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REV 11 FEB 48 1194

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OXCMT 293 📈 HULBOY, John J. Pfc., 33426488

2d Ind

SUNDER - Identification of World War II Deceased

Department of the Army, Class, Washington 25, D. C. 25 September 1950

TO: Commanding Officer, 7887 Graves Registration Detachment, APO 757, c/o Postmester, New York, New York

Reference is made to your message ACHC 2496 dated 14 September 1950 and our message MCL 44451 dated 20 September 1950. Returned herewith are Field Hoard Findings for Unknown X-6058, USAS Neuville, Belgium, identified by your headquarters as Pfc. John J. Hulboy, 33426488. 10x 2 605 83

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Subject case has been disapproved on the basis of insufficient identifying data, and is classified as Unidentifiable.

FOR THE QUARTEDWASTER GREENAL:

l Incl Withdrawn incl 21 Added 1 incl 2. Fld Bd Findings (HULBOY)

THOMAS E. COL Gapt CHC Memorial Division

Cy furnished: Adm Sec rar/Coffey N. Farmer

Basic ltr. Dept of the Army, OQMG, QMGMT 293, GRS European, (Neuville) Belgium, Subject: Identification of World War II Decessed, dated 15 June 1950.

GRRE 293.3 (C334F)

lst Ind

Hq, 7887 Graves Registration Detachment, Registration Division, APO 757, (Liege) US Army, 8 July 1950.

The Quartermaster General, Washington 25, D.C. TO: ATTENTION: Memorial Division.

Reference basic communication, information requested therein was forwarded to your office by 1st indorsement, dated 9 June (copy attached).

FOR THE COMMANDING OFFICER:

2 Incls Added 1 incl 2. Cy 1st ind, dtd 9 Jun

Registration Division

DEPARTMENT OF THE ARMY

OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON 25, D. C.

QMGMT 293 IN REPLY REFER TO

15 June 1950

GRS European (Neuville) Belgium

SUBJECT: Identification of World War II Deceased

TO Commanding Officer 7887 Graves Registration Detachment APO 757, c/o Postmaster New York, New York

- 1. Reference is made to letter dated 27 April 1950, copy inclosed, to which no reply has been received.
- 2. It is requested that the estimated date of re-submission be furnished in accordance with paragraph two (2) of letter this Office, file QMGMP 293, subject: "Identification and Non-recoverability Cases", 14 February 1950.

FOR THE QUARTERMASTER GENERAL:

1 Incl:

Cy ltr dtd

27 Apr 50

K. Captain 19mb.

Memorial Division

293 und Belgium (Neuville) X-4058-

GRS European (Neuville) Bolgiss

SUBJECT: Identification of World War II Deceased

20 : Commanding Officer 7887 Graves Registration Detachment APO 757. c/o Postmenter Reg York, Reg York

1. Reference is sude to letter dated 27 April 1950, copy inclosed, to which no reply has been received.

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2. It is requested that the estimated auto of re-substraion be furnished in accordance with paragraph two (2) of letter this Office, file (MARY 203, subject: "Identification and Hon-recoverability Gases", 14 February 1950.

ME THE CHARTMAN THE CHARLES.

1 Incl: Cy ltr 644 27 Apr 50

Cy furnished: Adm Sec emr/TOYEBO #.7: Farmer SHOTAS E. COL Copt OFC Heroaring Sivinion



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Basic ltr, Dept of the Army, 0216, CMGMT 293, HULBOY, John J. Pfc., 33426488, Subject: Identification of World War II Decesed. dated 27 April 1950.

ORRE 293.3

lst Ind

Eq. 7887 Graves Registration Detechment, Registration Division, APO 757, (Liege) US Army, 9 June 1950.

To: The Quartermaster General, Washington 25. D.C. ATTENTION: Memorial Division.

- l. In compliance with the request in basic communication, attached hereto is a list of deceased indicated in the records of this Headquarters as disinterred from the vicinity of Serrig, Cermany.
- 2. A thorough review of case papers pertaining to K-6058 was made to determine whether these remains could be consolidated with one of unknown deceased shown on the attached inclosure, however, consolidation was not considered possible.
- 3. Further, T/Sgt Cherles E. SFERRECK, 39704546, Sgt Chester KAPPEDAL, 37299251 and Pro William O. JOHNSEY, 38537730, were also investigated with negative results. In-asmuch as the remains of Pro Frank J. CEPRECI, 33330079, Cpl. Harry C. WILKINS, 36414323 and Sgt Douglas R. DARLING, 37678108, are permanently interred or shipped to the United States, these deceased were not included in the above investigation.
- that the identification of Pro HULBOY be approved and this Headquarters notified accordingly. In the meantime these remains will continue to be held in suspense status pending receipt of further communication from your office.

FOR THE COMMANDING OFFICER:

l Incl List of Dec disint fr vicinity of Serrig, Gy. JAMES O. MacFARLAND Major, GMC Registration Division

DISTRIBUTION:
Orig & dup to Addressee
1 Cy - GRRE File
1 Cy - Reading File

Ind # 2

AIRMAIL

293 runk Belgin 2-6058 (newill)

QUENT 293 HULBOY, John J. Prc., 33426488

SUBJECT: Identification of World War II Deceased

TO:

Commanding Officer 7887 Graves Registration Detachment APO 757, c/o Postmaster New York, New York

- 1. Reference is made to corrected Report of Burial for Unknown X-6058, Plot Z, Row 7, Grave 174 USMC Neuville-en-Condroz, Belgium, identified by your headquarters as Pfc. John J. Hulboy, 33426488.
- 2. It is noted that the Narrative dated 30 July 1947, attached to Report of Burial, indicates the skull might possibly belong to one of the American soldiers previously disinterred from the forest. Information is requested as to whether an effort was made to consolidate X-6058 with remains recovered from the vicinity of Serrig, Germany. It is also requested that a list of all remains recovered from this area be submitted.
- pending a reinvestigation and receipt of reply from your head quarters by Air Mail.

FOR THE QUARTERMASTER GENERAL:

Cy furnished: Adm Sec rar/Toyebo & T.

N. Farmer

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THOMAS E. COK Capt ONC Hemorial Division

AIRMAIL

HEADQUARTERS AMERICAN GRAVES REGISTRATION CONTAIND EUROPEAN AREA APO 58 US AREX

RRE 293

10 Mar 1949 (Date)

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| | COMPANY OF INTENSION FOR | , r : 15 T T TMXI | ΩF. | REGIONS |

| The records pertaining to Unknown X- 6058, Plot Z |
|--|
| Row 7 , Grave 174 , USEC Neuville en Condroz-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. 2457, dated 11 Sap 1947. |
| Case reviewed by undersigned Hembers of the Board of Review: |
| Lonley Tynell |
| Capt. Jack C. HAYES, 0-1577297 GEC Capt Stanley C.TYRELL, 0-1304296 Inf |
| Edward & State |
| Capt.Edward F.PHICE, Jr. 0-1588236 OLC 1/Lt. Edward E. STOUT, 0-1594512 CE |
| Bund Melinla |
| 1/Lt Ernest J. OGLESBY, 0-449004 Cav |

Not identifiable from information presently

available

Inc/#18

PLOT:B ROW: 35 GRAVE: 48 DATE OF BURIAL 16 APR 49 VERIFIED BY GRS OFFICER DISINTERMENT DIRECTIVE THEODORE C. MURRAY, CAPT, QMC. DIRECTIVE NUMBER DATE SECTION A ---1260 02300 (D) NAME AND BURIAL LOCATION OF DECEASED DAY MONTH YEAR SERIAL NUMBER RELIGION RACE UNKNOWNX-006058 06 CEMETERY DISPOSITION OF REMAINS 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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED UNK UNKNOWN X-006058 2 DEC 48 IDENTIFICATION TAG ON **ORGANIZATION** RELIGION IDENTIFICATION VERIFIED BY UNKNOWN VERNON N. HOYT 1/LT INF REMAINSEMB-ROB MARKER EMB 6.00 To SECTION D - PREPARATION OF REMAINS FOR SHIPMENT CONDITION OF REMAINS ADVANCED DECOMPOSITION, REMAIN NATURE OF BURIAL REMAINS CONSISTS OF FRACTURED SKULL. MATTRESS COVER OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) NONE REMAINS PREPARED AND PLACED INDICATES. TRANSFER BOX MILLARD H. MC WHORTER EMBALMER CASKET, SEALED, BY EMBALMER (Signature) - --HENRY F. PERGANDE HENRY F. PERGANDE EMBALMER SHEPRICKADOREK XPRZEESKIK ALL PLATES TAGS MARKINGS CASKET BOXED AND MARKED STANLEY E. GAJEWSKI VERIFIED BY: CLERK RECORDER 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 STANLEY C. TYRRELL CAPT INF
SIGNATURE OF AGRS INSPECTOR REMARKS AND SPECIAL INSTRUCTIONS ready I certify that the entries opethis 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. 18MAY 1949 MERATRIATION

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| | | | SECTION D - PREP | | | | | | |
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| OTHER MEANS OF ID | PENTIFICA | TION | | | | | | · | |
| MINOR DISCREPANCE | ES (<i>Pre</i> | pare Discrepa | ncy Report QMC F | form 1194a fo | r major disc | repancies.) | | | |
| REMAINS PREPARED | AND PLAC | CED IN CASKET | | | - | | | | |
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| CASKET SEALED BY | | | · · | EMBALME | R (Signature | · · | | | • |
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| DATE | ВУ | | | | • | | | | <i>.</i> |
| I hereby | | that all the fo above is correc | regoing operation t. | s were condu | octed and ac | complished | under m | y immedi | ate supervision |

SIGNATURE OF AGRS INSPECTOR

FORM 1194

REMARKS AND SPECIAL INSTRUCTIONS

TOOTH CHART

X-6058 Neuville Z-7-174

27 Jan 50

33 426 488 Lett Right VIEWS 10 11 12 11 10 This dental drart is very important and should be filled in with great care. There are 32 feeth to be accounted for as shown by the numbers on the chart. Beginning at the middle line in both upper and lower saws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or cannes (tearing teeth), bicuspids) (chewing teeth), and molars (principa) chewing teeth). An examination should be made and

findings charted to cover the following basic conditions: Lost feeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found:

See reverse side for illustrations.

Let Average

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Spaces R 4 6 m, m, (Est)

Signature of Officer or other persons who property tests, cast to retain a feeth of the property of the property of the property of the property of the persons of the persons of the property of the persons of the perso

T 100 1-22 (29 AUG. 46)

HOLD GRAVE REGISTRATION FORM 1-A)

48: 13 + 16 - 46 - 45 H- 69:2 - 12

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he Tooth R8 is definitely provided but has drifted into position of R7 (missing)

2 Teeth 28 and 27 are definitely present but L6 is missing Drifting of 25 (distally and 48 and 27 (mesintly) has closed space of missing 26. Ly being rotated also accounts for dutt of 25

ay Jan 50.

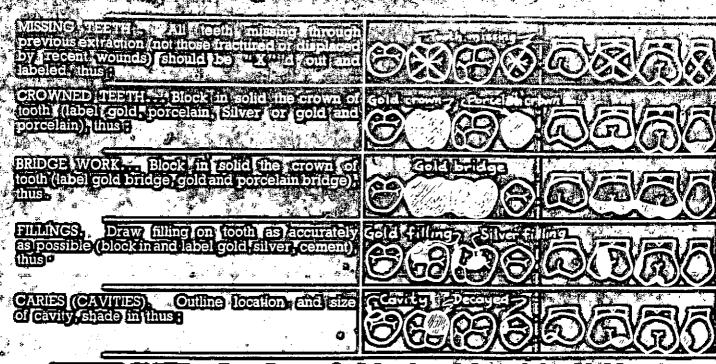
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| TOP SCOOL WOOD COST OF NOW WOOD COST OF | STOPPEN SERVICE STOPPEN STOPPE | |
| The dead chart is very important and should be filled in who great care. There are side in the property and should be filled in who great care. There are side and charted is incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (thewing teeth), and molars (principal teeth), cuspids or canines (tearing teeth), bicuspids (thewing teeth), and molars (principal teeth) and charted to cover the following best conditions a loss teeth, crowned teeth, bridge work, fillings, caries (cavitas of deary), dentures (plates), and any deformity of laws found. See reverse side for illustrations. | TOPH SOCIAL SOCI | VOQCESS |
| This dental chart is very important and should be filled in with great care. There are sold in the property of the members on the chart. Beginning at the middle line in both upper and lower faws, the teath are arranged symmetrically one there side and classed as incisors (cutting feeth), cuspids or cardines (teating feeth), including leath), and molars (principal classifications). An examination should be made and findings classed to cover the following basic conditions; bostleeth, growned teath, bridge work, fillings, cardes (cavities of decay), dentures (plates), and any deforming off aws found. See reverse side for illustrations. | W WWO CONTROLL OF THE WEILY | VO G G G G G G G G G G G G G G G G G G G |
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| See reverse side for illustrations. See reverse side for illustrations. Signature of Officer or other person who prepared Tooth chart | middle line in both upper and lower laws, the teasing and classed as incisors (cutting teelin), cusp (charge teelin), and molars (principal chewing tee | ethare arranged symmetrically onlettner ids or canines (tearing teeth), bicuspids th), An examination should be made and |
| Signature of Other person who prepared Tooth chart | work, fillings, carres (cavities of decay) (defillines) | itions a lost teeth, crowned teeth, bridge (plates), and any deformity of laws found. |
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| Signature of Oracer or other per on who prepared Tooth chart | lanco | d Sharitan Ma |
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| DENEST O. CODY | THE THE SAME OF THE PARTY OF TH | Verned by G. R. S. Orneer C. GADDY |
| GRAVES REGISTRATION CENTRAL IDENTIFICATION POINT . | GRAVES REGISTRATION CENTRA | USA |



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 relative

ADDITIONAL SPACE FOR FURTHER REMARKS

P. Posthumously missing o Spaces 9 R 5 - 7, 3mm, R2 - L1, 8mm (est) Rotated slightly distally, L4 Small teeth, in good alignment o have been blead white



| 1. Remains of Unknown 2. Date of Report NOWN-X-605S 3. Name of Cemetery 4. Plot 5. Row 6. Grave 7. Date of: USEC NUCVILIE 2 7 174 8. Estimated APPROXE 9. Estimated Height 10. Color of Hair ment NOWN-X-605S 12. Give Description of any Official Identification found with Remains EMBOSSED PLATE RECEIVED WITH REMAINS. 13. Give Description of Tattons or Scars on Body and/or such information obtained from other sources. NOME FOUND 14. Was Body Burned? NOWN NO 15. Was Body Mangled? NOWN NO 16. Describe evidence of healed Fractures and Bone Malformations NOME FOUND 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) | <u> </u> | | | | مستسب المناج بتجسيب | |
|---|--|---------------------------------------|----------------------|-------------------|---------------------------------|--------------------|
| NOWN-X-6058 3. Name of Cemetery 4. Plot 5. Row 6. Grave 7. Date of: Disinter Ment Ment Ment Ment Ment Ment Ment Ment | E.O 2950 | IDENTIFI | CATION | D/LTA | · } | |
| 3. Name of Cemetery 4. Plot 5. Kow 6. Grave 7. Date of: UNIC NUEVILLE 2 7 174 Disinterment Meinterment 20-25 S. Estimated Height 10. Color of Hair 11. Race 20-25 UTD REDDISH BROWN UTD 12. Give Description of any Official Identification found with Remains EMBOSSED PLATE RECEIVED WITH REMAINS. 13. Give Description of Tattoos or Scars on Body and/or such information obtained from other sources. NONE FOUND 14. Was Body Burned? **To what Extent?* **NOWN NO. 15. Was Body Angled? **YOUND** 16. Describe evidence of healed Fractures and Bone Malformations NONE FOUND 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | 1. Remains of Unknown | | | 2. Dat | te of Report | |
| USING NUEVILLE 2 7 174 Disinter ment ment ment | <u> </u> | | | 27 | IAN. 1950 | |
| 8. Estimated ACE 8. Estimated ACE 10. Color of Hair 11. Race 20-25 12. Give Description of any Official Identification found with Remains EMBOSSED PLATE RECEIVED WITH REMAINS. 13. Give Description of Tattoos or Scars on Body and/or such information obtained from other sources. NOME FOUND 14. Was Body Jangled? To what Extent? ***XOS*** No** 15. Was Body Jangled? To what Extent? ***XOS*** No** 16. Describe evidence of healed Fractures and Bone Malformations NOME FOUND 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | 3. Name of Cemetery | 4. Plot. | 5. Row | 6. Gra | | |
| UTD REDDISH BROWN UTD 12. Give Description of any Official Identification found with Remains EMBOSSED PLATE RECEIVED WITH REMAINS. 13. Give Description of Tattoos or Scars on Body and/or such information obtained from other sources. NONE FOUND 14. Was Body Burned? To what Extent? XMENN No 15. Was Body Jangled? To what Extent? XENN No 16. Describe evidence of healed Fractures and Bone Malformations NONE FOUND 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | USMC NUEVILIE | 2 | 7 | 174 | ment | ment |
| EMBOSSED PLATE RECEIVED WITH REMAINS. 13. Give Description of Tattoos or Scars on Body and/or such information obtained from other sources. NONE FOUND 14. Was Body Burned? **To what Extent? **YOUND** 15. Was Body Mangled? **To what Extent? **YOUND** 16. Describe evidence of healed Fractures and Bone Malformations **NONE FOUND** 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | in the same of the | | ed Heig | | | L |
| information obtained from other sources. NONE FOUND 14. Was Body Burned? To what Extent? ***MOST NO 15. Was Body Mangled? To what Extent? ***MOST NO 16. Describe evidence of healed Fractures and Bone Malformations NONE FOUND 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | | | | nuli 108 | toton loung wi | .cn nemains |
| Mas Body Mangled? To what Extent? Yess No 16. Describe evidence of healed Fractures and Bone Malformations NONE FOUND 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | information obtained | | | | y and or such | |
| 15. Was Body Mangled? To what Extent? Year No 16. Describe evidence of healed Fractures and Bone Malformations NONE FOUND 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | · · · · · · · · · · · · · · · · · · · | | To w | hat Ext | cent? | * |
| NONE FOUND 17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | 15. Was Body Mangled? | | To w | hat Ext | ent? | |
| showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not | 16. Describe evidence of | healed F | racture | s and I | Sone Malformat | ions |
| | showing the type, comarks are indistinct forwarded through ch | olor, size , such no nannels fo | , marki: tation : | ngs, se should | ervice, etc. (be made and s | If Laundry pecimen |

NONE FOUND

QMC FORm 1044 Previous Editions of this GPO - 0 - 47-754879 Rev 18 Mar 47 Form are obsolete Page 1 of 3

BLACK OUT PARTS OF BODY NOT REC MASS BURIAL CERTIFICATE (IF APPLICABLE) 20 • (Wherein segregation in whole or parts is impossible) 1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF NUMBER DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21- REMARKS AND ADDITIONAL INFORMATION REMAINS CONSIST OF ONE SKULL, TEETH RECEIVED INTACT IN SKULL. EST. AGE-20--25 EST. Ht.: UTD TECHNECIANS: FIELDS RICE SCULCO CIERK: GREEN · I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

SIGNATURE

OMC FORM 1044

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

| CITTA TVT | 11 4 - | - 14 |
|-----------|-------------|------|
| CHART | $\square A$ | 11 |
| | | |

SKELETAL CHART

| • | (BLACK CUT | PARTS OF BODY | NOT RECEIVED | AT CEMETERY) | |
|-----------------|------------------------------|---------------|--------------|-------------------|---|
| RIGHT | . Proposition and the second | | | Skull | <u>LEFT</u> |
| Humerus | cm | | | Humerus | em |
| UlnaRadiusFemur | CE CE | | | Ulna Radius Femur | • |
| TibiaFibula | Cm | | Si | - Bu | cm cm issing urned ractured rattered |

AGRC FORM No. 11 Revised 16 Sept. 1946 Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

| | | Unknown X 6058 |
|------|--|---|
| | | Cemetery Neuville en Condroz (Belgium |
| | • | PlotRowGrave |
| 1. | Date processed xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | |
| | Place of death BTB : SEPHIG Germany (Name of closest town) | (Coordinates and letter Prefix, maps) |
| | (Sheet, scale and serials used) | |
| 3. | Remains PERENAUS HOWEVER HOWEVER 164 | (Name and organization) |
| 4. | Evacuated to Cemetery by Subordinate Identi | fication Point # 2 . Neuville en Condroz |
| | | Belgium |
| 5. | Description of clothing and equipment: (if clothes | do not fit, obtain size from body measurements) |
| | Item Clothing | Indicate unusual markings |
| ı. · | Markings Sizes | color, wear, tear, repairs, etc. |
| | * Headgear One helmet liner (Type) | |
| | Raincoat | |
| | Overcoat None | |
| | Jacket, Field None | |
| | Jacket, Combat None | |
| | Mackinaw Hone | |
| | Sweater None | |
| | Jacket, HBT None | |
| | * Shirt, Wool OD None | |
| | Undershirt, Wool None | |
| | Undershirt, Cotton None | |
| | Trousers, HBT None | |
| | * Trousers. Wool OD None | |

| • | Belt, webNone |
|----|---|
| | Drawers, woolNone |
| | Drawers, cotton None |
| | Leggings, wool None |
| | Socks, cotton None |
| | * Shoes None (type) |
| | Overshoes None |
| | Web Equipment None (type) |
| | (Other item) None |
| | (Other item) None |
| | *If body is nude, sizes of these items should be computed by measuring the remains |
| | Chevrons or Insignia Cone (Type & location; shirt, jacket, coat, helmet) |
| | Shoulder Patch None |
| | Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? |
| 6. | D |
| | Description of Remains: All major bones missing |
| | Age UTD Height UTD Weight UTD Description of wounds UTD |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | Age UTD Height UTD Weight UTD Description of wounds UTD Bandages of dressings UTD Scars UTD |
| | Age UTD Height UTD Weight UTD Description of wounds UTD Bandages or dressings UTD Scars UTD (Length, width, location) Tattoos (Number, location — illustrate on separate page) |
| | Age UTD Height UTD Weight UTD Description of wounds UTD Bandages or dressings UTD Scars UTD (Length, width, location) Tattoos (Number, location — illustrate on separate page) Outstanding moles, warts or birthmarks. UTD (Yes-no; description, location) |
| | Age UTD Height UTD Weight UTD Description of wounds UTD Bandages or dressings UTD Scars UTD (Length, width, location) Tattoos (Number, location — illustrate on separate page) Outstanding moles, warts or birthmarks UTD Sunburn or tan, other than hand and face UTD |
| | Age UTD Height UTD Weight UTD Description of wounds UTD Bandages or dressings UTD Scars UTD (Length, width, location) Tattoos (Number, location — illustrate on separate page) Outstanding moles, warts or birthmarks. UTD Sunburn or tan, other than hand and face UTD Complexion (Light, medium, dark, clear, pimples, pocks, freckles) |
| | Age UTD Height UTD Weight UTD Description of wounds UTD Bandages or dressings UTD Scars UTD (Length, width, location) Tattoos (Number, location — illustrate on separate page) Outstanding moles, warts or birthmarks UTD Sunburn or tan, other than hand and face UTD |
| | Age UTD Height UTD 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 (Light, medium, dark, clear, pimples, pocks, freckles) Build (Large, fat, thin, muscular) |
| | Age UTD Height UTD Weight UTD Description of wounds UTD Bandages or dressings UTD Scars UTD Tattoos (Number, location — illustrate on separate page) Outstanding moles, warts or birthmarks UTD Sunburn or tan, other than hand and face UTD Complexion (Light, medium, dark, clear, pimples, pocks, freckles) Build |

| (Light, color, extent) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|--|---|---|
| | TC 1 | **** |
| Eyes(Color, setting, shape) | | (Color, bushiness, extent across nose) |
| | | |
| VoseUTD | Eears | (Size, set close to or far from head) |
| (Size, shape, straight) | | , |
| Mouth | Lips UID | |
| (Large, medium, småll) | | (Small, large, full) |
| Teeth See Tooth Chart . | , | |
| (White, size, uneveness, spacin | g, noticeable crov | vns, fillings, extracts) |
| - Filter | | |
| Chin (Prominent, recedin | g, pointed, dimpl | es, double) |
| · | - | |
| aw Circumferen | ice of head in | inches 20 ½" |
| (Large, small, normal) | | (Hat band) |
| Veck | Larynx | |
| (Size, length, short, normal, wrinkled) | , | (Prominent, normal) |
| 71 11 Page | λ T P | MAD. |
| Shoulders(Broad, straight, small, rounded) | Arms Length, 1 | nuscular, color, extent and quantity of hai |
| | | |
| | | |
| | | |
| Hands Wissing | | |
| | | • |
| Fingers | size of knuckles. | missing fingers or joints) |
| (6.1011, 1.1102, 1.1102) | <u></u> , | |
| | · | |
| (Unusual characterist | tics of fingernails | |
| ChestUTD | | |
| (Size of nipples, color, quantity a | | |
| | | |
| Vaist (Size of navel, appendectomy | . amount, quantity | v. and color of hair) |
| (Gize of mater, appendionous, | , | |
| Back UTO Circ | umcision | n Pubic Hair None found |
| (Quantity and extent of hair) | (7) | es-no) (Color) |
| Herniaplasty | | |
| terniapiasty | (Yes-no; location |) |
| | | · |
| egs(Inseam, muscular, knock-kneed, bowe | d normal menti | ity, color and extent of hair) |
| (insetini, indsettiar, knock-kneed, nowe | u, normai, quaice | |
| eet U | Toes | UID |
| (Size, corns, callouses, flat) | | (Stender, straight, crooked, overlap) |
| Evidence of healed fractures onefound | - | |
| Evidence of healed fractures | (Nose, arms, | legs, etc.) |
| | | |
| NOTE: Use attached charts "A" and "B" to inc | dicate parts no | ot received. |

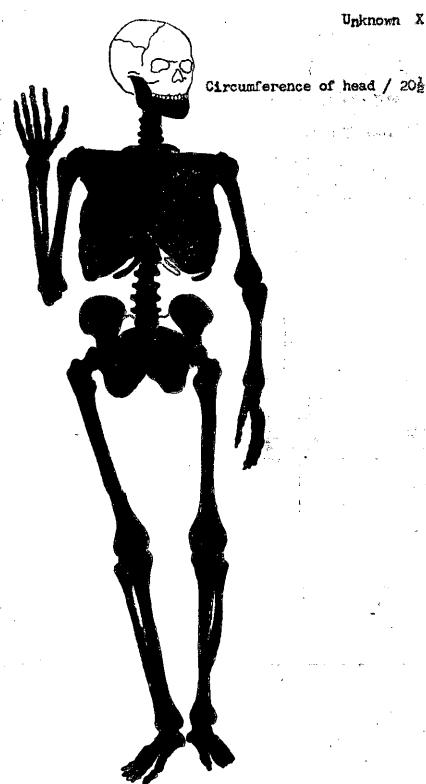
| | (Yes-no) |
|---|-------------------------------------|
| 9. Remarks Case consisted of the head only marilla and clothing. No bones for measurement, Fluoroscopic Examina | * |
| clothing. No bones for measurement. Fluoroscopic Examina | |
| | mandible with the head. No |
| | tion unnecessary .Estimated |
| reight of remains : 1 pound . Nothing found to warrant C | hemical Laboratory Examination |
| Processing revealed To positive Identifying clues.theref | ore this case is classified |
| Unknown " I certify that I have personally viewed the remains of subject dece has been recorded to the best of my knowledge. | cased and all resulting information |
| | est Galdy (Officer's Name) |
| | C. GADDY |
| CVO Rank | Nervice Service |
| CENTRA | |

SKELETAL CHART

1F - 1511 U.S. Military Cemetery Neuville en Condroz (Belgium)

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Unknown X - 6058



REI JRT OF INVESTIGATION AREA SEARCH



| 1 January 1946 | | 28 August 1947 Date | |
|--|------------------------|---|-----------|
| 9.0 | | | |
| NAME Unknown X - 6058 RANK | Unknown | ASN <u>Unknown</u> | |
| ORGANIZATIONUnknown | Unkno | wn | |
| MEANS OF IDENTIFICATION | | 4.00,40 | |
| | | | |
| (All statements above this line will be comunit processing point.) | npleted, upon final) | processing, by the clerical staff | at th |
| SECTION A — GENERAL (To be completed by investigators in al | ll cases) | | |
| Was positive identity acquired for the deceased through the the following information: | | • | |
| a. NAME ⁻ RA | NK | ASN | |
| | | | |
| b. ORGANIZATION 2. Was partial identification established? UNKNOWN 10 | so, state the facts as | to whom you believe the deceased | A. E. |
| a. NAME UNKNOWN | UNK | ACNI | IQ DE |
| a. NAME UNKNOWN RA | | AGN | |
| 3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VIC | INITY | NONE | ******* |
| (Use reverse side for listing of crew members from MACR) a. Date of above burials | ommon Graves? | | 1******** |
| (Military or Civilian) | • | | |
| 6. Map Coordinates of the Cemetery | | | |
| a. Town Country | | | |
| 7. Give exact location in cemetery of the remains. | | | |
| a Section Row | Grav | е | |
| b. Is sketch attached? | - | | |
| 8. If remains are not located in a cemetery, give exact location a. Town Coercinates | o coording | Eller Commercial | |
| a. Town Cogretinates | | | |
| b. Is Sketch attached? | | | |
| c. is area mined? | | | |
| 9. How is the grave marked? | NOINE | | |
| iv. It grave is marked with cross, give exact markings thereon | | *************************************** | |
| - | FORESTER, S | ELIGER | |
| a. From what source was this information obtained? | - | • • •••••••••••••••••••••••••••••••••• | |
| (Identification tags, personal ROBLRT O. SPENCE | | , | |
| By whom | ns · | | |
| 1. Where are the comptent records? | . النوابي | | |

Evacuation Number 1F-1511

| · | a. What information was contain thereon? NONE |
|----------|--|
| | b. Where was the information obtained? FORESTER, SELIGER |
| | c. By whom? SGT. ROBERT O. SPENCE |
| 12. | What is the date of death? |
| | a. Give basis UNK. |
| 13. | What is the cause of death? UNK. |
| | b. Give basis UIIK . |
| | What is the date of burial? NOT BURIED |
| | a. Give basis FOUND IN FOREST NEAR SERRIG |
| | What was the place of death? PRESUMED - SERRIG, GER. Coords WL-1410 |
| | b. Give basis FOUND IN FOREST NEAR SERRIG, GER. |
| | Where were the remains found? FOREST NEAR SERRIG, GER. Coords WL-1410. |
| | a. By whom? FORESTER, SELIGER |
| | b. 1s sketch attached?YES |
| 17. | Was a casket used? |
| | Type of casket How marked? |
| | |
| | Who made the burial MOT BURILLD (Civilian, American Mil. or German Mil.) |
| | a. What are the names and addresses? NONE |
| | |
| 1+1+1444 | |
| | TION 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) |
| a til | b. Near wreckage? |
| | Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom) a. Type of Plane |
| | b. Markings and/or name on plane |
| | c. Give numbers on motors, machine guns, instruments, radios or other equipment: |
| | |
| 21. | How did crash occur? |
| | Enemy Planes? Collision? |
| | Did plane explode in the air?On ground? |
| 23. | Did plane burn in the air? |
| | What was the direction of the flight? |
| 25. | What was the civilian opinion regarding destination of plane? |

| | Evacuation Number 11 -1511 |
|----------------|--|
| · 2 <i>C</i> . | Had bombs been released prior to crash? |
| | 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 |
| | · · · (Nights) (Days) |
| 30. | Were parachutists seen? How many? Escaped? |
| | Prisoners? |
| | CTION 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? Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when |
| 32. | 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 |
| | 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? |
| | CTION 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 NONE |
| | |
| | |
| | CTION E — GENERAL (To be completed by investigation in all cases) |
| 41. | Were personal effects recovered by the investigating team? NO |
| | If not, state reason NP PERSONAL EFFECTS |
| | a. Were identification tags found at the time of death? |
| | Where? By whom? |
| - | Present disposition UNK. |
| | 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. |

Evacuation Number 1F-1511

| | b. Were personal effects found at the time of death? UNK. Where? By whom? |
|--------|--|
| | Present disposition UNK. |
| | 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? UNK If so, where? UNK |
| | By whom? Are statements from the medical people attached?NONE |
| 43. | Was deceased evacuated to a German civilian hospital? |
| | Where? Names of people concerned NONE |
| ***** | |
| 44. | Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? |
| 45. | Is it possible on surface investigation to obtain from civilian sources the condition of the remains? |
| | DECAPTTATED (Burnt? Decapitated? etc) |
| | (Burnt? Decapitated? etc) |
| 46. | Do facts surrounding death show any evidence that it might be an atrocity case? |
| | a. If so, give basis for positive assumption |
| | |
| | b. If so, has higher headquarters been notified? UNK. |
| 47. | Was case previously investigated? NO By whom? |
| | When? |
| 48. | Was case previously investigated? NO By whom? When? Give full names, addresses, and information obtained from each person interviewed FORESTER, SELIGES |
| | SERRIG, GERMANY |
| ****** | DEMITO, SPREAME |
| /O | Are all positive statements regarding identification and particulars surrounding death attached?YES |
| | Has any information been given concerning isolated burials in the area outside the immediate vicinity? NONE |
| | and the state of t |
| OK. | Was investigation preceded by anvanced publicity? |
| | (If special investigation, give case number) |
| 52. | Give Brief Narrative (SEE ATTACHED NARRATIVE) |
| | (Use attached, sheets if necessary) |
| | |
| | Probet Q Splace |
| | ROBERT O. SPENCE |
| | Signature of Interpreter Signature of Investigator |
| • | |
| | SGT. 35868284 |
| | Rank ASN Rank ASN |
| | |
| | 164th QM Bn., APO 403 |
| | Organization Organization |

HABBATIVE

30 July 1947

on 24 July 1947. I was searching and disinterring in the town of SERRIG, Germany.

It was reported in this town that an American helmet with a skull was found in the forest near SERRIG.

I contacted the forester, SELICER, who know about the helmet and skull. SELICER stated that he found two (2) skulls in the forest in the carly part of Merch 1947. He further stated that the two (2) skulls might possibly belong to American soldiers who had been previously disinterred from the forest. 1x-6058 a. 66. 91

CONCLUSION:

According to the investigation conducted, it is presumed that the two (2) skulls found are those of American soldiers who were killed during the assembt on SERRIG, Cermany. Due to the fact that they were found in the forest, it is possible that the rest of the remains are buried in a Military Comstery.

35868284

BRELARUNG

Etwa 7 km von Serrig im Welde fand ich im Fruhjahr dieses Jahres zwei (2) Kopfe von Leichen. Es besteht die moglichkeit dass op sich um Ubereste von gefallenen Amerikaner handelt, da viele Amerikaner dort gefallen sind.

Ich habe dass weiter gemeldet, und die Kopfe wurden heute von einem Kommando hier abgeholt.

> Serrig, den 25. July 1947. Forster ges. Seliger

APPOT Minder

Approximately 7 kilometers outside of Serrig in a forest, I found two (2) skulls in the spring of this year. It is possible that the skulls are parts of remains of American deceased, since many Americans were killed in action in that vicinity.

I forwarded this information, and the shalls were removed by a team today.

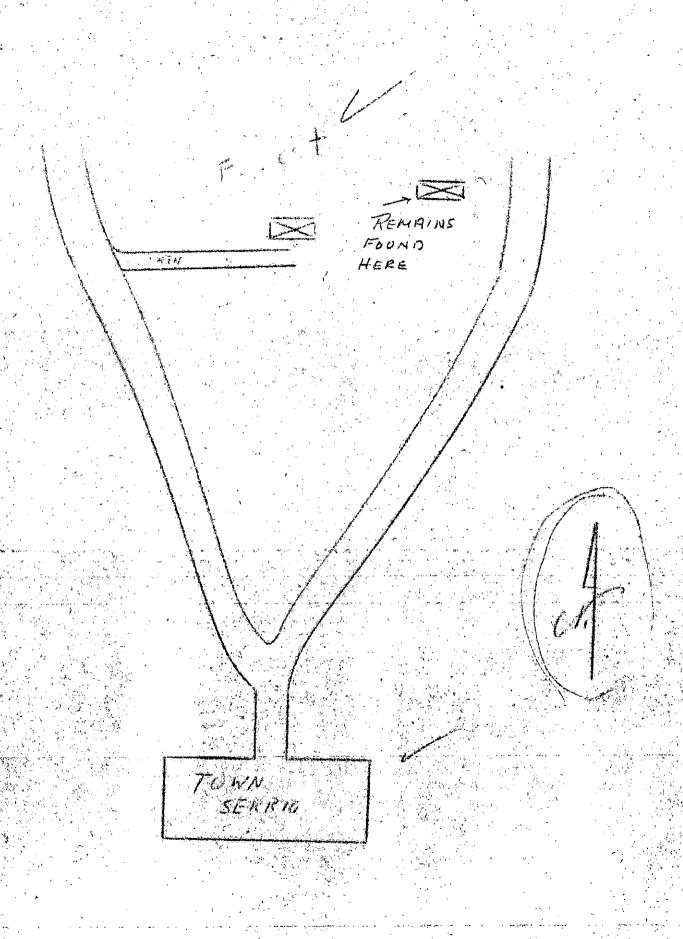
Serrig, 25 July 1947 Forester Seligor

I certify that this is a true translation to the best of my ability.

MILLIE RESSELRING

KICHAND W. SECOR

Capt. Inf. Operations Officer



| · ./ | ₩ · . | • | 10 g . C. C |
|---|-----------------------------------|-------------------------------------|--|
| E Links | REST | RICTED | 1F 1511 🦸 |
| WD QMC FORM 1042 (Rev. 1 Apr. 1945) | REPORT O | F INTERMENT | DATE OF REPORT |
| (Supersedes GRS Form 1) | (AR 30-1810 | and AR 30-1815) | 20 Aug. 1947 |
| Imprint Identification Tag If Possible. | Section 1.—IDENTIFICATIO | N. | SERIAL No. |
| DO NOT TYPE | NAME (Last, first, middle inition | | |
| | Unknown X- | Unknown | |
| > | GRADE | ORGANIZATION | BRANCH OF SERVICE |
| (0) | Unknown | Unknown | Unknown |
| | RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |
| | Unknown | Unknown | |
| PLACE OF DEATH | CAUSE OF DEATH | | DATE OF DEATH |
| BTB: Serrig, Germany | B' | TB: KIA | Unknown |
| EMERGENCY ADDRESSEE (Name, relationship, an | | | |
| | | Unknown | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) | IF NO TAGS FOUND ON BOD | Y, DESCRIBE MEANS OF IDENTIFICATION | (If unidentified, fill in section 3 on reverse) |
| None | | (1) | TITLE OF THE PARTY |
| WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) | • | (1)0.10 | at 38 38 3E |
| Yes | | TINU - | NOO JIMB TOO |
| LIST PERSONAL EFFECTS FOUND ON BODY AND | DISPOSITION OF SAME | 1 LY61 | SEP 25 |
| | | (2) | |
| • | | None | |
| | | | TIEL |
| Section 2.—BURIAL. If other than in estab | lished cometery, furnish sk | etch and map coordinates on reverse | |
| NAME NUMBER COORDINATES AND LOCATION | | | |

USMC, Neuville en Condroz, Belgium (VK 390187)

| | Lugus | BURIED IN (Shroud, blanket, or | name of other) | TYPE OF GRAVE | PLOT No. F | ROW No. | GRAVE No. |
|---|------------------|--|---------------------------------|--|----------------|-----------|------------|
| 21 Aug. 1947 | 1500 | Casket | | MARKER Temp Wooden Cross | Z | 7 | 174 |
| WAS THIS A REBURIAL? | I IF A REBURIAL, | INDICATE NAME, NUMBER, COOR | DINATES OF PREVIO | OUS CEMETERY, AND LO | CATION OF GRA | WE | |
| (Yes or no) | Remains | found on ground in | n forest ne | ar Serrig, | | ROW No. | GRAVE No. |
| No | Germany | WL . | - 1410 | <u> </u> | | | <u> </u> |
| TYPE OF RELIGIOUS PERSON CONDUCTING BURIAL RITES CEREMONY J. W. Sartman | | | IF IDENTIFICATI CONTAINERS B | ON TAGS NOT USED, I URIED WITH BODY | DESCRIBE IDENI | TIFICATIO | N DATA AND |
| General | Capt. 0 | A. Rusher | - One cop | y of WD QMC H | orm 1042 | place | ed in |
| IDENTIFICATION TAG BURIE BODY (Yes or no) | D WITH IDEN | TIFICATION TAG ATTACHED TO RKER (Yes or no) | burial | bottle and bu | ried wit | h rema | iins. |
| . N | y No No | |) h | | | | |
| BODY BURIED ON DECEASED | LEFT, NAME (La | st, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRA | VE No. |
| X- 6059 | | | Unknown | Unknown | Unknow | n | 175 |
| BODY BURIED ON DECEASED | RIGHT, NAME (L | ast, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRA | VE No. |
| x- 6057 | | | Unknown | Unknown | Unknow | n | 173 |

SIGNATURE OF PERSON PREPARING REPORT
ALBERT G. RICHARDSON

USWD Civ. CAF 3 SIGNATURE OF GRS OFFICER VERIFYING REPORT IVOR J. FOSMO

2nd Lt Inf CIP

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.

CORRECTED COPY Und Bewi October 1950 (Revised | Sept. 1943) Take Fingerprints & Michelle Mandle to obtain Date a complete set of Fingerprints, Take Those You Can, Unk X-6058 and fill in the following Serial No. Last Nan Laundry Marks: Adleight: Unk Number of Rifle: Color of Eyes: Weard Alges?
Color of Hair dissol to sind Tooth Chart Attached? Serrig, Germany of Death USMC Neuville en Condroz, Belgium noisoal to estantibrood (of green), have medicretegened accounted a tooth chart, if no medicalaire personnel present, fill in a tooth thart below.) In space below, locate, and describe any scars, shipping moles, deformities, etc. Type of Marker Grave Number Attached to Marker Yes [Disposition of Identification Tags: Buried with body Yes D No D If No Identification Tags Previously identified as HULBOY, John J. 33426488 How were remains identified? Redesignated X-6058 per authority OQMG (2d Ind. dtd 25 Sep 50) Note-below any identifying clues found, such as letters, photographs, What means of identification were buried with the body ?because ho notheringro oldedorg To determine Right of Left use Deceased's Right and Left. Who is buried on : Deceased's Right Serial No. Organization X = 6059175 Deceased's Left: Serial No. Grave No. Organization If this is an Isolated Burial, make a Sketch of the TOOTH CHART Signature or Name, Rank and if possible Ostanization of possoo furnishing above Data when other than officer reporting burial. wolled at Ith bexilts ton tight not shirt be not attach sepa Unknown! Emergency Addressee...... Ç Ωŧ 200 ₽°O Unknown Religion A List only Personal Effects Found on Body and dispositions of This corrected Remains found on ground in Forest near of Buriaf prepared at Hq, Serrig, Germany WL-1410 American Gra Command, Ea meteoticineti Suet C1 76992 - 887 M - 3-45 Verified by G.R.S. Officer GEORGE GUNDERMAN Major,

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

MC FORM 1121

Aug 45