

Restricted

REPORT OF BURIAL

19 April 1945

443 Unk Hamm

CIL # 1227

Unknown X-100

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unit

Unk

Organization

(See Other Side)

30 Jan To Feb 15, 1945

Explosive

Place of Death

Date of Death

Cause of Death

1830 19 April 1945

U. S. Mil. Cem. Hamm, Lux, VP 8713

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

164

7

V

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?

Embossed Plate

CANCEL - Assigned CIL #1227 per radio ETA AGRC 4454 30 June 49.

What means of identification were buried with the body?

GRS Form #1 buried in bottle with body. Embossed plate.

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

Who is buried on:

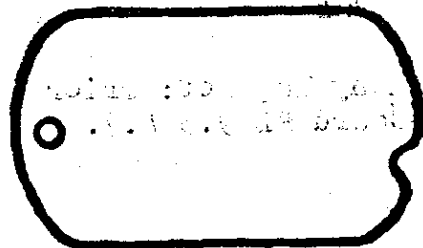
Deceased's Right: Unknown X-99 Unk Unk Unk 163

Deceased's Left: Unknown X-101 Unk Unk Unk 165

Body brought in by S/Sgt. Lomsdalen 3048th GRS

Signature or Name, Rank and if possible Organization of person furnishing above. Date when other than officer reporting burial.

If print of identification tag not affixed fill in below:



Emergency Addressee Unknown

Religion Unknown

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

No personal effects found on body.

Handwritten notes: FILE, MAN, 5 MAY 52, [unclear]

Signature of Officer or other person reporting burial

Gerald H. Myers

Verified by G.R.S. Officer

GERALD H. MYERS, 2nd Lt., GRC. 612th QM Gr Reg Co.

Restricted

Restricted
REPORT OF BURIAL

TM 10-430 AND AR 302-115

Date 19 April 1945

Unknown X-100
Last Name First Initial Rank Unit No. Unk

Unit Unk Organization Unk

(See Other Side) 30 Jan to Feb 15, 1945
Place of Death Explosive

1830 19 April 1945
Time and Date of Burial U. S. Military Gen. Hamm, Luxembourg
Name of Cemetery, Rank, Name of Person of Location

164 7
Grave Number Row Number Plot Number Grass Marker

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

If No Identification Tags
How were remains identified?

Embossed Plate

What means of identification were buried with the body?

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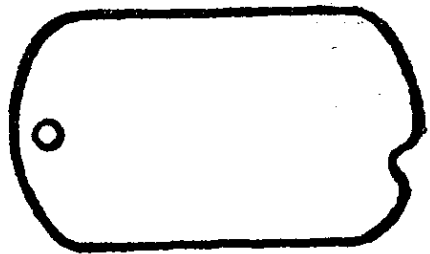
Who is buried on:

Deceased's Right: Unknown X-99 Unk Unk Unk Unk Grave No. 183

Deceased's Left: Unknown X-101 Unk Unk Unk Unk Grave No. 165

Body brought in by S/Sgt Lambert
Signature of Name, Rank and if possible Organization of person reporting burial (other than reporting officer)

If print of identification tags not affixed fill in below:



Emergency Addressee Unknown Name

Address

Religion Unknown

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

No personal effects found on body.

Signature of Officer or other person reporting burial

Gerald H. Myers
Verified by G.R.S. Officer

Restricted

GERALD H. MYERS, 2nd Lt., MC.
612th M Gr Reg Co.

OR 134-13

APR 1 3 1948

X-100

IDENTIFICATION CHECK LIST

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

Exh. O." 641, dtd 5 Dec. 47

Unknown X - 100

Cemetery Hamm, Luxembourg

Plot V Row 7 Grave 164

Date reprocessed: 17 Feb. 48

1. ~~Reinterred in cemetery~~ (Hour) (Date)
2. Place of death (Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~reprocessed~~ disinterred ~~by~~ and reprocessed by I.S., 1st Zone (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 | None (Type) | | |
| Raincoat | None | | |
| Overcoat | None | | |
| Jacket, Field | None | | |
| Jacket, Combat | None | | |
| Mackinaw | None | | |
| Sweater | None | | |
| Jacket, HBT | None | | |
| * Shirt, Wool OD | None | | |
| Undershirt, Wool | None | | |
| Undershirt, Cotton | None | | |
| Trousers, HBT | None | | |
| * Trousers, Wool OD | None | | |

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes **One service** (type) **size - "8 1/2 R"**

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 missing and/or fractured**

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **None found** 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 **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 No tooth chart
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches Missing
 (Large, small, normal) (Hat band)

Neck UTD Larynx UTD
 (Size, length, short, normal, wrinkled) (Prominent, normal)

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

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
 (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.

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** If not, explain **No teeth found**
(Yes-no)

9. Remarks **Est. weight of reprocessed remains: 1 Pound. One shoe, found in debris, bore no markings. One Burial Report and GRS tag recovered. All major bones and/or fractured.**

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.

Woodson *W* *Wolf*
WOODSON W. WOLF
.....
(Officer's Name)

CAPT **MO**
.....
Rank Service

OPERATIONS OFFICER
.....
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Est. HEIGHT UTD

ERC

X-100
101 Hamm

5 July

Req n No. AGRC 4454 File No. MC IN 56322

Authority requested to cancel DD

DENTAL CHART

Unknown X-100

Name - *Justin*

R-8 _____
R-7 _____
R-6 _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

R-8 _____
R-7 _____
R-6 _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 _____
L-7 _____
L-8 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 _____
L-7 _____
L-8 _____

R-16 _____
R-15 _____
R-14 _____
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

R-16 _____
R-15 _____
R-14 _____
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 _____
L-15 _____
L-16 _____

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 _____
L-15 _____
L-16 _____

Combat shoes 2 1/2 E

6 1/2 C

DENTAL CHART

Unknown X-100

Name - B. B. New

R-8 _____
R-7 _____
R-6 _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

R-8 _____
R-7 _____
R-6 _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
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L-8 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 _____
L-7 _____
L-8 _____

R-16 _____
R-15 _____
R-14 _____
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

R-16 _____
R-15 _____
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R-12 _____
R-11 _____
R-10 _____
R-9 _____

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L-14 _____
L-15 _____
L-16 _____

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 _____
L-15 _____
L-16 _____

Combat shoes 8 1/2

shoe size: 11AA

TELEPHONE INFORMATION RECORD

DATE: . . .

| | |
|---|-----------------------------|
| TELEPHONE NUMBER AND BRANCH CALLED | NAME OF PERSON PLACING CALL |
| CASE UNDER INVESTIGATION (<i>X</i> or Case Number) | CEMETERY |
| INFORMATION REQUIRED | |

| | |
|------------------|---------------------------|
| DATE CALLED BACK | PERSON GIVING INFORMATION |
|------------------|---------------------------|

INFORMATION RECEIVED

A. S. Sudekanga in G. P.

53 Arm'd Inf. Bn belonged to 4th Arm'd Div.

From 4 to 9 Feb. the 53rd was attached to the 80th Inf. Div. - went back to the 4th Arm. Div. but was attached again to the 80th Inf. Div. from 20 to 21 Feb. 1945

Bettendorf, Lux. 18 Feb.

Mettendorf, Ger. 26 Feb.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

PRE 293

27 January 1949
(Date)

SUBJECT: Unidentifiable Remains.

TO: The Quartermaster General
Memorial Division
Washington 25, D.C.

1. The records pertaining to Unknown X - 100, Plot V
Row 7, Grave 164, USMC Hamm, Luxembourg have been
reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office
by letter of transmittal No. 2740, dated 5 May 1948.
No further information is available.

FOR THE COMMANDING GENERAL:

George L. Freeman
GEORGE L. FREEMAN
1st Lt. OAC
Actg Asst Adj Gen

Received TL 2137-42-149 OQMG
Not identifiable from
information presently
available

Incl #9

293-Und-Luxembourg X-100
(Hamm) dt

COMM. SERV. OF JUNE 1949

RECEIVED

ON AIR MAIL FRANK

FRANK

NOV 1949

FR. COMM. SERV. NOV 1949

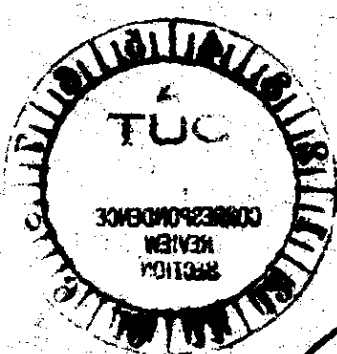
WCL 20447

NOTE: CLAIMS TO CANCEL AIR MAIL REGISTRATION FOR USE IN 1949 AND 1950

MEMORANDUM

293-Und-Luxembourg cil 1327 (Hamm) dt

Oct 26 3 15 PM '49
D.M.S.
AIR & CAB SECTION
119



ADMINISTRATIVE BRANCH
OCT 26 3 15 PM '49
MEMORIAL DIVISION

NOV 1949

RECEIVED

NOV 1949

J. Heating
NOV 1949

916

CNC 296

5918

DEPT/ARMY DEPT/NAVY
GREEN

FUB 100

1949 JUN 30 16 21 8

296

1949 JUN 30 10 39 AM '49
O. Q. M. S.
TEL & CAB SECTION

JUN 15 5A
JUN 1 10 39 AM '49
O. Q. M. S.
TEL & CAB SECTION

FPA CSC
RR UE E

144 AGRC Paris
MSG NO AGRC 4454
D. T. G. 301538Z
ACTION PMC

56322

FM UFFO 35/HQ AGRC PARIS FRANCE 301538Z

56322

TO OQMG WASHDC
GRAVES GRNC

JUN 1 12 29 PM '49
O. Q. M. S.
TEL & CAB SECTION

REF AGRC FOUR FOUR FIVE FOUR

PASS TO MEMORIAL DIVISION

REMAINS OF UNKNOWN XRAY DASH ONE ZERO ZERO AND XRAY DASH ONE ZERO ONE

USMC HAMM NOW REDESIGNATED TO CIL NR ONE TWO TWO SEVEN AND ONE TWO TWO

EIGHT RESPECTIVELY PD REQUEST AUTHORITY TO CANCEL DISINTERMENT DIRECTIVE

PD END AGRE SIGNED RAGUSE

30/1445Z JUNE



Memor

*and be
unlocate*

MEMORIAL DIVISION
JUN 1 1 22 PM '49

JUN 1 10 44 AM '49
O. Q. M. S.
TEL & CAB SECTION

314.6
RFP's
Europe

PH T
26 JUN 1949
121. Hall mess
148

1

USMC HAMM

PLOT: G ROW: 11 GRAVE: 8

DATE OF BURIAL 16 Feb/49 **DISINTERMENT DIRECTIVE**

VERIFIED BY

WR Penton W
GRS OFFICER

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6020 00020

DATE

15 08 48

DAY MONTH YEAR

NAME

UNKNOWN X-000100

SERIAL NUMBER

GRADE

ARM

0

RACE

RELIGION

6

CEMETERY

HAMM LUXEMBOURG

PLOT

ROW

GRAVE

V

7

164

DISPOSITION OF REMAINS

6001 80

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HAMM, LUXEMBOURG

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NAT
FILE
REC - ANNOTATED
DA **MAY 5 1949**
NA **NUMBERLY**

NLM

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

UNKNOWN

SERIAL NUMBER

X-000100

RANK

ARM

Q

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

V 7 164 HAMM LUXEMBOURG

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-100

SERIAL NUMBER

X-000100

RANK

UNK

DATE OF DEATH

FEBRUARY 1945

DATE DISTINTERRED

29 APRIL 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS EMB

UNK

ROGER E. LEWIS

MARKER GRS

CAPT. CAV.

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

MATRESS COVER

CONDITION OF REMAINS

REMAINS BADLY SHATTERED

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN ~~XXXX~~ TRANSFER BOX

Wilfred D Harris Embalmer

DATE 3 MAY 1948

BY

WILFRED D. HARRIS, EMBALMER

CASKET SEALED BY

V.M. Vibbert
W/O Disinfectant

EMBALMER (Signature)

V.M. Vibbert

CASKET BOXED AND MARKED

Everett Stroud
Clerk Recorder

SHIPPING ADDRESS VERIFIED BY

All marking tags, plates verified by R.E. Lewis Capt Cav.

DATE 7 July 48

BY

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

WILLARD B. OWEN, CAPT. INF

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6020 00020

DATE

15 08 48
DAY MONTH YEAR

NAME

UNKNOWN - 000100

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0

6

CEMETERY

MAHN LUXENBOURG

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

V

7

164

SOUL 80

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

MAHN, LUXENBOURG

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
 MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS