

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

6 July 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6374, Plot BB  
Row 5, Grave 125, USMC 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.

2. Report of Reprocessing of remains was forwarded to your  
Office by Transmittal Letter No. 2512, dated 20-10-47.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

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

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

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

CE

Received

00MG

Not identifiable from  
information presently  
available

Incl #7

13/15/49 50

1

FILE NO: C ROW: GR: 9  
Date of Burial: 23 Sept. 1949  
Verified by GRS Officer **DISINTERMENT DIRECTIVE**  
E.N. HEISEY, 1/Lt QMC

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**1260 02589**

DATE  
**15 08 48**  
DAY MONTH YEAR

NAME: **UNKNOWN X - 006374**  
SERIAL NUMBER: **006374**  
GRADE: **UNK**  
ARM: **0**  
RACE: **0**  
RELIGION: **6**

CEMETERY: **(NEUVILLE) BELGIUM**  
PLOT: **BB**  
ROW: **5**  
GRAVE: **125**  
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-006374**  
GRADE: **UNK**  
DATE OF DEATH: **1-DEC-48**  
DATE DISTINTERRED: **1-DEC-48**

IDENTIFICATION TAG ON:  
 REMAINS emb  
 MARKER emb.  
ORGANIZATION: **UNKNOWN**  
RELIGION: **UNK**  
IDENTIFICATION VERIFIED BY: **VERNON N HOYT, 1/LT INF.**  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **MATTRESS COVER.**  
CONDITION OF REMAINS: **CONSISTS OF ONLY A FRACTURED SKULL.**

OTHER MEANS OF IDENTIFICATION:  
**REPORT OF BURIAL READS X-6374**

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

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

DATE **12-JAN-49** BY **WILLIAM R BAILEY EMBALMER.**

CASKET SEALED BY **THOMAS H JAMES**  
EMBALMER (Signature) **THOMAS H JAMES EMBALMER.**

CASKET BOXED AND MARKED: **13-JAN-49** BY **WILLIAM MOROSOFF CLERK RECORDER.**  
SHIPPING ADDRESS VERIFIED BY **ALL TAGS PLATES 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. **EXCEPT CASKETING.**

**VERNON N HOYT 1/LT INF.**  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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

*Raymond L. Rodriguez Clerk USA*

**TOOTH CHART**

Plot BB Row 5 Grave 125

11 September 1947

Date

UNKNOWN X- 6374

Unknown

Unknown

Last Name Unknown First Initial

Rank Unknown

Serial No.

Sect. 2 Reipertwiller Forest, Etc. Dec. 1944

Organization BTE: F.I.A.

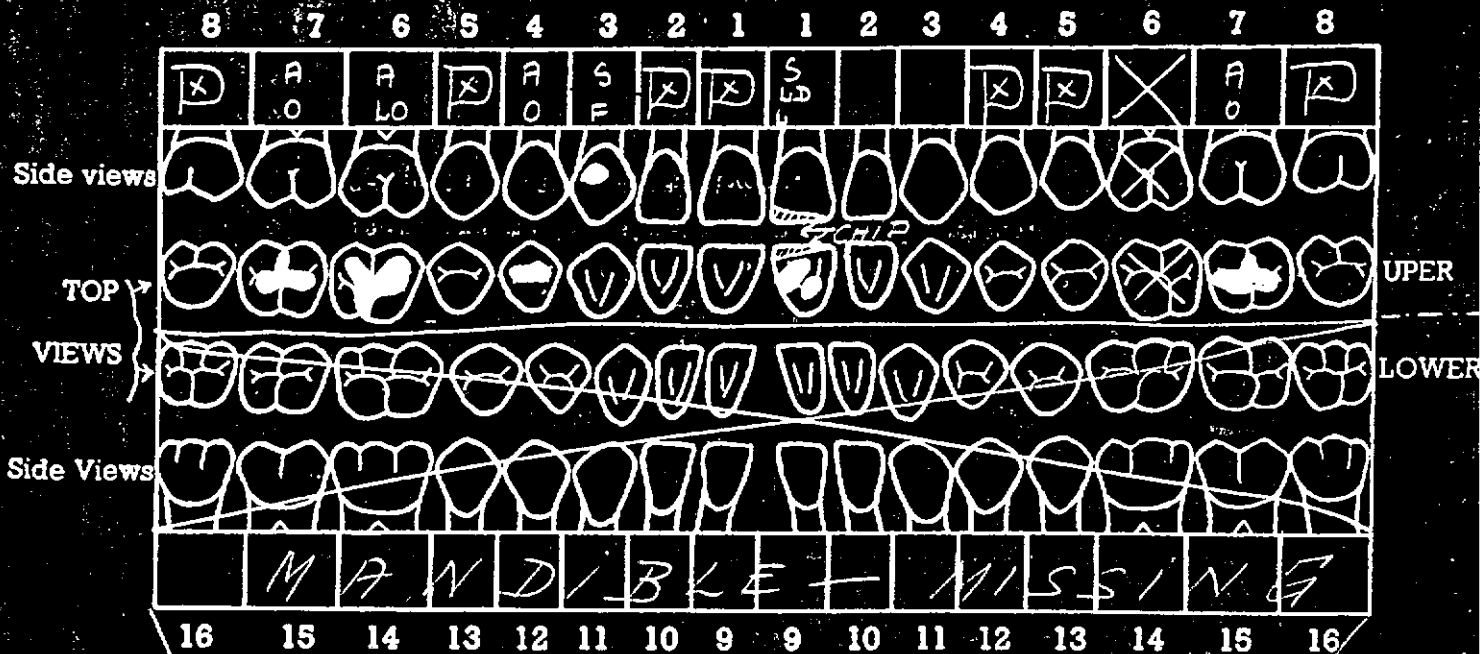
Place of Death Germany.

Date of Death January 1945

Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. See remarks 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.

*Lawrence De Shaw M.D.*

Signature of Officer or other person who prepared Tooth chart

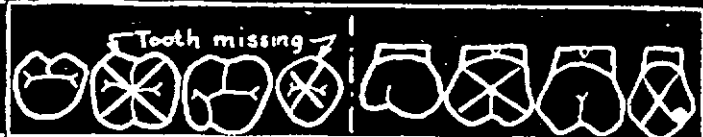
*Ernest C. Gaddy*

Verified by G. R. S. Officer

ERNEST C. GADDY

CWO USA C.I.P.

**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**

ⓧ = Posthumously missing.

From appearance of socket, L-4 was rotated 1/8 turn distally.

Teeth are medium size and in good alignment.

Color is a clean white ivory.

117

## IDENTIFICATION CHECK LIST

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

Unknown X 6874  
 Cemetery Neuville en Condroz, Belgium  
 Plot BB Row 5 Grave 125

**Date Processed: 11 September 1947**

1. ~~Arrived at cemetery~~ \_\_\_\_\_  
(Hour) (Date)
2. Place of death Sect. 2 Reipertswiller Forest, France  
(Name of closest town) (Coordinates and letter Prefix, maps)  
K 49/ Q 84  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 839 QM Sv. CO (AC) 3rd Zone  
(Name and organization)
4. Evacuated to Cemetery by Subordinate Identification Point #2, Neuville en Condroz,  
(Name and organization) Belgium.
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web ..... **None**

Drawers, wool ..... **None**

Drawers, cotton ..... **None**

Leggings, wool ..... **None**

Socks, cotton ..... **None**

\* Shoes ..... **None** (type) ..... **None**

Overshoes ..... **None**

Web Equipment ..... **None** (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? **UNK.**

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, poeks, 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 ..... **Utd** ..... Circumference of head in inches ..... **21"**  
 (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)

..... **Utd**  
 (Unusual characteristics of fingernails)

Chest ..... **Utd**  
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... **Utd**  
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... **Utd** ..... Circumcision ..... **Utd** ..... Pubic Hair ..... **Utd**  
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty ..... **Utd**  
 (Yes-no; location)

Legs ..... **Utd**  
 (Fascia, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... **Utd** ..... Toes ..... **Utd**  
 (Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

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

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

" See attached Chart "

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain None

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks Remains received wrapped in mattress cover in metallic liner.

Remains consists of skull only. No clothing was received. Fluoroscopic

Examination Unnecessary. Estimated weight of remains 5 ounces. 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.

**Processing revealed no positive identifying clues, this case is classified Unknown.**

*Ernest C. Gaddy*

(Officer's Name)

**ERNEST C. GADDY**

**CFO**

**USA**

Rank

Service

**Central Identification Point**

(Organization)



# SKELETAL CHART

Heuville en Condroz, Belgium

UNKNOWN X- 6874

Plot: BII Row: 5 Grave: 125

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



CHART "A"

# REPORT OF INVESTIGATION

## AREA SEARCH

25 September 1947  
(Date)

Case Number UNKNOWN X- 6374  
Name Unknown Rank Unknown ASN Unknown  
Means of Identification None

### 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 NA RANK NA ASN NA  
b. ORGANIZATION NA

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

a. NAME UNK RANK UNK ASN UNK  
b. ORGANIZATION UNK

3. Names of other deceased buried in immediate vicinity 4 UNKNOWNNS

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

a. Date of above burials NOT BURIED Common graves? NO GRAVE.

4. Name and type of Cemetery NO CEMETERY  
(Military or civilian)

5. Map Coordinates of the Cemetery NA  
a. Town NA Country NA

6. Give exact location in cemetery of the remains:  
a. Section NA Row NA Grave NA

b. Is sketch attached? NA

7. If remains are not located in a cemetery, give exact location.
- a. Town SECT. 2 REIPERTSWILLER FOREST, REIPERTSWILLER, MOSELLE, FRANCE  
 Coordinates K 49/Q 84
- b. Is sketch attached? YES
- c. Is area mined? NO
8. How is grave marked? NO GRAVE
9. If grave is marked with cross, give exact markings thereon NA
- a. From what source was this information obtained? NA  
 (Identification Tags, Personal effects, etc.)
10. Where are the cemetery records? NA  
 (Town Hall, Cemetery, Burgomasters Office)
- a. What information was contained thereon? NA
11. What is the date of death? ESTIM. BETWEEN DEC. 1944 - FEBR. 1945
- a. Give basis HEAVY COMBAT IN AREA AT THE TIME
12. What is the cause of death? UNKNOWN
- a. Give basis NO INFORMATION AVAILABLE
13. What is the date of burial? NO BURIAL
- a. Give basis REMAINS FOUND INSIDE TANK
14. What was the place of death? REIPERTSWILLER FOREST SECT. 2  
 Coordinates K 49/Q 84
15. Where were the remains found? REIPERTSWILLER FOREST SECT. 2  
 Coordinates K 49/Q 84
16. Was casket used? NO Who furnished the casket? NA
17. Who made the burial? NO BURIAL  
 (Civilians, American military, German military, etc.)
- a. What are the names and addresses? NA
- b. Are certificates and statements attached? NA

SECTION B -- AIR CORPS DECEASED

- (To be completed only if deceased is believed to be a member of the A.A.F.)
18. 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)Near wreckage?.....
  19. 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 of plane.....
    - c. Give numbers on motors, machine guns, instruments, radios or other equipment:.....  
.....
  20. How did crash occur?.....
    - Anti-Aircraft?.....
    - Enemy Planes?.....
    - Collision?.....
  21. Did plane explode in the air?.....
    - On ground?.....
  22. Did plane burn in the air?.....
    - On ground?.....
  23. What was the direction of the flight?.....
  24. What was the civilian opinion regarding destination of plane?.....  
.....
  25. Had bombs been released prior to the crash?.....
  26. Does specific time and date of crash correspond with the date of death of above-named deceased?.....
  27. Number of planes in formation prior to the crash?.....
  28. State precise time and date of plane crash.....  
(Night? Day?)
  29. 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 Corps)

- 30. Were remains found in wreckage of a tank?.....**YES**.....
  - a. Give specific position in tank from which deceased was removed:.....  
**...LEFT..SIDE..BELOW..GUN..TURRET.....**  
 (Radio man, driver, assistant driver of,.... front, side or back)
  - b. Near wreckage?.....**NO**.....
- 31. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom).
  - a. Type of tank....**LIGHT..TANK**.....
  - b. Markings and/or name of tank..**30A7555..7..5698GG..!DINGBAT!**.....
  - c. Numbers on motors, machine guns, ammunition, instruments, etc.....  
**37MM..M6..29.129...GUN.#.G6896..RWJ.D50070..BREECH.#.ATLAS.2.C7759B**
- 32. What was the type of enemy action that resulted in the tank's disablement?  
**..DIRECT..HITS..FROM..SHELL..FIRE.....**
- 33. Did tank explode?.....**NO**.....Burn?..**NO**.....
- 34. Numbers of tanks in immediate vicinity at time of disablement?**NO..TANKS..**  
 .....
- 35. Does specific time and date of disablement correspond with date of death of above-named deceased?.....**UNK**.....
- 36. Precise time and date of destruction of tank.....**UNK**.....  
 (Night? Day?)
- 37. Did any of the crew members escape?..**UNK**.....Prisoners?..**UNK**.....

SECTION D — OTHER BRANCH

(To be filled out if B & C are not applicable)

**NOT APPLICABLE**

- 38. Did death occur from any other means? (Truck, jeep, mines, or small arms fire).....  
 If so, give complete and thorough results of the investigation.....  
 .....  
 a. Are all certificates and statements of people who possessed knowledge of the case attached?.....
- 39. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased.....  
 .....

SECTION E -- GENERAL

(To be completed by investigation in all cases)

40. Were personal effects recovered by the investigation team? **NO**  
If not, state reason. **NONE FOUND**  
a. Were Identification Tags found at the time of death? **UNK**  
Where? **NA** By whom? **NA**  
Present disposition? **UNKNOWN**  
b. Were personal effects found at the time of death? **UNK**  
Where? **NA** By whom? **NA**  
Present disposition? **UNKNOWN**  
c. Was deceased identified by living members of the crew at the time of death? **UNK**  
d. Did cemetery register or cross indicate the immunization shot? **NA**
41. Was deceased given first aid? **UNK** If so, where? **NA**  
By whom? **NA** Are statements from the medical people attached? **NA**
42. Was deceased evacuated to a German civilian hospital? **UNK**  
Where? **NA** Names of people concerned? **NA**
43. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **NO**
44. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **DECOMPOSED**  
(Burnt, decapitated, etc.)
45. Do facts surrounding death show any evidence that it might be an atrocity case? **NO**  
a. If so, give basis for positive assumption. **NA**  
b. If so, has higher Headquarters been notified? **NA**
46. Was case previously investigated? **UNK** By whom? **NA**  
When? **NA**

47. Give full names, addresses, and information obtained from each person interviewed: **MR. BARTHE, TECHNICAL CONTROLLER, DEMINING SERVICE, INGWILLER, MOSELLE FRANCE.**
48. Are all positive statements regarding identification and particulars surrounding death attached? **YES**
49. Has any information been given concerning isolated burials in the area outside the immediate vicinity? **YES**
50. Was investigation preceded by advance publicity? **YES**  
(If special investigation, give case number) **NA**
51. Give brief narrative **SEE ATTACHED NARRATIVE**

*Leon Hermel*  
LEON HERMEL  
 (Signature of Interpreter)

*William P. Gill*  
WILLIAM P. GILL  
 (Signature of Investigator)

FRENCH INDIGENOUS CIV  
 Rank ASN

CWS-5 10336  
 Rank ASN

539 QM SV CO (AC)  
 (Organization)

539 QM SV CO (AC)  
 (Organization)

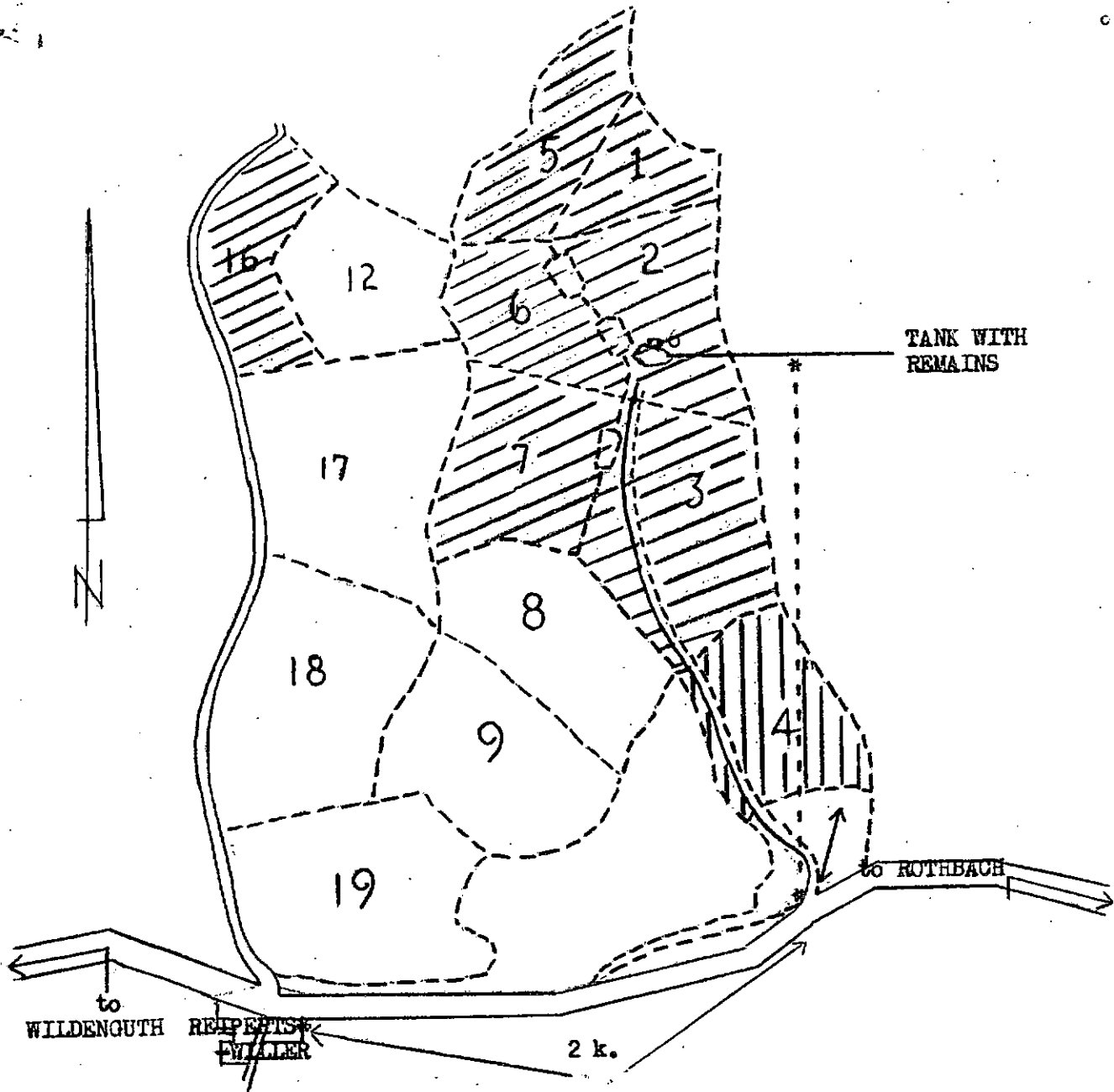
NARRATIVE.

During demining operations in the Parcel 2 of the Reipertswiller Forest, in the course of the month of August, Mr. BARTIS, Chief deminer, found, inside of the wreckage of a tank, the head of an American soldier.

Despite the thorough search of the tank wreckage and immediate vicinity and the extensive investigation completed by the investigating and disinterring teams as well as by Mr BARTIS himself, no means of identification of any kind could be found. Nobody had any knowledge of the presence of the remains in the tank before its discovery.

The tank is marked 3047555 - 569800 "DINGBAT"





PATH TO FOLLOW

STILL MINED

BEING DEMINED

3 KILOMETERS

Spec. 32-130

50-076

MINISTRY OF JUSTICE  
DEPARTMENT OF JUSTICE

Ingwiller, 21 August 1947.

STATEMENT.

It is pointed out that in the Heipertswiller Forest Section 2, the head of an American soldier has been found in a tank, with no identification tag or any valuable item.

The body has been removed this date by the American Military Authorities.

/s/ BAWTEL

OFFICIAL STAMP

A CLARIFIED TRUE TRANSLATION

George Alseno.  
GEORGE A. ALSENO  
Investigation C.S-5

Graves Registration Form No. 1 (Revised 1 Sept. 1945)

# REPORT OF BURIAL

15 Sept. 1947  
Date

Unknown X- 6374

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

Est.

Organization

Unknown

Sect. 2, Reipertswiller Forest, France

Dec. 44 - Jan. 45

BTB: KIA

Place of Death

Date of Death

Cause of Death

1500 17 Sept. 1947

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

Name of Cemetery and Name or Coordinates of Location

125

5

BB

Temp. Wooden Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

One copy of WD QMC Form 1042 placed in burial bottle and buried with remains.

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

Who is buried on:

Deceased's Right:

X- 6373  
Name

Unknown  
Serial No.

Unknown  
Rank

Unknown  
Organization

5  
Grave No.

Deceased's Left:

End of Row  
Name

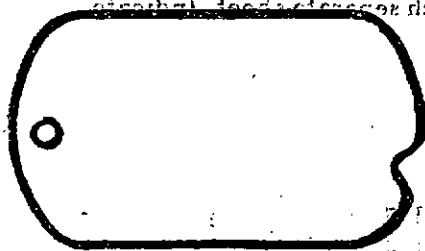
Serial No.

Rank

Organization

Grave No.

Signature, Name, Rank and possible Organization of person furnishing above Data when other than officer reporting burial:



If print of identification tag is not affixed fill in below:

Emergency Addressee:

Unknown  
Name

Address

Unknown

Religion

Unknown

List only Personal Effects Found on Body and disposition of same:

None

*Carlisle D. Johnson Jr.*  
CARLISLE D. JOHNSON Jr.  
USWD Civ CIP

Signature of Officer or other person reporting burial:

IVOR J. FOSMO  
2nd Lt. Inf CIP

Verified by G.R.S. Officer

bruo7 suhameE

Naat eliani

reiffwatregieE S. dooeE

eeonreE saeroh