

JLJ *Handwritten*

USMC HENRI CHAFELLE  
PLOT: A ROW: 8 GRAVE: 29  
DATE OF BURIAL 28 Jun/48  
VERIFIED BY *J. Hoffman*

**DISINTERMENT DIRECTIVE**

REPORTED ON  
RIGHT GARLAND L. LYONS  
37704211  
LEFT JOHN G. FRAZER  
38044258

1

SECTION A - GRS OFFICER  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
1240 00000

DATE  
10 09 47  
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000093 RANK: ARM: 8 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: HENRI CHAPELLE EUPEN DISPOSITION OF REMAINS: 1201 80  
CODE DIST. PT

PLOT: W ROW: 10 GRAVE: 195 COUNTRY: BELGIUM CAUSE OF DEATH: 6

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE: HENRI CHAPELLE, BELGIUM (BY ADMINISTRATIVE ORDER)  
NAME AND ADDRESS OF NEXT OF KIN: ~~PLACED~~

**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME: UNKNOWN SERIAL NUMBER: X-000093 RANK: UNK DATE OF DEATH: UNK DATE DISTINTERRED: 30 09 47  
ORGANIZATION: RELIGION: UNK IDENTIFICATION VERIFIED BY: ORVILLE R STEFFER CAPT  
 REMAINS  X-93  MARKER  X-93 NAME AND TITLE: QMC

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL: MATTRESS COVER CONDITION OF REMAINS: BODY BADLY FRACTURED.

OTHER MEANS OF IDENTIFICATION: NONE  
MINOR DISCREPANCIES: 1 Arm of service changed - Auth. 355 (Hq. AGRC)

REMAINS PREPARED AND PLACED IN CASKET  
DATE: 6 NOV 47 BY: ARTHUR J DUPUIS EMB SUPV

CASKET SEALED BY: ARTHUR J DUPUIS EMB SUPV  
EMBALMER (Signature): ARTHUR J DUPUIS EMB SUPV  
FOS PROV: *Arthur J Dupuis*

CASKET BOXED AND MARKED: 6 NOV 47 LUPE J VALENZULLA SGT  
DATE: 6 NOV 47 BY: CLERK RECORDER  
SHIPPING ADDRESS VERIFIED BY: ARTHUR J DUPUIS EMB SUPV

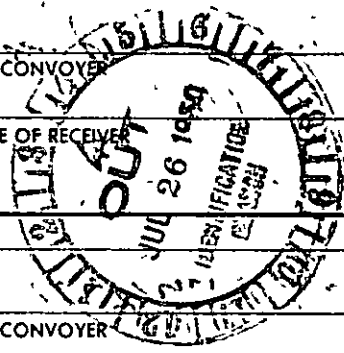
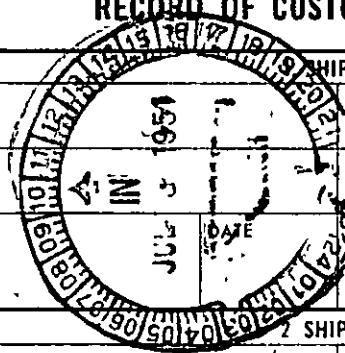
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Raymond G Johnson*  
RAYMOND G JOHNSON 1/LT INF  
SIGNATURE OF GRS INSPECTOR

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

FILE RECORDS ANNOTATED  
DATE: 15 Sep 48  
NAME: *h. h. h.*  
R. B. R. R.

# RECORD OF CUSTODIAL TRANSFER



**1 SHIPPED**

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

**2 SHIPPED**

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

**3 SHIPPED**

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

**4 SHIPPED**

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

**5 SHIPPED**

FROM	TO
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER
SIGNATURE OF SHIPPER HERBERT CHAMBERGEE BELGION	SIGNATURE OF RECEIVER
DATE	DATE

**6 SHIPPED**

FROM N 10 102 BELGION	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

**7 SHIPPED**

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
AR. 58 US ARMY

30 August 1948  
Date

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown <sup>77</sup>X- 93, Plot W, Row 10, Grave 195, USMC (Henri Chapelle) Belgium have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2221, dated 5 March 1947. No further information is available.

FOR THE COMMANDING GENERAL:

*George L. Frielin*  
GEORGE L. FRIELIN  
1st Lt OIC  
Actg Asst Adj Gen

*J. J.*  
Received TL # 3062 (13 Sept 48) OQMG  
Not identifiable from  
information presently  
available

*G. J. James*

1 Oct 48

Incl #6

# CHECK LIST OF UNKNOWN

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

Unknown X - 93  
Cemetery **Henri Chapelle**  
Plot **W** Row **10** Grave **195**

1. ~~As indicated on the form~~ **Reprocessed: 7 January 1947**  
(Hour) (date)

2 Place of death (Name of closest town) (ordinates and letter Prefex maps)

Sheet, scale and serials used

3 Remains ~~reprocessed~~ disinterred ~~by~~ and reprocessed by **Sub. Identification Point at**  
(Name and organization) **MARGARTEN (Holland)**

4 Evacuated to Cemetery by (Name and organization)

5 Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements).

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear	none			(type)

Raincoat none

Overcoat none

Jacket, Field none

Jacket, Combat Remnants of markings "Battle Dress Blouse" Size 9' **M**  
**184**

Mackinaw none

Sweater none

Jacket, HBT none

\*Shirt, Wool, OD Remnants of

Undershirt, Wool Remnants of

Undershirt, Cotton none

Trousers HBT none

\*Trousers, Wool OD Remnants of

Belt. Web none

Drawers. Wool none

Drawers. Cotton Remnants of white

Leggings. Wool none (Note unusual lacing)

Socks. ~~CHESE~~ wool, One (1)

\*Shoes (type) g<sup>l</sup> c - Service Time (One left)

Overshoes none

Web Equipment (type) none

(Other item) OD. Handkerchief marking "S-3413"

(Other item) none

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

6. Chevrons or Insignia none  
(type & location, shirt, jacket, coat, helmet)

Shoulder Patch none

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

HTB: GROUND FORCES

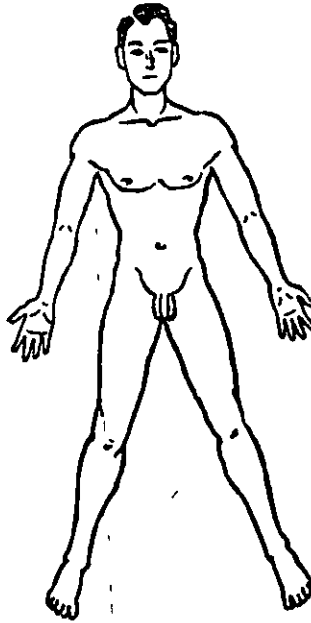
8. Description of Remains:

Age	UTD	Est. Height	5'10 3/4"	Weight	140	UTD	Description of wounds	UTD
Bandages or dressings						UTD	Scars	UTD (Length, width location)
				Tattoos				UTD (Number, location — illustrate on sep page)
Outstanding moles, warts or birthmarks								UTD (yes-no, description, location)
Sunburn or tan, other than hands & face								UTD
Complexion								UTD (light, med, dark, clear, pimples, poeks, freckles)
Build								UTD (large, fat, thin, muscular)
Hair								UTD (color, length, quantity, curly, wavy, straight, whorls, or definite parting)
Hair								UTD (be dness, widows peak, distinctive cutting or other characteristics)

Sideburns	UTD (color setting shape)	Mustache	UTD (color size shape)	Beard or Goatee	UTD (length, heavy)
	light color, extent)				
Eyes	UTD (color, setting shape)	Eyebrows	UTD		(color, bushiness, extent across nose)
Nose	UTD (size shape, straight)	Ears	UTD		(size, set close to or far from head)
Mouth	UTD (large, medium small)	Lips	UTD		(small, large, full)
Teeth	See toothchart				(white size unevenness, spacing noticeable crowns fillings extract)
Chin	UTD				(prominent receding pointed, dimple double)
Jaw	Normal (large, small normal)	Circumference of head in inches	21 inches		(hat band)
Neck	UTD (size length, short normal wrinkled)			Larynx	UTD (prominent, normal)
Shoulders	UTD (broad straight small, rounded)			Arms	UTD (length, muscular, color)
	(extent and quantity of hair)				
Hands	UTD				
Fingers	UTD				(sort, thick, long, slender, size of knuckles missing fingers or joints)
					(unusual characteristics of fingernails)
Chest	UTD				(size of nipples, color quantity & extent of hair, large small, normal)
Back	UTD (quantity & extent of hair)	Waist	UTD		(size of navel, appendectomy amount)
	(quantity & color of hair)	Circumcision	UTD (yes no)	Pubic hair	UTD (color)
Hernioplasty	UTD (yes-no, location)				
Legs	UTD				(inseam, muscular knock-kneed bowed normal, quantity color & extent of hair)
Feet	UTD (Size corns, callouses flat)			Toes	UTD (slender straight crooked, overlap)
Evidence of healed fractures	None found				(nose arms legs etc)

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

SEE ATTACHED CHART



10 Have fingerprints been placed on Report of Internment **No**  
Yes no

If not, explain

**Hands missing**

11 Has tooth chart been prepared **Yes** If not, explain  
Yes no

**See Toothchart**

12 Remarks: **Remains recovered in last stage of decomposition. Estimated weight: 25 lbs. Fluoroscopic examination report: negative. Burial Report found in 50 Cal. shell. Nothing found to warrant chemical laboratory examination.**

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

*Ellsworth T. Mac Intyre*  
Officers Name

**ELLSWORTH T. MAC INTYRE**

**Captain OMC.**

Rank

Service

**Central Identification Point**

Organization

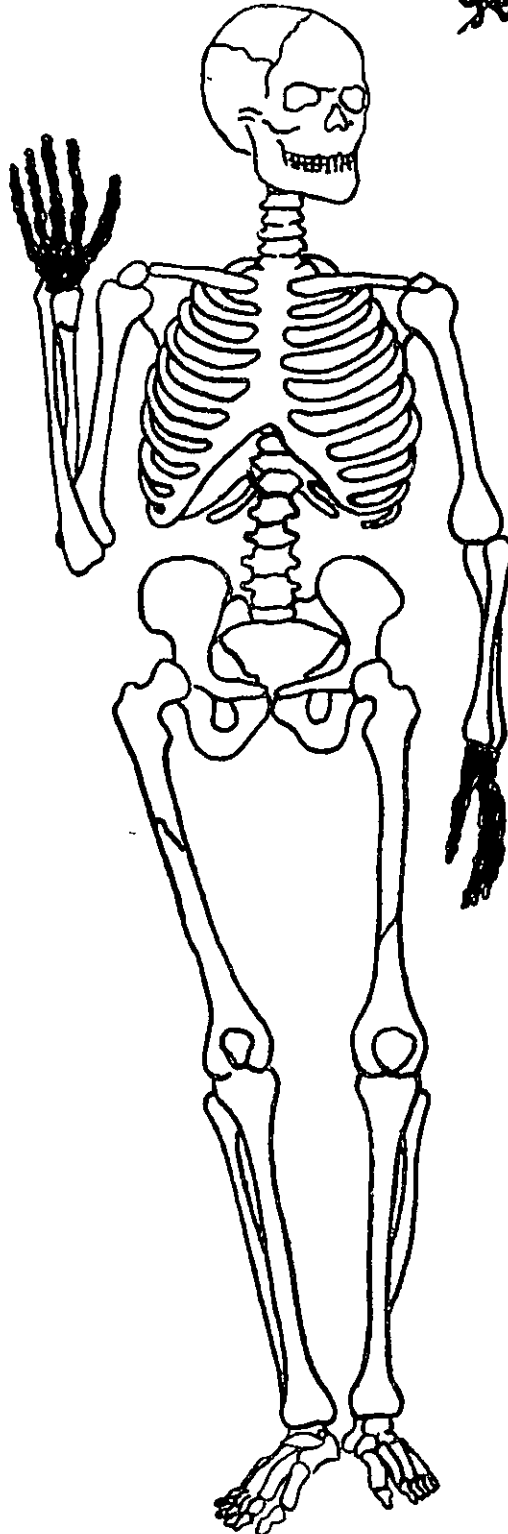
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

9643

X-93  
Henri Charelle

Plot W, row 10, Grave 195





# TOOTH CHART

7 January 1947  
Date

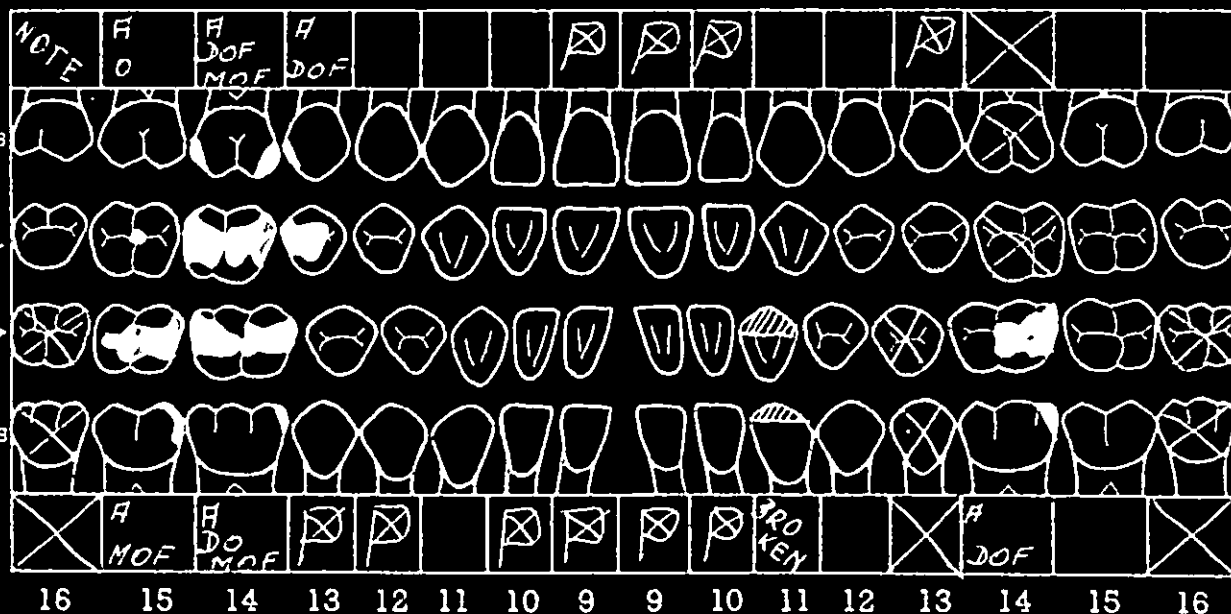
UNKNOWN X-02

Last Name	First	Initial	Rank	Serial No.
Plot 7, Row 10, Grave 195				
Unit		Organization		
Henri Chavelle				
Place of Death	Date of Death	Cause of Death		

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



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), bicuspid (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.

*Harold V. Wheeler*  
Signature of Officer or other person who prepared Tooth chart

*Ellsworth T. MacIntyre*  
Verified by G. R. S. Officer

ELLSWORTH T. MACINTYRE  
Capt. CMC.  
Central Identification Point



# REPORT OF BURIAL

Tel 10-630 AND AK 15-15

REBURIAL

15 Nov. 44

Date

UNIDENT. X

95

(AMERICAN)

Last Name

First

Rank

Serial No

Unit

Organization

Unknown

Unknown

Unknown

Place of Death  
1500-hrs, 8 Nov. 44

Date of Death  
Henri Chapelle # 1

Cause of Death  
721-348

Time and Date of Burial  
195 10

Name of Cemetery

Name or Coordinates of Location

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Impossible to fingerprint.

Place of disint. unknown.

What means of identification were buried with the body?

Embossed Plate.

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

Who is buried on

Deceased's Right:

Barham, John C. 34494226

Name

Serial No

Rank

Organization

196  
Grave No.

Deceased's Left:

Slocum, James 12073793

Name

Serial No.

Rank

Organization

194  
Grave No.

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



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

Emergency Addressee

Name

Address

Religion

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

None.

Signature of Officer or other person reporting burial

*Nicholas J Slocum*  
NICHOLAS J SLOUM

Verified by G.R.S. Officer

Lt. Q.M.C.

Graves Registration Off.

# IF DECEASED UNIDENTIFIED

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

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached?   
 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, burthmarks, moles, deformities, etc.

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

Left Hand

Right Hand

2

2

1

1

Thumb

Thumb

## TOOTH CHART

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

Indicate missing natural teeth by X; crowns by O, fillings by □. Bridges by ◊. Linking anchor teeth, replacements by artificial teeth X

Characteristics:

Other Data:

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.