

JLJ Law

USMC HENRI CHAPELLE
 PLOT: A ROW: 5 GRAVE: 2
 DATE OF BURIAL 23 Jun/48 **DISINTERMENT DIRECTIVE**
 VERIFIED BY *J. Hoffman*

EMBED ON
 RIGHT LEONARD C. BROWN 36176363
 LEFT WILLIAM A. RUPPRECHT 33100494

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

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
293 7e Bk Belgium UNKNOWN X-000068 #1
 CEMETERY HENRI CHAPELLE EUPEN DAY MONTH YEAR
 1201 80
 CODE DIST PT
 PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
 S 7 121 BELGIUM 6

SECTION B - CONSIGNEE AND NEXT OF KIN
 NAME AND ADDRESS OF CONSIGNEE HENRI CHAPELLE, BELGIUM
 (BY ADMINISTRATIVE ORDER)
 NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION
 NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
 UNKNOWN X-000068 EST 26 OCT 44 31 OCT 47
 IDENTIFICATION TAG ON ORGANIZATION RELIGION
 REMAINS X 68
 MARKER X 68
 WALTER POINSKI 1/LT. INF
 562 QM. SV. CO. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
 NATURE OF BURIAL U.K. BOX. MATTRESS COVER
 CONDITION OF REMAINS SEE ATTACHED SHEET.

OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL X 68 UNKNOWN

MINOR DISCREPANCIES 1 Arm of service changed-Auth. 355 (Hq. AGRC)

REMAINS PREPARED AND PLACED IN CASKET
 DATE 5 NOV 47 BY RAY E BOWER EMB. SUPV.

CASKET SEALED BY RAY E BOWER EMB. SUPV.
 EMBALMER (Signature) RAY E BOWER EMB. SUPV.
 562 QM. SV. CO. *Ray E Bower*

CASKET BOXED AND MARKED 5 NOV 47 KENDEL B RISER
 DATE BY CLERK RECORDER SHIPPING ADDRESS VERIFIED BY RAY E BOWER 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
 RAYMOND G JOHNSON 1/LT. INF.
 SIGNATURE OF GRS INSPECTOR

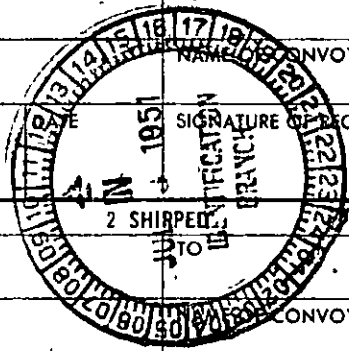
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
 FILE RECORDS ANNOTATED
 DATE 9-17-48
 NAME *Johnson*

note - ...

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

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



2 SHIPPED

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

REPAIRS BRANCH
 RECORDS BRANCH
 AUG 12 12 29 PM '48
 ALABAMA DIVISION

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 (2X 100001218-11AE 00013)	NAME OF CONVOYER
SIGNATURE OF SHIPPER HEIDI SIMONETTE BELOLO	SIGNATURE OF RECEIVER
DATE	DATE

6 SHIPPED

FROM	TO
KIND OF CONVEYANCE 2 1ST BELOLO	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

7 SHIPPED

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

UNKNOWN
X000068

X-000068

EST 26 OCT44

31 OCT 47

CONDITION OF REMAINS.

RIGHT TIBIA, FIBULA, FEMUR, HUMERUS AND ULNA FRACTURED.

RIGHT RADIUS MISSING, LEFT ARM MISSING

LEFT FIBULA FRACTURED

HEAD CRUSHED.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 53 US ARMY

AUG 24 1948

20 August 1948
Date

SUBJECT: Unidentifiable Persons.

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

1. The records pertaining to Unknown X- 68 , Plot S ,
Row 7 , Grave 121 , 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. 2221 , dated 5 March 1947 . No
further information is available.

FOR THE COMMANDING GENERAL:

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

Incl # 8

Received IL #2995-20 Aug 48
Not identifiable from OOHQ
information presently
available

W. James
27 Sept 47

CHECK LIST OF UNKNOWN

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

Unknown X - 68
 Cemetery Henri Chapelle (Holland)
 Plot 5 Row 7 Grave 121

1 ~~Arrived at cemetery~~ **Reprocessed 7 January 1947**
 (Hour) (date)

2 Place of death _____
 (Name of closest town) (coordinates and letter Prefix maps)

Sheet, scale and serials used

3 Remains ~~recovered~~ **disinterred ~~by~~ and reprocessed by Subordinate Identification Point**
 (name and organization) Amgrotan, (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		Color	Indicate unusual markings			
	Markings	Sizes		wear,	tear,	repairs,	etc
*Headgear	(type)						
Raincoat							
Overcoat							
Jacket, Field			Jacket, Combat				
Mackinaw							
Sweater							
Jacket, HBT							
*Shirt, Wool, OD							
Undershirt, Wool							
Undershirt, Cotton							
Trousers HBT							
*Trousers, Wool OD							

Belt, Web

Drawers, Wool

Drawers, Cotton

Leggings, Wool

(Note unusual lacing)

Socks, Cotton

*Shoes (type)

Overshoes

Web Equipment (type)

(Other item) **left upper half of jacket or robe made of white heavy material similar**

(Other item) **to mattress cover with heavy black stripe.**

*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 **5'10³/₁₆"**

Weight **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

(baldness widows peak, distinctive cutting or other characteristics)

Sideburns **utd** (color setting, shape) Mustache **utd** (color size shape) Beard or Goatee **utd** (length, heavy)

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 **see tooth chart** (white size unevenness, spacing noticeable crowns, fillings extract)

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

Jawline **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)

utd (extent and quantity of hair)

Hands **utd**

Fingers **utd** (sort, thick, long, slender, size of knuckles missing fingers or joints)

utd (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)

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

Hernioplasty **utd** (yes-no; location)

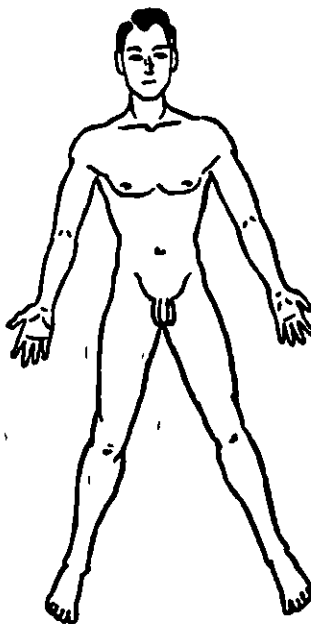
Legs **utd** (inseam, muscular, knock-kneed bowed normal, quantity color & extent of hair)

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

see attached chart



10 Have fingerprints been placed on Report of Internment

no

Yes-no

If not, explain

hands missing

11. Has tooth chart been prepared

yes

Yes no

If not, explain

12. Remarks- Remains recovered in last stage of decomposition. Estimated weight 70 lbs. Fluoroscopic Examination Negative. All joints disarticulated. Remains carefully examined and nothing found to aid identity. Burial Report found with remains 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

Officers Name

Captain OMC

Rank

Service

Central Identification Point

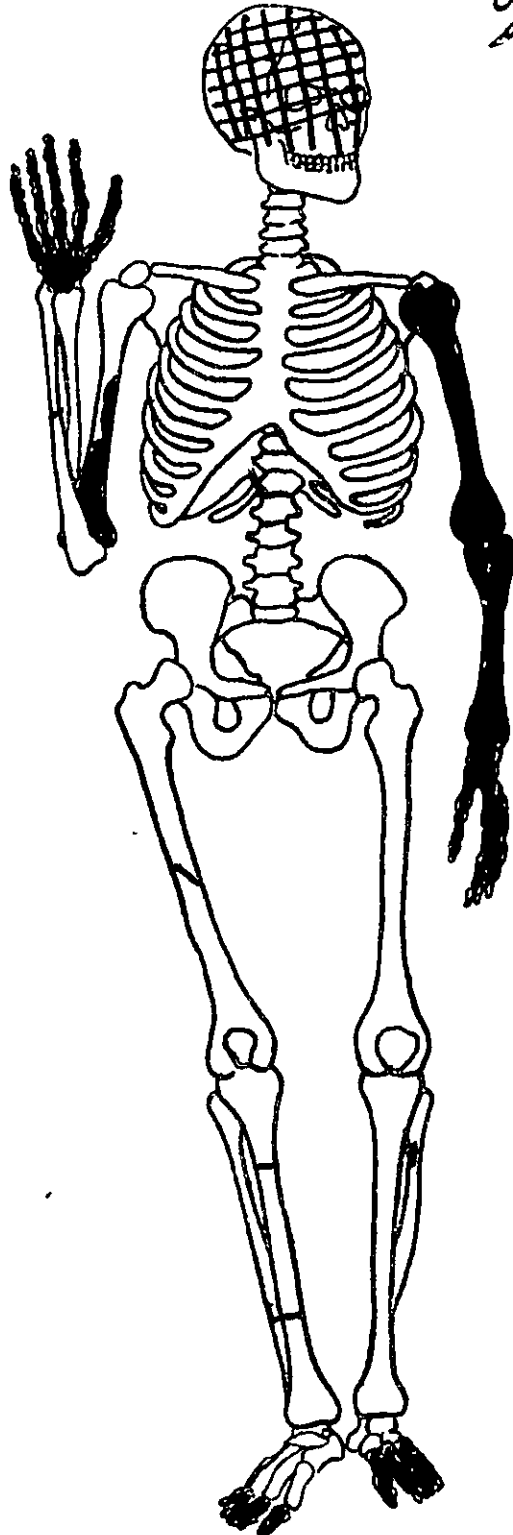
Organization

X 68
Henri Chapelle
(Holland)
Plot 5 Row 7 Gravel 21

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

98-69



35

TOOTH CHART

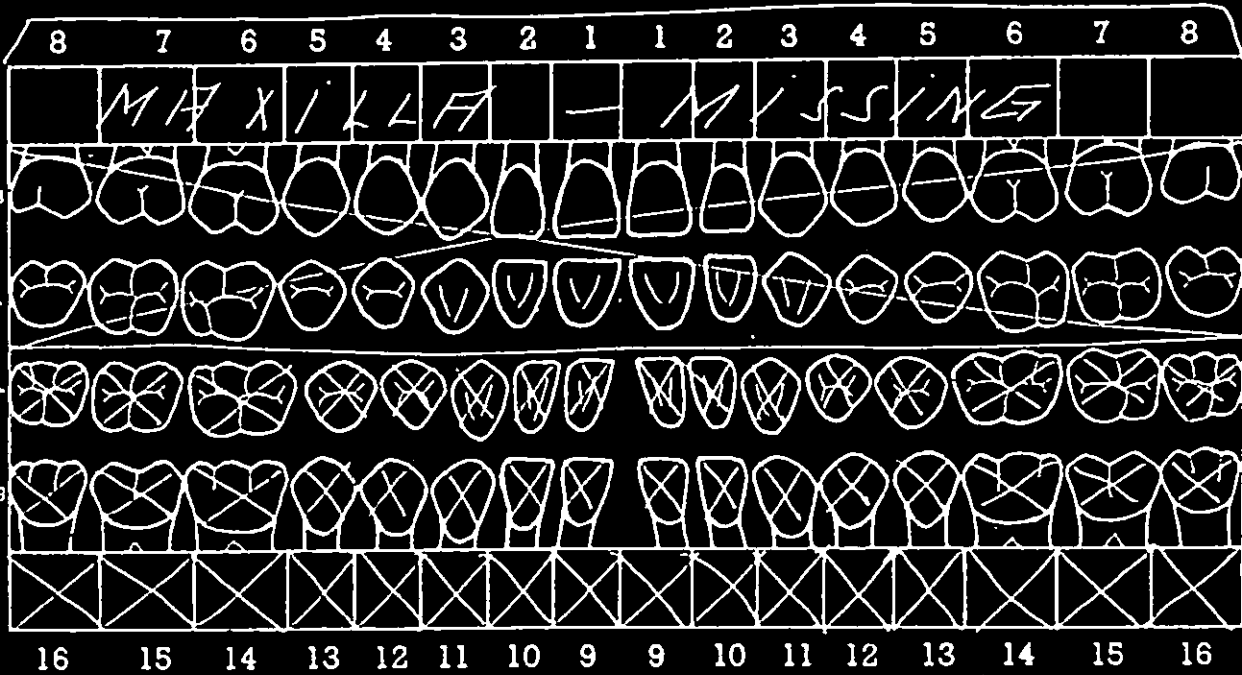
7 January 1947
Date

UNKNOWN X - 68 Last Name Henri First Chapelle Initial Rank Serial No.

Plot 5 Row 7 Grave 121 Unit Organization Cause of Death

Right

Left



See Remarks

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 J. Steeler

Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Mac Intyre

Verified by G. R. S. Officer

ELLSWORTH T. MAC INTYRE, Captain USN - 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 :



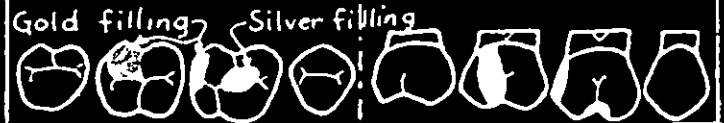
CROWNED TEETH . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

All lower teeth extracted, no denture found.
Mandible very thin where teeth had been extracted.

REPORT OF BURIAL 13-7
TM 10-630 AND IAR 30-1815
RESTRICTED

23647
29 October 1944
Date

Unknown X-68

Last Name First Initial Rank Serial No.

Unit Organization

Unknown Est 26 October 1944 KIA, Burnt Sev.
Place of Death Date of Death Cause of Death

29 October 1944 Henri Chapelle # 1 705352
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

121 7 S Cross
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

GRS form # land embossed tag enclosed in 50 caliber shell

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

Who is buried on:

Deceased's Right: Edson Name 0370198 Serial No Capt Rank 24 th Cav. Organization 122 Grave No.

Deceased's Left: BEGINNING OF ROW 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:

NO PERSONAL EFFECTS

BODY EVACUATED TO CEMETERY BY 607TH (GR) CO.

Wesley Dubrov
Signature of Officer or other person reporting burial

HARRY DUBROV 1st Lt OMC
Verified by G.R.S. Officer

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

(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

Right Hand

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

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.