

1

DISINTERMENT DIRECTIVE

USMC Neuville en Condroz
 Plot: C Row: 5 Gr: 48
 Date of Burial: 10 Apr 50
 Verified by GRS Officer
 M.R. Swart, Capt QMC

SECTION A NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	1260 02075	15 08 48 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X-005508		J	O	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
NEUVILLE BELGIUM	Y	1	13	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 XXXXXXXXXXXXXXXXXXXXXXXXXXXX These remains are unidentifiable and are to be permanently interred. (HQ. AGRC-14 DEC49)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-005508			28 NOVEMBER 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS ROB <input type="checkbox"/> MARKER EMB	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY STANLEY C. TYRRELL CAPT, INF. NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER.	CONDITION OF REMAINS ADVANCED DECOMPOSITION. MULTIPLE FRACTURES, FRAGMENTATIONS AND MISSING MEMBERS.
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OTHER MEANS OF IDENTIFICATION
 3 EMBOSSED PLATES AND 1 MEDICAL TAG WITH REMAINS.

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

FILE
 RECORDS ANNOTATED
 DATE 1 June '50
 NAME R. J. Jones
 Report. BR. MEM. DIV.

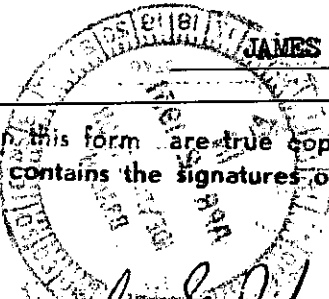
REMAINS PREPARED AND PLACED IN ~~XXXXX~~ TRANSFER BOX

DATE 9 DECEMBER 1948 BY JAMES E. TUCKER, EMBALMER
 CASKET SEALED BY _____ EMBALMER (Signature)

THOMAS H. JAMES GASKET BOXED AND MARKED	ALBERT J. MINOTTI CLK RECORDER	THOMAS H. JAMES, EMBALMER XXXXXXXXXXXXXXXXXXXXXXXXXXXX TAGS, PLATES, MARKINGS VERIFIED BY: FRANKLIN J. ST CLAIR, 1ST LT, INF.
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. EXCEPT CASKETING

JAMES M. FORESTER, 1ST LT, QMC
 SIGNATURE OF AGRS INSPECTOR



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

Raymond G. Johnson, 1st Lt, Inf
Mills

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

28 April 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 5508, Plot Y,
Row 1, Grave 13, 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.

Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2372, dated 23-7-47.

Case reviewed by undersigned Members of the Board of Review:

Roger Berger

Maj. Roger BERGER, O-251736

ORD

Capt Jack C. HAYES, O-1577297

QMC

Edward F. Price, Jr.

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

QMC

1/Lt Edward E. STOUT, O-1594512

CE

E. J. Oglesby

1/Lt. Ernest J. OGLESBY, O-149004, Cav

Received

3800-29 April 49

QOMG

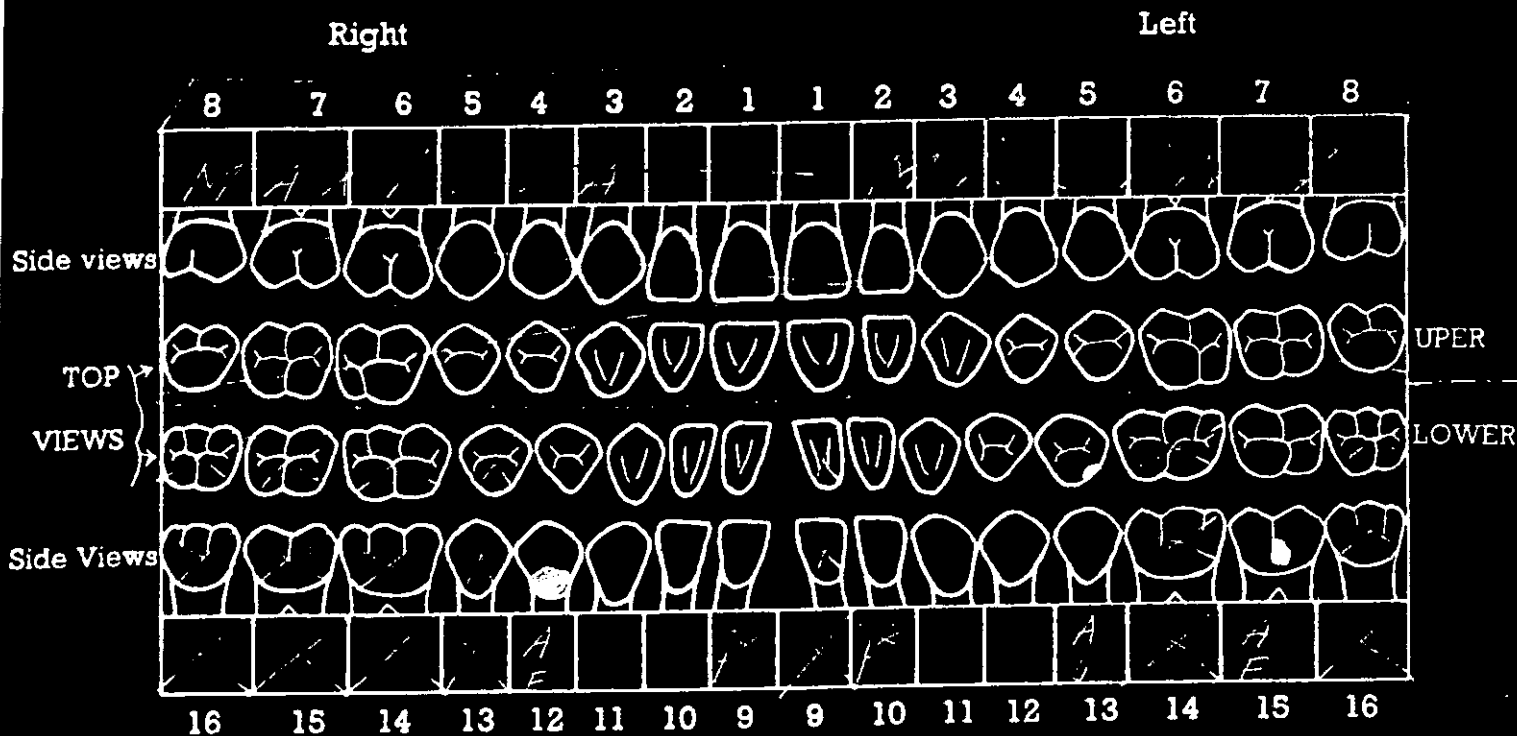
Not identifiable from
information presently
available

W. James

Incl #3

TOOTH CHART

Last Name	First	Initial	Rank	Serial
Unit			Organization	
Place of Death		Date of Death	Cause of Death	



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

(68)

Edward Sebastian
Signature of Officer or other person who prepared Tooth chart

Ernest Caddy
Verified by G. R. S. Officer
ERNEST O. CADDY
C/O 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

Teeth: mostly missing R 8 and I-10
 Spaces: R 2-4-10, 7m (not) I-10-11-12, 7m.
 Retainer: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
 All teeth: R-10, R-11 and I-11
 The teeth on right side above teeth are in good alignment.

(57)

IDENTIFICATION CHECK LIST

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

Unknown X - 5508
 Cemetery Neuville en Condroz, Belgium
 Plot _____ Row _____ Grave _____

1. ~~Arrived at cemetery~~ **Date processed: 7 May 1947.**
(Hour) (Date)
2. Place of death **Near Oberleuken, Germany**
(Name of closest town) (Coordinates and letter Prefix, maps)
(WL-0602)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by **164th QM Bn.**
(Name and organization)
4. Evacuated to Cemetery by **Central Identification Point Strasbourg, France.**
(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	none		
	<small>(Type)</small>		
Raincoat	none		
Overcoat	none		
Jacket, Field	Model 1941, Remnants of,		
Jacket, Combat	none		
Mackinaw	none		
Sweater	none		
Jacket, HBT	none		
* Shirt, Wool OD	none		
Undershirt, Wool	none		
Undershirt, Cotton	none		
Trousers, HBT	none		
* Trousers, Wool OD	none		

Belt, web Remnants of,

Drawers, wool none

Drawers, cotton none

Leggings, wool none

Socks, cotton Remnants of,

* Shoes none (type)

Overshoes none

Web Equipment Remnants of one legging (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?
BTB.: A.G.F. (See case papers)

6. Description of Remains :

Age Utd Height Utd Weight Utd Description of wounds Utd

Bandages or dressings None Scars Utd
(Length, width, location)

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

Outstanding moles, warts or birthmarks 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 No hair
(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, lushiness, extent across nose)

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

Mouth **Utd** Lips **Utd**
(Large, medium, small) (Small, large, full)

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

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

Jaw **Utd** Circumference of head in inches **Utd - No skull**
(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)

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 **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 **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 No hands

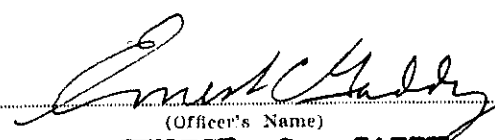
8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks Remains recovered in mattress cover in skeletal form.
Estimated weight of remains recovered: 2 1/2 lbs.
Fluoroscopic Examination unnecessary.
Chemical Laboratory Examination made on fragments of green
material revealed the following findings :

Name: OTTO SIND (torn
Berlin 1936

The material does not appear to be that of any American clothing
issued.

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)

As processing revealed no positive identifying clues, this case is classified "Unknown".

1F-1457

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Unknown X-5508

Cemetery Neuville en Condroz,
Belgium (VK-390187)

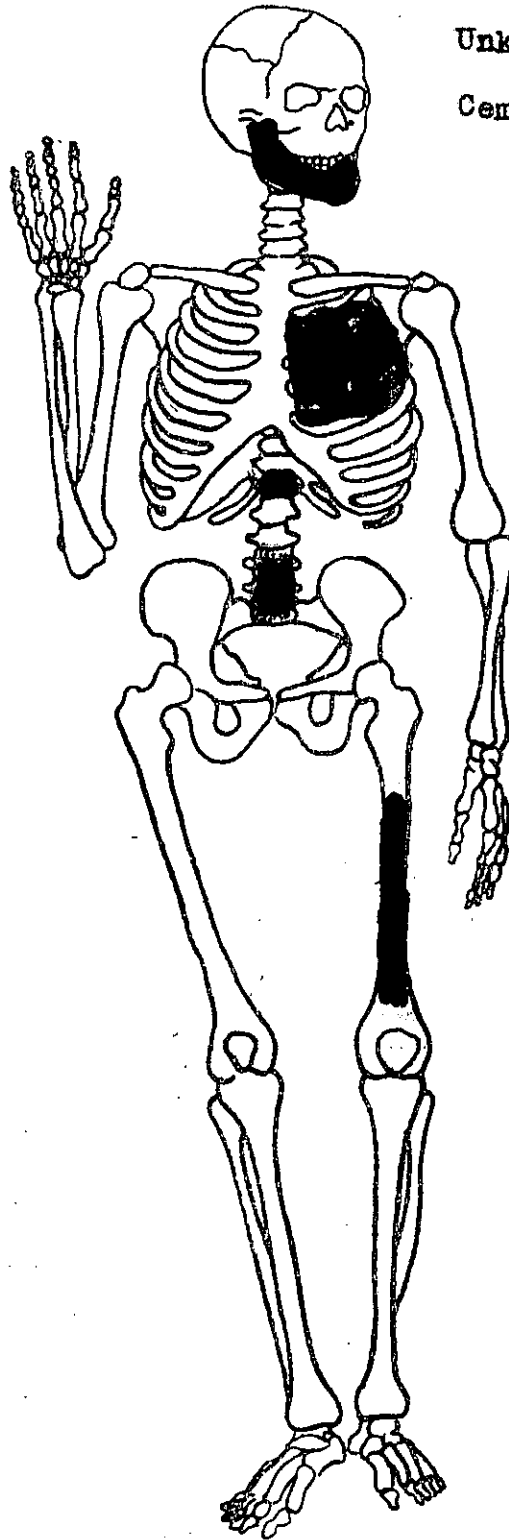


CHART "A"

REPORT OF INVESTIGATION
AREA SEARCH

ATT Reg Div for
Use in Casualty Clearan

28 May 1947

AGRC Form 10 (Revised)

Date

1 January 1946

NAME **Unknown X-5508** RANK **Unknown** ASN **Unknown**
 ORGANIZATION **Unknown** **A.G.F.**
 MEANS OF IDENTIFICATION **None**

(All statements above this line will be completed, upon find) 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 **UNK.** ASN **UNK.**
 b. ORGANIZATION **UNK.**

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY **None**

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

a. Date of above burials 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 **Oberlauken, Ger.** coordinates **WL-0602**
 b. Is Sketch attached? **Yes**
 c. Is area mined? **No**

9. How is the grave marked? **Not marked**

10. If grave is marked with cross, give exact markings thereon **Not marked**

a. From what source was this information obtained?
 (Identification tags, personal effects)

1. By whom

11. Where are the cemetery records? **No Records** (Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? **Unknown**
- a. Give basis _____
13. What is the cause of death? **Unknown, Presumed small arms fire.**
- b. Give basis _____
14. What is the date of burial? **Not buried**
- a. Give basis _____
15. What was the place of death? **Near Oberleuken, Germany** Coords **WL-0602**
- b. Give basis **German civilians**
16. Where were the remains found? **In woods approx. 400 meters behind Peter Spanier's house** Coords **WL-0602**
- a. By whom? **Peter Spanier**
- 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? **Peter Spanier, Oberleuken/Saar**

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? **DUES 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)
- 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?
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **Peter Spanier, Oberleuken, Germany (WL-0602)**

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 **Could not be found**
 - a. Were identification tags found at the time of death? **No**
 - Where? By whom?
 - Present disposition **Unknown**
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? **No**
Where? _____ By whom? _____
Present disposition _____

c. Was deceased identified by living members of the crew at the time of death? **No**

d. Did Cemetery Register or cross indicate the immunization shot? **No**

42. Was Deceased given first aid? **Unk.** 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? **No**
(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 Spanier,**
Oberleuken/Saar, Germany

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? **No**

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

52. Give Brief Narrative **(See Attached Narrative)**
(Use attached, sheets if necessary)

Signature of Interpreter

Henry A. Levesque
Signature of Investigator

Rank ASN

HENRY A. LEVESQUE
T/S **31461580**
Rank ASN

Organization

164th QM Bn., APO 403
Organization

IF - 1457
Oberleuken Ger. WL 0602
1 April 1947

N A R R A T I V E

On 1 April 1947, I was sent to Oberleuken/Sarr., Germany (WL-0602), for the purpose of disinterring an unknown American deceased, lying on top of the ground, in the forest, about 400 meters behind Herr Peter Spanier's house, Oberleuken, Ger. Herr Spanier found the remains while walking through the woods in December 1947.

The following were found upon disinterring;
Lower jaw bone with teeth
Back bone vertebra (3)
Ribs
Fore arm bone (large)
American type pocket knife
Small pieces of US uniform (trousers)
Canteen cover.

Additional information could not be obtained as all the inhabitants were evacuated from the village during fighting in this area.

Henry A. Levesque
HENRY A. LEVESQUE
T/5 31481580
164th QM Bn.

Coord: WL-0602

IF-1457

IF- 1457

MAP; 1/000,000

SHEET U-1

COORD: WL0602

LOCATION: Oberleuken, Ger.

DATE: 1 April 47

SKETCH: T/5 Henry A. Levesque

NOT TO SCALE.

Main Road

TO OBERLEUKEN
SAAR.

House

1.unk
Body

Thick
Woods

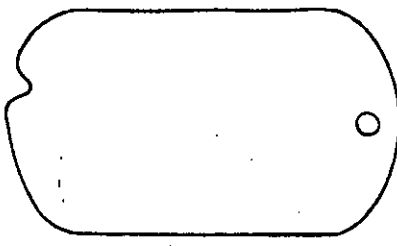
Road To "Peter Spanier"

End of Road

14 APR 47
H.A. LEVESQUE

RESTRICTED

1P-1457

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 46, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 13 June 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.			SERIAL No.		
	NAME (Last, first, middle initial) Unknown K-5508			Unknown		
	GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE A.C.F. (See case papers)		
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Near Oberleuken, Germany	CAUSE OF DEATH M.B.: Small arms fire.			DATE OF DEATH Dated 13 March 1945		
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	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
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 (WF-390187)						
DATE OF BURIAL 13 June 1947	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Temp. wooden cross	PLOT No. Y	ROW No. 1	GRAVE No. 13
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Found on ground in woods near Oberleuken, Germany (WF-3902)			PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY Joint P.C & H Saatchman & Lepchivcher	PERSON CONDUCTING BURIAL RITES Chaplains Rusher, Saatchman & Lepchivcher		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Burial			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) GRS					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Rosa, Guido A.			RANK 2nd Lt.	SERIAL No. 0-694721	ORGANIZATION 388 BbGp	GRAVE No. 14
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Bannerman, Richard P.			RANK 1st Lt.	SERIAL No. 0-804585	ORGANIZATION 95 BbGp	GRAVE No. 12
SIGNATURE OF PERSON PREPARING REPORT ERNEST C. GADDY CWC USA, C.I.F. 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 U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

16-43997-2

RESTRICTED

Section UNIDENTIFIED REMAINS.											
LEFT LITTLE FINGER	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>										
LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">HEIGHT</th> <th style="width: 15%;">WEIGHT</th> <th style="width: 15%;">COLOR OF EYES</th> <th style="width: 15%;">COLOR OF HAIR</th> <th style="width: 40%;">BIRTHMARKS, SCARS, OR TATTOOS</th> </tr> <tr> <td align="center">Utd</td> <td align="center">Utd</td> <td align="center">Utd</td> <td align="center">None found</td> <td align="center">Utd</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	Utd	Utd	Utd	None found	Utd
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS							
Utd	Utd	Utd	None found	Utd							
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">WEAPON AND SERIAL No.</th> <th style="width: 33%;">LAUNDRY MARKS</th> <th style="width: 34%;">WHERE BODY WAS BURIED OR FOUND</th> </tr> <tr> <td align="center">None</td> <td align="center">None</td> <td align="center">Near Oberleuken, Germany</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	None	None	Near Oberleuken, Germany				
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND									
None	None	Near Oberleuken, Germany									
LEFT INDEX FINGER	<p>OTHER IDENTIFICATION CLUES</p> <p>Chemical Laboratory Examination made on fragments of material found with body revealed the following finding: "None : GTRC MFD (town Berlin 1936 "</p> <p>The material does not appear to be that of any American clothing issued.</p> <p>In December 1946 the remains of an unknown American deceased were found, by a German civilian, on top of the ground, in the woods near Oberleuken, Germany.</p> <p>It was not possible to obtain any information about the death of this man because all the inhabitants were evacuated from the village during fighting in this area.</p> <p>As processing at Central Identification Point revealed no positive identifying clues this case is classified "Unknown".</p>										
LEFT THUMB	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; height: 100px;"> </div>										
RIGHT THUMB											
RIGHT INDEX FINGER											
RIGHT MIDDLE FINGER											
RIGHT RING FINGER											
RIGHT LITTLE FINGER	<p>REMARKS:</p> <p>Form 11 Identification Check List and Form 1A Tooth Chart accomplished.</p> <p>Unable to obtain fingerprints because of missing portions</p> <p>Estimated weight of remains recovered: 2 1/2 lbs.</p>										