

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. NEUVILLE-EN-CONDROZ, X-3367

SUBJECT

QMC FORM 1121
1 Aug 45

51 12256

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

293 unk. Belgium (Neuille) X-3367 9 November 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 3367, Plot I, Row 2, Grave 26, USMC Neuille-en-Condroz, Belgium, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 4477, dated 9 November 1949.

3. Remarks: Tooth charts for the remains of Unknown X-3367 have been compared with all available dental records for all unresolved casualties in the Holland Map Sheet. Efforts to associate subject remains with unresolved casualty or casualties by all other means have proven negative.

Received 4489-15 Nov OO MG
Not identifiable from
information presently
available 29 Nov 78

Case reviewed by undersigned Members of the Board of Review:

[Signature]
Col. H. P. HENRY, O-12589

CMC

[Signature]
Lt. Col. E. D. MULVANITY, O-379598

CMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

[Signature]
Capt. Edward F. PRICE, Jr., O-1588236

CMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

Jed BHR

1	USMC Neuville Condroz Plot: A Row: 20 Gr: 45 Date of Burial: 19 Apr 50 Verified by GRS Officer M.R. Swart, Capt. OMC					
	SECTION A NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 1260 00507		DATE 15 08 48 DAY MONTH YEAR
NAME UNKNOWN		SERIAL NUMBER X-003367	GRADE	ARM J	RACE O	RELIGION 6
CEMETERY NEUVILLE BELGIUM		PLOT I	ROW 2	GRAVE 26	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			NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-13 Dec 49).			
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME UNKNOWN		SERIAL NUMBER X-003367	GRADE	DATE OF DEATH	DATE DISTINTERRED 30 OCTOBER 1948	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER GRS		ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY WILLIAM J. WOOD CAPT, FA NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL SHELTER HALF.			CONDITION OF REMAINS RIGHT RADIUS MISSING. REMAINS OTHERWISE COMPLETE.			
OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL WITH REMAINS - X 3367. GRS TAG WITH REMAINS - X 3367. FAVORABLE COMPARISON WITH TOOTH CHART FOR 3367.						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) NONE.						
REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX						
DATE 19 JANUARY 1949		BY CHARLES W. FREDRICKS, EMBALMER		EMBALMER (Signature)		
CASKET SEALED BY HOUSTON R. WOMACK		HOUSTON R. WOMACK, LICENSED EMBALMER				
CASKET BOXED AND MARKED		BY GRS OFFICER TAGS, PLATES, MARKINGS				
DATE 7 FEB 49 BY ROBERT A. HEURGUE		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						
MANUEL M. ESTEVEZ, 1ST LT, INF. SIGNATURE OF AGRS INSPECTOR'S ANNOTATED DATE 7 Feb 50						
REMARKS AND SPECIAL INSTRUCTIONS						

RFE Form #43

20 Sep 48

293 Mark-Neuville X-3367

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X -3367

(TEMP.: NEUVILLE)

(Last Name)

(First Name)

(Initial)

(Rank)

(ASN)

Subject remains have been permanently interred overseas in the United

States Military Cemetery USMC NEUVILLE ~~in~~ -CONDROZ, Belgium

Incl #

SEARCH FILE

Middelaar, 29-3-1946.

Herewith undersigned states:

I have discovered the three bodies laying in the wood in the direction of Plasmolen on the place called: Grootendaal ", this was about the beginning of January. I can't give you any other informations or marks about these bodies. I believe these soldiers have probably been killed already in September 1944, but it is not certain. I have given the information about these bodies to American soldiers, who were in the wood at that time. I am sorry, but I can't give you any other informations.

signed:

Martin P. Hendriksen.

" I ~~M. Hendriksen~~, being first duly sworn state the foregoing is a true and correct translation of the statement of ~~Martin P. Hendriksen~~
 translator
 Witness

given at ~~Middelaar, Holland~~, to the best of my ability
 location (include number, street, city)

~~M. Hendriksen~~
translator's signature.M. Vrijaldenhoven
translator's name typed.Bijleveldsingel 14
translator's complete address

Nijmegen, Holland.

Subscribed and sworn to before me this 1st day of April 1946, atNijmegen, Gelderland.
Town County~~John J. Zurick~~
Officer's signatureJOHN J. ZURICK
2nd Lt QMC(Inf.)Original statement in Dutch with Unk. 3366 . Officer's name typed

2nd Plat 3059 QM GR REG CO.

Organization

APO 228

U S ARMY

X-3367

- a. Give basis _____
15. What was the place of death? Flasmolan Holland Coords 7.7-4.8 sheet 2A
N.W. Europe 1:250,000
- a. Give basis found in fox hole
16. Where were the remains found? In fox hole Coords 7.7-4.8 sheet 2A
N.W. Europe 1:250,000
- a. By whom? Mr. Y. Barkal
- b. Is sketch attached? Yes
17. Was a casket used? No 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? _____
- _____
- b. Are certificates and statements attached? No

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

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 ~~no~~ name on plane _____
- c. Give numbers on motors, machine guns, instruments, radios or other equipment _____
21. How did crash occur? _____ Anti-aircraft _____

- 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 _____
(Month/Year)
- 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).

- 1. Were remains found in wreckage of a tank? _____
 - a. Give specific position in tank from which deceased was removed
(Radio man, driver, assistant driver on front, side, or back) _____
 - b. Near wreckage? _____
- 2. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
 - a. Type of tank _____
 - b. Marking and/or name of tank _____
 - c. Numbers on motors, machine guns, ammunition, instruments, etc _____
- 3. What was the type of enemy action that resulted in the tanks dis-
alignment? _____
- 4. Did tank explode? _____ Burn? _____

NOT APPLICABLE

1-3367

35. Numbers of tanks in immediate vicinity at time of disablement _____
36. Does specific time and date of disablement correspond with date death of above named deceased? APPLICABLE
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 P & C are not applicable)

39. Did death occur from any other means? A.I.E., truck, jeep, mines drowning or small arms fire) small arms fire

If so, give complete and thorough results of the interrogation.

- a. Are all certificates and statements of people who possess knowledge of the case attached? No

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

see attached statement

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 found

- a. Were identification tags found at the time of death? No

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? No

Where? _____ By whom? _____

Present disposition? _____

- c. Was deceased identified by living members of the crew at the time of death? No
- d. Did Cemetery Register or records indicate the immunization shot? No
12. Was deceased given first aid? No If so, where? _____
By whom? _____ Are statements from the medical people attached? _____
13. Was deceased evacuated to a German civilian hospital? No
Where? _____ Names of people concerned _____
- Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
14. Is it possible on surface investigation to obtain from civilian sources the condition of the body? Decomposed
(Burnt? Decapitated? etc)
15. 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? _____
16. Was case previously investigated? No
By whom? _____
When? _____
17. Give full names, addresses, and information obtained from each person interviewed? A. V. Barkal
Plasmolen Limburg Holland
18. Are all positive statements regarding identification and particulars surrounding death attached? Yes

X-3367

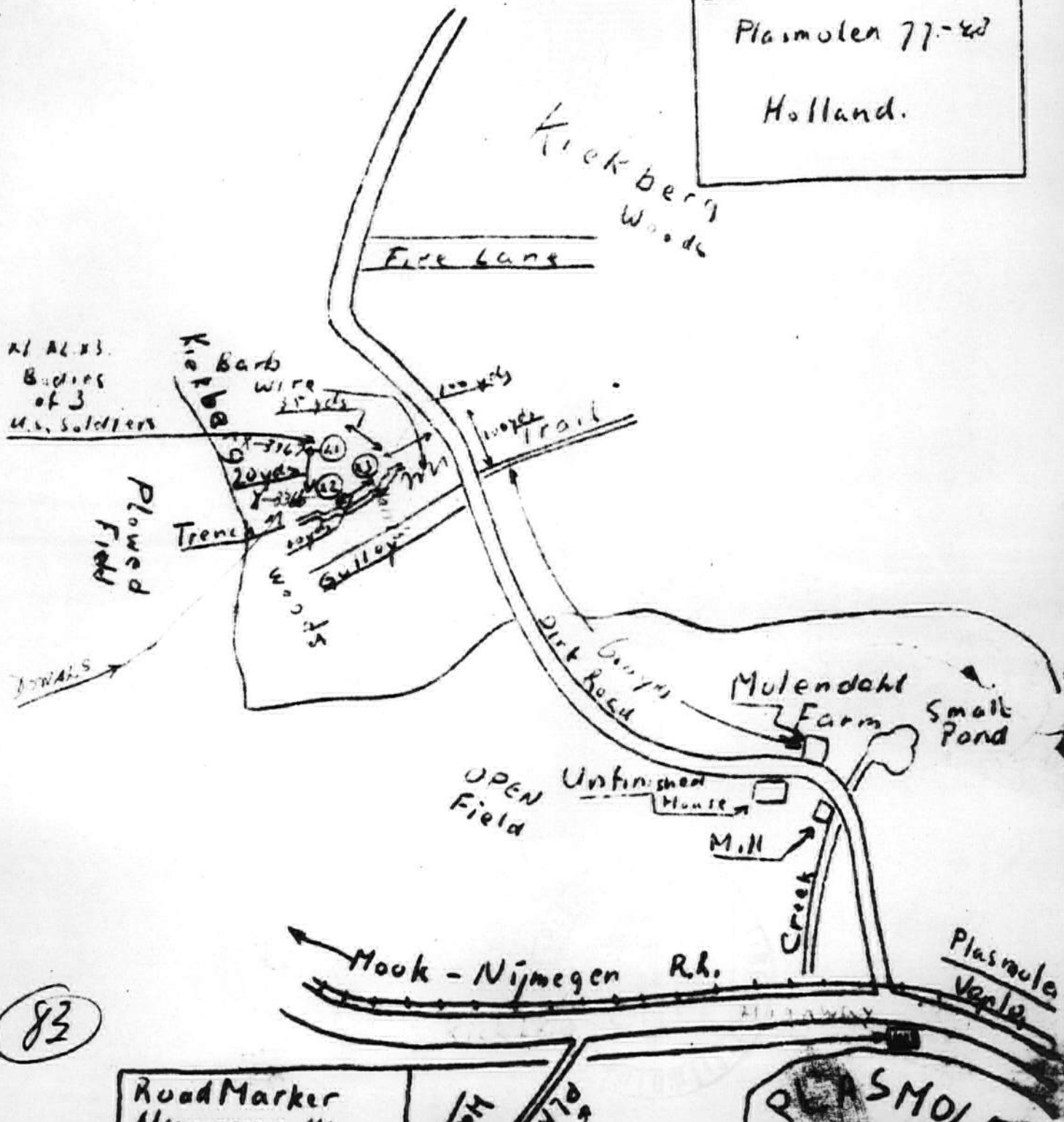
NW EUROPE

1:250,000.

Sheet LA

Plasmolen 77-42

Holland.



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 Plasmolen Holland Coordinates 7.7-4.8. sheet 2A N.W. Europe 1:250,000
b. Is sketch attached? 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 _____

- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By whom _____
11. Where are the cemetery records? _____

- a. What information was contained thereon? _____

- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? Est 18 Sept 1944
a. Give Basis See attached statement
13. What is the cause of death? KIA Gun shot wound
b. Give Basis Medics report.
14. What is the date of burial? Not buried.

DEFENSE POSTER

Dressers, Wool none

Dressers, Cotton white 36

Leggings, Wool none (note removal, lacking)

Socks, Cotton Est 11

*Shoes (type) ~~XXXXXX~~ Paratrooper estimated 88

Overshoes none

Web Equipment (type) none

(Other item) none

(Other item) none

* If body is under sizes of these items should be computed by measuring the remains.

6. Chevrons or Insignia None

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

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Atr, Ground or Naval Forces A.G.F.

8. Description of Remains: Age unk Height dec. Weight dec. Description of Wounds

Scars (Length, width, location)

Bandages or dressings

Outstanding moles, warts or birthmarks (see no; description; location)

Sunburn or tan, other than hands and face

Complexion (light; medium; dark; clear; pinkish; pocks; freckles)

Build (large; fat; thin; muscular)

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

~~DECEMBER 1952~~

Hair _____
(baldness, ~~rows peak, distinctive coloring or other character.~~)

Sideburns _____ Mustache _____
(color, setting, shape) (color, size, shape)

Beard or Goatee _____
light, color, extent, length, heavy

Eyes _____ Eyes _____
(color, setting, shape) (color, bushiness, extent over nose)

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

Mouth _____ Lips _____
(large, medium, small) small, large, full

Teeth _____ **Tooth chart taken** _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extr.)

Chin _____
(prominent, receding, pointed, dimple, double)

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

Neck _____ Larynx _____
(size, length, short, normal, wrinkled) (prominent, normal)

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

_____ (extent and quantity of hair)

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers
or joints) (Unusual characteristics of fingernails)

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

Back _____ Waist _____
(quantity & extent of hair) (size of navel, appearance, amount)

_____ Circumcision _____ Pubic hair _____ **Brown** _____
(quantity & color of hair) yes-no (color)

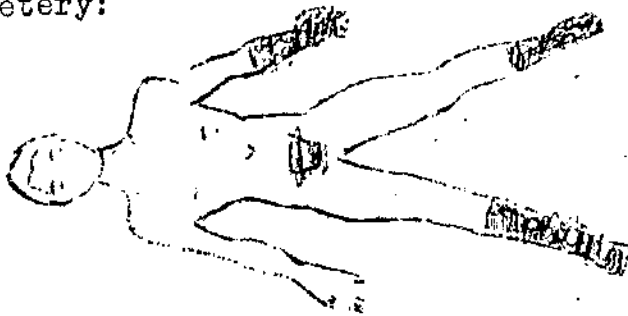
Hernioplasty _____

Feet _____ Toes _____
(Size, corns, Callouses, Flat) _____ (Healer, straight, crooked, overlap)

DECOMPOSED

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

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



10. Have fingerprints been placed on Report of Interment No
Yes-no

If not, explain Decomposed

11. Has tooth chart been prepared Yes If not, explain _____
Yes-no

12. Remarks: Body badly decomposed.

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.

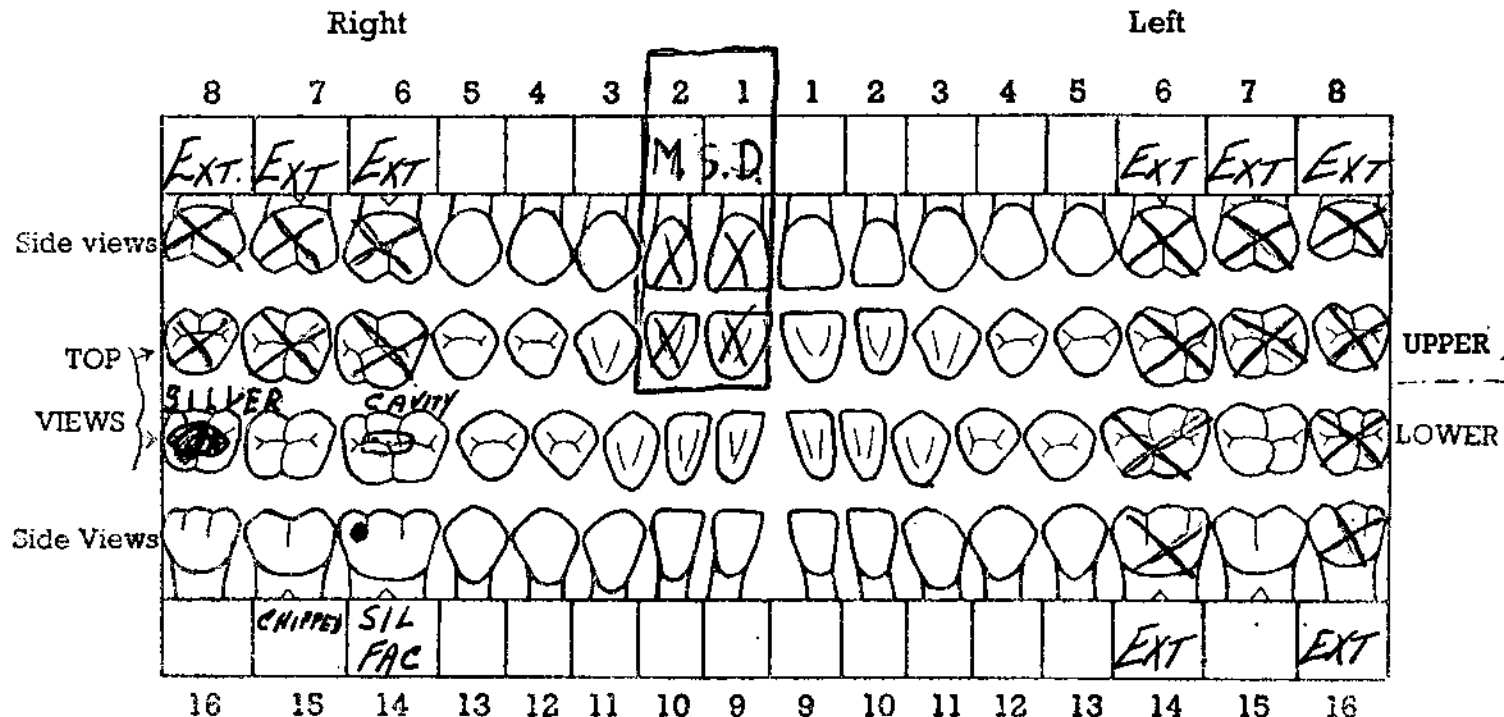
John J. Zurick
Officers Name
JOHN J. ZURICK
2nd Lt QMC(Inf)
Rank Service

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

TOOTH CHART

2-7 March 1946
Date

Unknown X-3367., Neuville en Condroz Unk. Unk.
Last Name First Initial Rank Serial No.
Unk. A.G.F.
Unit Organization
Plasmolen Hollaned Est. 18 Sept 1944 K.I.A. Gun shot wound.
Place of Death Date of Death Cause of Death

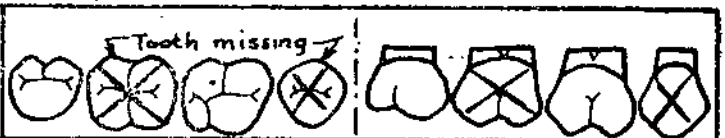


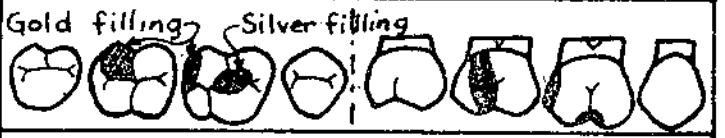
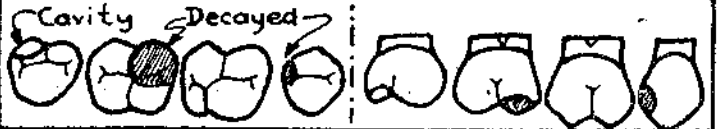


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

Pfc Harold D. Martz

Signature of Officer or other person who prepared Tooth chart

Pfc Harold D. Martz

<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	 <p>Labels: "Tooth missing" with arrows pointing to the 'X' marks on the teeth.</p>
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	 <p>Labels: "Gold crown" and "Porcelain crown" with arrows pointing to the shaded crowns.</p>
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p>Label: "Gold bridge" with an arrow pointing to the shaded bridge.</p>
<p>FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p>Labels: "Gold filling" and "Silver filling" with arrows pointing to the shaded fillings.</p>
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>	 <p>Labels: "Cavity" and "Decayed" with arrows pointing to the shaded areas.</p>

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

14 right filling on Lingual surface.

IDENTIFICATION CHECK LIST

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

DD 356

Unknown X-3967
Cemetery Newville
Plot I Row 2 Grave 26

1. Remains Reprocessed
Arrived at cemetery 27/12/48 (Date)

2. Place of death _____ (Name of closest town)

_____ (Coordinates and letter Prefix, maps)

_____ (Sheet, scale and serials used)

3. Remains recovered or disinterred by Reprocessed by CIP Zone One
(Name and organization)

4. Evacuated to Cemetery by _____ (Name and organization)

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

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

X-3367

Belt, web ~~None~~

Drawers, wool ~~None~~

Drawers, cotton ~~None~~

Leggings, wool ~~None~~

Socks, cotton Wool, Remnant

* Shoes ONE, left (type) Service "8-D"

Overshoes ~~None~~

Web Equipment ~~None~~ (type)

(Other item) _____

(Other item) _____

* 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? Air Force

L. HUMPHREYS 36.7 R. FOMER 40.9
" FADUS 24.2 R. FIDIA 36.6
" ULMA 25.7 R. ULMA 36.1

6. Description of Remains:
Est Age 30-35 Height 5'4 1/2" Weight 170 Description of wounds UTD

Bandages or dressings None Scars UTD (Length, width, location)

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

Outstanding moles, warts or birthmarks ~~None~~ (Vis-no; description, location)

Sunburn or tan, other than hand and face ~~None~~

Complexion UTD (Light, medium, dark, clear, pimples, pecks, freckles)

Build ~~None~~ (Large, fat, thin, muscular)

Hair Dark Brown 2 1/2" long straight (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 (Length, heavy) (Color, setting, shape) (Color, size, shape)

X-3867

Coatee
 (Light, color, extent)
 Eyes
 (Color, setting, shape)
 Eyebrows
 (Color, bushiness, extent across nose)
 Nose
 (Size, shape, straight)
 Ears
 (Size, set close to or far from head)
 Mouth
 (Large, medium, small)
 Lips
 (Small, large, full)
 Teeth
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)
 See Chart
 Chin
 (Prominent, receding, pointed, dimples, double)
 Normal
 Jaw
 (Large, small, normal)
 Circumference of head in inches 21 1/4
 (Flat band)
 Neck
 (Size, length, short, normal, wrinkled)
 Larynx
 (Prominent, normal)
 Shoulders
 (Broad, straight, small, rounded)
 Arms
 (Length, muscular, color, extent and quantity of hair)
 Hands
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)
 Fingers
 (Usual characteristics of fingernails)
 Chest
 (Size of nipples, color, quantity and extent of hair, large, small, normal)
 Waist
 (Size of navel, appendectomy, amount, quantity, and color of hair)
 Back
 (Quantity and extent of hair)
 Circumcision Nil. Pubic Hair None
 (Color)
 Hernioplasty
 (Yes-no; location)
 Legs
 (Ins-ans, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)
 Feet
 (Size, corns, callouses, flat)
 Toes
 (Slender, straight, crooked, overlap)
 Evidence of healed fractures None visible
 (Nose, arms, legs, etc.)

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

(3)

X-3367
NEUVILLE

7. Have finger prints been placed on Report of Interment? 1/6
(Yes-No)

If not, explain Decomposed and/or missing

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

This case reprocessed per D.D. #386.

9. Remarks Remains received with torso and legs intact with a large amount of decomposed flesh.

Teeth intact in skull (see tooth chart).
Clothing found amongst the remain

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.

No markings except size of service shoe "8-D"

Fluoroscope examination negative.

Est. Age: 30-35

Est. Height: 5-4 1/2"

Est. weight

of reprocessed remains: 70 Lb

sample of head hair

is submitted.

Two reports of burial (X-3367), one

GRS tag (X-3367) and two embossed

plates (X-3367) recovered.

W.A. Neep
(Officer's Name)

Service

(Organization)

Mr. Neep
in DePas

X-3367

Newble

27 Dec - 48

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

SKULL 217 inches

R I G H T

L E F T



HUMERUS _____ cm

HUMERUS 81.7 cm

ULNA _____ cm

ULNA 25.9 cm

RADIUS _____ cm

RADIUS 24.2 cm

PEMUR _____ cm

PEMUR 43 cm

TIBIA _____ cm

TIBIA _____ cm

FIFULA _____ cm

FIFULA _____ cm

FRACTURED

SLATTERED

MISSING

BURNED

CHART "A-1"

ESTIMATED HEIGHT 5 FT 42 IN

(3)

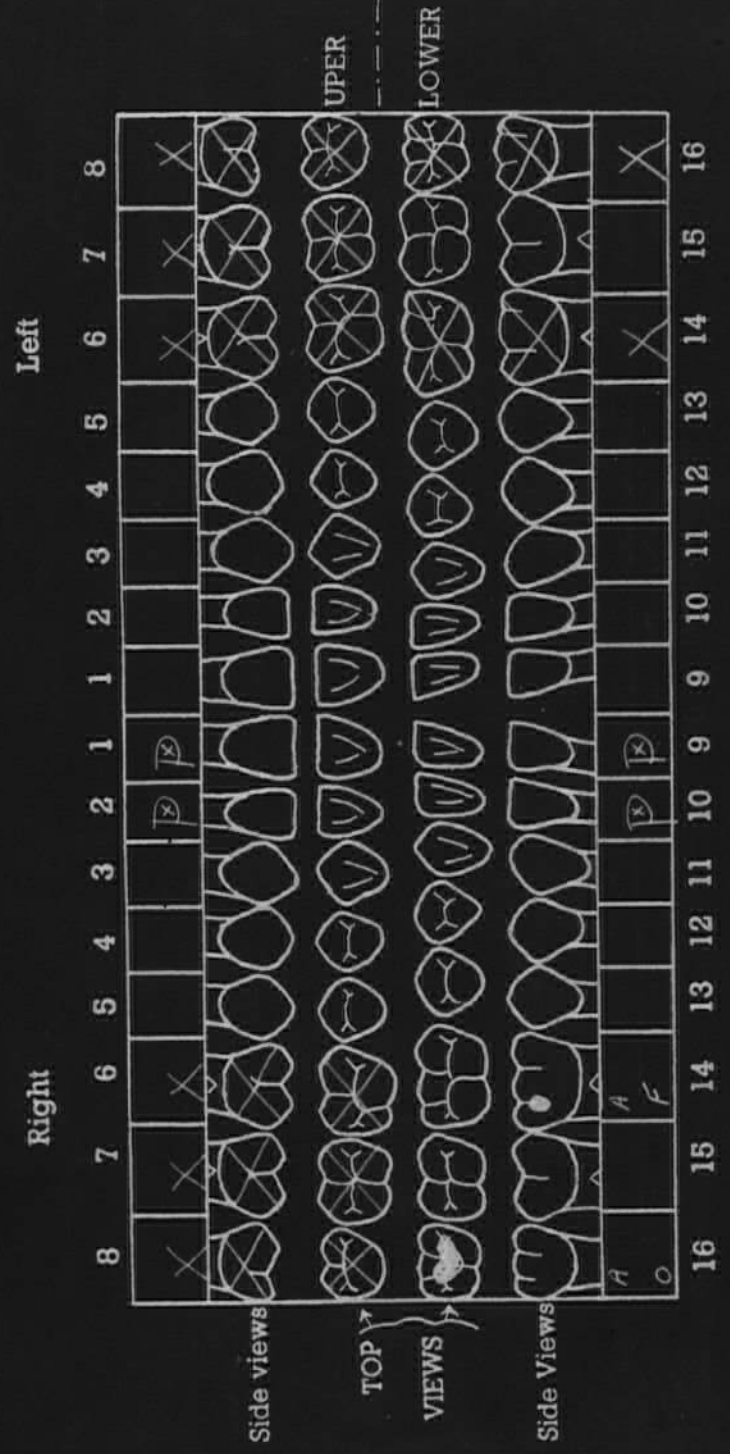
X-3367
Newville USMC

TOOTH CHART

27 Dec 48
Date

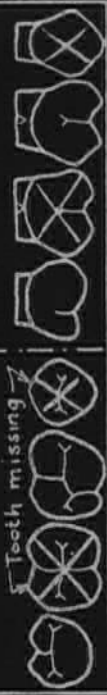

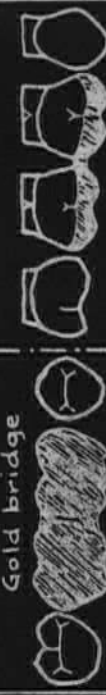
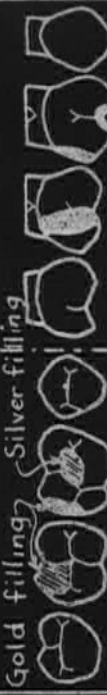

Last Name: _____ Rank: _____ Serial No.: _____
 First: _____ Initial: _____ Organization: _____
 Unit: _____

Place of Death: _____ Date of Death: _____ Cause of Death: _____



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.

Harold D. A. Leuler
 Signature of Officer or other person who prepared Tooth chart
 Verified by G. R. S. Officer

<p>MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:</p>	
<p>CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:</p>	
<p>BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	
<p>FILLINGS . . . Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:</p>	
<p>CARIES (CAVITIES) . . . Outline location and size of cavity, shade in thus:</p>	

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 - dull ivory
 Pathologically missing - R12, 9, 10
 Spaces 214, 6 mm
 Alignment good.
 Chew moderate.
 P15 abnormally worn: facial cusps worn
 away and nearly one half of the facial
 surface of the crown worn away.*

Belt, web none

Drawers, Wool none

Drawers, Cotton White 36

Leggings, Wool none (note unusual lacing)

Socks, Cotton Est 11

*Shoes (type) ~~XXXXXXXXXX~~ Paratrooper estimated 8B

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.

6. Chevrons or
Insignia None
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

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

8. Description of Remains:
Age unk Height dec. Weight dec. Description of Wounds _____

Bandages or dressings _____ Scars _____
(Length, width, location)

_____ (type, location - illus. on sep. page)

Outstanding moles, warts, birthmarks _____
(yes-no; description; location)

Sunburn or tan, other than hands and face _____

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

Build _____

DECOMPOSED

Hair _____
(baldness, widow's peak, distinctive coloring or other character)

Sideburns _____ Mustache _____
(color, setting, shape) (color, size, shape)

Beard or Goatee _____
light, color, extent, length, heavy

Eyes _____
(color, setting, shape) (color, business, extent across nose)

Nose _____ Ears _____
(size, shape, straightness) (size, set close to or far from head)

Mouth _____ Lips _____
(large, medium, small) small, large, full

Teeth _____ Tooth chart taken _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extr.)

Chin _____
(prominent, receding, pointed, dimple, double)

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

Neck _____ Larynx _____
(size, length, short, normal, wrinkled) (Prominent, normal)

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

_____ (extent and quantity of hair)

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers
or joints) (Unusual characteristics of fingernails)

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

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

_____ (quantity & color of hair) Circumcision _____ Pubic hair brown _____
yes-no (color)

Hernioplasty _____

US ARMY
2nd Plat 3059 (Inf) 1st Bn, 220

Service (Inf) 1st Bn

JOHN J. ZURICH

Officer's Name

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.

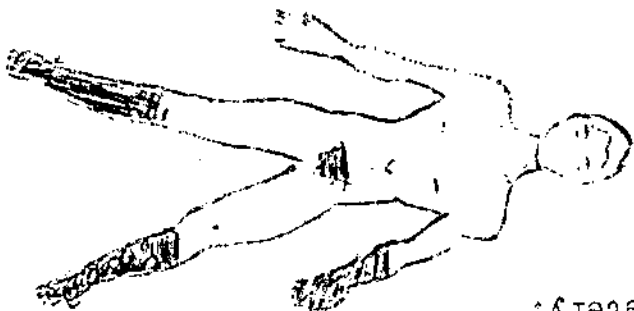
Body badly decomposed

12. Remarks:

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

If not, explain

10. Have fingerprints been placed on Report of Interment Yes-no If not, explain



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

(nose, arms, legs, etc.)

Evidence of healed fractures

DECOMPOSED

(overlap)

TOOTH CHART

27 March 1946

Date

Unknown X-3367, Neuville en Condroz

Last Name

First

Initial

Unk

Rank

Unk

Serial No.

Unk

Unit

A.C.P.

Organization

Flasmoelen Holland

Place of Death

Est. 18 Sept 1944

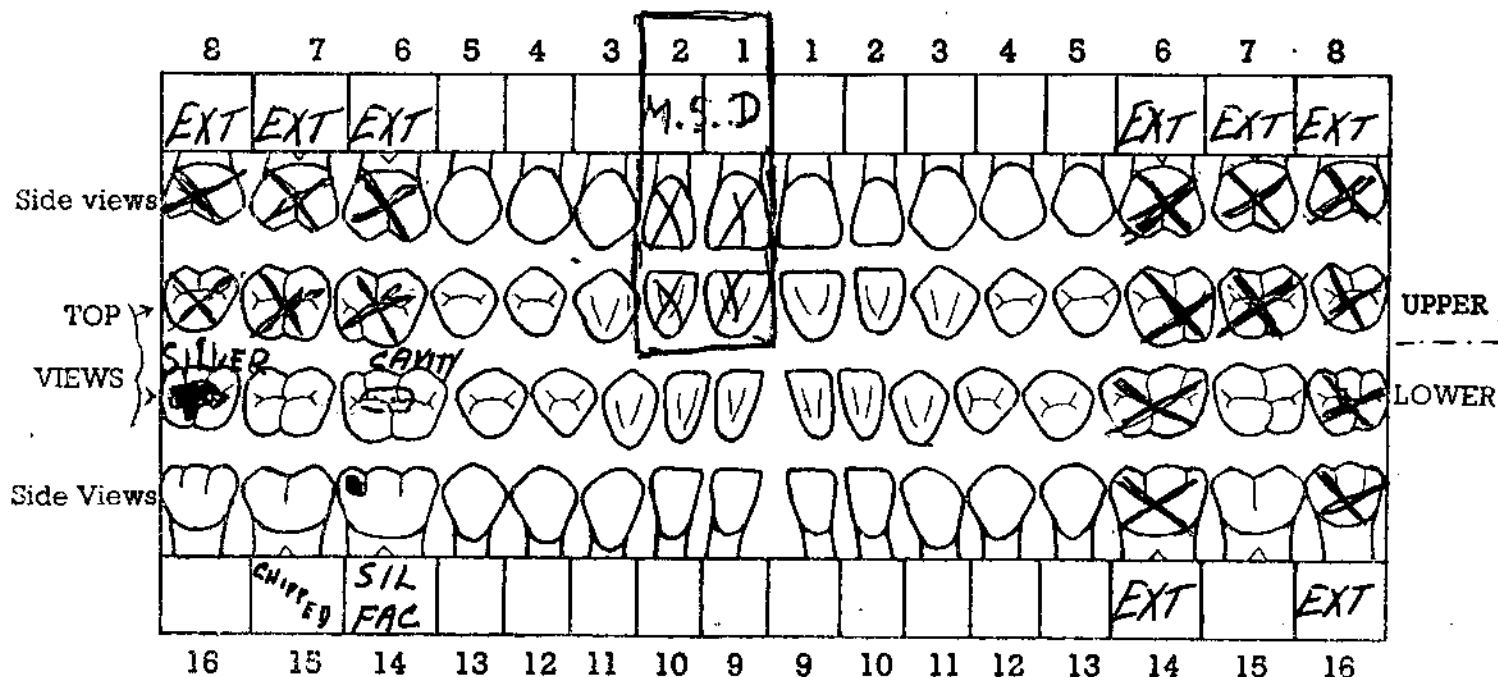
Date of Death

KIA Gun shot wound.

Cause of Death

Right

Left



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.

pfc. Harold D. Marti
 Signature of Officer or other person who prepared Tooth chart
 pfc. Harold D. Marti

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



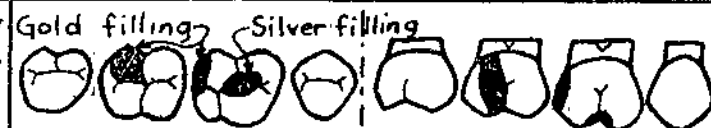
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



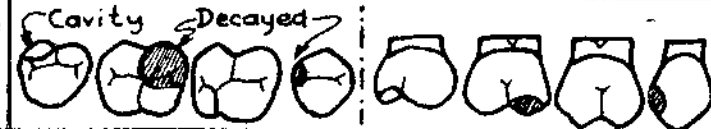
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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 :



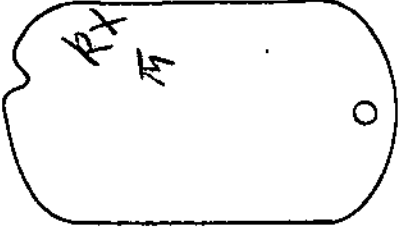
DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining-clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS


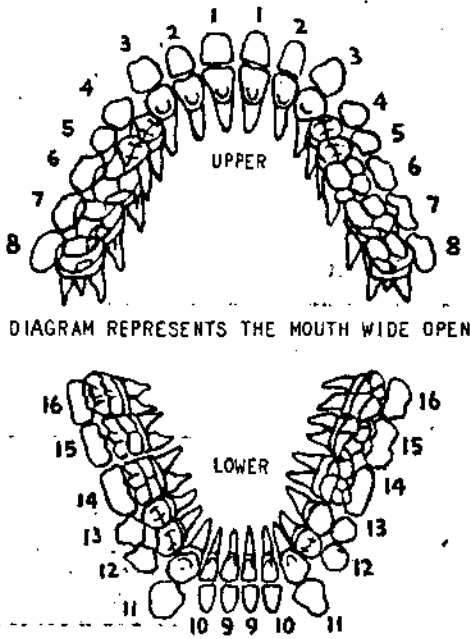

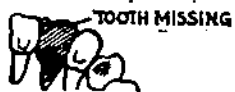


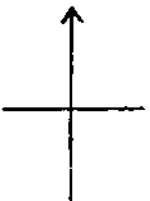
I4 ritht filling on lengual surface.

RESTRICTED

Unreported case.

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 27 March 1946.	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) Unknown X-3367				SERIAL No. Unk	
		GRADE Unk		ORGANIZATION Unk		BRANCH OF SERVICE A.G.F.	
		RACE White		RELIGION Unk		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY U.S.	
PLACE OF DEATH Plasmolen Holland		CAUSE OF DEATH KIA Gun shot wound			DATE OF DEATH Est 18 Sept 1944		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk							
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) None found on body.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (two)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None found Disinterred by 2nd Flat 3059 CM Cr.Reg.Co APO 228 US Army.							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. MILITARY CEMETERY, (VK 390187), NEUVILLE EN CONDROZ, BELGIUM							
DATE OF BURIAL 25 April 1946	HOUR 1230	BURIED IN (Shroud, blanket, or name of other) Coffin	TYPE OF GRAVE MARKER Cross	PLOT No. I	ROW No. 2	GRAVE No. 26	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 7.7-4.8 sheet 2A series N.7.Europe 1,250.000 Plasmolen Limburg Holland			PLOT No. ---	ROW No. ---	GRAVE No. ---	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Form 1042, Form 11 and Tooth Chart buried in bottle with body.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes		Tag made at Cemetery				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 3241		RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 27		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) End of Row		RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
SIGNATURE OF PERSON PREPARING REPORT 2nd Lt (IC) (Inf) 3059 CM Cr.Reg.Co			SIGNATURE OF GRS OFFICER VERIFYING REPORT MILLARD R. JONE 1st Lt. OMC (PA)				

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.						
D	LEFT LITTLE FINGER	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 fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.				
E	LEFT RING FINGER	HEIGHT Unk	WEIGHT Unk	COLOR OF EYES Unk	COLOR OF HAIR Unk	BIRTHMARKS, SCARS, OR TATTOOS None
L	LEFT MIDDLE FINGER	WEAPON AND SERIAL No. None		LAUNDRY MARKS None	WHERE BODY WAS BURIED OR FOUND Plasmolen Holl sheet 2A 7.7-4.8 N.W. Europe 1,250.000	
OTHER IDENTIFICATION CLUES None						
O	LEFT INDEX FINGER	FILLINGS 		 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
H	LEFT THUMB	CAVITIES 				
P	RIGHT THUMB	MISSING TEETH 				
	RIGHT INDEX FINGER	CROWNED TEETH 				
S	RIGHT MIDDLE FINGER	BRIDGE WORK 				
E	RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <p align="center">Overly attached</p> <div style="text-align: center;">  </div>				
J	LITTLE R	REMARKS: Tooth chart taken.				