

NEUVILLE EN CONDROZ

1 ✓

PLOT: B. ROW: . GRAVE: 9.
 DATE OF BURIAL 20 April 1949.
 VERIFIED BY GRS OFFICER: **DISINTERMENT DIRECTIVE**
 THEODORE C. MURRAY, CAPT, QMC

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER **1260 01870** DATE **15 08 48**
 DAY MONTH YEAR

NAME **UNKNOWNX-005466** SERIAL NUMBER **UNKNOWNX-005466** GRADE **J** ARM **J** RACE **O** RELIGION **6**

CEMETERY **NEUVILLE BELGIUM** PLOT **W 11** ROW **268** GRAVE **1202 80** DISPOSITION OF REMAINS
 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)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-005466** SERIAL NUMBER **UNKNOWN** GRADE **UNK** DATE OF DEATH **7 DEC 1948** DATE DISTINTERRED **7 DEC 1948**

IDENTIFICATION TAG ON REMAINS. MARKER **EMB** ORGANIZATION **UNKNOWN** RELIGION **UNK** IDENTIFICATION VERIFIED BY **WILLARD B OWEN CAPT INF**
 NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **MATTRESS COVER** CONDITION OF REMAINS **L/R SCAPULA, L/R RADIUS, R/ULNA, L/R FIBULA, PART OF L/R FEMUR, TIBIA, L/ULNA, R/SCAPULA, R/FEMUR, L/HUMERUS FRACTURED.**

OTHER MEANS OF IDENTIFICATION
EMBOSSSED PLATE ON REMAINS READS L1370 ALSO REPORT OF BURIAL. REPORT OF BURIAL ALSO READS UNK X5466

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

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **TRANSFER CASE** **27 MAY 1949**
 REPAIRS BRANCH MEM. DIV.

DATE **17 DEC 1948** BY **JOHN T NICHOLSON EMBALMER**

CASKET SEALED BY **GEORGE R REED** EMBALMER (Signature) **GEORGE R REED LICENSED EMBALMER**

CASKET BOXED AND MARKED **ROBERT D MC CLELLAN** **ALL TAGS, MARKINGS AND PLATES VERIFIED BY: ROGER E LEWIS CAPT CAV**
 DATE **17 FEB 49** BY **CLERK RECORDER**

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**

WILLARD B OWEN CAPT INF
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F - 1194 concerned

Raymond G Johnson 1ST LT INF **NLN**

QMC FORM REV 11 FEB 48 **1194AW**

VN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMBAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

23 March 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 5466, Plot W,
Row 11, Grave 268, USIC NEUVILLE, 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. 2385, dated 4-8-47.

Case reviewed by undersigned Members of the Board of Review:

Poppeberger Maj. Ord. O-251736

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 CE

Ernest J. Oglesby

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

*IL # 3638 dated
25 Mar 49 Subject
Unidentifiable Remains*
Received _____ OQMG
Not identifiable from
information presently
available *Larkin*

Incl # 7

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G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

12 May 1947
Date

UNKNOWN A-5466
Last Name First Initial

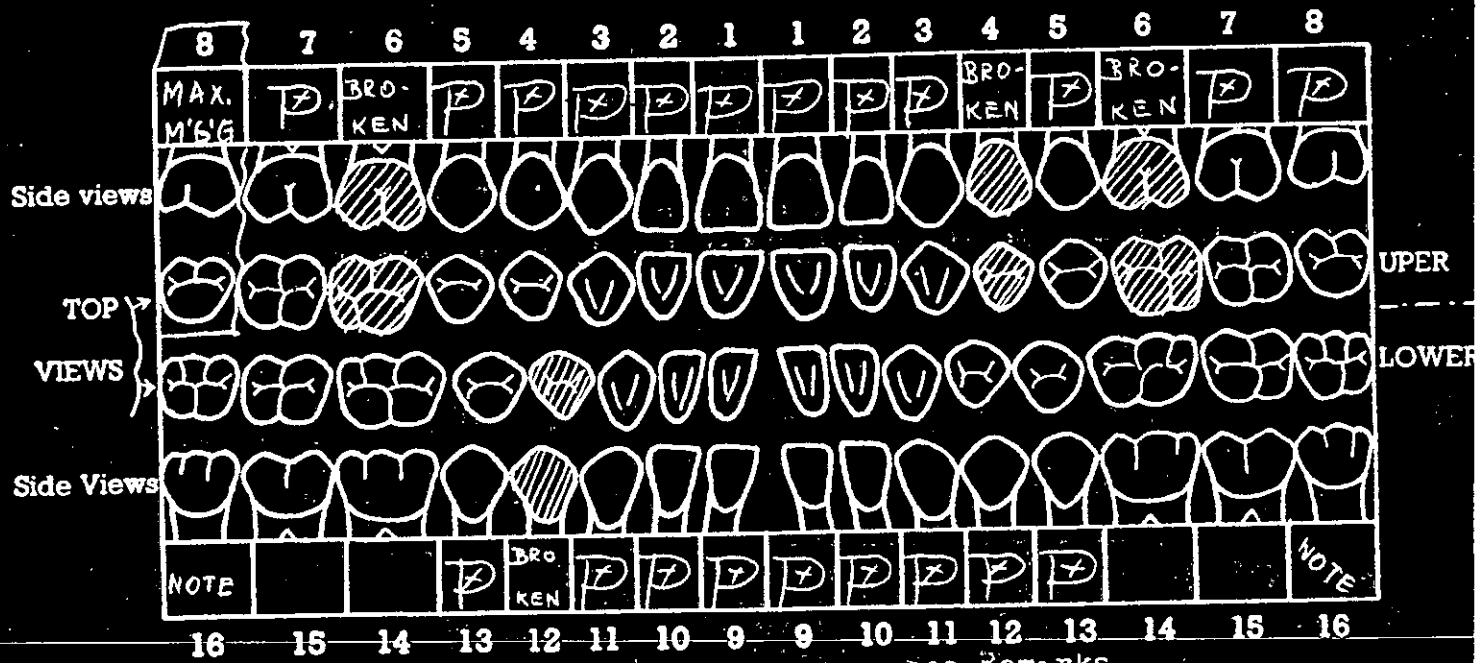
Unknown Unknown
Rank Serial No.

Hurtgen Forest, Germany Est. November 1944
Place of Death Date of Death

Organization Blts: Killed in Action
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.

(93)

Harold J. Wheeler 169
Signature of Officer or other person who prepared Tooth chart

Ernest C. Gaddy
Verified by G. R. S. Officer
ERNEST C. GADDY
CWO USA C.I.P.

CROWNED TEETH - Black in solid, the crown of tooth (like gold, porcelain, silver or gold and porcelain) then:



BRIDGE WORK - Black in solid, the crown of tooth (like gold bridge, gold and porcelain bridge) then:



FILLINGS - Black in solid, the filling material (like gold, silver, porcelain) then:



CARIES (CAVITIES) - Outline location and size of cavity, shaded in black.



DIAPHRAGMS (PLATES) - Draw diagram of relative size and shape of plate, black in teeth shaded and indicate retaining clasps on natural teeth with the word "clasp".

ADDITIONAL SPACE FOR FURTHER REMARKS

Medium size teeth, darkened from fire.
Posthumously missing, R1, 2, 3, 4, 5, 7, 9, 10, 11, 13; L1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13.
I15, I16, impacted.
No fillings in teeth present.
Mandible burned.
Maxilla burned and charred.

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100M 61714

IDENTIFICATION CHECK LIST

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

Unknown X -5466
Cemetery Neuville en Condroz, Belgium
Plot _____ Row _____ Grave _____

1. ~~Arrived at cemetery~~ **Date processed:** 12 May 1947
(Hour) (Date)
2. Place of death Hurtgen Forest, District # 85, Germany w^R-0134
(Name of closest town) (Coordinates and letter Prefix, maps)
- _____
(Sheet, scale and serials used)
3. Remains recovered or disinterred by Hq. and Hq. Det. 164th QM 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>Remnants of helmet liner</u>		<u>burned one (1)</u>
	(Type)		
Raincoat	<u>None</u>		
Overcoat	<u>Burned remnants and buttons</u>		<u>one (1)</u>
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Wool knit burned remnants</u>		<u>one (1)</u>
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Burned remnants</u>		<u>one (1)</u>
Undershirt, Wool	<u>Burned remnants</u>		<u>one (1)</u>
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants burned</u>		<u>one (1) pair</u>

Belt, web Burned remnants, one (1)

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes (type) None

Overshoes None

Web Equipment (type) None

(Other item) None

(Other item) None

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

Chevrons or
Insignia None
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

Utd

6. Description of Remains:

Age Utd Height Utd 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, pecks, freckles)

Build Utd
(Large, fat, thin, muscular)

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

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

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

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

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

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

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

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

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

Jaw **Normal** Circumference of head in inches **Utd**
(Large, small, normal) (Hat band)

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

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

Hands **Utd**

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

(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.

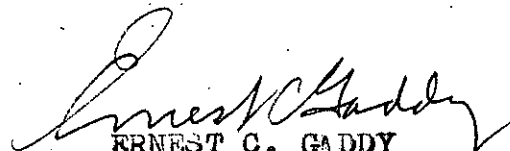
7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Fingers missing

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

9. Remarks Remains consist of badly fractured and charred bones. Estimate weight of processed remains: 5 lbs. No bones for computing the height, all long bones fractured. Fluoroscopic Examination: negative. Nothing found to warrant Chemical Laboratory Examination. As processing reveals 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.


ERNEST C. GADDY
(Officer's Name)

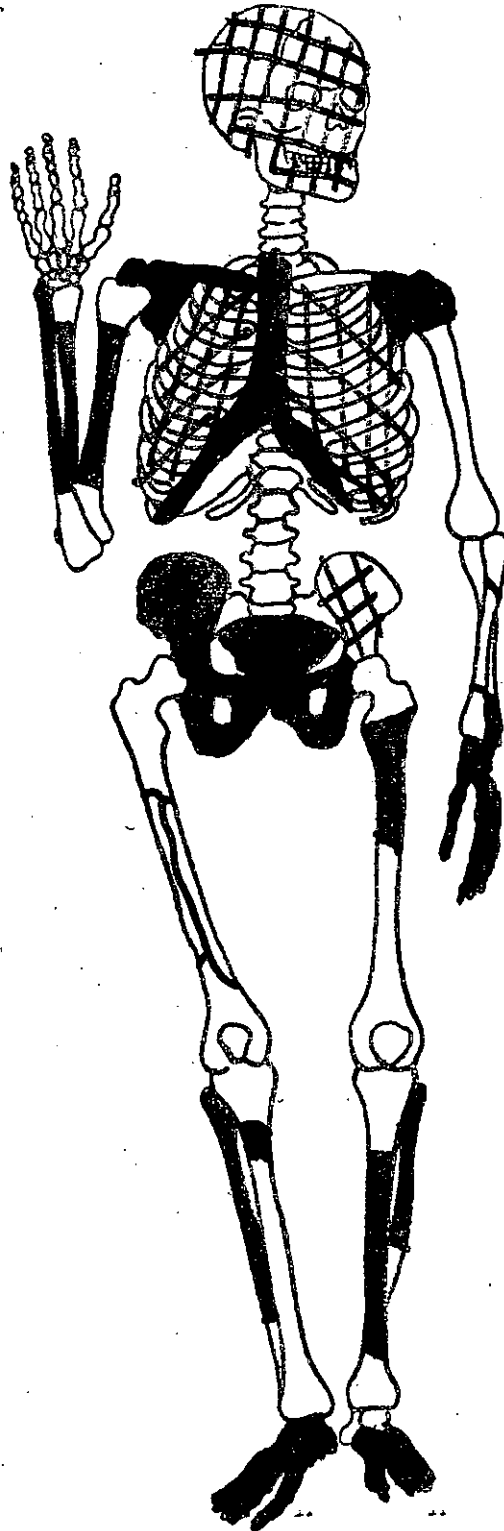
CWO USA
Rank Service

Central Identification Point.
(Organization)

1-1370
Neuville en Condroz, Belg.
Unknown X-5466

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Many pieces of bone too badly charred and fractured to recognize

CHART "A"

REPORT OF INVESTIGATION AREA SEARCH

AGRC Form 10 (Revised)

3 June 1947
Date

1 January 1946

NAME Unknown #-5466 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? NO 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 ONE (1) UNKNOWN (IF-1363)

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

a. Date of above burials NOT BURIED Common Graves? _____

5. Name and Type of Cemetery _____
(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 VOSENACK Coordinates 47-0134

b. Is Sketch attached? YES

c. Is area mined? NO

9. How is the grave marked? NOT BURIED

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

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

i. By whom NOT BURIED

11. Where are the cemetery records? _____
(Town Hall, cemetery, burgermeister's office)

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- a. What information was contained thereon?
- b. Where was the information obtained?
- c. By whom?
- 12. What is the date of death? **NOVEMBER 1944 ASSUMED**
 - a. Give basis **HEAVIEST FIGHTING TOOK PLACE AT THAT TIME IN THE HERTGEN FOREST**
- 13. What is the cause of death? **ARTILLERY FIRE ASSUMED**
 - b. Give basis **WOODS AROUND THE PLACE OF DEATH ARE DESTROYED BY ARTILLERY**
- 14. What is the date of burial? **NOT BURIED**
 - a. Give basis **REMAINS WERE FOUND ON THE SURFACE OF THE GROUND**
- 15. What was the place of death? **HURTGEN FOREST, DISTRICT # 85** Coords **WF-0134**
 - b. Give basis **REMAINS WERE FOUND THERE**
- 16. Where were the remains found? **HURTGEN FOREST, DISTRICT # 85** Coords **WF-0134**
 - a. By whom? **KUNIG WAFTE, OPERATOR, FORESTRY**
 - b. Is sketch attached? **YES**
- 17. Was a casket used? **NOT BURIED** Who furnished the casket?
- Type of casket How marked?
- 18. Who made the burial **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?

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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
(Night?) (Day?)
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. **YES**
- 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 **FORESTER OF SECTION VOSSENACK, IDLEWILF HAFTE, GERMANY, GERMANY, FORESTRY # 7**

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? **UNKNOWN** By whom?
- Present disposition

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.

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

Where? _____ By whom? _____

Present disposition **WITH THE REMAINS IF THERE ARE ANY**

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? **NOT RECORDED**

42. Was Deceased given first aid? **UNKNOWN** 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 CONSIST OF CHARRED 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

FORMASTER OF SECTION VOSSENACK, HEDIG PFATTE, GEFORSTER, FORE TIT # 7

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? **YES**

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 B. Adams

William B Adams

Signature of Investigator

T/5 RA-6382982

Rank ASN

Hq & Hq Det 164 3d. En.

Organization



26. Had bombs been released prior to the crash? **NO**
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
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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
 (Night?) (Day?)
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. **YES**
- a. Are all certificates and statements of people who possessed knowledge of the case attached?
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased
**FORESTER OF SECTION VOSENACK, DIESEL PLANT
 GERMANY, FORESTRY # 7**

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 **COULD NOT BE FOUND**
- a. Were identification tags found at the time of death? **UNKNOWN**
- Where? **UNKNOWN** By whom?
- Present disposition

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.

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NARRATIVE
ON VOSSENACK, GERMANY CASE

On 7 May 1947 a disinterring team proceeded to the Hurtgen Forest, Section Vossenack, district # 85, to disinter the remains of an American soldier. The information was received from Ludwig Pfaffe, forester of this section, who found the remains on his regular course of duty. (See Exhibit "A")

This disinterring team recovered the remains lying on the surface of the ground. The remains consisted of charred bones, since this forest burnt off a few weeks ago. The woods around the place of death of the deceased are destroyed by Artillery fire.

The deceased is believed to have been killed by shrapnel of Artillery fire. The date of death is estimated to be around November 1944 while the heaviest fighting took place in the Hurtgen-Forest.

No means of identification could be found on the remains, probably by reason of the above mentioned wood-burn.

Further information pertaining to the deceased is not available.

William B. Adams

William B. Adams
T/5 RA-6382982

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L. Hoffe, Rad. 1111
Friedrichsheim 7

IF-1370

Erklärung

Während der Ausübung des Dienstes
habe ich im Distrikt 8 des K. o. F. o. o.
Personen die Abwehr eines Auswärtigen
beobachtet. In jedem Fall sind Gruppen
des Auswärtigen über den Ort zu
melden.

Wetzlar, den 7. 5. 1947

L. Hoffe
K. o. F. o. o.

(Exhibit "A")

Erklärung

Während der Ausübung des Dienstes fand ich in Distrikt # 85 der Revier Foersterel Vossenack die Ueberreste eines amerikanischen Soldaten. Ich habe dies einer Gruppe des amerikanischen Graeberdienstes gemeldet.

Hurtgen,
7. Mai 1947

Ludwig Pfaffe
Revier-Foerster

Statement

While on my regular course of duty I found the remains of an American soldier in district # 85 of Section Vossenack. I've reported this to a team of the American Graves-Service.

Hurtgen,
7 May 1947

Ludwig Pfaffe
Forester
Forestry Germeter # 7

I herewith certify that this is a true translation of the above to the best of my ability.

George Geist

George Geist
German Interpreter

A TRUE COPY

hl

Quar J. Fosmo
IVOR J FOSMO
2/Lt Inf
G.R. Officer

IJF

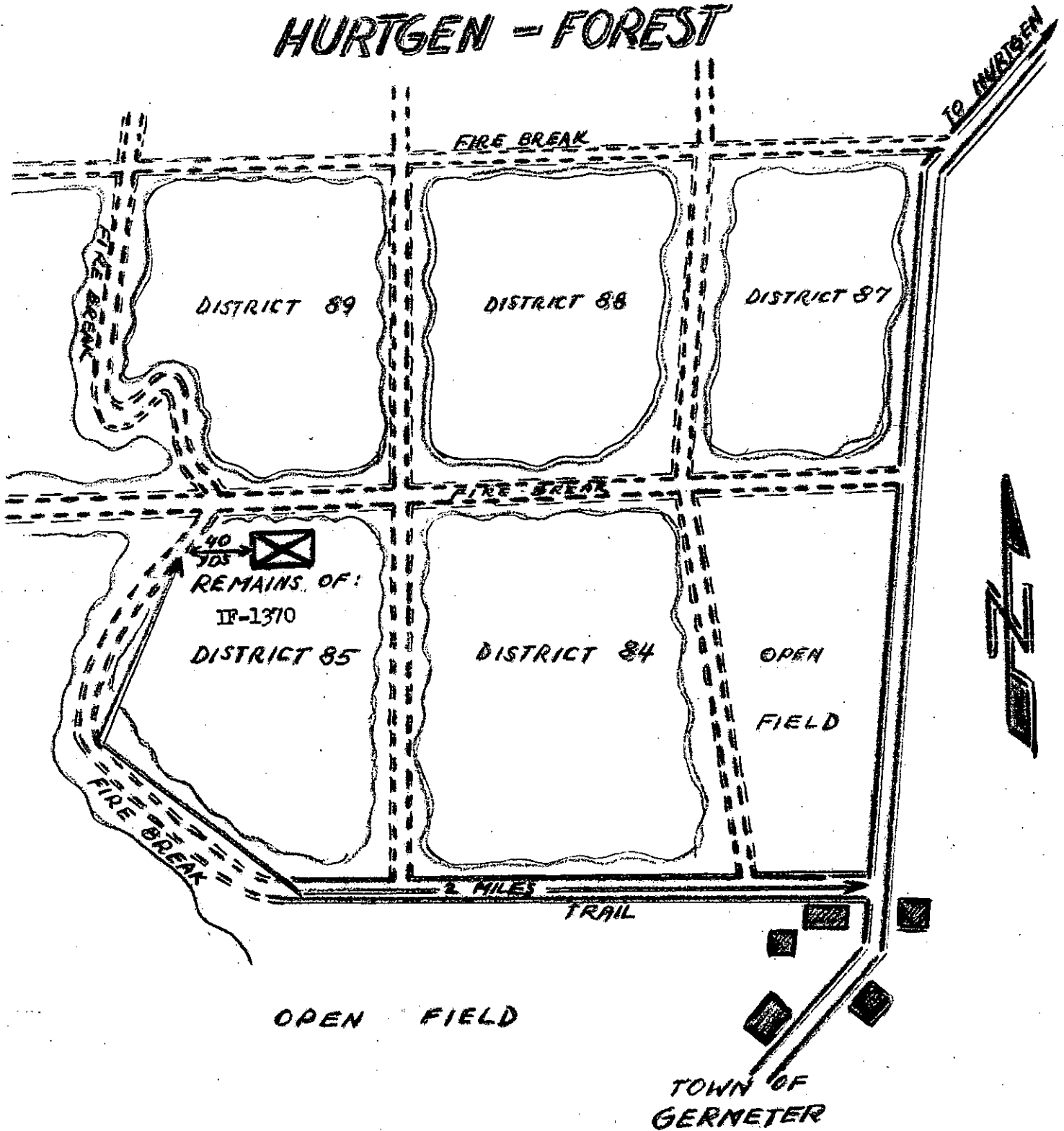
(Exhibit "A")

EVAC UATION NUMBER IF-1370

Map : Germany 1/100 000
Sheet : S I
Coord : (WF-0134)
Town : Vossenack, Germany
Sketch by : George Geist,
(German Interpreter)

NOT TO SCALE

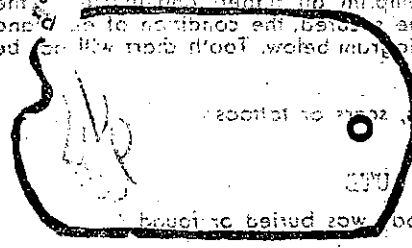
HURTTGEN - FOREST



WD OMC FORM 1042 REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) Date of report

Rev 1 Apr. 1945 (Supers, les GRS Form I) (AR 30-1810 and AR 30-1815) 16 May 1947

Identification tag, if possible DO NOT TYPE SECTION 1 IDENTIFICATION

	NAME (Last, First, Middle Initial)		Serial number
	Unknown X-5466		Unknown
	Grade	Organization	Branch of service
	Unknown	Unknown	Unknown
Race	Religion	If other than U. S. dead, Give name of country.	
Unknown	Unknown		

Place of death Cause of death Date of death

Hurtgen Forrest, Germany District #85 Cause of death: BTB: KIA Date of death: Est. Nov 1944

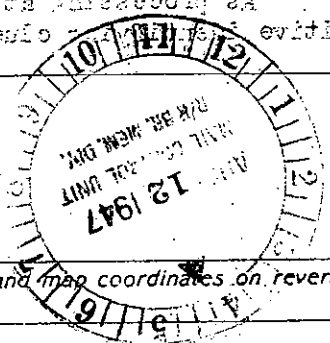
Emergency addressee (Name, Relationship and Address.)

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

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

USMC, Neuville-en-Condroz, Belgium (VK-390187)

Date of burial	Hour	Buried in (Schroud, Blanket, or name of other)	Type of grave marker	Plot no.	Row no.	Grave no.
22 May 1947	1500			W	11	268

Was this a re-burial (Yes or No)	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location	Plot no.	Row no.	Grave no.
No	Remains found on surface of ground			

Type of religious ceremony	Person conducting burial rites	If identification tags not used, describe identification data and containers buried with body
Joint P, C & H	Chaplains Rusher Saatman & Lepchivcher	

Report of Burial

Identification tag buried with body (Yes or No)	Identification tag attached to marker (Yes or No)	Rank	Serial number	Organization	Grave No.
No	GRS	Unk	Unk	Unk	269

ly buried on deceased left, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
Unknown X-5465	Unk	Unk	Unk	269

ly buried on deceased right, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
Unknown X-5441	Unk	Unk	Unk	267

Signature of GRS Officer verifying report: RAYMOND G. JOHNSON Lt 1st Lt

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

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS

(a) Great care will be taken to record the most minute clues for the future identity of un-identified 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 planes, vehicles and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumb 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
UTD	UTD	UTD	UTD	UTD

Weapon and serial number	Laundry marks	Where body was buried or found
None	None	Huntgen Forrest, Germany

For tooth chart see attached Form I-A.

REMARKS

This deceased was found by a German Civilian. The body was badly charred, probably due to a forest fire having occurred in the immediate vicinity where the body was found.

As processing at Subordinate Identification Point #2 revealed no positive identifying clues, this case is classified unknown.



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

Name, Number, Coordinates and location of cemetery: USMC, Newville-en-Congres, Belgium (44-383187)

Date of burial	Hour	Buried in (Specify date, Type of grave, Vet or name of other)
22 May 1947	1800	W

Was this a re-burial (Yes or No)	Remains found on surface of ground
No	

Type of religious ceremony: Catholic, St. Joseph's, Belgium & Luxembourg

Identification tag attached: Report of burial

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

Body buried on deceased left (Last First Middle Rank)	Serial number	Organization
Unknown A-3483	UNK	UNK

Body buried on deceased right (Last First Middle Rank)	Serial number	Organization
Unknown A-3441	UNK	UNK

Remarks: Form #13, Checklist, and Form I-A, Tooth Chart, accomplished. Unable to obtain fingerprints because of missing portions. Estimated weight of remains recovered, 5 lbs.

DISTRIBUTION OF REPORT: Signed original for US and filled head signed original and one copy for Army of G. Quartermaster General through Hqd. GRS Office. Copies for retention in theater as prescribed by theater commander.