

USMC HENRI CHAPELLE
 PLOT: G ROW: 74 GR: 72
 DATE OF BURIAL: JG 50
 VERIFIED BY GRS OFFICER
 R. W. GANSEL, 1st LT QMC
R. W. Gansel

DISINTERMENT DIRECTIVE

Banker Newville X 5592

1

SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 1260 21612
 DATE: 15 12 49
DAY MONTH YEAR

NAME MASS BURIAL	SERIAL NUMBER UNKNOWNX-005592	GRADE	ARM 1	RACE O	RELIGION 6
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CEMETERY NEUVILLE BELGIUM	PLOT Y	ROW 8	GRAVE 176	DISPOSITION OF REMAINS 1202 CODE	80 DIST. CTR.
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SECTION B - CONSIGNEE AND NEXT OF KIN **NO FLAG SENT**

NAME AND ADDRESS OF CONSIGNEE NEUVILLE EN CONDROZ, BELGIUM HENRI CHAPELLE (BELGIUM)	NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-5 Jan 50) (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION
SEE ATTACHED SHEET

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)	NAT FILE RECORDS ANNOTATED
CASKET SEALED BY			
DATE	BY	SHIPPING ADDRESS VERIFIED BY	DATE <i>8-26-50</i> NAME <i>[Signature]</i> REG. DIV.
CASKET BOXED AND MARKED			

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS UNIDENTIFIABLE. CONSIGNEE CORRECTED (REG. DIV.)
 DD corrected to reflect Mass Burial. For statistical purposes X-5592 (Mass Burial) is being carried as two unknown remains (Reg. Div.)

Incl 11

XY [Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
8. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

1

DISINTERMENT OPERATIONS RECORD

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE		
NAME		SERIAL NUMBER		GRADE	ARM	DAY MONTH YEAR
CG 115 2 IN 1				GRAVE		
CEMETERY		PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
NEUVILLE BELGIUM		Y	8	176		
				CODE	DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
CG 115					2 DEC 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY		
<input type="checkbox"/> REMAINS ROB		UNK	STANLEY C TYRRELL CAPT INF		
<input type="checkbox"/> MARKER FMB			NAME AND TITLE		

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
UNIFORM, MATTRESS COVER	ABOUT 2 LBS CHARRED BONES

OTHER MEANS OF IDENTIFICATION

EMBOSSSED PLATE READS 1F-1399. REPORT OF BURIAL READS UNK X5592

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER CASE

DATE 12 JAN 1949 BY WILLIAM R BAILEY EMBALMER

CASKET SEALED BY HENRY F PERGANDE EMBALMER (Signature)

CASKET BOXED AND MARKED HENRY B RYDER JR

DATE 25 JAN 49 BY CLERK RECORDER

PLATES VERIFIED BY: CLYDE B SPINKS CAPT FA

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

VERNON N HOYT 1st Lt INF
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned

Raymond L Johnson 1st Lt INF

6

DISINTERMENT DIRECTIVE

SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1 20017 47 1	DATE 1 5 12 49 DAY MONTH YEAR		
NAME INDEPENDENCE - 20 513 10	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY NEUVILLE BELGIUM	PLOT 7	ROW	GRAVE 17	DISPOSITION OF REMAINS 1000 60 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE.

9 0 DEC1949 SENT

HAF FILE

NAME R & R BR.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

15 JUL 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 5592 ; Plot Y
Row 8 , Grave 176 , USMC Neuville-en-Condroz , Belgium ,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 2390 , dated 6 August 1947

3. Remarks:

Received F 4131-15 July 49 OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

H.P. Henry
Col. H.P. HENRY, O-12589

QMC

E.D. Mulvanity
Lt. Col. E.D. MULVANTY, O-359598

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

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

CE

Incl #5

TOOTH CHART

9 JUNE 1947
Date

UNKNOWN X-5592
Last Name

First Initial

UNKNOWN
Rank

UNKNOWN
Serial No.

UNKNOWN

Unit

UNKNOWN

Organization

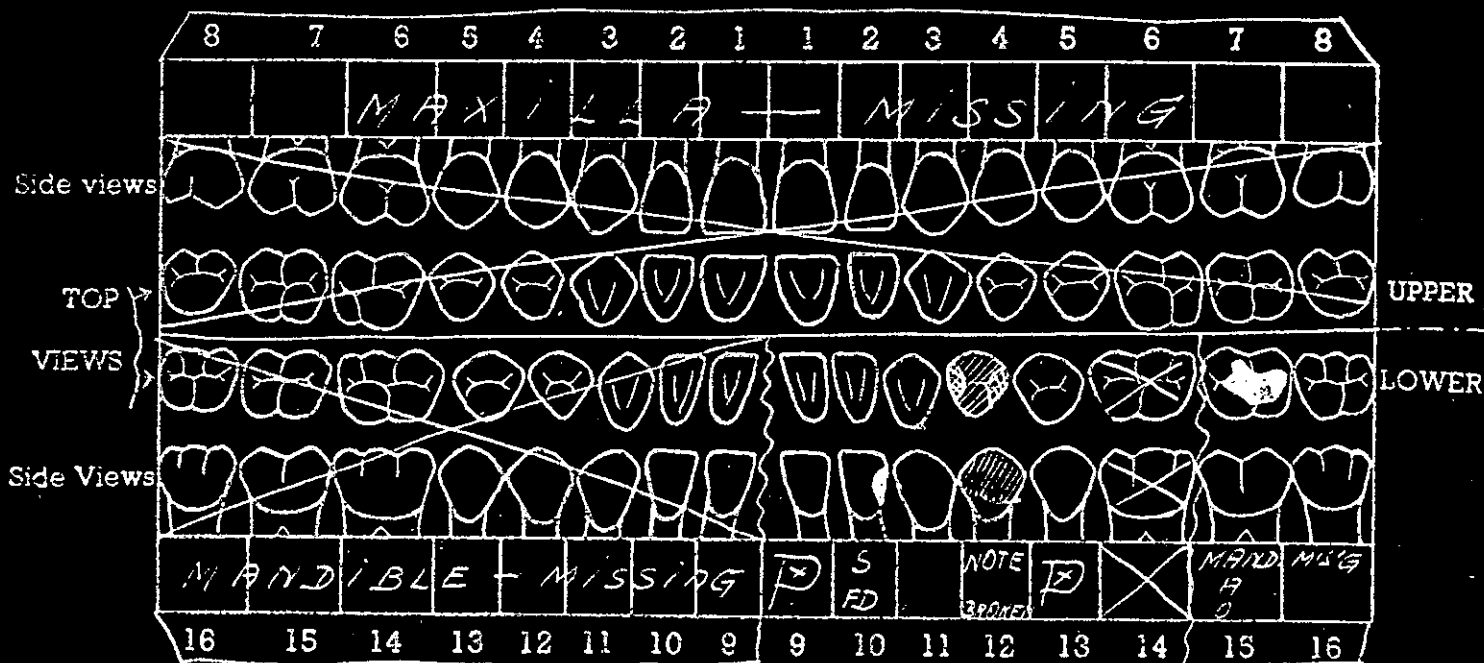
UNKNOWN, UNKNOWN
Place of Death

Estimated NOVEMBER 1944
Date of Death

KA (BTB : MINS OF ARTILLERY)
Cause of Death

Right

Left



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.

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

Ernest C. Gaddy
Verified by G. R. S. Officer

34

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed 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:



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:



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

MEDIUM SIZE , WHITE TEETH

POSTHUMOUSLY MISSING -L9, 13

L 12 BROKEN CROWN, IT APPEARS AS THOUGH

L 12 HAD A MESIAL AND DISTAL FILLING , THE DISTAL CAVITY CONTAINS A FILLING BASE , CAVITIES SHOWN ON BROKEN CROWN BY CROSS SHADING

SPACE - L-13 - TO BREAK, 9 mm

TOOTH CHARTED AS L 15 FOUND LOOSE, TOOTH BURNED MAY BE R 15

35

TOOTH CHART

9 JUNE 1947
Date

UNKNOWN X-5592

UNKNOWN

UNKNOWN

Last Name First Initial

Rank Serial No.

UNKNOWN

UNKNOWN

Unit

Organization

GERMETER, GERMANY

Estimated: NOVEMBER 1944

KIA. (BTB, MINES OR ARTILLERY)

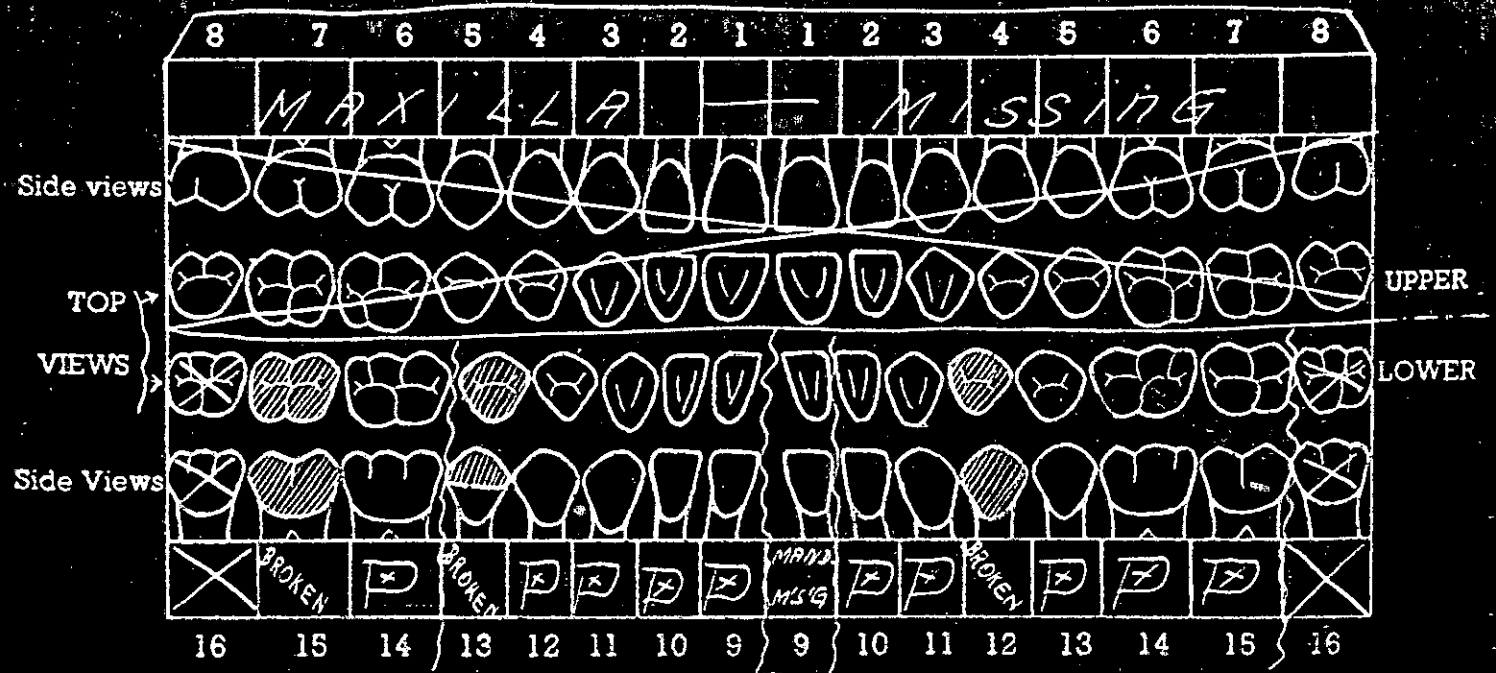
Place of Death

Date of Death

Cause of Death

Right

Left



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), 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 J. Wheeler
Signature of Officer or other person who prepared Tooth chart

Ernest C. Gaddy
Verified by C. E. S. Officer

ERNEST C. GADDY
CWO USA 3,1,F

32

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed 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:



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:



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

MANDIBLE BARELY CHANGED, ONLY A FEW ROOTS REMAIN.

UPPER TEETH DESIGNATE FRACTURES

SHADED AREAS DESIGNATE BROKEN TEETH

POSTHUMOUSLY MISSING - R9, 10, 11, 12, 14, L 10, 11, 13, 14, 15

MAXILLA NOT RECOVERED.

IDENTIFICATION CHECK LIST

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

Unknown X 5592
Cemetery NEUVILLE EN CONDROZ (B. EU)
Plot _____ Row _____ Grave _____

1. ~~Date processed~~ 9 June 1947
~~Place of death~~ _____
(Hour) (Date)

2. Place of death CAMPTER, Germany K-F - 0223
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by H. & H., DET. 164 M. BN
(Name and organization)

4. Evacuated to Cemetery by SUBORDINATE IDENTIFICATION POINT, MARGRATEN, HOLL. ND.
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>HELMET, WITHOUT LINER, ONE (1)</u> (Type)		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		

Belt, web NONE

Drawers, wool NONE

Drawers, cotton NONE

Leggings, wool NONE

Socks, cotton NONE

* Shoes NONE (type)

Overshoes NONE

Web Equipment NONE (type)

(Other item) ONE (1) BRASS BUTTON FROM G.I. OVERCOAT

(Other item) NONE

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

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

Shoulder Patch NONE

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

6. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD
(Length, width, location)

UTD Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion UTD
(Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD
(Large, fat, thin, muscular)

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

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

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

Goatee UTD
(Light, color, extent)

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

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

Mouth UTD Lips UTD
(Large, medium, small) (Small, large, full)

Teeth SEE CHART UTD
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin UTD
(Prominent, receding, pointed, dimples, double)

Jaw UTD Circumference of head in inches CRUSHED
(Large, small, normal) (Hat band)

Neck UTD Larynx UTD
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders UTD Arms UTD
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands UTD

Fingers UTD
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest UTD
(Size of nipples, color, quantity and extent of hair, large, small, normal)

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

Back UTD Circumcision _____ Pubic Hair NONE
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD
(Yes-no; location)

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

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

Evidence of healed fractures UTD
(Nose, arms, legs, etc.)

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

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

If not, explain NO FINGERPRINTS

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

PLUMS - COPIES OF IDENTIFICATION UNNECESSARY, T.C. FOUND. Estimated weight

9. Remarks PROCESSED AND LBS 2 lbs. NOTHING FOUND TO IDENTIFY OR DETERMINE IDENTIFYING
IDENTIFICATION. THIS DEBRIS WAS RECEIVED AS A SINGLE CASE, HOWEVER
IDENTIFICATION POINT # 2, MARGHEM, HOLLAND
REVEALING THE IDENTIFICATION OF SUBJECT AND TWO (2) SETS OF TEETH, THEREBY

DERIVING PARTS OF MORE THAN ONE BODY, SEGREGATION WAS IMPOSSIBLE, THE I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Ernest C. Gaddy
(Officer's Name)
ERNEST C. GADDY
CWO U.S.A.
Rank Service

CENTRAL IDENTIFICATION POINT
(Organization)

TEETH WERE CHARTED SEPARATELY. MASS BURIAL CERTIFICATE EXECUTED AND INCLOSED WITH CASE PAPERS, ONE (1) HELMET WITHOUT LINER AND ONE (1) BRASS BUTTON FROM G.I. OVERCOAT WERE FOUND COMMON AMONG THE DEBRIS.

AS NO POSITIVE IDENTIFYING CLUES WERE FOUND, THIS CASE IS CLASSIFIED " UNKNOWN "

TCMS

RESTRICTED

IF -1399

FORM No. 15

X - 5592

14-9-45

MASS BURIAL CERTIFICATE

To be accomplished by a Medical Officer in all cases of group or mass burials interred in a single grave.

U.S. Military Cemetery WAVILLE DE COMBAZ (BELGIAN) 9 JUNE 1947
(date)

Plot _____, Row _____, Grave _____.

I certify that I have this date examined the group remains buried as (State names or Unknown X number): _____

X - 5592

and certify to the best of my knowledge that:
1. The group remain consist of parts of more than one decedents based on the presence of one or more of the following anatomical parts: _____

2. No segregation of bodies or parts is possible for the following reasons: SEE REMARKS

3. Fingerprints _____ available. If not, explain _____
(are - are not)
DECOMPOSED

4. Remarks: REMAINS CONSISTED OF CHANGED BONES FR. CRANES AND TWO (2)
PIES OF TISSUE THEREBY BEARING MORE THAN ONE BODY.

Medical Officer's signature _____

Ernest C. Gandy
Signature of Graves Reg. Officer verifying report

ERNEST C. GANDY

(Rank) _____ (Service) _____

CWO USA C.I.P.
(Rank) _____ (Service) _____

(Organization) _____

(Organization) _____

RESTRICTED

REPORT OF INVESTIGATION

AREA SEARCH

ATTACHED TO AG.R.C.
 FOR USE IN
CASUALTY CLEARANCE

AGRC Form 10 (Revised)

 16 JULY 1947
 Date

1 January 1946

 NAME UNKNOWN X - 5592 RANK UNKNOWN ASN UNKNOWN

 ORGANIZATION UNKNOWN UNKNOWN

 MEANS OF IDENTIFICATION NONE

(All statements above this line will be completed, upon final) processing, by the clerical staff at the unit processing point.)

SECTION A — GENERAL (To be completed by investigators in all cases)

 1. Was positive identity acquired for the deceased through the surface investigation? NO. If so, state the following information:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

 2. Was partial identification established? NO If so, state the facts as to whom you believe the deceased to be:

 a. NAME UNKNOWN RANK UNKNOWN ASN UNKNOWN

 b. ORGANIZATION UNKNOWN

 3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY NONE

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

 a. Date of above burials REMAINS NOT BURIED Common Graves? _____

 5. Name and Type of Cemetery _____
 (Military or Civilian)

6. Map Coordinates of the Cemetery _____

a. Town _____ Country _____

7. Give exact location in cemetery of the remains.

a. Section _____ Row _____ Grave _____

b. Is Sketch attached? _____

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

 a. Town GERMETER Coordinates WF-0233

 b. Is Sketch attached? YES

 c. Is area mined? NO

 9. How is the grave marked? REMAINS NOT BURIED

 10. If grave is marked with cross, give exact markings thereon REMAINS NOT BURIED

a. From what source was this information obtained? _____

(Identification tags, personal effects)

1. By whom _____

 11. Where are the cemetery records? REMAINS NOT BURIED
 (Town Hall, cemetery, burgermeister's office)

- a. What information was contained hereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? **ESTIMATED NOVEMBER 1944**
- a. Give basis **FIGHTING TOOK PLACE AT THAT TIME**
13. What is the cause of death? **PRESUMED TO BE ARTILLERY OR MINES**
- b. Give basis **AREA HAS BEEN HIT BY ARTILLERY AND WAS MINED**
14. What is the date of burial? **REMAINS NOT BURIED**
- a. Give basis **REMAINS WERE FOUND ON THE TOP OF THE GROUND**
15. What was the place of death? **GERMETER, GERMANY** Coords **WF-0233**
- b. Give basis **REMAINS WERE FOUND THERE**
16. Where were the remains found? **GERMETER, GERMANY** Coords **WF-0233**
- a. By whom? **SCHMIDTKE KARL, BAUMSENHORST 16 ESSEN**
- b. Is sketch attached? **YES**
17. Was a casket used? **NOT BURIED** Who furnished the casket? _____
- Type of casket _____ How marked? _____
18. Who made the burial _____
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? _____

SECTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

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

b. Were personal effects found at time of death? **UNKNOWN**

Where? _____ By whom? _____

Present disposition **UNKNOWN**

c. Was deceased identified by living members of the crew at the time of death? **UNKNOWN**

d. Did Cemetery Register or cross indicate the immunization shot? **REMAINS NOT BURIED**

42. Was Deceased given first aid? **UNKNOWN** If so, where? _____

By whom? _____ Are statements from the medical people attached? _____

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

Where? _____ Names of people concerned _____

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

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

REMAINS BURNT BY FOREST FIRE.

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? **NO** By whom? _____

When? _____

48. Give full names, addresses, and information obtained from each person interviewed

SCHMIDTKE KARL, BAUMSENHORST 16 ESSEN

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

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

51. Was investigation preceded by advanced publicity? _____

(If special investigation, give case number) _____

52. Give Brief Narrative **SEE ATTACHED NARRATIVE**

(Use attached, sheets if necessary)

Floyd Heckathorne

Floyd Heckathorne

Signature of Investigator

Signature of Interpreter

Cpl RA-33923333

Rank ASN

Rank ASN

Hq & Hq Det 164 QM. Bn.

Organization

Organization

26. Had bombs been released prior to the crash?
27. Does specific time and date of crash correspond with date of death of above named deceased?
28. Number of planes in formation prior to crash
29. State precise time and date of plane crash
(Night?) (Day?)
30. Were parachutists seen? How many? Escaped?
Prisoners?

SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

DOES NOT APPLY

31. Were remains found in wreckage of a tank?
- a. Give specific position in tank from which deceased was removed
(Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage?
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank
- b. Markings and/or name of tank
- c. Numbers on motors, machine guns, ammunition, instruments, etc
33. What was the type of enemy action that resulted in the tank's disablement?
34. Did tank explode? Burn?
35. Number of tanks in immediate vicinity at time of disablement
36. Does specific time and date of disablement correspond with date of death of above named deceased?
37. Precise time and date of destruction of tank
(Night?) (Day?)
38. Did any of the crew members escape? Prisoners?

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) **NO**
If so, give complete and thorough results of the interrogation. **YES**
- a. Are all certificates and statements of people who possessed knowledge of the case attached?
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **SCHMIDTKE, KARL BAUMSENHORST 16 ESSEN**

SECTION E — GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? **NO**
If not, state reason **NONE COULD BE FOUND**
- a. Were identification tags found at the time of death? **UNKNOWN**
- Where? By whom?
- Present disposition **UNKNOWN**

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

NARRATIVE
ON GERMETER, GERMANY CASE

On the 23 May 1947 this disinterring team proceeded to the Hurtgen Forest, District # 87 to disinter the remains of an unknown American deceased.

The information was received from Karl Schmidtke Essen, Germany who lead us to the remains. (See Exhibit "A").

These remains consisted of badly charred bones and were scattered over a wide area. The present condition of the remains was caused by a forestfire which burned through district # 87 recently.

No clothes or identification tags could be found, but the deceased is presumed to be American as an American helmet and button with the US Army insignia on it were found by the remains.

The deceased is believed to have been killed by mines or Artillery as the forest surrounding the deceased is destroyed by Artillery fire and the remains were found near a mine field.

No further information is available.

Floyd Heckathorne

Floyd Heckathorne
Cpl RA-33923333

E r k l a e r u n g

Am 14. Mai fand ich die sterblichen Ueberreste eines amerikanischen Soldaten im Hurtgen-Wald (Wilde Sau) Distrikt 87. Heute zeigte ich einer Gruppe des amerikanischen Graeberdienstes diesen Platz, welche die Ueberreste sicher stellte.

Baumsenhorst 16
23 Mai 1947

s/ Schmidtke Karl
Essen

S t a t e m e n t

On 14 May 1947 I found the remains of an American soldier in the Hurtgen Forest, District # 87 (called: Wilde Sau). Today I showed them an investigation team of the US Grave Registration Command, who evacuated the remains.

Baumsenhorst 16
23 May 1947

s/ Schmidtke Karl
Essen .

I herewith certify that this is a true translation of the above to the best of my ability.

Josef Vassen

Josef Vassen
German Interpreter

A TRUE COPY

hl

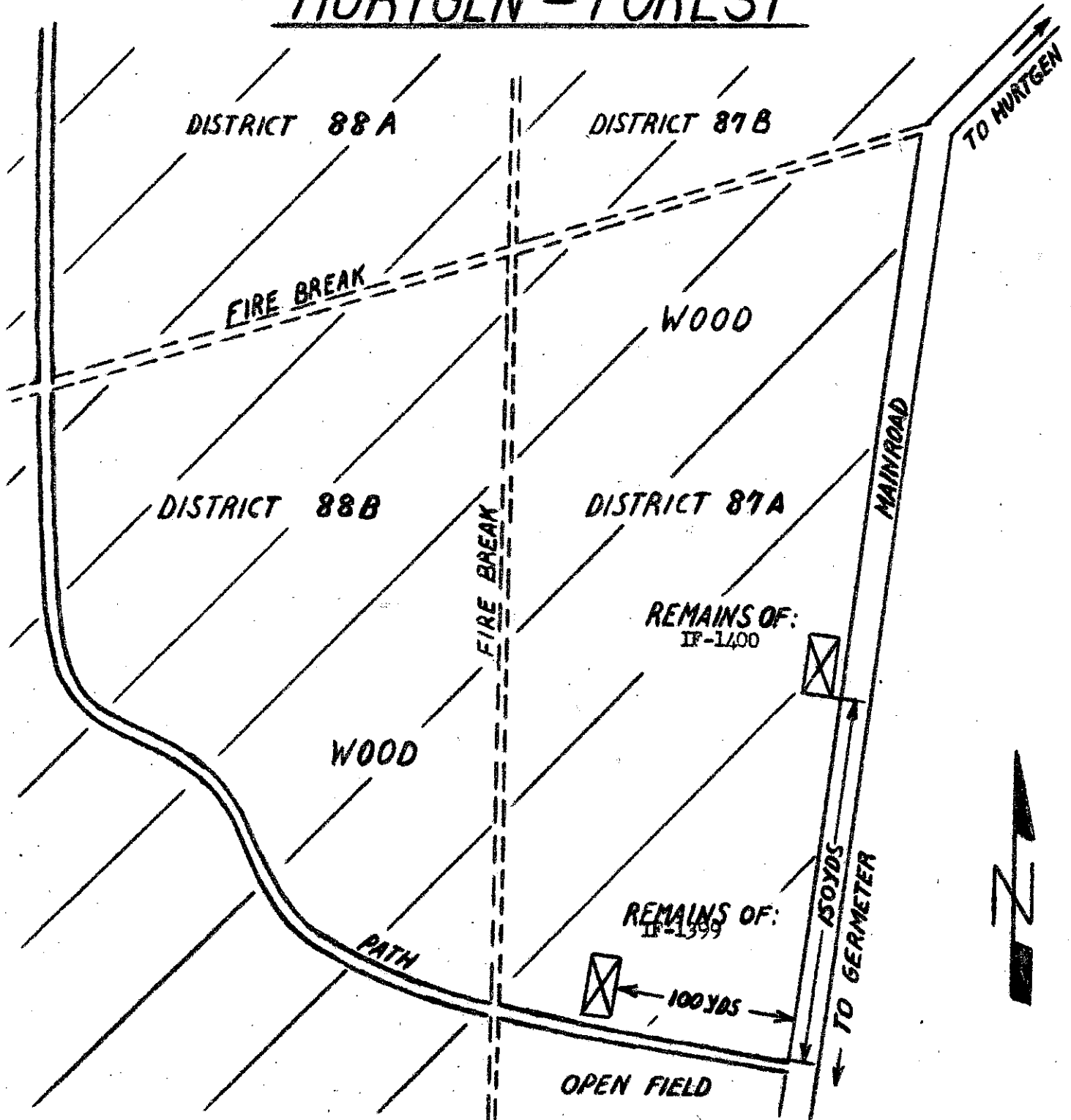
Edward J. Fosmo
IVOR J. FOSMO
2/Lt Inf
G. R. Officer

LJF


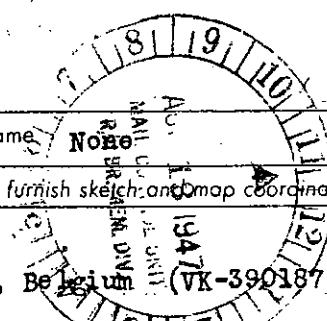
(Exhibit "A")

Map : Germany 1/100 000
Sheet : S I
Coord : WF-0233
Town : Germeter, Germany
Sketch by : Heinz Bertram
(German Interpreter)
NOT TO SCALE

HURTGEN - FOREST



MASS BURIAL

WD QMC FORM 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			Date of report 2 July 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		SECTION I. IDENTIFICATION				
NAME (Last, First, Middle Initial) Unknown X-5592		Serial number Unknown				
Grade Unknown	Organization Unknown	Branch of service UTD				
Race Unknown	Religion Unknown	If other than U. S. dead, Give name of country.				
Place of death Germeter, Germany		Cause of death KIA (BTB; Mines or Artillery)		Date of death November 1944		
Emergency addressee (Name, Relationship and Address.) Unknown						
Identification tags found on body (1, 2, or None) None		If no tags found on body, describe means of identification. If unidentified. Fill in section 3 on reverse				
Were substitute tags provided (Yes or No) Yes						
List personal effects found on body and disposition of same None						
SECTION 2. BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.						
Name, Number, Coordinates and location of cemetery USMC, Neuville-en-Condroz, Belgium (VK-390187)						
Date of burial 2 July 1947	Hour 1500	Buried in (Schroud, Blanket, or name of other)	Type of grave marker	Plot no. Y	Row no. 8	Grave no. 176
Was this a re-burial (Yes or No) No	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave Remains found on top of ground, Germeter, Germany WF-0233			Plot no.	Row no.	Grave no. Unburied
Type of religious ceremony Joint P, C & H	Person conducting burial rites Chaplains Rusher Saatman & Lepchivcher		If identification tags not used, describe identification data and containers buried with body			
Identification tag buried with body (Yes or No) No	Identification tag attached to marker (Yes or No) GRS		Report of Burial			
Body buried on deceased left, Name (Last, First, Middle Initial) Unknown X-5762		Rank Unk	Serial number Unk	Organization Unk	Grave No. 177	
Body buried on deceased right, Name, (Last, First, Middle Initial) First in Row		Rank	Serial number	Organization	Grave No.	
Signature of person preparing report RAYMOND G. JOHNSON 1st Lt Inf CTR			Signature of grs officer verifying report T. D. ECKOIS Major Inf			
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.						

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS






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

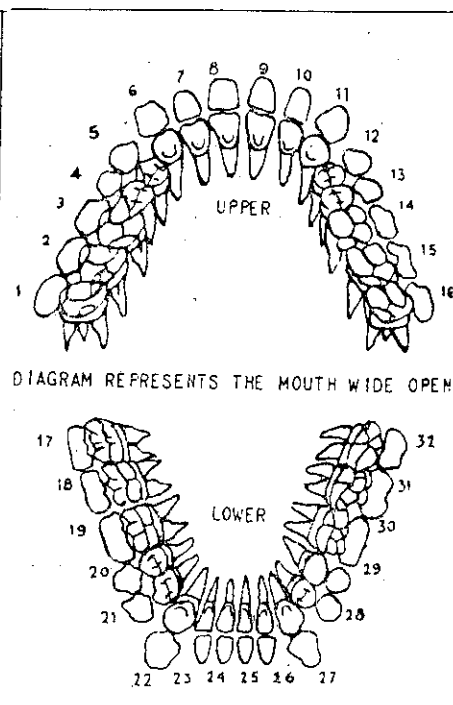
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos
UTD	UTD	UTD	UTD	UTD

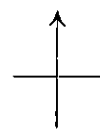
Weapon and serial number	Laundry marks	Where body was buried or found
None	None	Germeter, Germany

Other identification clues: **See attached sheet**

FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	



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



Remarks:
Form #11, Check List of Unknowns and Form 1-A, Tooth Chart, accomplished.
Unable to obtain fingerprints because of decomposition.
Estimated weight of remains recovered, 3 lbs.

OTHER IDENTIFICATION CLUES -

According to civilian statement, this Deceased was discovered on 14 May 1947 by Mr. Karl Schmidtke, in the Hurtgen Forest, District #67, called "Wilde Sau."

According to Narrative of Disinterring Team, the Remains consisted of badly charred bones, scattered over a wide area. The present condition of the Remains was caused by a forest fire which burned through District #87 recently. No clothes or Identification Tags could be found but the deceased is presumed to be American as an American helmet and button with the US Army insignia on it, were found with the Remains. The Deceased is believed to have been killed by mines or artillery as the forest surrounding the Remains, is destroyed by Artillery fire and the Remains were found near a mine field. No further details concerning this Deceased could be obtained.

This Deceased was received as a single case however processing at Subordinate Identification Point #2, Margraten, Holland, revealed charred fragments of skeleton and two sets of teeth, thereby denoting parts of more than one body. Segregation was impossible. The teeth were charted separately. Mass Burial Certificate executed and inclosed with Case Papers. One (1) helmet without liner and one (1) brass button from G.I. overcoat were found among the debris.

As no positive identifying clues were found, this Case is classified "UNKNOWN."