Destroy Pase polder 293 link. 71097 France St Juan

CECOD 332.3 A

26 July 1949

SUBJECT: Report on Certain Unknowns .

20:

Commanding Officer Quartermaster Activities Kansas City Records Center (AGO) Kansas City, Missouri ATTENTION: Effects Quartermaster

1. Reference your inquiry concerning present status of the following named Unknowns, you are advised that these Unknowns have been declared unidentifiable:

X-45	St. Juan, France
X-55 X-117	St. Juan, France Belgrade, Yugoslavia Hamm, Luxembourg, Germany
X-99 X-657	Henrischapelle, Belgium
X-1028	Hargraten, Holland
X-53 X-113	Marganello Muovo, Italy

2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

1 Incl; Correspondence

WILLIAM F. COMLOR Hajor, QMC Field Service Division

DEPARTMENT OF THE ARMY KANSAS CITY QUARTERMASTER DEPOT ARMY EFFECTS BUREAU 601 HARDESTY AVENUE KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 50221

HOC/ELW/elw 21 June 1949 DATE

SUBJECT: Disposal of Personal Effects

TO:

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

Prot A Row 10 Grave 113 USMCSt. Juan, France have been held at this Bureau as cf 6 December 1914.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

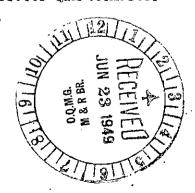
1 souvenir ring, w/initials A or M over N 1 souvenir bracelet, Naples, 1945

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL Effects Quartermaster



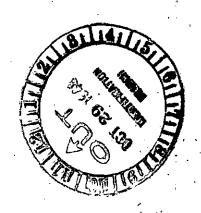


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HEADQUARTERS AMERICAN GHAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

Memorial Division Washington 25, D. C. 1. The records pertaining to Unknown X-43, Plot_ Row_10, Grave_113, USWC_St. Juan, Francehave reviewed and it is the opinion of this office that insufficient exists available to establish the identity of this deceased, and that remains should be classified as unidentifiable.	Memorial Division Washington 25, D. C. 1. The records pertaining to Unknown X-43, Plot_ Row_10, Grave_113, USWC_St. Juan, Francehave reviewed and it is the opinion of this office that insufficient evis available to establish the identity of this deceased, and that remains should be classified as unidentifiable. 2. Report of Reprocessing was forwarded to your office letter of transmittal No2533, dated3/11/47	Memorial Division Washington 25, D. C. 1. The records pertaining to Unknown X43, Plot Row10_, Grave113_, USMCStJuan, France	SUBJECT:	Unidentifiable Remains	
Row 10 , Grave 113 , USMC St. Juan, France have reviewed and it is the opinion of this office that insufficient education is available to establish the identity of this deceased, and that remains should be classified as unidentifiable. 2. Report of Reprocessing was forwarded to your office letter of transmittal No. 2533 , dated 3/11/47	Row10_, Grave113_, USWCStJuan, Francehave reviewed and it is the opinion of this office that insufficient evis available to establish the identity of this deceased, and that remains should be classified as unidentifiable. 2. Report of Reprocessing was forwarded to your office letter of transmittal No2533_, dated3/11/47	Row 10 , Grave 113 , USMC St. Juan, France has reviewed and it is the opinion of this office that insufficient is available to establish the identity of this deceased, and the remains should be classified as unidentifiable. 2. Report of Reprocessing was forwarded to your office letter of transmittal No. 2533 , dated 3/11/47 further information is available. FOR THE COMMANDING GENERAL: /s/ George L. Freen/t/GEORGE L. FREEN	TO:	Memorial Division	
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Department of the Army, OQMG, Washington 25, D. 0., 17 May 1948

TO: Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Ave., Kansas City 1, Missouri. ATTENTION: Effects Quartermaster

Unknown X-48, St. Juan, France, has not been identified.

BY COMMAND OF MAJOR GENERAL LARKIN:

SMG

ELR

WM. T. BROWN Lt. Colonel, QMC Field Service Division Este.

ELF

DEPARTMENT OF THE ARMY KANSAS CITY QUARTERMASTER DEPOT ARMY EFFECTS BUREAU 601 HARDESTY AVENUE KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 50221

HOC/ELR/mjo'o

13 May 1948

SUBJECT: Disposal of Personal Effects

TO:

The Quartermaster General

Memorial Division Washington 25, D. C.

1. Personal effects found on remains interred as Unknown X-43

Plot A , Row 10 , Grave 113 , USMC St. Juan, France

2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 Souvenir ring, w/initials A or M over N 1 Souvenir bracelet, Naples, 1945

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMM.NDING OFFICER:

H. O. CALDWELL Effects Quartermaster



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OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON 25, D. C.

IN REPLY REPER TO OFICIAL 203

Unknown X-43 (St. Juan) France

21 January 1947

SUBJECT: Return of Personal Effects

TO : Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri

- Returned herewith souvenir bracelet, souvenir ring, Good Conduct Ribbon, and ETO Ribbon w/three (3) battle stars, personal effects of Unknown X-43, Plot A, Row 10, Grave 113, St. Juan, France.
- Examination of these effects has been completed. However, an identification cannot be established at this time.
- Upon completion of investigation of these remains, your office will be advised so that proper disposition may be made to the next of kin.
 - Request acknowledgement of receipt by indorsement hereon.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFarland

Major, QMC Assistant

3 Incls.

1 - Souvenir ring

2 - Souvenir bracelet

3 - Good Conduct Ribbon and ETO Ribbon w/3 battle stars

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Receipt acknowledged - JAN 24 1347

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Lt. Col., QMC

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SUBJECT: Return of Personal Effects

TO Rifects Quartermaster, Army Effects Bureau, Kansas City Quartermester Depot, 601 Hardesty Avenue, Kansas City 1, Missouri.

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 - Request admowledgement of receipt by indorsement hereon.

for the quartermaster ceneral:

Incks.

1 - Souvenir ring

2 - Souvenir bracelet

Good Conduct Ribbon and

ETO_Mbbon w/3 battle stars

JAMES C. MACFARIAND Major, QMC Assistant



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Invoice of Contents from FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C.

Date1/13/47	Case References	Unknown Bece	ased	
Consigned to: War Department Office of the Washington 25.	Quartermaster Gene	War Departme Washington, ral		
	ion: Major James	C. MacFarland	i	
Laboratory Laboratory 2-57-1663 Q48	ratory Report #_PC	package. A c	detailed	description of the
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REPORT of the



FEDERAL BUREAU OF INVESTIGATION WASHINGTON D. C.

January 13, 1947

War Department Office of the Quartermaster General Washington 25. D. C. Attention: Major James C. MacFarland

Following is the report of the FBI Laboratory giving the results of examinations conducted on evidence received from your office.

Unknown Deceased War Department Washington, D. C.

YOUR FILE NO. FBI FILE NO. LAB. NO.

QMGMR 293 Unknown X-43 (St. Juan) France 32-57-1663

PC-18816 CW

Examination requested by:

Addressee

Reference:

Letter 12/16/46

Examination requested:

Microscopic

Specimens:

Q48, Souvenir ring. (Incl. #1)

Souvenir bracelet. (Incl. #2)

Good conduct ribbon and ETO Ribbon with 3 stars. (Incl. #3) Q50.

RESULTS OF EXAMINATIONS:

The three pieces of evidence which you submitted were examined for markings as well as in an effort to determine their origin.

The inexpensive appearing ring, specimen Q48, is a souvenir or a signet ring with the letter "M" inscribed in the center of a larger letter "N". The origin of this ring is unknown.

The souvenir bracelet, specimen Q49, was examined and it was found to contain only a stamped design under which was "NAPLES 1944". It was noted that the letter "N" had its diagonal made incorrectly which may be of some assistance in tracing its origin. It appears that this bracelet probably was purchased in Italy.

(Cont'd next page)

The origin of the ribbons, specimen Q50, could not be determined.

The evidence is being returned to your office under separate cover by special messenger.

cc- Director of Intelligence
War Repartment General Staff
The Pentagon
Washington 25, D. C.
Attention: Reading Panel Branch

M.

REPORT of the



FEDERAL BUREAU OF INVESTIGATION

Wan Danantment

X-43 (St Juan

January 13, 1947

War Department

Office of the Quartermaster General

Washington 25, D. C.

Attention: Major James C. MacFarland

Following is the report of the FBI Laboratory giving the results of examinations conducted on evidence received from your office.

Re:

Unknown Deceased War Department Washington, D. C. John Edgar Hoover, Director

QMGMR 293 Unknown X-4
YOUR FILE NO. (St. Juan) France

FBI FILE NO. 32-5

FBI FILE NO.

32-57-1663 PC-18816 CW

Examination requested by:

Addressee

Reference:

Letter 12/16/46

Examination requested:

Microscopic

Specimens: Q48, Souvenir ring. (Incl. #1)

Q49, Souvenir bracelet. (Incl. #2)

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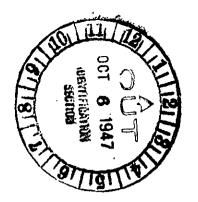
William Bank W

The origin of the ribbons, specimen Q50, could not be determined.

The evidence is being returned to your office under separate cover by special messenger.

cc- Director of Intelligence
War Department General Staff
The Pentagon
Washington 25, D. C.
Attention: Reading Panel Branch





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16 December 1946

SUBJECT: Examination of Personal Effects.

TO Federal Bureau of Investigation Department of Justice "ashington, D. C.

ATTENTION: Mr. J. Edgar Hoover

- The inclosed personal effects are forwarded for the purpose of examination of markings and identification or origin of same.
- It is requested that upon completion of your examination, these effects be returned to this office with a report of your findings.

FOR THE QUARTERMASTER CENERAL:

Incls:

Incl.#1 Souvenir Ring Incl. 12 Souvenir Bracelet Incl.#3 Good Conduct Nabbon and ETO Ribbon */3 stars.

JAFKS C. MacFARLAND Major, QMC Assistant

aem

OMGMR 293 Unknown X-43 (St.Juan)France

16 December 1946

SUBJECT: Examination of Personal Effects.

Federal Bureau of Investigation
Department of Justice
Washington, D. C.

ATTENTION: Mr. J. Edgar Hoover

- 1. The inclosed personal effects are forwarded for the purpose of examination of markings and identification or origin of same.
- 2. It is requested that upon completion of your examination, these effects be returned to this office with a report of your findings.

FOR THE QUARTERHASTER GENERAL:

3 Incls: Incl.#1 Souvenir Ring Incl.#2 Souvenir Bracelet Incl.#3 Good Conduct Ribbon and ETO Ribbon w/3 stars.

JAMES C. MacPARLAND Major, QMC Assistant

Received from Identification Section, to be forwarded to Federal Bureau of Investigation, Department of Justice, Washington, D. C., 1 Souvenir Ring, 1 Souvenir Bracelet, 1 Good Conduct Ribbon & ETO Ribbon W/3 Stars.

MAIL AND RECORDS BRANCH.

W·,

QMDKG 50221 (27 Nov 46)

1st Ind

CLR/ELR/bj

ARMY EFFECTS BUREAU, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, 6 December 1946

- TO: The Quartermaster General, Effects Section, Depot Operations Branch, Field Service Division, Washington 25, D. C.
- 1. The one souvenir bracelet and one ring found on remains of Unknown decedent X-43, Plot A, Row 10, Grave 113, St. Juan, France, have been forwarded to your office this date by registered mail.
- 2. The following description of these items is furnished for your reference:
 - l ea. bracelet; silver metal name plate with metal link chain. "NAPLES 1944" engraved on name plate.
 - l ea. ring; white metal signet ring with following initials: W on top of A or M over N (initials are illegible). Ring has been

3. Upon completion of investigation by your office, it is requested that the bracelet and ring be returned to this Bureau.

FOR THE COMMANDING OFFICER:

C. L. RUMFIELD

1st Lt, QMC

Asst Effects Quartermaster

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WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO

QMGMR 293 Unk.X-43

(St.Juan)France

WASHINGTON 25, D. C.

27 November 1946

5.50

SUBJECT: Identification of Unknown Deceased

TO

Effects Quartermaster, Army Effects Bureau

Kansas City Quartermaster Depot

601 Hardesty Avenue Kansas City 1, Missouri

Request the souvenir bracelet and the souvenir ring, which are part of the Personal Effects of X-43, Plot A, Row 10, Grave 113, St. Juan, France, be forwarded to this office as an aid in establishing the identity of Unknown deceased.

FOR THE QUARTERMASTER GENERAL:

Slove I Free / 5 f JMC JAMES C. MACFARLAND

Major, QMC Assistant

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LEVALTORING CONTRACTOR OF A CONTRACTOR

QMGMR 293 Unk.X-43 (St.Juan)France

27 November 1946

SUBJECT: Identification of Unknown Deceased

TO : Bffects Quartermaster, Army Effects Bureau

Kansas City Quartermaster Depot

601 Hardesty Avenue

Kansas City 1, Missouri

Request the souvenir bracelet and the souvenir ring, which are part of the Personal Effects of X-43, Plot A, Row 10, Grave 113, St. Juan, France, be forwarded to this office as an aid in establishing the identity of Unknown deceased.

FOR THE QUARTERNASTER GENERAL:

aem

Cub Cub

JAMES C. MacFARLAND Major, QMC Assistant

RECORDS BRANCH

Jx 332.3 Kansus City

NJS

DILE UNDER NO.

293 - Unk. X-43, (St. Juan) France.

INDEX BHEET

1st. Ind.

SYNOPSIS 11/15/46

FROM:

OOMO..

TO:

CO., KANSAS CITY OM DEPOT, MISSOURI.

ATT: HEFECTS OM.

Reference paragraph 2 of basic communication, the following is submitted:

X-43; (St. Juan) case under investigation.

DOCUMENT FILED UNDER NO. 332.3 - Kansas City (Personal effects)

ead.

SPOYG 293/ Unknown 71097 Prance (St. Juan)

1393 Unk Flance African 1946

SUBJECT: Fingerprints of Unknown Deceased

TO: Commanding General, American Graves Registration Service European Theater Area, Versailles, France APO 757, c/o Postmaster New York, New York

- 1. The fingerprints submitted for Unknown X-43, US Military Cemetery, St. Juan, Plot A, Row 10, Grave 113, have been compared, insofar as possible, but were not identified. They were also compared with those of personnel missing in action from 1 September 1944, through 17 September 1944, without result.
- 2. Should additional information become available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERNASTER GENERALI

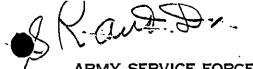
ARTHUR S. RESENGARD 2nd Lt., CMC Assistant

FEB 1 9 50 AM "45 TO TAIL & RECORDS BRANCH

aem

Jung 13







OFFICE OF THE QUARTERMASTER GENERAL IN REPLY REFER TO SPOYG 293 WASHINGTON 25, D. C. Unknown 71997. France



27 June 1945

SUBJECT: Fingerprints of Unknown Deceased

The Federal Bureau of Investigation. Department of Justice. TO

Washington, D. C.

ATTENTION: Mr. J. Edgar Hoover.

Status Review & Determination, Casualty Branch, THRU 4602 Munitions Building, Washington, D. C.

The inclosed Burial Report is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to the identification of an Unknown Deceased.

If found to be identical, it is requested that the name, rank, serial number, emergency addressee and religious preference, of the deceased, be forwarded, together with return of the form.

FOR THE QUARTERMASTER GENERAL:

1 Incl

Burial Form

C. C. PIERCE Captain, QMC

Assistant

AGPC_S 704 (27 Jun 45) 1st Ind. WD, AGO, Washington 25, D. C., 23 August 1945.

TJH/JHA/frl/4602

33 Un 1 7:07 7 tan ...

The Quartermaster General, Washington 25, D. C., Attention: Chief, Registration and Planning Branch. Room 1100, Temporary Building C.

Fingerprints on attached Report of Burial No. 71097 have been searched in the Federal Bureau of Investigation and could not be found. They have also been compared with those of men missing in action since the dates of 1 September 1944 through 17 September 1944 and were not identical with any.

FOR THE ADJUTANT GENERAL:

はか引頭

BUNES TERIELL TO THE SEALER

1 Incl. n/c

T. BURNS. Lt Col. AGD. Officer in Charge. Status Review and Determination Section.

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GRAVES REGISTRATION SECTION

L'IL & REI

SPQYO 295
Unknown 71097,/France

27 June 1945

28 SUBJECT: Fingerprints of Unknown Deceased

TO : The Federal Bureau of Investigation, Department of Justice,

Washington, D. C.

ATTENTION: Mr. J. Edgar Hoover.

THRU : Status Review & Determination, Casualty Branch, 4602 Munitions Building, Washington, D. C.

- 1. The inclosed Burial Report is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to the identification of an Unknown Deceased.
- 2. If found to be identical, it is requested that the name, rank, serial number, emergency addressee and religious preference, of the deceased, be forwarded, together with return of the form.

FOR THE QUARTERMASTER GENERAL:

1 Incl Burnal Form

C. C. PIERCE Captain, QMC Assistant

M

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

2 1 OCT 1948

SUBJECT: Unidentifiable Remains

TO:

The Quartermaster General

Memorial Division Mashington 25, D.C.

l. The records pertaining to Unknown A-43, Flot A.

Row 10, Grave 113, USEC St. Juan. 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. 2533 , dated 3/11/47 . No further information is available.

FOR THE COLLANDING GENERAL:

GEORGE Z. FREELIN 1st Lt G.C Actg Asst Adj Gen

Receievd FILE 29 OCT 1948

Not identifiable from information presently available

IDENTIFICATION CHECK LIST

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

			Unknown	-43	
·				St. Juan (Fr	• =
					113 Grave
Date reprocessed:	OO NAAAAA	1947	2100	200	,
	(Hour)	(Date)	-		
. Place of death	(Name of close		(C	pordinates and letter	Prefix, maps)
(Sheet, scale	and serials used)			•	
D 1	1 1.1	Mobile Tea	m, AGRC.	EA.	
. Remains recovered or	r disinterred by	**************************************	(Name	and organization)	
E	,				
. Evacuated to Cemete	ery by	y jak k. D. D		l organization)	·
Ma	othing arkings	Sizes	do not nt, c	Indicate un	usual markings c, tear, repairs, etc.
* Headgear	(Tvpe)	OIIO			
Raincoat	N.	ione	*		_
Overçoat				•	•
Jacket, Field					
Jacket, Combat	1	lone			
Mackinaw	1	ione			
Sweater	1	ione		•	•
Jacket, HBT	1	ione	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•	Pompants	of		,	
* Shirt, Wool OD		None			,
Undershirt, Wool		None			
Undershirt, Cotton),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None			
Trousers, HBT	Remnants		[**··**		***************************************
* Trousers, Wool Ol	D		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

>

Belt, web	emnants of - size 40
Drawers, wool	None .
Drawers, cotton	None
Leggings, wool	None
Socks, cotton	One (1) pair - Remnants of
* ShoesOne(1)	air (type) Combat boot size 92E.
Overshoes	None
Web Equipment	None (type)
	None
(Other item)	None these items should be computed by measuring the remains
Chevrons or	None (Type & location; shirt, jacket, coat, helmet)
Shoulder Patch	None
Description of Remai	R. Humerus 32.2 R.Femur 42.6 R.Radius 23.8 R.Tibia 35 R.Ulna 26.1 R.Fibula 35.6 Estimated Weight UTD Description of wounds
Bandages or dressing	Scars (Length, width, location)
•	Tattoos (Number, location — illustrate on separate page) arts or birthmarks
	(165-m), qualificant, focusion)
Sunburn or tan, other	than hand and face
Complexion	(Light, medium, dark, clear, pimples, pocks, freckles)
Build	(Large, fat, thin, muscular)
Hair Auburn	23n long, straight (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
Hair	(Baldness, widows peak, distinctive cutting or other characteristics)
Sidoburno IIII)	Mustache UTD Beard or (Length beavy)

6.

Goatee	· UID •		
	(Light, color, extent)	•	•
Eyes	UTD	Evehrows	UTD
Lyes	(Color, setting, shape)	Ly colows	(Color, hushiness, extent across nose) :
	UTD	Foors	UTD
INOSE	(Size, shape, straight)		(Size, set close to or far from head)
	UTD	· ·	UTD
Mouth	(Large, medium, smali)	Lips	(Small, large, full)
	See Toot	h Chart	•
Teeth	(White, size, uneveness,		ns, fillings, extracts)
		TD	, ,
Chin		***************************************	double)
		eceding, pointed, dimple	
]aw	UTD Circum	ference of head in	inches 202"
(I	.arge, small, normal)	•	(Hat band)
Neck	UTD	Larvnx	UTD
.*	(Size, length, short, normal, wrinkled		(Prominent, normal)
C1 1	UTD	λrma	UTD
Shoulders	(Broad, straight, small, rounded)		nuscular, color, extent and quantity of hair
	<i>.</i> .		
**************************************		*	
Handa	UTD		
Fingers	UTD	_	
Ψ	(Short, thick, long, sle	ender, size of knuckles,	missing fingers or joints)
	UTD	,,,,	
44.20.	· (Unusual chara	acteristics of fingernails)	
Chart	UTD		• •
Chest	(Size of nipples, color, quan	itity and extent of hair,	large, small, normal)
	UTD		
Waist		ectomy; amount, quantity	, and color of hair) .
	THOS	FIGUR	TIPE
Back	(Quantity and extent of hair)		Pubic Hair UTD (Color)
		(16	(Color)
Herniaplasty	UTD		
•		(Yes-no; location)	. •
Legs	(Inseam, muscular, knock-kneed,	·/////	
;	(Inseam, muscular, knock-kneed,	bowed, normal, quantit	ty, color and extent of hair)
Feet	UTD	Toes	UTD
= CCC medialitinocia	(Šize, corns, callouses, flat)		(Slender, straight, crooked, overlap)
E-:1	healed fractures None		

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

See attached anatomical chart.

Ha	we finger prints bee	n placed on Report of Interme	nt?	₩o Ves-no)
If :	not, explain	Fingers too decomposed		
Ha		prepared? Yes-no)		,
Rei	marks Remains rec Estimated w	eived with small amount eight of remains process s of clothing removed fr	of decomposed f	lesh.
	Fluoroscopi Burial repo Nothing fou	c Examination not necess rt containing fingerprin nd to warrant Chemical l	eary. its found and re	buried with remains.
I ce	ertify that I have pe been recorded to the	rsonally viewed the remains of the best of my knowledge.	subject deceased an	nd all resulting information
		•		tillalle
			ERNEST C	U.S.A
	٠.		Rank CENTRAL IDENTIF	Service TCATTON POTMT.

(Organization)

SKELETAL CHART Plot: A, Row: 10 Grave: 113

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Right .	201	,
· *		· -
Humerus 32.2 Radius 23.8		
Ulna 26.1		
-	(RESON)	
Femur 42.6		
Tibia 35.2		
Fibula 35.6		Estimated Height: 5' 3 3/4".

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETQUSA

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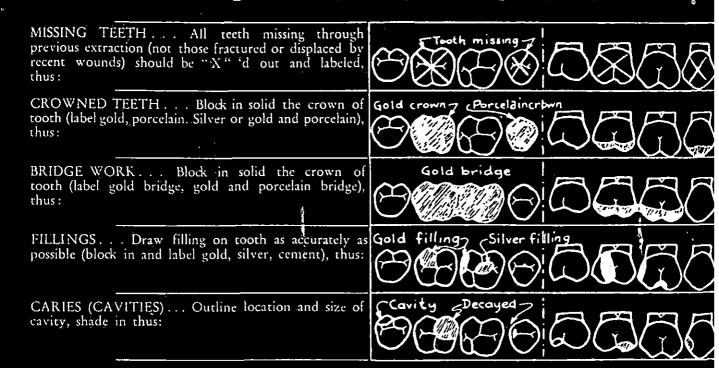
TOOTH CHART

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		Last	Name _ Na	if.unt.		irst		In	itial			Rank U:	ווטונאו	ri	Serial	No.	
		i nine		Init				Ľ.	lintio'i.	r.		Organ	ization		Umme.	.E.	
		Place of	Death				E	Date of	Death					Cause of I			
		R	ight											Left			
	_																
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Side Views		YY												~~		7	
	M	-/\	\mathcal{A}	M	\mathcal{M}	$^{\prime}$	\mathcal{M}	M	\vee	$oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}$	$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		$\lambda \lambda'$			A	
		~ { }					<u>-1-1</u>		\longrightarrow	T	M			الما		1	
													XI		ľ		. § 15
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	This dent	al cha	rt is v	erv in	iport:	ant a	nd sh	ould	he fil	led in	C wirk			emirks Th) n	
	(cutting t	ceth).	cuspid	s or a	onina	art a é liter	ring	ruach)	himetr	icany	on e	ther	side a	and ela	ssed ás	incisors	
	conditions (plates): ai													es of c	lecay),	dentures	, :
					,						ار نف	east d	HOIIS.				

Signature of Utilizer or other person who prepared Tooch chart

Verified by G. R. S. Officer

FORM VES BEGISTER MILON FORM INFO THA



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

ADDITIONAL SPACE FOR FURTHER REMARKS

L 13 Extracted before death.

Teeth average size, white.

C. Form 1 GRS Lille ONDINATION AND TO 221 D	
June 1, 1943 54 lain 45 REPORT OF BURIAL	
Effects Bureau AR 30,1815 & TM 10-630	
Date Report Filled Out	
Unknown American X-43 (P098859) Unknown White	$\chi \chi$
(Last Name) (First Name) (Middle Initial) (Serial No.) (Race)	
Unknown Unknown . Army U.S.A.	
(Rank) (Organization) (Country)	<u>.</u>
Vic Abbenaus; France Est. 12 Sep 1944 MFW - Back Unknown (Place of Death) (Religion: R-C, H, etc.)	
(P098859) MEANS OF IDENTIFICATION	
Identification Tags found on body: Yes (); No (0). If no identification tags, other means used to identify body (identification card, letters, etc.):	į
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 : Over	
List of Personal Effects found on Body and disposition of Same: Souv. bracelet, souv. ring, I EAME ribb 1 Good Conduct Ribbon to Effects QM, Kansas City, Mo.	on
- Unknown	
A contract of the contract of	ــــــــــــــــــــــــــــــــــــ
E. A. Zimmerman, 1st Lt., 157th Inf. Regt. (Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)	
Shroud 1/115 hrs. 17 Sep 19hh U.S. Mil. Gem., St. Juan, France (P038622). (Time and Date of Burial) (Location; Name, & No. of Cemetery)	J
IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM	į
A 10- Temp wooden General Service	. (!
Identification Tag buried with body (0); Identification Tag attached to marker (0).	•
If Identification Tags not present, wath other identification data were buried with the body and in what kind of	
container ? Copy QMC Form 1'- GRS in sealed container buried with body and one 1 ft. below marker.	1. 4 1. _{1. 1} .
Bodies buried on either side (See paragraph 4 on reverse side this form.)	:
Right side: Evans, George (NMI)Pvt., 32995076, Co C., 180th Inf. 112 (Name) (Rank) (ASN) (Organization) (Grave No.)	
Left side : Anderson, Jacob (NMI), Unk., 37272161 157th Inf. 114 (Grave No.)	
(Name) (Rank) (Organization) (Grave No.)	ممر
(Signature of Officer Reporting Burial) JOSEPH REEK, 2d Lt., QMC, 3d Plat., 46th QM GR C	o.
INSTRUCTIONS FOR EILLING 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	3.
Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty, Re-	n N
ports 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.	
PRSTRT	N.
CONTINAL	

sos NATOUSA
June 1, 1943

C/O/N/H// / /ED

50221

24 fan 45 [] Efficts Gunan

tion Service Officer. OVER FOR BURIAL INSTRUCTIONS.

REPORT OF BURIAL AR 30-1815 & TM 10-630

20 September 1944

			Dat	e Report Filled Out	
IInknown Am	erican X-43 (P098859)	. •	Unknown	. White:	,
✓(Last Name)		: Initial)	· (Serial No.)	' (Race)	•
	Unknown		Army	U.S.A.	,
Unknown	(Organization)	······································	(Branch)	(Country)	the second secon
(Rank)			, ,	Hales awa	<i>t</i> :
	us, France Est. 12 Sep 1		W - Back	Unknown (Religion: B;•C,	H etc.)
(Place of Death)	(Date of Death)	(Cause of 1	Jeatn)	(Rengion: 14, -c.,	
(P098859)	MEANS	OF IDENTIFIC	ATION		÷
		`	1	-	•
dentification Lag	gs found on body: Yes (); I n tags, other means used to ider	No (0). itify body (identificatio	n card. letters, etc.) :	· None	
I no identificatio	in tage, other means to the			•	•
	£1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	one side if hade on	anot he identified	See reverse	***************************************
omplete ingerp	rint chart of both hands on rev hart on reverse side and list anat	erse side it body car comical characteristic	mor be luentsneu. s and other data if fi	ngerprints cannot	be taken.
<u>-</u>			a und other dama z		•
f unidentified,	give circumstances : Over		www. hypodolot a	our wing 1 b	······································
List of Personal	Effects found on Body and disp duct Ribbon to Effects Ql	osition of Same: 🧿 4. Kansas City : 1	Jav. bracelet, s	ouv. ring, r r	West Lindo
	nown		Unknown		
	ime of Emergency Addressee)		(Address of Emer	gency Addressee)	
E. A. 71m	merman, 1st Lt., 157th In	nf. Regt.	1 .	•	
(Signature (or Nam	ne) of Person furnishing above data	when other than the Off	icer reporting burial.)		
	\			, /pp39/0/	
Shroud 144	5 hrs. 17 Sep 1944	al) , (Location, Nam	ema, St. Juan, E	rance (19030022	2.)
er budial other	R THAN IN ESTABLISHED CEMET	ERY FURNISH SKETCH	I AND MAP REFEREN	CE REVERSE SIDE	THIS FORM
IF BURIAL OTHE	R THAN IN ESTREETING SEASON	•			
A	, 10		np wooden	General Serv (Type of Religious C	
(Plot No.)	,	•	-	(Type of Kengious (eremony,
Identification Ta	ng buried with body (0); Iden	ntincation Lag attact	ned to marker (U).	body and in wh	at kind of
	Tags not present, wath other is				
container ?	Copy QMC Form 1 - GRS in	sealed containe	r buried with bo	dy and one 1 ;	marker.
Bodies buried or	n either side (See paragraph 4 on	reverse eide this form.)			marker,
Right side:	m	32995076 ,	Co C. 180th Inf.		112
dignt side.	(Name) (Rank)	(ASN)	(Organization)	(0	Grave No.)
7.6	Anderson, Jacob(NMI), U	nk., 37272161	157th Inf.	. *	114
Left side:		(ASN)	(Organization)) 4./ (0	Grave No.)
		So.	a shite	ek)	
(Cia-	nature of Officer Reporting Burial)		(Verified by un	it G.R.S. Officer)	
		јобјен ке	EK, 2d Lt., QMC,	3d Plat.,46t1	
INSTRÚCTIONS I	FOR FILLING OUT BURIAL, REP	ORT: Make out QMC F	orm 1 - GRS in quadrupl	icate for U.S. dead, o	ne additional
copy for allied and	l enemy dead. Sign all copies. Subm	it report to nearest men	ber of Graves Registrat	ion Service. Graves	Registration
Service will forwar	d the original and two copies through	at least one nigher admit	nstrauve neauquarters (t	n ne cherven against	D 1

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ports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registra-

JUSTIONS FOR BURIAL

1. PREPARATION OF BODY: Have body examined by member of Medical partment whenever possible (ts attach E.M.T. Form 52b.) Remove all personal propi remove one identification tag, leave other on body in protected position (in cas enemy dead, leave ½ tag on body, forward ½ with personal effects). If no tag pre make notation of identifying data on form, protect in sealed bottle, canteen, spent si or best available container, and bury with remains. If unidentified, take fingerpi of both hands; if this is not possible fill out tooth-chart and note height, weight, c of eyes and hair, tattoo marks, birthmarks, etc., and other da a as serial no. of wear laundry marks, where body found, etc. Wrap body in shelter half, mattres cover, blanket when available.

2. BURIAL: Dig grave to a depth of five feet (hasty battlefield burials, to suffici depth to prevent elements from exposing the body). Place only one body in a grave. 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 t peg or placed in container, do not leave at grave but forward with report of burial. J only one tag is found on body, it should be buried with body. The information thereo should be written on marker or placed in container at head of grave. Do not us 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 Burist-Report form: Place these with information as to identity of owner, organization, emerge cy addressee, in personal effects bag, or wrap in handkerchief, towel, or other availab material, and turn over to Grave Registration Service Personnel with report of buria Government property is not to be included in personal effects but is to be turned in to Sa vage Collecting Point. SKETCH AND MAP REPERENCE: TOOTH-CHART Dressed in O.D. Pants and Shirt 36R Field Jacket 9号E Shoes 32-32 Pants 15-33 Shirt Brown Hair Approx Ht - 5185" Approx Wt - 150 lbs No markings on clothing Vaccination Left Arm 4" below shoulder Fingerprints taken by: S/Sgt S. des Garennes - 46th QM GR Co. (Prints taken on original forms) Right) S

Left Right

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REPORT OF BURIAL

AR 30-1815 & TM 10-630

•	19 S	ept. 1944				
	Date Report Filled Out					
Unknewn American X-43 (P098859)	Unknewn :	ייי				
(Last Name) (First Name) (Middle Initial)	(Serial No.)	(Race)				
Unkhovm Unknewn	Army	US <u>↑</u>				
(Rank) (Organization)	(Branch)	(Country)				
Vic Abbeneus, France (Est) 12 Sept. 1944	WEN pack	Ur a own				
(Place of Death) (Date of Death) (P09859)	(Cause of Death)	(Religion: P, C, H, etc.)				
MEANS OF ID	ENTIFICATION					
dentification Tags found on body: Yes (); No (0) no identification tags, other means used to identify the second	body (identification card, letters,	48				
Complete fingerprint chart of both hands on reverse side complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the complete tooth-chart on reverse side and list anatomical of the chart of the complete side and list anatomical of the chart of the	de if body cannot be identifi characteristics and other data i	ed. See Reverse				
unidentified, give circumstances: 'Over/ 1 souv, ist of Personal Effects found on Body and disposition Urknown	bracelet, 1 souv, ring Good Conduct ribbon, of Same: TO Effects Q Unknown	H, Kansas City, Fo.				
(Name of Emergency Addressee)	(Address of Emerg	vancy Addresses)				
E. A. ZIMMERMAN, 1st Lt. 157 Inf.	(Address of Lineig	gency Addressee)				
Signature (or Name) of Person furnishing above data when other	r than the Officer reporting burial					
(SPROUD) 1445 hrs. 17 Sept. 1944 US Hil.	• •					
(Time and Date of Burial) (Lo						
BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURN	ISH SKETCH AND MAP REFEREI	NCE REVERSE SIDE THIS FORM				
Δ 10 113	Temp. wooden	Gen. Serv.				
' (Plot No.) (Row No.) (Grave No.)	(King Grave Markers) (Type of Religious Ceremony)				
dentification Tag buried with body (O); Identification Identification Tags not present, what other identification container? I copy QMC Form 1-GPS in sealed be	ion data were buried with th	e body and in what kind of and one 1 ft below				
Bodies buried on either side (See paragraph 4 on reverse side	de this form.)	merker,				
Right side : EV'NS, George (MMI) Ptt. 3299	05076 Co C, 180 I	n <u>f</u> . 112				
, , , , , , , , , , , , , , , , , , , ,	(Organization)	(Grave No.)				
	7272161 157 Jnf.	1)4				
	(Organization)	(Grave No.)				
itional copy for allied and enemy dead. Sign all copies. Submit registration Service will forward the original and two copies throughout the casualty Reports and allied papers and all copies verified.	TOSEPH REEK, 2d Lt. QM te out QMC Form 1 - GRS in quareport to nearest member of Graugh at least one higher administration. Officers of the Grayes Registration Officers	aves Registration Service. Graves				
(Name) (Rank) (ASN) Left side: ANDERSON, Jacob (NMI) Unit. 37 (Name) (Rank) (ASN) (Signature of Officer Reporting Burial) NSTRUCTIONS FOR FILLING OUT BURIAL, REPORT: Make itional copy for allied and enemy dead. Sign all copies. Submit registration Service will forward the original and two copies through	(Organization) 7272161 157 Inf. (Organization) (Verified by 1 108Ept REEK, 2d Lt. 022 te out QMC Form 1 - GRS in quireport to nearest member of Grangh at least one higher administration of the contraction of the contr	unit G.R.S. O C. 3rd Fl- adruplicate for				

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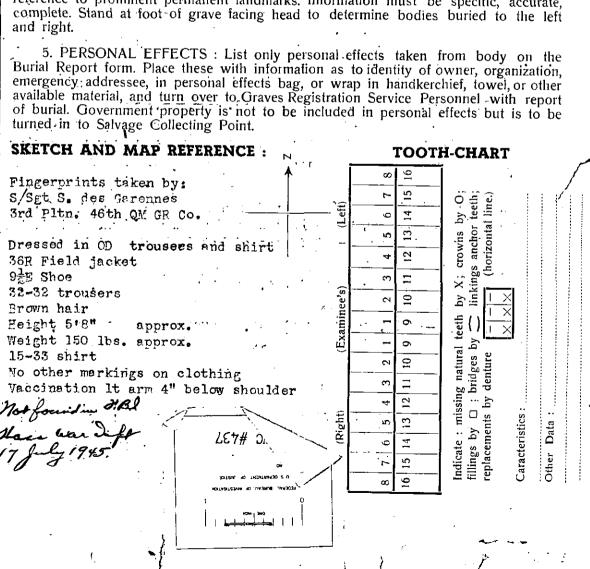
REPORT OF BURIAL AR 30-1815 & TM 10-630

			. 19	9 Sept. 1944	
				Date Report Fill	ed Out
Unknewa Ameri	can X=43 (P098	859) toward	Unkn ewn: 3	W	
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)	
Unkhown	Unknewn	•	Army	USA	
(Rank)	(Organization)	-	(Branch)	(Countr	y)
Vic Abbenaus	France (Est	t) 12 Sept. 1944	MFW back	Unkno	wn
(Place of Death) (P098859)	(Date of D	***********************************	(Cause of Death)	(Religion: P,	
•	•	MEANS OF I	DENTIFICATION	•	
If no identification	tags, other mean		body (identification card, lette		Arg.
Complete tooth-ch	art on reverse sid	e and list anatomical	characteristics and other da	nuned. See Rev ata if fingerprints ca	erse innot be taken."
If unidentified, give List of Personal E		20mam/ 1' a	bracelet, 1 souv. ri Good Conduct ribbon, of Same: TO Effects Unknown		_
(Nan	ie of Emergency Add	ressee)	(Address of Er	nergency Addressee)	······
E. A. ZIMMERI	MAN, 1st Lt. 15	7 Inf.			n way and a second
			r than the Officer reporting bu	· ····································	
and the second s	hrs. 17 Sept.	1944 US Mil.	Com. St. Juan, Francocation, Name, & No. of Cem	e (P038622)	
IF BURIAL OTHER 1			NISH SKETCH AND MAP REFE	•	INF THIS BODM
. Д	10	113	Temp. wooden	Gen.	
(Plot No.)	(Row No.)		(King Grave Markers)		
If Identification Ta	buried with body gs not present, w	(0); Identification what other identification	Tag attached to marker tion data were buried with bottle buried with bo	(⁰) the body and in My and one 1 f	what kind of t below
Bodies buried on Right side:	either side (See pa EVANS, George	ragraph 4 on reverse si (MMI) Put. 329	ide this form.) 95076 Co.C. 180		marker. 112
	(Name)	Rank) (ASN)	(Organization)	1 3.	(Grave No.)
Left side :	ANDERSON, Jac	ob (NMI) Unk. 3	7272161 157 Inf		114
	(Name)	(Rank) (ASN)	(Organization)	0-1/	(Grave No.)
(Signature	of Officer Reporting	Burial)	(Verified	by unit G.R.S. Office	r)
Registration Service wagainst Casualty Repo	vill forward the origin orts and allied papers	oign an copies. Submit	JOSEPH REEK, 2d Lt. ke out QMC Form 1 - GRS in report to nearest member of ough at least one higher admin by the Graves Repistration	QMC, 3rd Pltn. quadruplicate for U. Graves Registration	46th QM GP. Go S. dead, one ad- Service. Graves
·.	<i>a</i>) ·	CONFID	RICTED	ı	9-43 - 200,000

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INSTRUCTIONS FOR BURIAL

- 1. PREPARATION OF BODY: Have body examined by member of Medical Department whenever possible (to attack 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 ½ tag on body, forward ½ with personal effects). If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container, and bury with remains. If unidentified, take fingerprints of both hands; if this is 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 one 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.
- 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.



REPORT OF BURIAL

AR 30-1815 & TM 10-630

			•	1	? Sopt. 1944	
			•	• •	Date Report	Filled Out
Unknewn Americ	en X-43 (P098	859)	Unl	km ewa	U	
(Last Name)	(First Name)	(Middle Initial)	(Seria	l No.)	(Race)
Unlchonn	Unknewn.	7	. Ar		ne.	2
(Rank)	(Organization)			inch)	. (Co	untry)
Tio Obberens,	Imance (Ec	b) 12 Sept. 1944	סמל ניתי	ile.	•	m Oćim آ
(Place of Death)	(Date of I	Death:	(Cause of Deatl		The same and a second as a	P, C, H, etc.)
•	_	MEANS OF I	DENTIFICATI	ON		
Identification Tags If no identification	tags, other mean	s used to identify	body (identificat		•	,
Complete fingerprin Complete tooth-cha	irt on reverse sid	le and list anatomica	I characteristics a	and other da	ata if fingernrints	cannot be taken
lf unidentified, give List of Personal Ef	circumstances : fects found on B	Over/ 1 com	hre cellet. I local Conduc n of Same : m	souv; r t ribfer; O Effects	ing, 1 This r	other,
(Name	e of Emergency Add	•			mergency Addresse	ee)
(Signature (or Name)	of Person furnishing					14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Time and	Date of Burial) (1	Location, Name, &	No. of Cen	netery)	
		HED CEMETERY FUR	NISH SKETCH AND	MAP REFE	RENCE REVERSI	E SIDE THIS FORM
	10	313	Try, weath	en	Ger	. Serv.
(Plot No.)	(ROW NO.)	(Grave No.	(King Grave M	larkers)	(Type of Religi	ous Ceremony)
Identification Tag b If Identification Tag container? 1	gs not present, w	(A); Identification that other identification acres in neglection.	Tag attached	to marker	(n).	in what bind a
Bodies buried on e	ither side (See par	ragraph 4 on reverse s (MII) Pvt. 329	ide this form.)	,	•	י מיניטן אי זייניין אי
Right side :		Rank) (ASN)		°o C, 180) ing.	112
	,	oh (1171) 11nk. 3		Organization)	<i>;</i>	(Grave No.)
		(Rank) (ASN)		157 Jnf Organization)	·	174 , (Grave No.)
(Signature o	of Officer Reporting	Burial)	100EM DEN	(Verified	by unit G.R.S. Off	icer)
INSTRUCTIONS FOR ditional copy for allied Registration Service will against Casualty Repor	I forward the origin	al and two copies thro	report to nearest	1 - GRS in		U. S. dead, one ad-

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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.

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REPORT OF BURIAL

AR 30-1815 & TM 10-630

			iept. 1944
•	•	top or	Date Report Filled Out
	can X-43 (P098859)	Unkn ewn , 3	W
(Last Name)	(First Name) (Middle Initial)	(Serial No.)	(Race)
Unkhown	Unknewn	Arrey	USA
(Rank)	(Organization)	(Branch)	. (Country)
Vic Abbeneus	France (Est) 12 Sept. 194	4 MFW back	Unlanown
(Place of Death) (P098859)	(Date of Death)	(Cause of Death)	(Religion : P, C, H, etc.)
(FOEMAUS)	MEANS OF	IDENTIFICATION	•
Identification Tags		•	- •
If no identification	found on body: Yes (); No (C tags, other means used to identify	r hody (tanassinas)	127
(P.3.)	ingo, omer menns asea to racing	' dody (identification card, letters,	etc.) :N•n• '
Complete fingerpri	nt chart of both hands on reverse	side if body cannot be identifi	ied See Payorce
Complete tooth-ch	art on reverse side and list anatomica	al characteristics and other data i	if fingerprints cannot be taken
If unidentified, give	circumstances : 'Over/ 1 souv	bracelet, 1 souv, ring	. 1 EAME ribbon.
List of Personal E	ffects found on Body and disposition	I Good Conduct ribbon. On of Same: TO Effects O	M. Kenses City, Mo.
Unk	nown	Unknown	,, 5203 52033 1206
(Nam	e of Emergency Addressee)	(Address of Emerg	Zency Addressee)
E. A. ZIMMERN	AN, 1st Lt. 157 Inf.	1	· manual control
(Signature (or Name)	of Person furnishing above data when oth	er than the Officer reporting burial)
	hrs. 17 Sept. 1944 US Mil	. Cem. St. Juan, France	(P038622)
	(Time and Date of Burial)	(Location, Name, & No. of Cemeter	(y)
•	HAN IN ESTABLISHED CEMETERY FUR	INISH SKETCH AND MAP REFERE	NCE REVERSE SIDE THIS FORM
Δ	10 1)3	Terp. wooden	Gen. Serv.
	(Grave No.)	(King Grave Markers)	Type of Religious Ceremony)
Identification Tag I	ouried with body (0); Identification	n Tag attached to marker (0).
container 2 1 c	gs not present, what other identific opy QMC Form 1-GRS in sealed	ation data were buried with the	e body and in what kind of
			ma wisam
bodies buried on i	either side (See paragraph 4 on reverse EVANS, George (EMI) Put. 329	side this form.)	murker.
Right side:	(Name) (Rank) (ASN)		***************************************
loff aids	ANDERSON, Jacob (PMI) Unk. S	(Organization) , 37272161 157 Inf.	(Grave No.)
Left side:	(Name) (Rank) (ASN)	(Organization)	114
•	· · · · · · · · · · · · · · · · · · ·	(Organization)	Grave No.)
(Signature	of Officer Reporting Burial)	(Verified by a	init G.R.S. Officer)
INCTRICTIONS	SULING OUT BUSING THE	יייע ווי ווי ווי איזעם מעקטחוי.	
	R FILLING OUT BURIAL, REPORT : Mail and enemy dead. Sign all copies. Submit	report to present marries to	idruplicate for U.S. dead, one ad-
-b	rts and allied papers and all copies verifie ation Service Officer. OVER FOR BURIA	() DV (NA firance Unwint-wild (DK)	cer of that headquarters) to Base
mizres (tegrati	THE STATE STATES OF THE TOR BURIA	L INSTRUCTIONS.	

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INSTRUCTIONS FOR BURIAL

- 1. PREPARATION OF BODY: Have body examined by member of Medical Department whenever possible (to attacle 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 1/2 tag on body, forward 1/2 with personal effects). If no tag present, anake notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container, and bury with remains. If unidentified, take fingerprints of both hands; if this is 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 sufficientdepth to prevent elements from exposing the body). Place only one 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.
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- 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 Graves Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be

of both and right. Right turned in to Salvage Collecting Point. SKETCH AND MAP REFERENCE: Fingerprints taken by: S/Srt S. des Garennes 3rd Pltn. 46th OH GR Co. His 55 Dressed in OD trousess and shirt 36R Field jacket 9분명 Shoe possible, 32-32 trousers Frown hair Height 518# approx. Weight 150 lbs. approx. Ξ 15-33 shirt tooth-chart No other markings on clothing Vaccination It arm 4" below shoulder

	•	TOOT	H-CHART
	œ	16	
(Left)	7	15	O = €
	. 9	14	by tee
_	5	13	vns chor onts
-	4	12	(; crowns by O; ings anchor teeth; (horizontal line.)
(Examinee's)	60		× ings
	2	10 11 12 13 14 15 16	à <u> </u>
	7,654321112345678	6	Indicate: missing natural teeth by X; crowns by O; fillings by \square ; bridges by \square linkings anchor teeth; replacements by denture $\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ex:	1		
	2	10	atura ges ture
	9	1.1	g nu brid den
	4	12	ssin J by
(Right)	-2-	13	: mi y C ents
ဗျ	9	14	ate : gs b
		16 15 14 13 12 11 10 9	Indicate: missing natural fillings, by □; bridges t replacements by denture
į	80	92	

by X; crowns by indicate: missing natural teeth fillings by (); replacements by