

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

27 July 1949

RRE 293

(Date)

293 Unk. Belgium (Neuville) X-5425

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS.

1. The records pertaining to Unknown X - 5425, Plot U
Row 11, Grave 275, USMC NEUVILLE,
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. 2389, dated 5-8-47.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

H.P. Henry
Col. H.P. HENRY, O-12569

QMC

Lt. Col. E.D. MULVANY, O-359598

QMC

Roger Berger
Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

Capt. E.F. PRICE, Jr. O-1588236

QMC

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

CE

Received *TL# 4179 2000A* OQMG

Not identifiable from
information presently
available

Incl #10

17 Aug 49

1	PILOT: C ROW: 2 GRA: 12 Date of Burial: Sept. 1949. Verified by GRS Officer DISINTERMENT DIRECTIVE E.N.HEISEY, 1/LT QMC.		
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 1260 01543	DATE 15 08 48 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
<i>Unknown</i>	UNKNOWN X-005425		J	O	6
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
NEUVILLE BELGIUM	U	11	275	1202	80
				CODE	DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-005425	GRADE	DATE OF DEATH	DATE DISTINTERRED 24 NOVEMBER 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS RGB <input type="checkbox"/> MARKER DMB	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY STANLEY C. WYROLL CAPT, INF. NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM.	CONDITION OF REMAINS (SEE ATTACHED SHEET).
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OTHER MEANS OF IDENTIFICATION
EMBOSSED PLATE FOUND DURING PROCESSING.

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

REMAINS PREPARED AND PLACED IN GASKET TRANSFER BOX

DATE 9 DECEMBER 1948	BY	ELIAS F. POORBAUGH, EMBALMER
CASKET SEALED BY CALVIN WATSON	EMBALMER (Signature) CALVIN WATSON, EMBALMER	
CASKET BOXED AND MARKED DATE 13 DEC 48 BY	STANLEY E. GAJEWSKI CLK RECORDER	SHIPPING ADDRESS VERIFIED BY TAGS, PLATES, MARKINGS VERIFIED BY: FRANKLIN J. ST CLAIR, 1ST LT, INF.

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

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

REMARKS AND SPECIAL INSTRUCTIONS: 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.

OCT 1949
REPARATION
RECEIVED
MCM 1949

Raymond T Rodriguez CWO USA

UNKNOWN X - 005425

CONDITION OF REMAINS

SKULL & MAXILLA MISSING. - MISSING: L/CLAVICLE, DISTAL ENDS OF
L/R ULNA, PROXIMAL END OF L/RADIUS, DISTAL END OF L/FEMUR,
L/R FIBULA, R/TIBIA. - FRACTURES: L/SCAPULA. - ADVANCED
STAGE OF DECOMPOSITION.

TOOTH CHART

2 May 1947

Unknown X-5425

Unknown

Unknown

Last Name
Unknown

First

Initial

Rank
ACF

Serial No.

Hurtgen Forest, District ^{Unit} #135, Germany, Est. December 1944 ^{Organization} BTB: Artillery fire

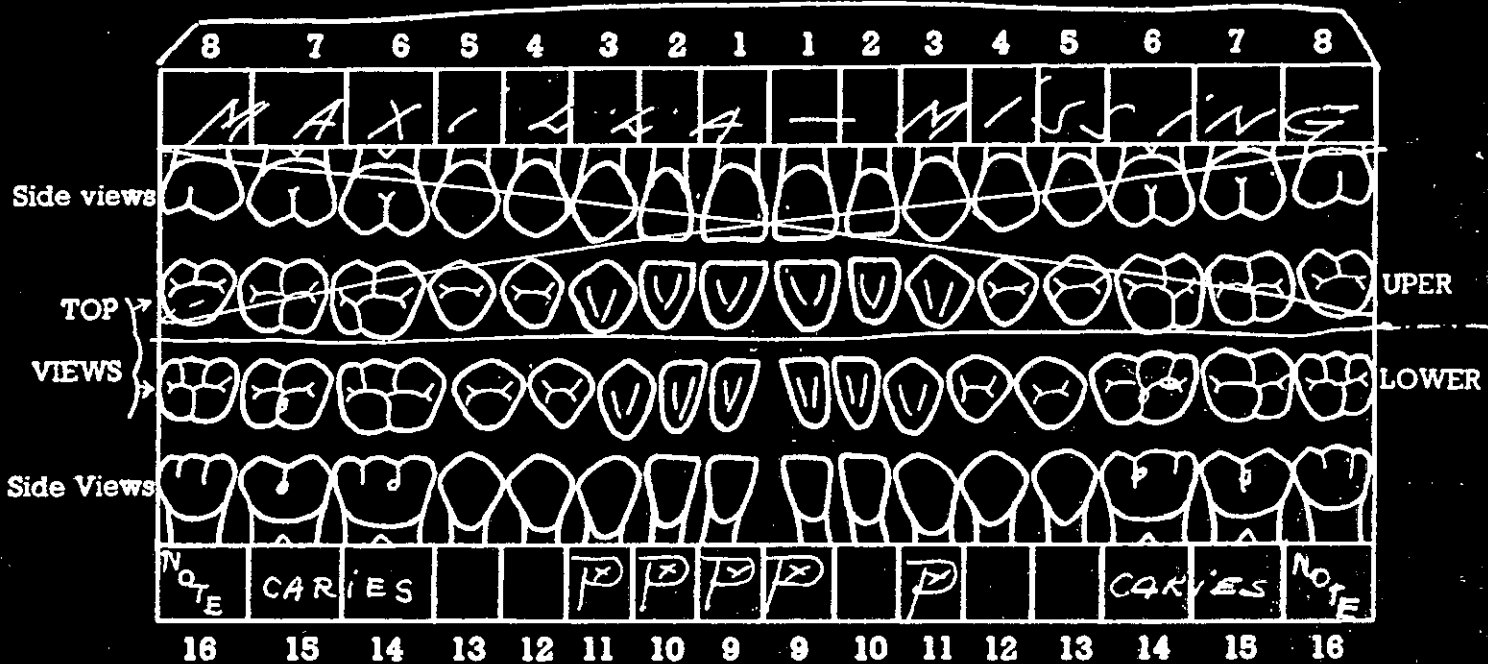
Place of Death

Date of Death

Cause 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.

Carold J. Wheeler

Signature of Officer or other person who prepared Tooth chart

Ernest C. Gaddy

Verified by G. R. & E. Officer

Ernest C. Gaddy CWO USA C.I.P.

73

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



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



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



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

Medium size, white teeth.
 Posthumously missing - R 9, 10, 11; L 9, 11.
 R 16 unerupted before death.
 L 16 impacted and unerupted before death.
 R 12 rotated distally - 1/8 turn.
 R 11 (socket) rotated distally - 1/8 turn.
 From lower anterior sockets, the teeth are assumed to have been crowded.
 No fillings in teeth present.
 Small caries in R 14, 15; L 14, 15.
 Light brown lingual stain.

REPORT OF INVESTIGATION

AREA SEARCH

INTN. REG. DIV. AG.R.C.
 FOR USE IN
 CASUALTY CLEARANCE

AGRC Form 10 (Revised)

13 May 1947

1 January 1946

Date

NAME Unknown X-5425 RANK Unknown ASN UnknownORGANIZATION Unknown AGFMEANS 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 UNKNOWN ASN UNKNOWN

b. ORGANIZATION UNKNOWN

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY

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

a. Date of above burials REMAINS NOT BURIED 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 GROSSHAU Coordinates WF-0438

b. Is Sketch attached? YES

c. Is area mined? YES, BUT DEMINED NOW

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?

(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? **REMAINS NOT BURIED**
- b. Where was the information obtained?
- c. By whom?
12. What is the date of death? **ESTIMATED DECEMBER 1944**
 a. Give basis **FIGHTING TOOK PLACE AT THAT TIME**
13. What is the cause of death? **PRESUMED TO BE ARTILLERY**
 b. Give basis **FOREST DESTROYED BY ARTILLERY FIRE**
14. What is the date of burial? **REMAINS NOT BURIED**
 a. Give basis **REMAINS FOUND LYING ON TOP OF GROUND**
15. What was the place of death? **HURTGEN FOREST, DISTRICT # 135** Coords **WF-0438**
 b. Give basis **REMAINS FOUND LYING ON TOP OF GROUND**
16. Where were the remains found? **HURTGEN FOREST, DISTRICT # 135** Coords **WF-0438**
 a. By whom? **SIEGFRIED CLASSEN, GROSSHAU, HAUPTSTRASSE # 24**
 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? **REMAINS NOT BURIED**

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? **DOES NOT APPLY**
 - a. Give specific position in tank from which deceased was removed.....
 (Radio man, driver, assistant driver or . . . front, side, or back)
 - b. Near wreckage?
- 32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
 - a. Type of tank
 - b. Markings and/or name of tank.....
 - c. Numbers on motors, machine guns, ammunition, instruments, etc.
- 33. What was the type of enemy action that resulted in the tank's disablement?.....
- 34. Did tank explode?..... Burn?.....
- 35. Number of tanks in immediate vicinity at time of disablement
- 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
- 38. Did any of the crew members escape?..... Prisoners?.....

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?..... **YES**
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased
SIEGFRIED GLASSEN, GROSSHAU, HAUPTSTRASSE # 24

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 WITH THE REMAINS**
 - 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? **UNKNOWN** By whom?

Present disposition

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

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**

(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

SIEGFRIED GLASSEN, GROSSHAU, HAUPTSTRASSE # 24

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)

Signature of Interpreter

Rank ASN

Organization

William W. Fischer

William W Fischer
Signature of Investigator

Sgt RA-42097080
Rank ASN

Hq & Hq Det 164 QI. Bn.
Organization

NARRATIVE
ON GROSSHAU, GERMANY CASE

On the 23 April 1947 an investigation team proceeded to the Hurtgen-Forest to locate and disinter the remains of an unburied American soldier. The information was received from Siegfried Glassen, Grosshau, Hauptstrasse 24.

This investigation team recovered the remains lying on the surface of the ground. The remains consisted of dry bones and G.I. equipment.

The deceased is believed to be killed by Artillery, since the woods around the place of death are shattered by Artillery. The month of death seems to be December 1944 when the heaviest fighting took place in the Hurtgen-Forest.

No Identification tags could be found on the remains.

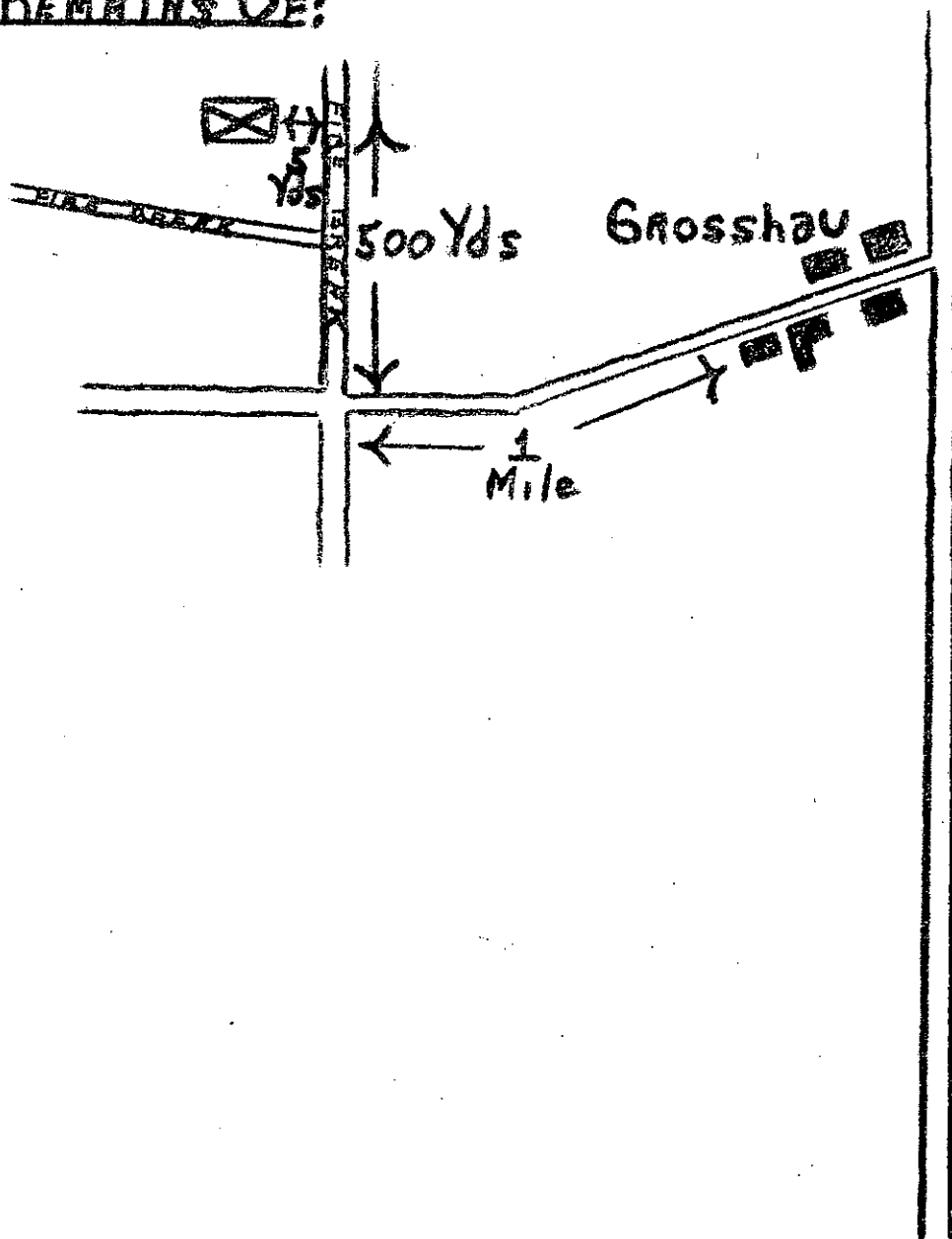
William W. Fischer
William W Fischer
Sgt RA-42097080

Map : Germany 1/250000
Sheet : S I
Coord : (WF-0438)
Town : Grosshau, Germany
Sketch by : George Geist,
German Interpreter

NOT TO SCALE

DISTRICT 135

REMAINS OF:



IDENTIFICATION CHECK LIST

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

Unknown X - 5425

Cemetery Neuville-en-Condroz, Belgium

Plot _____ Row _____ Grave _____

Date processed:

1. ~~ANNEXED TO REPORT~~ 2 May 1947
(Hour) (Date)

2. Place of death Hurtgen Forest, District # 135, Germany.
(Name of closest town) (Coordinates and letter Prefix, maps)
WF-0438
(Sheet, scale and serials used)

3. Remains recovered or disinterred by Hq & Hq Det 164 JM Bn.
(Name and organization)

4. Evacuated to Cemetery by Subordinate Identification Point, Margraten, Holland.
(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>		
Raincoat	<u>None</u>		
Overcoat	<u>Remnants of one (1) E.M.type.</u>		
Jacket, Field	<u>Remnants of one (1).</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of one (1) wool-knit OD.</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnants of two(2).</u>		
Undershirt, Wool	<u>Remnants of one (1).</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of one (1) pair.</u>		

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes (type) **None**

Overshoes **None**

Web Equipment **None** (type)

(Other item) **Leather palm, wool OD gloves one (1) pair.**

(Other item) **Leather wallet, remnants of one (1).**

* 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?

Ground Forces

6. Description of Remains :

Age **UTD** Height **Est. 5'3 3/4"** Weight **UTD** Description of wounds **UTD**

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

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

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

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

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

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

Hair **UTD**
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

Goatee UTL
(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 Missing
(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)

UTD

Hands UTD

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

UTD
(Unusual characteristics of fingernails)

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

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

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

Hernioplasty UTD
(Yes-no; location)

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

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

Evidence of healed fractures UTD
(Nose, arms, legs, etc.)

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

See anatomical Chart

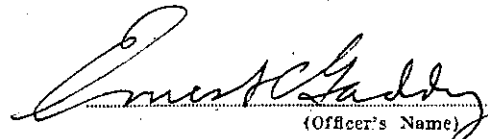
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Fingers missing

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

9. Remarks Case consists of dry bones and clothing remnants.
Fluoroscopic Examination: Negative.
Present estimated weight of processed remains: 10 Lbs.
Nothing found to warrant Chemical Laboratory Examination.
Bones used to estimate height (5'3 3/4"): Humerus 32.1 cm.; Femur 44.1 cm.
As processing at SIP, Margraten, Holland revealed no positive identifying clues, 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.


 (Officer's Name)

Ernest C. Gaddy
CWO USA

Rank

Service

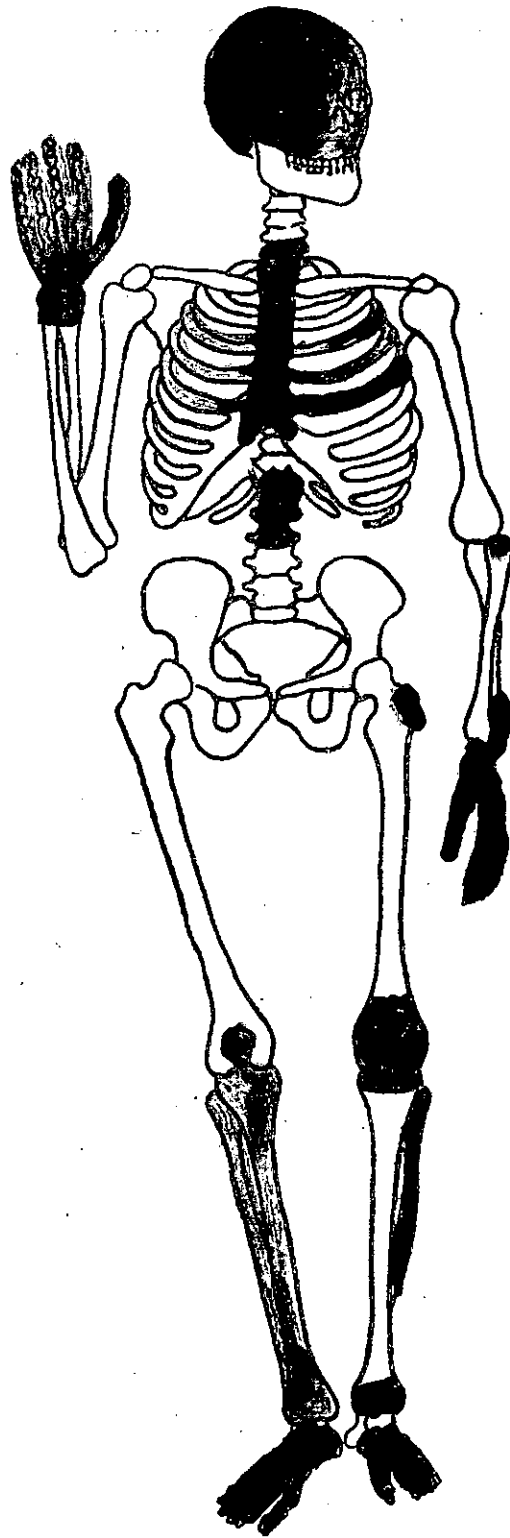
Central Identification Point

(Organization)

IF-133E
Ner lle-en-Condroz, Belgium
Unknown X-5425

SKELETAL CHART

(BLACK OUT. PARTS OF BODY NOT RECEIVED AT CEMETERY)



Humerus 32.1 cm.
Femur 44.1 cm.

CHART "A"

WD OMC FORM 1042
Rev 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

Date of report
20 May 1947

Imprint Identification Tag if Possible
DO NOT TYPE



SECTION I. IDENTIFICATION

NAME (Last, First, Middle Initial)

Unknown X-5425

Serial number

Unknown

Grade

Unknown

Organization

Unknown

Branch of service

AGF

Race

Unknown

Religion

Unknown

If other than U. S. dead,
Give name of country.

Place of death Hurtgen Forest,
District # 135, Germany.

Cause of death

BTB: Artillery Fire

Date of death Est.

December 1944

Emergency addressee (Name, Relationship and Address.)

Unknown

Identification tags found on body
(1, 2, or None) None

If no tags found on body, describe means of identification.
If unidentified fill in section 3 on reverse.

Were substitute tags provided
(Yes or No) Yes

List personal effects found on body and disposition of same

None

SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.

Name, Number, Coordinates and location of cemetery

US Military Cemetery Neuville-en-Condroz, Belgium

Date of burial

20 May 1947

Hour

1500

Buried in (Schroud, Blanket, or name of other)

Casket

Type of grave marker Temp.

wooden cross

Plot no.

U

Row no.

11

Grave no.

275

Was this a re-burial
(Yes or No) No

If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave Body found on ground in Hurtgen Forest, District # 135, Germany.

Plot no.

Row no.

Grave no.

Type of religious ceremony
Joint P, C & H

Person conducting burial rites
Chaplains Rusher,
Saatman & Lepchivcher

If identification tags not used, describe identification data and containers buried with body

Identification tag buried with body (Yes or No)
No

Identification tag attached to marker (Yes or No)
GRS

Report of Burial

Body buried on deceased left, Name (Last, First, Middle Initial)

(Last in Row)

Rank

Serial number

Organization

Grave No.

Body buried on deceased right, Name (Last, First, Middle Initial)

Unknown X-5407

Rank

Unk

Serial number

Unk

Organization

Unk

Grave No.

274

Signature of person preparing report
Ernest C. Gaddy
CWO USA C.I.P.

Signature of GRS officer verifying report
Raymond G. Johnson
1st Lt, Inf, C.I.P.

DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS

(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.

(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 fingerprints 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.

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos
Est. 5'3 3/4"	UTD	UTD	UTD	UTD

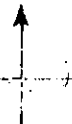
Weapon and serial number	Laundry marks	Where body was buried or found
None	None	Hurtgen Forest, District # 135, Germany.

For tooth chart see attached Form I-A.

REMARKS: Body consisting of dry bones and GI equipment was found lying on ground in Forest of Hurtgen, Germany where heavy fighting took place in December 1944. Woods were shattered by artillery.

As processing at SIP, Margraten, Holland revealed no positive identifying clues, this case is classified "Unknown".

Furnish sketch and map reference and coordinates for burial in other than established cemetery



Remarks: Form 11, Check List of Unknowns and Form 1A, Tooth Chart accomplished. Unable to obtain fingerprints because of missing portions. Estimated weight of remains recovered: 10 Lbs.