

JLJ *law*

1

USMC HENRI CHAPPELLE
PLOT: A ROW: 1 GRAVE: 36
DATE OF BURIAL 10 Jun/48 DISINTERMENT DIRECTIVE
CHAPLAIN VERIFIED BY *J. Hoffman*
RIGHT EDWARD M MULGREW 37691199
LEFT ARTHUR B KOSSOW 20414552

INITIALS SECTION A
NAME AND BURIAL LOCATION OF DECEASED
GRS OFFICER
DIRECTIVE NUMBER 1240 00000
DATE 10 09 47
DAY MONTH YEAR

NAME 793 UNKNOWN X-000039 RANK RANK ARM # 1
DATE OF DEATH DAY MONTH YEAR

CEMETERY HENRI CHAPPELLE EUPEN
DISPOSITION OF REMAINS 1201 80
CODE DIST PT

PLOT M ROW 4 GRAVE 78 COUNTRY BELGIUM
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HENRI CHAPPELLE, BELGIUM
(BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-39 SERIAL NUMBER X-000039 RANK UNK DATE OF DEATH UNKNOWN DATE DISTINTERRED 16 OCT 1947
IDENTIFICATION TAG ON REMAINS GRS ORGANIZATION UNKNOWN RELIGION UNK IDENTIFICATION VERIFIED BY RALPH W GIRDNER, 2/LT INF 540 QM SV CO NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER CONDITION OF REMAINS HEAD ARMS AND TRUNK MISSING.

OTHER MEANS OF IDENTIFICATION ROB FOUND LISTINE : UNKNOWN X-39

MINOR DISCREPANCIES / Arm of service changed-Auth.355 (Hq.AGRC)

REMAINS PREPARED AND PLACED IN CASKET DATE 27 OCT 1947 BY RICHARD N. CONRAD, EMB. SUPV.

CASKET SEALED BY RICHARD N. CONRAD, EMB. SUPV. EMBALMER (Signature) RICHARD N. CONRAD, EMB. SUPV. FOS PROVISIONAL

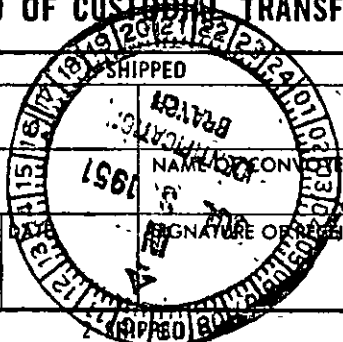
CASKET BOXED AND MARKED STEVEN J HALASZ CLERK RECORDER SHIPPING ADDRESS VERIFIED BY RICHARD N. CONRAD, EMB. SUPV.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
RAYMOND G JOHNSON, 1/LT INF
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
FILE RECORDS ANNOTATED DATE 2-29-48 NAME

70 200 000000

RECORD OF CUSTODIAL TRANSFER



SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
	DATE

3 SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

4 SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

5 SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

6 SHIPPED	
FROM	TO
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER
SIGNATURE OF SHIPPER HOMER CHAMBERLAIN BELGIAN	SIGNATURE OF RECEIVER
DATE	DATE

6 SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

SHIPPED	
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

AUG 20 1948

20 August 1948
Date

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X- 39, Plot M,
Row 4, Grave 78, USMC Henri Chapelle 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. 2321, dated 5 March 1947. No
further information is available.

FOR THE COMMANDING GENERAL:

George J. Freeman
GEORGE J. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

Incl #6

Received TL# 2995-20 Aug 48 DQMG
Not identifiable from
information presently
available *W. J. Farmer*

27 Aug 48

CHECK LIST OF UNKNOWN

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

Unknown X-39
Cemetery **Henri Chapelle**
Plot **M** Row **4** Grave **78**

Processed: 7 January 1947

1 ~~REPORT OF INTERMENT~~

(Hour) (date)

2 Place of death

(Name of closest town)

(ordinates and letter Prefix maps)

Sheet, scale and serials used

3 Remains recovered or disinterred by ~~XXXXXXXXXX~~ and reprocessed by Subordinate Identification Point

(Name and organization)

Margraten, Holland

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		Indicate unusual markings	
	Markings	Sizes	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** (Note unusual lacing)
 Socks, Cotton **None**
 *Shoes (type) **None**
 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 **UTD**

8. Description of Remains:

Age **UTD** Height **5'9 1/2"** Weight **130** **UTD** Description of wounds **UTD**
 Bandages or dressings **UTD** Scars **UTD**
 (Length, 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, pocks, freckles)
 Build **UTD**
 (large fat, thin, muscular)
 Hair **UTD**
 (color length, quantity curly, wavy, straight whorls, or definite parting)
 Hair **UTD**
 (be dness, widows peak distinctive cutting or other characteristics)

Sideburns **UTD** (color setting shape) **Mustache** **UTD** (color size shape) **Beard or Goatee** **UTD** (length color)

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** **Missing** (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** (sort 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) **Waist** **UTD** (size of navel, appendectomy amount)

Circumcision **UTD** (yes no) **Pubic hair** **UTD** (color)

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

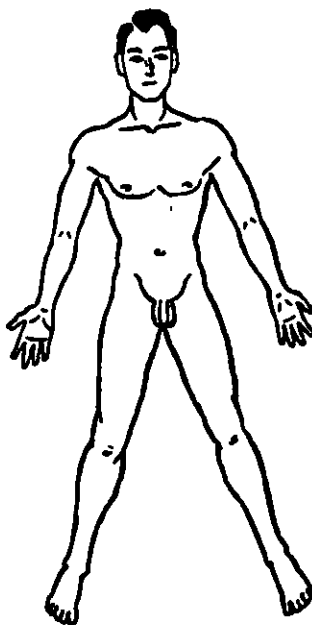
Legs **UTD** (inseam, muscular, knock-kneed bowed normal quantity color & extent of hair)

Feet **UTD** (Size, corns, callouses flat) **Toes** **UTD** (slender, straight crooked, overlap)

Evidence of healed fractures **None found** (nose arms legs etc)

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

See chart



10. Have fingerprints been placed on Report of Internment **No**
Yes no

Decomposed

If not, explain

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

Head missing

12. Remarks **Remains recovered in last stage of decomposition.**
Estimated weight: 25 Lbs.
Fluoroscopic examination: negative.
Joints disarticulated and bones show evidence of having been badly burned.
Remains carefully examined and no clues to identity found.
Burial report found in 50 cal shell.

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

Ellsworth T. Mac Intyre
ELLSWORTH T. MAC INTYRE
Officer's Name

CAPTAIN **CNC.**
Rank Service

CENTRAL IDENTIFICATION POINT.

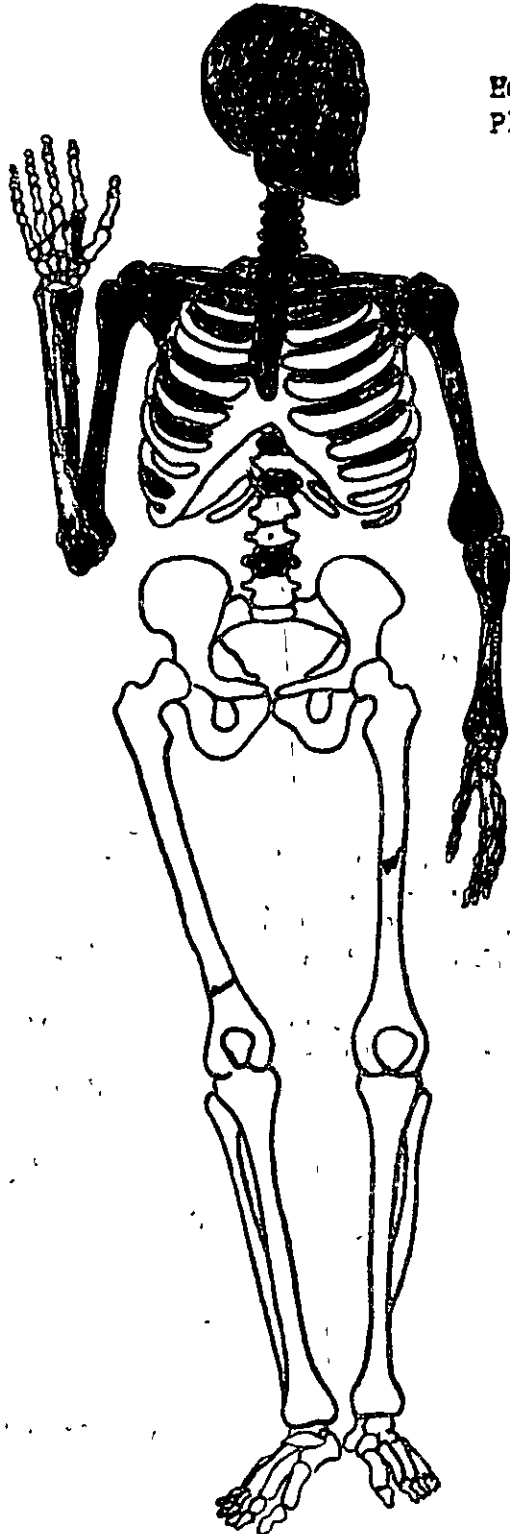
Organization

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-99

Henri Chapelle
Plot M Row 4 Grave 78



IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

23045

REPORT OF BURIAL

FM 10-630 AND AR 30-1815

October 1944

RESTRICTED

RESTRICTED 134

Unknown X-39

Unknown

Last Name	First	Initial	Rank	Serial No.
Unknown			Unknown	
Unit	Organization			
Germany	Body Burnt			
Place of Death	Date of Death	Cause of Death		
1300, 17 October 1944	Henri Chapelle #1	705352		
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location		
78 4	M	Cross		
Grave Number	Row Number	Plot Number	Type of Marker	

Disposition of Identification Tags Buried with body - Yes No Attached to Marker Yes No Emb. tag

If No Identification Tags

How were remains identified?

No identification. Body burnt; unable to fingerprint

What means of identification were buried with the body?

Embossed tag & form #1 (GRS) in .50 cal. shell.

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

Who is buried on:	Balderrana	39710806	Pvt	Unknown	79
Deceased's Right:	Name	Serial No	Rank	Organization	Grave No.
Deceased's Left:	Lapp	6539506	S/Sgt	67th Arm'd. Regt	77
	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.

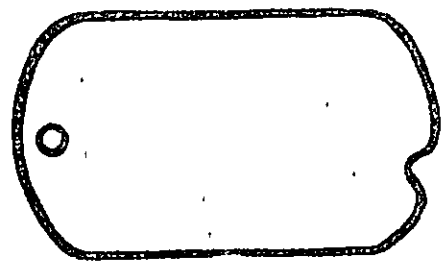
If print of identification tag is not affixed fill in below:

Emergency Addressee _____ Name

Address _____

Religion Unknown

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



Harry Dutton
HARRY DUTTON, Officer reporting burial

RESTRICTED

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

1				
2				
3				
4				

Right Hand

TOOTH CHART

		Deceased's Left																	
		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 ⊙ 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.