

243 unk St. Avold X-6978

7887 GRAVES DETACHMENT

AP0 757

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:

UNKNOWN X-6978, ST AVOLD, FRANCE.

(FOC) DRAGUIGNAN

*file 2 mar 51
Kirkland
I dent.
GPO*

IDENTIFICATION CHECK LIST

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

~~Rick
 DE PAAS~~

E.O. #790 dtel. 9 Mar. 48

Unknown X 6978
 Cemetery ST. AVOLD
 Plot 4J Row 1 Grave 4
 J.J.J.

REPROCESSED 3-6-48

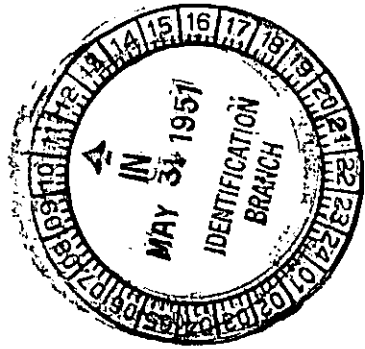
1. Arrived at cemetery 3-6-48
(Hour) (Date)
2. Place of death
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered or disinterred~~ REPROCESSED by MOBILE TEAM #1 CLP
(Name and organization)
4. Evacuated to Cemetery by
(Name and organization)
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			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

NONE

X

X-6978



Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

X Socks, cotton *REMNANTS of one pair*

* Shoes (type)

Overshoes

Web Equipment (type)

X (Other item) *FACE - piece of GASMASK*

(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)

Shoulder Patch

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

6. Description of Remains: *All major bones fractured and 10% missing*

Age *UTD* Height *UTD* Weight *UTD* Description of wounds *UTD*

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

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

Outstanding moles, warts or birthmarks (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 *MEDIUM BROWN 1 1/2" LONG - WAVY* (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)

X-6978

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 NONE RECOVERED (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches FRACTURED (Hat band)

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

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

Hands MISSING

Fingers MISSING (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 UTD (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 FOUND (Nose, arms, legs, etc.)

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

X-6978

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

If not, explain Fingers Missing

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

9. Remarks REMAINS RECEIVED IN SKELETAL FORM - NO FLESH. NO TEETH, NO SKULL. NOTHING FOUND IN DEBRIS - NO MARKS. NO HEIGHT ESTIMATE AVAILABLE AS ALL MAJOR BONES ARE MISSING. NO EVIDENCE OF OLD OR HEALED FRACTURES - NO AMPUTATIONS. ESTIMATED WEIGHT OF REMAINS: 3 LBS. NO REPORT OF BURIAL. ONE (1) GRS TAG ON REVERSE SIDE OF CROSS.

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.

DENCE OF OLD OR HEALED FRACTURES - NO AMPUTATIONS.

ESTIMATED WEIGHT OF REMAINS: 3 LBS.

NO REPORT OF BURIAL. ONE (1) GRS TAG ON REVERSE SIDE OF CROSS.

C. O. Rice

(Officer's Name)

USDA CIV - CIP

Rank

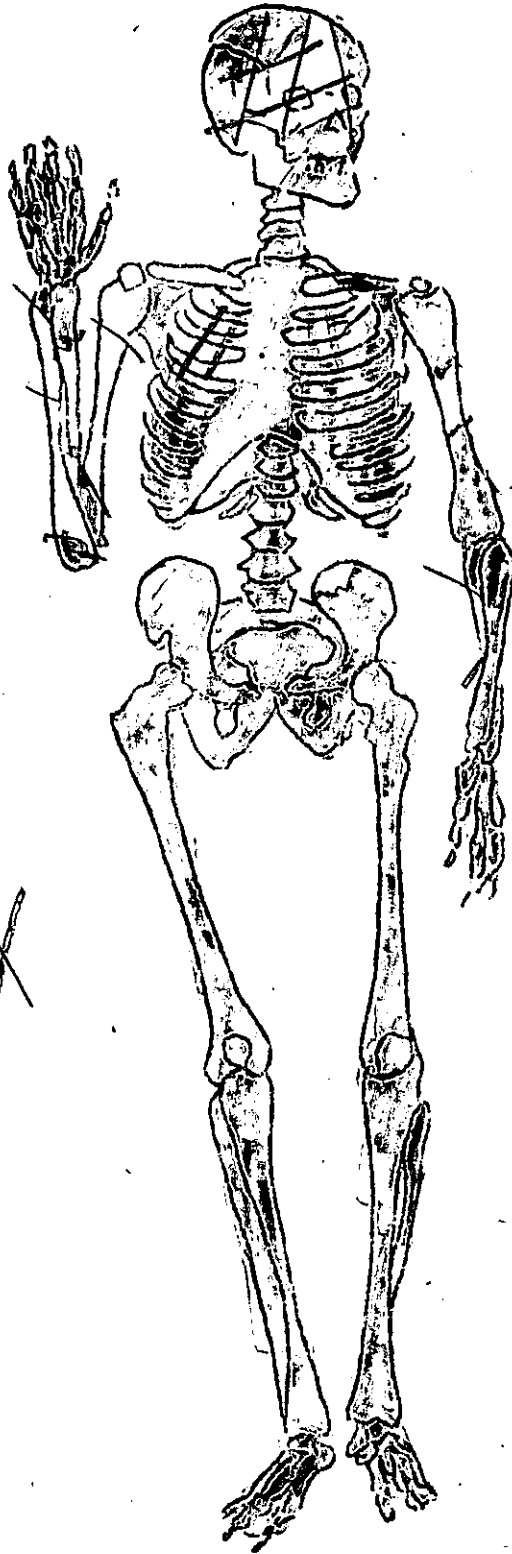
Service

ASRC

(Organization)

SKELETAL CHART

X-6978
3-JUNE-48
ST. AVOLA
WJ-1-4



EST HEIGHT - UTD

X-6978
Ph

MMM

1

US DRAGUIGNAN
PLOT: C ROW: 1 GR: 5
DATE OF BURIAL: 18 JULY 50 DISINTERMENT DIRECTIVE
VERIFIED BY GRS OFFICER:
R. W. GANSEL, 1/Lt., QMC

app
13/9/49

SECTION A
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
3574 00000
DATE
15 01 48
DAY MONTH YEAR

NAME: UNKNOWN X-006978 SERIAL NUMBER: UNKNOWN X-006978 RANK: Unk ARM: 1 DATE OF DEATH: 15 01 48
CEMETERY: ST AVOLD - METZ DISPOSITION OF REMAINS: 3501 CODE: 80 DIST. PT.: 6
PLOT: 4J ROW: 1 GRAVE: 4 COUNTRY: FRANCE CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: ST AVOLD, 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-15 Dec 49)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-006978 SERIAL NUMBER: Unk RANK: Unk DATE OF DEATH: Est 17 Jan 45 DATE DISINTERRED: 12 May 48
IDENTIFICATION TAG ON: MARKER GRS ORGANIZATION: USAGF RELIGION: Unk IDENTIFICATION VERIFIED BY: Richard F Peterson, Embalmer

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress cover CONDITION OF REMAINS: Remains consist of: fragments of skull and mandible, 7 cervical vertebrae, medial ends of left clavicle, right clavicle complete, 8 inch shaft of right humerus, proximal head of right humerus, lateral fragments of right scapula, 1/4 inch shaft of the distal portion of left humerus, small fragments of right and left ulnae.
OTHER MEANS OF IDENTIFICATION: Report of Burial found on remains
MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET
DATE: 9 Jun 48 BY: Richard F Peterson, Embalmer

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

CASKET BOXED AND MARKED: 9 Jun 48 Richard F Peterson, Embalmer
SHIPPING ADDRESS VERIFIED BY: All markings plates & tags verified by Bruce E Blair, 1st Lt QMC

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

Bruce E Blair, 1st Lt QMC, 337 QM Bn
SIGNATURE OF GRS INSPECTOR

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

Consignee corrected - Reg. Div 807

RECORDS ANNOTATED
DATE: 3 Aug 50
NAME: [Signature]
BR. MEN. DIV.

1194
[Signature]

RECORD OF CUSTODIAL TRANSFER

NOTE
ADBE

1. SHIPPED

FROM USMC ST AVOLD, FRANCE		TO OIC NEUVILLE, BELGIUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPL JOHN A MOUNTFORD 39107628	
SIGNATURE OF SHIPPER <i>Frank B Callaghan</i> FRANK B CALLAGHAN 1st Lt PA	DATE 28 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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST AVOLD FRANCE	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 00000 12 01 49	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

8/16
RRE Form #43
20 Sep 48

273 1/2 St. Avold X-6978 1!

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

UNIDENTIFIABLE X - 6978 (TEMP - ST AVOLD)
(Last Name) (First Name) (Initial) (Rank) (ASN)

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

Incl #

STATES FILE

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

REINTERRED
 U. S. MIL. CEM. SC-AYOLD
 PLOT UROW / GRAVE 4

23th July 1946

Date

NAME Unknown X-6978 RANK Unk. ASN Unknown

ORGANIZATION Ground Forces (armored)

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?

If so, state the following information :

a. NAME Unknown RANK Unk. ASN Unknown

b. ORGANIZATION Armored Corps

2. Was partial identification established? no . If so, state the facts as to whom you believe the deceased to be :

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

None

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

a. Date of above burials N.A. Common Graves? _____

5. Name and Type of Cemetery N.A.
(Military or Civilian)
6. Map Coordinates of the Cemetery _____
a. Town _____ Country _____
7. Give exact location in cemetery of the remains. N.A.
a. Section _____ Row _____ Grave _____
b. Is Sketch attached? _____
8. If remains are not located in a cemetery, give exact location. N.A.
a. Town _____ Coordinates _____
b. Is sketch attached? _____
c. Is area mined? _____
9. How is the grave marked? _____
10. If grave is marked with cross, give exact markings thereon _____

- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By Whom _____
11. Where are the cemetery records? _____
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained thereon? _____

- b. Where was the information obtained? _____
- c. By Whom? _____
12. What is the date of death? Est. 17 January 1945
a. Give basis attached statement from civilian
13. What is the cause of death? destroyed by enemy tank
b. Give basis attached statement from civilian
14. What is the date of burial? N.A.
a. Give basis _____

15. Where was the place of death? 3 Km south of Herrlisheim, France Coords R-11-14

Give basis _____

16. Where were the remains found? see above Coords _____

a. By Whom? attached statement from civilian

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? _____

Type of casket _____ How marked? _____

18. Who made the burial N.A.
(Civilian, American Mil. or German Mil).

a. What are the names and addresses? _____

b. Are certificates and statements attached? _____

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? _____

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? _____

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).

a. Type of Plane _____

b. Markings and/or name on plane _____

c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? _____ Anti-aircraft _____

Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____
26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased? _____
28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night? Day?)
30. Were parachutists seen? _____ How many? _____ 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? _____ yes
- a. Give specific position in tank from which deceased was removed. _____
removed from drivers position
(Radio man, driver, assistant driver or... front, side, or back)
- b. Near wreckage? front side, and also it was overturned, track was greatly disabled
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____ shermen
- b. Markings and/or name of tank _____ 3850423
- c. Numbers on motors, machine guns, ammunition, instruments, etc _____ Unknown
33. What was the type of enemy action that resulted in the tank's disablement? _____
Unknown
34. Did tank explode? _____ NO Burn? _____ Yes

35. Number of tanks in immediate vicinity at time of disablement eight (8)
36. Does specific time and date of disablement correspond with date of death of above named deceased? YES
37. Precise time and date of destruction of tank Est. 17 January 1945
(Night? Day?) Unknown
38. Did any of the crew members escape? Unknown Prisoners? Unknown

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 _____

a. Were identification tags found at the time of death? NO

Where? _____ By Whom? _____

Present disposition _____

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? NO

Where? _____ By Whom? _____

Present disposition _____

c. Was deceased identified by living members of the crew at the time of death? _____

unknown

d. Did Cemetery register or cross indicate the immunization shot? none

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? burnt

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?

burnt

(Burnt? Decapitated? etc)

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

no

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 _____

none

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

yes

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

no

51. Was investigation preceded by advanced publicity? unknown

(If special investigation, give case number)

52. Give Brief Narrative According to my knowledge of estimation the tank was over powered by enemy tank and has been greatly disabled etc.

(Use attached sheets, if necessary)

Signature of Interpreter

Rank ASN

Organization

Shuhei Sugawara
Shuhei Sugawara

Signature of Investigator

Pvt. 30117563

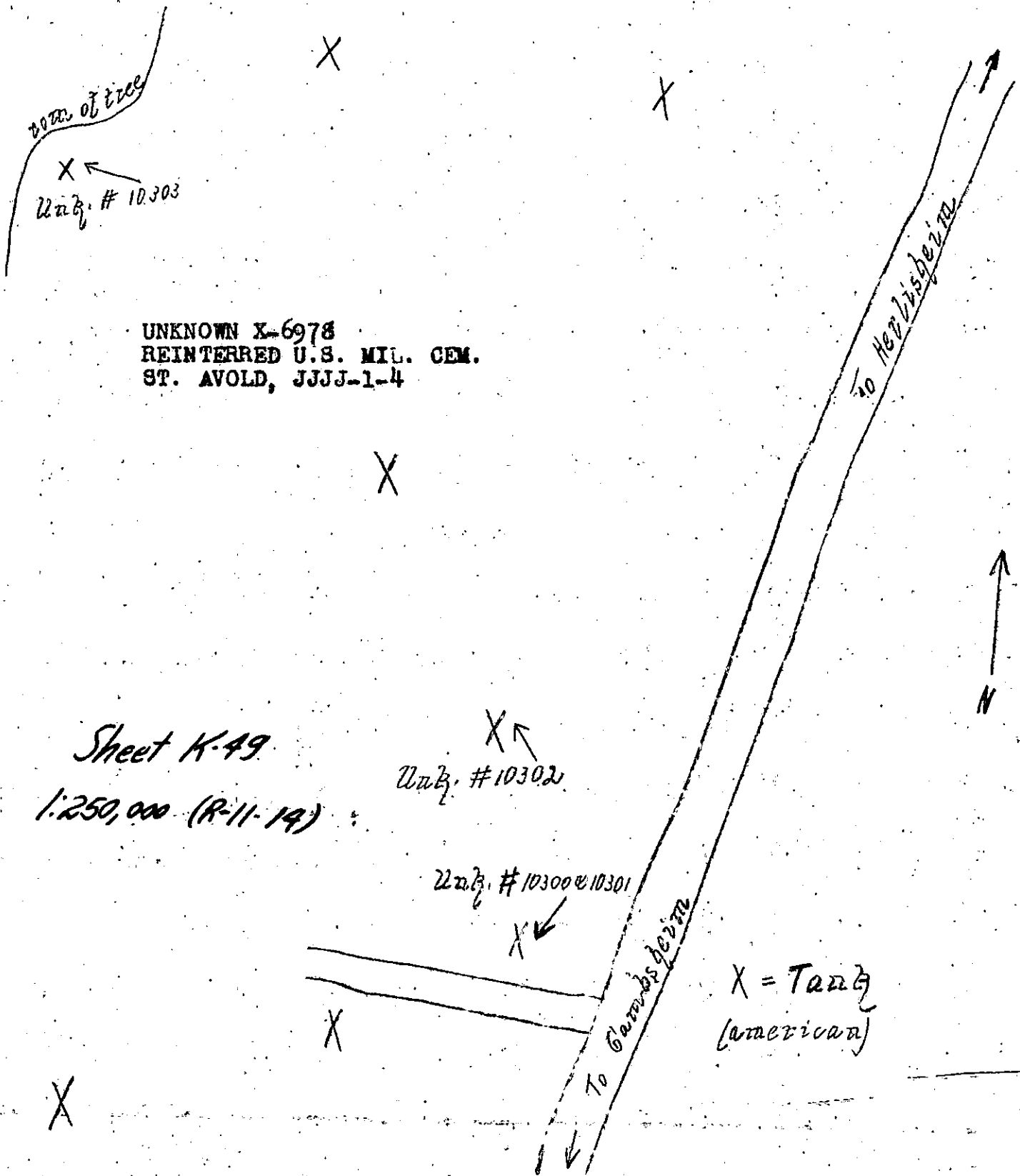
Rank ASN

535th QM. Group

Organization

(Sketch)

Tank battle in field about 3 kilometers south
of burgemeisters office in Herlisheim, France.



Attestation.

Je soussigne Marcel GROSS, domicilie a Herrlisheim, certifie par la presente que j'ai habitw le village de Herrlisheim, pendant les combats qui se sont deroules dans notre region du mois de janvier a mars 1945.

Il est a ma connaissance que plusieurs militaires americains ont ete enterres sur le ban de notre commune.
Des restes calcines de quatre ou cinq corps militaires americains se trouvent encore sous les debris d'un tank americains.
Les autres militaires americains ont ete exhumes au cours du mois d'avril 1946 pour etre reinhumes sur le cimetiere de St.Avold par un service commande par un officier americain.

Signe: Marcel Gross, Cultivateur
a Herrlisheim, Route de Bischwiller No.2

Legalise par:
Le Maire d'Herrlisheim.

Traslation:

I undersigned Marcel Gross, domiciled in Herrlisheim, certify hereby, that I was staying in this village during the fights in January to March 1945.
I know that several Americans are interred in our district. The burned remains of four or five American bodies are still under an American tank.
The other american bodies were disinterred in March 1946 to be reinterred at the Cemetery at St.Avold, by a special service commanded by an American officer.

Legalized by the Mayor.

Signed by: Marcel Gross
Farmer at Herrlisheim
Route de Bischwiller No.2.

UNKNOWN X-6978
REINTERRED U.S. MIL. CEM.
ST. AVOLD; JJJJ-1-4

X 6978.

1. FILE UNDER NO. 293 - Unk France X-6978 (St Avold)

SYNOPSIS

2. TYPE OF DOCUMENT: PT 3. DATE: 1 Apr 50
4. FROM: CO 7887 Graves Registration Detachment Liege
5. TO: OQMG Washington, D.C.
6. SUBJECT: REFERENCE NO AGRC 619 PLEASE PASS TO MEM. DIV. RE URMSG WCL

42280. FIELD INVESTIGATION HAS BEEN DIRECTED AREZ OF HERRLISHEIM, FRANCE AT LOCATION WHERE REMAINS OF X-1957, X-6952B AND X-6978 ST AVOLD, IN ATTEMP TO RECOVER REMAINS OF JEROME J REBHUN, 12221341. RPTO OFFIELD INVESTIGATION WILL BE FWD UPON COMPLETION. ENC SIGNED BALLARD

MC IN NO 53739

7. DOCUMENT FILED UNDER NO. 293 - Brown, William E. 32 528 087

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

298 unk. France (St. Avold) X-6978

RRE-293

16 June 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 6978, Plot IIJJ
Row 1, Grave 4, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 3107, dated 28-9-48.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

CMC

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

CMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

CMC

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

CMC

Edward E. Stout
1/Lt. Edward E. STOUT, O-1594512

CE

Not identifiable from
information presently
available.

2013, 17 June 49
Accepted 28 June 49
Opau Ried

Incl #3

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date 28 SEP. 1948

SUBJECT: Reprocessing of Remains

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

The remains of X-6978
interred in Plot JJJJ, Row 1, Grave 4, USMC St-Avoid
France, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

Socks, cotton : Remnants of one Pair

Face-piece of gas mask

Hair : Medium Brown $1\frac{1}{2}$ " long wavy

No teeth, No skull

All major bones are missing and/or fractured.

No evidence of old or healed fractures - No amputations.

FOR THE COMMANDING GENERAL :

1 Incl :
- Skeletal Chart

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

Incl # 19

X-6978
3 June 48
St-Avoid
JJJJ-1-4

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Est. Height UID

Link

6

293

DISINTERMENT DIRECTIVE

Unk-France X-6978 (St. Avold)

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3574 00000

DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWN X-006978

SERIAL NUMBER
UNKNOWN X-006978

RANK
1

DATE OF DEATH
15 01 48
DAY MONTH YEAR

CEMETERY
ST AVOLD - METZ

DISPOSITION OF REMAINS
0 3503 00
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
40 1 1 FRANCE

CAUSE OF DEATH
5

SECTION B — CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
USAGF

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

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 GRS INSPECTOR

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

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-6978**
Cemetery **(Q-260584) St Avold France**
Plot **J335** Row **1** Grave **4**

1. Arrived at cemetery **1430** **9 August 1946**
(hour) (date)

2. Place of death **Herrlisheim, France,** **Sheet K-49, 1:250,000 (R-11-14)**
(name of closest town) (coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by **535th QM Grp.**
(name and organization)

4. Evacuated to Cemetery by **Major Wm. J. Pelton, Eq, Third Field Command AGRC.**
(name and organization)

5. 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 **one (1) small piece of wool sweater**

Jacket, HBT **none**

*Shirt, Wool OD **none**

Undershirt, Wool **none**

Undershirt, Cotton **none**

Trousers HBT **none**

*Trousers, Wool OD **none**

Belt, Web **none**

Drawers, Wool **one (1) small piece of**

Drawers, Cotton **none**

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

Socks, Cotton **none**

*Shoes (type) **none**

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **none**

(Other item)

*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
No

8. Description of Remains :
Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**
(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 **UTD**
(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).

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

Jaw **UTO** (large, small, normal) Circumference of head in inches **NO HEAD** (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)

(Unusual characteristics of fingernails)

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

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

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

Hernioplasty **UTD** (yes-no; location)

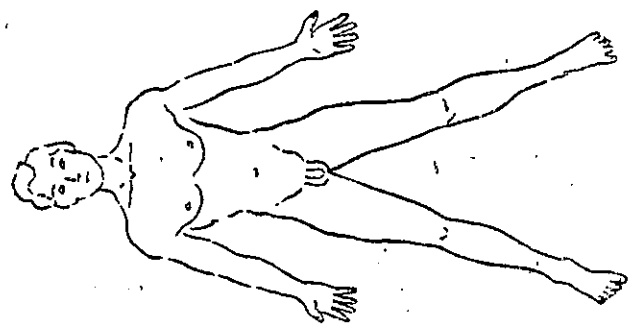
Legs **UTD** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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 :

SEE REMARKS :



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

If not, explain NO FINGERS

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

12. Remarks : **Burned so badly, unable to determine name of bones except ~~half~~ head of right femur and two very small portions of skull.**

Est. weight of burned bones recovered 10 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.

(H)

Wm. J. Pelton
Officer's Name
Wm. J. Pelton

Major **QMG**
Rank Service

HQ, Third Field Command AGRC.
Organization

REINTEGRATED
 U. S. MIL. CEM. ST. A. OLD.
 PLOT JJJ ROW 1 GRAVE 4

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON;
 AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

26th July 1948
DATE

Unknown X-6978
 LAST NAME FIRST INITIAL
Unknown
 UNIT

Unknown Unknown
 RANK SERIAL NO.
Ground Forces (Armored)
 ORGANIZATION

Herrlisheim, France
 PLACE OF DEATH
















Herrlisheim, France (see attached statement)
 PLACE OF BURIAL PLOT ROW GRAVE NO.

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE																					
LOCATION																					

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE																					
LOCATION																					

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

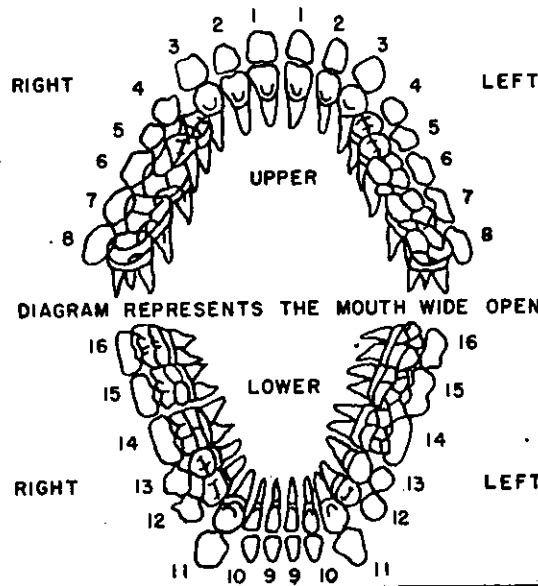
INSTRUCTIONS:

1. **ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY THAT:** SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS: Maxillary was missing from L 5 to 1 and R 1-8.
The maxillary was badly burnt.
There was no mandible with the body.

Thomas W. Turner (FE)
SIGNATURE OF PERSON WHO PREPARED CHART

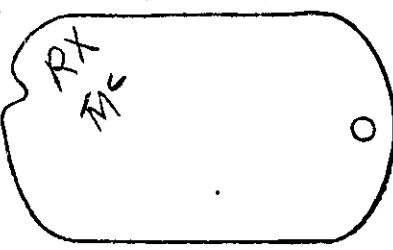
NAME AND RANK TYPED OR PRINTED

HQ, Third Field Command AGRG.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

Jack S. Casey, Chief Supervisor
NAME AND RANK TYPED OR PRINTED
Proces. Point

DATE

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 9 August 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-6978			SERIAL No. UNKNOWN		
	GRADE UNKNOWN	ORGANIZATION UNKNOWN		BRANCH OF SERVICE Ground Force (armored)		
	RACE UNKNOWN	RELIGION UNKNOWN	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Herrlisheim, France	CAUSE OF DEATH Tank battle		DATE OF DEATH Est. Jan. 17, 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)					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES	NONE					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME NONE						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S. Military Cemetery (Q-260584) St. Avold, France						
DATE OF BURIAL 9 August 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wood cross	PLOT No. JJ	ROW No. 1	GRAVE No. 4
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 3 km south of Herrlisheim, France. Sheet K-49, 1:250,000 (R-11-14) see attached statement			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-6977		RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 3	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-6979		RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 5	
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 U. S. and allied dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Section 3. 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.

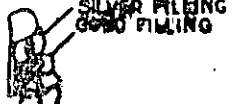
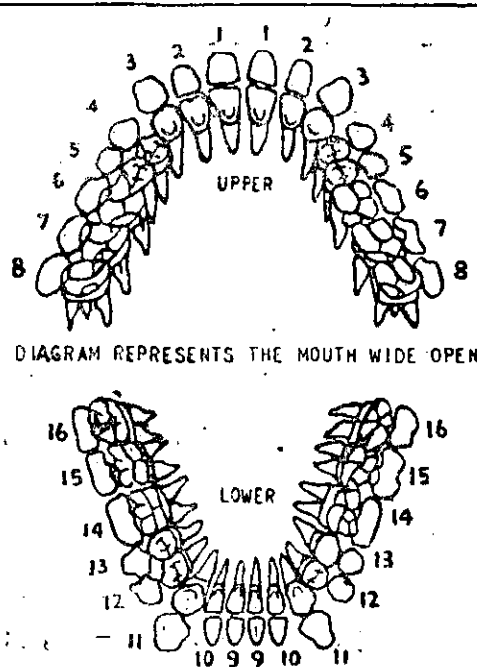


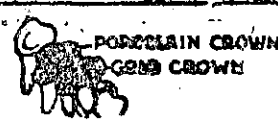

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	UTD	UTD	UTD	UTD

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
NONE	NONE	HERRLISHEIM, FRANCE

OTHER IDENTIFICATION CLUES

NONE

FILLINGS		 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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. Impossible to obtain fingerprints, because of missing portions.
 Est. weight of remains recovered 10 Lbs.