

1 ✓  
 USMC HAMM, LUXEMBOURG Buried on: Right J.M. ZUCK  
 PLOT H ROW 4 GRAVE 17 42007056  
 Reburied 21 Dec. 1948 **DISINTERMENT DIRECTIVE**  
 Verified by: *UR Kuster* Left : F.E. WIBBLER  
 35114499

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		GRS OFFICER	DIRECTIVE NUMBER 6020 00112	DATE 15 07 48 DAY MONTH YEAR
NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWNX-000299		0	
CEMETERY (HAMM) - LUXEMBOURG				DISPOSITION OF REMAINS 6001 80 CODE DIST PT
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
CG	1	20	LUXEMBOURG	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 <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 1

**SEE ATTACHED WORK SHEET**

REMAINS PREPARED AND PLACED IN CASKET

DATE	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.

HAP  
 FILE  
 RECORDS ANNOTATED  
 DATE 12-4-48  
 NAME  
 GARR.

SIGNATURE OF GRS INSPECTOR

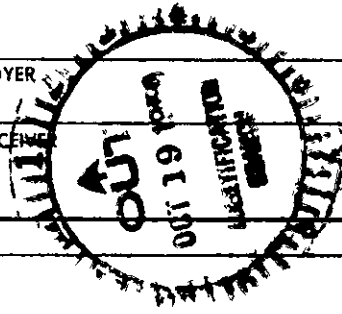
1 Prepare Discrepancy Report GWS Form 1194a for major discrepancies.

NLN

# 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

1

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-000299

RANK

ARM

0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

PLOT ROW GRAVE COUNTRY

GG 1 20 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 X-000299

SERIAL NUMBER

UNK x-000299

RANK

UNK.

DATE OF DEATH

DATE DISTINTERRED

5 MAY 1948

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER GRS.

ORGANIZATION

RELIGION

UNK.

IDENTIFICATION VERIFIED BY  
ANTONIO TEIXEIRA, 2ND. LT.  
INF. NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM

CONDITION OF REMAINS ADVANCED DECOMPOSITION. R/  
SCAPULA MISSING. L& R/ CLAVICLE MISSING.

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL FOUND ON BODY. UNKNOWN X - 299

MINOR DISCREPANCIES I

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX.

DATE 11 MAY 1948

BY Roy T. Patterson, EMBALMER.

CASKET SEALED BY

ELAM E POORBAUGH no work sheet  
without disinfectant

EMBALMER (Signature)

ELAM E POORBAUGH

CASKET BOXED AND MARKED

JAMES L LAMM  
CLERK

SHIPPING ADDRESS VERIFIED BY ALL MARKINGS TAGS &  
PLATES VERIFIED BY  
R E LEWIS CAPT CAV

DATE 28 JUNE 48 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, 2ND LT. INF.

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies

NLN

## 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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

11 April 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 299, Plot GG,  
Row 1, Grave 20, USMC HAMM, Luxembourg,  
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. 2612, dated 6-1-48.

Case reviewed by undersigned Members of the Board of Review:

*Roger Berger*  
-----  
Maj. Roger BERGER, O-251736 QMC    Capt Jack C. HAYES, O-1577297    QMC

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

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

Received TR #3734, 11 April '49  
not identifiable from  
information available at the  
present time.  
W. Martin  
2 May '49

Incl #4

*298 Corp Luxembourg (Name) X-299*

## IDENTIFICATION CHECK LIST

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

Unknown X = 299  
 Cemetery Hamm (Luxemburg)  
 Plot GG Row 1 Grave 20

**Date reprocessed:**

1 ~~Arrived at cemetery~~ 18 November 1947  
(Hour) (Date)

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

(Sheet, scale and serials used)

3 Remains ~~recovered~~ disinterred by Mobile Team, CIP. AGRC., EA.  
(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	<u>None</u> <small>(Type)</small>		
Raincoat	<u>Remnants of</u>		
Overcoat	<u>None</u>		
<del>Blouse</del> <u>Blouse - Remnants of</u>			
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt Wool OD	<u>Remnants of</u>		
Undershirt Wool	<u>None</u>		
Undershirt Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

Belt, web. None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ~~cotton~~ One (1) pair - Remnants of

\* Shoes One (1) pair service (type) size 10C with mark "G-5059"

Overshoes None

Web Equipment None (type)

(Other item) Gloves leather - Remnants of

(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 ~~Army~~, Ground ~~Force~~ Naval Force? A.G.F.

R. Radius 25.7 Ulna 27.4 Humerus 35.0 Femur 47.4  
Tibia 39.1 Fibula 39.2

6. Description of Remains:

Age UTD Height Estimated 5'10" 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 Medium brown 4 1/2" long, straight  
(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 Tooth Chart**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **20 1/2"**  
(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)

**UTD**  
(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**  
(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 **None found**  
(Nose, arms, legs, etc)

NOTE: Use attached charts "A" and "B" to indicate parts not received  
**See attached anatomical chart.**



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

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

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

**Remains received fully clothed. Small amount of decomposed flesh.**

**Estimated weight of remains processed: 25 Lbs.**

**Fluoroscopic Examinations: Negative.**

9 Remarks **All remnants of clothing badly deteriorated. Marking "G-5059" found on service shoe, which was recovered with remains.**

**Report of burial recovered with remains also lists above marking as being found on service shoe.**

**One mirror with inscription on reverse side as follows:**

**MERGERIA DEL GRAN LAVALLE**

**Esquina**

**De San Bernardo**

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

**22 de la Monterilla**  
**MEXICO**

**Case remains: UNKNOWN.**

  
(Officer's Name)

**ELLSWORTH T. MAC INTYRE**

**Capt.,**

Rank

**Q.M.C.**

Service

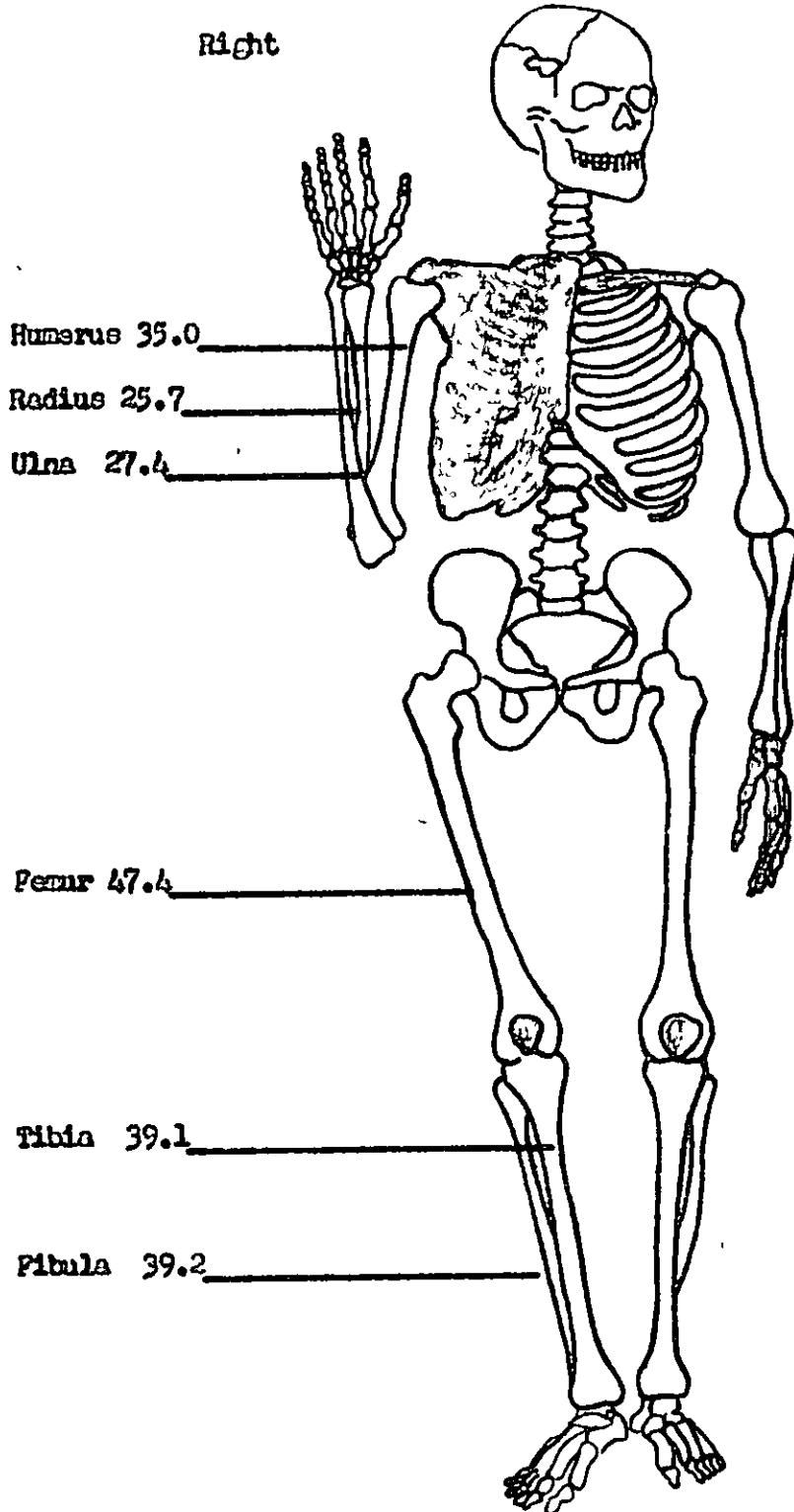
**CENTRAL IDENTIFICATION POINT.**

(Organization)

Unknown X-299  
Hamm (Luxemburg)  
Plot: GG Row: 1 Grave: 20

# SKELETAL CHART

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



Estimated height

5' 10".

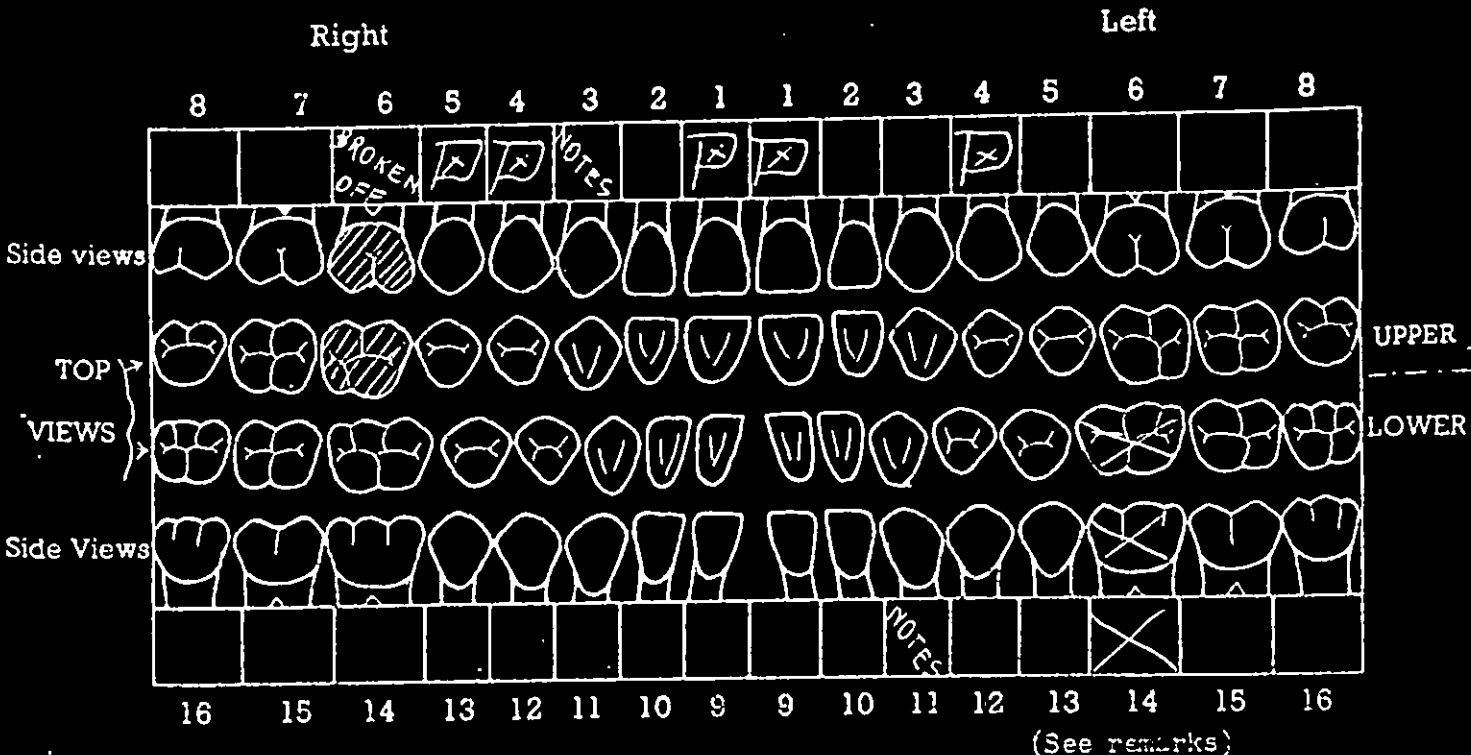
53

# TOOTH CHART

18 November 1947  
 Date

Unknown X-299

Last Name	First	Initial	Rank	Serial No.
Unit	Organization			
Place of Death	Date of Death		Cause of Death	



(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.

Lawrence De Shaw 69  
 Signature of Officer or other person who prepared Teeth chart  
 Ellsworth T. McIntyre  
 Verified by C. R. S. Officer  
 ELLSWORTH T. MAC INTYRE Capt., MC, C. Ir.

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



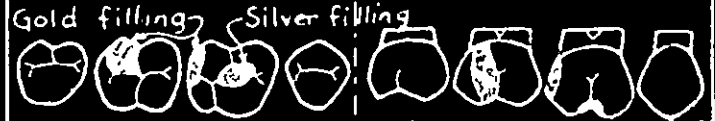
**CROWNED TEETH** . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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

R - posthumously missing.

R-2 is malposed lingually.

L-11 is incompletely erupted and is malposed lingually.

Size: small.

Alignment: Good.

Color: clean ivory.

SPACE of 5mm between L-13 and L-15.

HS

# TOOTH CHART

25 Feb. 1946.  
 Date

## Hamm, Lux

UNKNOWN X--299

Last Name

First

Initial

UNKNOWN

Rank

UNKNOWN

Serial No

UNKNOWN

Unit

UNKNOWN

Organization

Hillesheim, Ger. (wL-2488) March 1945

Place of Death

Date of Death

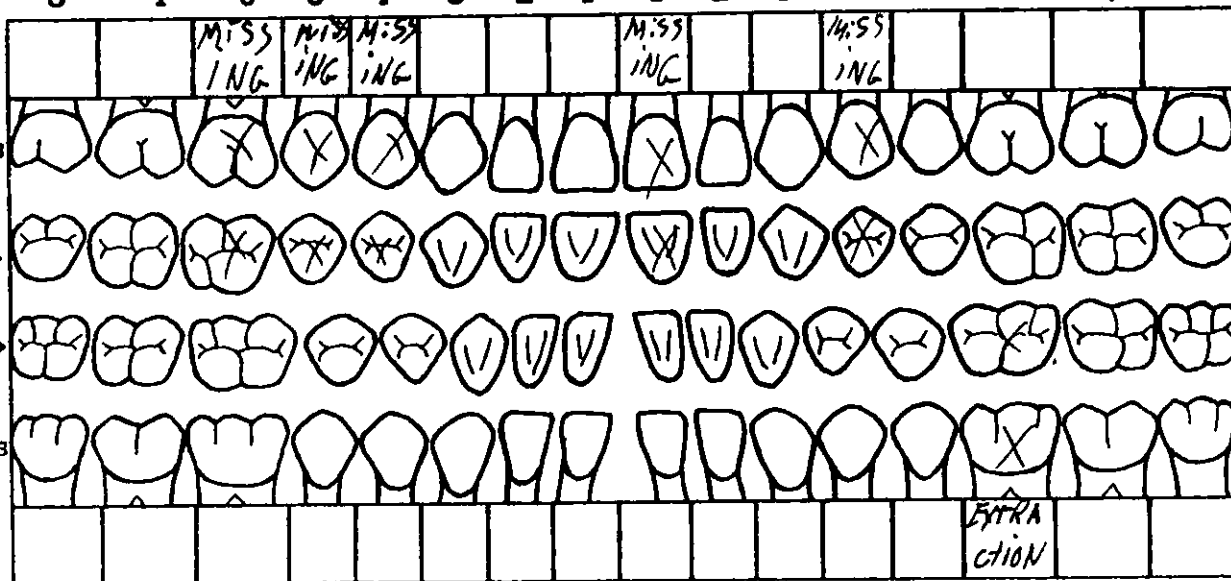
Impossible to Diagnose

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

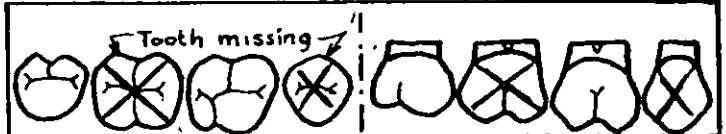
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*Robert J. Woodward*  
 Signature of Officer or other person who prepared Tooth chart

*W. H. Barnett*

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



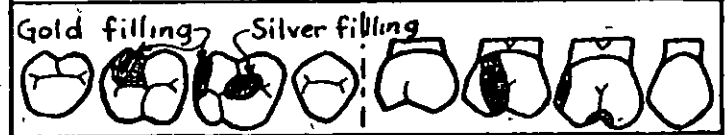
**CROWNED TEETH** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



**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

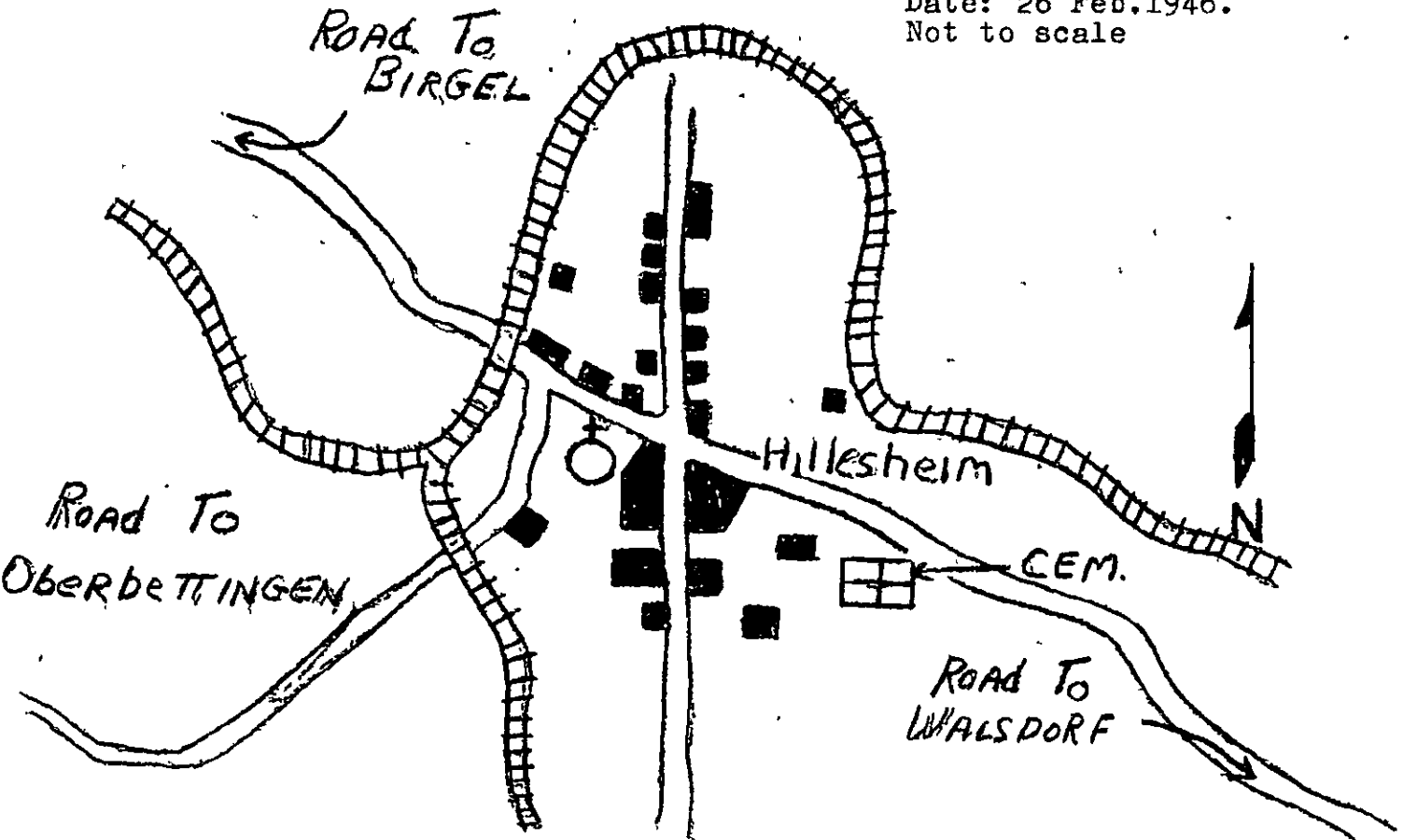


**DENTURES (PLATES)** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

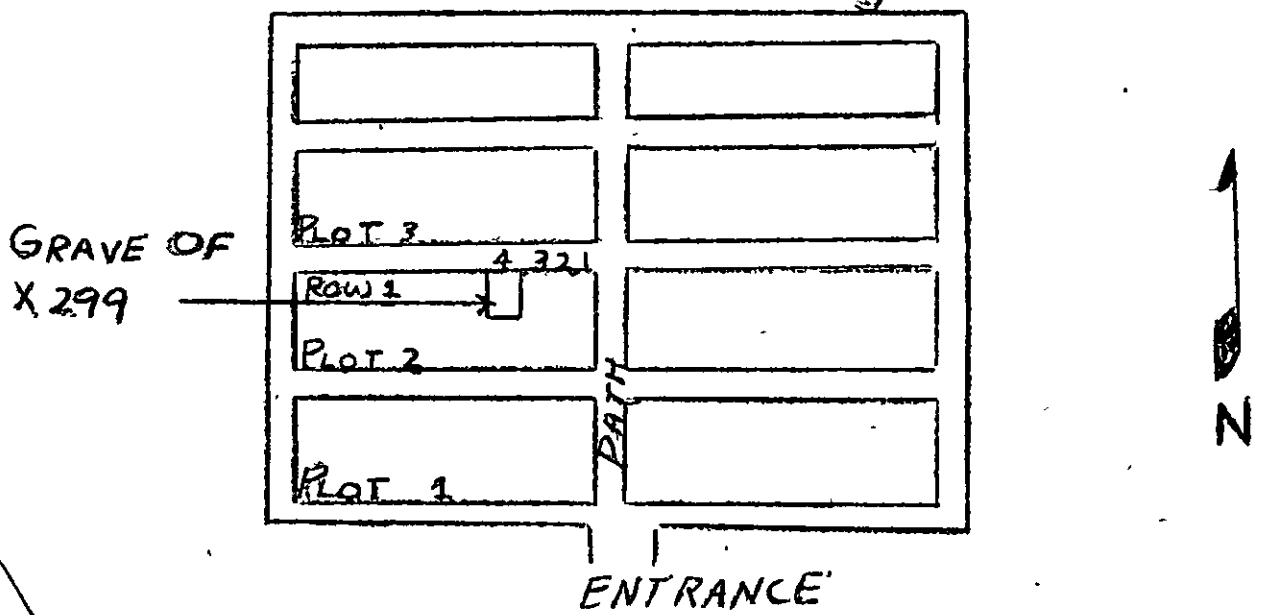
**ADDITIONAL SPACE FOR FURTHER REMARKS**

SKETCH SHOWING GRAVE OF UNKNOWN-X-299. HILLESHEIM, GERMANY.

Map: Germany 1/250,000  
Sheet: Köln-K-51  
Coord: wL-2488  
Location: Hillesheim, Ger.  
Sketch by: Pvt. Hall  
6890 Q.M.G.R.Co.  
Date: 26 Feb. 1946.  
Not to scale



Hillesheim Cemetery



# 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-299**                      **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  
**" G-5089" found on service shoes**
- 4 Give exact location of isolated grave furnishing coordinates and letter prefix map sheet, scale and series used, also name of nearest town: **Hillsheim, Ger. (wL-2488) 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)  
**Hellsheim cemetary ( Plot 2, Row 1, Grave4.)**
- 6 Approximate or established date of death (state which and give basis for date selected)  
**Mar. 1945, Given by Jacob Cassmann**
- 7 Approximate or established date of burial (give basis for date established)  
**July 1945 Given by Jacob Cassmann**
- 8 Manner in which grave was marked show information contained on the marker  
**(None)**
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 is believed to have died of battle wounds in the vicinity of Hillesheim, Ger. The deceased was buried by Hacob Cassmann of Hillesheim, Ger. No other information received due to the fact that the civilians were in hiding while fighting took place in that area.**

Informant **Jacob Sassmann 266 Kirch Straser**



12 Is this atrocity case Is there evidence that it may be  
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

3. 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

3. 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 & Mfg.

Serial Number

Calibre & Mfg

d. Engine serial number

Type



Signature of Investigating Officer

Rank

ASG. C. J-20027  
ASN

Disinterment approved by, (HQ Authorizing Exhumation)

Disinterment and \*reburial/burial made by

Date of \*burial/reburial 27 Feb. 46

Place of \*burial/reburial U S Military Cemetery, ...

Plot 12

Row 1

Grave 20

NOTE: Additional particulars will be placed on a investigation

and not appli-

### CHECK LIST FOR UNKNOWNNS

# Hamm, Lux

Pfc. McMillan  
(name of soldier processing remains)

- 1 Unknown X-299 U S ~~XXXXXXXXXX~~ coll.pt. Manderscheid, Ger.
- 2 If remains were disinterred, attach Check List for Disinterments
- 3 Arrived at cemetery 1400 Feb. 23, 1946 From Manderscheid, Ger.  
(hour) (date) (collecting point)
- 4 Place of death Hillesheim, Ger. (wL-2488) Map. Ref. Ger. 1/250,000 Köln-K-51  
(name) (coordinates and landmarks)
- 5 Hillesheim Cemetery Plot 2, row 1, grave 4.
- 6 Remains recovered by Pfc. Klopfer 6890 Q.M.G.R.Co.  
(name and organization)
- 7 Evacuated to cemetery by Pfc. Klopfer 6890 Q.M.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 **yes**  
(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 **Not applicable**  
(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 if any**  
(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
- 24
- 25
- 26

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)		1 (est)		
28 Reincoat	none		green	
29 Overcoat	none		O.D.	
30 Jacket Field				Due to condition of body and clothing. No clothing sizes could be est.
31 Jacket, Combat				
32 Mackinaw				
33 Sweater				
34 Jacket, HBT				
35 * Shirt, Wool OD	none		O.D.	
36 Undershirt, Wool	none		O.D.	
37 Undershirt, Cotton				
38 Trousers, HBT				
39 * Trousers, Wool OD	none		O.D.	
40 Belt, Web				
41 Drawers, Wool				
42 Drawers, Cotton				
43 Leggings				(Note unusual lacing)
44 Socks Wool Cotton	none		white	
45 * Shoes service (type)	G 5089		tan	
46 Overshoes				
47 Web Equipment (type)				
48 blouse (other item)	none		O.D.	
49 gloves (other item) work	none		tan	

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

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

Insignia

51 Description of Remains

52 Age **unk.** Height **unk.** Weight **unk.** Description of wounds **impossible to diagnose**  
 (years) (ft in) (lbs)

53

54 Bandages or dressings none Scars **Flesh decayed**  
(length, width, location)

55

56 Tattoos **Flesh decayed**  
(number location - illustrate on sep page)

57 Outstanding moles, warts or birthmarks **Flesh decayed**  
(ves no) (description, location)

58

59 Sunburn or tan, other than hands and face **Flesh decayed**

60 Tobacco stain on fingers or teeth **teeth white**  
(designate where extent)

61 Complexion **Flesh decayed** Build **mangled**  
(light, med, dark clear pimples, pock, freckles) (large fat thin, muscular)

62 and decayed

63 Hair **brown (small patch<sup>3</sup> round)**  
(color, length quantity curly wavy, straight whorls or definite parting, baldness, widows peak)

64 **Flesh decayed**  
(distinctive cutting or other characteristics)

65 Sideburns **decayed** Mustache **decayed** Beard or goatee **decayed**  
(color setting shape) (color size shape) (length)

66 (heavy, light color extent)

67 Eyes **decayed** Eyebrows **decayed**  
(color, setting shape) (color, bushiness extent across nose)

68 Nose **decayed** Ears **Flesh decayed**  
(size, shape straight) (size set close to or far from head)

69 Forehead **decayed** Mouth **decayed** Lips **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 decayed** Cheekbones **Flesh decayed**  
(prominent, receding pointed dimple double) (high normal)

72 Jaw **Flesh decayed** Circumference of head in inches **est. 22**  
(large small normal) (hair band)

73 Neck **Flesh decayed** Larynx **decayed** Shoulders **mangled**  
(size long short normal wrinkled) (prominent, normal) (broad)

74 **and decayed** Arms **dismembered and decayed**  
(straight, small, rounded) (length) (muscular, color extent and quantity of hair)

75 **Flesh decayed** Hands **missing**  
(vaccination scar, size of wrists) (large, small, normal calloused noticeably)

76

76 **Fingers missing**  
(marks on fingers indicating that rings were worn)

77

78 Fingers **missing**  
(short, thick, long, slender, size of knuckles) (missing fingers or joints)

79 **fingers missing**  
(Unusual characteristics of fingernails)

80 Chest **mangled and decayed**  
(size at nipples color, quantity and extent of hair large, small, normal)

81 Back **Flesh decayed** Waist **Flesh decayed**  
(quantity and extent of hair) (size at naval appendectomy, amount and color of hair)

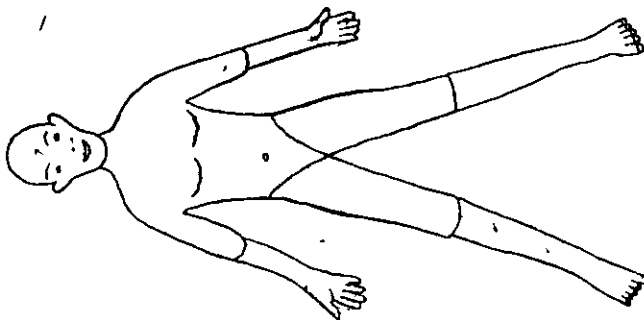
82 Circumcized **dec.** Pubic hair **missing** Gonioplasty **Flesh decayed**  
(yes no) (color) (yes no) (location)

83 Legs **dismembered and decayed**  
(Inream) (muscular, knock kneed, bowed, normal) (quantity, color and extent of hair)

84 Feet **Flesh decayed** Toes **decayed**  
(size corns, callouses flat) (slender, straight, crooked, overlap)

85 Evidence of healed fractures **none**  
(none, arms, legs, etc)

86 Block out parts of body not received at cemetery



87 Have photographs been made and attached **no** If not, explain  
(yes no)

88 Have fingerprints been placed on GRS No 1 **non** If not, explain **Hands missing**  
(yes no)

89 Has tooth, chart been prepared? **yes** If not, explain  
(yes-no)

90 Remarks **Body in advanced stat of decomposition. Both hands missing**

91 **Tooth chart taken. Remains weight approx. 100 lbs.**

92

93

94

95

96

*William H. Barnett*  
 Signature of GRO and Organization  
**WILLIAM H. BARNETT**  
 2nd Lt. O-2018275  
 6890 Q.M.G.R.Co.

# REBURIAL REPORT OF BURIAL

Tr Letter 1845

Restricted TM 10-630 AND AR 30-1815

25 Feb. 1946  
Date

UNKNOWN - X-299  
Last Name First

Unknown  
Rank

Unknown  
Serial-No

Unknown  
Unit

Unknown  
Organization

Hillesheim, Ger. (wL-2488)

March 1944  
Date of Death

Impossible to diagnose  
Cause of Death

1500-27 Feb. 46  
Time and Date of Burial

US Mil. Cem. Hamm, Lux.  
Name of Cemetery

V.P.8413  
Name or Coordinates of Location

20  
Grave Number Row Number

GG  
Plot Number

Temp. Cross  
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?

## REBURIAL

### Previously Buried in isolated grave

located at Hillesheim, Ger (wL-2488)  
Map Ref. Ger. 1/250,000  
Köln - K - 51

What means of identification were buried with

1 - G.R.S. No. 1 in bottle

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

Who is buried on:

Maurer

35240832

Pvt.

Unk

19

Deceased's Right

Name

Serial-No

Rank

Organization

Grave No

Unk X-300

Unk

Unk

Unk

21

Deceased's Left

Name

Serial-No

Rank

Organization

Grave No

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

If print of identification tag is not affixed fill in below



Emergency Address

Unknown

Name

Unknown

Address

Religion

Unknown

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

Clothing marks found on shoe

G-5089

Disinterring Officer

Reinterring Officer

WILLIAM H. BARNETT  
2nd. Lt. O-2018275  
6890 QM. GR. Co.

Signature of Officer or other person reporting burial

Verified by GRS Officer

**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 **Unknown** Laundry Marks **G-5089**  
 Weight **Unknown** Number of Rifle **None**  
 Color of Eyes **Unk.** Wear Glasses? **Unknown**  
 Color of Hair: **browns** Tooth Chart Attached? **Yes**  
 Race **Unknown**

(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, etc.)

**Clothing mark found on shoe: G-5089**

**Fingers Decayed**

**Fingers Decayed**

Left Hand

Right Hand

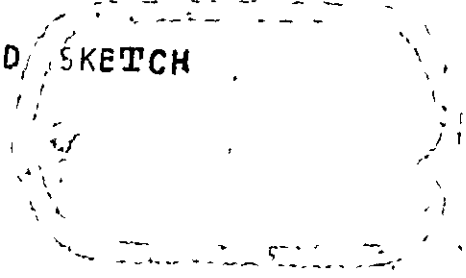
Thumb

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.

**SEE ATTACHED SKETCH**



Decedent's Right

Decedent's Left

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

Indicate missing natural teeth by X; crowns by O, fillings by □  
 Bridges by ◯ linking anterior teeth, replacements by artificial teeth by X

Characteristics

Other Data