

PIOT: C ROW: 2 GR: 16  
 Date of Burial: 29 Sept. 1948  
 Verified by GRS Officer E.N. HEISEY, 1/LT QMC  
**DISINTERMENT DIRECTIVE**

**1**

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 1260 01720  
 DATE: 15 08 48  
 DAY MONTH YEAR

NAME: UNKNOWN  
 SERIAL NUMBER: X-005432  
 GRADE: UNK  
 ARM: J  
 RACE: O  
 RELIGION: 6

CEMETERY: NEUVILLE BELGIUM  
 PLOT: V 11  
 ROW: 1  
 GRAVE: 273  
 DISPOSITION OF REMAINS: 1202 80  
 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)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN  
 SERIAL NUMBER: X5432  
 GRADE: UNK  
 DATE OF DEATH: UNK  
 DATE DISINTERRED: 26 NOV 48

IDENTIFICATION TAG ON:  REMAINS  MARKER EMB  
 ORGANIZATION: UNKNOWN  
 RELIGION: UNK  
 IDENTIFICATION VERIFIED BY: ROGER E. LEWIS CAPT QAV.  
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM  
 CONDITION OF REMAINS: FRACTURED: SKULL, M. XILLA, PARTIAL MANDIBLE DENTURE. MISSING L/1/2 OF MANDIBLE DISTAL ENDS OF R/TIBIA, (FIBULA. ADVANCED DICO POSITION.

OTHER MEANS OF IDENTIFICATION: 1 EMBOSSED PLATE FROM REMAINS LISTS AS 1F-1278 AND X-5432. REPORT OF BURIAL FROM REMAINS LISTS AS X-5432.

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

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX

DATE: 22 DEC 48 BY: ELAM E. POORBAUGH EMBALMER

CASKET SEALED BY: THOMAS H. JAMES  
 EMBALMER (Signature): THOMAS H. JAMES EMBALMER

CASKET BOXED AND MARKED: SAM SUPP  
 DATE: 28 DEC 48 BY: IDENT TECH  
 SHIPPING ADDRESS VERIFIED BY: ALL TAGS, PLATES AND MARKINGS VERIFIED BY: FRANKLIN J. ST CLAIR 1/LT INF.

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

ROGER E. LEWIS CAPT QAV.  
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: 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  
 JMM

8 NOV 1948  
 REPATRIATION BRANCH  
 MEDICAL SERVICE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

27 July 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 5432, Plot V  
Row 11, Grave 273, USMC NEUVILLE,  
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:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

E.D. Mulvanity  
Lt. Col. E.D. MULVANITY, O-359598

QMC

Roger Berger  
Major R. BERGER, O-251736

ORD

Capt. Jack C. Hayes  
Capt. Jack C. HAYES, O-1577297

QMC

Capt. E.F. PRICE, Jr. O-1588236

QMC

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

CE

Received TK # 4164 28 July 49 OQMG  
Not identifiable from same  
information presently 18 Aug 49  
available

Incl # 222

# TOOTH CHART

Date \_\_\_\_\_

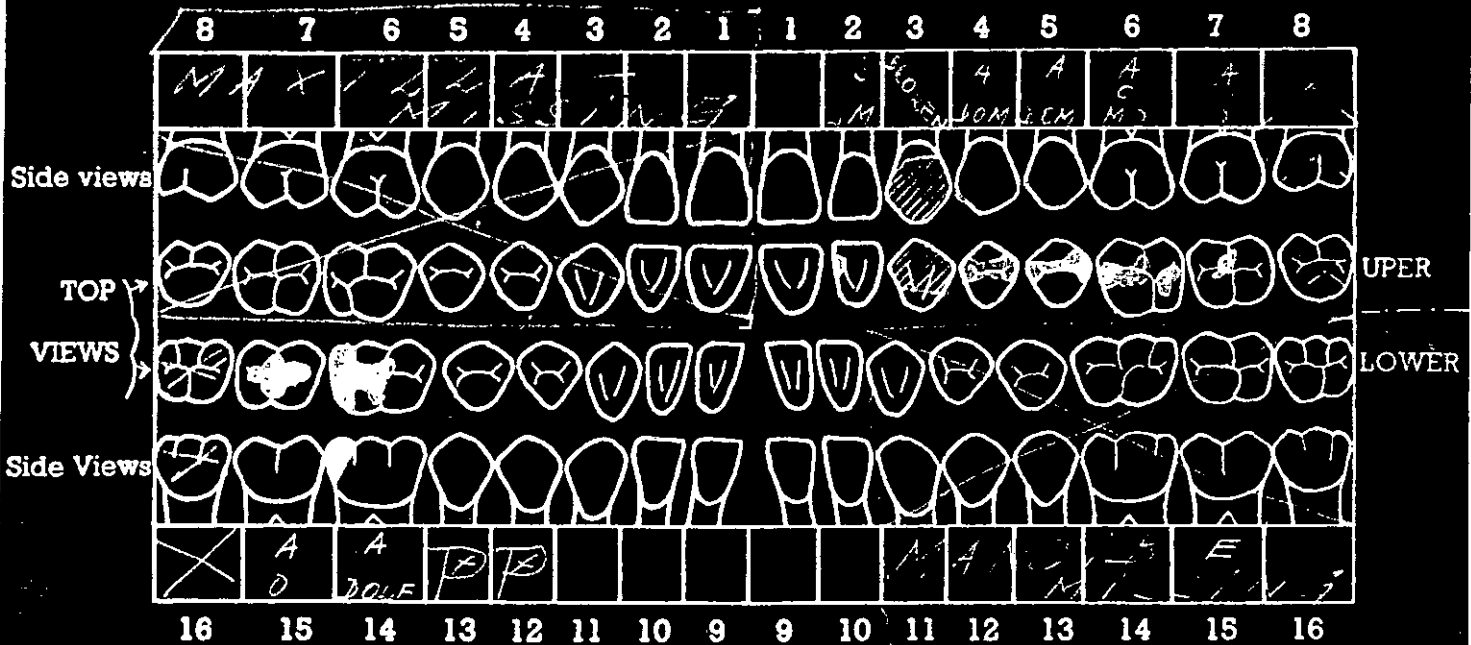
\_\_\_\_\_  
 Last Name First Initial Rank Serial No.

\_\_\_\_\_  
 Unit Organization

\_\_\_\_\_  
 Place of Death Date of Death 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.

(22)

*Harold D. Wheeler*  
 Signature of Officer or other person who prepared Tooth chart

*Ernest Chubb*  
 Verified by G. R. S. Officer

**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**

1-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

1-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

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1-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

123

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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~~-5432

Cemetery Neuville en Condroz, Belgium

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

- Date processed:**
1. Arrived at cemetery 28 April 1947  
(Hour) (Date)
  2. Place of death Hurtgen Forest, Germany, District # 89.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
WF-0233  
(Sheet, scale and serials used)
  3. Remains recovered or disinterred by Hq and Hq Det., 164 QM Bn  
(Name and organization)
  4. Evacuated to Cemetery by Subordinate Identification Point, Margraten,  
(Name and organization) Holland.
  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>Remnants of one (1)</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnants of one (1)</u>		
Undershirt, Wool	<u>Remnants of one (1)</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>Remnants of one (1) pair</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web None

Drawers, wool Remnants of one (1) pair

Drawers, cotton Remnants of one (1) pair

Leggings, wool None

Socks, ~~wool~~ Remnants of one (1) only

\* Shoes (type) One (1) left field, hob nail, size 9 D.

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 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 Est. 5'10 $\frac{3}{4}$ " 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 None found  
(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)

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 ..... **Broken** ..... Circumference of head in inches ..... **crushed**  
(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)

Hands ..... **Utd**

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

.....  
(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.

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

(Yes-no)

If not, explain decomposed

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


does not belong to this case. See remarks of Tooth Chart.

9. Remarks EM tag found; body consists of dry skeleton, only remnants of clothing found. Fluoroscopic Examination negative. Estimated processed weight 7 pounds. Height determined by measurement of: Humerus 35.4; Radius 25.6; Ulna 27.1; Femur 48.1; Tibia 39.8; Fibula 40.2; Height: 5'10 $\frac{3}{4}$ "

Chemical Laboratory Examination was made on above mentioned denture with negative results.

(cont'd)

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.

  
ERNEST C. GADDY  
(Officer's Name)

CWO Rank USA Service

Central Identification Point.  
(Organization)

(cont'd)

Processing revealed no positive identifying clues, therefore this case is classified "UNKNOWN".



1F-1278  
Neuville en Condroz, Belg  
Unknown X-5432

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

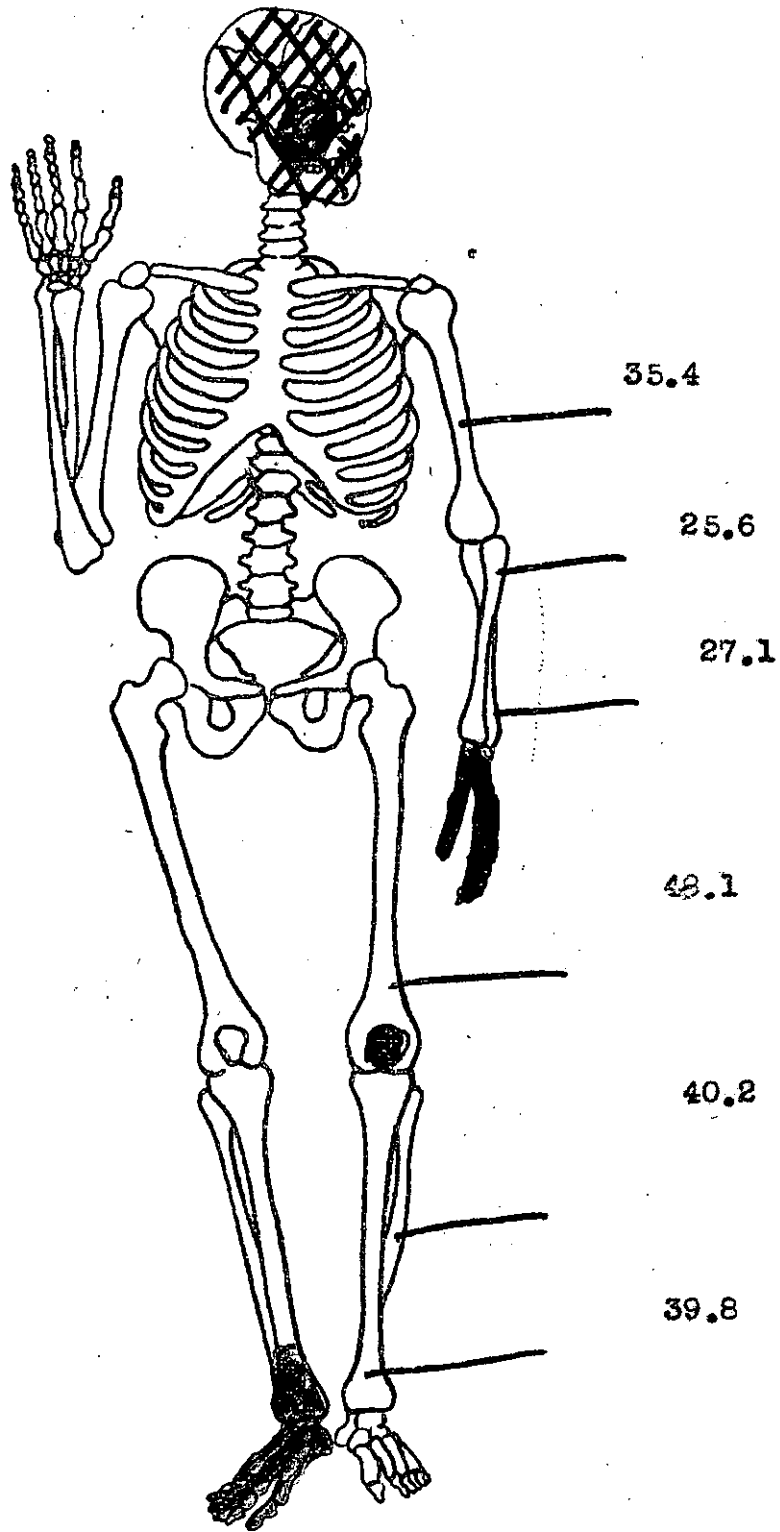


CHART "A"

# REPORT OF INVESTIGATION AREA SEARCH

SECTION NUMBER 11-1278

ATTN: G.DIV. AG.R.C.

FOR USE IN  
CASUALTY CLEARANCE

AGRC Form 10 (Revised)

14 May 1947

Date

1 January 1946

NAME UNKNOWN X-5432 RANK Unknown ASN Unknown

ORGANIZATION Unknown A.G.F.

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 \_\_\_\_\_ ASN Unknown

b. ORGANIZATION Unknown

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Three other unknowns

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

a. Date of above burials Not buried Common Graves? \_\_\_\_\_

5. Name and Type of Cemetery Not buried

(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 Cemeter Coordinates WF-02B3

b. Is Sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? Not buried

10. If grave is marked with cross, give exact markings thereon 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? Estimated November 1944
  - a. Give basis Fighting took place at that time
- 13. What is the cause of death? Assumed to be mines or artillery
  - b. Give basis Area was mined and woods is destroyed by artillery
- 14. What is the date of burial? Not buried
  - a. Give basis Remains were found on top of the ground
- 15. What was the place of death? Hurtgen Forest District # 88 Coords WF-0233
  - b. Give basis Remains were found there
- 16. Where were the remains found? Hurtgen Forest District #88 Coords WF-0233
  - a. By whom? Ludwig Pfaffe, Germeter house # 9
  - 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? \_\_\_\_\_ 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) **Unknown**
  - 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 **See question # 48**

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**
  - a. Were identification tags found at the time of death? **Unknown**
    - Where? ..... By whom? .....
    - Present disposition **On remains**

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? .....

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? ..... 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? ..... Yes ..... By whom? .....

When? .....

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

Ludwig Pfaffe, Germeter, house # 9 .....

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? .....

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 .....

*William B. Adams*  
Signature of Investigator

William B. Adams  
Tec 5 RA-6382982  
Rank ASN

Hq & Hq Det 164 M BN  
Organization

NARRATIVE  
 OF GERMAYER CAROLINE CASE

On 5 April, 1947, we proceeded to the Hurtgen Forest, district # 88 to disinter the remains of an American deceased, found by forester, LUDWIG PFAFF, GERMAYER, house # 9. Ludwig Pfaffe found the remains on his regular course as a forester of this district.

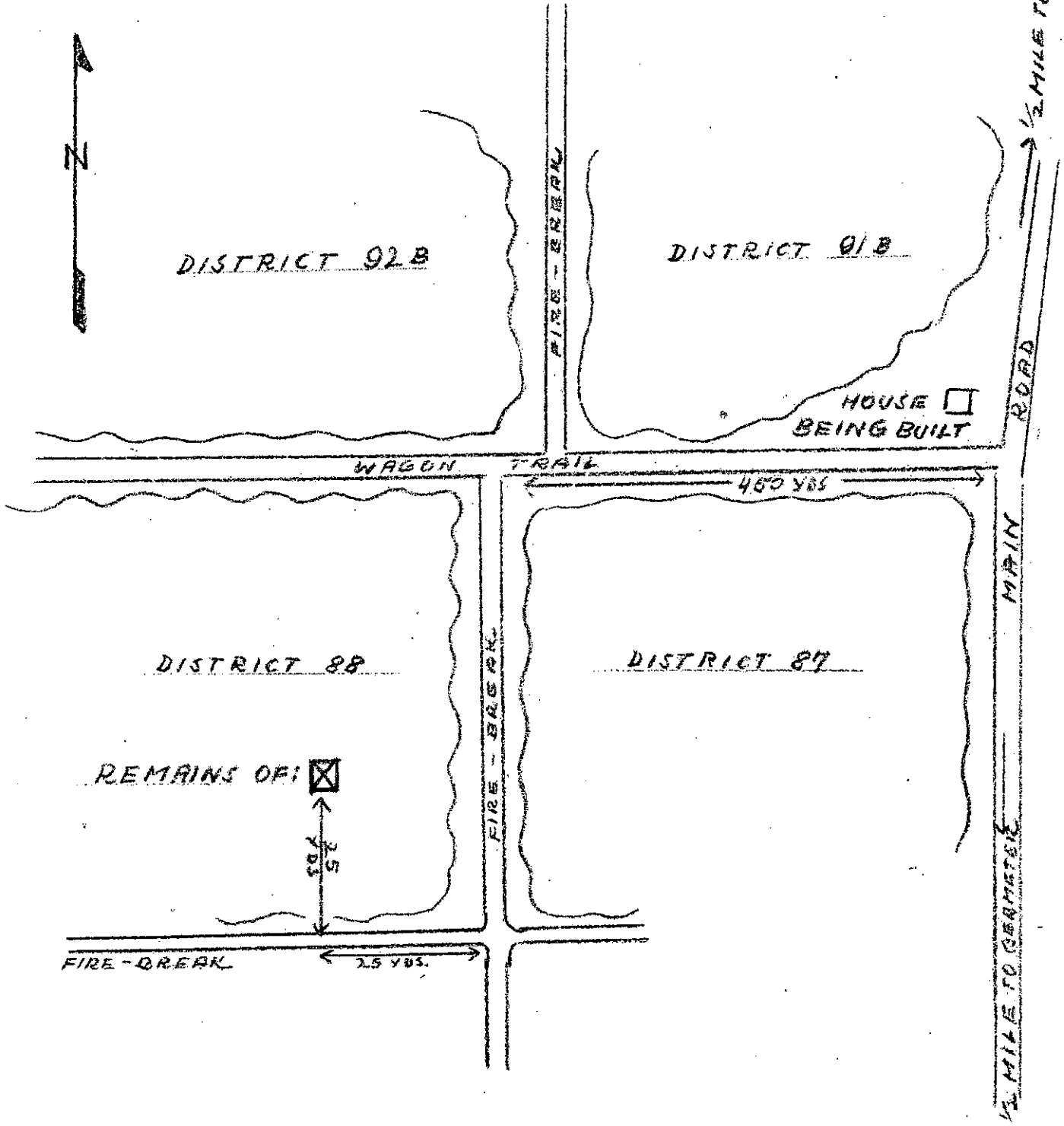
The remains consisted of dry bones and remaining G.I. equipment. The deceased was recovered in the vicinity of a German mine belt leading through this district. Wild animals had access to the remains.

No I.I. tags or other means of identification could be found on the remains.

*William B. Adams*  
 William B. Adams  
 Tec 5 RA-6382982  
 Hq & Hq Det 164 AM BN

Map : Germany 1/250000  
Sheet : S I  
Coord : (WF - 0233)  
Town : Germeter, Germany  
Sketch by : George Geist,  
German Interpreter

NOT TO SCALE



# NOTICE OF DISINTERMENT

(Ausgrabungsurkunde)

GRS=GZ

Form No 8

Date 8 April 1947  
(Datum)

Die unten angeführten amerikanischen Toten sind am heutigen Tage von dem hier angegebenen Ort ausgegraben und nach einem amerikanischen Militärfriedhof zur Bestattung überführt worden.

The below listed U. S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to a U. S. Military Cemetery.

Neuville en Condroz, Belgium (VK-390187) for reburial

UNKNOWN	UNK	UNK	CEMETERY (WF-0233) Germany
(NAME) (Name)	(RANK) (Dienstgrad)	(ASN) (Erkennungs- markennummer)	(PLACE OF DISINTERMENT) (Ausgrabungsort)

DISINTERRED  
1100 Hours

Falls Gemeindefriedhof,  
Grabplatz, Reihe, und Grabnummer  
angeben soweit möglich.

This case is classified  
Unknown X-5432.

If communal cemetery show Plot,  
Row and Grave No., if available.

*William B. Adams*  
William B. Adams  
T/5 RA-6382982

\_\_\_\_\_  
Officer or NCO in charge of Disinterment

Hq & Hq Det 164 QUARTERMASTER BATTALION

Organization



Imprint Identification Tag If Possible  
 DO NOT TYPE



**SECTION I. IDENTIFICATION**

NAME (Last, First, Middle Initial) UNKNOWN X-5432		Serial number Unknown
Grade Unknown	Organization Unknown	Branch of service A.O.W.
Race Unknown	Religion Unknown	If other than U. S. dead, Give name of country.

Place of death: Hurtgen Forest, Germany, District 288  
 Cause of death: DDF: Lines or artillery fire.  
 Date of death: 1st. 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  
 U.S. Military Cemetery, Neuville en Condroz, Belgium. (VE-890187)

Date of burial	Hour	Buried in (Schroud, Blanket, or name of other)	Type of grave marker temp.	Plot no.	Row no.	Grave no.
20 May 1947	1500	Casket	Wood Cross	V	11	273

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, Germany, District 288. WE-0233

Type of religious ceremony: Joint P, C & H  
 Person conducting burial rites: Chaplains Rusher, Saatman & Lepchivcher  
 If identification tags not used, describe identification data and containers buried with body

Identification tag buried with body (Yes or No): No  
 Identification tag attached to marker (Yes or No): GRS  
 Report of Burial

Body buried on deceased left, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
Unknown X-5431	Unk	Unk	Unk	274

Body buried on deceased right, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
Rutledge, Lee J.	Pvt.	35698515	60 Inf	272

Signature of person preparing report: ERNEST C. GADDY  
 Signature of GRS officer verifying report: RAYMOND G. JOHNSON  
 1st Lt. Inf. C.I.F. 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. 5'10 1/4"	Weight Utd	Color of eyes Utd	Color of hair Utd	Birthmarks, scars or tattoos Utd
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Weapon and serial number None	Laundry marks None	Where body was buried or found Murtgen Forest, Germany District # 88.
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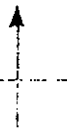
For tooth chart see attached Form I-A.

REMARKS

These remains consisting of dry bones and G.I. equipment were recovered on ground in Murtgen Forest, Germany, District # 88. Deceased is believed to have been killed by mines or artillery fire when fighting took place in that area.

Processing at Subordinate Identification Point, Margraten, Holland 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 checklist of Unknowns, Form 1A Tooth Chart accomplished. Unable to obtain fingerprints because of decomposition. Estimated weight of remains recovered: 7 lbs.