

Howell

1

USMC Henri Chapelle  
Plot B Row 5 Grave 2  
Date of Burial: Jun 25 1948

DISINTERMENT DIRECTIVE

buried On:  
Right: GALBRAITH, James L  
32212605  
Left: GRIFFITH, MERLE

Verified by: *J. Hoffman*  
GRS Officer

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
1240 00000

DATE 39558047  
10 09 47  
DAY MONTH YEAR

|  |               |       |          |                         |
|--|---------------|-------|----------|-------------------------|
| NAME                                     | SERIAL NUMBER | RANK  | ARM      | DATE OF DEATH           |
| <i>293 Unk Belgium</i><br>UNKNOWN X - 69 | X-000069      |       | <i>1</i> |                         |
| CEMETERY                                 |               |       |          | DISPOSITION OF REMAINS  |
| HENRI CHAPELLE EUPEN                     |               |       |          | 1201 80<br>CODE DIST PT |
| PLOT                                     | ROW           | GRAVE | COUNTRY  | CAUSE OF DEATH          |
| S  | 5             | 100   | BELGIUM  | 6                       |

SECTION B - CONSIGNEE AND NEXT OF KIN

|  |                                 |
|--|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE                        | NAME AND ADDRESS OF NEXT OF KIN |
| HENRI CHAPELLE, BELGIUM<br>(BY ADMINISTRATIVE ORDER) |                                 |

SECTION C - DISINTERMENT AND IDENTIFICATION

|   |               |          |   |                  |
|---|---------------|----------|---|------------------|
| NAME  | SERIAL NUMBER | RANK     | DATE OF DEATH   | DATE DISINTERRED |
| UNKNOWN X - 69  | X-000069      | UNK.     | EST 26 OCT 44   | 30 OCT 47        |
| IDENTIFICATION TAG ON   | ORGANIZATION  | RELIGION | IDENTIFICATION VERIFIED BY                                |                  |
| <input checked="" type="checkbox"/> REMAINS X 69<br><input checked="" type="checkbox"/> MARKER X 69 |               | UNK.     | WALTER POINSKI 1/LT. INF<br>562 QM. SV. CO NAME AND TITLE |                  |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

|                  |                      |
|------------------|----------------------|
| NATURE OF BURIAL | CONDITION OF REMAINS |
| MATTRESS COVER   | SEE ATTACHED SHEET.  |

OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL FOUND.

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 NOV 47 BY ELIJAH H FIELDS IDENT TECH  
CASKET SEALED BY ELIJAH H FIELDS IDENT TECH  
EMERGENCY (Signature) *Elijah H. Fields*  
ELIJAH H FIELDS IDENT TECH  
E.O.S. PROVISIONAL

CASKET BOXED AND MARKED 6 NOV 47 CARL J BLEVINS  
DATE BY CLERK RECORDER ELIJAH H FIELDS IDENT TECH  
SHIPPING ADDRESS VERIFIED BY

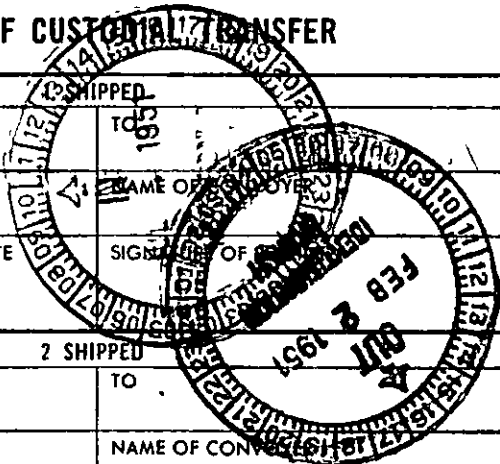
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Raymond G. Johnson*  
RAYMOND G JOANSON 1/LT. INF.  
SIGNATURE OF GRS INSPECTOR

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

*No letter necessary*

# RECORD OF CUSTOMER TRANSFER



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

### 2 SHIPPED

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

### 3 SHIPPED

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

### 4 SHIPPED

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

### 5 SHIPPED

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

### 6 SHIPPED

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

### 7 SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMBAND  
EUROPEAN AREA  
APO 58 US ARMY

30 August 1948  
Date

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X- 69, Plot S,  
Row 5, Grave 100, 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

Received <sup>#</sup> 3062 (1354748) OQMG  
Not identifiable from  
information presently  
available

*H. J. ...*

Incl # 5

16 of 40



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) **Sheath for fighting knife model US M-8**

(Other item) **None**

\*If body is nude, sizes of these items should be computed by measuring the remains

6. Chevrons or Insignia **None found**  
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch **None found**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

**UTD (Believed to be Ground Forces)**

8. Description of Remains:

**No long bones recovered**

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

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, poeks, freckles)

Build **UTD**  
(large fat, thin, muscular)

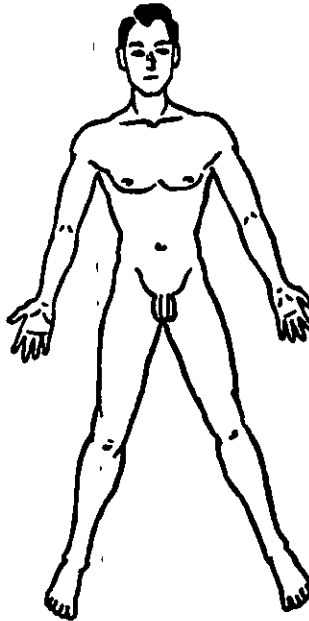
Hair **None found**  
(color, length quantity, curly, wavy, straight, whorls or definite parting)

Hair **UTD**  
(be dness, widows peak distinctive cutting or other characteristic)

|                              |   |                                 |  |                           |                              |
|------------------------------|---|---------------------------------|--|---------------------------|------------------------------|
| Sideburns                    | <b>UTD</b><br>(color setting shape)   | Mustache                        | <b>UTD</b><br>(color size shape)                     | Beard or Goatee           | <b>UTD</b><br>(length heavy) |
|                              | light color extent)   |                                 |  |                           |                              |
| Eyes                         | <b>UTD</b><br>(color, setting shape)  | Eyebrows                        | <b>UTD</b><br>(color, bushiness, extent across nose) |                           |                              |
| Nose                         | <b>UTD</b><br>(size shape, straight)  | Ears                            | <b>UTD</b><br>(size, set close to or far from head)  |                           |                              |
| Mouth                        | <b>UTD</b><br>(large medium, small)   | Lips                            | <b>UTD</b><br>(small large, full)                    |                           |                              |
| Teeth                        | <b>See See Tooth chart</b><br>(white size unevenness, spacing noticeable crowns fillings extract) |                                 |  |                           |                              |
| Chin                         | <b>UTD</b><br>(prominent receding pointed, dimple double)   |                                 |  |                           |                              |
| Jaw                          | <b>UTD</b><br>(large, small, normal)  | Circumference of head in inches | <b>21½ inches</b><br>(hat band)                      |                           |                              |
| Neck                         | <b>UTD</b><br>(size length short normal wrinkled)   |                                 | Larynx   | (prominent normal)        |                              |
| Shoulders                    | <b>UTD</b><br>(broad straight small, rounded)   |                                 | Arms   | (length, muscular, color) |                              |
|                              | (extent and quantity of hair)   |                                 |  |                           |                              |
| Hands                        | <b>UTD</b>  |                                 |  |                           |                              |
| Fingers                      | <b>UTD</b><br>(sort, thick, long slender, size of knuckles missing fingers or joints)             |                                 |  |                           |                              |
|                              | (unusual characteristics of fingernails)  |                                 |  |                           |                              |
| Chest                        | <b>UTD</b><br>(size of nipples, color quantity & extent of hair, large small, normal)             |                                 |  |                           |                              |
| Back                         | <b>UTD</b><br>(quantity & extent of hair)   | Waist                           | (size of navel, appendectomy amount)                 |                           |                              |
|                              | <b>UTD</b><br>(quantity & color of hair)  | Circumcision                    | <b>UTD</b><br>(yes no)                               | Pubic hair                | <b>None found</b><br>(color) |
| Hernioplasty                 | <b>UTD</b><br>(yes-no; location)  |                                 |  |                           |                              |
| Legs                         | <b>UTD</b><br>(inseam, muscular, knock-kneed bowed normal quantity, color & extent of hair)       |                                 |  |                           |                              |
| Feet                         | <b>UTD</b><br>(Size corns, callouses flat)  | Toes                            | <b>UTD</b><br>(slender, straight, crooked overlap)   |                           |                              |
| Evidence of healed fractures | <b>None found</b><br>(nose arms legs etc)   |                                 |  |                           |                              |

9 Black out parts of body not received at cemetery:

See chart



10 Have fingerprints been placed on Report of Internet **No**  
Yes-No

If not, explain **Hands not recovered**

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

12 Remarks: **Very small amount of remains recovered (See chart)**  
**Very little flesh in last stage of decomposition.**  
**Estimated weight of remains: 3 Lbs.**  
**Fluoroscopic Examination: negative**  
**Bones badly burned. Joints disarticulated.**  
**Burial Report found in 50 cal. shell**  
**Nothing found to warrant Chemical Laboratory Examination.**  
**Remains as Unknown.**

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**  
Officers Name

**CAPTAIN QMC.**  
Rank

**C.I.P.**  
Service

Organization

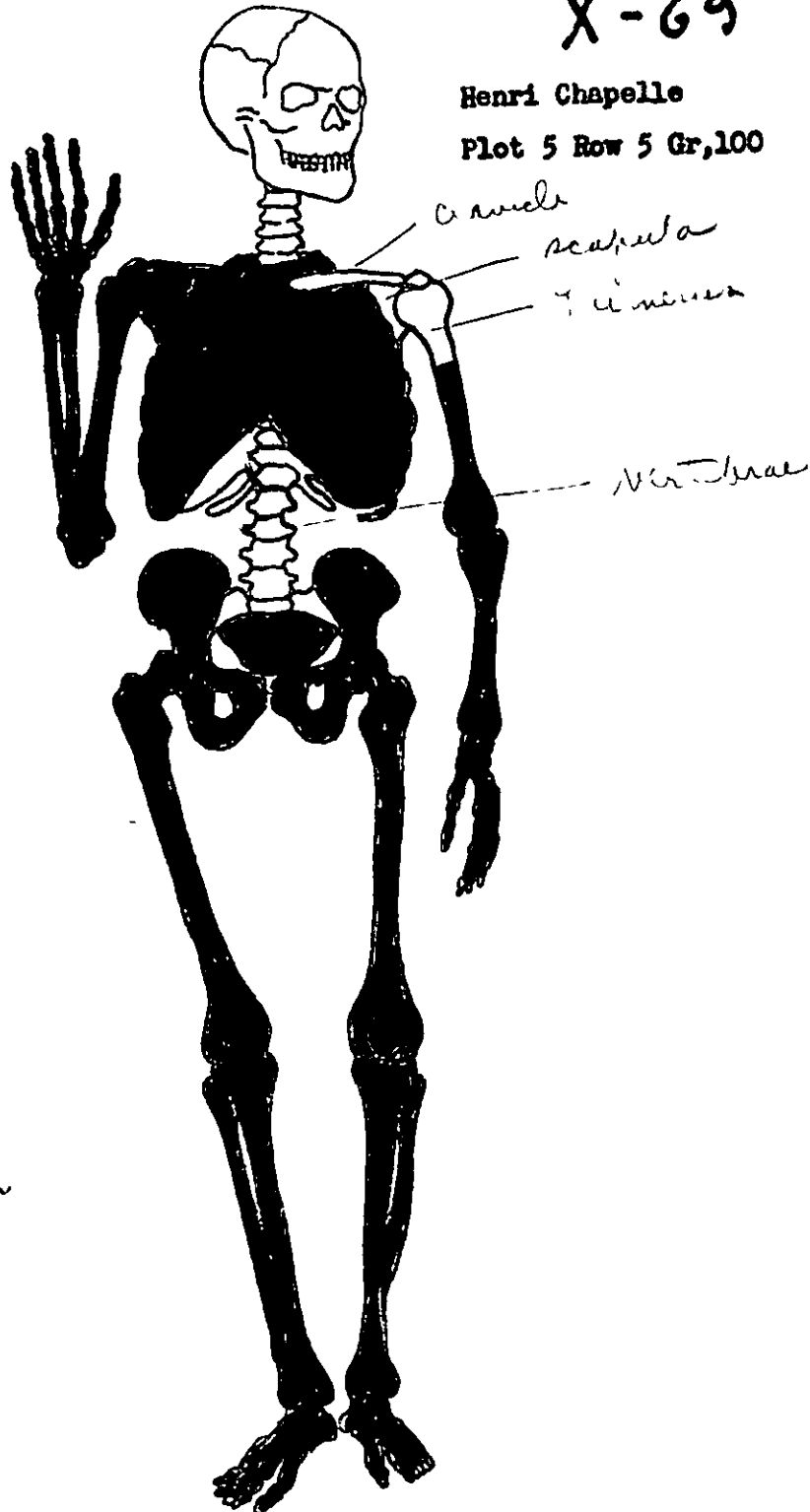
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-69

Henri Chapelle

Plot 5 Row 5 Gr,100





# TOOTH CHART

7 January 1947  
Date

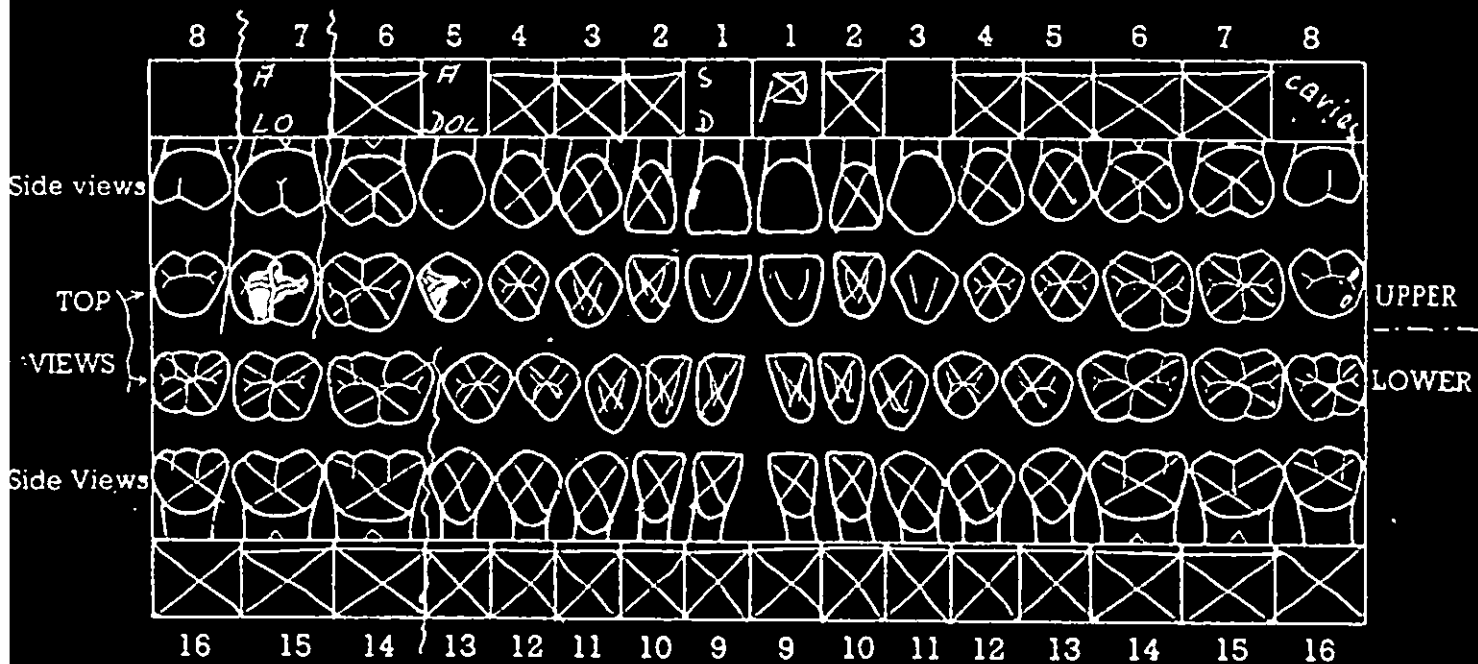
Unknown X-69

|           |          |                        |              |            |
|-----------|----------|------------------------|--------------|------------|
| Last Name | First    | Initial                | Rank         | Serial No. |
| Henri     | Chapelle | Plot 5 Row 5 Grave 100 |              |            |
| Unit      |          |                        | Organization |            |

|                |               |                |
|----------------|---------------|----------------|
| Place of Death | Date of Death | 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), bicuspid (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. Wheeler*  
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 OMC C.I.P.

|  |  |
|--|--|
| <p><b>MISSING TEETH</b> . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p> |  |
| <p><b>CROWNED TEETH</b> . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>  |  |
| <p><b>BRIDGE WORK</b> . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus .</p>   |  |
| <p><b>FILLINGS</b>. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus .</p>  |  |
| <p><b>CARIES (CAVITIES)</b>. Outline location and size of cavity, shade in thus :</p>  |  |

**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**

Medium size, white teeth  
 Posthumously missing-L1  
 Spaces R7-5, 4mm; R-5-R-1, 12mm; L1-L3,(est) 3mm; L3-L8, 25mm.  
 R5 rotated distally-1/8 turn  
 R7,8; L8 mesial version  
 R1 Incisal edge worn.  
 Full pink acrylic denture replacing lower teeth.(Denture shattered)  
 Pink acrylic partial denture replacing R2,3,4,6 and L2,4,5,6,7 with yellow gold.  
 Clips on R5 and L3. Pontics from left side of denture broken off.

|  |                                 |  |                               |
|--|---------------------------------|--|-------------------------------|
| <u>Unknown X-69</u>                    | <u>Unknown</u>                  | <u>Unknown</u>                                 | <u>Unknown</u>                |
| <small>Last Name</small>               | <small>First</small>            | <small>Initial</small>                         | <small>Serial No.</small>     |
| <u>Unknown</u>                         |                                 | <u>Unknown</u>                                 |                               |
| <small>Unit</small>                    |                                 | <small>Organization</small>                    |                               |
| <u>Unknown</u>                         | <u>26 October 1944</u>          | <u>EST</u>                                     | <u>Bumt sv</u>                |
| <small>Place of Death</small>          | <small>Date of Death</small>    | <small>Cause of Death</small>                  |                               |
| <u>29 October 1944</u>                 | <u>Herr 1 Chappelles #1</u>     | <u>705352</u>                                  |                               |
| <small>Time and Date of Burial</small> | <small>Name of Cemetery</small> | <small>Name or Coordinates of Location</small> |                               |
| <u>100</u>                             | <u>5</u>                        | <u>S</u>                                       |                               |
| <small>Grave Number</small>            | <small>Row Number</small>       | <small>Plot Number</small>                     | <small>Type of Marker</small> |
|  |                                 |  | <u>Cross</u>                  |

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

If No Identification Tags

How were remains identified?

Fingerprints impossible

What means of identification were buried with the body?

GRS Form #1 and Embossed Tag in 50 cal shell

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

Who is buried on:

|                   |                     |                          |                     |                             |                          |
|-------------------|---------------------|--------------------------|---------------------|-----------------------------|--------------------------|
| Deceased's Right: | <u>End of Row</u>   | <u>6389369</u>           | <u>Cpl</u>          | <u>2nd Arm.d Div</u>        | <u>99</u>                |
|                   | <small>Name</small> | <small>Serial No</small> | <small>Rank</small> | <small>Organization</small> | <small>Grave No.</small> |
| Deceased's Left:  | <u>Connell</u>      |                          |                     |                             |                          |
|                   | <small>Name</small> | <small>Serial No</small> | <small>Rank</small> | <small>Organization</small> | <small>Grave No.</small> |

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:

Evacuated by 607 GR Company

1 NOV 1944

HARRY D. ...  
HARRY D. ... Officially certified upon completion of burial

Verified by G.R.S. Officer

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.:

Left Hand

|       |
|-------|
| 4     |
| 3     |
| 2     |
| 1     |
| Thumb |

Right Hand

|       |
|-------|
| 4     |
| 3     |
| 2     |
| 1     |
| Thumb |

## 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.