

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-6675-A				2. DATE OF REPORT 10 Nov 1949	
3. NAME OF CEMETERY USMC NEUVILLE	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	CC	11	251	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED REMAIN AGE: 25-30	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR None found		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS EMBOSSSED PLATE RECEIVED PINNED TO BLANKERT CONTAINING REMAINS MARKED UNK-X-6675					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES NONE FOUND					
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Extremely			
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? See skeletal chart			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS None found					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) None found					

A TRUE COPY

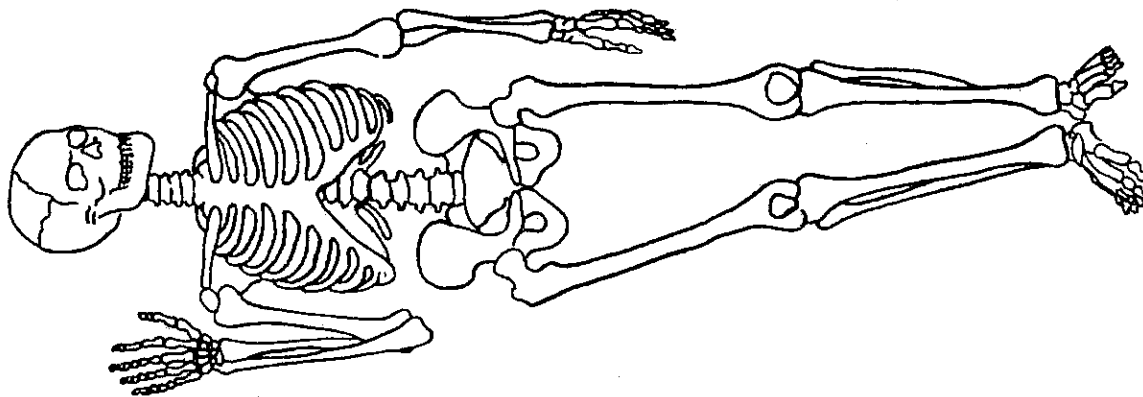
C. W. Steinsiek
C. W. STEINSIEK
Capt QMC

See back of file for approval

*File 1 Nov 50
Steinsiek
S. J. W.*

Incl #1

19. BLACK OUT PARTS OF BODY NOT RECOVERED



SEE SKELETAL CHART

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS RECEIVED IN SKELETAL FORM, NO FLESH.
TEETH RECEIVED WITH REMAINS (SEE TOOTH CHART).

Est. Age - 25-30
Est. Ht. - UTD

Tech: Rice, Lawrence, Legg, Fields and DePass.

Clerk: Green

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

TOOTH CHART

10 Nov 1949

Date

Now consolidated with X-6675-A, CC-11-251.

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

	Right								Left							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	M A X I L L A — M I S S I N G															
Side views																
TOP																
VIEWS																
Side Views																
	M A N D I B L E M I S S I N G															
	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.

s/ Harold D. Wheeler

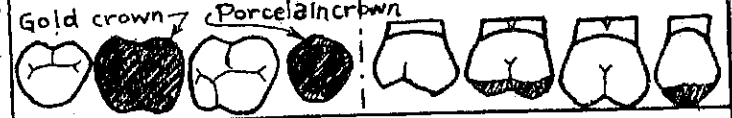
Signature of Officer or other person who prepared Tooth chart

Verified by G. R.C. Officer

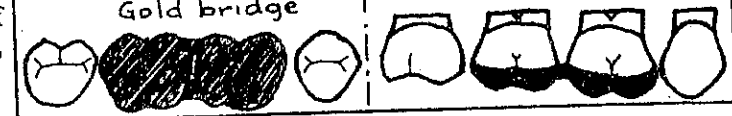
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



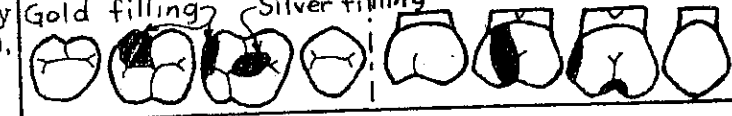
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



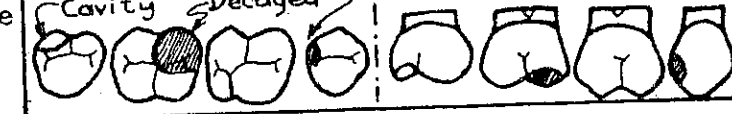
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Frontal portion of the mandible is the only dental recovery in this case. All teeth have been posthumously missing excepting R14 which has been extracted.

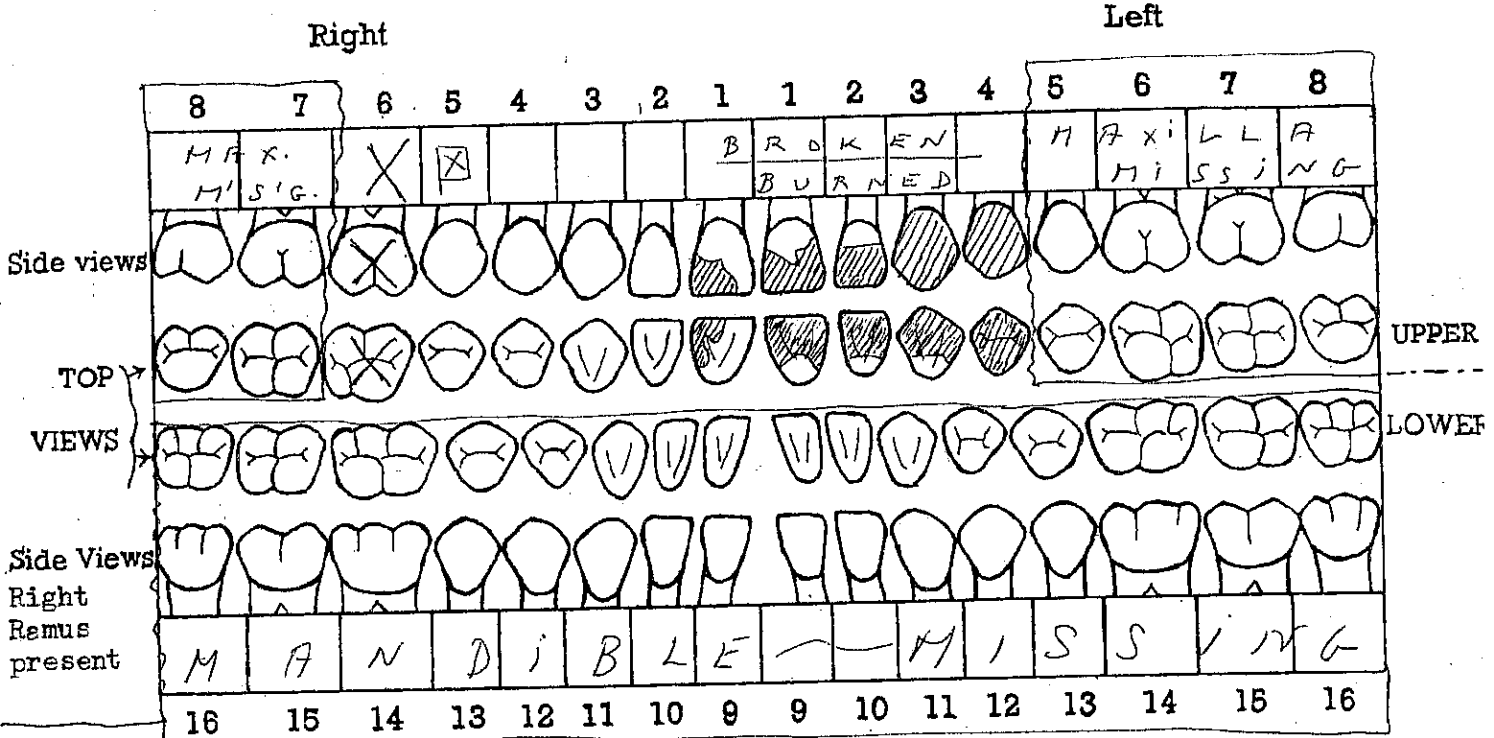
2 TOOTH CHARTS

10 Nov 49

Date

Now X-6675-A, CC-11-251

Last Name	First	Initial	Grade	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), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

s/ Harold D. Wheeler

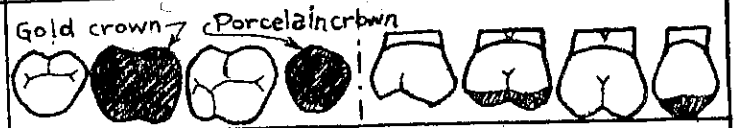
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

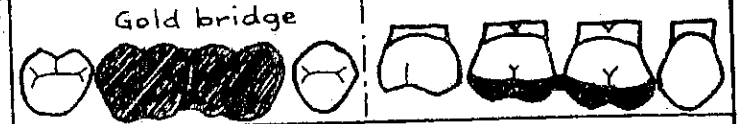
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



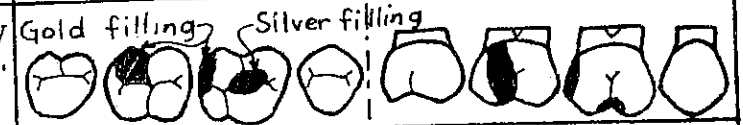
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



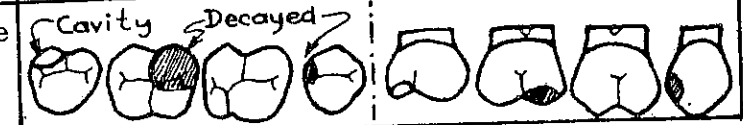
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Size - Average
 Color - Brown (badly burned and broken)
 Posthumously missing R5
 No fillings in teeth present.
 Alignment - good
 Right ramus also recovered.

NARRATIVE

10 November 1949

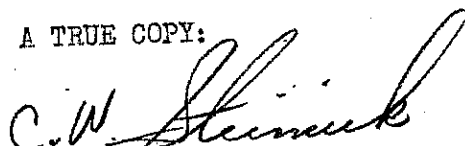
The reprocessing of remains X-6675, Neuville, CG-11-251 with case LF3459 was completed this date and the following information submitted:

1. Case LF-3459 was consolidated with Unknown X-6675, Neuville, CG-11-251. LF-3459 consisted of parts of mandible, finger bones, and rib fragments. (See tooth chart marked X-6675-A). Due to the fact that these parts were missing and the color was similar.
2. There were two rami of a mandible. They were right and left but are not necessarily from the same remains due to conditions listed on narrative attached to tooth chart marked X-6675-A.
3. Due to the above (par. 2) the left section of mandible was removed and assigned Unknown X-6675-B, Neuville, HH-12-281.

s/ N. D. Legg

N. D. LEGG

A TRUE COPY:


C. W. STEINSIEK
Capt QMC

USMC NEUVILLE-EN-CONDROZ

PLOT: B. ROW: GRAVE: 36-113 12.

DATE OF BURIAL: 5 APR 49

VERIFIED BY: GRS OFFICER THEODORE C. MURRAY, CAPT., QMC

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	1260 02843	15 08 48 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X-006675		0	0	6
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
NEUVILLE BELGIUM	CC	11	251	1202 CODE	80 DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
NEUVILLE-EN-CONDROZ, BELGIUM	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN	X-006675			10 DECEMBER 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER EMB	UNKNOWN	UNK	ALVIN C. BECK 1ST LT, INF. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
MATTRESS COVER.	CONSISTS OF ABOUT 5 LB. BONE FRAGMENTS.

OTHER MEANS OF IDENTIFICATION
REPORT OF BURIAL AND GRS TAG WITH REMAINS.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
NONE.

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 11 JANUARY 1949	BY ELAM E. POORBAUGH, EMBALMER
CASKET SEALED BY	EMBALMER (Signature)
HENRY F. PERGANDE	HENRY F. PERGANDE, EMBALMER
CASKET BOXED AND MARKED	SMITH TAGS, PLATES, MARKINGS
DATE 13 JAN 49	BY HOWARD B. FREEMAN IDENT TECHN
	VERIFIED BY: ROGER 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

17 MAY 1949
MANUEL M. ESTEVEZ, 1ST LT, INF.
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Raymond G. Johnson
1st Lt. [Signature]
ANWS

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

FEDERAL BUREAU OF INVESTIGATION
 RECORDS BRANCH
 JUN 2 2 06 PM '68

APPROVED BY: [Signature]
 SPECIAL AGENT IN CHARGE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

9 March 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 6675^H, Plot CC,
Row 11, Grave 251, USIC NEUVILLE EN CONDROZ, BELGIUM,

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. 2552, dated 13 November 1947

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrrell

Capt. Jack C. HAYES, O-1577297 OMC Capt Stanley C. TYRRELL, O-1304296 Inf

Edward E. Stout

Capt. Edward F. PRICE, Jr., O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CIE

Ernest J. Oglesey

1/Lt Ernest J. OGLESEY, O-449004 Cav

Received TL # 3577-14 Mar 49 OQMG
Not identifiable from
information presently
available

Incl #19

Hawkins
4 Apr 49

IDENTIFICATION CHECK LIST

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

Unknown X - 6675
 Cemetery Neuville en Condroz, Belgium
 Plot CC Row 11 Grave 251

1. ~~Arrived at cemetery~~ Date processed: 10 October 1947
(Hour) (Date)
2. Place of death Horn near Gey, Germany
(Name of closest town) (Coordinates and letter Prefix, maps)
(3/F - 04)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 164th QM. BN.
(Name and organization)
4. Evacuated to Cemetery by Subordinate Identification Point #2 Neuville en Condroz, Belgium
(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>		
	<small>(Type)</small>		
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>		

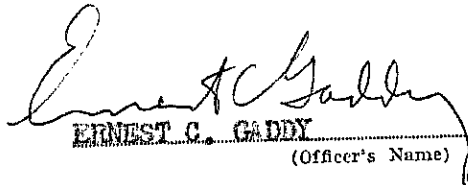
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Fingers missing and/or too decomposed

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

9. Remarks Remains received wrapped in mattress cover and metallic liner. Estimated weight of remains: 2 lbs. No clothing found. Fluoroscopic Examination not necessary. Nothing found to warrant Chemical Laboratory Examination. All major bones fractured and / or missing. Processing revealed no positive identifying clues, therefore this case is classified "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.


ERNEST C. GADDY
(Officer's Name)

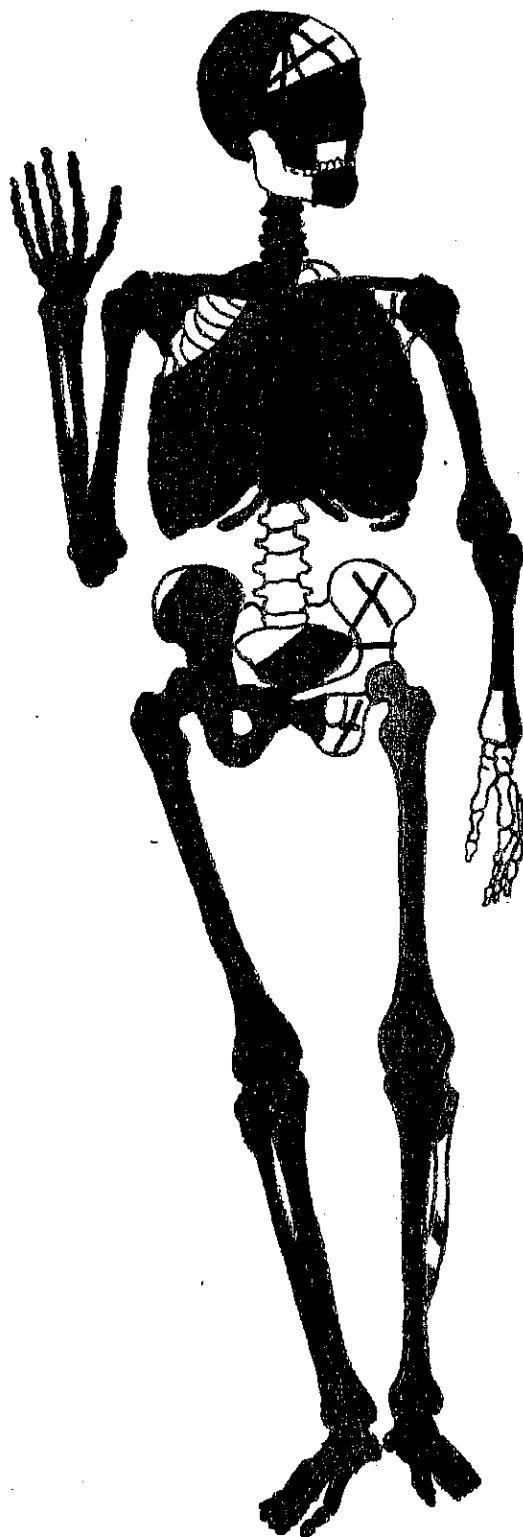
CWO. USA.
Rank Service

Central Identification Point
(Organization)

SKELETAL CHART

IF-1593
Neuville en Condroz,
Belgium (VK-390187)
Unknown X-6675
Plot CC, Row 11, Grave 251

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Estimated height: UTD

CHART "A"

C. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, STOURA

TOOTH CHART

10 October 1947

Unknown X-6675

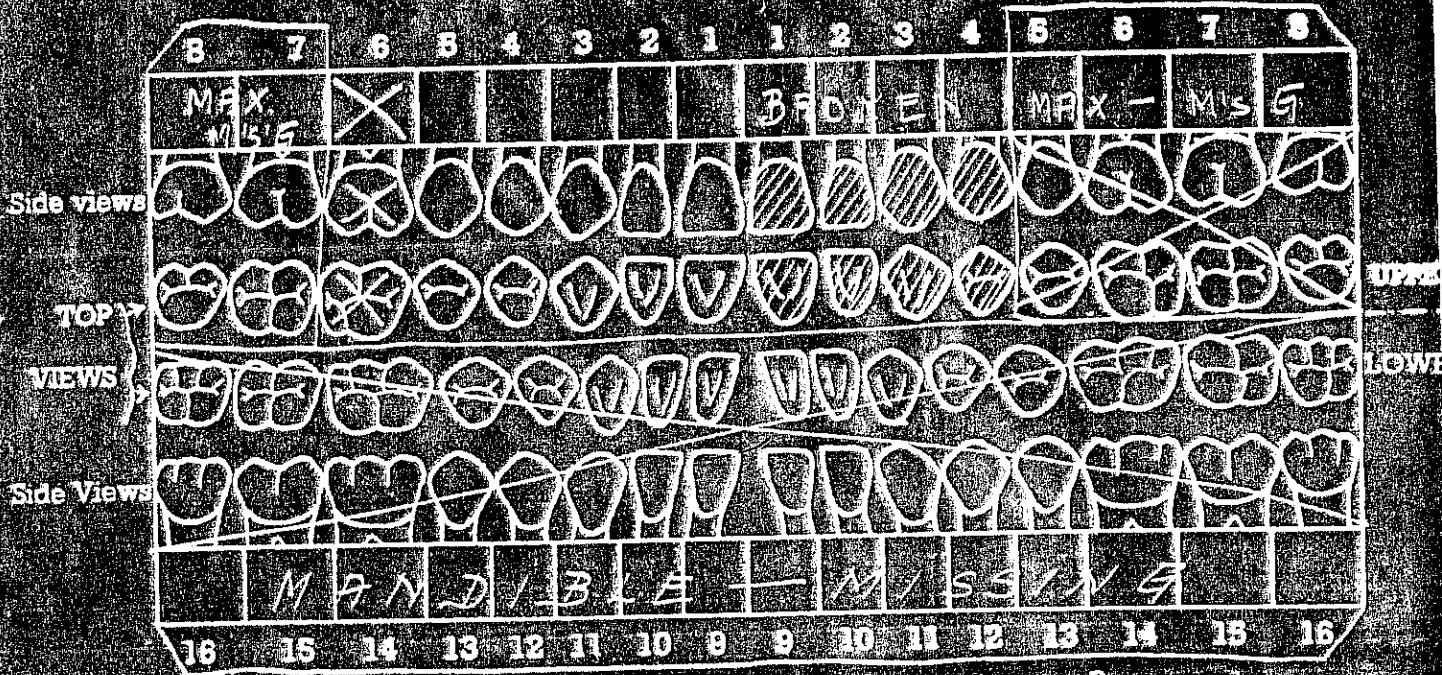
Unknown

Unknown

Last Name	First	Initial	Rank	Serial No.
Unknown	Unknown		Unknown	
Date			Organization	
Horn near Gey, Germany			Strapnel	
Place of Death			Cause of Death	
Est. November 1944				
Date of Death				

Right

Left



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.

47

Lawrence Sk Shaw 169
 Signature of officer or other person who prepared tooth chart
 ERNEST C. GADDY, CWO, USA, C.I.P.
 Verified by: E. B. O'Neil

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be marked 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

Shading indicates teeth broken off.
Teeth are medium size and in good alignment.
Teeth and maxilla are very badly charred. Color of teeth is UTD.

48

REPORT OF INVESTIGATION

AREA SEARCH

ATTN: REG. DIV. AG.R.C.
 FOR USE IN
 CASUALTY CLEARANCE

AGRC Form 10 (Revised)

21 October 1947
Date

1 January 1946

NAME Unknown X-6675 RANK Unknown ASN Unknown
 ORGANIZATION Unknown Unknown
 MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final) processing, by the clerical staff at the unit processing point.)

SECTION A — GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? If so, state the following information:

a. NAME RANK ASN

b. ORGANIZATION

2. Was partial identification established? NO If so, state the facts as to whom you believe the deceased to be:

a. NAME UNKNOWN RANK UNK ASN UNK

b. ORGANIZATION UNK

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY NONE

(Use reverse side for listing of crew members from MARC)

a. Date of above burials Common Graves?

5. Name and Type of Cemetery REMAINS NOT BURIED
(Military or Civilian)

6. Map Coordinates of the Cemetery

a. Town Country

7. Give exact location in cemetery of the remains.

a. Section Row Grave

b. Is Sketch attached?

8. If remains are not located in a cemetery, give exact location.

a. Town HORN Coordinates 3/E-04

b. Is Sketch attached? YES

c. Is area mined? NO

9. How is the grave marked? REMAINS NOT BURIED

10. If grave is marked with cross, give exact markings thereon REMAINS NOT BURIED

a. From what source was this information obtained?
(Identification tags, personal effects)

1. By whom

11. Where are the cemetery records? REMAINS NOT BURIED
(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____
- 12. What is the date of death? ESTIMATED NOVEMBER 1944
- a. Give basis FIGHTING TOOK PLACE AT THAT TIME
- 13. What is the cause of death? SHRAPNEL
- b. Give basis SHELL HOLES IN TANK
- 14. What is the date of burial? REMAINS NOT BURIED
- a. Give basis REMAINS WERE FOUND IN TANK
- 15. What was the place of death? HORM NEAR GEY Coords 3/F-04
- b. Give basis REMAINS WERE FOUND THERE
- 16. Where were the remains found? IN TANK WRECKAGE Coords 3/F-04
- a. By whom? PTG MAURICE J. TALON, RA-11076828
- b. Is sketch attached? YES
- 17. Was a casket used? REMAINS NOT BURIED Who furnished the casket? _____
- Type of casket _____ How marked? _____
- 18. Who made the burial REMAINS NOT BURIED
- (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? _____

SECTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

- 19. Were remains found in the plane wreckage? DOES NOT APPLY
- a. Give location in plane from which the bodies were removed _____
- (Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? _____
- 20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of Plane _____
- b. Markings and/or name on plane _____
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____
- 21. How did crash occur? _____ Anti-aircraft _____
- Enemy Planes? _____ Collision? _____
- 22. Did plane explode in the air? _____ On ground? _____
- 23. Did plane burn in the air? _____ On ground? _____
- 24. What was the direction of the flight? _____
- 25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash?
27. Does specific time and date of crash correspond with date of death of above named deceased?
28. Number of planes in formation prior to crash
29. State precise time and date of plane crash (Night?) (Day?)
30. Were parachutists seen? How many? Escaped?
- Prisoners?

SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? **YES**
- a. Give specific position in tank from which deceased was removed
REMAINS FOUND WERE SCATTERED THROUGHOUT THE INSIDE OF TANK
(Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage? **NO**
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank **SHREVEAN MEDIUM**
- b. Markings and/or name of tank **NO. USA-3022927 - BOILER HORSE**
- c. Numbers on motors, machine guns, ammunition, instruments, etc **NONE**
33. What was the type of enemy action that resulted in the tank's disablement? **ARTILLERY**
34. Did tank explode? **YES** Burn? **YES**
35. Number of tanks in immediate vicinity at time of disablement **ONE**
36. Does specific time and date of disablement correspond with date of death of above named deceased?
37. Precise time and date of destruction of tank **UNKNOWN** **NOVEMBER 1944** (Night?) (Day?)
38. Did any of the crew members escape? **UNKNOWN** Prisoners? **UNKNOWN**

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) **NO**
- If so, give complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? **NONE**
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased

SECTION E — GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? **NO**
- If not, state reason **NONE COULD BE FOUND**
- a. Were identification tags found at the time of death? **UNKNOWN**
- Where? By whom?
- Present disposition **UNKNOWN**
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? unknown

Where? By whom?

Present disposition UNKNOWN

c. Was deceased identified by living members of the crew at the time of death? UNKNOWN

d. Did Cemetery Register or cross indicate the immunization shot? REMAINS NOT BURIED

42. Was Deceased given first aid? NO If so, where?

By whom? Are statements from the medical people attached?

43. Was deceased evacuated to a German civilian hospital? NO

Where? Names of people concerned

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? YES

REMAINS CONSISTED OF DRY BONES
(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? NO

a. If so, give basis for positive assumption

b. If so, has higher headquarters been notified?

47. Was case previously investigated? NO By whom?

When?

48. Give full names, addresses, and information obtained from each person interviewed NONE

49. Are all positive statements regarding identification and particulars surrounding death attached? YES

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? NO

51. Was investigation preceded by advanced publicity? YES

(If special investigation, give case number)

52. Give Brief Narrative SEE ATTACHED NARRATIVE

(Use attached, sheets if necessary)

Maurice J. Talon
Maurice J. Talon
Signature of Investigator

Signature of Interpreter

Pfc RA-11076828

Rank

ASN

Rank

ASN

Hq & Hq Det. 164 QM.Bn.

Organization

Organization

NARRATIVE OF DISINTERMENT
AT GEY, GERMANY
COORDINATES 3/F-03
ON 1 OCTOBER 1947

On 1 October 1947 this team proceeded to Horn near Gey, Germany, to disinter the remains of an unburied American soldier found in an American tank by this team leader Pfc Maurice J. Talon, 11076828, while searching for American deceased soldiers.

This investigation team recovered the remains scattered throughout the tank. The tank is believed to have been knocked out by artillery fire, because of the three shell holes on the left hand side of the tank.

The deceased is believed to have been killed by shrapnel.

The tank number is USA-3022927 and this tank is believed to have been with the 43 Tank Battalion, because of the marking "43" on the front of the tank.

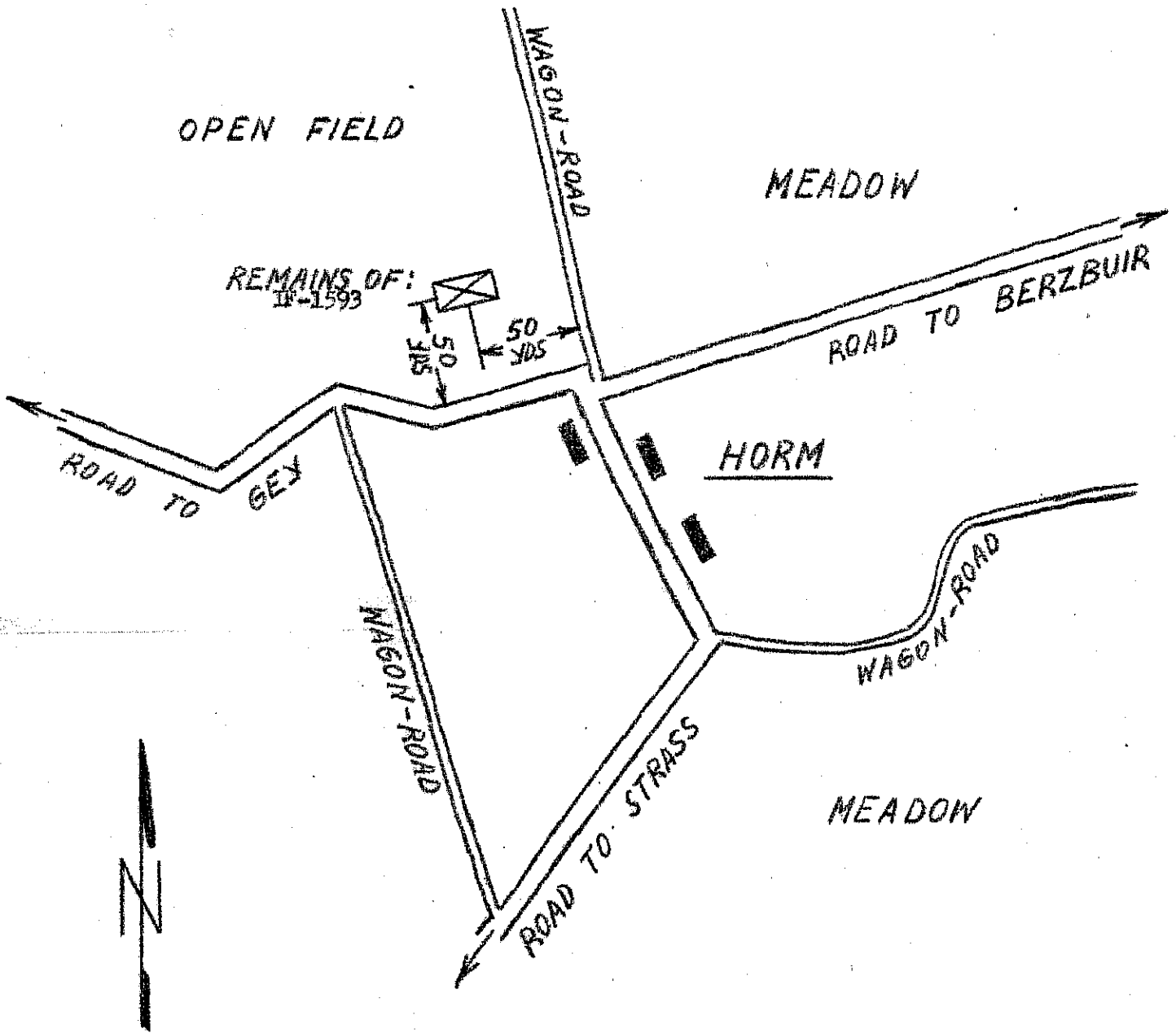
No identification tags were found.

Further information pertaining to the deceased was not found.

Maurice J. Talon
Maurice J. Talon
Pfc RA-11076828

Map : Germany 1/250000
Sheet : 3
Coord : F-04
Town : Horn
Sketch by : Heinz Bertram
German interpreter

NOT TO SCALE:



A DECEASED UNIDENTIFIED

GRAVES REGISTRATION FORM NO. 1 (Revised 1 Sept. 1943)

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

Date		Initial		Last Name	
Social No.		Height:		Laundry Marks:	
Cause of Death		Weight:		Number of Rifle:	
Name of Coroner or Location		Color of Eyes:		Wear Glasses?	
Type of Marker		Color of Hair:		Tooth Chart Attached?	
Attached to Marker		(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.		Graves Number	
Left Hand	2	Disposition of Identification Tags: Buried with body <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Attached to Marker <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>		How were remains identified?	Right Hand
Thumb	1	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.		What means of identification were buried with deceased?	
Graves No.		Organization	Rank	Serial No.	Name
Graves No.		Organization	Rank	Serial No.	Name

TOOTH CHART

If this is an Isolated Burial, make a Sketch of the Location oriented with Permanent Landmarks. If more space needed attach separate sheet.

Deceased's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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 ◊; linkers and/or teeth; replacements by artificial teeth by X.

Characteristics: _____

Other Data: _____

Signature of Officer or other reporting party: _____

Date: _____

Emergency Address: _____

Religion: _____

List only Personal Effects Found on Body and disposition of same: none



GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

10 November 1947 ✓
Date

Unknown X-6675 A

Last Name: Unk First: Unk Initial: Unk Rank: Unk

Unit: Unk

Place of Death: Germany Date of Death: 13 October 1947 USMC Neuville-en-Condroz, Belgium (VK-390187)

Time and Date of Burial: 251 Name of Cemetery: USMC Neuville-en-Condroz, Belgium Cause of Death: (VK-390187)

Grave Number: 251 Name or Coordinates of Location: TWC

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

One copy of GRS form # 1 placed in burial bottle and buried with remains.

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

Who is buried on:
Deceased's Right: Begiming of Row

Name	Serial No.	Rank	Organization	Grave No.
SUTYAK	33308031	Pvt	8th Inf Div	252

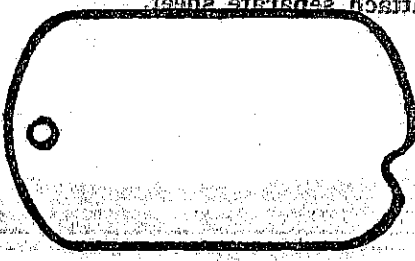
Deceased's Left:

Name	Serial No.	Rank	Organization	Grave No.

Right Hand

Left Hand

If this is an isolated burial, make a sketch of the TOOTH CHAIR



If printed identification tag is not affixed fill in below:

Emergency Addressee: Unk

Unit: Unk

Address: Unk

Religion: Unknown

List only Personal Effects Found on Body and disposition of same: none

Previously designated X-6675 person and buried in same grave. This corrected copy Report of Burial prepared in Records Section, Identification Section, Neuville Cemetery Detachment

Signature of Officer or other person reporting burial: DAN C. MILLER, SFC

Verified by G. I. S. Officer: ELVIN N. HEISEY, 1st Lt.

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

Deceased's Right

Deceased's Left

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:

Left Hand

1

2

3

4

5

6

7

8

9

10

11

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86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

Right Hand

Height: _____

Weight: _____

Color of Eyes: _____

Color of Hair: _____

Race: _____

Laundry Marks: _____

Number of Rifle: _____

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.

SEE CHECK LIST

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

SEE CHECK LIST

TOOTH CHART

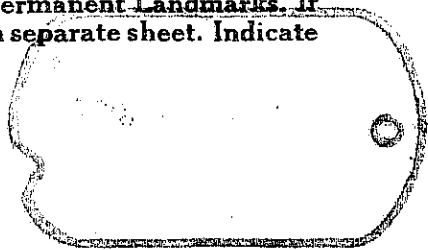
Decayed's Right	8	7	6	5	4	3	2	1	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	1	2	3	4	5	6	7	8
Decayed's Left																	

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



REBURIAL

Previously buried in isolated grave located at

Unburied form near
Gen. Sherman

76992-887 M-3-45
FORM 1 (FORMER)
S. I. C. P.