

7887 GRAVES DETACHMENT

APD 757

Bank H. Auld X-6902 MS

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNWON X-6902, ST AVOLD, FRANCE.

(FOC) DRAGUIGNAN

file
Kinklaug
9 Dec 51
2 mar 51

IDENTIFICATION CHECK LIST

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

Proc by: *C. P. [unclear]*
R. [unclear]
R. [unclear]
 Clerk: *H. Richardson*

E.O. 12960

Unknown X 6202
 Cemetery St. Avold, France
 Plot IIII Row F Grave 96

1. *Date reprocessed: 1 July 48*
~~Arrived at cemetery~~ _____
 (Hour) (Date)

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

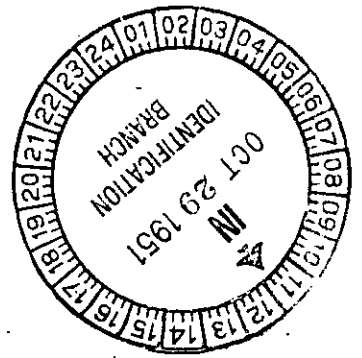
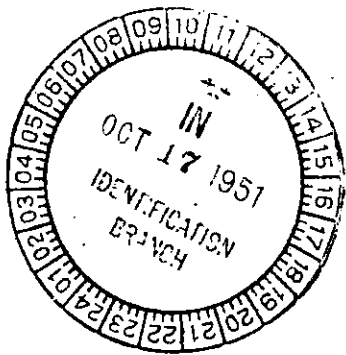
 (Sheet, scale and serials used)

3. Remains ~~recovered or disinterred~~ *reprocessed* by Mobile Team #1, I.S.
 (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 _____ (Type)			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
X Jacket, <i>B-10</i> HBT _____			<i>Remnants</i>
* Shirt, Wool OD _____			
Undershirt, Wool _____			
X Undershirt, Cotton _____			<i>Remnants</i>
Trousers, HBT _____			
* Trousers, Wool OD _____			



Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)

NONE

X (Other item) "MAE WEST", Flying coveralls

(Other item)

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

Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)

NONE

Shoulder Patch

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

L. Humerus 33.7	L. Femur 47.1
L. Ulna 26.4	L. Tibia 40.1
L. Radius 24.8	L. Fibula 39.6

6. Description of Remains:

Age UTD Height Est - 5'8 1/2" Weight UTD Description of wounds UTD

Bandages or dressings NONE Scars (Length, width, location)

Tattoos (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

X Hair Brown, 3" long, slightly wavy (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

Sideburns Mustache UTD Beard or UTD
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

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

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth *No teeth found* (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches *Skull fractured* (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands *Missing and/or decomposed*

Fingers *Missing and/or decomposed* (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

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

Back (Quantity and extent of hair) Circumcision *UTD* (Yes-no) Pubic Hair *None* (Color)

Hernioplasty (Yes-no; location)

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

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

Evidence of healed fractures *None* (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 Fingers missing and too decomposed

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

9. Remarks Remains received in skeletal form with large amount of flesh in last stage of decomposition. Clothing found in debris, bare no markings. Report of Burial found, no GRS tags. Estimated weight of reprocessed remains: 40 pounds. Estimated height: 5'8 1/2"

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.

X
No evidence of old or healed fractures or amputations found.

Skull fractured and disarticulated.

Robert J. Miller
(Officer's Name)

S.P. 6 Rank AGPC Service

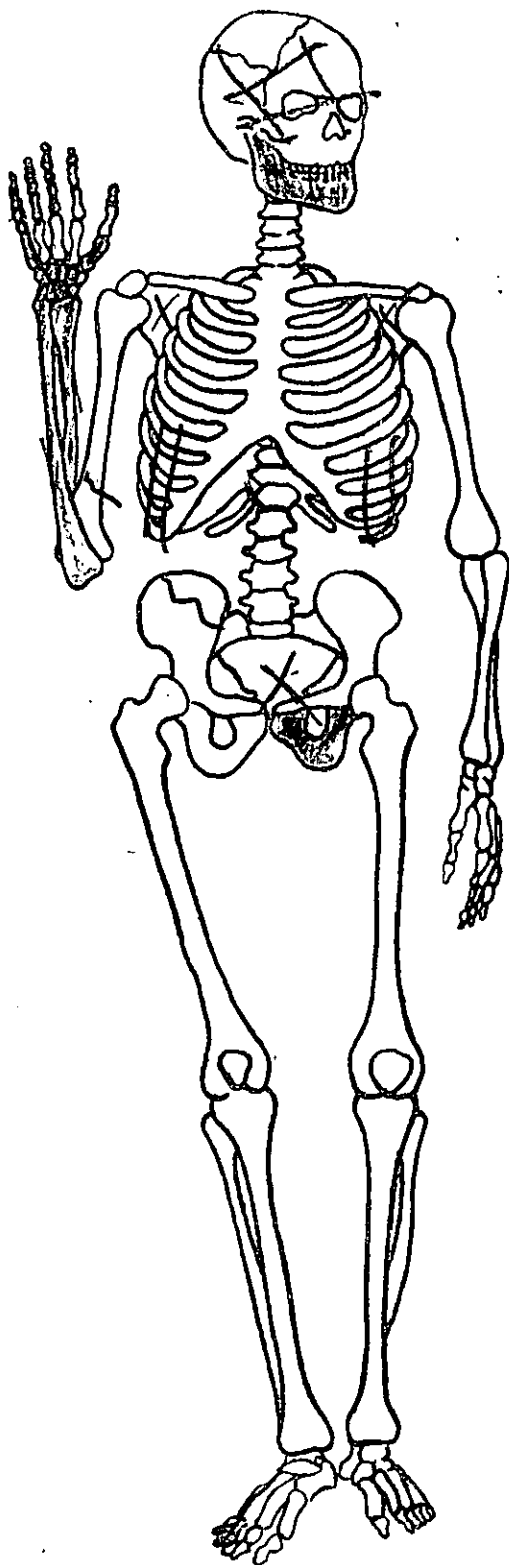
Mobile Team #1, T.S.
(Organization)

A.P. Stanborn

X-6902
SKELETAL CHART. 1-JULY-48

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

ST AUOLO
#1-8-96



HUMERUS - 33.7

ULNA - 26.4
RADIUS - 24.8

FEMUR - 47.1

TIBIA - 40.1
FIBULA - 39.6

Est HT: 5'8 $\frac{7}{8}$ "

TOOTH CHART

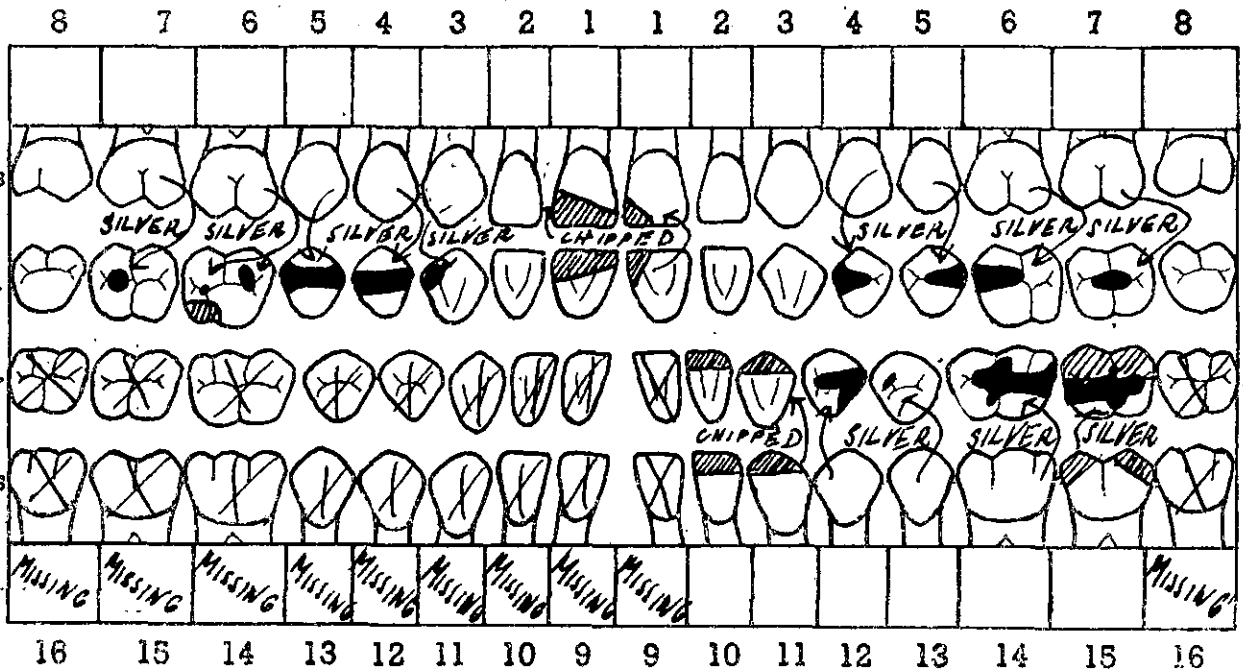
REINTERRED
 U. S. MIL. CEM. SEA 320
 ROW 8 GRAVE 96
 17 July 1946
 Date

Unknown X6902 Unknown Unknown Unknown Unknown
 Last Name First Initial Rank Serial No.
 Unknown Unit Organization AAF

Rappatz Unter Greutschnach, Austria. Est. 12 April 1945 Poison
 Place of Death Date of Death Cause of Death

Right

Left

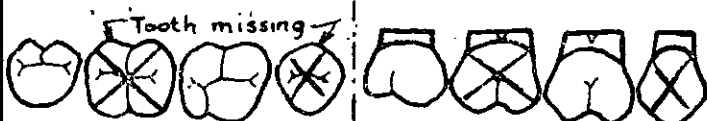
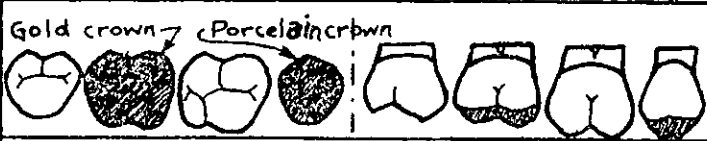
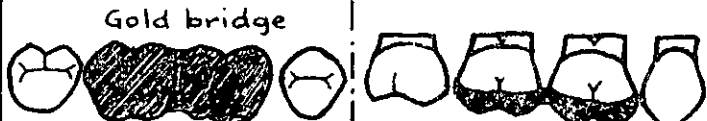
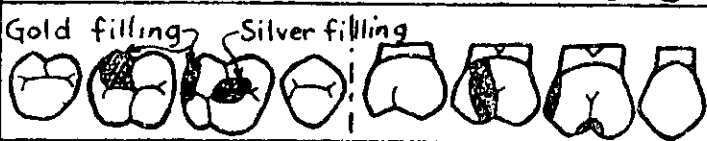
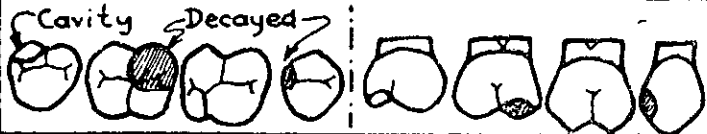


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), 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.

Thomas W. Turner (FE)

Signature of Officer or other person who prepared tooth chart

W. J. Felton Major QMC

<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

The maxillary is missing from 16 to 9 right. Number 10-11-15 left were 1 badly chipped and number 9 is missing since death.
 The maxillary was fractured between 4-3 right and 5-6 left.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-6902			2. DATE OF REPORT 10 AUGUST 1949		
3. NAME OF CEMETERY U.S.M.C. SAINT AVOLD	4. PLOT 45	5. ROW 6	6. GRAVE 96	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 20 - 25	AGE AGE	9. ESTIMATED HEIGHT 5' - 11 5/8"	10. COLOR OF HAIR "DARK BROWN"	11. RACE J. T. O.
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

3 MORTUARY PLATES

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

"NONE"

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **SEE ITEM # 19**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

"NONE NOTED"

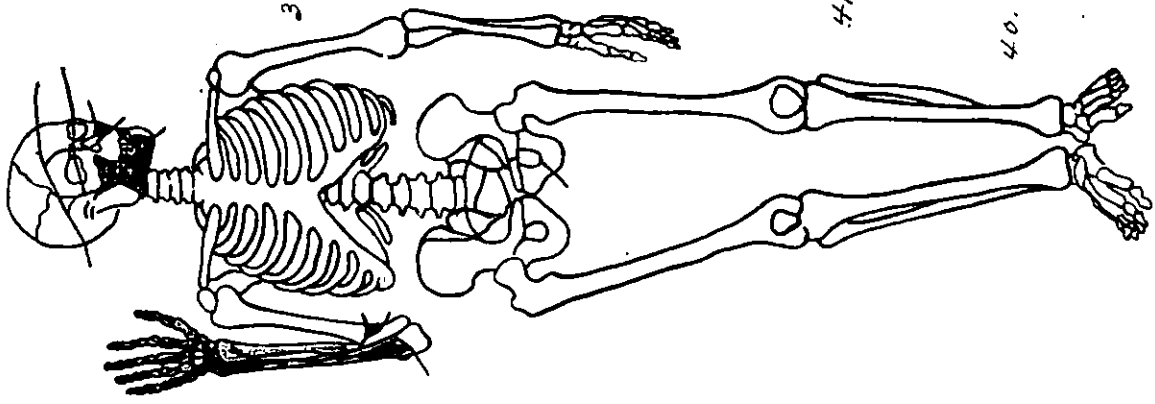
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

"NONE FOUND"

X

19. BLACK OUT PARTS OF BODY NOT

X-6902 ST. AVOLO



EST. HEIGHT: 5' - 11 5/8"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole, or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF "NONE" DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

CASE REPROCESSED BY REPAT TEAM.

DENTAL CHART INITIATED AND ATTACHED HEREWITH.

REMAINS FOUND INTACT, NOT DISARTICULATED. RIGHT ARM FRACTURED WITH LOWER ARM MISSING. ESTIMATED WEIGHT: FIFTEEN (15) POUNDS SKELETAL; THIRTY-FIVE (35) POUNDS TISSUE.

NO CLOTHING

NO HEALED FRACTURES.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

C. J. Missigman
JUS DA CIVILIAN
UNGRADED. X-6902

E.O. 2151
TOOTH CHART

UNK X-6902
 USMC. ST. AVOID
 4 I - 6 - 96

10 August 1949
 Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death		Cause of Death

	Right										Left										
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
	N O E	A O	A O-2 <i>chipped</i>	A DOM	A DOM	A DL		BROKEN	S M D	S FDL FM	S MF DL	A MO O	A DO	<input checked="" type="checkbox"/>	MAXILLA MISSING						
Side views																					
TOP VIEWS																					
Side Views																					
	M	A	N	D	I	B	L	E				N	N	N	A	A	A				
	M	M	I	S	S	I	N	G	<input checked="" type="checkbox"/>			N	N	N	M	F	M				
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					

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.

*Size - Average.
 Color - Pink tinged ivory.
 Posthumously
 Missing - R9
 R8 unerupted
 L12 - Inlined lingually.
 L11 - slight distal rotation
 L10 - overlaps L9 and worn heavily as indicated.
 Alignment - Poor
 Lower anteriors crowded.
 L16 extracted.*

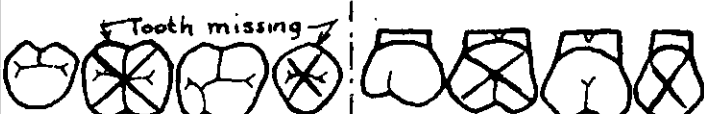
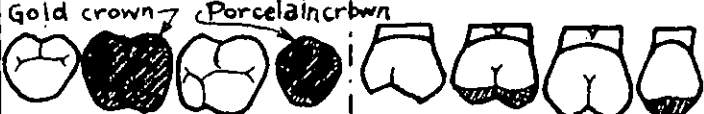
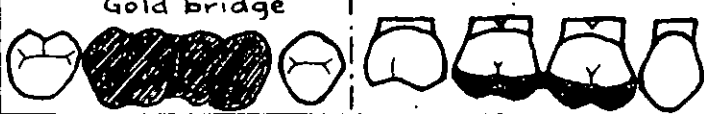
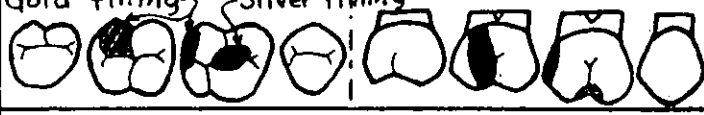

Whaley A. Neep
 Signature of Officer or other person who prepared Tooth chart

DAC *SP-8*
 Verified by G. R. C. Officer

ET FORM 1-22 (29 AUG. 46)

(OLD GRAVE REGISTRATION FORM 1-A)

calculus - slight

<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

EXHUMATION ORDER # 2151

1. TEETH RECOVERED DURING C.I.P. PROCESSING;
DENTAL CHART ATTACHED.

2. INITIATED Q.M.C. FORM 1044 AND DENTAL CHART
ATTACHED.

10 AUGUST 1949
USMC ST. AVONDO

C. J. Missigman
US J. DA. CIVILIAN
UNGRADED

X-6902

1MB BHR

USMC DRAGUIGNAN

PLOT: C ROW: 11 R: 17

DATE OF BURIAL: 18 JULY 50 DISINTERMENT DIRECTIVE

VERIFIED BY GRS OFFICER:

R. W. GANSEL, 1/Lt., OMC

8/2/50

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3574 00000

DATE 15 01 48 DAY MONTH YEAR

NAME <i>Frank Standa</i>	SERIAL NUMBER UNKNOWN X-006902	RANK	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS XXXXXX 80 CODE 3501 DIST. PT.
PLOT 4 I	ROW 8	GRAVE 96	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SIXAVOUD, FRANCE DRAGUIGNAN, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-27 Dec 49)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-006902	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 24 June 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION GRS	RELIGION Unk	IDENTIFICATION VERIFIED BY Richard F Peterson Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform	CONDITION OF REMAINS Totally disarticulated - Large amount of flesh - Fractures of skull, Mandible, R/L/Pelvic bones, R/Humerus-Missing R/Radius & Ulna.
OTHER MEANS OF IDENTIFICATION Report of Burial found with remains	NAT FILE RECORDS ANNOTATED DATE 3 Aug 50 BR. MEM. DIV.
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET
DATE 1 July 48 BY Richard F Peterson, Embalmer

CASKET SEALED BY
Richard F Peterson, Embalmer
EMBALMER (Signature)
Richard F Peterson
Richard F Peterson

CASKET BOXED AND MARKED
DATE 1 July 48 BY Richard F Peterson
SHIPPING ADDRESS VERIFIED BY XX All markings, tags and plates verified by
BRUCE E BLAIR, 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:

Bruce E Blair
BRUCE E BLAIR
1st Lt OMC

Bruce E Blair
BRUCE E BLAIR, 1st Lt OMC, 7857 AGRC,
Zone 3 Hq. SIGNATURE OF GRS INSPECTOR

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

Consignee corrected - Reg. Div

mal 5

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avoild, France		TO OIC. Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Chancey E Vaughn, RA35961782	
SIGNATURE OF SHIPPER F. B. Callaghan Frank B. Callaghan 1st Lt FA	DATE 29 Oct 49	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 (BA VOIHTIOLIVLIAE-OUDEM)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER OL VAPED ENVICE	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

RRE Form #43
20 Sep 48

29311-1 St. Avold X-6902

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X - 6902 (TEMP - ST AVOLD)
(Last Name) (First Name) (Initial) (Rank) (ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery DRAGUIGNAN

Incl #

STATION FILE

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X 6902
Cemetery _____
Plot Q-260584 St. Avold
IIII Row 8 Grave 96

- Arrived at cemetery 1530 5 August 1946
(hour) (date)
- Place of death Rappatz Unter Greutschnach.
(name of closest town) (coordinates and letter Prefex, maps)
Map: 1:250.000 Sheet: Ljubljana Y-2 Coord: D- 0905
(Sheet, scale and serials used)
- Remains recovered or disinterred by 347th QM BN
(name and organization)
- Evacuated to Cemetery by Major WM.J.Pelton HQ Third Field Command AGRC
(name and organization)
- Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

Clothing, Indicate unusual markings
Markings, Sizes Color wear, tear, repairs, etc.

Item	
*Headgear	None (type)
Raincoat	None
Overcoat	None
Jacket, Field	None
Jacket, Combat	None
Mackinaw	None
Sweater	None
Jacket, HBT	None
*Shirt, Wool OD khaki	One (1)
Undershirt, Wool	None
Undershirt, Cotton	One (1)
Trousers Wool OD khaki	One (1)
*Trousers, Wool OD	None

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **One (1)**

Leggins, Wool **None** (Note unusual lacing)

Socks, Cotton **One (1) pair**

*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **furline flying suit " E - 9172 " marked.**

(Other item) **None**

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

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

Shoulder Patch **None**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces.....
Air Force

8. Description of Remains :
Age **UTD** Height **Est. 6'** Weight **Est. 180 Lbs.** Description of wounds **UTD**

Bandages or dressings **rubber-line splint on right fore-arm**
~~xxx~~ (length, width, location)

Tattoos **UTD**
(Number, location - illustrate on sep. page)

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

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD**
(light, med. dark, clear, pimples, poeks, freckles)

Build **UTD**
(large, fat, thin, muscular)

Hair **Dark-brown**
(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, extract).

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

Jaw UTD Circumference of head in inches 20 inches
(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 Aist UTD
(quantity & extent of hair) (size of navel, appendectomy, amount)

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

Hernioplasty UTD
(yes-no; location)

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

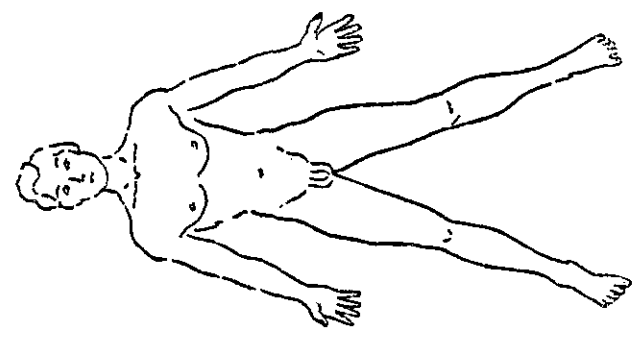
X-6902

Case # 6090

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

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

9. Black out parts of body not received at cemetery :



10. Have fingerprints been placed on Report of Interment No (yes-no)

If not, explain Decomposed

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

12. Remarks : Body is decomposed.
Est. weight of remains recovered: 130 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.

Wm. J. Pelton (OK)
WM. J. Pelton
Major QMC
Rank Service
HQ Third Field Command AGRC
Organization

62

REPORT OF INVESTIGATION

AREA SEARCH

REINTERRED
U. S. MIL. CEM. ST-AVOLD
PLOT III ROW 8 GRAVE 96

AGRC Form # 10 (Revised)

1 January 1946.

17 July 1946

Date

NAME Unknown X6902 RANK Unk. ASN Unknown

ORGANIZATION AAF

MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? **NO**
If so, state the following information :

a. NAME RANK ASN

b. ORGANIZATION

2. Was partial identification established? **YES** . If so, state the facts as to whom you believe the deceased to be :

a. NAME GORDON, Samuel RANK Flt. Lt. ASN 32860995

b. ORGANIZATION

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY

William J. Faulkner

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

a. Date of above burials 7. 11. 44 Common Graves? No

5. Name and Type of Cemetery Markt Griffen cemetery civilian
(Military or Civilian)
6. Map Coordinates of the Cemetery Ljubljana Y-2 D- 0905 1,250,000
- a. Town Markt Griffen Country Austria
7. Give exact location in cemetery of the remains.
- a. Section _____ Row _____ Grave _____
- b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location.
- a. Town _____ Coordinates _____
- b. Is sketch attached? _____
- c. Is area mined? _____
with a cross
9. How is the grave marked? _____
10. If grave is marked with cross, give exact markings thereon here lies the bodies of two
American Airmen RIP
- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By Whom _____
Priest Zimolin Markt Griffen
11. Where are the cemetery records? _____
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained thereon? _____
Name, ASN and Date of death
- b. Where was the information obtained? _____
from the Burgermeister's office
- c. By Whom? _____
Priest Zimolin
12. What is the date of death? 12.4.45
- a. Give basis _____
Burg. rec.
13. What is the cause of death? _____
- b. Give basis _____
Poison
Burg. rec.
14. What is the date of burial? 13.4.45
- a. Give basis _____
Cemetery records.

15. Where was the place of death? Rappatz Unter Greutschnach Coords Ljubljana Y2
D-0905, 1:250,000
 Give basis Burg.soo.
16. Where were the remains found? Rappatz Unter Greutschnach Coords Ljubljana Y-2
D-0905, 1:250,000
 a. By Whom? German police
 b. Is sketch attached? Yes
17. Was a casket used? Yes Who furnished the casket? Buegermeister office
 Type of casket wood How marked? none
18. Who made the burial German police
 (Civilian, American Mil. or German Mil.)
 a. What are the names and addresses?
Unknown
 b. Are certificates and statements attached? No

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? No
 a. Give location in plane from which the bodies were removed

 (Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
 b. Near wreckage? No
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).
 a. Type of Plane Unknown, crash elsewhere
 b. Markings and/or name on plane _____
 c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____
21. How did crash occur? Unknown Anti-aircraft
 Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? No On ground? No
23. Did plane burn in the air? No On ground? No
24. What was the direction of the flight? North
25. What was the civilian opinion regarding destination of plane? Vienna
26. Had bombs been released prior to the crash? Unknown
27. Does specific time and date of crash correspond with date of death of above named deceased?
No
28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash Unknown (Night? Day?) _____
30. Were parachutists seen? Yes How many? 1 Escaped? _____
Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed. _____

(Radio man, driver, assistant driver or... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc _____
33. What was the type of enemy action that resulted in the tank's disablement? _____

34. Did tank explode? _____ Burn? _____

35. Number of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date of death of above named deceased? _____

37. Precise time and date of destruction of tank _____
(Night? Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) _____

If so, give, complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? _____

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? No

If not, state reason removed by Germans

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

Where? on the body By Whom? erman police

Present disposition removed by Germaans

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

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

Where? on the body By Whom? German Police

Present disposition removed by German police

c. Was deceased identified by living members of the crew at the time of death? No

d. Did Cemetery register or cross indicate the immunization shot? No

42. Was Deceased given first aid? No If so; where? _____

By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? No

WHERE? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? coloured

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?
no wounds, no apparent injury

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? Yes

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? No By Whom? _____

When? _____

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

Johann Hoppeinig, Markt Giffen, Priest Zimolin, Markt Giffen

49. Are all positive statements regarding identification and particulars surrounding death attached?

No

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

No

51. Was investigation preceded by advanced publicity? Yes

(If special investigation, give case number) Case 6403

52. Give Brief Narrative

(Use attached sheets, if necessary)

Hermann Ritter

Hermann Ritter
Signature of Interpreter

Civilian

Rank

ASN

347 Qm Bn.

Organization

Kenneth Burrows

Kenneth Burrows
Signature of Investigator

PFC 46037796

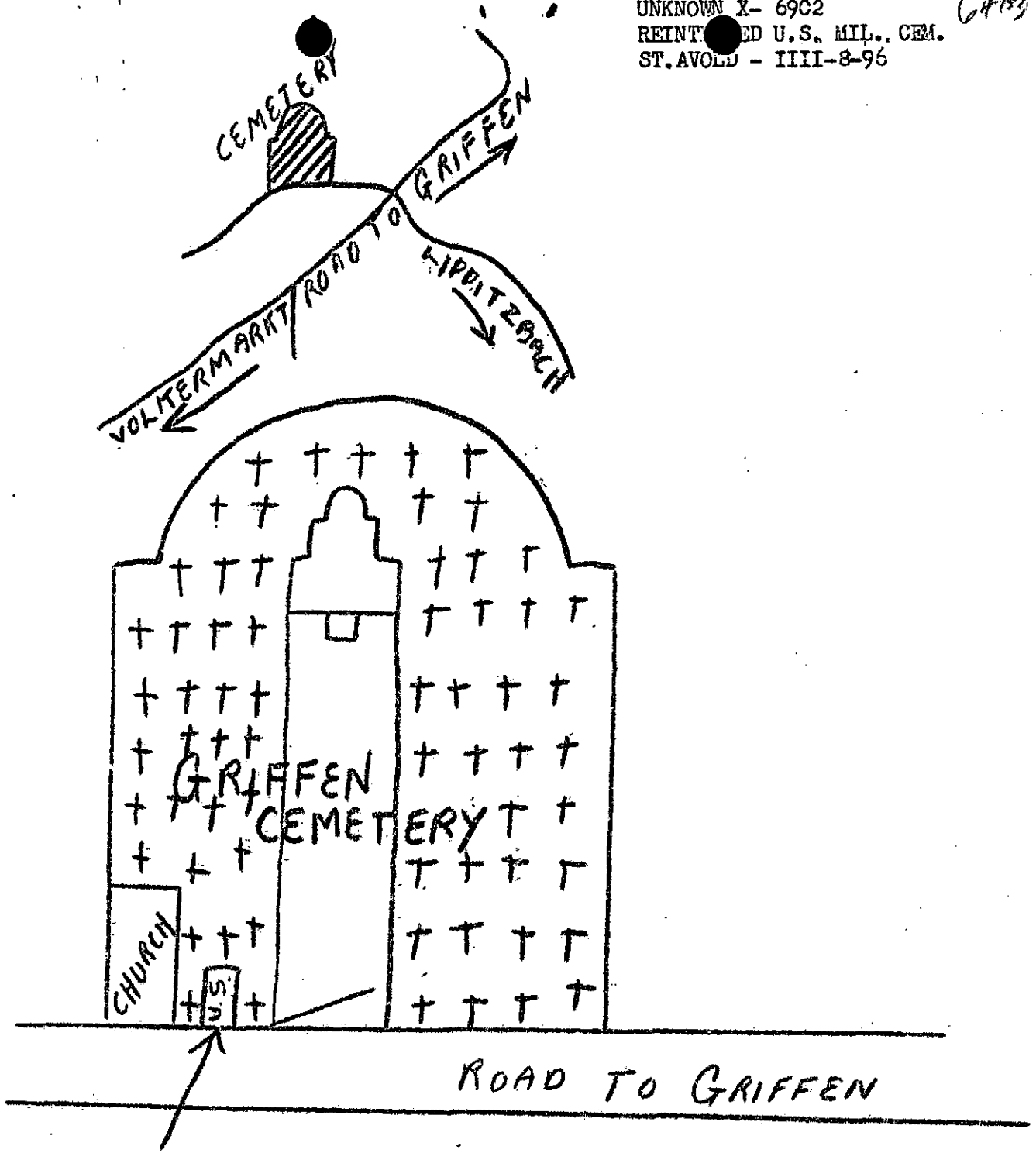
Rank

ASN

347 QM BN.

Organization

6/1/53



GRAVE OF 2
AMERICAN BODIES

MAART GRIFFEN, AUSTRIAN
LOUISIANA Y-2
D-0905
1:250,000

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887 U S ARMY

WBM/BED/js

RRE 293.9 (IB)

31 August 1946

SUBJECT: Isolated Burials.

10719
10 SEP 1946

TO : Commanding Officer, First Field Command, American Graves Registration Command, APO 751, US Army.

1. The following information has been submitted to this Headquarters by the Burgomaster of Griffen (D-59) Carynthia, Austria (Y-2):

"The following Americans are buried in this locality William J. Faulkner, 0801166, crashed 6 November 1944 (see attached Missing Air Crew Report # 401), buried in cemetery of Kaunz.

"Samuel Gordon, 32860995, crashed 12 April 1945, buried in cemetery of Unter Greutschach."

2. Dulag Luft records show Captain Faulkner buried in Cemetery at Griffen. (D-59)

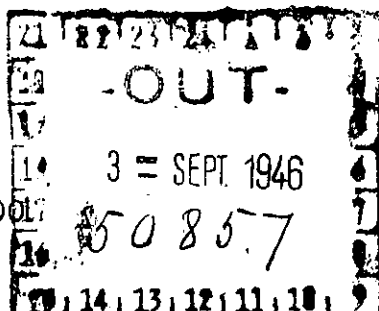
3. Burial information received from the British states Lt Samuel Gordon, 088032 aircraft number 32860995 and one unknown (believed to be Captain Faulkner) buried in cemetery at Griffen. Attention is invited to the fact that the Burgomaster's report gives ASN for Lt Gordon as 32860995 which is actually aircraft number as reported by the British- correct ASN is 088032.

4. It is directed, that when searching teams conduct investigations in Griffen, Kaunz and Unter Greutschach the grave of the above be located. Disinterment and reburial will be accomplished in an established US Military Cemetery in conformance with existing procedure.

BY ORDER OF COLONEL ODELL:

F/O GORDON Samuel H
T-127439

*Dr. zone
Austria*



WALTER B. MORROW
Major, Infantry
Actg Asst Adj Gen

STAR RRR. 10.

Incl: a/s

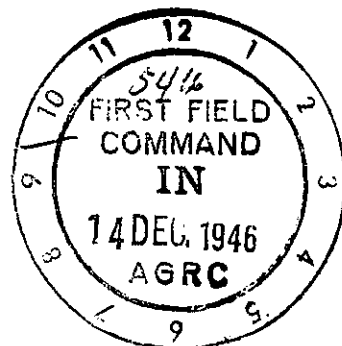
PHONE ARC 390017
Ext. 194

INCL 57

*Bauschheim, Jan 45
Germany*

117
US

HEADQUARTERS
347th QM BATTALION
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 58 US ARMY



AGRZO/293.9

9 December 1946

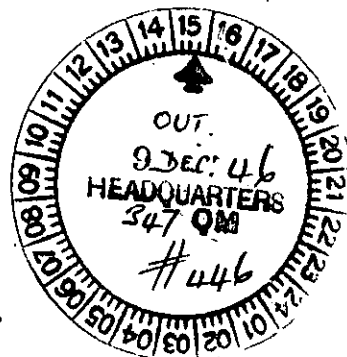
SUBJECT: Isolated Burials

TO : Commanding Officer, First Field Command, AGRC, ETA,
APO 209, US Army.

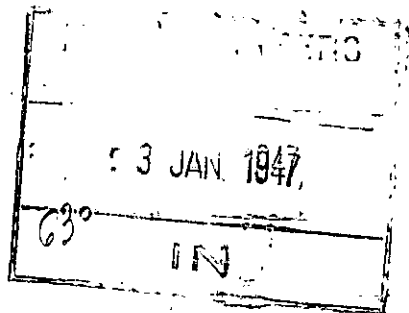
1. Questionnaire #32 from Markt Griffen gives the following information in reference to MACR #401 and the reported crash 12 April 45 of Lt. Samuel Gordon.
2. The two remains were buried in the Markt Griffen Cemetery. William Faulkner, grave no. 89, Samuel Gordon grave no. 90.
3. The 538 QM Group who evacuated the British Zone including the above mentioned cemetery left very incomplete records of its operations. Therefore little information is obtainable in our files concerning most evacuations from the British Zone.

FOR THE COMMANDING OFFICER:

JOHN C. KNOX
Lt. Col., QMC
Operations Officer



Telephone: :
Vienna B-42025



Rec'd

6403

AGRX-293 (55)

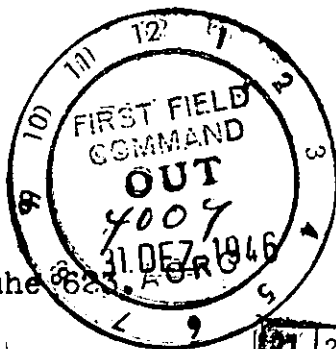
1st Ind.

WE/HAS/eu

FIRST FIELD COMMAND, AGRC, ETA, APO 209, U.S. Army, 30 Dec 1946.
TO: Commanding Officer, American Graves Registration Command, ETA,
APO 887, U.S. Army.

- 1. Forwarded for your information and files.

FOR THE COMMANDING OFFICER:



William Eveland
WILLIAM EVELAND
Major, FA.
Adjutant

Incl: n/c.

Telephone: Karlsruhe 823.

21	22	23	24	1	2	3
20	- IN -					4
19						5
18			4 JAN 1947			6
17						7
16						8
15						9

AIRMAIL

293 Work File 7-6902 (Holland)

QMGNT 293
GRS European

8 February 1950

SUBJECT: Identification of World War II Deceased

**TO: Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York**

1. Reference is made to Transmittal Letter #4630, dated 21 December 1949, forwarding Certificates of Unidentifiability.
2. This Office approves the classification of Unknown I-6902, interred in USMC St. Avold, France, as Unidentifiable.

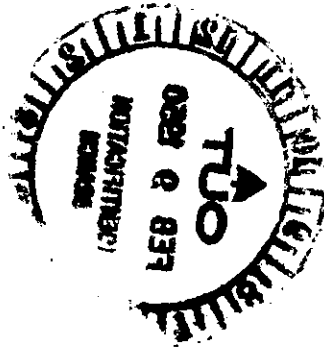
FOR THE QUARTERMASTER GENERAL:

R Rice/id
Foy
REB
Cy furnished: Adm Sect

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

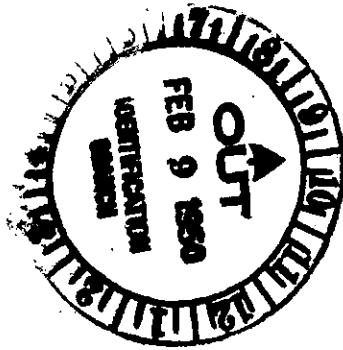
DMN
DMN
TEC

FEB 9 11 02 AM '50
U.S. G. I. B.
MAIL & RECORDS DIVISION



AIRMAIL

JAMBA



JAMBA

293 Unit - France X-6902 (St. Avold)

QMGT DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV
7867 GREGG BDT
PARIS FRANCE

DEFERRED

X

FROM GREGG

WCL 33069

REST REPROCESSED NETT FOR WILLIAM J FAULKNER OSOLL66 AND TOOTH CHART

FOR TRAY 6902 ST AVOLD ASAP

ADMINISTRATIVE BRANCH
JAN 19 11 48 AM '50
MEMORIAL DIVISION

DR Rice/id
Foy
REB

JAN 19 1 00 PM '50
O.D.M.S. 42
TELE. CAB SECTION

293 Faulkner, William J.



REB
THM

UNCLASSIFIED

GRAVES

17150XZ
JAN 50

D. A. Renner
D. A. RENNER
CAPT QMC MEM DIV

QMGT CAPT BERRY EXT 72947
293 - GRS European

WCL

OUT
JAN 19 1950
IDENTIFICATION
BRANCH

RECEIVED
JAN 19 1950
CORRESPONDENCE
REVIEW
SECTION

HONORARY SECRETARY
02. () 01 ()
MORNING JOURNAL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RR# 200.2

Date 21 OCT 1948

SUBJECT: Reprocessing of Remains

TO: The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.

The remains of Y-6002
interred in Plot IIII, Row 8, Grave 96, USMC St. Avold
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Jacket B-10 : Remnants of
Undershirt, Cotton : Remnants of
Mae West
Coveralls, Flying

Height, estimated 5'8 7/8"

Hair, Brown, 3" long slightly wavy


No teeth found

No evidence of old or healed fractures or amputations found.

Skull fractured and disarticulated.

FOR THE COMMANDING GENERAL :

1. Incls.
- Skeletal Chart

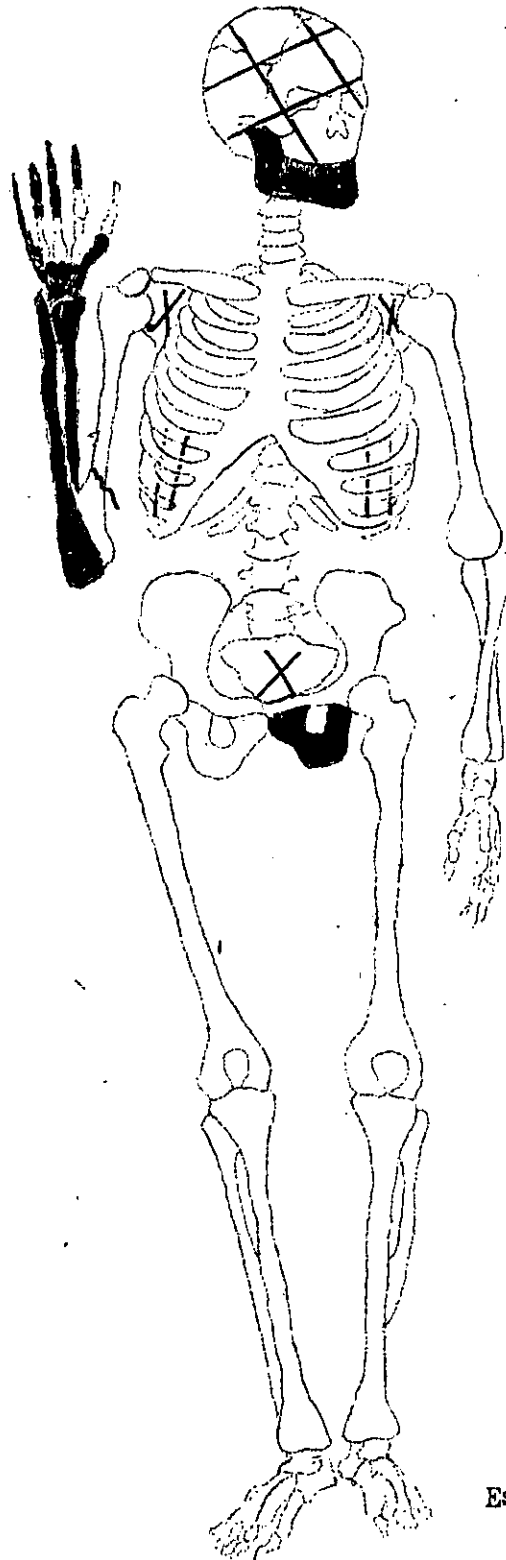

GEORGE L. FREEMAN
1st Lt. QMC
Actg Asst Adj Gen.

SKELTAL CHART

1 July, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-6902
USMC St. Avold
IIII : 8 : 96



HUMERUS 33.7

ULNA 26.4

RADIUS 24.8

FEMUR 47.1

TIBIA 40.1

FIBULA 39.6

Est. HEIGHT: 5' 8 7/8"

DISINTERMENT DIRECTIVE

293 Units # - 6902 France (St. Avold.)

6

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3574 00000

DATE 13 01 48 DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-006902		1	
CEMETERY					DISPOSITION OF REMAINS
ST AVOLD - METZ					3503 00
CODE	DIST. PT.				
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
41			FRANCE		

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FORM 293
Graves Registration
European Area

9 October 1946

SUBJECT: Identification of Unknown Deceased

TO : Commanding Officer
American Graves Registration Command
European Theater Area
Versailles, France
APO 887, c/o Postmaster
New York, New York

1. Reference is made to reports of burial for the following Unknowns buried in US Military Cemetery, St. Amand, France:

<u>UNKNOWN</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>UNKNOWN</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
X-6528	FFFF	6	71	X-6900	IIII	5	58
X-6529	FFFF	10	114	X-6902	IIII	8	96
X-6593	FFFF	9	108	X-6906	IIII	11	121
X-6595	FFFF	9	98	X-6907	IIII	2	16
X-6654	GGGG	3	32	X-6908	IIII	2	17
X-6670	GGGG	9	106	X-6909	IIII	2	20
X-6732	IIIIII	10	112	X-6910	IIII	2	23
X-6834	IIIIII	9	105	X-6921	IIII	5	49
X-6835	IIIIII	9	106	X-6923	IIII	5	50
X-6836	IIIIII	9	107	X-6925	IIII	8	89
X-6837	IIIIII	12	133	X-6926	IIII	5	56
X-6838	IIIIII	9	104	X-6927	IIII	8	90
X-6839	IIII	2	19	X-6928	IIII	8	88
X-6893	IIII	10	117	X-6929	IIII	8	87
X-6897	IIII	8	95	X-6921	IIII	8	85
X-6898	IIII	2	15	X-6924	IIII	9	102
X-6899	IIII	5	54				

2. Burial reports for the above have been received but the Form 11 and Form 1A as noted on back of report has not reached this office. It is requested that subject forms, along with all correspondence pertaining to the individual cases, be forwarded to this office at the earliest practicable date.

FOR THE ASSISTANT CHIEF OF STAFF:

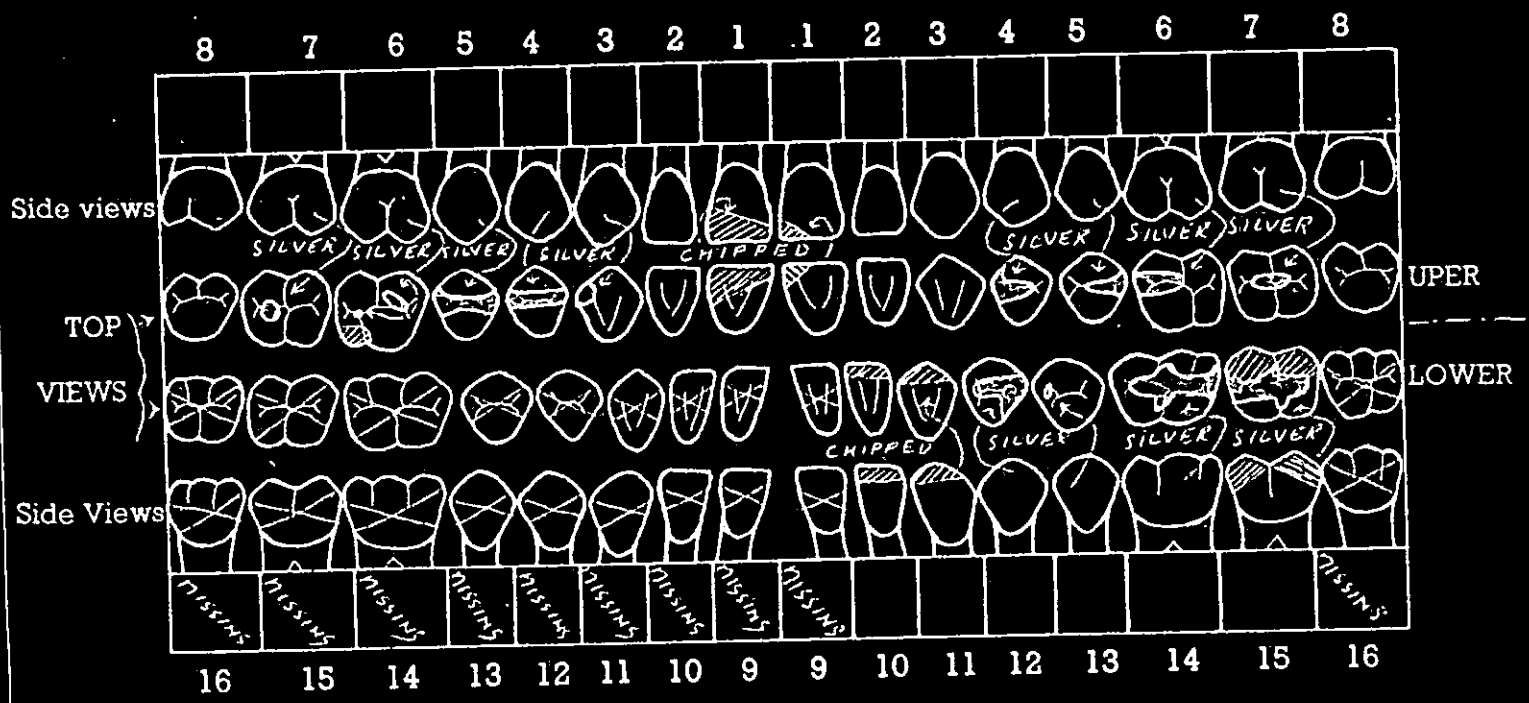
JAMES C. MacFARLAND
Major, MC
Assistant

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

X-6902 # 6090
Cas 6090
REGISTERED
U. S. LIQ. CEM. SEC. OLD
PLOT III ROW 8 GRAVE 96

TOOTH CHART

X6902 17 July 1946
 Unknown Unknown Unknown Unknown Date
Unknown
 Last Name First Initial Rank Serial No.
 Unknown
 Unit Organization Poison
 Rappato Unter Greutschnauh, Austria. Cause of Death
 Date of Death Left
 12 April 1945



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.

Thomas W. Turner

Signature of Officer or other person who prepared Tooth chart
W. J. Patton
 W. J. Patton Major QMC
 as held by G. R. S. 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

The maxillary is missing from 16 to 9 right. Number 10-11-15 left were badly chipped and number 9 is missing since death.
The maxillary was fractured between 4-5 right and 5-6 left.

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
WD QMC Form 1012)

Unknown X 6902
Cemetery
Plot IIII Q7260534 St. Avold
TOW 8 GRAVE 96

1. Arrived at cemetery 1530 5 August 1946
(hour) (date)
2. Place of death Rappatz Unter Greutschnach.
(name of closest town) (coordinates and letter Prefex, map)
Map: 1:250,000 Sheet: Ljubljana Y-2 Coord: D- 0905
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 347th QM BN
(name and organization)
4. Evacuated to Cemetery by Major WM.J.Pelton HQ Third Field Command AGRC
(name and organization)
5. Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).

Clothing Markings Sizes Indicate unusual markings
Color wear, tear, repairs, etc.

Item	
*Headgear (type)	None
Raincoat	None
Overcoat	None
Jacket, Field	None
Jacket, Combat	None
Mackinaw	None
Sweater	None
Jacket, HBT	None
*Shirt, Wool khaki	One (1)
Undershirt, Wool	None
Undershirt, Cotton	One (1)
Trousers Wool khaki	One (1)
*Trousers, Wool OD	None

Belt, Web **None**

Drawers, Wool **None**

Drawers, Cotton **One (1)**

Leggins, Wool **None** - (Note unusual lacing)

Socks, Cotton **One (1) pair**

*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **furline flying suit " E - 9172 " marked.**

(Other item) **None**

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

6. Chevrons or **None**

Insignia (type & location : shirt, jacket, coat, helmet)

Shoulder Patch **None**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

Air Force

8. Description of Remains :

Age	UTD	Est.	6'	Weight	Est.	130 Lbs.	Description of wounds	UTD
-----	-----	------	----	--------	------	----------	-----------------------	-----

Bandages or dressings **rubber-line splint on right fore-arm**
xxx (length, width, location)

Tattoos **UTD**
(Number, location - illustrate on sep. page)

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

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD**
(light, med, dark, clear, pimples, poeks, freckles)

Build **UTD**
(large, fat, thin, muscular)

Hair **Dark-brown**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

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

Goatee UTD (light, color, extent)

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

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

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

Teeth See Tooth Chart
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

Jaw UTD (large, small, normal) Circumference of head in inches 20 inches (hat band)

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

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

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

Hernioplasty UTD (yes-no; location)

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

X-6902

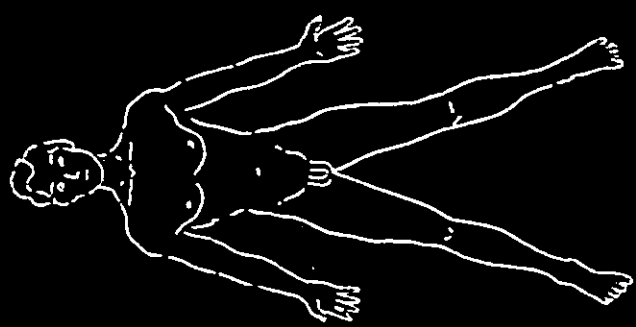
Case # 6090

Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

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

9. Black out parts of body not received at cemetery :



10. Have fingerprints been placed on Report of Interment No
(yes-no)

If not, explain Decomposed

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

12. Remarks : Body is decomposed.
Est. weight of remains recovered: 130 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.

Wm. J. Pelton (OK)
WM. J. Pelton
Major QMC
Rank Service
HQ Third Field Command AGRC
Organization

C 2

TOOTH CHART

X-6902
St. Avold III-8-96

26 SEPT 49

Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death			Date of Death	
Cause of Death				

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
NOTE	A 0	A 0-2	DOM	DOM	LD	S LD	BRUSH	S LD	S LD	S LD	S LD	S LD	A 00	P	MAX M'S'G		
Side views	[Dental drawings of upper teeth, right side]								[Dental drawings of upper teeth, left side]								
TOP VIEWS	[Dental drawings of upper teeth, top view, right side]								[Dental drawings of upper teeth, top view, left side]								
Side Views	[Dental drawings of lower teeth, side view, right side]								[Dental drawings of lower teeth, side view, left side]								
NOTE	M	A	N	O	I	D	L	E						A	A	A	X
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

SEE REMARKS

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.

SIGNED:

HAROLD D. WHEELER

Signature of Officer or other person who prepared Tooth chart

CERTIFIED TRUE COPY:

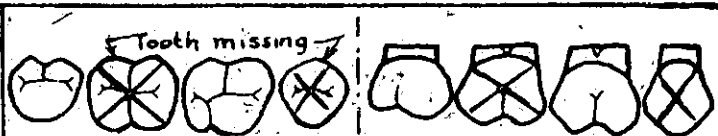
GAYLORD E. LUTZ
1st Lt., CMC

Verified by G. R.C. Officer

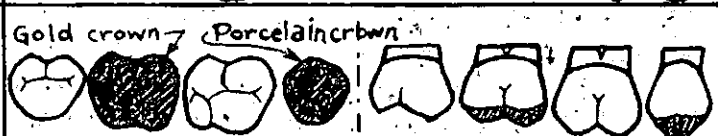
[Handwritten initials]

FORM 1-22 (29 AUG. 46)
OLD GRAVE REGISTRATION FORM 1-A

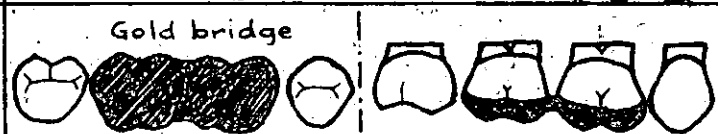
MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus:



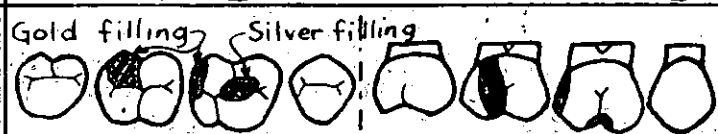
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



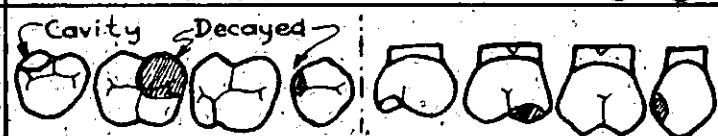
BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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

SIZE — AVERAGE

COLOR — DULL IVORY

POSTHUMOUSLY MISSING L-6

NOTE: R-8 UNERUPTED PRIOR TO DEATH

NOTE: R-6 PREPARED FOR LINGUAL FILLING IN

BROKEN SECTION

LOWER INCISORS CROWDED

L-12 INCLINED LINGUALLY

L-10 WORN AS SHOWN

NOTE: RIGHT RAMUS ALSO RECOVERED

(R-8 UNERUPTED — NOT PEG-SHAPED)

IDENTIFICATION DATA

E 2461 PRIORITY

1. REMAINS OF UNKNOWN

X-6902

2. DATE OF REPORT

23 Sept 1999

3. NAME OF CEMETERY

ST. AVOLD

4. PLOT

III

5. ROW

8

6. GRAVE

96

7. DATE OF

DISINTERMENT

REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED ~~WEIGHT~~ *age*

23/28

9. ESTIMATED HEIGHT

5-10 1/2

10. COLOR OF HAIR

med. Brown

11. RACE

U.T.D.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary plate

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED?

YES NO

TO WHAT EXTENT?

15. WAS BODY MANGLED?

YES NO

TO WHAT EXTENT?

see skeletal chart

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None noted

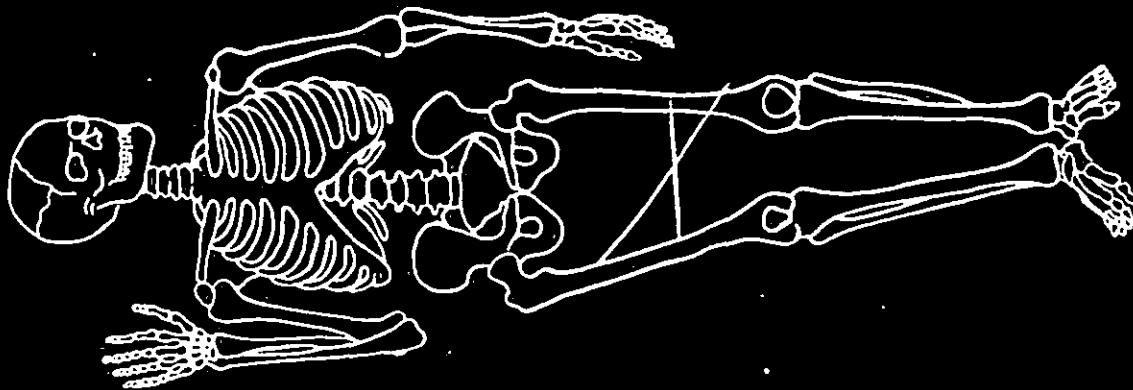
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

27

19. BLACK OUT PARTS OF BODY NOT RECORDED

X-6902



See skeletal chart attached

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

*Remains previously processed by F.O.S and received partially intact with large amount of decomposed flesh. Teeth found amongst remains.
(See tooth chart)*

Est. height 5-10 1/2

Est. age 23/28

*Reprocessed by
Wap
Kilgore
Miller
DePass*

28

check Shenger

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Wesley A. Keef

SKELETAL CHART
 (BLACK OUT PORTIONS NOT RECEIVED AT CEMETERY)

X 6902

ST AVOLD

LEFT 26 Sept 1949

RIGHT

SEE TOOTH CHART

STERNUM

HUMERUS

31.3 HUMERUS

ULNA

RADIUS

27.2 ULNA

25.5 RADIUS

FEMUR

47.9 FEMUR

TIBIA

FIBULA

40.9 TIBIA

40.5 FIBULA

- FRACTURED

- SHATTERED

- MISSING

- BURNED

29

COLOR OF HAIR MED BROWN

ESTIMATED AGE 23 - 25 Yrs

ESTIMATED HEIGHT 5 Ft. 10 1/2 In

ESTIMATED WEIGHT _____ LBS

Signature K. Miller

CHART "A"

E.O. - 6902
USMC St. Avold
Faulkner and 4-6902.
26 Sept. 1949

The teeth recovered from the
remains of Faulkner, and ^{from} 4-6902
do not compare with the dental
records of Lieutenant, Samuel 2/4.
O-838032.

Dental records of Capt. Faulkner
not available.

Harold D. Wheeler

30

F. O. # 2461

1. Case "FAULKNER" was disinterred from the permanent cemetery and case X-6902 was received from above ground storage.
2. Both cases were reprocessed simultaneously in the presence of Prof. Simonin the Anthropologist.
3. There are two points indicating "FAULKNER" to be NEGROID (① Black curly hair ② Elongated skull) but one point contrary to this case being Negroid (lower nasal opening insufficiently guttered). It is difficult to determine exactly which race this case consists of due to the incomplete skull.
4. There is no evidence indicating that X-6902 is Negroid.
5. Height, teeth and hair for case X-6902 do not correspond Form 371 for LEFTENANT.

3/

CONT'D - - -

E. O. #2461 Summary cont'd Pg 2

6. Complete Anthropologists' report
will be forwarded separately by Prof.
Simmons.

USMC St. Auold

Wesley A. J. Jap

27 Sept. 1949

DAC S.P.S.

32


R7 map

RESTRICTED

Case # 6090

#1

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 5 August 1946
---	---	---------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial)		SERIAL No.	
Unknown X6902		Unknown	
GRADE	ORGANIZATION	BRANCH OF SERVICE	
Unknown	Unknown	AAF	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		

PLACE OF DEATH Rappartz Unter Greutschnach. Ljubljana Y2 D-0905	CAUSE OF DEATH Poison	DATE OF DEATH Est. 12 April 1945
---	--------------------------	--

EMERGENCY ADDRESSEE (Name, relationship, and address)
 Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
 None

SEP 4 12 09 PM '46
 REGISTRATION AND RECORDS BRANCH
 MEMORIAL DIVISION

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
 US Military Cemetery St. Avoird, France. (Q - 260. 584)

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 August 1946	1600	Casket	Temp. wood. cross	IIII	8	96

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Civ.Cem. Markt Griffen, Austria. Map: I:250.000 Sht:Ljubljana Y-2 Coord: D-0905	PLOT No. -	ROW No. -	GRAVE No. -
--	---	---------------	--------------	----------------

TYPE OF RELIGIOUS CEREMONY General service	PERSON CONDUCTING BURIAL RITES CH. H.A. LEE, 1st Lt.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC Form 1042 Report of Interment placed in burial bottle and buried with remains.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes - Embossed plate	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X- 6897	RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 95
---	-------------	-------------------	---------------------	-----------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) END OF ROW	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT Dorothea G. Verbeek HQ Third Field Command AGRC	SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR, Major Inf. 3rd Field Command
--	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

12

Section 7. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


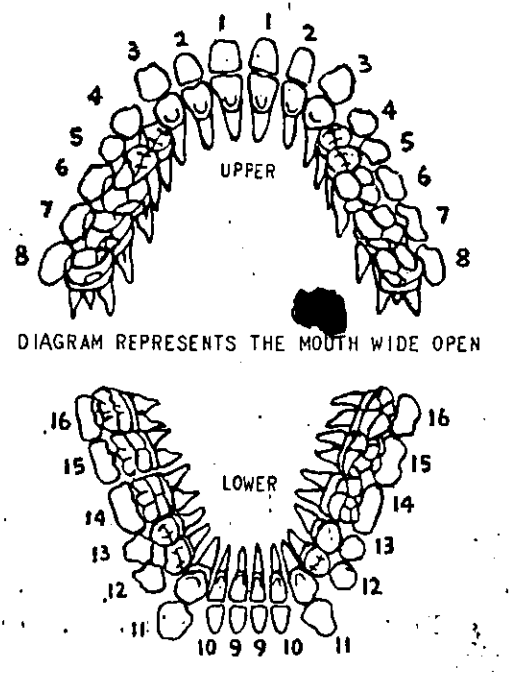




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

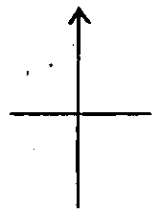
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
Est. 6'	Est. 180 Lbs.	UTD	Dark-brown	UTD
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
None		Yes		Markt Griffen, Austria.

OTHER IDENTIFICATION CLUES

One portion Furline suit marked " E- 9172 "

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
LEFT RING FINGER	CAVITIES	 <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB			

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Attached: Form 11 Check List of Unknowns and Form 1A Tooth Chart.
Body too badly decomposed for Fingerprints.
Est. weight of remains recovered: 130 Lbs.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

20 December 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6902, Plot IIII, Row 8, Grave 96, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 4616, dated 20-12-49.

3. Remarks:

See Case History attached.

Case reviewed by undersigned Members of the Board of Review:

Col. H. P. HENRY, O-12589

JMC

E. D. Mulvanity
Lt. Col. E. D. MULVANITY, O-359598

JMC

Maj. Charles REYNOLDS, C-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

Edward F. Price
Capt. Edward F. PRICE, Jr., O-1588236

JMC

Opal Price
6 Feb 50
1st-Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GERR, W-2102925

USA

Leodore Goudreau
Capt. Jack C. HAYES, O-1577297

JMC

T.L. #4630, 21 Dec 49

Incl #4

CWO Leodore GOUDREAU, W-2113434, USA

CASE HISTORY

UNIDENTIFIABLE

UNKNOWN No X-6902

U.S. Military Cemetery St-Avoid

X-6902 was recovered from Rappartz Unter Greutschmach, Ljubljana, Markt Griffen, Austria.

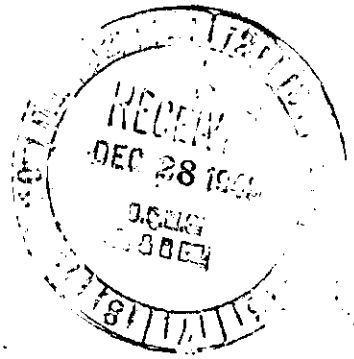
According to information reported by the British the deceased was supposed to be Lt Samuel Gordon, 32860995, killed 12 Apr. 1945. Lt Gordons full name is Samuel G. Leftenant. Comparison of tooth chart for X-6902 with that of 2/Lt Leftenant proved negative. 2/Lt Leftenant is of the negro race and there is no evidence indicating that X-6902 is negroid. The height and hair for X-6902 do not correspond with Form 371 for 2/Lt Leftenant.

Report of Investigation Area Search stated that William J. Faulkner was buried in the immediate vicinity Capt. Faulkner has been identified and the identification verified. Capt. Faulkner was also a member of the negro race.

Laundry mark "E-9172" found on Portion of furline suit of X-6902 has been checked against records this Headquarters with negative results. Tooth chart for X-6902 has been compared with tooth charts of unresolved casualties from Map Sheets Y-2 and 7-B, Austria, with negative results. It is recommended that X-6902 be declared Unidentifiable.

opt

H. Lederstein



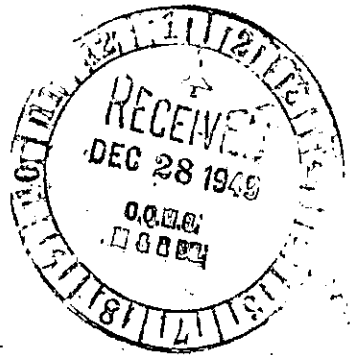
TO THE DIRECTOR, FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535
FROM: SAC, NEW YORK (100-100000) (P)
SUBJECT: [Illegible]

RE: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]



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