

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6376, Plot CC
Row 2, Grave 27, 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.

2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 2517, dated 21 October 1947

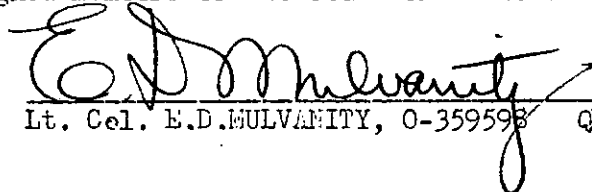
3. Remarks:

Received
Not identifiable from
information presently
available
OQMG

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC


Lt. Col. E.D. MULVANITY, O-359598

QMC


Major R. BERGER, O-251736

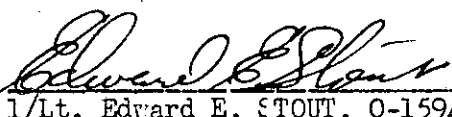
ORD

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC


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

CE

Incl #4

1	PICT: C ROW: 1 GR: 11 Date of Burial: 23 Sept. 1949 Verified by GRS Officer E.N. HEISEY, 1/Lt QMC				DISINTERMENT DIRECTIVE			
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 1260 02700		DATE 15 08 48 <small>DAY MONTH YEAR</small>	
NAME UNKNOWN		SERIAL NUMBER NX-006376		GRADE	ARM Q	RACE O	RELIGION 6	
CEMETERY NEUVILLE BELGIUM			PLOT CC	ROW 2	GRAVE 27	DISPOSITION OF REMAINS 1202 80 <small>CODE DIST. CTR.</small>		
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 UNKNOWN		SERIAL NUMBER X-006376		GRADE	DATE OF DEATH		DATE DISTINTERRED 7 DECEMBER 1948	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN			RELIGION UNK	IDENTIFICATION VERIFIED BY ALBERT S. KIMBERLIN 1ST LT, INF. NAME AND TITLE			
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT								
NATURE OF BURIAL MATTRESS COVER AND UNIFORM.				CONDITION OF REMAINS FRACTURED: MANDIBLE, LEFT SCAPULA, LEFT AND RIGHT ULNA, LEFT AND RIGHT RADIUS, RIGHT FIBULA, LEFT TIBIA. MISSING: LEFT AND RIGHT CLAVICLE, LEFT HUMERUS, LEFT FIBULA.				
OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL READS X-"6376".								
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) NONE.								
REMAINS PREPARED AND PLACED IN XXXX TRANSFER BOX								
DATE 3 JANUARY 1949 BY				LEON J. CECIL, EMBALMER				
CASKET SEALED BY THOMAS H. JAMES				EMBALMER (Signature) THOMAS H. JAMES, EMBALMER				
CASKET BOXED AND MARKED DATE 5 JAN 49 BY				IDENT TECHNS SAM SUPPA 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.								
ALBERT S. KIMBERLIN, 1ST LT, INF. SIGNATURE OF AGRS INSPECTOR								
REMARKS AND SPECIAL INSTRUCTIONS I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.								

8-1319
 REGISTRATION
 1st Lt. J. St. Clair
 WS

Neuville en Condroz (Belgium)

TOOTH CHART

Plot: CC Row: 2 Grave: 27.

11 September 1947

UNKNOWN X-6376

UNKNOWN

Date
UNKNOWN

Last Name Unknown First Initial

Rank UNKNOWN

Serial No.

Section 2 Reipertswiller Est. December 1944 Organization BTB: KIA.

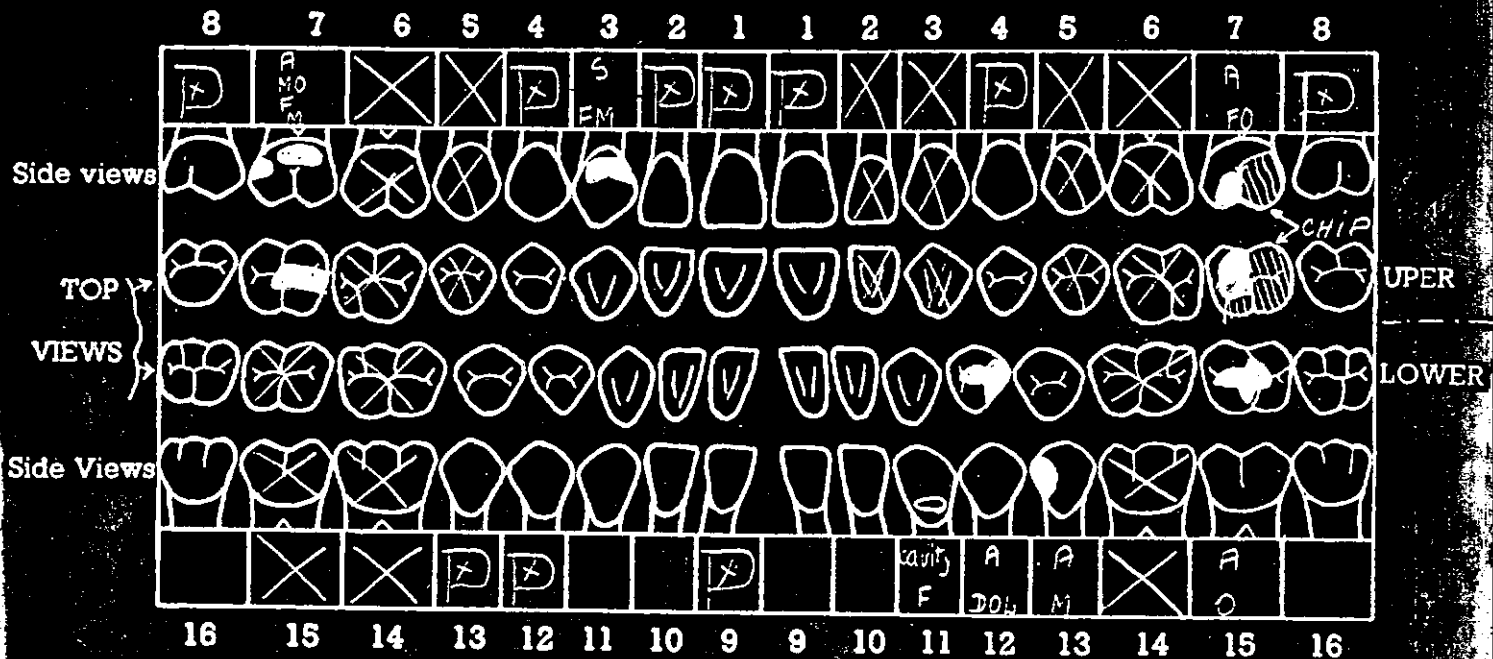
FOREST Place of Death FRANCE

Date of Death Jan./45

Cause of Death

Right

Left



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.

Lawrence De Shaw No. 9
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer
Ernest C. Gaddy
ERNEST C. GADDY CWO USA CIP.

1215

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 = Posthuroously missing.

Spaces: R4-7, Est. 12mm, I 1-4, Est., 14mm, I 5-7, est. 6mm,

R 13-16, Est. 12mm, I 11-12, 1 1/2mm, I 15-16, 2mm.

Teeth are medium size and in good alignment.

color is a clean white ivory.

IDENTIFICATION CHECK LIST

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

Unknown X - 6376
Cemetery Neuville en Condroz (Belgium)
Plot CC Row 2 Grave 27

Date processed:

1. Arrived at cemetery: 11 September 1947
(Hour) (Date)
2. Place of death SEC. 2 Reipertswiller Forest (Bas Rhin) France.
(Name of closest town) (Coordinates and letter Prefix, maps)
r49/c84
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 539th AV Serv. Co. (AC)
(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>Remnants of</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>one (1) (wool) remnants of</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>one (1)</u>		
Undershirt, Wool	<u>one (1)</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>one (1) remnants of</u>		

Belt, web None

Drawers, wool None

Drawers, cotton One (1) remnants of

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.

Right Humerus 32.8 Left Femur 48.3 Left tibia 38.6

6. Description of Remains:

Age UTD Height ^{Estimated} 5'6 1/2" Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hand and face UTD

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

Build UTD
(Large, fat, thin, muscular)

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

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

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

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

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

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

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

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

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

Jaw **UTD** Circumference of head in inches **21"**
(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)

..... **UTD**
(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **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 **UTD**
(Nose, arms, legs, etc.)

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

See attached anatomical 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 If not, explain _____
(Yes-no)

9. Remarks Remains received, in skeletal form, wrapped in a mattress cover.
Estimated weight of remains: 7 lbs.
Fluoroscopic Examination : Negative.
Remnants of clothing found in debris.
No markings ovident.
Case papers state one (1) steel helmet marked "G-15104-or-267"
and one (1) plastic inner liner marked "Russ", was found near
the remains of case 32-129.
The above mentioned helmet and liner were found with case
32-129.

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.

Nothing found to warrant chemical laboratory examination.
Processing revealed no positive identifying clues, therefore,
this case is classified: "UNKNOWN."

Ernest C. Gaddy
(Officer's Name)
ERNEST C. GADDY

CPO. USA.
Rank Service

CENTRAL IDENTIFICATION BUREAU
(Organization)

SKELETAL CHART

32-128
(Case #674)
Neuville en Condroz,
(Belgium)
Plot: 60 Row: 2 Grave: 27

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

UNIFORM: X-6576

Right

Left:

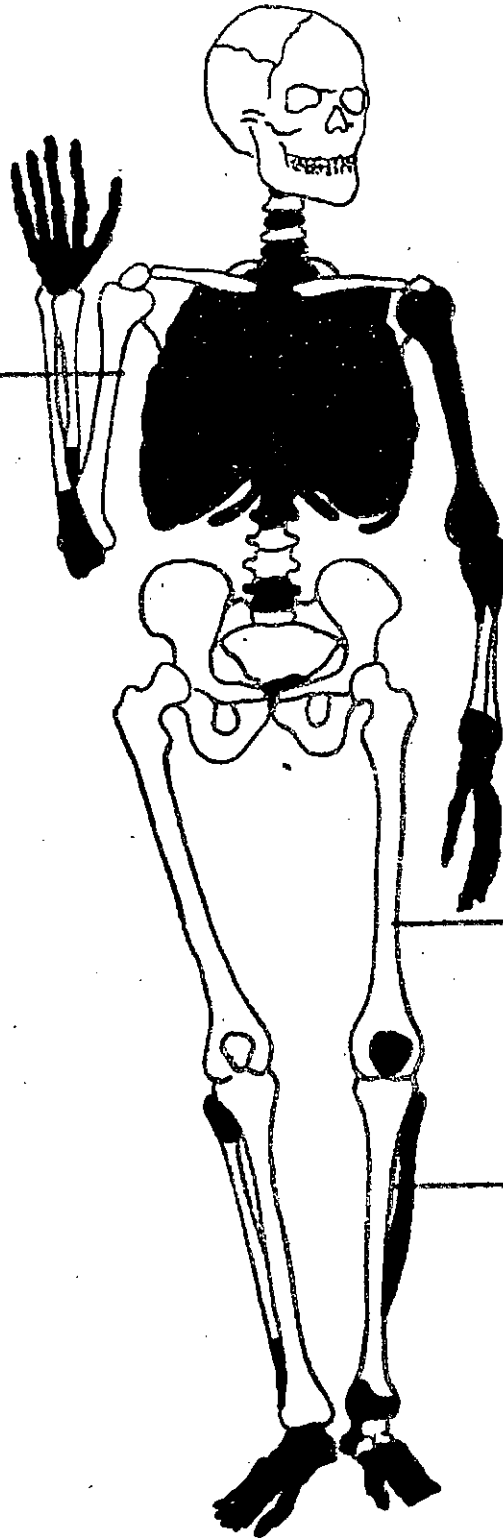
Humerus 32.8

Femur 46.3

Tibia 58.6

Estimated Height

5' 8 1/2"



REPORT OF INVESTIGATION

AREA SEARCH

26 September 1947
(Date)

Case Number 32-128-1-10
Name Unknown X-3376 Rank Unknown ASN Unknown
Means of Identification None

SECTION A — GENERAL

(To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? NO
If so, state the following information:

a. NAME NA RANK NA ASN NA
b. ORGANIZATION NA

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

a. NAME UNKNOWN # 2 RANK UNK ASN UNK
b. ORGANIZATION UNK

3. Names of other deceased buried in immediate vicinity 3 UNKNOWN

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

a. Date of above burials NO BURIALS Common graves? NA

4. Name and type of Cemetery NO CEMETERY
(Military or civilian)

5. Map Coordinates of the Cemetery NA

a. Town NA Country NA

6. Give exact location in cemetery of the remains:

a. Section NA Row NA Grave NA

b. Is sketch attached? NA

7. If remains are not located in a cemetery, give exact location.
- a. Town **Sect. 2 REIPERTSWILLER Forest, REIPERTSWILLER, Moselle France**
 Coordinates **K 49/Q 84**
- b. Is sketch attached? **YES**
- c. Is area mined? **YES**
8. How is grave marked? **NO GRAVE**
9. If grave is marked with cross, give exact markings thereon **NA**
- a. From what source was this information obtained? **NA**
 (Identification Tags, Personal effects, etc.)
10. Where are the cemetery records? **NA**
 (Town Hall, Cemetery, Burgomasters Office)
- a. What information was contained thereon? **NA**
11. What is the date of death? **Estim. between Dec. 1944 - Feb. 1945**
- a. Give basis **Heavy combat in area at the time**
12. What is the cause of death? **UNKNOWN**
- a. Give basis **Information not obtainable**
13. What is the date of burial? **No BURIAL**
- a. Give basis **Remains found on top of the ground**
14. What was the place of death? **Sect. 2 REIPERTSWILLER Forest**
 Coordinates **K 49/Q 84**
15. Where were the remains found? **Sect. 2 REIPERTSWILLER Forest**
 Coordinates **K 49/Q 84**
16. Was casket used? **NO** Who furnished the casket? **NA**
17. Who made the burial? **NA**
 (Civilians, American military, German military, etc.)
- a. What are the names and addresses? **NA**
- b. Are certificates and statements attached? **NA**

NOT APPLICABLE

SECTION B - AIR CORPS DECEASED

(To be completed only if deceased is believed to be a member of the A.A.F.)

18. Were remains found in the plane wreckage?.....
 - a. Give location in plane from which the bodies were removed.....
.....
..... (Tail gunner, pilot, radio, turret, etc., or front side of plane)
Near wreckage?.....
19. 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 of plane.....
 - c. Give numbers on motors, machine guns, instruments, radios or other equipment:.....
.....
20. How did crash occur?.....
 - Anti-Aircraft?.....
 - Enemy Planes?.....
 - Collision?.....
21. Did plane explode in the air?.....
 - On ground?.....
22. Did plane burn in the air?.....
 - On ground?.....
23. What was the direction of the flight?.....
24. What was the civilian opinion regarding destination of plane?.....
.....
25. Had bombs been released prior to the crash?.....
26. Does specific time and date of crash correspond with the date of death of above-named deceased?.....
27. Number of planes in formation prior to the crash?.....
28. State precise time and date of plane crash.....
(Night? Day?)
29. Were parachutists seen?..... How many?.....
Escaped?..... Prisoners?.....

NOT APPLICABLE SECTION C — ARMORED CORPS DECEASED

(To be completed only if deceased is believed to have been a member of the Armored Corps)

30. Were remains found in wreckage of a tank?.....
a. Give specific position in tank from which deceased was removed:.....
.....
(Radio man, driver, assistant driver of,.... front, side or back)
b. Near wreckage?.....
31. 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.....
.....
32. What was the type of enemy action that resulted in the tank's disablement?
.....
33. Did tank explode?.....Burn?.....
34. Numbers of tanks in immediate vicinity at time of disablement?.....
.....
35. Does specific time and date of disablement correspond with date of death of above-named deceased?.....
36. Precise time and date of destruction of tank.....
(Night? Day?)
37. Did any of the crew members escape?.....Prisoners?.....

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

38. Did death occur from any other means? (Truck, jeep, mines, or small arms fire).....**UNKNOWN**.....
If so, give complete and thorough results of the investigation.....
.....**NA**.....
a. Are all certificates and statements of people who possessed knowledge of the case attached?.....**YES**.....
39. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased.....
.....**SEE ATTACHED STATEMENTS**.....

SECTION E -- GENERAL

(To be completed by investigation in all cases)

40. Were personal effects recovered by the investigation team? **NO**
If not, state reason. **NONE FOUND**
a. Were Identification Tags found at the time of death? **UNK**
Where? **NA** By whom? **NA**
Present disposition? **UNKNOWN**
1. Were personal effects found at the time of death? **UNK**
Where? **NA** By whom? **NA**
Present disposition? **UNKNOWN**
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? **NO**
41. Was deceased given first aid? **UNK** If so, where? **NA**
By whom? **NA** Are statements from the medical people attached? **NA**
42. Was deceased evacuated to a German civilian hospital? **UNK**
Where? **NA** Names of people concerned? **NA**
43. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **NO**
44. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **BADLY DECOMPOSED**
(Burnt, decapitated, etc.)
45. Do facts surrounding death show any evidence that it might be an atrocity case? **NO**
a. If so, give basis for positive assumption. **NA**
b. If so, has higher Headquarters been notified? **NA**
46. Was case previously investigated? **UNK** By whom? **NA**
When? **NA**

47. Give full names, addresses, and information obtained from each person interviewed: **Mr. MEYER, Deminign. Chief, Ingwiller, Moselle, France**
Mr. ERNWEIN, Deminign. Chief, Ingwiller, Moselle, France.....

4.....
48. Are all positive statements regarding identification and particulars surrounding death attached? **YES**.....
49. Has any information been given concerning isolated burials in the area outside the immediate vicinity? **YES**.....
50. Was investigation preceded by advance publicity? **YES**.....
 (If specify investigation, give case number)..... **NA**.....
51. Give brief narrative..... **SEE ATTACHED NARRATIVE**.....

Leon Hermel

LEON HERMEL
 (Signature of Interpreter)

William P. Gill

WILLIAM P. GILL
 (Signature of Investigator)

French Indigenous Civ.
 Rank ASN

CWS-5 **10336**
 Rank ASN

539 OM Sv Co (AC)
 (Organization)

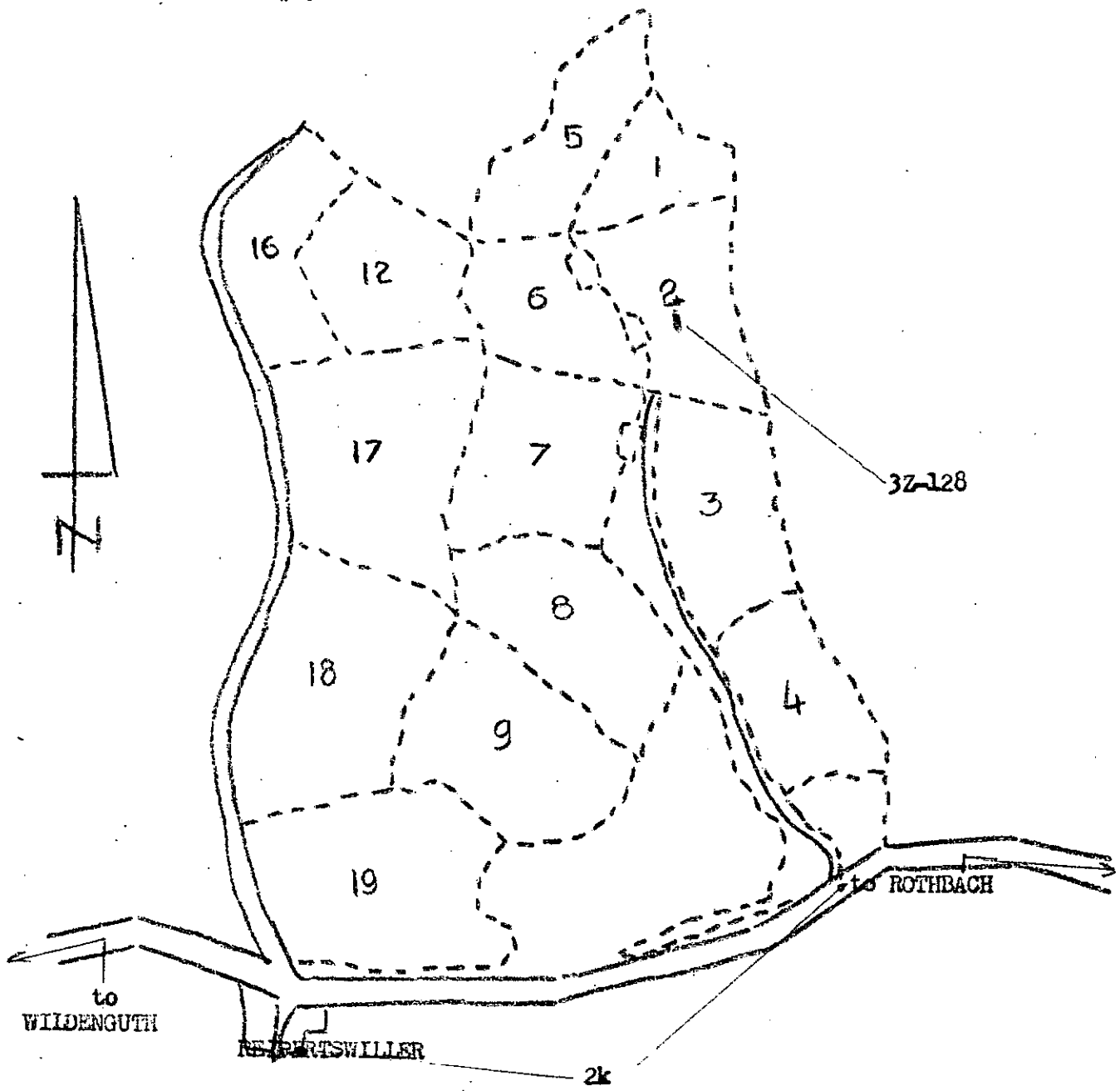
539 OM Sv Co (AC)
 (Organization)

NARRATIVE

DURING DEMINING OPERATIONS IN THE SECTION 2 OF THE REIPERTSWILLER FOREST, REIPERTSWILLER (MOSELLE) FRANCE, MR. PAUL MEYER, DEMINING CHIEF, INGWILLER (MOSELLE) FRANCE, FOUND ON THE 15 NOV. 1945, THE REMAINS OF 4 AMERICAN SOLDIERS. ALL FOUR REMAINS WERE LYING ON TOP OF THE GROUND IN A VERY ADVANCED STATE OF DECOMPOSITION AND WERE SCATTERED OVER A SMALL AREA. DESPITE A CLOSE SEARCH OF THE REMAINS MR. MEYER COULD NOT FIND ANY IDENTIFICATION TAGS OR DOCUMENTS THAT MIGHT HAVE HELPED TO UNCOVER THE NAMES OF THE DECEASED WHOSE NATIONALITY WAS PROVED BY US ARMY PIECES OF CLOTHING AND EQUIPMENT. THE ONLY CLUE THAT MIGHT LEAD TO THE IDENTITY OF ONE OF THE CASUALTIES IS A HELMET OF WHICH THE STEEL OUTER PART WAS NUMBERED O 13104-OR-267 AND THE PLASTIC INNER PART MARKED R U S S. ABOVEMENTIONED HELMET WAS LAYING NEAR REMAINS OF UNKNOWN 32-128. - *Check list with this case states above helmet was found with Case 32-129*

IT HAS BEEN IMPOSSIBLE TO RECOVER THE REMAINS BEFORE THE 21 AUGUST 1947 BECAUSE THE DEMINING OPERATIONS WERE NOT COMPLETED BEFORE THAT DATE AND THE DISINTERRING AND INVESTIGATING TEAMS HAD NOT RECEIVED CLEARANCE FROM THE FRENCH DEMINING SERVICES TO REACH THE PLACE WHERE THE REMAINS WERE FOUND.

DESPITE THE THOROUGH INVESTIGATION CONDUCTED, NO MORE CLUES WERE UNCOVERED AND IT HAS NOT BEEN POSSIBLE TO FIND ANYONE WHO HAD KNOWLEDGE OF THE PRESENCE OF THE BODIES IN THAT AREA OR HAD INFORMATION AS TO THE CIRCUMSTANCES, CAUSES OR DATE OF DEATH OF THE DECEASED. NEVERTHELESS, AS HEAVY COMBAT TOOK PLACE IN THE AREA BETWEEN DECEMBER 1944 AND FEBRUARY 1945, IT CAN BE ASSUMED THAT SUBJECT CASUALTIES WERE KIA SOMETIMES DURING THAT PERIOD.



S T A T E M E N T

Reipertswiller, 20 Nov. 1946

I, the undersigned, MEYER, Paul, Chief examiner at Reipertswiller, declare as follows:

I have found in the forest of Reipertswiller, Section 2, on the 15 November 1946, four (4) bodies of American soldiers.

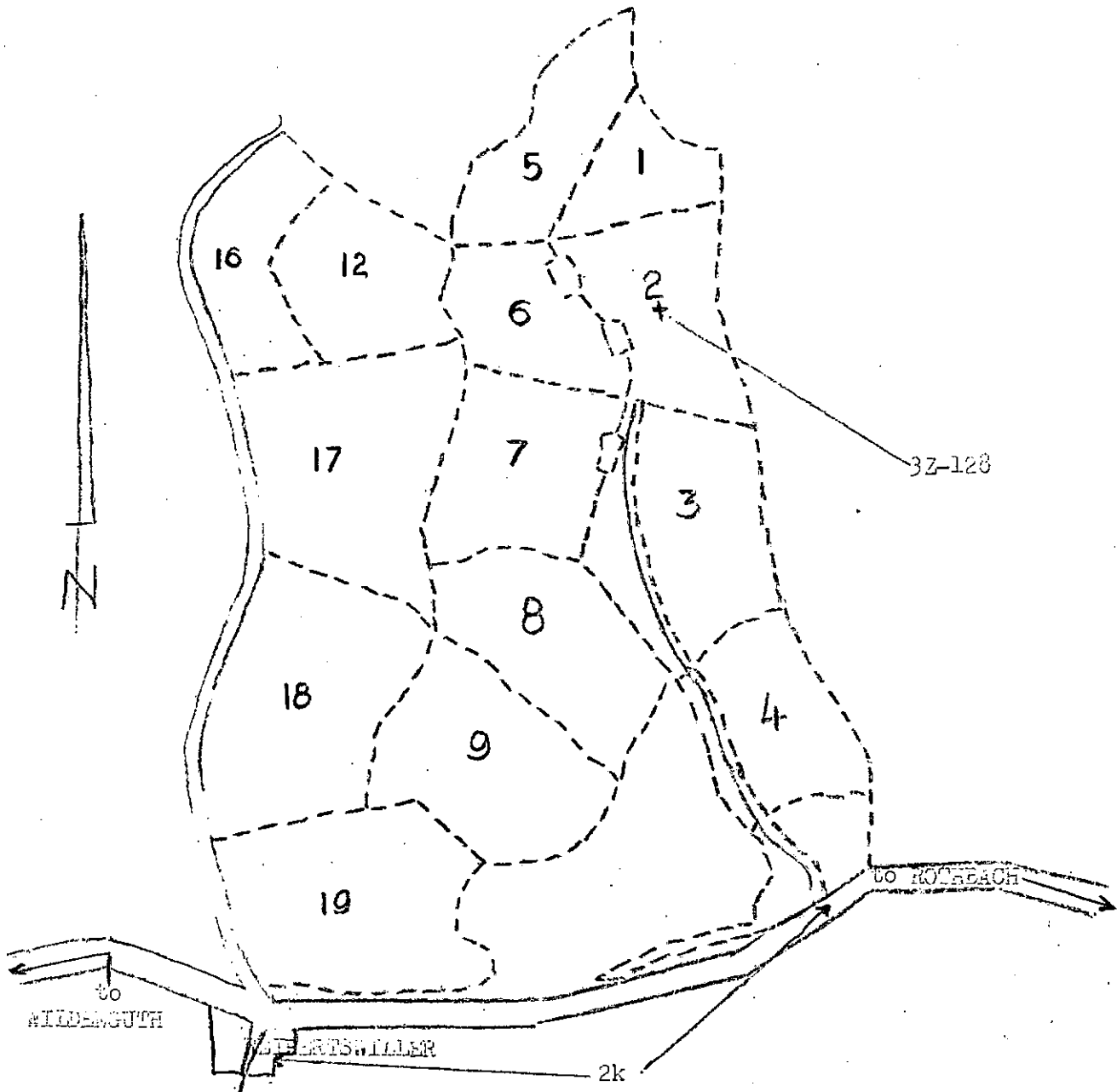
I did not find any identification tags or papers on these remains.

A number of other killed soldiers might be found in the still mined section of this forest.

/s/ Meyer, Paul

A CERTIFIED TRUE TRANSLATION:

George A. Geno.
GEORGE A. GENO
Investigator Gr-5



16

12

5

1

6

2

17

7

32-128

3

18

8

9

4

19

TO ROLDBACH

WILDEGUTH

ERBSWILSER

2k

S T A T E M E N T

Reipertswiller, 20 Nov. 1940

I, the undersigned, MEYER, Paul, Chief deminer at Reipertswiller, declare as follows:

I have found in the forest of Reipertswiller, Section 2, on the 15 November 1940, four (4) bodies of American soldiers.

I did not find any identification tags or papers on these remains.

A number of other killed soldiers might be found in the still mined sections of this forest.

/s/ Meyer, Paul

A CERTIFIED TRUE TRANSLATION:

George A. Gemo
GEORGE A. GEMO
Investigator Gr-5

Reipertswiller, le 20 Nov. 1946

Je soussigne MEYER, Paul, Chef demineur a Reipertswiller declare cequi suit:

J'ai trouve dans la foret de Reipertswiller, Parcelle 2, le 15 Nov. 46, 4 (quatre) corps de soldats Americains.


Je n'ai pas trouve de plaque d'identite ou de papiers sur ces corps.

C'est toutes les informations que je peux donner concernant ces restes.

Il peut se trouver d'autres tues dans les surfaces minees de cette foret.

/s/ Meyer

CERTIFIED A TRUE COPY:


LOUIS A BOCKSTAHLER
1st Lt. Inf
Commanding.

Graves Registration
Form No. 1
(Revised 1 Sept. 1945)

REPORT OF BURIAL

15 Sept 1947
Date

Unknown X- 6376

Last Name	First	Initial	Rank	Serial No.
Unk			Unk	Unk
Unit	Est.	Organization		
Sect. 2 Reipertswiller Forest, France	Dec-44-Jan-45		BTB:KIA	
Place of Death	Date of Death	Cause of Death		
1500 17 Sept 1947		USMC, Neuville en Condrez, Belgium (VK390187)		
Time and Date of Burial	Name of Cemetery	Coordinates of Location		
27	2	Temp Wooden Cross		
Grave Number	Row Number	Plot Number	Type of Marker	

Disposition of Identification Tags : Buried with body Yes No Attached to Marker Yes No

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.

Who is buried on	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right	X- 6375	Unk	Unk	Unk	26
Deceased's Left	X- 6377	Unk	Unk	Unk	28

Signature for Name, Rank and possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below

Emergency Addressee	Name	Address	Religion
	Unk		Unk

List only Personal Effects Found on Body and disposition of same :

None

Carlyle D. Johnson Jr
Signature of Officer or other person reporting burial

CARLYLE D. JOHNSON JR.

US WD CIV GIP Officer

Ivor J. Fosmo
IVOR J. FOSMO

2nd Lt Inf. CIP

IF A DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands: If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Left Hand	7	Unk	Right Hand	7	Unk
	6	Unk		6	Unk
	5	Unk		5	Unk
	4	Unk		4	Unk
	3	Unk		3	Unk
2	Unk	2	Unk		
1	Unk	1	Unk		
Thumb	Unk	Thumb	Unk		

Height : _____ Laundry Marks : _____
 Weight : _____ Number of Rifle : _____
 Color of Eyes : _____ Wear Glasses? _____
 Color of Hair : _____ Is Tooth Chart Attached _____
 Race : _____

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.

SEE CHECK LIST

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

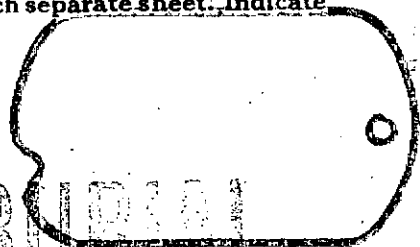
SEE CHECK LIST

TOOTH CHART

Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Upper															
Deceased's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Lower															

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○; fitting anchor teeth; replacements by artificial teeth X

If this is an Isolated Burial, make a Sketch of the location, oriented with Permanent Landmarks: If more space needed attach separate sheet. Indicate North.



Remains found in Section 2 Reipertswiller Forest (Bas Rhin) France.