

USMC St James

Plot 0 Row 9 Grave 22
Date of Burial: June 1950
Verified by GRS Officer: **DISINTERMENT DIRECTIVE**

R. T. Rodriguez
R. T. RODRIGUEZ, CWO, USA

JLU
3pp
7/2/50

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 3574 00000
DATE: 15 01 48
DAY MONTH YEAR

NAME: *USMC St James* UNKNOWNX-003359
SERIAL NUMBER: UNKNOWNX-003359
RANK: []
ARM: 0
DATE OF DEATH: [] DAY MONTH YEAR

CEMETERY: ST AVOLD - METZ
DISPOSITION OF REMAINS: 3503 80
CODE DIST. PT.

PLOT: YYY ROW: 8 GRAVE: 95 COUNTRY: FRANCE
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: SAINT AVOLD, FRANCE
(BY ADMINISTRATIVE ORDER)
ST JAMES, FRANCE
NAME AND ADDRESS OF NEXT OF KIN: These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-9 Jan 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-003359
SERIAL NUMBER: []
RANK: UNK
DATE OF DEATH: 19 DEC 44
DATE DISTINTERRED: 27 APR 48

IDENTIFICATION TAG ON: REMAINS EMB MARKER EMB
ORGANIZATION: UNKNOWN
RELIGION: UNK
IDENTIFICATION VERIFIED BY: ELDO J. HENRY (EMBALMER)

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: MATTRESS COVER
CONDITION OF REMAINS: Completely disarticulated. Small amount of decomposed flesh. R/L/Talus missing L/Calcaneus & hands missing.

OTHER MEANS OF IDENTIFICATION: Two reports of burial found on body. One reads X-3359. The other one is unreadable.

MAJOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET: DATE 4 MAY 48 BY ELDO J. HENRY (EMBALMER)

CASKET SEALED BY: ELDO J. HENRY (EMBALMER)
EMBALMER (Signature): *Eldo J. Henry*

CASKET BOXED AND MARKED: DATE 4 MAY 48 BY ELDO J. HENRY (EMBALMER)
SHIPPING ADDRESS VERIFIED BY: BRUCE E. BLAIR. 1st Lt. OMC 337 QM EN.

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

Bruce E. Blair
BRUCE E. BLAIR . 1st Lt. OMC 337 QM EN.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
FILE RECORDS ANNOTATED
DATE: 7-4-50
NAME: []
BR. MEM. DIV.
Consignee changed by Reg Div. []
MC FORM EV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avoird, France		TO OIG Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Chancey E Vaughn, RA35961782	
SIGNATURE OF SHIPPER Frank B. Callaghan <i>Frank B. Callaghan</i>	DATE 29 Oct 49	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

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

RRE 293

30 December 1949

293 rank # [unclear] X-3359 (Date) [unclear]

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 3359, Plot YYY, Row 8, Grave 95, USMC St. Avold, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 2682, dated 3-3-48.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

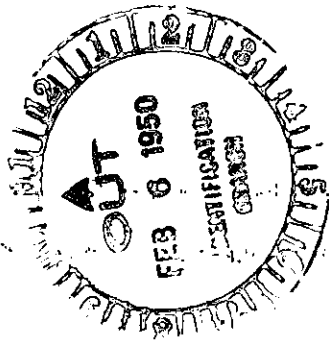
Lt. Col. E. D. Mulvanity O-359598

Capt. Edward F. Price O-1588236

CWO Leadore Goudreau W-2113434

Received 6 FEB 1950 **OQMG**
Not identifiable from
information presently
available

File - NAT
ID Branch
6 Feb 50



[Faint, illegible text, possibly a list or report content]

[Faint, illegible text, possibly a header or title]

[Faint, illegible text, possibly a footer or signature area]

[Faint, illegible text, possibly a signature or name]

AIRMAIL

QMGMT 314.6

1st Ind

QRS European

~~(St. Avoird) France~~

SUBJECT: ~~Certificates of Unidentifiability of Remains~~
Transmittal Letter #4671

Dept. of the Army, OQMC, Washington 25, D. C., 7 February 1950

TO: Chief, Registration Division, 7887 Graves Registration Detachment,
APO 58, c/o Postmaster, New York, New York

This Office approves the classification of the Unknowns listed on basic communication as Unidentifiable with the exception of Unknown X-6010, which was suspended to your headquarters by radio 2 February 1950.

FOR THE QUARTERMASTER GENERAL:

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

Holden:cam
Clements
REB

JMN

TEC

X
JMN
TEC
Indic. Mem. X-3359
All records

AIRMAIL

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

RRE 293

30 December 1949
(Date)

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3. Remarks:

See Case History attached.

Received 6 FEB 1950 OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589 JMC Lt. Col. E. D. MULVANITY, O-359598 JMC

Maj. Charles REYNOLDS, C-182639 TC Maj. Gerald SWANTHOUT, Sr., O-267451 CE

Capt. Edward F. PRICE, Jr., O-1588236 JMC 1st Lt. Frederick S. DAVID, O-1826041 CAV

CWO Frank GLEER, W-2102925 USA Capt. Jack C. HAYES, O-1577297 JMC

Leodore Goudreau
CWO Leodore GOUDREAU, W-2113434, USA

Tracy H. Parker

CASE HISTORY

UNKNOWN NO X-3359

U.S. Military Cemetery Neuville

Remains of X-3359 were disinterred from the Cemetery of Budesheim, Germany.

Physical and dental records of all casualties (United States Forces) known to have died in the territory embraced by Map Sheet K-51, which includes the area of Budesheim, have been accumulated and these records have been compared with dental and physical records (recorded on skeletal and tooth charts) for all cases representing unknown decedents recovered from the area here mentioned. The result of this records comparison was negative. All other means of effecting an association failed.

In view of the negative result of the investigation referred to above it is recommended that this case be declared UNIDENTIFIABLE.

/ .
T.J. MURPHY

Off 12

DISINTERMENT DIRECTIVE

6

2B Unk France Y-3359

St. Avold

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 00000

DATE

15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		003359		0	
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					0 3503 30 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
YYY	8	55	FRANCE		6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN			
NAME AND TITLE				

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

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

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 - 3359

Cemetery St. Avold, France

Plot YYY Row 8 Grave 95

Date reprocessed:

1. Arrived at cemetery 22 Jan 48
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by and reprocessed by 116 First 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> <small>(Type)</small>		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Remnants of</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

OCT 10 1948 - 1 -

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes None (type) _____

Overshoes None

Web Equipment None (type) _____

(Other item) Remnants of material, UTD type

(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 :
 R. Humerus 36.6 R. Ulna 27.9
 R. Radius 26.3 R. Fibula 40.2
 R. Femur 49.4 R. Tibia 40.8

Age UTD Height Est 5' 11 5/8" 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 Dark brown 3 1/2" long slightly wavy.
 (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 **UFD** **UFD**
 (Light, color, extent)

Eyes **UFD** Eyebrows **UFD**
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose **UFD** Ears **UFD**
 (Size, shape, straight) (Size, set close to or far from head)

Mouth **UFD** Lips **UFD**
 (Large, medium, small) (Small, large, full)

Teeth **See Tooth Chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UFD** Circumference of head in inches **Est 20 13/16"**
 (Large, small, normal) (Hat band)

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

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

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

(Unusual characteristics of fingernails)

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

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

Back **UFD** Circumcision **UFD** Pubic Hair **None**
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

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

Evidence of healed fractures **UFD**
 (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 (Yes-no) If not, explain

9. Remarks Remains were received in a skeletal form with a small amount of decomposed flesh and in a mattress cover. Clothing found in debris. Burial Report found. Estimated weight of processed remains : 27 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)

CPT

Rank

CFC

Service

OPERATIONS OFFICER

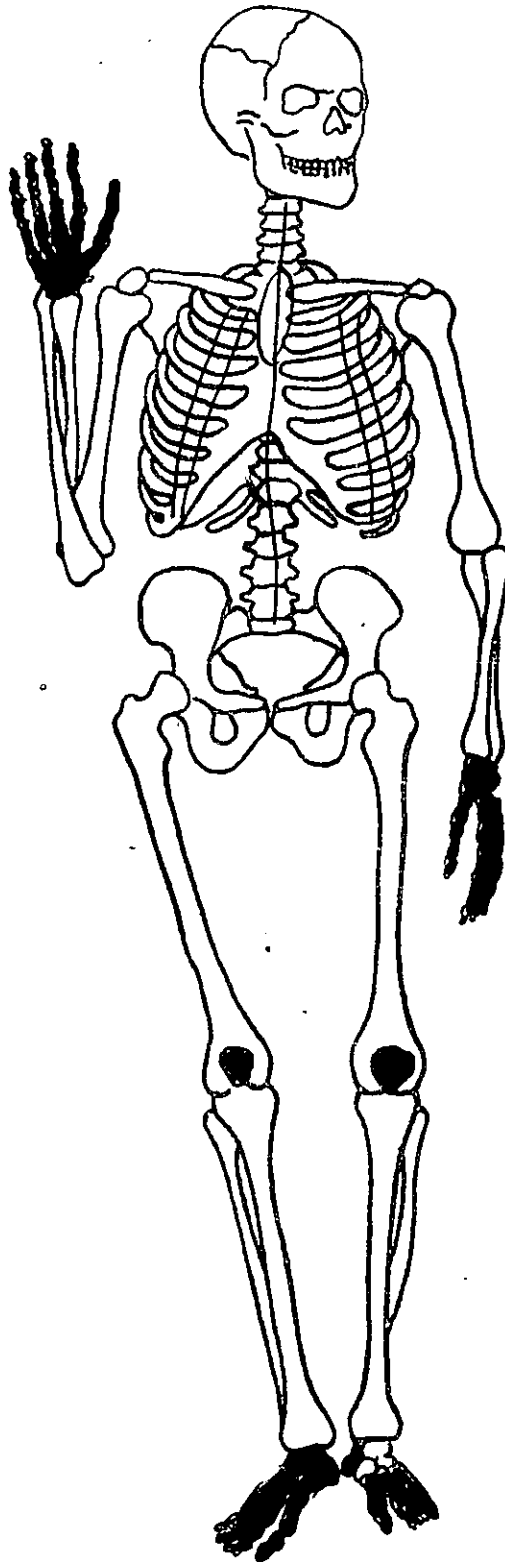
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS 36.5 cm

ULNA 27.9 cm

RADIUS 26.3 cm

FEMUR 49.4 cm

TIBIA 40.8 cm

FIBULA 40.2 cm

CHART "A"

Est Height : 5' 11 5/8 "

TOOTH CHART

22 Jan 1948

Date

Unknown X - 3359

Unk

Unk

Last Name

First

Initial

Grade

Serial No.

Unk

Unk

Unit

Organization

Place of Death

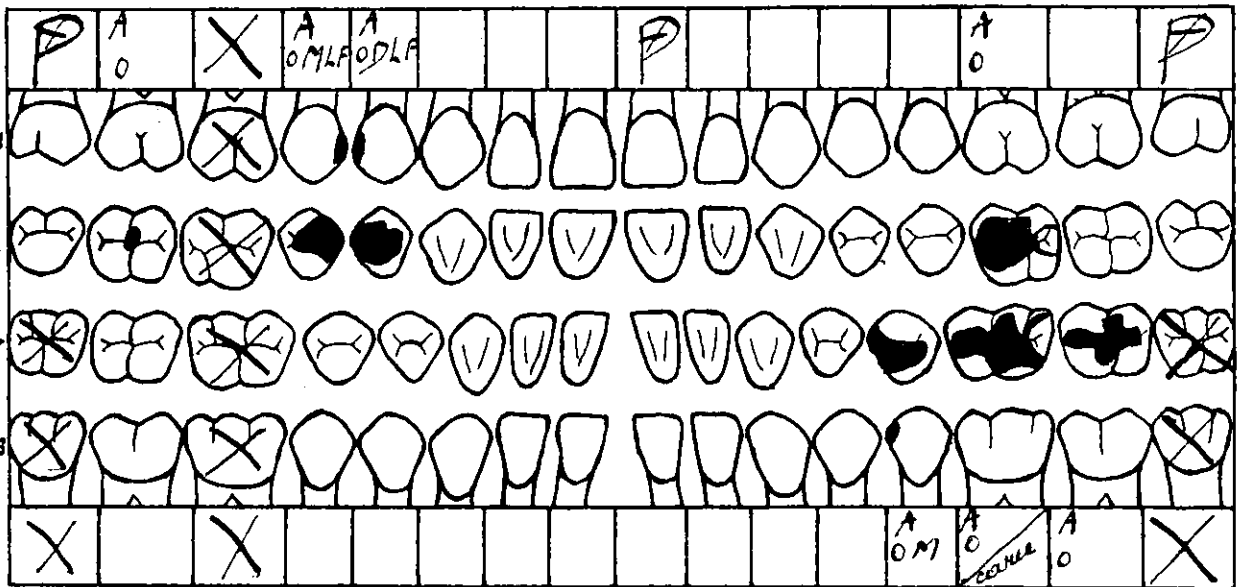
Date of Death

Cause of Death

Right

Left

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



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

See remarks.

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

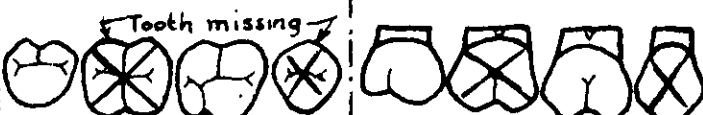


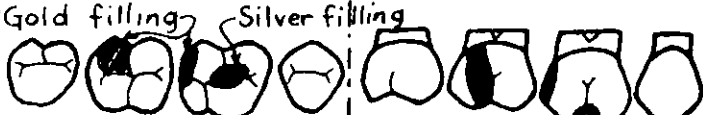

WALTER J JABLONSKI
US DA CIV IS

/s/ Walter J Jablonski

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
CAPT QMC OPER OFF

Woodrow W Wolf
Verified by G. R. C. Officer

<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>	

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

P: Teeth posthumously missing : R-8, L-1-8,
 Teeth missing R-6-14, 16. L-16
 L-5 rotated mesially $\frac{1}{4}$ turn
 Spaces R-15-13, 7mm R-7-6, 6 mm

Color: dull ivory
 Size: average
 Alignment: good.

REPORT OF INVESTIGATION-AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
„Report of Burial“ when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: YES
(if Special Investigation, so indicate)
2. SI-Avoid

<u>UNKNOWN-X3359</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>
(Full name of deceased)	(Rank)	(ASN)	(Organization)
3. State: Means of identification, i. e. identification, tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc. and Source of Information, i. e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc. (No means of Identification obtainable)
(Tooth, Chart taken)
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: Budesheim, Ger. (M-1680)
Map. Ref. Ger. 1/250,000-KoIn-K-51

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
5. Full name of cemetery (include plot, row and grave if organized cemetery):
Budesheim Cemetery (Row 3-Grave 6)
6. Approximate or established date of death (state which and give basis for date selected):
19-Dec. 1944 (records of Peter and Paul Church-Budesheim)
7. Approximate or established date of burial (give basis for date established):
19-Dec. 1944-Record of Peter and Paul Church-Budesheim
8. Manner in which grave was marked, show information contained on the marker:

(NONE)
9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:

(NONE)
10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information): Died of battle wound suffered in fight in the vicinity of Budesheim. Buried by German soldiers in Budesheim Cemetery. No records as of Identity given the cemetery by the German Soldiers who buried the body. Information supplied by Pastor Herrmann A. Lois, Peter and Paul Church Borgomaster- Jakob Schifferings, Budesheim IX. Borgomaster-Michel Schmitz, Budesheim
11. Give name and address of person who can guide disinterring team to burial location:
Borgomaster of Budesheim Jakob Schifferings

12. Is this atrocity case..... No Is there evidence that it may be: No
If answer is yes, hat responsible War Crimes representative been notified:

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members:
(NOT APPLICABLE)

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor:

(NOT APPLICABLE)

15. If unidentified, supply any of following information determinable:

- a. Crew position in plane or vehicle:
- b. Plane or vehicle serial number:
- c. Installed weapons:

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
.....
.....
.....
.....

d. Engine serial number:

Type:

William H. Barnett
Signature of Investigating Officer

WILLIAM H. BARNETT
2nd. Lt. O-2018275
6890 QM. GR. CO
Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation):

Disinterment and *reburial/burial made by:

Date of *burial/reburial: 8 February 1946

Place of *burial/reburial U. S. Military Cemetery: St. Avold, France

Plot: YYY Row: 8 Grave 95

NOTE: Additional particulars regarding investigation will be placed on additional sheet.

12. Is this atrocity case: ^{No} Is there evidence that it may be: ^{No}

If answer is yes, hat responsible War Crimes representative been notified:

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members:

(NOT APPLICABLE)

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor:

(NOT APPLICABLE)

15. If unidentified, supply any of following information determinable:

a. Crew position in plane or vehicle:

b. Plane or vehicle serial number: Type:

c. Installed weapons:

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
.....
.....
.....
.....

d. Engine serial number: Type:

Signature of Investigating Officer

WILLIAM H. BARNETT
2nd. Lt. O-2018275
6890 QM. GR. CP

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation):

Disinterment and *reburial/burial made by:

Date of *burial/reburial: 8 February 1946

Place of *burial/reburial U. S. Military Cemetery: St. Avoild, France

Plot YYY Row 8 Grave 95

NOTE: Additional particulars regarding investigation:
will be placed on additional sheet.

CHECK LIST FOR UNKNOWNNS

Pvt. Morrison

(name of soldier processing remains)

1. Unknown 3359 **SI-Avoid** U. S. Military Cemetry No. ... col pt: Manderscheid Germany
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery **col pt** 1500/30 Jan. 46 From Budesheim, Germany.
(hour) (date) (collecting point)
4. Place of death Budesheim, Germany, WL-1680 Map. Ref: Ger. 1/250,00 Koln-K-51
(name) (coordinates and landmarks)
5.
6. Remains recovered by ... Pfc. James Young, 6890 M. G.R. Co. (Prov)
(name and organization)
7. Evacuated to cemetery by **col pt** Pfc. James Young, 6890 M. G.R. Co. (Prov)
(name and organization)
8. Is load list attached **Yes**
(yes-no)
9. Are names of deceased found in same area as this Unknown starred **No**
(yes-no)
10. Are circumstances described which may indicate organization of the deceased **No**
(yes-no)
11. If only part of body was received, was a careful search made for other parts of Unknown **Yes**
(yes-no)
12. If remains come from vehicle, plane, etc.: **Unknown (if any)**
(type of vehicle or plane, nick name, serial number, organization or symbols)
13.
14. Crew list
(names of other deceased and positions in which found)
15.
16.
17. If a tank, which hatches were free and available for escape use **Unknown**
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 **Unknown**
(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 **None**
(Indicate exact pocket or part of body where found)
23.
24.
25.
26.

Description of clothing and equipment : (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. * Headgear (type)		6 (lost) 7/8		
28. Reincoat				
29. Overcoat				
pieces 30. Jacket, Field	None			
31. Jacket, Combat				
32. Mackinaw				Due to condition of body,
33. Sweater				no clothing sizes could
34. Jacket, HBT				be estimated.
35. * Shirt, Wool OD	none	15-33	OD	
pieces 36. Undershirt, Wool	none			
37. Undershirt, Cotton				
38. Trousers, HBT				
pieces 39. * Trousers, Wool OD	none			
40. Belt, Web				
pieces 41. Drawers, Wool	none			
pieces 42. Drawers, Cotton	none			
43. Leggings				(Note unusual lacing)
44. Socks Wool Cotton				O
45. * Shoes (type)	Foot missing			O
46. Overshoes				
47. Web Equipment (type)				
48. (other item)				
49. (other item)				

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

50. Chevrons or (type and location; shirt jacket coat helmet) None

Shoulder Patch None

Insignia None

51. Description of Remains

52. Age: Unk (years) Height: Unk (ft-in) Weight: Unk (lbs) Description of wounds: B.W. of Right Hip.

53.

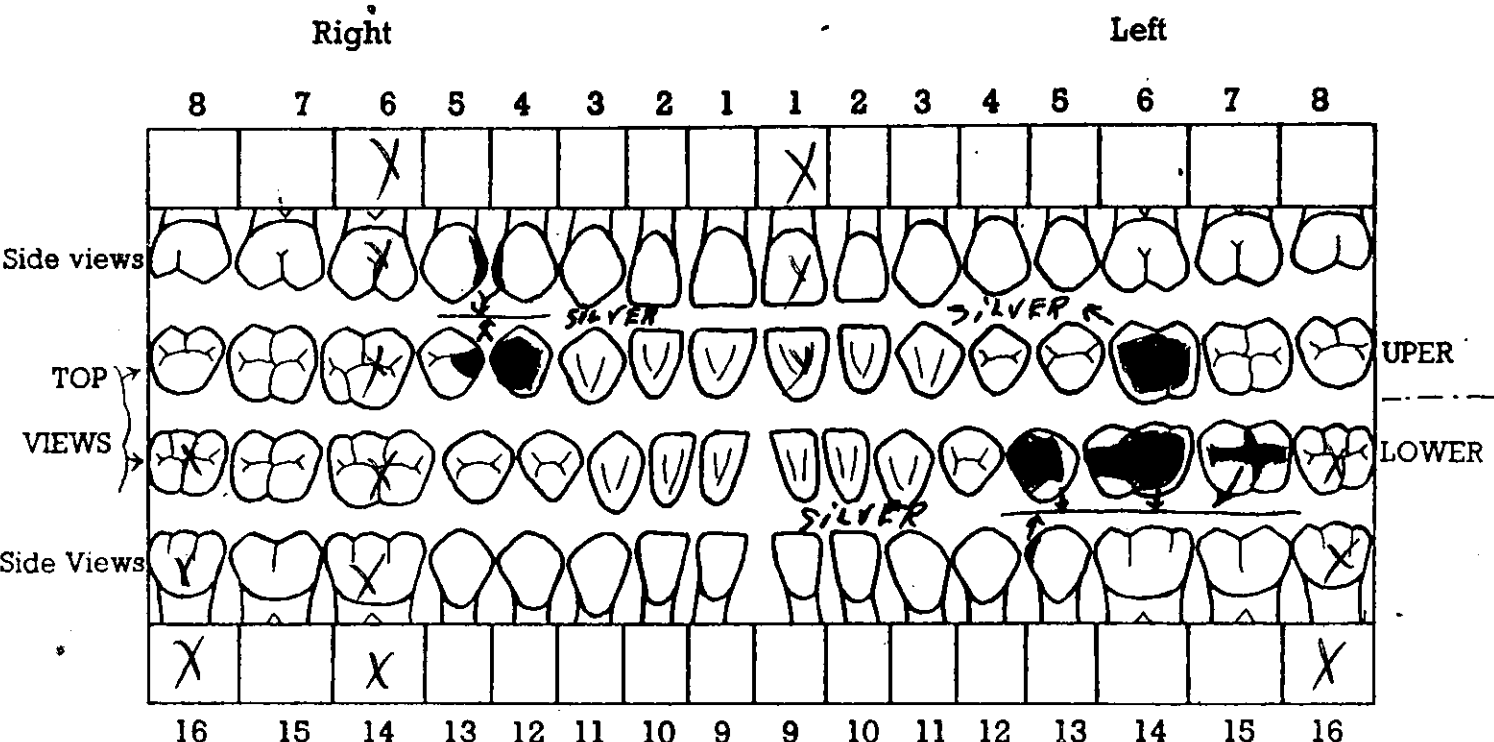
TOOTH CHART

Jan. 30, 1946.
 Date

Unknown-X-3359 ~~St-Avo'd~~ Unknown Unknown
 Last Name First Initial Rank Serial No.

~~Budeshheim, Ger. (WL-1680)~~ ~~Dec. 19, 1944~~ ~~B.W. of right hip~~
 Unit Date of Death Cause of Death

Budeshheim, Ger. (WL-1680) Dec. 19, 1944 B.W. of right hip
 Place of Death Date of Death Cause of Death



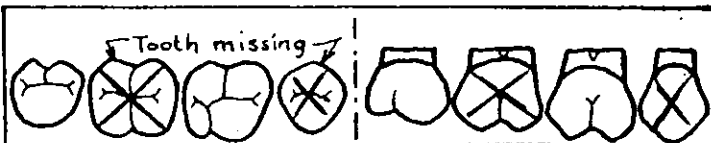
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bacuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

#6 upper Rt #14 #16 Lower Rt. #16 Lower Left missing after death. #16 Lower Left Natural missing

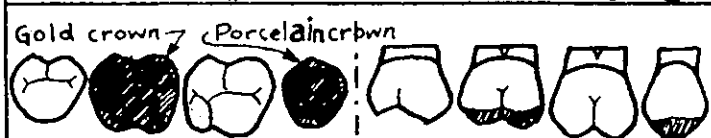
S. Sgt. L. S. Zolwell
 Signature of Officer or other person who prepared Tooth chart

William H. Barnett
 Verified by G. R. S. Officer

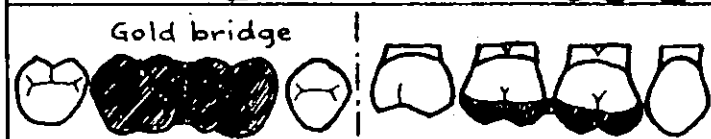
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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



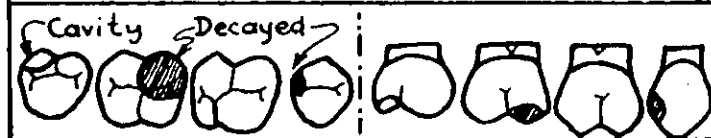
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES)... Outline location and size of cavity, shade in thus :

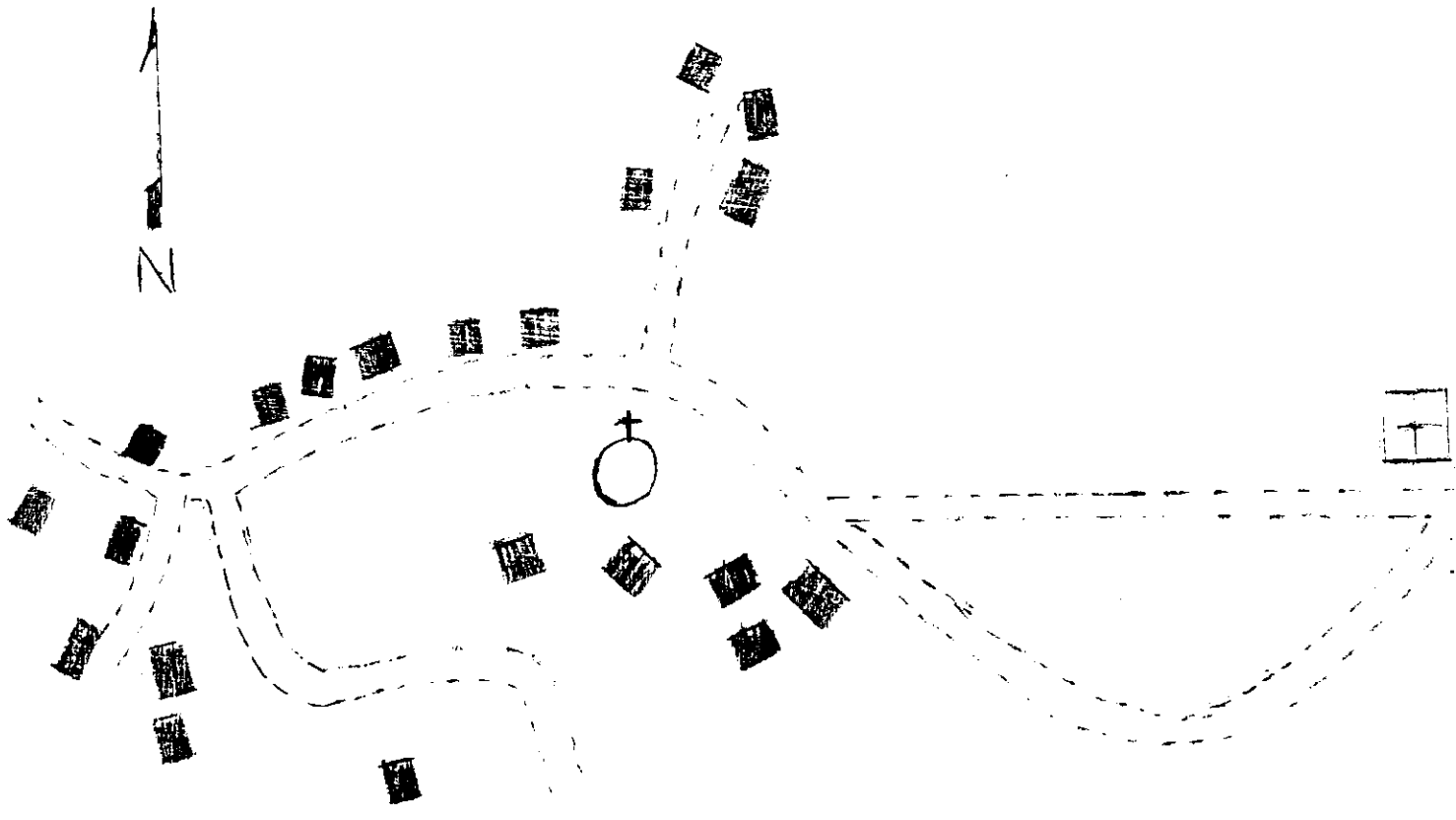


DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

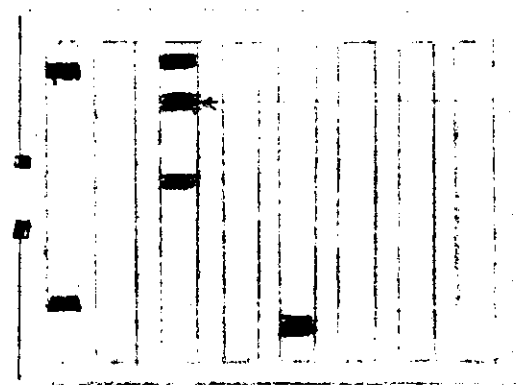
ADDITIONAL SPACE FOR FURTHER REMARKS

SKETCH SHOWING GRAVES OF LLOYD R. ORR, HAROLD THOM, GLEN W. SUESS,
JOSEPH JACKIMAVITZ, NATHAN DAVIS, X3359, BUDESHEIM, GERMANY

Map: Germany 1/250,000
Sheet: Koln K51
Coord: WL 1780
Location: Budesheim, Germany
Sketched by: Pfc. Friswold
6890 QMGR Co.
Date: 2 Feb. 1946
Not to scale



BUDESHEIM CEMETERY



X3359

REBURIAL REPORT OF BURIAL

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

Jan, 30, 1946.
Date

Restricted TM 10-630 AND AR 30-1815

Unknown-X-3359 **St-AvoId** Unknown Unknown
 Last Name First Initial Rank Serial No.
 Unknown Unknown
 Unit Organization
 Budesheim, Ger. (WL-1680) Dec. 19, 1944 B.W. of right hip.
 Place of Death Date of Death Cause of Death
 1030 8 February 1946 U.S. Mil Cem, St. AvoId, Fr. Q- 260584
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 95 8 YYY Temp. 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 reverse

REBURIAL

What means of identification were buried with the remains?

**Previously buried in isolated grave
located at Budesheim, Ger. (WL-1680)**

G.R.S.No.1 in bottle

To determine Right or Left use Deceased's Right and Left Map Ref. Ger. 1/250,000 Köln

Who is buried on:

K-51

Deceased's Right:	FEARNOW	35071078		96
	Name	Serial No.	Rank	Grave No.
Deceased's Left:	JACKIMAVICZ	31428788		94
	Name	Serial No.	Rank	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 Address **Unknown**
Name

Unknown
Address

Religion **Unknown**

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

None

Disinterring Officer

William H. Barnett
 WILLIAM H. BARNETT
 2nd Lt. O-2018275
 G.R. Officer
 Signature of Officer or other person reporting burial

Reinterring Officer

Claude J. Davis
 Verified by G.R.S. Officer
 CLAUDE J. DAVIS, 2nd Lt. Inf. 6800 QM GR Det.

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: **Unknown** Laundry Marks: **none**
 Weight: **unknown** Number of Rifle: **none**
 Color of Eyes: **unknown** Wear Glasses? **unknown**
 Color of Hair: **black** Is Tooth Chart Attached? **yes**
 Race: **unknown**

(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.

"Impossible to determine, body badly decomposed."

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

None

Fingers Decayed

Fingers Decayed

Left Hand

Right Hand

Thumb

Thumb

TOOTH CHART

Deceased's Right		See Tooth Chart																Deceased's Left															
Upper	Lower	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

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

Characteristics:

Other Date:

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.

SEE ATTACHED SKETCH