

FILE IDENTIFICATION TOPPER

FILE NUMBER

Unk. 293 X 554 (Miss)

SUBJECT

Henri Chopelle (Belgian  
Cancelled - Civil # (open grave) assigned  
Letter dated 11/2/48.

87  
1. FILE UNDER NO. , 293 - Unk. Belgium X- 554 (Henri Chopelle)

SYNOPSIS

2. TYPE OF DOCUMENT: TELETYPE 3. DATE: 24 DEC 48  
4. FROM: OQMG  
5. TO: CG AQRC PARIS FRANCE  
6. SUBJECT: W C L - 32074

AUTH GRANTED TO CANCEL X-553, X-554 & X-555 HENRI  
CHAPELLE

AQRC 7850 IS MC IN NO 65348 (14 DEC 48)

7. DOCUMENT FILED UNDER NO. 293 - Unk. Belgium (Misc) (HenriChapelle) (X-553 - 555)

rtb

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.

6/29/50  
K.K.G.

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1240 00000

DATE

15 07 46  
DAY MONTH YEAR

NAME

UNKNOWNX-000554

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

HENRI CHAPELLE - EUPEN

DISPOSITION OF REMAINS

1201 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

4M 2 38 BELGIUM

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HENRI-CHAPELLE, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

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

CANCELLED

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

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 GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

*at plotted*  
1 December 1947  
Date

Unknown X-554  
Last Name

*Belgium (Henri Chapelle)*  
First Name

Unk  
Rank

Unk  
Serial No

Unk  
Unit

Unk  
Organization

*Vic. Krinkelt, Belgium*  
Place of Death

*Est 17 Jan 45*  
Date of Death

*MW Body*  
Cause of Death

*1500 - 9 Feb 45*  
Time and Date of Burial

*HENRI CHAPELLE, Belgium*  
Name of Cemetery

Name or Coordinates of Location

*38 2*  
Grave Number Row Number

*M4*  
Plot Number

*Cross*  
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?

Unknown X-554 consists of extra remains from Plot NNN, Row 1, Grave 4, Henri Chapelle (BRUECKNER, Leo E., 33428205)

Auth.: Letter, Hq. 1st Zone, AGRC, 314,6(0) dtd 11 Dec 47  
What means of identification were buried with the body?

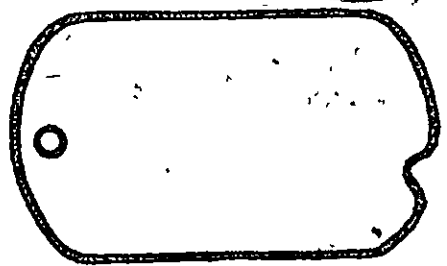
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	<i>Unk X-553</i> Name	<i>Unk</i> Serial No	<i>Unk</i> Rank	<i>Unk</i> Organization	<i>37</i> Grave No.
Deceased's Left:	<i>Unk X-555B</i> Name	<i>Unk</i> Serial No	<i>Unk</i> Rank	<i>Unk</i> Organization	<i>39</i> Grave No.

Signature or Name, Rank and if 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 \_\_\_\_\_ Name

\_\_\_\_\_ Address

Religion \_\_\_\_\_

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

This corrected Report of Burial prepared at Hq. 1st Zone, AGRC, by:

*William L. Scott*  
WILLIAM L. SCOTT, 1st Lt., Inf.

Signature of Officer or other person reporting burial

*File  
NAT  
11/23/47*

*G. Tucker*

Asst Operations Officer.

Verified by G.R.S. Officer

MAR 3 - 1948

# IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

Thumb				
1				
2				
3				

Right Hand

Thumb				
1				
2				
3				

## TOOTH CHART

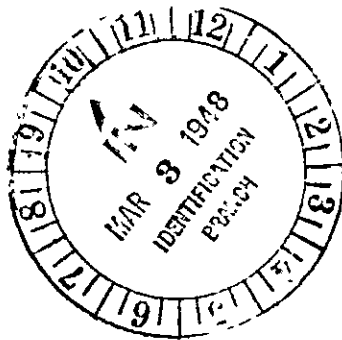
		Deceased's Left															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X, crowns by O, fillings by □, Bridges by C linking anchor teeth, replacements by artificial teeth X

Characteristics \_\_\_\_\_

Other Data: \_\_\_\_\_

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



S T A T E M E N T

One additional left foot, and part of the left leg, in an infantry boot, , was found with the remains of Brueckner, Leo F. The body of Leo F. Breuckner was wrapped in two blankets, and the feet of the body, both left and right, were still attached to the legs but without shoes. It is not possible that this additional foot could belong to the remains of Leo F. Breuckner.

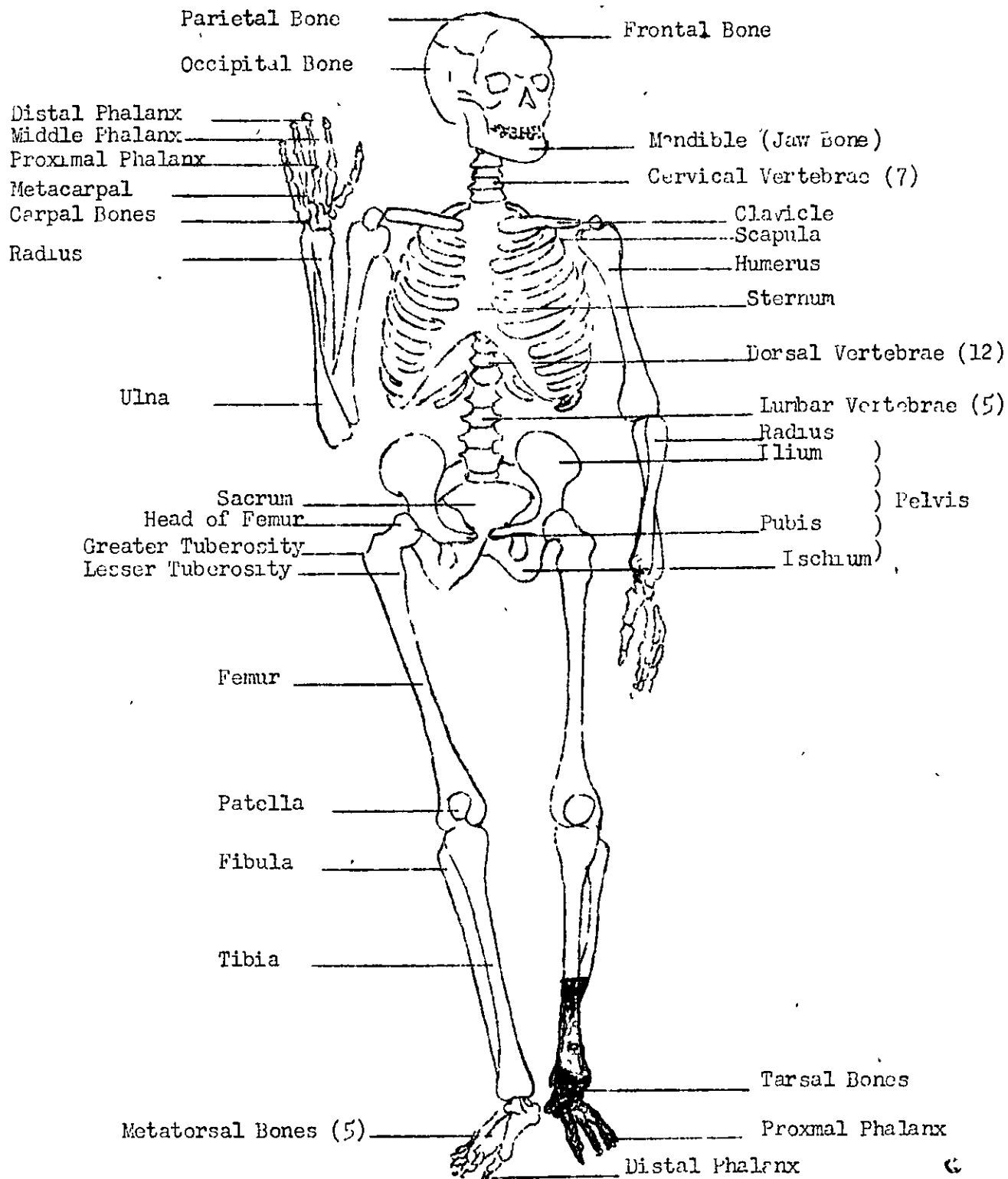
  
R. N. CONRAD  
Embalmer Supervisor.

BLACK OUT PARTS RECEIVED AT CEMETERY

SKELETAL CHART

for X-554,

Henri Chapelle M4-2-38



WP  
1. FILE UNDER NO: 293 - Unk. Belgium X-553 (Henri Chopelle)

**SYNOPSIS**

2. TYPE OF DOCUMENT: TELETYPE 3. DATE: 24 DEC 48

4. FROM: OQMG

5. TO: CG AGRC PARIS FRANCE

6. SUBJECT: W C L - 32074

AUTH GRANTED TO CANCEL X-553, X-554 & X-555 HENRI  
CHAPELLE

AGRC 7850 IS MC IN NO 65348 (14 DEC 48)

7. DOCUMENT FILED UNDER NO. 293 - Unk. Belgium (Misc) (HenriChapelle) (X-553 - 555)

rtb

6/29/50  
K. R. G.

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

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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.



FILE IDENTIFICATION TOPPER

FILE NUMBER

X 553 — X 555

SUBJECT

(Open grave assigned) Cit L # 11/2/48  
Henri Schayelle.

6

DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1240 00000

DATE

15 07 48  
DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-000553

RANK

ARM

Q  
DATE OF DEATH

CEMETERY

HENRI CHAFELLE - EUPEN

0  
DISPOSITION OF REMAINS

1201 80  
CODE DIST PT

PLOT

ROW

GRAVE

COUNTRY

4M 2 37 BELGIUM

CAUSE OF DEATH

6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

HENRI-CHAPELLE, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

**CANCELLED**

OTHER MEANS OF IDENTIFICATION

MINOR 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 GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

OFFICE THE QUARTERMASTER GENERAL OF THE ARMY

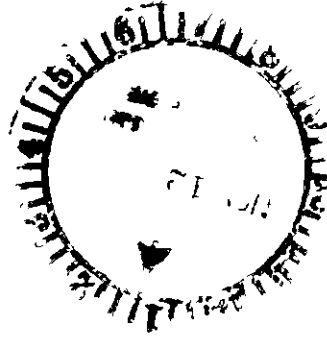
**INTRA OFFICE REFERENCE SHEET**

*3016 Belgium 1553 (Henri Chapelle)*

~~DATE, HOUR AND DATE~~

1 NO	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief Id Br Id Sec	Chief R/R Br Attn Mr Sharpe	10 Nov 1948	<p>Attached forwarded for cancellation and send to file.</p> <p><i>[Signature]</i></p> <p>METZ 74059      SIOANE 2462</p> <p>Incl: R/B's for X-553, X-554, X-555, X-556 Henri Chapelle</p> <p><i>[Circular Stamp: NOV 12 1948 COMMUNICATIONS SECTION]</i></p> <p><i>File NAT 11/23/48 C. Zucker</i></p>

ebm



# REPORT OF BURIAL

TM 10-630 A.M.D. AR 30-1815

11 December 1947  
Date

Unknown X-553

*Belgium (Henri Chapelle)*

Unk

Serial No

Unk  
Unit

Unk  
Organization

Vic. Germont, Belgium  
Place of Death

Est. 17 Jan 45  
Date of Death

Shrap. Head  
Cause of Death

1700 - 19 Jan 45  
Time and Date of Burial

HEURI CHAPELLE, Belgium  
Name of Cemetery

Name or Coordinates of Location

37 2  
Grave Number Row Number

111  
Plot Number

Cross  
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?

Unknown X-553 consists of extra remains segregated from Plot EEE, Row 10, Grave 189, Henri Chapelle (ADAMS, William E., 35369416).

Auth.: Letter (Hq 1st Zone, AGRC, 314.6(0), dtd 11 Dec 47  
What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	Unk X-552 Name	Unk Serial No	Unk Rank	Unk Organization	36 Grave No.
Deceased's Left:	Unk X-554 Name	Unk Serial No	Unk Rank	Unk Organization	38 Grave No.

Signature or Name, Rank and if 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 \_\_\_\_\_ Name

\_\_\_\_\_ Address

Religion \_\_\_\_\_

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

This corrected report of Burial prepared at Hq 1st Zone, AGRC, by:

*William L. Scott*  
WILLIAM L. SCOTT, 1st Lt., Inf.

Signature of Officer or other person reporting burial  
Asst Operations Officer.

JAN 3 1948

*file  
J.P. Stanley  
73 Nov 47*

# IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Thumb			
1			
2			
3			
4			

Left Hand

Thumb			
1			
2			
3			
4			

Right Hand

## TOOTH CHART

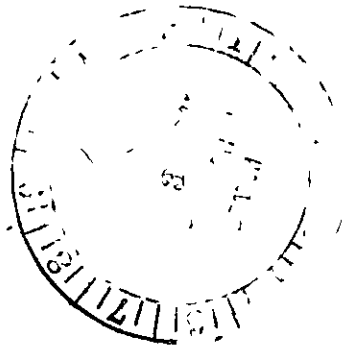
		Deceased's Left										Deceased's Right									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
Upper																					
Lower																					

Indicate missing natural teeth by X, crowns by O, fillings by □, Bridges by C, junking/anchor teeth; replacements by artificial teeth X

Characteristics \_\_\_\_\_

Other Data: \_\_\_\_\_

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



C  
O  
P  
Y

S T A T E M E N T

13 October 1947

I, the undersigned, state that on processing on 13 October 1947, the remains disinterred as Adams, William E. Pfc, 35369416, from Plot EEE, Row 10, Grave 189, the following items were found in addition to the complete remains, and could not possibly be a part thereof:

1 - Combat Boot, right, size 9 $\frac{1}{2}$ B  
1 - Wool Sock  
Right Foot, less toes  
2 inches of right tibia  
1 inch of right fibula

s/ESHMOND C. LYONS  
ESHMOND C. LYONS  
Embalmer Supervisor

CERTIFIED TRUE COPY



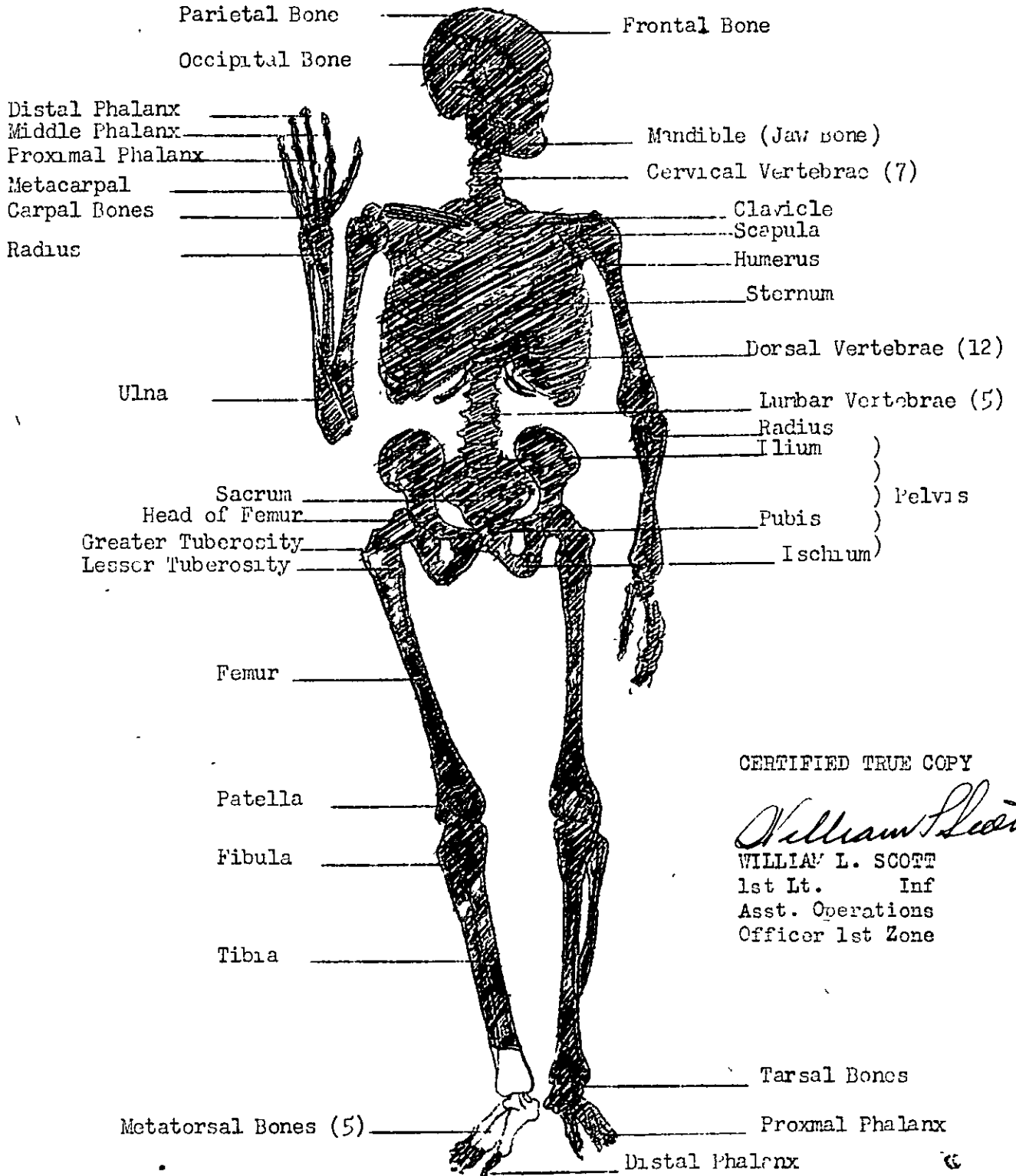
WILLIAM L. SCOTT  
1st Lt. INF  
Asst. Operations  
Officer 1st Zone

~~XXXXXXXXXX~~

X-553

SKELETAL CHART

~~WILLIAM H. ADAMS~~  
~~#311~~



CERTIFIED TRUE COPY

*William L. Scott*

WILLIAM L. SCOTT  
1st Lt. Inf  
Asst. Operations  
Officer 1st Zone



AGRC  
FORM No 11  
Revised 5 January 1946

# CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment  
WD QMC Form 1012)

Unknown X 553  
Cemetery HENRI CHAPELLE  
Plot ~~100~~ M 4 Row 10 Grave ~~100~~ 37  
IC OCT 1947

- 1 Arrived at cemetery (hour) (date)
- 2 Place of death (name of closest town) (coordinates and letter Prefex, maps)  
(Sheet scale and serials used)
- 3 Remains recovered or disinterred by (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)	None		
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

Leggins, Wool None (Note unusual lacing)

wool

Socks, ~~Cotton~~ One

\*Shoes One (type) Combat Boot, size 9 1/2-B

Overshoes None

Web Equipment None (Type)

(Other item) None

(Other item)

\*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 ~~Arm.~~ Ground or ~~Naval~~ Forces

8 Description of Remains

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD  
(date width location)

Tattoos UTD  
(Number location - illustrate on sep. page)

Outstanding moles, warts or birthmarks UTD  
(yes-no description location)

Sunburn or tan, other than hands & face UTD

Complexion UTD  
(light med dark clear pimples poeks, freckles)

Build UTD  
(large or 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 (color, setting, shape) **Mustache** UTD (color, size, shape) **Board or** UTD (length, hairs)

**Goatee** UTD (light, color, extent)

**Eyes** UTD (color, setting, shape) **Eyebrows** UTD (color, bushiness, extent across nose)

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

**Mouth** UTD (large, medium, small) **Lips** UTD (small, large, full)

**Teeth** UTD (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

**Chin** UTD (prominent, receding, pointed dimple double)

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

**Neck** UTD (size, length, short, normal, wrinkled) **Larynx** UTD (prominent, normal)

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

(extent and quantity of hair)

**Hands** UTD

**Fingers** UTD (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

**Chest** UTD (size of nipples, color, quantity & extent of hair, large, small, normal)

**Back** UTD (quantity & extent of hair) **navel** UTD (size of navel, appendectomy amount)

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

**Hernioplasty** UTD (yes-no, location)

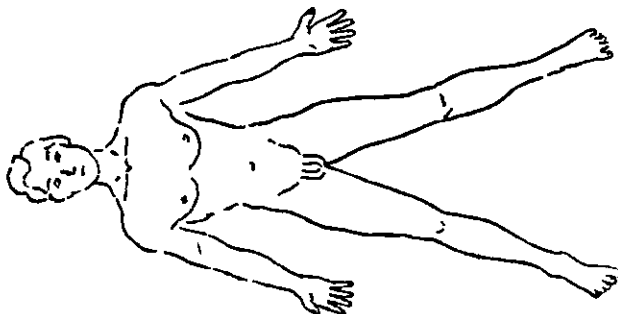
**Legs** UTD (inseam, muscular, knock kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD  
(size, corns, callouses, flat)

Toes UTD  
(slender, straight, crooked, overlap)

Evidence of healed fractures UTD  
(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 Hands missing

11 Has tooth chart been prepared No If not, explain Head missing  
(yes-no)

12 Remarks On processing remains of William E. ADAMS, ASN 35369416 an extra foot with shoe and sock was found. As William E. ADAMS was complete the foot was segregated and made into Case "B".

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

CERTIFIED TRUE COPY

*William L. Scott*

WILLIAM L. SCOTT  
1st Lt. Inf  
Asst. Operations  
Officer 1st Zone

ESMOND C. LYONS

Officer's Name

Rank Service

Organization

FILE IDENTIFICATION TOPPER

FILE NUMBER

Unk 293 556

SUBJECT

Henri Diavelle (Belgium)

Cancelled "Oil # Letter 1/2/48

(open grave assigned.)

X-556 Cancelled.

See X-553

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
1240 00000

DATE  
15 07 48  
DAY MONTH YEAR

NAME  
UNKNOWNX-000556

SERIAL NUMBER RANK ARM

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
HENRI CHAPELLE - EUPEN

DISPOSITION OF REMAINS  
1201 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
4H 3 41 BELGIUM

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
HENRI-CHAPELLE, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED

IDENTIFICATION TAG ON ORGANIZATION  
 REMAINS  
 MARKER UNKNOWN

RELIGION IDENTIFICATION VERIFIED BY  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

**CANCELLED**  
*Deleted*

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 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 GRS INSPECTOR

QMC FORM 1194a  
REV 15 MAR 47

Discrepancy Report QMC Form 1194a for major discrepancies.

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

11 December 1947  
Date

Unknown X-556 Belgium (Henri Chapelle) Unk Unk  
 Last Name First Initial Rank Serial No  
Unk Unk  
 Unit Organization

Perschied, Ger. 22 Feb 45 Trumatic Amo. Head; arms & legs  
 Place of Death Date of Death Cause of Death 3rd burns.

1400 - 25 Feb 45 HENRI CHAPELLE, Belgium  
 Time and Date of Burial Name or Coordinates of Location

11 3<sup>M</sup> 194 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? Unknown X-556 consists of extra remains from Plot 000, Row 9, Grave 175, Henri Chapelle (DOROSH, Theodore J. 33814673).

What means of identification were buried with the body? Auth.: Letter, Hq 1st Zone, AGRC, 314.6(0) dtd 11 dec 1947.

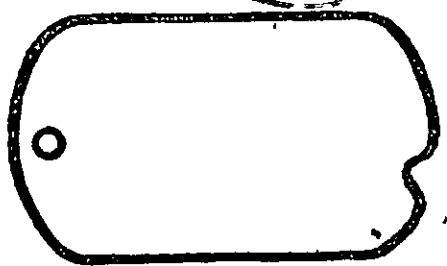
To determine Right or Left use **Deceased's Right and Left.**

Who is buried on:  
 Deceased's Right: Unk X-555C Unk Unk Unk 40  
 Name Serial No Rank Organization Grave No

Deceased's Left: Unk Unk Unk Unk Unk  
 Name Serial No Rank Organization Grave No

Signature or Name, Rank and if 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 \_\_\_\_\_ Name

\_\_\_\_\_ Address

Religion \_\_\_\_\_

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

This corrected report of Burial prepared at Hq 1st Zone, AGRC, by:

William L. Scott  
 WILLIAM L. SCOTT, 1st Lt., Inf.

Signature of Officer or other person reporting burial  
 Asst Operations Officer.

MAR 3 - 1948



# IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

4	
3	
2	
1	
Thumb	

## TOOTH CHART

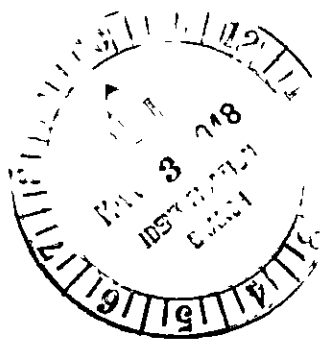
		Deceased's Left														
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X, crowns by O, fillings by □, Bridges by C linking anchor teeth, replacements by artificial teeth X

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



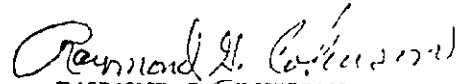
Unknown X-556  
(HENRI CHAPELLE)

This case consists of the right tibia and right fibula. These bones were disinterred along with those of Theodore J. Dorosh, but it has been determined that they could not possibly be a part of the remains of Theodore J. Dorosh.



RICHARD N. CONRAD,  
US DA Civilian,  
Embalmer Supervisor.

These remains were processed under my personal supervision and the undersigned agrees with the statement made by Mr. Conrad.

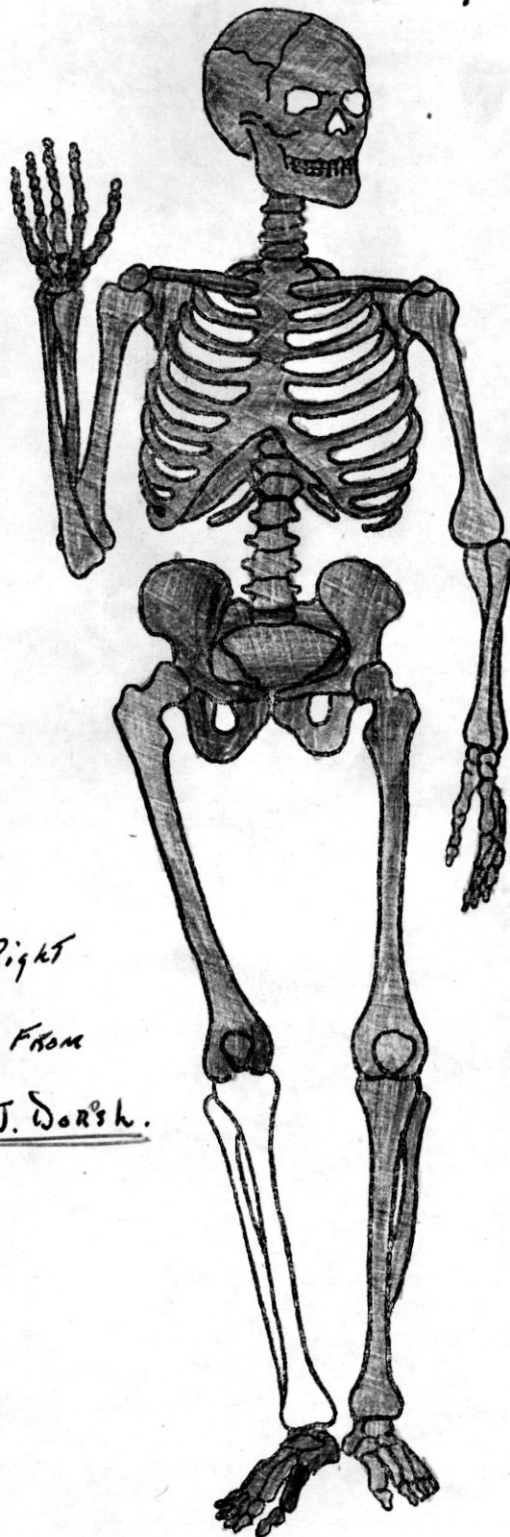


RAYMOND G. JOHNSON,  
1st Lt., Inf.,  
Morgue Director.

# SKELETAL CHART

X - 556  
Henri Chapelle

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



**Note:**

Case consists of  
Right Fibula and Right  
Tibia, separated from  
Remains of Thos. J. Dorsh.

FILE IDENTIFICATION TOPPER

FILE NUMBER

Wrd. 293 K. 555

SUBJECT

Henni Schapelle (Belgium)

Cancelled Mail # Letter 11/2/48

(open post assigned)

1. FILE UNDER NO.

293 - Unk. Belgium X- 555 (Henri Chopelle)

**SYNOPSIS**

2. TYPE OF DOCUMENT:

TELETYPE

3. DATE:

24 DEC 48

4. FROM:

OOO

5. TO:

CG AORC PARIS FRANCE

6. SUBJECT:

W C L - 32074

AUTH GRANTED TO CANCEL X-553, X-554 & X-555 HENRI  
CHAPELLE

AORC 7850 IS MC IN NO 65348 (14 DEC 48)

7. DOCUMENT FILED  
UNDER NO.

293 - Unk. Belgium (Misc) (HenriChapelle) (X-553 - 555)

rtb

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.

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

8 Mar 1948

Date

UNKNOWN X-555

*Belgium (Henri Chapelle)*

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk  
Unit

Unk

Organization

Germany

Est 13 Oct 44

KIA - Body completely mutilated

Place of Death

Date of Death

Cause of Death

1100 - 16 Oct 44

HENRI CHAPELLE, Belgium

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

40

2

M4

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?

These remains consisting of eight (8) ounces of elbow were segregated from those of Roy J. CHAPMAN, ASN 17086768, USMC Henri Chapelle, Plot G, Row 10, G ave 199, and Pfc John W. LEHMAN Jr., ASN 33429536, USMC Henri Chapelle Plot M4, Row 2, G ave 39, per Auth. board of officers, Hq, 1st Zone, AGRC, Liege, Belgium, and Hq, AGRC, Paris, France, 16 Feb 48.

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right: LEHMAN, John W. Jr 33429536 Pfc Co C 15 Eng Bn 39

Deceased's Left: Unk X-556 Unk Unk Unk 41

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

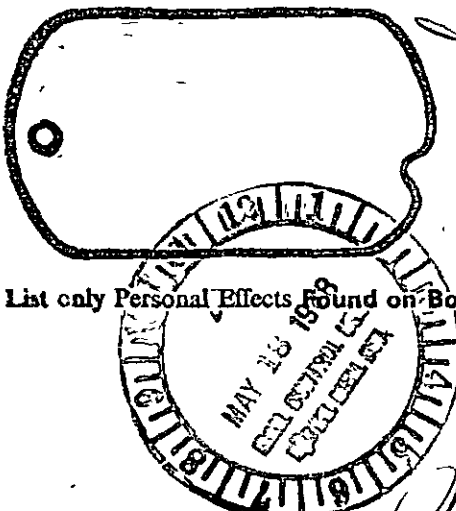
If print of identification tag is not affixed fill in below.

Emergency Addressee \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Religion \_\_\_\_\_

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



*William Scott*

WILLIAM L. SCOTT, 1st Lt., Inf. Asst Operations Officer.

Signature of Officer or other person reporting burial

# IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

8			
2			
1			
Thumb			

Right Hand

8			
2			
1			
Thumb			

## TOOTH CHART

	Deceased's Left															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X, crowns by O, fillings by □, Bridges by ⊙ linking anchor teeth, replacements by artificial teeth X

Characteristics \_\_\_\_\_

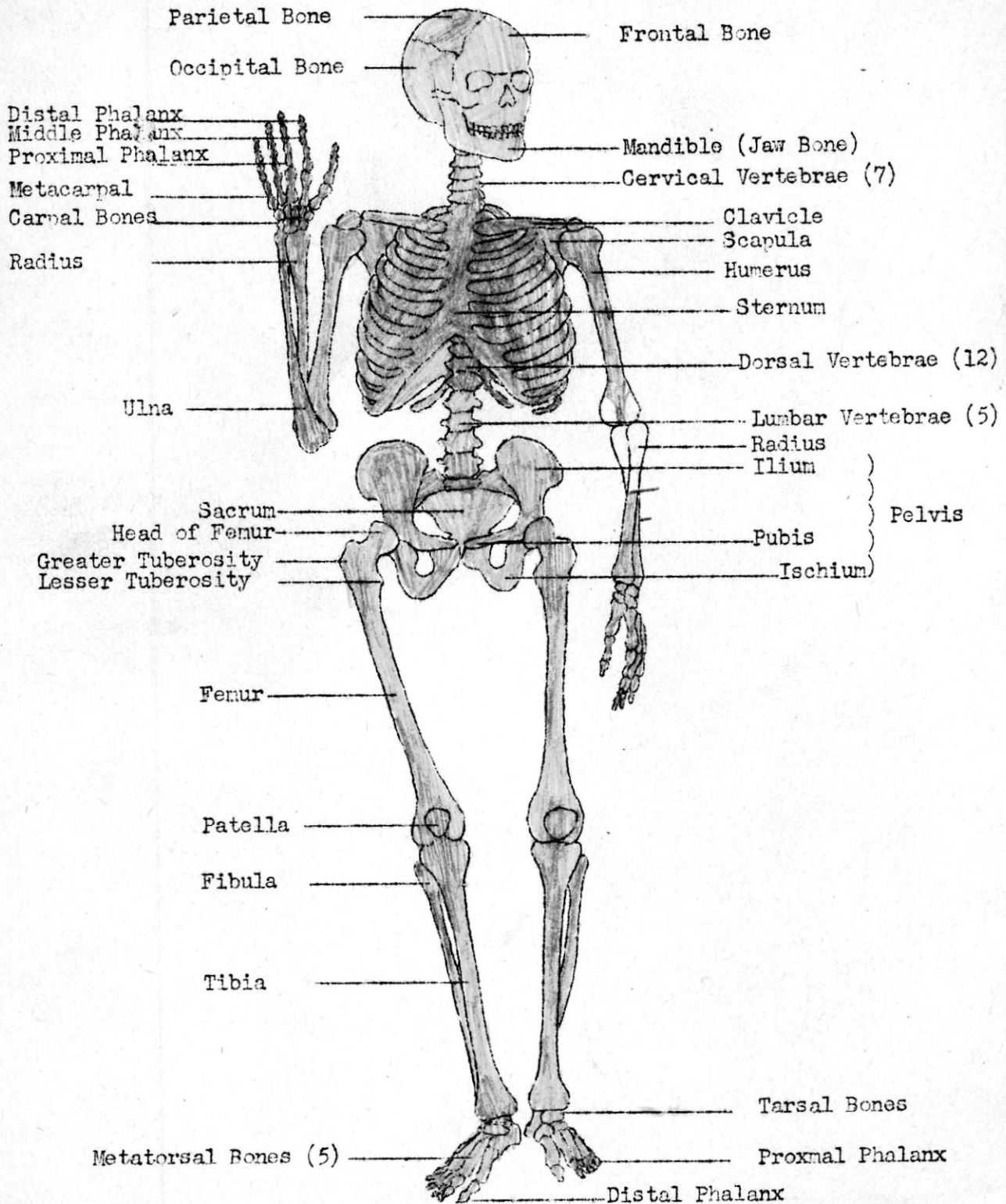
Other Data \_\_\_\_\_

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

SKELETAL CHART

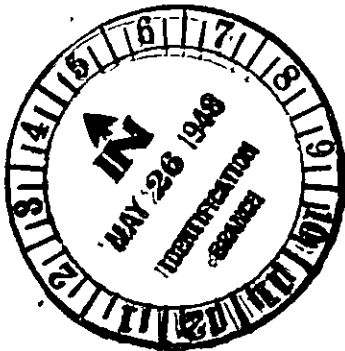
UNKNC X-555

USMC HENRI CHAPELLE , Belgium  
Plot M4, Row 2, Grave 40





1948  
16



6

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**1240 17253**

DATE  
**15 07 48**  
DAY MONTH YEAR

NAME  
**UNKNOWNX-000555**

SERIAL NUMBER

RANK

ARM  
**0**  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
**HENRI CHAPELLE - EUPEN**

DISPOSITION OF REMAINS  
**0 1201 00**  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
**4H 2 40 BELGIUM**

CAUSE OF DEATH  
**6**

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**HENRI-CHAPELLE, BELGIUM**

NAME AND ADDRESS OF NEXT OF KIN  
**(BY ADMINISTRATIVE DECISION)**

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
**UNKNOWN**

RELIGION

IDENTIFICATION VERIFIED BY  
NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS  
**CANCELLED**

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
*Deleted*

REMAINS PREPARED AND PLACED IN CASKET

DATE 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 GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.