

FBJ *mn*

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DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3582 00000

DATE
13 12 49
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	K-006172		R	O	S

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
ST LAURENT FRANCE	88	2	37	3505 50 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. LAURENT, FRANCE

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
	Deleted

OTHER MEANS OF IDENTIFICATION
Can

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

EMBALMER (Signature)



CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED BY

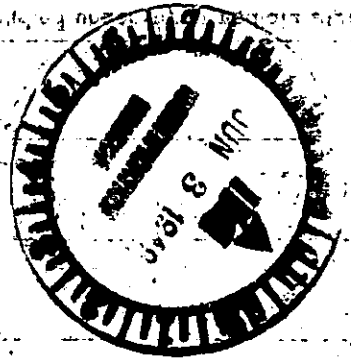
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

MEMORANDUM FOR THE DIRECTOR

Subject: [Illegible]



[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

DISINTERMENT DIRECTIVE

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6

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER	DATE	
UNKNOWN		00000000	1 10 20	
DAY MONTH YEAR		NAME	SERIAL NUMBER	GRADE
		UNKNOWN	00000000	
		ARMY	RACE	RELIGION
CEMETERY		PLOT	ROW	GRAVE
St. Laurent, France				
		DISPOSITION OF REMAINS		
		0000		00
		CODE		DIST. GTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS	UNKNOWN			
<input type="checkbox"/> MARKER			NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMCI Form 1194a for major discrepancies)

REMAINS PREPARED AND PLACED IN GASKET	DATE	BY
GASKET SEALED BY	EMBALMER (Signature)	
GASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

674

DISINTERMENT DIRECTIVE

6

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 5582 0000	DATE 15 10 48 DAY MONTH YEAR		
NAME <u>UNKNOWN</u>	SERIAL NUMBER X-000172	GRADE	ARM 0	RACE 0	RELIGION 0
CEMETERY ST LAURENT FRANCE		PLOT	ROW	GRAVE	DISPOSITION OF REMAINS 3505 50 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST. LAURENT, FRANCE	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Not Noted

Graves Registration
Form No. 1
(Revised Sept. 1943)

REPORT OF BURIAL

7 September 1948
Date

France (St Laurent)
UNKNOWN X-172 Last Name First Initial Middle Name Initial
Unknown Unknown Serial No.

Unknown Unit Organization

France Place of Death Unknown Date of Death Unknown Cause of Death

1400, 7 September 1948 Time and Date of Burial USMC St Laurent, France Name of Cemetery Name or Coordinates of Location

37 Grave Number 2 Row Number BE Plot Number Cross Type of Marker

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

If No Identification Tags

How were remains identified? Remains consist of extra skull with maxilla and mandible found with remains of William P. Petzke, 32870604, Plot V, Row 9, Grave 162, USMC St Laurent

What means of identification were buried with the body?

GRS tags and mortuary plates

Remains of CWI # 30100118 subject at 30100118 subject

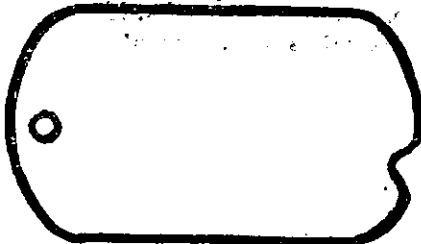
To determine Right or Left use Deceased's Right and Left.

Who is buried on :

Deceased's Right : Unknown X-173 Name Serial No. Rank Organization Grave No. 38

Deceased's Left : Unknown X-171 Name Serial No. Rank Organization Grave No. 36

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below :

Emergency Addressee Unknown Name

Address

Religion Unknown

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

NONE

W.H. Hubbell

W.H. HUBBELL, DA Civilian
Signature of Officer or other person reporting burial

James E. Hibors

JAMES E. HIBORS, Major, Inf.
Hq 7856 AGRC Verified by G.R.S. Officer Zone # 2

Incl # 22

Not Blatted

Graves Registration Form No. 1 (Revised Sept. 1943)

REPORT OF BURIAL

7 September 1948 Date

UNKNOWN X-172
Last Name First Initial Rank

Unknown
Serial No.

Unknown

Unit

Organization

France

Place of Death

Unknown

Unknown

1400, 7 September 1948
Time and Date of Burial

Date of Death

USIC St Laurent

France
Name or Coordinates of Location

37

Grave Number

Row Number

BE

Plot Number

Cross

Type of Marker

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

If No Identification Tags

How were remains identified? Remains consist of extra skull with maxilla and mandible found with remains of William P. Petzke, 32870604, Plot V, Row 9, Grave 162, USIC St Laurent

What means of identification were buried with the body?

GRS tags and mortuary plates

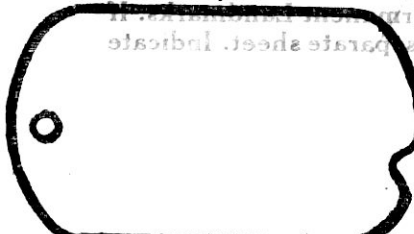
Assigned RL # per letter from 30 Dec 48 Subject: CDL Remains

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

Who is buried on :

Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right : Unknown X-173				38
Deceased's Left : Unknown X-171				36

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below :

Emergency Addressee Name Unknown

Address

Religion Unknown

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

NONE

W.H. Hubbell
W.H. HUBBELL, DA Civilian

Signature of Officer or other person reporting burial

JAMES F. NABORS, Major, Inf.
Hq 7856 AGRC Verified by G.R.S. Officer

Zone # 2

Incl # 32

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 a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

Left Hand

Thumb

Right Hand

Thumb

TOOTH CHART

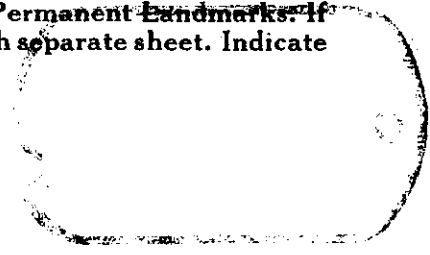
	Deceased's Left															
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate missing natural teeth by X ; crowns by O ; fillings by □ ; Bridges by ⊖ ; flaking anchor teeth ; replacements by artificial teeth X

Characteristics :

Other Data :

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.



TEMPORARY
REPORT OF BURIAL

27 Feb 1948

TM 10-630 AND AR 30-1815

Date

UNKNOWN X-172 (ST LAURENT)

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

Unknown

Unit

Organization

Unknown

Unknown

Unknown

Place of Death

Date of Death

Cause of Death

Remains being held in Unknown Repository, USMC St Laurent, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified? Remains consist of extra skull, maxilla & mandible, previously buried with remains of William P. Fetzke, 32870604, Plot V, Row 9, Grave 162, USMC St Laurent

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Name

Serial No.

Rank

Organization

Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:

Emergency Addressee

Name

Address

Religion

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

None

W. H. Hubbell

W. H. HUBBELL, US DA Civilian

Signature of Officer or other person reporting burial

JAMES F. NABORS, Major, Inf.
Hq Second Zone, AGRC

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 a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand	4	
	3	
	2	
	1	
Thumb		

Right Hand	4	
	3	
	2	
	1	
Thumb		

TOOTH CHART


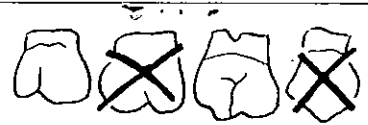
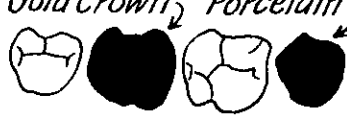

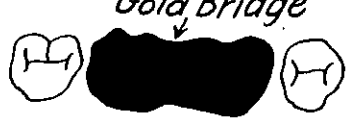

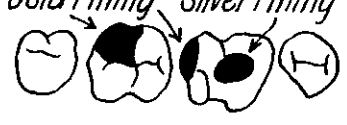

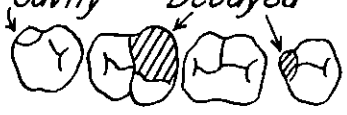

		Deceased's Left															
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		Deceased's Right															
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C; linking anchor teeth; replacements by artificial teeth X

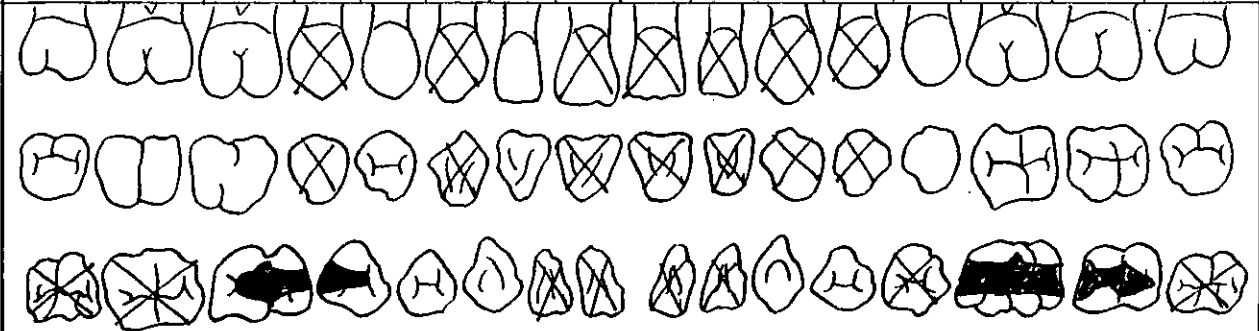
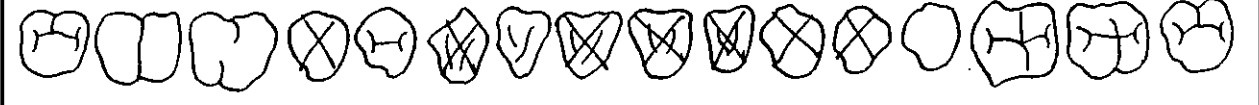


Characteristics: _____

Other Data: _____

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.

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p>TOOTH MISSING</p>	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

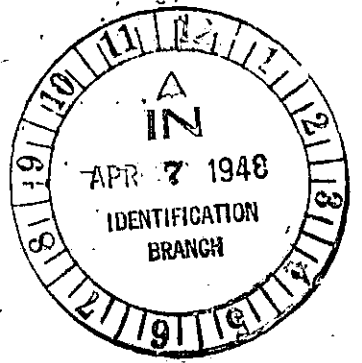
TOOTH CHART FOR UNKNOWN X-172 (ST LAURENT)

		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
					⊗		⊗		⊗	⊗	⊗	⊗	⊗					
Side Views																		Side Views
Top Views	UPPER																	
	LOWER																	
Side Views																		
		⊗	⊗	A OM	A OD			⊗	⊗	⊗	⊗			⊗	A MOD	A OM	⊗	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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." UNKNOWN X-172

WILLIAM P. FETZKE, (CASE "B") 32870604, St Laurent V-9-162

REMARKS: Position of teeth on the left side indicates:
 L-13 had been extracted at an early age
 L-14 position is mesially inclined and the mesial occlusal surface of L-14 joins the distal occlusal surface of L-12
 L-8 and R-8 are unerupted



APR 7 1948

APR 7 1948