

7387 CRAWLS DETACHMENT

FPO 717

943 unk Epinal X-748 MB

Attached hereto are case papers for an approved unclassified
case which are considered to be of little to no significance. Records of
this headquarters indicate that the case papers were not previously
forwarded to OCM for

UNKNOWN X-748 Epinal

(POC) EPINAL

file 2-27-51
Kirkland
Admitt

CHECK LIST FOR DISINTERMENTS
(To accompany Report of Reburial)

Only Part I should be completed, if identification tags are available.
Both Part I & Part II should be completely filled out if identification tags are not available.

If information is unavailable, so indicate.

PART I
(Positive Identification)

1. UNKNOWN I-748 Unknown Unknown Unknown
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached None

3. Give exact location from which disinterred, furnishing coordinates and map series used Spinal Cemetery---7-08499

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery) Spinal Cemetery

5. Approximate or established date of death (state which & give basis for date selected) Est 24 Sept. 1944. From ONS #1 of deceased.

6. Approximate or established date of burial (give basis for date established)

7. Manner in which grave was marked and all information contained on the marker None

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) None

X-748

PART II
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) None

11. 5' 10" Unknown Unknown Unknown
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc. Remains too badly decomposed.

X

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

~~Remains badly decomposed and desiccated.~~

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

~~Unknown~~

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gun, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

~~None~~

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

~~None~~

(Type) (WD Serial No.) (Organization) (Serial No. & Type of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin, give description and markings

~~None~~

19. List names of all other deceased persons buried in the vicinity, also give available information concerning the cause & place of death of each that may assist in identification of those remains

20. Other pertinent information which would aid in establishing identity

~~None~~

~~WAS C. TITUS~~

~~1/5~~

~~612th of OR Reg Co.~~

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

26 November 19 1945

(Date)

TOOTH CHART

23 November 1945

Date

UNKNOWN AMERICAN X-748

Unk

Unk

Last Name
Unknown

First

Initial

Rank

Serial N

Unit

Organization

Unknown

Est September 24 1944

Possibly drowning

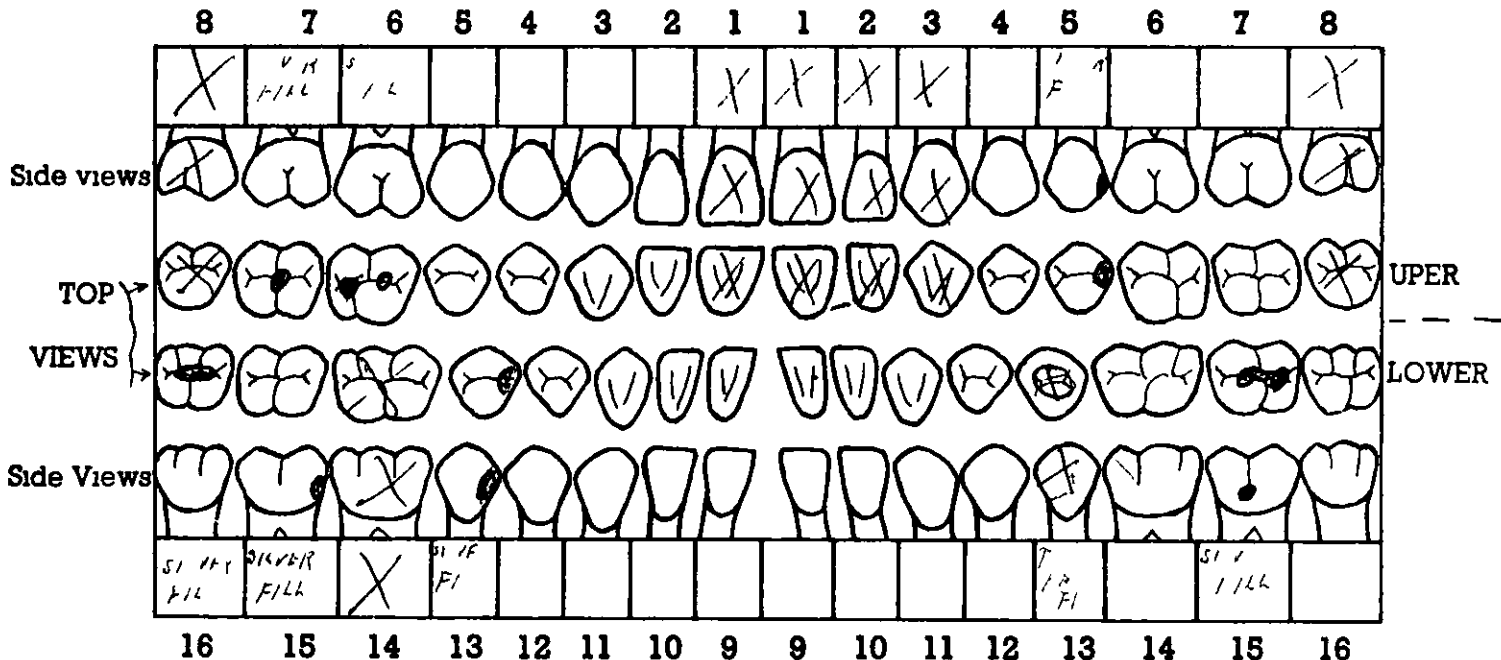
Place of Death

Date of Death

Cause of Death

Right

Left

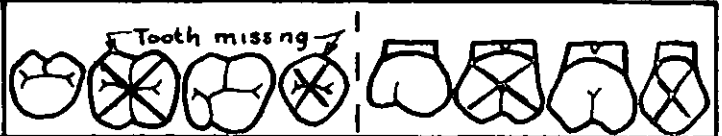


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

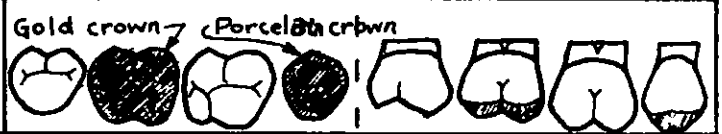
PFC Harold J. Powell
 Signature of Officer or other person who prepared Tooth chart

Robert E. Barry
 Verified by G.R.S. Office
 ROBERT E. BARRY 1st Lt QAC
 612th QM Gr Reg Co

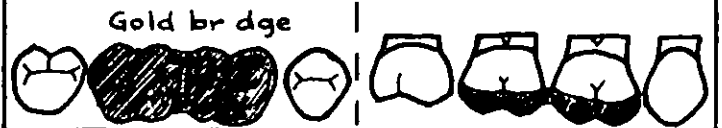
MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be X'd out and labeled thus



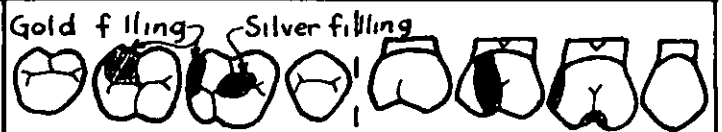
CROWNED TEETH Block in solid the crown of tooth (label gold porcelain Silver or gold and porcelain) thus



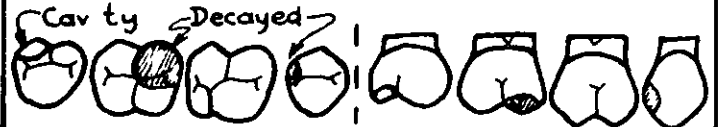
BRIDGE WORK Block in solid the crown of tooth (label gold bridge gold and porcelain bridge) thus



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

All teeth badly covered with nicotine



USC in EPINAL Plot A Row 11 Buried at deces s left left open grave
 REBURIED : 4 June 1940 Grave 18
Reburied in casket
 441 000 0 2071 E1
435
 DISINTERMENT DIRECTIVE Right-

ICM, Chart 25 A 6.82 re AMB SLG

| | | | |
|---|------------------|---------------------------------------|---|
| SECTION A — NAME AND BURIAL LOCATION OF DECEASED | | DIRECTIVE NUMBER 3523 00000 | DATE 15 10 47 DAY MONTH YEAR |
| NAME UNKNOWN X | | SERIAL NUMBER 748 | RANK Q |
| CEMETERY EPINAL | | ARM Q | DATE OF DEATH DAY MONTH YEAR 3502 80 |
| PLOT 3F | ROW 14 | GRAVE 7707 | COUNTRY FRANCE |
| | | | CAUSE OF DEATH 6 |

SECTION B — CONSIGNEE AND NEXT OF KIN (FLAG SENT)

| | |
|---|---|
| NAME AND ADDRESS OF CONSIGNEE EPINAL FRANCE (BY ADMINISTRATIVE ORDER) | NAME AND ADDRESS OF NEXT OF KIN JUL 26 1948 |
|---|---|

SECTION C — DISINTERMENT AND IDENTIFICATION

| | | | | |
|---|-------------------------------|------------------------|---|---------------------------------------|
| NAME UNKNOWN | SERIAL NUMBER X 748 | RANK | DATE OF DEATH Est 24 Sept 44 | DATE DISTINTERRED 14 Nov 47 |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS | ORGANIZATION | RELIGION Unk | IDENTIFICATION VERIFIED BY <i>M R Swart</i> M R Swart Capt QMC 510 Q Sv Co NAME AND TITLE | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | |
|---|--|
| NATURE OF BURIAL mattress cover | CONDITION OF REMAINS Completely disarticulated |
|---|--|

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES /
None

Remains prepared for shipment
By Elijah H Fields
Embalmers signature

REMAINS PREPARED AND PLACED IN CASKET

| | | |
|--|--|---|
| DATE 5 Jan 48 | BY Elijah H Fields | HAS FILE RECORDS ANNOTATED DATE 8-1-1948 NAME <i>Swart</i> R & R BR. |
| CASKET SEALED BY Elijah H Fields | EMBALMER (Signature) Elijah H Fields | |
| CASKET BOXED AND MARKED | SHIPPING ADDRESS VERIFIED BY Elijah H Fields | |

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

~~except as stated~~

Norman M McCabe
Norman M McCabe 1st Lt QMC
SIGNATURE OF GRS INSPECTOR (Grade & Orgn)

1 P page D epan y R pot QMC Fo m 1194a fo m jo d pan s

No further necessary

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 |

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

21 October 1948
Date

293 Unk - France X-748 (Epinal)

SUBJECT Unidentified Remains

TO The Quartermaster General
Memorial Division
Washington 25 D C

II

1 The records pertaining to Unknown X-748, Plot FFF, Row 14, Grave 7707, USMC Epinal, 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 2594, dated 22 Dec 1947. No further information is available.

FOR THE COMMANDING GENERAL

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

Received 28 OCT 1948 OQMG
Not identifiable from
information presently
available

FILE 29 OCT 1948

Blair
Blair

FEDERAL BUREAU OF INVESTIGATION
AMERICAN Graves Registration Commission
EUROPEAN REGION
1058 US ARMY

21 October 1948
Date

SUBJECT Unidentifiable Remains

TO The Quartermaster General
Memorial Division
Washington 25, D C

1 The records pertaining to Unknown ⁷⁴⁸ A-748 Flct FFF
Row 14, Grave 7707, USIC Epinal, France have been
reviewed and it is the opinion of this office that no sufficient
evidence is available to establish the identity of this deceased
and that these remains should be classified as unidentified.

2 Report of Reprocessing was forwarded to your office
by letter of transmittal no 2594, dated 22 Dec 1947 no
further information is available.

FOR THE COMMANDING GENERAL:

George L. Funnell
GEORGE L. FUNNELL
1st Lt USMC
Acting Asst. Gen.

Received 28 OCT 1948 QQMG
Not identifiable from
information presently
available

File # 25

AGRC
FORM NO 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN
(to be completely filled out and attached to
each copy of Report of Interment TD QTC
Form 1042)

U.S.A.
ALEXANDER
BAKER
COTE
LYONS

Unknown X 748
Cemetery Epinal
Plot 9F Row 14 Grave 7707

1 Arrived at cemetery 2100 31 Oct 47
(Hour) (date)

2 Place of death GOBLEY Unknown
(Name of closest town) (City, State and letter
map)

Unknown
Sheet, size and material used

3. Remains recovered or discovered by ALEXANDER and BAKER
(Name and organization)

4 Evacuated to Cemetery by WASIA
(Name and organization)

5 Description of clothing and equipment (if clothes do not fit, obtain
size from body measurements)

Headgear None None None None None None None None
type) Indicate unusual mark
ings & es Color wear, tear, repair

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 _____

Drawers, Wool **None** _____

Drawers, Cotton **None** _____

Leggings, Wool **None** (Note unusual lacing) _____

Socks, Cotton **None** _____

*Shoes ~~_____~~ (type) **Rem. of** _____

Overshoes **Combat Size 7 1/2 E** _____

Web Equipment **None** (type) _____

(Other item) **None** _____

(Other item) **None** _____

*If body is wide sizes **None** the items should be reported by measuring the remains.

6. Chevrons or Insignia _____
 (type & location shirt, jacket, coat, helmet) **None**

Shoulder Patch _____

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? **None** _____

8. Description of Remains **No**

Age _____ Height _____ Weight **15 lbs** Description of wounds _____

Bandages or dressings **UID** **5-5 3/8** Scars **UID** _____
 (Length, width, location)

Tattoos **None** _____
 (Number, location - illustrate on sep page) **UID**

Outstanding moles, warts or birthmarks _____
 (yes-no **UID** description, location)

Sunburn or tan, other than hands & face _____

Complexion _____ **UID**
 (light ~~med~~ **UID** dark clear, pimples, pocks, freckles)

Build _____
 (large **UID** fat, thin muscular)

Hair _____
 (color length **None** quantity curly wavy straight whorls, or definite parting)

Hair None
 (baldness widow peak, distinctive cutting or other characteristics)

Sidburn UTD Mustache UTD Beard or Goatee UTD
 (color setting shape) (color size, shape) (length, heavy,
 light, color, extent)

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

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

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

Teeth White, large, uneven, fillings, extracts
 (white size unevenness, decay fillings, extract)

Chin UTD
 (prominent, receding point double)

Jaw UTD Circumference of head in inches 21 3/4
 (large small normal) (hat band)

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

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

UTD
 (extent and quantity of hair)

Hands UTD

Fingers UTD
 (short, thick, long, slender size of knuckles, missing fingers or
 joints) UTD
 (Unusual characteristics of fingernails)

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

Back UTD Waist UTD
 (quantity & extent of hair) (size of navel, appendectomy, amount)

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

Hernioplasty UTD
 (yes-no, location)

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

ANNEX #4
 TOB #5

Feet UID Tocs UID
(size corns, callouses flat) (lender, straight, crooked, overlap)

Evidence of healed fractures UID
(nose, arm 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 Impossible, due to discomposure

11 Has tooth chart been prepared _____ If not, explain _____
Yes-no

12. Remarks Report of Burial (found) It looked like the original copy (forwarded with case papers) Case received wrapped in a OD blanket and mattress cover. No clothing marks found. Clothes found on remains Est.wt. of remains : 15 lbs. Fluoroscopic examination unnecessary.

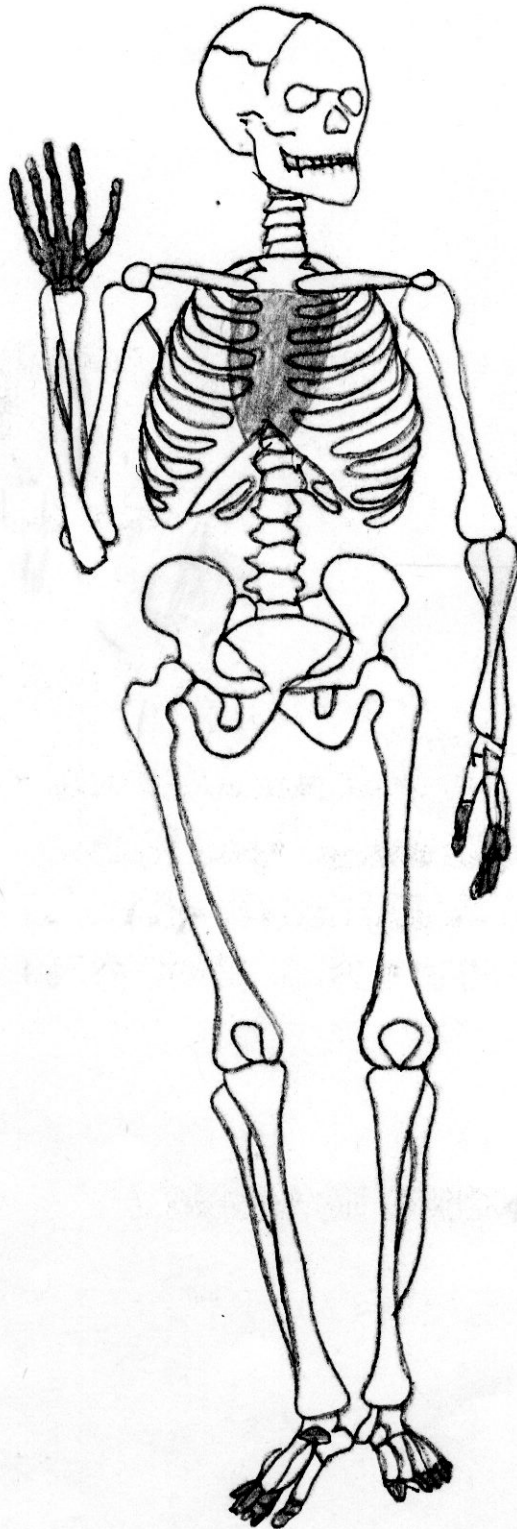
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge

S/ NOEL E GIBSON
~~Critic's Name~~

A certified true copy
R C Barlow
R. C. BARLONS
Major CAV
Asst Oper Officer.

US WD CIVILIAN
Rank Service

Organization



32.2 : Humerus
24.2 : Radius
25.7 : Ulna

45.2 : Femur

36.6 : Tibia
36.6 : Fibula

Est. Height : 5'5 3/8"

TOOTH CHART

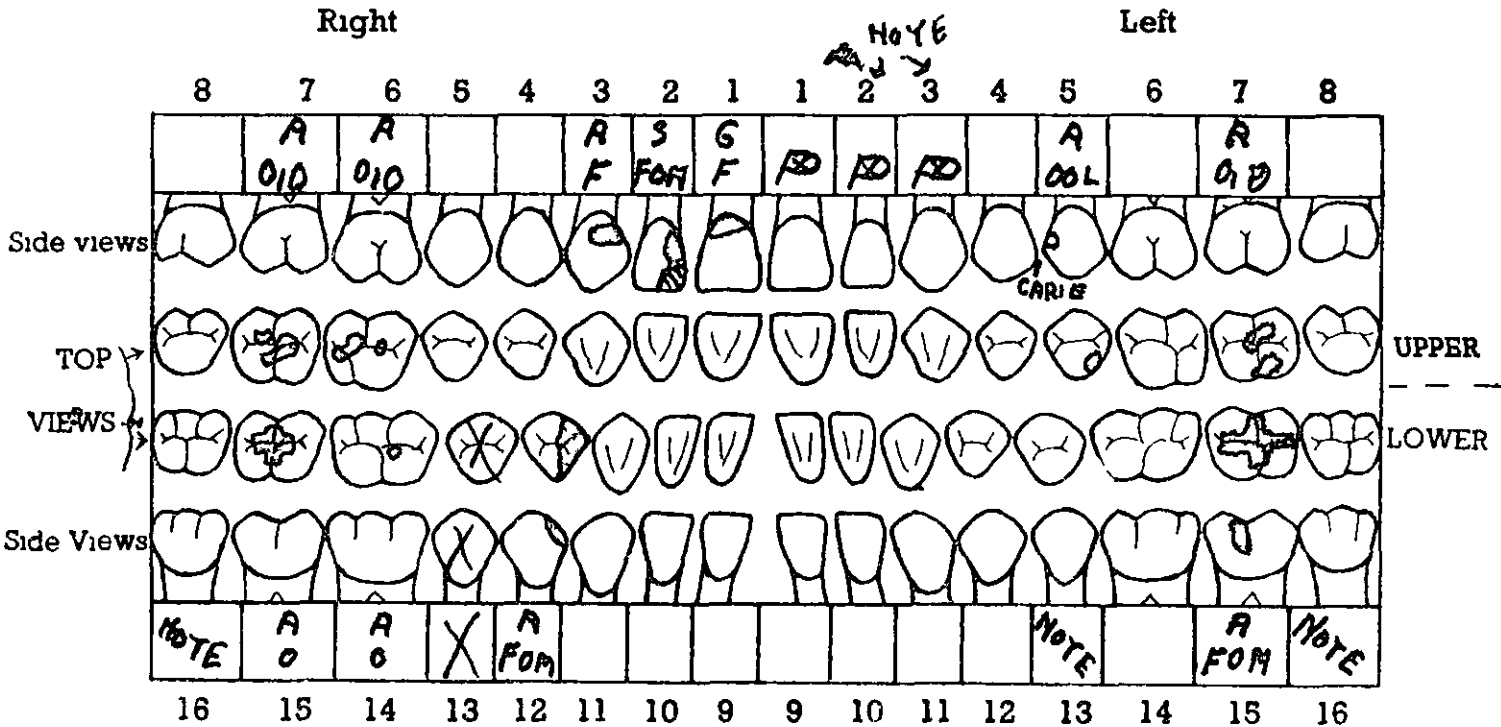
31 Oct 47
 Date

X - 718 - Dental

 Last Name First Initial Rank Serial N

 Unit Organization

 Plaque ID th Date ID h Classification



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.

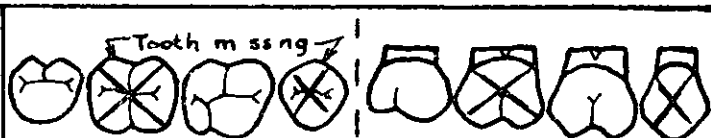
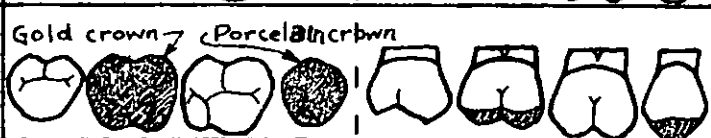
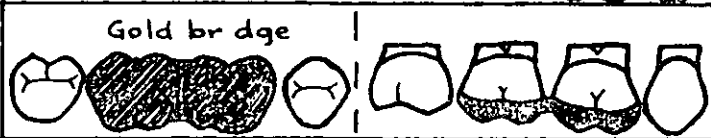
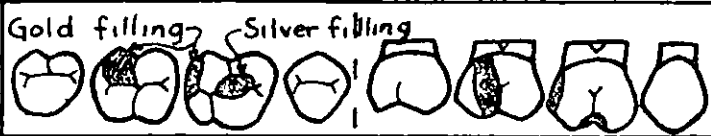
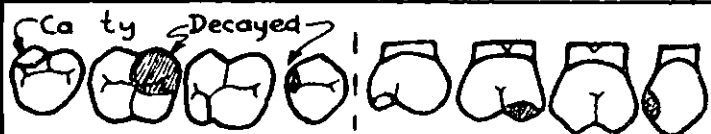
S/ NOLL E GIBSON

A certified true copy
R C Barrows
 R C BARROWS
 Major CAV
 Asst. Oper Officer

Signature of Officer who prepared Tooth Chart

US WD CIVILIAN
 Verified by G R & E Office

GRA 718-1
 FORM 1, 1, 1

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

posthumously missing
: teeth chipped or broken

R-16, L-16 : no evidence that they existed
L-13 : impacted - 1/3 erupted before death, rotated lingually.
R-12 and L-12 : rotated 1/8 of a turn distally.

Spaces : R-12-14 3 mm.

R-8 and L-8 : unerupted before death
L-4 rotated 1/16 of a turn mesially
L-2 and L-3 : root cavity indicates tooth protruded outside tooth alignment slightly
R-2 rotated 1/4 of a turn mesially
R-3 : rotated 1/8 of a turn distally and protrudes facially.

Color dull ivory
Size : average
Alignment : good

DUPLICATE

G R gr tr
F m N I
(R via d I S pt. 943)

REPORT OF BURIAL

14 May 1945

TM 10-630 AND AR 30-1815

Unknown X- 748
Last Name

Unknown

Probably U.S Army

Unknown

Probably Golbey, France
Pl of D h

Est 24 Sept 1944
D of D h

Possibly drowning
C se f De h

14 May 1945
T m d D f Burial

U.S. Mil Cem Epinal, France
N m f Cem ty

V-082499
N me , Coo d f Lo

7707
G N mb

14
R w N mb

3 F
Pl N mb

Cross
Type f M k

D pos to fld tft T gs B d h body Y N At h d t M k Y N

If No Id tft n T g
H w w cman id tft d?

Wh t m t d tft t w b r d th h body

Copy of GRS #1 buried in bottle with body

To d t rm R ght r L ft Deceased s R ght d L ft

Wh bu do

Deceased s R ght

Ross
N m

34516061
S rial N

Pfc.
R k

103rd Inf Div
Org

7708
Gr No.

Deceased s L ft

McGowan
N m

36563771
Seri l N

Pvt
Ra k

141st Inf
Organizat on

7706
Gr N

Paul G. Ringdahl, Chaplain
S gn re N m Rank and f p ible Org

Ratio of p re furnishing b D wh her han ficer reports g b rial

If pri t f d tft t tag t affixed fill bell w



Emerg y Add Unknown
N m

Address

Rel gr Unknown

Li to ly Pers i Effects Found on Body and d po t on of am

No personal effects.

THIS IS A TRUE COPY:

Thomas A Rowntree
THOMAS A ROWNTREE
Captain QMC
612th QM GR Reg Co

/s/ Willis H. Fassett, Jr., 1
S gn f Off h p re porting burial

/t/ WILLIS H FASSETT JR, 1st Lt, QMC

V rfd by GRS Office

3045th QM Gr Reg Co.

IF DECEASED UNIDENTIFIED

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

| | |
|---------------|--------------------------|
| Height | Laundry Marks |
| Weight | Number of Rifle |
| Color of Eyes | Wear Glasses? |
| Color of Hair | Is Tooth Chart Attached? |
| Race | |

(If possible have medical personnel take tooth chart if medical personnel fill in tooth chart below) If possible below indicate dental records birthmark military identification

Not below identifying classification letters photograph probably organization field etc.

Left Hand

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Right Hand

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

TOOTH CHART

| Upper | Right | | | | Left | | | | | | | | | |
|-------|-------|---|---|---|------|---|---|---|---|---|---|---|---|---|
| | D | D | D | D | D | D | D | D | | | | | | |
| 8 7 | 0 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 8 7 | 0 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Indicate missing tooth by X crown by O fill by □ bridge by ○

by O indicate by X crown by O fill by □ bridge by ○

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

Est
 Wt 140 lbs
 Ht 5' 9"
 Shoe size 7½ E
 Hair; Black
 Eyes, Possibly blue
 Impossible to take fingerprints due to decomposure
 Was wearing cushion sole sox and long GI wool drawers
 Rest of clothing missing Was wearing new combat boots