

FILE IDENTIFICATION TOPPER

FILE NUMBER

243 Capt. Hamon

X-214

SUBJECT

CFT 40W

USMC HAMM, LUXEMBOURG
PLOT E ROW 15 COL E 19
Reburied 14 Dec. 1948

PLOTTED BY WIMBERLY

Right: E.F. MARS
53813281
Left: C.E. LOW
39464403

DISINTERMENT DIRECTIVE

Verified by: *[Signature]*

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	GRS Officer	DIRECTIVE NUMBER 6020 00093	DATE 15 08 48 DAY MONTH YEAR
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NAME	SERIAL NUMBER UNKNOWNX-000214	GRADE	ARM 0	RACE	RELIGION 6
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CEMETERY HAMM LUXEMBOURG	PLOT EE	ROW 9	GRAVE 208	DISPOSITION OF REMAINS 6001 80 CODE DIST CTR
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SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HAMM, LUXEMBOURG	NAME AND ADDRESS OF NEXT OF KIN BY ADMINISTRATIVE DECISION
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	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	

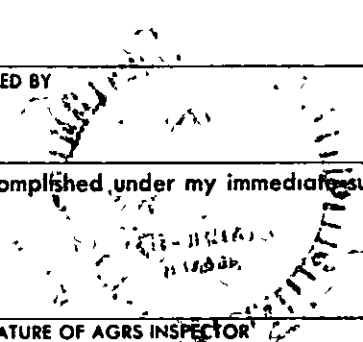
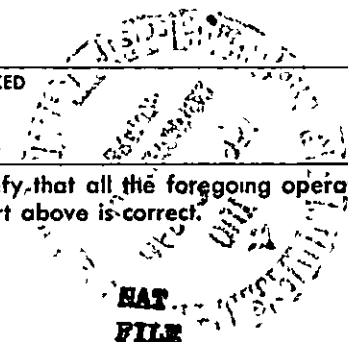
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)
SEE ATTACHED WORK SHEET

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.



HAT FILE
RECORDS ANNOTATED
DATE 22 MAR 1949
NAME
B & B

SIGNATURE OF AGRS INSPECTOR

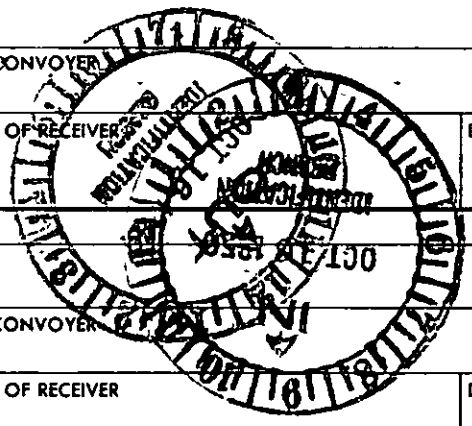
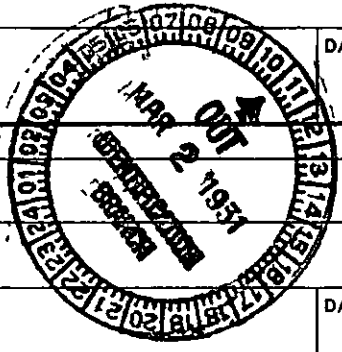
REMARKS AND SPECIAL INSTRUCTIONS

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-000214

RANK

ARM 0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT EE ROW 9 GRAVE 208 COUNTRY 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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN

X-000214

UNK

EST. DECEMBER 1944

3 MAY 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY ANTONIO TELXEIRA, 2nd Lt, INF. NAME AND TITLE

REMAINS FMB MARKER GRS

UNK

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

MATRESS COVER

CONDITION OF REMAINS ADVANCE DECOMPOSITION. ALL MAJOR BONES MISSING INCLUDING COMPLETE SKULL, WITH EXCEPTION OF FEW VERTEBRAE, PORTION OF PELVIS, SACRUM AND PROXIMAL THIRDS OF R/L FEMURS.

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL FOUND WITH REMAINS READING "UNKNOWN - X000214".

MINOR DISCREPANCIES

NONE

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

DATE 6 May 1948

BY ROY T. PATTERSON, EMBALMER

ASKET SEALED BY ELAM E POORBAUGH without disinfectant

EMBALMER (Signature) ELAM E POORBAUGH

ASKET BOXED AND MARKED JAMES L LARM CLERK

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

DATE 25 JUNE 48

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

Signature: Antonio Telxeira, 2nd Lt., INF. SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

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

2 SHIPPED

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

3 SHIPPED

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

4 SHIPPED

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

5 SHIPPED

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

6 SHIPPED

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

7 SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

24 FEB 1949
(Date)

SUBJECT: Unidentifiable Remains.

TO: The Quartermaster General
Memorial Division
Washington 25, D.C.

1. The records pertaining to Unknown X - 214, Plot EE
Row 9, Grave 208, USMC Hamm, Luxembourg have been
reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office
by letter of transmittal No. 2364, dated July 18th, 1947.
No further information is available.

FOR THE COMMANDING GENERAL:

George L. Freeman
GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

In. Ltr #3517-24 Feb 49
Subj: Unident Remains
Received 2 March 49 OQMG
Not identifiable from
information presently
available

m Rn

Incl #6

3-11-49

*293
W.M.L.
Luxembourg
(Hamm)*

IDENTIFICATION CHECK LIST

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

Disinterment Directive # 107

Unknown X 214
 Cemetery Horn, LUXEMBOURG
 Plot EE Row 9 Grave 208

Date Reprocessed :

1 Arrived at cemetery 10 JUNE 1947
 (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>None</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 None (type) None

Overshoes None

Web Equipment None (type) None

(Other item) None

(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? **N**

Utd

6 Description of Remains :

Age Utd Height Est. 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 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 **No Teeth found**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **Utd** Circumference of head in inches **Utd**
(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 **Utd**
(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 attached Chart "

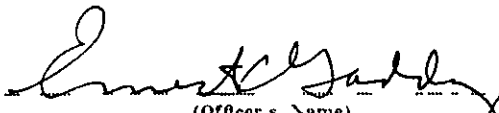
7 Have finger prints been placed on Report of Interment? **No**
(Yes-no)

If not, explain **No fingers found**

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

9 Remarks **All flesh decomposed. All joints disarticulated. No clothing found.**
Estimated weight of remains processed 5 pounds. Bones appear slightly large and
long indicating ^{body} was probably 5'10" or 5'11" in height. Approximately 2/3 of femur
measured 32.4 cm. and from said measurement height was estimated. Nothing found
to warrant Chemical Laboratory examination. Fluoroscopic examination Negative.

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


(Officer's Name)
ERNEST C. GADDY

C WO **USA**
Rank Service

Central Identification Point
(Organization)

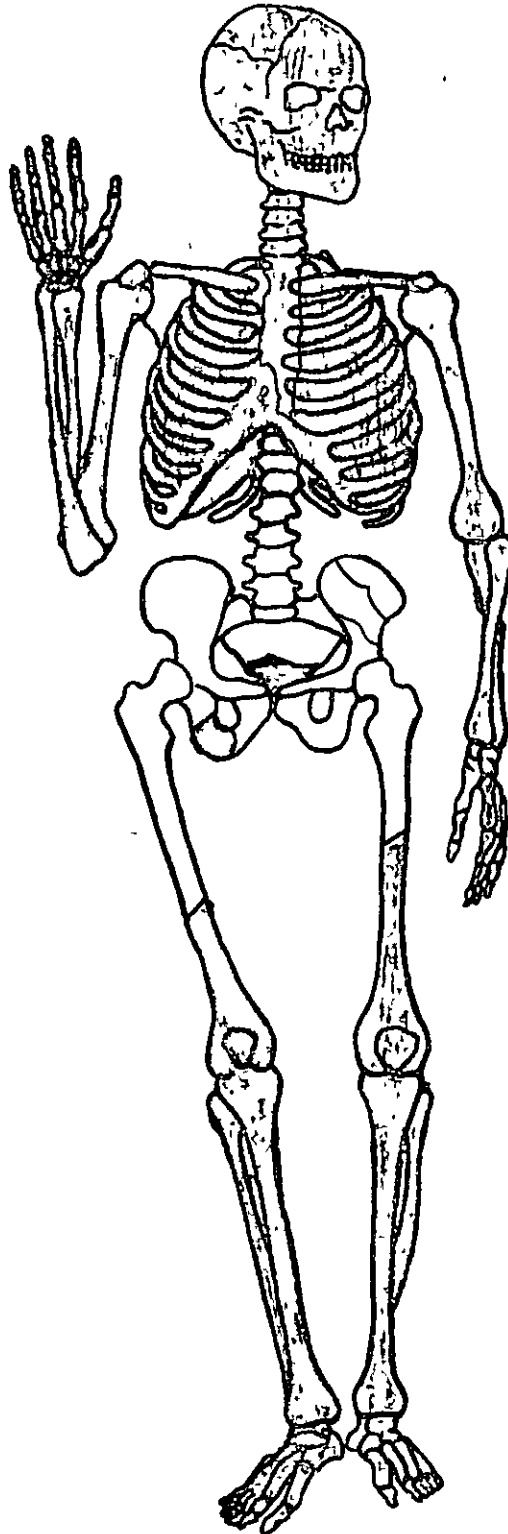
X-214

Hamm, Cemetery, LUXEMBOURG

SKELETAL CHART

Plot: EE Row: 9 Grave: 208

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Estimated height

5'10"

CHART A

CHECK LIST FOR UNKNOWN

UNKNOWN X- 214
 CEMETERY U. S. Mil. Cem., HALM, LUX.
 PLOT EE ROW 9 GRAVE 208

Arrived at cemetery 29 OCTOBER 1945 From ---
 (hour) (date) (collecting point)
 Place of death Bastogne, Belgium, Coords. 550560, Scale 1/74,000.
 (name) (coordinates & landmarks)

Remains recovered by Sgt. Eugene Kendall, 610th QI Graves Reg. Co.
 (name and organization)

Evacuated to cemetery by Sgt. Eugene Kendall, 610th QI Graves Reg. Co.
 (name and organization)

Is load list attached No Are names of deceased found in same
 (yes-no)

area as this Unknown starred - Are circumstances described
 (yes-no)

which may indicate organization of the deceased - If only
 (yes-no)

part of a body was received, was a careful search made for other

parts of Unknown Yes
 (yes-no)

If remains come from vehicle, plane, etc: -
 (type of vehicle or plane,

nickname serial number, organization or symbols)

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

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

If organization to which vehicle or plane was assigned or if names
 of all other deceased are not known, give detailed information con-
 cerning vehicle or plane _____

(parts of markings or symbols) (burned)

(pierced by shell fire - where) (found in town, field, by road)

(damaged by mine explosion) (names of men who escaped)

(description of other vehicles or planes in area)

Detailed description of personal effects None
 (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 marks, wear, tears
Headgear (type)				
Raincoat	<u>NO CLOTHING</u>			
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggins Wool				(unusual lacing)
Socks Cotton				
*Shoes (type)				
Overshoes Web				
Equipment (type)				
Other item				

*If body is nude, sizes of these items should be computed by measuring the remains. Cheverons or None
 Shoulder Patch None. (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age - Height - Weight - Description of wounds -
 (yrs) (ft-in) (lbs)

OBD - Cannot be Determined

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

Tattoos OBD
(number, location - illustrate on s.p. page)

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

Sunburn or tan, other than hands and face OBD

Tobacco stains on fingers or teeth OBD
(designate where, extent)

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

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

Hidemarks OBD Mustache OBD Beard or goatee OBD
(color, setting, shape) (color, size, shape) (Length)

Heavy, light, color, extent

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

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

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

Teeth OBD
(white, size, unevenness, spacing, noticeable crowns, fillings or extractions)

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

Forehead OBD Circumference of head in inches OBD
(large, small, normal) (hot band)

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

Arms OBD
STRAIGHT, SMALL, ROUNDED) (length, muscular, color, extent & quantity of hair)

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

marks on fingers indicating that rings were worn)

OBD - Cannot be Determined

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

(Unusual characteristics of fingernails)

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

Back OBD Waist OBD
(quantity and extent of hair) (size at naval, appendectomy, amount and color)

Circumcised OBD Pubic hair OBD Hernioplasty OBD
Of hair) (yes-no) (color) (yes-no) (location)

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

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

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

Black out parts of body not received at cemetery:



Have photographs been made and attached NO If not, explain Only few bones remain
(yes-no)

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

Has tooth chart been prepared? NO If not, explain Head missing
(yes-no)

Remarks: Remains consist of only a few bones.

Keith L. Miller
(Signature of GRO and Organization)
Keith L. Miller, 1st Sgt., 35018989
610TH QM GRAVES REG. CO., Commanding

RESTRICTED

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

REPORT OF BURIAL

29 October 1945 /jc
Date

TM 10-630 AND AR 30-1815

UNKNOWN X-214

UNK.

UNKNOWN

Last Name

First

Initial

Rank

Serial No

UNKNOWN

GC-550560, Scale 1/4", 000
Vicinity, BASTOGNE, BELGIUM

EST. DEC. 44
Date of Death

Organization

KIA: Multiple Wounds
Cause of Death

1430 29 Oct 45
Time and Date of Burial

U.S. Mil. Cem., Hamm, Luxembourg
Name of Cemetery

VP-8713
Name or Coordinates of Location

208
Grave Number

9
Row Number

EE
Plot Number

Cross
Type of Marker

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

If No Identification Tags Remains consisted of a few unidentified bones. No bone structure remained. Total weight of remains-14 lbs. Fingerprints and tooth chart impossible due to advanced stages of decomposition.
How were remains identified?
NO TAGS.

What means of identification were buried with the body?

FORM GR-1

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

Who is buried on

HANNABURY

11099598

PFC.

333Inf, 84th Div.

207

Deceased's Right

Name

Serial No.

Rank

Organization

Grave No

Deceased's Left

UNKNOWN X-215

UNK.

UNK.

UNKNOWN

209

Name

Serial No

Rank

Organization

Grave No

Body brought in by Sgt. Eugene Kendall, Det "A" 610th QM Graves Reg. Co.

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 bellow

Emergency Addressee

UNKNOWN

Name

Address

Religion

UNKNOWN

List only Personal Effects Found on Body and disposition of same

NONE

TRUE COPY:

Joseph E Mc Cluskey
JOSEPH E MC CLUSKEY
2nd Lt., INF.

s/t/ Keith L. Miller, 1st Sgt., 35018989

610th QM GRAVES REG. CO., COMMANDING.

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 : _____
- Weight : _____
- Color of Eyes : _____
- Color of Hair : _____
- Race : _____
- Laundry Marks : _____
- Number of Rifle : _____
- Wear Glasses? Yes No
- Is Tooth Chart Attached? Yes No

(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

Right Hand

Thumb

		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.

AMERICAN

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

29 October 1945

Date

UNKNOWN X-214

Last Name

First

Initial

UNK.

Rank

UNKNOWN

Serial No.

UNKNOWN

GC-550560, Scale 1/74,000

Organization

Vicinity, BASTOGNE, BELGIUM

EST. DEC. 44

Date of Death

KIA: Multiple Wounds

Cause of Death

1430 29 Oct 45

Time and Date of Burial

U. S. Mil. Cem., Hann, Luxembourg

Name of Cemetery

VP-8713

Name or Coordinates of Location

208

Grave Number

9

Row Number

EE

Plot Number

Cross

Type of Marker

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

If No Identification Tags Remains consisted of a few unidentifiable bones. No
How were remains identified? bone structure remained. Total weight of remains-14 lbs.
NO TAGS Fingerprints and tooth chart impossible due to advanced
stages of decomposition.

What means of identification were buried with the body?

FORM GR-1

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

Who is buried on.

Deceased's Right: HANNABURY 11099598 PFC 333Inf, 84th Div 207

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: UNKNOWN X-215 UNK. UNK. UNKNOWN 209

Name

Serial No.

Rank

Organization

Grave No.

Body brought in by Sgt. Eugene Kendall, Det "A" 610th QM Graves Reg. Co.

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



If print of identification tag is not affixed fill in below.

Emergency Addressee UNKNOWN

Name

Address

Religion UNKNOWN

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

NONE

Keith L. Miller

Signature of Officer or other person reporting burial

Keith L. Miller, 1st Sgt., 35018989
610TH QM GRAVES REG. CO., Commanding

Verified by GRS Officer

Handwritten notes and signatures at the bottom of the page.

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

(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.

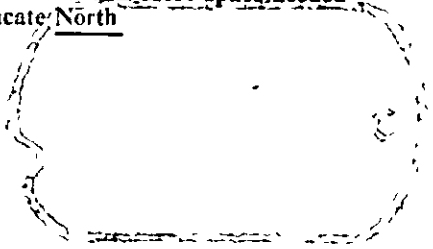
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

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

TOOTH CHART

Left Hand	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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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



Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	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 ○, missing anchor teeth, replacements by artificial teeth X

Characteristics _____
 Other Data _____
 Name _____
 Address _____
 City _____
 State _____
 Zip _____