

OMC FORM 1121

FILE NUMBER

SUBJECT

51 12256

| WHIT CHARTER SURESNES  |             |               |  |  |              | CTE                    | 3       |
|--|-------------|---------------|--|--|--------------|------------------------|---------|
| PLOT D ROT 3 GRAD 7  |             |               |  | 1                                      |              |                        |         |
| DATE OF BURIAL: Blug 5/  | ISINTER     | MENT DU       | ECTIVE                                       | ,                                      |              |                        |         |
| VERTIED TY:  | 0./a        | neni Un       | 1  | 1                                      |              | ٠ ـ ـ ١                | سے و    |
| ROBERT W. CANSEL, 1st Lt.QIC   | 743         | link          | St. La                                       | mes                                    | M            | イラ                     | 8       |
| GRS OFFICER  |             | DIRECTIVE NU  |  |  | DATE         |                        |         |
| SECTION A — NAME AND BURIAL LOCATION OF DECEASED   |             | 3582          | 03746  | ,                                      | -04-         | 05                     | 157K    |
| NAME   | SERIAL NU   | AL REO        | GRADE  | ARM                                    | RACE         | MONTH                  | YEAR    |
| UNKNOWN X-38   | JERIAE 140  | MULK          | GRADE  | 8                                      | 0            | 6                      |         |
|  |             |               |  |  |              | _                      |         |
| CEMETERY   | PLC         | 1             | GRAVE  |  | DISPOSITI    | ON OF REM.             |         |
| ST LAURENT FRANCE  |             | C   2         | ; 23   | }                                      |              | E   80                 |         |
| SECTION B — CO   | UNSIGNEE AL | NU NEAL UE KI | <u>.                                    </u> | اـــــــــــــــــــــــــــــــــــــ | CODE         | : DIS                  | T. CTR. |
| NAME AND ADDRESS OF CONSIGNEE  |             |               | OF NEXT OF KI                                | N                                      |              |                        |         |
| -STLAURENT, FRANCE   |             |               |  |  |              |                        |         |
| WORLD WAR I  | (1          | BY ADMI       | NISTRATI                                     | AE DE                                  | ECISI        | ON)                    |         |
|  |             |               |  |  |              |                        |         |
| SECTION C - DISIN  | ITEOMENT A  | ND IDENTIFICA | . TION                                       | <del></del>                            |              |                        |         |
| NAME SERIAL NUMBER   | GRADE       | DATE OF DE    |  | ·                                      | ATE DISTIN   | TERRED                 |         |
| <i>/</i>   |             |               |  | ł                                      |              |                        |         |
|  |             |               |  |  |              |                        |         |
| IDENTIFICATION TAG ON ORGANIZATION   | _           | RELIGION      | IDENTIFIC                                    | ATION VE                               | RIFIED BY    |                        |         |
| REMAINS  MARKER  UNKNOWN   | _ ***       |               |  |  | N            | AME AND TIT            | 1 F     |
| SECTION D — PREPAR   | ATION OF RE | MAINS FOR SH  | HPMENT                                       | <u>-</u>                               |              |                        |         |
| NATURE OF BURIAL   |             | ON OF REMAI   |  |  |              |                        |         |
| $\mathbb{N}$   |             |               |  |  |              |                        |         |
| HER MEANS OF IDENTIFICATION  |             | <del></del>   | <del> </del>                                 | <del></del> .                          | <del></del>  |                        |         |
| and the second of the second o |             |               |  |  |              |                        |         |
| The second of th | つ St        | HEET          |  |  |              |                        |         |
| MINOR DISCREPANCIES (Prepare Discrepancy Report QMC For  |             |               |  |  |              |                        |         |
| MINOR DISCREPANCIES (Frepare Discrepancy Report Gine For   | m 11948 10  | or major dis  | crepancies.)                                 |  |              |                        |         |
| •  |             |               |  |  |              |                        |         |
|  |             |               |  |  |              |                        |         |
| REMAINS PREPARED AND PLACED IN CASKET  | -           | ,             |  |  |              |                        |         |
|  |             |               |  |  |              |                        |         |
| DATE BY CASKET SEALED BY   | EMBALM      | ER (Signatus  | re)  |  | 1            |                        |         |
| <b>4</b>   |             | ,             |  |  |              |                        |         |
|  |             |               |  |  |              |                        |         |
| CASKET BOXED AND MARKED  | SHIPPING    | G ADDRESS VE  | RIFIED BY                                    |  |              |                        |         |
|  |             |               |  |  |              |                        |         |
| I hereby certify that all the foregoing operations v   | were cond   | ucted and a   | accomplished                                 | inder m                                | v immed      | igte super             | vision  |
| and that the report above is correct.  |             |               |  | ,,, <u>,</u>                           | , ,,,,,,,,,, |                        |         |
|  |             |               |  | IAN                                    |              |                        |         |
|  |             |               | ]  | PILE                                   |              |                        |         |
| <i>→</i> —   |             | SIC           | GNATURE OF AG                                | AS INSPEC                              | 2 282 A      | MATED                  | 551     |
| REMARKS AND SPECIAL INSTRUCTIONS   |             |               |  | IATE A                                 | 14           | gust.                  | 1       |
| REMAINS ARE UNIDENTIFIABLE.  |             |               | •  | RA                                     | a gar        | WING !                 | west    |
| PREV. IDENTIFIED AS MENDENHALL, T  | ГНОМАЅ      | D. T/         | 5 35405                                      | 344                                    |              | ) water 1              | P4V+    |
| •  |             | N tanini.     |  |  |              | -                      |         |
| PRINCE PEMAINS CARRECT   | PERMAN      | ENT CE        | $(e_{k_0}^{m}) = (Y - \mathbb{Q})_{\infty}$  |  |              |                        |         |
| TOTO INK ON NUMBER   | COPY C      | F DISINT      | erment Di                                    | la .                                   |              |                        |         |
| OMC FORM 1194  |             |               |  |  |              | ν,                     |         |
| latural ""   |             |               |  |  |              | <del>شاه</del> م.<br>ا | V       |

|  |          | COULT TRAVERS                                    |                |  |
|--|----------|--|----------------|--|
| RECOR  |          | ODIAL TRANSFER                                   |                | <del></del> -                                |
| FROM   | . t. SHI | 10   |                | Nº Dr.                                       |
| RIND OF CONVEYANCE   |          | NAME OF CONVOYER                                 |                | *  |
| SIGNATURE OF SHIPPER   | DATE     | SIGNATURE OF RECEIVER                            | ,              | DATE   |
| FROM   | 2. SHI   | PPED TO  |                |  |
| KIND OF CONVEYANCE   |          | NAME OF CONVOYER                                 |                |  |
| SIGNATURE OF SHIPPER   | DATE     | SIGNATURE OF RECEIVER                            |                | DATE   |
| FROM   | 3. SHI   | PPED TO  |                |  |
| KIND OF CONVEYANCE   |          | NAME OF CONVOYER                                 |                |  |
| SIGNATURE OF SHIPPER   | DATE     | SIGNATURE OF RECEIVER                            |                | DATE   |
|  | 4. SHI   |  | _ <del>.</del> |  |
| FROM   | <u> </u> | 10   |                |  |
| KIND OF CONVEYANCE   |          | NAME OF CONVOYER                                 |                |  |
| SIGNATURE OF SHIPPER   | DATE     | SIGNATURE OF RECEIVER                            |                | DATE   |
|  | 5. SHI   | <del>                                     </del> |                | ··   |
| FROM   |          | . 10   |                |  |
| IND OF CONVEYANCE  |          | NAME OF CONVOYER                                 |                |  |
| ATURE OF SHIPPER   | DATE     | SIGNATURE OF RECEIVER                            |                | DATE   |
|  | 6. SH1   | PPEÓ   |                | <u>.                                    </u> |
| FROM *   |          | то   |                |  |
| KIND OF CONVEYANCE   |          | NAME OF CONVOYER                                 | -              |  |
| SIGNATURE OF SHIPPER   | DATE     | SIGNATURE OF RECEIVER                            | <u>,</u>       | DATE   |
|  | 7. SHI   |  |                |  |
| FROM   |          | 10   |                |  |
| KIND OF CONVEYANCE   |          | NAME OF CONVOYER                                 |                |  |
| SIGNATURE OF SHIPPER   | DÂTE     | SIGNATURE OF RECEIVER                            |                | DATE   |
| and the state of t | A 12     |  | -              | 1  |
|  |          | <u></u>  |                |  |

| <u></u>                                      |                    |                                   | DIS                         | INTER    | RME    | NT DIR     | ECTIVE        |                   |      |              |                 |                 |
|--|--------------------|-----------------------------------|-----------------------------|----------|--------|------------|---------------|-------------------|------|--------------|-----------------|-----------------|
| <u>)                                    </u> |                    |                                   |                             | -        | DIR    | ECTIVE NU. | MBER          |                   | C    | ATE          |                 |                 |
|  | SECTION NAME       |                                   | TION OF DECEASED            |          | ŀ      | 0.540      | 00.00         |                   |      | 1            | 05 <sub>I</sub> | 51              |
| NAME   | <u> </u>           |                                   |                             | SERIAL N | NUMBE  | 3582<br>R  | 037           | <u>Άδ</u><br>ARλί |      | RACE         | MONTH           | YEAR            |
| UNKNOWN                                      | X <b>-</b> 38      |                                   |                             |          |        |            |               | 8                 |      | 0            | 6               |                 |
| CEMETERY                                     |                    |                                   |                             | l<br>Pt  | LOT    | ROW        | GRAVE         | <u> </u>          | ī    | DISPOSITI    | ON OF RE        | MAINS           |
| ST LAURI                                     | ENT                | FRANCE                            |                             |          | C      | 2          | 23            |                   |      | 1202<br>CODE |                 | 80<br>IST. CTR. |
|  |                    |                                   | SECTION B — COM             | ISIGNEE  | AND N  | EXT OF KI  | N             |                   |      |              | <u>.</u>        | 01. CIK.        |
| name and address<br>ST <b>la</b> uri         |                    |                                   |                             | NAM      | NE AND | ) ADDRESS  | OF NEXT O     | OF KIN            |      |              |                 |                 |
|  |                    |                                   | SECTION C - DISINT          | ERMENT   | AND I  | DENTIFICA  | TION          |                   |      |              |                 |                 |
| NAME   |                    |                                   | SERIAL NUMBER               | GRADE    | D.     | ATE OF DEA | ATH           | ,                 | DAT  | E DISTINI    | TERRED          |                 |
| DENTIFICATION TAG                            | ON                 | ORGANIZATION                      |                             | 1        | RE     | LIGION     | IDEN          | TIFICATION        | VER  | FIED BY      |                 |                 |
| MARKER                                       |                    |                                   |                             |          |        |            |               |                   | _    | NA           | ME AND T        | ITLE            |
| NATURE OF BURIAL                             |                    |                                   | SECTION D — PREPARAT        |          |        | NS FOR SH  |               |                   |      | -            |                 |                 |
| OTHER MEANS OF ID                            |                    |                                   | cy Report QMC Form          | 1194a    | for n  | najor disc | crepancies    | s.)               |      |              |                 |                 |
| REMAINS PREPARED A                           | ND PLAC            | ED IN CASKET                      |                             |          |        |            | ·             |                   |      |              |                 |                 |
| DATE   |                    |                                   | BY                          |          |        |            |               |                   |      |              |                 |                 |
| CASKET SEALED BY                             |                    |                                   |                             | EMBAL    | .MER ( | Signatur   | e)            |                   |      |              |                 |                 |
| CASKET BOXED AND                             | MARKED             | <del></del>                       |                             | SHIPPIN  | NG AD  | DRESS VER  | RIFIED BY     | ·                 |      |              |                 |                 |
| DATE   | BY                 |                                   |                             |          |        |            |               |                   |      |              |                 |                 |
| l hereby<br>and that the r                   | certify<br>eport c | that all the fo<br>bove is correc | regoing operations we<br>t. | ere con  | ducte  | d and a    | ccomplishe    | ed under          | my   | immedi       | ate supe        | rvision         |
|  |                    |                                   |                             |          |        | SIG        | NATURE OF     | AGRS INS          | PECT | OR           |                 |                 |
| remarks and Specij                           | al instru          |                                   | C 2 - 3                     | ر کر     | ۷      |            |               |                   |      |              |                 |                 |
| <u> </u>                                     |                    | NATURE 1 - Nation                 | C 3                         | Lt       | ₹.     | . M.,      | ليد وسم سنادا | ţ                 |      |              |                 |                 |

GMC FORM REV 11 FEB 48 1194 / 11 FEB 48 1194

|                         | <del></del>  |                       |                                       |
|-------------------------|--------------|-----------------------|---------------------------------------|
|                         | RECORD OF CU | STODIAL TRANSFER      |                                       |
|                         | 1.           | SHIPPED               |                                       |
| FROM                    |              | то                    | •                                     |
| KIND OF CONVEYANCE      |              | NAME OF CONVOYER      |                                       |
| SIGNATURE OF SHIPPER    | DATE         | SIGNATURE OF RECEIVER | DATE                                  |
| FROM                    | 2.           | SHIPPED<br>To         |                                       |
|                         |              |                       |                                       |
| KIND OF CONVEYANCE      | <u> </u>     | NAME OF CONVOYER      |                                       |
| SIGNATURE OF SHIPPER    | DATE         | SIGNATURE OF RECEIVER | DATE                                  |
|                         | 3. :         | SHIPPED               |                                       |
| FROM                    |              | 10                    |                                       |
| KIND OF CONVEYANCE      | · -          | NAME OF CONVOYER      |                                       |
| SIGNATURE OF SHIPPER    | DATE         | SIGNATURE OF RECEIVER | DATE                                  |
|                         | 4.:          | SHIPPED               |                                       |
| FROM                    |              | 10                    | ·                                     |
| KIND OF CONVEYANCE      | <u> </u>     | NAME OF CONVOYER      |                                       |
| SIGNATURE OF SHIPPER    | DATE         | SIGNATURE OF RECEIVER | DATE                                  |
|                         |              | SHIPPED               |                                       |
| FROM                    |              | ТО                    | ····                                  |
| KIND OF CONVEYANCE      |              | NAME OF CONVOYER      |                                       |
| SIGNATURE OF SHIPPER    | DATE         | SIGNATURE OF RECEIVER | DATE                                  |
|                         |              | SHIPPED               |                                       |
| FROM                    | <b>b.</b> :  | TO TO                 | ·                                     |
| KIND OF CONVEYANCE      |              | NAME OF CONVOYER      |                                       |
| SIGNATURE OF SHIPPER    | DATE         | SIGNATURE OF RECEIVER | DATE                                  |
|                         |              |                       |                                       |
| FROM                    | <b>1.</b> !  | SHIPPED TO            |                                       |
| KIND OF CONVEYANCE      |              | NAME OF CONVOYER      | · · · · · · · · · · · · · · · · · · · |
| SIGNATURE OF SHIPPER    | DATE         | SIGNATURE OF RECEIVER | DATE                                  |
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|                         |              |                       |                                       |

CHEMI SHIP 314.C

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GRS European

SUBJECT: Certificates of Unidentifiability Transmittal Letter #6254

Department of the Army, OQMG, Washington 25, D. C., 1 May 1951

TO: Commanding Officer, 7887 Graves Registration Detachment, APO 757, c/o Postmaster, New York, New York

1. This Office approves the classification of the following Unknowns listed in basic communication, as Unidentifiable:

Unknown X-38 Unknown X-8523 Unknown X-8527 St. Laurent, France Neuville-en-Condroz, Belgium Neuville-en-Condroz, Belgium

- 2. Paragraph 3 of the Anthropological Report for Unknown X-38, St. Laurent, indicates the casket and shipping case are tagged as Unknown X-38, USMC St. Laurent, but the remains are tagged "Thomas D. Mendenhall, Tec 5, 35405344". It is requested that these remains be designated Unknown X-38. Unknown X-34, St. Laurent, has been identified as Tec 5 Thomas D. Mendenhall, 35405344.
- 3. This Office has no record of Unknown X-571, Grand Failly, France. It is requested that Report of Burial be forwarded as soon as possible.
- 4. Unknowns X-1754 and X-1790, St. Avold, will be the subject of a later communication.

FOR THE QUARTERHASTER GENERAL:

6 Incls

THOMAS E. COX Capt QMC Memorial Division

Cy furnished: Adm Sec Coffey/rar Foy 2

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Car.

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HEADQUARTERS 7887 GRAVES REGISTRATION DETACHMENT OFFRATIONS DIVISION ERTIFICATE OF UNIDENTIFIABILITY OF REMAINS 1. The records pertaining to Unknown X = 38 , Plot C , Row 2 
23 , USI'C St. Laurent. France , have been re-

Grave 23 , USI'C St. Laurent, France , have been reviewed in accordance with par 159, SR 830-110-5, DA dated 3 March 1949, and it is the opinion of the Board of Review appointed by pur 4, SO No 32, this headquarters, dated 10 April 1951, that sufficient evidence is not available to establish the identity of the deceased concerned, and it is recommended these remains be classified as unidentifiable. Report of reprocessing of remains was forwarded to the Office of The Quartermaster General, by Transmittal Letter No. See below ,dated

Remarks: Form 1044 dated 27 March 1951 attached herewith. See attached narrative.

Lt Col James C. MacFAPLAND, 0-1575321,QMC Maj George GUNDERLYM, Jr, 0-1289071,QMC

Clyde W. STEINSIEK, O-1040311, QVC Capt Allan

John A. BOUTTH,

colered 1/2.6254. atd 19april 51

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#### CASE HISTORY

JUNKNOWN NO. X-38

US MILITARY CEMETERY St. Laurent. France

Records this headquarters reveal that subject remains died 6 June 1944 (D Day) and were interred 9 June 1944.

Every effort to associate subject remains with an unresolved D Day American casualty has been made with negative results.

In view of the above and lack of identifying media, Unknown X-38 is submitted as UNIDENTIFIABLE.

John E. SMITH

3.

| <u> </u>                         |                            |             |            |                                       | <del></del>   |                    |  |  |  |  |  |
|----------------------------------|----------------------------|-------------|------------|---------------------------------------|---------------|--------------------|--|--|--|--|--|
| R.O. # 3632 (Ro                  | outine)                    | DLVTIFIC J  | TON DATA   | · · · · · · · · · · · · · · · · · · · |               |                    |  |  |  |  |  |
| l. hemains of                    |                            |             | 2. Dat     | s of maport                           | ,             |                    |  |  |  |  |  |
| 1                                | Unknown X-38 27 March 1951 |             |            |                                       |               |                    |  |  |  |  |  |
| 3. Name of Ver                   | AGG PTV                    | /s. Plot    | 5. Row     | 16 Gorage                             | 17 Dve        |                    |  |  |  |  |  |
| J. Manie OI e.                   | nocely .                   |             | 1          | 1                                     | <br> Disimir  |                    |  |  |  |  |  |
| USMC St, Laurer                  | nt, France                 |             |            | ·                                     | •             | erwent             |  |  |  |  |  |
|                                  |                            | C           | 2          | 23                                    | XXXX          | XXXXX              |  |  |  |  |  |
| 8. Ast. Ago                      | 9. ust. !                  | eight       | 10. Colo   | r of Pair                             |               | sca                |  |  |  |  |  |
|                                  |                            |             | Bro        |                                       | UTD           | ,                  |  |  |  |  |  |
| Over 30                          | 5-11 1/4                   | -           | _          |                                       | }             | <u>-</u>           |  |  |  |  |  |
| 12. Give desc                    | ription of any             | y official  | identific  | ation form                            | i with rea    | ains               |  |  |  |  |  |
| [<br>]                           |                            |             |            |                                       |               |                    |  |  |  |  |  |
|                                  |                            |             |            | 1 1 - 1                               |               |                    |  |  |  |  |  |
| Embossed pla                     | te received p              | inned to b  | lanket con | taining rem                           | nains         |                    |  |  |  |  |  |
|                                  |                            |             |            |                                       |               |                    |  |  |  |  |  |
|                                  |                            |             |            |                                       |               |                    |  |  |  |  |  |
| 13. Give desc                    | ription of ta              | ttos or sc  | ars on bot | y and/or a                            | ach និក្សាប្រ | ത <sup>്ര</sup> on |  |  |  |  |  |
| obtained                         | from other so              | imas        |            |                                       |               |                    |  |  |  |  |  |
| None                             |                            |             |            |                                       |               |                    |  |  |  |  |  |
| 14. Was berned? To would extend. |                            |             |            |                                       |               |                    |  |  |  |  |  |
| 14. Was 167<br>Yes [1]           |                            |             |            |                                       |               |                    |  |  |  |  |  |
| i                                |                            |             | To left    | क्षे क्षरी स्तर्य                     |               |                    |  |  |  |  |  |
| 15. Kas ! Cy                     |                            |             |            | keletal ch                            | ort.          |                    |  |  |  |  |  |
| Yəs ( <b>X</b> ')                | · <del></del> ·            |             |            |                                       |               |                    |  |  |  |  |  |
| lé. Describe                     | evidence of h              | esled frac  | tures and  | bone malfo                            | raations.     |                    |  |  |  |  |  |
|                                  | . ,                        |             |            |                                       |               |                    |  |  |  |  |  |
| None eviden                      | it                         |             |            |                                       |               |                    |  |  |  |  |  |
|                                  |                            |             |            |                                       |               |                    |  |  |  |  |  |
| 17. List ever                    | y item of old              | obbing. equ | ipment an  | d personal.                           | ethachu f     | hand,              |  |  |  |  |  |
| showing t                        | he type, colo              | or, size. n | ackings .  | service. et                           | c. (11 1      | aundry             |  |  |  |  |  |
| murks are                        | a undiaminet.              | such notat  | ion shoul  | d be made a                           | na specim     | 6117               |  |  |  |  |  |
| forwarded                        | i Umouga shar              | inels for e | expunnatio | n when faci                           | iities ar     | e not              |  |  |  |  |  |
| availble                         | e un the area)             | ).          |            |                                       |               |                    |  |  |  |  |  |
| ,                                |                            |             |            |                                       |               |                    |  |  |  |  |  |
| None                             |                            |             |            |                                       |               |                    |  |  |  |  |  |
|                                  |                            |             |            |                                       |               |                    |  |  |  |  |  |
|                                  | •                          |             |            |                                       |               |                    |  |  |  |  |  |
|                                  |                            |             |            |                                       |               |                    |  |  |  |  |  |
| }                                |                            |             |            |                                       |               | •                  |  |  |  |  |  |

19. Black out parts body not recovered

(SEE ATTACHED SKELETAL CHART)

20. MASS BRIAN DESTIFICATE (TF PRODUCTION)

(Wherein segregation in whole or named is they as Die)

I certify that the group remains consist of parts of decadents based on the presence of one or more of the following anatomical parts:

Sngrature of Aboidal Officer

21. Remarks and additional information

Remains received disarticulated with a small amount of decomposed flesh. Teeth received with femains (see tooth chart).

Est. Age: Over 30

Est. Height: 5-11 1/4

Est. Weight: 140-160

Est. Shoe size: 103-11 C-D

Color of Hair: Brown

Technician:

Mr. Neep

Mr. Willer

Clerk Recorder:

Miss Kempen

I CEPTIFY THAT I HAVE PERSONALLY VINNED THE REALIES OF DECEASED A IT THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF LY KNOWLEDGE Typed Name, Grade, Arm or Service and Signature Organization

Page 3 of 3

CMC Form 1044

CHART "A-1"

X-38 ST. LAURENT.

C-2-23.

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

| RIGHT   | <del>/</del>                           |                        | LEFT                                  | •           |
|---|--|------------------------|---------------------------------------|-------------|
| (1)   |  |                        | SKULL                                 | Inc         |
|   |  |                        |                                       |             |
| STERNUM                                       |  |                        |                                       |             |
| رې <del>آ</del>                               |  | \$ <b>1</b>            | angenia.                              |             |
| HUMERUSem                                     |  | 事例并                    | HUMERUS                               | em          |
|   | 0000                                   |                        |                                       |             |
|   |  |                        |                                       | ·           |
| ULNA cm 5/ \$                                 | 10000000000000000000000000000000000000 |                        | ULNA 27.7                             | cm          |
| RADIUS 25.9 cm                                |  | 258-                   | RADIUS                                |             |
|   |  | <b>4</b> { /           | <u> </u>                              |             |
|   |  | 50<br>22<br>24<br>8406 |                                       |             |
| iii   |  |                        | i i                                   |             |
| FEMUR 48.0 cm                                 |  | FEMUR                  | 1                                     | cm          |
| FEMUR <u>48.0</u> cm                          |  | TEMOR.                 |                                       |             |
|   |  | رسي آ                  |                                       |             |
| TIBIAcm                                       |  | TIBLA                  | · · · · · · · · · · · · · · · · · · · | cm          |
| FIBULAcm                                      |  | FIBULA                 | 1 d                                   | em .        |
| Est.Age Oven 30                               |  |                        | Missing                               | \$          |
| Est. Height _6'///4"                          |  | 711                    | Burned                                |             |
| Color Hair BRAWN.                             |  | M                      | Fractur<br>Shatter                    |             |
| Healed<br>Fractures Nove:                     |  | บัก                    | P*                                    |             |
| (24) VERTEBAR                                 | ***                                    | OS SIGNAT              | URE P. Mal                            | len<br>1001 |
| TESTU YOU                                     | + (( ) ( )                             | CODON                  |                                       |             |
| TEETH YES. BURNS NONE- SHAE SIZE 101511 C     | 1111.                                  | 720                    | 5, 35405344,                          |             |
| SHIE SIZE 10/21/ C<br>11) GRS TA9. MENDENHALL | THOMAS,                                | 1) MORTUARY PLA        | TE, MENDENH                           | ALL         |

X 38 steaurent c-2-23

## TOOTH CHART

Serial No. Organization Place of Death Cause of Death Right Left 8 5 3 , 2 1 2 6 6 1 3 5 8 Side views UPPER LOWER Side Views 16 15 13 12 11 10 12 11 13 15 see Remarks

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.

Maral S. Ahuler
Signature of Officer or other person who prepared Tooth chart

Verfield by G. R.C. Officer 4

| MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus: |                      |
|---|----------------------|
| CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:  |                      |
| BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:   | Gold bridge          |
| FILLINGS Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:   |                      |
| CARIES (CAVITIES). Outline location and size of cavity, shade in thus:  | Cavity Decayed OF TO |

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

# ADDITIONAL SPACE FOR FURTHER REMARKS

Size average

Colar ivory

Spaces R14, Nora; R12-11, 1mm; R11-18, 1mm

R12 rotated meierly 15; inclined distally

#### NARRATIVE

R.O. # 3632

1. Unknown X-38 (USEC St. Laurent, C-2-23) has been processed with findings as follows:

|      |           | <u>AGE</u> | <u>HEIGHT</u> | WEIGHT  | <u>HAIR</u> | SHOE SIZE  |
|------|-----------|------------|---------------|---------|-------------|------------|
| X-38 | (Remains) | Over 30    | 5-11 1/4      | 140-160 | Brown       | 103-11 C-D |

- 2. Teeth, consisting of the right mandible, articulate with the skull and vertebral column. There is no Form 371 with which to make a comparison.
- 3. Casket and shipping case are tagged as X-38 USMC St. Laurent but the remains are tagged "Thomas D. Mendenhall, Tec 5, 35405344".
- 4. CAUSE OF DEATH: The shattered condition of this deceased indicates that death was caused by plane crash. There is no evidence of fire.

WESLEY A. NEEP Lab. Ident. Tech.

FRANS VANDERVAEL
M.D., Professor of Anatomy and
Anthropology, Liege University

and of action,

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

|             | INTRAOFFICE REFERENCE SHEET                           |                                  |                |  |  |  |  |  |  |
|-------------|---|----------------------------------|----------------|--|--|--|--|--|--|
| Del.        | Bunk  | H. La                            | uren           | 7-38 DUE, HOUR AND DATE  |  |  |  |  |  |
| NO.         | -FROM:-   | 3<br>70=                         | DATE           | MESSAGE  |  |  |  |  |  |
| 1           | Mem Div<br>Ident Br<br>Ident Sec                      | Repat Br<br>Rec Sec<br>Mem Div   | 17             | SUBJECT: Redesignation  Attached Report of Burial for the following Unknown forwarded for any action deemed necessary to reflect redesignation of remains, and return to Identification Section: |  |  |  |  |  |
|             |   |                                  | וסו            | St. Laurent, France  |  |  |  |  |  |
|             |   |                                  |                | X-38 Plot C Row 2 Grave 23   |  |  |  |  |  |
|             | •   |                                  |                | NEFF SERRENS 2 Incla 52462 76128 1. a/s 2. ETO T/L # 6153, dtd 30 Jan 51.  |  |  |  |  |  |
| <del></del> |   |                                  |                |  |  |  |  |  |  |
| 2           | Rec Sec<br>Repat Br<br>Mem Div                        | Ident Sec<br>Ident Br<br>Mem Div | 16 Mar<br>1951 | l. Records corrected in Records Section. Report of Burial returned herewith as requested.  |  |  |  |  |  |
|             |   | Attn: Mr.                        | J. Fis         | her  |  |  |  |  |  |
| gtb         |   |                                  |                | 2 Incls FRANKE<br>n/c 5836 FRANKE  |  |  |  |  |  |
| 3           | Mem Div<br>Screening<br>Unit<br>Ident Br<br>Ident Sec | Mem Div                          | 21 Mar<br>51   | Forwarded as a mater prestain the to the Section.  1 Incl: 293 file, Unk X 38 5t. Laurent, Fr  |  |  |  |  |  |
|             |   |                                  |                | THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE  U. S. BOYERMENT PRINTING OFFICE  10—49050-5   |  |  |  |  |  |

43 unk St. Laurent x-38

07/3002 MAR 51 UNCLASSIFIED

OGNO DEPT OF ARMY WASH DO

DEFERRED

00 7887 GRREG DET LIEGE BELGIUM

DA 23299

ADRC 3531

FROM QUONO TRUSG AGRO 3531

CORRESPONDENCE REC

mlt

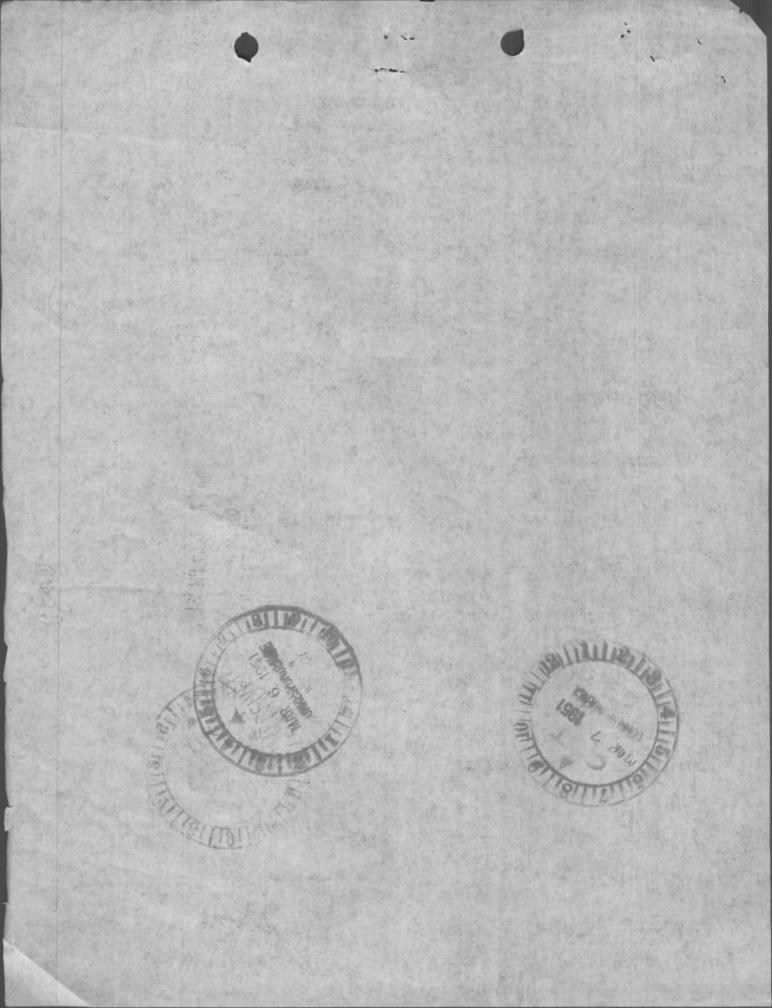




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UR. GADNAY Quanto 295 Unk X-58 53207 COL, GIO, MINI DIV

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ACTION -

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TO DOME WASHDC

GRAVES GRNC

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Reply Due

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293 Unik X-38 (St. Laurent)

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CO 7887 GEREO DET
LIEGE BELGIOM

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FROM QMGMO

ROST DATE X-38 ST LAURENT RECEIVED YOUR COLSTAND

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(GRAVES)

WR. CALMAY

QMCMO 293 X-38

53207

J. C. WHICHER LT COL, QFC, HEM DIV

FEB 24 8 37 AM '51 O.O.M. G. TEL & CAB SECTION

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

GROP 200.2

30 January 1951

SUBJECT: Reports of Interment

Transmittal Letter # 6153

TO:

The Quartermaster General

Washington 25, D. C.

ATTENTION: Memorial Division

Forwarded herewith are three (3) corrected Reports of Interment for the remains listed below:

| Unknown No.                 | Cemetery               | Plot      | Row     | Grave     |
|-----------------------------|------------------------|-----------|---------|-----------|
| X-38<br>X-6541-A            | St Laurent<br>St Avold | c<br>eeee | 2<br>12 | 23<br>135 |
| - <b>х-</b> 6541 <b>-</b> В | St Avold               | PPPP      | 13      | 153       |

FOR THE COMMANDING OFFICER:

3 Incls

Corrected Repts of

Interment

(X-38, X-6541 A & B)

C. W. STEINSIEK Capt, QMC

Operations Division



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

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| Unknown No.  | Cemetery                              | Plot        | How | Grave            |
|--|---------------------------------------|-------------|-----|------------------|
| Repair of Ex-65h1-a Repair of Ex-65h1-b Repair of The Commanding ( | St Laurent St Avold St Avold OFFICER: | C EREE PPPP |     | 23<br>135<br>153 |

3 Incls Corrected Repts of Interment (X-38, X-6541 A & B)

C. W. STEINSIEK Capt, QMC Operations Division







22 May 1945

SUBJECT: Identification of Unknown Deceased

s Commanding General, COMZON TO European Theater of Charations APO 887, o/o Postumster New York, New York

FOR: The Chief Quartermaster

The remains buried as Unknown X-36, St. Laurent Sur Her Cometery #1, France, Flot C, Row 3, Grave 43, have been identified. from the fingerprints submitted, as T/5 Thomas D. Hondonball, 35405344, Infantry. His religious preference was signified as Protestant.

hoomeds of your headquarters, as well as the marking of the grave, should be corrected, and this office advised thereof,

The form submitted to this office has been amended.

FOR THE QUARTERMASTER CHURRAL:

1457987

H. A. BARNES Brig General, QMC Deputy The Quarters

COPY FOR: Army Effects Bureau, Kansas City Quartermaster Depot

for Imformation.

CCP

293 Unk 22/6/, France

1457987

(3)7 FOR: Arry Affects Bureau, Kanses City spartergrator Lapot, 601 Fardest, Areuce, Kanses City 1, Eissouri.

For Information.

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AGRRE (St. Laurent C-3-43) 11th Ind SLOANE/CHS/hs 2 93 4/1 endeuthall flowers. SLOANE/CHS/hs HEADQUARTERS, AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER AREA. APO 887. U. S. ARMY. 30 January 1946.

TO: The Quartermaster General, Washington '25, D.C.

- 1. Your attention is invited to basic communication which has been complied with.
- 2. The remains buried in Plot C, Row 2, Grave 23, (St. Laurent) have been redesignated as Unknown X-34 (St. Laurent). All records and markings have been adjusted accordingly as requested in paragraph 2 basic communication.

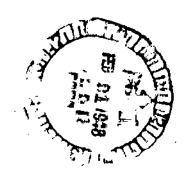
FOR THE COMMANDING GENERAL:

Incl: n/c

V. J. BLONDELL Lt. Col., A. G. D. Adjutant General



5/28/40 5/28/40



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HOISI, AIRONAM

QN-GR 293 (St Laurent 19-43) 8th Ind. TIP/a 10
HEADQUARTERS, 3058 QM GRAVES REGISTRATION CO., APO 562, U'S ARMY, 5 November 1945.

To: Commanding Officer, 544th M Bn., APO 562, U S Army.

- 1. Third Teeth Chart erroneously attached to correspondence,
- 2. Subject tooth chart forwarded to HQ. GRAVES REGISTRATION Co., to be attached to correct correspondence GR-R 293 (St Laurent T-2-38) dated 25 October 1945.

THOMAS W. BARSONS 2nd Lt. INF

Commanding

6 Incl:

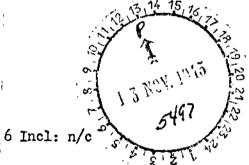
MD ITC

OM-GR 293 (St Laurent C-3-43) 9th Ind HEADQUARTERS, 544TH CM BN, APO 562, US ARMY, 8 November 1945.

CHD/gy

TO: Commanding Officer, American Graves Registration Command, Hq, Western Zone, 531st CM Group, APO 562, US Army.

Attention is invited to 6th Ind and attached inclosures.



For the Commanding Officer:

CHARLES H. DICKEY, 1st Lt, CMC, Adjutant.

GR-GR 293 (St.Leurent C-3-43). 10th Ind. JGG/WGS/hn. ALTHUCAN GRAVES REGISTRATION COMMAND, HEADQUARTERS, 531st JM GROUP. APO 562, US ALTY. 14 November 1945 (Courier Stop 6000).

TO: Commanding General, American Graves Registration Command, TSFT (Rear), APO 867 UE Army. (Courier Stop 8600).

6 Incl: n/c.



QM-GR 293 (St Leurent C-3-43) 5th Ind. WLF/jfh HEADQUARTERS, 306th QM BN, APO 562, U S ARMY, 27 August 1945

TO: Commanding Officer, 3058th QM GR Co., APO 562, U S ARMY

For compliance with 3rd Indorsement.

By order of Major ROOT:

W. L. FERSON
1st Lt., OMC
Adjutant

QM-GR 293 (St Laurent C-3-43) 6th Ind. TMP/ajb HEADQUARTERS, 3058 QM GRAVES REVISHRATIO 500., APO 502, U S ARM, 25 October 1345.

TO: Commanding Officer, 544th QM Bn., APO 562, U S Army.

- 1. Attention is invited to Chack Lists, signed by Medical Officer, Tooth Charts, and redical Officers statement prepared and at ached hereon in compliance with par 1 basic communication.
- 2. All records and markings have been adjusted accordingly as request d in par 2 basic communication.

THOMAS W. PAHSONS 2nd Lt. HVF

Commanding

Incl: 1 - Check Lists

2 - Tooth Charts

3 - Medical Officers Statement

4- Corrected Copy GRS Form #1

DM-GR 293 (St Laurent C-3-43) 7th Ind. CHD/ik HEADQUARTERS, 544TH CM BATTALION, APO 562, U.S. ARMY, 3 November 1945.

TO: Commanding Officer, 3058 QM GR Co., APO 562, U.S. Army.

Request explanation for the three (3) tooth charts inclosed in your findings.

By Order of Major ROOT:

CHARLES H. DICKEY,

1st Lt, CMC

Adjutant

7 Incl: n/c

QM-GR 293 (St Laurent C-3-43) 8th Ind. TTP/ajb HEADQUARTERS, 3058 QM GRAVES REGISTRATION CO., APO 562, U S ARMY, 5 November 1945.

TO: Commanding Officer, 544th QM Bn., APO 562, U S Army.

Third Tooth Chart erroneously attached to correspondence, belongs to correspondence GR-R 293 (St Laurent T-2-38) dated 25 October 1945.

THOMAS W. PARSONS 2nd Lt. INF Commending

6 Incl:

GRSC (St. Laurent C-3-43)

3rd Ind.

PJW/GVL/1f (S: 12 September 1945)

HQ, US THEATER GR REG SERV, TSFET (Rear), APO 887, U.S. ARMY, 13 August 1945.

Graves Registration Officer, Chanor Base Section, APO 562, U.S. Army.

- Your attention is invited to basic communication and preceding indorsements.
- 2. It is requested that the remains buried in Plot C, Row 2, Grave 23 and Plot C, Row 3, Grave 43, be disinterred and reprocessed for additional information. Tooth charts, if available, and check lists will be submitted to this headquarters in quadruplicate for each remains. The reports will be signed by a medical officer witnessing the disinterment.
- Should the remains prove to be those of only one man, they should be concentrated into Grave 43 and all records pertaining to Grave 23 voided. Should, however, the remains be those of two men, they will be reinterred in the original manner. The inclosed Report of Burial for Unknown X-38 will be used and all records corrected accordingly. The remains in Grave 23 will then be labeled as Unknown X-34 (St. Laurent), the original designation. All records pertaining to the identification of Unknown X-34 as Mendenhall will be voided.

For the Commanding General:

1 Incl. n/c

QM-GR 293. (St. Laurent 4th Ind. OOM, HEADQUARTERS CHANOR BASE SECTION, APO 562, U. S. ARMY, 23

Olin Commanding Officer, 306th OM En., AP 562, U. S. Army.

1. Forwarded Oppnecessary action as requested in preceding indersement.

For the Base Section Quartermaster:

l Incl: n/

JAMES A. SEUSS Capt., QMC Assistant

F. C. MOORE. Captain, QMC Adjutant.

Q-GRE (St Laurent C-3-43) lst Ind. GVL/lmb (S: 11 July 1945) OCQM, HQ COM Z, ETO, APO 887, U.S. ARMY, 20 June 1945.

Graves Registration Officer, Normandy Base Section, APO 562, U.S. Army.

- Your attention is invited to basic communication.
- Corrected Report of Burial is inclosed for your 2. files.

It is requested that all Reports of Burial that may be on file, the marking of the grave, the means of identification buried with the remains and any other pertinent records that may be maintained, be corrected accordingly and this he advarters notified of completion by indorsement.

5 JUIL 1945 APO 887

JAMES W. YOUNGER. Brigadier General, USA, Chief, GR&E Division.

5 JUIL 194 Bodin, 480 887

OM-GR 293. (St. Laurent, C-3-43) 2nd Ind. OQM, HEADQUARTERS, CHANOR BASE SECTION, APO 562, U. S. ARMY, 2 July 1945

To: Chief Chartermaster Com Zone, ETO, APO 887, U. S. Army (Attn: Graves Registration and Effects Division)

1. Reference is made to letter your headquarters, dated 13 December 1944, subject: \*Identification of Unknowns. (St. Laurent)\*, identifying Unknown X-34 buried in Plot C. Row 2. Grave 23. St. Laurent American Military Cemetery as MENDENHALL, Thomas D., T/5, 35405344. Identification was stated to have been established by laundry marks.

Request clarification of the above and this office notified as to the pecessary action to be taken in this matter.

JUL 1945 G. R. - C. B.S. 26-3.

For the Base Section



IN REPLY REPER TO \_



SPOYG 293 OFFICE OF THE QUARTERMASTER GENERAL Unknown 22161, France WASHINGTON 25, D. C.



22 May 1945

SUBJECT: Identification of Unknown Deceased

TO: Commanding General, COMZONE European Theater of Operations APO 887, c/o Postmaster

New York, New York

FOR: The Chief Quartermaster

- 1. The remains buried as: Unknown X-38, St. Laurent Sur Mer Cemetery #1, France, Plot C, Row 3, Grave 43, have been identified, from the fingerprints submitted, as: T/5 Thomas D, Mendenhall, 35405344, Infantry. His religious preference was signified as Protestant,
- 2. Records of your headquarters, as well as the marking of the grave, should be corrected, and this office advised thereof,
  - 3. The form submitted to this office has been amended.

FOR THE QUARTERMASTER GENERAL:

H. A. BARNES

Brig General, QMC

Deputy The Quartermastern Coneral

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MAY 25 4 47 PM 345 MAIL & RECORDS BRANCH

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18 Dec 44...

attch

MENDENHALL, Thomas D., 35405344
T/5, Inf.
KIA 6 June 44

23 July 44....

Report of burial for Unknown American X-38, who was KIA (Est) 6 June 44, Normandy, France; buried 13 June 44 in St. Laurent Sur Mer Cem. #1, France, Plot C, Row 3, Grave 43.
Fingerprints of both hands were taken.

Fingerprints of both hands were taken.

Form photographed - Original sent to the AGO for comparison of the fingerprints with those on file. Request was made for name, rank, serial number, organization, emergency addressee and religious preference, together with the return of the Form.

28 Feb 45...... Reply received - The fingerprints were found identical to those of Thomas D. MENDENHALL, 35405344, T/5, Inf., KIA 6 June 44, and his emergency addressee is his wife, Mrs. Ilean L. Mendenhall, RFD #2, West Salem, Ohio.

21 Mar 45...... Letter to High Point requesting his religious preference.
(Protestant)

Records and Forms adjusted - Original attached to 293 File, and duplicate delivered to Records Section.

Letter to ETOUSA advising of the above identification. It was also requested that the records of that head-quarters as well as the marking of the grave be amended accordingly; this office to be advised upon completion. A copy of this correspondence was forwarded to the Effects Bureau, Kansas City, for information.

SEP 26 1845 FRE III.

•

22 May 45.

#### TRESHER THE LAND

I have reviewed the memains of deceased disinterred in C-2-23 and C-3-43 and there is no doubt in my mind that they are those of two distinct bodies.

() agmand & Cave MAJ. M.C. 218 hus Dat

### CHECK LIST FOR DISINTERWENT OF UNKNOWNS

All questions should be answered. If a positive answer cannot be given, estimates should be made and andicated as such. If a reasonable estimate cannot be made, a negative answer should be stated.

|              |  |  | UNXWOWN X- 38  |
|--------------|--|--|--|
|              | ·  | PART I   | CEMERTER St Laurent  |
|              | •  | Physical Description   | FLOT C ROW 4 GRAVE 43  |
|              |  | and the same of th |  |
| 1.           | Estimated height Unknown   | * * * * *  | the state of the s |
| 2.           | Estimated weight 175 or 18   | 0  |  |
| 3.           | Color of eyes Unknown  | The material of the second of  |  |
| 4.           | Color of hear Black Wavy   | 28 Tong  |  |
| 5.           |  |  |  |
| 6.           | Race White (Est)<br>Quantity and characteristics   | . යන ගත්ත සහ මන්ත වේ වේ නැත්ති   | haldness curly, etc.)  |
| - •          |  |  |  |
| <b>(</b> ··• | Black Wavy 2" Long   |  | •  |
| 7            | Amount and color of hair on  | Tacket (many also at the first of  | a region lengt   |
| 7.           |  |  |  |
|              | nukuan nuante ro   | determine  | <u> </u>   |
| a            | Described and an experience of   |  | Diagh Sagaraga   |
| 8•           | Description of matache and   | .sara unable to de term  | nine - Flesh decomposed  |
| ٠,           | <u> </u>   | A CONTRACTOR OF THE CONTRACTOR | All the state of t |
| 9•           | Length of sideburns Unabl  | e to determine - decempos  | 390  |
|              | Was the decessed simonasine  |  |  |
| 11.          | Are any tattees or scars on  |  |  |
|              | Unable to determine  |  |  |
|              |  | en de la companya de<br>La companya de la co   | The state of the s |
| 12.          | Is there anything unradal &  | none distantiation of the solutions  |  |
|              | A Secretary of the Control of the Co |  | and the same approximate of the same and the |
| 13.          | Is there anylicing unusual i   |  |  |
|              | No   | The state of the s | _ 22 244 20 6 4 - 20 2 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| 14.          | Was tooth cheet taken? Y   | les - Hera finger  | mints taken?No   |
| 15.          | Proximate cause of deather:  | Possibly a direct hit hi   | n explosive shell.   |
|              | and the second s | en de la companya de<br>La companya de la co   | the state of the s |
| _16.         | Was the body burned? To wha  | t extent? No   |  |
|              |  | grave many, and the same and   |  |
|              |  | and the second s |  |
| 17.          | Are any mirts of the body m  | dissing or slevered? see   | Remerks  |
| • • • •      | *****  | A STATE OF THE STA | The state of the s |
| •            | The state of the s |  |  |
| 18.          | Is there any evidence of fi  | rst-aid or other medical   | treatment:   |
| •            | Unalbe to determine  |  |  |
|              |  | the state of the s |  |
| 19.          | If the remains are badly ma  | ingled, a careful search   | snould be made for identi  |
| • • •        | fication tags or personal s  | effects. No effects for  | und ·  |
| 20.          | If no clothing is found, me  | easurements should be mad  | e of the head, neck, chest   |
|              | weist. foot, leg. (inseam).  | . and arm length in order  | that clothing sizes may be   |
|              | determined.  |  | -  |
|              | do o cimina de la companya de la com | • .  | Alexander Commence   |
|              |  |  | 1] 27 - 12   |
|              |  | د دم دهندسیمهه و مطافعه د د د د دست پیده و . مهانه، پیوید نیاب <del>های ساخه س</del>   |  |
|              |  | and the second s | 2 Control of the Cont |
|              |  |  |  |
|              | Appears to the specimen to real time to the second time time time time time time time time  |  | 77 - 2.31 * 1.1 1 2 1 1 1  |
|              |  |  | 4. 1 + 1   |
|              |  | -4 -1  |  |
|              |  |  |  |

# PART II Description and Sizes of Clothing

- 21. List every item of clothing found showing color of each.
- 22. List sizes of each item of clothing (if sizes are not shown, clothing measurements should be made or body measurements recorded as outlined in 20, above.
- 23. Report all clothing markings. Markings that ere indistinct should be recorded as such.
- 24. Report all unusual or distinctive characteristics of clothing such as insignia, tears, repairs, wear, shortened leggings, unusual buttons, slits in shoes, etc.

| · ITEM                             | REMARKS                                  |
|------------------------------------|--|
| 1 GI Shoe Size 8 KE H.T. (Stamped) | The following are the remaining parts of |
| 1 Wool sock                        | body of Unk. X-38:                       |
| Ractangular piece of cloth, white  | Part of Petrious portion temporal.       |
| marked U. S. NAVY                  | Right Arn                                |
| Body wrapped in GI Blanket.        | Left leg and Foot                        |
|                                    | Right lower jaw.                         |
|                                    | Almost complet-vertebra                  |
|                                    | Ribs                                     |
|                                    | Osilli both present                      |
| <del></del>                        | Part of left Humerus                     |
| ,                                  | Right Unla                               |
|                                    | Lower end of left humarus fractured      |
| •                                  | right humerus                            |
| •                                  | Part of scupla, Right                    |
|                                    | Center portion of Occipat                |
| Remains extremely mangled and in   | Frontal Sinusus                          |
| advance state of decomposition.    | 17 3/4 " leagth of Feder                 |
|                                    | Mericorpel (Part of)                     |
|                                    | Over 23 years old (Est age)              |
|                                    |  |

| Mance State of decomposition.    |  |
|----------------------------------|--|
|                                  | Mericorpel (Part of)                               |
| <u> </u>                         | Over 23 years old (Est age)                        |
| • •                              |  |
| And the second second second     | FART III   |
| Measurements an                  | Characteristics of Skeleton                        |
| o be filled out only in those ca | ses where a skeleton or part of a skeleton isfound |
| •                                |  |
| . Length of foot                 |  |
| . Width of foot                  |  |
| . Length of arm (Inseam)         |  |
| . Arm measurement for sleeve le  | ength  |
| . Circumference of skull         |  |
| . Length of fingers              |  |
| . Width of hand at knuckle       |  |
| . Length of Skelcton             |  |
|                                  | , medium or small)                                 |
| . Evidence of bone scars indica  | ting healed fractures                              |
| <b>**</b>                        |  |
| . Unusual characteristics in bo  | one structure                                      |
|                                  |  |
| . Are any parts missing or deta  | ached?   |
| ·                                |  |
| M = 0                            |  |
| Investigation condu              | acted by: Cannadillain                             |
| Ill All serber                   | //amadelleur                                       |
| Silver Williams                  | (Cfficer's Name)                                   |
| THOMAS W. MARSONS                | ,  |
| 2nd Lt. IND                      | Major M.C.   |
| . Commanding /                   | (Crganization)                                     |
|                                  | (Ct Bailt 2017-017,                                |

ARMY SERVICE FORCES, Office of The Quartermaster General, Washington 25, D.C. 22 May 1945

SPQYG 295. Unknown 22161, France

Identification of Unknown Deceased STIBJECT:

Commanding General, Comzone European Theater of Operations TO

AFO 887, c/o Postmaster New York, New York

FOR: The Chief Quartermaster

1. The remains buried as Unknown X-58; St. Laurent Sur Mer Cemetery #1, France, Plot C, Row 3, Grave 43, have been identified. from the fingerprints submitted, as T/5 Thomas D. Kendenhall, 35405344, Infantry. His religious preference was signified as Protestant.

2. Records of your headquarters, as well as the marking of the grave, should be corrected, and this office has been amended.

FOR THE QUARTERNASTER GENERAL:

/s/t/ H.A. BARNES -Brig General, QMC Deputy The Quartermaster General.

RESTRICTED

Q-GRE (St Laurent C-3-43)

lst Ind.

GVL/lmb (S: 11 July 1945)

OCQM, EQ COM Z, ETO, APO 887, U.S. ARMY, 20 June 1945.

TO: Graves Registration Officer, Normandy Base Section, AFO 562, U.S. Army.

- 1. Your attention is invited to basic communication.
- 2. Corrected Report of Burial is inclosed for your files.
- 3. It is requested that all Reports of Buriel that may be on file, the marking of the grave, the means of identification buried with the remains and any other pertinent records that may be maintained, be corrected accordingly and this headquarters notified of completion by indorsement.

Incl a/s

DISTRIBUTION:

Orig & trip - addressee.

1 copy - M&R 887.

1 copy - File GR&E. . ...

1 copy - S. File.

JAMES W. YOUNGER, Brigadier General, USA, Chief, GRAE Division.

GVL

RDP

PJW

THM

HWB

GRE - WJY

ADM - MKG

D-ADM - WIM

QM-GR 293. (St, Laurent, C-3-43) 2nd Ind. EAL/k/jc OQM, HEADQUARTERS, CHANGE BASE SECTION, APO 562, U.S. ARMY, 2 July 1945

TO: Chief Quartermaster Com Zone, STO, APO 887, U. ... Army (Attn: Graves Registration and Effects Division)

- 1. Reference is made to letter your headquarters, dated 13 December 1944. subject: "Identification on Unknowns.(St. Laurent)", identifying Unknown 4-34 buried in Ploy C, Row 2, Grave 23, St. Laurent American Military Cemetery as MINDENHALL, Thomas D., T/5. 35405344. Identification was stated to have been established by laundry marks.
- 2. Request clarification of the above and this office notified as to the necessary action to be taken in this matter.

For the Base Section Quartermaster:

ED. IN A. LL.YD lst Lt., QMC Assistant. GRSC (St. Laurent C-3-43) 3rd Ind

PJW/GVL/if

HQ US THEATER GR REG SERV, TSFET (REAR), APO 887, U.S. ARMY, 13 August 1945.

TO: Graves Registration Officer, Chanor Base Section, APO 562, U.S.Army.

- 1. Your attention is invited to basic communication and preceding indorsements.
- 2. It is requested that the remains buried in Plot C, Row 2, Grave 23 and Plot C, Row 3, Grave 43, be disinterred and reprocessed for additional information. Tooth charts, if available, and check lists will be submitted to this headquarters in quadruplicate for each remains. The reports will be signed by a medical officer witnessing the disinterment.
- 3. Should the remains prove to be those of only one man, they should be concentrated into Grave 43 and all records pertaining to Grave 23 voided. Should, however, the remains be those of two men, they will be reinterred in the original manner. The inclosed Report of Burial for Unknown A-38 will be used and all records corrected accordingly. The remains in Grave 23 will then be labeled as Unknown X-34 (St. Saurent), the original designation. All records pertaining to the identification of Unknown X-34 as Mendenhall will be voided.

FOR THE COMMANDING GENERAL:

l Incl. n/c

F. C MOORE Captain QMC Adjutant

QM-GR 293 (St. Paurent C-3-43) 4th Ind OQM HEADQUARTERS, CHANOR BASE SECTION, APO 562, U. S. ARMY, 23 Aug 1945.

TO: Commanding Officer, 306th QM Bn., APO 562, U.S.Army.

1. Forwarded for necessary action as requested preceding indorsement.

FOR THE BASE SECTION QUARTERMASTER:

JAMES A SEUSS Capt. QMC, Assistant

1 incl: n/c

QM-GR 293 (St. "aurent C-3-43) 5th Ind WLF/jfh HEADQUARTERS, 306th QM BN, APO 562, U. S. ARMY, 27 August 1945.

TO: Commanding Officer, 3058th QM GR Co., APO 562, U. S. ARMY.

For compliance with 3rd Indorsement.

BY ORDER OF MAJOR HOOT:

W. L. FERSON lst Lt. QMC Adjutant

QM-GR 293 (St. Laurent C-3-43) 6th Ind TWP/ajb HEADQUARTERS, 3058 QM GRAVES REGISTRATION CO. APO 562, U. S. ARMY, 25 Oct. 1945.

TO: Commanding Officer, 544th QM Bn, APO 562, U.S.Army.

- 1. Attention is invited to Check Lists, signed by Medical Officer, Tooth Charts, and Medical Officers statement prepared and attached hereon in compliance with par 1 basic communication.
- 2. All records and markings have been adjusted accordingly as requested in para 2 basic communication.

THOMAS W. PARSONS 2nd 4t. INF Commanding

Incl: 1 Check Lists

2 Tooth Charts

3 Medical Officers Statement

4 Corrected Copy GRS Form #1

QM-GR 293 (St. Laurent C-3-43) 7th fnd CHD/1k HEADQUARTERS, 544th QM BATTALION, APO 562, U. S. ARMY, 3 'ovember 1945.

TO: Commanding Officer, 3058 QM GR Co., APG 562, U. S. ARMY.

Request explanation for the three (3) tooth charts inclosed in your findings.

BY ORDER OF MAJOR ROOT:

CHARLES H. DICKEY 1st Lt. QMC Adjutant QM-GR 293 (St. "aurent C-3-43) 8th Ind TWP/ajb HEADQUARTERS, 3058 QM GRAVES REGISTRATION CO. APO 562, J. S. ARMY, 5 November 1945.

TO: Commanding Officer, 544th QM Bn, APO 562, U.S.Army.

- 1. Third Tooth Chart erroneously attached to correspondence.
- 2. Subject tooth chart forwarded to HQ REGISTRATION Co. to be attached to correct correspondence GR-R 293 (St. Laurent T-2-38) dated 25 October 1945.

THOMAS W. PARSONS 2nd Lt. INF, Commanding

6 Incl: 1 TC

QM-GR 293 (St. Laurent C-3-43) 9th Ind CHD/gy HEADQUARTERS, 544th QM BN, APO 562, U. S. ARMY, 8th Nov. 1945

TO: Commanding Officer, American Graves Registration Command, Hq. Western Zone, 531st QM Group, APO 562, U.S.Army.

Attention is invited to 6th Ind and attached inclosures.

FOR THE COMMANDING OFFICER:

CHARLES H. FICKEY 1st Lt. QMC Adjutant

6 Incl: n/c

GR-GR 293 (St. Paurent C-3-43) 10th Ind JGG/WGS/hn AMERICAN GRAVES REGISTRATION COMMAND, HEADQUARTERS, 521st QM GROUP, APO 562, U. S. ARMY. 14 lovember 1945 (Courier Stop 6000).

TO: Commanding General, American Graves Registration Command, TSFET (Rear), APO 887, U.S. Army. (Yourier Stop 8600).

6 Incl: n/c

J. G. G.

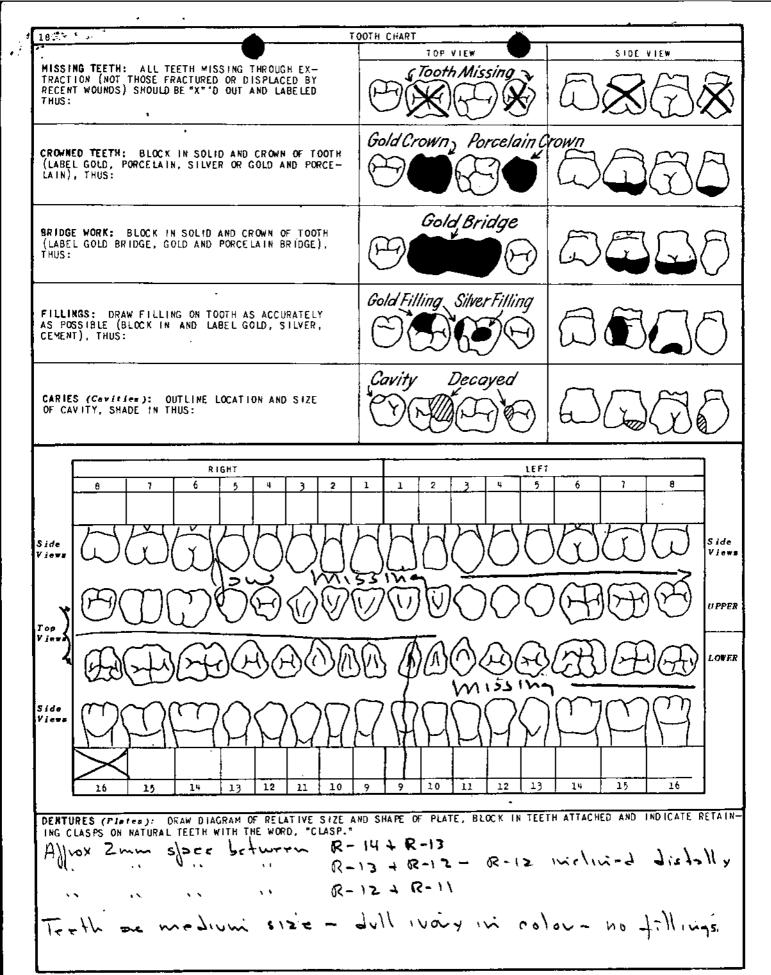
| 1. REMAINS OF UNKNOWN  2-9  3. NAME OF CEMETERY  NYPE  |             | ATA        | •         | 2. DATE OF RE                         | POPT                                   |
|--|-------------|------------|-----------|---------------------------------------|--|
| 3. NAME OF CEMETERY  | 4. PLOT     |            |           | 2. DATE OF RE                         | POPT                                   |
|  | 4. PLOT     |            |           | 14 1                                  | OU 1950)                               |
| NYPE   |             | 5. ROW     | 6. GRAVE  | 7. DA                                 | TE OF                                  |
| <b>L</b>   |             |            |           | DISINTERMENT                          | REINTERMENT                            |
|  | DESCRIPTIO  | N          | <u> </u>  | · · · · · · · · · · · · · · · · · · · |  |
| 8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT S' 10"   | 10. COLO    | T1         |           | 11. RACE                              | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 12.61 VE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUN Embossed Jobe - Thomas D. Mendenh ID Tag - Thomas D. Mendenh  | مادر        | IN5        |           |                                       |  |
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR  | SUCH INCOM  | ATION ORTA | INCO EDOM | ATHER CONOCCE                         |  |
|  |             |            |           |                                       |  |
| 14. WAS BODY BURNED? TO WHAT EXTENT?   |             |            |           |                                       | -                                      |
| YES NO   |             |            |           |                                       |  |
| 15. WAS BODY MANGLED? TO WHAT EXTENT?  |             |            |           |                                       |  |
| TES THO  |             |            |           |                                       |  |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALF  | ORMAT LONS  |            | •         |                                       |  |
| 17 LIST EVERY (TEN OF COUNTY AND STORONS   |             |            |           |                                       | · .                                    |
| 17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL SERVICE, ETC. (If foundry marks are indistinct such channels for examination when facilities are not available to the service of t | notation s. | the area)  | yvs.      | necimen forward                       | led through                            |
| <b>↑</b>   |             |            |           |                                       |  |

OMC FORM TO 1044

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

| 19. BLACK OUT PARTS OF BODY NOT R PERED   |   |
|---|---|
|   |   |
| 20- MASS BURIAL CERTI<br>(Wherein segregation in w                                      | FICATE (IF APPLICABLE) hole or parte le impossible)       |
| I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF OF THE FOLLOWING ANATOMICAL PARTS: | · · · · · · · · · · · · · · · · · · ·                     |
|   |   |
|   | į   |
|   | SIGNATURE OF MEDICAL DEFICER                              |
| 21- REMARKS AND ADDITIONAL INFORMATION  | SIGNATURE OF MEDITAL DEFICEX                              |
| -   |   |
|   | •   |
|   |   |
|   |   |
| ·   |   |
| ·   |   |
|   |   |
| •   | ·   |
|   |   |
| RECORDED TO THE BEST OF MY KNOWLEDGE  | S OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN |
| TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION                                     | SIGNATURE TO THE SIGNATURE                                |

OMC FORM 1044



#### REPORT OF EXAMINATION

χ9

Mandible could not be articulated because of the absence of facial bones. Skeleton was very fragmentary and age could be determined only from the skull. Only a very rough approximation can be given here --- about thirty-five years of age. The statuary construction was also unsatisfactory since the skeleton bones were largely fragmentary. Consequently, the estimates run from 5' 7 1/2" to 5' 10". There is no evidence of commingling.

15 November 1950

HARRY L. SHAPIRO

CONSULTANT ANTHROPOLOGIST

### CORRECTED COPY

Gravee Registration Form No. 1 (Revised 1 Sept. 1943)

# REPORT OF BURIAL.

24 January 1951 Dete

| Last Name  |  |   |   | Phonocodic base on the second |
|--|--|---|---|---|
|  |  | Initial   | Rank  | Serial No.  |
|  | Unknown<br>Unit  |   | Unknown<br>Organization   |   |
|  | Unknown  |   | Unknown   |   |
| Place of 1   | Death  | Date of Death   | C   | ause of Death   |
| Unknown  |  | St Laurent  | Fre   | nce   |
| Time and Date of   | Berial   | Name of Cemetery  |   | Coordinates of Location   |
| 23<br>Grave Number   | 2<br>Row Number  | E Plot Number   |   | Temp Type of Marker   |
| _  |  |   |   | •   |
| Disposition of Identifica  |  | body Yes   No   Atta  |   |   |
| If No Identification '<br>How were rema  | ins identified? as i<br>mair<br>leti<br>tran   | T/5 Thomas D. M<br>is redesignated<br>ter OQMG. Rema<br>isposed with th   | ENDENHALL,<br>Unknown X-<br>ins have be<br>ose of Unkr  | eviously identified<br>35 405 344. Re-<br>38, St Laurent, pe<br>en administrativel<br>nown X-34 in order  |
| What means of  | identification were buried   | how T/5 MENDEN  | HALL in ori   | ginal grave locati  |
| To determine Right on :  | or Left use Deceased   | _   | 0 D_+ 3 d T   | :   |
| Deceased's Right:  | Name   | K. Jr. 1112237  | Organiza  | T Regt Grave No.  |
| Deceased's Right: Deceased's Left:   |  | Serial No. Raul  T. 3732514  Serial No. Rank  |   |   |
| Deceased's Left:   | BAKER, Sylvi   |   | 2 Pfc 16 In   | f Regt 42   |
| Deceased's Left:   | BAKER, Sylvi   | in T. 3732514<br>Serial No. 3732514   | 2 Pfc 16 In<br>Organiza   | Grave No.   |
| Deceased's Left:   | BAKER, Sylvi   | Serial No. 3732514. Serial No. Rank   | 2 Pfc 16 In<br>Organiza<br>Data when other than off<br>a not affixed fill in bel  | Grave No.   |
| Deceased's Left:   | BAKER, Sylvi   | Scrial No. 3732514. Rank matien of person furnishing above  If print of identification tag is   | 2 Pfc 16 In<br>Organiza<br>Data when other than off<br>a not affixed fill in bel  | Grave No.   |
| Deceased's Left:   | BAKER, Sylvi   | Serial No. 3732514.  Serial No. Rank  patien of person furnishing above  If print of identification tag is  Emergency Addressee   | 2 Pfc 16 In Organiza Data when other than off a not affixed fill in bel Unknown Name  | Grave No.   |
| Deceased's Left: Signature of Name,  | BAKER Sylvi  | Serial No. 3732514. Rank satish of person furnishing above  If print of identification tag is  Emergency Addressee  | 2 Pfc 16 In Organiza Data when pither than off a not affixed fill in bel Unknown Name Address Unknown                                 | Grave No.   |
| Deceased's Left:  Signature of Name,  List only Personal Ef  | BAKER, Sylving Name  Rank and if possible Organia  Fects Found on Boo  | Serial No. 3732514.  Serial No. Rank  matien of person furnishing above  If print of identification tag is  Emergency Addressee  Religion  ly and disposition of same   | 2 Pfc 16 In Organiza Data when other than off a not affixed fill in bel Unknown Name  Address Unknown                                 | Grave No.   |
| Deceased's Left:  Signature of Name,  List only Personal Efformation other                                 | BAKER, Sylving Name  Rank and if possible Organia  Feets Found on Boothan grave 1  | Serial No. 3732514. Serial No. Rank patien of person furnishing above  If print of identification tag is  Emergency Addressee  Religion  ly and disposition of same   | 2 Pfc 16 In Organiza Data when other than off a not affixed fill in bel Unknown Name  Address Unknown This corr                       | f Regt 42  Grave No.  icer reporting burial.  low:  |
| Deceased's Left:  Signature of Name,  List only Personal Efformation other unavailable in                  | BAKER, Sylvi Name  Rank and if possible Organia  Feets Found on Boothan grave 1 this Hq since  | Serial No. 3732514. Serial No. Rank  mation of person furnishing above  If print of identification tag is  Emergency Addressee  Religion  ly and disposition of same  contion  on in ac-                                      | 2 Pfc 16 In Organiza Data when pither than off a not affixed fill in bel Unknown Name  Address  Unknown  This corr of Burial          | f Regt 42 Grave No.  icer reporting burial.  low:  ected copy of Repo prepared at Hq, 7   |
| Deceased's Left:  Signature of Name,  List only Personal Efformation other unavailable in dance with exist | BAKER, Sylving Name  Rank and if possible Organia  Flects Found on Boot than grave 1  this Hq since sting policy,  | Serial No. 3732514. Serial No. Rank  Matien of person furnishing above  If print of identification tag is  Emergency Addressee  Religion  Iy and disposition of same coation  o in ac- 293 file                               | 2 Pfc 16 In Organiza Data when other than off a not affixed fill in bel Unknown Name  Address  Unknown  This corr of Burial Gr Reg De | f Regt 42  Grave No.  icer reporting burial.  low:  |
| List only Personal Efformation other unavailable in dance with exist remains previous                      | Rank and if possible Organia  Feets Found on Boot than grave 1 this Hq since sting policy, ously identif   | Serial No. 3732514. Serial No. Rank  patien of person formithing above  If print of identification tag is  Emergency Addressee  Religion  ly and disposition of same contion o in ac- 293 file led as                         | 2 Pfc 16 In Organiza Data when pither than off a not affixed fill in bel Unknown Name  Address  Unknown  This corr of Burial          | f Regt 42 Grave No.  icer reporting burial.  low:  ected copy of Repo prepared at Hq, 7   |
| List only Personal Efformation other unavailable in dance with exist remains previous Mendenhall was       | Rank and if possible Organia  Fects Found on Boot than grave 1 this Hq since sting policy, ously identify a despression of the sting policy, ously identify the sting policy, outlier than the sting policy and the sting policy are still the sting policy. | Religion No. 3732514 Rank Matien of person furnishing above  If print of identification tag is  Emergency Addressee  Religion Ly and disposition of same contion of in ac- 293 file ied as fter re-                           | 2 Pfc 16 In Organiza Data when other than off a not affixed fill in bel Unknown Name  Address  Unknown  This corr of Burial Gr Reg De | f Regt 42 Grave No.  icer reporting burial.  low:  ected copy of Reporting prepared at Hq, 7  |
| List only Personal Efformation other unavailable in dance with exist remains previous                      | Rank and if possible Organia  Fects Found on Boot than grave 1 this Hq since sting policy, ously identify a despression of the sting policy, ously identify the sting policy, outlier than the sting policy and the sting policy are still the sting policy. | Religion No. 3732514 Serial No. Rank  Matien of person foreighting above  If print of identification tag is  Emergency Addressee  Religion Ity and disposition of same cocation o in ac- 293 file ied as fter re- ied States. | 2 Pfc 16 In Organiza Data when other than off a not affixed fill in bel Unknown Name  Address  Unknown  This corr of Burial Gr Reg De | f Regt 42 Grave No.  icer reporting burial.  low:  ected copy of Reporting prepared at Hq, 7  |

GEORGE CUNDERMAN, Jr., Major, OMC

|                                  |   | IF DECEASED UNIDENTIFIED   |            |     |
|----------------------------------|---|--|------------|-----|
|                                  | •   | Take Fingerprints of Both Hands. If unable to obtain   |            | •   |
|                                  |   | a complete set of Fingerprints, Take Those You Can, and fill in the following:   | <u>.</u> - |     |
|                                  | _ <del></del> · =                               | Height: Laundry Marks:<br>Weight: Number of Rifle:   |            | -   |
|                                  | ts.   | Color of Eyes: Wear Glasses? Color of Hair: Is Tooth Chart Attached? Race:   |            | •   |
|                                  |   | (If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.   |            | -   |
|                                  |   | reservation of the second of t |            | , T |
| Τ                                |   | • •  |            | 1   |
| 2                                | •   |  |            | ä   |
| ł                                |   |  |            | -   |
| ;                                |   | Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.;   | ,          | -   |
|                                  |   |  |            |     |
|                                  | Th  |  |            |     |
|                                  | Thumb   | ·  |            |     |
| Deceased's Right Deceased's Left | S 7 6 8 1 6 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Location, oriented with Permanent Lan more space needed attach separate shee North.  | dmarks. Įf |     |
|                                  | Upper -Lower                                    | I  |            |     |

## COPY

| Graves Registration    |
|------------------------|
| Form No. 1 .           |
| (Revised   Sept. 1943) |

2nd Lt. Inf.

# REPORT OF BURIAL

9 June 1945

| tevised 1 Sept. 1943)                   | ។<br>សម្រាស់ ខ្លាស់      | TM 10-630 AND AR                      | 30-1915               |                                   | Date        |
|---|--------------------------|---------------------------------------|-----------------------|-----------------------------------|-------------|
| Pev+-MENDENHA                           | LThoma                   | e                                     | 1                     | <del>/5354</del>                  | 05344-      |
| Last Name                               | Pipu.                    |                                       |                       | sk Seci                           | al No.      |
| - (                                     | Unit Z RAII              | ger Inf. Bn                           | <br>(                 | Organization                      | <b></b> .   |
| Normandy .                              | France                   | 6 June                                | 1944                  | KIA<br>Cause of Death             |             |
|   |                          | t. Laurent Ame                        | erican Mili           |                                   | T 676895    |
| 920 hrs, 13 Ju                          | urial                    | Name of C                             | rmetery               | Name or Coordinates o             |             |
| Grave Number E                          |                          | Plot                                  | C<br>Number           | Tree                              | 88          |
|   |                          |                                       |                       | Marker Yes D Nogoc                |             |
| No Identification T.<br>How were remain | identified? Prev         |                                       |                       | X-38 (St. Laur<br>nts submitted t |             |
|   | Quar                     | termaster Gene                        | ral, latte:           | r file SPOYG 29                   | 3,          |
|   | Unkn                     | own 22161, Fra                        | ince.                 | $\mathcal{L}(\mathcal{N})$        | Park 1      |
| What means of ic                        | dentification were but   | ied with the body?                    |                       | 7 3 3 4                           |             |
|   |                          |                                       |                       | 5 N 4                             |             |
|   |                          | * 2                                   |                       |                                   |             |
| determine Right or                      | Left use Decem           | ed's Right and Left                   |                       |                                   |             |
| ho is buried on :                       | Here tise Decetion       | ed a right and Del                    | ·,                    |                                   |             |
| eceased's Right:                        | SHAFER                   | 11122378                              | Pwt.                  | 18 Inf. Regt.                     |             |
| eceasou a right.                        | Name<br>DAVED            | Serial No.                            | Kank                  | Organization                      | Grave Na.   |
| eceased's Left :                        | BAKER<br>Name            | Serial No.                            | Pfc.                  | 16 Inf. Regt.                     | Grave No.   |
|   | _                        |                                       |                       |                                   |             |
| Signature or Name, R                    | ank and if possible Orga | nisation of person forsiphi           | ng above Data when    | other than officer reporting      | burial,     |
|   |                          | If print of identificat               | tion tag is not affix | ed fill in bellow :               |             |
|   | 1                        |                                       |                       |                                   |             |
| $\mathcal{T}$                           | ,                        | Emergency Address                     | . Unknow              | <u>a</u>                          |             |
| •                                       | )                        |                                       |                       | Name                              |             |
| •                                       |                          | · · · · · · · · · · · · · · · · · · · |                       |                                   |             |
|   | •                        |                                       | A                     | ddress                            |             |
| _                                       |                          | ·· ·                                  | Dark seeks            | nt.                               |             |
|   |                          | Religion                              | Protesta              | MY                                |             |
| st only Personal Effe                   | ets Found on B           | •                                     | of same :             |                                   |             |
| st only Personal Effe                   | ets Found on B           | ody and disposition                   | of same:              | his corrected c                   |             |
| st only Personal Effe                   | ets Found on B           | •                                     | of same: To of But    |                                   | n the Offic |

s/t/ ELMER C. REINDERS 2nd Lt., Infantry

|                  | ı  |                   | ı  |                  |                   |                     |  |                 | •             | -                                     |               |            | ŧ       |              |             |    |
|------------------|--|-------------------|--|------------------|-------------------|---------------------|--|-----------------|---------------|---------------------------------------|---------------|------------|---------|--------------|-------------|----|
|                  |  |                   |  |                  | IF                | DE                  | ECEAS                                    | ED              | UNI           | DENTI                                 | FIED          | •          |         |              |             |    |
|                  | •  |                   |  | a con            | plete             | set                 | rints of<br>of Fing<br>followin          | erpri           |               |                                       |               |            |         |              | •           |    |
| Left Hand        |  |                   |  | •                | Color             | ht:<br>of I<br>of I | Eyes :<br>Hair ;                         | _               | Numbe<br>Wear | ry Mai<br>er of R<br>Glasse<br>th Cha | ifle :<br>s ? | tached '   | ,       | - <b>,</b> , | es          |    |
|                  |  | ***               | <br>   | (If pos          | el pre            | bave z<br>sent, fi  | medical pe<br>ill in a to<br>cars, birtl | oth ch          | art below     | .) In spa                             | ce belo       |            |         |              | <del></del> |    |
|                  | ы.   | no.               |  |                  |                   |                     |  |                 |               |                                       | 84<br>        | Right Hand |         |              |             |    |
| -                |  |                   |  |                  |                   |                     | s à                                      |                 |               |                                       |               |            | 1-      | <u> </u>     |             | H. |
|                  | <b>-</b>   |                   |  | Note b<br>probab | elow a<br>le orga | ny ide<br>mizatio   | entifying<br>on of dece                  | clues f         | ound, su      | ch as lett                            | ers, ph       | otographs  |         |              | 1           |    |
|                  | Thumb  | •                 |  |                  |                   |                     |  |                 | . =           | ·<br>·                                |               |            |         |              | Thumb       |    |
| ceased's Loft    | - 12<br>- 29<br>- 20<br>- 20<br>- 20<br>- 20<br>- 20<br>- 20<br>- 20<br>- 20 | TOOTH  so  c-  so | gs by D; Bridges   | RT               | ****              |                     | Locati                                   | ion, o<br>space | riented       | ed Buri<br>I with F<br>d attacl       | `erma         | ment L     | andma   | rks. If      | i           |    |
| Dece             | 63   | - R               | Indicate; missing natural teeth by X; crowns by O; fillin by O linking anchor teeth; replacements by artificial to | ;                |                   | . <b>₩</b> D¢       | क्रेड्डल हैं<br>-                        |                 |               | ,                                     |               |            | •       | •            |             |    |
|                  | 1  | <del></del>       | ; crown  | 1                |                   |                     |  | ٠.              |               | •                                     | -             |            |         |              |             |    |
|                  | 7  | <u>در</u>         | by X   | ·Į               | . !               | •                   |  |                 |               | •                                     |               | •          |         |              |             |    |
| Deceased's Right |  | ## T              | ral teeth  | :  <br>. }       | - 4               |                     |  |                 | f             |                                       |               |            |         | ,            |             |    |
| ,paseq           | <del></del>  | <del>-</del>      | r natur  | , , i            | 1                 |                     |  |                 |               |                                       |               | •          |         |              |             |    |
| Dec              | - 9  | 80<br>40          | nissing<br>King an   | Characteristics  | Other Data :-     |                     |  |                 | -             | •                                     |               |            |         | • `•         |             |    |
|                  |  | r-                | icate:   | Pract            | ber I             |                     |  |                 |               |                                       |               | S. et C'*  | 76992 - | 887 M - 3-45 |             |    |
|                  | 8  | <b>30</b>         | F. P.  | ਹੈ               | ŏ                 |                     |  |                 |               |                                       |               |            |         |              |             |    |
|                  | Upper  | Lower             |  | l                | •                 |                     |  |                 |               |                                       |               |            |         |              |             |    |

RESTRACTED

| ì | 2-16 | 2/ |
|---|------|----|
|   |      |    |

unknown x-38 TM 10-630 AND AR 30-1815 MENDENHALL -<del>35405544</del>\* Infentry Organization June 1944 (Est Normandy, France 675-896 Laurent Sur Me <u>13 June</u> 0920 hrs. Name or Coordinates of Location Time and Date of Buria Name of Conetery <del>-113</del>;-23 Temp Type of Market Plot Number Grave Number Disposition of Identification Fags: Buried with body Yes 
No MX Attached to Marker Yes If No Identification Tags How were remains identified? Fingerprints on reverse side Identified-by-fingerprints-fwd-AGO-by-OQMG-What means of identification were buried with the body? GRS Form #1 in 50 Cal Shell Gasing To determine Right or Left use Deceased's Right and Left. Who is buried on: Shafer, Lee Kenneth Jr. 11122378
Name Scrial No. Rank Deceased's Right: Organization 42 <u>Baker, Sylv</u>in <u>J.</u> Deceased's Left: 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 Mrs: Ilean-Mendenhall xrrdx#2xxwestxsalemxxoh1exx Address **Protestant**x Religion List only Personal Effects Found on Body and disposition of same: NOVE

Sensture of Officer or other person reporting burisl

Verified by G.R.S. Officer

OBERT E. BERRY 1st Lt. OMC

Provee Registration Officer

Buckst

## IF DECEASED UNIDENTIF

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

Height: Weight: Color of Eyes:

Laundry Marks: Number of Rifle: Wear Glasses?

Color of Hair:

Is Tooth Chart Attached?

Race:

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

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



TOOTH CHART

D; Bridges fillings by [ teeth X V) indicate; missing natural teeth by X; crowns by  $\odot$ ; or inking anchor teeth; replacements by artificial (\*) c4 C1 cq 97 Deceased's Right Ю S 10 œ Upper Love

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.

3540534

AG P BR HQ SOS 2-44/100M/22560