

295

UNK

BELGIUM

X-3367

(NEUVILLE) 48jd

-7-3

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. NEUVILLE-EN-CONDROZ, X-3367

SUBJECT

**US ARMY HRC
CASUALTY AND
MORTUARY AFFAIRS
OPERATIONS CENTER**

293 IDPF

SCANNED INTO DCIPS

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION COMMAND
 EUROPEAN AREA
 APO 58 U S ARMY

RRE 293

9 November 1949

293 unk. Belgium (Neuville) X-3367 (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 3367, Plot I, Row 2, Grave 26, USMC Neuville-en-Condroz, Belgium, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 4477, dated 9 November 1949.

3. Remarks: Tooth charts for the remains of Unknown X-3367 have been compared with all available dental records for all unresolved casualties in the Holland Map Sheet. Efforts to associate subject remains with unresolved casualty or casualties by all other means have proven negative.

Received 4489-15100 OQMG
 Not identifiable from
 information presently
 available *29 Nov 49*

Case reviewed by undersigned Members of the Board of Review:

H. P. Henry
 Col. H. P. HENRY, O-12589

JMC

E. D. Mulvanity
 Lt. Col. E. D. MULVANITY, O-389598

JMC

Maj. Charles REYNOLDS, O-182639

TC

Maj. Gerald SWARTHOUT, Sr., O-267451

CE

Edward F. Price, Jr.
 Capt. Edward F. PRICE, Jr., O-1588236

JMC

1st Lt. Frederick S. DAVID, O-1826041

CAV

CWO Frank GEER, W-2102925

USA

Capt. Jack C. HAYES, O-1577297

JMC

Incl # 6

2nd BHR

1

USMC Neuville Condroz
Plot: A Row: 20 Gr: 45
Date of Burial: 19 Apr 50
Verified by GRS Officer
M. R. Swart, Capt QMC

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 1260 00507
DATE: 15 08 48
DAY MONTH YEAR

NAME: UNKNOWNX-003367
SERIAL NUMBER: UNKNOWNX-003367
GRADE: UNKNOWN
ARM: J
RACE: O
RELIGION: 6

CEMETERY: NEUVILLE BELGIUM
PLOT: I
ROW: 2
GRAVE: 26
DISPOSITION OF REMAINS: 1202 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE: NEUVILLE-EN-CONDROZ, BELGIUM
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-13 Dec 49).

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN
SERIAL NUMBER: X-003367
GRADE: UNKNOWN
DATE OF DEATH: UNKNOWN
DATE DISTINTERRED: 30 OCTOBER 1948

IDENTIFICATION TAG ON: REMAINS MARKER GRS
ORGANIZATION: UNKNOWN
RELIGION: UNK
IDENTIFICATION VERIFIED BY: WILLIAM J. WOOD
NAME AND TITLE: CAPT, FA

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: SHELTER HALF.
CONDITION OF REMAINS: RIGHT RADIUS MISSING.
REMAINS OTHERWISE COMPLETE.

OTHER MEANS OF IDENTIFICATION: REPORT OF BURIAL WITH REMAINS - X 3367. GRS TAG WITH REMAINS - X 3367. FAVORABLE COMPARISON WITH TOOTH CHART FOR 3367.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.): NONE.

REMAINS PREPARED AND PLACED IN: ~~CASKET~~ TRANSFER BOX

DATE: 19 JANUARY 1949 BY: CHARLES W. FREDRICKS, EMBALMER
CASKET SEALED BY: EMBALMER (Signature)

HOUSTON R. WOMACK
HOUSTON R. WOMACK, LICENSED EMBALMER

CASKET BOXED AND MARKED: ~~EMBALLING ADDRESS VERIFIED~~ TAGS, PLATES, MARKINGS
ROBERT A. HEURGUE
VERIFIED BY: ROGER E. LEWIS, CAPT, CAV.
DATE: 7 FEB 49 BY: CLK RECORDER

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

MANUEL M. ESTEVEZ, 1ST LT, INF.
SIGNATURE OF AGRS INSPECTOR

NAT FILE
DATE: 7 June 50
NAME: R. J. Johnson
BR. MEM. DIV.

REMARKS AND SPECIAL INSTRUCTIONS: I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F - 1194 concerned

Raymond G. Johnson, 1st Lt, Inf

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

REPORT OF INVESTIGATION

AREA SEARCH

Unreported case

AGRC Form # 10 (Revised)
1 January 1946.

Date 25 March 1946

NAME Unknown X-3367, Neuville en Condroz RANK Unk ASN Unk

ORGANIZATION A.G.F.

MEANS OF IDENTIFICATION Not identified

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A- GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No If so, state the following information:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? No If so, state the facts as to whom you believe the deceased to be:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY: Unknown X-3366 identified
and Burton L. Harris 36104804 not buried, 50 yards away.

(Use reverse side for listing of crew members from MACR)

a. Date of above burials Not buried Common Graves? No

75

X-3367

- 5. Name and Type of Cemetery (Military or civilian) _____
- 6. Map coordinates of the Cemetery _____
- a. Town _____ Country _____
- 7. Give exact location in cemetery of the remains _____
- a. Section _____ Row _____ Grave _____
- b. Is sketch attached? _____

NOT APPLICABLE

- 8. If remains are not located in a cemetery, give exact location.
- a. Town Flasmolen Holland Coordinates 7.7-4.8. sheet 2A N.W. Europe 1:250,000
- b. Is sketch attached? Yes
- c. Is area mined? No
- 9. How is the grave marked? Not marked.

- 10. If grave is marked with cross, give exact markings thereon _____
- a. From what source was this information obtained? _____
 (Identification tags, personal effects)
- b. By whom _____

- 11. Where are the cemetery records? _____
- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____

NOT APPLICABLE

- 12. What is the date of death? Est 18 Sept 1944
- a. Give Basis See attached statement
- 13. What is the cause of death? KIA Gun shot wound
- b. Give Basis Medics report.

- 14. What is the date of burial? Not buried.

X-3367

a. Give basis _____

15. What was the place of death? Plasmolen Holland Coords 7.7-4.8 sheet 2A
N.W. Europe 1;250.000

a. Give basis found in fox hole

16. Where were the remains found? In fox hole Coords 7.7-4.8 sheet 2A
N.W. Europe 1;250.000

a. By whom? Mr. V. Berkel

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? _____

Type of casket _____ How marked? _____

18. Who made the burial not buried
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? _____

b. Are certificates and statements attached? No

SECTION B- AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the USAF)

19. Were remains found in the plane wreckage? _____

a. Give location in plane from which the bodies were removed _____

(Tail gunner, pilot, radio, turret, ^{buff} or front, side of plane)

b. Near wreckage? _____

20. Scene of crash must be investigated, Give complete results of investigation (if removed, state when and by whom)

a. Type of plane _____

b. Markings and/or name on plane _____

c. Give numbers on motors, machine guns, instruments, radios or other equipment _____

21. How did crash occur? Anti-aircraft

Enemy Planes? _____ Collision? _____

NOT APPLICABLE

4-3367

- 32. Did plane explode in the air? _____ On ground? _____
- 33. Did plane burn in the air? _____ On ground? _____
- 34. What was the direction of the flight? _____
- 35. What was the civilian opinion regarding destination of plane? _____
- 36. Had bombs been released prior to the crash? _____
- 37. Does specific time and date of crash correspond with date of death of above named deceased? _____
- 38. Number of planes in formation prior to crash _____
- 39. State precise time and date of plane crash _____
(Month, Day, Year)
- 40. Were parachutists seen? _____ How Many? _____ Escaped? _____
Prisoners? _____

SECTION C-ARMORED CARRIAGES DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

- 1. Were remains found in wreckage of a tank? _____
 - a. Give specific position in tank from which deceased was removed
(Radio man, driver, assistant driver or front, side, or back) _____
 - b. Near wreckage? _____
- 2. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
 - a. Type of tank _____
 - b. Marking and/or name of tank _____
 - c. Numbers on motors, machine guns, ammunition, instruments, etc _____
- 3. What was the type of enemy action that resulted in the tanks dis-
-alignment? _____
 - 1. Did tank explode? _____ Burn? _____

NOT APPLICABLE

(78)

13367

35. Numbers of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date death of above named deceased? ABLE

37. Precise time and date of destruction of tank NOT A PPL _____ (Night?) _____ (Day?) _____

38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if P & C are not applicable)

39. Did death occur from any other means? A.I.E., truck, jeep, mines, drowning or small arms fire) small arms fire

If so, give complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possess knowledge of the case attached? No

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

see attached statement

SECTION E- GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? No

If not, state reason None found

a. Were identification tags found at the time of death? No

Where? _____ By whom? _____

Present disposition Unknown

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? No

Where? _____ By whom? _____

Present disposition? _____

X-3367

- c. Was deceased identified by living members of the crew at the time of death? No
- d. Did Cemetery Register or cards indicate the immunization shot? No
42. Was deceased given first aid? No If so, where? _____
By whom? _____ Are statements from the medical people attached? _____
13. Was deceased evacuated to a German civilian hospital? No
Where? _____ Names of people concerned _____
- Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
15. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Decomposed
(Burnt? Decapitated? etc)
16. Do facts surrounding death show any evidence that it might be an atrocity case? No
a. If so, give basis for positive assumption _____
b. If so, has higher headquarters been notified? _____
17. Was case previously investigated? No
By whom? _____
When? _____
18. Give full names, addresses, and information obtained from each person interviewed? A. V. Barkal
Flasmolen Limburg Holland
19. Are all positive statements regarding identification and particulars surrounding death attached? Yes

X-3367

50. Has any information been given concerning isolation burials in the area outside the immediate vicinity? Yes

51. Was investigation preceded by advanced publicity? Yes
(If special investigation, give case number) —

52. Give brief Narrative _____

See attached statement.

(Use attached sheets, if necessary)

M. Durenko
Signature of Interpreter
M. Durenko
Civilian

Rank ASN
320 Groesbeekscheweg

Nijmegen Holland

Organization _____

M. J. Durenko
Signature of Investigator
M. J. Durenko
T/5 32776316

Rank ASN

2nd Plat 3059 QM Gr. Reg. Co. APO 228

Organization. **US Army.**

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X-3367

Middelaar, 29-3-1946.

Herewith undersigned states:

I have discovered the three bodies laying in the wood in the direction of Plasmolen on the place called: Grootendaal ", this was about the beginning of January. I can't give you any other informations or marks about these bodies. I believe these soldiers have probably been killed already in September 1944, but it is not certain.

I have given the information about these bodies to American soldiers, who were in the wood at that time. I am sorry, but I can't give you any other informations.

signed:

Martin P. Hendriksen.

" I M. Vrijalden, being first duly sworn state the foregoing is a true and correct translation of the statement of Martin P. Hendriksen
translator
Witness

given at Middelaar, Holland, to the best of my ability,
location (include number, street, city)

M. Vrijalden
translator's signature.

M. Vrijalden
translator's name typed.

Bijleveldsingel 14
translator's complete address

Nijmegen, Holland.

Subscribed and sworn to before me this 1st day of April 1946, at
Nijmegen, Gelderland.
Town County

John J. Zurick
Officer's signature
JOHN J. ZURICK
2nd Lt OMC(Inf.)

Original statement in Dutch with Unk.3366 . Officer's name typed

2nd Plat 3059 QM GR REG CO.
Organization
APO 228 U S Army

(82)

X-3367

NW EUROPE
 1:250,000.
 Sheet LA
 Plasmolen 77-43
 Holland.

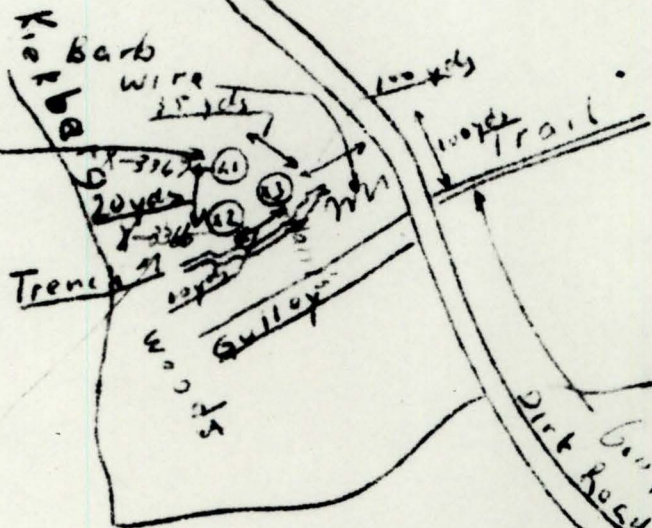
Kickberg Woods

Fire Lane

At ALX3.
Bodies of 3
U.S. soldiers

Plowed Field

TOWARDS



Mulendaht Farm

Small Pond

OPEN Field

Unfinished House

Mill

Creek

Mook - Nijmegen R.R.

Plasmolen Venen

83

Road Marker
 Nijmegen 14
 Mook 4
 Leave Highway

Home
 PLASMOL
 Large Island

PLASMOL
 ISLAND Pond.

RRE Form #43
20 Sep 48

293 Unk-Neuville X-3367

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X -3367

(TEMP.: NEUVILLE)

(Last Name)

(First Name)

(Initial)

(Rank)

(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery USMC NEUVILLE-en-CONDROZ, Belgium

Incl #

INATION FILE

Unreported case.

FORM NO. 11
Revised 5 January 1946

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

Unknown X 3367
Cemetery Neuville, Belgium
Plot I Row 2 Grave 26

1. Arrived at cemetery 1500 10 April 1946
(Hour) (Date)
2. Place of death Plasmolen Holland 7.7-4.8
(Name of closest town) (Coordinates and letter
Prefix, maps)
sheet 2A series N.W. Europe 1:250,000
Sheet, scale and serials used
3. Remains recovered or disinterred by 2nd Plat 3059 OM Gr. BEg. Co
(Name and organization)
4. Evacuated to Cemetery by 551 OM Group.
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit
obtain size from body measurements)

Item	Markings	Sizes	Color	Indicate unusual marks wear, tear, repair.
*Headgear	<u>none</u> (type)			
Raincoat	<u>none</u>			
Overcoat	<u>none</u>			
Jacket, Field	<u>M 43</u>	<u>only a small piece found</u>		
Masking	<u>none</u>			
Sweater	<u>O.D. M.</u>			
<u>XXXXXXXXXXXXXXXXXXXX Est 32-33 green</u>				
*Shirt, Wool, OD		<u>Est 14 1/2-32</u>		
Undershirt, Wool	<u>none</u>			
<u>XXXXXXXXXXXXXXXXXXXX Est 32-33 green</u>				
*Trousers, Wool OD		<u>Est 32-33</u>	<u>green</u>	
Undershirt cotton		<u>Est 36</u>	<u>white</u>	

Belt, web none

Drawers, Wool none

Drawers, Cotton white 36

Leggings, Wool none (note unusual lacing)

Socks, Cotton Est 11

*Shoes (type) ~~XXXXXX~~ Paratrooper estimated 8B

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 A.G.F.

8. Description of Remains:
Age unk Height dec. Weight dec. Description of Wounds

Bandages or dressings Scars
(Length, width, location)

Tattoos
(number, location-illus. on sep. page)

Outstanding moles, warts or birthmarks
(year-no; description; location)

DEC 11 1950

Sunburn or tan, other than hands and face

Complexion
(light, med. dark, clear, pimples, pocks, freckles)

Build
(large, fat, thin, muscular)

Hair
(color, length, quantity, curly, wavy, straight, whorls or definite parting).

Hair _____
 (baldness, ~~crowns peak, distinctive cutting or other character.~~)

Sideburns _____ Mustache _____
 (color, setting, shape) (color, size, shape)

Beard or Goatee _____
 light, color, extent, length, heavy

Eyes _____ Eye brows _____
 (color, setting, shape) (color, bushiness, extent acr. nose)

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

Mouth _____ Lips _____
 (large, medium, small) small, large, full

Teeth _____ Tooth chart taken _____
 (white, size, unevenness, spacing, noticeable crowns, fillings, extr.)

Chin _____
 (prominent, receding, pointed, dimple, double)

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

Neck _____ Larynx _____
 (size, length, short, normal, wrinkled) (Prominent, normal)

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

 (extent and quantity of hair)

Hands _____

Fingers _____
 (short, thick, long, slender, size of knuckles, missing fingers

or joints) (Unusual characteristics of fingernails)

Chest _____
 (size of nipples, color, quantity & extent of hair, large, small,

_____ normal.

Back _____ Waist _____
 (quantity & extent of hair) (size of navel, appendectomy, amount)

_____ Circumcision _____ Pubic hair _____ Brown _____
 quantity & color of hair) yes-no color)

Hernioplasty _____
 (yes-no, location)

Legs _____
 (inset, muscular, knock-kneed, bowed, normal, quantity, color &

extent of hair)

DECOMPOSED

DECOMPOSED

Feet _____ Toes _____
(Size, corns, Callouses, Flat) (Slender, straight, crooked, overlap)

DECOMPOSED

Evidence of healed fractures _____
(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 Decomposed

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

12. Remarks: Body badly decomposed.

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.

John J. Zurick
Officers Name
JOHN J. ZURICK
2nd Lt QMC (Inf)
Rank Service

2nd Platoon 3059 QM Gr. Reg. Co. APO 228
Organization US Army.

Unreported case

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, ETOUSA

TOOTH CHART

27 March 1946
Date

Unknown X-3367., Neuville en Condroz

Unk.

Unk.

Last Name

First

Initial

Rank

Serial No.

Unk.

Unit

A.G.F.
Organization

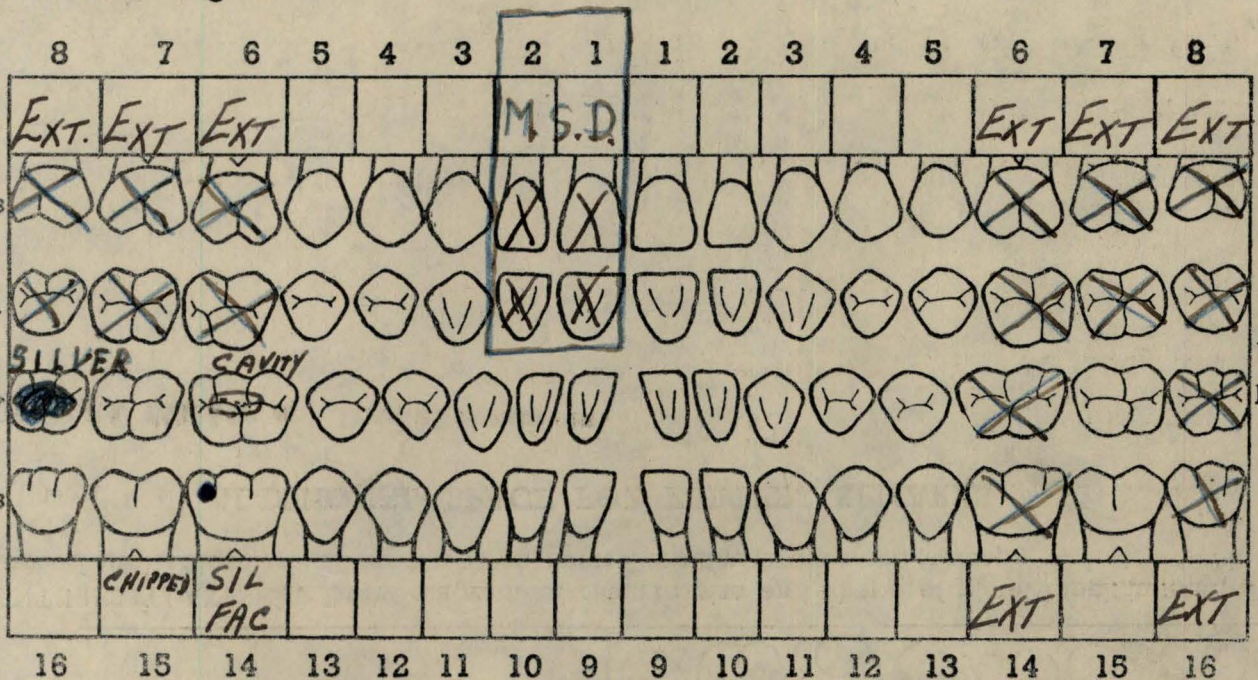
Plasmolen Hollaned
Place of Death

Est. 18 Sept 1944
Date of Death

K.I.A. Gun shot wound.
Cause of Death

Right

Left



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.

pfc. Harold D. Martk

Signature of Officer or other person who prepared Tooth chart

pfc Harold D. Martk

Verified by G. R. S. Officer

JOHN J. ZURICK

2nd Lt QMC (Inf.)

2nd Plat 3059 QM GR REG CO. APO 228 US Army

UNITED STATES GOVERNMENT
DENTAL (IP)

<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 :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES). 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

I4, right filling on lingual surface.

AGRC FORM No. 11
Revised 16 Sept. 1946
Formerly "Check List
of Unknowns")

IDENTIFICATION CHECK LIST

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

DD 386

Unknown X-3367
Cemetery Neuville
Plot I Row 2 Grave 26

1. Reprocessed
Arrived at cemetery 27.12.48
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by Reprocessed by CIP Zone ONE
(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)			
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____	<u>Remnants</u>		
Jacket, HBT _____	<u>NONE</u>		
* Shirt, Wool OD _____	<u>Remnants</u>		
Undershirt, Wool _____			
Undershirt, Cotton _____	<u>NONE</u>		
Trousers, HBT _____			
* Trousers, Wool OD _____	<u>Remnants</u>		

Incl # 6

①

X-3367

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton wool, Remnant

* Shoes one, left (type) Service "8-D"

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

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

Chevrons or Insignia _____ (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? air force.

L. Humerus 31.7 R. Femur 43.9
" Radius 24.2 R. Tibia 26.6
" Ulna 25.9 R. Fibula 36.1

6. Description of Remains: ^{Est} Age 30-35 Height 5'4 1/2" Weight UTD Description of wounds UTD

Bandages or dressings NONE Scars UTD (Length, width, location)

UTD Tattoos (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks _____ (Yes-no; description, location)

Sunburn or tan, other than hand and face _____

Complexion UTD (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____ (Large, fat, thin, muscular)

Hair Dark Brown 3/4" long, straight (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)

2

X-3367

Goatee
(Light, color, extent)

Eyes
(Color, setting, shape)

Eyebrows
(Color, bushiness, extent across nose)

Nose
(Size, shape, straight)

Ears
(Size, set close to or far from head)

Mouth
(Large, medium, small)

Lips
(Small, large, full)

Teeth
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

See chart

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

Normal

Jaw
(Large, small, normal)

Normal

Circumference of head in inches
(Hat band)

21 1/4"

Neck
(Size, length, short, normal, wrinkled)

Larynx
(Prominent, normal)

U/D

U/D

Shoulders
(Broad, straight, small, rounded)

Arms
(Length, muscular, color, extent and quantity of hair)

U/D

U/D

Hands
(Unusual characteristics of fingernails)

Fingers
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

U/D

Chest
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back
(Quantity and extent of hair)

Circumcision
(Yes-no)

Pubic Hair
(Color)

U/D

U/D

Brown

Hernioplasty
(Yes-no; location)

Legs
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet
(Size, corns, callouses, flat)

Toes
(Slender, straight, crooked, overlap)

U/D

Evidence of healed fractures
(Nose, arms, legs, etc.)

None noted

NOTE: Use attached charts "A" and "B" to indicate parts not received.

X-3367
Neuville

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Decomposed and/or missing

8. Has tooth chart been prepared? Yes (Yes-no) If not, explain

This case reprocessed per D.D. #386.

9. Remarks Remains received with torso and legs intact with a large amount of decomposed flesh.

Teeth intact in skull (see tooth chart).
Clothing found amongst the remains

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.

No markings except size of service shoe "8-D".
Fluoroscope examination negative.

Est. Age: 30-35
Est. Height: 5'-4 1/2"

[Signature]
(Officer's Name)

Est. weight of reprocessed remains: 70 Lbs Bank Service

sample of head hair is submitted. (Organization)

Two reports of burial (X-3367), one GRS tag (X-3367) and two embossed plates (X-3367) recovered.

Mr. Neep
" Defass

4

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) *27-Dec-48*

*X-3367
Newville*

SKULL *21 1/2* inches

R I G H T

L E F T

HUMERUS _____ cm

HUMERUS *31.7* cm

ULNA _____ cm

ULNA *25.9* cm

RADIUS _____ cm

RADIUS *24.2* cm

FEMUR *43.9* cm

FEMUR *43.* cm

TIBIA *36.6* cm

TIBIA _____ cm

FIBULA *36.1* cm

FIBULA _____ cm



-  FRACTURED
-  SHATTERED
-  MISSING
-  BURNED

CHART "A-1"

ESTIMATED HEIGHT 5 FT *4 1/2* IN

(5)

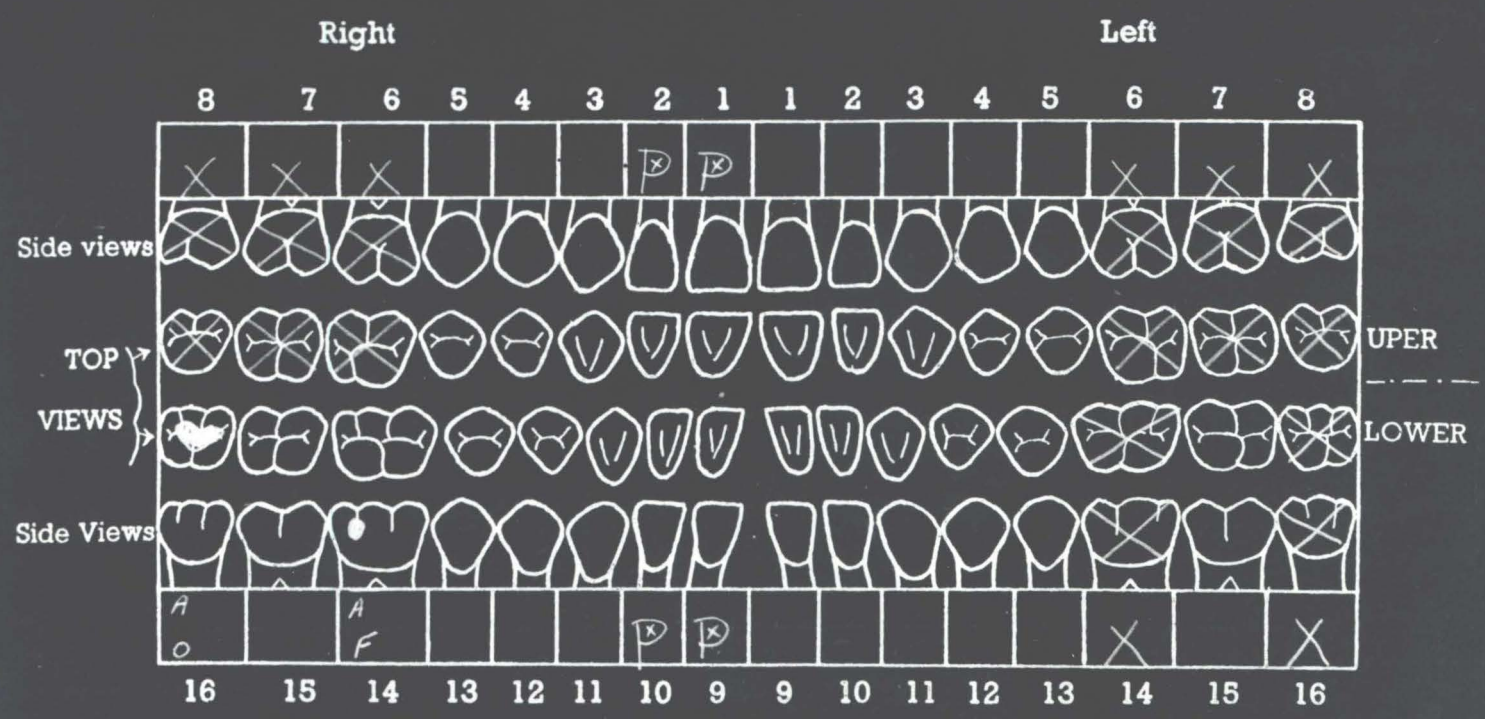
G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ COM ZONE, ETOUSA

X-3367
Neuville USMC

TOOTH CHART

27 Dec 48
Date

Last Name	First	Initial	Rank	Serial No.
Unit			Organization	
Place of Death		Date of Death	Cause of Death	








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 D. Heeler

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

<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:</p>	
<p>CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:</p>	
<p>BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:</p>	
<p>FILLINGS . . . Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:</p>	
<p>CARIES (CAVITIES) . . . 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

Size - average
 Color - dull ivory
 Posthumously missing - R12, 9, 10
 Spaces 14, 6 mm
 alignment good.
 Shear moderate.
 R15 abnormally worn: facial cusps worn away and nearly one half of the facial surface of the crown worn away.

Unreported case.

FORM NO. 11
Revised 5 January 1946

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

Unknown X 3367
Cemetery Neuville, Belgium
Plot I Row 2 Grave 26

- 1. Arrived at cemetery 1500 10 April 1946
(Hour) (Date)
- 2. Place of death Plasmolen Holland 7.7.-4.8.
(Name of closest town) (Coordinates and letter
Prefix, maps)
sheet 2A series N.W. Europe 1:250,000
Sheet, scale and serials used
- 3. Remains recovered or disinterred by 2nd Plat 3059 OM Gr. R. G. Co.
(Name and organization)
- 4. Evacuated to Cemetery by 551 OM Group.
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit
obtain size from body measurements).

Item	Markings	Sizes	Color	Indicate unusual marks wear, tear, repair,
*Headgear <u>none</u> (type)	<u>none</u>			
Raincoat	<u>none</u>			
Overcoat	<u>none</u>			
Jacket, Field	<u>M.43 only a small piece found.</u>			
Maskinaw	<u>none</u>			
Sweater	<u>O.D.M.</u>			
XX				
*Shirt, Wool, OD	<u>Est 14-32</u>			
Undershirt, Wool	<u>none</u>			
XX				
*Trousers, Wool CD	<u>Est 32-33</u>			

Undershirt cotton Est 36 white

Belt, web none

Drawers, Wool none

Drawers, Cotton White 36

Leggings, Wool none (note unusual lacing)

Socks, Cotton Est 11

*Shoes (type) ~~XXXXXX~~ Paratrooper estimated 8B

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 A.G.P.

8. Description of Remains:
Age unk Height dec. Weight dec. Description of Wounds -

Bandages or dressings _____ Scars _____
(Length, width, location)
^{Tattoos} _____
(number, location-illus. on sep. page)

Outstanding moles, warts, birthmarks _____
(yes-no; description; location)

Sunburn or tan, other than hands and face _____

Complexion _____
(light, med. dark, clear, pimples, pocks, freckles)

Build _____
(large, fat, thin, muscular)

Hair _____
(color, length, quantity, curly, wavy, straight, whorls or definite parting).

DECLASSIFIED

Hair _____
(baldness, widows peak, distinctive setting or other character)

Sideburns _____ Mustache _____
(color, setting, shape) (color, size, shape)

Beard or Goatee _____
light, color, extent, length, heavy

Eyes _____
(color, setting, shape) (color, bushiness, extent across nose)

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

Mouth _____ Lips _____
(large, medium, small) small, large, full

Teeth _____
Tooth chart taken
(white, size, unevenness, spacing, noticeable crowns, fillings, extr.)

Chin _____
(prominent, receding, pointed, dimple, double)

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

Neck _____ Larynx _____
(size, length, short, normal, wrinkled) (Prominent, normal)

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

_____ (extent and quantity of hair)

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers

or joints) _____ (Unusual characteristics of fingernails)

Chest _____
(size of nipples, color, quantity & extent of hair, large, small, normal.)

Back _____ Waist _____
(quantity & extent of hair) (size of navel, appendectomy, ascant

_____ Circumcision _____ Pubic hair brown _____
quantity & color of hair) yes-no color)

Hernioplasty _____
(yes-no, location)

Legs _____
(insert, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

DECOMPOSED

Feet _____ Toes _____
(Size, corns, Callouses, Flat) (slender, straight, crooked, overlap)

Evidence of healed fractures _____
(nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Interment _____
Yes-no
No

If not, explain _____

11. Has tooth chart been prepared ^{Decomposed} _____ If not, explain _____
Yes-no
Yes

12. Remarks: _____
Body badly decomposed

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.

John J. Zurick
Officers Name

JOHN J. ZURICK
Rank Lt QMC (Inf) Service _____

2nd Plat 3059 Organization APO 228
US Army.

G. R. & E. DIV.
 OFFICE OF THE CHIEF QUARTERMASTER
 H.Q. COM. ZONE, ETOUSA

Unreported case.

TOOTH CHART

27 March 1946
 Date

Unknown X-3367, Neuville en Condroz
 Last Name First Initial

Unk
 Rank

Unk
 Serial No.

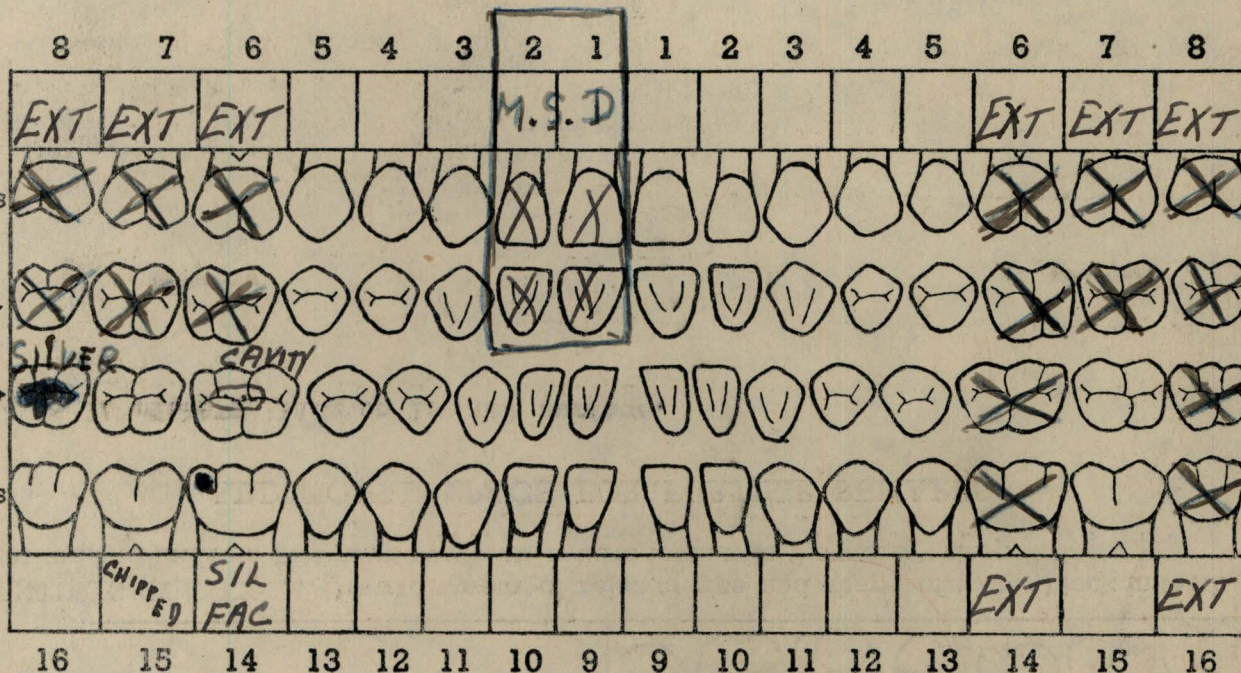
Unk
 Unit
 Plasmon Holland
 Place of Death

1st Lt
 Date of Death

A.G.P.
 Organization
 KIA Gun shot wound.
 Cause of Death

Right

Left



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.

pfc. Harold D. Marti
 Signature of Officer or other person who prepared Tooth chart
 pfc. Harold D. Marti

John J. Zurick
 Verified by C. R. S. Officer

JOHN J. ZURICK 2nd Lt OMC (Inf)
 2nd Plat 3059 ON Cr. B. G. Co. APO 228 US Army.

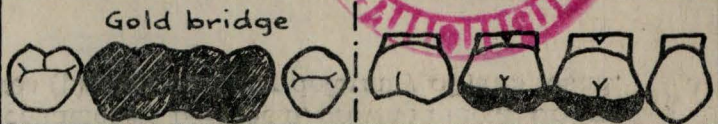
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



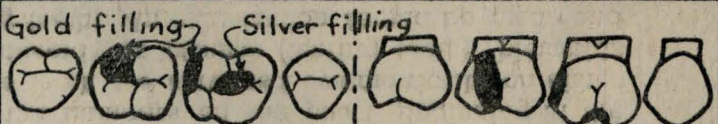
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



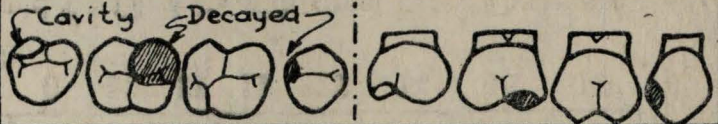
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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 :



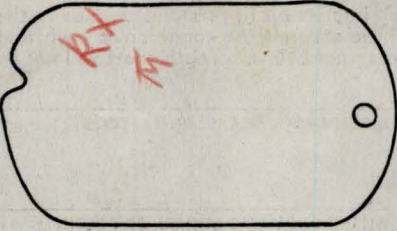
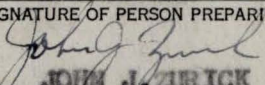
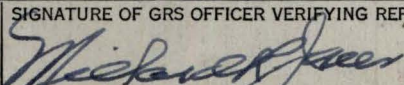
DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

I4 ritht filling on lengual surface.

RESTRICTED

Unreported case.

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 27 March 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL No.	
NAME (Last, first, middle initial)		Unknown X-3367			Unk	
GRADE		ORGANIZATION		BRANCH OF SERVICE		
Unk		Unk		A.G.F.		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
white		Unk		U.S.		
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH	
Plasmolen Holland		KIA Gun shot wound			Est 18 Sept 1944	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Unk						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
None		None found on body.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
Yes (two)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
None found						
Disinterred by 2nd Lt 3059 QM Gr.Reg.Co APO 228 US Army.						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
U. S. MILITARY CEMETERY, (VK 390187), NEUVILLE EN CONDROZ, BELGIUM						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
25 April 1946	1230	Coffin	Cross	I	2	26
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	7.7-4.8 sheet 2A series N.W. Europe 1;250.000 Plasmolen Limburg Holland			---	---	---
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
			Form 1042, Form 11 and Tooth Chart buried in bottle with body.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes	Yes					
Tag made at Cemetery		Tag made at Cemetery				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 3241			Unknown	Unknown	Unknown	27
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
End of Row						
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
 JOHN J. ZURICK 2nd Lt QMC (Inf) 3059 QM Gr.Reg.Co Disintering Officer.			 MILLARD R. JONES 1st Lt QMC (FA) Reintering Officer			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


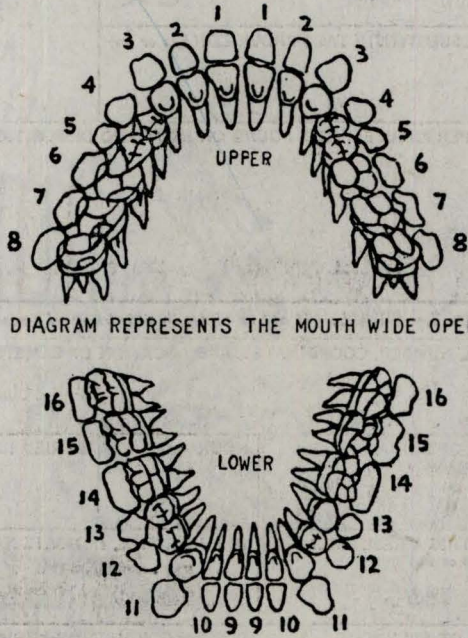




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

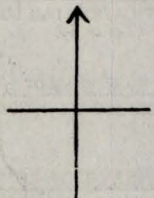
HEIGHT Unk	WEIGHT Unk	COLOR OF EYES Unk	COLOR OF HAIR Unk	BIRTHMARKS, SCARS, OR TATTOOS None
WEAPON AND SERIAL No. None		LAUNDRY MARKS None		WHERE BODY WAS BURIED OR FOUND Flasmolen Holl sheet 2A 7.7-4.8 N.W. Europe 1,250.000

OTHER IDENTIFICATION CLUES

None

FILLINGS 	SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES 	CAVITY DECAYED	
MISSING TEETH 	TOOTH MISSING	
CROWNED TEETH 	PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK 	GOLD BRIDGE	
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		

Overlay attached



REMARKS:

Tooth chart taken.