

7887 GRAVES DETACHMENT

943 unk St. Arnold X-8072

APO 757

THOMAS

mm

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-8072, ST AVOLD

(FCC) HAMM

File

6 March 51

M. Martin

2d Ser.

Familienname: Vorname:

Unbekannt M 54/028. 8.1

geboren am

in: unknown

Kreis:

7.12.43

Truppenteil:

Mosch Mustang

Mustang.

Dienstgrad:

134

Fly.

Flier

Erkennungsmarke:

Tag des Todes

28 May 44

Ort des Todes

28.5.44/14³⁰ Uhr N. Zerbst

N. Zerbst

Beerdigt am

5.6.44

Lage und Nr. des Grabes:

Russian cem. Zerbst. Germany

M 52 (D 78)

Gemeldet durch:

B.L.

Ref. I.

W.G.O.

Wast.

Trupp. L.

Can.

Bl.

Trilog. Luft.

Unterig. b. Abt. Kpf. V

cl

Re

VIII
Kpf. V

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avoird France		TO OIC Newville Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Stephen F Wilson, RA-39587409	
SIGNATURE OF SHIPPER <i>Frank B Callahan</i>	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 (PA VEHICULES/VEHICULES OTHER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Callahan</i>	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

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

293 unk. France (St. Hovold) X-8072

RRE 293

8 August 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 8072, Plot 0000, Row 8, Grave 177, 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. 2098, dated 29-11-46.
3. Remarks:

Case reviewed by undersigned Members of the Board of Review:


Col. H.P. HENRY, O-12589

QMC

Lt. Col. E.D. MULVANY, O-359598

QMC


Major R. BERGER, O-251736

and ... ORD

identifiable from


information presently available


Capt. Jack C. HAYES, O-1577297

QMC

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

QMC


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

CE

Incl # 23

T.P. # 4209, 10 Aug 49

W
6

DISINTERMENT DIRECTIVE

293 unk France 1-8072 St Avold

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1374 00000

DATE
13 01 60
DAY MONTH YEAR

NAME
UNKNOWN X-008072

SERIAL NUMBER

RANK

ARM
I
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
ST AVOLD - METZ

DISPOSITION OF REMAINS
1503 80
CODE DIST. PT.

LOT ROW GRAVE COUNTRY
40 8 177 FRANCE

CAUSE OF DEATH
6

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
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

PLACE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MAJOR DISCREPANCIES *1*

REMAINS PREPARED AND PLACED IN CASKET

CASKET SEALED BY

BY
EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF 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 E072
Cemetery ST AVOLD, France (Q26058)
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death ZEREST, Germany
(name of closest town) (coordinates and letter Prefex, maps)
M-82/D-08, 1/250,000
3. Remains recovered or disinterred by 95 th C.I. Bn.
(name and organization)
4. Evacuated to Cemetery by C.I.P.
(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 none found
(type)

Raincoat none found

Overcoat none found

Jacket, Field none found

Jacket, Combat none found

Mackinaw none found

Sweater none found

Jacket, HBT none found

*Shirt, Wool OD yes Suntan, Remnants

Undershirt, Wool none found

Undershirt, Cotton yes remnants

Trousers HBT none found

*Trousers, Wool OD none found

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 8072
Cemetery ST AVOLD, France (Q26058)
Plot _____ Row _____ Grave _____

1. Arrived at cemetery _____
(hour) (date)
2. Place of death ZERBST, Germany
(name of closest town) (coordinates and letter Prefex, maps)
M-52/D-08, 1/250,000
3. Remains recovered or disinterred by 95 th CL En.
(name and organization)
4. Evacuated to Cemetery by C.I.P.
(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 none found
(type)

Raincoat none found

Overcoat none found

Jacket, Field none found

Jacket, Combat none found

Mackinaw none found

Sweater none found

Jacket, HBT none found

*Shirt, Wool OD yes Suntan , Remnants

Undershirt, Wool none found

Undershirt, Cotton yes remnants

Trousers HBT none found

*Trousers, Wool OD none found

Belt, Web **None found**
Drawers, Wool **None found**
Drawers, Cotton **None found**
Leggins, Wool **none found** (Note unusual lacing)
Socks, Cotton **none found**
*Shoes (type) **none found**
Overshoes **none found**
Web Equipment (Type) **none found**
(Other item) **none found**

(Other item)

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

6. Chevrons or Insignia **none found**
(type & location : shirt, jacket, coat, helmet)
Shoulder Patch **none found**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces **NO**
U.T.D

8. Description of Remains :

Age **UNK** Height **UTD** Weight **UTD** Description of wounds **none found**
only burned and crushed bones remain.

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, pocks, freckles)

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

Hair **None found**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair None found (baldness, widows peak, distinctive cutting or other characteristics).

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

Goatee UFD (light, color, extent)

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

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

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

Teeth missing (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

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

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

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

Shoulders UFD (broad, straight, small, rounded) Arms UFD (length, muscular, color)

(extent and quantity of hair)

Hands UFD

Fingers UFD (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

Back UFD (quantity & extent of hair) Aist UFD (size of navel, appendectomy, amount)

(quantity & color of hair) Circumcision UFD (yes-no) Pubic hair None found (color)

Hernioplasty UFD (yes-no; location)

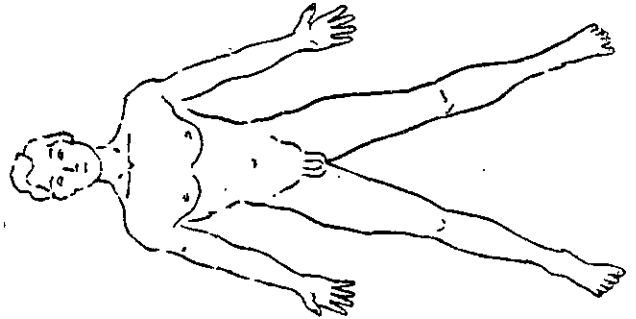
Legs UFD (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet missing
(size, corns, callouses, flat)

Toes missing
(slender, straight, crooked, overlap)

Evidence of healed factures none found
(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 too decomposed

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

12. Remarks : Present remains est. 5 lbs.
Remains small amount of crushed bone fragments.
Partly burned.
Impossible to give est. of height or weight.
No complete bone available to measure.
Fluoroscopic examination not necessary.
Nothing found to warrant chemical 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. C. Johnson
R. C. JOHNSON

Officer's Name

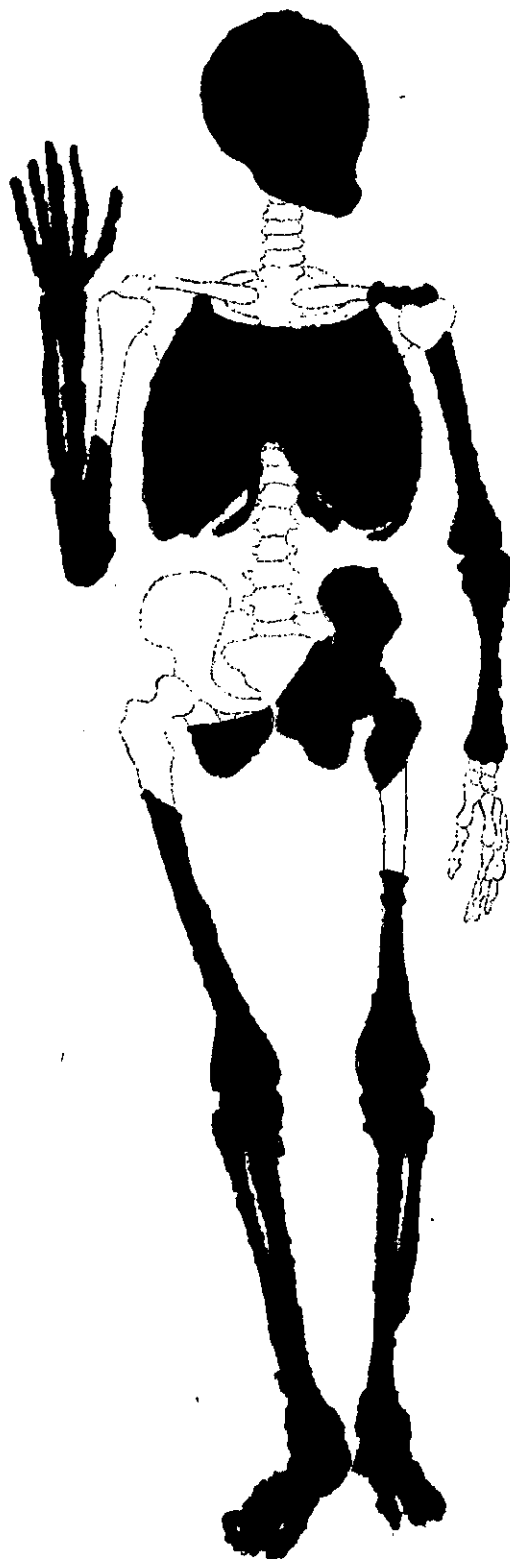
2nd Lt. INF. LAB. OFF.

Rank Service

CENTRAL IDENTIFICATION POINT.

Organization

1F 2221



REPORT OF INVESTIGATION
AREA SEARCH

1F-2221

Attention Registration **1F 2221**
Division Hq. AGRC - for
use in Casualty Clearance.

AGRC Form 10 (Revised)

30 October 1946
Date

1 January 1946

NAME UNKNOWN X-8072 RANK unknown 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? No If so, state the facts as to whom you believe the deceased to be:

a. NAME UNKNOWN RANK Unknown ASN Unknown

b. ORGANIZATION AAF (believed)

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Nagy, J. F., Krezel, Fl,
two Unknown

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

a. Date of above burials 10 March 1944 Common Graves? No
5 June 1944

5. Name and Type of Cemetery Russian Cemetery, Zerbst, Ger.
(Military or Civilian)

6. Map Coordinates of the Cemetery N 52/D 98 1/250.000

a. Town Zerbst Country Germany

7. Give exact location in cemetery of the remains.

a. Section _____ Row _____ Grave See attached sketch

b. Is sketch attached? Yes

8. If remains are not located in a cemetery, give exact location.

a. Town _____ Coordinates _____)

b. Is Sketch attached? _____) Does not apply

c. Is area mined? _____)

9. How is the grave marked? Not marked

10. If grave is marked with cross, give exact markings thereon Does not apply

a. From what source was this information obtained? Does not apply
(Identification tags, personal effects)

1. By whom Does not apply

11. Where are the cemetery records? No records
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? Does not apply
- b. Where was the information obtained? Does not apply
- c. By whom? Does not apply
12. What is the date of death? Exact date unknown, believed in 1944
- a. Give basis Verbal civilian statement
13. What is the cause of death? Unknown - believed killed in plane crash
- b. Give basis Verbal civ. Statement
14. What is the date of burial? Unknown
- a. Give basis Verbal civ. Statement
15. What was the place of death? Zerbst, Germany Coords M 52/D 98
1/250.000
- b. Give basis Verbal civ. statement
16. Where were the remains found? Unknown Coords Unknown
- a. By whom? Unknown
- b. Is sketch attached? No
17. Was a casket used? Unk. Who furnished the casket? Unknown
- Type of casket Unk. How marked? Unknown
18. Who made the burial? Unknown
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Unknown

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? Unknown
- a. Give location in plane from which the bodies were removed Does not apply
- (Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? Unknown
20. Scene of crash must be investigated. Give complete results of investigation. (if removed, state when and by whom).
- a. Type of Plane Unknown
- b. Markings and/or name on plane Unknown
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: Unknown
21. How did crash occur? Unknown Anti-aircraft Unknown
- Enemy Planes? Unknown Collision? Unknown
22. Did plane explode in the air? Unknown On ground? Unknown
23. Did plane burn in the air? Unknown On ground? Unknown
24. What was the direction of the flight? Unknown
25. What was the civilian opinion regarding destination of plane? Unknown

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? Unknown
28. Number of planes in formation prior to crash Unknown
29. State precise time and date of plane crash. Unknown (Night?) (Day?)
30. Were parachutists seen? Unknown How many? Unknown Escaped? Unknown
Prisoners? Unknown

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? Does not apply
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) Does not apply
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 None available
a. Were identification tags found at the time of death? Unknown
Where? _____ By whom? _____
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? _____ By whom? _____
 Present disposition Unknown
- 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? No
42. Was Deceased given first aid? Unknown 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? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? Unknown
 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
Alberts (Burger); Muller (Police); Fusslage (Clenk); Zerbst, Ger.
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? No
 (If special investigation, give case number)
52. Give Brief Narrative Absolutely nothing is known about the case of death, date of death, or burial is known by the civilians interrogated. It is believed that the Ger. Mil. had charge of everything, and there are no records in Zerbst about his deceased.
 (Use attached, sheets if necessary)

Signature of Interpreter

Albert C. Kalweit

ALBERT C. KALWEIT

Signature of Investigator

Rank

ASN

Major FA. 0-327477

Rank

ASN

Organization

95th QM Bn. (M)

Organization

NARRATIVE OF DISINTERMENT
ZERBST, GERMANY

11 October 1946

On the 11th of October, disinterment team # 2 disinterred from the Russian cemetery of Zerbst, Germany (M 52 /D 98 1/250,000) the remains of five (5) American deceased.

The deceased were buried in four (4) coffins, two remains in one of the coffins. Of the five exhumed, two (2) were identified, they are as follows:

JAMES F. NAGY JR. 12209118 - One (1) identification tag placed by the deceased in the coffin.

FRANK P. KREZEL O-694881 - One (1) identification tag placed by the deceased in the coffin.

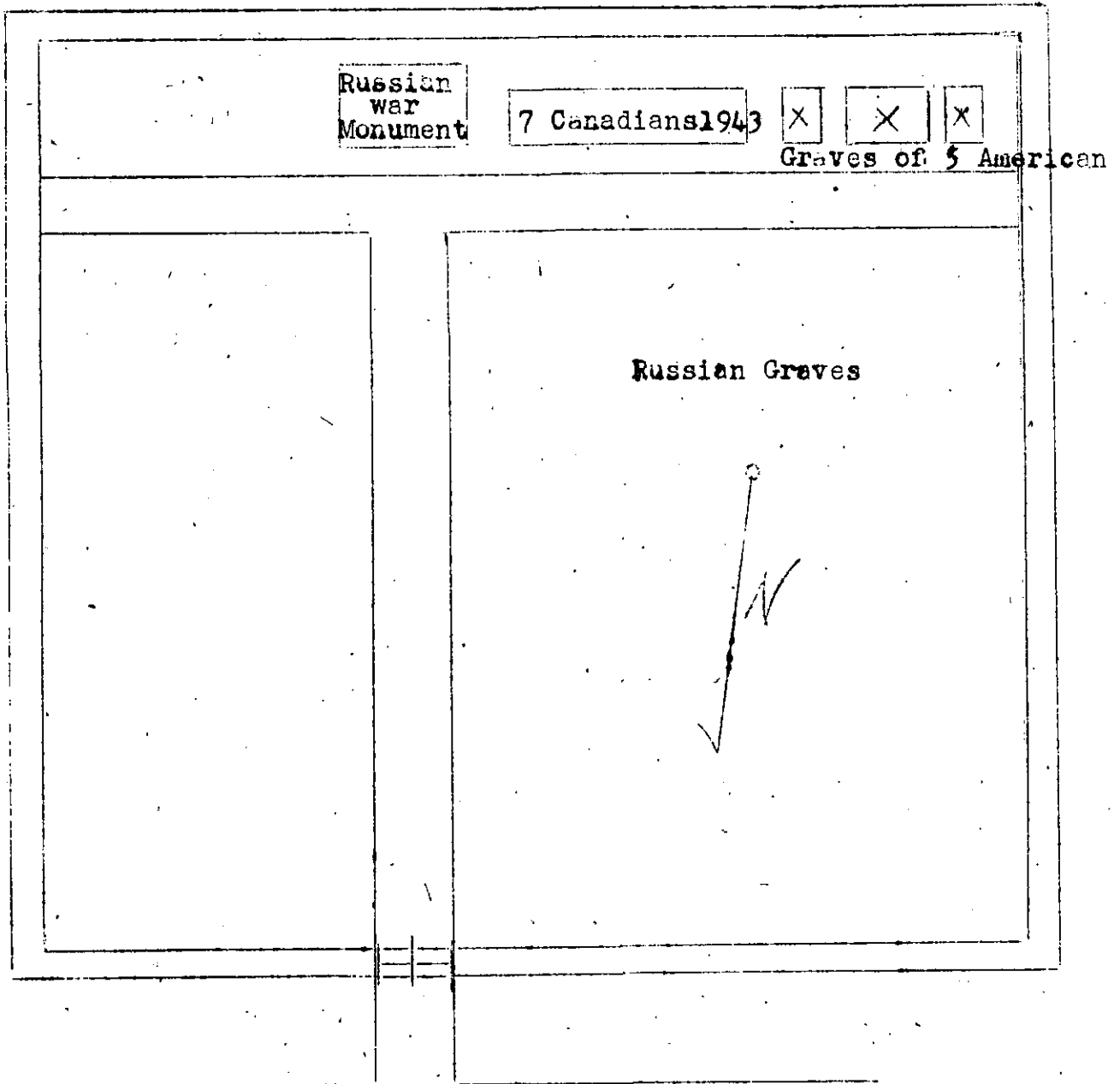
One of the remains, Nagy, James F. Jr. showed evidence of having his leg being amputated. This corresponds with basic information which stated that this deceased had been evacuated to a German civilian hospital.

The three (3) unknowns given evacuation numbers 1F 2220 A, 1F 2220 B, 1F 2221 incl. are supposedly from the same crew as Nagy and Krezel, although no basic information such as MACR etc. could be secured to substantiate this finding.

Upon exhumation it was learned through conversation with one of the German laborers who was present at the time of burial of these deceased, that all five (5) of the exhumed were from the same crew.

A MACR on the deceased disinterred was not available in this office so it was impossible to say the exact number missing from this crew. No clues to the identity of the unknowns exhumed were found.

Wilmer C. Fason
T/SGT. WILMER C. FASON
DISINTERRING NON COM



Field path to ZERBST -----

RUSSIAN CEMETERY ZERBST

ZERBST, GERMANY

M 52/D98 1/250,000

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-8072		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE AAF
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH ZERBST, Germany	CAUSE OF DEATH Plane crash	DATE OF DEATH B.T.B: 1944
--	--------------------------------------	-------------------------------------

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, see in section 3 of manual) none
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) yes	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
none

REGISTRATION AND
RECORDS BRANCH
MEMORIAL DIVISION
DEC 23 10 42 AM '46

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. AVOLD, France (Q-260584)

DATE OF BURIAL 31 October 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) casket	TYPE OF GRAVE MARKER temp. wood. cross	PLOT No. 0000	ROW No. 8	GRAVE No. 177
--	---------------------	--	--	-------------------------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Russian Cemetery ZERBST, Germany M-52/ D-98 1/250.000	PLOT No.	ROW No.	GRAVE No.
---	---	----------	---------	-----------

TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES CH. Ch. R. Williams, 1st Lt. CH. Herve M. Trebaol, 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-8061	RANK Unk	SERIAL No. Unknown	ORGANIZATION A.A.F.	GRAVE No. 176
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) Unknown-X-8064	RANK Unk	SERIAL No. Unknown	ORGANIZATION B.T.B. AGF	GRAVE No. 178
--	--------------------	------------------------------	-----------------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT ELLSWORTH T. MAC, INTYRE CAPT. QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT FRANCIS A. GIFFORD CAPT. GRS
---	--

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.

17-8-77

RESTRICTED

	Section UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT UTD	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR none found
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. none		LAUNDRY MARKS none	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			WHERE BODY WAS BURIED OR FOUND ZERBST, Germany
LEFT THUMB	<p style="text-align:right;">0011 0021 0031 0041 0051 0061 0071 0081 0091 0101 0111 0121 0131 0141 0151 0161 0171 0181 0191 0201 0211 0221 0231 0241 0251 0261 0271 0281 0291 0301 0311 0321 0331 0341 0351 0361 0371 0381 0391 0401 0411 0421 0431 0441 0451 0461 0471 0481 0491 0501 0511 0521 0531 0541 0551 0561 0571 0581 0591 0601 0611 0621 0631 0641 0651 0661 0671 0681 0691 0701 0711 0721 0731 0741 0751 0761 0771 0781 0791 0801 0811 0821 0831 0841 0851 0861 0871 0881 0891 0901 0911 0921 0931 0941 0951 0961 0971 0981 0991 1001 1011 1021 1031 1041 1051 1061 1071 1081 1091 1101 1111 1121 1131 1141 1151 1161 1171 1181 1191 1201 1211 1221 1231 1241 1251 1261 1271 1281 1291 1301 1311 1321 1331 1341 1351 1361 1371 1381 1391 1401 1411 1421 1431 1441 1451 1461 1471 1481 1491 1501 1511 1521 1531 1541 1551 1561 1571 1581 1591 1601 1611 1621 1631 1641 1651 1661 1671 1681 1691 1701 1711 1721 1731 1741 1751 1761 1771 1781 1791 1801 1811 1821 1831 1841 1851 1861 1871 1881 1891 1901 1911 1921 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