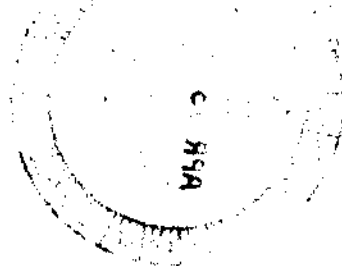


RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc - Misc (St. Arnold)

X-7525 X-7985 SYNOPSIS AND DATES X-7988

misc filed
NEW CLASSIFICATION 293 Misc - St. Arnold X-7525



RECLASSIFICATION SHEET

APC 757

M Bunk St. Avold X-7988 *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-7988, ST AVOLD

(POC) HAMM

File

5 March 51

M. Martin

2d Ser

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN S

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

Unknown X - 7988
Cemetery **St. Avoild, France (Q-260584)**
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death **Stalag XII A, PW Camp, DIEZ, Germany**
(name of closest town) (coordinates and letter Prefix, maps)
WM - 1090 S-2 1/100,000
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **610th QM Co.**
(name and organization)
4. Evacuated to Cemetery by **Central Identification Point**
(name and organization)
5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

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

Item	None		
*Headgear	None (type)		
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	None		

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **None**

Leggins, Wool **None** (Note unusual lacing)

Socks, Cotton **None**

*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **Prison tag "Stalag XII A 48982"**

(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
Utd

8. Description of Remains :

Age **Utd** Height **Est 5' 4 1/2"** Weight **Est. 155** 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, poeks, freckles)

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

Hair **Dark brown 2" long**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

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

Goatee Utd
 (light, color, extent)

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

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

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

Teeth **See tooth chart**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

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

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

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

(extent and quantity of hair)

Hands Utd

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

(Unusual characteristics of fingernails)

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

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

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

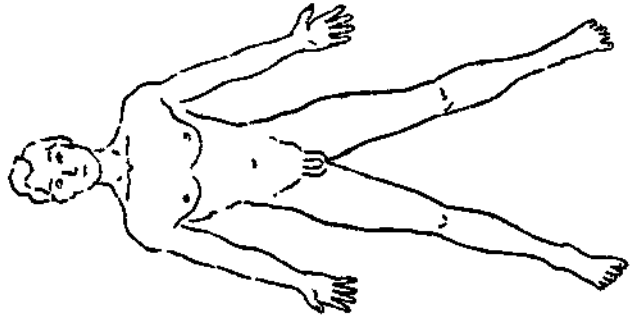
Hernioplasty Utd
 (yes-no; location)

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 None
(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 Decomposed

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

12. Remarks : Weight of processed remains: 20 lbs.

Entire remains recovered, large amount of flesh in last stage of decomposition. All joints disarticulated.

Fluoroscopic examination: negative.

Nothing found to warrant Chemical 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.

Stalag tag XII A
 48982
 found on Remains.

R.G. Johnson
Officer's Name

R.G. JOHNSON
 2nd Lt Inf.
Rank Service

Lab.- Officer

Central Identification Point
Organization

USMC HAMM
Plot: I Row: 8 Gr: 31
Date of Burial: 29 June 50 **DISINTERMENT DIRECTIVE**
Verified by GRS Officer
Robert W. GANSEL, 1st Lt OMC

7th
19/1/50

SECTION A - *Robert W. Gansel*
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER **3574 00000**
DATE **15 01 48**
DAY MONTH YEAR

NAME **UNKNOWN X-007988** SERIAL NUMBER **007988** RANK **UNK** ARM **1** DATE OF DEATH
DAY MONTH YEAR

CEMETERY **ST AVOLD - METZ** DISPOSITION OF REMAINS **0 3503 80**
CODE DIST. PT.

PLOT CL. **40** ROW **1** GRAVE **11** COUNTRY **FRANCE** CAUSE OF DEATH **6**

SECTION B - CONSIGNEE AND NEXT OF KIN **NO FLAG SENT**

NAME AND ADDRESS OF CONSIGNEE ~~ST AVOLD, FRANCE~~ **USMC HAMM, LUXEMBOURG**
(BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN
These remains are unidentifiable and are to be permanently interred. (HQ, AGRC - 15 Dec. 49)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-007988** SERIAL NUMBER **007988** RANK **UNK** DATE OF DEATH **Est 23 Dec 44** DATE DISINTERRED **15 Mar 48**

IDENTIFICATION TAG ON REMAINS MARKER **EMB** ORGANIZATION **UNKNOWN** RELIGION **UNK** IDENTIFICATION VERIFIED BY **Forrest L Brown, Embalmer**
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **Mattress Cover** CONDITION OF REMAINS **Disarticulated**

OTHER MEANS OF IDENTIFICATION **None**

MINOR DISCREPANCIES **None**
NO FILE
RECORDS ANNOTATED
DATE 27 Jan 50
NAME R. T. Johns
R. T. Johns BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET
DATE **25 Mar 48** BY **Forrest L Brown, Embalmer**

CASKET SEALED BY **Forrest L Brown, Embalmer** EMBALMER (Signature) *Forrest L Brown*

CASKET BOXED AND MARKED
DATE **25 Mar 48** BY **Forrest L Brown, Embalmer** SHIPPING ADDRESS VERIFIED BY **Marshall C Dickinson, 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.

SIGNATURE OF GRS INSPECTOR
Marshall C Dickinson
MARSHALL C DICKINSON, 1st Lt FA, 337 QM Bn.

Prepare Discrepancy Report QMC Form 1124a for major discrepancies.
CONSIGNEE CORRECTED - RECORD OF CORRECTIVE ACTION

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avold France		TO OIC Neuville Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl William H Bryant, 33720418	
SIGNATURE OF SHIPPER <i>Frank B. Callaghan, 1st Lt PA</i>	DATE 12 Nov 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 (BA VOIHAIBLIALAE OXDEB)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER GET VADOD EBIWDE	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 Arch. France (misc) (St. Arnold)

X-7525 X-7985 X-7988

10 January 1972

RE: **Classification of Information by**
Executive Order 12958 dated 17 November 1976

1. **Class, Registration of Information**
1977 Class Registration Attachment
1977 Class, of Information
1977 Class, of Information

1. This office approves the classification of Executive Order 12958, 12959, and 12960, and its rules, forms, or instructions.

2. Other Executive Order 12958 will be the subject of separate letters.

For the information of the recipient:

L. R. [unclear]
Lt. Colonel, USAF
Special Division

10/10/72

10/10/72

10/10/72

X-7525 Arch. France X-7985 (St. Arnold)

AIRMAIL

AIR MAIL

FORM 493

1st Incl.

Area European

SUBJECT: Identification Check Lists
Transmittal Letter #4316

Department of the Army, GPO, Washington 25, D. C., 5 December 1949

TO: CG, AUSA, European Area, WFO 50, c/o PM, New York, New York

1. Reference is made to Check Lists for the above-listed Unknown, 0000 St. Amand, France.

2. Check Lists for Unknowns 1-7309, 1-7325 and 1-7308 indicate tooth charts were accomplished, however, they were not received with Check Lists.

3. Request the above-mentioned tooth charts be forwarded.

FOR THE QUARTERMASTER GENERAL:

4 Incls w/d

T. H. WATKINS
Lt. Colonel, USA
Memorial Division

cc: Adm Sect
Audits/ID
Foy
RED

RED
TEC

3146 GRS Europe
T/2 #45/6

X M. J. ...
7988 -
S. H. ...

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

23 Nov 1949

REF 314.6

SUBJECT: Identification Check Lists
Transmittal Letter #4516

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

Forwarded herewith for your files are four (4) copies of Identification Check Lists, pertaining to the remains indicated below:

X-7389	St. Avold	LLLL	7	161
X-7525	St. Avold	LLLL	3	57
X-7985	St. Avold	NNNN	12	297
X-7988	St. Avold	OOOO	1	11

FOR THE COMMANDING GENERAL:

4 Incls
Ident Check Lists

/s/ Gaylord E. Lutz
1st Lt. QMC
Actg Asst Adj Gen

1st Ind

TO: CG AGRC EUROPEAN AREA, Apo 58, c/o PM New York, New York

1. Reference is made to Check Lists for the above listed Unknowns, USMC, St Avold, France.

X-7525

2. Check Lists for Unknowns X-7389, X-~~7525~~, X-7988 indicate tooth charts were accomplished, however, they were not received with Check Lists.

3. Request the above-mentioned tooth charts be forwarded.

FOR THE QUARTERMASTER GENERAL:

T H METZ

2nd Ind

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

1. Reference is made to paragraph 3, preceding Indorsement.

2. Inclosed herewith for your information are copies of tooth charts for Unknowns X-7389, X-7525 and X-7988, USMC, St Avold, France.

FOR THE COMMANDING GENERAL:

GAYLORD E LUTZ
1st Lt QMC
Actg Asst Ad Gen

3 Incls
Tooth Charts

C O P Y

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

RRE 293

23 November 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 7988, Plot 0000, Row 1, Grave 11, 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. 4516, dated 23 November 1949.
3. Remarks: **See Case History attached.**

Received OQMG

Identifiable from TR #4522, 29 Nov 49
presently

*app of Mark
- 17 Jan 50*

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589 QMC

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

Maj. Charles REYNOLDS, O-182639 TC

Maj. Gerald SWARTHOUT, Sr., O-267451 CE

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

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

CWO Frank GEER, W-2102925 USA

Capt. Jack C. HAYES, O-1577297 QMC

Incl # 14

T. G. # 4522, 29 Nov 49

CASE HISTORY

UNKNOWN No. X-7988

U.S. MILITARY CEMETERY St. Avold, France

Remains of X-7988 were disinterred from a Cemetery at Limburg/Diez, Germany. This cemetery received the remains of deceased Prisoners of War who were interned in Stalag XIII A, Limburg/Diez.

Dental and physical records of all American Prisoners of War known to have succumbed at Stalag XIII A have been accumulated with the view to comparing the information with physical and dental information (applied to skeletal and tooth charts) appended to individual Unknown X cases representing each decedent disinterred from Diez Cemetery. The comparison in this case was negative.

In view of the negative results of the investigation and records comparison mentioned above, it is recommended that these remains be declared UNIDENTIFIABLE.



T. J. Murphy



DISINTERMENT DIRECTIVE

293 Unit France 7-1000 Harold

16

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER <i>2974 00000</i>	DATE <i>13 07 46</i>
NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH	
<i>UNKNOWN</i>	<i>007200</i>			DAY	MONTH YEAR
CEMETERY <i>ST AVOLD - METZ</i>				DISPOSITION OF REMAINS <i>3503 00</i>	
PLOT	ROW	GRAVE	COUNTRY	CODE	DIST. PT.
<i>40</i>	<i>1</i>	<i>11</i>	<i>FRANCE</i>		
				CAUSE OF DEATH	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <i>ST. AVOLD, FRANCE</i> <i>(BY ADMINISTRATIVE ORDER)</i>	NAME AND ADDRESS OF NEXT OF KIN
---	---------------------------------

SECTION C — DISINTERMENT AND IDENTIFICATION

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

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

FILE UNDER NO. 293 - Unk France X- 7988 (St. Avold)

I N D E X S H E E T

REF: _____

SYNOPSIS

8 March 47

FROM: COAG
NO: Westover Fld., Mass.

SUBJ: Identification of Unkn Deceased

BRANNON, Jr. William J. 33702420 S/Sgt. who was
stationed at Westover Fld.; May 44.

DOCUMENT FILED UNDER NO. 293 - Unks (Misc) St. Avold, France

TOOTH CHART

03 October 1946

UNKNOWN X - 7989

Unknown

Date
Unknown

Last Name First Initial
Unknown

Rank
Unknown

Serial No.

Unit
DIEZ, Germany
Place of Death

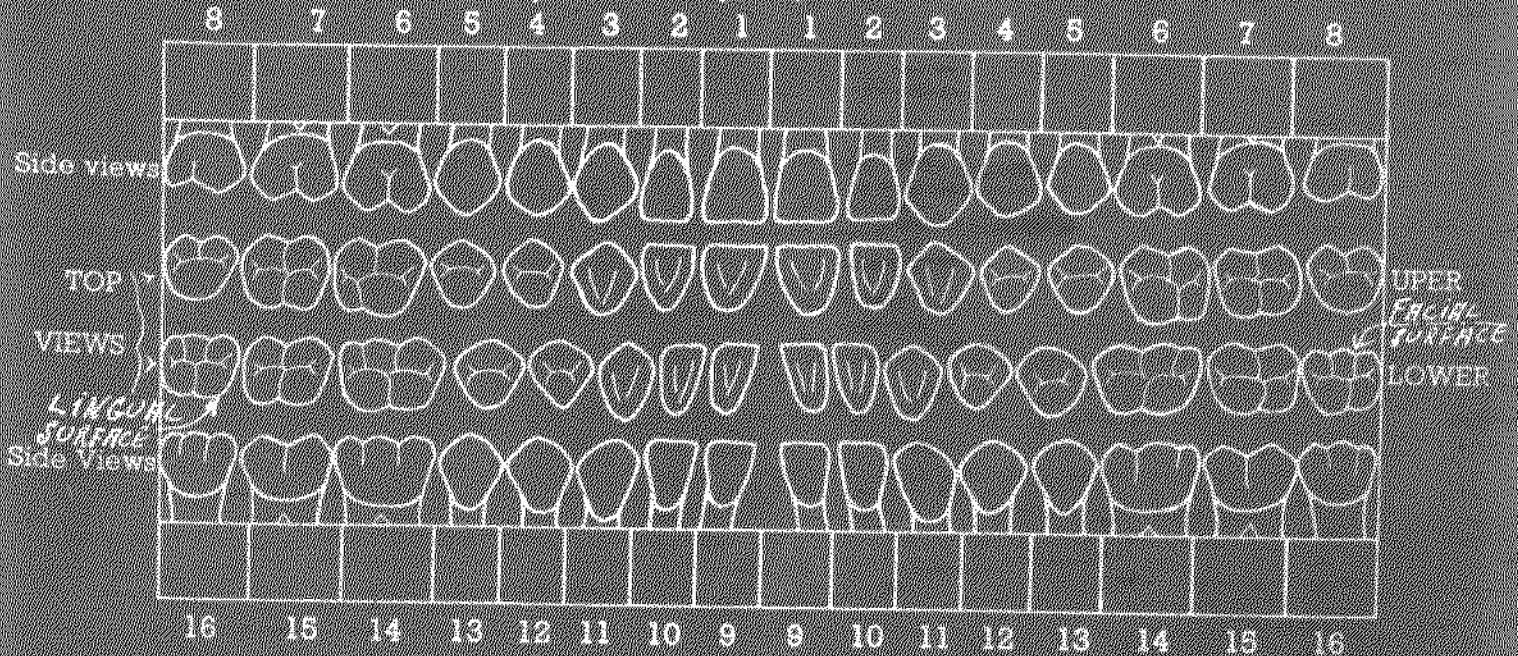
Date of Death
Est. 23 Dec. 1944

Organization
Killed by Bombing of RAF
Cause of Death

Right

Left

PERFECT TEETH



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.

36

Donald H. Steele B. 21163

Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Mac Intyre

Verified by G. R. S. Officer
 Ellsworth T. Mac Intyre
 Capt. QMC. - C.I.P.

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



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



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



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

P-9, I-9 offset facially 2 mm
 Dark brown lingual stains lower incisors
 Perfect teeth
 No fillings, cavities, or decay
 Perfectly aligned; normal close spacing
 Larger than average
 Brown stains lingually, all teeth

57

E.O. - 2342 PRIORITY IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK-A-7988				2. DATE OF REPORT 23 SEPT-48			
3. NAME OF CEMETERY USMC ST-ROOLD		4. PLOT 0000	5. ROW 1	6. GRAVE 11	7. DATE OF DISINTERMENT REINTERMENT		

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT/AGE 20 TO 25	9. ESTIMATED HEIGHT 5' 9"	10. COLOR OF HAIR BROWN	11. RACE UTO

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
NONE FOUND

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
NONE FOUND

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. TO WHAT EXTENT?
---	---------------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17. TO WHAT EXTENT?
--	---------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
NONE FOUND

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimens forwarded through channels for examination when facilities are not available in the area)
NONE FOUND



SEE SKELETAL CHART.

20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN DISARTICULATED SKELETAL FORM. EMBOSSED PLATE MARKED UNK-1-7988 BELIEVED WITH REMAINS. DISPOSITION REFERRED TO BLANKET CONTAINING REMAINS.

HAIR. LIGHT BROWN.
TEETH. SEE TOOTH CHART.
EST. AGE - 20 TO 25
EST. HT. 5'9"

PETERSON
GREEN.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

SKELETAL CHART
(BLACK OUT PORTIONS NOT RECEIVED AT CEASSTERY)

X-7988

RIGHT

LEFT

P-40

R-1

G-11

E.O 2348

STERNUM.....

HUMERUS.....

34.2.....HUMERUS

ULNA.....

26.4.....ULNA

RADIUS.....

25.1.....RADIUS

FEMUR.....





47.7.....FEMUR

TIBIA.....

38.7.....TIBIA

FIBULA.....

39.....FIBULA

-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

COLOR OF HAIR BROWN

ESTIMATED AGE 20 to 25 Yrs

ESTIMATED HEIGHT 5 Ft. 9 In

ESTIMATED WEIGHT _____ LBS


Signature

CHART "A"

(3)

UNKNOWN I-7988
 St-Avoid 40-1-11
 E.O. # 2348

TOOTH CHART

23 Sept. 1949

Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

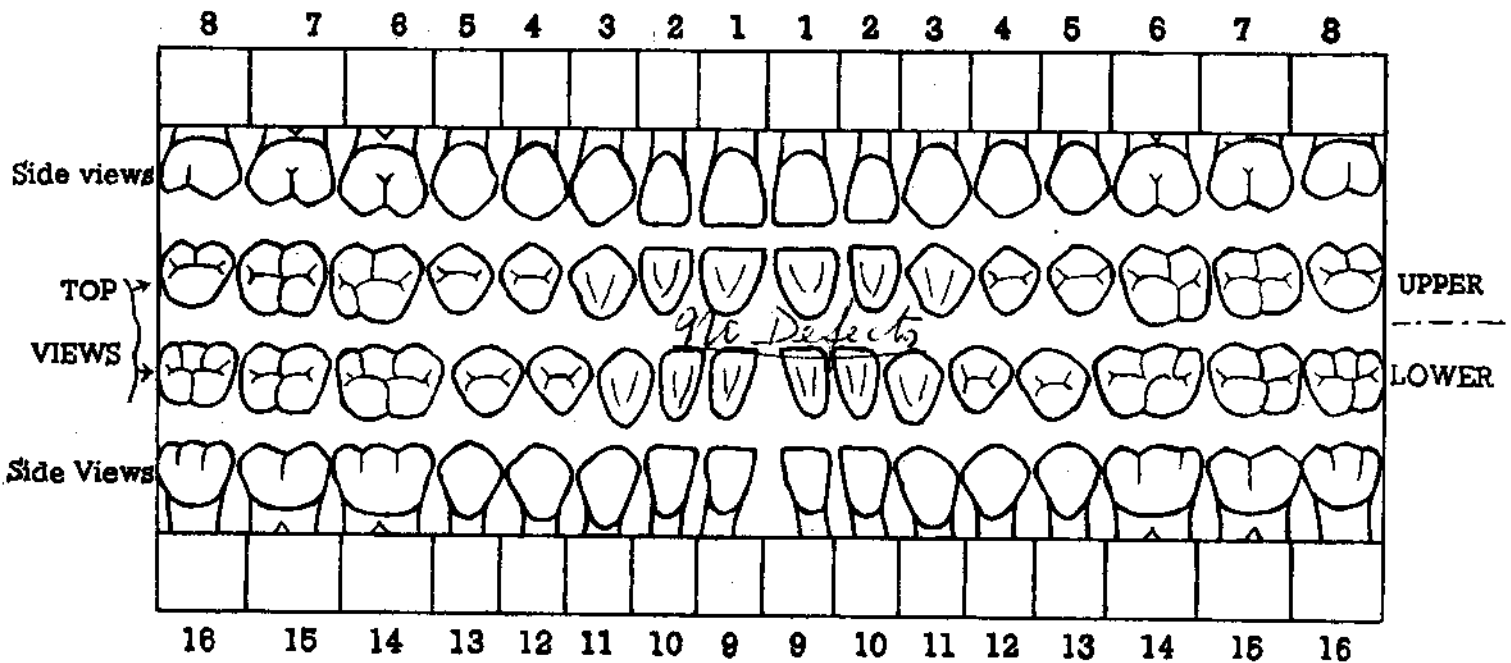
Place of Death

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.

s/ Odin RALSETH

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

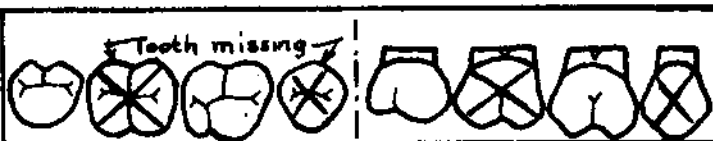
ET FORM 1-22 (29 AUG. 46)

(OLD GRAVE REGISTRATION FORM 1-A)

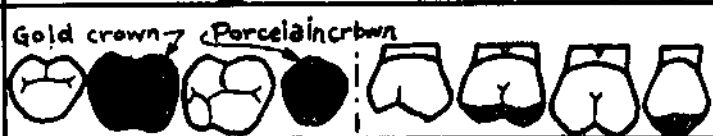
AGL (3) 10-46-504-6912-1207

Lead # 3

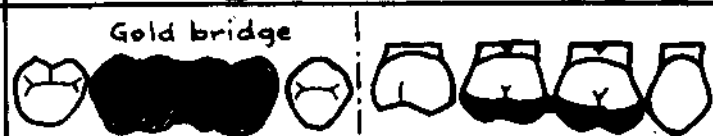
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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



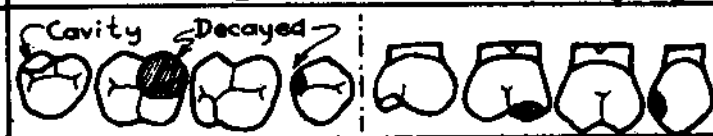
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Size Medium
 Color Ivory
 Stain Medium
 Calculus Heavy
 Alignment Excellent

REPORT OF INVESTIGATION AREA SEARCH

1 P - 1100

23 October 1946

AGRC Form 10 (Revised)

1 January 1946

Date

NAME UNKNOWN X - 7998 RANK Unknown ASN Unknown
 ORGANIZATION Unknown
 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 _____ RANK _____ ASN _____
 b. ORGANIZATION _____

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

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

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY PAPUNT M.J.

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

a. Date of above burials Est. 20 December 1944 Common Graves?

5. Name and Type of Cemetery WALDFRIEDHOF
 (Military or Civilian)

6. Map Coordinates of the Cemetery (WH - 1090)

a. Town DIEZ Country GERMANY

7. Give exact location in cemetery of the remains.

a. Section _____ Row 1 Grave 7
 b. Is Sketch attached? yes

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

a. Town _____ Coordinates _____
 b. Is Sketch attached? yes
 c. Is area mined? no

9. How is the grave marked? Wooden Cross

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

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

1. By whom

11. Where are the cemetery records? Town hall, using
 (Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? **Date of death & cause of death**
- b. Where was the information obtained? **Dr. Schmidt - Swartzburg, Stalag III A**
- c. By whom? **Dr. Schmidt - Swartzburg**
12. What is the date of death? **Est. 23 December 1941**
- a. Give basis **Dr. Schmidt - Swartzburg**
13. What is the cause of death? **Bombing by RAF**
- b. Give basis **Dr. Schmidt - Swartzburg**
14. What is the date of burial? **Est. 20 December 1941**
- a. Give basis **Dr. Schmidt - Swartzburg**
15. What was the place of death? **Stalag III A, P.M.Camp, Nien** Coords (**WH - 1090**)
- b. Give basis **Dr. Schmidt - Swartzburg**
16. Where were the remains found? **Stalag III A, P.M.Camp, Nien** Coords (**WH - 1090**)
- a. By whom? **German Civilians**
- b. Is sketch attached? **yes**
17. Was a casket used? **no** Who furnished the casket?
- Type of casket How marked?
18. Who made the burial? **German Military Personnel**
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? **John Klein, Linberg, Chere Fleisch Camp # 7**
Dr. Schmidt - Swartzburg, Stafe / Lohs by Linberg

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? **does not apply**
- 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?
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of Plane
- b. Markings and/or name on plane
- c. Give numbers on motors, machine guns, instruments, radios or other equipment:
21. How did crash occur? Anti-aircraft
- Enemy Planes? Collision?
22. Did plane explode in the air? On ground?
23. Did plane burn in the air? On ground?
24. What was the direction of the flight?
25. What was the civilian opinion regarding destination of plane?

- 26. Had bombs been released prior to the crash?
- 27. Does specific time and date of crash correspond with date of death of above named deceased?
- 28. Number of planes in formation prior to crash
- 29. State precise time and date of plane crash
(Night?) (Day?)
- 30. Were parachutists seen? How many? Escaped?
Prisoners?

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? ~~does not apply~~
- 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? **yes**
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **John Kline, Linberg, Obere Klotzsch Casso # 7**
Dr. Schmidt - Swartzburg, Stafel / Lohn by Linberg

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

- 41. Were personal effects recovered by the investigating team? **yes**
 - If not, state reason
 - a. Were identification tags found at the time of death? **yes**
 - Where? **on the remains** By whom? **German Civilians**
 - Present disposition **on the remains**
- 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 remains** By whom? **American M.W. Doctors**

Present disposition **with the remains**

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? **yes** If so, where? **Stalag III A**

By whom? Are statements from the medical people attached? **yes**

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? **no**

(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? By whom?

When?

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

John Kline, Linberg, Chas Fleisch Cases # 7

Dr. Schmidt - Swartzburg, Stafel / Intern by Linberg

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? **no**

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

(If special investigation, give case number)

52. Give Brief Narrative **(See attached statements)**

(Use attached, sheets if necessary)

Signature of Interpreter

Signature of Investigator

Rank ASN

IVOR J. POIND
2/Lt. Inf. 0-2020112
Rank ASN

Organization

610 C.M.C.P. Co.
Organization

S T A T E M E N T

On the 28 September 1944, I buried an American Major at the Waldfriedhof (forest-cemetery) at Dill, who had been killed in the hospital in Limburg/Lahn during an air-raid. During an air-raid on the 23 December 1944, 62 Americans were killed. These were buried on the 28 December. 14 Americans were killed and buried in February 1945, cause of death is unknown. Further 25 Americans were buried in March 1945, cause of death is unknown.

Johannes Klein
Fleischgasse No. 17
Limburg/Lahn

A TRUE TRANSLATION

Ivor J. Fosano
IVOR J. FOSANO
2nd Lt. INF.
G. S. Officer

S T A T E M E N T

As Camp Doctor of the Prisoner of War Camp XII A, STALAG,
I can remember that about 70 American Officers were killed during
an air-raid on the 23 December 1944. Between 8 and 10 American
soldiers died during the months of January and February 1945.
They had come from the front with a bad attack of Diphtheria and
although they were treated with Serum injections, but there was
no help for them.

Dr. Schmitt-Swartzenberg
Staffel/Lahn
Landweg 8

A TRUE TRANSLATION

Ivor J. Fosno

IVOR J. FOSNO
2nd Lt. INF.
G. S. Officer

N A R R A T I V E

IJF/ww

The remains were disinterred 24 September 1946 from Waldfriedhof Cemetery at Diez (WM - 1090) Germany.

No identification tags were found with the deceased.

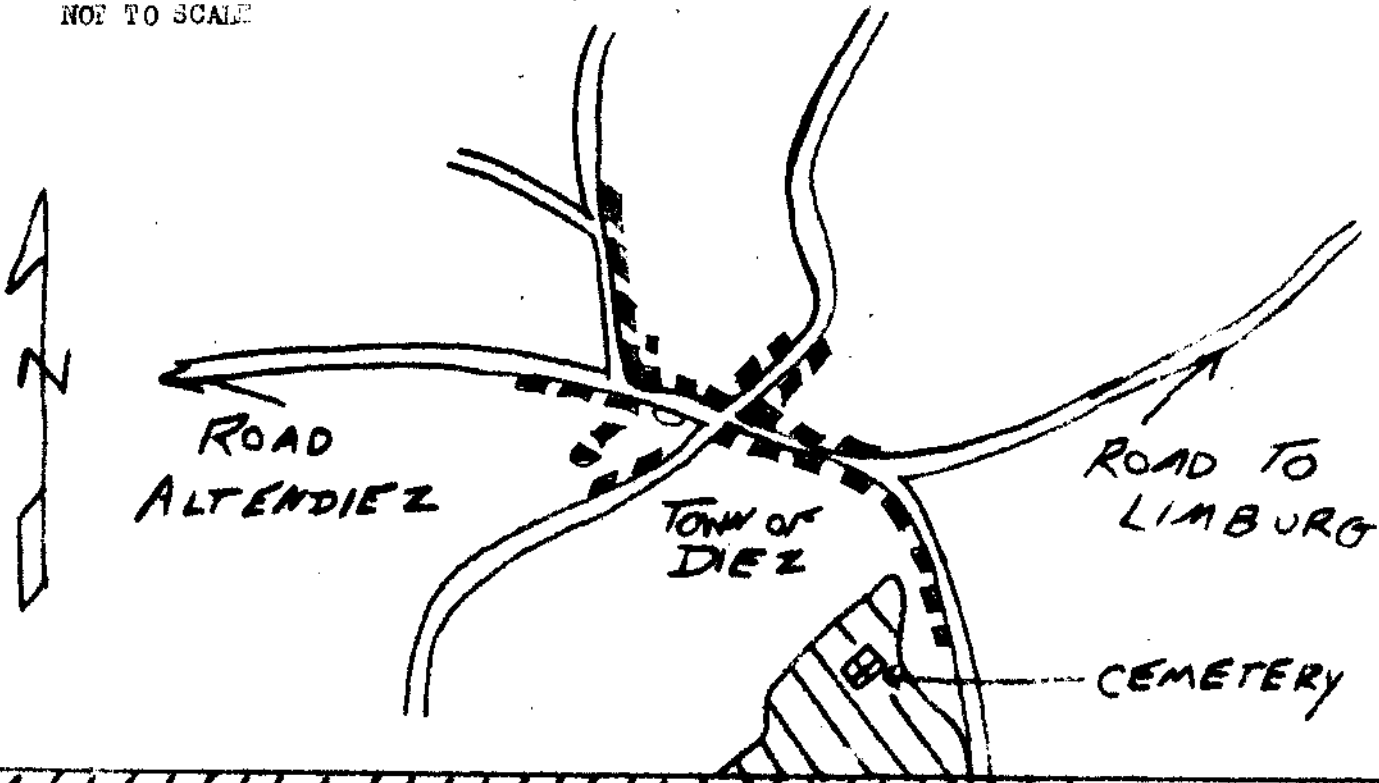
The deceased is supposed to have been killed by the bombing of Limburg by the Royal Air Force on 23 December 1944. No further information is available.

Ivor J. Fosno

IVOR J. FOSNO
2nd Lt. Inf
G. R. Officer

Map: Germany 1:100 000
 Sheet: S-2
 Coordinates: (W1090)
 Location: Diez Germany
 Sketch by: EFC.R.O. Spence
 610 2M-Gr-Co.
 Date: 8. Oktober 1946
 NOT TO SCALE

LF-1108



VA LOFRIEDHOFES CEMETERY

GRAVE OF:

I	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	
II		
III		
IV		
V		
VI		
VII		
VIII		

A north arrow is located at the bottom right of the form.

13 Jan 1950

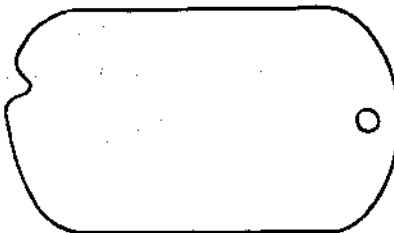
Called Miss Kline - POW Inf

48982
re Stalag 12A number which appeared on B/R 7988.

Miss Kline said the number this number does not appear correct as these numbers did not start with a "4". She said she would check thru other number ending with "898".

16 Jan 1950 - Miss Kline said she was unable to identify ~~any~~ the above number. She searched through all her records.

MARKS

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 24 October 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN X - 7988		SERIAL No. Unknown				
GRADE Unknown		ORGANIZATION Unknown (Prisoner of War)		BRANCH OF SERVICE Unknown		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Stalag XII A, PW Camp DIEZ, Germany		CAUSE OF DEATH Killed by Bombing of RAF		DATE OF DEATH Est. 23 Dec. 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 Section 3 on reverse) None				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
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 St. Avold, France (Q-260584)						
DATE OF BURIAL 24 October 1946	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wood-cross	PLOT No. 0000	ROW No. 1	GRAVE No. 11
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Waldfriedhof, DIEZ, Germany WM - 1090 S - 2 1/100,000			PLOT No. -	ROW No. 1	GRAVE No. 7
TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES Ch. H. M. Trebaol, Capt. Ch. Chas. R. Williams, 1/Lt		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD 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) Hightshoe, Robert M.			RANK 2/Lt	SERIAL No. O-812593	ORGANIZATION 456 Bb Gp 745 Bb Sq	GRAVE No. 10
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-7990			RANK Unk	SERIAL No. Unk	ORGANIZATION AAF	GRAVE No. 12
SIGNATURE OF PERSON PREPARING REPORT Ellsworth T. Mac Intyre Capt. QMC. - C.I.P.			SIGNATURE OF GRS OFFICER VERIFYING REPORT Gottfried Pletzer 2nd Lt Inf. - C.I.P.			
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.						

MEMORIAL DIVISION
 DEC 23 2 37 PM '46
 RECORDS BRANCH AND

Section 3. 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.

HEIGHT Est. 5' 4 1/2"	WEIGHT Est. 155	COLOR OF EYES Utd	COLOR OF HAIR Dark brown 2" long	BIRTHMARKS, SCARS, OR TATTOOS Utd
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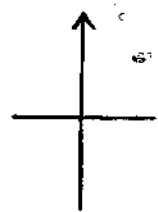
WEAPON AND SERIAL No. None	LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND DIEZ, Germany
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OTHER IDENTIFICATION CLUES

A P.W. Identification Tag found on Remains
with the following inscription:

" Stalag XII A.
48982 "

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Form # 11, Check List of Unknowns and Form # 1A, Tooth Chart, accomplished.
Unable to obtain fingerprints because of decomposition.
Est. weight of Remains recovered: 20 lbs.