

1. FILE UNDER NO.

293 Unk. Neuville X-6069

SYNOPSIS

2. TYPE OF DOCUMENT:

IRS C#1

3. DATE:

11/1/50

4. FROM:

Rec Sec Repat Br Mem Div

5. TO:

Screening Section Id Br Mem Div

6. SUBJECT:

1. The following #1 DDs with attached papers have been completed in this section and are forwarded for your information.

X-282 Leyte #1

X-30 Manila, #2

X-6069 Neuville, Belgium

7. DOCUMENT FILED
UNDER NO.

293 Unk. Leyte #1 X-282

cm

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

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

1

USMC ST LAURENT
PLOT: B ROW: 16 GR: 40
DATE OF BURIAL: 15 Oct 1950
VERIFIED BY GRS OFFICER *Pharmaceutical Dept*

OK
18
5/10/50

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1260 02448		DATE 15 08 48 DAY MONTH YEAR		
NAME UNKNOWN		SERIAL NUMBER X-006069	GRADE	ARM J	RACE O	RELIGION 6
CEMETERY NEUVILLE BELGIUM		PLOT AA	ROW 7	GRAVE 171	DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN **NO FLAG SENT**

NAME AND ADDRESS OF CONSIGNEE NEUVILLE EN CONDROZ, BELGIUM ST. LAURENT, FRANCE	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) These remains are unidentifiable and are to be permanently interred (Reg.Div. 29 Aug 50)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-006069	GRADE UNK	DATE OF DEATH	DATE DISTINTERRED 3 DEC 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY EDWARD E STOUT-1/LT-CE NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL SHOE - MATTRESS COVER	CONDITION OF REMAINS REMAINS CONSIST OF DISTAL END OF R/TIBIA AND FEW FOOT BONES
---	---

OTHER MEANS OF IDENTIFICATION
REPORT OF BURIAL WITH REMAINS

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

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **TRANSFER CASE**

DATE 11 JAN 1949 BY LEON J CECIL, EMBALMER

CASKET SEALED BY HENRY F PERGANDE EMBALMER (Signature) HENRY F PERGANDE, EMBALMER

CASKET BOXED AND MARKED

DATE 12 JAN 49 BY HOWARD B FREEMAN, ID TECHN

SHIPPING ADDRESS VERIFIED BY ALL PLATES, TAGS AND MARKINGS 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.

JAMES M FORRESTER 1/LT QMC
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NOTE: Remains X-6069 previously permanently interred Neuville D-3-51; subsequently disinterred and remains 2/LT Lewis S. GARDNER 0-735190 interred therein. (Reg. Div.) CONSIGNEE CHANGED AGRC EA
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.

Handwritten signatures and initials at the bottom of the page.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

14 Mar 1949
(Date)

293 Unknown Belgium (Neuville) X-6069

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 6069, Plot AA,
Row 7, Grave 171, USMC 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. 2470, dated 18 Sep 1947.

Case reviewed by undersigned Members of the Board of Review:

Capt. Jack C. HAYES, O-1577297

Boyerberger Maj. Ord. O-251736

OIC Capt. Stanley C. TYRELL, O-1304296 Inf

Capt. Edward F. PRICE, Jr., O-1588236 OIC

Edward E. Stout

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

Ernest J. Oglesby

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

Received TL # 3605-22 Mar 49 OQMG
Not identifiable from
information presently
available

Incl # 20

NEUVILLE EN CONDROZ B-107 FBJ *[initials]*

PLOT: D. ROW: 3. GRAVE: 51.
DATE OF BURIAL: April 1949.
VERIFIED BY GRS OFFICER: **DISINTERMENT DIRECTIVE**
FRITZ J. TOLTZINE, 1st Lt, MI

1 SECTION A — NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: **1260 02448**
DATE: **15 08 48**
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: **X-006069** GRADE: UNK ARM: **J** RACE: **O** RELIGION: **6**

CEMETERY: **NEUVILLE BELGIUM** PLOT: **AA** ROW: **7** GRAVE: **171** DISPOSITION OF REMAINS: **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)**

SECTION C — DISINTERMENT AND IDENTIFICATION
NAME: UNKNOWN SERIAL NUMBER: **X-006069** GRADE: **UNK** DATE OF DEATH: UNK DATE-DISINTERRED: **3 DEC 48**

IDENTIFICATION TAG ON: REMAINS MARKER **EMB** ORGANIZATION: **UNKNOWN** RELIGION: **UNK** IDENTIFICATION VERIFIED BY: **EDWARD E. STOUT 1/LT CE**
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL: **SHOE MATTRESS COVER** CONDITION OF REMAINS: **REMAINS CONSISTS OF DISTAL AND OF R/TIBIA & FEW FOOT BONES.**

OTHER MEANS OF IDENTIFICATION: **REPORT OF BURIAL WITH REMAINS.**

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

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

DATE: **11 JAN 49** BY: **LEON J. CECIL EMBALMER**
CASKET SEALED BY: **HENRY F. PERGANDE** EMBALMER (Signature): **HENRY F. PERGANDE EMBALMER**

CASKET BOXED AND MARKED: **HOWARD B. FREEMAN** SHIPMENT ADDRESS VERIFIED BY: **ALL PLATES TAGS MARKINGS**
DATE: **12 JAN 49** BY: **IDENL TECH** 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
JAMES M. FORESTER 1/LT QMC
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: **REPAIRING RECORDS** DATE: _____ NAME: _____

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, Inf

REPORT OF INVESTIGATION AREA SEARCH

AGCS Form 10 (Revised)

September 1947

1 January 1946

Date

NAME Unknown 6067

RANK Unknown

ASN Unknown

ORGANIZATION 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 identify acquired for the deceased through the surface investigation? None 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 Presumed parts of three (3)

RANK Unknown

ASN Unknown

b. ORGANIZATION Unknown bodies

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY None

(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 BITBURG, Ger Coordinates (VI-1354)

b. Is sketch attached? many Yes

c. Is area mined? No

9. How is the grave marked? Not marked

10. If grave is marked with cross, give exact markings thereon None

a. From what source was this information obtained? KARL REUTER

(Identification tags, personal effects)

1. By whom Sgt. ROBERT O. SPENCE, 35868284

11. Where are the cemetery records? None

(Town Hall, cemetery, burgermeister's office)

(57)

- a. What information was contained thereon? None
- b. Where was the information obtained? KARL REUTER
- c. By whom? Sgt. ROBERT O. SPENCE, 35868284
- 12. What is the date of death? Presumed 25 December 1944
- a. Give basis Air Raid on BITBURG
- 13. What is the cause of death? Killed in Bombing
- b. Give basis Air Raid on BITBURG
- 14. What is the date of burial? Not buried
- a. Give basis _____
- 15. What was the place of death? BITBURG, Germany Coords (WL-1354)
- b. Give basis Found in ruins of BITBURG
- 16. Where were the remains found? BITBURG, Germany Coords (WL-1354)
- a. By whom? KARL REUTER
- b. Is sketch attached? Yes
- 17. Was a casket used? _____ Who furnished the casket? _____
- Type of casket _____ How marked? _____
- 18. Who made the burial _____ (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? _____
- None

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? _____
- 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? _____

(58)

- 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? _____
 - 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) Bombing
 - 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 None

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 No personal effects
 - a. Were identification tags found at the time of death? Unknown
 - Where? Unknown By whom? Unknown
 - 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.

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1. Were personal effects found at the time of death? Unknown

Where? _____ by whom? _____

2. Present disposition Unknown

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

4. Did Cemetery Register or cross indicate the immunization shot? None

5. Was Deceased given first aid? Unknown If so, where? _____

By whom? _____ Are statements from the medical people attached? None

6. Was deceased evacuated to a German civilian hospital? No

Where? _____ Names of people concerned None

7. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? Burnt

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

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption None

b. If so, has higher headquarters been notified? No

10. Was case previously investigated? Yes By whom? Mr. H.P. BOONE

When? 16 July 1947

11. Give full names, addresses, and information obtained from each person interviewed KARL REUTER, BITBURG, Germany

12. Are all positive statements regarding identification and particulars surrounding death attached? Yes

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

14. Was investigation preceded by advanced publicity? No

(If special investigation, give case number) _____

15. Give Brief Narrative (See Attached Narrative)

(Use attached sheets if necessary)

Signature of Interpreter _____

Rank _____ ASN _____

Organization _____

Robert O. Spence
Signature of Investigator

ROBERT O. SPENCE

Rank _____ ASN _____

Sgt. 35868284

Organization **164th QM.BN. APO 403**

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NARRATIVE

On 23 July 1947 I was searching and disinterring in the town of BITBURG, Germany (WI-1354). It had been known that one (1) American soldier was found in the ruins of the town.

I contacted the Burgenmeister of BITBURG and he stated that KARL REUTER had found parts presumed to be American in the ruins of his house which he is clearing of rubble, and that the remains are in the Town Cemetery. He instructed me to interview REUTER as he could not give me further information. I did so and REUTER stated that he was clearing some of the rubble of his house last week and found parts of remains believed to be American. He further stated that there are five (5) shoes, parts of two (2) arms, and other small parts of human bodies. The remains are burnt very badly.

He further stated that there were American prisoners in BITBURG during November and December 1944. On 25 December 1944 the American prisoners were working near his house when they were air raided. It is thought that some of the prisoners ran into his house to find a shelter there. His house was hit by a bomb and was almost completely destroyed. It burned after the air raid. He could not furnish any further information.

I then proceeded to the cemetery and obtained the remains. They were in a small box in one of the buildings of the cemetery.

I obtained the following from the box:

Five (5) single shoes containing parts of the remains that were very badly burnt.

Parts of two (2) arms, also burnt badly.

Other small bones and burnt flesh.

It is possible that there are parts of three (3) bodies in the box. I placed the remains in a burial box which I had taken along and departed.

CONCLUSION:

It is presumed that these remains are parts of three (3) American soldiers who were killed during the air raid on BITBURG. Due to the fact that the house burnt after the bombing, the remains were completely destroyed by the fire.

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Robert C. Spruce
 ROBERT C. SPRUCE
 Sgt. 35868284
 164th QI Bn. APO 403

IDENTIFICATION CHECK LIST

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

Unknown X 6069
Cemetery Neuville en Condroz, Belgium
Plot AA Row 7 Grave 171

Date processed:

1. ~~15 August 1947~~ 15 August 1947
(Hour) (Date)

2. Place of death BITBURG, Germany
(Name of closest town) (Coordinates and letter Prefix, maps)

WL - 1554
(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 No. 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> (Type)		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>Remnants of</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>Remnants of</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		

Belt, web **Remnants of**

Drawers, wool **Remnants of**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **NONE**

* Shoes **burned remnants of** (type) **one (size est. 10)**

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?
UTD

6. Description of Remains: **All major bones fractured and/or missing**

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, pocks, freckles)

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

Hair **None found**
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **None found**
(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, lushiness, 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 **No teeth recovered**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Skull 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)

Hands **MISSING**

Fingers **MISSING**
 (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 **None found**
 (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 **None found**
 (Nose, arms, legs, etc.)

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

SEE ATTACHED CHART

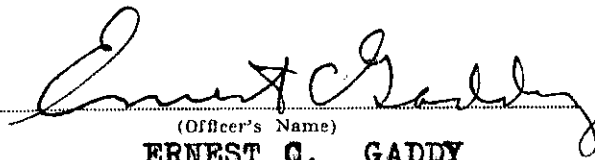
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Fingers missing

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

9. Remarks Case 1F-1506 was received as a mass burial of three men. Segregation was possible because of size and structure of the bones. Case 1F-1506 has been changed into cases 1F-1506 A, B and C. No long bones for measurement. Bones and clothing charred, no teeth were found. All clothing except one burned shoe placed with case 1F-1506 A. No clothing marks. Estimated weight of remains: 8 oz. Fluoroscopic Examination negative. Nothing found to warrant Chemical Laboratory Examination.

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

Remarks contn'd

CENTRAL IDENTIFICATION POINT

(Organization)

Processing revealed no positive identifying clues, therefore this case is classified "UNKNOWN". Case papers pertaining to this case are with case 1F-1506 A.

LP-1506 A B (C)

SKELETAL CHART Neuville en Condroz
Belgium

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot AA, Row 7, Grave 171

UNKNOWN X-6069



No long bones for measurement
Height estimation not possible.

CHART "A"

1 R-1
id

RESTRICTED

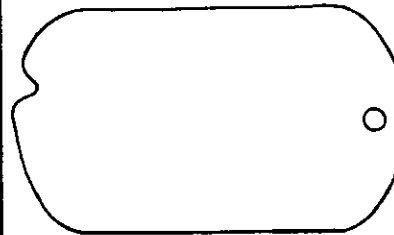
1F 1506AB(C) 91

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

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

DATE OF REPORT
21 Aug. 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

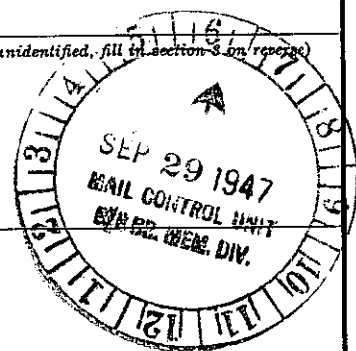
NAME (Last, first, middle initial)		SERIAL No.
Unknown X- 6069		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH Bitburg, Germany	CAUSE OF DEATH Killed by bombs	DATE OF DEATH Est. 25 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
USMC, Neuville en Condroz, Belgium (VK 390187)

DATE OF BURIAL 22 Aug. 1947	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp Wooden Cross	PLOT NO. AA	ROW NO. 7	GRAVE NO. 171
--------------------------------	--------------	---	--	----------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Remains found in ruins at Bitburg, Germany WL - 1354	PLOT NO.	ROW NO.	GRAVE NO.
---	--	----------	---------	-----------

TYPE OF RELIGIOUS CEREMONY General	PERSON CONDUCTING BURIAL RITES J. W. Sartman Capt. O. A. Rusher Rabbi Lenchivcher	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy of WD QMC Form 1042 placed in burial bottle and buried with remains.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) X- 6070	RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE NO. 172
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) X- 6068	RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE NO. 170
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SIGNATURE OF PERSON PREPARING REPORT ALBERT G. RICHARDSON USWD Civ. CAF 3	<i>Albert G. Richardson</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT IVOR J. FOSMO 2nd Lt Inf CIP	<i>Ivor J. Fosmo</i>
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Junk Newell X 6069

SUBJECT

QMC FORM 1121
1 Aug 45

51 12256