

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-UNK- Hamn LUXENBOURG- X 216-

SUBJECT

195TH (US) GENERAL HOSPITAL
APO 513 US ARMY

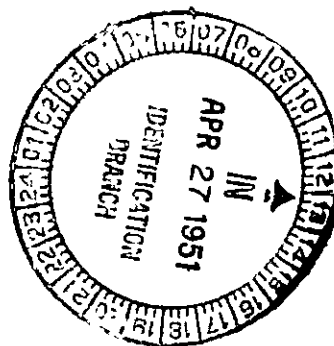
26 September 1945.

S T A T E M E N T

I, Technician Fifth Grade John M. Proffitt, have no knowledge of the loss of any address book, or other like papers bearing my name which could have been in the possession of any person known to me in the vicinity of Udenreth, Germany in February 1945.

John M. Proffitt

John M. Proffitt, 33638611
Tec 5, 195th Gen Hosp



*File
1 March 51
m martin
Id Sec*

X-216

USMC HAMM

PLOT: G ROW: 2 GRAVE: 22

DATE OF BURIAL 11 Mar/49 **DISINTERMENT DIRECTIVE**

119

VERIFIED BY

GRS OFFICER

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6020 00052

DATE

15 07 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
UNKNOWN		X-000216			Q	DAY	MONTH	YEAR
CEMETERY						DISPOSITION OF REMAINS		
HAMM - LUXEMBOURG						Q	6001	80
						CODE	DIST. PT	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH		
2	6	134	LUXEMBOURG			6		

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE		NAME AND ADDRESS OF NEXT OF KIN	
HAMM, LUXEMBOURG		(BY ADMINISTRATIVE DECISION)	

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	
OTHER MEANS OF IDENTIFICATION			
MINOR DISCREPANCIES			

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

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

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

SIGNATURE OF GRS INSPECTOR

FILE

RECORDED & INDEXED
MAY 5 1949
NIMBERLY

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

RECORD OF CUSTODIAL TRANSFER

MWBENTX

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

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000216

0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

Z 6 134 HAMM LUXEMBOURG

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED

UNKNOWN X-000216

-

-

27 MAY 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

UNK

ANTONIO TEIXEIRA
2ND LT., INF NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

UNIFORM

ADVANCED DECOMPOSITION - LEFT
CLAVICLE MISSING - DISARTICULATED

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL FOUND WITH REMAINS WITH UNK X-216

MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN ~~2252X~~ transfer box

Veschel M. Vibbert
VESCHEL M. VIBBERT, IDENT TECH.

DATE 28 MAY 48

BY

CASKET SEALED BY

EMBALMER (Signature)

Jane Murray

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

Roger E. Lewis

DATE BY

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

Antonio Teixeira
ANTONIO TEIXEIRA, 2ND LT., INF
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies

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

100

SPQDKEB 332.3 (764900)

1st Ind.

DSJ:ELR:bj

Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, 24 April 1946

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

1. No effects for Unknown decedent X-216, U.S. Military Cemetery, Hamm, Luxembourg, nor any other information pertaining thereto has been received at this Bureau to date.

2. Upon receipt of subject effects, thorough examination will be made and report furnished your office as soon as possible.

FOR THE EFFECTS QUARTERMASTER:

[Signature]
D. S. JOHNSTON
2nd Lt., QMC
Chief, Adm. Div.

293 number X-216 Hampton Army

*7/20/46
4/20/46
D.S.J.*





ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO

SPQYG 293

Unknown X-216

(Hamm) Luxembourg

18 April 1946

SUBJECT: Identification of Unknown Deceased

TO: Effects Quartermaster, Army Effects Bureau
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City 1, Missouri

1. Reference is made to Report of Burial for Unknown X-216 interred in U. S. Military Cemetery, Hamm, Luxembourg, Plot Z, Row 6, Grave 134.

2. It is noted that there are two items listed as personal effects, and it is requested that the articles be examined and this office furnished information relative to any marking which might aid in the identification of the Unknown Deceased.

FOR THE QUARTERMASTER GENERAL:

for Donald J. Rosenbaum
ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535
KANSAS CITY, MO
APR 22 1960

APR 19 12 01 PM '60
U. S. DEPT. OF JUSTICE
MAIL & RECORDS BRANCH

RECEIVED
APR 22 1960
MAIL ROOM

TO : SAC, KANSAS CITY

FROM : SAC, ST. LOUIS (44-1111) (P)

RE: MURKIN; RICHARD J. ...

ST. LOUIS OFFICE IS ADVISED THAT ...

ST. LOUIS OFFICE IS ADVISED THAT ...

(12/11) ...
ST. LOUIS OFFICE
44-1111

APR 22 1960

ST. LOUIS OFFICE

SPQYH 293
Unknown X-216
(Hamm) Luxembourg

18 April 1946

SUBJECT: Identification of Unknown Deceased

TO: Effects Quartermaster, Army Effects Bureau
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City 1, Missouri

1. Reference is made to Report of Burial for Unknown X-216 interred in U. S. Military Cemetery, Hamm, Luxembourg, Plot 2, Row 6, Grave 134.

2. It is noted that there are two items listed as personal effects, and it is requested that the articles be examined and this office furnished information relative to any marking which might aid in the identification of the Unknown Deceased.

FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROBINSON
2nd Lt., QMC
Assistant

SPQYH
S.T.

~~APR 19 12 01 PM '46~~
MAIL & RECORDS BRANCH
Q. D. M. C.

APR 18 10 01 AM '46
MEMORIAL DIVISION
MAIL & RECORDS BRANCH

SFOYG 293
Unknown X-216
(Hamm) Luxembourg

18 April 1946

SUBJECT: Identification of Unknown Deceased

TO: War Department Records Branch
Historical Section, Operations Reports
The Pentagon, MP-358
Washington 25, D. C.

1. This office is conducting an investigation to determine the identity of a deceased member of our Armed Forces who was killed at Udenbreth, Germany, approximately February, 1945.
2. It is requested that the records of your office be searched to determine the organizations known to have been in the vicinity of Udenbreth, Germany, approximately February 1945, and this office advised thereof at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROSENBAUM
2nd Lt., QMC
Assistant

S.P.
D.T.

~~Handwritten signature~~

APR 19 12 00 AM '46
MAIL & RECORDS BRANCH
Q. M. G.

REC'D. RECORDS BRANCH AND
RECORDS BRANCH
APR 18 10 02 AM '46
MEMORIAL DIVISION

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
THEATER SERVICE FORCES
EUROPEAN THEATER

RWM/IVW/jh

293 Unknown - Luxembourg X-216 (Hamm)

(Rear) APO 887
17 Nov 1945.

314.6

SUBJECT: GR Form #1, Report of Burial.
Transmittal Letter No. 1713.

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

1. Inclosed for your files is one (1) OMC Form 1, AGRC, Report of Burial for Unknown X-216 (Hamm) buried in Plot Z, Row 6, Grave 134, U.S. Military Cemetery, Hamm, Luxembourg.

2. The remains buried in Plot Z, Row 6, Grave 134, were previously identified as Proffitt, John M, 33638611; however, T/5 Proffitt is not deceased.

3. Further efforts will be made by this headquarters to establish the identification and results will be furnished your office.

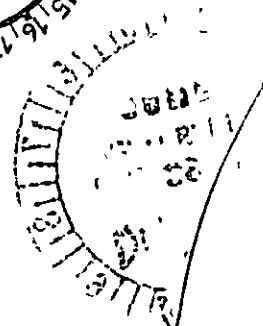
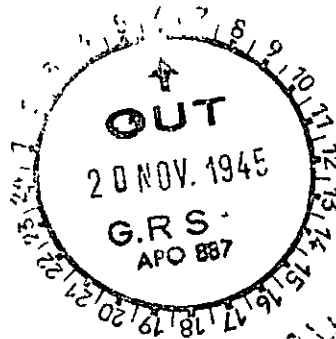
FOR THE COMMANDING GENERAL:

I. Kronfeld

I. KRONFELD,
WOJG USA,
Acting Adjutant.

293 Unknown + 216 Luxembourg (Hamm)

1 Incl a/s



*File
27 Dec 49
m martw
dd Dec*

NAN

NOV 28 12 12 PM '45
MEMORIAL DIVISION



GRAVES REGISTRATION SECTION
NOV 29 3 26 PM '45
MEMORIAL DIVISION

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

24 FEB 1949
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 216, Plot Z
Row 6, Grave 134, USMC Hamm, Luxembourg 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. 2740, dated April 5th, 1948.
No further information is available.

FOR THE COMMANDING GENERAL:

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

Dr. # 3517, 24 Feb 49
Subj: Unident Remains
2 Mar 49 OQMG
Not identifiable from
information presently
available

293 Unknown Dept Luxembourg (Hamm)
2-216

m Lj

Incl # 8

3-11-49

APR 12 1948

X-216

IDENTIFICATION CHECK LIST

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

EXH. O. #641 dtd 5 Dec. 1947

Unknown **X-216**

Cemetery **Hamm, Luxembourg**

Plot **Z** Row **6** Grave **134**

1 **Date reprocessed: 18 Feb. 1948**
~~Processed and checked~~
(Hour) (Date)

2 Place of death
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3 Remains ~~reprocessed~~ disinterred ~~by~~ and reprocessed by **I.S. 1st Zone**
(Name and organization)

4 Evacuated to Cemetery by
(Name and organization)

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

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

Belt, web **NONE**

Drawers, wool **NONE**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **NONE**

* Shoes **NONE** (type)

Overshoes **NONE**

Web Equipment **NONE** (type)

(Other item) **NONE**

(Other item) **NONE**

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

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

Shoulder Patch

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

HUMERUS - 34.5 **TIBIA - 40.5**
R. RADIUS - 26.0 **R. FIBULA - 39.5**
ULNA - 28.0 **P. TIBIA - 50.0**

6 Description of Remains :
 Age **UTD** ^{EST.} Height **5'10 7/8"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **None found** 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 **None found**
 (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** Eears **UTD**
 (Size, shape, straight) (Size, set close to or 1/2 in from head)

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

Teeth **See tooth chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **53.0 cm**
 (Large, small, normal) (Hat band)

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

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

Hands **Missing and/or too decomposed.**

Fingers **Missing and/or too decomposed.**
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **None found**
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **UTD**
 (Yes-no location)

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

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

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

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

7 Have finger prints been placed on Report of Interment?

No
(Yes-no)

If not explain - **Fingers missing and/or too decomposed.**

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

9 Remarks **Est. weight of reprocessed remains 17 pounds. Remains consist of disarticulated bones. One burial report recovered, No GRS tag. No clothing found.**

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

Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPTAIN **MC**
Rank Service

OPERATIONS OFFICER
(Organization)

X-016

SKELETAL CHART USMC-HALL

(BLACK OUT PARTS OF BODY. NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

HUMERUS - 34.5...cm.

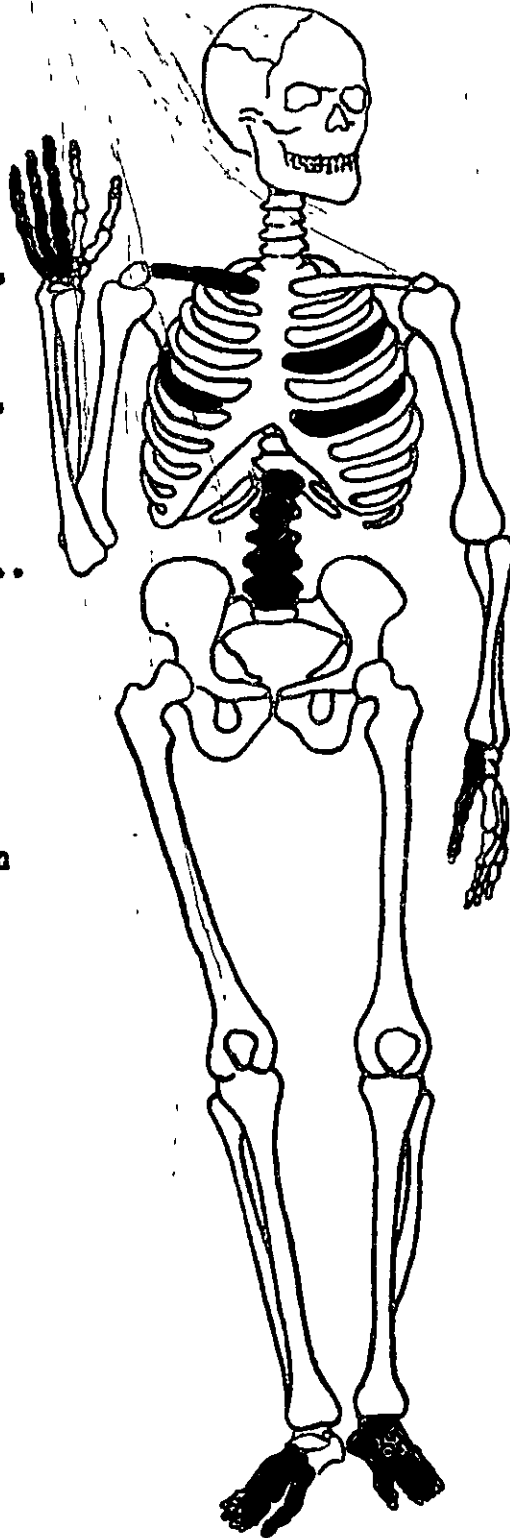
RADIUS - 26.0...cm.

ULNA - 28.0...cm..

FEMUR - 50.0...cm

TIBIA - 40.6...cm

FIBULA - 59.6...cm



Est. Height : 5' 10 7/8"

TOOTH CHART

X-216

U.S. - HARR

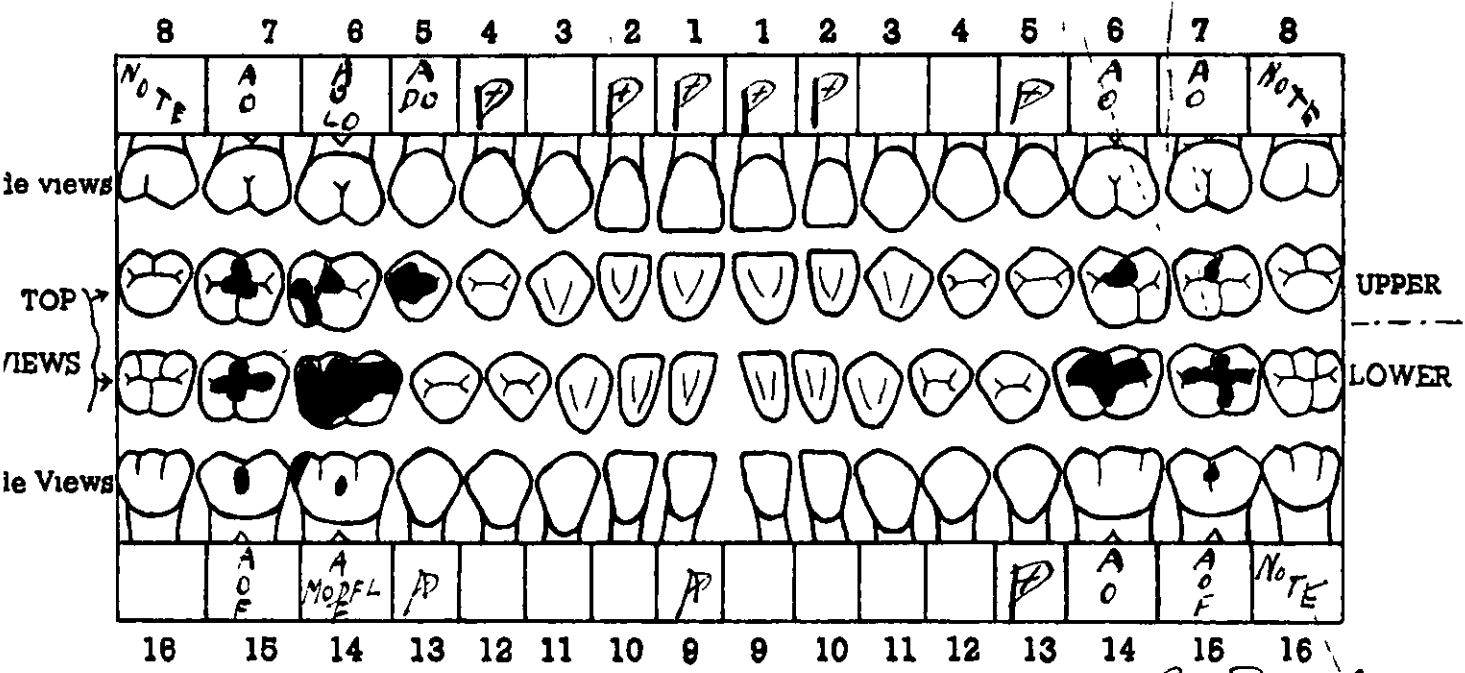
B.O. #641

18 Feb. 1948

UNK X-216	UNK	UNK	UNK
Last Name	First	Initial	Grade
UNK			UNK
Unit	Organization		
			Date
			UNK
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.

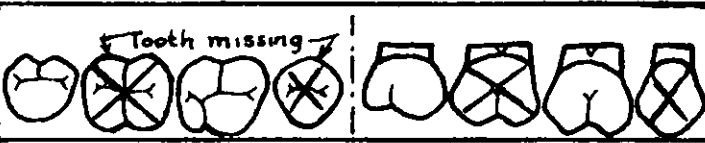
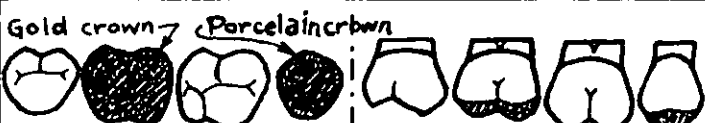
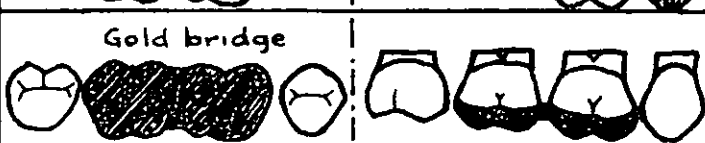

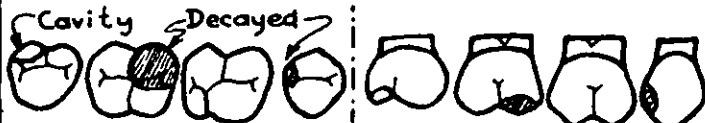
IVOR J. POSMO
US D. CIV. I.S.

/s/ Ivor J. Posmo

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
CAPT QMG OPER. OFF.

Woodrow W. Wolf
 Verified by G. R. C. Officer

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 .	
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

P : Posthumously missing
 Space: R-11-12; 1mm

- L-11 has a slight lingual version and has rotated 1/8 of a turn mesially.
- L-16; incompletely erupted and has a lingual version (very noticeable)
- R-10 has a slight distal rotation.
- R-8 : unerupted before death.
- L-8 : incompletely erupted.
- R-3 has a lingual version (noticeable)
- L-4 has rotated 1/16 of a turn distally.

Color : dull ivory
 Size : average
 Alignment : good

TOOTH CHART

UNKNOWN X-216

31 OCTOBER 1945

UNKNOWN

Date
UNKNOWN

UNKNOWN

Last Name

First

Initial

Rank

UNKNOWN

Serial No

Unit

Organization

UNDENBRETH, GERMANY

EST. FEB. 45

CS. IN BODY

Place of Death

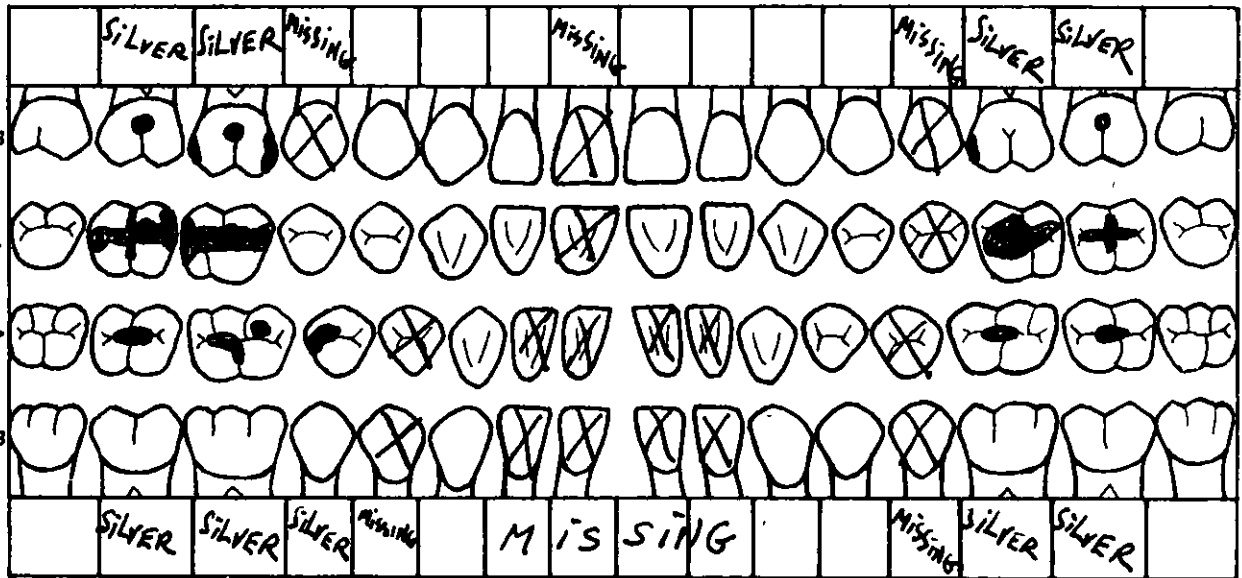
Date of Death

Cause of Death

Right

Left

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

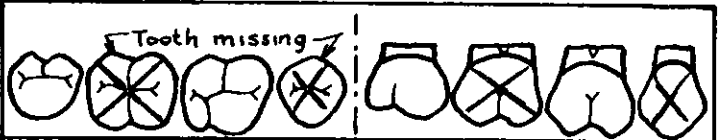


16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

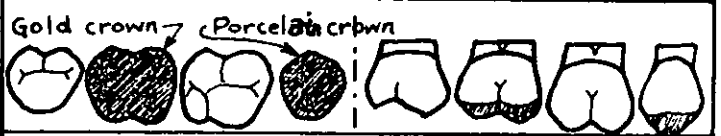
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

Walter M. ...
 Signature of Officer or other person who prepared Tooth chart
Keith Miller 1st Sgt, Condyg.
 Verified by G. R. S. Officer

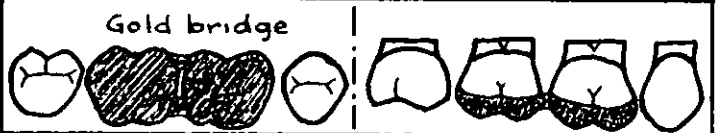
MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



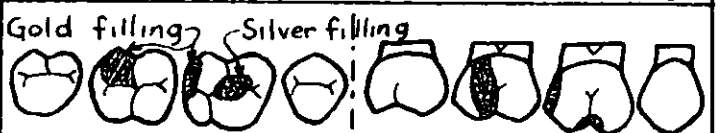
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



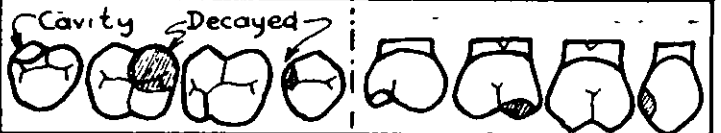
BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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

CHECK LIST FOR DISINTERMENT OF UNKNOWN'S

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

PART I
Physical Description

1. Estimated height Cannot be determined.
2. Estimated weight Cannot be determined.
3. Color of eyes Cannot be determined.
4. Color of hair Cannot be determined.
5. Race White.
6. Quantity and characteristics of hair on head (length, balance, curly, etc.)
Cannot be determined.
7. Amount and color of hair on body (arms, chest, pelvic region, legs) _____
Cannot be determined.
8. Description of mustache and beard _____
Cannot be determined.
9. Length of sideburns Cannot be determined.
10. Was the deceased circumcised? Cannot be determined.
11. Are any tatoos or scars on the body? (Give description) _____
Cannot be determined.
12. Is there anything unusual about the fingernail structure? _____
Cannot be determined.
13. Is there anything unusual in the construction of the toes or feet? _____
Cannot be determined.
14. Was tooth chart taken? Yes Were fingerprints taken? No
15. Approximate cause of death? Estimated as GSW, body.
16. Was the body burned? No To what extent? _____
17. Are any parts of the body missing or severed? Parts of body are missing
due to decomposition.
18. Is there any evidence of first-aid or other medical treatment? No
19. If the remains are badly mangled, a careful search should be made for identification tags or personal effects.
20. If no clothing is found, measurements should be made of the head, neck, chest, waist, foot, leg (inseam), and arm length in order that clothing sizes may be determined No tags or personal effects. See reverse.

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 are 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.

<u>ITEM</u>	<u>REMARKS</u>
Jacket, Field	36
Sweater, Wool OD	Medium
Shirt, Wool OD	14-31
Trousers, Wool OD	34 x 31
Undershirt, Wool	Size Unknown
Note: Upper part of body consisted of ribs and miscellaneous bones. The upper parts were not in body structure.	

PART III

Measurements and Characteristics of skeleton

(To be filled out only in those cases where a skeleton or part of a skeleton is found)

25. Length of foot Cannot be determined.
26. Width of foot Cannot be determined.
27. Length of leg (inseam) 30"
28. Arm measurement for sleeve length 23"
29. Circumference of skull Cannot be determined.
30. Length of fingers Cannot be determined.
31. Width of hand at knuckle Cannot be determined.
32. Length of skeleton Cannot be determined.
33. Size of bone structure (large, medium or small) NONE Cannot be determined
34. Evidence of bone scars indicating healed fractures Cannot be determined.
35. Unusual characteristics in bone-structure None
36. Are any parts missing or detached? Upper skeleton from hips up, missing

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.

Malford B. Griffith
Malford B. Griffith, GR NCO
(Officer's signature)

S/Sgt - 610th CM GR REG CO
(rank) (service) (Orgn)

CORRECTED

R E S T R I C T E D
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

CORRECTED:

31 OCTOBER 1945

Date

UNKNOWN X-216		UNKNOWN	UNKNOWN
Last Name	First	Rank	Serial No.
UNKNOWN		UNKNOWN	
(046-029) Unit		Organization	
UNDENBREITH, GERMANY		KIA:GSI-IN BODY.	
EST. FEB. 45		Cause of Death	
1120 30 JUNE 1945		VP 8713	
Place of Death		Date of Death	
U.S. MIL. CEM., HAMM, LUXEMBOURG.			
Time and Date of Burial		Name or Coordinates of Location	
134 6		Z CROSS	
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 Previously buried, erroneously, as: Proffitt, John M.
How were remains identified? 33638611. Disinterred for the purpose of obtaining
TOOTH CHART; CHECK LIST FOR DISINTERMENT OF UNKNOWNNS
and other pertinent information leading to identity,
and assigned number "UNKNOWN X-216".
NO TAGS.
What means of identification were buried with the body? (see reverse)

FORM GR-1.

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

Who is buried on:	McCOY	34834902	PVT	UNKNOWN	133
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	UNKNOWN X-176			USAAF	135
	Name	Serial No.	Rank	Organization	Grave No.

Body brought in by Sgt Lisle, 3047th GRS Co.; buried by 3045th GRS Co.

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



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

Emergency Addressee UNKNOWN
Name

Address

Religion UNKNOWN

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

- 1 SHOULDER PATCH
- 1 ADDRESS BOOK

P.E. Turned over to Effects QM
Hq, 62nd QM Base Depot

This corrected Report of Burial
prepared in the office of the
U. S. Military Cemetery, Hamm, Lux.

Keith L. Miller
Keith L. Miller, 1st Sgt., 35018989
610TH M. CR. REC. CO., Commanding

Verified by G.R.S. Officer

IF DECEASED UNIDENTIFIED

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

Height: _____ Laundry Marks _____
 Weight: _____ Number of Rifle _____
 Color of Eyes _____ 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.

Remains at time of disinterment consist of lower part of body structure. Upper part of body consists of ribs and misc. bones, not in body structure. Fingerprints unobtainable, fingers missing. Clothing which remained on body has no marks of identification. TOOTH CHART and CHECK LIST FOR DISINTERMENTS are submitted herewith.

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

Left Hand

Right Hand

Index	_____
Thumb	_____

Index	_____
Thumb	_____

TOOTH CHART

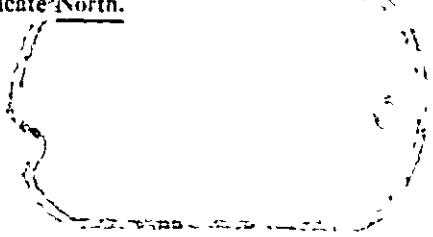
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

Deceased's Left	8	8
	7	7
Deceased's Right	8	8
	7	7
Deceased's Left	6	6
	5	5
Deceased's Right	6	6
	5	5
Deceased's Left	4	4
	3	3
Deceased's Right	4	4
	3	3
Deceased's Left	2	2
	1	1
Deceased's Right	2	2
	1	1
Deceased's Left	1	1
	0	0
Deceased's Right	1	1
	0	0

Indicate missing natural teeth by X, crowns by O, fillings by □, Bridges by ⊕, linking anchor teeth, replacements by artificial teeth X

Characteristics

Other Data



REPORT OF BURIAL

TM 10-630 AND AR 30-1815

30 June 1945
Date

336 386 11

Pioffitt

Last Name <i>UNKNOWN</i>		First <i>John</i>	Initial <i>J</i>	Rank <i>1st Lt</i>	Serial No. <i>336 386 11</i>
Unit <i>(016-29)</i>		Organization <i>3rd Div 1st Lt</i>		Cause of Death <i>11</i>	
Place of Death <i>Diamonds, Germany</i>		Date of Death <i>1st February 1945</i>		Name of Coordinates of Location <i>78 211 2</i>	
Time and Date of Burial <i>11:00, 30 June 1945</i>		Name of Cemetery <i>U S Hill Camp, Camp, Lux.</i>		Name of Coordinates of Location <i>78 211 2</i>	
Grave Number <i>136</i>	Row Number <i>6</i>	Plot Number		Type of Marker <i>Embossed</i>	

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

If No Identification Tags How were remains identified? *Embossed plate*

Address Book giving name and serial number

What means of identification were buried with the body?

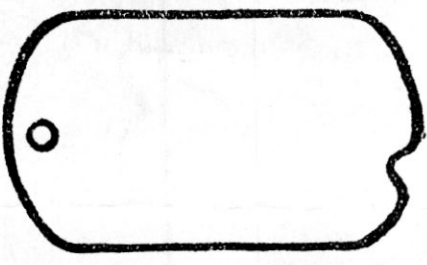
Embossed plate

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

Who is buried on:	<i>McCOY</i>	<i>34834002</i>	<i>Pvt</i>	<i>Unknown</i>	<i>133</i>
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<i>UNKNOWN X-176</i>	<i>Unknown</i>	<i>Unknown</i>	<i>USAIF</i>	<i>135</i>
	Name	Serial No.	Rank	Organization	Grave No.

Body brought in by *1st Lt Male, 3047th CG Co*

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



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

Emergency Addressee *Unknown* Name _____

Address *Unknown* _____

Religion _____

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

- 1 Shoulder patch
- 1 Address book

P.S. turned over to effects in
HQ 602nd Base Depot

Signature of Officer or other person reporting burial

J. P. [Signature]
Verified by G.R.S. Officer
*J. P. [Signature], 1st Lt, CGO
3045th CG Reg Co*

Cancel this man is FLIP

file 4-22-46

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, birthmarks, moles, deformities, etc.

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

4			
3			
2	Left Hand		
1			
Thumb			

3			
2	Right Hand		
1			
Thumb			

TOOTH CHART

		Deceased's Left								Deceased's Right										
Upper																				
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.