

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc - St. Auld

X-1588 X-6108 X-6137 X-6150 X-6297

SYNOPSIS AND DATES

X-6387-A X-6387-B X-6387-C X-6457

Misc filed

NEW CLASSIFICATION 293 Misc - St. Auld X-1588

RECLASSIFICATION SHEET

7387 GRAVES DETACHMENT

ARO 757

943 unk St. Avold X-6387 A MS

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

UNKNOWN X-6387 St Avold

(POC) EPINAL

files 2 mar 51
Kirkland
Adm.

REPORT OF INVESTIGATION
AREA SEARCH

REENTERED
U. S. MIL. CEM. ST-AVOLD
PLOT 6666 ROW 8 GRAVE 90

AGRC Form # 10 (Revised)

1 January 1946.

14 June 1946

Date

NAME Unknown X-6387 RANK Unkn. ASN Unkn.

ORGANIZATION AAF

MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation?
If so, state the following information :

a. NAME Unknown RANK Unkn. ASN Unkn.

b. ORGANIZATION AAF

2. Was partial identification established? . If so, state the facts as to whom you believe the deceased to be :

a. NAME Unknown RANK Unknown. ASN Unknown

b. ORGANIZATION AAF

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY. Two Unknown crew members b
buried in a mass grave with this man.

(Use reverse side for listing of crew members from MACH)

a. Date of above burials 3 March 1944 Common Graves? Mass Grave

5. Name and Type of Cemetery Heinheim municipal Friedhof (civilian)
(Military or Civilian)
6. Map Coordinates of the Cemetery WT 9537
- a. Town Heinheim Country Germany Landkreis Kellheim, Map: 1/250,000, Sheet M-49 Munich Germany.
7. Give exact location in cemetery of the remains. Mass Grave in front right hand corner of Cemetery
- a. Section _____ Row _____ Grave _____
- b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location. Not applicable
- a. Town _____ Coordinates _____
- b. Is sketch attached? _____
- c. Is area mined? _____
9. How is the grave marked? Three plain wodden Crosses
10. If grave is marked with cross, give exact markings thereon No inscription
- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By Whom _____
11. Where are the cemetery records? None
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By Whom? _____
12. What is the date of death? 25 February 1944
- a. Give basis Statement of priest HOUSNER, Johann
13. What is the cause of death? Plane Crash
- b. Give basis Information from Priest
14. What is the date of burial? 3 March 1944
- a. Give basis Information from Priest

15. Where was the place of death? Heinheim, Germany Coords WT 9537
 Give basis Location of plane crash
16. Where were the remains found? Heinheim, Germany Coords WT 9537
 a. By Whom? German Civilians, names unknown
 b. Is sketch attached? No
17. Was a casket used? Yes Who furnished the casket? Priest
 Type of casket Wooden How marked? Unkn.
18. Who made the burial Priest (Civilian)
 (Civilian, American Mil. or German Mil).
 a. What are the names and addresses? Priest Johann HOUSNER, House No. 112
Heinheim, Germany
 b. Are certificates and statements attached? _____

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? No
 a. Give location in plane from which the bodies were removed _____

 (Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
 b. Near wreckage? Yes
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).
 a. Type of Plane Four motored bomber
 b. Markings and/or name on plane Plane removed
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? Enemy Planes Anti-aircraft
 Enemy Planes? Yes Collision? _____

22. Did plane explode in the air? No On ground? Yes
23. Did plane burn in the air? Yes On ground? Yes
24. What was the direction of the flight? From Pegensburg west
25. What was the civilian opinion regarding destination of plane? Unkn.
26. Had bombs been released prior to the crash? Yes
27. Does specific time and date of crash correspond with date of death of above named deceased? Yes
28. Number of planes in formation prior to crash over fifty planes
29. State precise time and date of plane crash at 14:00 o'clock 25 February 1944
(Night? Day?)
30. Were parachutists seen? Yes How many? 7 or 8 Escaped? _____
Prisoners? Yes

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
 a. Give specific position in tank from which deceased was removed. _____

 (Radio man, driver, assistant driver or... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc _____
33. What was the type of enemy action that resulted in the tank's disablement? _____

34. Did tank explode? _____ Burn? _____

35. Number of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date of death of above named deceased? _____

37. Precise time and date of destruction of tank _____
(Night? Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) _____

It so, give, complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? _____

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team _____ No

If not, state reason All taken by German Police

a. Were identification tags found at the time of death? _____ No

Where? _____ By Whom? _____

Present disposition Unkn.

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? _____ Yes

Where? On Body By Whom? A man named Meyer in Neustadt and a girl named Forschhammer in Heinheim Germany

Present disposition Turned over to German Mil. Police

c. Was deceased identified by living members of the crew at the time of death? No

d. Did Cemetery register or cross indicate the immunization shot? No

42. Was Deceased given first aid? No If so, where? _____

By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? No

WHERE? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?
Body was dismembered and mangled.

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? No

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? No By Whom? _____

When? _____

48. Give full names, addresses, and information obtained from each person interviewed _____

Priest Johann HOUSNER, No. 112 HEINHEIM, Germany.

Michael STOBBER, House No. 48 HEINHEIM, Germany

49. Are all positive statements regarding identification and particulars surrounding death attached? YES

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

Yes

51. Was investigation preceded by advanced publicity?

(If special investigation, give case number)

52. Give Brief Narrative

See attached sheet.

(Use attached sheets, if necessary)

Signature of Interpreter

Franz MYKS

Rank ASN

German Civilian

Organization

William A. Morton
William A. MORTON

Signature of Investigator

Cpl. 44011133

Rank ASN

606 QM. G. R.CO.

MBU #5 Organization

MASS GRAVE OF THREE AMERICAN SOLDIERS IN THE CEMETERY OF HEINHEIM GERMANY.

HEINHEIM, Germany

Map 1:250,000 sheet M-49 Munich, Germany.

coord. WT 9537

Location : in the cemetery of Heinheim, Germany.

Sketched by: Cpl. William A. Morton

606 QM.G.R. Co.

M.B.U. # 5

Date: 31 May 1946

Not to scale.

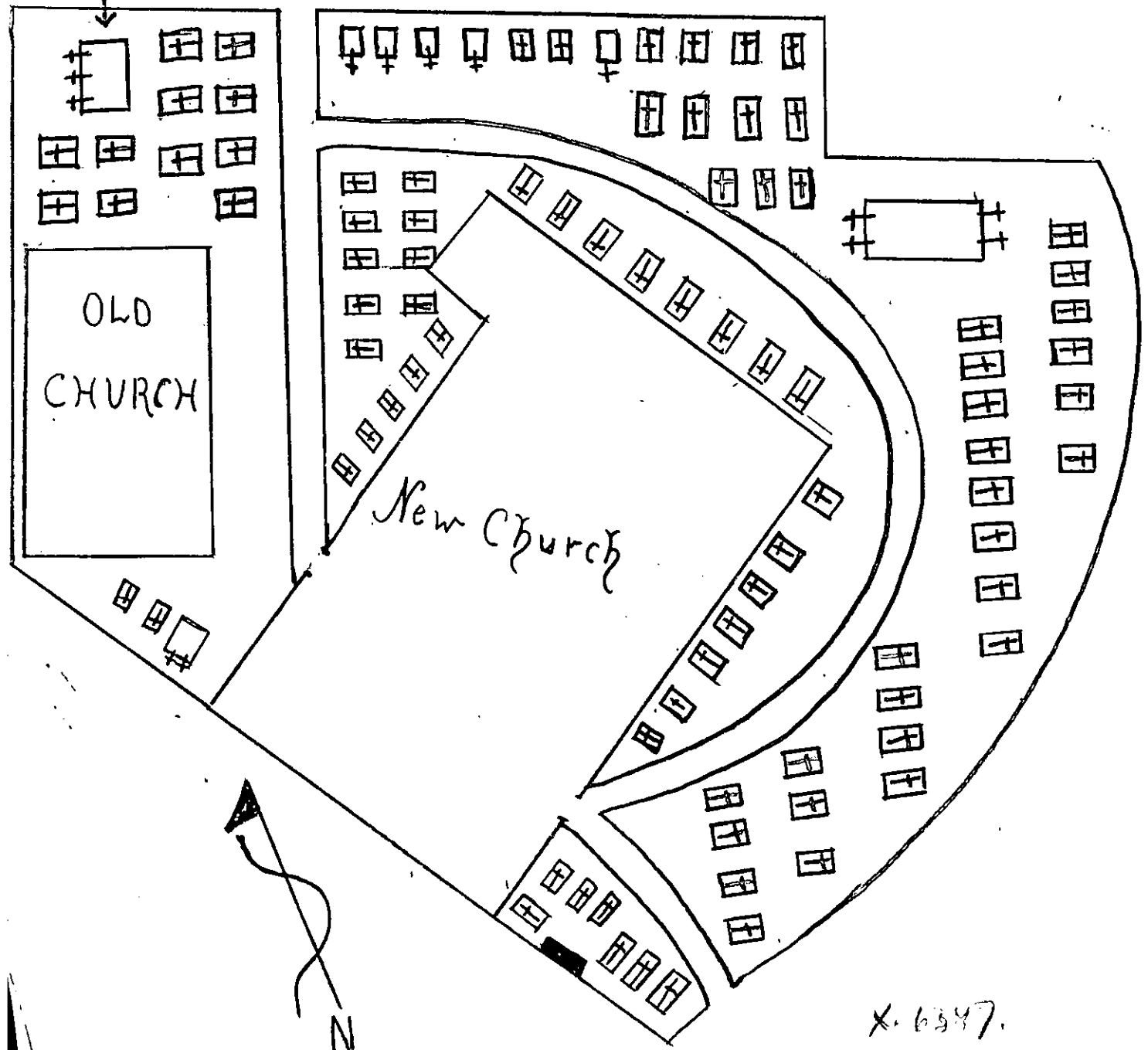
UNKNOWN X-6387

REINTERRED U.S. MIL. CEM.

ST. AVOLD, EEEE-8-90.

CHURCH AND CEMETERY
AT HEINHEIM GERMANY

MASS Graves of Three American Soldiers



4677 Div for use of C...
REPORT OF INVESTIGATION
AREA SEARCH

REINTERRED
U. S. MIL. CEM. St-A-OLD
PLOT ~~EEEE~~ ROW 8 GRAVE 90

AGRC Form 10 (Revised) 14 June 1946 Date
1 January 1946
NAME Unknown X-6387 RANK Unknown ASN Unknown
ORGANIZATION AAF
MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final) processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No If so, state the following information:

a. NAME Unknown RANK Unknown ASN Unkn.
b. ORGANIZATION AAF.

2. Was partial identification established? No If so, state the facts as to whom you believe the deceased to be:

a. NAME Unk. RANK Unk. ASN Unk.
b. ORGANIZATION

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Two Unknown crew memberes buried in a mass grave with this man.

(Use reverse side for listing of crew members from MACR)

a. Date of above burials 3 March 1944 Common Graves? Mass grave

5. Name and Type of Cemetery HEINHEIM municipal Friedhof (civilian)
(Military or Civilian)

6. Map Coordinates of the Cemetery WF 9537 Landkreis Kehlheim, map 1:250,000

a. Town HEINHEIM Country Germany sheet M-49 Munich Germany.
mass grave in front right hand corner of cemetery.

7. Give exact location in cemetery of the remains.

a. Section Row Grave

b. Is sketch attached? Yes

8. If remains are not located in a cemetery, give exact location. Not applicable

a. Town Coordinates

b. Is Sketch attached?

c. Is area mined?

9. How is the grave marked? Three plain wooden crosses

10. If grave is marked with cross, give exact markings thereon No inscription

a. From what source was this information obtained?
(Identification tags, personal effects)

1. By whom

11. Where are the cemetery records? None
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? **25 February 1944**
 a. Give basis **Statement of priest Housner, Johann**
13. What is the cause of death? **Plane crash**
 b. Give basis **Information from priest**
14. What is the date of burial? **3 March 1944**
 a. Give basis **Information from priest**
15. What was the place of death? **HEINHEIM, Germany** Coords **WT 9537**
 b. Give basis **Location of plane crash**
16. Where were the remains found? **HEINHEIM, Germany** Coords **WT 9537**
 a. By whom? **German Civilians, names unknown**
 b. Is sketch attached? **No**
17. Was a casket used? **Yes** Who furnished the casket? **priest**
 Type of casket **Wooden** How marked? **unk.**
18. Who made the burial **Priest (civilian)**
 (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? **Priest Johann Housner, House No. 112**
HEINHEIM, Germany.

SECTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? **No**
 a. Give location in plane from which the bodies were removed _____
 (Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? **Yes**
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
 a. Type of Plane **four motored bomber**
 b. Markings and/or name on plane **Plane removed**
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____
21. How did crash occur? **Enemy planes** Anti-aircraft _____
 Enemy Planes? **Yes** Collision? _____
22. Did plane explode in the air? **No** On ground? **Yes**
23. Did plane burn in the air? **Yes** On ground? **Yes**
24. What was the direction of the flight? **From Regensburg west**
25. What was the civilian opinion regarding destination of plane? **Unk.**

- 4677
26. Had bombs been released prior to crash? **Yes**
27. Does specific time and date of crash correspond with date of death of above named deceased? **Yes**
28. Number of planes in formation prior to crash **over fifty planes**
29. State precise time and date of plane crash **at 14.00 o'clock 25 February 1944**
(Night?) (Day?)
30. Were parachutists seen? **Yes** How many? **7 or 8** Escaped? _____
 Prisoners? **Yes**

SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
 a. Give specific position in tank from which deceased was removed _____
(Radio man, driver, assistant driver or . . . front, side, or back)
 b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom) _____
 a. Type of tank _____
 b. Markings and/or name of tank _____
 c. Numbers on motors, machine guns, ammunition, instruments, etc _____
33. What was the type of enemy action that resulted in the tank's disablement? _____
34. Did tank explode? _____ Burn? _____
35. Number of tanks in immediate vicinity at time of disablement _____
36. Does specific time and date of disablement correspond with date of death of above named deceased? _____
37. Precise time and date of destruction of tank _____
(Night?) (Day?)
38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) _____
 If so, give complete and thorough results of the interrogation. _____
- a. Are all certificates and statements of people who possessed knowledge of the case attached? _____
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

SECTION E — GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? **No**
 If not, state reason **All taken by German Police**
- a. Were identification tags found at the time of death? **No**
 Where? _____ By whom? _____
- Present disposition **Unk.**

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? **Yes**
Where? **on body** By whom? **A man named Meyer in Neustadt and a girl named Forschhammer in**
Present disposition: **Turned over to German Mil. Police. (Heinheim, Ger.)**

c. Was deceased identified by living members of the crew at the time of death? **No**

d. Did Cemetery Register or cross indicate the immunization shot? **No**

42. Was Deceased given first aid? **No** If so, where? _____

By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? **No**

Where? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **No**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? _____

body was dismembered and mangled.

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? **No**

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? **No** By whom? _____

When? _____

48. Give full names, addresses, and information obtained from each person interviewed _____

Priest Johann Housner, No. 112 HEINHEIM, Germany.

Michael Stober, House No. 48 HEINHEIM, Germany.

49. Are all positive statements regarding identification and particulars surrounding death attached? **Yes**

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? _____

51. Was investigation preceded by advanced publicity? **Yes**

(If special investigation, give case number) _____

52. Give Brief Narrative _____

See attached sheet.

(Use attached, sheets if necessary)

Franz Myks
Signature of Interpreter

FRANZ MYKS

German civilian

Rank ASN

Organization

William A. Morton
Signature of Investigator

WILLIAM A. MORTON

Cpl. 44011133
Rank ASN

606 QM.G.R. Co.

M.B.U. # 5
Organization

IRR *JAB*

K1

USMC EPINAL
Plot: A Row: 50 Gr: 12
Date of Burial: 30 June 50 **DISINTERMENT DIRECTIVE**
Verified by GRS Officer
Allen L. LAWSON 1st Lt INF.

7pp
9/2/50

SECTION A NAME AND BURIAL LOCATION OF DECEASED <i>Allen L. Lawson</i>	DIRECTIVE NUMBER 3574 00000	DATE DAY MONTH YEAR 15 03 49
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NAME UNKNOWN	SERIAL NUMBER X006387-A	GRADE A	ARM Q	RACE 0	RELIGION 6
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CEMETERY ST AVOLD FRANCE	PLOT 4E	ROW 8	GRAVE 90	DISPOSITION OF REMAINS 3502 XXXXXX 80
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SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE ST AVOLD FRANCE EPINAL, FRANCE	NAME AND ADDRESS OF NEXT OF KIN XXXXXXXXXXXXXXXXXXXX
---	--

These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49).

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

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

Embossed plates made to read : "UNKNOWN X-006387-A"

**NAT
FILE**

REMAINS PREPARED AND PLACED IN CASKET	RECORDS ANNOTATED
DATE	DATE 27 JUL 50
BY	NAME R. T. Johns

CASKET SEALED BY Karl K Kasca, Embalmer	EMBALMER (Signature) Karl K Kasca R. T. Johns
---	---

CASKET BOXED AND MARKED 4 Apr 49 Karl K Kasca	DATE BY	SHIPPING ADDRESS VERIFIED BY D H Tackett plates verified by D H Tackett
---	----------------	--

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

D H Tackett, 1st Lt QMC, 7857 AGRC Zone 3 hq
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
Consignee corrected - Reg. Div.

McL 2/1

2040

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avold France		TO OIC Neuville Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Frank B Callaghan</i> Frank B Callaghan, 1st Lt FA	DATE 2 Nov 49	SIGNATURE OF RECEIVER Cpl William H Bryant, 33720413	DATE

2. SHIPPED

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

3. SHIPPED

FROM		TO BYRE	
KIND OF CONVEYANCE		NAME OF CONVOYER DWLE	
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 ST AVOLD FRANCE		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

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME UNKNOWN X-6387 (A) B C	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY St. Avold, France	PLOT 4 E	ROW 8	GRAVE 90	DISPOSITION OF REMAINS	
				CODE	DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49).
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X- 6387 (A) B C	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 3 Aug 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY Richard F Peterson, Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS All major bones fractured and/or missing, except R/clav icle. No flesh. Disarticulated.
OTHER MEANS OF IDENTIFICATION Report of Burial dated 24 Jun 46, reads X-6387 (Mass Burial) 3 (three) bodies segregated. This case is X- 6387. Air Forces insignia found with remains. Grs tags found on cross.	
MINOR DISCREPANCIES (<i>Prepare Discrepancy Report QMC Form 1194a for major discrepancies.</i>) Leather strip (name, plate as flyers wear) found with remains which reads : ...wrence.	

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 Oct 48	BY Richard F Peterson, Embalmer
CASKET SEALED BY Anthony J Martin, Embalmer	EMBALMER (<i>Signature</i>) Anthony J Martin
CASKET BOXED AND MARKED DATE 10 Nov 48 BY Anthony J Martin	EMBALMER All markings, tags and plates verified by <i>Rafael Ruiz</i> Rafael T Ruiz, 1st Lt FA

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

Rafael Ruiz
Rafael T Ruiz, 1st Lt FA, 7857 AGRC Zone 3 Hq
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Frank B Callaghan
Frank B Callaghan, 1st Lt FA

Mel 20 2

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

AIRMAIL

293 Unit - France (misc) St. Avold

QUART 285

QRS European

(St. Avold, France)

9 February 1950

X-1588 X-6108 X-6137 X-6150

X-6297 X-6387-ABC X-6457

SUBJECT: Certificates of Unidentifiability of Remains

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

1. Reference is made to your Transmittal Letters, Numbers 4625, 4630, 4674 and 4556, dated December 1949 and January 1950, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of the following Unknowns in USMC St. Avold, France as Unidentifiable:

<u>Unknown</u>	<u>Flet</u>	<u>Row</u>	<u>Grave</u>
X-1588	SES	2	24
X-6108	Y	5	51
X-6137	Y	12	55
X-6150	AAAA	4	40
X-6297	DEED	9	102
X-6387 A	EESE	8	90
X-6387 B	IXA	6	61
X-6387 C	XXX	6	62
X-6457	EEEE	11	129

FOR THE QUARTERMASTER GENERAL:

T. H. MITE
Lt Colonel, GSC
Memorial Division

Schrothscdt
Clements
R43

203 - Unit X-6387 (all) ...

AIRMAIL

AIRMAIL

QMGMT 293

1st Ind

GRS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4556

Dept. of the Army, OQMG, Washington 25, D. C., 31 January 1950

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

1. This Office approves the classification of Unknown X-6306, listed on basic communication, as Unidentifiable.
2. Unknown X-3215 was suspended to your headquarters by letter dated 19 January 1950.
3. It is recommended that all action in connection with other Unknowns listed be suspended pending further notification from this Office.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

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

Rice/id

Foy

REB

Cy furnished: Adm Sect

Handwritten: 3146
Handwritten: GRS European
Handwritten: 7/2 4556

X 293 Unknowns X-6306 A - ST UNKNOWN

REB
 REV
 TEC

AIRMAIL

6

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	3574 00000	15 03 49 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWN-006307		0	0	0

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
ST AVOLD FRANCE	45	0	30	3503 00 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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

RRE 293

30 Nov 1949
(Date)

293 Unit - France X-6387-A (St. Avold)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6387 A, Plot EEEE,
Row 8, Grave 90, 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. 3297, dated
15-12-48.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

COL H P HENRY, O-12589
LT COL E. D. MULVANITY, O-359859
CAPT EDWARD F. PRICE JR., O-1588236

Received 3 Feb 50 OQMG
Not identifiable from
information presently
available

✓
NAN
file 3 Feb 50
C Schwartz
JTB

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

RRE 293

30 November 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6387 A, Plot XXXX, Row 8, Grave 90, 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. 3297, dated 15-12-48.

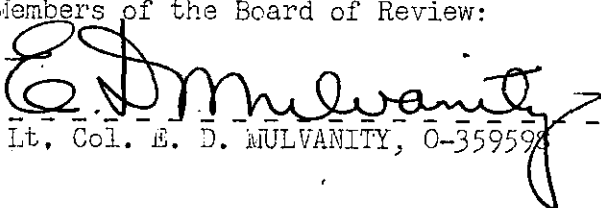
3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:


Col. H. P. HENRY, O-12589

CMC


Lt. Col. E. D. MULVANITY, O-359598

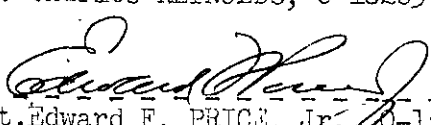
CMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE


Capt. Edward F. PRICE, Jr., O-1588236

CMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

Received 37650 **OQMG**

Not identifiable from
information presently
available

CWO Frank

USA

Capt. Jack C. HAYES, O-1577297

CMC

Incl #4

CASE HISTORY

X-6387 A, B & C
UNKNOWN No. X-6297 & X-6457

U.S. MILITARY CEMETERY St. Avold, France

1. The remains of the five unknown decedents shown above were recovered from the village church-yard at HIENHEIM, Germany. These cases are associated with the two deceased crew members, 1st Lt Daniel W. BOWMAN and S/Sgt. Warren C. LAWRENCE, of A/C #42-100266 which crashed 25 February 1944. All other crew members of the subject aircraft are listed as RTD. This association was established through the presence of a flying boot bearing the marking "Lt D.W. BOWMAN" that was found amongst the mass burial of Unknowns X-6387 A, B & C. Due to a lack of identifying data it could not be determined which of the five remains are those of 1st Lt BOWMAN and S/Sgt LAWRENCE.

2. Since a statement (See attached) made by a resident of Hienheim, one Johann HAUSSNER, implies that an American four-motored bomber crashed at Hienheim on 25 April 1945, a thorough check of MACR files was made in an effort to tie in an aircraft with the area concerned, however, this action proved negative. Captured German dulag records were not of any value to the investigation of this case, since dulag records were not maintained after the month of MARCH 1945. The tooth chart contained in the case of Unknown X-6387 A was checked against all available dental data on unresolved casualties within the Germany M-49 area with negative results. An effort was made to associate another aircraft that crashed around the 25th February 1944; however, only the aircraft of which Lt BOWMAN and Sgt. LAWRENCE were crew members could be associated with the HIENHEIM area.

3. In view of the foregoing it is recommended that these cases be declared Unidentifiable.

AB

[Handwritten signature]

4677

CHECK LIST OF UNKNOWNNS

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

Unknown X 6387
Cemetery - Q-260584 St Avoild
Plot EEEE Row 8 Grave 90

1. Arrived at cemetery 1030 29 June 1946
(hour) (date)
2. Place of death Heinheim, Landkreis Kehlheim, Germany Map: 1/250.000
(name of closest town) (coordinates and letter Prefex, maps)
Sheet M-49 (WF-9537)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 595th Q.M. Group
(name and organization)
4. Evacuated to Cemetery by Major Wm. J. PELTON, HQ. Third Field Command AGRO.
(name and organization)
5. Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).

Clothing - Indicate unusual markings
Markings - Sizes - Color wear, tear, repairs, etc.

Item

*Headgear (type)

Raincoat

Overcoat

Jacket, Field

Jacket, Combat

Mackinaw

Sweater

Jacket, HBT

*Shirt, Wool OD

Undershirt, Wool

Undershirt, Cotton

Trousers HBT

*Trousers, Wool OD

One portion of flying boot marked LT D.W. Bauman was mentioned upon the form 1042 but not upon the Form 11 "Check List of Unknowns". This article was enclosed with the case records, and after the markings were ascertained here, it was returned to the bodies.

WJL

SEE REMARKS

4677

Belt, Web

Drawers, Wool

Drawers, Cotton

Leggins, Wool (Note unusual lacing)

Socks, Cotton

*Shoes (type)

Overshoes

Web Equipment (Type)

(Other item)

(Other item)

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

SEE REMARKS

6. Chevrons or Insignia (type & location : shirt, jacket, coat, helmet)

Shoulder Patch

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

8. Description of Remains :

Age.....Height.....Weight Description of wounds.....

Bandages or dressings..... Scars..... (length, width, location)

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

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

Sunburn or tan, other than hands & face

Complexion (light, med. dark, clear, pimples, poeks, freckles)

Build (large, fat, thin, muscular)

Hair (color, length, quantity, curly, wavy, straight, whorls, or definite parting).

4677

Hair (baldness, widows peak, distinctive cutting or other characteristics)

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

Goatee (light, color, extent)

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

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

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

Teeth (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

Jaw (large, small, normal) Circumference of head in inches (hat band)

Neck (size, length, short, normal, wrinkled) Larynx (prominent, normal)

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

(extent and quantity of hair)

Hands

Fingers (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

Back (quantity & extent of hair) Navel (size of navel; appendectomy, amount)

(quantity & color of hair) Circumcision (yes-no) Pubic hair (color)

Hernioplasty (yes-no; location)

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

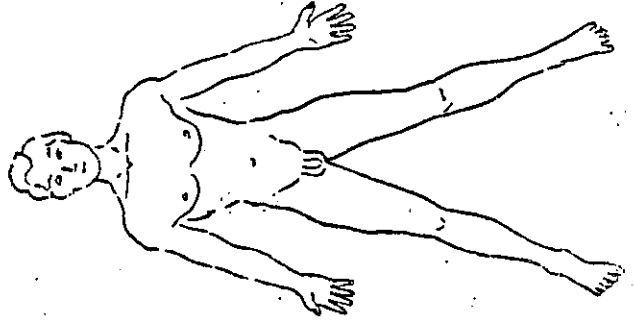
4677

Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

Evidence of healed factures UTD
(nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Interment No
(yes-no)

If not, explain See Remarks

11. Has tooth chart been prepared No If not, explain See Remarks
(yes-no)

12. Remarks : Remains are only mass of bones.

Est. Weight of Remains recovered: 30 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.

Wm. J. Pelton

Wm. J. PELTON
Officer's Name

Major QMC.
Rank Service

HQ. Third Field Command AGRO.
Organization

IDENTIFICATION CHECK LIST

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

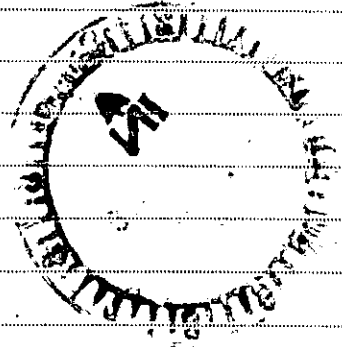
E.O. #783

Unknown X 6387 (A) B BC
 Cemetery St Avoird, France
 Plot EEEE Row 8 Grave 90

Reprocessed

1. ~~Arrived at cemetery~~ 30 August 1948
(Hour) (Date)
2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered or discovered by~~ reprocessed Mobile Team #1, CIP
(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	NONE <small>(Type)</small>		
Raincoat	NONE		
Overcoat	NONE		
Jacket, Field	NONE		
Jacket, Combat	NONE		
Mackinaw	NONE		
Sweater	NONE		
Jacket, HBT	NONE		
* Shirt, Wool OD	NONE		
Undershirt, Wool	NONE		
Undershirt, Cotton	NONE		
Trousers, HBT	NONE		
* Trousers, Wool OD OFFICER'S PINK			* Remnants





Belt, web Remnants

Drawers, wool NONE

Drawers, cotton NONE

Leggings, wool NONE

Socks, ~~XXXXX~~ WOOL* WHITE *REMNANTS

Boots

* Shoes Remnants of three (type) Fleece lined, flying

Overshoes NONE

Web Equipment NONE (type)

(Other item) Remnants of : parachute harness, insert for electrically

(Other item) heated flying suit, electrical heated flying glove.

* 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? A.A.F.

R-Radius 27.3 (one smooth fracture)

R-Ulna 29.9 (Two smooth fractures)

6. Description of Remains :

Age UTD Est Height 6'2-3.4 Weight UTD Description of wounds UTD

Bandages or dressings NONE 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 1-1/2" Long straight (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair None (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee UTD
(Light, color, extent)

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

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

Mouth UTD Lips UTD
(Large, medium, small) (Small, large, full)

Teeth See tooth chart
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches Parts of fractured skull found in remains
(Large, small, normal)

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

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

Hands Missing and/or decomposed

Fingers Missing and/or decomposed
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

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

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

Hernioplasty UTD
(Yes-no; location)

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

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

Evidence of healed fractures NONE
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

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

If not, explain Fingers missing and/or too decomposed

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

Remains processed as per E.O. #783

9. Remarks Remains received in skeletal form. small amount of decomposed
flesh. Report fo Burial found, no GRS Tags. Teeth found with remains.
Estimated weight of reprocessed remains: 16 Lbs. Estimated height:
6'2-3/4". No evidence of previous fractures or amputations.
Remains segregated into cases A,B and C (see narrative of segregation)

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.

/s/ GEORGE J. SCHWADERER
(Officer's Name)

US DA CIV IS
Rank Service

CIP ZONE ONE
(Organization)

A CERTIFIED TRUE COPY:

Clyde V. Carlson
CLYDE V. CARLSON
WOJG USA

X-6337 (A)

EEEE, 8, '90

USMC St Avold

SKELETAL CHART

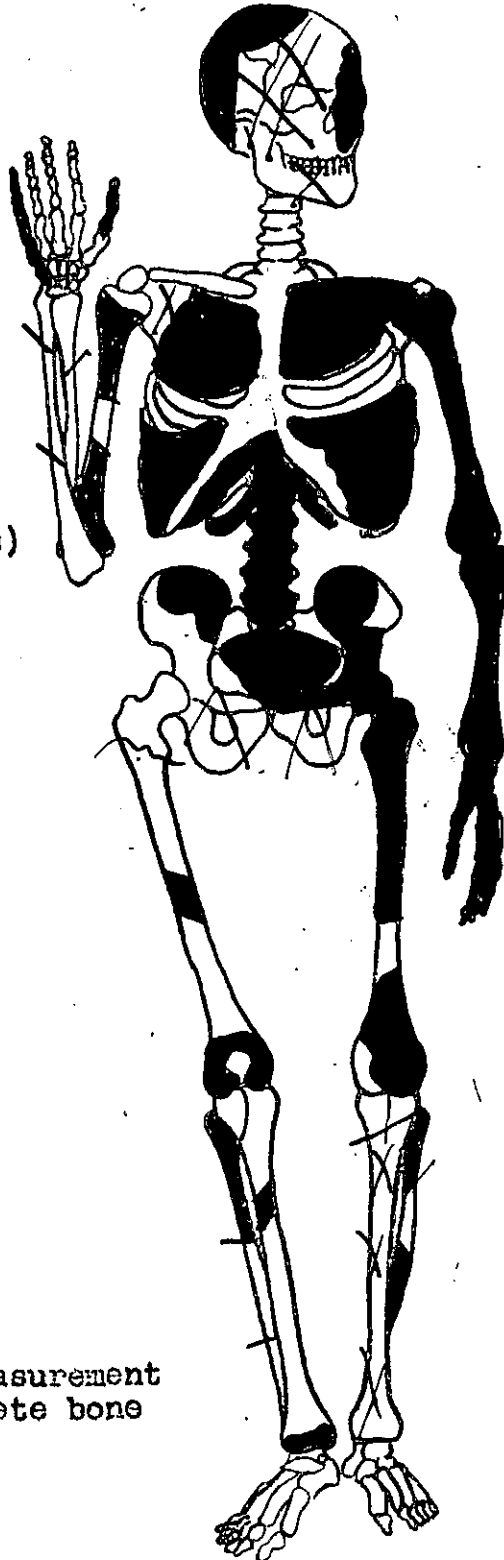
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

Smooth fracture)
Radius 27.3)

(Ulna 29.9
3mm added
for missing
distal end
(smooth fractures)



TIBIA 40.5
NOTE: Overall measurement
of incomplete bone

Est HEIGHT 6'2 3/4"

E.O. #783.

USMC St Avold

30 August 1948

Date

TOOTH CHART

Plot EEEE, Row 8, Grave 90

XXX-6-61

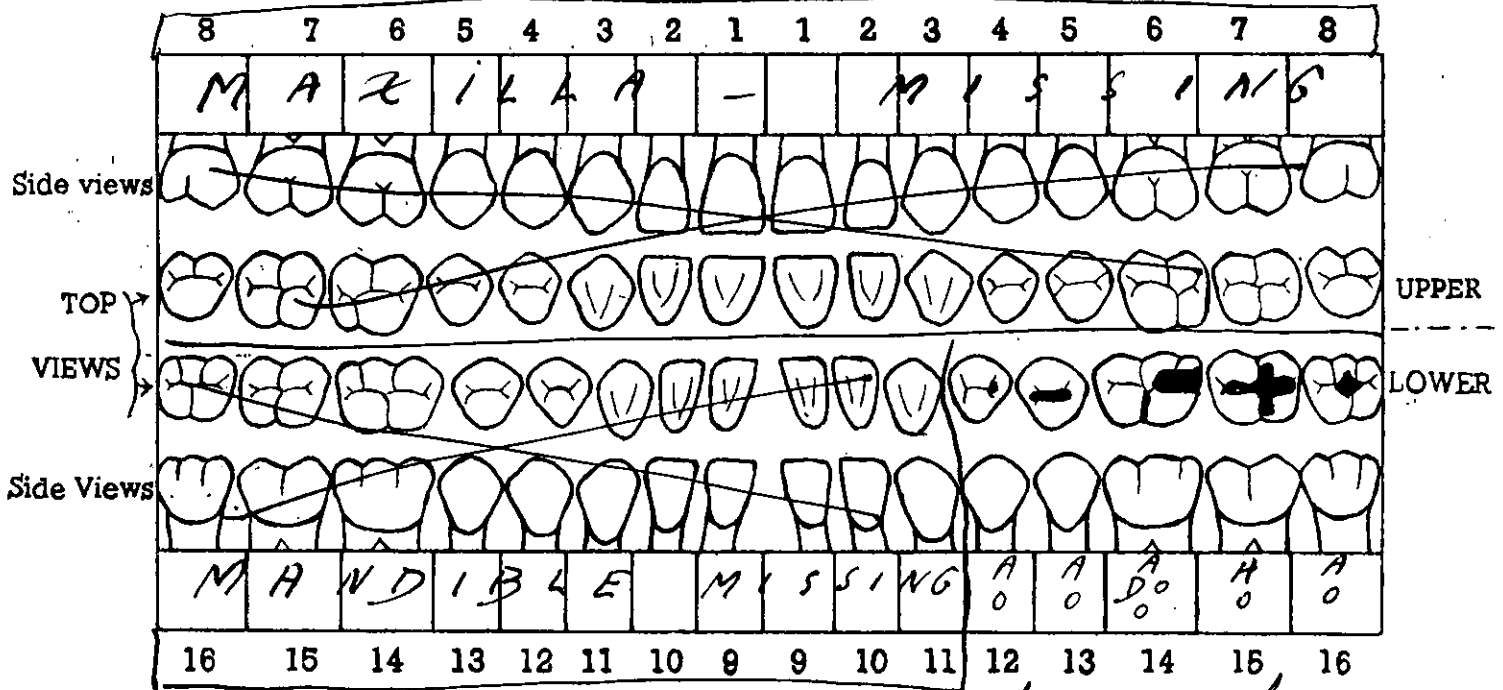
XXX-6-62

Unk X-6287 (A) (B) (C)

Last Name	First	Initial	Grade	Serial No.
Unit		Organization		
Place of Death		Date of Death	Cause of Death	

Right

Left



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), bicuspids (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.

A CERTIFIED TRUE COPY:

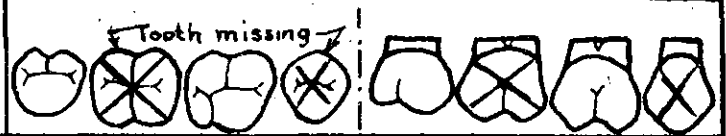
/s/ IVOR J. FOSMO SP-7-DAC

Signature of Officer or other person who prepared Tooth chart

Clyde V. Carlson
WOJG USA

Verified by G. R. C. Officer

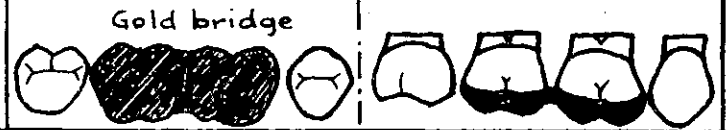
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



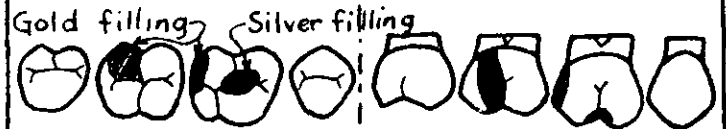
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



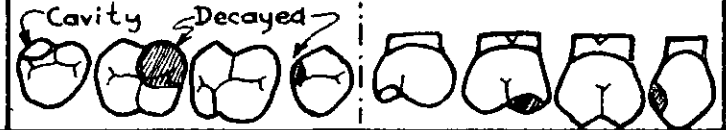
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Color - Dull ivory
 Size- average
 Alignment - good

L13 - lingual version

NOTE: These teeth are part of a mass of three (3) .
 Teeth for one (1) man present. Teeth placed with case A.

NARRATIVE OF SEGREGATION

CONCERNING CASE X-6387 A, B and C.

Upon processing case X - 6387 , as per E.O.# 783, parts of three remains, having bones necessary for life of a person, were found case X-6387 was changed to case X-6387 A, B and C. Segregation was possible because of difference in size and structure of the bones.

The temporary wooden cross had " X-6387" marked three times, indicating that three remains were known to be buried.

The teeth, clothing and parts of a fractured skull were found among the remains and could belong to either case; Teeth , clothing and the fractured skull were placed with case A. The fractured skull is shown on case A skeletal chart.

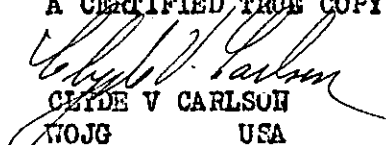
The remains of case "A" were wrapped separately, placed in one burial box and assigned to grave from which disinterred, that is :

Plot : EEEE, Row 8, Grave 90.

Case B : Plot XXX, Row 6, Grave 61

Case : C, PlotXXX, Row 6, Grave 62.

A CERTIFIED TRUE COPY


CLYDE V CARLSON

WOJG

USA

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

REPORT OF BURIAL

30 Aug 1948

Form 10-630, AND AR 30-1815

Date

Unknown X - 6387 (A) B, C. Last Name First Initial Rank Organization Serial No.

Unk Unit Unk Organization

Heinheim, Landkreis Kehleheim, Germany. 25 Feb 1944 Plane crash
Place of Death Date of Death Cause of Death

1100 29 June 1946 USMC, St. Avold France 0-260534
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

90 8 5355 Temp, Wdn, 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 Processing revealed parts of three remains.
How were remains identified? Segregation was made. Case X - 6387, was changed to X - 6387 A, B and C.

What means of identification were buried with the body?

One copy of GRS Form #1 put in burial bottle and placed with remains.

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

Who is buried on:	Open at time of burial				
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	X - 6412	Unk	Unk	AAF	91
	Name	Serial No.	Rank	Organization	Grave No.

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



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

Emergency Addressee: Unk Name

Address: Unk

Religion: Unk

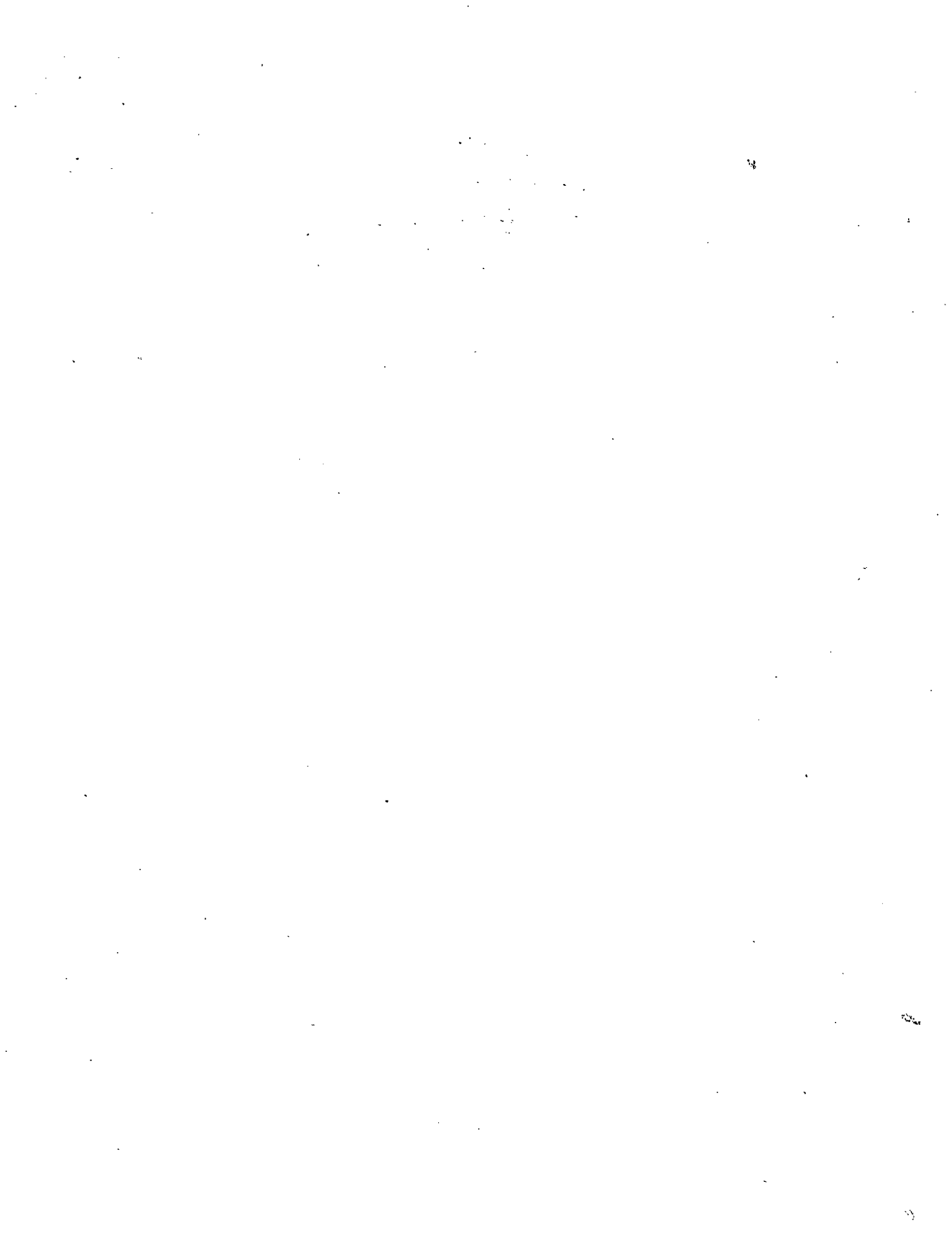
List only Personal Effects Found on Body and disposition of same: None

Remains previously buried in same grave as now assigned. This corrected copy of Report of burial prepared at IS, Hqs First Zone, AGRC, MA, APO 58, US A LW by:

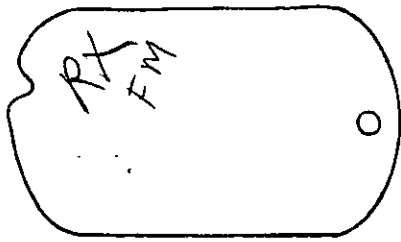

A CORRECTED TRUE COPY
Albert G. Richardson
ALBERT G. RICHARDSON
USMC USN

/s/ Albert G. RICHARDSON, US MA CIV
Signature of Officer or other person reporting burial

/s/ Jesse R. [Name], CA 1
Verified by G.R.S. Officer



**MASS BURIAL
RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT. (AR 30-1810 and AR 30-1815)			DATE OF REPORT 29 June 1946
<i>Imprint Identification, Tag If Possible.</i> DO NOT TYPE 	Section 1.—IDENTIFICATION.				
	NAME (Last, first, middle initial) Unknown-Mass Burial X-6387			SERIAL No. Unknown	
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE AAF		
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Heinheim, Landkreis Kehlheim, Germany	CAUSE OF DEATH Plane Crash		DATE OF DEATH Est. 25 Febr. 1944		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	None				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None					
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US. Military Cemetery (Q-260584) St. Avold, France					
DATE OF BURIAL 29 June 1946	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Gasket	TYPE OF GRAVE MARKER Wooden Cross	PLOT NO. E888E	ROW NO. B GRAVE NO. 90
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Heinheim, Landkreis Kehlheim, Germany Sheet M-49 Map: 1/250,000 (WT 9537)			PLOT NO. Mass. Gra	ROW NO. B GRAVE NO.
TYPE OF RELIGIOUS CEREMONY General service	PERSON CONDUCTING BURIAL RITES Ch. J.B. JOHNSON, 1st Lt	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of W.D. QMC. Form 1042-Report of Interment placed in Burial Bottle and buried with Remains.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes-Embossed Plate				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-6412	RANK UNK	SERIAL NO. UNK	ORGANIZATION AAF	GRAVE NO. 89	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) OPEN AT TIME OF BURIAL	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 91	
SIGNATURE OF PERSON PREPARING REPORT Max M. SCHIFF HQ. Third Field Command ACRC.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  RALPH W. SLEATOR Major, Inf. 3rd Field Command				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.					

RESTRICTED

RESTRICTED

LITTLE FINGER LEFT	Section UNIDENTIFIED REMAINS.				
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.				
RING FINGER LEFT	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
	UTD	UTD	UTD	UTD	UTD
MIDDLE FINGER LEFT	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
	None		Yes		Hohenheim, Hohlheim, Germany
	OTHER IDENTIFICATION CLUES				
	One portion flying boot marked: "Lt. D.W. Bowman." A				
INDEX FINGER LEFT	FILLINGS				
	SILVER FILLING GOLD FILLING				
THUMB LEFT	CAVITIES	CAVITY DECAYED			
	MISSING TEETH	TOOTH MISSING			
THUMB RIGHT	CROWNED TEETH	PORCELAIN CROWN GOLD CROWN			
	BRIDGE WORK	GOLD BRIDGE			
MIDDLE FINGER RIGHT	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
RING FINGER RIGHT					
	Mass Burial-Portions belonging to three (3) men. See attached Mass Burial Certificate.				
LITTLE FINGER RIGHT	REMARKS: Attached: Form 11 Check List of Unknowns. Impossible to obtain Tooth Chart or Fingerprints because of missing Portions. Remains are only mass of bones. Est. Weight of Remains recovered: 30 Lbs.				

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