

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

T/L # 4386
6 act 49

RRE 293

4 October 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X 59, Plot F
Row 22, Grave 836, USMC Hochfelden, France,

have been reviewed and it is the opinion of this Office that sufficient evidence is not available at the present time to establish the identity of the deceased concerned. The remains concerned should be classified as unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your Office by Transmittal Letter No. 2682, dated 4 March 1948.

3. Remarks:

Transmittal Ltr # 4380 - dated 6 October 1949

Received OCT 17 1949 OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

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

QMC

Major E. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

1/Lt Gaylord E. LUTZ, O-1595665 QMC

Incl #1

IDENTIFICATION CHECK LIST

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

Ex. O # 651, dtd 11 Dec. 47

Unknown X59

Cemetery Hochfelden, France

Plot F Row 22 Grave 836

Date reprocessed : 28 Jan. 48

1. ~~Arrived at destination~~
 (Hour) (Date)

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

 (Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred ~~by~~ and reprocessed by Mobile team #1, 1st Zone
 (Name and organization)

4. Evacuated to Cemetery by _____
 (Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>none</u>		
	(Type)		
Raincoat	<u>none</u>		
Overcoat	<u>none</u>		
Jacket, Field	<u>none</u>		
Jacket, Combat	<u>none</u>		
Mackinaw	<u>none</u>		
Sweater	<u>none</u>		
Jacket, HBT	<u>none</u>		
* Shirt, Wool OD	<u>none</u>		
Undershirt, Wool	<u>none</u>		
Undershirt, Cotton	<u>Remnants of.</u>		
Trousers, HBT	<u>none</u>		
* Trousers, Wool OD	<u>none</u>		

MAR 10 1948

Belt, web Remnants of

Drawers, wool Remnants of

Drawers, cotton none

Leggings, wool none

Socks, cotton none

* Shoes none (type)

Overshoes none

Web Equipment none (type)

(Other item) none

(Other item) none

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

Chevrons or
Insignia none
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch none

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? UTD

L-Tibia- 35.2
L-Fibula-36.2

6. Description of Remains :

Age UTD Est. Height 5' 3 1/2" Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD
(Length, width, location)

UTD Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion UTD
(Light, medium, dark, clear, pimples, poeks, freckles)

Build UTD
(Large, fat, thin, muscular)

Hair Black 2" long straight
(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, extracts)

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

Jaw UTD Circumference of head in inches Fractured
 (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 and extent of hair, large, small, normal)

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

Back UTD Circumcision UTD Pubic Hair Missing
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD
 (Yes-no; location)

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

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

Evidence of healed fractures UTD
 (Nose, arms, legs, etc.)

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

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

If not, explain Too decomposed

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

9. Remarks Remains received in advanced stage of decomposition, in mattress cover-
without box. See tooth chart. Burial Report present. Est. weight of processed
remains: 8 Lbs.

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

Woodrow W. Wolf
WOODROW WOLF
(Officer's Name)

CAPT QMC
Rank Service

OPERATIONS OFFICER
(Organization)

X-59

Hochfelden, France

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



TIBIA.....35.2.....cm

FIBULA.....36.2.....cm

Est. HEIGHT..5' 3³/₄.....

TOOTH CHART

28 January 1948

Date

Unk X- 59

Unk

Unk

Last Name

First

Initial

Grade

Serial No.

Unk

Unk

Unit

Organization

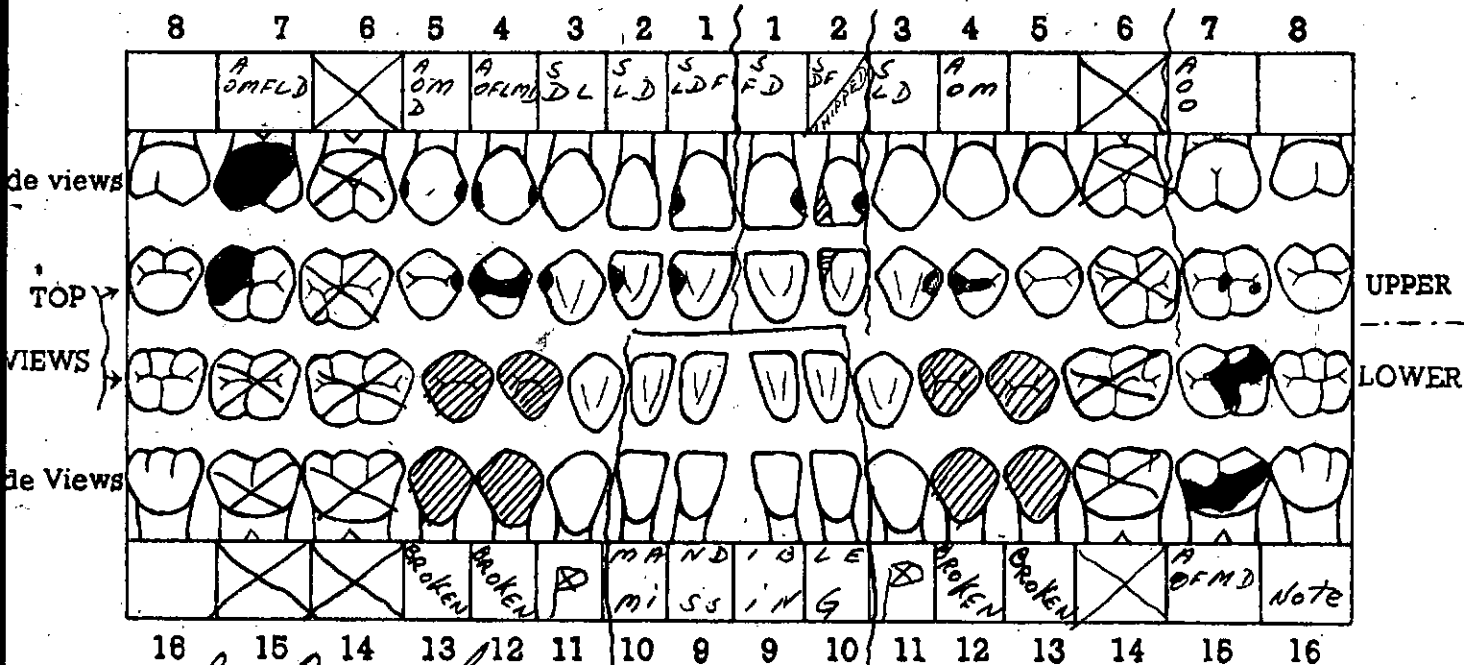
Place of Death

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), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

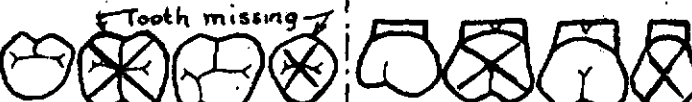
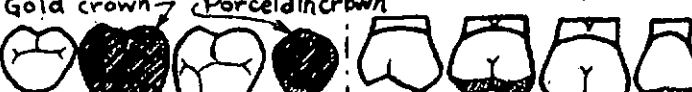

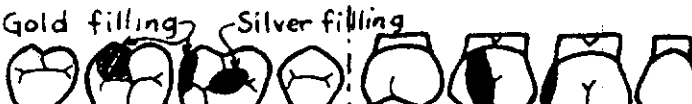

WALTER J. JABLONSKI
USDA CIV IS

/s/ Walter J. Jablonski

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
CAPT MC OPER OFF

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

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

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

ADDITIONAL SPACE FOR FURTHER REMARKS

Teeth posthumously missing: R-11, L-11
 L-16 unerupted before death
 Teeth chipped or broken: R-12-13, L-12-13, 2,
 Teeth missing: R-6-14-15, L-6-14,
 Color-pinkish ivory

Size-average
 Alignment-very good.

USMC, ST. AVOLD, FRANCE
 Plot D, Row 6, Grave 8
 Date reburied: 7 Jan 49

Buried at deceased ID: LEE RAYMOND E
 6265277 F 3C

DISINTERMENT DIRECTIVE

Right: NELLER VIRGIL E
 17081857 PFC

SECTION A —
 NAME AND BURIAL LOCATION OF DECEASED
 U. H. SWART
 CAPT. OMC

DIRECTIVE NUMBER
 3534 00002

DATE
 15 06 48
 DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000059 RANK: ARM: Q DATE OF DEATH: DAY MONTH YEAR

CEMETERY: HOCHFELDEN DISPOSITION OF REMAINS: 0 3503 80 CODE DIST. PT.

PLOT: F ROW: 22 GRAVE: 836 COUNTRY: FRANCE CAUSE OF DEATH: 6

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: RANK: DATE OF DEATH: DATE DISTINTERRED:
 IDENTIFICATION TAG ON: REMAINS 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 1

REMAINS PREPARED AND PLACED IN CASKET

DATE: BY:

CASKET SEALED BY: Geo W. Lowry, Embalmer EMBALMER (Signature): Geo W. Lowry

CASKET BOXED AND MARKED: DATE 31 Aug 48 by Geo W. Lowry SHIPPING ADDRESS VERIFIED BY: All markings, tags and plates verified by DONALD H. TACKETT, 1st Lt. OMC.

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

Final casketing by:
 DONALD H. TACKETT, 1st Lt. OMC.

SIGNATURE OF GRS INSPECTOR: [Signature]

NAT FILE RECORDS ANNOTATED DATE: 11 1 1949 NAME: [Signature] R & R BR.

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

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

DISINTERMENT DIRECTIVE

Section A			Directive Number		Date
Name & Burial Location of deceased			Day	Month	Year
NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X-59					Day Month Year
COUNTRY				Disposition of Remains	
HOCHFELDEN					
PLOT	ROW	GRAVE	COUNTRY		Code Dist. Pt.
F	22	836	FRANCE		Cause of Death

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	Serial Number	Rank	Date of Death	Date Disinterred
UNKNOWN X-59	N-255965	Unk.		4 August 1948.
Identification Tag on Remains Marker	Organization	Religion	Identification verified by: Name & Title	
		Unk.	R.A. Pittman, Embalmer.	

Section D. Preparation of Remains for Shipment

Nature of Burial	Condition of Remains
Mattress Cover	All Bones fractured and / or missing, except: right & left Tibial & right Fibula.

Other means of Identification:

Report of Burial & Embossed Plate found with Remains.

Minor Discrepancies:

NONE

Remains prepared and placed in transfer box

Date 5 August 1948.	By R.A. Pittman, Embalmer.
Casket sealed by	Embalmer (Signature)
Casket Marked	All markings, tags, plates verified.
Date By	By

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

Elmer R. King
 Elmer R. King, 1st Lt, Inf. #39 45v. Col
 Signature of GRS Inspector (Gr & Op)

1. Prepare Discrepancy Report GIC Form 1194a for major discrepancies. GIC Form 1194 - This form modified by HQ Third Zone, AGRC, CA, APO 58

RECORD OF CUSTODIAL TRANSFER

From : USMC HOCHFELDEN

To : USMC ST. AVOLD

Kind of conveyance :

Name of conveyer :

TRUCK

SIGNATURE of shipper :

Joseph E. Monnerat, Jr.
JOSEPH E. MONNERAT, JR.

CAPT. INF. DET. A AGRC 14/8/48

W. Abbott

NAME OF CONVEYER

1. FILE UNDER NO. 293 - Unk France X-59 (Hochfelden)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind. 3. DATE: 27 Oct 49
4. FROM: OQMG
5. TO: CG, AGRC, EA, APO 58, c/o PM, N.M., N.Y.
6. SUBJECT: Certificates of Unidentifiability of Remains Transmittal
Letter #4380

7. DOCUMENT FILED UNDER NO. 314.6 - GRS EUROPEAN (T/L #4380)

eb

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.

RESTRICTED

Q.M.C. Form 1 - GRS

SOS NATOUSA

July 1943

REPORT OF BURIAL

AR 30-1815 & TM 10-630

70071

6 January 1945

Date Report Filled Out

UNKNOWN AMERICAN X-59 (V-255 965) Unknown White
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)

Unknown Unknown Army U.S.A.
 (Rank) (Organization) (Branch) (Country)

Vic. of Fremont, Fr. Est. 1, December 1944 S.F.W. Direct Shell Hit Unknown
 (Place of Death) (Date of Death) (Cause of Death) (Religion : P, C. H. etc.)

V 255 965

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (O).

If no identification tags, other means used to identify body (identification card, letters, etc.) : See Reverse

Complete fingerprint chart of both hands on reverse side if body cannot be identified. See Reverse

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified, give circumstances : See Reverse

List of Personal Effects found on Body and disposition of Same :

(Name of Emergency Addressee)

(Address of Emergency Addressee)

Thomas Ronoyhan 31047658 M/Sgt 314th Infantry

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

Shroud 1000 hrs. 18, December 1944 U. S. Mil. Cem. Hochfelden, France Q 870 175

(Time and Date of Burial) (Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

F 22 '836 Temp Wooden General Service
 (Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)

Identification Tag buried with body (O) ; Identification Tag attached to marker (O).

If identification Tags not present, what other identification data were buried with the body and in what kind of container ? QMC Form 1-GRS in sealed bottle buried with Body

Bodies buried on either side (See paragraph 4 on reverse side form.)

Right side : Morris, Mike NMT., Unk. 33685194 Unknown 835
 (Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : Higgleman, Gerald J., Pfc. 33202037 Co. G. 313 Inf. 837
 (Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Person Reporting Burial)

(Verified by G.R.S. Officer)

M. J. DE KORP, Capt., QMC 46 QM G. R. Co.

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

RESTRICTED

H.Q. - 160-0 - 12-43 - 250.000

INSTRUCTIONS FOR BURIAL

1. **PREPARATION OF BODY** : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave $\frac{1}{2}$ tag on body, forward $\frac{1}{2}$ with personal effects.) If no tag present, make notation of identifying data on form, protect in scaled bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out tooth-chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc..., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

2. **BURIAL** : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). Place only body in a grave. Dig graves side by side, row behind row.

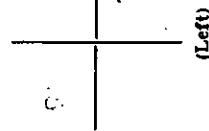
3. **MARKING OF GRAVE** : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. **LOCATION OF GRAVE** : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. **PERSONAL EFFECTS** : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

SKETCH AND MAP REFERENCE:

Color Hair - Black - Straight - Short
 Color Eyes - Gray
 Complexion - Ruddy
 High Forehead
 Shoe Pac Size 11



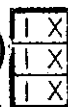
Fingerprints or Physical Characteristics impossible to Determine.
 Remains consisted of Head, Part of Shoulders and Lower Legs

Tooth-Chart taken by Sgt. Julian Alford 46th QM G. R. Co.

TOOTH-CHART

		8				XX	8
							7
							6
							5
							4
							3
							2
							1
							9
							10
							11
							12
							13
							14
							15
							16
							17
							18
							19
							20
							21
							22
							23
							24

INDICATE : missing natural teeth by X; crowns by O ; fillings by □ ; bridges by ○ ; linkings anchor teeth ; replacements by denture (horizontal line.)



Characteristics :

Other Data : 2 SMALL LINKS IN #12 OK #13 OK. IMPASSIBLE TO DETERMINE WHICH TOOTH BECAUSE OF SHATTERED CONDITION

When unidentified, take thumb and fingerprints of both hands.

Thumb

Left
Right

Thumb

If this not possible, fill in tooth-chart.