

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US A.R.Y

*Beas*

KRE 293

1 March 1949  
(Date)

*195 Unknown Superberg (Hanssen), X-441*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 441, Plot GG,  
Row 11, Grave 252, U.S.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. 2675, dated 26 February 1948

Case reviewed by undersigned Members of the Board of Review:

----- *Stanley C. Tyrnell* -----  
Capt. Jack C. HAYES, O-1577297 OIC Capt Stanley C. TYRNEILL, O-1304296 Inf

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

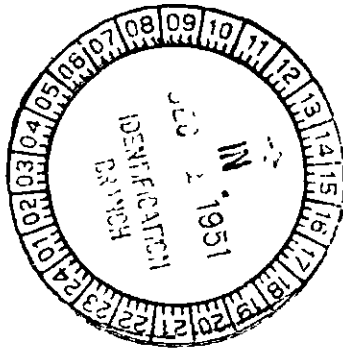
----- *Ernest J. Oglesby* -----  
1/Lt Ernest J. OGLESBY, O-449004 Cav

*SL # 3539 dated 3 Mar 49  
Subj: Unidentifiable*

Received Remains OQMG  
Not identifiable from  
information presently  
available *Larkins*

*Incl #2*

*1 April 49*



1-11-51

1

1-11-51

1

9700 CFT

1

USMC HAMM, LUXEMBOURG  
PLOT H ROW 14 GRAVE 18  
Reburied 28 Dec. 1948  
Verified by: *W. R. Benton*

Buried on: Right

A. G. HAUSLE  
39208001  
E. R. EARATTA  
13124995

**DISINTERMENT DIRECTIVE**

SECTION A - GRS Officer  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6020 00175

DATE  
15 08 48  
DAY MONTH YEAR

NAME: UNKNOWNX SERIAL NUMBER: -000441 GRADE: ARM: 0 RACE: RELIGION: 6

CEMETERY: HAMM LUXEMBOURG PLOT: CC ROW: 11 GRAVE: 252 DISPOSITION OF REMAINS: 6001 80  
CODE DIST CTR

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 GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN NAME AND TITLE  
 MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMARKS AND SPECIAL INSTRUCTIONS  
EIAF  
FILES  
RECORDS ANNOTATED  
DATE APR 12 1949  
NAME  
R & R BR.

# 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-000441**

RANK

ARM  
**0**

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAIN

CODE DIST PT

COUNTRY  
**HAMM LUXEMBOURG**

CAUSE OF DEATH

PLOT  
**GC 11**

GRAVE  
**252**

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 000441**

RANK

DATE OF DEATH

DATE DISTINTERRED  
**13 MAY 1948**

IDENTIFICATION TAG ON  
 REMAINS EMB PL  
 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  
**DISARTICULATED.  
REMAINS COMPLETE.**

OTHER MEANS OF IDENTIFICATION  
**NONE**

MINOR DISCREPANCIES  
**NONE**

REMAINS PREPARED AND PLACED IN CASKET  TRANSFER BOX  
DATE **14 MAY 1948** BY **WILFRED D. HARRIS, EMBALMER**

CASKET SEALED BY **no work sheet  
ELAM E POORBAUGH**

EMBALMER (Signature) *Elam E. Poorbaugh*  
**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 GAV**

**288 JUNE 48<sup>Y</sup>**

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

## IDENTIFICATION CHECK LIST

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

D.D.# 107, dtd 5 Dec. 46

Unknown X -441  
 Cemetery Luxembourg, Hamm  
 Plot 00 Row 11 Grave 252

- 1 ~~Arrived at cemetery~~ **Date reprocessed: 1 Dec 47**  
 (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 ~~...~~ and reprocessed by mobile team 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	<b>None</b> (Type)		
Raincoat	<b>None</b>		
Overcoat	<b>None</b>		
Jacket, Field	<b>None</b>		
Jacket, Combat	<b>None</b>		
Mackinaw	<b>None</b>		
Sweater	<b>Remnants of</b>		
Jacket, HBT	<b>None</b>		
* Shirt, Wool OD	<b>Remnants of</b>		
Undershirt Wool	<b>Remnants of</b>		
Undershirt, Cotton	<b>None</b>		
Trousers, HBT	<b>None</b>		
* Trousers, Wool OD	<b>Remnants of</b>		

Belt, web. . . . . None

Drawers, wool . . . . . Remnants of

Drawers, cotton . . . . . None

~~Drawers, wool~~ gloves one (1) pair remnants of

Socks, ~~cotton~~ wool two (2) pairs, remnants of

\* Shoes - One (1) pair shoe-pac (type) . . . size UTD

Overshoes . . . . . None

Web Equipment . . . . . None (type)

(Other item) Wool scarf, 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 Air, Ground or Naval Force? **A.G.F**

	Humerus - 34.6	Femur - 47.0
(R)	Ulna - 26.7	Tibia - 38.7
	Radius - 25.2	Fibula - 38.5

6. Description of Remains

Age UTD Est. Height 5' 8 1/2" 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 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**      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 **21 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)

(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 **Blond**  
 (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**  
 (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

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

9 Remarks Remains received with small amount of decomposed flesh. Est. weight 30 lbs. Clothing found in debris, no markings evident. Fluoroscopic Examination negative. Burial Report, no GRS tags, recovered with remains. No means of identification 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  
WOODROW

W.  
W.  
(Officer's Name)

Wolf  
WOLF

CAPT  
Rank

OMC  
Service

OPERATIONS OFFICER  
(Organization)

# SKELETAL CHART

X-441  
Hamm, Cemetery  
Plot 00, Row 11,  
Grave- 252

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T

HUMERUS.....38.6.....cm

RADIUS.....25.2.....cm

ULNA.....26.7.....cm

FEMUR.....47.0.....cm

TIBIA.....36.9.....cm

FIBULA.....39.6.....cm

Est. HEIGHT 5' 8 $\frac{1}{2}$ ".....

# TOOTH CHART

1 Dec. 47

Unk X- 441

Unk

Date

Unk

Last Name

First

Initial

Rank

A.G.F

Serial No

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

NOTES								P	P	P							NOTES
Side views																	
TOP VIEWS																	
Side Views																	
NOTES	A F														A M O	A O F	NOTES
	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.

LARRY DE SHAW  
 USDA CIV IS  
 WOODROW W. WOLF  
 CAPT QMC OPER OFF

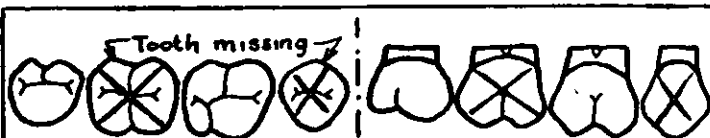
/s/ Larry De Shaw

Signature of Officer or other person who prepared Tooth chart

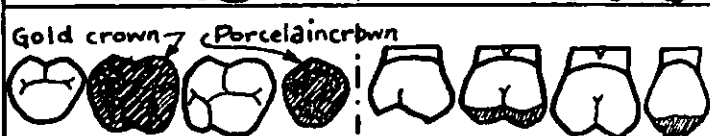
*Woodrow W. Wolf*

Verified by G. R. S. Officer

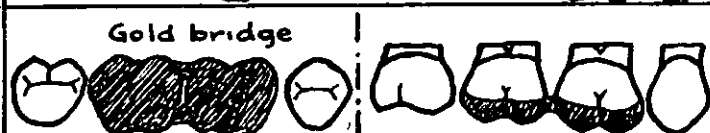
**MISSING TEETH** . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



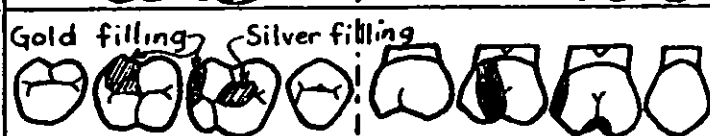
**CROWNED TEETH** . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



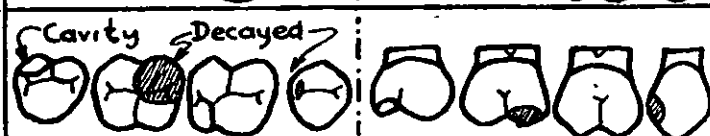
**BRIDGE WORK** . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**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**

Posthumously missing.  
 R-8, L-8, R-16, L-16 are all unerupted before death.  
 Spaces: L-3-4; 1mm, R-3-4; 1mm  
 L-4-5 are rotated slightly distally  
 R-12 is rotated slightly mesially  
 Size-medium  
 Alignment-very good  
 Color-clean ivory.

# 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)

2. Unidentified 1-441 Norm Gen. Unit. Unit. Unit.  
(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.  
None

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town:  
Mittle Germany (W. 07-17) Sheet K 50 1/250,000 Trier, 0902 A346

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)  
Isolated burial in Mittle

6. Approximate or established date of death (state which and give basis for date selected)  
Unknown

7. Approximate or established date of burial (give basis for date established)  
Unknown

8. Manner in which grave was marked, show information contained on the marker  
No marker

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)  
Peter Zeinet, 150 Hauptstrasse Mittle Germany (Bürgermeister)  
Peter Pohl, 64 Hauptstrasse Mittle Germany (Police Chief)  
Seiwert, 19 Hauptstrasse Mittle Germany (Clergy)

11. Give name and address of person who can guide disintering team to burial location  
Peter Zeinet, 150 Hauptstrasse Mittle Germany (Bürgermeister)

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 None

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

Does not apply

15. If unidentified, supply any of the following information determinable

a. Crew position in plane or vehicle Unk.

b. Plane or vehicle serial number Unk. Type Unk.

c. Installed weapons

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
<u>Unk.</u>	<u>Unk.</u>	<u>Unk.</u>	<u>Unk.</u>

d. Engine serial number Unk. Type Unk.

EDWARD C. DUNHAM  
3046 91 BR CO.

*Edward C. Dunham*

Signature of Investigating Officer

2nd Lt. Inf.  
Rank

0-1338522  
ASN

Disinterment approved by. (HQ Authorizing Exhumation) CO. 3046 91 BR CO.

Disinterment and \*reburial/burial made by Pvt. Distran

Date of \*burial/reburial 2 March 46

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

Plot 00 Row 11 Grave 252

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

\* Cross out word not applicable.



AGRC  
FORM No. 11  
Revised 5-1-46

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

UnknownX \_\_\_\_\_  
Cemetery \_\_\_\_\_  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (coordinates and letter)

Sheet K 50 Trier GSGS 4346  
Prefex, maps) (Sheet, scale and serials used)

3. Remains recovered or disinterred by \_\_\_\_\_  
(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	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear	(Type)			

1 \_\_\_\_\_

Raincoat \_\_\_\_\_

Overcoat \_\_\_\_\_

Jacket, Field \_\_\_\_\_

Jacket, Combat \_\_\_\_\_

Mackinaw \_\_\_\_\_

Sweater \_\_\_\_\_

Jacket, HBT \_\_\_\_\_

1 \*Shirt, Wool, OD \_\_\_\_\_

1 Undershirt, Wool \_\_\_\_\_

Undershirt, Cotton \_\_\_\_\_

Trousers HBT \_\_\_\_\_

\*Trousers, Wool, OD \_\_\_\_\_

ANNEX #4



Belt, Web None 20 0. None

Drawers, Wool None 22 White None

Drawers, Cotton None

Leggings, Wool None (Note unusual lacing)

Socks, Cotton None 11 0. None

\*Shoes (type) None 10 Black None

Overshoes None

Web Equipment (type) None

(Other item) None

(Other item) None

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

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

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces No

8. Description of Remains:  
Age unk. Height 5'10" Weight 150 Description of wounds None documented

Bandages or dressings None Scars None documented  
(Length, width, location)

Tattoos None documented  
(Number, location - illustrate on sep. Page)

Outstanding moles, warts, or birthmarks None documented  
(yes-no, description,

location)  
Sunburn or tan, other than hands & face None documented

Complexion None documented  
(light, med. dark, clear, pimples, pocks, freckles)

Build Medium  
(large, fat, thin, muscular)

Hair Brown  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair Brown  
 (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Missing Mustache Missing Beard or Goatee Missing  
 (color, setting, shape) (color, size, shape) Length, heavy,

light, color, extent

Eyes Flesh decomposed Eyebrows Missing  
 (color, setting, shape) (color, bushiness, extent across nose)

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

Mouth Flesh decomposed Lips Flesh decomposed  
 (large, medium, small) (small, large, full)

Teeth White even fillings  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin Normal flesh decomposed  
 (Prominent, receding, pointed, simple double)

Jaw Normal Circumference of head in inches 22  
 (large, small, normal) (hat band)

Neck Flesh decomposed Larynx Decomposed  
 (size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Normal Arms 32 Est.  
 (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

quantity & color of hair

(joints) (unusual characteristics of fingers/hands)

Chest Flesh decomposed  
 (size of nipples, color, quantity & extent of hair, large, small, normal)

Back no hair Navel Flesh decomposed  
 (quantity & extent of hair) (size of navel, an endectomy, amount)

Circumcision Decomp. Pubic Hair Black  
 (yes-no) (color)

quantity & color of hair

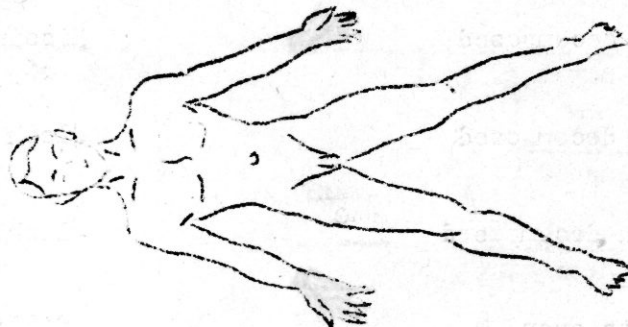
Hernioplasty Flesh decomposed  
 (yes-no, location)

Legs Flesh decomposed 33 Est.  
 (lean, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet Flesh decomposed Toes Flesh decomposed  
(Size, corns, callouses, flat) (slender, straight, crooked, overla

Evidence of healed fractures None  
(nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Internment No  
Yes-No

If not explain None missing

11. Has tooth chart been prepared Yes If not, explain \_\_\_\_\_  
Yes-no

12. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

*Edward C. Dunham*

Officers' Name  
EDWARD C. DUNHAM

2nd Lt. Inf. 0-1338322  
Rank Service

3046 QM GR CO.  
Organization

ANNEX #4

# TOOTH CHART

28. Feb. 1946  
 Date

Unidentified X-441  
 Last Name First

Hamm Cem.  
 Initial

Unk.  
 Rank

Unk.  
 Serial No

Unk.  
 Unit

Unk.  
 Organization

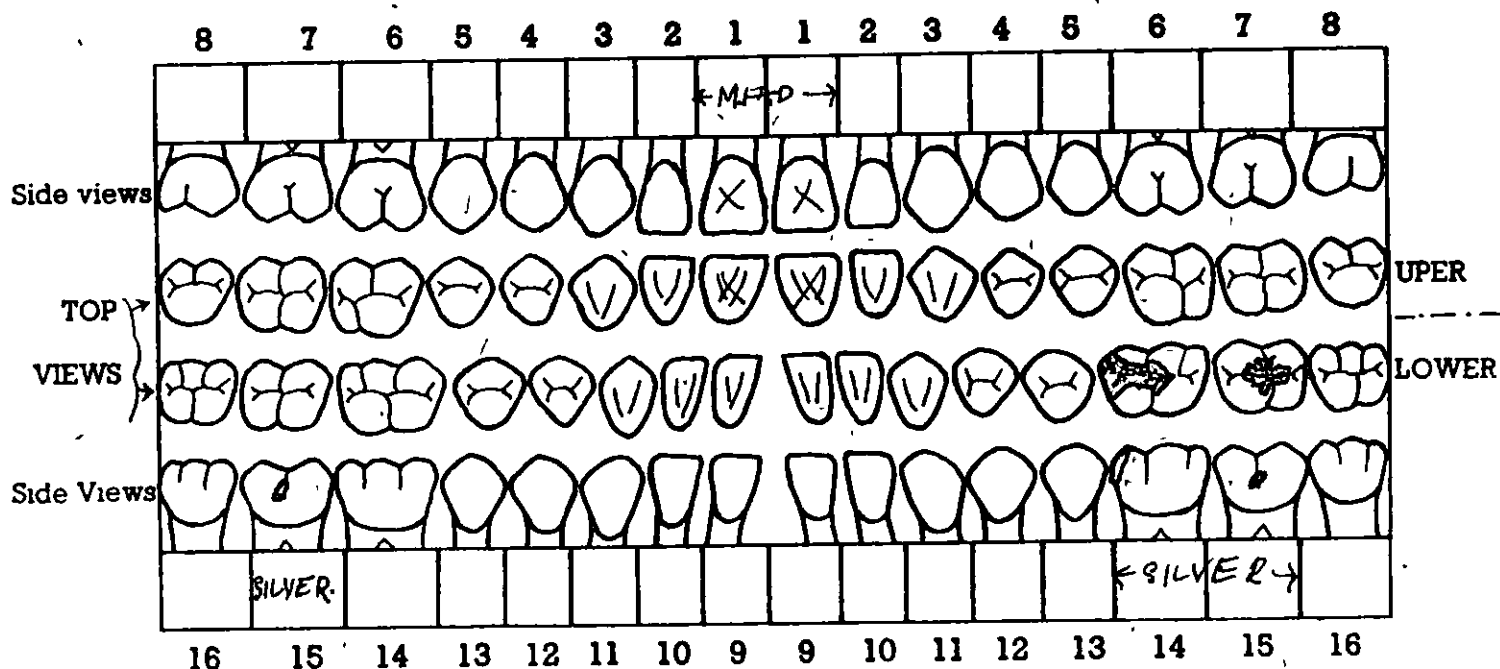
Nittle Germany (WL 07-17)  
 Place of Death

Unk.  
 Date of Death

Unk.  
 Cause of Death

Right

Left



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.

Note: R-8 & L-8 were very short  
 Note: R-16 & L-16 Same AS. Above.

probably did not show through gums.

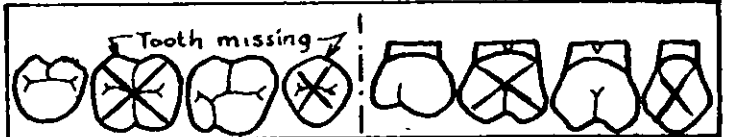
Sgt. Stephen P. Morelock

Signature of Officer or other person who prepared Tooth chart

*Edward C. Dunham*

Verified by G R S Office

**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



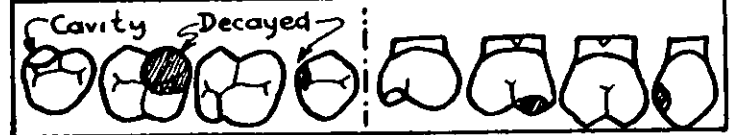
**BRIDGE WORK** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



**FILLINGS** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus



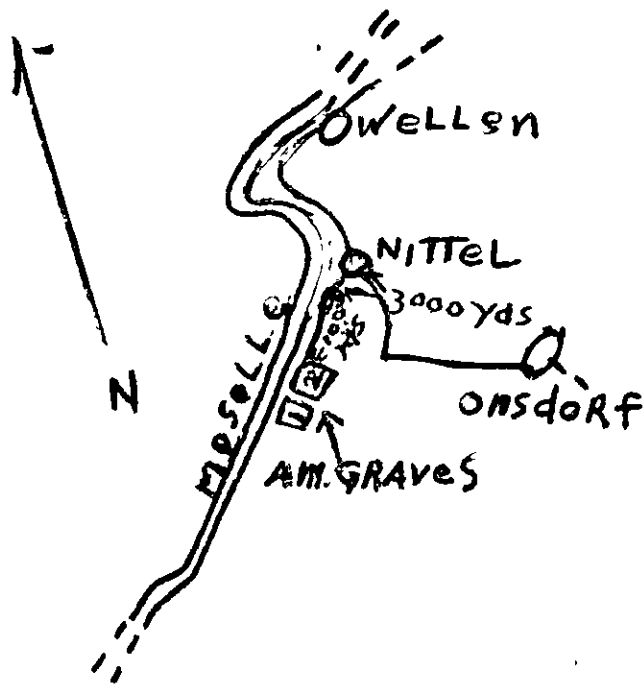
**CARIES (CAVITIES)** Outline location and size of cavity, shade in thus



**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**

00  
20



1. X-441
2. X-444

10  
10

Sheet VI  
NeunKirchen Sheet  
Scale 1/100,000  
G.S. G.S. 44/6  
Nord DeGuere  
Grid

GRAVES REGISTRATION  
Form No. 1  
(Revised 1 Sept. 1945)

STATEMENT OF REBURIAL  
**REPORT OF BURIAL**

TM 10-630 AND, AR 30-1815

28. Feb. 1946

Date

Unidentified	X-441	Hamm Com.	Unk.	Unk.
Last Name	First	Initial	Rank	Serial No
Unk.	Unk.	Unk.	Unk.	Unk.
Unit	Organization			
Nittle Germany (WL 07-17)	Unk.	Unk.	Unk.	Unk.
Place of Death	Date of Death			Cause of Death
1400 2 March 46	U.S. Mil. Com. Hamm Luxembourg			VP 8713
Time and Date of Burial	Name of Cemetery			Name or Coordinates of Location
252	11	CG		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?

See reverse.

# REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave  
located at Nittle Germany (WL 07-17)

GRS..No. 1 in bottle

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

Who is buried on:	X-440	Unk	Unk	Unk	251
Deceased's Right:	Name	Serial No	Rank	Organization	Grave No.
	X-442	Unk	Unk	Unk	253
Deceased's Left:	Name	Serial No	Rank	Organization	Grave No.

Signature of 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 Address Name

Unk. Address

Relation Unk.

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

No Personal Effects.

EDWARD O. DUNHAM  
2nd.Lt.Inf. O-1338322  
3046 QM GR CO.

*Edward C. Dunham*

Disinterring Officer

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: 5'10"  
 Weight: 150 LBS.  
 Color of Eyes: Brown  
 Color of Hair: Brown  
 Race: White  
 Laundry Marks: None  
 Number of Rife: None  
 Wear Glasses? None  
 Is Tooth Chart Attached? Yes

(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.

Body badly decomposed

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

none

in bottle

Left Hand

Right Hand

Hands missing

Hands missing

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

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

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

Characteristics

Other Data:

AS P BR HQ 57 122560

Reintering Officer

Reintering Officer