

6

WILL
PLOT D
DATE
VERIFY



27
52

DISINTERMENT



CTB

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

1200

00096

03

04

52

DAY

MONTH

YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN

9080

6

0

6

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

AGRS MAUSOLEUM LIEGE BELGIUM

81

3503

80

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 DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- 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

CASKET SEALED 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

REMAINS ARE UNIDENTIFIABLE. PREVIOUSLY IDENTIFIED AS JOHNSON, IRVIN E., 12045823, SGT, PLOT 001, ROW 2, GRAVE 18, USMC ST. AVOLD, FRANCE. REMAINS PERM INTERRED IN ST. AVOLD, FRANCE, PLOT 0, ROW 19, GRAVE 27.

File
WAI
Cone
11

THE AMERICAN BATTLE MONUMENTS COMMISSION
Established by Congress, March 1923
Washington 25, D. C.

293
~~Unknown-Liege (Maus) X-9080~~

15 April 1952

Memo for: Memorial Division, OQMG
Att: Col. Hinman

Subject: Request for Disinterment Directive - ST. AVOLD

Request a Distinterment Directive for Unknown X-9080
(Temp Liege Maus.) consigned for burial in St. Avold, D-19-27 per
unnumbered and undated RRE received from your office 15 April 52.

5/8/52
52325
Garrison - Maus Maus

F. F. Callaghan
F. F. CALLAGHAN
Colonel, Artillery
Chief, Research Division

file - NAN
Per Capt G by phone
May 52
Have received
SS in terminal
departed

293 Unknown - Maus Maus
Maus Maus
Belgium X9080

1

WILLI CEM ST AVOLD
PLOT D, ROW 19, GRAVE 27
Date of Burial: March 52
Verified by:

DISINTERMENT DIRECTIVE

Shannon 293
I. EISEN SMITH, Capt. OMC *Wink-Liege (Maus)*

Att
X-9080

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

1200

15 12 51
DAY MONTH YEAR

NAME: UNKNOWN X-9080
SERIAL NUMBER: []
GRADE: []
ARM: []
RACE: []
RELIGION: []

CEMETERY: AGRS LIEGE MAUSOLEUM
PLOT: []
ROW: []
GRAVE: 81
DISPOSITION OF REMAINS: []
CODE: []
DIST. CTR.: 80

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ST AVOLD, FRANCE
NAME AND ADDRESS OF NEXT OF KIN: BY ADMINISTRATIVE DECISION

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: []
SERIAL NUMBER: []
GRADE: []
DATE OF DEATH: []
DATE DISTINTERRED: []
IDENTIFICATION TAG ON: []
ORGANIZATION: []
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 (Prepare Discrepancy Report OMC Form 1194a for major discrepancies.)
SEE ATTACHED SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE: [] BY: []
CASKET SEALED BY: [] EMBALMER (Signature): []

CASKET BOXED AND MARKED
DATE: [] BY: []
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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS ARE APPROVED ~~NON-IDENTIFIABLE~~ UNIDENTIFIABLE.

DATE: 27 March 52
NAME: Eugene Shorter
REG. BR. MEN. DEP.

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME: X-9080
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: AGRS LIEGE MAUSOLEUM
PLOT: [] ROW: [] GRAVE: 81
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: []

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: Unk. X-9080
SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISINTERRED: 25/6/48

IDENTIFICATION TAG ON: REMAINS GRS MARKER
ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: Melvin Blackburn
NAME AND TITLE: []

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress cover
CONDITION OF REMAINS: fractured skull, Mandible & Maxilla, & R/Radius, Ulna & L/Tibia & Fibula-Final stage of decomposition
OTHER MEANS OF IDENTIFICATION: Partially disarticulatee.
None

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
No Identification tag found

REMAINS PREPARED AND PLACED IN CASKET

DATE: 8 July 48 BY: Melvin W. Blackburn
CASSET SEALED BY: Melvin W. Blackburn EMBALMER (Signature): Melvin W Blackburn
CASSET BOXED AND MARKED: [] SHIPPING ADDRESS VERIFIED BY: HENRY F. ALZMANN
DATE: [] BY: Blackburn

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

HENRY F. ALZMANN

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 the Disinterment Directive which contains the signatures of the persons who performed the operations described hereon.

Henry F. Alzmann

WWI CEM ST. AVOLD

CTB

1

PLOT D, ROW 19, GRAVE 27
DATE OF BURIAL: 4 MAR 52
VERIFIED BY:
/S/ I. EISENSMITH, CAPT, QMC

DISINTERMENT DIRECTIVE

293 *Wick Liege* X-9080

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1200 00096

DATE

03 04 52
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN 9080			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
AGRS MAUSOLEUM LIEGE BELGIUM			81	3503 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED

IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE
--	-------------------------	----------	--

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS ARE UNIDENTIFIABLE. PREV IDENTIFIED AS JOHNSON, IRVIN E., 12045823, SGT, PLOT NN, ROW 2, GRAVE 18, USMC ST. AVOLD, FRANCE. REMAINS PERM INTERRED IN ST. AVOLD, FRANCE, PLOT D, ROW 19, GRAVE 27.

WAT
FILE
RECORDS ANNOTATED
DATE 7 April 52
NAME Eugene J. Porter
Sgt. DR. MIL. DIV.

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Mem Div Ident Br Invest Sec	Regist Br Rec Sec Mem Div	7 Jan 1952	<p><i>293 Unk Liege Maus. X-9080</i> SUBJECT: New Case</p> <p>Attached Report of Burial for the following Unknown forwarded for any action deemed necessary and return to Investigation Section:</p> <p><u>AGRS MAUS. LIEGE, BELGIUM</u></p> <p>X-9080 Grave 81</p> <p>1 Incl a/s</p> <p><i>[Signature]</i> NEFF 52462</p> <p><i>[Signature]</i> BERRENS 73769</p>
2	Rec Sec Reg Br Mem Div	Mem Div Ident Br Invest Sec	14 Jan 1952	<p>1. Records have been corrected in this Section. Report of Burial is returned herewith as requested.</p> <p>1 Incl n/c</p> <p><i>[Signature]</i> LAY 73836</p> <p><i>[Signature]</i> Franke 53975</p>
3	Rec Unit Ident Br Mem Div	Invest Sec Ident Br Mem Div Attn: Mr. Fisher	15 Jan 1952	<p>1. NAT.</p> <p>2. Forwarded for necessary action.</p> <p>Macklin 78489</p> <p>REPROCESSING REPORTS, NARRATIVE, DENTAL CHART IN CLASSIFIED CASE C-2282.</p> <p><i>[Handwritten notes and signatures]</i></p>

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
OPERATIONS BRANCH
APO 757 (Liege) US ARMY

GROP 200.2

19 December 1951

SUBJECT: Reports of Burial

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

1. Reference is made to your radios DA 21954 and 88502. *spanky*
2. Remains designated Cpl. Joseph AKERS, 35432212, and Sgt. Irvin E. JOHNSON, 12045823, have been redesignated to Unknowns X-9079, X-9080 Liege-Mausoleum, respectively. *293*
3. Forwarded herewith for your information are the corrected Reports of Burial pertaining to the above cases.

FOR THE COMMANDING OFFICER:

2 Incls
Rpts of Burial

Clyde W. Steinsiek
CLYDE W. STEINSIEK
Major, OMC
Operations Branch

*X-9080
fringe
Mans.*

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
OPERATIONS DIVISION
APO 757 (Liege) US ARMY

GROP 200.2

6 October 1950

SUBJECT: Reprocessing of Remains

293 Unknown Liege Maus. X-9080

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

ja

1. The remains designated as Unknown X-6090, Plot NN, Row 10, Grave 120, USMC St Avold, France, have been reprocessed and the information not previously forwarded to your Office is herewith submitted.
2. The remains of Unknown X-6090 have been eliminated by consolidation with the remains of Sgt Irvin E. JOHNSON, 12 045 823, as per Exhumation Order # 3292.
3. Grave number 120 is now declared open.

FOR THE COMMANDING OFFICER:

C. W. Steinsiek
C. W. STEINSIEK
Capt, QMC
Operations Division

1 Incl
QMC Form 1044
(X-6090)

293 Unknown X-6090 (St Avold)

PREV-X-6090 IDENTIFICATION DATA E# 3292 PRIORITY

1. REMAINS OF UNKNOWN DUCHEN, MORRIS. /Sgt 35 694 004				2. DATE OF REPORT 2 Aug 1950	
3. NAME OF CEMETERY ST AVOLD		4. PLOT (POC) A	5. ROW 16	6. GRAVE 31	7. DATE OF
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT AGE	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE U.T.D.
---	---------------------	-------------------	---------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
MORTUARY PLATE

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

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

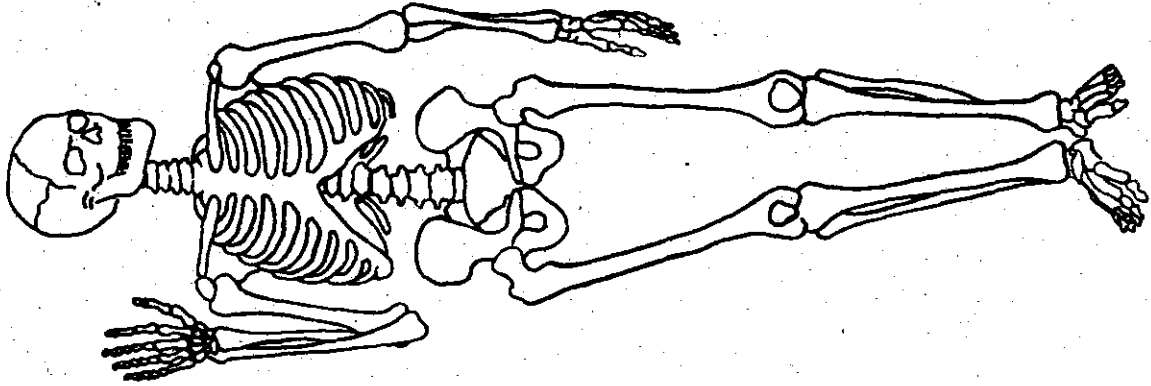
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? SEE SKELETAL CHART
---	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
(Eliminated)

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 specimen forwarded through channels for examination when facilities are not available in the area)
NONE

Duchey, Morris

19. BLEND OUT PARTS OF BODY NOT RECORDED



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

THESE REMAINS IS
(ELIMINATED)

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

E. A. Dieck, Pvt-First



Eliminated

CHART "A-1"

SKELETAL CHART

DUCHEN. MORIS

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

35694004

A-16-31

LEFT STAND

RIGHT

SKULL _____ Inc

STERNUM _____

HUMERUS _____ cm

HUMERUS _____ cm

ULNA _____ cm

ULNA _____ cm

RADIUS _____ cm

RADIUS _____ cm

FEMUR _____ cm

FEMUR _____ cm

TIBIA _____ cm

TIBIA _____ cm

FIBULA _____ cm

FIBULA _____ cm

Est. Age _____

Est. Height _____

Color Hair _____

Healed Fractures _____

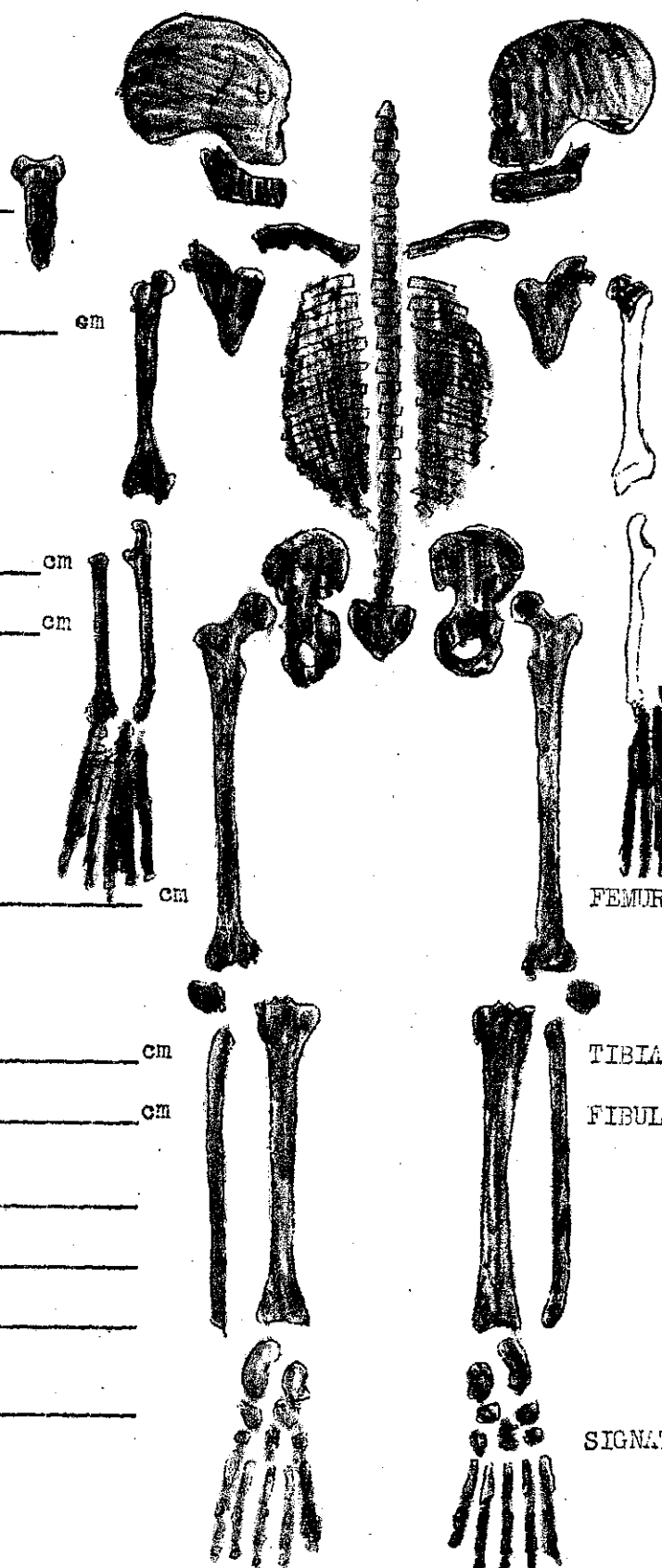
- Missing

- Burned

- Fractured

- Shattered

SIGNATURE _____



NARRATIVE

Exhumation Order 3292

3 August 1950

In compliance with E.O. 3292 the remains listed thereon were reprocessed and the following is submitted:

The remains designated as DUCHEN which consisted of the left humerus, except the head, and the left ulna and the radius was consolidated with the remains designated as Johnson. The left arm which was consolidated with Johnson showed evidence of having been badly burnt where as the remains of Johnson were not. This is believed to have been caused by the left arm being caught in the burning plane where as the other portion of the remains were not. The consolidation was based on marked similarity between bones. Discrepancies as outlined in paragraph 4 of E.O. have been corrected.

	<u>Age</u>	<u>Height</u>	<u>Hair</u>
Remains (Johnson)	20/25	5' 11"	Brown
371 (Johnson)	22	5' 5½"	Brown

The teeth found herewith are negative for Johnson and 371 submitted. The teeth articulate with skull and the skull with the vertebral column. The size of the bones indicate that the deceased was a man of tall, heavy built weighing about 175 to 195 lbs which is negative for Johnson.

	<u>Age</u>	<u>Height</u>	<u>Hair</u>
Remains (Redlein) 7-1911	29/23	5' 8½"	Red
371 (Redlein)	19	5' 7 3/4"	Brown

The teeth for Redlein were found herewith, however, no articulation established because of missing portions. The red hair was removed from the remains designated as Wood and placed herewith. There is a possibility that the anatomical parts present could be of two (2) remains indicated by the fact that a portion of the remains show evidence of having been badly burned (charred), whereas, the other portions show only signs of fracture, however, no duplication of anatomical parts was found.

	<u>Age</u>	<u>Height</u>	<u>Hair</u>
Remains (Wood) 7-1916	19/23	5' 11 5/8"	Pubic Blond
371 (Wood)	20	6' 0"	Blond

The teeth for Wood were found herewith however, no articulation was established because of missing portions. The red hair found herewith was removed and placed with the remains designated as Redlein. (See also the Dental Narrative).

/s/t/ ELIJAH H. FIELDS, B.S. (Atlanta Univ)
Embalmer-Technician

/s/t/ JIBAN K. GAN, D. Sc. (Univ. Paris)
membre, Societe d'Anthropologie,
Paris

AIRMAIL

QMCMT 293
GRS European
~~(UNIDENTIFIED)~~

28 February 1950

SUBJECT: Identification of World War II Deceased

**TO: Commanding Officer
7887 Graves Registration Detachment
APO 757, c/o Postmaster
New York, New York**

1. Returned herewith are corrected Reports of Burial for Unknowns X-6090 St. Avoild, France, identified by your headquarters as T/Sgt. Morris Duchon, 35694004, X-7996 Neuville, as 2/Lt. Marion R. Wood, O-807180, and X-7977 Neuville, as 2/Lt. Theodore A. Redlein, O-719147.

2. Identification as established by your headquarters has not been approved for the following reasons:

a. Remains X-6090, consisting of a right arm, may possibly be consolidated with other remains involved in plane crash. Skeletal evidence is too meager to warrant a conclusive individual identification.

b. Conflicting evidence from civilian source stated that Duchon was captured. Investigation by this Office could not confirm whether Duchon crashed with plane or parachuted.

3. In view of the above, simultaneous processing of Unknown X-6090 and other related unknowns by an accredited Anthropologist is requested to determine conclusively the number of remains actually involved.

4. It is also requested that the case be reviewed on the basis of information contained in the anthropological report to determine if present individual identification can be substantiated or whether group identification of WOOD, REDLEIN and DUCHON is warranted.

FOR THE QUARTERMASTER GENERAL:

293 Incl 7 copies of (St. Avoild) 719147

Reclass. Made

3/7/52

Allen

Glewacki/rar
N. Farmer
REB

- 3 Incls
- 1. Corrected R/B (X-6090)
- 2. Corrected R/B (X-7996) 7996
- 3. Corrected R/B (X-7977)

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

Cy furnished: Adm Sec

AIRMAIL

JMN

RESTRICTED

OQMG DEPT OF THE ARMY WASH DC
CO 7887 GREG DET LIEGE BELGIUM

ROUTINE

X 293 Tank Slope Mame. X-9080

DA-77502

FROM OQMG

3 RQST REMAINS DESIGNATED SGT IRVIN E JOHNSON ONE TWO ZERO FOUR FIVE EIGHT TWO
 THREE BE REDESIGNATED UNKNOWN UNIDENTIFIABLE AND FWD NONRECOVERABLE FINDINGS SGT
 JOHNSON AND TSCT MORRIS DUCHEN THREE FIVE SIX NINE FOUR ZERO ZERO FOUR PD RESOLUTION
 XRAY SEVEN NINE SEVEN SIX OMA SEVEN NINE SEVEN SEVEN NEUVILLE WILL BE FURN URHQ APRX
 ONE FIVE DEC ONE NINE FIVE ONE

RESTRICTED

(GRAVES)

CAPT JOHN M NEFF

OQMG 293 - GRS EUROPEAN

EXT 52462

J C WHIGHER
LT COL OMC MEM HV

4345

make 609050

GREENWICH CIVIL (MEXI)

OMC 376

276
1949 MAY 13 11 15
AGRC PARIS
993
Stavely

GUB 048

MSG NO AGRC-3169

D. T. G. 131020Z

ACTION OMC

RR UEPC

MC IN NO. 66757

FM UFPO 20/131020Z

TO OQMG WASH DC

GRABES GRNC

REF NR AGRC THREE ONE SIX NINE

ATTN MEMORIAL DIV

4-6-49/

REURAD WCL THREE EIGHT TWO FOUR ZERO CMA CHECK LIST FOR TARE SLASH SGT

993 Rec chpt Ident 4-26-9 loose paper MORRIS DUCHEN CMA THREE FIVE SIX NINE FOUR ZERO ZERO FOUR CMA BEING AIR

YOUR OFFICE THIS DAY PD OTHER ASSOCIATIONS FOR UNIDENTIFIED CREW MEMBERS

WILL BE FURNISHED SOONEST PD END AGRE PECKHAM

131045Z MAY



File No. 11440
18 May 49
Ident Div.

993
66757
993
Stavely

293 unk France X-6090 (Havold)

COMM DEPT OF ARMY WASH DC

UNCLASSIFIED

60 ARME PARIS FRANCE

PRIORITY

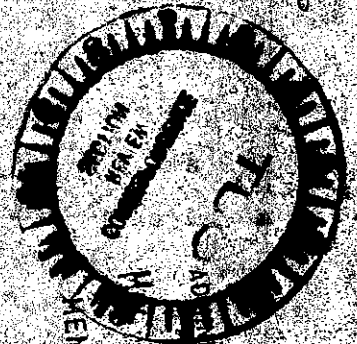
WCL 38240

FROM QUARTIER GENERAL DU 60 ARME PARIS FRANCE 35694004 POSSIBLY XRAY 6090 ST AVOLD

REQUEST THE SAFT REPLY TO XRAY 6090 TO ADOPT REGULATIONS FOR UNIDENTIFIED OWN RECORDS

D.O.M. 3
TEL & CAB SECTION

MAY 6 3 53 PM '49



289

MAY 6 2 01 PM '49
MEMORIAL DIVISION



*X293 Duches, Morris
35694004*

Holden/vst
Clements
HLL

UNCLASSIFIED

SECRET

W. Holloman
W. HOLLAMAN

1st Colonel, GAC, 1st Div

QUARTIER GENERAL DU 60 ARME PARIS FRANCE 35694004 6 MAY 49

293 Unknown X-6090 St. Avold, France

REB
M
ORANGE
016

1. FILE UNDER NO. 293 - Unk. France X-6090 (St. Avoild)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 5 April 1949

4. FROM: OQMG

5. TO: CG, AGRC, EA, APO 58, %PM, New York

6. SUBJECT: Request for Information

Wood, Marion R. 2/Lt. O-807180

.....

7. DOCUMENT FILED
UNDER NO. 293 - GRS, European (Rqst for Info.)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

23 DEC 1948
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 6090, Plot NN
Row 10, Grave 120, USMC St-Avoid, France have been
reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office
by letter of transmittal No. No record this HQ, dated _____.
No further information is available.

FOR THE COMMANDING GENERAL:

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

*Consolidated
with no remains
in B.H. as per [unclear]*

Received 18 APR 1949 QOMG
Not identifiable from
information presently
available

Incl #9

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X *6896*
Cemetery *St. Arnold*
Plot *N N* Row *10* Grave *120*

1. Arrived at cemetery
(hour) (date)
2. Place of death
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)
3. Remains recovered or disinterred by
(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).**

	Clothing	Indicate unusual markings
	Markings	Sizes 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	

W.C.H.

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) **None**

(Other item) **None**

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

6. Chevrons or **None**
 Insignia
(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 **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **None** 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 **UTD**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

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

Goatee UTD (light, color, extent)

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

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

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

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

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

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

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

Shoulders UTD (broad, straight, small, rounded) Arms UTD (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 (quantity & extent of hair) Navel UTD (size of navel, appendectomy, amount)

Circumcision UTD (yes-no) Pubic hair UTD (color)

Hernioplasty UTD (yes-no; location)

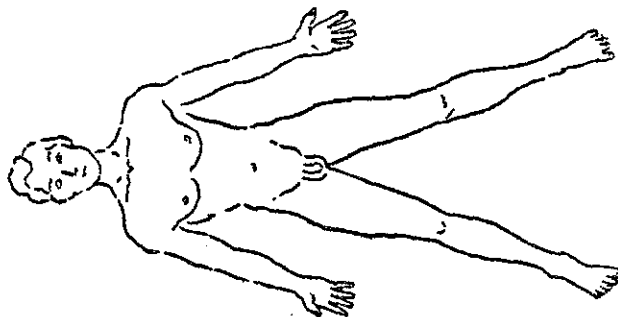
Legs UTD (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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 Hands missing

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

12. Remarks : Body recovered in skeleton form. Nearly all bones missing.
No clothing found. Weight at processing $\frac{1}{2}$ Lbs. Measurements
of Ulna & radius indicate height as 5'11".

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.


ROBERT A. SALVADOR
Officer's Name

Capt. Inf.
Rank Service

Central Identification Point
Organization

X-6090



ATT. REG. DIVISION FOR
USE IN CAS. CLEARING
SECT.

REPORT OF INVESTIGATION AREA SEARCH
REMOVED U.S. AIR. CORP.
ST. AVOLD IN-10-129

22 April 1946.

Date

2-6990
NAME Unknown 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

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 Unk. RANK Unk. ASN Unk.

b. ORGANIZATION Unk.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY 1 Amer. unknown buried with

this unknown - On left : 1 grave of a French soldier, Ben Hardy

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

A. Date of above burials Amer. Burial: 10.8.44 Common Graves? Yes

4. Deleted _____

5. Name and type of cemetery Beinheim, Civilian cemetery
(Military or Civilian)

6. Map Coordinates of the Cemetery Eu. Ro. Map R-2629, Sht. 87, Sc/1-200,000

a. Town Beinheim Country (Bas-Rhin) France

7. Give exact location in cemetery of the remains.

a. Section See att. Sketch Row _____ Grave _____

b. Is sketch attached? Yes

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

a. Town _____ Coordinates _____

c. Give numbers on motors, machine guns, instruments, radios or other equipment: Unk. Impossible to obtain

21. How did crash occur? Fight with En. plane anti-aircraft Yes
Enemy planes? Yes Collision? _____
22. Did plane explode in the air? Yes On the Ground? No
23. Did plane burn in the air? Yes On the ground? Yes
24. What was the direction of the flight? From East to West- From Germany to its base.
25. What was the civilian opinion regarding the destination of the plane? From Stuttgart back to base (Civilians claim that Stuttgart had been bombed that day.)
26. Had bombs been released prior to the crash? Yes
27. Does specific time and date of crash correspond with the date of death of above named deceased? Yes
28. Number of planes in formation prior to crash About 30-
29. State precise time and date of plane crash 9.8.44- at 0011 in the morning (Night?, Day?)
30. Were parachutists seen? Yes How many? 3 Escaped? None
Prisoners? 2

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, asst driver or front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank 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? _____

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

~~Mr. Martin Koch - Bielefeld (told time and cause of death, date of burial, and all other information)~~
~~Mr. Ackermann told time of burial and helped there~~

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 Flame was in formation with about 50 planes, flock and fighter opposition was seen. Concerned plane burst into flames, three parachutes were seen, one caught fire and deceased. The others were taken prisoners by the Germans. This action took place on 9 Aug. 1944

(Use attached sheets, if necessary)

Lucian Becker

Becker

Signature of Interpreter

Civilian

Rank

ASN

US Army Air Corps

Organization

Carlo J. Valpe

Carlo Valpe

Signature of Investigator

Pvt 4218413

Rank

ASN

US Army Air Corps

Organization

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 investigating team No

If not, state reason None available (Germans located body)

a. Were identification tags found at the time of death? Unk.

Where? _____ By whom? _____

Present disposition _____

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 abandoned.

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

Where? _____ By whom? _____

Present disposition _____

c. Was deceased identified by living members of the crew at the time of death? Unk.

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 hospital? No

Where? _____ Names of the 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? Burned
(Burnt? Decapitated? etc)

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

10. If grave is marked with cross, give the exact markings thereon

Hier ruhen 2 Amerikaner

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

b. By whom? Mr Martin Koch - carpenter of Beinheim

11. Where are the cemetery records? Mayor's office
(Town hall, cemetery, burghermeister's office)

a. What information was obtained thereon? Date and cause of death, date of burial

b. Where was the information obtained? Mayor's secretary and citizens of Beinheim who witnessed plane crash

c. By whom? Mayor's secretary

12. What is the date of death? 9 Aug. 1944

a. Give basis See att. Statement

13. What is the cause of death? Plane crash - parachute burned

a. Give basis See #12

14. What is the date of burial? 10 Aug. 1944

a. Give basis Same as #12

15. What is the place of death? Town of Beinheim Coords See #8

a. Give basis Same as #12

16. Where were the remains found? Town of Beinheim
near wreckage of plane Coords See #8

a. By whom? Mr Martin Koch

b. Is sketch attached? No

17. Was a casket used? Yes Who furnished the casket? Civilians

Type of casket Wooden How marked? Plain

18. Who made the burial? Civilians

(Civilian, American Hill or German Hill)

a. What are the names and addresses? _____

Mr. Martin Koch - Joseph Ackermann - both living in Beinheim

b. Are certificates and statements attached? Yes

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

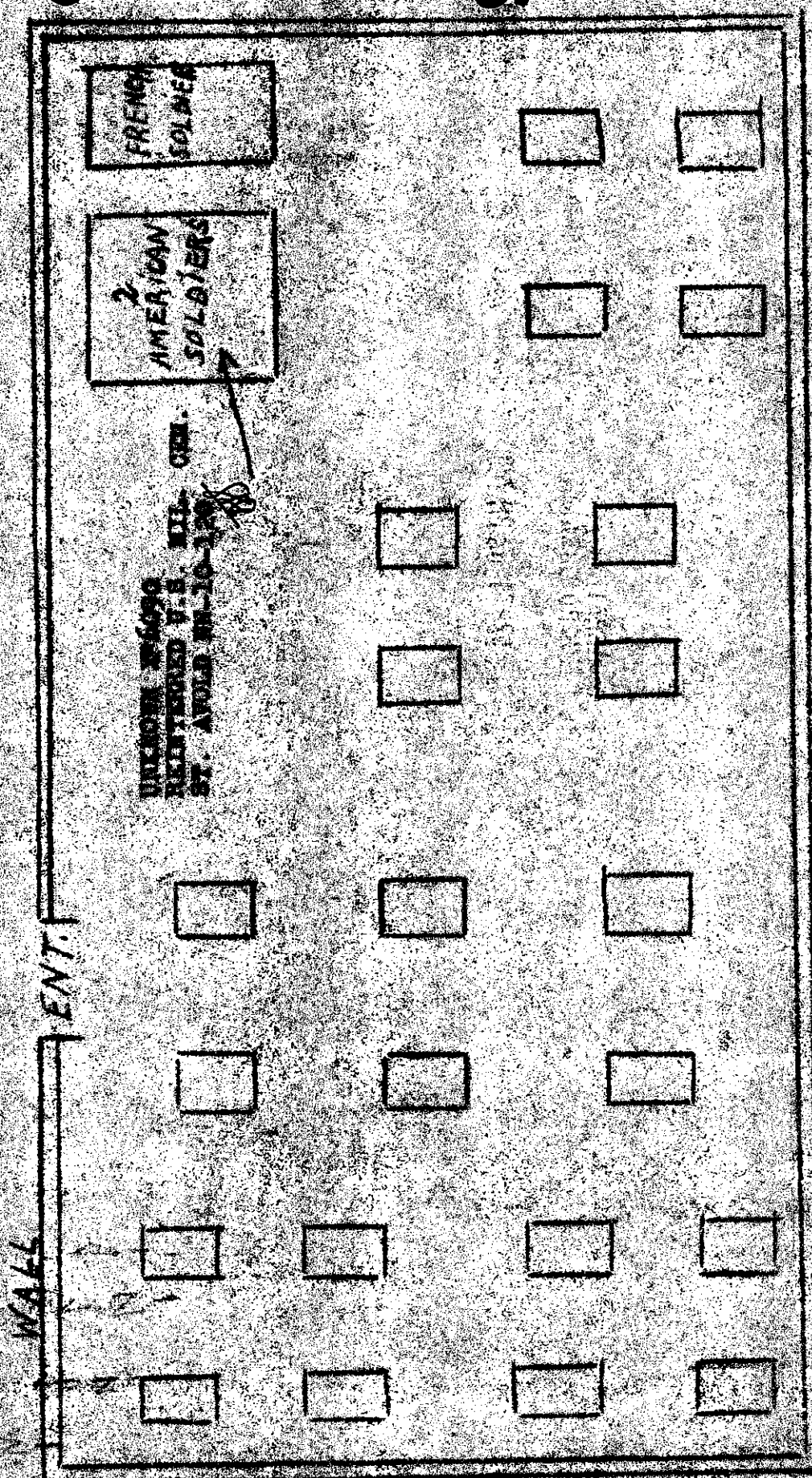
a. Give location in plane from which the bodies were removed

Unk. (Plane exploded; there were only pieces found)

Civilian Cemetery of Beinhelm.

COORDS: EUR. Rd. Map 56. A 200000; SK 87 (A-2629)

patb



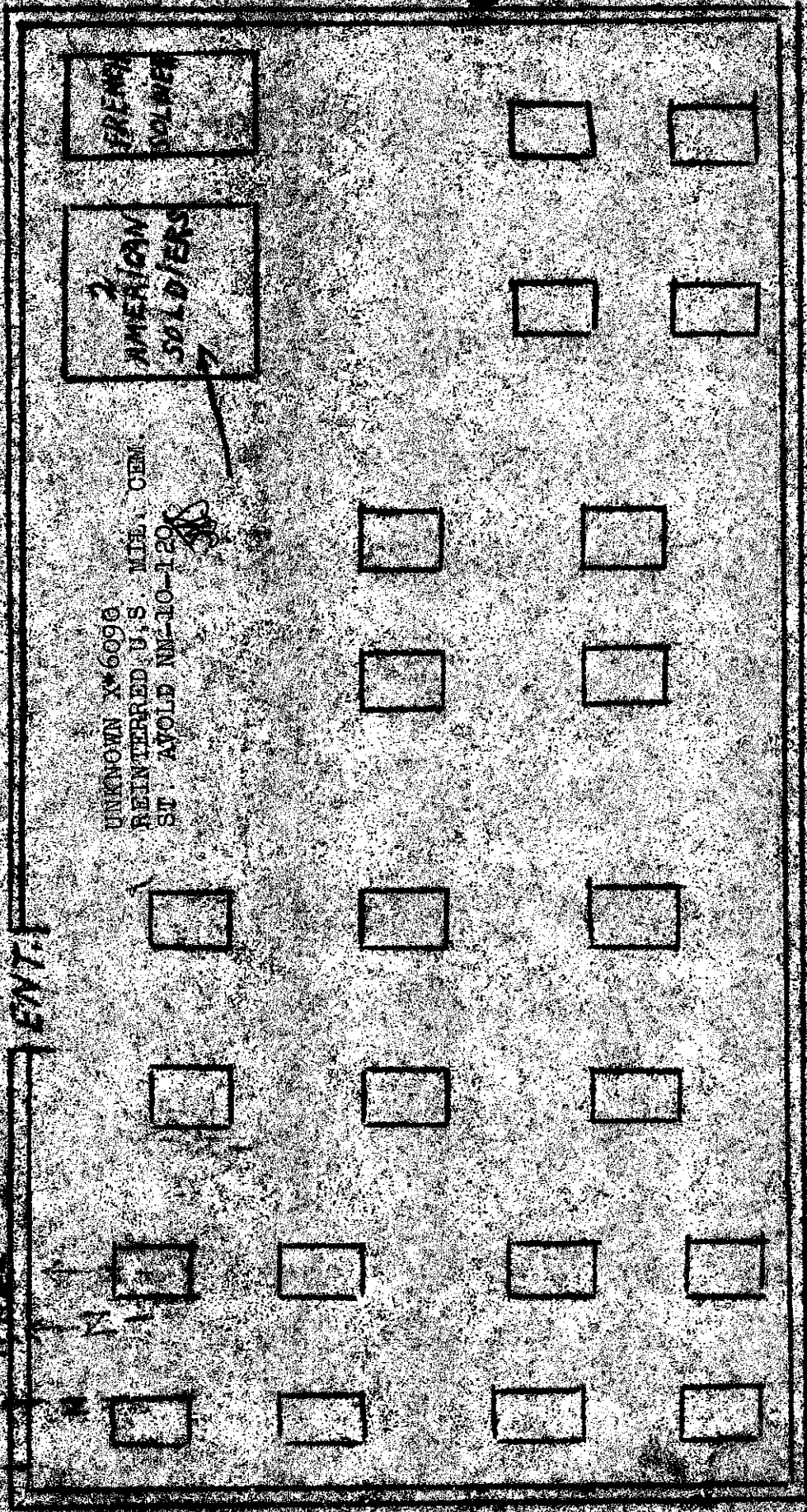
Civilian Cemetery of Beinheim

COORDS: EPR, Rd. Map S. 4. 200,000, 58 ST (A-2629)

Path

ENTR.

N
W
E
S



UNKNOWN X-6090
REINTERRED U.S. MIL. GEN.
ST. AVOLD NR-10-120

FRENCH
SOLDIERS

AMERICAN
SOLDIERS

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

23 Dec 1948

Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 6090, Plot NN,
Row 10, Grave 120, USMC St. Avold, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. _____, dated _____, No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/ GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

18 APR 1949

QOMG

Received
Not identifiable from
information presently
available

File NAT
18 Apr 49
Nelson
Identified

Revised with records of Sgt. Duvier, USMC, St. Avold, France, 12/10/48

295

USMC ST. AVOLD, FRANCE Buried at deceased Location
Plot A, Row 16, Grave 31
Date reburied: 22 Jan 49

DISINTERMENT DIRECTIVE

Right: JANSEN, Andrew F.
36706595 PFC

1 ✓

SECTION A — NAME AND BURIAL LOCATION OF DECEASED
DEWEY R. BELL
1st Lt. CAV

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWNX-006090		1	
CEMETERY	ST AVOLD - METZ			DISPOSITION OF REMAINS
				3503 80
				CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
NN	10	120	FRANCE	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. AVOLD, FRANCE
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-006090				30 June 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
GRS	UNKNOWN	UNK	GEO W LOWRY, EMBALMER NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
MATRESS COVER	BODY CONSISTS OF L/HUMERUS, ULNA & RADIUS . BOTH FRACTURED

OTHER MEANS OF IDENTIFICATION
REPORT OF BURIAL FOUND WITH REMAINS

MINOR DISCREPANCIES
NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE 6 July 48 BY GEO W LOWRY, EMBALMER

CASKET SEALED BY
GEO W LOWRY, EMBALMER
EMBALMER (Signature)
GEO W LOWRY
GEO W LOWRY

CASKET BOXED AND MARKED
DATE 6 July 48 BY GEO W LOWRY, EMBALMER
SHIPPING ADDRESS VERIFIED BY: All markings, plates
& tags verified by
JESSE C HARRELL, 1st Lt CAC

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

FINAL CASSETTING BY
Jesse C Harrell
JESSE C HARRELL, 1st Lt CAC
JESSE C HARRELL, 1st Lt CAC, 7857 AGRC ZONE 3 Hq

SIGNATURE OF GRS INSPECTOR

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

10 MAY 1949
REPAIRATION
BRANCH
MILITARY

103

DISINTERMENT DIRECTIVE

703 Wink 4-0090 France (J. Hall)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED 3574 00000 15 01 48

NAME: UNKNOWN SERIAL NUMBER: 004090 RANK: ARM: 1 DATE OF DEATH: DAY MONTH YEAR CEMETERY: ST AVOLD - METZ DISPOSITION OF REMAINS: 0 3503 88

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED DATE BY 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.

UNKNOWN X- 6090
CEMETERY ST. AVOLD
PLOT NN ROW 10 GRAVE 120

Arrived at cemetery 1500 22 April 1946 " " " "
(hour) (date) - (collecting point)

Place of death Beinheim Bas-Rhin France (B-2629)
(name) (coordinates & landmarks)

Eu Rd Map Sht 87 1.200.000

Remains recovered by 3049th QMGR Co
(name and organization)

Evacuated to cemetery by GPP 535th QM Group
(name and organization)

Is load list attached _____ Are names of deceased found in same
(yes-no)

area as this Unknown starred _____ Are circumstances described
(yes-no)

which may indicate organization of the deceased _____ If only
(yes-no)

part of a body was received, was a careful search made for other

parts of Unknown _____
(yes-no)

If remains come from vehicle, plane, etc: _____
(type of vehicle or plane,

nickname serial number, organization or symbols)

Crew list _____
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use _____

If organization to which vehicle or plane was assigned or if names
of all other deceased are not known, give detailed information con-
cerning vehicle or plane _____

(parts of markings or symbols) (burned)

(pierced by shell fire - where) (found in town, field, by road)

(damaged by mine explosion) (names of men who escaped)

(description of other vehicles or planes in area)

Detailed description of personal effects _____
(Indicate exact pocket

or part of body where found)

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 and face UTD
 Tobacco stain on fingers or teeth UTD
 (designate where, extent)
 Complexion UTD
 (light, med, dark, clear, pimples, pocks, freckles)
 Build UTD
 (large, fat, thin, muscular)
 Hair UTD
 (color, length, quantity, curly, wavy, straight, whorls, or
 definite parting, baldness, widows peak, other characteristics)
 Sideburns UTD Eyebrows UTD
 (color, setting, shape) (color, bushiness, across nose)
 Mustache UTD Beard or goatee UTD
 (color, size, shape) (length, heavy, light,
UTD Eyes UTD
 color, extent) (color, setting, shape)
 Nose UTD Ears UTD
 (size, shape, straight) (size, set close or far from head)
 Forehead UTD Mouth UTD Lips UTD
 (high, wide, wrinkled) (large, medium, small) (small large)
 Teeth UTD
 (white, size, unevenness, spacing, noticeable crowns, fillings, missing)
 Chin UTD Cheekbones UTD
 (prominent, receding, pointed, dimple, double) (high, normal)
 Jaw UTD Circumference of head in inches UTD
 (large, small, normal) (hat band)
 Neck UTD Larynx UTD
 (size, long, short, normal, wrinkled) (prominent, normal)
 Shoulders UTD Arms UTD
 (broad, straight, small, rounded) (length) (muscular, color,
UTD
 Extent & quantity of hair) (vaccination scar, size of wrists)
 Hands UTD
 (large, small, normal, calloused noticeably) (marks on fingers
 indicating that rings were worn)

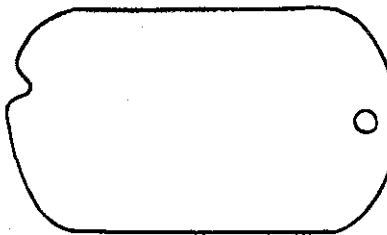
RESTRICTED

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
23 April 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN-X-6090		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Air Force
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Beinheim Bas-Rhin France	CAUSE OF DEATH Plane Crash	DATE OF DEATH Est Aug 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) CANCELLED, 28 Nov 50 Consol with the remains of des. Jb Set Irwin E. JOHNSON, 12 Oct 50, per X-9780 ETO/Ltr, 6 Oct 50; SUBJ: Reprocessing of Remains.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

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 23 April 1946	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp wooden Cross	PLOT No. NN	ROW No. 10	GRAVE No. 120
--	---------------------	--	--	-----------------------	----------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civilian Cemetery of Beinheim Bas-Rhin France Eu Rd Map Sht 87 1.200.000(R-2629)	see attached sketch
---	--	---------------------

TYPE OF RELIGIOUS CEREMONY General Service	PERSON CONDUCTING BURIAL RITES Ch. O.A.Rusher Capt.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of WD QMC Form 1042 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) No Embossed Plate
--	---

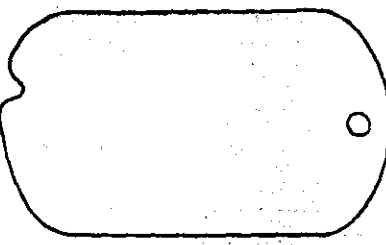
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN-X-6089	RANK UNK	SERIAL No. UNK	ORGANIZATION UNK	GRAVE No. 119
---	--------------------	--------------------------	----------------------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) END OF ROW	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT FC Kochendorfer 2nd Lt Inf 335 Quartermaster Group	SIGNATURE OF OFFICER VERIFYING REPORT RALPH W. SLEATOR, MAJOR THIRD 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

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 <p align="center">23 April 1946</p>	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p align="center">UNKNOWN-X-6050</p>		SERIAL No. <p align="center">Unknown</p>			
	GRADE <p align="center">Unknown</p>	ORGANIZATION <p align="center">Unknown</p>	BRANCH OF SERVICE <p align="center">Air Force</p>			
	RACE <p align="center">Unknown</p>	RELIGION <p align="center">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
	PLACE OF DEATH Beinheim Bas-Rhin France		CAUSE OF DEATH <p align="center">Plane Crash</p>	DATE OF DEATH <p align="center">Est Aug 1944</p>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>	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) <p align="center">Yes</p>	<p align="center"> CANCELLED, 28 Nov 50 Consol with the remains of Sgt James M. ... ETO Ltr, 6 Oct 50; SUBJ: Reprocessing of Remains. </p>					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">US Military Cemetery(Q-260584) St Avold France</p>						
DATE OF BURIAL <p align="center">23 April 1946</p>	HOUR <p align="center">1000</p>	BURIED IN (Shroud, blanket, or name of other) <p align="center">Casket</p>	TYPE OF GRAVE MARKER <p align="center">Temp wooden Cross</p>	PLOT No. <p align="center">11</p>	ROW No. <p align="center">10</p>	GRAVE No. <p align="center">120</p>
WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center"> Civilian Cemetery of Beinheim Bas-Rhin France Eu Rd Map Sht 87 1.200.000(R-2629) see attached sketch </p>					
TYPE OF RELIGIOUS CEREMONY <p align="center">General Service</p>	PERSON CONDUCTING BURIAL RITES <p align="center">Ch. O.A. Ruster Capt.</p>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <p align="center">One copy of WD QMC Form 1042 placed in burial bottle and buried with remains.</p>				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">No</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">No</p>	<p align="center">Embossed Plate</p>				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">UNKNOWN-X-6050</p>		RANK <p align="center">UNK</p>	SERIAL No. <p align="center">UNK</p>	ORGANIZATION <p align="center">UNK</p>	GRAVE No. <p align="center">110</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">END OF ROW</p>		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT <p>FU Kochendorfer 2nd Lt 535 Quartermaster Group</p>			SIGNATURE OF OFFICER PREPARING REPORT <p align="center">RALPH W. HENATOR, MAJOR, INF. THIRD FIELD COMMAND</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.						

RESTRICTED

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 20 April 1946
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.		
		NAME (Last, first, middle initial) Club, X-9080 Johnson, Irvin E.		SERIAL No. 12045823
		GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Air Force
		RACE White	RELIGION Protestant	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
		PLACE OF DEATH Beinheim, Bas-Rhin, France		CAUSE OF DEATH Parachute burned while in air
EMERGENCY ADDRESSEE (Name, relationship, and address) E. E. Johnson, R.O. Box 75 Bouldsboro, Pa.				

IDENTIFICATION TAG (1, 2, or 3) AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARD

AGRS MANS. LIEGE, BELGIUM

BATTERY ~~ST AVOLD~~ **PLOT** ~~AN~~ **ROW** ~~2~~ **GRAVE** ~~18~~ **81**

NAME : ~~JOHNSON IRVIN E. X-9080~~

RANK : ~~SGT~~

ASN : ~~12045823~~

ORGANIZATION : 305 BOMB GP H.

DATE OF DEATH : 9 Aug 1944

PLACE OF DEATH : ---

CAUSE OF DEATH : ---

W.W. 27 May 1946.
(Signature)

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Garside, Charles L.	RANK Unk	SERIAL No. 35762526	ORGANIZATION Unk	GRAVE No. 17
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Cole, Robert D.	RANK Unk	SERIAL No. 38697581	ORGANIZATION Unk	GRAVE No. 19
SIGNATURE OF PERSON PREPARING REPORT F. C. KOCHENDORFER, 2nd Lt., Inf. 535 Quartermaster Group		SIGNATURE OF THE OFFICER VERIFYING REPORT Ralph W. Sleator Major Inf.		

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.

CORRECTED COPY

REPORT OF BURIAL

19 Dec 1951

GRAVES REGISTRATION FORM NO. 1 (Revised 1 Sept. 1945)

UNKNOWN X-9080

UNK

Last Name

First

Initial

Serial No.

UNK

293 Unk *John Johnson* X-9080

Beinheim, Bas-Rhin, France

August 1944

Parachute burned

1500 Hrs 20 April 1946

AGRS MAUSOLEUM, LAEGE, BELG.

Time and Date of Burial

61

Name of Cemetery: AGRS MAUSOLEUM, LAEGE, BELG. Name or Coordinates of Location: (If possible, have medical personnel take a tooth chart, if possible, have medical personnel fill in a space below tooth chart, in space below, indicate any scars, marks, deformities, etc.)

Grave Number

NA

Type of Marker

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

No Identification Tags
How were remains identified?

What means of identification were buried with the remains? (Note below any identifying clues found, such as letters, photographs, etc.)

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

Who is buried on:
Deceased's Right:

Name

Serial No.

Rank

NA

Organization

Grave No.

Deceased's Left:

Name

Serial No.

Rank

NA

Organization

Grave No.

If this is an isolated burial, make a sketch of the site.

TOOTH CHART

Fill in all teeth and indicate any missing or decayed teeth. If a tooth is missing or decayed, indicate the position of the tooth in the chart.

Irvin E. Johnson
12015821 112-13

E E Johnson
Box 15
Chickadee, Pa.

Emergency Addressee

UNK

Address

UNK

Religion

UNK

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

Remains recovered from Beinheim Bas-Rhin France
Identified as Johnson, Irvin E. by original ID tag
Redesignated as Unk X-9080 per cable 88502 Nov 1951

This corrected copy of Report of Burial prepared in Hqs 7887 Graves Reg Det by:

DAN C MILLER USA

Signature of Officer or person reporting burial

CYRIL W STEINBERG MAJ USA

Verified by G. R. S. Officer

Received 15 Jan 1952
Not identifiable from information presently available

notified

1952

200MG

per 896

per 896

per 896

per 896

Ref Hqs

Ref Hqs

Ref Hqs

Ref Hqs

Ref Hqs