

4509

GREVENBACH, 25th of February 1946

STATEMENT

I the undersigned certify hereby the following:

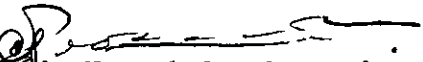
In the begin of April 1945 I went with my husband to our vinyard named "Foscht" to work overthere. When we had done our work at about four o'clock and returned home we found the parts of an american helmet. We thought that here a G. I. had been killed in action. Then we found the spot where he probably had laid. (the grass was pushed down) About 1 or 2 meters away we found a bundle of human (10 centimeters long, black and blond-stained). At once we had the idea that it could not be the hair of a colored man (not curied). In the grass we found blank letter-paper and a letter. I could not read the scripture (because it was too small) but I could state a number. My husband put it in his pocket and took it home. Two weeks later my husband showed the letter to Mr. KIEFFER, because Mr. KIEFFER understands english. Mr. KIEFFER said that he would read the letter. Eight days later he told my husband that the soldier received the letter from his sister. He wanted to keep the letter to send it later to the writer. We buried the hair-bundle to prevent children to play with. We also put the helmet in the ditch. During the summer we saw that it was no more there. The searching Team (Walker) told us that Mr. KIEFFER picked up the helmet to have it as a souvenir.

193 - X-323 / (Kieffer) Kump

Witness  
s/ Gillen Joan


Interproter  
s/ Toussaint

For a true and complete translation:

  
Arie Voorwinde, Supervisor

Undersigned:  
s/ Mrs. J.P. Clemens  
E/ Mr. J.P. Clemens  
2 Koiffeschgassel

I certify this is a true copy:

  
CHARLES E. FAYS  
2nd Lt., Inf.

File  
5 march 51  
m Marten  
H. Lee  
K-323

293 York Luxembourg X-323  
DEPT OF DEFENSE  
GREENWICH (Hamm)

318

7070

1949 AUG 10 16 16 1

318

AUG 11 11 37 AM '49

HQ AGRC PARIS

O. Q. M. S.  
TEL & CAB SECTION

AGRC 5358

D. T. G. 101500Z

AGRC 7218

HC TH NO.

AIR CMC  
FUE 41  
FRACSS  
MA UE PC  
LE OF POC 41

R 101500Z

FM HQ AGRC PARIS FRANCE

TO OQNG WASHDC  
GRAVES GRNC

REF AGRC FIVE THREE FIVE EIGHT

AFTN MEMORIAL DIVISION

REQUEST GRAVE LOCATION ON DISINTERMENT DIRECTIVE NUMBER SIX ZERO

TWO ZERO DASH ZERO ZERO ONE TWO THREE CMA RRE FORM ONE SIX NUMBER

NINE TWO CMA DATED ONE FIVE JULY ONE NINE FOUR NINE CMA PERTINENT

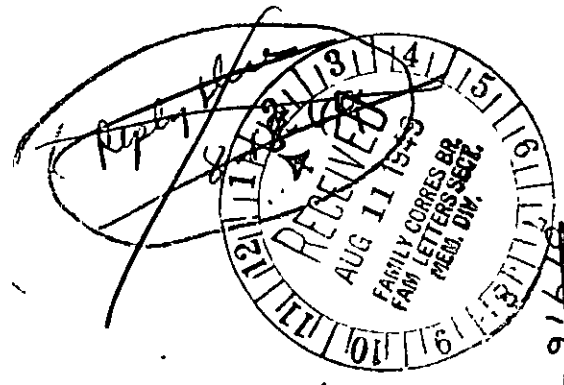
TO UNKNOWN XRAY DASH THREE TWO THREE CMA USMC HAMM CMA BE AMENDED

TO REFLECT PLOT FOX CMA REPEAT PLOT FOX CMA ROW NINE CMA REPEAT

ROW NINE CMA GRAVE TWO SEVEN CMA REPEAT GRAVE TWO SEVEN PD END PD

AGRRE PD PECKHAM

10/1526Z AUG



2416  
183

RECORD ATTACHED

Rep Recs 2

Files 27  
NAT  
14 Sept 49  
Mem Rec

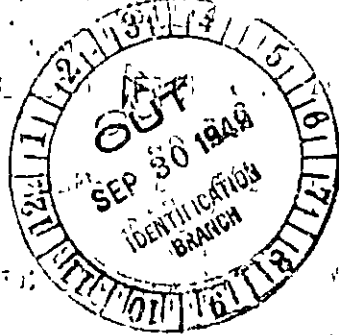
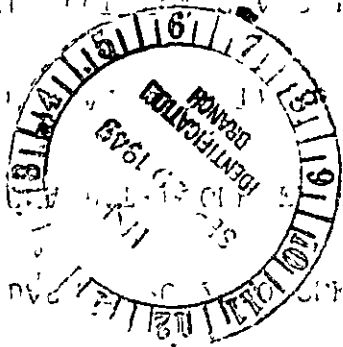
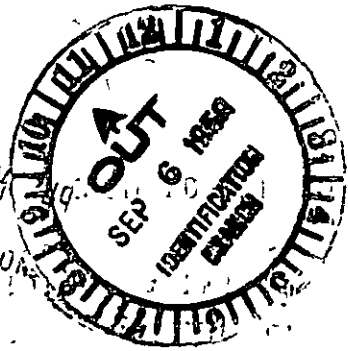
ADMINISTRATIVE BRANCH

AUG 11 1949 PH: 491

MEMORIAL DIVISION

AUG 11 1 30 PM

MEMORIAL DIVISION



Faint, mostly illegible text and markings on the left side of the page.

Handwritten notes in the lower right quadrant, including the word "WHERE" and other illegible characters.

Handwritten number "372" in the lower right area.

Small handwritten text or mark at the bottom right corner.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

27 May 1949

(Date)

RRE 293

*293 Unit. Separation (Missing) X-323*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS *W*

1. The records pertaining to Unknown X - 323, Plot GG  
Row 3, Grave 51, 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. 2612, dated 6-1-48.

3. Remarks: Tooth chart for X-323 checked against 371 forms  
in file for all casualties listed on following map sheets with negative re-  
sults, Germany 6 and K 50, Moselle, France; Luxembourg.

Bernard E. CARROLL

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

*Roger Berger*  
Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

*E.F. Price, Jr.*  
Capt. E.F. PRICE, Jr. O-1586236

QMC

*Edward E. Stout*  
1/Lt. Edward E. STOUT, O-1594512

CE

Received Transmittal Letter #3986, 8 June OQMG  
Unable to identify from information available  
at the present time.

M. Martin. 27 June 1949

Incl #3

1

USIC HAMM 9 27  
Plot F Row 2 Grave 78  
Reburied: 15 July 49

DISINTERMENT DIRECTIVE

P-5  
17-6-48

VERIFIED BY *Joseph J. Brown Jr.* per cable for field dtd 8/11/49 John

SECTION A - GRS OFFICER  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6020 00123

DATE  
15 07 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
UNKNOWN X-000323 0 0

CEMETERY DISPOSITION OF REMAINS  
HAMM - LUXEMBOURG 0 6001 80  
CODE DIST PT

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
GC 3 51 LUXEMBOURG 6

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 RANK DATE OF DEATH DATE DISINTERRED

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

*see file*

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 GRS INSPECTOR

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

AUG 30 1948  
RECEIVED  
CASH  
*Hawkins*

# 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-000323

RANK

ARM

Q

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT ROW GRAVE COUNTRY

GG 3 51 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

Form with fields for NAME, SERIAL NUMBER, RANK, DATE OF DEATH, DATE DISTINTERRED, IDENTIFICATION TAG ON, ORGANIZATION, RELIGION, IDENTIFICATION VERIFIED BY.

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

Form with fields for NATURE OF BURIAL, CONDITION OF REMAINS, OTHER MEANS OF IDENTIFICATION.

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX

Handwritten signature: Veschel M. Vibbert

DATE 11 MAY 1948

BY VESCHEL M VIBBERT, IDENT TECH

CASKET SEALED BY R JAMES MURRAY TO DIS.

Handwritten signature: R James Murray

CASKET BOXED AND MARKED W E RAFFERTY JR. CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY ALL MARKINGS TAGS PLATES VERIFIED BY R E LEWIS CAPT CAV.

DATE 7 July 1948

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

Handwritten signature: Antonio Teixeira

ANTONIO TEIXEIRA 2ND LT INF

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

REPAIRS  
 RECORDS BRANCH  
 10 52 AM '14



## IDENTIFICATION CHECK LIST

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

Unknown X. 323 -----

Cemetery HAM, Luxemburg -----

Plot GC Row 3 Grave 51 -----

**Date re processed: 20 November 1947**

1 ~~Revised processing~~ -----  
 (Hour) (Date)

2 Place of death -----  
 (Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3 Remains ~~reinterred~~ disinterred by MOBILE TEAM, C.I.P. A.G.R.C. BA. -----  
 (Name and organization)

4 Evacuated to Cemetery by -----  
 (Name and organization)

5 Description of clothing and equipment (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs etc
* Headgear	<b>NONE</b> (Type)	-----	-----
Raincoat	<b>NONE</b>	-----	-----
Overcoat	<b>NONE</b>	-----	-----
Jacket, Field	<b>NONE</b>	-----	-----
Jacket, Combat	<b>NONE</b>	-----	-----
Mackinaw	<b>NONE</b>	-----	-----
Sweater	<b>NONE</b>	-----	-----
Jacket, HBT	<b>NONE</b>	-----	-----
* Shirt, Wool OD	<b>Remnants of</b>	-----	-----
Undershirt, Wool	<b>Remnants of</b>	-----	-----
Undershirt, Cotton	<b>NONE</b>	-----	-----
Trousers, HBT	<b>NONE</b>	-----	-----
* Trousers, Wool OD	<b>NONE</b>	-----	-----

Belt, web **NONE**

Drawers, wool **NONE**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **NONE**

\* Shoes **One (1) pair service (type) size 8 1/2 E**

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?

6 Description of Remains **RIGHT TIBIA 35,7 FIBULA 36,5 FEMUR 43,2**  
**RIGHT RADIUS 23,5 ULNA 26,0 HUMERUS 32,7**

Age **UTD** Est. Height **5'4 1/2"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**  
(Length, width, location)

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

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

Sunburn or tan, other than hand and face **UTD**

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

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

Hair **NONE FOUND**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

Goatee . . . . . **UTD**  
(Light, color, extent)

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

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

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

Teeth . . . . . **SEE TOOTH CHART**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin . . . . . **UTD**  
(Prominent, receding, pointed, dimples, double)

Jaw . . . . . **UTD** . . . . . Circumference of head in inches **21 1/2"**  
(Large, small, normal) . . . . . (Hat band)

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

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

Hands . . . . . **UTD**

Fingers . . . . . **UTD**  
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

. . . . . **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 **None found**  
(Quantity and extent of hair) . . . . . (Yes-no) . . . . . (Color)

Hernioplasty . . . . . **UTD**  
(Yes-no, location)

Legs . . . . . **UTD**  
(Inscant, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

Evidence of healed fractures . . . . . **NONE**  
(Nose, arms, legs, etc.)

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

**SEE ATTACHED CHART**

7 Have finger prints been placed on Report of Interment?

no

(Yes-no)

If not, explain

**Fingers missing.**

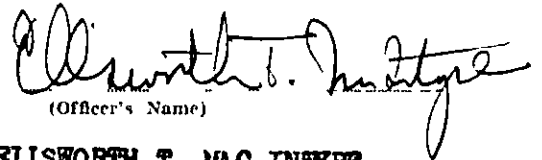
8 Has tooth chart been prepared? **Yes** If not, explain

(Yes-no)

9 Remarks

**Remains received in "UK" type burial box in skeletal form.  
Estimated weight: 15 lbs. Clothing found in debris, no markings evident.  
Fluoroscopic Examination negative.  
Burial report, no GRS tag, recovered with remains.  
No means of identification found.  
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



(Officer's Name)

**ELLSWORTH T. MAC INTYRE  
CAPTAIN QMC C.I.P.**

Rank

Service

**CENTRAL IDENTIFICATION POINT**  
(Organization)

X-323

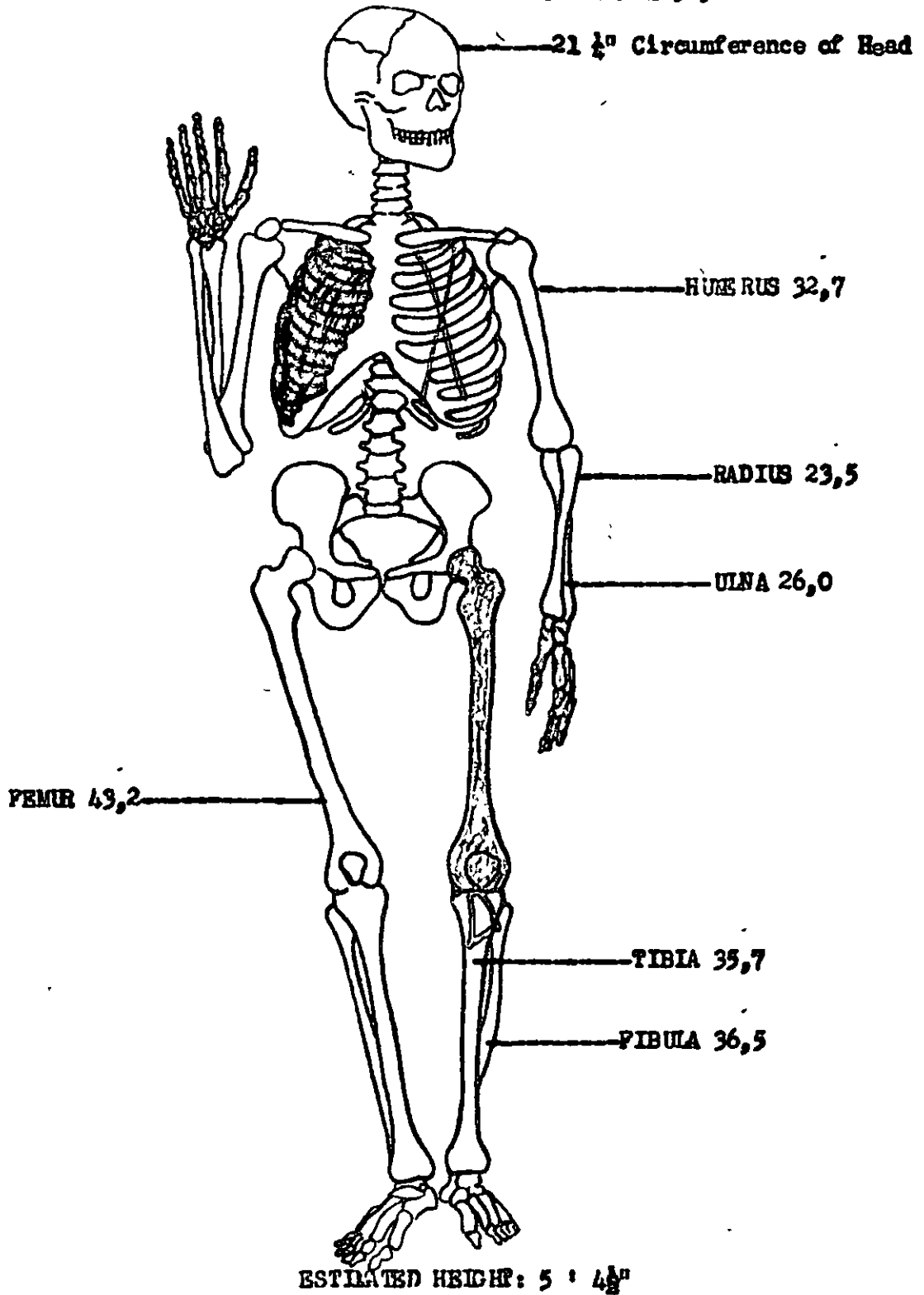
# SKELETAL CHART

HAM, Cemetery Luxemburg

Plot GG, Row 3, Grave 51

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

UNKNOWN X-323



49

X-323

HAMM, Luxemburg

TOOTH CHART

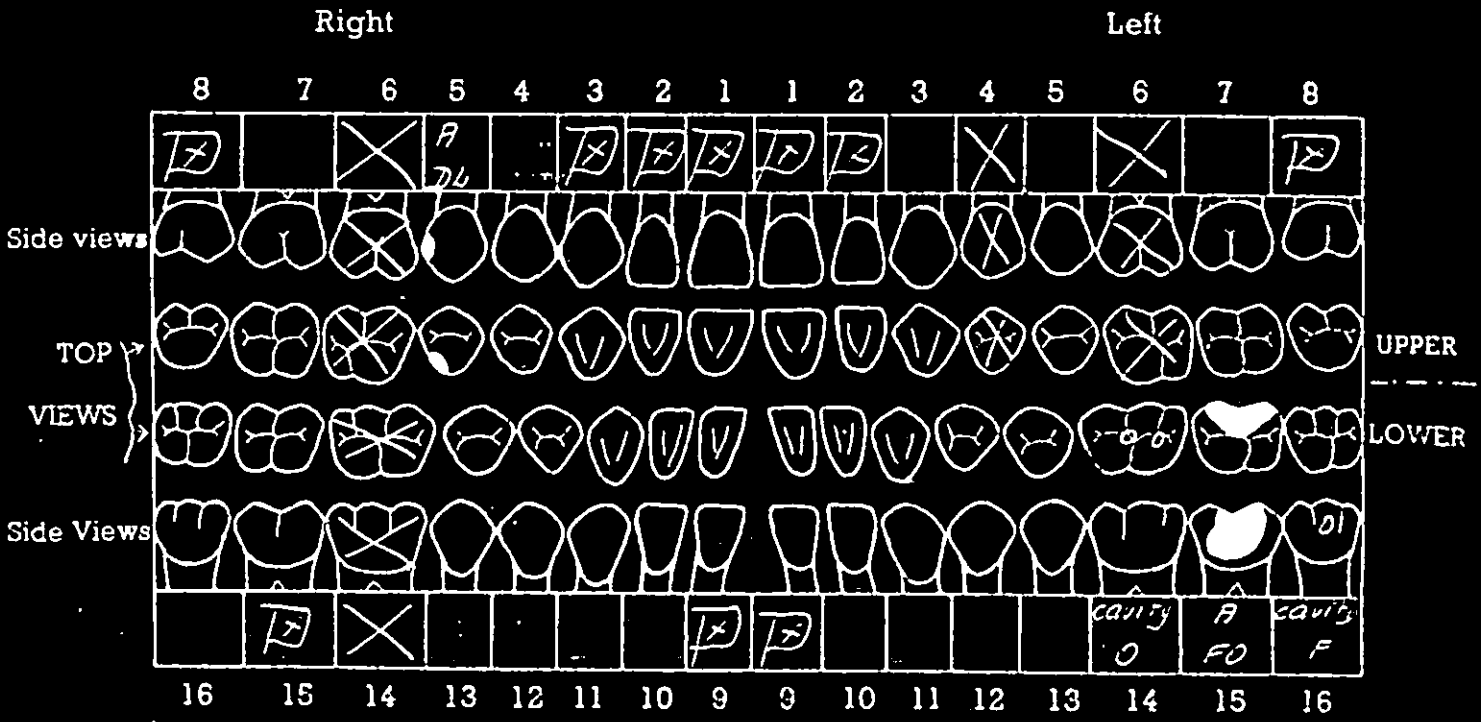
Plot GG, Row 3; Grave 51

20 November 1947

UNKNOWN X-323 HAMM

Date

Last Name	First	Initial	Rank	Serial No.	
Unit			Organization		
Place of Death		Date of Death	Cause of Death		



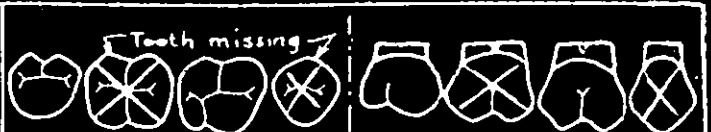
SEE REMARKS

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.

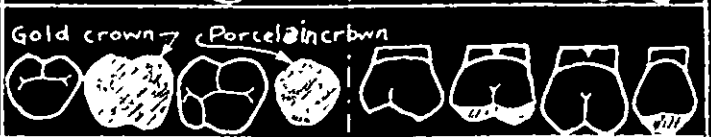
*Mc Lawrence G. Shaw M.D.*  
 Signature of Officer or other person who prepared Teeth chart

*Ellsworth T. Intyre*  
 Verified by G. R. S. Officer  
 ELLSWORTH T. LAC 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 :



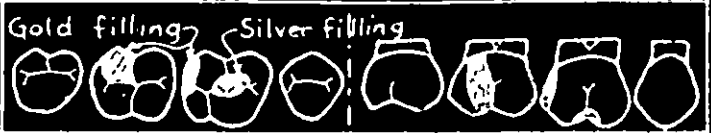
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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

**P** - Posthumously missing.  
 Spaces: R-5-7; 6mm., L-3-5; 2mm., L-5-7; touching.,  
 R-10-11; 1/2 mm., R-11-12; 3mm.; R-13-15; touching.,  
 L-10-11; 1mm., L-11-12; 1/2 mm.,  
 R-12 is rotated 1/2 turn distally  
 R-13 has a mesial version and is rotated slightly distally  
 L-5 is rotated 1/2 turn distally  
 R-4 is rotated 1/8 turn distally  
 R-5 is rotated 1/8 turn mesially  
 R-16 has mesial version.  
 Size - Medium  
 Alignment - Good  
 Color - Ivory

15

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

Unknown X 323  
 Cemetery HARRIS  
 Plot 66 Row 3 Grave 51

1. Arrived at cemetery 1100, 27th, FEB, 1946  
 (Hour) (date)

2. Place of death GRAVENMACHER (06, 5-20, 5)  
 (Name of closest town) (coordinates and letter  
 Prefix, maps)

NEURKIRCHEN SHEET -J-1; 1:100,000  
 Sheet, scale and serials used

3. Remains recovered or disinterred by PFC. HANST W. JAMERSON, DET. MAW 531st. CM. GRP.  
 (Name and organization)

4. Evacuated to Cemetery by PFC. SIGURD G. STIVERSON, DET. MAW 531st. CM. GRP.  
 (Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements).

Item	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear				
	(type)			
Raincoat				NONE
Overcoat				"
Jacket, Field				"
Meckin'w				"
Sweater				"
Jacket, HBT				"
*Shirt, Wool, OD				"
Undershirt, Wool				"
Undershirt, Cotton				"
Trousers HBT				"
*Trousers, Wool OD				"



Belt, web

Drawers, Wool

Drawers, Cotton

Leggings, Wool (note unusual lacing)

Socks, ~~Cotton~~, WOOL, CUSHION TYPE 2

\*Shoes 2 (type) SERVICE 8 1/2 E

Overshoes

Web Equipment (type)

(Other item)

(Other item)

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

6. Chevrons or

Insignia

NONE

(type & location; shirt, jacket, coat, helmet)

Shoulder Patch

NONE

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

GROUND FORCES

8. Description of Remains:

NOT APPLICABLE

Age

Height

Weight

Description of wounds

Bandages or dressings

Scars

(length, width, location)

Tattoos

(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks

(yes-no; description, location)

Sunburn or tan, other than hands and face

Complexion

(light, med. dark, clear, pimples, pocks, freckles)

Build

(large, fat, thin, muscular)

Hair

BLACK, (UNABLE TO DETERMINE FURTHER.)

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

Hair BLACK  
(baldness, brows peak, distinctive cutting, other characteristics)

Sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or Goatee \_\_\_\_\_  
(color, setting, shape) (color, size, shape) (length, heavy,

light, color, extent)

Eyes \_\_\_\_\_ Eyebrows \_\_\_\_\_  
(color, setting, shape) (color, bushiness, extent across nose)

Nose \_\_\_\_\_ Ears \_\_\_\_\_  
(size, shape, straight) (size, set close to or far from head)

Mouth \_\_\_\_\_ Lips \_\_\_\_\_  
(large, medium, small) (small, large, full)

Teeth \_\_\_\_\_  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract.)

Chin \_\_\_\_\_  
(prominent, receding, pointed, dimple, double)

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

Neck \_\_\_\_\_ Larynx \_\_\_\_\_  
(size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders \_\_\_\_\_ Arms \_\_\_\_\_  
(broad, straight, small, rounded) (length, muscular, color)

(extent and quantity of hair)

Hands \_\_\_\_\_

Fingers \_\_\_\_\_  
(short, thick, long, slender, size of knuckles, missing fingers or

joints.) (Unusual characteristics of fingernails)

Chest \_\_\_\_\_  
(size of nipples, color, quantity & extent of hair, large, small, normal.)

Back \_\_\_\_\_ Waist \_\_\_\_\_  
(quantity & extent of hair) (size of navel, appendectomy, amount

quantity & color of hair) Circumcision \_\_\_\_\_ Pubic hair \_\_\_\_\_  
(yes-no) (color)

Hernioplasty \_\_\_\_\_  
(yes-no; location)

Legs \_\_\_\_\_  
(inset, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet 8 1/2 E Toes \_\_\_\_\_  
(Size, corns, Callouses, Flat) (slender, straight, crooked, overlap)

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

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



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

If not, explain DECOMPOSED

11. Has tooth chart been prepared NO. If not, explain TEETH MISSING  
Yes-no

12. Remarks: BODY IN SKELTON FORM, BONES SHATTERED.

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.

*Wilbur H. Bergen*  
WILBUR H. BERGEN  
Officers Name

2nd LT. INF  
Rank Service

531st.Q.M. GROUP, DET."A"  
Organization



# SKETCH

GRAVENMACHER

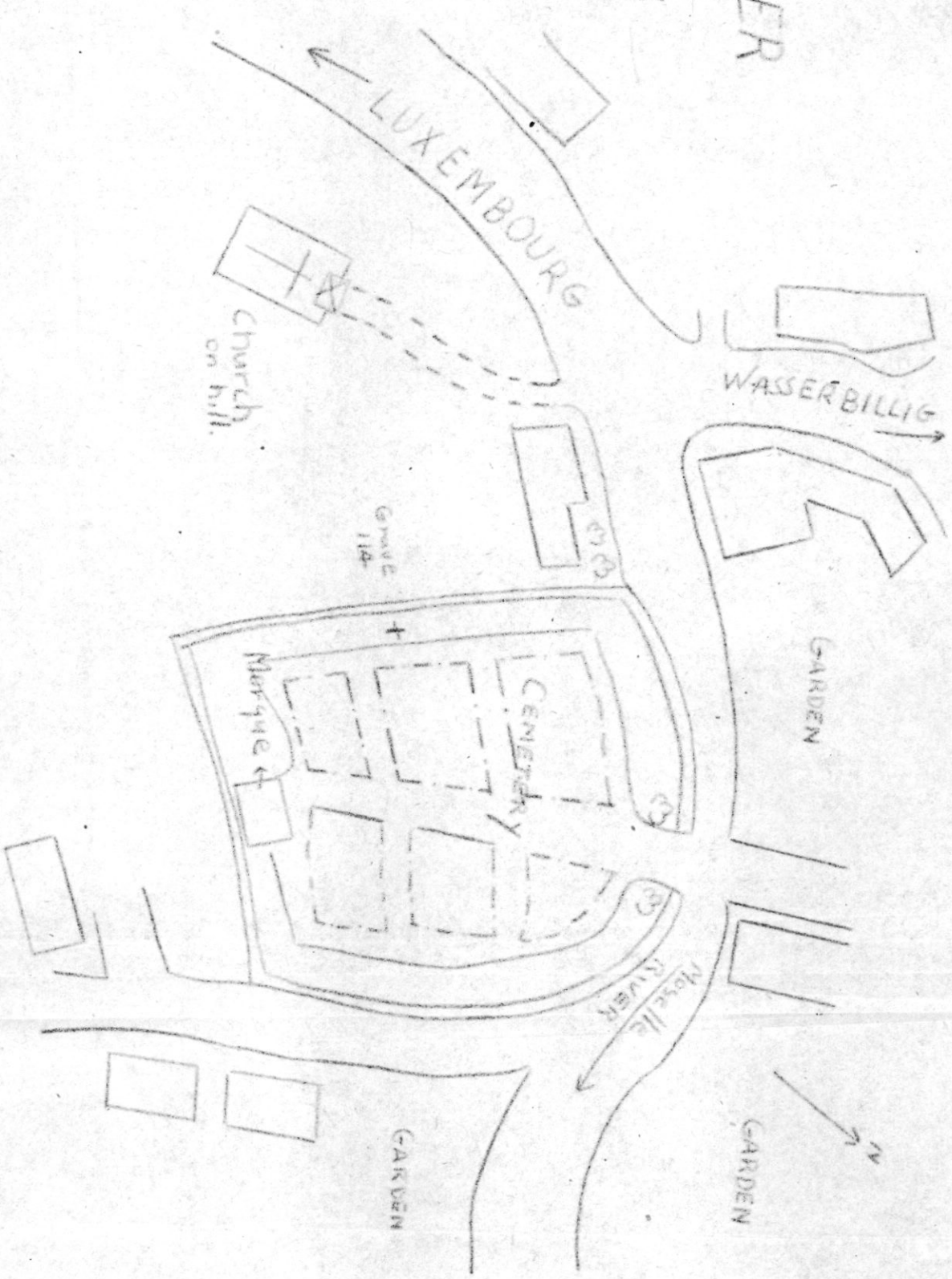
LUXEMBOURG

NEU-IRCHEN-SHEET U2

(065, 210)


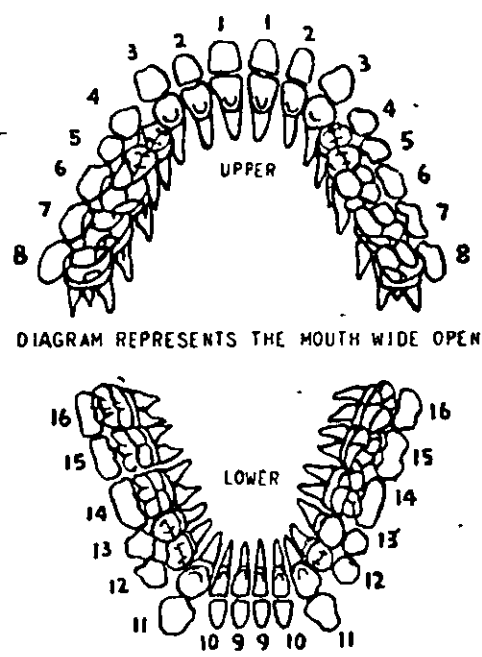





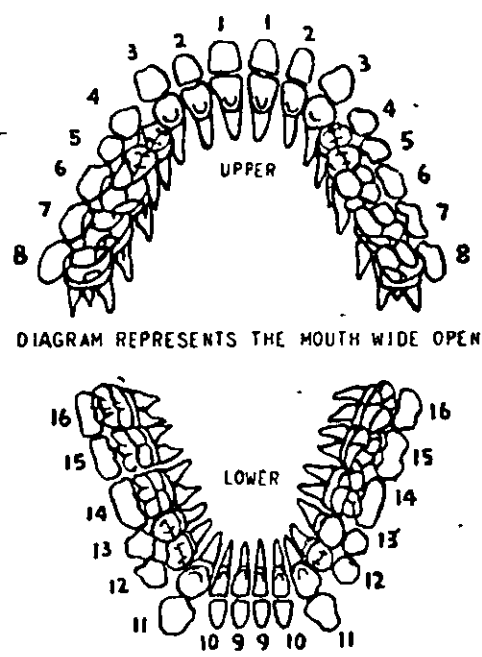





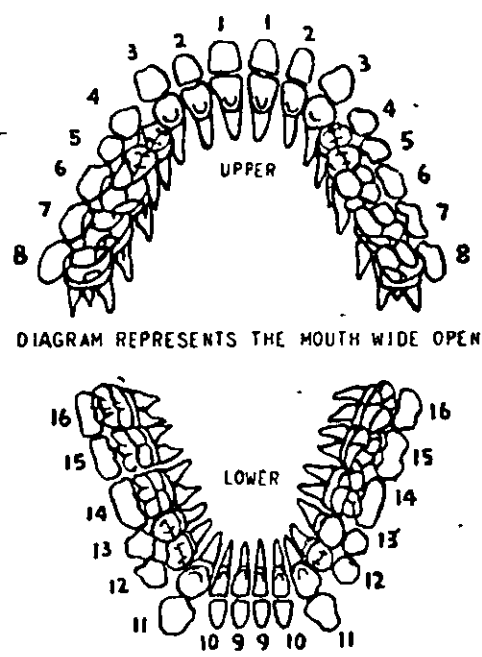





Scale = 1 inch.

Copied by  
P. R. Swatby





**RESTRICTED**

Section 3.—UNIDENTIFIED REMAINS.							
<b>PARTS MISSING</b> LEFT LITTLE FINGER	<p><b>INSTRUCTIONS</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under Other such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks, and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>						
" " " " " "	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">HEIGHT UNK.</td> <td style="width: 15%;">WEIGHT UNK.</td> <td style="width: 15%;">COLOR OF EYES UNK.</td> <td style="width: 15%;">COLOR OF HAIR UNK.</td> <td style="width: 40%;">BIRTHMARKS SCARS OR TATTOOS UNKNOWN</td> </tr> </table>	HEIGHT UNK.	WEIGHT UNK.	COLOR OF EYES UNK.	COLOR OF HAIR UNK.	BIRTHMARKS SCARS OR TATTOOS UNKNOWN	
HEIGHT UNK.	WEIGHT UNK.	COLOR OF EYES UNK.	COLOR OF HAIR UNK.	BIRTHMARKS SCARS OR TATTOOS UNKNOWN			
" " " " " "	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">WEAPON AND SERIAL NO  NONE</td> <td style="width: 33%;">LAUNDRY MARKS  NONE</td> <td style="width: 34%;">WHERE BODY WAS BURIED OR FOUND  GRAVENMACHER</td> </tr> </table>	WEAPON AND SERIAL NO  NONE	LAUNDRY MARKS  NONE	WHERE BODY WAS BURIED OR FOUND  GRAVENMACHER			
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" " " " " "	<p><b>OTHER IDENTIFICATION CLUES</b></p> <p align="center">NONE</p>						
" " " " " "	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width: 50%; vertical-align: top;">  <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>MISSING TEETH</b></p> <p align="center">PARTS MISSING TOOTH MISSING</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p> </td> </tr> </table>	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>	 <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>	<p><b>MISSING TEETH</b></p> <p align="center">PARTS MISSING TOOTH MISSING</p> 	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>
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<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>							
" " " " " "		<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <p align="center"><b>SKETCH ATTACHED</b></p> <div style="text-align: center;">  </div>					
" " " " " "	<p><b>REMARKS</b></p> <p align="center">IMPOSSIBLE TO OBTAIN TOOTH CHART, BECAUSE TEETH MISSING FROM REMAINS, NO FINGER PRINTS BECAUSE ONLY BONES EXIST.</p>						
" " " " " "	<p>REMARKS</p>						