

1

USMC Neuville er 02
Plot: C Row: 5 42
Date of Burial: 18 Apr 50
Verified by GRS Officer
M.P. Swart, Capt QMC

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1260 01889

DATE
15 08 48
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWN X-005460 J O 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
NEUVILLE BELGIUM W 12 299 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
These remains are unidentifiable and are to be permanently interred. HQ, AGRC - 11/DECEAS (BY ADMINISTRATIVE DECISION) ~~DA~~

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-005460 7 DEC 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN UNK WILLARD B OWEN CAPT INF
 MARKER EMB

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
MATTRESS COVER SKELETAL FORM. R/CLAVICLE, L/ULNA MISSING.

OTHER MEANS OF IDENTIFICATION
REPORT OF BURIAL AND EMBOSSED PLATES (2) FOUND WITH REMAINS.

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

NONE

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

DATE 17 DEC 1948 BY HARRIE D NELSON EMBALMER

CASKET SEALED BY EMBALMER (Signature)
GEORGE R REED GEORGE R REED LICENSED EMBALMER

CASKET BOXED AND MARKED
ROBERT D MC CLELLAN ALL TAGS, MARKINGS AND PLATES VERIFIED BY:
DATE 18 FEB 49 BY CLERK RECORDER ROGER E LEWIS CAPT CAV

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

NAT
FILE
RECORDS ANNOTATED WILLARD B OWEN CAPT INF
DATE 8 June 50
NAME R. S. Johnson SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NAME R. S. Johnson
Repat. BR. MEM. DIV.

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

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1250 01989

DATE

15 03 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN - 003480

J

O

E

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

NEUVILLE BELGIUM

M

14

272

1202 40

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

NEUVILLE-EN-CONDROZ, BELGIUM

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

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

RRE Form #43

20 Sep 48

293 Unid-Neuville X-5460

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

UNIDENTIFIABLE X - 5460

(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 #

STATION FILE

REPORT OF INVESTIGATION AREA SEARCH

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

AGRC Form 10 (Revised)

26 May 1947
Date

1 January 1946

NAME Unknown I-5460 RANK Unknown ASN Unknown
 ORGANIZATION Unknown A.G.P.
 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? NO If so, state the following information:

a. NAME Unknown RANK Unknown ASN Unknown

b. ORGANIZATION Unknown

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 ONE (1) Unknown

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

a. Date of above burials NOT BURIED Common Graves? NO

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 VOSSNACK Coordinates (WF-0130)

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?

(Town Hall, cemetery, burgermeister's office)

X-5160

- a. What information was contained thereon?
- b. Where was the information obtained?
- c. By whom?
- 12. What is the date of death? **NOVEMBER 1944 ASSUMED**
 a. Give basis **FIGHTING TOOK PLACE AT THAT TIME**
- 13. What is the cause of death? **SMALL ARM'S FIRE ASSUMED**
 b. Give basis **REMAINS WERE FOUND LYING IN A POK HOLE.**
- 14. What is the date of burial? **NOT BURIED**
 a. Give basis
- 15. What was the place of death? **"RAFFELSRAND" DISTRICT # 21 C** Coords **WF-0130**
 b. Give basis **REMAINS WERE FOUND THERE**
- 16. Where were the remains found? **"RAFFELSRAND" DISTRICT # 21 C** Coords **WF-0130**
 a. By whom? **PETER SCHMITT, FARMER OF SIMONSKALL / GERMANY**
 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 (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?

15460

PROCESSED FEB 2-1951

- 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?

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? **YES BUT AFTER**
 - 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 **NO NAME OF IDENTIFICATION COULD BE RECOVERED**

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 **THEY COULD BE FOUND**
 - a. Were identification tags found at the time of death? **YES**
 - Where? By whom? **UNKNOWN**
 - 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.

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X-5460

- 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? **UNKNOWN**
- d. Did Cemetery Register or cross indicate the immunization shot? **NOT APPLICABLE**
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? **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
PETER SCHMITT, FARMER, SINGSKALL / 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? **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

 Organisation

William B Adams
William B Adams
 Signature of Investigator

2/3 RA-600908
 Rank ASN

21 & 22 Det 244 QM. Co.
 Organisation

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K-5460 Newville

**NARRATIVE
ON VOSSEACK, GERMANY CASE**

On 17 April 1947 an investigation team proceeded to the Hurtgen-Forest, Section "Raffelsbrand", District # 21 C to investigate this district and disinter the remains of an unburied American deceased.

The information was obtained from Peter Schmitt of Simonskall, who found the remains while cutting woods in the above mentioned district.

The remains were recovered lying in a dug-out. They consisted of dry bones and G.I. equipment. The deceased had probably been killed by shrapnel or small arms fire, since the woods around the place of death were shattered by artillery and many small arms were seen around there. The month of death seems to be November 1944, when the heaviest fighting took place in the district of the Hurtgen-Forest.

No Identification tags could be found on the remains.

William B Adams

William B Adams
T/5 RA-6382982

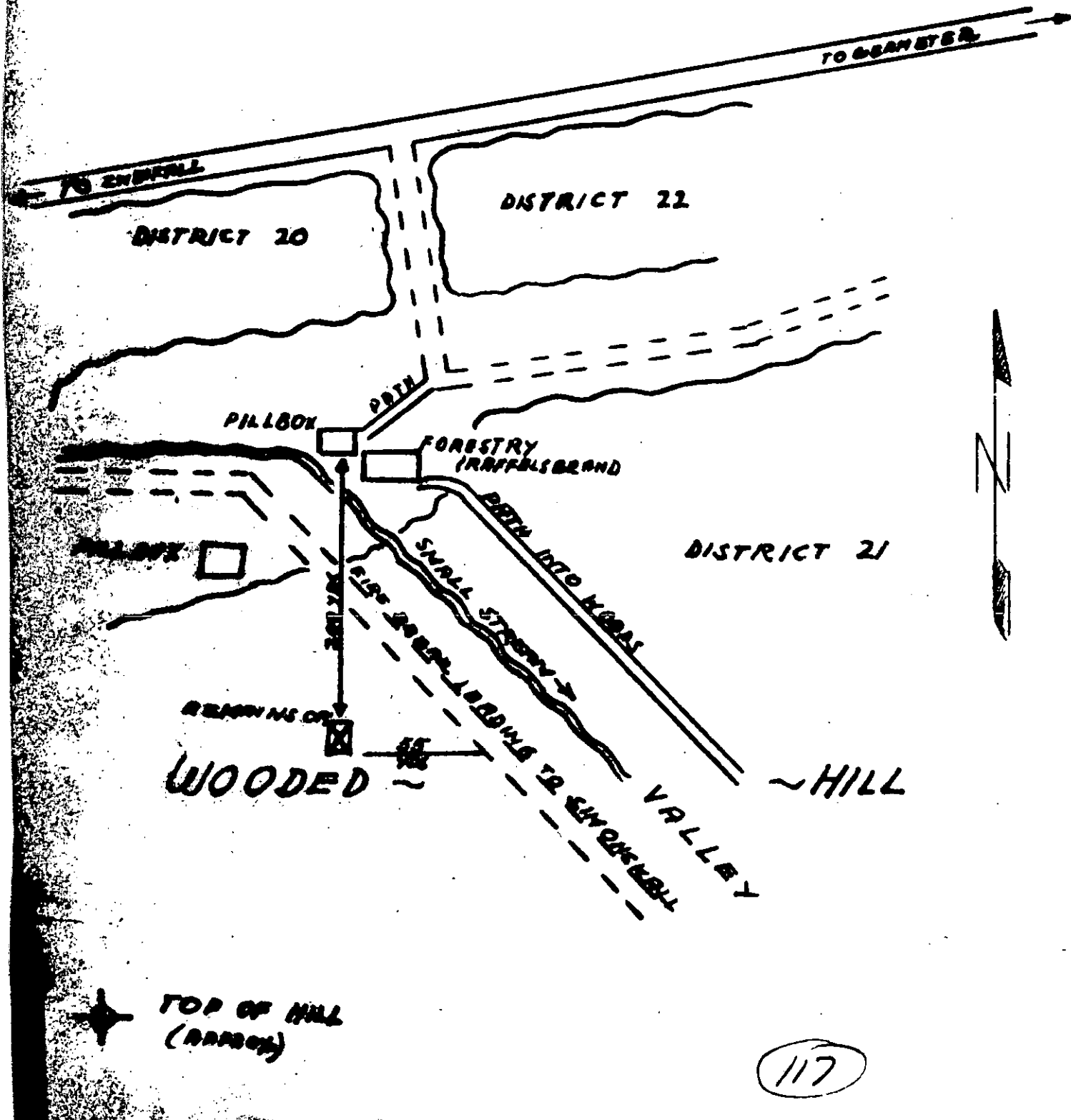
116

X-5460 Newville.

EVACUATION NUMBER N-1221

Map : Germany 1/250000
Sheet : S I
Coord : (VF-0130)
Town : Vörsbach, Germany
Sketch by : George Geist,
(German Interpreter)

NOT TO SCALE



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

25 October 1949
(Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 5460, Plot W
Row 12, Grave 299, USMC Neuville-en-Candroz, 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. 2372, dated 23 July 1947.

3. Remarks: Tooth chart obtained for X-5460 was compared
with available dental records for all remaining unresolved casualties in
the Hurtgen Forest Area and no definite association could be made. Efforts
to associate subject remains with unresolved casualty by all other means
proved negative.

Case reviewed by undersigned Members of the Board of Review:

Received 462-4 Nov OQMG
Not identifiable from
information presently
available 7 Nov

[Signature]
Col. H.F. HENRY, O-12589 QMC

[Signature]
Lt. Col. E.D. MULVANY, O-359598 QMC

Major R. BERGER, O-251736 ORD

Capt. Jack C. HAYES, O-1577297 QMC

[Signature]
Capt. E.F. PRICE, Jr. O-1588236 QMC

~~1/10: Ed and E. Price, O-1588236 QMC~~ ~~XXX~~

Incl # 4

Attached sheet to 1042Remarks: Cont'd

Photo 181-1B
Reverse Side of 181 A
no further findings

With Ordinary Film
Photo 181-2

12125337, ARTHUR

No further Findings:

These remains consisting of dry bones and G.I. equipment were recovered in a dug out in the Hurtgen-Forest, Section "Raffelsbrand" District #21C. This deceased is believed to have been killed by shrapnel or small arms fire when fighting took place in that area about November 1944.

Processing at Subordinate Identification Point, Margraten, Holland revealed no positive identifying clues, therefore this case is classified as Unknown.

SN not listed in ~~the records~~ (see) ~~of~~ ~~the~~ ~~unit~~ ~~of~~
WJ

IDENTIFICATION CHECK LIST

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

Unknown X 5460

Cemetery Neuville-en-Condroz, Belgium

Plot _____ Row _____ Grave _____

Date processed: 28 April 1947

1. ~~Arrived at cemetery~~
(Hour) (Date)
2. Place of death Raffelsbrand Forest, Germany District #21c
(Name of closest town) (Coordinates and letter Prefix, maps)
MF-0130
(Sheet, scale and serials used)
3. Remains recovered or disinterred by H. and H. Det. 164th M. 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>One (1)</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Remnants of one (1)</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>Remnants of one (1)</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web None

Drawers, wool Remnants of one (1) pair

Drawers, cotton None

Leggings, wool None

Socks, ~~cotton~~ wool, one (1) only

* 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 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 Est. Height 5'9½" Weight UTD Description of wounds

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

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

Jaw Normal Circumference of head in inches 20 1/2 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)

.....

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 UTD
 (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 None found
 (Nose, arms, legs, etc.)

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

See 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

Body consists of dry skeleton.

Fluoroscopic Examination: Negative

Estimated processed weight of remains : 7 Lbs

9. Remarks Height determined by measure of:

Humerus	33,3)
Radius	27,1)
Femur	47,5)
Tibia	38,9)

519 1/2

Processing revealed no positive identifying clues, therefore this case is classified as Unknown.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Chemical Laboratory Examination of part of raincoat revealed :

A R T H U R
? written by hand

12125337

5
6

? ?
5698 Large stencil
3

Sent to photo Laboratory for infra-red rays.

Photo Laboratory Examination of raincoat remnants revealed:

With Infra-red:

Photo 181-1A

??

03905 F

?

1390 ?

Photo 181-1B

Reverse side of 181-A

no further findings

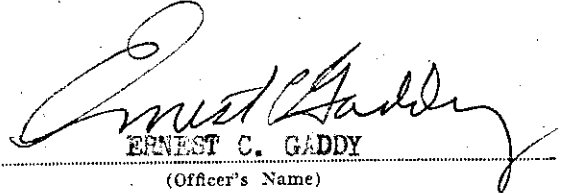
With ordinary Film:

Photo 181-2

No further findings:

12125337

ARTHUR


ERNEST C. GADDY
(Officer's Name)

CWO

USA

Rank

Service

CENTRAL IDENTIFICATION POINT

(Organization)

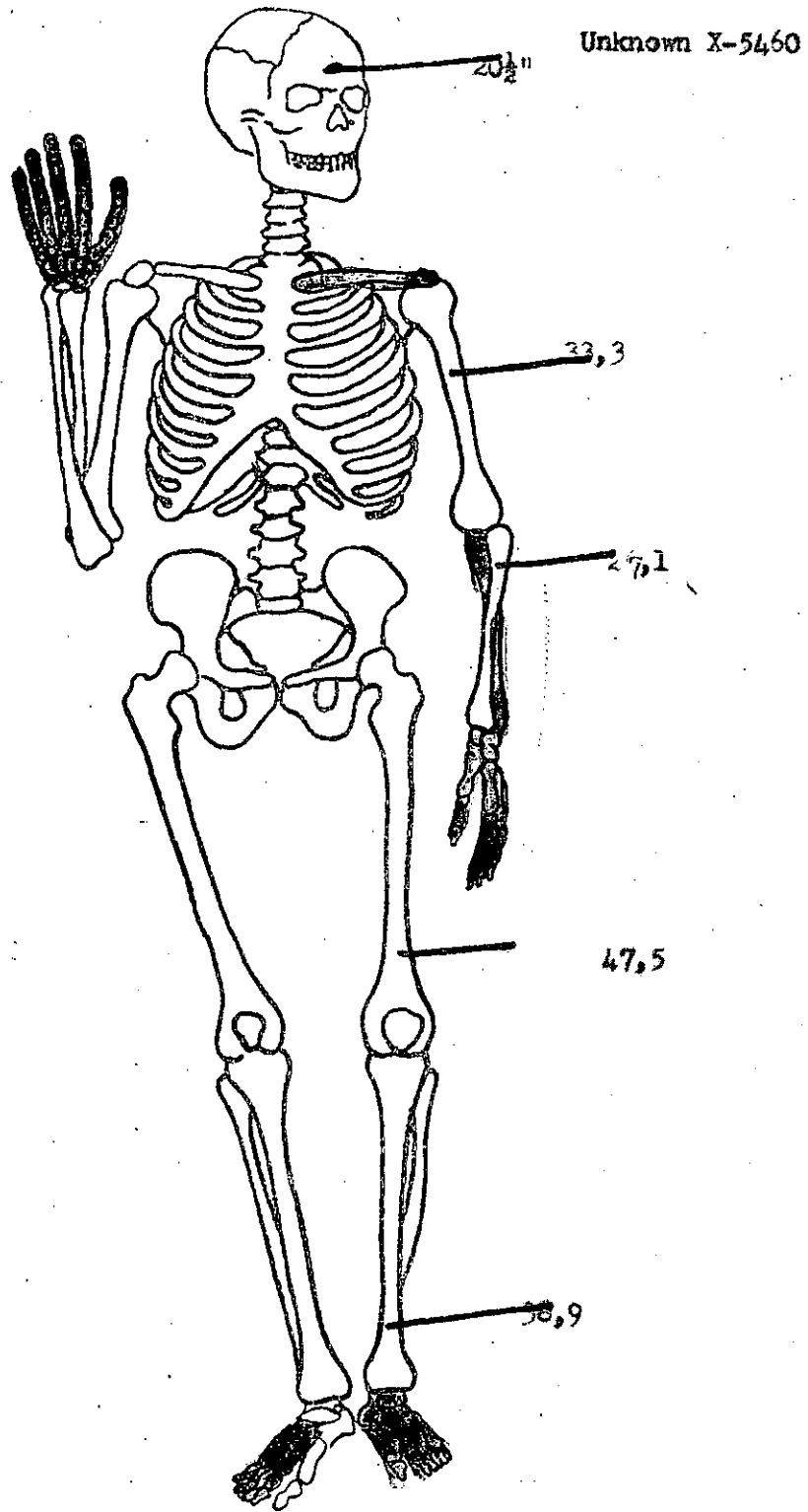
1F-1321

SKELETAL CHART

Neuville en Condroz, Belgium

(VK 390187)

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Height 5'9 1/2"

CHART "A"

TOOTH CHART

28 April 1947
 Date

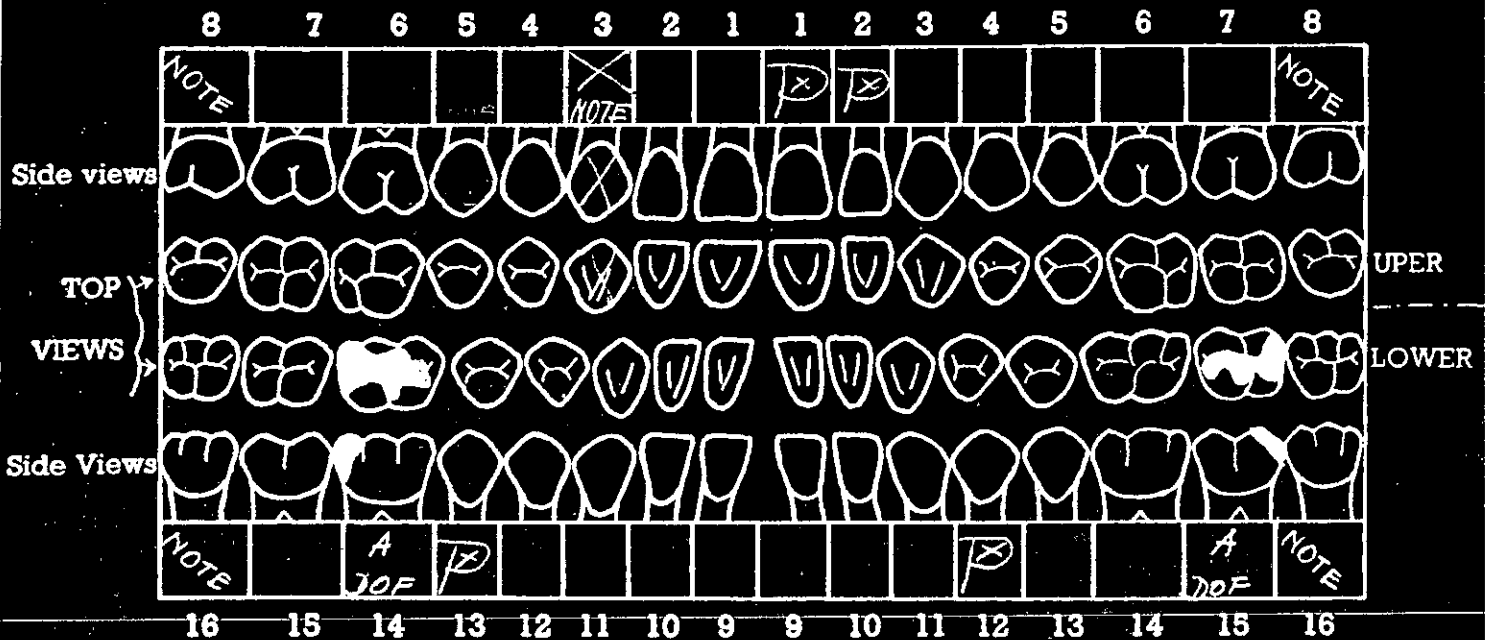
Unknown X-5460
 Last Name First Initial

Unknown Unknown
 Rank A.G.F. Serial No.

RAFFELSBRAND District 21c, Germany BTB: Small arms fire or shrapnel
 Place of Death Date of Death Cause of Death
 Est. Nov. 1944

Right

Left



See remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

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

Ernest 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:



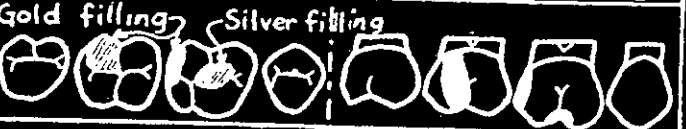
CROWNED TEETH . . . Block in solid the crown of tooth (label gold; porcelain, Silver or gold and porcelain), thus:



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

Small size teeth, bleached white from exposure
 Posthumously missing- R13, L1, 2, 13.
 Unerupted before death-R8, 16; L8, 16
 Space -R2-4, 6mm
 R2 facial version

Note : True R3 lies unerupted in the socket of R3 and facially to R3 just thru the alveole process. It is possible that a deciduous R3 was in place before death.
 L11 and R11 facial version or 3mm.
 brown lingual stain.

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REPORT OF INVESTIGATION AREA SEARCH

AGRC Form 10 (Revised)

26 May 1947
Date

1 January 1946

NAME Unknown Y-5460 RANK Unknown ASN Unknown
 ORGANIZATION Unknown
 MEANS OF IDENTIFICATION None

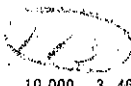
(All statements above this line will be completed, upon final) processing, by the clerical staff at the unit processing point.)

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

1. Was positive identity acquired for the deceased through the surface investigation? NO If so, state the following information:
 - a. NAME Unknown RANK Unknown ASN Unknown
 - b. ORGANIZATION Unknown
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 ONE (1) UNKNOWN

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

- a. Date of above burials NOT BURIED Common Graves? NO
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 VOSSENACK Coordinates (WF-0130)
 - 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?
(Town Hall, cemetery, burgermeister's office)



- 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?
- 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
- 38. Did any of the crew members escape?

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
NO MEANS OF IDENTIFICATION COULD BE RECOVERED

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 **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.

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NARRATIVE
ON VOSSENACK, GERMANY CASE

On 17 April 1947 an investigation team proceeded to the Hurtgen-Forest, Section "Raffelsbrand", District # 21 C to investigate this district and disinter the remains of an unburied American deceased.

The information was obtained from Peter Schmitt of Simonskall, who found the remains while cutting woods in the above mentioned district.

The remains were recovered lying in a dug-out. They consisted of dry bones and G.I. equipment. The deceased had probably been killed by shrapnel or small arm's fire, since the woods around the place of death were shattered by artillery and many small arm's were seen around there. The month of death seems to be November 1944, when the heaviest fighting took place in this district of the Hurtgen-Forest.

No Identification tags could be found on the remains.

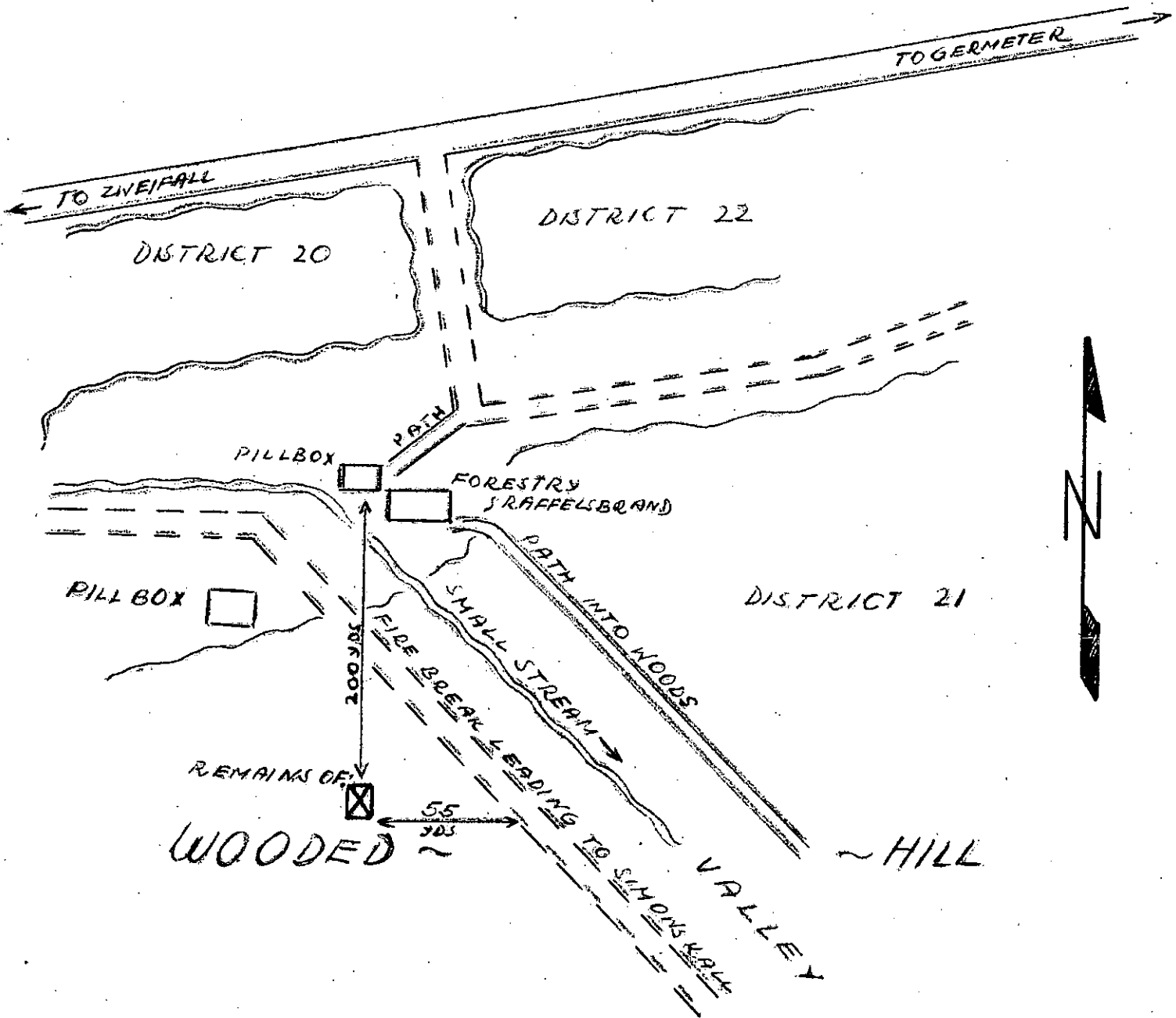
William B Adams

William B Adams
T/5 RA-6382982

1777

EVACUATION NUMBER IF-1321

Map : Germany 1/250000
Sheet : S I
Coord : (WF-0130)
Town : Vossenack, Germany
Sketch by : George Geist,
(German Interpreter)
NOT TO SCALE



TOP OF HILL
(APPROX.)

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? UNKNOWN

d. Did Cemetery Register or cross indicate the immunization shot? NOT APPLICABLE

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? 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.....

PETER SCHMITT, FARMER, SIMONSKALL / GERMANY

49. Are all positive statements regarding identification and particulars surrounding death attached? NONE

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

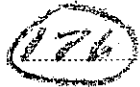
Organization

William B Adams

William B Adams
Signature of Investigator

T/5 RA-6382982
Rank ASN

Hq & Hq Det 164 QM. Bn.
Organization



- a. What information was contained thereon?
- b. Where was the information obtained?
- c. By whom?
12. What is the date of death? NOVEMBER 1944 ASSUMED
 a. Give basis FIGHTING TOOK PLACE AT THAT TIME
13. What is the cause of death? SMALL ARM'S FIRE ASSUMED
 b. Give basis REMAINS WERE FOUND LYING IN A FOX HOLE.
14. What is the date of burial? NOT BURIED
 a. Give basis
15. What was the place of death? "RAFFELSRAND" DISTRICT # 21 C Coords WF-0130
 b. Give basis REMAINS WERE FOUND THERE
16. Where were the remains found? "RAFFELSRAND" DISTRICT # 21 C Coords WF-0130
 a. By whom? PETER SCHMITT, FARMER OF SIMONSKALL / GERMANY
 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
 (Civilian, American Mil. or German Mil.)
- a. What are the names and addresses?

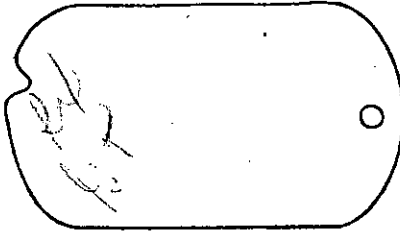
SECTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

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?

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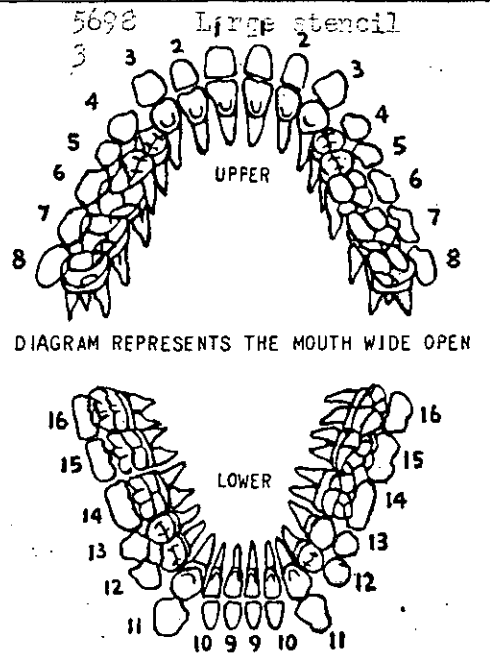




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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT <p align="center">12 June 1947</p>	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) <p align="center">Unknown X-5460</p>				SERIAL No. <p align="center">Unknown</p>	
		GRADE <p align="center">Unknown</p>		ORGANIZATION <p align="center">Unknown</p>		BRANCH OF SERVICE <p align="center">A.G.F.</p>	
		RACE <p align="center">Unknown</p>		RELIGION <p align="center">Unknown</p>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH "Raffelsbrand" district #21C Germany		CAUSE OF DEATH <p align="center">BTP: Small arms fire or shrapnel</p>				DATE OF DEATH <p align="center">Est. Nov. 1944</p>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">None</p>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>		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) <p align="center">Yes</p>							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p 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 <p align="center">U.S. Military Cemetery, Neuville en Condroz, Belgium (WK 390187)</p>							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
12 June 1947	1500	Casket	Temp. wood. cross	W	12	299	
WAS THIS A REBURIAL? (Yes or no) <p align="center">No</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">Remains found on Raffelsbrand district #21C Germany. WF-0130</p>						
TYPE OF RELIGIOUS CEREMONY <p align="center">Joint P, C & H</p>	PERSON CONDUCTING BURIAL RITES <p align="center">Chaplains Rusher Saatman & Lepchivcher</p>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <p align="center">Report of Burial</p>				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">No</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">GRS</p>						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">Unknown X-5511</p>			RANK <p align="center">Unk</p>	SERIAL No. <p align="center">Unk</p>	ORGANIZATION <p align="center">Unk</p>	GRAVE No. <p align="center">300</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">Hardy, Robert T.</p>			RANK <p align="center">Pvt</p>	SERIAL No. <p align="center">42084358</p>	ORGANIZATION <p align="center">110 Inf</p>	GRAVE No. <p align="center">298</p>	
SIGNATURE OF PERSON PREPARING REPORT ERNEST C. GADY CWO USA C.I.P. <i>Ernest Gady</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 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.							

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	Section 3. UNIDENTIFIED REMAINS.			
LEFT LITTLE 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 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.			
LEFT RING FINGER	HEIGHT Est. 5'9½"	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. None		LAUNDRY MARKS None	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES Chemical Laboratory Examination made on the following: 1.-Part of raincoat. Findings:			A R T H U R ? 12125337 5 6 ? ?
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING Sent to photo Laboratory for infra-red rays			
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY. Photo Laboratory Examination made on raincoat revealed: With Infra-red: Photo 181-1A			
RIGHT RING FINGER	(See attached sheet)			
RIGHT MIDDLE FINGER	REMARKS: Form 11, Check List of Unknowns, Form 1A Tooth chart accomplished. Unable to obtain fingerprints because of decomposition Estimated weight of remains recovered: 7 Lbs.			
RIGHT LITTLE FINGER				

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