

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

1 August 1949

(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 87, Plot E  
Row 2, Grave 47, USMC NEUVILLE, Belgium,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified as  
unidentifiable at the present time.
2. Report of Reprocessing of remains was forwarded to your  
Office by Transmittal Letter No. 4172, dated 1-8-49.
3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

Lt. Col. E.D. MULVANY, 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

Received TK 4172 7 Aug 49

Not identifiable from  
information presently  
available

QOMG

Recd  
17 Aug 49

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 314.6

1 August 1949

SUBJECT: Identification Check Lists  
Transmittal Letter #4172

TO: The Quartermaster General, Washington 25, D.C.

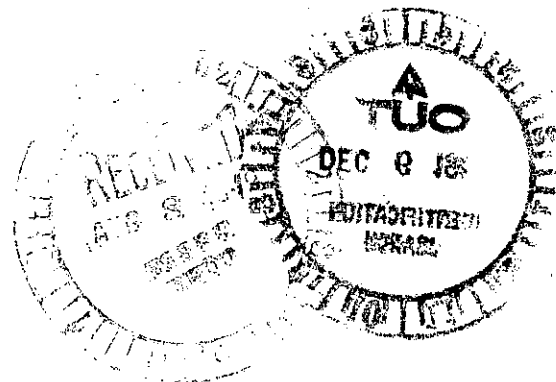
Inclosed herewith for your files are two (2) copies of  
Identification Check Lists after disinterment in the US Military Cemeteries  
of Neuville-en-Condrez, Belgium and St. Avoild, France.

Unknown X- 87	Neuville	Plot E	Row 2	Grave 47
Unknown X-934	St. Avoild	Plot Q	Row 5	Grave 2360

FOR THE COMMANDING GENERAL:

2 Incls:  
a/s

GEORGE L. FREEMAN  
1/Lt QMC  
Actg Asst Adj Gen



RRE Form #43  
29 Sep 48

293 UNID-NEUVILLE X-87

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X - 87

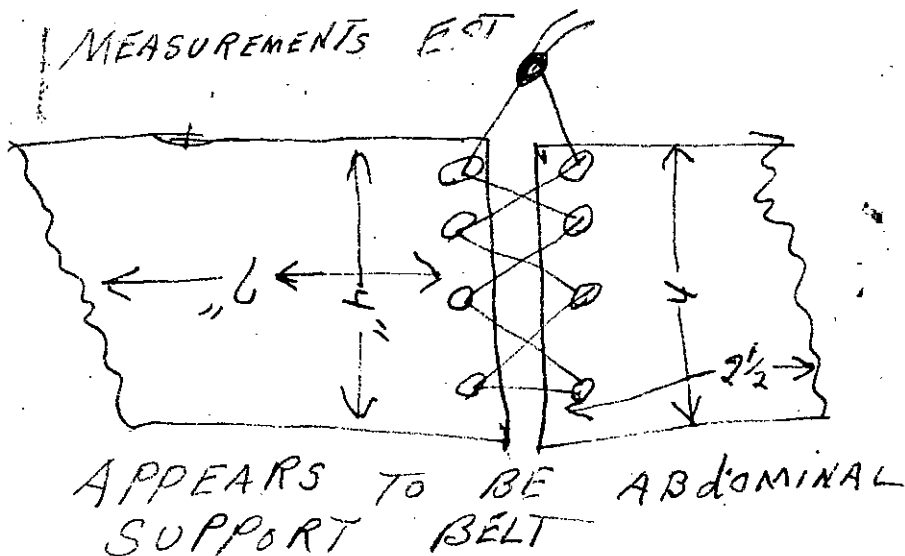
(TEMP.: NEUVILLE)

(Last Name) (First Name) (Initial) (Rank) (ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery NEUVILLE-en-CONDROZ, Belgium

Incl #

STATION FILE



USO NEUVILLE EN CONDROZ

Plot C, Row 1, Ave 8

Date of Burial: 16 Sept 1949

Verified by GRS Officer,

E. K. HURSEY, 1/Lt QMC

DISINTERMENT DIRECTIVE

II

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 1260 00234

DATE 15 08 48 DAY MONTH YEAR

NAME

UNKNOWN X-000087

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

Q

O

6

CEMETERY

NEUVILLE) BELGIUM

PLOT ROW GRAVE

E

2

47

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)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN

SERIAL NUMBER

X-000087

GRADE

DATE OF DEATH

DATE DISTINTERRED

19 OCTOBER 1948

IDENTIFICATION TAG ON

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

HENRY C. KRONLEY

REMAINS

MARKER EMB

UNK

1ST LT, CE

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL REMNANTS OF OD'S.

CONDITION OF REMAINS MISSING SKULL, MAXILLA, MANDIBLE. BODY FRAGMENTED. MISSING PARTS.

OTHER MEANS OF IDENTIFICATION

NO CONFLICTING EVIDENCE.

THIS IS TO CERTIFY that the above cemetery having now been completely disinterred and no conflicting evidence whatsoever having been found, the remains of this deceased are considered adequately identified.

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

NONE.

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

DATE 4 NOVEMBER 1948

BY

ANTHONY J. MARTIN, EMBALMER

CASKET SEALED BY

HENRY F. PERGANDE

EMBALMER (Signature)

HENRY F. PERGANDE, EMBALMER

CASKET BOXED AND MARKED

DATE 21 JAN 49 BY

HENRY B. RYDER JR. CLK RECORDER

MARKS AND IDENTIFYING TAGS, PLATES, MARKINGS

VERIFIED BY:

ROGER E. LEWIS, CAPT, CAV.

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

HENRY C. KRONLEY, 1ST LT, CE 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.

Raymond G. Johnson, 1st Lt. Inf

21 JAN 1949 DEPARTATION BRANCH

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Burial)

Only Part I should be completed, if identification tags are available.

Both Part I & II should be completely filled out if identification tags are not available.

If information is unavailable, so indicate.

AGRC (Neuville-en-Condroz, E-2-47)

PART I

AGRE, Unknown X-87.

(Positive Identification)

1. X-87  
(Full Name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many and where attached
3. Give exact location from which disinterred, furnishing coordinates and map series used

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery)
5. Approximate or established date of death (state which & give basis for date selected)
6. Approximate or established date of burial (give basis for date established)
7. Manner in which grave was marked and all information contained on the marker
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN or organization (Check cemetery records and office) X-87
11. Unavailable Unavailable Dark brown Unavailable  
(Est Height) (Est Weight) (Color of Hair) (Color of eye)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard,

13. Give as detail description as possible condition and amount of remains. About 50 lbs ~~remains~~ remains in an advanced state of decomposition. Only a few pieces of shattered bones. Small tufts of hair which appear weavy, no head.

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned). Unavailable.

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable: Field Jacket (Old type), rubber Overshoes, size approximately 11, combat shoe 65D. OD trousers size unavailable, OD shirt size unavailable, woolen underwear size unavailable. Fur jacket, all that was left was the hide, all clothing was too far decomposed to find marking or sizes. One piece of leather 4 in. wide and 7 in. long, an other 4 in. wide, 2 in. long, these two pieces were laced together by a leather thong, holes were punched, no eyelets. Particles of what appeared to be a plastic match case with a yellow screw on cover.

16. Give description of any vehicle found in the area that could be connected with the death of the deceased. Unavailable.

(Type)	(WD Serial No)	(Organization)	(Serial No & Type)
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17. Give exact location of remains in vehicle before removal. Unavailable.

18. If buried in a coffin, give description and markings.

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause, place of death of each that may assist in identification of those remains.

20. Other pertinent information which would aid in establishing identity. The two pieces of leather which were laced together appeared as if they had been torn on the ends. Inclosed diagram of this.

*Byron J. Johnston*  
BYRON J. JOHNSTON Identification Investigator B 309343 6869th CW Bn (Prov  
(Individual in Charge of Disinterment) (Rank) (ASN) (Organ.)

21 February 1946  
(Date)

## IDENTIFICATION CHECK LIST

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

DD #392

Unknown X 87  
 Cemetery Neuville  
 Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

- Reprocessed**
1. ~~Arrived at cemetery~~ Reprocessed 30 Nov. 48  
(Hour) (Date)
  2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
  3. Remains ~~recovered or disinterred by~~ reprocessed CIP 1st Zone  
(Name and organization)
  4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
  5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear _____	(Type)		
Raincoat _____			
Overcoat _____			
Jacket, Field _____	None		
Jacket, Combat _____			
Mackinaw _____			
Sweater _____	Heavy wool O.D. - remnants		
Jacket, HBT _____			
* Shirt, Wool OD _____	remnants		
Undershirt, Wool _____	remnants		
Undershirt, Cotton _____			
Trousers, HBT _____	None		
* Trousers, Wool OD _____			

*Inc 1 #1*

Belt, web .....  
Drawers, wool .....  
Drawers, cotton .....  
Leggings, wool .....  
Socks, cotton .....

\* Shoes one left (type) Service size "6 1/2"

Overshoes one left - remnants

Web Equipment ..... (type) .....

(Other item) .....

(Other item) .....

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia .....  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch .....

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: No complete major bone for measurement

Age UTD Height UTD Weight UTD Description of wounds UTD

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

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

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

Sunburn or tan, other than hand and face .....

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

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

Hair HEAD hair missing  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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



Goatee	(Light, color, extent)		
Eyes	(Color, setting, shape)	Eyebrows	(Color, bushiness, extent across nose)
Nose	(Size, shape, straight)	Ears	(Size, set close to or far from head)
Mouth	(Large, medium, small)	Lips	(Small, large, full)
Teeth	Teeth missing (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	(Prominent, receding, pointed, dimples, double)		
Jaw	(Large, small, normal)	Circumference of head in inches	skull fractured (Hat band)
Neck	(Size, length, short, normal, wrinkled)	Larynx	(Prominent, normal)
Shoulders	(Broad, straight, small, rounded)	Arms	(Length, muscular, color, extent and quantity of hair)
Hands	Too decomposed		
Fingers	(Short, thick, long, slender, size of knuckles, missing fingers or joints)		
	(Unusual characteristics of fingernails)		
Chest	(Size of nipples, color, quantity and extent of hair, large, small, normal)		
Waist	(Size of navel, appendectomy, amount, quantity, and color of hair)		
Back	(Quantity and extent of hair)	Circumcision	(Yes-no)
		Pubic Hair	None found (Color)
Hernioplasty	(Yes-no; location)		
Legs	(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)		
Feet	(Size, corns, callouses, flat)	Toes	(Slender, straight, crooked, overlap)
Evidence of healed fractures	None noted (Nose, arms, legs, etc.)		

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

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

If not, explain Too decomposed

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

This case reprocessed per D.D. #392

9. Remarks Remains received disarticulated with a moderate amount of decomposed  
flesh. Teeth missing

Clothing found amongst the remains. No markings

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.

Fluoroscopic examination  
not necessary.  
Est. age: UTD  
Est height: UTD  
Est. weight: of reprocessed  
remains:  $\frac{1}{2}$  Lb.  
All major bones fractured and/or missing  
None for complete measurement.

s/t WESLEY A. NEEP  
(Officer's Name)

US DAC SP-7  
Rank Service

C.I.P.  
(Organization)

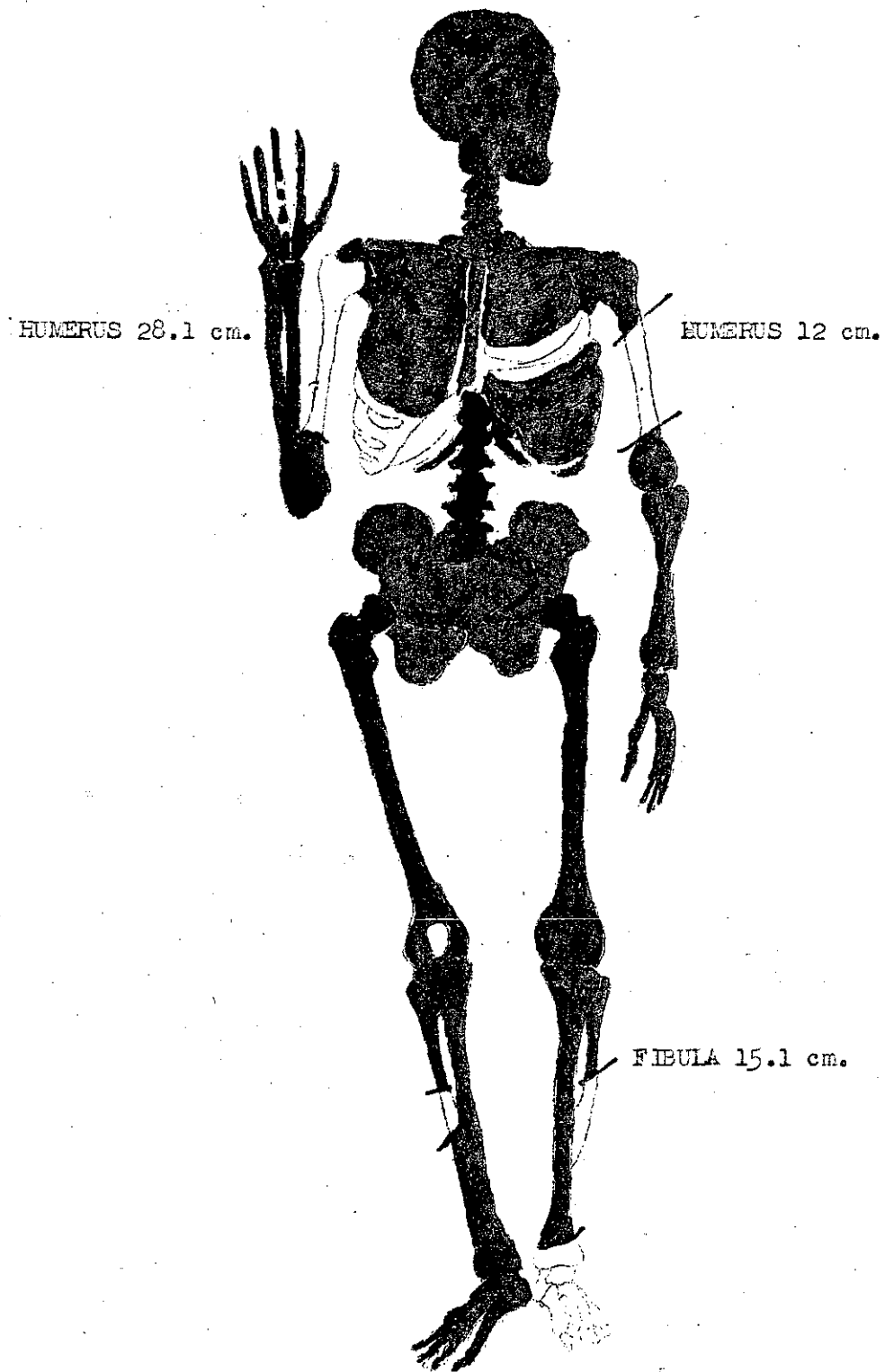
Mr. Neep  
" De Pass

30 November, 1948

SKELETAL CHART

X-87  
USMC Neville

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



RESTRICTED  
**REPORT OF BURIAL**  
SPRITH 1110-630 AND AR 30-1815

12 May 1945  
Date

Unknown X-87	Unk.	Unk.	Unk.
<small>Last Name</small>	<small>First</small>	<small>Initial</small>	<small>Rank</small>
Unk.	Unk.	Unk.	Unk.
Rockraid, Belgium		Est. Jan. 1945	
<small>Place of Death</small>		<small>Date of Death</small>	
1530;12 May 1945:US Mil.Cem.#1		Neuville-en-Condroz, Belg., Vk390187	
<small>Time and Date of Burial</small>		<small>Name of Cemetery</small>	
47		E	
<small>Grave Number</small>		<small>Name or Coordinates of Location</small>	
		Cross	
<small>Row Number</small>	<small>Plot Number</small>	<small>Type of Marker</small>	
2	1		

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

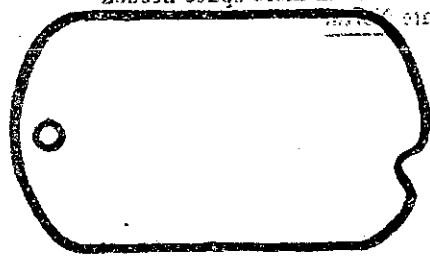
**If No Identification Tags**  
How were remains identified? Embossed Plate

What means of identification were buried with the body?  
Embossed Plate

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:	Smith	33002573	Unk.	Unk.	46
Deceased's Left:	Huff	18002941	Unk.	Unk.	48

Signature, or Name, Rank and if 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 unk. Name

unk. Address

Religion unk.

List only Personal Effects Found on Body and disposition of same:  
No personal effects. Body del. by Belgium Mobile Brigade.

*S. H. Robinson*  
Signature of Officer or other person reporting burial

Verified by G.R.S. Officer  
S. H. ROBINSON 1st Lt., QMC  
Det "C" 3045th QM Gr Reg Co.

# IF 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:

	Height:	Laundry Marks:	Number of Rifle:	Wear Glasses?	Tooth Chart Attached?
	Weight:	Color of Eyes:	Color of Hair:	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.					
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:					
Left Hand	2	body too badly decomposed to take fingerprints			
1	1				
Thumb	48	48	38002573	38002573	38002573
Grave No.	48	48	48	48	48

**TOOTH CHART**

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

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.

Emergency Address: \_\_\_\_\_

Address: \_\_\_\_\_

Religion: \_\_\_\_\_

Signature of Officer or other person: \_\_\_\_\_

Other Data: \_\_\_\_\_