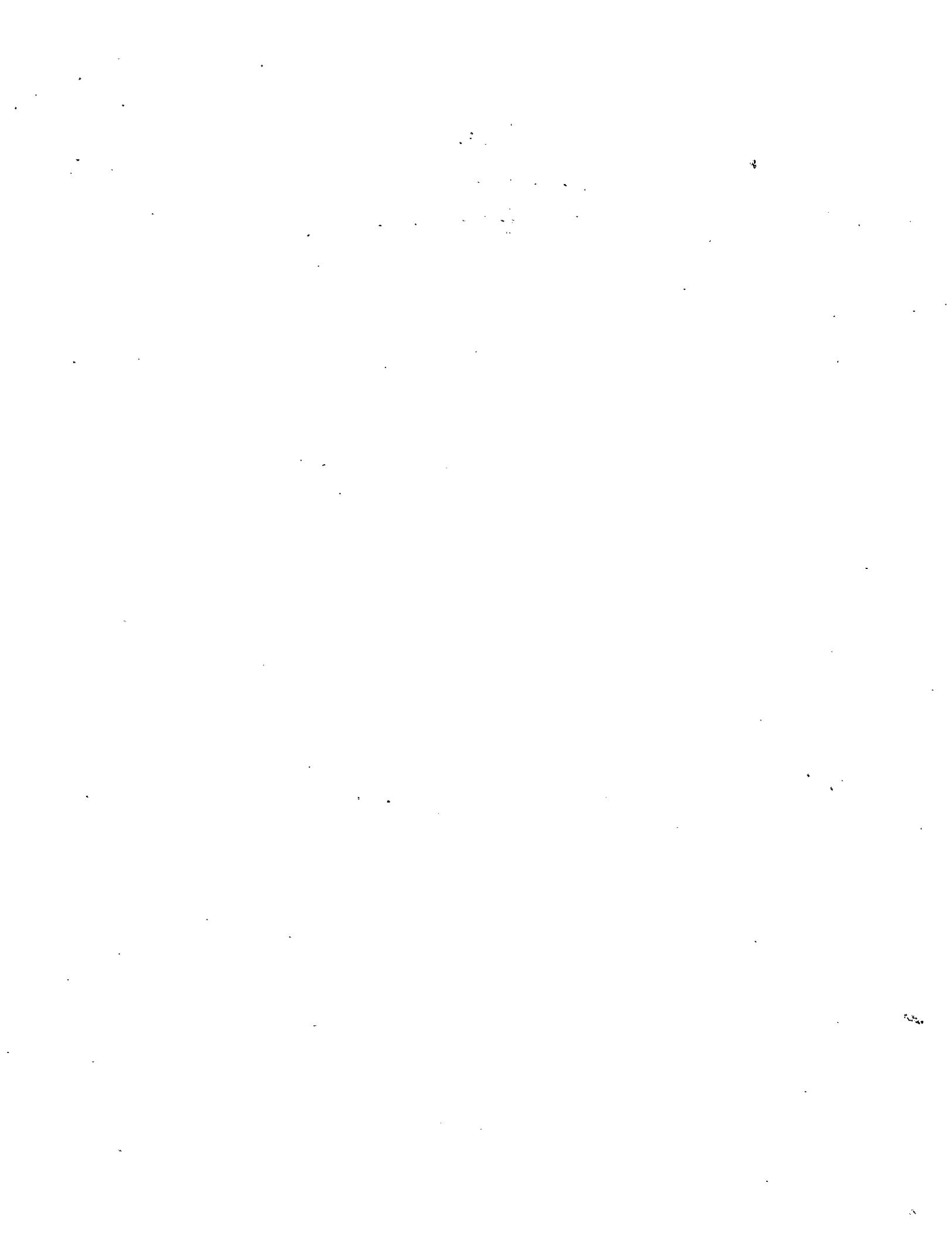
NOV 14 1951

NOV 14 1951

NOV 14 1951

NOV 14 1951

LIBRARY



**AIRMAIL**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RFE 200.2 - Unknown X-244  
(St.Avoid)

9 June 1949

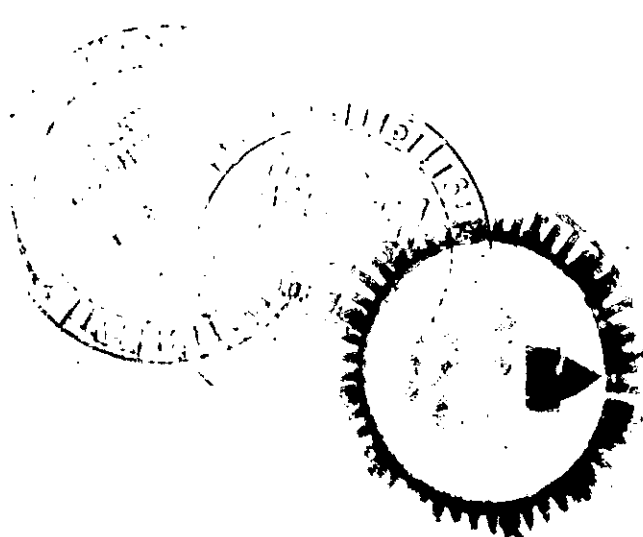
SUBJECT: Comparison of Fingerprints

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

It is requested that the fingerprints of Unknown X-244, Plot CC, Row 10, Grave 246, USMC St.Avoid, France (formerly Unknown X-63, USMC #1, Nurnberg, Germany) be compared with the fingerprints on file in the Department of the Army and with those of the Federal Bureau of Investigation for S/Sgt. Carl L. PASCO, 36613244, Co. A, 232nd Infantry, and this office be notified of any results that may be obtained.

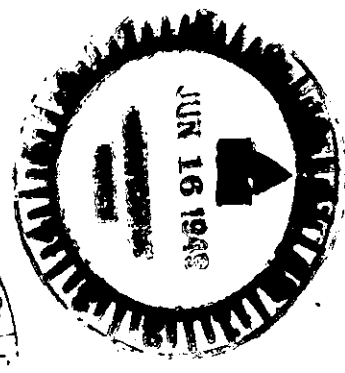
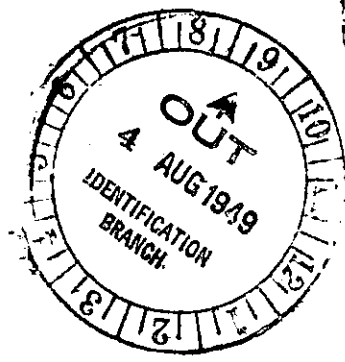
FOR THE COMMANDING GENERAL:

C.W. STEINSIEK  
Capt CMC  
Actg Asst Adj Gen



293. Pass. File. 36613244  
Official

**AIRMAIL**



# DISPOSITION FORM

SECURITY CLASSIFICATION (If any)

V. Harvey  
1405. "B"

FILE No.

AGPO-D

SUBJECT

Identity of fingerprints

TO

FROM

DATE 18 July 1949

COMMENT No. 2

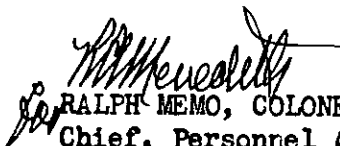
The Quartermaster General Personnel Actions Br. AGO  
Memorial Division  
ATTN: Major Sekowski  
Rm. 1D778, Pentagon

Lt. Col. Meredith/4814

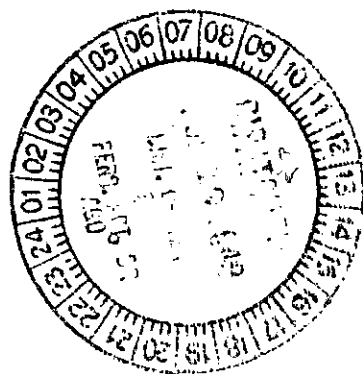
A search of the fingerprint files in the Federal Bureau of Investigation fails to disclose any record for UNKNOWN X-63 and UNKNOWN X-661.

FOR THE DIRECTOR OF PERSONNEL AND ADMINISTRATION:

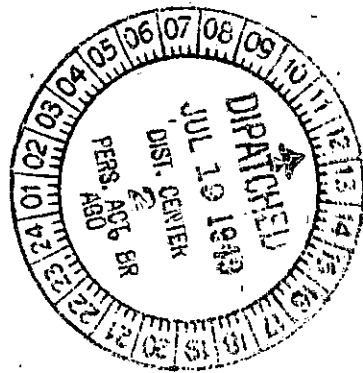
2 Incls:  
n/c

  
RALPH MEMO, COLONEL, AGD  
Chief, Personnel Actions Br. AGO

144  
10  
10



*1000*  
*47*



Faint, illegible text, possibly a header or address line.

Faint, illegible text, possibly a recipient address or name.



X63 Munking Summary projects  
To all FOBO 11 Aug 48

suggest check name with

Post. Myron K. Williams 36919244

Post also Mrs Richards

7139-31 Aug 48

Date \_\_\_\_\_

**O. Q. M. G. ROUTING SLIP**

From \_\_\_\_\_

**EXECUTIVE OFFICE**

Intelligence  
Technical Information

**FISCAL DIVISION**

**FUEL & LUBRICANTS DIVISION**

**GENERAL ADMINISTRATIVE SERVICES DIVISION**

Library  
Mail and Records  
Office Service  
Provost Marshal  
Publications

**INTERNATIONAL DIVISION**

**MEMORIAL DIVISION**

**MILITARY PLANNING DIVISION**

Operations  
Requirements  
Research & Development

**MILITARY TRAINING DIVISION**

**ORGANIZATION PLANNING & CONTROL DIVISION**

Congressional  
Demobilization Planning  
Field Progress  
Organization Planning  
Statistics

**PERSONNEL DIVISION**

Civilian  
Employee Relations  
Military  
Personnel Authorization

**PROCUREMENT DIVISION**

Clothing & Textile Branches  
Cost & Price Analysis Branch  
Equipment & Gen. Supplies  
Legal  
Production Service  
Service

**SERVICE INSTALLATIONS DIVISION**

Administrative  
Laundry  
Maintenance and Equipment  
Reclamation  
Remount

**STORAGE AND DISTRIBUTION DIVISION**

Army Exchange  
Clothing & Equipage  
General Supplies  
Procedures and Stock Accounting  
Redistribution and Disposal  
Stock Control  
Storage  
Unit Equipment

**SUBSISTENCE DIVISION**

WOMD Transportation Officer  
Security Officer

Record Attached: ✓

Record Charged:

Remarks:

**DO NOT DETACH**

**OQMG FORM 626**  
Rev 6 Mar 45

WAR DEPARTMENT

**DISPOSITION FORM**

FILE No.	SUBJECT		
	Fingerprint Comparison		
TO	FROM	DATE	COMMENT No. 1
Disciplinary Section P. A. Branch Room 1-A-678	QM-Pentagon Liaison Section Rm. 1-D-778, Pentagon Bldg.	30 June 49	

1. Reports of Burial for Unknowns X-63, Nurnberg, Germany (now interred as X-244, St. Avold, France) and X-661, St. Avold, with attached fingerprints, forwarded with request that comparison be made of the fingerprints thereon with those on file.
2. It is requested that this office be advised of the findings, together with return of the inclosures.

*B. J. Sekowski*  
B. J. Sekowski  
Major, QMC

- 2 Incls:  
1-Report of Burial Unk X-63, Nurnberg  
2-Report of Burial Unk X-661, St. Avold

WAR DEPARTMENT

SECURITY CLASSIFICATION (If any)

# DISPOSITION FORM

FILE No.	X-63 Nurn- berg	SUBJECT	Fingerprint Comparison
QMGMT 293 UNKS	X-244 St Avold	FROM	Identification Section Identification Branch Memorial Division
TO	Disciplinary Section P. A. Branch Room 1A-678	DATE	28 June 1949
			COMMENT No. 1

THRU: Major Sekowski

1. Reports of Burial for Unknowns X-63, Nurnberg, Germany (now interred as X-244, St Avold, France) and X-661, St. Avold, with attached fingerprints, forwarded with request that comparison be made of the fingerprints thereon with those on file.

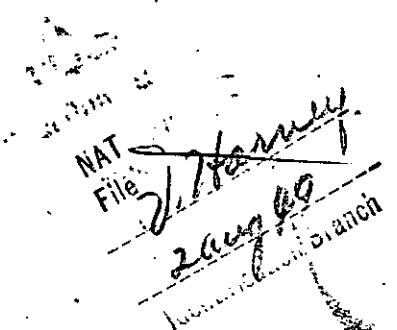
2. It is requested that this Office be advised of the findings, together with return of the inclosures.

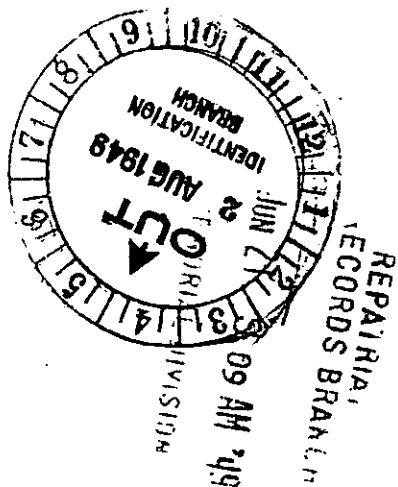
- 2 Incls:
- 1-Report of Burial Unk X-63, Nurnberg
  - 2-Report of Burial Unk X-661, St Avold

V. Harvey  
"B" 1405

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	<p><i>YBunk</i></p> <p>Chief, Rec Sec R/R Br Mem Div</p>	<p><i>Sumner X-244 Harold</i></p> <p>Chief, Ident Br Ident Sec Mem Div</p>	<p>20 Jun 49</p>	<p>Forwarded as a matter pertaining to your office.</p> <p><i>S</i> SMEDIGAR 5198</p> <p><i>Jackson</i> JACKSON 72267</p> <p>4 Incls Ltrs w/Reports of Interment</p> <p style="text-align: right;">  </p>



This grave formerly occupied by : FISKE, Warren, 3122247, Pfc.  
USEIC, ST. AVOLD, FRANCE Disinterred: 20 April 1949  
Plot C, Row 13, Grave 19  
Date reburied: 20 April 1949

DISINTERMENT DIRECTIVE

1 ✓

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
LIEUTENANT COLONEL R. S. WARD  
CAPT., QMC

DIRECTIVE NUMBER  
3574 00000

DATE  
15 01 49  
DAY MONTH YEAR

NAME  
JWS

SERIAL NUMBER  
UNKNOWN X-000244

GRADE

ARM  
0

RACE  
O

RELIGION  
6

CEMETERY  
ST AVOLD FRANCE

PLOT  
C C

ROW  
10

GRAVE  
246

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

DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED IDENTIFICATION SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY  
CASKET SEALED BY  
Karl K Kasca, Embalmer

EMBALMER (Signature)  
Karl K Kasca

CASKET BOXED AND MARKED

DATE 8 Feb 49 BY Karl K Kasca

plates verified by  
Jesse R Ward, Capt FA

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

Jesse R Ward  
Jesse R Ward, Capt FA, 7857 AGRC Zone 3 Hq  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

29 JUN 1949  
REPATRIATION BRANCH  
MEMO. DIV.

## 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		Directive Number		Date	
Name & Burial Location of deceased		<b>3574</b>			
		Day Month		Year	
NAME	SERIAL NUMBER	RANK	ARMY	DATE OF DEATH	
<b>UNKNOWN X-244</b>				Day	Month Year
CEMETERY		Disposition of Remains			
<b>ST. AVOLD</b>		<b>Poll-Doubtful</b>			
PLOT	ROW	GRAVE	COUNTRY	Code Dist. Pt.	
<b>CC</b>	<b>10</b>	<b>246</b>	<b>FRANCE</b>	Cause of Death	

Section B - Consignee and Next of Kin

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

Section C - Disinterment and Identification

NAME	Serial Number	Rank	Date of Death	Date Disinterred
<b>UNKNOWN X-244</b>				<b>20 Aug 48</b>
Identification Tag on	Organization	Religion	Identification verified by	
<b>X EMB</b> Remains			<b>Richard F Peterson</b>	
<b>X GRS</b> Marker			<b>Embalmer</b>	
			Name & Title	

Section D - Preparation of Remains for Shipment

Nature of Burial	Condition of Remains	
<b>Mattress cover</b>	<b>Remains consist of proximal third of R/Humerus, Clavicle, 2 fragments of R/Scapula, proximal end of L/Ulna &amp; 4 finger bones.</b>	
Other Means of Identification		
<b>Embossed Plates found with remains</b>		
Minor Discrepancies		
<b>No Identification tag or Report of Burial found with remains</b>		
Remains prepared and placed in transfer Box		
Date <b>23 Aug 48</b>	By <i>Richard F Peterson</i> <b>Richard F Peterson, Embalmer</b>	
Casket Sealed by	Embalmer (Signature)	
Casket	Marked	All markings, tags, plates verified
Date	By	By

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.

~~/except casketing~~

**KANEMITSU ITO, 1st Lt Inf, 7857 AGRC, Zone 3 Hq.** Signature of GRS Inspector (Grade & Orgn).

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

GMC Form 1194-Tis Form modified by Hq Third Zone, AGRC EA, APO 58 US Army, dtd 4/3/48

COPY

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

REF 293 *Unk France X-244 (St. Avold)* 22 Dec. 1948

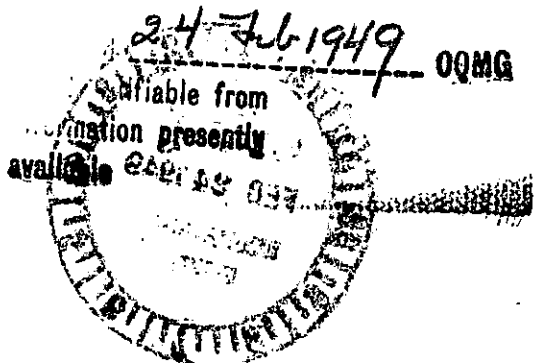
SUBJECT: Unidentifiable Remains

TO: The Quartermaster General  
Memorial Division  
Washington 25, DC

1. The records pertaining to Unknown X-244, Plot CC  
Row 10, Grave 246, USMC St. Avold 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. 2235, dated 17/3/47.  
No further information is available.

FOR THE COMMANDING GENERAL



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

Incl # 10

*File*  
*24 Feb 1949*  
*Barbours*  
*2d*



925 11:55 AM

RECEIVED  
FEB 24 1949

TO: SAC, NEW YORK  
FROM: SAC, PHOENIX  
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

APPROVED: [Illegible]

[Illegible]

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

22 DEC 1948  
(Date)

SUBJECT: Unidentifiable Remains.

TO: The Quartermaster General<sup>3</sup>  
Memorial Division  
Washington 25, D.C.

1. The records pertaining to Unknown X -244, Plot CC  
Row 10, Grave 246, USMC St Avold, 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. 2235, dated 17/3/47. *= O.K.*  
No further information is available.

FOR THE COMMANDING GENERAL:

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

Received 24 Feb 49 OQMG  
Information presently  
available.

Incl #10.

293unk France X-244 (St. Cloud) <sup>W</sup>  
~~293unk X63 Germany (Nurnberg)~~

AGPC-S-704 (11-Aug-45)

1st Ind.

TJH/JHA/sdt/4602

WD, AGO, Washington 25, D. C., 14 November 1945.

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief,  
Registration and Planning Branch, Room 1100, Temporary Building C.

Fingerprints on attached Report of Burial for Unknown X-63, Nurnberg,  
Germany, have been searched in the Federal Bureau of Investigation and  
could not be found.

FOR THE ADJUTANT GENERAL:

*John T. Burns*  
JOHN T. BURNS  
Lt Col, AGD  
Officer in Charge  
Status Review and  
Determination Section  
Casualty Branch, AGO  
*JTB*

1 Incl.  
n/c

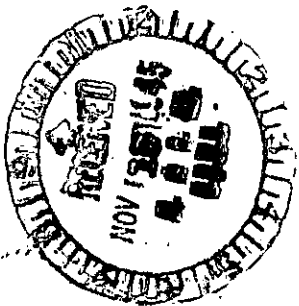
293 unk X63 Germany

*Basin 8-11-45*

*Reclar 8/15/49*

*File  
100-45*

NOV 15 1 26 PM '45  
MEMORIAL DIVISION



NOV 15 1945

GRAVES REGISTRATION SECTION  
NOV 15 3 03 AM '45  
MEMORIAL DIVISION

ORIG 293

Unknown X-63

(Number) Germany

11 August 1945

SUBJECT: Fingerprints of Unknown Deceased

To: The Federal Bureau of Investigation, Department of Justice,  
Washington, D. C.  
ATTENTION: Mrs. J. Edgar Hoover  
Status Review & Determination, Casualty Branch,  
4602 Munitions Building, Washington, D. C.

1. The inclosed Burial Form is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. If found to be identical, it is requested that the name, rank, serial number, emergency address and religious preference of the deceased, be forwarded, together with return of the Form.

FOR THE QUARTERMASTER GENERAL:

1 Incly  
Burial Form

C. C. PERCE  
Captain, QMG  
Assistant

*Handwritten initials*

↓  
1445  
1445  
1445

*Handwritten signature*

RECORDED  
INDEXED  
AUG 11 1945  
U.S. ARMY  
WASHINGTON, D.C.

SPQYG 293

Unknown X-65  
(Nurnberg), Germany

11 August 1946

SUBJECT: Fingerprints of Unknown Deceased

TO : The Federal Bureau of Investigation, Department of Justice,  
Washington, D. C.  
ATTENTION: Mr. J. Edgar Hoover

THRU : Status Review & Determination, Casualty Branch,  
4602 Munitions Building, Washington, D. C.

1. The inclosed Burial Form is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. If found to be identical, it is requested that the name, rank, serial number, emergency addressee and religious preference, of the deceased, be forwarded, together with return of the Form.

FOR THE QUARTEMASTER GENERAL:

*W*  
*W*  
1 Incl  
Burial Form

C. C. PILRCE  
Captain, QMC  
Assistant

↓  
*h*

MEMORIAL DIVISION  
AUG 10 3 58 PM '46





SR+D

BC



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO

SPQYG 293

Unknown X-65  
(Nurnberg), Germany

11 August 1945

SUBJECT: Fingerprints of Unknown Deceased

TO : The Federal Bureau of Investigation, Department of Justice,  
Washington, D. C.  
ATTENTION: Mr. J. Edgar Hoover

THRU : Status Review & Determination, Casualty Branch,  
4602 Munitions Building, Washington, D. C.

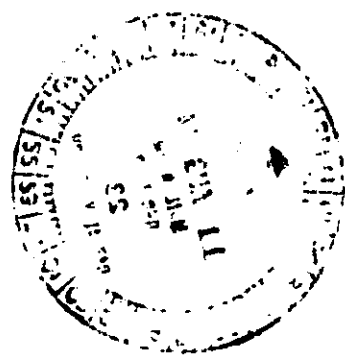
1. The inclosed Burial Form is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

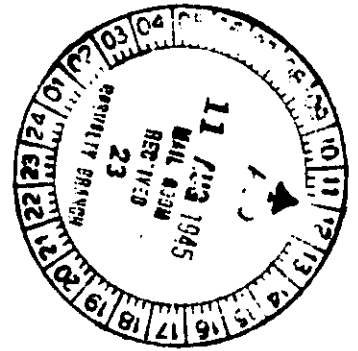
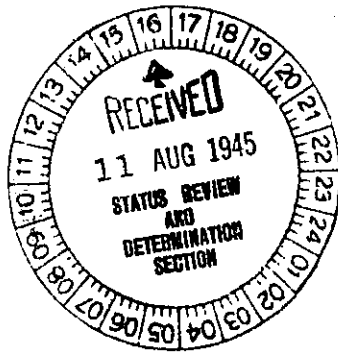
2. If found to be identical, it is requested that the name, rank, serial number, emergency addressee and religious preference, of the deceased, be forwarded, together with return of the Form.

FOR THE QUARTERMASTER GENERAL:

C. C. PIERCE  
Captain, QMC  
Assistant

1 Incl  
Burial Form ✓





HEADQUARTERS  
GRAVES REGISTRATION SERVICE COMMAND  
UNITED STATES FORCES  
EUROPEAN THEATER  
APO 887

*JA*

PJW/RDP/gd.

Q-314.6

27 July 1945

SUBJECT: QMC Form #1, GRS, Report of Burial  
Transmittal Letter Number 1537.

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

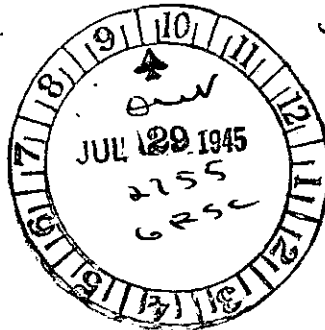
1. Inclosed for your files is one QMC Form #1, GRS, Report of Burial, for Unknown X-63 buried at U.S. Military Cemetery #1, Nurnberg, Germany.

2. It is requested that the fingerprints on this form be compared with those on file with the War Department in order to determine the identity of this individual.

3. It is further requested that this Headquarters be informed of any results that may be obtained.

For the Commanding General:

Incl. a/s.



*F.C. Moore*  
F.C. MOORE  
Captain, QMC,  
Adjutant.

*3146  
F. Moore of Gen Simpson*

*RECEIVED  
JUL 29 1945  
GRAVES REGISTRATION SERVICE*

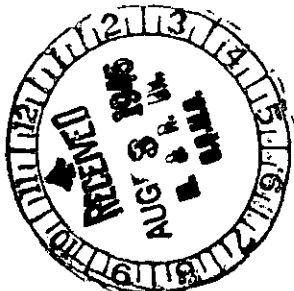
GRAVES REGISTRATION SECTION

AUG 3 4 54 PM '45

MEMORIAL DIVISION

AUG 3 12 11 PM '45

MEMORIAL DIVISION



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[Faint, illegible text]

8713

# CHECK LIST OF UNKNOWN

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

Unknown X - 244  
Cemetery St-Avoid, France  
Plot CC Row 10 Grave 246

1. ~~Procession~~ Date reprocessed 21 February 1947  
(Hour) (date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (coordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains ~~recovered~~ disinterred by Central Identification Point, Strasbourg, France  
(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	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear _____ (type)				
Raincoat _____				
Overcoat _____				
Jacket, Field _____				
Jacket, Combat _____				
Mackinaw _____				
Sweater _____				
Jacket, HBT _____				
*Shirt, Wool, OD _____				
Undershirt, Wool _____				
Undershirt, Cotton _____				
Trousers HBT _____				
*Trousers, Wool OD _____				

none

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

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

Socks, Cotton **none**

\*Shoes (type) **none**

Overshoes **none**

Web Equipment (type) **remnants of pistol-belt; remnants of canteen-cover**

(Other item) **remnants of mattress-cover**

(Other item) **none**

\*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

**Ground Forces**

8. Description of Remains:

Age **utd** Height **utd** 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 **utd**  
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **utd** ..... Mustache **utd** ..... Beard or Goatee **utd** .....  
 (color, setting, shape) (color, size, shape) (length, heavy, 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 **none found** .....  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **utd** .....  
 (prominent, receding, pointed, dimple, 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)

**utd** .....  
 (extent and quantity of hair)

Hands **utd** .....  
**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** ..... Waist **utd** .....  
 (quantity & extent of hair) (size of navel, appendectomy, amount)

**utd** ..... Circumcision **utd** ..... Pubic hair **none found** .....  
 (quantity & color of hair) (yes-no) (color)

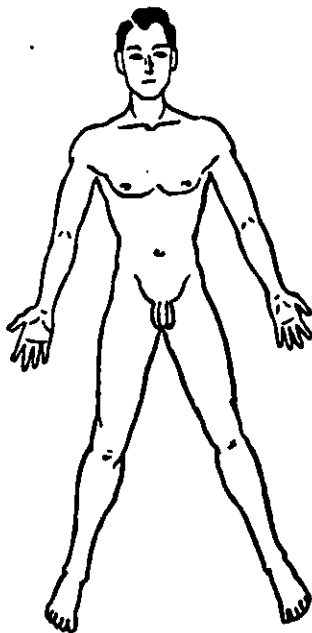
Hernioplasty **utd** .....  
 (yes-no, location)

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

Feet **utd** ..... Toes **utd** .....  
 (Size, corns, callouses, flat) (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 chart**



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

If not, explain hands missing

11. Has tooth chart been prepared no If not, explain none found  
Yes-no

12. Remarks: Body consists of only a few fractured bones namely: rt. clavicle; upper-third of rt. humerus; a fragment of rt. scapula; upper-half of rt. Ulna, several carpal bones. Fluoroscopic Examination unnecessary. Est. weight of remains 1/2 lb. Nothing found to warrant Chemical Laboratory Examination.

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

On Cross:

UNKNOWN X - 244  
Plot CC Row 10 Grave 246

*Ellsworth T. Mac Intyre*  
Ellsworth T. Mac Intyre  
Officers Name

Captain QMC  
Rank Service

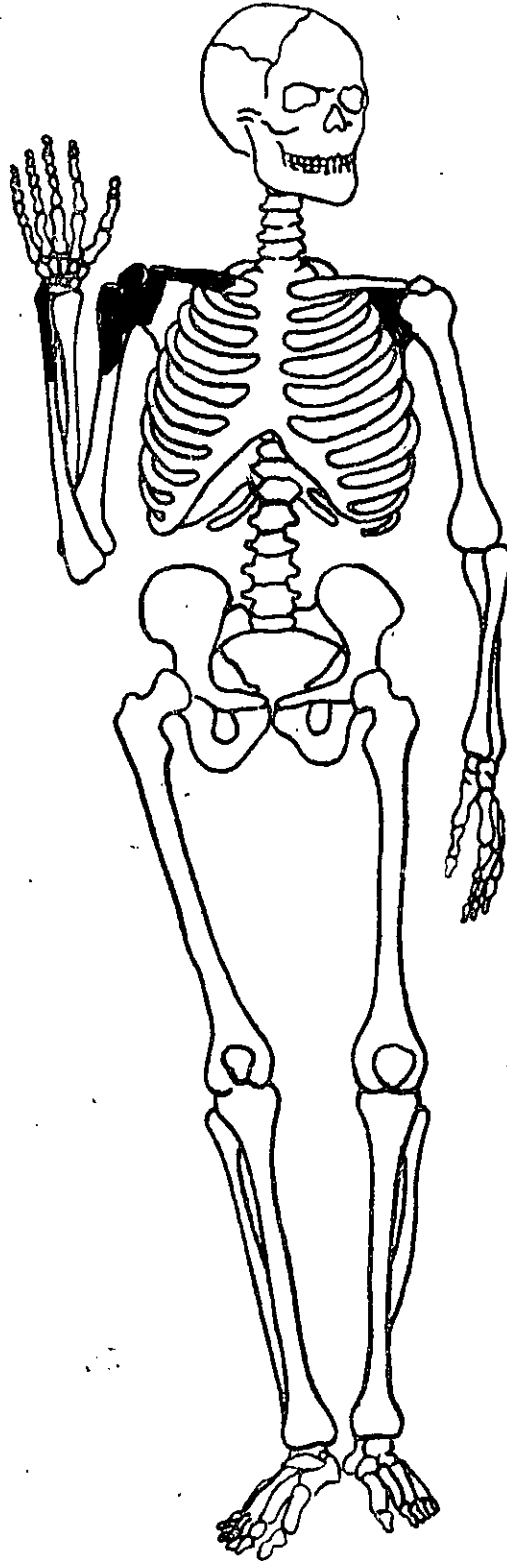
Central Identification Point  
Organization



X - 244  
St. Vold Cemetery, France  
First CC Row 10 Grave 246

# SKELETAL CHART

(BLACK OUT PARTS OF BODY ~~NOT~~ RECEIVED AT CEMETERY)



# CHECK LIST FOR UNKNOWN

PFC Frank C. Annon

(name of soldier processing remains)

1. Unknown X **63** U. S. Military Cemetery No. **1, Nurnberg, Germany**
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery **1500 14 June 45** from **Parsberg, Germany**  
(hour) (date) (collecting point)
4. Place of death **Parsberg, Germany Sht. V 6, Regensburg, Germany**  
(name) (coordinates and landmarks)
5. Scale **1:100,000, Coord. 889.669**
6. Remains recovered by **4th Armored Division**  
(name and organization)
7. Evacuated to cemetery by **4th Armored Division**  
(name and organization)
8. Is load list attached **Only 1/ body** 9. Are names of deceased found in same area as this Unknown started **No** 10. Are  
(yes-no) (yes-no) circumstances described which may indicate organization of the deceased **No** 11. If only part of a body was received, was  
(yes-no) a careful search made for other parts of Unknown **Yes**  
(yes-no)
12. If remains come from vehicle, plane, etc: **Not able to determine**  
(type of vehicle or plane, nick name, serial number, organization or symbols)
- 13.
14. Crew list: **Not applicable**  
(names of other deceased and positions in which found)
- 15.
- 16.
17. If a tank, which hatches were free and available for escape use **Not applicable**
18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information  
concerning vehicle or plane **Not applicable**  
(parts of markings or symbols) (burned) (pierced by shell fire - where)
- 19.
20. **Not applicable**  
(found in town, field by road, etc.) (damaged by mine explosion)
21. **Not applicable**  
(names of men who escaped) (description of other vehicles or planes in same area)
22. Detailed description of personal effects **No personal effects**  
(Indicate exact pocket or part of body where found)
- 23.
- 24.
- 25.
- 26.

**RESTRICTED**

CHECK LIST FOR UNKNOWN

PFC Frank G. Anton (name of soldier processing remains)

- 1. Unknown X 63 U. S. Military Cemetery No. 1, Nurnberg, Germany
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery 1500 14 June 45 From Parsberg, Germany
4. Place of death Parsberg, Germany Sht. V 6, Regensburg, Germany
5. Scale 1:100,000, Coord. 889.669
6. Remains recovered by 4th Armored Division
7. Evacuated to cemetery by 4th Armored Division
8. Is load list attached Only 1/ body
9. Are names of deceased found in same area as this Unknown started
10. Are circumstances described which may indicate organization of the deceased
11. If only part of a body was received, was a careful search made for other parts of Unknown
12. If remains come from vehicle, plane, etc.: Not able to determine
13.
14. Crew list Not applicable
15.
16.
17. If a tank, which hatches were free and available for escape use Not applicable
18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane
19.
20. Not applicable
21. Not applicable
22. Detailed description of personal effects No personal effects
23.
24.
25.
26.

RESTRICTED

Description of clothing and equipment: (If clothes are present, list, or give sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. * Headgear (type)	(Head missing)			
28. Raincoat				
29. Overcoat				
30. Jacket, Field (piece)	None		Green	
31. Jacket, Combat				
32. Mackinaw				
33. Sweater (piece)	None		OD	
34. Jacket, HBT				
35. * Shirt, Wool OD				
36. Undershirt, Wool (piece)	None		White	
37. Undershirt, Cotton				
38. Trousers, HBT				
39. * Trousers, Wool OD				
40. Belt, Web				
41. Drawers, Wool				
42. Drawers, Cotton				
43. Leggings				(Note unusual lacing)
44. Socks Wool Cotton				
45. * Shoes (type)				
46. Overshoes				
47. Web Cart Belt Equipment (type)	(piece) None		OD	
48. Canteen cover (other item)	9244		od	
49. Canteen cap (other item)	S-6558			

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

50. Chevrons or T/5 Shoulder Patch None  
 Insignia None  
(type and location; shirt jacket coat helmet)

51. Description of Remains

52. Age Unk Height Unk Weight Unk Description of wounds Remains consist of

53. just a few pieces of bone and flesh, making diagnosis impossible.

54. Bandages or dressings **None** Scars **Not able to determine.**  
(length, ch, location)

55. **Body completely decayed.**

56. Tattoos **Not able to determine**  
(number, location — illustrate on sep. page)

57. Outstanding moles, warts or birthmarks **Not able to determine**  
(description, location)

58. **Not able to determine**

59. Sunburn or any other than hands and face **Not able to determine**

60. Tobacco stain on fingers or teeth **Head missing, no stains on fingers**  
(designate where extent)

61. Complexion **Head missing** Build **Unable to**  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

62. **determine**

63. Hair **Head missing**  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widow's peak)

64. **distinctive cutting or other characteristics**

65. Sideburns **Head missing** Mustache **Head missing** Beard or goatee **Head**  
(color, setting, shape) (color, size, shape) Length,

66. **missing**  
heavy, light, color, extent)

67. Eyes **Head missing** Eyebrows **Head missing**  
(color, setting, shape) (color, bushiness, extend across nose)

68. Nose **Head missing** Ears **Head missing**  
(size, shape, straight) (size set, close to or far from head)

69. Forehead **Head missing** Mouth **Head missing** Lips **Head missing**  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

70. Teeth **Head missing**  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

71. Chin **Head missing** Cheekbones **Head missing**  
(prominent, receding, pointed, dimple, double) (high, normal)

72. Jaw **Head missing** Circumference of head in inches **Head missing**  
(large, small, normal) (hat band)

73. Neck **Missing** Larynx **Missing** Shoulders **Rotted**  
(size, long, short, normal, wrinkled) (prominent, normal) (broad,

74. **away** Arms **Missing**  
straight, small, rounded) (length) (muscular, color, extent and quantity of hair)

75. **Missing** Hands **Normal**  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

76. **No marks on right hand - left hand missing.**  
(marks on fingers indicating that rings were worn)

77. **RESTRICTED**

54. Bandages or dressings None Scars Not able to determine.  
(length, th, location)

55. Body completely decayed.

56. Tattoos Not able to determine  
(number, location — illustrate on sep. page)

57. Outstanding moles, warts or birthmarks Not able to determine  
(yes-no) (description, location)

58. Sunburn or tan, other than hands and face Not able to determine

60. Tobacco stain on fingers or teeth Head missing - no stains on fingers  
(designate where extent)

61. Complexion Head missing Build Unable to determine  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

63. Hair Head missing  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak)

64. distinctive cutting or other characteristics

65. Sideburns Head missing Mustache Head missing Beard or goatee Head missing  
(color, setting, shape) (color, size, shape) Length

66. missing  
(heavy, light, color, extent)

67. Eyes Head missing Eyebrows Head missing  
(color, setting, shape) (color, bushiness, extend across nose)

68. Nose Head missing Ears Head missing  
(size, shape, straight) (size set, close to or far from head)

69. Forehead Head missing Mouth Head missing Lips Head missing  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

70. Teeth Head missing  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

71. Chin Head missing Cheekbones Head missing  
(prominent, receding, pointed, dimple, double) (high, normal)

72. Jaw Head missing Circumference of head in inches Head missing  
(large, small, normal) (hat band)

73. Neck Missing Larynx Missing Shoulders Rotted  
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

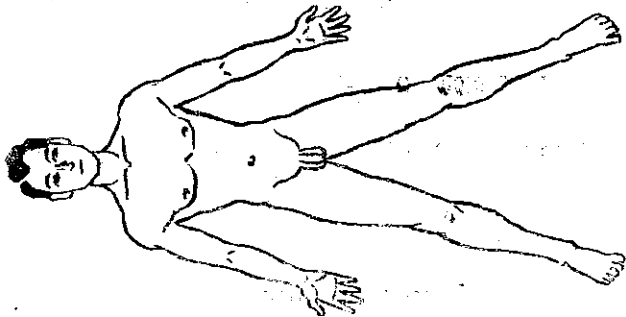
74. away Arms Missing  
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)

75. Missing Hands Normal  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

76. No marks on right hand - left hand missing.  
(marks on fingers indicating that rings were worn)

RESTRICTED

78. Fingers **Slender - long**  
(short, thick, long, slender, size of knuckles), (missing fingers or joints)
79. **Fingernails rotted**  
(Unusual characteristics of fingernails)
80. Chest **Completely rotted away**  
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back **Decayed away**      Waist **Body completely decomposed**  
(quantity and extent of hair)      (size at naval, appendectomy, amount and color of hair)
82. **Penis missing**      **Hernioplasty**      **Body completely decayed**  
(yes-no)      (color)      (yes-no) (location)
83. Legs **Missing**  
(Inseam) (muscular; knock-kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet **Missing**      Toes **Missing**  
(size; corns; callouses; flat)      (slender, straight, crooked, overlap)
85. Evidence of healed fractures **Body completely decayed**  
(nose, arms, legs, etc.)
86. Block out parts of body not received at cemetery



87. Have photographs been made and attached **No**      If not, explain **Remains do not warrant photographs**  
(yes-no)
88. Have fingerprints been placed on GRS No 1 **Yes**      If not, explain **2nd & 3rd fingers of rt hand only**  
(yes-no)      **Left hand missing**
89. Has tooth, chart been prepared? **No**      If not, explain **Head missing**  
(yes-no)
90. Remarks: **Remains consist of pieces of collar bone, shoulder, elbow**  
**and right hand. 2nd and 3rd fingers only could be printed as**  
**the others were crushed and rotted.**
93. **Letter from Hq CCA - 4th Armored states remains were found**  
**while service company of 51st were preparing an area for volley**  
**ball. Medical Officer of 51st estimated remains have been buried**  
**about two months. Letter signed by Astos L. Garaganis, Maj.**  
**54 CCA**

# CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

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

Both PART I & II should be completed if identification tags are not available.

If information is unavailable, so indicate.

## PART I (Positive identification)

24 June 1945  
Date

1. UNKNOWN UNKNOWN UNKNOWN UNKNOWN  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached No Identification Tags
3. Give exact location from which disinterred, furnishing coordinates and map series used Parsberg, Germany  
Map Ref: Regensburg, Sheet V-6 Scale 1:100,000 Coord (905 706)  
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) Not buried in a cemetery. (See  
Par 20 and attached sketch)
5. Approximate or established date of death (state which & give basis for date selected Approx. 22 April 1945  
Approx. date given by Military Government Officials said this was the  
date the fighting took place in this town. (Mil. Gov. in Parsberg, Ger.)
6. Approximate or established date of burial (give basis for date established) Approx. 24 April 1945. Given  
by Maj Astos L. Garaganis MD Officer, 51st AIB. Estimates remains were  
buried about this time, due to condition of the remains.
7. Manner in which grave was marked and all information contained on the marker  
There were no markings on the grave.
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned No personal effects found. Capt James J. Nally ASN O-1010791, who was in charge of the detail said no personal effects were found in possession of civilian or unauthorized Military personnel.
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information) Mil. Gov Officials in Parsberg, Ger, gave information in Par 5. Major Astos L. Garaganis (51st AIB, 4th Armored Div Med Officer gave information in Par 6. Captain James J. Nally (Hq, 51st AIB, 4th Armored Div) who was in charge of disinterment detail gave all other information on check list.

## PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) \_\_\_\_\_  
(See check list for unknowns)
11. \_\_\_\_\_  
(See check lists for unknowns)  
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc. \_\_\_\_\_  
(See check list for unknowns)



13. Give as detailed description as possible of condition and amounts of remains

(See check list for unknowns)

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)

(See check list for unknowns)

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs 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:

(See check list for unknowns)

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

There was no vehicle in this area.

(Type)

(WD Serial No.)

(Organization)

(Serial No. and

Type of each gun)

17. Give exact location of remains in vehicle before removal Does not apply

18. If buried in a coffin, give description and markings Not buried in a coffin.

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains There were no other Deceased buried in this area.

20. Other pertinent information which would aid in establishing identity This body was found buried in a heavily mined area near a railroad station. A section of this area was being graded to use for a volley ball court when the body was uncovered.

JAMES J. NOLLY  
(Individual in Charge of Disinterment)

Capt.  
(Rank)

0-1010  
(ASN)

51st AIB, 4th A.D  
(Organization)

COPY

COPY

COPY

HQS. CCA - 4th ARMORED

12 June

TO: G 1, 4th Arm. Div.

I. This morning at Parsberg while service Co of 51st were preparing an area for volley ball court, they found the following items:

I. Parts of a body

- a. Hand
- b. Elbow with 4" of bone
- c. Parts of a shoulder
- d. Piece of collar bone

II. Org. Equip

- a. 1 - clip 8 rnds 30 cal. ball
- b. One half of a web belt
- c. One canteen & cover with last 4 digits of a serial #3244

III. The Medical Officer of 51 estimates the parts to have been buried about 2 months. He further states that prints can probably be taken.

/s/ Astos L. Garaganis  
Maj. 54 C.C.A.

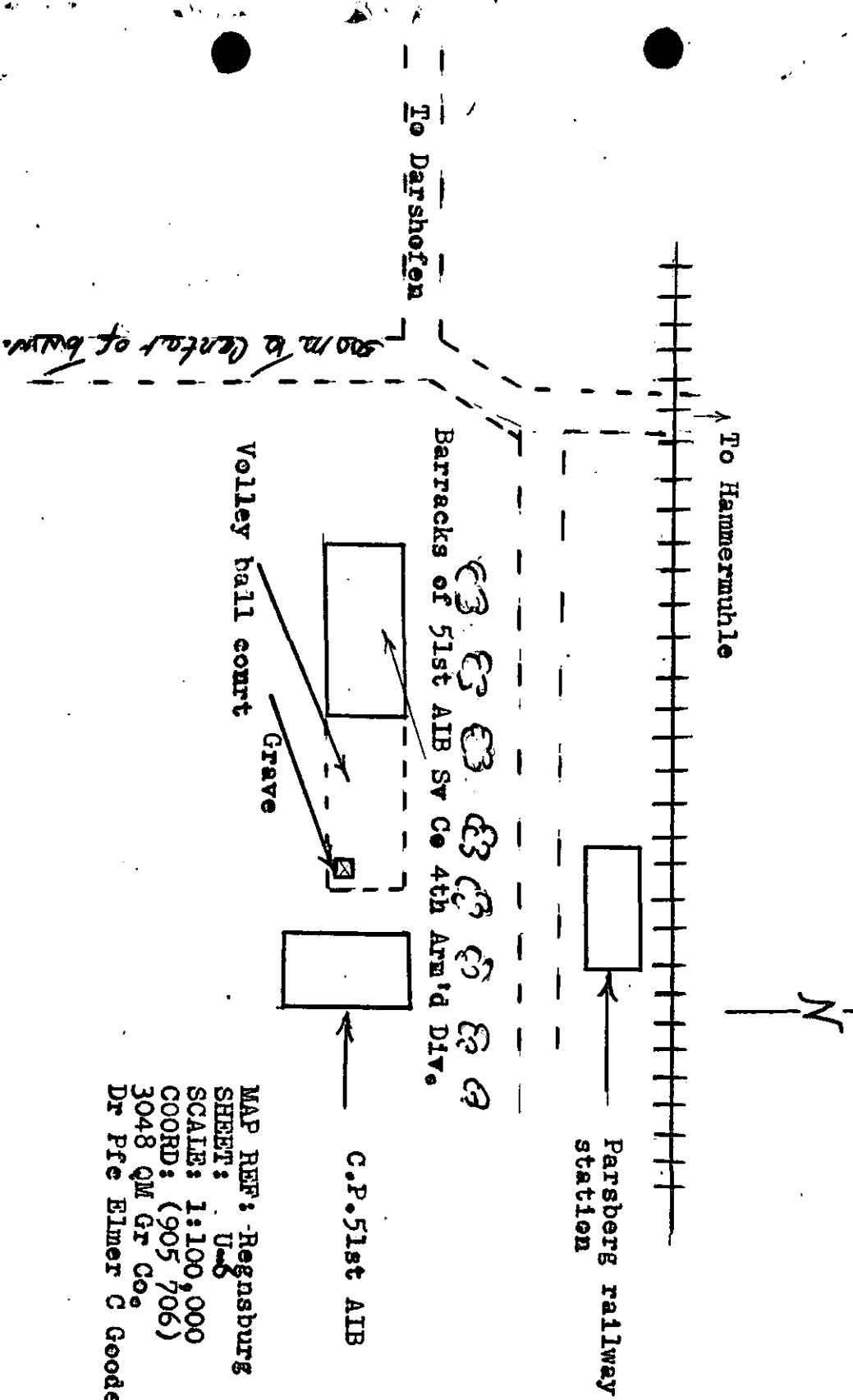
A TRUE COPY:



R. F. ALBERA  
1st Lt., QMC  
3048 QMGR Co

**RESTRICTED**

SKETCH SHOWING LOCATION OF GRAVE OF ONE UNKNOWN AMERICAN SOLDIER NEAR TOWN OF  
 PARSBERG, GERMANY



MAP REF: Regensburg  
 SHEET: U-6  
 SCALE: 1:100,000  
 COORD: (905 706)  
 3048 QM Gr Coe  
 Dr Pfc Elmer C Gooden

RESTRICTED

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22

Date

\* UNK 011 X-244

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Organization

Parsberg, Germany

(Capt) 12 April 1945

Not able to determine

Place of Death

Date of Death

Cause of Death

U. S. Mil Cem

St Avold, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

246

10

CC

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? See attached papers for additional information.

What means of identification were buried with the body?

Remains brought to U.S. Cemetery #1, Nurnberg, Germany by 53rd Service Co., 4th Armored Div. GRS Form #1 in burial bottle and embossed plate.

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

Who is buried on:

BLITZ

31186760

T/5

520 Ord

245

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

McCLURE

34575083

T/sgt

395 Inf 99 Div

247

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.

No Identification Tags

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

Unknown X-244

Emergency Addressee Unk

Name

Unk

Address

Religion Unk

List only Personal Effects Found on Body and disposition of same: No personal effects

E. R. DE WEISE  
1st Lt., AMC  
3048th QM GR Co.  
Disinterring Off.

U. S. Mil Cemetery #1  
Nurnberg, Germany

Plot C Row 10 Grave 246

Signature of Officer or other person reporting burial

\*Buried as X-63

Verified by G.R.S. Officer

PK

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

RESTRICTED

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

11 AUG 45

Date

\* UNKNOWN X-244

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Organization

Parsberg, Germany

(Est.) 12 April 1945

Not able to determine

Place of Death

Date of Death

Cause of Death

9 Aug 45

U. S. Mil Cem

St Avold, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

246

10

CC

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?

See attached papers for additional information.

What means of identification were buried with the body?

Remains brought to U.S. Cemetery #1, Nurnberg, Germany by 53rd Service Co., 4th Armored Div. GRS Form #1 in burial bottle and embossed plate.

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

Who is buried on:

KALTZ

31186760

T/5

520 Ord

245

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

McCLURE

34575083

T/Sgt

395 Inf 99 Div

247

Name

Serial No.

Rank

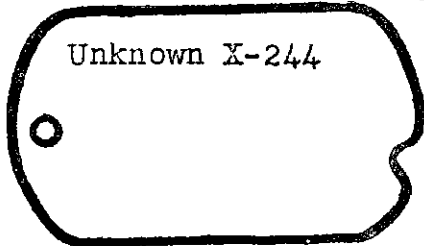
Organization

Grave No.

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

No Identification Tags

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



Unknown X-244

Emergency Addressee Unk

Name

Unk

Address

Religion Unk

List only Personal Effects Found on Body and disposition of same: No personal effects

## REBURIAL

*E. R. De Weese*  
E. R. DE WEESE  
1st Lt., QMC  
3048th QM GR Co.  
Disintering Off.

Previously buried in U. S. Mil Cemetery #1  
Nurnberg, Germany

Plot c Row 10 Grave 246

Signature of Officer or other person reporting burial

\*Buried as X-63

*W. L. Horan*

Relationship Officer

Verified by G.R.S. Officer

Clock

# 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: White

(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

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

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

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

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

AG P BR HQ SOS

722560

RESTRICTED  
**REPORT OF BURIAL**

7

17 June 1945

Date

UNKNOWN X-63

Last Name

First

Initial

Unk

Rank

Unk

Serial No.

Unk

Unit

Unk

Parsberg, Ger

Place of Death

(Est) 12 April 1945

Date of Death

Probably Mine explosion.  
Not able to determine

Cause of Death

0830 15 June 1945

Time and Date of Burial

US Mil Cem #1, Nurnberg, Ger

Name of Cemetery

Name or Coordinates of Location

246

10

C

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

See attached papers for additional information.

What means of identification were buried with the body?

Remains brought to Cemetery by 53rd Service Co., 4th Armored Div.  
GRS Form #1 in burial bottle and embossed plate.

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

Who is buried on:

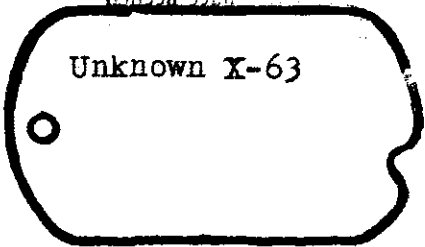
Deceased's Right: KALTZ 31186760 T/5 520 Ord 245  
Name Serial No. Rank Organization Grave No.

Deceased's Left: McCLURE 34575083 T/Sgt 395 Inf 99 Div 247  
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.

No Identification Tags

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



Unknown X-63

Emergency Addressee Unk  
Name

Unk  
Address

Religion Unk

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

No personal effects

**REBURIAL**

Previously buried in isolated grave

Parsberg, Germany

Coord: 905 706 - Sheet V-6

R. F. ALBERA  
1st Lt., QMC  
3048 QMGR Co

Signature of Officer in Charge R. F. ALBERA GRS 4416

Verified by G.R.S. Officer

# IF DECEASED UNIDENTIFIED

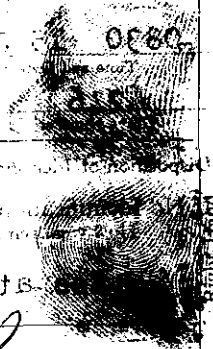
Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_  
 Race: **White**

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.

*Not found in J.B.L.*  
*War Dept*  
*11 APR 1945*



Left Hand

Thumb

Right Hand

Thumb

## TOOTH CHART

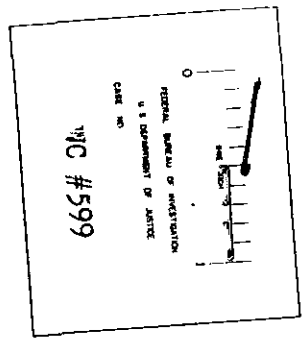
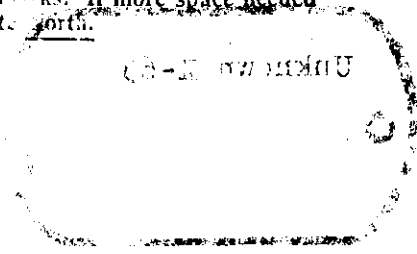
Decayed's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	4	3	3	2	1	1	2	3	4	5	6	7	8
Decayed's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Upper															Lower

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙; missing artificial 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.





**RESTRICTED**  
**REPORT OF BURIAL**

TM: 10-630 AND AR 30-1815

17 June 1945  
Date

UNKNOWN X-63 Unk Unk  
Last Name First Initial Rank Serial No.

Parsberg, Ger (Est) 12 April 1945 Probably Mine explosion.  
Place of Death Date of Death Cause of Death

0830 15 June 1945 US Mil Cem #1, Nurnberg, Ger  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

246 10 C Cross  
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags  
How were remains identified?

See attached papers for additional information.

What means of identification were buried with the body?

Remains brought to Cemetery by 53rd Service Co., 4th Armored Div.  
GRS Form #1 in burial bottle and embossed plate.

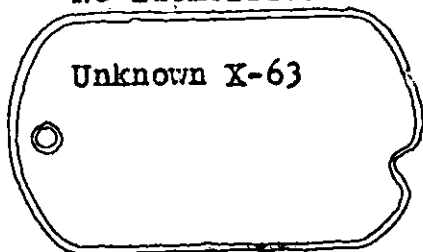
To determine Right or Left use Deceased's Right and Left.

Who is buried on:  
Deceased's Right: KALTZ 31186760 T/5 520 Ord 245  
Name Serial No. Rank Organization Grave No.  
Deceased's Left: McCLURE 34575083 T/Sgt 395 Inf 99 Div 247  
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.

**No Identification Tags**

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:

No personal effects

**REBURIAL**

Previously buried in isolated grave

Parsberg, Germany

located at Coord: 905 706 - Sheet V-6

*R. F. Albera*  
R. F. ALBERA  
1st Lt., QMC  
3048 CMGR CO

Signature of Officer Reporting Burial Series GRS 4416

Verified by G.R.S. Officer

### IF DECEASED UNIDENTIFIED

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

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: White

(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 information, such as letters, photographs, probable organization of deceased, etc.

*Referred in J.B.D.  
 Hoos War Dept  
 11 APR 1945*



### TOOTH CHART

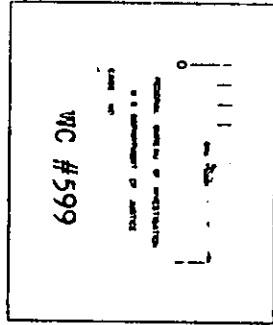
		Deceased's Left							
		8	7	6	5	4	3	2	1
Upper	8								
Upper	7								
Upper	6								
Upper	5								
Upper	4								
Upper	3								
Upper	2								
Upper	1								
Lower	8								
Lower	7								
Lower	6								
Lower	5								
Lower	4								
Lower	3								
Lower	2								
Lower	1								

Indicate missing natural teeth by X; crowns by O; fillings by □; Bridges by C; flaking 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.



RESTRICTED  
**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

17 June 1945  
Date

UNKNOWN X-63      Unk      Unk  
Last Name      First      Initial      Rank      Serial No.  
Unk      Unk  
Unit

Parsberg, Ger      (Est) 12 April 1945      Probably Mine explosion.  
Place of Death      Date of Death      Cause of Death  
Not able to determine

0830 15 June 1945      US Mil Cem #1, Nurnberg, Ger  
Time and Date of Burial      Name of Cemetery      Name or Coordinates of Location

246      10      C      Cross  
Grave Number      Row Number      Plot Number      Type of Marker

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

If No Identification Tags  
How were remains identified?

See attached papers for additional information.

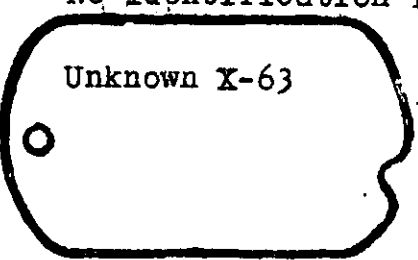
What means of identification were buried with the body?

Remains brought to Cemetery by 53rd Service Co., 4th Armored Div.  
GRS Form #1 in burial bottle and embossed plate.

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

Who is buried on:  
Deceased's Right: KALTZ      31186760      T/5      520 Ord      245  
Name      Serial No.      Rank      Organization      Grave No.  
Deceased's Left: McCLURE      34575083      T/Sgt      395 Inf 99 Div      247  
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.



No Identification Tags

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:

No personal effects

**REBURIAL**

Previously buried in isolated grave

Parsberg, Germany

located at Coord: 905 706 - Sheet V-6

*R. F. Albera*  
R. F. ALBERA  
1st Lt., QMC  
3048 QMGR Co

Signature of Officer Reporting Burial CS 4416

Verified by G.R.S. Officer

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 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: White

(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.

Left Hand


Thumb

Right Hand


Thumb

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

#### TOOTH CHART

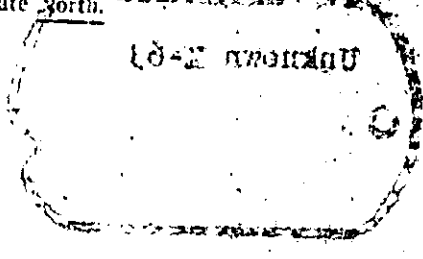
Deceased's Right	D.	L.	U's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Upper	Lower																	

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

Characteristics

Other Data

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



RESTRICTED  
**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

Page #1 **7**  
Date 17 June 1945

UNKNOWN X-63 Unk Unk  
Last Name First Initial Rank Serial No.  
Unk Unk  
Unit

Parsberg, Ger (Est) 12 April 1945 Probably Mine explosion.  
Place of Death Date of Death Cause of Death  
Not able to determine

0830 15 June 1945 US Mil Cem #1, Nurnberg, Ger  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

246 10 C Cross  
Grave Number Row Number Plot Number Type of Marker

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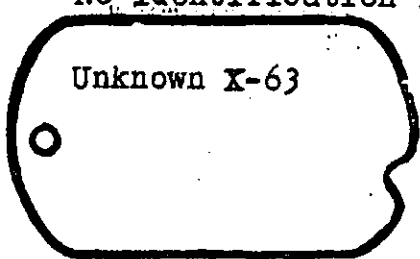
To determine Right or Left use Deceased's Right and Left.

Who is buried on:  
Deceased's Right: KALTZ 31186760 T/5 520 Ord 245  
Name Serial No. Rank Organization Grave No.  
Deceased's Left: McCLURE 34575083 T/Sgt 395 Inf 99 Div 247  
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.

No Identification Tags

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



Unknown X-63

Emergency Addressee Unk  
Name

Unk  
Address

Religion Unk

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

No personal effects

**REBURIAL**

Previously buried in isolated grave

located at Parsberg, Germany  
Coord: 905 706 - Sheet V-6  
Map Series GSGS 4416

R. F. ALBERA  
1st Lt., OMC  
3048 OMGR Co

Signature of Officer

Verified by G.R.S. Officer

# IF DECEASED UNIDENTIFIED

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

Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_  
 Race: **White**

Laundry Marks: \_\_\_\_\_  
 Number of Rife: \_\_\_\_\_  
 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.



Left Hand

Thumb

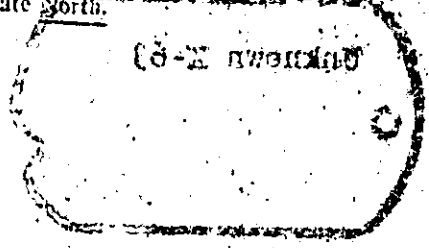
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

### TOOTH CHART

Deceased's Right	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																

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

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.



Characteristics

Other Data