

DDMG FORM 1947
36 JUN 50

ADJUSTMENT OF RECORDS
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

X-7632-B

CEMETERY

St. Auld Frany

PLOT

4P

ROW

8

GRAVE

86

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

REMARKS

Consolidate with
293 for Unknown X-7632 B
St. Auld

2013 SB

1

This grave formerly occupied by : UNKNOWN X-001-B
USMC, ST. AVOLD FRANCE
Plot D, Row 41, Grave 24
Date reburied: 2 May 1949
DISINTERMENT DIRECTIVE Disinterred: 2 May 1949

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
M. R. SWART
CAPT. OMC
DIRECTIVE NUMBER: 3574 00000
DATE: 15 09 48
DAY MONTH YEAR

NAME: UNKNOWN
SERIAL NUMBER: B-007632
GRADE: [blank]
ARM: 0
RACE: 0
RELIGION: 6

CEMETERY: ST AVOLD FRANCE
PLOT: 4P
ROW: 8
GRAVE: 86
DISPOSITION OF REMAINS: 3503 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [blank]
SERIAL NUMBER: [blank]
GRADE: [blank]
DATE OF DEATH: [blank]
DATE DISTINTERRED: [blank]
IDENTIFICATION TAG ON: [] REMAINS [] MARKER
ORGANIZATION: UNKNOWN
RELIGION: [blank]
IDENTIFICATION VERIFIED BY: [blank]
NAME AND TITLE: [blank]

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [blank]
CONDITION OF REMAINS: [blank]
OTHER MEANS OF IDENTIFICATION: SEE ATTACHED WORK SHEET
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
Embossed plates and stencil made to read : "UNK X-007632-B"

JUN 16 2 25 PM '49
REPATRIATION RECORDS BRANCH
TRIAL DIVISION

REMAINS PREPARED AND PLACED IN CASKET

DATE: [blank] BY: [blank]
CASNET SEALED BY: Karl K Kasca, Embalmer
EMBALMER (Signature): Karl K Kasca
CASNET BOXED AND MARKED: [blank]
DATE: 7 Feb 49 BY: Karl K Kasca
All markings, tags and plates verified by: Jesse R Ward, Capt FA

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

Jesse R Ward
Jesse R Ward, Capt FA, 7857 AGRC Zone 3 Hq
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
FILE
1 JUL 1949
REPATRIATION BRANCH MEM. DIV.

ccs no [unclear] 2646

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM: VOID ADVISE		TO: (EX. VERIFICATION DECISION)	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

DISINTERMENT DIRECTIVE

Field for 48 Copy

Final Location Deceased	Directive Number 3574 Day Month Year	Date Year
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NAME UNKNOWN	SERIAL NUMBER X-7632 B	RANK	ARM	DATE OF DEATH Date Month Year
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CEMETERY SAINT AVOLD	Disposition of Remains POLL-DOUBTFULL.
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PLOT 4P	ROW 8	GRAVE 86	COUNTRY FRANCE.	Jode Dist. Pt. Cause of Death
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Section B - Consignee and Next of Kin	
Name and address of Consignee	Name and Address of Next of Kin.

Section C - Disinterment and Identification				
NAME UNKNOWN X- 7632- B	Serial Number	Rank	Date of Death	Date Disinterred 31 Mar 48
Identification Tag on Remains x FMB Marker		Organization	Religion	Identification verified by Elijah H Fields, Embalmer Name & Title

Section D - Preparation of remains for Shipment	
NATURE OF BURIAL Mattress cover	Condition of Remains Disarticulated. All major bones missing and/or fractured except R/clavicle.

Other Means of Identification

Report of Burial found with remains

Minor Discrepancies

Extra portion removed per OI 55 with CIL # 3885.

Remains prepared and placed in transfer box casket	
Date 9 Dec 48	By <i>E.H. Fields</i> Elijah H Fields, Embalmer
Casket Sealed by Elijah H Fields, Embalmer	Embalmer (Signature) <i>E.H. Fields</i> Elijah H Fields
Casket Marked Date 9 Dec 48 Elijah H Fields	All markings, tags, plates verified <i>D.H. Tackett</i> by D H Tackett, 1st Lt OMC

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

D.H. Tackett
D H Tackett, 1st Lt OMC, 7857 AGRC Zone 3 Hq
Signature Of GRS Inspector (Grade & Orgn.)

1010 38

DISINTERMENT DIRECTIVE

6

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

1010 10000

10 03 48

DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

1010101010

1-10000

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

ST. AVOLD FRANCE

CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

ST. AVOLD, FRANCE

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

1110 58

DISINTERMENT DIRECTIVE

6

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
2574 00000

DATE
15 09 48
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: N-00763 GRADE: ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: ST AVOLD FRANCE PLOT: 41 ROW: 6 GRAVE: 30 DISPOSITION OF REMAINS: 3503 00
CODE: DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. AVOLD, FRANCE

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:

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

REMAINS PREPARED AND PLACED IN CASKET
DATE: BY:

CASKET SEALED BY: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:
DATE: BY:

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

AUG 17 1946

REPORT ON BURIAL

K-7632

7 April 1948

Take fingerprints of both hands off male to obtain complete set of fingerprints. Take those You Can, and fill in the following:

K-7632 A (B)

Last Name: UNK First: UNK Initial: UNK

Laundry Marks: UNK

Number of Ribs: UNK

Place of Death: Sari Farm near Katymar, West Virginia

Date of Death: 20 Oct. 1946

Color of Eyes: Blue

Color of Hair: Brown

Cause of Death: Plane Crash

Time and Date of Burial: 1500 20 Oct. 1946

Name of Cemetery: USMC, St. Avold, France

Coordinates of Location: 260584

Grave Number: 86

Row Number: 86

Type of Marker: Wdn. Cross

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

No Identification Tags Remains segregated from former K-7632.

How were remains identified?

Note below any identifying clues found such as letters, photographs, etc. and describe any scars, deformities, etc.

What means of identification were buried with the body?

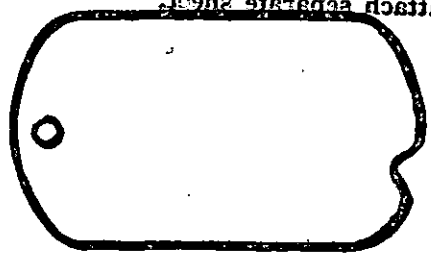
One copy of GR Form #1 placed in a burial bottle and buried with the remains.

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

Who is buried on: Deceased's Right: X-7689 B UNK UNK AAF 87

Deceased's Left: X-3177 B UNK UNK UNK 85

If this is an isolated burial, make a sketch of the tooth chart.



Emergency Addressee	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK
Religion	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK

TOOTH CHART

2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Signature of Officer or other person reporting burial: /s/ Albert G. Richardson

Signature of Officer or other person reporting burial: /s/ Jesse R. Ward

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

Remains previously buried in same cemetery, Plot PPPP, Row 8, Grave 86

ALBERT G. RICHARDSON
US DA CIV I.S.

JESSE R. WARD
Capt.
WOODROW W. WOLF
Captain, QMC

REPORT OF BURIAL

K-7632

7 April 1948

K-7632 A (B)

Take fingerprints of both hands to obtain complete set of fingerprints, Take Those You Can, and fill in the following:

Last Name: UNK
 First: UNK
 Initial: UNK
 Laundry Marks: UNK
 Number of Ribs: UNK
 Unit: UNK
 Place of Death: Sari Farm near Katyman, West Virginia
 Date of Death: 13 April 1948
 Cause of Death: Plane Crash
 Time and Date of Burial: 1500 20 Oct. 1946
 Name of Cemetery: USMC, St. Avold, France
 Name or Coordinates of Location: 260584
 Grave Number: 86
 Row Number: 8
 Type of Marker: Rem. Wdn. Cross

Date: 7 April 1948
 Serial No.: UNK

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
 If No Identification Tags Remains segregated from former K-7632.
 How were remains identified?

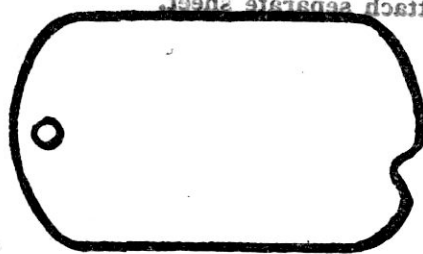
Note below any identifying clues found, such as letters, photographs, probable organization of deceased.

One copy of GR Form #1 placed in a burial bottle and buried with the remains.

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

Who is buried on:	K-7689 B	UNK	UNK	AAF	87
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	K-3177 B	UNK	UNK	UNK	85
	Name	Serial No.	Rank	Organization	Grave No.

If this is an isolated burial, make a sketch of the



TOOTH CHART

Upper	1	2	3	4	5	6	7	8
Left								
Right								

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

Emergency Addressee: UNK
 Address: UNK
 Religion: UNK

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

Remains previously buried in same cemetery, Plot PPPP, Row 8, Grave 86

ALBERT G. RICHARDSON
US DA CIV I.S.

/s/ Albert G. Richardson
Signature of Officer or other person reporting burial

JESSE R. WARD
Capt.

Carh. time copy
Woodrow W. Wolf
/s/ Jesse R. Ward
Verified by G.S. Officer

WOODROW W. WOLF
Captain, QMC

RECEIVED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following :

Date 1948

Serial No. 111

Name of Deceased

Race

Color of Hair

Color of Eyes

Weight

Height

Left Hand

Right Hand

Thumbs

Laundry Marks: _____

Number of Rifle: _____

Wear Glasses? _____

Tooth Chart Attached? _____

Race: _____

Color of Hair: _____

Color of Eyes: _____

Weight: _____

Height: _____

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

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

How were remains identified? _____

Note below any identifying clues found, such as letters, photographs, probable organization of deceased buried with the remains.

One copy of GPR Form #1 placed in a burial bottle with the remains.

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

Deceased's Right: _____

Deceased's Left: _____

Name: _____

Serial No.: _____

Rank: _____

Organization: _____

TOOTH CHART

If this is an Isolated Burial, make a Sketch of the location oriented with Permanent Landmarks. If more space needed attach separate sheet.

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

Indicate missing natural teeth by X; crowns by C; fillings by F; bridges by B; linkages by L; anchor teeth by A; missing teeth by M.

Characteristics: _____

Other Data: _____

Emergency Address: _____

Religion: _____



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

Remains previously buried in same cemetery, Plot PPP, Row 8, Grave 88

Signature of Officer or other person reporting burial: _____

Name: _____

Serial No.: _____

Rank: _____

Organization: _____

Date: _____

Signature of Officer or other person reporting burial: _____

Name: _____

Serial No.: _____

Rank: _____

Organization: _____

Date: _____

Signature of Officer or other person reporting burial: _____

Name: _____

Serial No.: _____

Rank: _____

Organization: _____

Date: _____

WOODROW W. WARD
Captain, OMC

IF DECEASED UNIDENTIFIED:

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

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

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

Left Hand

4
3
2
1

Thumb

Right Hand

4
3
2
1

Thumb

TOOTH CHART

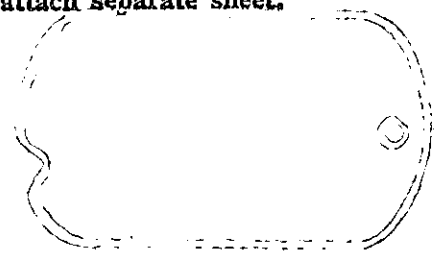
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

Indicate: missing natural teeth by X; crowns by C; fillings by F; Bridges by B; by O linking anchor teeth; replacements of artificial teeth by X.

Characteristics: _____
 Other Data: _____

Emergency Address: _____
 Religion: _____
 List only Personal Effects Found on Body and Location of same: _____



Handwritten signature