

1	USMC Neuville Condroz Plots: C Row: Gr: 27 Date of Burial: 18 Apr 50 Verified by GRS Officer M.R. Swart, Capt, QMC				<b>DISINTERMENT DIRECTIVE</b>		
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1260 01717		DATE 15 08 48 DAY MONTH YEAR		
NAME UNKNOWN X-005430		SERIAL NUMBER X-005430	GRADE	ARM J	RACE O	RELIGION 6	
CEMETERY NEUVILLE BELGIUM		PLOT V	ROW 11	GRAVE 269	DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.		
SECTION B - CONSIGNEE AND NEXT OF KIN <span style="float: right;">NO FLAG SENT</span>							
NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM				NAME AND ADDRESS OF NEXT OF KIN These remains are unidentifiable and are to be permanently interred. HQ. AGRS- 14De ( <del>VIEW ADMINISTRATIVE DECISION</del> ) 1949 <i>ED</i>			
SECTION C - DISINTERMENT AND IDENTIFICATION							
NAME UNKNOWN X-005430		SERIAL NUMBER	GRADE	DATE OF DEATH 26 NOV 1948		DATE DISTINTERRED	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS ROB <input type="checkbox"/> MARKER EMB		ORGANIZATION UNKNOWN		RELIGION UNK	IDENTIFICATION VERIFIED BY WILLARD B OWEN CAPT INF NAME AND TITLE		
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL UNIFORM				CONDITION OF REMAINS ADVANCED DECOMPOSITION. R/HUMERUS, R/RADIUS AND R/ULNA FRACTURED. BODY COMPLETE.			
OTHER MEANS OF IDENTIFICATION 2 EMBOSSED PLATES FOUND ON REMAINS DURING PROCESSING ONE READS UNKNOWN X-5430 and IF 1336. THE OTHER READS IF 1336							
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancy) NONE							
REMAINS PREPARED AND PLACED IN <del>CASKET</del> TRANSFER CASE				FILE RECORDS ANNOTATED DATE <u>8 June 50</u> NAME <u>H. J. [Signature]</u> Report BR. MEM. DIV.			
DATE 20 DEC 1948		BY		JOHN T NICHOLSON EMBALMER			
CASKET SEALED BY THOMAS H JAMES		EMBALMER (Signature) THOMAS H JAMES EMBALMER					
CASKET BOXED AND MARKED WILLIAM MOROSOFF		<del>STRICTLY CONFIDENTIAL</del> ALL TAGS, MARKINGS AND PLATES VERIFIED BY: FRANKLIN J ST CLAIR 1st Lt INF					
DATE 20 DEC 48		BY CLERK 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 CASKEPING							
WILLARD B OWEN CAPT INF SIGNATURE OF AGRS INSPECTOR							
REMARKS AND SPECIAL INSTRUCTIONS Disinterment Directive which contains the signatures of the persons whose names are typed hereon.							
<i>Raymond J. Rodriguez CWO USA</i> <i>met 690</i>							

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## DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1240 01717		DATE 15 03 48 DAY MONTH YEAR	
NAME	SERIAL NUMBER UNKNOWN - 005430	GRADE	ARM J	RACE O	RELIGION C
CEMETERY NEUVILLE BELGIUM	PLOT V	ROW 11	GRAVE 250	DISPOSITION OF REMAINS 1202 10 CODE DIST. CTR.	

## 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	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293.

16 August 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 5430, Plot V  
Row 11, Grave 269, 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. 2343, dated 1-7-47.
3. Remarks: Tooth chart for remains has been compared with  
available dental records for all unresolved casualties in the same map sheet  
with negative results. Efforts to associate subject remains with unresolved  
casualty or casualties by all other means have proven negative.

J. LAWSON

Case reviewed by undersigned Members of the Board of Review:

<u>Col. H.P. HENRY, O-12589</u>	QMC	<u>Lt. Col. E.D. MULVANY, O-359598</u>	QMC
<u>Major R. BERGER, O-251736</u>	ORD	<u>Capt. Jack C. HAYES, O-1577297</u>	QMC
<u>Capt. E.F. PRICE, Jr. O-1588236</u>	QMC	<u>1/Lt. Edward E. STOUT, O-2594512</u>	CE

Received for file #4230QMG  
Not identifiable from  
information presently  
available

17 Aug 49  
E. J. ...  
AUG 31 1949

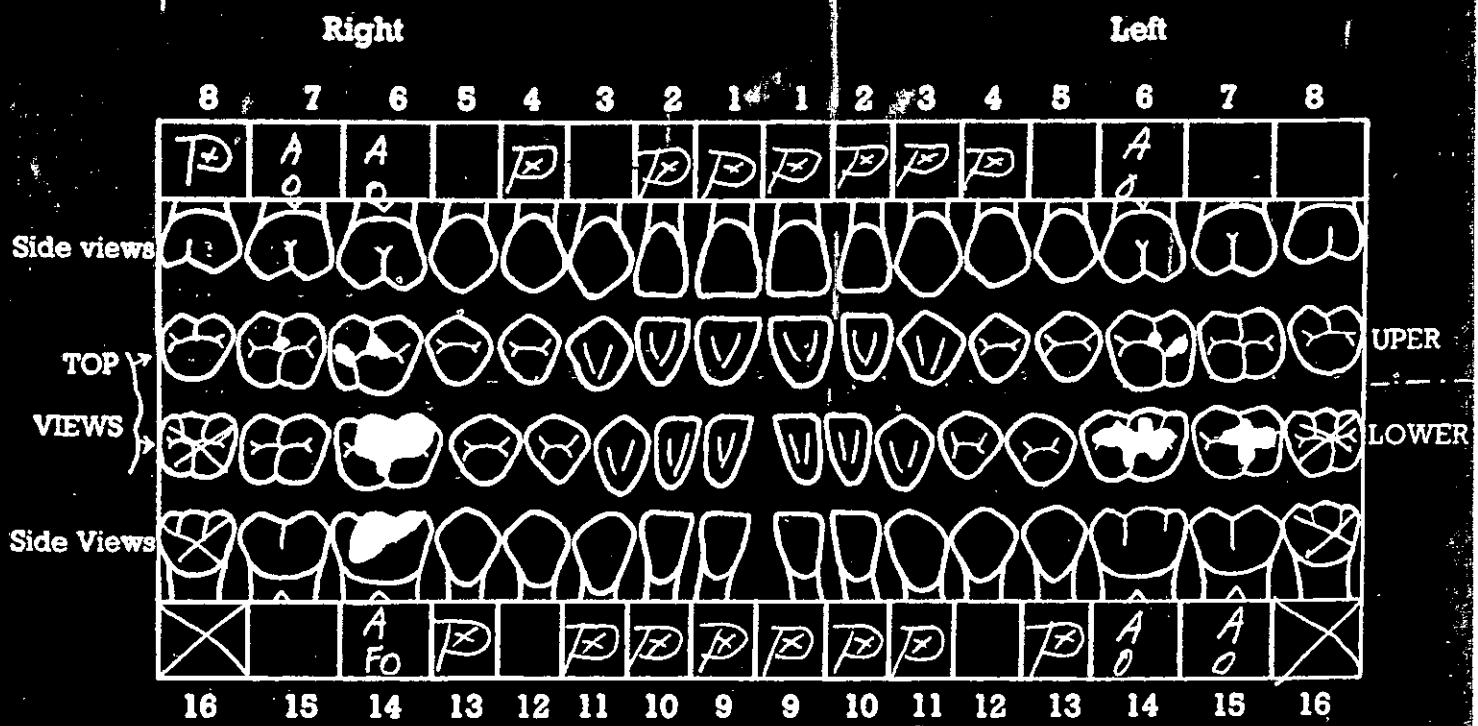
Incl #4

# TOOTH CHART

2 May 1947

Unknown X-5430

Last Name: Unknown      First: Unknown      Initial: Unknown      Rank: Unknown      Serial No.: Unknown  
 Unit: Hurlgen Forest, Germany, District #89      Est. Nov. 1944      Organization: BTB; Artillery Fire.  
 Place of Death:      Date of Death:      Cause of Death:



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.

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*Laurel J. Wheeler*  
 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, bleached white from exposure.  
 Posthumously missing - R 1, 2, 4, 8, 9, 10, 11, 13; L 1, 2, 3, 4, 9, 10, 11, 13.  
 L 11 (socket) rotated mesially - 1/8 turn.  
 Brown lingual stain.  
 Medium calculus.  
 R 7; L 7, 8 malformed.

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## IDENTIFICATION CHECK LIST

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

Unknown X 5430

Cemetery Neuville-en-Cendroz, Belgium

Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

### Date processed:

1. ~~Arrived at cemetery~~ 2 May 1947  
(Hour) (Date)

2. Place of death Hurtgen Forest, Germany, District # 89.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
WT-0254  
(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>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>Remnant of one (1).</u>		
Jacket, Field	<u>Remnant of one (1).</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnant of one (1).</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnant of one (1). Tech. Sgt. on sleeve.</u>		
Undershirt, Wool	<u>Remnant of one (1).</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of one (1) pair.</u>		

Belt, web None

Drawers, wool Remnant of one (1)

Drawers, cotton None

Leggings, wool None

Socks, cotton None

\* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) None

(Other item) None

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

Chevrons or  
 Insignia Tech.-Sgt. on sleeve of OD Shirt.  
 (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 Est. 5'3" 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, poeks, freckles)

Build UTD  
 (Large, fat, thin, muscular)

Hair None found  
 (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 Teeth Chart  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Normal Circumference of head in inches 21 inches  
(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 Decomposed

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

9. Remarks: EM tag found.  
Remains disarticulated.  
Bones dry.  
Estimated weight: 12 pounds.  
Clothing on arm bones, rest of clothing with body.  
Nothing found to warrant Chemical Laboratory Examination.  
Fluorescopic Examination: Negative.  
Processing revealed no identifying clues, therefore 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)

**Height determined by measuring:**

<b>Humerus</b>	<b>32.6</b>	
<b>Radius</b>	<b>33.7</b>	
<b>Ulna</b>	<b>25.3</b>	
<b>Femur</b>	<b>43.9</b>	<b>( 5' 3" )</b>
<b>Tibia</b>	<b>54.4</b>	
<b>Fibula</b>	<b>34.3</b>	

# SKELETAL CHART

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

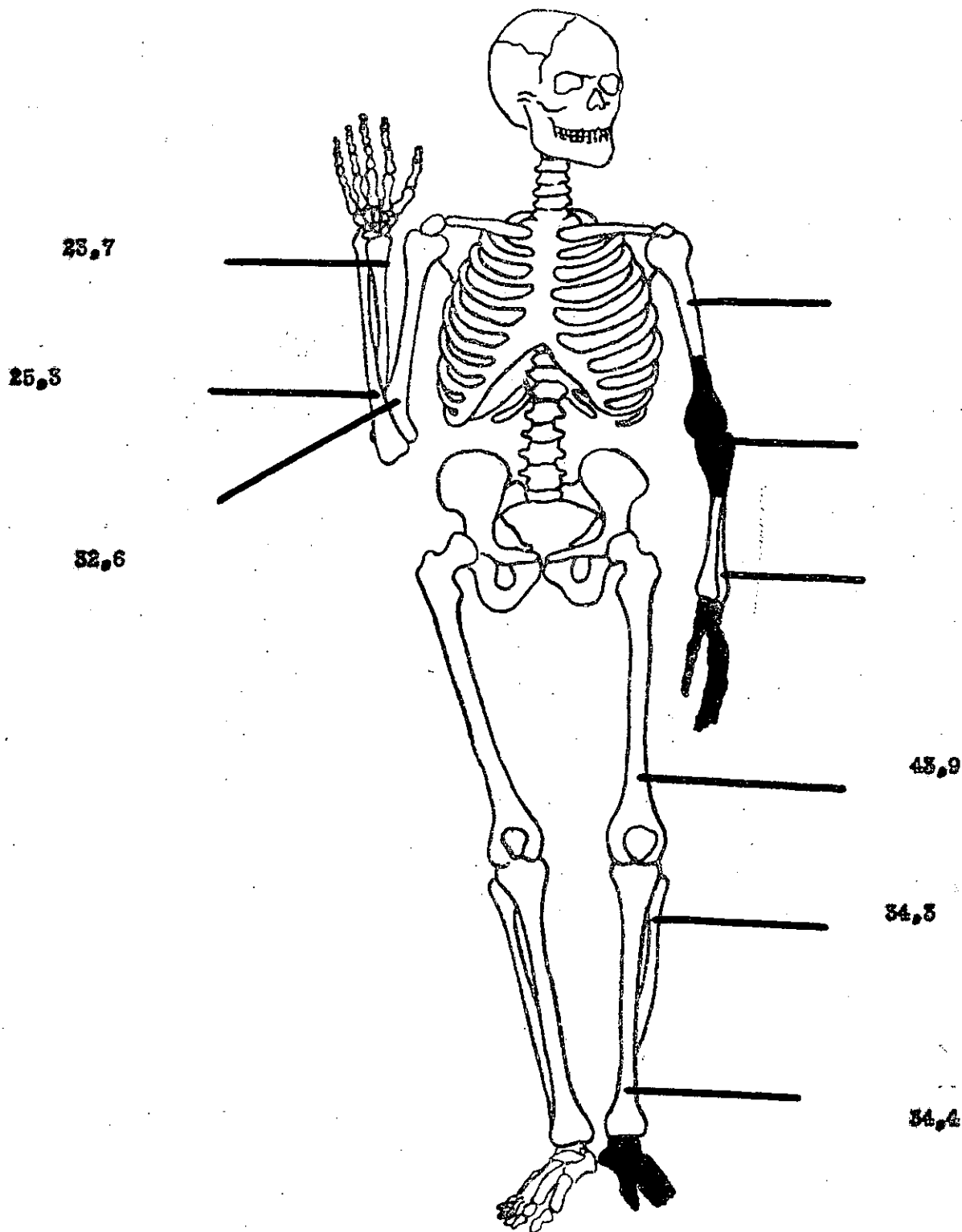


CHART "A"

Height 5'3"

REPORT OF INVESTIGATION  
AREA SEARCH

ATTN: REG. DIV. AG.R.C. FOR USE IN CASUALTY CLEARANCE
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AGRC Form 10 (Revised)

14 May 1947

Date

1 January 1946

NAME Unknown X-5430 RANK Unknown ASN UnknownORGANIZATION Unknown AGFMEANS 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 MACR)

a. Date of above burials **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 **BERMETER** Coordinates **WF-0234**b. Is Sketch attached? **YES**c. Is area mined? **NO**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? **NOT BURIED**

(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? **PRESUMED TO BE 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 IS DESTROYED BY ARTILLERY**
14. What is the date of burial? **REMAINS NOT BURIED**
- a. Give basis **REMAINS WERE FOUND ON SURFACE OF GROUND**
15. What was the place of death? **HURTGEN FOREST, DISTRICT # 89** Coords **WF-0234**
- b. Give basis **REMAINS WERE FOUND LYING ON SURFACE OF GROUND**
16. Where were the remains found? **HURTGEN FOREST, DISTRICT # 89** Coords **WF-0234**
- a. By whom? **PETER RIPPEGATHER, MUNCHEN GLADBACH, HOHENZOLLERNSTRASSE # 270**
- b. Is sketch attached? **YES**
17. Was a casket used? **NOT BURIED** 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? .....

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? .....
- Enemy Planes? ..... Anti-aircraft ..... 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. **YES**  
a. Are all certificates and statements of people who possessed knowledge of the case attached? .....
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased  
**PETER RIPPEGATHER MUNCHEN-GLADBACH HOHENZOLLERNSTRASSE # 270**

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 **UNKNOWN**
- 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? .....
42. Was Deceased given first aid? **UNKNOWN** ..... 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? .....
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? .....  
**REMAINS CONSIST OF DRY BONES**  
 (Burnt? Decapitated? etc.)
46. Do facts surrounding death show any evidence that it might be an atrocity case? .....  
 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 .....  
**PETER RIPPEGATHER, MÜNCHEN-GLADBACH HONENZOLLERNSTRASSE # 270**
49. Are all positive statements regarding identification and particulars surrounding death attached? **NO**
50. Has any information been given concerning isolated 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 NARRATIVE**

(Use attached, sheets if necessary)

Signature of Interpreter

Rank ASN

Organization

*Billy T. Miwa*  
**Billy T. Miwa**

Signature of Investigator

**Pvt RA-30115950**

Rank ASN

**Hq & Hq Det 164 Gl. En.**

Organization

NARRATIVE  
ON GERMETER, GERMANY CASE

On the 22 April 1947 a disinterring team proceeded to the Hurtgen Forest, District # 89 to locate and disinter the remains of an unburied American soldier.

The information was received from Peter Rippegather woodcutter foreman from Munchen-Gladbach, Germany who found the remains while walking through the woods in the above mentioned district.

The disinterring team recovered the remains lying on the surface of the ground. The remains consisted of dry bones and G.I. equipments.

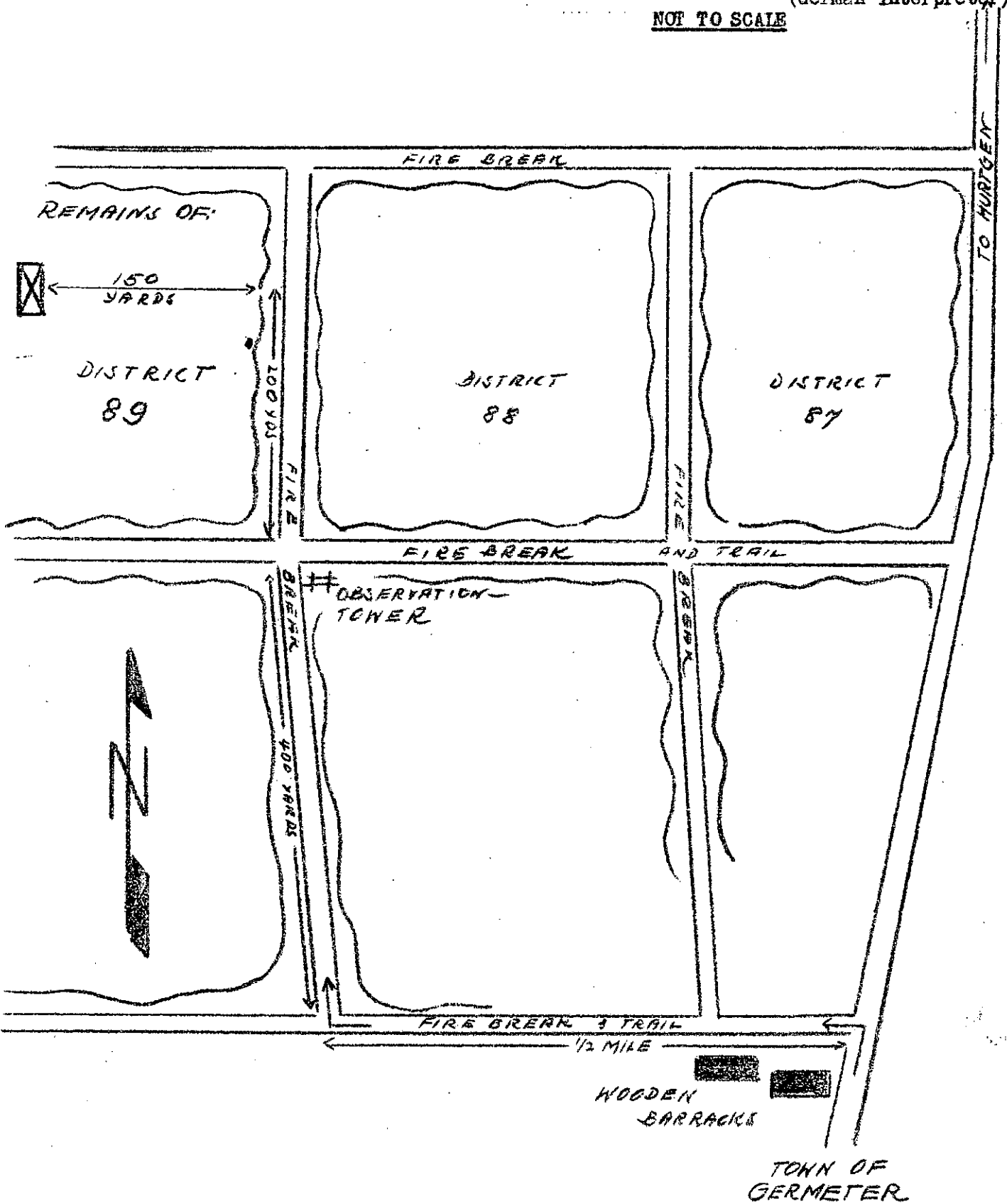
The woods around the place of death were destroyed by Artillery. The deceased is believed to have been killed by shrapnel or small arm's fire approximately in November 1944 when the heaviest fighting took place in the Hurtgen Forest.

No Identification tags could be found on the remains.

*Billy T. Miwa*  
Billy T Miwa  
Pvt RA-30115950

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

NOT TO SCALE





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-5430.		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, Germany, District # 89. 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

None

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 (VK-390 187)

Date of burial	Hour	Buried in (Schroud, Blanket, or name of other)	Type of grave marker	Plot no.	Row no.	Grave no.
<u>20 May 1947</u>	<u>1500</u>	<u>Casket</u>	<u>wooden cross</u>	<u>V</u>	<u>11</u>	<u>269</u>

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 surface of ground in Hurtgen Forest, Germany, WF-0234

Plot no.	Row no.	Grave no.
<u>-</u>	<u>-</u>	<u>-</u>

Type of religious ceremony Joint P, C & H Person conducting burial rites Chaplains Rusher, Saatman & Lepchiveher Identification tag buried with body (Yes or No) No Identification tag attached to marker (Yes or No) GRS If identification tags not used, describe identification data and containers buried with body Report of Burial

Body buried on deceased left, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
<u>Unknown X-5424</u>	<u>Unk</u>	<u>Unk</u>	<u>Unk</u>	<u>270</u>
Body buried on deceased right, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
<u>Unknown X-5419</u>	<u>Unk</u>	<u>Unk</u>	<u>Unk</u>	<u>268</u>

Signature of person preparing report Ernest C. Gaddy Signature of GRS officer verifying report Raymond G. Johnson  
CWO USA C.I.P. Ernest Gaddy 1st Lt. Inf. C.I.P. Raymond G. Johnson

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 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 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.

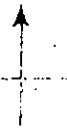
Height Est.	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos
5'3"	UTD	UTD	UTD	UTD

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.

RKEMARS : Remnants of one shirt, wool OD with T/Sgt. chevrons on sleeve. These remains consisting of dry bones and GI equipment, were recovered on the surface of the ground in Hurtgen Forest, Germany on 22 April 1947. This deceased is believed to have been killed by shrapnel or small arm's fire about November 1944, when fighting took place in that area. Processing at SIP revealed no positive identifying clues, therefore this case is classified "Unknown".

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



Remarks: Form 11, Check List of Unknowns and Form 1A, Teeth Chart accomplished. Unable to obtain Fingerprints because of decomposition. Estimated weight of remains recovered: 12 Lbs.