

WW II GEM HAMM

PLOT H, ROW 13 GRAVE 93

Date of burial: 11/12/51

Verified by:

DISINTERMENT DIRECTIVE

Att

1

Robert W. Gansel
R.W. GANSEL 1/Lt QMC

SECTION A --
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574

DATE

5 12 51
DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

~~100-1-607-1~~
293 Tank St. Avold X-827 A

CEMETERY

ST. AVOLD, FRANCE

PLOT ROW GRAVE

XX I 6

DISPOSITION OF REMAINS

6001 80
CODE DIST. CTR.

SECTION B -- CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HAMM, LUXEMBOURG

NAME AND ADDRESS OF NEXT OF KIN

BY ADMINISTRATIVE DECISION

SECTION C -- DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

- REMAINS
- MARKER

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

REMAINS WERE DISINTERRED IN ORDER TO PERMIT SIDE BY SIDE BURIAL OF BROTHER CASES.

FILE
 RECORDS MAINTAINED
 DATE *9/24/52*
 NAME *James Hunter*
Rpts

Incl #2'

23530

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
OPERATIONS BRANCH
APO 757 (Liege) US ARMY

20 December 1951

293 unk. St. Avold X-827A
GROF 293 (Hamm)
SUBJECT: Report of Permanent Interments

TO: The Quartermaster General
Washington 25, D.C.
ATTENTION: Memorial Division

1. Forwarded herewith is copy #1 of Disinterment Directive (worksheet) for permanent overseas interment for the remains listed on the attached Daily Report of Permanent Interments (RRE Form 16) unnumbered.
2. A worksheet was utilized to inter subject remains for reasons shown on attached Disinterment Directive.

FOR THE COMMANDING OFFICER:

C.W. Steinsiek

C.W. STEINSIEK
Major, QMC
Operations Branch

- 2 Incls
1. RRE Form 16
(dup) unnumbered
 2. QMC Fm 1194

293 unk. X-827A
A. Arnold

DATE
FILE
RECORDS ASSOCIATED
DATE *9 Jan 52*
NAME *Eugene Smith*
Reg. Br. Mem. Div.

USMC, ST. AVOLD, FRANCE Buried at decea... Left: CARSLAKE ALFRED H
Plot D, Row 11, Grave 24 36225797 S SG
Date reburied: 20 Jan 49 **DISINTERMENT DIRECTIVE** Right: KAMPA BERNARD W
37461572 S SG

SECTION A - NAME AND BURIAL LOCATION OF DECEASED **DEWEY R. BELL**
1st Lt. CAV
DIRECTIVE NUMBER **3574 00080** DATE **15 01 48**
DAY MONTH YEAR

NAME **UNKNOWN X - 00827B** SERIAL NUMBER **0** RANK **0** ARM **0** DATE OF DEATH
DAY MONTH YEAR

CEMETERY **ST AVOLD - METZ** DISPOSITION OF REMAINS **0 3503 80**
CODE DIST. PT.

PLOT **40** ROW **11** GRAVE **275** COUNTRY **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 **UNKNOWN X - 00827B** SERIAL NUMBER **0** RANK **Unk** DATE OF DEATH **Est 15 Dec 44** DATE DISTINTERRED **19 Feb 48**
IDENTIFICATION TAG ON REMAINS MARKER **GRS** ORGANIZATION **UNKNOWN** RELIGION **Unk.** IDENTIFICATION VERIFIED BY **Forrest L. Brown, Embalmer**
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL **mattress cover** CONDITION OF REMAINS **Only bones present are right & left humerus - several fractured ribs - 4 lumbar vertebrae**

OTHER MEANS OF IDENTIFICATION **see (2) two Reports of Burial's found with remains 18 MAY 1949**

MINOR DISCREPANCIES **None** REPAIRATION BRANCH MET DIV.

REMAINS PREPARED AND PLACED IN CASKET
DATE **31 Mar 48** BY **Forrest L. Brown, Embalmer**

CASKET SEALED BY **Forrest L. Brown, Embalmer** EMBALMER (Signature) **Forrest L. Brown, Embalmer**

CASKET BOXED AND MARKED **31 Mar 48** BY **Forrest L. Brown, Embalmer** **All markings, tags and plates verified by Marshall C. Dickinson - 1st Lt FA**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
Marshall C. Dickinson, 1st Lt FA, 337 QM Bn.
SIGNATURE OF GRS INSPECTOR

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

6

DISINTERMENT DIRECTIVE

93 unk found T- 827-6 Harold

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3574 00000

DATE 13 01 48 DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER 00278 RANK ARM DATE OF DEATH DAY MONTH YEAR

CEMETERY ST AVOLD - METZ DISPOSITION OF REMAINS 3503 00 CODE DIST PT

PLOT ROW GRAVE COUNTRY 40 11 275 FRANCE CAUSE OF DEATH

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 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

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.

AIRMAIL

293 uph France X-826 (Staple)

30 August 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Transmittal Letter No. 3325, dated 22 December 1948, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of the following Unknown deceased interred in United States Military Cemetery St. Avold, France as Unidentifiable:

Unknown X-826	Plot III	Row 11	Grave 129
Unknown X-827A	" IX	" 1	" 6

FOR THE ACTING THE QUARTERMASTER GENERAL:

**T. H. WITTE
Lt Colonel, MC
Memorial Division**

**Holden can
Clements
RSH**

293 uph France X-826 (Staple)

REC
REC

AIRMAIL

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief, Id Br Id Sec Mem Div	Repat Br Rec Sec Mem Div ATTN: Capt Snedigar	25 July 49	<p>Attached Reports of Interment forwarded for cancellation and return to Identification Section.</p> <p>3 Incls: ROI X-827B, 405B, w/d 409B (St Avelde) France w/d</p> <p>METZ 74059 <i>[Signature]</i> HARRY 2462</p>
2	Chief Records Repat Br Mem Div	ID Sect	10 Aug 1949	<p>Forwarded for necessary action in your section per request.</p> <p>3 Incls: N/C</p> <p><i>[Signature]</i> SNEDIGAR 5198 <i>[Signature]</i> Thomas bhl 5198</p> <p><i>[Signature]</i></p>

1. FILE UNDER NO. 293 - Unk. France X- 827 (St. Avoild)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 5 Aug 49

4. FROM: OCM, Field Service Division

5. TO: CO, Quartermaster Activities, Kansas City Records Center (AGO)
Kansas City, Missouri Attn: Effects Quartermaster

6. SUBJECT: Request the personal effects of the following named
Unknowns interred in USMC, St. Avoild, France be forwarded
to this Office for examination as an aid to establishing
identification:

X-826 Plot RR Row 11 Grave 129
.....

7. DOCUMENT FILED UNDER NO. 332.3 - Kansas City

mfe

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

22 DEC 1948

Date

293 Unknown France X 827 (A) St Avold
SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.

1. The records pertaining to Unknown X- 827 A, Plot XX,
Row 1, Grave 6, USMC St. Avold, France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2107, dated 6/12/46. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/ GEORGE L. FREEMAN
1st Lt OMC
Actg Asst Adj Gen

Note: Reprocessed 29 June 1949

25 AUG 1949

Received
Not identifiable from
information presently
available

OQMG

*File NAT
26 Aug 49
Norden
Jenkins*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

22 DEC 1948
(Date)

SUBJECT: Unidentifiable Remains.

TO: The Quartermaster General
Memorial Division
Washington 25, D.C.

1. The records pertaining to Unknown X -- 827B, Plot 8000
Row 11, Grave 275, USMC St-Avoid, France have been
reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office
by letter of transmittal No. 2107, dated 6/12/46.
No further information is available.

5 Nov 46

FOR THE COMMANDING GENERAL:

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

Consolidated with X-827 A

Incl #17

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

22 DEC 1948
(Date)

SUBJECT: Unidentifiable Remains.

TO: The Quartermaster General
Memorial Division
Washington 25, D.C.

1. The records pertaining to Unknown X -827A, Plot XX
Row 1, Grave 6, USMC Stavold, France have been
reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office
by letter of transmittal No. 2107, dated 6/12/46.
No further information is available.

5 Rev 46

FOR THE COMMANDING GENERAL:

George L. Freeman
GEORGE L. FREEMAN
1st Lt QMG
Actg Asst Adj Gen

25 AUG 1949

Received _____ OQMG
Not identifiable from
information presently
available

Incl #16

No Personal Effects
Present

1. FILE UNDER NO. 293 - Unk. France X-827 (St. Avold)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 21 Mar 49

4. FROM: OQMG

5. TO: CG, AGRC, EA, APO 58, %PM, New York

6. SUBJECT: Unidentifiable Remains

Unk. X-826 Plot RR Row 11 Grave 129
.....

7. DOCUMENT FILED UNDER NO. 314.6 - GRS, EUROPEAN (T/L 3325)

msb

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.

1	USMC, ST. AVOLD, FRANCE		Buried at deceased Left: CHATTIN ROBERT 33368182 PFC	
	Plot D, Row 15, Grave 24		Right: BURK DARRELL M 02058978 2 LT	
Date reburied: 20 Jan 49		DISINTERMENT DIRECTIVE		
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DENEY R. BELL 1st Lt. CAV		DIRECTIVE NUMBER 3574 00000
				DATE 15 03 48 DAY MONTH YEAR
NAME		UNKNOWN - X-827-A UNKNOWNNA-000827		RANK 8
CEMETERY		ST AVOLD - METZ		DATE OF DEATH DAY MONTH YEAR 3503 80 CODE DIST. PT.
ARM	PLOT			CAUSE OF DEATH
	ROW	GRAVE	COUNTRY	6
	XX	1	6 FRANCE	
SECTION B - CONSIGNEE AND NEXT OF KIN				
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN	
ST. AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)				
SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME		SERIAL NUMBER	RANK	DATE OF DEATH
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		UNKNOWN		
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL			CONDITION OF REMAINS	
OTHER MEANS OF IDENTIFICATION				
SEE ATCHD FILE # 18 MAY 1949				
MINOR DISCREPANCIES / REPAIRATION BRANCH MEX. CIV.				
REMAINS PREPARED AND PLACED IN CASKET				
DATE	BY			EMBALMER (Signature)
CASKET SEALED BY	Fred C. Skrocki, Embalmer			Fred C. Skrocki, Embalmer
CASKET BOXED AND MARKED	DATE			EMBALMER (Signature)
2 Sept 48	BY Fred C. Skrocki, Embalmer			Jesse C. Harrell 1st Lt. CAC
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.				
Jesse C. Harrell 1st Lt. CAC 7857 AGRC Zone 3 Hq				
SIGNATURE OF GRS INSPECTOR				
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.				

DISINTERMENT DIRECTIVE

1	DISINTERMENT DIRECTIVE						
SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE	
NAME				SERIAL NUMBER		RANK	
UNKNOWN				A-000827		B	
EMETERY				DATE OF DEATH		DISPOSITION OF REMAINS	
LOT				ROW		GRAVE	
XX				1		6	
COUNTRY				ST AVOLD FRANCE			
CODE				DIST. PT.			
CAUSE OF DEATH							
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			SERIAL NUMBER		RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN			A-000827		Unk	Est 15 Dec 44	18 Feb 48
IDENTIFICATION TAG ON		ORGANIZATION			RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS					Unk	Richard F Peterson, Embalmer	
<input checked="" type="checkbox"/> MARKER		EMB			NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL				CONDITION OF REMAINS			
In casket with address cover				Totally disarticulated - Small amount of decomposed flesh - All major bones fractured and or missing except R/L Scapulae			
OTHER MEANS OF IDENTIFICATION							
Two Reports of Burial found with remains							
NOTICE OF DISCREPANCIES /							
Extra bones are: fractured R/L Clavicles & Scapulae and L/Ramii without a tooth - Removed per O.I. 255 With C.I.L.# 3188							
REMAINS PREPARED AND PLACED IN CASKET							
DATE		BY		Richard F Peterson, Embalmer			
24 May 48							
CASKET SEALED BY				EMBALMER (Signature)			
Richard F Peterson, Embalmer				<i>Richard F Peterson</i> Richard F Peterson			
CASKET BOXED AND MARKED				CORRECTNESS VERIFIED BY			
DATE 24 May 48				Richard F Peterson, Embalmer			
Richard F Peterson, Embalmer				<i>Bruce E Blair</i> 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.							
<i>Bruce E Blair</i> BRUCE E BLAIR, 1st Lt QMC, 337 QM Bn							
SIGNATURE OF GRS INSPECTOR							

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X - 827 (A)			2. DATE OF REPORT 29 June 1949		
3. NAME OF CEMETERY USMC ST. AVOLD	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	XX	1	6	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED MALE Age 30-35	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR None found		11. RACE U.T.D.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS MORTUARY PLATES					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES NONE					
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Upper and lower appendages			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? See item 19			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS NONE NOTED					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) NONE					

Incl #9

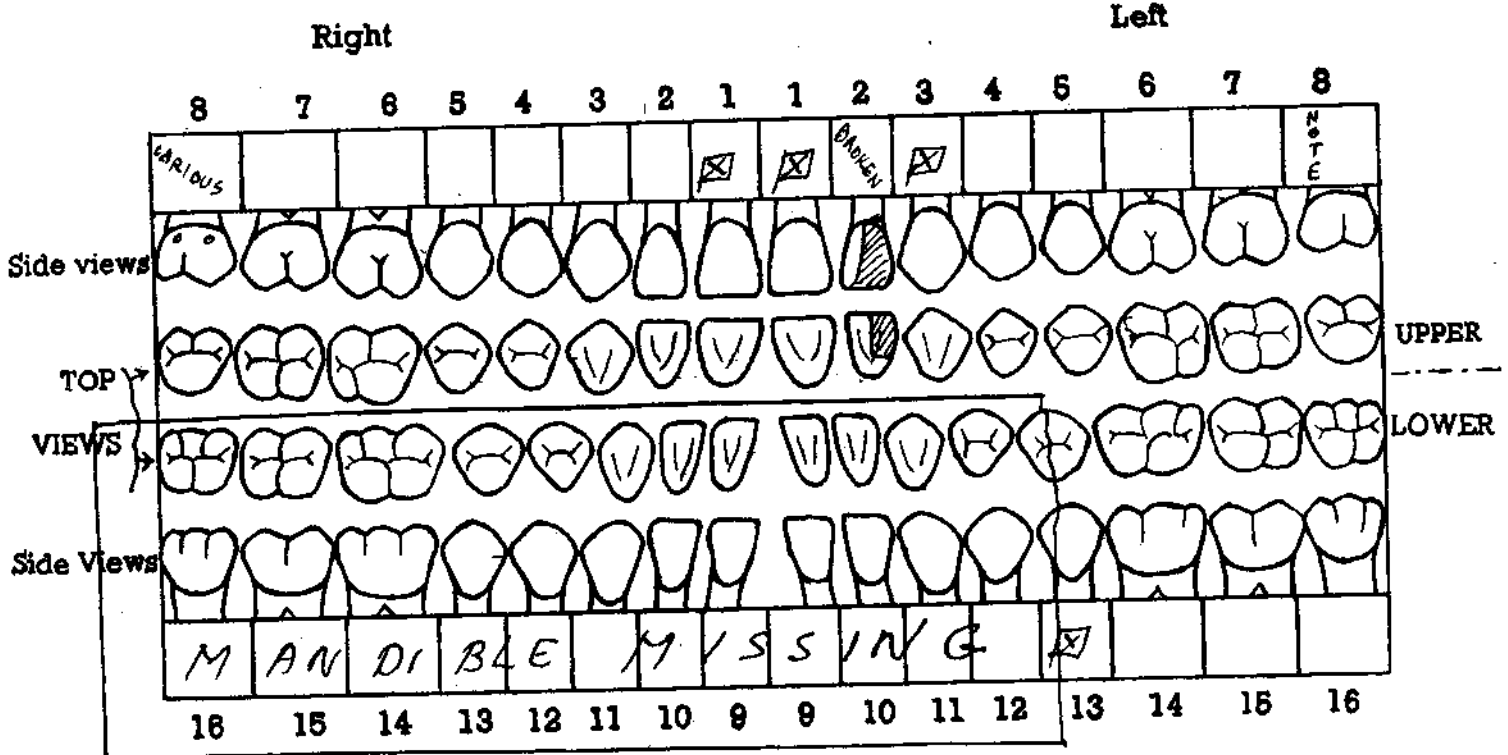
E.O.# 1826
TOOTH CHART

UNK. 827 (A)
 USMC ST. AVOLD
 XX - 1 - 6

29 June 1949

Date

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



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.

A CERTIFIED TRUE COPY

SEE REVERSE

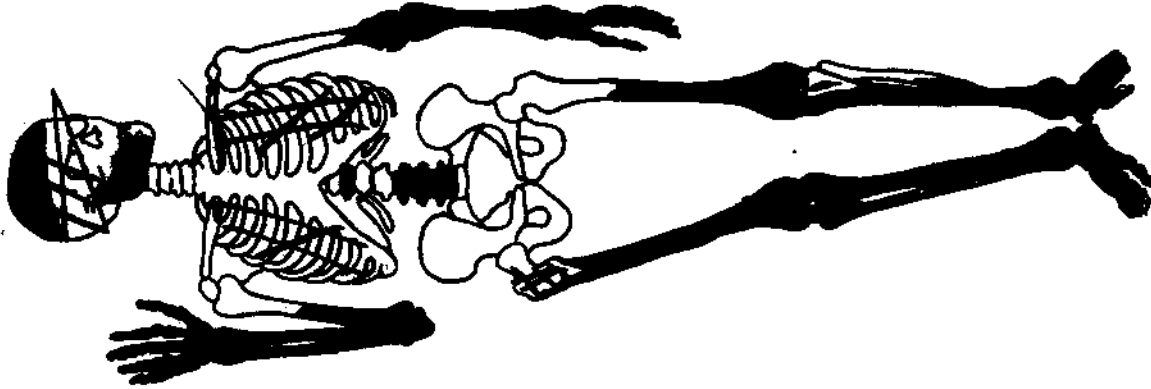
/s/ *George L. Freeman*
 GEORGE L. FREEMAN
 1ST. LT. QMC

/s/ WESLEY A. NEEP
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R.C. Officer

19. BLACK OUT PARTS OF BODY NOT RECORDED

X-827 (A) (Before)



SEE FINAL CHART

20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
(Wherein segregation in whole or parts is impossible)
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

SEE FINAL CHART

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

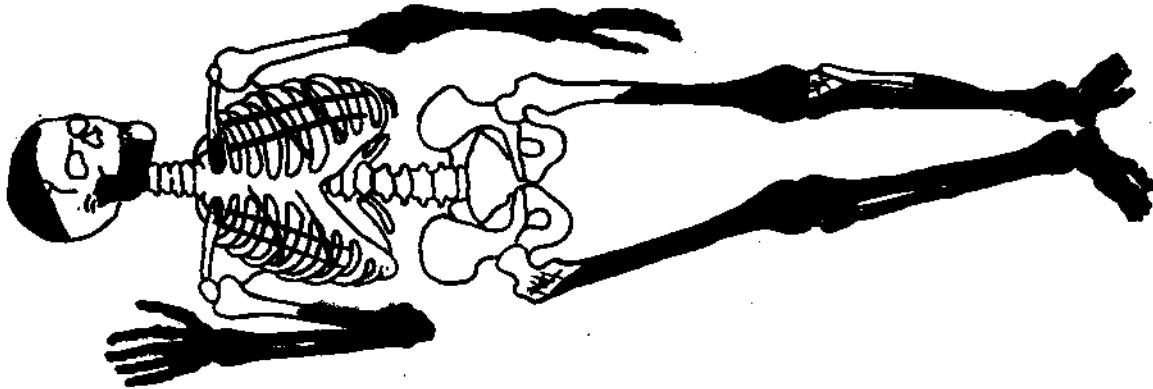
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

19. BLACK OUT PARTS OF BODY NOT RECORDED

X-827 (A)

(Final)
24 Vertebrae present



EST. HEIGHT : U.T.D.

20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS PREVIOUSLY PROCESSED BY F.C.S. AND RECEIVED DISARTICULATED WITH
A MODERATE AMOUNT OF DECOMPOSED FLESH
TEETH RECOVERED AND CHARTED
NO CLOTHING
EST.WT. REPROCESSED REMAINS: 20 Lbs.
EST HEIGHT: U.T.D.
EST.AGE: 30-35 Years
HAIR: None found

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

/s/ WESLEY A. NEEP

E.O.#

1. Case X-827 (B) was eliminated by consolidation with the associated cases as follows:

<u>PORTION</u>	<u>FROM</u>	<u>TO</u>
Proximal 3/4 R. Humerus	X-827 (B)	X-826
" 1/2 L. Humerus	"	"
Ten (10) Ribs	"	"
Three (3) Lumbar and One (1) Thoracic vert.	"	X-827 (A)
Five (5) Thoracic and Two (2) Cervicle vert.	X-827 (A)	X-826
Two (2) Portions of Skull	"	"

2. Case X-826 consists of the larger and heavier bone structure.

3. Consolidation was made according to size, weight, shape, color and articulation of bone structure.

USMC ST. AVOLD
29 June 1949

/s/ WESLEY A. NEEP
DAC SP-8

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-**827-A**
Cemetery **St. Avoild, France**
Plot **II** Row **1** Grave **6**

1. ~~Arrived at destination~~ **Reprocessed November 5, 1946**
(hour) (date)
2. Place of death
(name of closest town) (coordinates and letter Prefex, maps)
3. Remains recovered ~~on November 5, 1946~~ by **Central Identification Point, Strasbourg, Fr.**
(name and organization) **5 November 1946**
(Sheet, scale and serials used)
4. Evacuated to Cemetery by
(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	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear None (type)			
Raincoat None			
Overcoat None			
Jacket, Field None			
Jacket, Combat None			
Mackinaw None			
Sweater None			
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 **None**
Drawers, Cotton **None**
Leggins, Wool **None** (Note unusual lacing)
Socks, Cotton **None**
*Shoes **None** (type)
Overshoes **None**
Web Equipment **None** (Type)

(Other item) **Small remnants of OD blanket. Remnants of mattress cover.**
(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 **UTD**

8. Description of Remains : **Measurements impossible, all long bones fractured.**
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 **None found** (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 **UTD** (large, small, normal) Circumference of head in inches **Badly crushed** (hat band)

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

Shoulders **UTD** (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 **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)

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

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

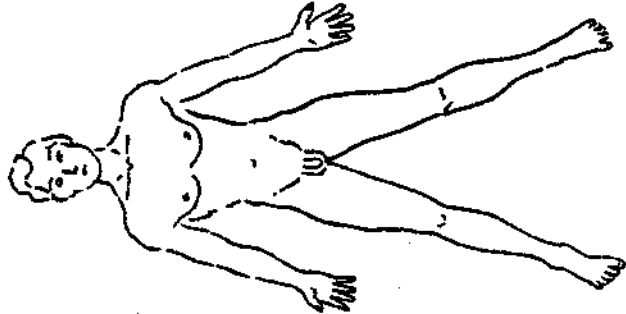
Legs **UTD** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet **VED**
(size, corns, callouses, flat)

Toes **VED**
(slender, straight, crooked, overlap)

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

9. Black out parts of body not received at cemetery : **see anatomical chart for missing bones and fractures.**



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

If not, explain **Fingers missing**

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

12. Remarks : **Embossed metal tag found with remains reads: "Unknown American X-827, Plot XI, Row 1, Grave 6". Body recovered nude in final stage of decomposition. All long bones fractured, measurements impossible. Remnants of woolen blanket indicates original burial made therein.**

**No Fluoroscopic Examination necessary.
Burial bottle submitted with papers of case X-827-A.
Estimated weight of remains: 6 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.

This came in as a single case but remains of two men have been found, and have been segregated and are now known as X-827-A and X-827-B. The teeth have been charted and will remain with X-827-A.

A handwritten signature in cursive script, appearing to read "Robert A. Salvador".

ROBERT A. SALVADOR,
Officer's Name

Captain, Infantry

Rank Service

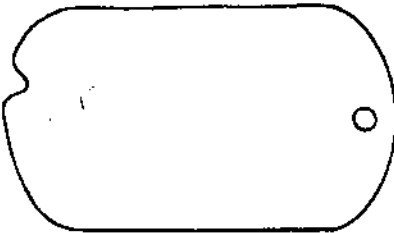
Central Identification Point.

Organization

X-827A

St-Amand, France (Q.260584)
Plot III Row 1 Grave 6



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 8 November 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-827-B			SERIAL No. Unknown		
	GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH vicinity of HATTOM, France (R-180330)		CAUSE OF DEATH Body too decomposed to determine cause of death			DATE OF DEATH Est. 15 Dec. 1944	
EMERGENCY ADDRESSEE (Name, relationship, and address) <p style="text-align: center;">Unknown</p>						
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) CANCEL---Consolidated with X-826 and 827A per ltr ETA 12 July 49, Subj: Reprocessing of Remains.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p style="text-align: center;">Yes</p>		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 <p style="text-align: center;">None</p>						
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. Avoird, France (Q-260584)						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
8 November 1946	1400	casket	wooden cross	0000	11	275
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U.S. Military Cemetery of Bensheim, Germany coord's 622 218			PLOT No.	ROW No.	GRAVE No.
				0	1	294
TYPE OF RELIGIOUS CEREMONY Joint Service	PERSON CONDUCTING BURIAL RITES CM. Ch. R. Williams 1st Lt. CM. Herve M. Trebeol, 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-L-8090			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
			Unknown	Unknown		274
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) END OF ROW			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT CARLYLE D. JOHNSON Jr. US. WD. Div A-441408			SIGNATURE OF GRS OFFICER VERIFYING REPORT FRANCIS A. GIFFORD Capt. USAF			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

	Section UNIDENTIFIED REMAINS.										
LEFT LITTLE FINGER	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>										
LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT</td> <td style="width:15%;">WEIGHT</td> <td style="width:20%;">COLOR OF EYES</td> <td style="width:20%;">COLOR OF HAIR</td> <td style="width:30%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td align="center">UTD</td> <td align="center">UTD</td> <td align="center">UTD</td> <td align="center">UTD</td> <td align="center">UTD</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	UTD	UTD	UTD	UTD	UTD
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS							
UTD	UTD	UTD	UTD	UTD							
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">WEAPON AND SERIAL No.</td> <td style="width:20%;">LAUNDRY MARKS</td> <td style="width:40%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td align="center">None</td> <td align="center">None</td> <td align="center">Bensheim, Germany</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	None	None	Bensheim, Germany				
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND									
None	None	Bensheim, Germany									
LEFT INDEX FINGER	<p>OTHER IDENTIFICATION CLUES</p> <p>This case (Unknown X-827) came in as a single case but upon reprocessing at C.I.P. remains of two men were found and segregation could be made into UNKNOWN X-827 A and UNKNOWN X-827 B.</p> <p>The teeth found have been charted and will remain with case UNKNOWN X-827 A.</p>										
LEFT THUMB											
RIGHT THUMB											
RIGHT INDEX FINGER											
RIGHT MIDDLE FINGER											
RIGHT RING FINGER											
RIGHT LITTLE FINGER											
RIGHT LITTLE FINGER											
	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; height: 100px;"> </div>										
	<p>REMARKS: Form #11 Checklist of Unknown accomplished. Form #1A Tooth chart accomplished (see Unknown X-827 A). Est. weight of remains : 3Lbs.</p>										

RESTRICTED

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 - **827 B**
Cemetery **St. Avoird, France**
Plot **0000** Row **11** Grave **275**

1. Arrived at cemetery
(hour) (date)
2. Place of death
(name of closest town) (coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered ~~or interred by~~ **and reprocessed by C.I.P. Strasbourg, France**
(name and organization) **5 November 1946**
4. Evacuated to Cemetery by
(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		
	(type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
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 **None**

Drawers, Cotton **None**

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

Socks, Cotton **None**

*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (type)

(Other item) **Small remnants of OD blanket. Remnants of mattress cover**

(Other item) **None**

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

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

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

UTD

8. Description of Remains :

Measurements impossible

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

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, cigar, pimples, poeks, freckles)

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

Hair **None found**
(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 on case X-327 A** (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 **badly crushed** (hat band)

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

Shoulders **UTD** (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 **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)

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

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

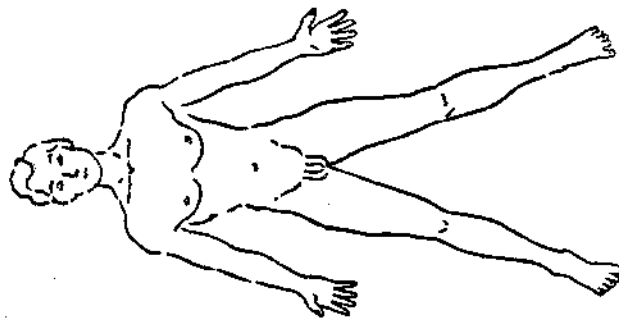
Legs **UTD** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD (size, calluses, flat) Toes UTD (straight, crooked, overlap)

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

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

See anatomical chart for missing bones and fractures.



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

If not, explain Fingers missing

11. Has tooth chart been prepared yes If not, explain See Tooth chart

from case X-827 A.

12. Remarks : **Embossed metal tag found in with remains reads; "Unknown American X-887 Plot XI Row 1 Grave 6" Body recovered nude in final stage of decomposition. All long bones fractured, measurements impossible. Remnants of woolen blanket indicates original burial made therein. This case came in as a single case but remains of two men have been found and have been segregated and are now known as X-887 A and X 887 B. The teeth have been charted and will remain with X-887 A. Dental bottle submitted with**

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.

papers of case X-887 A. No Fluoroscope necessary.

Estimated weight : 5 lbs.

Robert A. Salvador
ROBERT A. SALVADOR
Officer - Name

Captain Infantry

Rank Service

CENTRAL IDENTIFICATION POINT.

Organization

X - 827E
St-Avoid, France (Q.260584)
Plot 0000 Row 11 Grave 275



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

Date 12 JUL. 1949

RFE 200.2

SUBJECT: Reprocessing of Remains

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

The remains of X-827 B
interred in Plot 0000, Row 11, Grave 275, USMC St. Avoird
France, have been reprocessed and the information not
previously forwarded to your Headquarters is herewith submitted.

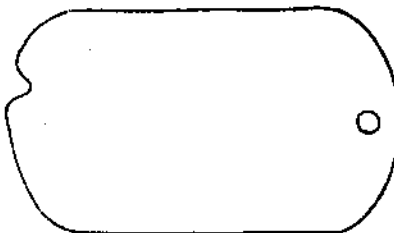
These remains have been consolidated with X-826 and X-827 A.

Case X-827 B is now eliminated.

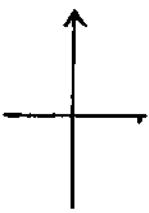
FOR THE COMMANDING GENERAL:

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

Incl #10

QMC Form 1042 (Rev. 1 Apr. 1943) (Supersedes GRS Form 1, and Rev. of 1 Apr. 43, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 9 November 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unknown X-827-A			SERIAL No. Unknown	
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Vicinity of HATTON, France (R-180330)		CAUSE OF DEATH Body too decomposed to determine cause of death.			DATE OF DEATH Estimated: 15 Dec. 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, 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 N o n e						
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 at St. Avold, France (Q-260584)						
DATE OF BURIAL 2 September 1945	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) casket	TYPE OF GRAVE MARKER Temp. wooden cross	PLOT No. XX	ROW No. 1	GRAVE No. 6
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Military Cemetery of HENSHEIM, Germany N-622218			PLOT No. C	ROW No. 1	GRAVE No. 294
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 CONTAINERS BURIED WITH BODY One copy WD QMC Form 1042 Interment - placed in burial container and buried with remains.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes-Embossed Plate		REMARKS RECEIVED BY THE BRANCH AND DATE 05 FEB 46			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Chase, Franklin J.			RANK 2nd Lt.	SERIAL No. O-2006040	ORGANIZATION Co "D" 1st Inf.	GRAVE No. 5
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Lusk, Luther R.			RANK T/Sgt	SERIAL No. 18005279	ORGANIZATION Co "M" 258 Inf.	GRAVE No. 7
SIGNATURE OF PERSON PREPARING REPORT CARLYLE D. JOHNSON JR. U.S.W.D. Civ. A-441408			SIGNATURE OF GRS OFFICER VERIFYING REPORT FRANCIS A. GIFFORD Captain, 2d, T.C.I. Dept			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

	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 UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. None		LAUNDRY MARKS None		WHERE BODY WAS BURIED OR FOUND BENSHEIM, Germany
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES The case Unknown X-827 came in as a single case but upon reprocessing at Central Identification Point, remains of two men were found, and segregation could be made into Unknown X-827-A and Unknown X-827-B. The teeth found have been charted and will remain with X-827-A.				
LEFT THUMB					
RIGHT THUMB					
RIGHT INDEX FINGER					
RIGHT MIDDLE FINGER					
RIGHT RING FINGER					
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center;">  </div>				
	REMARKS: Form 11 Check list of Unknowns, Form 1A Tooth Chart accomplished. Unable to obtain fingerprints because of missing portions. Estimated weight of remains recovered: 6 lbs.				

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

SEP 5 1945
Date

Unknown American X-827 (R 180330) Unknown Unknown
 Last Name First Initial Rank Serial No.

Unknown Unknown
 Unit Organization

Vic. Hatton, France. (R180330) Est. 15 Dec. 1944. Body too decomp. to determine cause of death.
 Place of Death Date of Death Cause of Death

U.S. Mil. Cem., St. Avold, France. (Q280584)
 Name of Coordinates of Location

6 1 XX XXXXXX. CROSS
 Time and Date of Burial Name of Cemetery Type of Marker
 Grave Number Row Number Plot Number

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

If No Identification Tags How were remains identified? (See Reverse)

REBURIAL

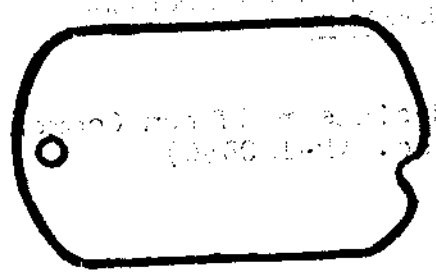
What means of identification were buried with the body? Previously buried in Bensheim Barracks
QMC Form 1-GRS in sealed bottle buried with body. Plot C Row 1 Grave 294

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

Who is buried on: Chase, Franklin J. 0-2006040 2d Lt. Co. D, 114th Inf. 5
 Deceased's Right: Name Serial No. Rank Organization Grave No.

Lusk, Luther R. 18005279 T/Sgt. Co. M, 255th Inf. 7
 Deceased's Left: Name Serial No. Rank Organization Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



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

Emergency Addressee _____ Name _____
 Address _____
 Religion Unknown

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

Robert H. Kershaw
 Signature of Officer or other person reporting burial

Disinterring Officer, ROBERT H. KERSHAW, 1st Lt.
48th QM GR. Co.
 Verified by G.I.C. Officer

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: _____ Wore 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.

Physical characteristics and fingerprints impossible to give; body badly decomposed

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

TOOTH CHART

	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 □; Bridges by ○; Linking anchor teeth; replacements by artificial teeth X

Characteristic: Only a part of the lower jaw remains
 (Lower pt. up to #3 tooth) Part of #2 tooth
 broken off. (Upper) #3 Tooth Upper Lt.
 Other Data: knocked out.

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.

Body of deceased disinterred from Common Grave A, Matten, France. (R-180330)

Left Hand

Right Hand

Thumb

REBURIAL

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

5 May 1945

Date

Unknown American X-2 (R-180330) Unk. Unknown Unknown
 Last Name First Initial Rank Serial No.
 Unknown Unknown Unknown
 Unit Organization
 Vic. Hatten, France. (R-180330) (Est) 15 December 1944. Body too decomposed to determine cause of death.
 Place of Death Date of Death Cause of Death
 1520 hrs. 3 April 1945. US Mil Cem Bensheim Ger M62218
 Time and Date of Burial Name of Cemetery Name of Coordinates of Location
 294 1 C TW
 Grave Number Row Number Plot Number Type of Marker

Disposition of identification Tags, Buried with body Yes No Attached to Marker Yes No

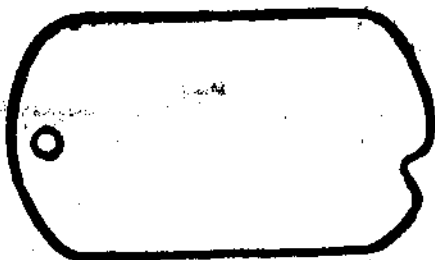
If No Identification Tags, How were remains identified? (See Reverse)

What means of identification were buried with the body?

QMC Form 1-GRS in sealed bottle buried with body.

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

Who is buried on: Chase, Franklin J. O-2006040 2nd Lt., Co. D. 114th Inf. 293
 Deceased's Right: Name Serial No Rank Organization Grave No.
 Deceased's Left: Lusk, Luther R. 18005279 T/Sgt. Co. M. 255th Inf. 295
 Name Serial No Rank Organization Grave No.
 Sgt. J. Peterson, 606th QM G.R. Co.
 Signature or Name, Rank and if possible organization of person furnishing above Data when other than officer reporting burial.



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

Emergency Addressee Name
 Address
 Religion Unknown

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

Signature of Officer or other person reporting burial
F. J. Reardon
 Verified by G. R. S. Officer
 F. J. REARDON, 1st. Lt., QMC 3041st QM G.R. Co.

1260

W-17-1

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? Yes.
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.

Physical characteristics and fingerprints impossible to give; body badly decomposed.

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

Thumb					
1					
2					
3					
4					

Left Hand

Thumb					
1					
2					
3					
4					

Right Hand

TOOTH CHART

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

Indicate : missing natural teeth by X ; crowns by O ; fillings by □ ; Bridges by ◯ linking anchor teeth ; replacements by artificial teeth X

Characteristics : Only a part of the lower jaw remains. (Lower rt. up to # 3 tooth)
 Part of # 2 tooth broken off. (Upper)
 Other Data : # 3 Tooth upper lt. knocked out.

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.

Body of Deceased disinterred from Common Grave A., Hatten, France. (R-180330)