

AIRMAIL

OSMET 293

1st Incl.

OSM European

SUBJECT: Unidentifiable Remains
Transmittal Letter #4141

Department of the Army, OSM, Washington 25, D. C., 13 October 1949

TO: Commanding General, American Graves Registration Command,
European Area, APO 58, c/o Postmaster, New York, New York

1. Reference is made to basic communication.
2. Subject cases have been accepted by this Office and approved as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Incls w/6

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

Rice/ld
Fuy
REB

314

Reference to file # 4141

REB
TEC

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

18 July 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 8064, Plot 0000
Row 8, Grave 178, USMC SAINT - 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. 2104, dated 4 December 1946

3. Remarks:

T.P. # 4141, 26 July 49
Received from info presently available
10 Oct 49

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

Berger
Major E. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

CMC

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

CMC

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

CE

Inci #9

This Grave formerly occupied by: **SIMONIAN, Anthony A**
USMC ST AVOLD, FRANCE 32574063 PVT
Plot G, Row 17, Grave 28 **DISINTERMENT DIRECTIVE**
Date reburied: 29 July 49 Date disinterred: 29 July 49

SECTION A - **FRANK B CALLAGHAN**
NAME AND BURIAL LOCATION OF DECEASED 1 Lt PA
DIRECTIVE NUMBER **3574 00000**
DATE **15 01 48**
DAY MONTH YEAR

NAME **UNK - 293 France** SERIAL NUMBER **UNKNOWN X-008064** RANK **1 Lt PA** ARM **St Avold**
CEMETERY **ST AVOLD - METZ** DISPOSITION OF REMAINS **3503 80**
DAY MONTH YEAR
CODE DIST. PT.
CAUSE OF DEATH **6**

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

SECTION C - DISINTERMENT AND IDENTIFICATION
NAME **UNKNOWN X-008064** SERIAL NUMBER **Unk** RANK **Unk** DATE OF DEATH **Est. between Oct 44 & Jan 45** DATE DISTINTERRED **19 Mar 48**
IDENTIFICATION TAG ON REMAINS MARKER **MB.** ORGANIZATION **UNKNOWN** RELIGION **Unk** IDENTIFICATION VERIFIED BY **Eldo J. Henry, Embalmer.**
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL **Uniform.** CONDITION OF REMAINS **Cranium fractured. Completely disarticulated. In skeleton form; one calcinius bone found - other feet bones missing**

OTHER MEANS OF IDENTIFICATION
Report of Burial found with remains reads * Unk X-8064*

MINOR DISCREPANCIES ?
None

REMAINS PREPARED AND PLACED IN CASKET
DATE **30 Mar 48** BY **Eldo J. Henry, Embalmer.**

CASKET SEALED BY **Eldo J. Henry, Embalmer.** EMBALMER (Signature) **Eldo J. Henry, Embalmer.**

CASKET BOXED AND MARKED **All markings, tags and plate s verified by**
DATE **30 Mar 48** BY **Eldo J. Henry, Embalmer.** **Bruce E. Blair, 1st Lt OMC.**

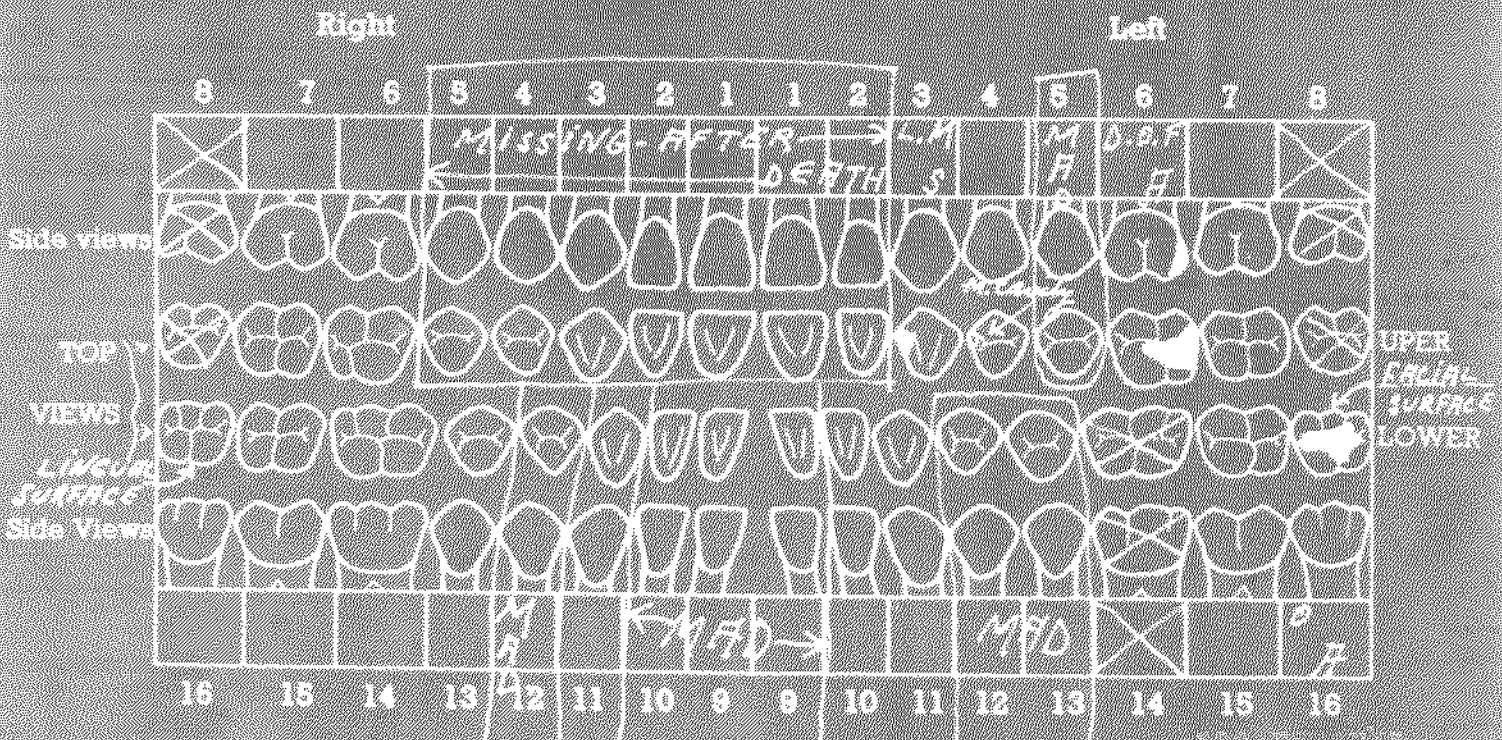
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Bruce E. Blair
BRUCE E. BLAIR, 1st Lt OMC, 337 OM En.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies. FILE
RECORDS ANNOTATED
DATE **25 Jul 49**
NAME **[Signature]**

TOOTH CHART

Date of Birth: _____ Sex: _____
 Last Name: _____ First Name: _____
 Place of Death: _____ Date of Death: _____
 Cause of Death: _____
 Organization: _____



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.

99

Donald R. Steele, D. 211461
 Signature of Officer or other person who prepared Tooth Chart
 Verified by G. E. E. Officer

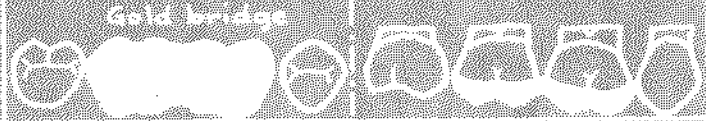
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" d out and labeled, thus :



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



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



FILLINGS . . . Draw filling on teeth 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

Missing before death: 11, 12, 13.
 Missing after death: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22.
 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22.
 Cavity: 12 mesial.
 Larger than average size.
 Bleached white; some lingual stains.
 Alignment fair.

100

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 -8064
Cemetery St. Avoird, France
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death Lichtenberg Forest, Section 21, Reipertviller, France
(name of closest town) (coordinates and letter Prefex, maps)
K-49 Q-84
(Sheet, scale and Serials used)
3. Remains recovered or disinterred by _____ 4444 QM Service Company
(name and organization)
4. Evacuated to Cemetery by _____ G.I.P.
(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 _____	<u>None</u>		
	(type)		
Raincoat _____	<u>None</u>		
Overcoat _____	<u>None</u>		
Jacket, Field _____	<u>M 1943</u>		
Jacket, Combat _____	<u>None</u>		
Mackinaw _____	<u>None</u>		
Sweater _____	<u>wool one</u>		
Jacket, HBT _____	<u>None</u>		
*Shirt, Wool OD _____	<u>one</u>		
Undershirt, Wool _____	<u>None</u>		
Undershirt, Cotton _____	<u>one</u>		
Trousers HBT _____	<u>None</u>		
*Trousers, Wool OD _____	<u>one</u>		

Belt, Web **one**

Drawers, Wool **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

*Shoes (type) **None**

Overshoes **None**

Web Equipment (Type) **None**

(Other item) **scarf O.D. wool**

(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.

Ground Forces

8. Description of Remains :

Age **Utd** Height **Est. 5' 5"** Weight **Est. 140 lb** Description of wounds **Utd**

Bandages or dressings **Utd** Scars **Utd**
(length, width, location)

Utd Tattoos **Utd**
(Number, location — illustrate on sep, page)

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

Utd

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, widow's 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 **Utd** (large, small, normal) Circumference of head in inches **22 1/2"** (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 (yes-no) Pubic hair **Utd** (color)

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

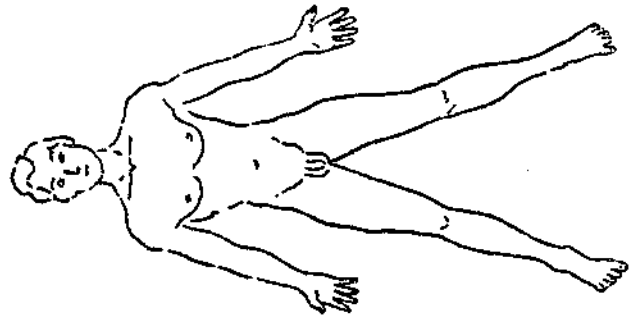
Legs **Utd** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet Utd
(size, corns, callouses, flat)

Toes Utd
(slender, Utd, crooked, overlap)

Evidence of healed fractures None
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery : **see attached chart**



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 : **All remains recovered except as shown on chart. All flesh completely decomposed. No markings on clothing. Est. weight 17 lbs.**

Clothing rotted. Fluoroscopic examination unnecessary. Nothing

found to warrant chem. Lab. Examination.

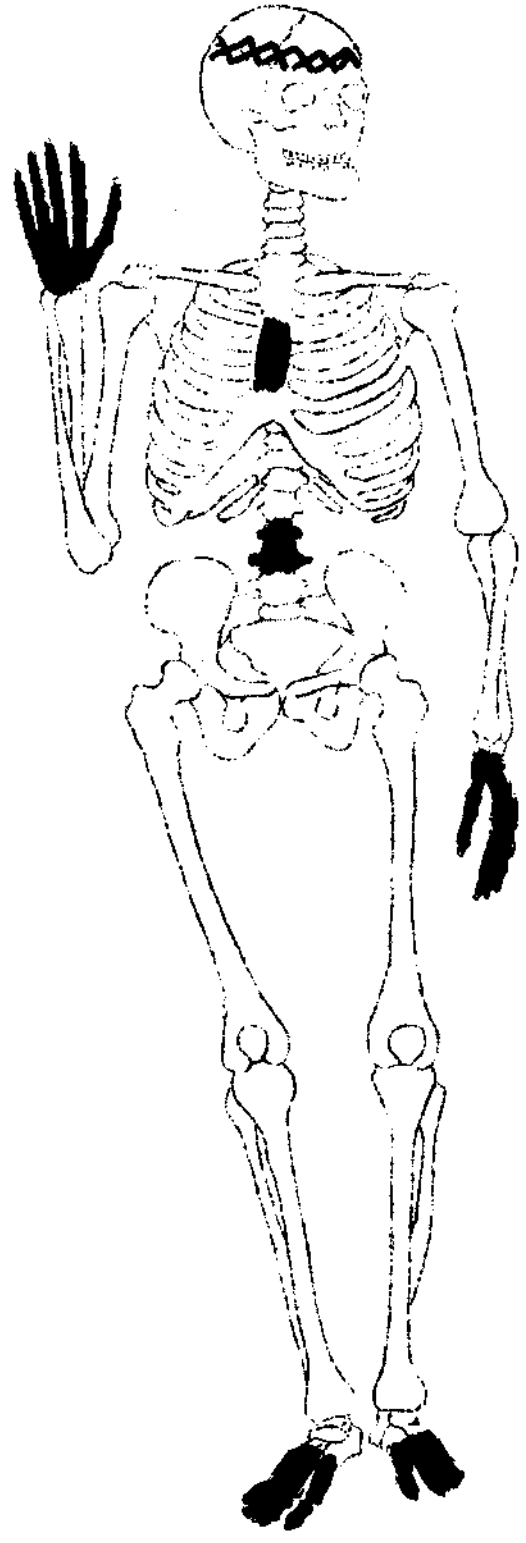
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

R.G. Johnson
R.G. Johnson
Officer Name

2nd Lt. Inf. Lab. Officer
Rank Service

Central Identification Point
Organization

3Z-19



III-2 - 19
U.C. # 26

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946

19 Oct 1946.

Date

NAME UNKNOWN X-8064 RANK Unknown ASN Unknown

ORGANIZATION Unknown BTB: A G F

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 not appl. RANK not appl. ASN not appl.

b. ORGANIZATION not appl.

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

a. NAME not appl. RANK not appl. ASN not appl.

b. ORGANIZATION not appl.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY III 2 - 17 (presumed to be Andrew S. OSMAN), III 2 - 18 (presumed to be Olin O. STENCH), III 2 - 20 (UNK) III 2 - 21 (UNK)

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

a. Date of above burials not buried Common Graves? not appl.

4. Name and Type of Cemetery not appl.
(Military or Civilian)
5. Map Coordinates of the Cemetery not appl.
a. Town not appl. Country not appl.
6. Give exact location in cemetery of the remains.
a. Section not appl. Row not appl. Grave not appl.
b. Is sketch attached? not appl.
7. If remains are not located in a cemetery, give exact location.
a. Town REPERVILLE, Texas Coordinates K 49 & G
b. Is sketch attached? Yes
c. Is area mined? Yes
8. How is the grave marked? not appl.
9. If grave is marked with cross, give exact markings thereon.
not appl.
a. From what source was this information obtained? not appl.
(Identification tags, personal effects)
b. By Whom _____
10. Where are the cemetery records? not appl.
(Town Hall, Cemetery, burgemeister's office)
a. What information was contained thereon? not appl.
b. Where was the information obtained? not appl.
c. By whom? not appl.
11. What is the date of death? Unknown
a. Give basis not appl.
12. What is the cause of death? unknown
a. Give basis not appl.
13. What is the date of burial? not buried

- a. Give basis not appl.
14. What was the place of death? Lichtenberg Forest Coords K 49 Q 8
Section 21
- a. Give basis Place where airtight remains were found
Lichtenberg forest
15. Where were the remains found? Section 21 Coords K 49 Q 8
- a. By Whom? Mr. Charles Krwein, 169 Lichtenberg, Bas-Rhin, France
- b. Is sketch attached? Yes
16. Was a casket used? not appl. Who furnished the casket? not appl.
- Type of casket not appl. How marked not appl.
17. Who made the burial not appl.
 (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? not appl.
- b. Are certificates and statements attached? not appl.

SECTION B- AIR CORPS DECEASED (To be completed only if Deceased is believed to be member of AAF).
NOT APPLICABLE

18. Were remains found in the plane wreckage? not appl.
- a. Give location in plane from which bodies were removed
(Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? not appl.
19. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom)
- a. Type of Plane not appl.
- b. Markings and/or name on plane not appl.
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: not appl.
20. How did crash occur? Anti-aircraft
- Enemy Planes? Collision?

21. Did plane explode in the air? _____ On ground? _____
22. Did plane burn in the air? _____ On ground? _____
23. What was the direction of the flight? _____
24. What was the civilian opinion regarding destination of plane? _____
25. Had bombs been released prior to the crash? _____
26. Does specific time and date of crash correspond with date of death of above named deceased? _____
27. Number of planes in formation prior to crash _____
28. State precise time and date of plane crash _____
(night? day/)
29. 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).
NOT APPLICABLE

30. Were remains found in wreckage of a tank? _____
 - a. Give specific position in tank from which deceased was removed. _____
Radio man, driver, asst. driver or front, side, back.
 - b. Near wreckage? _____
31. 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. _____
32. What was the type of enemy action that resulted in the tank's disablement? _____
33. Did tank explode? _____ Burn? _____

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

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

36. Precise time and date of destruction of tank _____
(night? day?)

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

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

38. 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 interrogation.

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

39. 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)

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

_____. If not, state reason None found

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

Where? not appl. By Whom? not appl.

Present disposition unknown

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? unknown

Where? not appl. By whom? not appl.

Present disposition unknown

- c. Was deceased identified by living members of the crew at the time of death? not appl.
- d. Did Cemetery register or cross indicate the immunization shot? not appl.
41. Was Deceased given first aid? not If so, where? not appl.
By whom? not appl. Are statements from the medical people attached? not appl.
42. Was deceased evacuated to a German civilian hospital? No
Where? not appl. Names of people concerned not appl.
43. Is it possible on surface investigation to obtain from civilian sources a physical description of deceased? No
44. Is it possible on surface investigation to obtain from civilian sources the condition of remains? Decomposed
(Burnt? Decapitated? etc)
45. Do facts surrounding death show any evidence that it might be an atrocity case? No
a. If so, give basis for positive assumption not appl.
b. If so, has higher headquarters been notified? not appl.
46. Was case previously investigated? No By whom? not appl.
When? not appl.
47. Give full names, addresses, and information obtained from each person interviewed Mr. Charles Erwin, 169 Lichtenberg, Bas-Rhin, France
48. Are all positive statements regarding identification and particulars surrounding death attached? Yes

49. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes
50. Was investigation preceded by advanced publicity? Yes
(If special investigation, give case number) not appl.
51. Give Brief Narrative see attached narrative

(Use attached sheets if necessary)

A. Fournier

A. Fournier
Signature of Interpreter

Inf.
Rank

Civ.
ASN

1111st Service Co (AC)
Organization

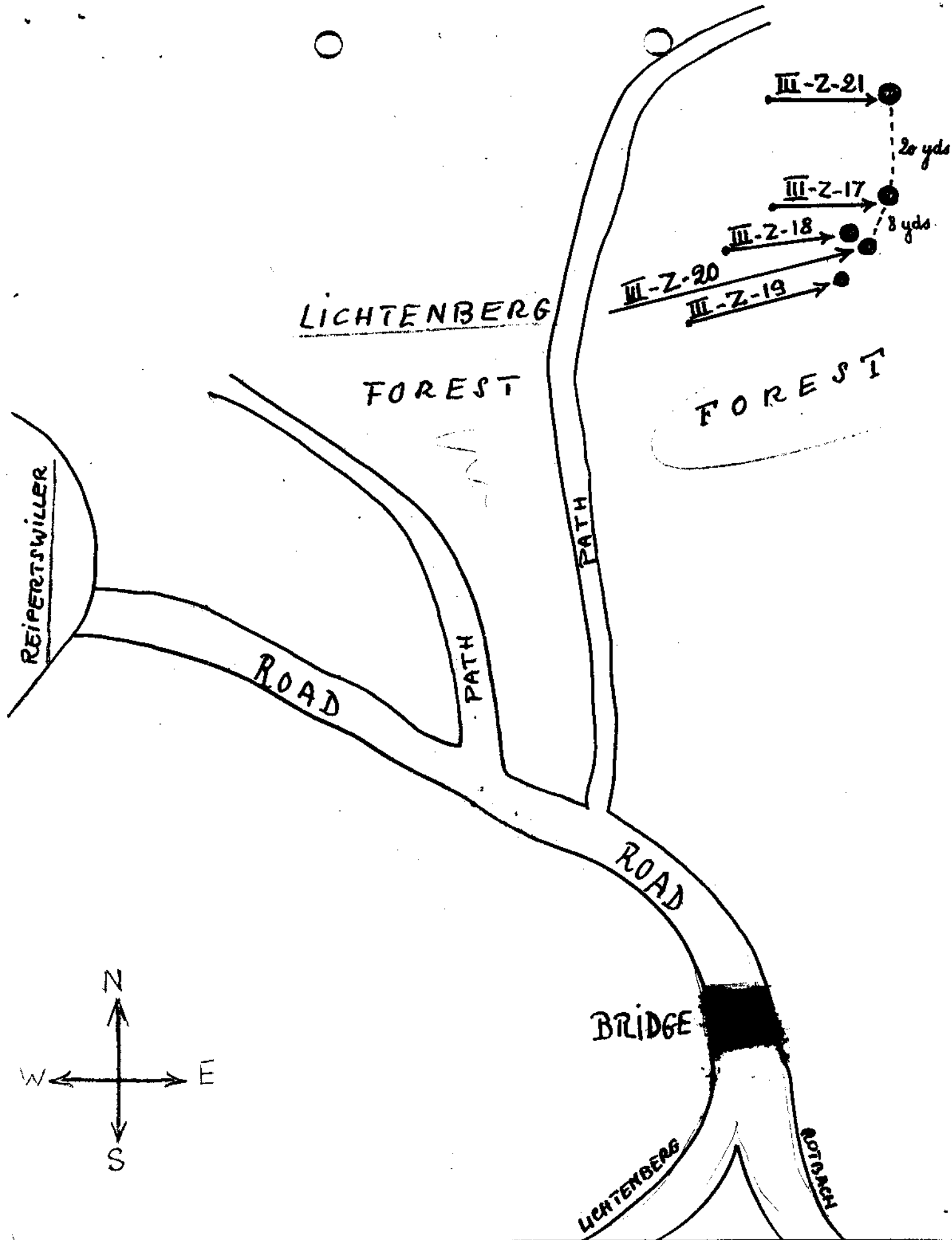
Jack Picus

J. Picus
Signature of Investigator

CAF-2
Rank

A-117132
ASN

1111st Service Co (AC)
Organization



October 17, 1946.

STATEMENT of Mr. ERWEIN Charles, No. 169 at
LICHTENBERG, Bas-Rhin.

While demining in the month of May 1946, I found
5 bodies of American soldiers in Section 21 of the
Lichtenberg forest. These are the five bodies which
were removed to-day by the disinterring team of the
4444 QM Ser Co AGRC.

/s/ Erwein.

CERTIFIED A TRUE TRANSLATION:


GERDA C. PRUYS
WO Dutch Civ.
Translator

N A R R A T I V E

The five remains covered by this case were discovered by Mr. CHARLES ERWEIN at Lichtenberg while parts of the Lichtenberg forest were being demined near the town of Reipertsweller. The case was first mentioned in connection with U.S. deceased III Z - 15 who was found in the same woods.

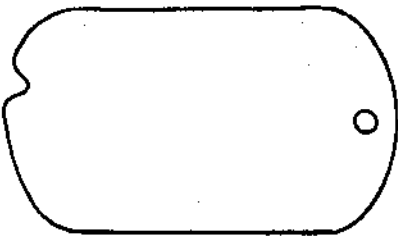
All five bodies were found in an area of about 35 by 20 feet as enclosed sketch shows. As none of them were buried, this must have been the very spot where they were killed in action. Upon investigation two of the five remains were identified by identification tags on the body as respectively ANDREW B. OWENS and ODIS O. SPENCER. They were removed from the forest on the same day as the other three and evacuated to Strasbourg under evacuation numbers III Z - 19, III Z - 20, and III Z -21. However on the body of deceased III Z - 21, a wallet was found, but the papers in it were illegible, the wallet was left on the body and shipped to Strasbourg.

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
31 October 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-8064.		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE BTB: A G F
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Lichtenberg Forest, Section 21, Reipertviller, France	CAUSE OF DEATH BTB: Killed in Action	DATE OF DEATH Est. betw. Oct. 44 and Jan. 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	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

MEMORIAL DIVISION
 DEC 23 10 55 AM '46
 REBURIAL AND RECORDS BRANCH

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 St. Avold, France (Q-260584)

DATE OF BURIAL 31 October 1946	HOUR 1800	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER temp. wood-cross	PLOT No. 0000	ROW No. 0	GRAVE No. 178
------------------------------------------	---------------------	----------------------------------------------------------------	-------------------------------------------------	-------------------------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Deceased found on ground of Lichtenberg Forest, Section 21, Reipertviller, Fr. K-49 Q-84
--------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES Ch. Ch. Williams, 1st Lt. Ch. Norm H. Traubel, Capt.	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-8072	RANK UNK	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 177
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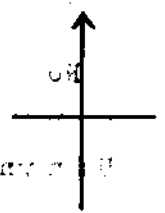
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) Hagy, James F. Jr.	RANK S/Sgt	SERIAL No. 12309118	ORGANIZATION A.A.F.	GRAVE No. 179
------------------------------------------------------------------------------------------------	----------------------	-------------------------------	-------------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT ELLSWORTH T. MAC INTYRE Captain QMC C.I.P.	SIGNATURE OF GRS OFFICER VERIFYING REPORT FRANCIS A. GIFFORD Captain QMC C.I.P.
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

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.

18-8-178

RESTRICTED

LITTLE FINGER LEFT	Section 3. UNIDENTIFIED REMAINS.			
RING FINGER LEFT	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.			
MIDDLE FINGER LEFT	HEIGHT Est. 5' 5"	WEIGHT Est. 140 lbs	COLOR OF EYES Utd	COLOR OF HAIR Utd
INDEX FINGER LEFT	WEAPON AND SERIAL No. None		LAUNDRY MARKS see below	BIRTHMARKS, SCARS, OR TATTOOS Utd
THUMB LEFT	OTHER IDENTIFICATION CLUES		WHERE BODY WAS BURIED OR FOUND Lichtenberg Forest, Section 21, Reipertviller FR.	
THUMB RIGHT	Jacket Field "1: 1943"			
INDEX FINGER RIGHT	This deceased was found with four (4) other bodies at Lichtenberg Forest, Section 21, Reipertviller, France. Processing at Central Identification Point revealed no clues as to the identity of this body. Therefore this case remains "Unknown"			
MIDDLE FINGER RIGHT	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL UNDER THIS ESTABLISHED CEMETERY</p> 			
RING FINGER RIGHT	REMARKS: Form # 11 checklist of Unknowns and Form # 1-A, Tooth Chart accomplished. Unable to obtain fingerprints because of decomposition. Estimated weight of remains recovered: 17 lbs.			
LITTLE FINGER RIGHT				

RESTRICTED