

293 UNK. X-1231

HOLLAND (MARGRATEN) 461b

W092-70A0001

Received Date : 06/10/2009

WNR-01-09-028-1-025-05-002

Refile #:



ARF1-124277590

Box #: 10427

Case/File: UNK.-X-1231

Declassified Per E.O. 13526 dtd 5 Jan 2010. Complete copy of an "X" or "Unknown" file reproduced from an original housed at the Washington National Records Center, Suitland, MD.

7887 GRAVES DETACHMENT

APO 757

943 unk Margraten X-1231 m

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X - 1231 Margraten

(POC) MARGRATEN

*File
W. H. B. B.
23 Feb 5*

America
Liaison

Army Form W3314
(Pads of 75.)

Calland
2215

BURIAL RETURN.

(Date) 13 May 45 194

Name of Cemetery (if any) Nijmegen Temp Cdn Cemetery

Place of Burial (if no Cemetery)

Map Reference (E-748567) Sheet 2a, 3a.

Grave No. Plot 2, Row 4 Gr. 8 Army No.

Unit Presumed American Soldier

Name: (Surname) (1) T-2448 (Initials)

Rank

Religion

Date of Death

Date of Burial 13 May 45

Means of Identification of Body Body brought in to Nijmegen by Dutch Civil Defence from Elst. Buried by instruction

13 Garrison

EFFECTS.

Have effects (if any) been forwarded to the Base?

CROSSES. (Strike out all but one line.)

- No cross required as an adequate cross with durable inscription is already in position.
- Cross required: (a) ~~Will be called for at G.R.U. Office at~~
- (b) ~~To be forwarded by G.R.U. to~~
- (c) To be erected by G.R.U. as soon as possible.

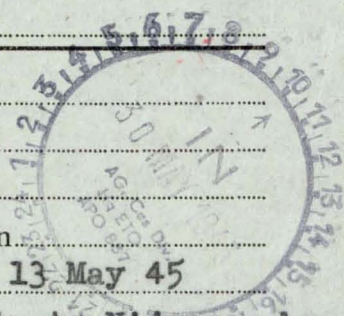
Note 1. When a Chaplain or Burial Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form sent to the Officer i/c. G.H.Q., 2nd Echelon, the authority responsible for supplying the details of identity, and (if possible) how they were obtained.

Note 2. This form to be rendered as follows:—

- 1 Copy to Director-General Graves Registration and Enquiries, War Office (A.G. 13).
- 1 " " D.A.D.G.R. and E. of the Army in which the Chaplain is serving.
- 1 " " Officer i/c. G.H.Q., 2nd Echelon. (2 copies in case of burial of an enemy.)

(Signed) Raymond C.F.
C.F., or O. i/c. Burials.

Unit 1 Cdn Gen Hospital



X

X-1231

GR Form No 10
9-7-45

REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1, "Report of Burial" when disinterment is accomplished.

X-1231

1. UNKNOWN (5)

(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached No identification tags.

3. Give exact location from which disinterred, furnishing coordinates and map series used Canadian Military Cemetery Nijmegen, Holland
Grid Coord. 691595 Sheet 12 1:25,000

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

4. Full name of cemetery (include plot, row and grave if organized cemetery) Canadian Mil. Cem. Nijmegen, Holland Plot 2, Row 4, Grave 8

5. Approximate or established date of death (state which and give basis for date selected) (est) 20 Sept 1944 Condition of body.

6. Approximate or established date of burial (give basis for date established) 25 June 1945 Reburial by (2nd Canadian Gr. Reg. Unit)

7. Manner in which grave was marked and all information contained on the marker Wooden Cross - D.B. 13/5/45 Unknown American

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned None

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Unable to obtain actual date of burial due to Canadian Graves Reg. Unit being behind in cemetery administrative work.

10. If buried in a coffin, give description and markings Wooden box - no markings

11. Action taken Disinterred and evacuated to Margraten Cemetery.

Disinterment approved by Deputy Director of Graves 1st Canadian Army.

Disinterment ~~approved~~ reburial ~~approved~~ by 3060 QM Gr. Reg. Co.

Date of ~~burial~~ reburial 23 July 1945

Place of ~~burial~~ reburial US Military Cemetery Margraten, Holland
Plot LL Row 11 Grave 270

NOTE: Additional particulars regarding investigation will be placed on reverse side.

David Gulser
Signature of Investigating Officer

*Cross out word not applicable

Sgt.
Rank

37587378
ASN

X-1231

2215

OCQM-GR&E Div.

CHECK LIST FOR UNKNOWNNS

UNKNOWN X- 1231
CEMETERY Margraten, Holl. VK645482
PLOT LL ROW 11 GRAVE 270

Arrived at cemetery 1100 28 July 1945 From _____
(hour) (date) (collecting point)

Place of death Grodsbeck, Holland 770525
(name) (coordinates and landmarks)

Remains recovered by 3060 Grs
(name and organization)

Evacuated to cemetery by 3060 QM Gr. Reg. Co.
(name and organization)

Is load list attached Yes Are names of deceased found in same area as this Un-
(yes-no)

known starred Yes Are circumstances described which may indicate organization of
(yes-no)

the deceased Yes If only part of a body was received, was a careful search made
(yes-no)

for other parts of Unknown Yes
(yes-no)

If remains come from vehicle, plane, etc: Unknown
(type of vehicle or plane, nickname, serial number, organization or symbols)

Crew list Unknown
(names of other deceased and positions in which found)

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

If organization to which vehicle or plane was assigned or if names of all other de-
ceased are not known, give detailed information concerning vehicle or plane _____

Unknown Unknown Unknown
(parts of markings or symbols) (burned) (pierced by shell fire - where)

Unknown Unknown
(found in town, field, by road, etc.) (damaged by mine explosion)

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

Detailed description of personal effects No personal effects
(Indicate exact pocket or part of body

where found)



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.
*Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field		Unknown	Brown	
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool		Unknown	Brown	
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD		Unknown	Brown	
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggings				(note unusual lacing)
Wool Socks		Est 11	Grey	Heavy wool
Cotton Socks				
*Shoes (type)				
Overshoes				
Web Equipment (type)				
Gloves (Other Item)		Unknown	Brown	Wool Knit not G.I.
(Other Item)				

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

Chevrons or Unknown Shoulder Patch Unknown
 Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age Unk Height Unk Weight Unk Description of wounds KIA Unk.
 (years) (ft-in) (lbs)

22.15
Bandages or dressings Unknown Scars Unknown
(length, width, location)
Tattoos Unknown
(number, location - illustrate on sep. page)
Outstanding moles, warts or birthmarks Unknown
(yes-no) (description, location)
Sunburn or tan, other than hands and face Unknown
Tobacco stain on fingers or teeth Unknown
(designate where, extent)
Complexion Unknown Build Unknown
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)
Hair Unknown
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)
Sideburns Unknown Mustache Unknown Beard or goatee Unknown
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)
Eyes Unknown Eyebrows Unknown
(color, setting, shape) (color, bushiness, extend across nose)
Nose Unknown Ears Unknown
(size, shape, straight) (Size, set close to or far from head)
Forehead Unknown Mouth Unknown Lips Unknown
(high, wide, wrinkled) (large, medium, small) (small, large, full)
Teeth Unknown Unknown Unknown Unknown Unknown Unknown
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
Chin Unknown Cheekbones Unknown
(prominent, receding, pointed, dimple, double) (high, normal)
Jaw Unknown Circumference of head in inches Unknown
(large, small, normal) (hat band)
Neck Unknown Larynx Unknown Shoulders Unknown
(size, long, short, normal, wrinkled) (prominent, normal) (broad)
Unknown Arms Unknown
straight, small, rounded) (length) (muscular, color, extent & quantity of hair)
Unknown Hands Unknown
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)
Unknown
(marks on fingers indicating that rings were worn)

Fingers Unknown
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

Unknown
(unusual characteristics of fingernails)

Chest Unknown
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back Unknown Waist Unknown
(quantity and extent of hair) (size at navel, appendectomy, amount & color of hair)

Circumcized Unknown Pubic hair Unknown Hernioplasty Unknown
hair) (yes-no) (color) (yes-no) (location)

Legs Unknown
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet Unknown Toes Unknown
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

Evidence of healed fractures Unknown
(nose, arms, legs, etc.)

Black out parts of body not received at cometary:



Have photographs been made and attached NO If not, explain No facilities
(yes-no)

Have fingerprints been placed on GRS # 1 no If not, explain decomposed
(yes-no)

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

Remarks: body entirely decomposed

Edwin H Miller
Signature of GRC and Organization

EDWIN H MILLER 1st Lt. QMC
603rd QM Gr. Co.

2215

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

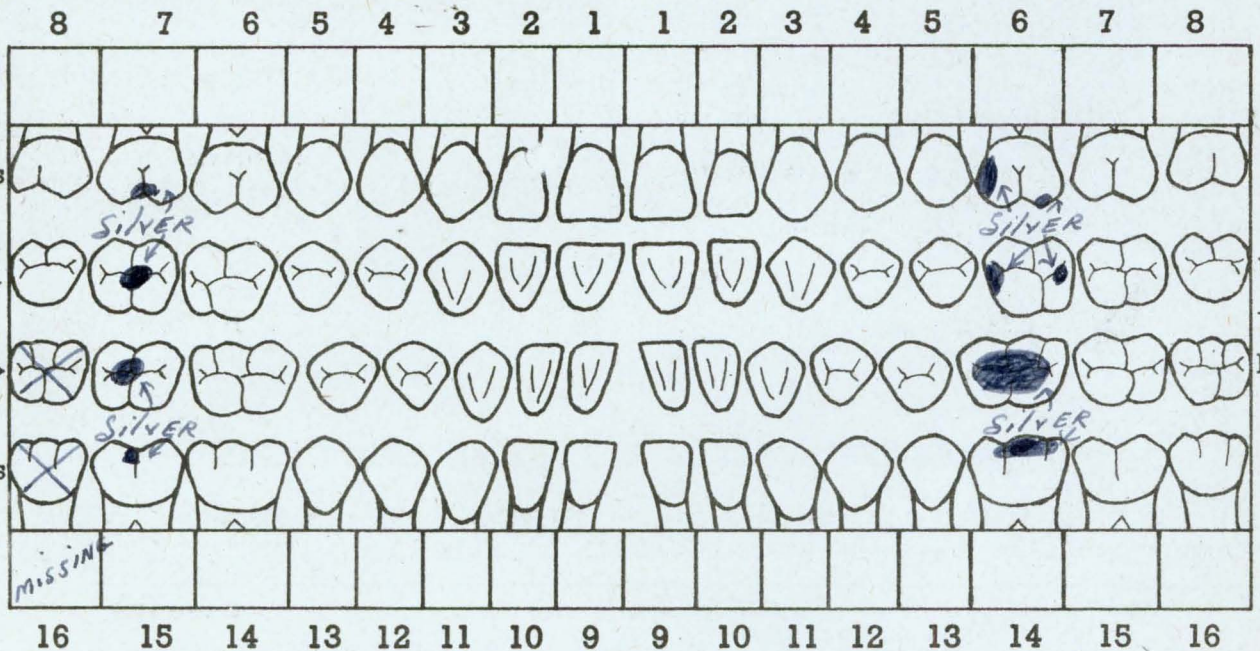
X-1231

26 July 1945
Date

UNKNOWN (5) X-1231 Unknown Unknown
Last Name First Initial Rank Serial No.
Unknown
Unit
Vic Nijmegen, Holl. Est 21 Sept 1944 KIA
Place of Death Date of Death 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), 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.

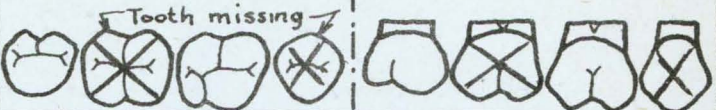
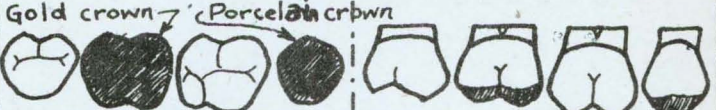
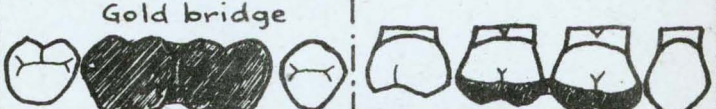
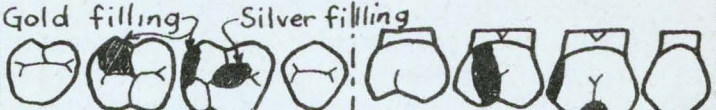
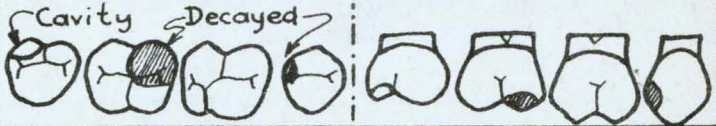
Sgt. H. K. Greason 3060 G.R.CO.

Signature of Officer or other person who prepared Tooth chart

[Handwritten signature]

Verified by G. R. S. Officer

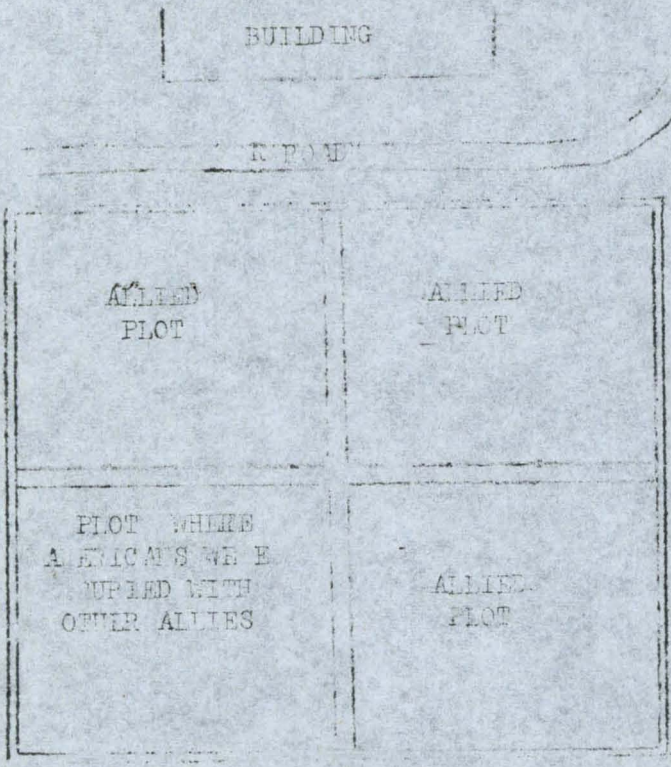


<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>	

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

2215



- 1 UNK X-1228
- 2 UNK X-1230
- 3 UNK X-1231
- 4 UNK X-1232
- 5 UNK X-1233
- 6 UNK X-1234
- 7 COLE, J.L.
- 8 EILMAN, R.H.
- 9 BUMPUS, J.
- 10 ALTMAN, P.I.
- 11 GOODINOTON, R.E.
- 12 REED, R.
- 13 BRACY, W.

PLOT DRAWN TO LARGE SCALE

OUTSIRTS
OF NEW EGLE

CANADIAN BUILDING
CEMETERY

PLOT WHERE
AMERICANS
WERE BURIED

GRID COORD
695-531

MAP REFERENCE
PROSPECT 1:25,000
SHEET-12 N.W.
SEC 1 DAY ROAD

TO ALDEN

k

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

15 April 1949
(Date)

293 Unk. Holland (Margraten) X-1231

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 1231 , Plot II ,
Row 11 , Grave 270 , USMC MARGRATEN, Holland ,
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. 2281 , dated 23-4-47 .

Case reviewed by undersigned Members of the Board of Review:

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

Edward F. Price, Jr. *Edward E. Stout*

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

TL # 3760, dtd 20/4/99
Received
Not identifiable from
information presently
available
Davis, DL
31 May 99
OQMG

Incl # 23

1	USMC MARGRATEN PLOT: F ROW: 5 GR: 9 DATE OF BURIAL: 13 Dec '49 VERIFIED BY GRS OFFICER RAYMOND T. RODRIGUEZ, CWO USA			DISINTERMENT DIRECTIVE		
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED <i>Raymond T. Rodriguez USA</i>		DIRECTIVE NUMBER 4650 00299		DATE 15 04 48 DAY MONTH YEAR	
NAME <i>297</i>		SERIAL NUMBER UNKNOWNX-001231		RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR
CEMETERY MARGRATEN - AACHEN						DISPOSITION OF REMAINS 0 4601 80 CODE DIST. PT.
PLOT LL 11	ROW 270	GRAVE HOLLAND	COUNTRY	CAUSE OF DEATH 6		

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE MARGRATEN, HOLLAND (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME UNKNOWN		SERIAL NUMBER X-001231	RANK UNK	DATE OF DEATH	DATE DISTINTERRED 24 AUG. 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS EMB <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION UNKNOWN		RELIGION UNK	IDENTIFICATION VERIFIED BY EDWARD E. STOUT 1/LT CE NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL UNIFORM	CONDITION OF REMAINS FRACTURED R/CLAVICLE & L/PELVIS LOWER EXTREMITIES, MULTIPLE FRACTURES - SKELETAL FORM - PARTS MISSING.
OTHER MEANS OF IDENTIFICATION	REPORT OF BURIAL

MINOR DISCREPANCIES 1	NONE
-----------------------	------

REMAINS PREPARED AND PLACED IN CASKET	
DATE 6 OCT. 48	BY CLARENCE R. TOMPKINS EMBALMER
CASKET SEALED BY CLARENCE R. TOMPKINS	EMBALMER (Signature) CLARENCE R. TOMPKINS
CASKET BOXED AND MARKED DATE 6 OCT. 48 BY ANTHONY CONSIGLIO CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY ALL PLATES TAGS MARKINGS VERIFIED BY: BERNARD P. STANTON CAPT FA

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

Grave F-5-9 USMC MARGRATEN formerly occupied by: Pvt. Herman S. ROBERTSON, 33882210, disinterred 13 Dec. 1949

BERNARD P. STANTON CAPT FA
SIGNATURE OF GRS INSPECTOR

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

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned

Raymond G. Johnson
1st Lt JGJ

JAN 1950
REPATRIATION
BONN
MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC MARGRATEN, HOLLAND	TO LIDO AREA (BRESSOUX, BELGIUM)		
MODE OF CONVEYANCE TRUCK	NAME OF CONVOYER CPL THOMAS F. MC KEOWN 31448722		
SIGNATURE OF SHIPPER <i>James E. Godley</i> JAMES E. GODLEY MAJ INF 20 Sep 49	DATE 20 Sep 49	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM LIDO REMAINS STORAGE AREA	TO USMC MARGRATEN, HOLLAND		
MODE OF CONVEYANCE TRUCK	NAME OF CONVOYER		
SIGNATURE OF SHIPPER E.E. HEISEY, 1/LT OMC	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM	TO		
MODE OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM	TO		
MODE OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM	TO		
MODE OF CONVEYANCE (BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER		
SIGNATURE OF SHIPPER MARGRATEN HOLLAND	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM	TO		
MODE OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM	TO		
MODE OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

WD, OCMG, 2nd & T Streets, S. W., Washington 25 D.C.

Chief, Demobilized Personnel Records Branch
Bldg 105, Records Administration Center AGO IMMEDIATE MAIL
St. Louis 20, Missouri

293 unk. Holland # - 1231 (Margraten)

OCMNY 293/Unknown # - 1231
Margraten, Holland
13 June 1947

Identification of Unknown Deceased

1. Reference is made to the inclosed AGRAC Form 1-380 for T/Sgt. George T. Harrison, 15332796, Company E, 15th Infantry.
2. Available information in this office reveals that T/Sgt. George T. Harrison, 15332796 was a member of the Air Corps. In view of this discrepancy it is requested that other information on the above mentioned form be rechecked.

FOR THE QUARTERMASTER GENERAL:

Incl:
AGRAC Form 1-380
for George T. Harrison

JAMES C. MacFARLAND
Major, OMC
Memorial Division

aem
cus

NJS

Jun 13 10 21 AM '47



JUN 13 9 19 AM '47
MEMORIAL DIVISION

REGISTRATION AND RECORDS BRANCH

X293 Harrison, George T. - 15332796

File 6-23-47

FILE UNDER NO. 293 - Unk. X-1231, Holland (Margraten)

I N D E X S H E E T

S Y N O P S I S

DATE:

7/18/46

FROM: OOMG..
TO: ASSISTANT CHIEF OF STAFF, WORLD WAR EX RECORDS ADMINISTRATION CENTER,
ST. LOUIS, MO.
ATTN: CLINICAL RECORDS BR..

SUBJ: Identification of Unknown Deceased.

293 - Unk. (Misc) Holland (Margraten)

DOCUMENT FILED UNDER NO.

encl.

FILE UNDER NO: 293 - Unk. X-1231 Holland (Margraten)

INDEX SHEET
SYNOPSIS

Letter

11 April 1946

FROM: CMO
TO: CG, , Ft. Bragg, N. C.

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) Holland (Margraten)

bm

W
FILE UNDER NO. 293 - Unk. X-1231, Holland (Margraten)

I N D E X S H E E T

S Y N O P S I S

LETTER:

3/11/46

FROM: OQMG,
TO: ADMINISTRATION CENTER, RECORDS ADMINISTRATION CENTER, AGCO,
ST. LOUIS, MO

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unk. (Misc.) Holland (Margraten)

oad.

CGQM-GR&E Div.

CHECK LIST FOR UNKNOWNNS

UNKNOWN X- 1231
CEMETERY Margraten, Holl VK645482
PLCT LL ROW 11 GRAVE 270

Arrived at cemetery 1100 28 July 1945 From _____
(hour) (date) (collecting point)
Place of death Grodsbeck, Holland 770525
(name) (coordinates and landmarks)

Remains recovered by 3060 QM Gr. Reg. Co.
(name and organization)

Evacuated to cemetery by 3060 QM Gr. Reg. Co.
(name and organization)

Is load list attached Yes Are names of deceased found in same area as this Un-
(yes-no)

known starred Yes Are circumstances described which may indicate organization of
(yes-no)

the deceased Yes If only part of a body was received, was a careful search made
(yes-no)

for other parts of Unknown Yes
(yes-no)

If remains come from vehicle, plane, etc: UNKNOWN
(type of vehicle or plane, nickname, serial number, organization or symbols)

Crew list Unknown
(names of other deceased and positions in which found)

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

If organization to which vehicle or plane was assigned or if names of all other de-
ceased are not known, give detailed information concerning vehicle or plane _____

Unknown Unknown Unknown
(parts of markings or symbols) (burned) (pierced by shell fire - where)

Unknown _____
(found in town, field, by road, etc.) (damaged by mine explosion)

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

Detailed description of personal effects No personal effects
(Indicate exact pocket or part of body where found)

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.
*Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field		Unknown	Brown	
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool		Unknown	Brown	
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD		Unknown	Brown	
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggings				(note unusual lacing)
Wool Socks		Est 11	Grey	Heavy Wool
Cotton Socks				
*Shoes (type)				
Overshoes				
Web Equipment (type)				
Gloves (Other Item)		Unknown	Brown	Wool Knit Not G.I.
(Other Item)				

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

Chevrons or Unknown Shoulder Patch Unknown
 Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:
 Age Unk Height Unk Weight Unk Description of wounds KIA Unk
 (years) (ft-in) (lbs)

Bandages or dressings Unknown Scars Unknown
(length, width, location)

Tattoos Unknown
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Unknown
(yes-no) (description, location)

Sunburn or tan, other than hands and face Unknown

Tobacco stain on fingers or teeth Unknown
(designate where, extent)

Complexion Unknown Build Unknown
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair Unknown
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Unknown Mustache Unknown Beard or goatee Unknown
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes Unknown Eyebrows Unknown
(color, setting, shape) (color, bushiness, extend across nose)

Nose Unknown Ears Unknown
(size, shape, straight) (Size, set close to or far from head)

Forehead Unknown Mouth Unknown Lips Unknown
(high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth Unknown Tooth chart taken
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin Unknown Cheekbones Unknown
(prominent, receding, pointed, dimple, double) (high, normal)

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

Neck Unknown Larynx Unknown Shoulders Unknown
(size, long, short, normal, wrinkled) (prominent, normal) (broad, Unknown)

Arms Unknown
straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

Hands Unknown
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

Unknown
(marks on fingers indicating that rings were worn)

Fingers Unknown
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

Unknown
(unusual characteristics of fingernails)

Chest Unknown
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back Unknown Waist Unknown
(quantity and extent of hair) (size at navel, appendectomy, amount & color o

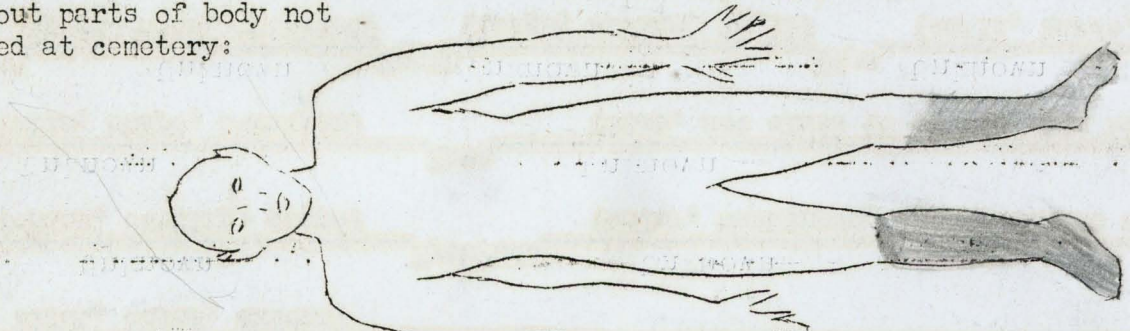
Circumcized Unknown Pubic hair Unknown Herniaplasty Unknown
hair) (yes-no) (color) (yes-no) (location)

Legs Unknown
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet Unknown Toes Unknown
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

Evidence of healed fractures Unknown
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached No If not, explain No facilities
(yes-no)

Have fingerprints been placed on GRS # 1 pp If not, explain decomposed
(yes-no)

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

Remarks: body entirely decomposed

Edwin Miller
Signature of GRO and Organization
EDWIN H MILLER 1st Lt. QMC
603rd QM Gr. Co.

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

26 July 1945
Date

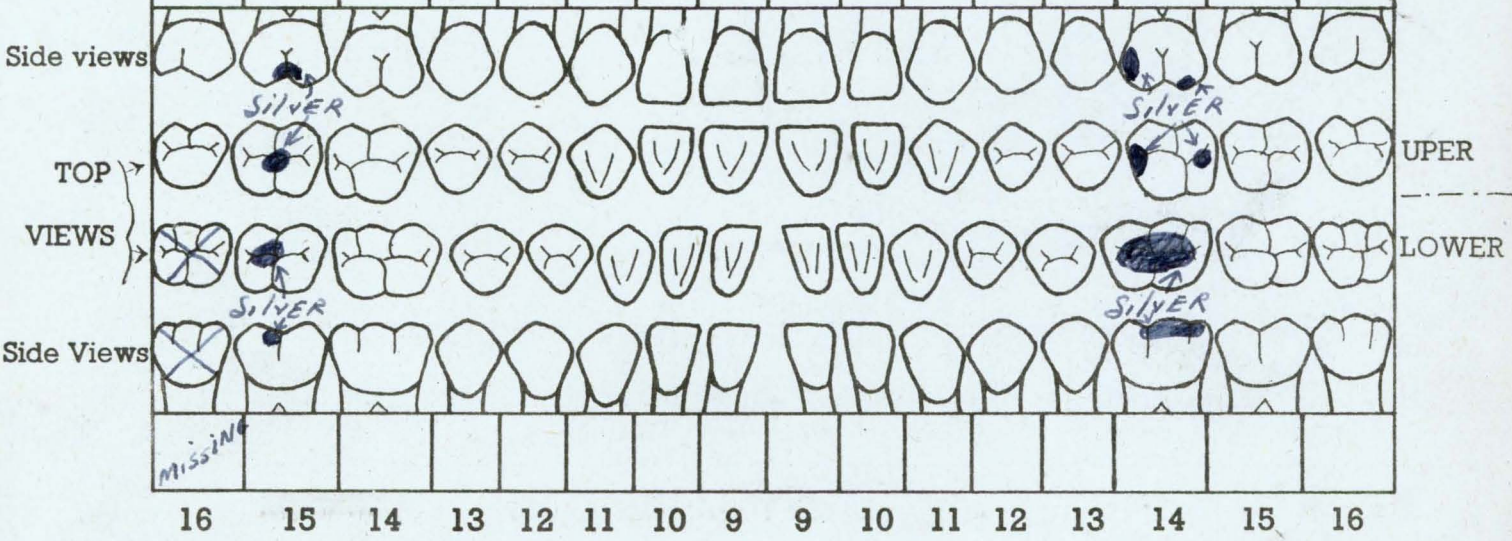
X-1231

UNKNOWN (5) X-1231 Unknown Unknown
 Last Name First Initial Rank Serial No.
 Unknown Unit Unknown
 Vic Nijmegen, Holl. Est 21 Sept 1944 Organization KIA
 Place of Death Date of Death Cause of Death

Right

Left

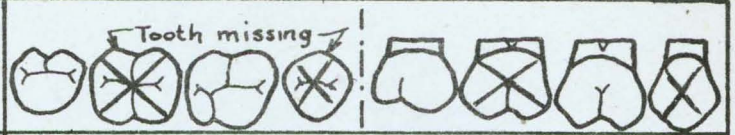
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



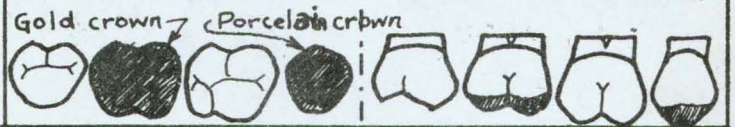
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Sgt. H. K. Greason 3060 GRCO.
 Signature of Officer or other person who prepared Tooth chart
 Verified by G. R. S. Officer

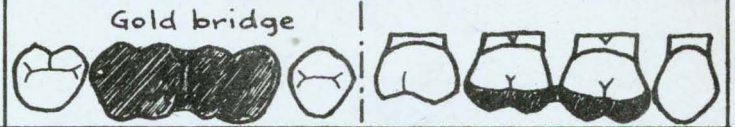
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



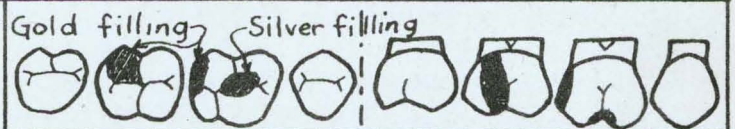
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



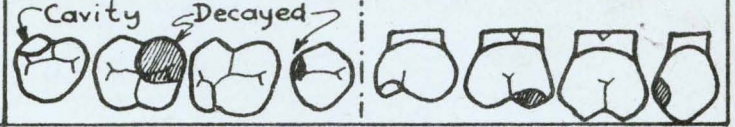
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

AGRC FORM No. 11
Revised 16 Sept. 1946
Formerly "Check List
of Unknowns"

IDENTIFICATION CHECK LIST

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

Unknown X-1231

Cemetery Margraten, Holland

Plot LL Row 11 Grave 270

Date reprocessed: 31 March 1947

1. Arrived at cemetery
(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 Subordinate Identification Point, Margraten, Holland
(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> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>One (1)</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web **None**
Drawers, wool **None**
Drawers, cotton **None**
Leggings, wool **None**
Socks, cotton **None**
* Shoes (type) **None**
Overshoes **None**
Web Equipment (type) **None**
(Other item) **Two (2) pair elbow length black woolen gloves**
(Other item) **Canvas dispatch case**

* 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?

UTD

6. Description of Remains :

Age **UTD** ^{Est.} Height **5'10"** Weight **UTD** Description of wounds **UTD**
Bandages or dressings **UTD** Scars **UTD**
(Length, width, location)
..... 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, poeks, freckles)
Build **UTD**
(Large, fat, thin, muscular)
Hair **UTD**
(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 chart
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin Pointed
(Prominent, receding, pointed, dimples, double)

Jaw Normal 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)

.....
(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 Brown
(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 UTD
(Nose, arms, legs, etc.)

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

See chart

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)

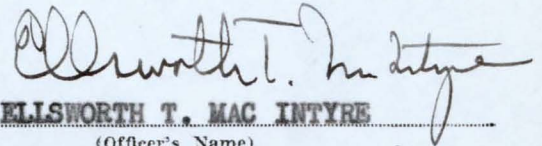
Remains consisted of mass of fractured bones.

Estimated weight: 25 Lbs.

Burial report and embossed tag found.

9. Remarks Fluoroscopic Examination revealed one (1) 30 cal. bullet embedded in pelvic bone.
Nothing found to warrant Chemical Laboratory Examination.
Case remains : "Unknown".

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.


ELLSWORTH T. MAC INTYRE
(Officer's Name)

CAPTAIN
Rank

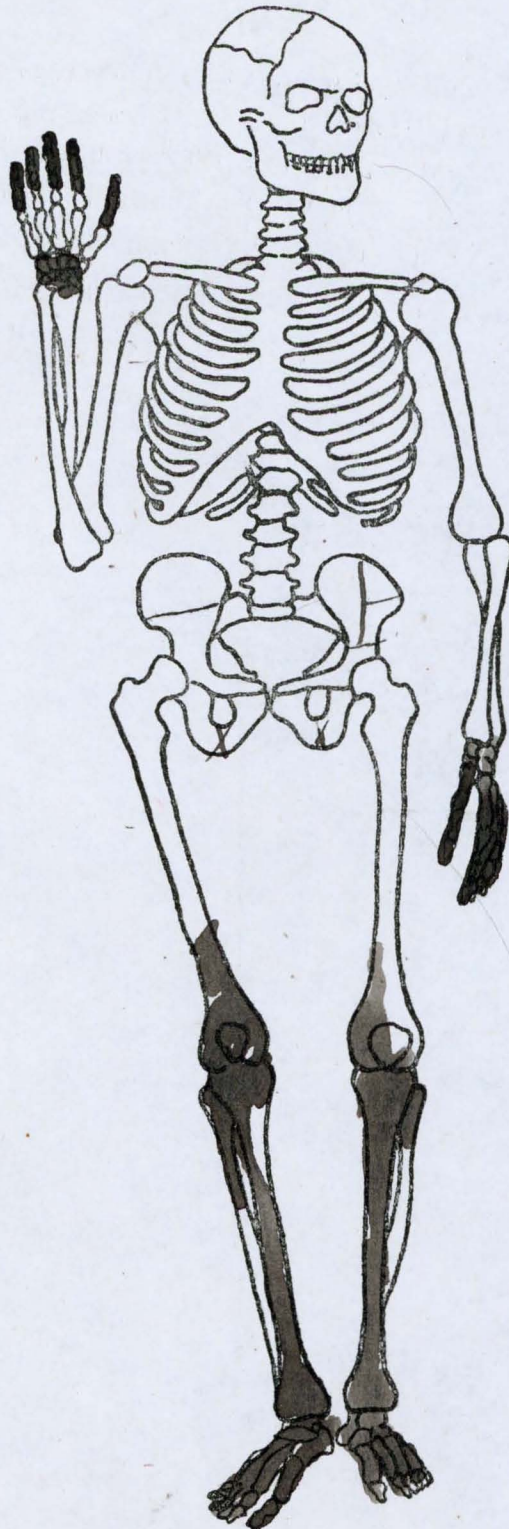
O.M.C.
Service

CENTRAL IDENTIFICATION POINT
(Organization)

SKELETAL CHART

Unknown X-1231
Margraten, Holland
Plot II, Row 11, Grave 270

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

Margraten, Holland
Plot LL Row 11 Grave 270

TOOTH CHART

31 March 1947

Date

Unknown X-1231

Last Name First Initial Rank Serial No.

Unit

Organization

Place of Death

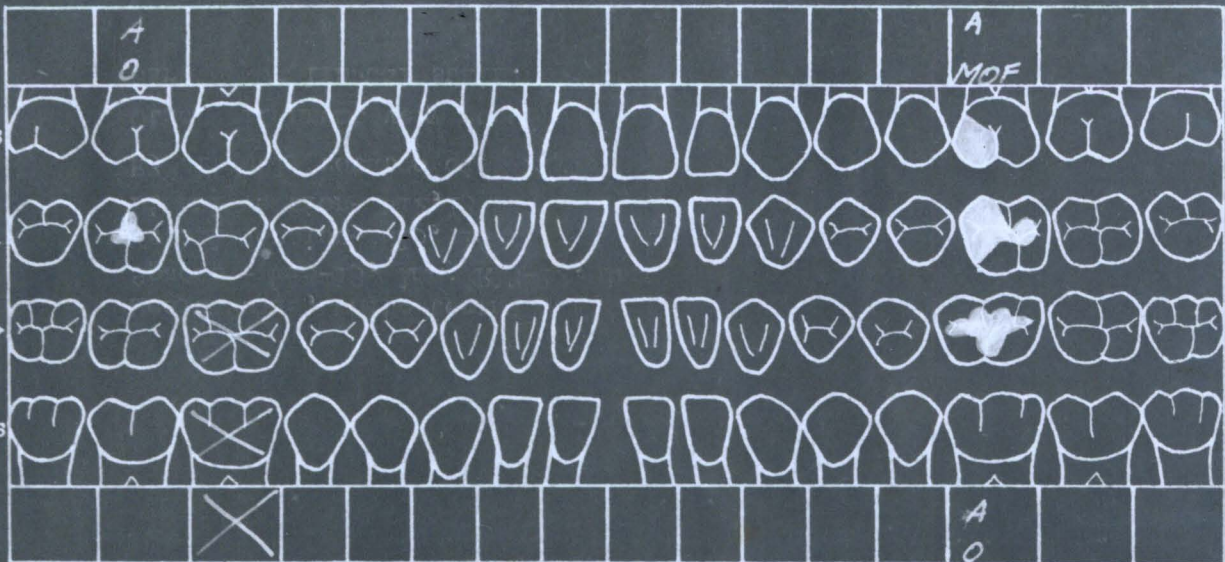
Date of Death

Cause of Death

Right

Left

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



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), 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.

Harold S. Wheeler

Signature of Officer or other person who prepared Tooth chart

Ellsworth T. MacIntyre

Verified by G. R. S. Officer

ELLSWORTH T. MAC INTYRE

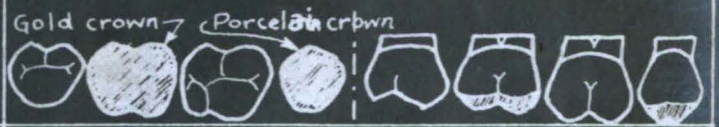
CAPTAIN QMC

C.I.P.

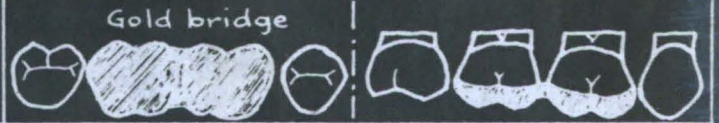
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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



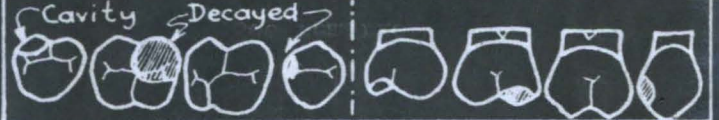
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Medium size, white teeth.
 Spaces - R15-13, 1mm; R13-12, 1mm
 Mesial version- R15, 16
 Distal version- R12,13
 R3 slightly rotated distally
 Other alignment very good
 Dark brown lingual stain.

oe

CB

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

REPORT OF BURIAL

28 July 1945
Date

Unknown X-1231 Unknown Unknown
Last Name First Initial Rank Serial No.

Unknown Unknown
Unit Organization

Vic Nijmegen, Holland Est 21 Sept 1944 KIA
Place of Death Date of Death Cause of Death

1500 28 July 1945 U.S. Military Cem. Margraten, Holl. VK645482
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

270 11 11 Cross
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified?

REBURIAL

What means of identification were buried with the body? **Previously buried in Canadian Military Cemetery Nijmegen, Holland**

Form #1
Grs Tag **Plot 2 Row 4 Grave 8**

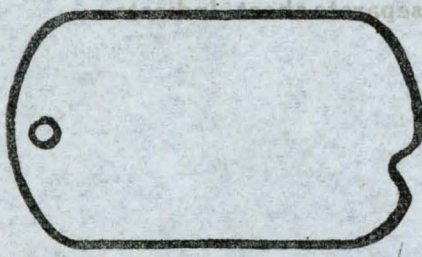
To determine Right or Left use **Deceased's** Right and Left.

Who is buried on :

Deceased's Right : BUMPUS 34372256 260
Name Serial No. Rank Organization Grave No.

Deceased's Left : Unknown X-1234 271
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..... Name

Address

Religion.....

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

None

Evacuated by 3060 QM Gr. Reg. Co.

Edwin Miller

Signature of Officer or other person reporting burial

EDWIN H MILLER 1st Lt. QMC

603rd QM Gr. Reg. Co. Verified by G.R.S. Officer

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand	4	Right Hand	4
	3		3
	2		2
	1		1
	Thumb		Thumb

TOOTH CHART

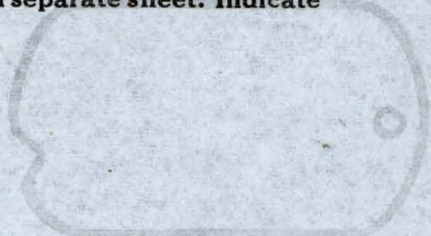
		Deceased's Left								Deceased's Right							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																	
Lower																	

Indicate : missing natural teeth by X ; crowns by O ; fillings by □ ; Bridges by ◊ ; linking 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.



REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1, "Report of Burial" when disinterment is accomplished.

1. Unknown (5) X-1231 Unknown Unknown Unknown
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached No identification tags.
3. Give exact location from which disinterred, furnishing coordinates and map series used Canadian Military Cemetery Nijmegen, Holland
Grid Coord. 6°15' 5" Sheet 12 1:25,000
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and grave if organized cemetery) Canadian Mil. Cem. Nijmegen, Holland Plot 2, Row 4, Grave B
5. Approximate or established date of death (state which and give basis for date selected) (est) 20 Sept. 1944 Condition of body.
6. Approximate or established date of burial (give basis for date established) 25 June 1945 Reburial by (2nd Canadian Gr. Reg. Unit)
7. Manner in which grave was marked and all information contained on the marker Wooden Cross - D.B. 13/5/45 Unknown American
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Unable to obtain actual date of burial due to Canadian Graves Reg Unit being behind in cemetery administrative work.
10. If buried in a coffin, give description and markings Wooden box-no markings
11. Action taken Disinterred and evacuated to Margraten Cemetery

Disinterment approved by Deputy Director of Graves 1st Canadian Army
Disinterment and ~~reburial~~ reburial made by 3060 QM Gr. Reg. Co.
Date of ~~burial~~ reburial 28 July 1945
Place of ~~burial~~ reburial US Military Cemetery Margraten, Holland VK645482
Plot LL Row 11 Grave 270

NOTE: Additional particulars regarding investigation will be placed on reverse side. A TRUE COPY

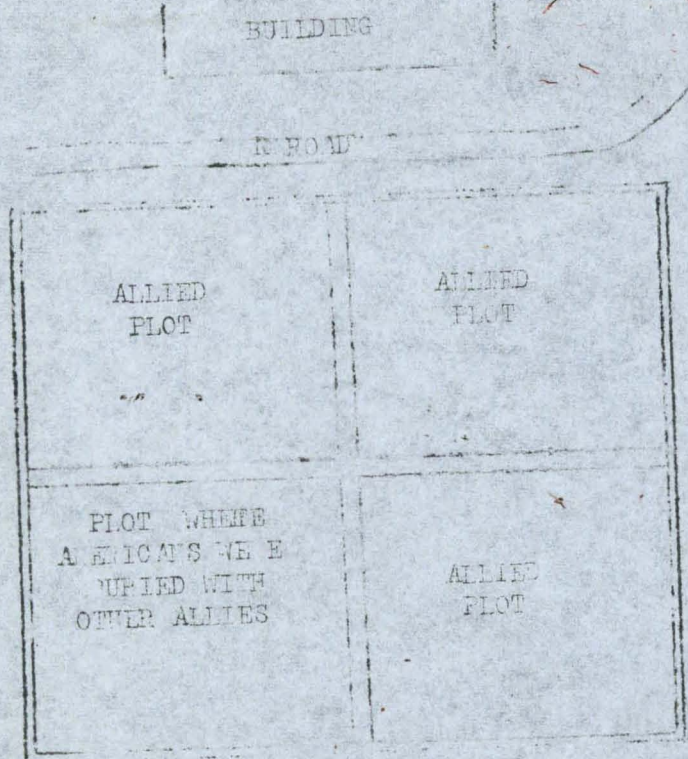
Edwin H. Miller
EDWIN H. MILLER

S/Daniel Gulner
T/DANIEL GULNER
Sgt. 37587378
Signature of Investigating Officer
3060 QM Gr. Reg. Co.

*Cross out word not applicable 303rd QM Gr. Reg. Co.

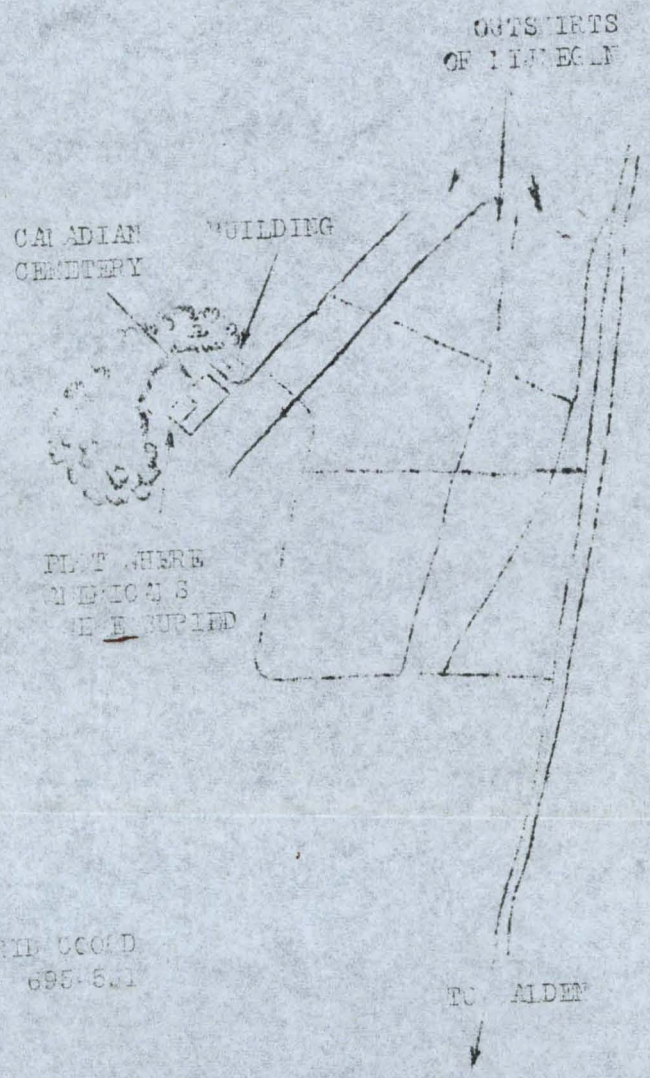
Rank

ASN



- 1 UNK X-1228
- 2 UNK X-1230
- 3 UNK X-1231
- 4 UNK X-1232
- 5 UNK X-1233
- 6 UNK X-1234
- 7 COLE, J.L.
- 8 EILMAN, R.H.
- 9 BURTON, J.
- 10 ALTMAN, F.I.
- 11 GOODINGTON, R.E.
- 12 REED, R.
- 13 BRACON, W.

PLOT DRAWN TO LARGE SCALE



MAP REFERENCE
 GEOS. TIME 1:25,000
 SHEET-12 1.00
 SEC D 11 ROAD

GRID COORD
 695-6.1

TO ALDEN