

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRR 293

14 Mar 1949
(Date)

293 Unit, Belgium (Neuville) X-6059

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 6059, Plot Z,
Row 7, Grave 175, USMC 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. 457, dated 11 Sep 1947.

Case reviewed by undersigned Members of the Board of Review:

Capt. Jack C. HAYES, O-1577297

OMC ~~Capt. Stanley C. TYRRELL, O-1304296 Inf~~

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

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

1/Lt Ernest J. OGLESBY, O-449004 Cav

Received IL # 3605-22 Mar 49
Not identifiable from
information presently
available

OQMG

Warner

Incl #17

USMC NEUVILLE EN CONDROZ

6-10

Plot B, Row 40, Grave 20

Date of Burial: 31 March 49

Verified by GRS officer

Theodore C Murray, Capt. QMC

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1260 02301	DATE 15 08 48		
NAME UNKNOWNX	SERIAL NUMBER -006059	GRADE	ARM J	RACE O	RELIGION 6
CEMETERY NEUVILLE BELGIUM	PLOT Z	ROW 7	GRAVE 175	DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-006059	GRADE UNK	DATE OF DEATH	DATE DISINTERRED 2 DEC 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER EMB	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY VERNON K. HOYT, 1/LT., INF NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER	CONDITION OF REMAINS ADVANCED DECOMPOSITION REMAINS CONSIST OF COMPLETE HEAD
OTHER MEANS OF IDENTIFICATION EMBOSSED PLATE FOUND DURING PROCESSING AGREES WITH REPORT OF BURIAL ALSO FOUND WITH REMAINS	
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) NONE	

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX

JOHN T. NICHOLSON, EMBALMER

DATE 22 DEC 48

BY

GASKET SEALED BY

THOMAS H. JAMES, EMBALMER

EMBALMER (Signature)

THOMAS H. JAMES, EMBALMER

CASKET BOXED AND MARKED

SAM SUPPA
IDENT. TECH

SHIPPING ADDRESS VERIFIED BY ALL TAGS, MARKINGS &
PLATES VERIFIED BY
FRANKLIN J. ST CLAIR, 1/LT., INF

DATE 28 DEC 48 BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

EXCEPT CASCKETING

ERNEST C. GADDY, USA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

The entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Raymond Rodriguez CWO USA

new C7

TOOTH CHART

15 August 1947

Date

Unknown X-6059
 Last Name First Initial

Unknown
 Rank

Unknown
 Serial No.

Unknown
 Unit

Unknown
 Organization

BTB: Serrig, Germany
 Place of Death

Unknown
 Date of Death

BTB: KIA
 Cause of Death

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
NOTE	A	A		X	X	X	X	X	X					X	A	
	O	O													O	
Side views																
TOP																
VIEW																
Side Views																
NOTE	A	A	X			X	X	X	X		NOTE			A	A	NOTE
	O	O												O	O	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See remarks

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

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

Ernest C. Gaddy
 Verified by G. R. & E. Officer

ERNEST C. GADDY
 CWO USA C.I.P.

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MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed 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

P: posthumously missing
 Spaces: L 5-7, none
 Unerrupted before death, R8, 16 and L12, 16
 Distal version, L11
 Mesial version, L13

Medium sized teeth in fair alignment, have been bleached whit

18

IDENTIFICATION CHECK LIST

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

Unknown X-6059
 Cemetery Neuville en Condroz, Belgium
 Plot _____ Row _____ Grave _____

Date processed: 15 August 1947

1. ~~XXXXXXXXXXXX~~
 Arrived at cemetery _____
 (Hour) (Date)
2. Place of death BTB: Serrig, Germany
 (Name of closest town) _____
WL-1410
 (Sheet, scale and serials used)
3. Remains recovered or disinterred by 164 QM BN
 (Name and organization)
4. Evacuated to Cemetery by Subordinate Identification Point #2, Neuville en
 (Name and organization) Condroz, Belgium
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u>		
	(Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web **None**
Drawers, wool **None**
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 **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? **UTD**

6. Description of Remains: **All major bones missing**

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**
(Length, width, location)

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

Outstanding moles, warts or birthmarks **UTD**
(Yes-no; description, location)

Sunburn or tan, other than hand and face **UTD**

Complexion **UTD**
(Light, medium, dark, clear, pimples, pocks, freckles)

Build **UTD**
(Large, fat, thin, muscular)

Hair **None found**
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **None found**
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **UTD** Mustache **UTD** Beard or **UTD**
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **UTD**
(Light, color, extent)

Eyes **UTD** Eyebrows **UTD**
(Color, setting, shape) (Color, bushiness, extent across nose)

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

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

Teeth **See tooth chart**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **20 1/2"**
(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 **Missing**

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

(Unusual characteristics of fingernails)

Chest **UTD**
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist **UTD**
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back **UTD** Circumcision **UTD** Pubic Hair **None found**
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **UTD**
(Yes-no; location)

Legs **UTD**
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet **UTD** Toes **UTD**
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures **None found**
(Nose, arms, legs, etc.)

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

See chart

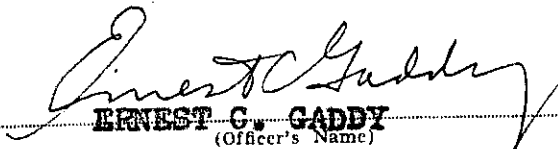
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Fingers missing

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

9. Remarks Case consisted of the head only, maxilla and mandible with the head. No clothing. No bones for measurement. Fluoroscopic Examination unnecessary. Estimated weight of remains: 1 lb. Nothing found to warrant Chemical Laboratory Examination. Processing revealed no positive identifying clues, therefore this case is classified Unknown.

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


ERNEST C. GADDY
(Officer's Name)

CWO Rank USA Service

CENTRAL IDENTIFICATION POINT
(Organization)

1F-1510

euville en Condroz,
Belgium (VK-390187)
Unknown X-6059

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



CHART "A"

REPORT OF INVESTIGATION

AREA SEARCH

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

28 August 1947

Date

AGRC Form 10 (Revised)

1 January 1946

NAME Unknown X-6059 RANK Unknown ASN UnknownORGANIZATION Unknown UnknownMEANS OF IDENTIFICATION None

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

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

1. Was positive identity acquired for the deceased through the surface investigation? If so, state the following information:

a. NAME RANK ASN

b. ORGANIZATION

2. Was partial identification established? NO If so, state the facts as to whom you believe the deceased to be:a. NAME UNKNOWN RANK 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 NOT BURIED Common Graves?

5. Name and Type of Cemetery

(Military or Civilian)

6. Map Coordinates of the Cemetery

a. Town Country

7. Give exact location in cemetery of the remains

a. Section Row

Grave

b. Is sketch attached?

8. If remains are not located in a cemetery, give exact location.

a. Town SERRIC, GER. Coordinates VL-1410b. Is Sketch attached? YESc. Is area mined? NO9. How is the grave marked? NOT BURIED10. If grave is marked with cross, give exact markings thereon NONEa. From what source was this information obtained? FORESTER, SELIGER

(Identification tags, personal effects)

1. By whom SGT. ROBERT O. SPENCE11. Where are the cemetery records? NO RECORDS

(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? **NONE**
- b. Where was the information obtained? **FORESTER, SELIGER**
- c. By whom? **SGT. ROBERT O. SPENCE**
12. What is the date of death? **UNK.**
 a. Give basis **UNK.**
13. What is the cause of death? **UNK.**
 b. Give basis **UNK.**
14. What is the date of burial? **NOT BURIED**
 a. Give basis **FOUND IN FOREST NEAR SERRIG**
15. What was the place of death? **PRESUMED - SERRIG, GER.** Coords **WL-1410**
 b. Give basis **FOUND IN FOREST NEAR SERRIG, GER.**
16. Where were the remains found? **FOREST NEAR SERRIG, GER.** Coords **WL-1410**
 a. By whom? **FORESTER, SELIGER**
 b. Is sketch attached? **YES**
17. Was a casket used? **NO** 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? **NONE**

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

19. Were remains found in the plane wreckage? **DOES NOT APPLY.**
 a. Give location in plane from which the bodies were removed
 (Tail, gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage?
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
 a. Type of Plane
 b. Markings and/or name on plane
 c. Give numbers on motors, machine guns, instruments, radios or other equipment:
21. How did crash occur? **Anti-aircraft**
 Enemy Planes? **Collision?**
22. Did plane explode in the air? **On ground?**
23. Did plane burn in the air? **On ground?**
24. What was the direction of the flight?
25. What was the civilian opinion regarding destination of plane?

26. Had bombs been released prior to the crash?
27. Does specific time and date of crash correspond with date of death of above named deceased?
28. Number of planes in formation prior to crash
29. State precise time and date of plane crash
(Night?) (Day?)
30. Were parachutists seen? How many? Escaped?
Prisoners?

SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? **DOES NOT APPLY.**
a. Give specific position in tank from which deceased was removed
(Radio man, driver, assistant driver or . . . front, side, or back)
b. Near wreckage?
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
a. Type of tank
- b. Markings and/or name of tank
- c. Numbers on motors, machine guns, ammunition, instruments, etc
33. What was the type of enemy action that resulted in the tank's disablement?
34. Did tank explode? Burn?
35. Number of tanks in immediate vicinity at time of disablement
36. Does specific time and date of disablement correspond with date of death of above named deceased?
37. Precise time and date of destruction of tank
(Night?) (Day?)
38. Did any of the crew members escape? Prisoners?

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) **UNK.**
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 **NONE**

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 **NO PERSONAL EFFECTS**
a. Were identification tags found at the time of death? **UNK.**
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.

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? UNK.

d. Did Cemetery Register or cross indicate the immunization shot? UNK.

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? UNK.

Where? Names of people concerned NONE

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?

DECAPITATED

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? UNK.

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. Give full names, addresses, and information obtained from each person interviewed FORESTER, SELIGER, SERRIG, 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? NONE

51. Was investigation preceded by advanced publicity? NO

(If special investigation, give case number)

52. Give Brief Narrative (SEE ATTACHED NARRATIVE)

(Use attached, sheets if necessary)

Robert O. Spence
ROBERT O. SPENCE
Signature of Investigator

Signature of Interpreter

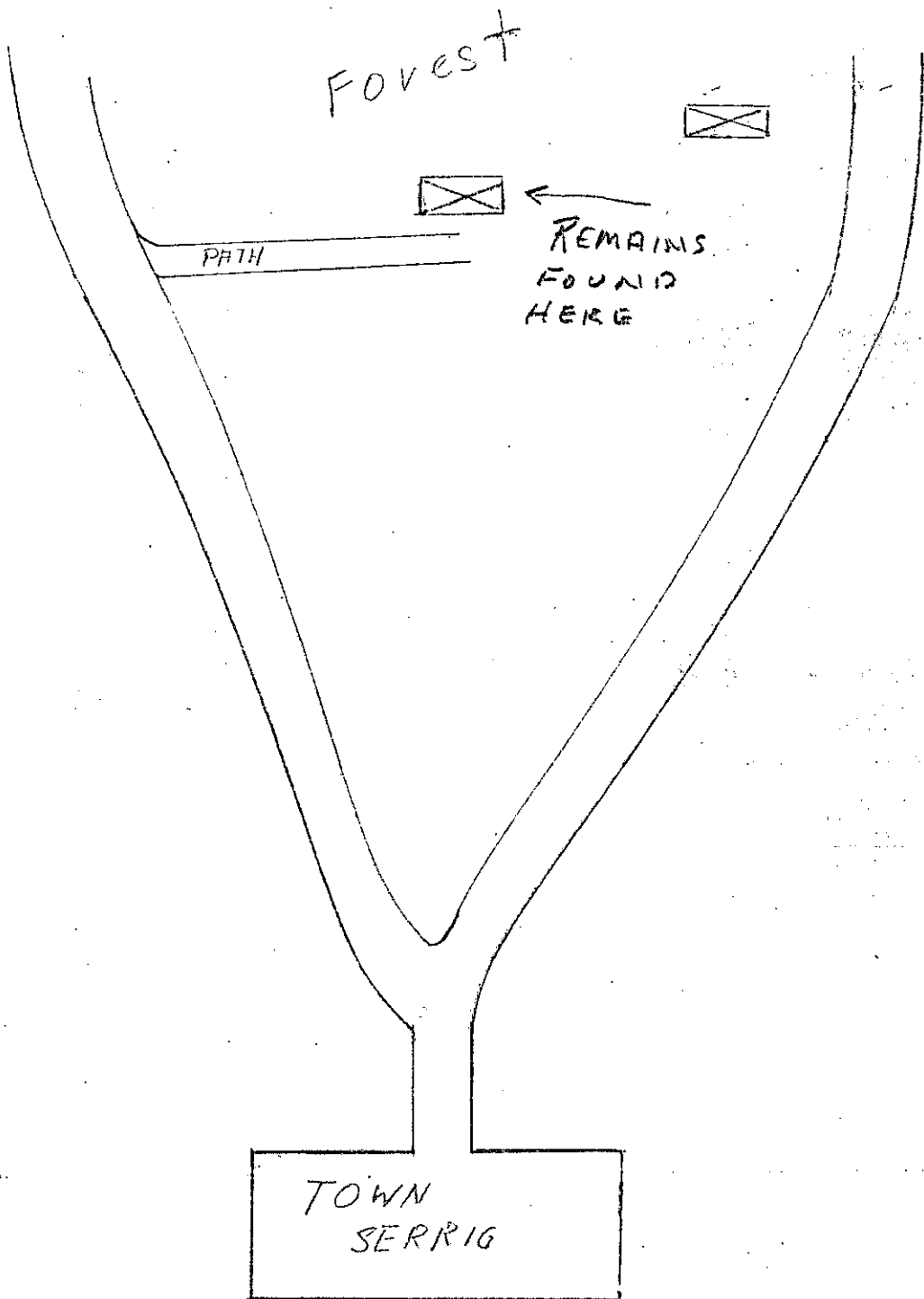
SGT. 35868284

Rank ASN

Rank ASN

Organization

164th QM BN., APO 403
Organization



Forest

PATH

REMAINS
FOUND
HERE

TOWN
SERRIG

Handwritten signature or initials

N A R R A T I V E

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, SELIGER, who knew about the helmet and skull. SELIGER stated that he found two (2) skulls in the forest in the early part of March 1947. He further stated that the two (2) skulls might possibly belong to American soldiers who had been previously disinterred from the forest.

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 assault on SERRIG, Germany. 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 Cemetery.

Robert O. Spence
ROBERT O. SPENCE
Sgt. 35869284

E R K L A R U N G

Etwa 7 km von Serrig im Walde fand ich im Fruhjahr dieses Jahres zwei (2) Kopfe von Leichen. Es besteht die moeglichkeit dass es sich um Oberester 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
gez. Seliger

S T A T E M E N T

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 skulls were removed by a team today.

Serrig, 25 July 1947
Forester
s/ Seliger

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

Millie Kesselring
MILLIE KESSELRING

A TRUE COPY:

Richard W. Secor
RICHARD W. SECOR
Capt. Inf.
Operations Officer

RESTRICTED

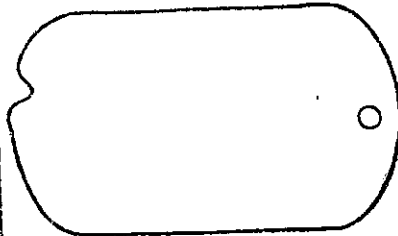
1F-1510

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
20 Aug. 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

Unknown X-6059

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH BTB:

Serrig, Germany

CAUSE OF DEATH

BTB: KIA

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(U. S. or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes



LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USMC, Neuville en Condroz, Belgium (VK 390187)

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
21 Aug. 1947	1500	Casket	Wooden Cross	Z	7	175

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT NO.	ROW NO.	GRAVE NO.
No	Remains found on ground in forest near Serrig, Germany WL 1410			

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
General	J.W. Sartman Capt. O.A. Rusher Rabbi Lepchivcher	One copy WD QMC form #1042 placed in burial bottle and buried with remains.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
No	No	End of Row				
		BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
		X-6058	Unk	Unk	Unk	174

SIGNATURE OF PERSON PREPARING REPORT: ALBERT G RICHARDSON 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.

RESTRICTED