

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

14 Mar 1949  
(Date)

293 Unk. Belgium (Neuville) X-6080

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 6080, Plot Z,  
Row 8, Grave 184, 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. 2470, dated 18 Sep 1947.

Case reviewed by undersigned Members of the Board of Review:

Roger Berger Maj. Ord O-251786  
-----  
Capt. Jack C. HAYES, O-1577297 OMC ~~Capt. Stanley C. TYRRELL, O-1304296 Inf~~

Edward E. Stout  
-----  
Capt. Edward F. PRICE, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

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

Received TE 3602-22 Nov 49 OQMG  
Not identifiable from  
information presently  
available Jam

Incl #21

USMC NEUVILLE-EN-CONDROZ

5-77

GWA

1 ✓

Plot B, Row 29, Grave 18

Date of Burial: April 19 49

Verified by GPO officer Theodore C Murray, Capt. QMC

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1260 02304	DATE 15 08 48 DAY MONTH YEAR		
NAME	SERIAL NUMBER UNKNOWNX-006080	GRADE	ARM J	RACE O	RELIGION 6
CEMETERY NEUVILLE BELGIUM	PLOT Z	ROW 8	GRAVE 184	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-006080	GRADE	DATE OF DEATH	DATE DISTINTERRED 3 DECEMBER 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER EMB	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY SHERMAN D. MULHOLLAN 1ST LT, ORD: NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM AND MATTRESS COVER.	CONDITION OF REMAINS HEAD CRUSHED PARTLY MISSING. FRACTURE: RIGHT HUMERUS; SKELETAL FORM.
---	---

OTHER MEANS OF IDENTIFICATION  
REPORT OF BURIAL WITH REMAINS: 1F-1715. EMBOSSED PLATE WITH REMAINS: 1F-1715.

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

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX

DATE 21 DECEMBER 1948	BY HARRIE D. NELSON, EMBALMER
CASKET SEALED BY THOMAS H. JAMES	EMBALMER (Signature) THOMAS H. JAMES, EMBALMER
CASKET BOXED AND MARKED DATE 27 DEC 48 BY SAM SUPPA IDENT TECHN	SHIPPING ADDRESS VERIFIED BY TAGS, PLATES, MARKINGS VERIFIED BY: FRANKLIN J. ST-CLAIR, 1ST 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  
SHERMAN D. MULHOLLAN, 1ST LT, ORD.  
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 the Disinterment Directive which contains the signatures of the persons whose names are typed here.

17 MAY 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

Raymond J. Rodriguez CWO USA

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# DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1250 02304		DATE 15 03 48		
NAME		SERIAL NUMBER UNKNOWN IX - 006030	GRADE	ARM ✓	RACE O	RELIGION C
CEMETERY NEUVILLE BELGIUM		PLOT 7	ROW B	GRAVE 184	DISPOSITION OF REMAINS 1202 50 CODE DIST. CTR.	

### SECTION B — CONSIGNEE AND NEXT OF KIN

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

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY
DATE	BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

# IDENTIFICATION CHECK LIST

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

Unknown X -6080

Cemetery Neuville en Condroz,  
Plot 2 Row 8 Grave 184 **Belgium**

Date processed: 18 August 1947

1. ~~Approved Cemetery~~  
(Hour) (Date)
2. Place of death Forest near Schidt, Germany  
(Name of closest town) (Coordinates and letter Prefix, maps)  
K-50/R-25  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 164th QM BN AGRC  
(Name and organization)
4. Evacuated to Cemetery by Subordinate Identification Point #2, Neuville  
(Name and organization) en 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>Remnants of heavy wool</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnants of officers</u>		
Undershirt, Wool	<u>Remnants of</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of</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? **BTB: A. G. F.**  
**(See case papers)**

Tibia 36,7      Femur 44,7      Radius 24,7  
Fibula 35,9      Humerus 31,3      Ulna 26,9

6. Description of Remains:

Age **UTD** Est. Height **5'5½** Weight ..... 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, poeks, freckles)

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

Hair ..... **UTD**  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair ..... **UTD**  
(Baldness, widows peak, distinctive cutting or other characteristics)

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

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

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

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

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

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

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

Jaw ..... **UTD** ..... Circumference of head in inches ..... **Skull crushed**  
 (Large, small, normal) (Hat band)

Neck ..... **UTD** ..... Larynx ..... **UTD**  
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders ..... **UTD** ..... Arms ..... **UTD**  
 (Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

.....

Hands ..... **UTD**

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

.....  
 (Unusual characteristics of fingernails)

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

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

Back ..... **UTD** ..... Circumcision ..... **UTD** ..... Pubic Hair ..... **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.

**See chart**

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

If not, explain Hands missing

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

9. Remarks Remains recovered in skeletal form devoid of any decomposed flesh.  
Estimated weight of remains now: 15 Lbs.  
Clothing found in debris.  
Fluoroscopic Examination: negative.  
No clothing markings found.  
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-1715  
Neuville en Condroz,  
Belgium (VK 390187)  
**SKELETAL CHART** Plot Z Row 8 Grave 184

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

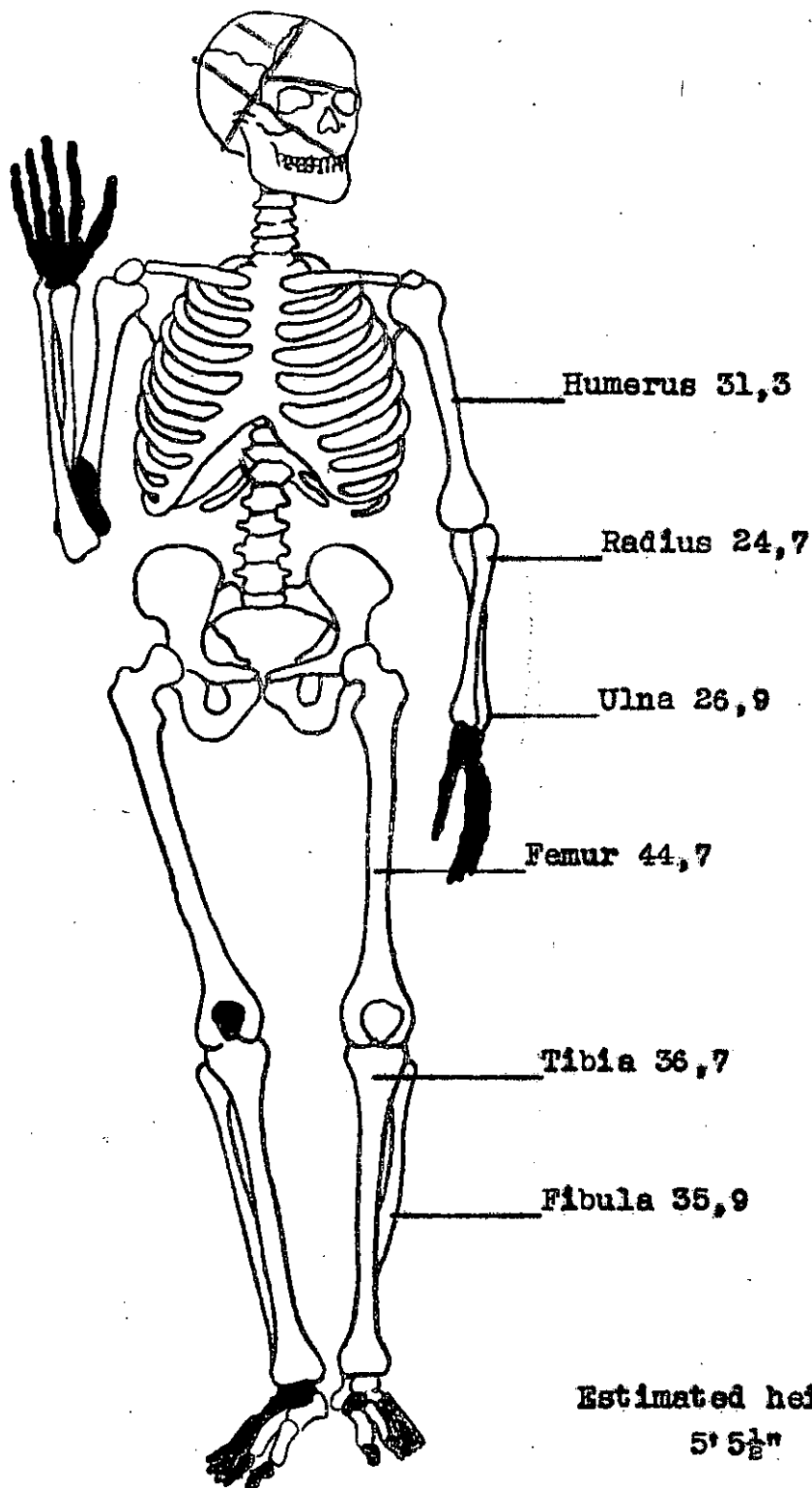
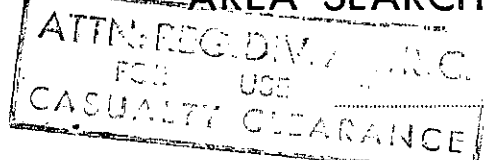


CHART "A"



# REPORT OF INVESTIGATION

## AREA SEARCH



AGRC Form 10 (Revised)

1 January 1946

2 September 1947  
Date

NAME Unknown X-6080 RANK Unknown ASN Unknown  
 ORGANIZATION Unknown BTB: A.G.F.  
 MEANS OF IDENTIFICATION None

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

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

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

a. NAME ..... RANK ..... ASN .....

b. ORGANIZATION .....

2. Was partial identification established? No ..... If so, state the facts as to whom you believe the deceased to be:

a. NAME Unknown RANK 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 Presumed March 1945 Common Graves? Yes

5. Name and Type of Cemetery Not in 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 SCHAIDT, Ger. Coordinates (K-50/R-25)

b. Is Sketch attached? Yes

c. Is area mined? Yes

9. How is the grave marked? With Cross and Helmet

10. If grave is marked with cross, give exact markings thereon No Markings

a. From what source was this information obtained? Burgermeister and forest ranger of Schaidt, Ger.  
(Identification tags, personal effects)

1. By whom Sgt. Robert O. Spence

11. 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? \_\_\_\_\_
- c. By whom? \_\_\_\_\_
12. What is the date of death? Presumed March 1945
- a. Give basis Fighting took place in area at that time.
13. What is the cause of death? Presumed Mines
- b. Give basis Body found in mined forest
14. What is the date of burial? Unknown
- a. Give basis Buried in mined forest
15. What was the place of death? Forest near Schaidt, Ger. Coords (K-50/R-25)
- b. Give basis Found in Forest near Schaidt, Ger.
16. Where were the remains found? Forest near S<sub>c</sub>haidt, Ger. Coords (K-50/R-25)
- a. By whom? Karl ROTH, Schaidt, in May 1945
- 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 Unknown, buried in mined forest  
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? \_\_\_\_\_

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

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

26. Had bombs been released prior to the crash? **DOES NOT APPLY**
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) **Presumed Mines**  
 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 available**  
 a. Were identification tags found at the time of death? **Unknown**  
 Where? By whom?  
 Present disposition **Unknown**

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? Unknown

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Present disposition Unknown

c. Was deceased identified by living members of the crew at the time of death? Unknown

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

42. Was Deceased given first aid? Unknown If so, where? \_\_\_\_\_

By whom? \_\_\_\_\_ Are statements from the medical people attached? None available

43. Was deceased evacuated to a German civilian hospital? Unknown

Where? \_\_\_\_\_ Names of people concerned None available

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? \_\_\_\_\_

Bones

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? No

a. If so, give basis for positive assumption \_\_\_\_\_

b. If so, has higher headquarters been notified? No

47. Was case previously investigated? Yes By whom? Mr. H.P. Boone

WD. Civilian When? 4 August 1947

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

(SEE ATTACHED STATEMENTS)

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)

*Gunter Wodak*  
Signature of Interpreter  
Gunter Wodak

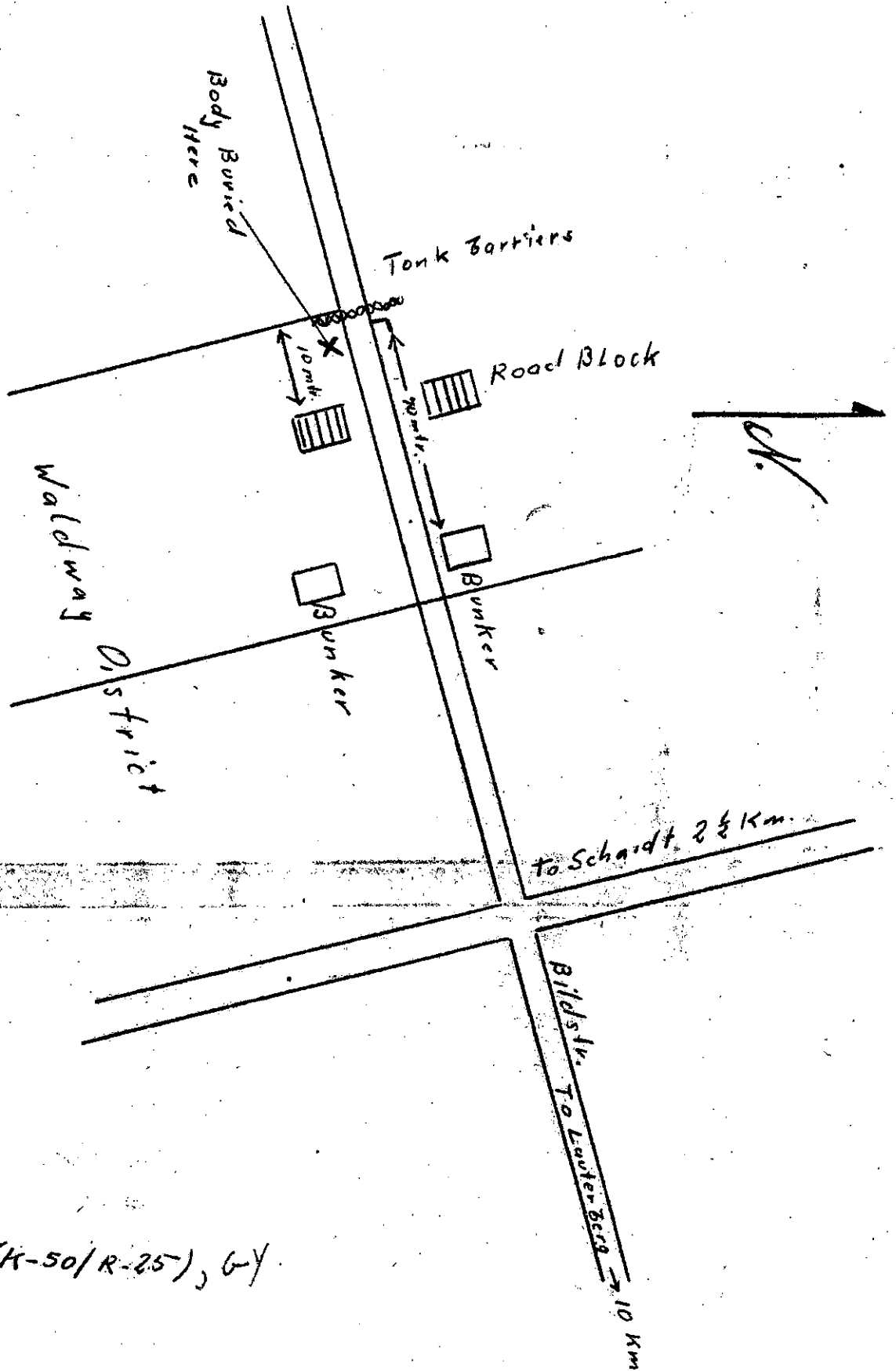
Civilian Interpreter  
Rank ASN

164th QM. BN.  
Organization

*Robert O. Spence*  
Signature of Investigator  
ROBERT O. SPENCE

Sgt. 35868284  
Rank ASN

164th QM. BN. AGRC  
Organization  
APO 403 US. ARMY



Schaidt (K-50/R-25), G-4

NARRATIVE

ROS/hb.

On Disinterment at SCHAIDT (K-50/R-25) Germany, 6 August 1947.

On 6 August 1947 I was sent to the town of Schaidt (K-50/R-25), Germany, to disinter the remains of an American deceased found in the forest near this town.

First I contacted the Burgermeister of Schaidt (See Exhibit "A" ). He could give me no information concerning the deceased . The body was presumed to be English since the grave was marked with a cross and two (2) English helmets. The Burgermeister also stated that Mr. Harold P. Boone, US. Civilian Special Investigator, opened the grave on 4 August 1947. He found the remains to be American. I obtained a signed statement from the Burgermeister and proceeded to the forest ranger Karl REIF.

Karl Reif stated that the grave was discovered by the foreman Karl Roth, in May 1945. The exact details concerning the soldier's death and burial are unknown. Karl Reif could give no further information. (See Exhibit "B" ).

I then proceeded to the grave. It was located in the forest near Schaidt. There are also a lot of tank traps and road blocks in this area. I opened the grave and removed the remains. No means of identification could be found on the body.

CONCLUSION:

The remains are presumed to be those of an American soldier who was killed during the assault in this area and buried by American or German troops that were fighting there at that time.

*Robert O. Spence*  
ROBERT O. SPENCE  
Sgt. 35868284  
164 QM. BN. AGRC

NARRATIVE

ROS/mb.

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CONCLUSION:

The remains are presumed to be those of an American soldier who was killed during the assault in this area and buried by American or German troops that were fighting there at that time.

*Robert O. Spence*  
 ROBERT O. SPENCE  
 Sgt. 35060204  
 164 QN. BN. AGRG

PROTOKOLL

hb.

Ich, August Vogel, Bürgermeister der Gemeinde Schaidt, bestätige nach bestem Wissen und Glauben, dass im März 1945 ein amerikanischer Soldat im "Spickelbuckel" (Waldstück) beerdigt wurde.

Weder die Umstände seines Todes noch die Personen, die den Soldaten bestatteten, sind mir bekannt.

Schaidt, 5. August 1947  
Speckstr. 147

gez. August Vogel.

STATEMENT

I, August Vogel, Bürgermeister of the community of Schaidt, herewith certify to the best of my knowledge and belief that an American soldier was buried in the forest section, named "Spickelbuckel", in March 1945.

Neither the circumstances of his death nor the persons who buried the soldier are known to me.

Schaidt, 5 August 1947  
Speck-Street # 147

s/ August Vogel.

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

*Hilde Bohler*  
HILDE BOHLER  
Interpreter.

A TRUE COPY:

*Paul H. Mueller*  
PAUL H. MUELLER  
Major Cavalry  
Operations Officer

EXHIBIT "A"



PROTOKOLL

hb.

Ich, August Vogel, Bürgermeister der Gemeinde Schaidt, bestätige nach bestem Wissen und Glauben, dass im März 1945 ein amerikanischer Soldat im "Spickalbuckel" (Waldstück) beerdigt wurde.

Weder die Umstände seines Todes noch die Personen, die den Soldaten bestatteten, sind mir bekannt.

Schaidt, 5. August 1947  
Speckstr. 117

gez. August Vogel.

STATEMENT

I, August Vogel, Bürgermeister of the community of Schaidt, herewith certify to the best of my knowledge and belief that an American soldier was buried in the forest section, named "Spickalbuckel", in March 1945.

Neither the circumstances of his death nor the persons who buried the soldier are known to me.

Schaidt, 5 August 1947  
Speck-Street / 117

s/ August Vogel.

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

*Hilde Bohler*  
HILDE BOHLER  
Interpreter.

A TRUE COPY:

*Paul H. Mueller*  
PAUL H. MUELLER  
Major Cavalry  
Operations Officer

EXHIBIT "A"

PROTOKOLL

Ich, Karl REIF, bestätige nach bestem Wissen und Glauben, dass der Vorarbeiter Karl ROTH, im Mai 1945 das Grab eines amerikanischen Soldaten, gekennzeichnet durch ein Kreuz und einen Stahlhelm, im Schlag "Spickelbuckel" entdeckte.

Weiteres ist mir nicht bekannt.

Schaidt, 5. August 1947  
Hauptstr. 77

gez. Reif.

STATEMENT

I, Karl REIF, herewith certify to the best of my knowledge and belief that the foreman Karl ROTH discovered the grave of an American soldier, marked with a cross and a helmet, in the section named "Spickelbuckel", in May 1945.

I can give no further information concerning this case.

Schaidt, 5 August 1947  
Main-Street # 77.

s/ Reif.

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

*Hilde Böhrer*  
HILDE BOHLER  
Interpreter.

A TRUE COPY:

*Paul H. Mueller*  
PAUL H. MUELLER  
Major Cavalry  
Operations Officer

EXHIBIT "B"

N A R R A T I V E

4 August 1947

The investigation was conducted at Schaidt, Germany (K-59) near Berg, Germany to establish conclusive evidence as to the identity of a decedent interred as an unknown English soldier. This grave was first found by the local forest ranger in May 1945.

The grave was marked with a birch cross with two English steel helmets on it. Local residents of the village believed it to be that of an English soldier. Taking into consideration that the English Army did not fight in this area, I presumed the grave to contain an American soldier. I personally opened the grave and found the remains to be dressed in U. S. Army battle clothes. The remains were completely decomposed. Five (5) remaining teeth were in good condition and contained no cavities or fillings.

*Harold P. Boone*

HAROLD P. BOONE  
U.S. Civilian, Special Investigator

**TOOTH CHART**

18 August 1947  
 Date

Unknown X-6080

Unknown

Unknown

Last Name: Unknown First: Initial:

Rank: BTB: A.C.F.

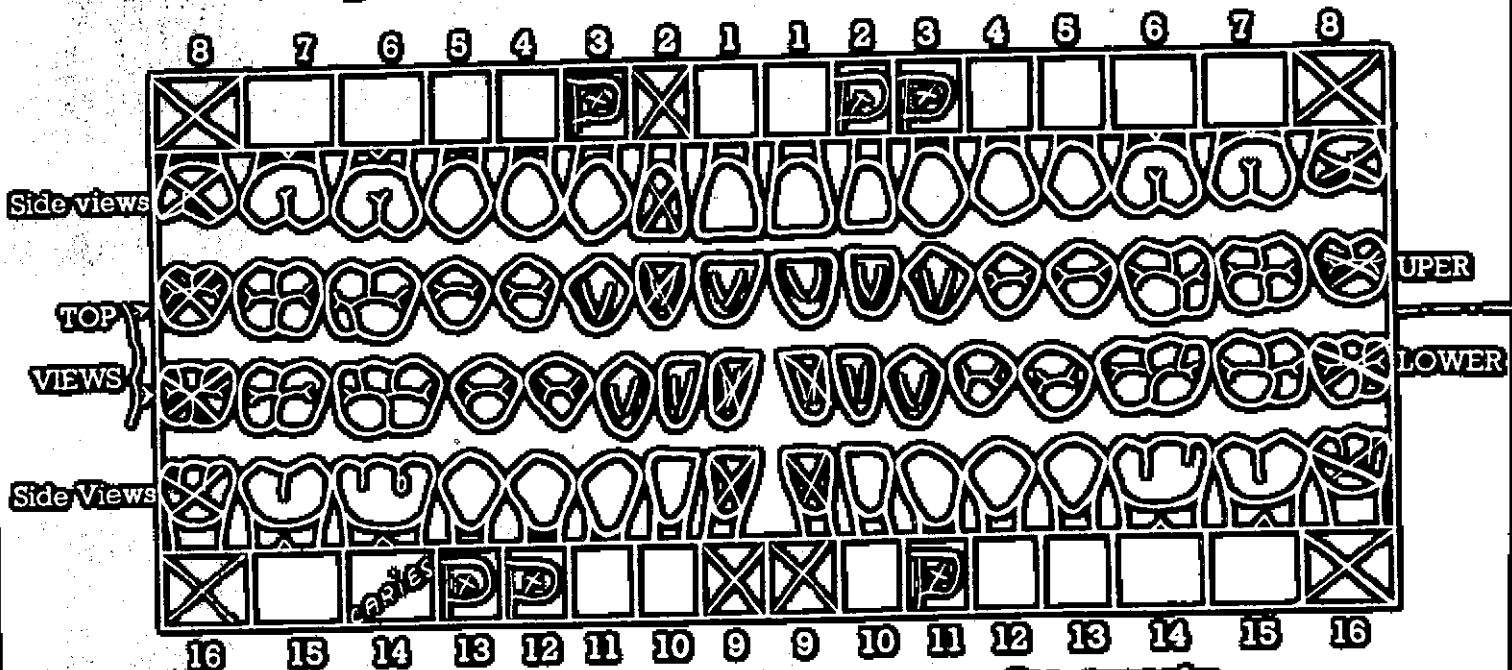
Serial No.:

Unit: Forest near Schaidt, Germany Est. March 1945  
 Place of Death: Date of Death:

Organization: BTB: Mines  
 Cause of Death:

Right

Left



See remarks 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.

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*Edward Johnston*  
 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.

**MISSING TEETH**... 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**

P3 Posthumously missing  
 Spaces: 1-3, 5mm (est) R10-L10, none  
 Rotated mesially 1/8 turn, L13  
 " distally 1/8 " R13 (from appearance of socket)  
 Extreme mesial version, L10  
 R2, 10, 11 and L10, 11 were probably abscessed.  
 Occlusal surfaces abraded considerably  
 No fillings in teeth present.  
 Medium sized ivory colored teeth are in good alignment.

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WD QMC FORM 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		Date of report 22 Aug. 1947			
Imprint Identification Tag If Possible. DO NOT TYPE 		SECTION I. IDENTIFICATION					
NAME (Last, First, Middle Initial) Unknown X- 6080		Serial number Unknown					
Grade Unknown		Organization Unknown		Branch of service BTB: AGF (See case papers.)			
Race Unknown		Religion Unknown		If other than U. S. dead, Give name of country.			
Place of death Forest near Schaidt, Germany		Cause of death BTB: Mines		Date of death Est. 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							
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 25 Aug. 1947		Hour 1500	Buried in (Shroud, Blanket, or name of other) Casket	Type of grave marker Wooden Cross	Plot no. Z	Row no. 8	Grave no. 184
Was this a re-burial (Yes or No) Yes		If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave Forest near Schaidt, Germany K - 50/R - 25			Plot no. Isolated Grave	Row no.	Grave no.
Type of religious ceremony General		Person conducting burial rites J. W. Sartman Capt. O. A. Risher Rabbi Lepchivcher		If identification tags not used, describe identification data and containers buried with body. One copy of 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) X- 6081		Rank Unknown	Serial number Unknown	Organization Unknown	Grave No. 185		
Body buried on deceased right, Name, (Last, First, Middle Initial) X- 6079		Rank Unknown	Serial number Unknown	Organization Unknown	Grave No. 183		
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 US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commandor.							

