

LC

1

USMC: HAMM  
Plot: G Row: 12 Gr: 31  
Date of Burial: 30 June 50 DISINTERMENT DIRECTIVE  
Verified by GRS Officer  
Robert W. GANSEL, 1st LT OMC

app  
27/10/49

SECTION A - Robert W. Gansel  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
3574 00000  
DATE  
15 01 48  
DAY MONTH YEAR

NAME  
SERIAL NUMBER  
RANK  
ARM  
DATE OF DEATH  
UNKNOWN X0007911  
8

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

PLOT ROW GRAVE COUNTRY  
4N 6 147 FRANCE  
CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE  
~~ST AVOLD, FRANCE~~ HAMM, LUXEMBOURG  
(BY ADMINISTRATIVE ORDER)  
NAME AND ADDRESS OF NEXT OF KIN  
These remains are unidentifiable and are to be permanently interred. (HQ, AGFC--15DEC49)  
21

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNKNOWN X- 007911 Unk 26 Jun 44 9 Jun 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER GRS USAAF Unk Charles W Fredricks, embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Mattress cover Fractured skull. Mandible missing. All major bones fractured and or missing. Approximately one third of remains left.

OTHER MEANS OF IDENTIFICATION  
Report of Burial found with remains, dated 22 Oct 46.

MINOR DISCREPANCIES 1  
None  
NAI  
FILE  
RECORDS ANNOTATED  
DATE 27 JUL 50  
NAME R. T. Johns  
R & R BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 15 Jun 48 BY Charles W Fredricks, Embalmer

CASKET SEALED BY  
Charles W Fredricks, Embalmer  
EMBALMER (Signature)  
Charles W Fredricks

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
15 Jun 48 Charles W Fredricks, H Mead, Capt CWS  
DATE BY Embalmer

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
H Mead, Capt CWS, 337 QM Bn  
SIGNATURE OF GRS INSPECTOR

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

CONSIGNEE CORRECTED - REG? DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC ST AVOLD, FRANCE</b>		TO <b>OTC NEUVILLE, BELGIUM</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <b>MCINTYRE</b>	DATE <b>30 OCT 49</b>

FROM <b>FRANK O CALLAGHAN 1ST LT FA</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <b>NEW DIA</b>	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 <b>(BY ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>ST AVOLD</b>	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 US ARMY

293 Unk. France (St. Avold) X-7911

RRE 293

16 August 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 7911, Plot NNNN  
Row 6, Grave 147, 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. 4217, dated 12-8-49.
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 W. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

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

CE

*Deal R. ...*  
*1 Sept 49*  
*Farmer*  
*Aug*  
T.D. # 4233, 17 Aug 49

Incl #6

1. FILE UNDER NO. 293 - Unk. France X-7911 (St. Avoild)

### SYNOPSIS

2. TYPE OF DOCUMENT: MESSAGE 3. DATE: 1 Mar 1948  
4. FROM: OQMG, MEM DIV  
5. TO: CG, AMERICAN GRS, EUROPEAN AREA, APO 58, NY, NY  
ATTN: MAJOR MORROW  
6. SUBJECT: IDENTIFICATION OF REMAINS

REF IS MADE TO 1ST INDORSEMT, YOUR HDQS., DTD 15 OCT 47, TO BASIC, THIS OFFICE,  
DTD 21 AUG 1947, FILE AND SUBJ AS ABOVE. INFORM IS REQ AS TO THE STATUS THEREOF  
AND THIS OFF BE ADV BY AIR MAIL.

7. DOCUMENT FILED UNDER NO. 293 - Unk. France (Misc.) (St. Avoild) Unks. (X-7074, 7164,  
7911, 7945)

mfs

#### 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.

Am LG

DISINTERMENT DIRECTIVE

6 293 unk France 7-7911 St Avold

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3574 00000

DATE 15 01 48 DAY MONTH YEAR

NAME UNKNOWN X0007911 SERIAL NUMBER RANK ARM DATE OF DEATH

EMETERY ST AVOLD - NETZ DISPOSITION OF REMAINS 0 3501 80 CODE DIST. PT.

LOT ROW GRAVE COUNTRY CAUSE OF DEATH 4A 8 147 FRANCE 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 DISINTERRED

IDENTIFICATION TAG ON ORGANIZATION USAAF 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 EMBALMER (Signature) CASKET SEALED BY

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE UNDER NO. 293 - Unknown France X-7911 (St. Avoild)

I N D E X S H E E T

S Y N O P S I S

LETTER

21 Aug. 1947

FROM:

CCMG

TO:

CG, Amer. ORC, European Area, APO 58; c/o PH, New York

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown France (Misc) (St. Avoild) (X-7074, 7164, 7911, 7945)

rtb

**IDENTIFICATION DATA**

E.O. #1634

1. REMAINS OF UNKNOWN <p align="center">X-7911</p>				2. DATE OF REPORT <p align="center">10 March, 1949</p>	
3. NAME OF CEMETERY <p align="center">St. AVOLD</p>	4. PLOT <p align="center">NNNN</p>	5. ROW <p align="center">6</p>	6. GRAVE <p align="center">147</p>	7. DATE OF	
			DISINTERMENT <p align="center">-</p>		REINTERMENT <p align="center">-</p>

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT OF REMAINS crossed remains: 25 Lbs	9. ESTIMATED HEIGHT <p align="center">5' 10 3/4"</p>	10. COLOR OF HAIR Pubic Medium Brown, No head hair	11. RACE <p align="center">/</p>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two embossed plates marked : Unk. X-7911

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U.T.D.

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? <p align="center">/</p>
---	--

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <p align="center">Very badly</p>
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Found.

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)

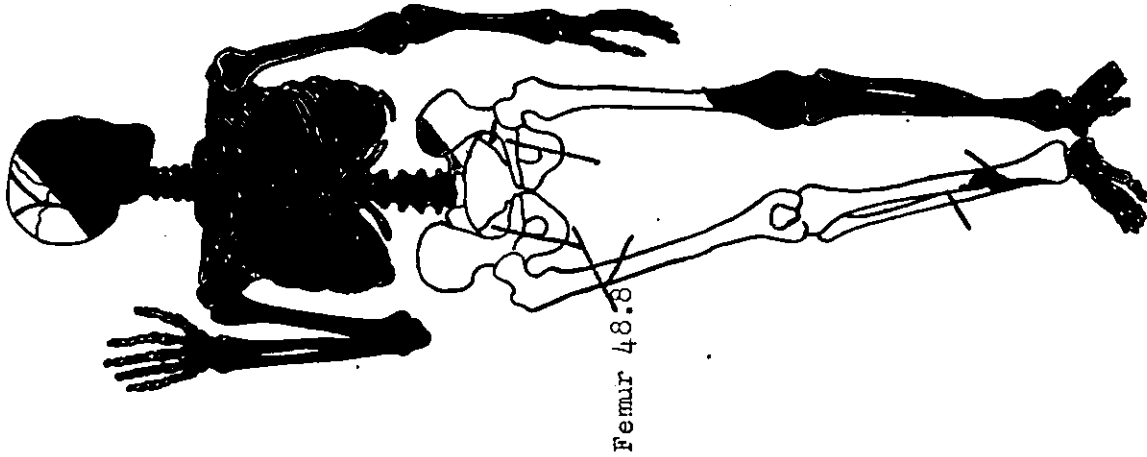
Remains received partially intact in a repatriation type casket.  
No teeth found. No clothing. Remains previously processed by repatriation. No evidence of any healed fractures or amputations.  
 No I.D. tags found.

NOTE: It was "impossible" to designate X-7911 as a CIL number because the remains consist of almost 1/2 a human remains which is partially intact with decomposed felsh.

*Inci #7*

Thomas W. Tuner

19. BLACK OUT PARTS OF BODY NOT RECORDED



Est. height: 5' 10 3/4"

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

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

Thomas W. Turner.



**IDENTIFICATION CHECK LIST**

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

Unknown X - 7911  
 Cemetery St. Avold - France -  
 Plot NNNN Row 6 Grave 147

1. ~~At the cemetery~~ **Date reprocessed: 16 July 1947.**  
 (Hour) (Date)
2. Place of death \_\_\_\_\_  
 (Name of closest town) (Coordinates and letter Prefix, maps)  
 \_\_\_\_\_  
 (Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred ~~by~~ **and reprocessed by Subordinate Identification**  
 (Name and organization)  
**Point Carentan, France.**
4. Evacuated to Cemetery by \_\_\_\_\_  
 (Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<b>none</b>		
	(Type)		
Raincoat	<b>none</b>		
Overcoat	<b>none</b>		
Jacket, Field	<b>none</b>		
Jacket, Combat	<b>none</b>		
Mackinaw	<b>none</b>		
Sweater	<b>none</b>		
Jacket, HBT	<b>none</b>		
* Shirt, Wool OD	<b>none</b>		
Undershirt, Wool	<b>none</b>		
Undershirt, Cotton	<b>none</b>		
Trousers, HBT	<b>none</b>		
* Trousers, Wool OD	<b>none</b>		

Belt, web **none**

Drawers, wool **Remnants of,**

Drawers, cotton **Remnants of, size 34**

Leggings, wool **none**

Socks, cotton **none**

\* Shoes **none** (type)

Overshoes **none**

Web Equipment (type) **none**

(Other item) **none**

(Other item) **none**

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

Chevrons or Insignia **none**  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch **none**

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

6. Description of Remains :

Age **Utd** Height **Utd** Weight **Utd** Description of wounds **Utd**

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

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

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

Sunburn or tan, other than hand and face **Utd**

Complexion **Utd**  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build **Utd**  
(Large, fat, thin, muscular)

Hair **Utd**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **Utd**  
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **Utd** Mustache **Utd** Beard or **Utd**  
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **Utd**  
 (Light, color, extent)

Eyes **Utd** Eyebrows **Utd**  
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose **Utd** Ears **Utd**  
 (Size, shape, straight) (Size, set close to or far from head)

Mouth **Utd** Lips **Utd**  
 (Large, medium, small) (Small, large, full)

Teeth **No teeth recovered**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **Utd** Circumference of head in inches **fractured**  
 (Large, small, normal) (Hat band)

Neck **Utd** Larynx **Utd**  
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders **Utd** Arms **Utd**  
 (Broad, straight, small, rounded) (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 and extent of hair, large, small, normal)

Waist **Utd**  
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back **Utd** Circumcision **Utd** Pubic Hair **Utd**  
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

Feet **Utd** Toes **Utd**  
 (Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

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

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

**See attached chart.**

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

If not, explain hands missing

8. Has tooth chart been prepared? No If not, explain No teeth recovered  
(Yes-no)

9. Remarks Remains received wrapped in a mattress cover in a U.K. Box. Remains recovered partially intact, with a fair amount of decomposed flesh. Clothing found with remains separately. Burial bottle found states no valuable information. Embossed plate found pinned to mattress cover. All major bones fractured and/or missing, unable to take measurements. Disinterment Directive # 382 calls for a consolidation of Unknown X-7911 with three of the following: X-7074 - X-7164 - Robert M. Turner - 32378584, this was not possible.

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.

*Ernest C. Gaddy*  
(Officer's Name)

**ERNEST C. GADDY**  
**CWO USA**

Rank Service

**Central Identification Point**

(Organization)

Disinterment Directive # 382 states that X-7945 will be disinterred. X-7945 has been identified previously as Robert M. Turner 32378584.

Estimated weight of remains recovered: 20 Lbs.  
Fluoroscopic Examination: Negative.  
Nothing found to warrant Chemical Laboratory Examination.

Unknown X-7911  
Cemetery St. Avoird - France  
Plot NNNN, Row 6, Grave 147

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

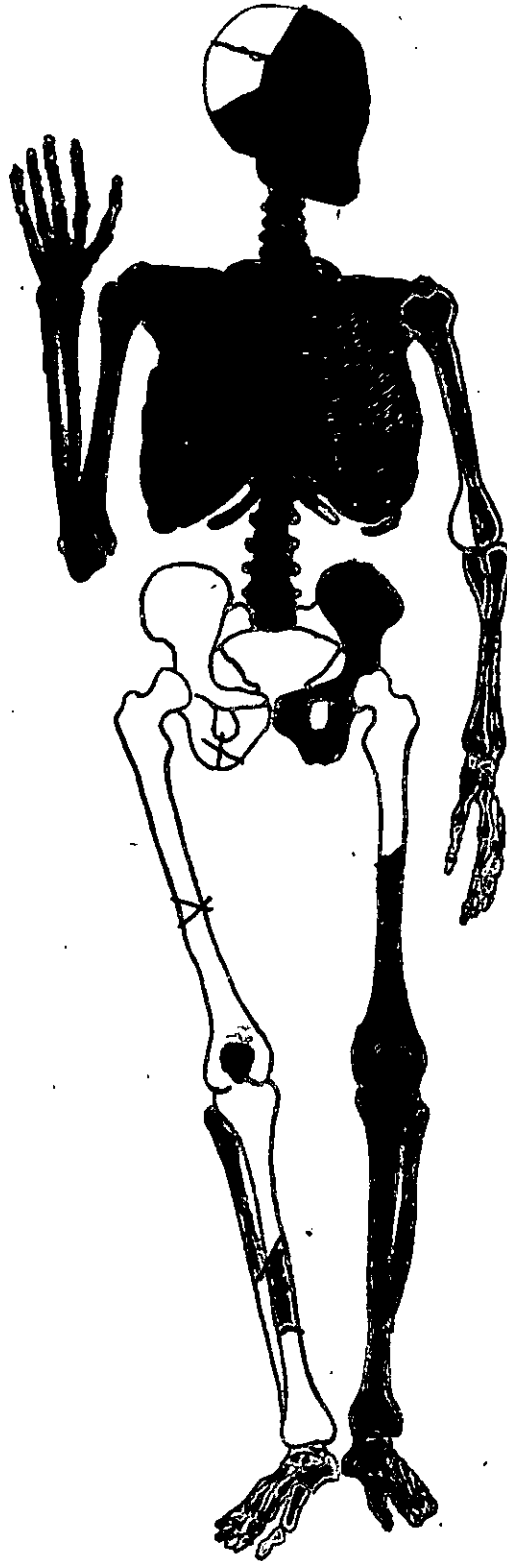


CHART "A"

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 - 7911  
Cemetery St. Avold - France  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(hour) (date)
2. Place of death GAJARY, Czechoslovakia  
(name of closest town) (coordinates and letter Prefex, maps)  
Sh. P-49, X 8 - 7826
3. Remains recovered or disinterred by 61th QM GR Reg. Co.  
(name and organization)
4. Evacuated to Cemetery by Central Identification Point  
(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 \_\_\_\_\_  
(type)

Raincoat \_\_\_\_\_

Overcoat \_\_\_\_\_

Jacket, Field \_\_\_\_\_

Jacket, Combat \_\_\_\_\_

Mackinaw \_\_\_\_\_

Sweater \_\_\_\_\_

Jacket, HBT \_\_\_\_\_

\*Shirt, Wool OD \_\_\_\_\_

Undershirt, Wool \_\_\_\_\_

Undershirt, Cotton \_\_\_\_\_

Trousers HBT \_\_\_\_\_

\*Trousers, Wool OD \_\_\_\_\_

NO CLOTHING FOUND ON BODY

Belt, Web **none**

Drawers, Wool **yes, OD**

Drawers, Cotton **none**

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

Socks, Cotton **none**

\*Shoes (type) **none**

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **none**

(Other item) **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 :

Age **Utd** Height **Utd** Weight **Utd** Description of wounds **none found**

Bandages or dressings **Utd** Scars **none found**  
(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 **none found**  
(baldness, widows peak, distinctive cutting or other characteristics)

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

Goatee **Utd**  
(light, color, extent)

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

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

Mouth **Utd** Lips **Utd**  
(large, medium, small) (small large, full)

Teeth **none found**  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

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

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

Shoulders **Utd** Arms **Utd**  
(broad, straight, small, rounded) (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** Waist **Utd**  
(quantity & extent of hair) (size of navel, appendectomy, amount)

**Utd** Circumcision **Utd** Pubic hair **none found**  
(quantity & color of hair) (yes-no) (color)

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

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

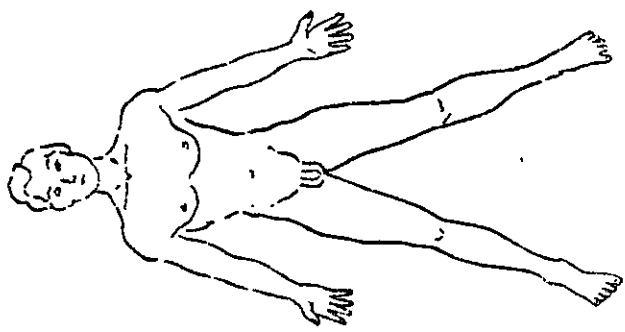


Feet missing (size, corns, callouses, flat) Toes missing (slender, straight, crooked, overlap)

Evidence of healed fractures none found (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 missing

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

12. Remarks : X-Rayed. One of 2 bodies received under the Evac. # LF-4168. They have been seperated and have been given the number LF-4168 A and LF-4168 B. These are no duplications.

Fluoroscopic examination report: negative.

Nothing found to warrant Chemical Lab. examination report.

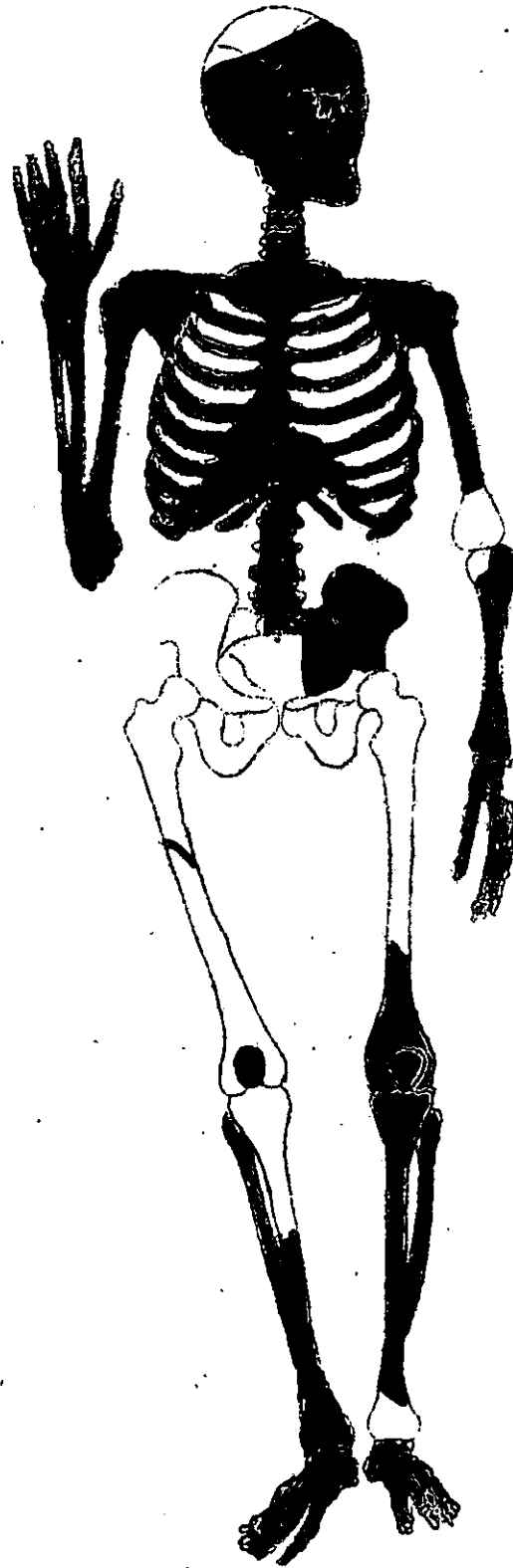
Est. weight of remains recovered 15 Lbs.

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.

*R. G. Johnson*  
Officer's Name

**R. G. JOHNSON**  
2nd Lt. Inf. Lab. Off.  
Rank Service

**Central Identification Point**  
Organization



ATTN: REG DW-ABT'S - FOR  
USE OF CASUALTY CLEARANCE

REPORT OF INVESTIGATION

LF - 4168 B

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

18 October 1946

Date

NAME unknown X-7911 RANK unk. ASN unk.

ORGANIZATION m unk. 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?  
If so, state the following information:

a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_

b. ORGANIZATION \_\_\_\_\_

2. Was partial identification established? **yes** . If so, state the facts as to whom you believe the deceased to be:

a. NAME Albert F. Garlock RANK T/Sgt. ASN 39455785

b. ORGANIZATION AAF.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Thomas Perry, J., T/Sgt.  
T43-44 18194676 T-343-44 Robert Turner Sgt. 32378584 T/43

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

a. Date of above burials 28/June 1944 Common Graves? yes

5. Name and Type of Cemetery Civilian R.C.  
(Military or Civilian)
6. Map Coordinates of the Cemetery X S - 7828, P-49
- a. Town Gajary Country Czech.
7. Give exact location in cemetery of the remains.
- a. Section right Row 1 Grave 3
- b. Is Sketch attached? \_\_\_\_\_
8. If remains are not located in a cemetery, give exact location.
- a. Town \_\_\_\_\_ Coordinates \_\_\_\_\_
- b. Is sketch attached? \_\_\_\_\_
- c. Is area mined? \_\_\_\_\_
9. How is the grave marked? wooden cross
10. If grave is marked with cross, give exact markings thereon leteo Albert F. Garlock U.S.A.  
26.6.1944.
- a. From what source was this information obtained? identification tags  
(Identification tags, personal effects)
- b. By Whom town hall officials
11. Where are the cemetery records? town hall  
(Town Hall, cemetery, burgermeister's office)
- a. What information was contained thereon? Albert F. Garlock T/Sgt. 39455785 T-42  
-44 died 26, June 1944 buried 28 June 1944
- b. Where was the information obtained? church chronicle
- c. By Whom? Priest Ernest Sullo
12. What is the date of death? 26 June 1944
- a. Give basis reports from state police station
13. What is the cause of death? killed in the plane crash
- b. Give basis reports from state police station
14. What is the date of burial? 28 June 1944
- a. Give basis church chronicle

15. Where was the place of death? 4 miles South of Gajary Czech. XS-7828, P-49

Give basis — Reports from state police station

16. Where were the remains found? 4 miles south of Gajary coords XS-7828, P-49  
Czech.

a. By Whom? by the police and Vams Stefan

b. Is sketch attached? no

17. Was a casket used? yes Who furnished the casket? town

Type of casket ordinary wooden How marked? not marked

18. Who made the burial civilian

(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? Priest Ernest Sulle, caretaker Jan Visvard  
and Frantisek Babinec, all from Gajary Czech.

b. Are certificates and statements attached?

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? yes

a. Give location in plane from which the bodies were removed from the back of the fuselage

(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)

b. Near wreckage? no

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

a. Type of Plane Liberator, bomber

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? Anti-aircraft yes

Enemy Planes? no Collision? no

22. Did plane explode in the air? no On ground? yes
23. Did plane burn in the air? no On ground? yes
24. What was the direction of the flight? southwest to northeast
25. What was the civilian opinion regarding destination of plane? Plane hit over Vienna and made a forced landing.
26. Had bombs been released prior to the crash? yes
27. Does specific time and date of crash correspond with date of death of above named deceased? yes
28. Number of planes in formation prior to crash many
29. State precise time and date of plane crash 26 June 1944 11.00  
(Night? Day?)
30. Were parachutists seen? yes How many? 7 Escaped? none  
Prisoners? 7

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? \_\_\_\_\_  
 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) \_\_\_\_\_
- 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 **taken by German military** \_\_\_\_\_
- a. Were identification tags found at the time of death? **yes** \_\_\_\_\_
- Where? **on body** \_\_\_\_\_ By Whom? **German Military** \_\_\_\_\_
- 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? **yes** \_\_\_\_\_
- Where? **on body** \_\_\_\_\_ By Whom? **German Military** \_\_\_\_\_
- Present disposition **unknown** \_\_\_\_\_

c. Was deceased identified by living members of the crew at the time of death? **no**

d. Did Cemetery register or cross indicate the immunization shot? **yes**

42. Was Deceased given first aid? **no** If so, where?

By whom? Are statements from the medical people attached?

43. Was deceased evacuated to a German civilian hospital? **no**

WHERE? Names of people concerned

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **no**

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

**yes, badly burnt**

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? **no**

a. If so, give basis for positive assumption

b. If so, has higher headquarters been notified?

47. Was case previously investigated? By Whom?

When?

48. Give full names, addresses, and information obtained from each person interviewed **Police Officer William Rucka, Pries Ernest Sullo, Caretaker Jan Visvarda, all from Gafary, Czechoslovakia**

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



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

no

51. Was investigation preceded by advanced publicity? ues

(If special investigation, give case number)

52. Give Brief Narrative ~~Three Airmen found in the wreckage of the plane, identified by tags, and all three were buried in one wooden casket in one grave in R.C. cemetery~~ (attached sheets, if necessary)

s/ J.V. STIVAR  
T/ J.V. STIVAR

Signature of Interpreter  
J.V. Stivar

1st Lt. 184654

Rank ASN

Czechoslovak. Army Air Force  
Organization

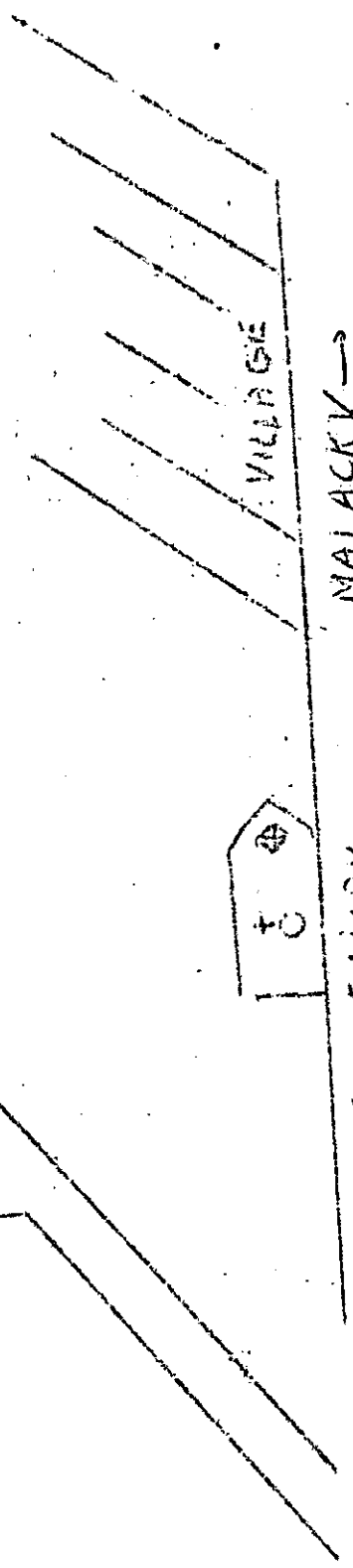
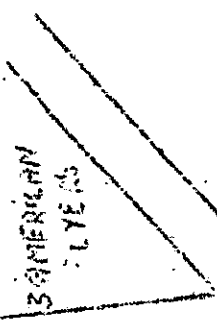
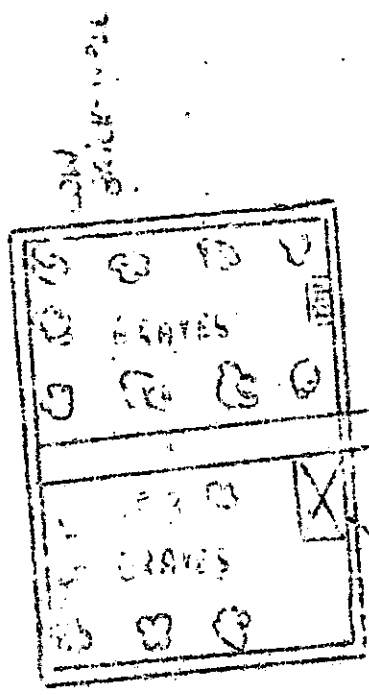
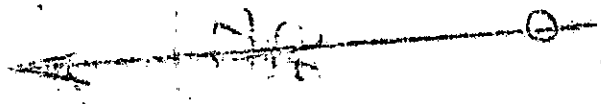
s/ MATHEW DEMBROWSKI  
T/ MATHEW DEMBROWSKI

Signature of Investigator  
Dembrowski

P.F.O. 33973951

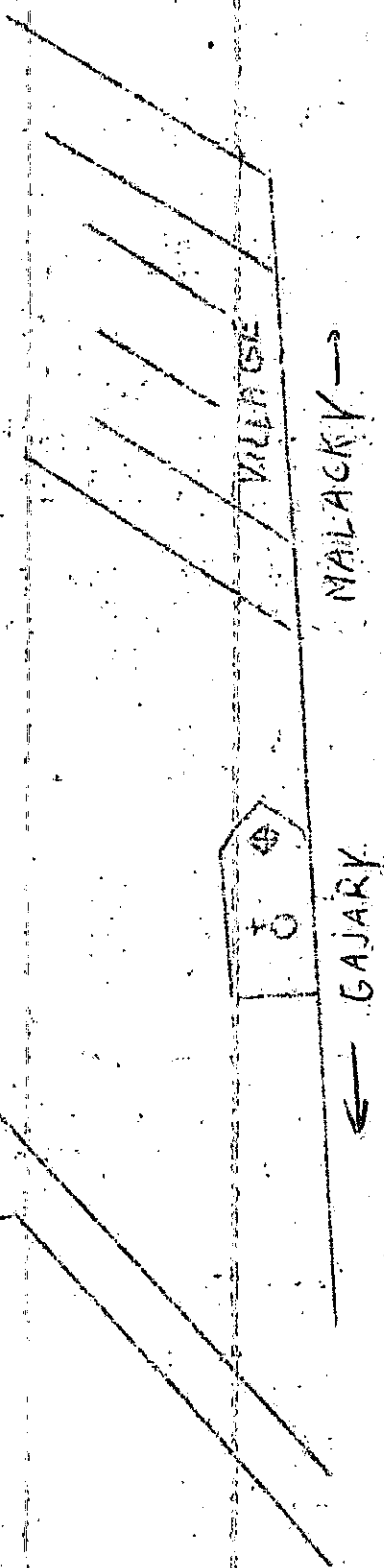
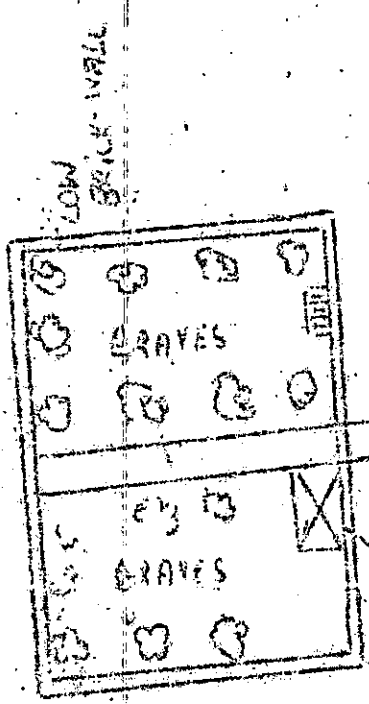
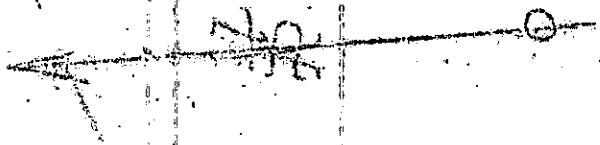
Rank ASN

611th ~~QM~~ Gr. Reg. Co.  
Organization



← MALACKY →

← GAJARY



Translated from the original manuscript.

State Police Station

GAJARY, country of MALACKY.

2 July 1946.

These US airmen are buried in the district of GAJARY, in the Roman Catholic Cemetery. They are :

1. R.M.TURNER, 32378584 T43 M.TURNER 13, SERIBA St., OSVEGO, N.Y.
2. PERRY, J.THOMAS 18194676 T43 T43 44
3. ALBERT F. CARLOCK 39455785 T43 44

Those three airmen are in a common grave, in one coffin. Over the grave there are three wooden crosses with inscriptions, Flowers are planted on the grave. Everybody from GAHARY knows the place and the grave is well kept.

According to reliable information, the three airmen have been put into the coffin Thomas on top, Turner in the middle and Carlock on the bottom.

The airmen lost their lives on the 26 June 1944, during an air combat with Germans. Their bodies were partly burned after the crash and their identity was established from metal disks each of them had.

(Seal)

I certify that this is a true copy:

Translated by:  
Dr. Erwin Lehenhart.

s/ ALTON ANDERSON  
T/ ALTON ANDERSON

ALTON ANDERSON  
2nd Lt. Inf.  
611th QM. Gr. Reg. Co.

1 F-4168 B

(Czechoslovakia P-49)  
6603

Four (4) unknowns American flyers buried at G a j a r y  
(S-72) during June 1944 by Kamil Babinec of G a j a r y, Cze-  
choslovakia.

Numbers T - 7363 through T - 7366 have been assigned to the  
remains of the deceased for purposes of reference and will appear  
on all future correspondence.

EXTRACT  
MISSING AIR CREW REPORT No.

1 F-4168 B

1. Organization: Location Torretta, Italy; Command of Air Force Austrian 157  
Group 461st Bb Gp. (B) Squadron 786th Detachment 15th
2. Specify: Point of Departure Torretta, Italy; Intended Destination: Korneuburg, Austria; Type of Mission course-270°  
Combat
3. Weather conditions and Visibility at time of crash, or when last reported 2/10 low stratus
4. Give: (a) Day 26 of last June 44; Year 44; Time 0400; and Location Korneuburg, Austria  
(b) Specify weather: ( ) Last Sighted; ( ) Last contacted; ( ) Force d down; ( ) Seen to crash; or Information not available.
5. Aircraft was lost, or is believed to have been lost, as a Result of: (Check only one) ( ) Enemy Aircraft; ( ) Enemy Anti-Aircraft; ( ) other circumstances as follows Aborted and failed to return to home base
6. Aircraft: Type, Model and Series B-24-H; A.A.F. Serial Number 41-28679
7. Engines: Type, Model and Series Rb1830-43; A.A.F. Serial Number 42-91365  
(a) 42-91365 (c) 42-62384 (d) 42-85847 (e) 42-6247
8. Installed Weapons (Furnish below Make, Type and Serial Number):  
(a) 966413 50 Cal.; (b) 966271; (c) BAC 967271 50; (d) Cal BAC 966348; (e) 50 Cal. BAC 966271; (f) 966778; (g) 966205
9. The Persons listed below were reported as: (a) Battle Casualty; (b) Non-Battle Cas
10. Number of Persons aboard Aircraft 10; Passengers 9  
Total: 10 967271 10  
(Starting with pilot, furnish the following particulars: If more than 10 persons were aboard aircraft, list similar particulars on separate sheet and attach original to this form).

Crew Position	Name in Full (Last Name First)	Rank	Serial Number	Present Status
---------------	-----------------------------------	------	---------------	----------------

1. Pilot	ZIVE, Samuel M.	2nd Lt.	1683594	RMC
2.	MAILHOT, Bertrand R.	F O	T 123185	RMC
3.	SCHONZEIT, Martin (NMI)	2nd Lt.	668790	RMC
4.	Laulis, James G.	2nd Lt.	692020	RMC
5.	CARLOCK, ALBERT F.	T Sgt	39455785	KIA
6.	SCHWARTZ, Murray (NMI)	S Sgt	12191951	RMC
7.	THOMAS, Perry J.	T Sgt	18194676	KIA
8.	CLARK, Bevins (NMI)	S Sgt	15108354	RMC
9.	TORNER, Robert M.	Sgt.	32378584	KIA
10.	WIEMANN, Ned. W.	S Sgt.	37553636	RMC

11. REMARKS: Impossible to determine fate of crew.

1 F - 4168 B

(Czech - P - 49)  
3509

MACR # 157

T/Sgt Albert F. C a r l o c k, 39455785 died 26 June 1944 at  
G a j a r y province of M a l a o k y, buried in Roman Catho-  
lic cemetery at G a j a r y(8-72)

Remarks: The grave was marked and registered by the pastor  
of G a j a r y.

No addition information.

N a r r a t i v e .

1F-4168 B

1. ALBERT P. GARLOCK T/Sgt. 39455785, disinterred from a common grave with two others. Reported by evacuation No. 1F - 4168 to 1F - 4170.

2. Investigation prior to (and during) exhumation did not reveal any additional information other than contained on form 10 and the attached papers.

s/ WALTER A. FRANKLIN  
T/ WALTER A. FRANKLIN

Sgt. Walter A. Franklin  
Gr. N.C.O.  
611th QM.Gr.Reg.Co.



Translated from the original manuscript.

No. 137.60/1946

DEATH - PASSPORT

According the rules a death-corps \_\_\_\_\_

ALBERT F. CADVEL

who died plane crash

on 26 June 1944

at the age of \_\_\_\_\_ years

in GAJARY

has to be by car

from GAJARY via \_\_\_\_\_ to Czechosl. borders

to be buried.

As the permission to the commenced transportation of the death-corps was given on \_\_\_\_\_

in the company of \_\_\_\_\_

All the concerned authorities through whose counties the death-corps will be transported are herely requested not to make any difficulties and delays to the transport.

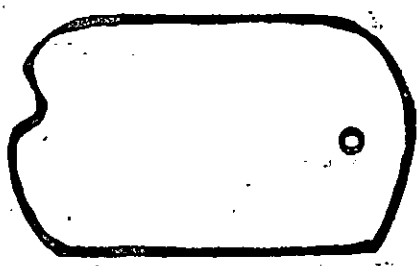
Malacky on 2 October 1946 \_\_\_\_\_ 194 .

( S E A L ) Chairman of the UNIV

/s/ not legible.

WD QMC FORM 1042 Rev 1 Apr. 1945 (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	Date of report 22 October 1946
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Imprint Identification Tag if Possible  
 DO NOT TYPE



SECTION I. IDENTIFICATION			
NAME (Last, First, Middle Initial) Unknown X-7911		Serial number Unknown	
Grade Unknown	Organization Unknown	Branch of service A A F	
Race Unknown	Religion Unknown	If other than U. S. dead, Give name of country.	

Place of death 4 miles S of GAJARY, Czechoslovakia	Cause of death Plane crash	Date of death 26 June 1944
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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	

List personal effects found on body and disposition of same  
 none

**SECTION 2. BURIAL** If other than in established cemetery furnish sketch and map coordinates on reverse.

Name, Number, Coordinates and location of cemetery  
 U.S. Military Cemetery St. Avoird - France - Q 260584 -

Date of burial	Hour	Buried in (Schroud, Blanket, or name of other)	Type of grave marker	Plot no.	Row no.	Grave no.
22 October 1946	1400	casket	wooden cross	NNNN	6	147

Was this a re-burial (Yes or No) yes	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave Civilian R.C. Cem. of GAJARY, Czechoslovakia, Sh. P-49, X S-7828	Plot no. right	Row no.	Grave no. 3
---	--	-------------------	---------	----------------

Type of religious ceremony Joint Service	Person conducting burial rites CH. Ch. R. Williams, 1st Lt. CH. John F. Rafferty, 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 metal 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)	Rank	Serial number	Organization	Grave No.
Dennis, William	T/Sgt	18131792	A.A.F.	146
Body buried on deceased right, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
Unknown-X-7937	Unk	Unknown	A.A.F.	148

Signature of person preparing report ELLSWORTH T. MAC INTYRE Captain QMC. C.I.P.	Signature of GRS officer verifying report GOTTFRIED BLETZEL 2nd Lt. GRS
--	---

DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body, found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.

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

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos
Utd	Utd	Utd	none found	Utd

Weapon and serial number	Laundry marks	Where body was buried or found
none	none	GAJARY, Czechoslovakia

For tooth chart see attached Form I-A. no teeth found.

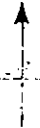
REMARKS

This case was originally received as one body with the Evac. # 1F-4168; however it was possible to segregate the remains into those of two bodies. This case has been given the number 1F-4168 B and the other case # 1F-4168 A (For additional information see attached extract of MACR and Cemetery records).

*4168 A - ident as Carlock, Albert F, 39455-785*

RECORDED & INDEXED  
 DEC 12 3 10 PM '50  
 MEMPHIS

Furnish sketch and map reference and coordinates for burial in other than established cemetery.



Remarks

Form 11 Checklist of Unknowns accomplished. Unable to obtain fingerprints, because of missing portions. Est. weight of remains recovered 15 lbs.