

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

193 *Link. Suspicion being (Hammer) X-306*

RRE 293

8 June 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 306, Plot GG
Row 5, Grave 104, USMC HAMM, Luxembourg,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 2740, dated 5-4-48.

3. Remarks:
Dental information available at this headquarters is insufficient
to establish identity of X-306. Only possibility of solving this
case is to get complete civilian dental information on the numerous
casualties in the Winsterpelt area.

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589 QMC Lt. Col. E.D. MULVANY, O-359598 QMC
E.D. Mulvanity

Major R. BERGER, O-251736 ORD Capt. Jack C. HAYES, O-1577297 QMC

Capt. E.F. PRICE, Jr, O-1586236 QMC 1/Lt. Edward E. STOUT, O-1594512 CE
E.F. Price *Edward E. Stout*

Received TL #3999, 9 June 49 OPME
Unable to identify from information
available at the present time in Martin 6/23/49

Incl #4

1. FILE UNDER NO. 293 - Unk. Luxembourg X-306 (Hamm)

. SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind. 3. DATE: 11 Mar 1949

4. FROM: OQMD

5. TO: CG, AGRC, Europ Area, APO 58, c/o FM, New York

6. SUBJECT: Identification of Unknown Deceased

Algana, Thomas J. Pfc. 37 631 972

.....

7. DOCUMENT FILED UNDER NO. 293 - G R S, European (Ident)

rtb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

Jab

USMC HAMM

PLOT: H ROW: 15 GRAVE: 97

Date of Burial 7 July 1948 **DISINTERMENT DIRECTIVE**

VERIFIED BY

GRS OFFICER

P-8
18-17ASECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6020 00144

DATE

15 08 48

DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWNX-000306

J

6

CEMETERY

HAMM LUXEMBOURG

PLOT

GG

5

GRAVE

104

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 MARKER

UNKNOWN

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

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
10 AUG 1949
AIRIATION
BRANCH
MEM. DIV.
Hawthorn

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

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME UNKNOWN

SERIAL NUMBER X-000306

RANK

ARM J

DATE OF DEATH

DAY MONTH YEAR

EMETERY

DISPOSITION OF REMAIN

CODE DIST PT

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

GC 5 104 HAMM LUXEMBOURG

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-000306

SERIAL NUMBER -

RANK -

DATE OF DEATH

DATE DISINTERRED 7 MAY 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER GRS

ORGANIZATION

RELIGION -

IDENTIFICATION VERIFIED BY
DON O. TOHILL
1/LT, FA NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
IN MATTRESS COVER

CONDITION OF REMAINS
CRUSHED SKULL -
SKELETON FORM

OTHER MEANS OF IDENTIFICATION
REPORT OF BURIAL WITH UNKNOWN X306

MINOR DISCREPANCIES
NONE

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

DATE 11 MAY 48
ASKET SEALED BY V.M. Vibbert
W/O Disinfectant

BY RODERICK J. MURRAY, IDENT. TECH.
EMBALMER (Signature)
Roderick J. Murray

ASKET BOXED AND MARKED
DATE 7 July 48 BY Everett Stroud
Clerk Recorder

SHIPPING ADDRESS VERIFIED BY
All marking tags,
plates verified by R.E. Lewis
R.E. Lewis Capt Cav

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

Don O. Tohill
DON O. TOHILL, 1ST LT., FA
SIGNATURE OF GRS INSPECTOR

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

KEVIN
 RECORDS BRANCH
 US 18 10 59 AM '14

APR 12 1948

X - 306

IDENTIFICATION CHECK LIST

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

Exh. G. # 641, dated 5 Dec 47

Unknown X **306**
Cemetery **Hamm, Luxembourg**
Plot **03** Row **5** Grave **104**

Date reprocessed :

1 ~~Reprocessed at~~ **11 Feb 1948**
(Hour) (Date)

2 Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)

3 Remains ~~recovered~~ disinterred **ix and reprocessed by I.S. FIRST SQDN**
(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	None (Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	Remnants of		
Jacket, Combat	None		
Mackinaw	None		
Sweater	Remnants of wool O.D.		
Jacket, HBT	None		
* Shirt Wool OD	Remnants of		
Undershirt, Wool	Remnants of		
Undershirt Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	Remnants of		

Belt, web **Remnants of**

Drawers, wool **Remnants of**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (type)

(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? **AGF**

6 Description of Remains: **R. Femur 43.1** **R. Humerus 33.3**
R. Tibia 35.4 **R. Ulna 24.9**
R. Fibula 35.6 **R. Radius 33.6**

Age **WTD** ^{Est} Height **5'3 1/4** Weight **WTD** Description of wounds . . . **WTD**

Bandages or dressings . **None found** Scars **WTD**
 (Length, width, location)

. **WTD** Tattoos
 (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks . **WTD**
 (Yes-no, description, location)

Sunburn or tan, other than hand and face . **WTD**

Complexion **WTD**
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build **WTD**
 (Large, fat, thin, muscular)

Hair **Light brown 1/2" long straight**
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **WTD**
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **WTD** Mustache **WTD** Beard or **WTD**
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **VFD**
 (Light, color, extent)

Eyes **VFD** Eyebrows **VFD**
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose **VFD** Ears **VFD**
 (Size, shape, straight) (Size, set close to or far from head)

Mouth **VFD** Lips **VFD**
 (Large, medium, small) (Small, large, full)

Teeth **See Tooth Chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **VFD** Circumference of head in inches **Fractured**
 (Large, small, normal) (Hat band)

Neck **VFD** Larynx **VFD**
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders **VFD** Arms **VFD**
 (Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands **Missing and/or too decomposed**

Fingers **Missing and/or too decomposed**
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest **VFD**
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist **VFD**
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back **VFD** Circumcision **VFD** Pubic Hair **VFD**
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **VFD**
 (Yes-no, location)

Legs **VFD**
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet **VFD** Toes **VFD**
 (Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures **None found**
 (Nose, arms, legs, etc)

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

7 Have finger prints been placed on Report of Interment? **No**

(Yes-no)

If not, explain **Missing and/or too decomposed**

8 Has tooth chart been prepared? **Yes** If not, explain

(Yes-no)

9 Remarks **Estimated weight of reprocessed remains : 28 pounds. Clothing, found
in remains, bore no markings. One Burial Report recovered, no GRS tag.
Remains consist of small amount of decomposed flesh.**

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 W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT

Rank

OS10

Service

OPERATIONS OFFICER

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

HUMERUS 33.3 cm

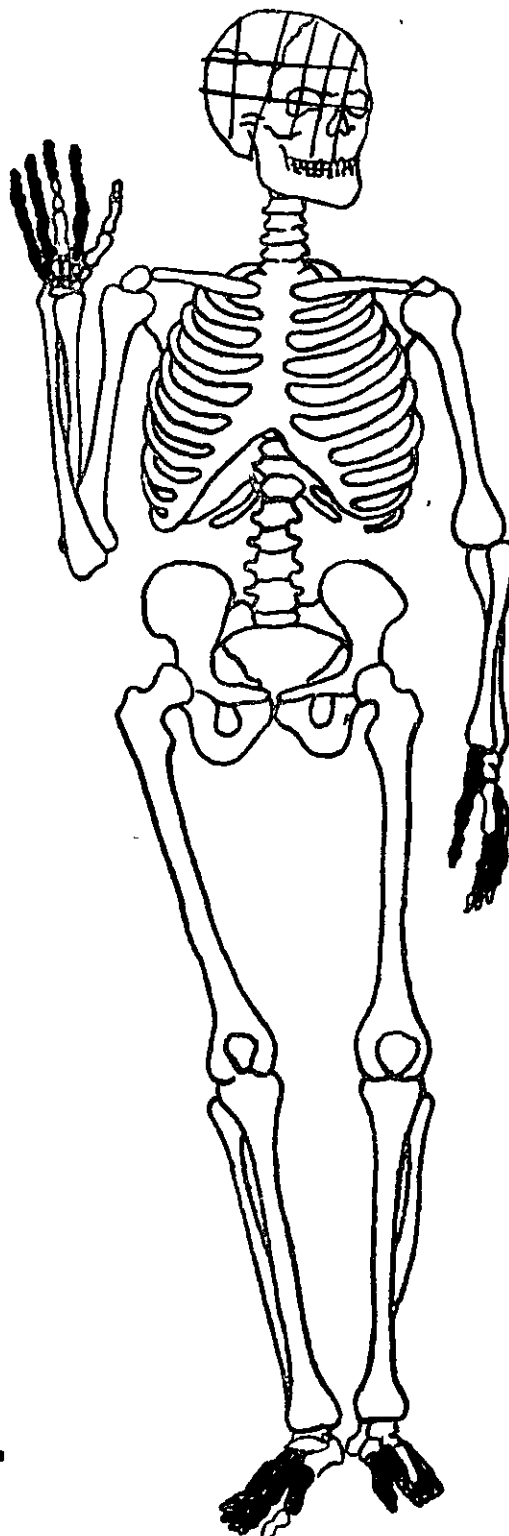
RADIUS 23.6 cm

ULNA 24.0 cm

FEMUR 43.1 cm

TIBIA 35.4 cm

FIBULA 35.5 cm



TOOTH CHART

X - 308

11 Feb 1948
Date

Unknown X - 308

Unk

Unk

Last Name

First

Initial

Grade

Serial No.

Unk
Unit

AGF
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

	X		A MOFL	A DO	A O	G DOFL		NOTE	G DOFL	A MOF	A DOF	A O		X		
Occlusal Views																
TOP VIEWS																
Lateral Views																
	G FULL CROWN	X	Chipper	A O	G INCRIS	P	P		G INCRIS	G DFI	G DOFL	A DOL	A MO	A O	X	

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.

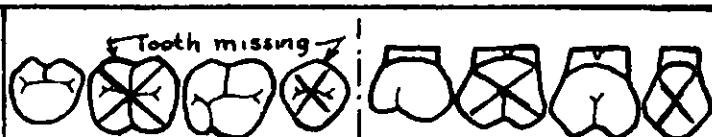
IVOR J FOSKO
2nd.Lt. IS

Ia/ Ivor J Fosko
Signature of Officer or other person who prepared Tooth chart

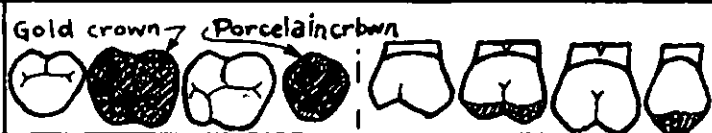
WOODROW W WOLF
CAPT QMC OPER OFF

Verified by G R C Officer

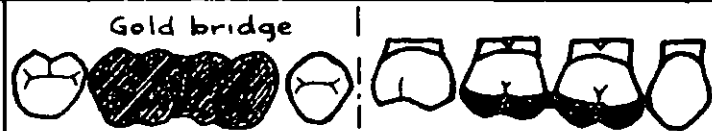
MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus



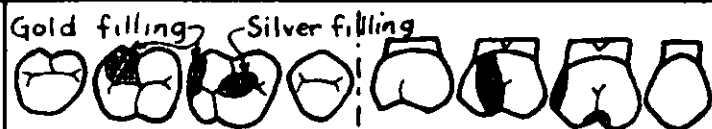
CROWNED TEETH . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



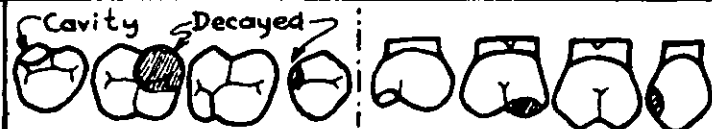
BRIDGE WORK . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus.



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

P Posthumously missing

Spaces : R-13-15 : 4mm

L-1 -2 : 2mm

R-13 has a distal version

R-13 has a lingual version (not too noticeable)

R-11, L-10, L-11 have gold fillings on the incisal surfaces as shown on the chart.

L-13 has a slight lingual version

R-4 has rotated 1/8 of a turn distally

L-2 is a baby tooth shaped like a large darning needle (milk tooth)

R-3 and L-3 have a gold filling on the distal, occlusal, facial and incisal surface.

L-4 has rotated 1/16 of a turn distally.

Color : dull ivory

Size : average

Alignment : good.

REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
„Report of Burial“ when disinterment is accomplished

- 1 Was investigation preceded by Advance Publicity **Yes**
(if Special Investigation, so indicate)

Hamm, Lux

- 2 **UNKNOWN-X-306** **Unknown** **Unknown** **Unknown**
(Full name of deceased) (Rank) (ASN) (Organization)
- 3 State Means of identification, i.e. identification, tags attached to marker, inscription on grave marker, cemetery records townhall records, etc and Source of Information i.e. identification tags, identification cards identification bracelet, leather name plate on flying jacket clothing marks etc

(None)

- 4 Give exact location of isolated grave furnishing coordinates and letter prefix, map sheet, scale and series used, also name of nearest town: **Winterspelt, Ger. (wP-9180)**
Map Ref. Ger. 1/250,000 Namur-Lux. sheet No. 6

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 mass grave) See sketch
- 6 Approximate or established date of death (state which and give basis for date selected)
Dec. 1944 - Approximate

7. Approximate or established date of burial (give basis for date established)
Jan. 1945 - Approximate date - Given by civilians

8. Manner in which grave was marked, show information contained on the marker
One wooden cross for mass grave (No inscriptions)

- 9 List personal effects found in possession of civilian and custodial personnel now retaining furnishing name and address of individuals concerned

(None)

- 10 Furnish information obtained concerning place, and particulars surrounding death and burial, give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information) **The deceased died in the vicinity of Winterspelt, Ger. in the battle of the Bulge. It is believed that the deceased was buried in Jan. 1945 by a German G.R. Company who were cleaning that area at that time. The deceased was buried in a massgrave of 12 deceased.**

Informant: Nikolaus Heck, Burgermeister of Winterspelt, Ger.

11. Give name and adress of person who can guide disinterring team to burial location
Nikolaus Heck, House 21, Burgermeister of Winterspelt, Ger.

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

(Not applicable)

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor

(Not applicable)

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

a. Crew position in plane or vehicle

b. Plane or vehicle serial number

Type

c. Installed weapons

Serial Number

Calibre & Mfgr.

Serial Number

Calibre & Mfgr

d. Engine serial number

Type



Signature of Investigating Officer

WILLIAM H. BARNETT

2nd Lt. O-2018275

6890 Q.H.G.R.Co.

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation) C.O. 6890 G.R.Co.

Disinterment and *reburial/burial made by

Date of *burial/reburial 1600 21 Feb 46

Place of *burial/reburial U S Military Cemetery HANJ LUX.

Plot GG

Row 5

Grave 104

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

* Cross out word not applicable

CHECK LIST FOR UNKNOWNNS

Hamm, Lux

Pvt. ELMORE

(name of soldier processing remains)

Colipt

1. Unknown **X-305** U S Military Cemetery No **Manderschied, Germany.**

2 If remains were disinterred, attach Check List for Disinterments

Colipt

3 Arrived at cemetery **1330 25 Feb. 1946** **Manderschied, Ger.**
(hour) (date) (collecting point)

4 Place of death **Winterspelt, Ger. (wP-9180)** Map Ref. **Ger. 1/250,000** **Namur, Lux.**
(name) (coordinates and landmarks)

5 **Sheet No 6 Isolated Grave (wP-9180)**

6. Remains recovered by **Pvt. Mantia 6890 QM.G.R.CO.**
(name and organization)

Colipt

7 Evacuated to ~~hospital~~ by **Pvt. Mantia 6890 QM.G.R.CO.**
(name and organization)

8 Is load list attached **No**
(yes-no)

9 Are names of deceased found in same area as this Unknown starred **No**
(yes no)

10 Are circumstances described which may indicate organization of the deceased **Yes**
(yes-no)

11 If only part of body was received, was a careful search made for other parts of Unknown **Yes**
(yes-no)

12 If remains come from vehicle, plane, etc **Not Applicable**
(type of vehicle or plane, nick name, serial number, organization or symbols)

13

14 Crew list **Not Applicable**
(names of other deceased and positions in which found)

15

16

17 If a tank, which hatches were free and available for escape use **Not Applicable**

18 If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane **Not Applicable**
(parts of markings or symbols) (burned) (pierced by shell fire - where)

19

20 **Out Side of Town**
(found in town field by road etc) (damaged by mine explosion)

21

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

22 Detailed description of personal effects **None**
(Indicate exact pocket or part of body where found)

23

24

25

26

Description of clothing and equipment : (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27 *Headgear (type)				
28 Raincoat	HEAD CRUSHED			
29 Overcoat				
30 Jacket, Field				
31 Jacket, Combat				due to condition of clothing and body. No sizes could be estimated.
32 Mackinaw				
33 Sweater				
34 Jacket, HBT	None	None	O.D.	
35 *Shirt, Wool OD				
36 Undershirt, Wool	None	None	O.D.	
37 Undershirt, Cotton				
38 Trousers, HBT	None	None	O.D.	
39 *Trousers, Wool OD				
40 Belt, Web	None	None	O.D.	
41 Drawers, Wool				
42 Drawers, Cotton				
43 Leggings	None	None	O.D.	(Note unusual lacing)
44 Socks Wool Cotton				
45 *Shoes (type)	None	None	O.D.	
46 Overshoes				
47 Web Equipment (type)				
48 (other item)				
49 (other item)				

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

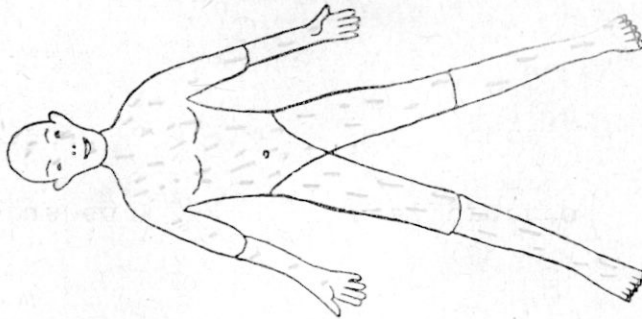
50 Chevrons or ~~insignia~~ location shirt jacket coat helmet Shoulder Patch None

51 Description of Remains

52 Age (years) Height (inches) Weight (lbs) Description of wounds
None of back

- 54 Bandages or dressings **None** Scars **Flesh Decayed**
(length, width location)
- 55
- 56 Tattoos **Flesh Decayed**
(number, location — illustrate on sep. page)
- 57 Outstanding moles, warts or birthmarks **Flesh Decayed**
(yes no) (description, location)
- 58
- 59 Sunburn or tan, other than hands and face **Flesh Decayed**
- 60 Tobacco stain on fingers or teeth **Flesh Decayed**
(designate where extent)
- 61 Complexion **Flesh Decayed** Build **Flesh Decayed**
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)
- 62
- 63 Hair **Brown (small patch found)**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak)
- 64 **Flesh Decayed**
(distinctive cutting or other characteristics)
- 65 Sideburns **Head Crushed** Mustache **Head Crushed** Beard or goatee **Head Crushed**
(color, setting, shape) (color, size, shape) (length)
- 66 (heavy, light, color, extent)
- 67 Eyes **Head Crushed** Eyebrows **Head Crushed**
(color, setting, shape) (color, bushiness, extent across nose)
- 68 Nose **Head Crushed** Ears **Head Crushed**
(size, shape, straight) (size set, close to or far from head)
- 69 Forehead **Head Crushed** Mouth **Head Crushed** Lips **Head Crushed**
(high, wide, wrinkled) (large, medium, small) (small, large, full)
- 70 Teeth **See Tooth Chart**
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
- 71 Chin **Head Crushed** Cheekbones **Head Crushed**
(prominent, receding, pointed, dimple, double) (high, normal)
- 72 Jaw **Head Crushed** Circumference of head in inches **Head Crushed**
(large, small, normal) (hat band)
- 73 Neck **Flesh Decayed** Larynx **Decayed** Shoulders **Flesh Decayed**
(size, long, short, normal, wrinkled) (prominent, normal) (broad)
- 74 (straight, small, rounded) Arms **Flesh Decayed**
(length) (muscular, color, extent and quantity of hair)
- 75 **Flesh Decayed** Hands **Flesh Decayed**
(vaccination scar, size of wrists) (large, small, normal, calloused, noticeably)
- 76
- 76 **Flesh Decayed**
(marks on fingers indicating that rings were worn)
- 77

78. Fingers Flesh (short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. Flesh Decayed (unusual characteristics of fingernails)
80. Chest Flesh Decayed (size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back Flesh Decayed (quantity and extent of hair) Waist Flesh Decayed (size at navel, appendectomy, amount and color of hair)
82. Circumcized Decayed (yes-no) Pubic hair Decayed (color) Hernioplasty Flesh Decayed (yes-no) (location)
83. Legs Flesh Decayed (Inseam) (muscular; knock kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet Flesh Decayed (size; corns; callouses : flat) Toes Flesh Decayed (slender, straight, crooked, overlap)
85. Evidence of healed fractures None (nose, arms, legs, etc.)
86. Block out parts of body not received at cemetery.



87. Have photographs been made and attached No (yes-no) If not, explain
88. Have fingerprints been placed on GRS No I No (yes-no) If not, explain
89. Has tooth, chart been prepared? Yes (yes-no) If not, explain
90. Remarks : Body in advance state of decomposition. No P.E'S. Body intact
91. remains weigh approx. 110 lbs. Buried in Mass Grave.
- 92.
- 93.
- 94.
- 95.
- 96.

W. H. Barnett
 Signature of GRO and Organization
 WILLIAM H. BARNETT
 2nd Lt. O-2018275
 6890 C.F.C.O.

TOOTH CHART

Hamm, '11X

25 Feb. 1946.

UNKNOWN-X-306

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No

Unknown

Unit

Inf.

Organization

Winterspelt, Ger. (WP-9180) Dec. 1944.

B. of chest

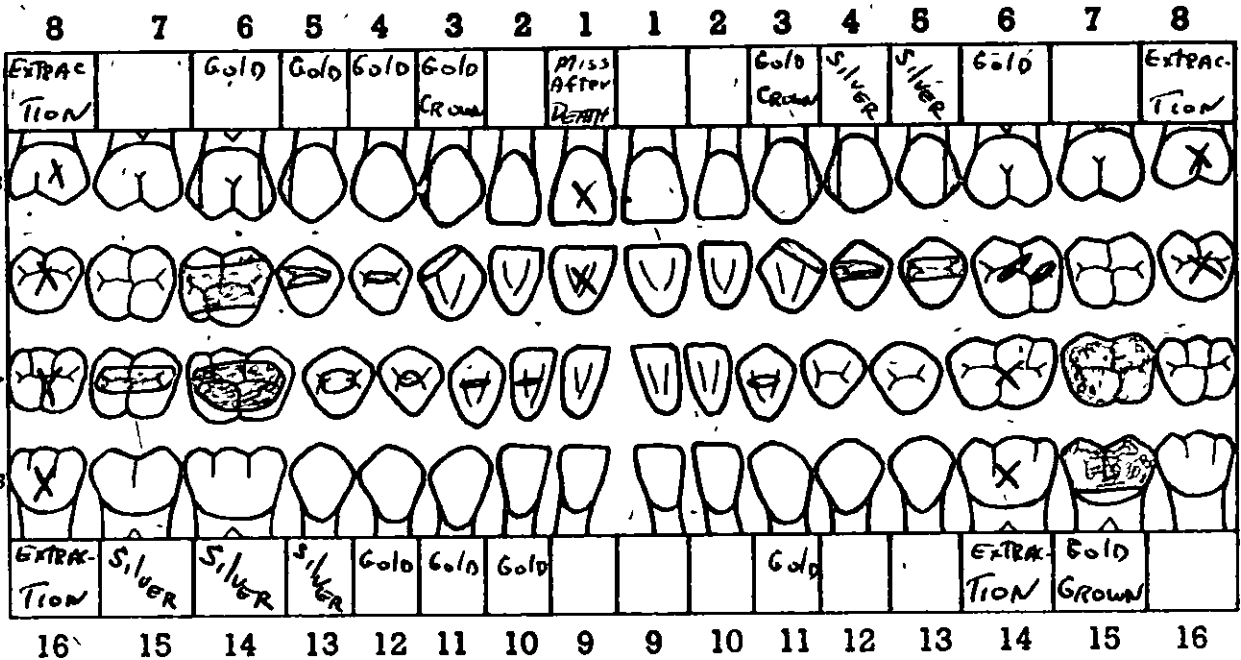
Place of Death

Date of Death

Cause of Death

Right

Left



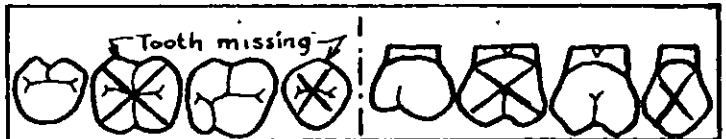
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Put. S. L. Krantz
 Signature of Officer or other person who prepared Tooth Chart

W. H. Barnett

Verified by G. R. S. Officer
WILLIAM H BARNETT
 2nd Lt. O-2018275
 6890 Q.M.G.R.Co.

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



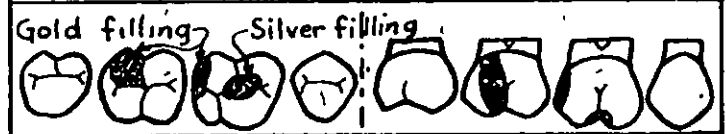
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



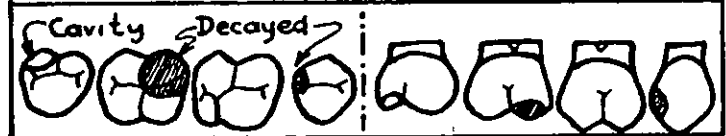
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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



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

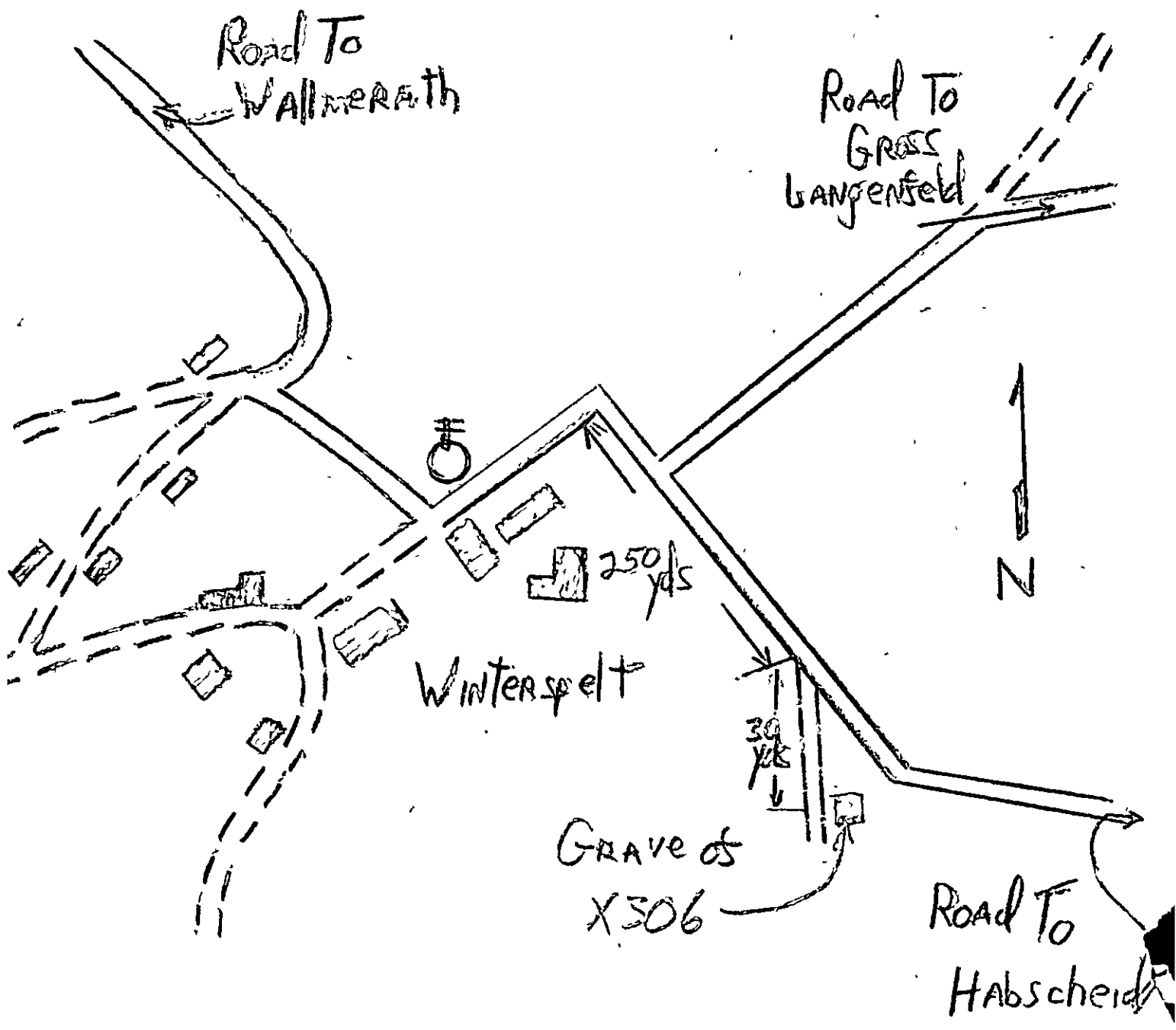


DENTURES (PLATES) Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

SKETCH SHOWING GRAVE OF X-306 , WINTERSPELT, GERMANY.
(Mass Grave with eleven others).

Map : Germany 1/250,000
Sheet : Namur-Lux.No.6
Coord : w P -9180
Location : Winterspelt.Ger.
Sketched By Pfc.Frisowld
6890 QMGR Co
Date : 27 Feb.1946
Not to scale



Hammer, Lux

REBURIAL

REPORT OF BURIAL

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

Restricted Form 10-680 AND AR 30-1815

Tr Letter 1845
25 Feb. 1946.
Date

UNKNOWN-A-306
Last Name

First

Initial

Unknown
Rank

unknown
Serial-No

UNKNOWN
Unit

inf.
Organization

winterspeit, Ger. (WP-9180)

Dec. 1944.
Date of Death

of chest
Cause of Death

1600 24 Feb 46
Time and Date of Burial

U.S. L.I. CEM. HAMMER, LUX
Name of Cemetery

VP- 8413
Name or Coordinates of Location

104
Grave Number

5
Row Number

GG
Plot Number

Temp. cross
Type of Marker

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

If No Identification Tags

How were remains identified?

REBURIAL

see reverse

Previously buried in isolated grave

winterspeit, Ger. (WP-9180) map Ref. Ger.

located at 1/250,000. Namur-LUX. Sheet NO. 6.

What means of identification were buried with the body?

G.R.S. No. 1 in bottle

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

Who is buried on:

Decesed's Right	Name	Serial-No	Rank	Organization	Grave No
X-307		Unk	Unk	Unk	103
X-305		Unk	unk	Unk	105
Decesed's Left	Name	Serial-No	Rank	Organization	Grave No

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

If print of identification tag is not affixed fill in below

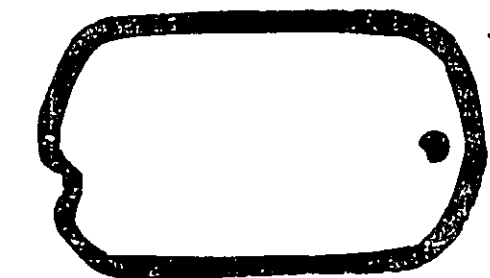
Emergency Address

Unknown
Name

Unknown
Address

Religion

unknown



List only Personal Effects Found on Body and disposition of same

none

Disinterring officer

W. H. Barnett
Signature of Officer or other person reporting burial

Reinterring officer

J. Adams
Verified by G.R.S. Officer

WILLIAM H. BARNETT
2nd Lt. - U-2018275
6890 Q.M.G.R. Co.

REBURIAL

DECEASED IDENTIFIED

Take Fingerprints of Both Hands

If unable to obtain a complete set of Fingerprints

Take Those You Can.

and fill in the following.

Height: unk. Laundry Marks: none
 Weight: unk. Number of Rifle: none
 Color of Eyes unk. Wear Glasses? unk.
 Color of Hair: brown Tooth Chart-Attached? yes
 Race unk.

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

None

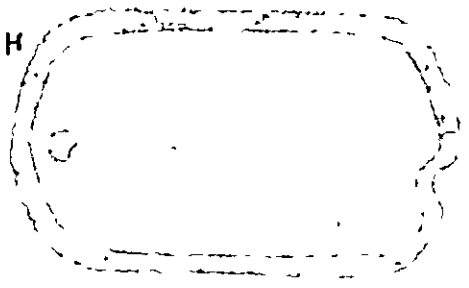
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

None

Determining Right or Left use Deceased's Right and Left Hand as printed on

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



Fingers Decayed

Fingers Decayed

TOOTH CHART

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

Indicate missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊕; missing anchor teeth, replacements by artificial teeth by X

Characteristics

Other Data

Left Hand

Right Hand

Thump

Thump

Upper Lower

100

RE BURIAL