

USMC HAMM, LUXEMBOURG
PLOT: E ROW: 16 GRAVE: 249 **DISINTERMENT DIRECTIVE**
Reburied 22 March 1949
Verified by: *[Signature]*

W.K.
D-S
7-11A

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: *GRS Officer*
DIRECTIVE NUMBER: 6020 00100
DATE: 15 07 48
DAY MONTH YEAR

NAME: UNKNOWNX SERIAL NUMBER: 000296 RANK: 1 ARM: 0
DATE OF DEATH: DAY MONTH YEAR

CEMETERY: HAMM - LUXEMBOURG
DISPOSITION OF REMAINS: 0 6001 80
CODE DIST PT

PLOT: EE ROW: 10 GRAVE: 249 COUNTRY: LUXEMBOURG
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED:
IDENTIFICATION TAG ON: REMAINS 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: **FILE 10 MAY 1949**

MINOR DISCREPANCIES: **SEE ATTACHED 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

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies

NEW

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 HILL CONVEYERS	DATE	SIGNATURE OF RECEIVER	DATE

6 SHIPPED

FROM TO AND INSURANCE		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

UNKNOWN

SERIAL NUMBER

X-000296

RANK

ed

ARM

0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT ROW GRAVE COUNTRY

EE 10 249 HAMM LUXEMBOURG

CAUSE OF DEATH

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

UNKNOWN

SERIAL NUMBER

X-296

RANK

UNK

DATE OF DEATH

DATE DISTINTERRED

4 MAY 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNK ANTONIO TEIXEIRA, 2/LT INF
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM

CONDITION OF REMAINS

ADVANCE DECOMPOSITION. BODY COMPLETE.

OTHER MEANS OF IDENTIFICATION

MARKING ON O.D. SHIRT READS "A-9908"

REPORT OF BURIAL ATTACHED W/DIRECTIVE (DAMAGED) NOT LEGIBLE.
REPORT OF BURIAL ON DECEASED RIGHT GRAVE 248 LEFT GRAVE 250
READS

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer box

Jack B Wall Embalmer

DATE 6 MAY 1948

BY

JACK B WALL, EMBALMER

CASKET SEALED BY W/O DISIN.

EMBALMER (Signature)

THEODOR R HARRISON JR.

Theodor R Harrison Jr.
THEODOR R HARRISON JR.

CASKET BOXED AND MARKED

V A EVRARD
CLERK

SHIPPING ADDRESS VERIFIED BY

ALL MARKING TAGS & PLATES VERIFIED BY R E LEWIS CAPT CAV
RE Lewis Capt Cav

DATE 7 JULY 1948

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 2/Lt Inf

ANTONIO TEIXEIRA, 2/LT INF

SIGNATURE OF GRS INSPECTOR

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	
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7 SHIPPED

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

PRIORITY

AIR MAIL

HQ., A.G.R.C., EA., APO 58, US ARMY, c/o FM NYC NY

UNCLASSIFIED

DEPARTMENT OF THE ARMY, OQMG

Air Mail
Immediate

2nd & T Sts SW

WASHINGTON 25, D.C.

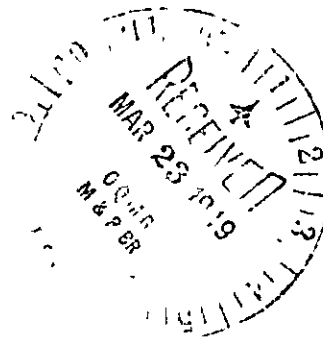
FILE RRE 200.2 (UDB)
15 March 1949

CORRECTION OF ERROR

1. Reference is made to Transmittal Letter #3562 dated 14 March 1949, file RRE 200.2 (UDB) subject: Unidentifiable Remains.

2. Grave location of Unknown X-296 (Hamm) should be corrected to read Grave 249 instead of Grave 10. *EE-10-249*
Unknown Deceased interred in Plot FF Row 11 Grave 266 (Newville) should be corrected to read Unknown X-7254 instead of Unknown X-7154.

FOR THE COMMANDING GENERAL:



293
10-10-49

UNCLASSIFIED

GEORGE L FREEMAN

RRE

15 Mar 49 1/Lt., OQMG., Actg Asst Adj Gen

1 1

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRR 293

4 March 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 296, Plot EE,
Row 10, Grave 10⁷⁴⁹, US C HAMM, LUXEMBURG,

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.

Report of Reprocessing of remains was forwarded to your Office by Transmittal Ltr. No. 2740, dated 5 April 1948.

Case reviewed by undersigned Members of the Board of Review:

Capt. Jack C. HAYES, O-1577297 OLC Capt Stanley C. TYRRELL, O-1304296 Inf

Capt. Edward F. PRICE, Jr. O-1588236 OLC 1/Lt. Edward E. STOUT, O-1594512 CE

1/Lt Ernest J. OGLESBY, O-449004 Cav

TL #2562 14/ March 49 OQMG
not identifiable from
information presently
available

on Martin
27 April 49

Incl # 16

APR 2 1948

IDENTIFICATION CHECK LIST

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

Handwritten notes:
 18 March

Exh. O. # 641, dated 5 Dec 47

Unknown X - **296**
 Cemetery **Hamm, Luxembourg**
 Plot ~~35~~ Row **10** Grave **249**

Date reprocessed :

1 ~~Arrived at cemetery~~ **16 Feb 48**
 (Hour) (Date)

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

(Sheet, scale and serials used)

3 Remains ~~recovered or disinterred~~ **by and reprocessed by I.S. first 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	Remnants of, wool, O.D.		
Jacket, HBT	None		
* Shirt, Wool OD	Remnants of		
Undershirt, Wool	Remnants of		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

Belt, web. **Remnants of**

Drawers, wool. **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes **One (1) pair** (type) **service, size "11-D"**

Overshoes **None**

Web Equipment **None** (type)

(Other item) **Remnants of wool G.D. blanket**

(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? **AGF**

R. Humerus 34.0 R. Fibula 37.5 R. Ulna 25.3 cm
R. Radius 23.7 R. Tibia 37.5

6 Description of Remains.

Age **UFD** Height **5' 6 3/8"** Weight **UFD** Description of wounds **UFD**

Bandages or dressings **None found** Scars **UFD**
 (Length, width, location)

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

Outstanding moles, warts or birthmarks... **UFD**
 (Yes-no, description, location)

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

Complexion **UFD**
 (Light, medium, dark, clear, pimples, poeks, freckles)

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

Hair **Black 1 1/2" long straight**
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

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

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

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

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

Teeth **See Tooth Chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

Hands **Missing**

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

.
 (Unusual characteristics of fingernails)

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

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

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

Hernioplasty **UFD**
 (Yes-no, location)

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

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

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

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

7 Have finger prints been placed on Report of Interment? **No**

(Yes-no)

If not, explain

Missing

8 Has tooth chart been prepared? **Yes** If not, explain

(Yes-no)

9 Remarks **Estimated weight of reprocessed remains : 45 pounds. Remains consist of disarticulated bones and a small amount of decomposed flesh. One Burial Report recovered. No GBS tag. Clothing found on remains, bore no markings, except shoe size.**

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 V Wolf
WOODROW V WOLF
 (Officer's Name)

CAPT

Rank

GHC

Service

OPERATIONS OFFICER

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

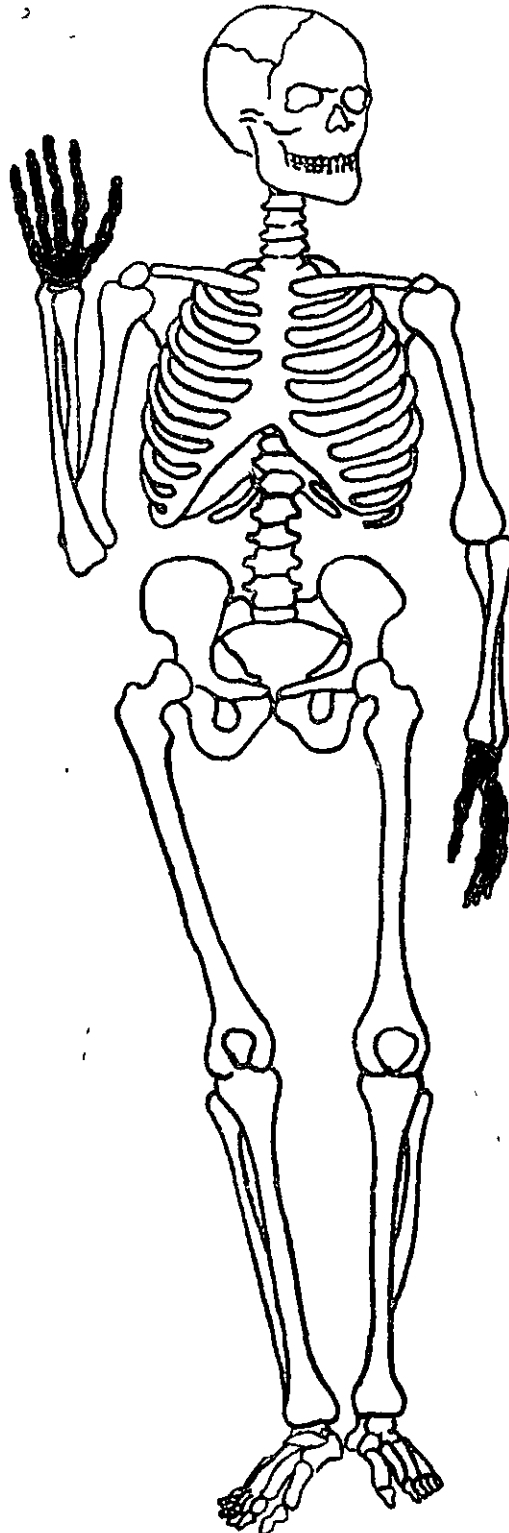
HUMERUS 34.0 cm

RADIUS 23.7 cm

ULNA 25.3 cm

FIBULA 37.5 cm

TIBIA 37.5 cm



Est Height : 5' 6 3/8"

TOOTH CHART

I - 296

16 Feb 48

Date

Unknown X - 296

Unk

Unk

Last Name

First

Initial

Grade

Serial No

Unk

AGF

Unit

Organization

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

NOTE	A O O	A O					P	P	P	P		X	A O O		
Occlusal views															
TOP VIEWS															
SIDE VIEWS															
A DO	A O	X	A MOF									NOTE	G DOF	G DOF F	NOTE

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

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
2nd.Lt. IS

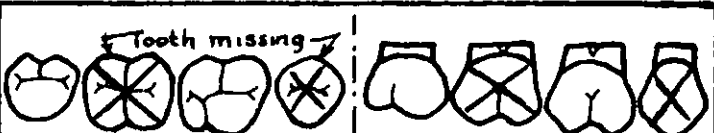
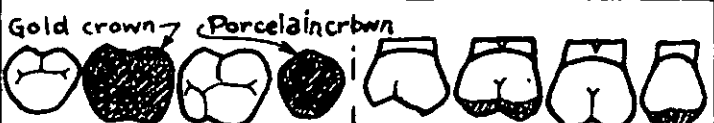

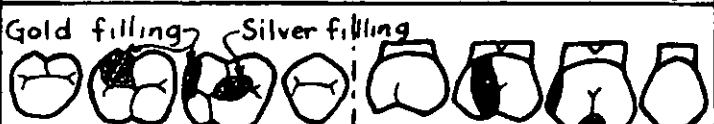

WOODROW W WOLF
CAPT CGIC OPER OFF

/s/ **Ivor J Posmo**

Signature of Officer or other person who prepared Tooth chart

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

Posthumously missing

Spaces : R-13 - 15 : 5mm
L-5 - 7 : 4mm

R-13 has a lingual version (not too noticeable)
R-12 has rotated 1/16 of a turn mesially.
L-9, R-9 have a facial version
L-11-12 have a distal version

Note: L-13 is malposed lingually (approximately 4mm) and has a lingual version
This tooth has rotated 1/16 of a turn mesially.

L-16 has a distal version causing the distal surface of the tooth to be unerupted before death.

R-8 : unerupted before death

R-4 has a slight lingual version

L-4 has rotated 1/16 of a turn distally and has a slight lingual version.

L-8 has a slight facial version

Color : dull ivory

Size : large

Alignment good.

TOOTH CHART

Hamm, Lux

23 Feb. 1946
 Date

UNKNOWN-X-296

Last Name

First

Initial

Unknown

Rank

Unknown

Serial No

Unknown

Unit

Unknown

Organization

Gerolstein, Ger. (wL-2381)

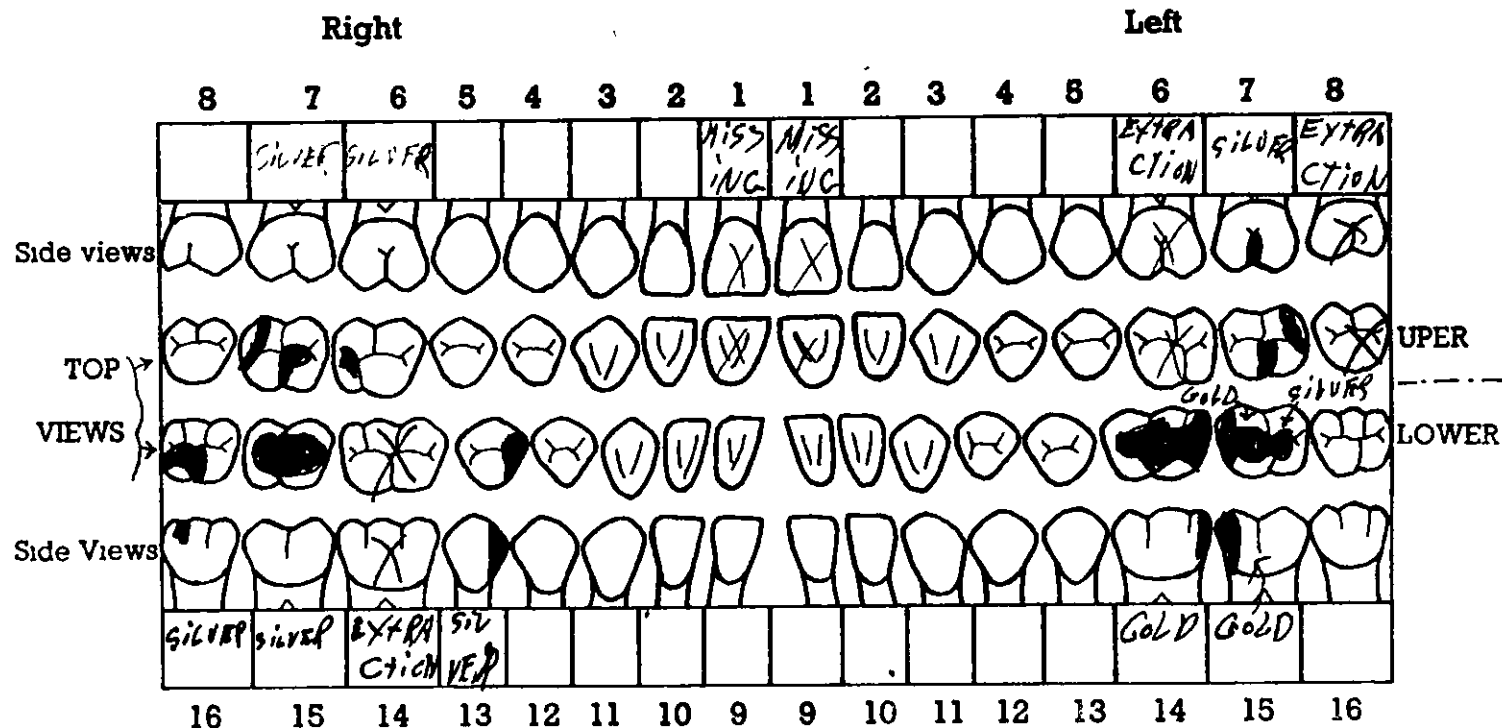
Place of Death

Dec. 1944

Date of Death

S.W. of upper Abdomen

Cause of Death



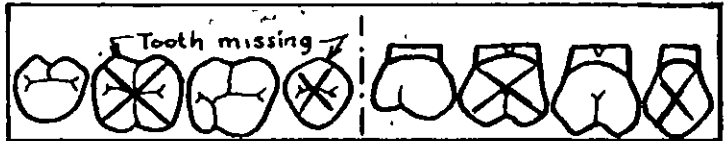
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Robert W. Underwood
 Signature of Officer or other person who prepared Tooth chart

W. H. Barnett

Verified by G. R. S. Officer
 WILLIAM H. BARNETT
 2nd Lt. O-2018275
 6890 QM.GR.Co.

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



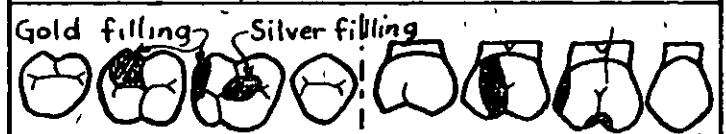
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



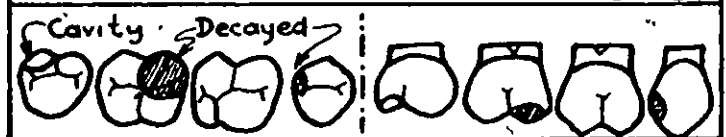
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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

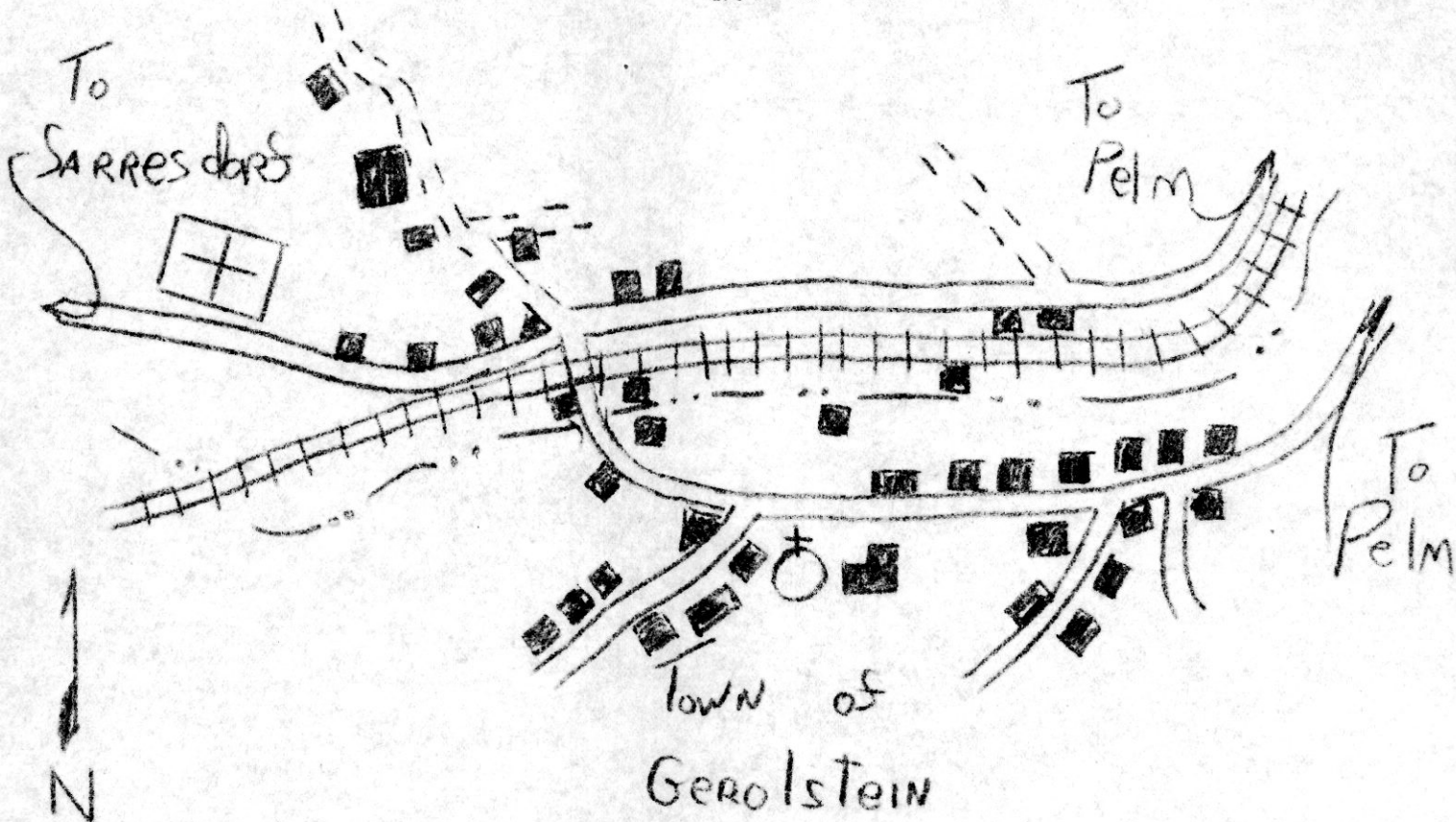


DENTURES (PLATES) Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word 'clasp'

ADDITIONAL SPACE FOR FURTHER REMARKS

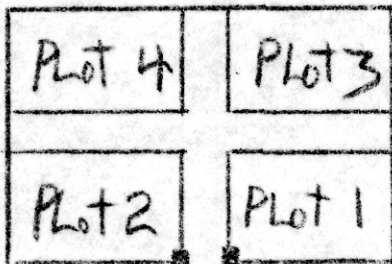
SKETCH SHOWING GRAVES OF X-294, X-295, X-292, X-293, GEORGE H. HOLLAND,
EMMETT T. LOUCKS, WALTER S. HOPKINS, PAUL O. BARRETT, X-296,
MALCOHM G. BROOKS.

Map : Germany 1/250/000
Sheet: Koln K-51
Coord: wL-2381
Location: Gerolstein, Germany
Sketch: by Ofc. Friswold
6890 G.R.M.Co.
Date : 25 Feb. 1946
Not to scale

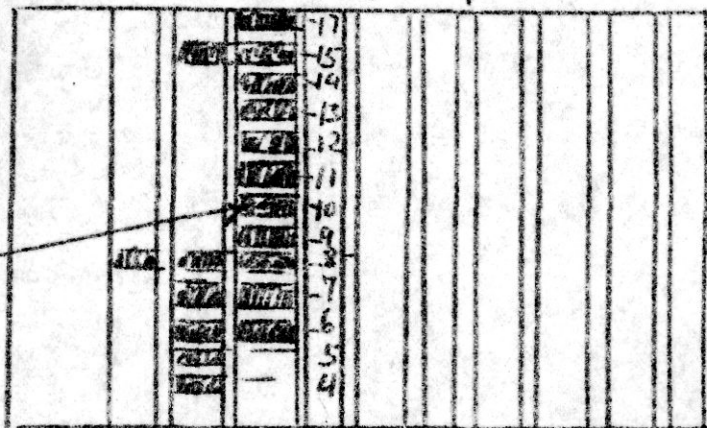


Gerolstein Cemetery

Plot 4



GRAVE OF
X296



10 9 8 7 6 5 4 3 2 1 Row

REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
„Report of Burial“ when disinterment is accomplished

1. Was investigation preceded by Advance Publicity **Yes**
(if Special Investigation, so indicate)

Hamm, Lux

- 2 **UNKNOWN-X-296** **Unknown** **Unknown** **Unknown**
(Full name of deceased) (Rank) (ASN) (Organization)

- 3 State Means of identification, i.e. identification, tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc and Source of Information. i.e. identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc
**Grave marker "Amer. Kgf. I.M.DAVIS" - Obtained from
Burgermeister's Records of Gerolstein**

- 4 Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used, also name of nearest town **Gerolstein Ger. (wL-23E1)**
Map Ref. Ger. 1/250,000 Koln K-51

NOTE. ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE
TYING LOCATION IN WITH PERMANENT LANDMARKS

- 5 Full name of cemetery (include plot, row and grave if organized cemetery)
Gerolstein Cemetery - Plot 4, Row 8, grave 10
- 6 Approximate or established date of death (state which and give basis for date selected)
Dec. 1944- Burgermeister's Records

7. Approximate or established date of burial (give basis for date established)
Dec. 1944 - Burgermeister's Records

8. Manner in which grave was marked, show information contained on the marker
Wood marker, Grave 151, "American Kgf. DAVIS"

9. List personal effects found in possession of civilian and custodial personnel now retaining
furnishing name and address of individuals concerned
(None)

- 10 Furnish information obtained concerning place and particulars surrounding death and burial, give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information) **The deceased was a prisoner, being worked in a wire mill in Gerolstein, Ger. The deceased died when American planes bombed the wire mill. The deceased was buried by American P.O.W. who worked in the same mill.**

Informant: Julius Rectenwald, 76, Pelmstr., Burgermeister of Gerolstein, Ger.

11. Give name and address of person who can guide disinterring team to burial location
**Nikolaus Schmitz, 21, Sarresdorferstr. Gerolstein, Ger.
(Caretaker of Cemetery)**

12 Is this atrocity case. **NO** Is there evidence that it may be **NO**

If answer is yes, has responsible War Crimes representative been notified

13 Names and addresses of persons committing the atrocity or the military unit of which these persons were members

(Not applicable)

14 If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor

(Not applicable)

15 If unidentified, supply any of the following information determinable

a. Crew position in plane or vehicle

b. Plane or vehicle serial number

Type

c. Installed weapons

Serial Number

Calibre & Mfgr

Serial Number

Calibre & Mfgr

d. Engine serial number

Type



Signature of Investigating Officer

WILLIAM H. BARNETT

2nd Lt. O-2018275

6890 Q.M.G.R.Co.

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation) C.O. 6890 G.R.Co.

Disinterment and *reburial/burial made by

Date of *burial/reburial

Place of *burial/reburial U S Military Cemetery

Plot

Row

Grave

NOTE: Additional particulars regarding investigation will be placed on additional sheet

* Cross out word not applicable

CHECK LIST FOR UNKNOWNNS

Hamm, Lux

Pfc. CLARK

(name of soldier processing remains)

Colpt.

1 Unknown **X-296** U S Military Cemetery **Manderschied Germany**

2 If remains were disinterred, attach Check List for Disinterments

Colpt.

3 Arrived at ~~cemetery~~ **1600** **21 Feb. 1946** From **6890 QM. G.R. CO. Manderschied, Ger.**
(hour) (date) (collecting point)

4 Place of death **Gerolstein, Ger. (WL-2381)** Map Ref. **Ger. 1/250,000 Köln, K-51**
(name) (coordinates and landmarks)

5 **Gerolstein cemetery Plot 4 Row 8 Grave 10.**

6 Remains recovered by **Pvt. Buncutter 6890 QM. G.R. CO.**
Colpt. (name and organization)

7 Evacuated to ~~cemetery~~ by **Pvt. Buncutter 6890 QM. G.R. CO.**
(name and organization)

8 Is load list attached **No**
(yes-no)

9 Are names of deceased found in same area as this Unknown starred **No**
(yes no)

10 Are circumstances described which may indicate organization of the deceased **No**
(yes no)

11 If only part of body was received, was a careful search made for other parts of Unknown **Body intact**
(yes-no)

12 If remains come from vehicle, plane, etc **Unknown**
(type of vehicle or plane, nick name, serial number, organization or symbols)

13

14 Crew list **Unknown if any**
(names of other deceased and positions in which found)

15

16

17 If a tank which hatches were free and available for escape use

Not Applicable

18 If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane **Unknown**
(parts of markings or symbols) (burned) (pierced by shell fire - where)

19

20 **Unknown** (found in town field by road etc) (damaged by mine explosion)

21 **Unknown** (names of men who escaped) (description of other vehicles or planes in same area)

22 Detailed description of personal effects **None**
(Indicate exact pocket or part of body where found)

23 **None**

24 **None**

25 **None**

26 **None**

Description of clothing and equipment : (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27 * Headgear (type)	(cut)	6 7/8		
28 Reincoat				
29 Overcoat				due to condition of body and
30 Jacket, Field				clothing no sizes could be
31 Jacket, Combat				established.
32 Mackinaw				
33 Sweater				
34 Jacket, HBT				
35 * Shirt, Wool OD	None	14 1/2 32 O.D.		
36 Undershirt, Wool	None		white	
37 Undershirt, Cotton				
38 Trousers, HBT				
39 * Trousers, Wool OD	None		O.D.	
40 Belt, Web				
41 Drawers, Wool	None		white	
42 Drawers, Cotton				
43 Leggings				(Note unusual lacing)
44 Socks Wool Cotton				
45 * Shoes (type)	None	8 1/2 D		
46 Overshoes				
47. Web Equipment (type)				
48 (other item)				
49 (other item)				

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

50 Chevrons or (type and location, shirt jacket coat helmet) **None** Shoulder Patch **None**

Insignia **None**

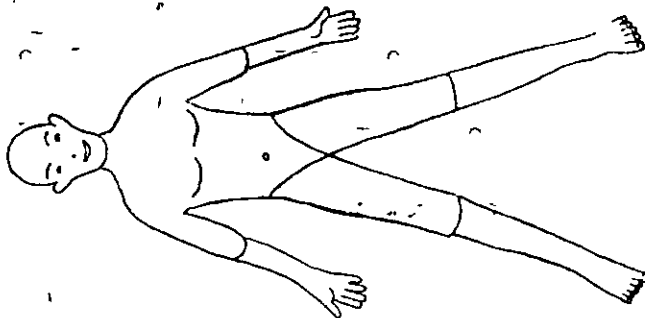
51 Description of Remains

52 Age **unk** (years) Height **unk** (ft-in) Weight **unk** (lbs) Description of wounds **unk** S.N. of upper abdomen

53

- 54 Bandages or dressings **Dressing on abdomen** Scars **Flesh and Skin Decayed**
(length, width, location)
- 55
- 56 Tattoos **Flesh and Skin Decayed**
(number, location — illustrate on sep page)
- 57 Outstanding moles, warts or birthmarks **Flesh and Skin Decayed**
(yes-no) (description, location)
- 58
- 59 Sunburn or tan, other than hands and face **Flesh and Skin Decayed**
- 60 Tobacco stain on fingers or teeth **Fingers Decayed Teeth White**
(designate where extent)
- 61 Complexion **Flesh and Skin Decayed** Build **Med. (est.)**
(light med, dark, clear pimples, pocks, freckles) (large fat thin, muscular)
- 62
- 63 Hair **Black small patch found**
(color length, quantity curly, wavy, straight whorls or definite parting, baldness, widows peak)
- 64 **small patch found**
(distinctive cutting or other characteristics)
- 65 Sideburns **Flesh Decayed** Mustache **Flesh Decayed** Beard or goatee **Flesh Decayed**
(color setting, shape) (color size shape) Length
- 66 (heavy, light, color extent)
- 67 Eyes **Decayed** Eyebrows **Flesh Decayed**
(color setting shape) (color bushiness, extent across nose)
- 68 Nose **Flesh Decayed** Ears **Flesh Decayed**
(size, shape straight) (size set, close to or far from head)
- 69 Forehead **Flesh Decayed** Mouth **Flesh Decayed** Lips **Flesh Decayed**
(high, wide, wrinkled) (large medium, small) (small, large full)
- 70 Teeth **See Tooth Chart**
(white, size unevenness, spacing, noticeable crowns fillings, extractions)
- 71 Chin **Flesh and Skin Decayed** Cheekbones **Flesh Decayed**
(prominent receding, pointed, dimple, double) (high normal)
- 72 Jaw **Flesh Decayed** Circumference of head in inches **21" (est.)**
(large, small, normal) (hat band)
- 73 Neck **14 1/2 (est.)** Larynx **Decayed** Shoulders **Straight (est.)**
(size long, short, normal, wrinkled) (prominent normal) (broad)
- 74 Arms **Disembodied and Decayed**
(straight small rounded) (length) (muscular color, extent and quantity of hair)
- 75 **Decayed** Hands **Decayed**
(vaccination scar size of wrists) (large small, normal, calloused noticeably)
- 76
- 76 **Fingers Decayed** (long that rings were worn)
- 77

- 78 Fingers **Fingers Decayed**
(short, thick, long, slender size of knuckles) (missing fingers or joints)
- 79 **Fingers Decayed**
(Unusual characteristics of fingernails)
- 80 Chest **Flesh and skin Decayed**
(size at nipples, color quantity and extent of hair, large small, normal)
- 81 Back **Flesh Decayed** Waist **Flesh and skin Decayed**
(quantity and extent of hair) (size at navel, appendectomy, amount and color of hair)
- 82 Circumcized **Decayed** Pubic hair **Black** Hernioplasty **Flesh Decayed**
(yes-no) (color) (yes-no) (location)
- 83 Legs **Flesh and skin Decayed**
(inseam) (muscular, knock kneed, bowed, normal) (quantity, color and extent of hair)
- 84 Feet **Dissected** Toes **Flesh Decayed**
(size, corns calluses, flat) (slender, straight, crooked overlap)
- 85 Evidence of healed fractures **None**
(nose, arms, legs, etc)
- 86 Block out parts of body not received at cemetery **Body intact**



- 87 Have photographs been made and attached **No** If not, explain
(yes no)
- 88 Have fingerprints been placed on GRS No 1 **No** If not, explain **Fingers Decayed**
(yes-no)
- 89 Has tooth chart been prepared? **Yes** If not, explain
(yes-no)
- 90 Remarks **Body in advance stage of Decompositon. No clothing marks found. Tooth**
- 91 **chart taken. No P.E. of Remain weigh approx. 110 lbs.**
- 92
- 93
- 94
- 95
- 96

W. B. Barrett
 Signature of GRO and Organization
 2nd St. O-2018275
 6890 S. U.S. 66.

REBURIAL REPORT OF BURIAL

Tr Letter 1845
23 Feb. 1946
Date

Restricted TM 10-630 AND AR 30-1815

UNKNOWN-X-296

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No

Unknown

Unknown

Unit

Organization

Gerolstein Ger. (wL-2381)

Dec. 1944

S.W. of upper Abdomen

Place of Death

Date of Death

Cause of Death

1400 26 Feb. 46 U.S. MIL. CEM. HAMM, LUX.

vP-8413

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

249

10

EE

Temp. 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

How were remains identified?

Seereverse

REBURIAL

Previously buried in isolated grave

What means of identification were buried with the body?

located at

G.R.S. in No. 1 bottle

Gerolstein Ger. (wL-2381)

Map Ref. Ger. 1/250,000 Koln K-51

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

Who is buried on:

Deceased's Right:

Unk X-295

Unk

Unk

Unk

248

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Gales

36605968

Unk

Unk

250

Name

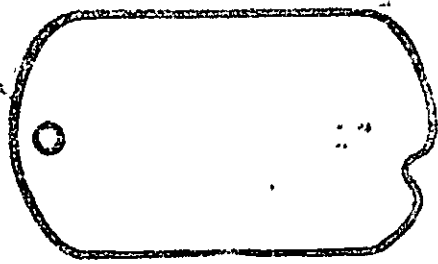
Serial No

Rank

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 Unknown

Name

Address

Religion Unknown

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

None.

Disinterring Officer

WILLIAM H. BARNETT.

2nd Lt. O-2018275

6890 Q.M.G.R.Co.

Signature of Officer or other person reporting burial

Reinterring Officer

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: **unk.** Laundry Marks: **none**
 Weight: **unk.** Number of Rifle: **none**
 Color of Eyes: **unk.** Wear Glasses? **unk.**
 Color of Hair: **black** Is Tooth Chart Attached? **yes**
 Race: **unk.**

(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.

None

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

Grave marker: "Amer. Kgf. J.M.
 DAVIS"

Left Hand	4	3	2	1	Thumb
Fingers Decayed					

Right Hand	4	3	2	1	Thumb
[Faint sketches of fingerprints]					

TOOTH CHART

		Deceased's Left															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		Tooth Chart															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		Tooth Chart															
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.

SEE ATTACHED SKETCH