

USMC NEUVILLE EN CONDROZ

1

Plot A, Row 1, Grave 19
Date of Burial: 16 July 49
Verified by GPS officer
Clyde B Spinks, Capt., FA

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 1260 01709	DATE 15 08 48 DAY MONTH YEAR
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NAME	SERIAL NUMBER UNKNOWN X-005426	GRADE	ARM J	RACE O	RELIGION 6
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CEMETERY (NEUVILLE) BELGIUM	PLOT V	ROW 11	GRAVE 252	DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.
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SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-005426	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 26 NOV 1948
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IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER EMB	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY SHERMAN D MULHOLLAN 1st Lt ORD
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SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM	CONDITION OF REMAINS REMAINS CONSIST OF APPROXIMATELY 2 POUNDS OF FRACTURED BONES
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OTHER MEANS OF IDENTIFICATION
EMBOSSSED PLATE AND REPORT OF BURIAL FOUND WITH REMAINS. FOR X-5426

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

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER CASE

DATE 20 DEC 1948	BY HARRIE D NELSON EMBALMER
CASKET SEALED BY CALVIN WATSON	EMBALMER (Signature) CALVIN WATSON EMBALMER

CASKET BOXED AND MARKED DATE 21 DEC 48 BY STANLEY E GAJEWSKI CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY ALL TAGS, MARKINGS AND PLATES VERIFIED BY: FRANKLIN J ST CLAIR 1st Lt INF
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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

SHERMAN D MULHOLLAN 1st Lt ORD
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.
Raymond J. Rodriguez cwo USA

FILE
6 AUG 1949
REPATRIATION
BRANCH

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

22 June 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 5426, Plot V
Row 11, Grave 252, USMC NEUVILLE, Belgium,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 2389, dated 5-8-47.

3. Remarks:

[Handwritten signature]
OQMG
Not identifiable from
information presently
available

Case reviewed by undersigned Members of the Board of Review:

[Handwritten signature]
Col. H.P. HENRY, O-12589

QMC

[Handwritten signature]
Lt. Col. E.D. MULVANY, O-359498

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

[Handwritten signature]
Capt. E.F. PRICE, Jr., O-1588236

QMC

1/Lt. Edward E. STOUT, O-1594512

CE

Incl # 10

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

TOOTH CHART

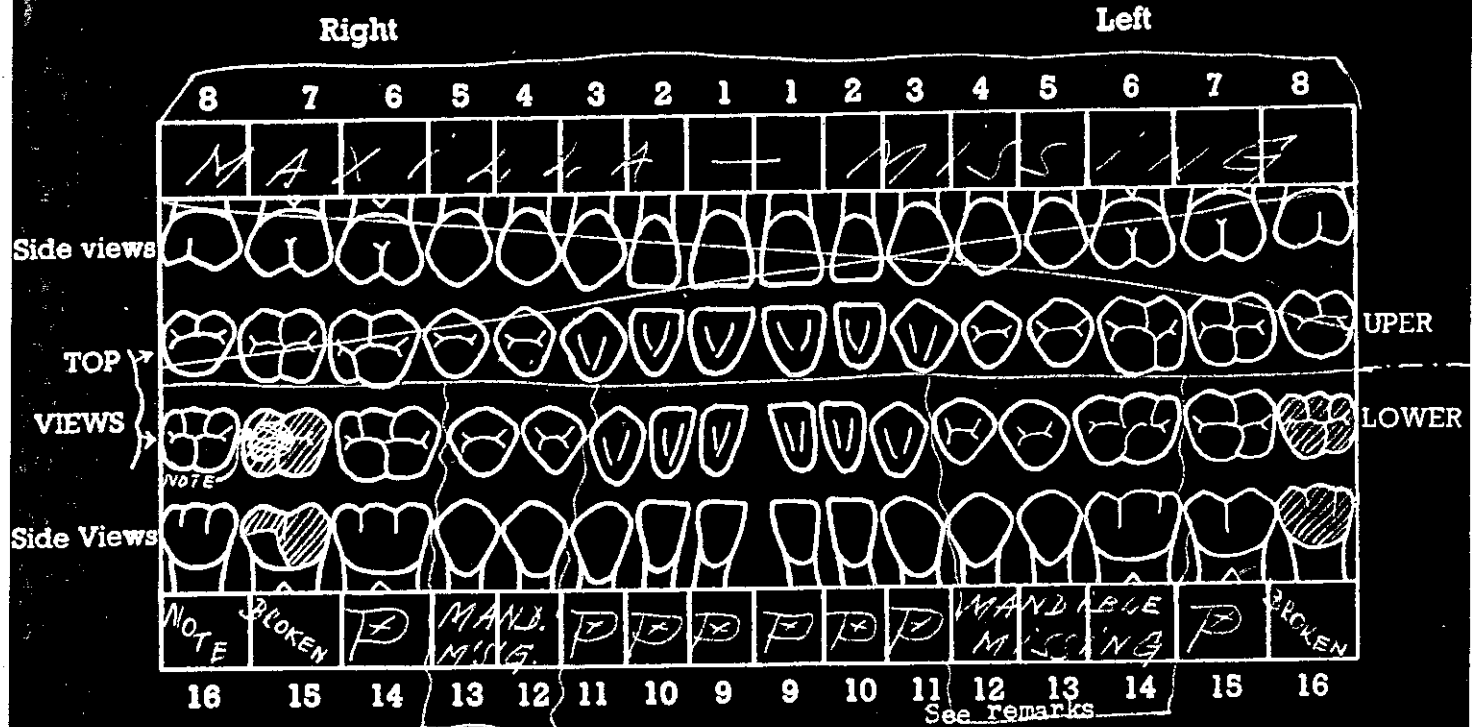
2 May 1947

Unknown X-5426

Unknown

Date
Unknown

Last Name: Unknown First: Initial: Rank: AGF Serial No.:
 Unit: Hurtgen Forest, District #89, Est. November 1944 Organization: BTB: Artillery Fire
 Place of Death: Germany 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), 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.

80

Harold J. Wheeler 162
Signature of Officer or other person who prepared Tooth chart

Ernest C. Gaddy
Verified by G. R. S. Officer
Ernest C. Gaddy CWO USA 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

Medium size teeth, badly burned.
 Posthumously missing - R 9, 10, 11, 14; L 9, 10, 11, 15.
 R 16 enamel burned away.
 R 15 probably had a filling on occlusal surface as shown by cross shading.
 L 7 found loose-contains no filling.

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REPORT OF INVESTIGATION

AREA SEARCH

ATTN: REG. DIV. AG. R. C. FOR USE IN CASUALTY CLEARANCE

13 May 1947

AGRC Form 10 (Revised)

1 January 1946

Date

NAME Unknown X-5426

RANK Unknown

ASN

Unknown

ORGANIZATION Unknown AGE

MEANS OF IDENTIFICATION None

(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? 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 **UNKNOWN** RANK **UNKNOWN** ASN **UNKNOWN**b. ORGANIZATION **UNKNOWN**

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY

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

a. Date of above burials **REMAINS NOT BURIED** Common Graves?

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?

8. If remains are not located in a cemetery, give exact location.

a. Town **VOSSENACK** Coordinates **WF-0234**b. Is Sketch attached? **YES**c. Is area mined? **YES, BUT DEMINED NOW**9. How is the grave marked? **REMAINS NOT BURIED**10. If grave is marked with cross, give exact markings thereon **REMAINS NOT BURIED**

a. From what source was this information obtained?

(Identification tags, personal effects)

1. By whom

11. Where are the cemetery records?

(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon?
- b. Where was the information obtained?
- c. By whom?
12. What is the date of death? **ESTIMATED NOVEMBER 1944**
 a. Give basis **FIGHTING TOOK PLACE AT THAT TIME**
13. What is the cause of death? **PRESUMED TO BE ARTILLERY**
 b. Give basis **FOREST DESTROYED BY ARTILLERY FIRE**
14. What is the date of burial? **REMAINS NOT BURIED**
 a. Give basis **REMAINS WERE FOUND LYING ON TOP OF THE GROUND**
15. What was the place of death? **HURTGEN FOREST, DISTRICT # 89** Coords **WF-0234**
 b. Give basis **REMAINS WERE FOUND LYING ON TOP OF THE GROUND**
16. Where were the remains found? **HURTGEN FOREST, DISTRICT # 89** Coords **WF-0234**
 a. By whom? **EWALD BURGHARD, GERMETER**
 b. Is sketch attached? **YES**
17. Was a casket used? **REMAINS NOT BURIED** Who furnished the casket?
- Type of casket How marked?
18. Who made the burial **REMAINS NOT BURIED**
 (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses?

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

19. Were remains found in the plane wreckage? **DOES NOT APPLY**
 a. Give location in plane from which the bodies were removed
- (Tail gunner, pilot, radio, turret, etc., 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?
22. Did plane explode in the air? On ground?
23. Did plane burn in the air? On ground?
24. What was the direction of the flight?
25. What was the civilian opinion regarding destination of plane?

26. Had bombs been released prior to the crash?
27. Does specific time and date of crash correspond with date of death of above named deceased?
28. Number of planes in formation prior to crash
29. State precise time and date of plane crash
- (Night?) (Day?)
30. Were parachutists seen? How many? Escaped?
- Prisoners?

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

31. Were remains found in wreckage of a tank? **DOES NOT APPLY**
- a. Give specific position in tank from which deceased was removed
- (Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage?
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank
- b. Markings and/or name of tank
- c. Numbers on motors, machine guns, ammunition, instruments, etc.
33. What was the type of enemy action that resulted in the tank's disablement?
34. Did tank explode? Burn?
35. Number of tanks in immediate vicinity at time of disablement
36. Does specific time and date of disablement correspond with date of death of above named deceased?
37. Precise time and date of destruction of tank
- (Night?) (Day?)
38. Did any of the crew members escape? Prisoners?

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) **NO**
- If so, give complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? **YES**
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased
- EWALD BURGHARD, GERMETER, POST VOSSENACK**

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 COULD BE FOUND WITH THE REMAINS**
- a. Were identification tags found at the time of death? **UNKNOWN**
- 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? **UNKNOWN**

Where?..... By whom?.....

Present disposition.....

c. Was deceased identified by living members of the crew at the time of death?.....

d. Did Cemetery Register or cross indicate the immunization shot?..... **REMAINS NOT BURIED**

42. Was Deceased given first aid?..... **NO**..... If so, where?.....

By whom?..... Are statements from the medical people attached?.....

43. Was deceased evacuated to a German civilian hospital?..... **NO**

Where?..... Names of people concerned.....

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased?..... **NO**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?..... **YES**

REMAINS CONSIST OF DRY BONES

(Burnt? Decapitated? etc.)

46. 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?.....

47. Was case previously investigated?..... **NO**..... By whom?.....

..... When?.....

48. Give full names, addresses, and information obtained from each person interviewed.....

EWALD BURGHARD, GERMETER, POST VOSSENACK, GERMANY

49. Are all positive statements regarding identification and particulars surrounding death attached?..... **YES**

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?..... **NO**

51. Was investigation preceded by advanced publicity?..... **YES**

(If special investigation, give case number).....

52. Give Brief Narrative..... **SEE ATTACHED NARRATIVE**

(Use attached, sheets if necessary)

Signature of Interpreter

William W. Fischer

William W. Fischer

Signature of Investigator

Rank

ASN

Sgt RA-42097080

Rank

ASN

Organization

Hq & Hq Det 164 QM. Bn.

Organization

NARRATIVE
ON VOSSENAK, GERMANY CASE

On 24 April 1947 an investigation-team proceeded to the Hurtgen-Forest, District # 89, to locate and disinter the remains of an unburied American soldier. The information was received from Ewald Burghard, Germeter, in der Baracke, who found the remains in the above mentioned district.

This investigation-team recovered the remains lying on the surface of the ground. The remains consisted of dry bones and G.I. equipment.

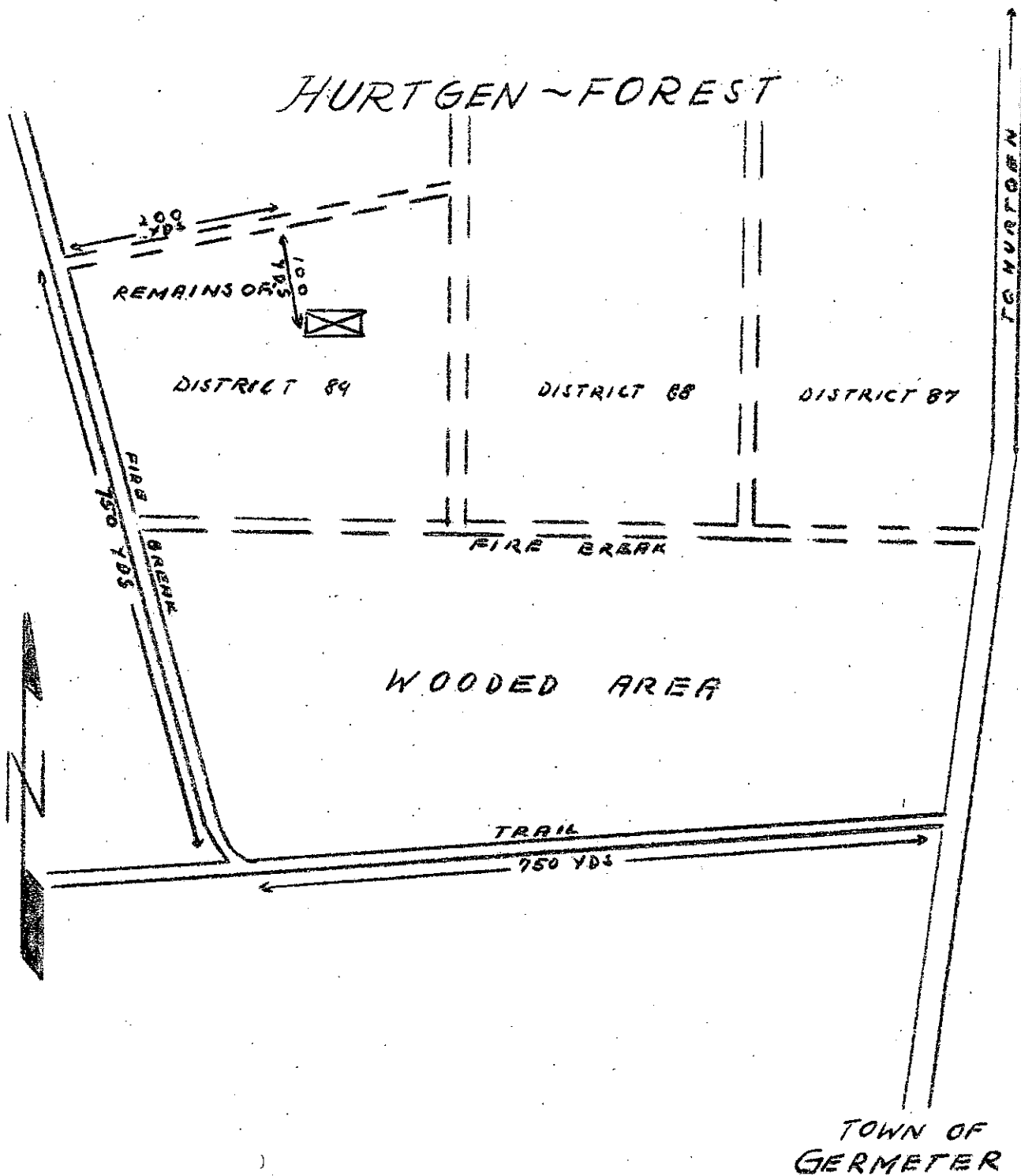
The deceased is believed to be killed by Artillery, since the woods around the place of death are shattered by Artillery. The month of death seems to be November 1944 when the heaviest fighting took place in the Hurtgen-Forest.

No Identification tags could be found on the remains.

William W. Fischer
William W Fischer
Sgt RA-42097080

Map : Germany 1/250000
Sheet : S I
Coord : (WF-0234)
Town : Vossenack, Germany
Sketch by : George Geist,
(German Interpreter)

NOT TO SCALE



IDENTIFICATION CHECK LIST

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

Unknown X- 5426

Cemetery Neuville-en-Condroz, Belgium

Plot _____ Row _____ Grave _____

Date processed:

1. ~~Unknown cemetery~~ 2 May 1947
(Hour) (Date)

2. Place of death Hurtgen Forest, Germany. District # 89.
(Name of closest town) (Coordinates and letter Prefix, maps)
WF- 0234
(Sheet, scale and serials used)

3. Remains recovered or disinterred by Hq & Hq Det 164 QM Bn.
(Name and organization)

4. Evacuated to Cemetery by Subordinate Identification Point, Margraten, Holland.
(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	<u>Charred remnant of helmet liner, one (1).</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>Charred remnant of one (1) EM type.</u>		
Jacket, Field	<u>Charred remnant of one (1), type "M-1941".</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Charred remnant of one (1).</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ~~cotton~~ wool Charred remnant of one (1).

* Shoes Charred remnant of one (1) (type)

Overshoes Charred remnant of one (1).

Web Equipment None (type)

(Other item) Charred remnant of one (1) pair, wool gloves with leather palm.

(Other item) Charred remnant of wool knit cap with visor, one (1).

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

Chevrons or Insignia None
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

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

Ground Forces

6. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD
(Length, width, location)

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

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

Sunburn or tan, other than hand and face UTD

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

Build UTD
(Large, fat, thin, muscular)

Hair UTD
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair None found
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee UTD
(Light, color, extent)

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

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

Mouth UTD Lips UTD
(Large, medium, small) (Small, large, full)

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

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

Jaw UTD Circumference of head in inches Head missing
(Large, small, normal) (Hat band)

Neck UTD Larynx UTD
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders UTD Arms UTD
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

UTD

Hands UTD

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

UTD
(Unusual characteristics of fingernails)

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

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

Back UTD Circumcision UTD Pubic Hair None found
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD
(Yes-no; location)

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

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

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

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

See anatomical chart

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain Hands missing

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks : EM tag found.

Only few charred bones found.

Estimated weight: 1½ lbs.

All long bones missing.

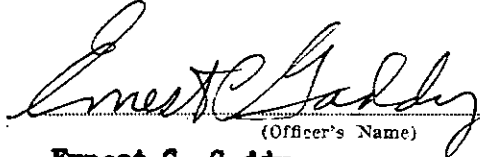
Clothing with body.

Nothing found to warrant Chemical Laboratory Examination.

Fluoroscopic Examination: Negative.

As processing at SIP, Margraten, Holland revealed no positive identifying clues, this case is classified " 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.



(Officer's Name)

Ernest C. Gaddy

CWO

USA

Rank

Service

Central Identification Point

(Organization)

IF-1541
Neuville-en-Condroz, Belgium
Unknown X-5426

SKELETAL CHART

(BLACK OUT. PARTS OF BODY ~~NOT~~ RECEIVED AT CEMETERY)

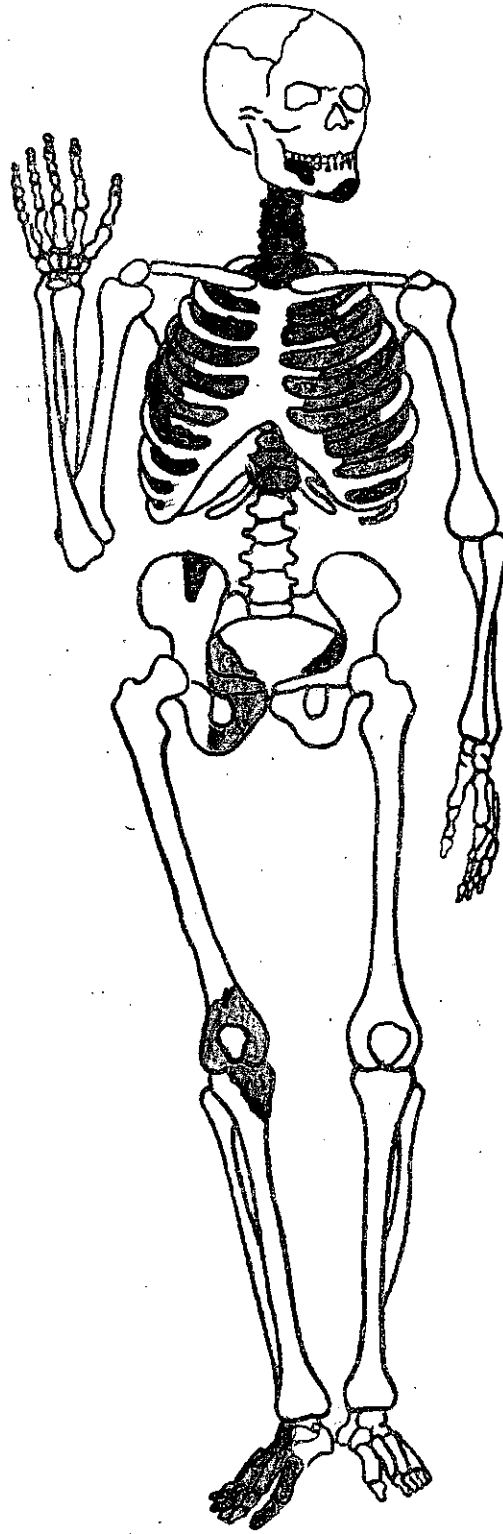



CHART "A"

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 20 May 1947		
Imprint Identification Tag if Possible DO NOT TYPE 		SECTION I. IDENTIFICATION				
		NAME (Last, First, Middle Initial) Unknown X-5426		Serial number Unknown		
		Grade Unknown	Organization Unknown	Branch of service AGF		
		Race Unknown	Religion Unknown	If other than U. S. dead, Give name of country.		
Place of death Hurtgen Forest, District # 89, Germany.		Cause of death BTB: Artillery Fire		Date of death Est. November 1944.		
Emergency addressee (Name, Relationship and Address.) Unknown						
Identification tags found on body (1, 2, or None) None		If no tags found on body, describe means of identification. If unidentified fill in section 3 on reverse.				
Were substitute tags provided (Yes or No) Yes						
List personal effects found on body and disposition of same <p style="text-align: center;">None</p>						
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.						
Name, Number, Coordinates and location of cemetery US Military Cemetery Neuville-en-Condroz, Belgium						
Date of burial 20 May 1947	Hour 1500	Buried in (Schroud, Blanket, or name of other) Casket	Type of grave marker wooden cross	Plot no. V	Row no. 11	Grave no. 252
Was this a re-burial (Yes or No) No	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave Remains found on ground in Hurtgen Forest, District # 89, Germany. WF-0234			Plot no. -	Row no. -	Grave no. -
Type of religious ceremony Joint P, C & H	Person conducting burial rites Chaplains Risher, Saatman & Lepchivcher		If identification tags not used, describe identification data and containers buried with body Report of Burial			
Identification tag buried with body (Yes or No) No	Identification tag attached to marker (Yes or No) GRS					
Body buried on deceased left, Name (Last, First, Middle Initial) Unknown X-5415	Rank Unk	Serial number Unk	Organization Unk	Grave No. 253		
Body buried on deceased right, Name (Last, First, Middle Initial) Unknown X-5429	Rank Unk	Serial number Unk	Organization Unk	Grave No. 251		
Signature of person preparing report Ernest C. Gaddy CWO USA C.I.P. <i>Ernest C. Gaddy</i>			Signature of GRS officer verifying report Raymond G. Johnson 1st Lt, Inf, C.I.P. <i>Raymond G. Johnson</i>			
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.						

SECTION 3. UNIDENTIFIED MAINS

Little
Left
Finger

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 fingerprints 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.

Ring
Left
Finger

Height

Weight

Color of eyes

Color of hair

Birthmarks, scars or tattoos

UTD

UTD

UTD

DPD

UTD

Middle
Left
Finger

Weapon and serial number

Laundry marks

Where body was buried or found

None

None

Hurtgen Forest, District # 89,
Germany.

For tooth chart see attached Form I-A.

Index
Left
Finger

REMARKS: Remains consisting of a few dry bones and GI equipment were found lying on ground in Hurtgen Forest, Germany where heavy fighting took place in November 1944. Woods around vicinity were shattered by artillery.

As processing at SIP, Margraten, Holland revealed no positive identifying clues, this case is classified "Unknown".

Thumb
LeftThumb
RightIndex
Right
FingerMiddle
Right
FingerRing
Right
Finger

Furnish sketch and map reference and coordinates for burial in other than established cemetery.

Little
Right
Finger

Remarks: Form 11, Check List of Unknowns and Form 1A, Tooth Chart accomplished. Unable to obtain Fingerprints because of missing portions. Estimated weight of remains recovered: 1½ lbs.