

1

USMC HAMM
PLOT: C ROW: 8 Grave: 26
Date of Burial 18/7/49 **DISINTERMENT DIRECTIVE**

VERIFIED BY
Joseph J. [Signature]
GRS OFFICER

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 6020 08463
DATE: 15 02 49
DAY MONTH YEAR

NAME: UNKNOWN
SERIAL NUMBER: NX-000567
GRADE: [Blank]
ARM: 0
RACE: 0
RELIGION: 6

CEMETERY: HAMM LUXEMBOURG
PLOT: XX ROW: 7 GRAVE: 21
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: UNKNOWN RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY 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
FILE
20 AUG 1949
REPATRIATION
BRANCH
MEM. DIV
[Signature]

1585

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

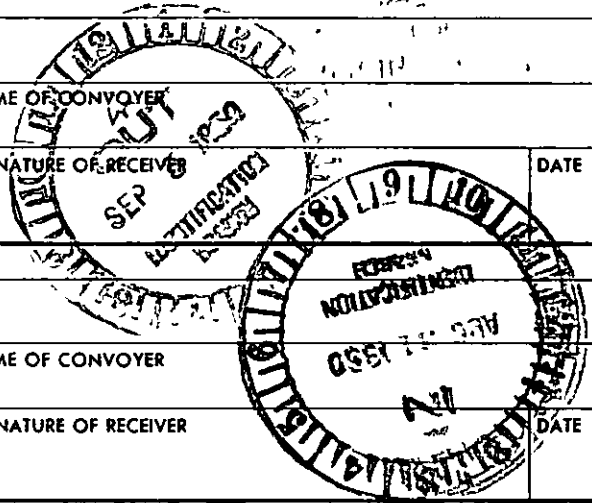
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6 SHIPPED

FROM: FAYENB00BC		TO: 10/11/12 (BY LAF DECISION)	
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

OK

DISINTERMENT DIRECTIVE

to Stack 20.
147-15

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME UNKNOWN X-567	SERIAL NUMBER UNK	GRADE UNK	ARM	DAY RACE	MONTH RELIGION	YEAR
CEMETERY HALL, LUXEMBOURG	PLOT XX	ROW 7	GRAVE 21	DISPOSITION OF REMAINS		
				CODE	DIST CTR	

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-567	SERIAL NUMBER UNK	GRADE UNK	DATE OF DEATH	DATE DISTINTERRED 23 APRIL 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY CLYDE SPINKS Capt. EA NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS SKULL WAS FOUND IN FRAGMENTS, MANDIBLE AND MAXILLA COMPLETE. REMAINDER OF BODY MISSING
OTHER MEANS OF IDENTIFICATION NONE	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)
 THESE REMAINS WERE SEGREGATED FROM THOSE OF PVT LEVI P. PETERS, 39346419, PREVIOUSLY
 INTERRED IN AA-4-90, USMC, HALL

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

DATE 28 APRIL 48 BY R. K. WATKINS

CASKET SEALED BY PHILIP F. PFAFF	EMBALMER (Signature) PHILIP F. PFAFF PHILIP F. PFAFF
-------------------------------------	--

CASKET BOXED AND MARKED DATE 26 Oct 48 PHILIP F. PFAFF	SHIPPING ADDRESS VERIFIED BY
---	------------------------------

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct
 FINAL CASNETTING
 ORLAND CARROZA 1st Lt. Inf. FRIT J. TOLTZIEN, 1st Lt. FA
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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

REF 293

4 March 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 567, Plot XX,
Row 7, Grave 21, 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. 3262, dated 3 December 1948

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrrell

Capt. Jack C. HAYS, O-1577297 OIC Capt Stanley C. TYRRELL, 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

Received TL # 3562 14/march/49
Not identifiable from
information presently
available.

Incl # 19

m matter
22 April 49

SKELETAL CHART

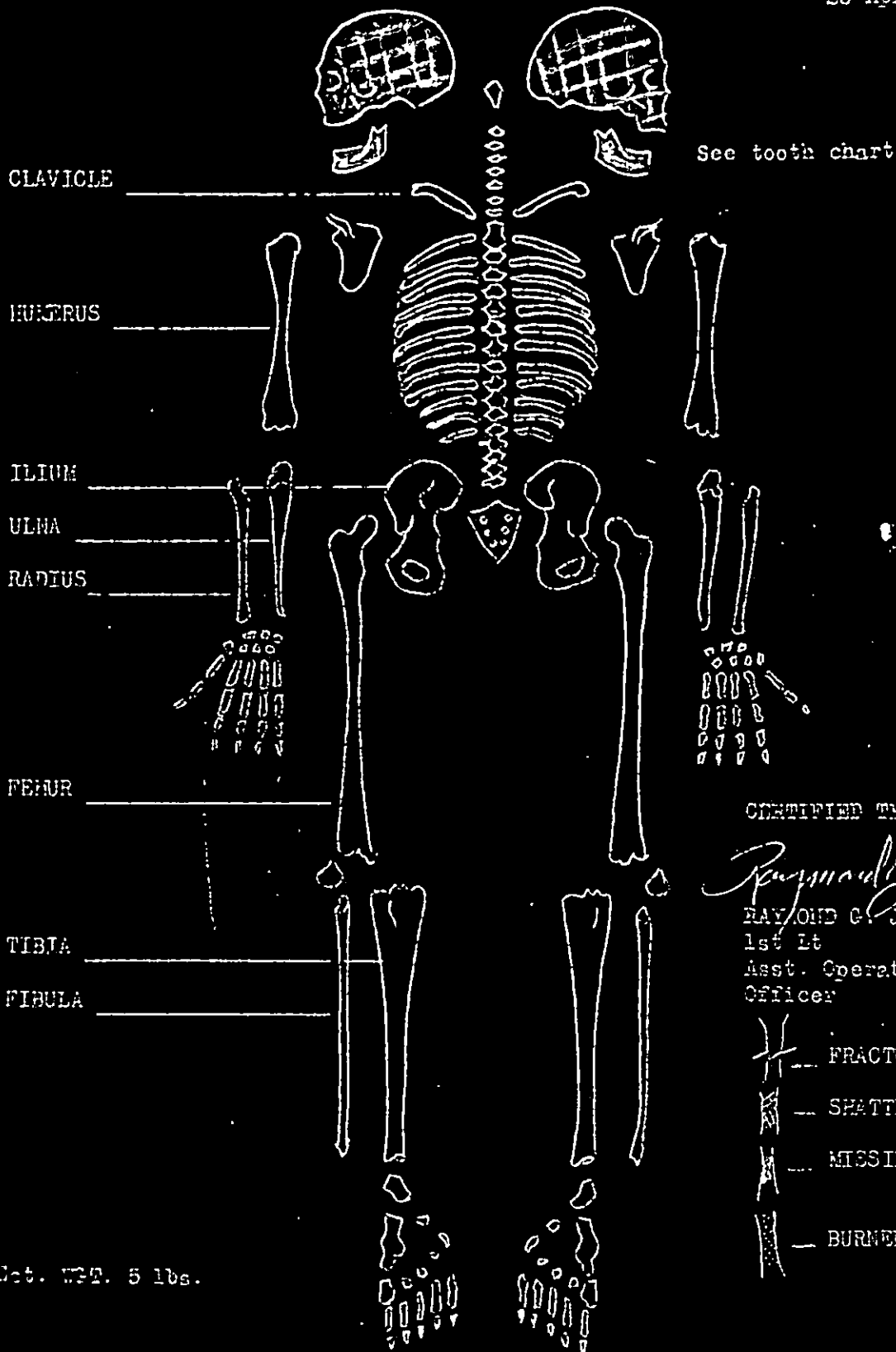
SECTION X-567

XX-7-21

USMC, Hama

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

28 April 48



See tooth chart

CLAVICLE

HUMERUS

ILIUM

ULNA

RADIUS

FEMUR

TIBIA

FIBULA

CERTIFIED TRUE COPY

Raymond G. Johnson

RAYMOND G. JOHNSON

1st Lt Inf

Asst. Operations

Officer

- FRACTURED
- SHATTERED
- MISSING
- BURNED

Net. WGT. 5 lbs.

CHART "A-1"

ESTIMATED HEIGHT FT IN

3

TOOTH CHART

28 April 49

Date

USMC X-567, USMC, Hawaii

Last Name

First

Initial

Grade

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
							FM	D	SEE NOTE	FML		EXT		O	O	O
							S	S	S	S				A	A	A
Side views																
TOP																
VIEW																
Side Views																
	ODF	O	O						SEE NOTE					O	O	OD
	A	A	A											A	A	A
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

UPPER

LOWER

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.

/s/ UGLEN F. SENELEY B-211265

Signature of Officer or other person who prepared Teeth chart

/s/ FRITZ J. TOLZEM, 1st Lt. PA

Verified by G. R. C. Officer

①

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



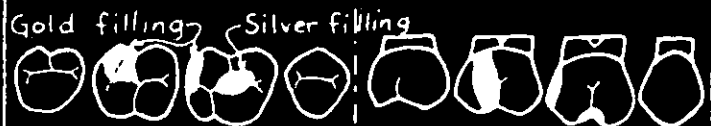
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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-1 is missing after death
 L-1 has a complete cap covering all of the visible surface of tooth, color ivory
 L-4 has extruded before death as part of socket is still missing
 L-7 has a very large piece broken off of facial, distal surface
 L-9 has a small chip off of occlusal surface
 Teeth are ivory in color and of medium size
 Teeth are very closely spaced but alignment is good.
 Maxilla has a very pronounced overbite on mandible
 Occlusal surface of all teeth are worn due to mandible and maxilla touching so closely.
 Skull was fractured. Mandible was not attached to maxilla.
 Jaw is small and round in form.
 Hair on skull is light brown and 2 1/2" long.

IDENTIFIED STATE COPY
William E. Scott
 WILLIAM E. SCOTT
 1st Lt Inf
 Asst. Operations
 Officer

RX
amb

Nat Plotted
DPS

Graves Registration
Form No 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

12 October 1948
Date

UNKNOWN X-567
Last Name

First Name: Unk
Initial: Unk
Rank: Unk

Unk
Serial No

Udenhausen, Ger.
Unit

Organization: Unk

KIA

1000 - 21 Mar 48
Time and Date of Burial

US Military Cemetery HALM, Luxembourg
Name of Cemetery

21
Grave Number

Row Number

Plot Number

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? These remains were segregated from Pvt Levi P. PETERS 39346419, buried in Plot AA, Row 4, Grave 90.

What means of identification were buried with the body?

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

Who is buried on
Deceased's Right

OPEN GRAVE
Name Serial No Rank

Deceased's Left

BEGINNING OF ROW
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.



Emergency Addressee

Unk
Name

Unk
Address

Religion

Unk

List only Personal Effects Found on Body and disposition of same None

This Report of Burial prepared in the Office
of AGRC, Zone One:

Raymond G. Johnson

RAYMOND G. JOHNSON, 1st Lt., Inf, Assistant Operations

Signature of Officer or other person reporting burial Officer.

Verified by GRS Officer

IF DECEASED UNIDENTIFIED

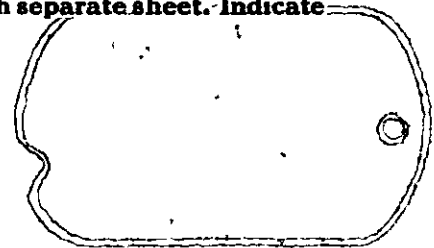
Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following :

Height : _____ Laundry Marks _____
 Weight : _____ Number of Rifle : _____
 Color of Eyes : _____ Wear Glasses ? _____
 Color of Hair : _____ Is Tooth Chart Attached ? _____
 Race : _____

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

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

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.



Left Hand

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

Right Hand

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

TOOTH CHART

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