

FILE IDENTIFICATION TOPPER

FILE NUMBER

243 (unc) Hamm X-215

SUBJECT

J J CFT

1

USMC HAMM
PLOT: D ROW: 13 GRADE: 5
DATE OF BURIAL 11 Mar/49 **DISINTERMENT DIRECTIVE**
VERIFIED BY *Joseph [Signature]*
CPS OFFICER *[Signature]*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 6020 00094
DATE 15 08 48
DAY MONTH YEAR

NAME UNKNOWNX-000215
SERIAL NUMBER GRADE ARM J RACE RELIGION 6

CEMETERY HAMM LUXEMBOURG
PLOT EE ROW 9 GRAVE 209
DISPOSITION OF REMAINS 6001 80
CODE DIST CTR

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HAMM, LUXEMBOURG
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 ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER 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.)
SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

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
NAT FILE
RE
D. MAY 1949
NAME WIMBERLY

M.P.

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
	DATE

2 SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
	DATE

3 SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

4 SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

5 SHIPPED

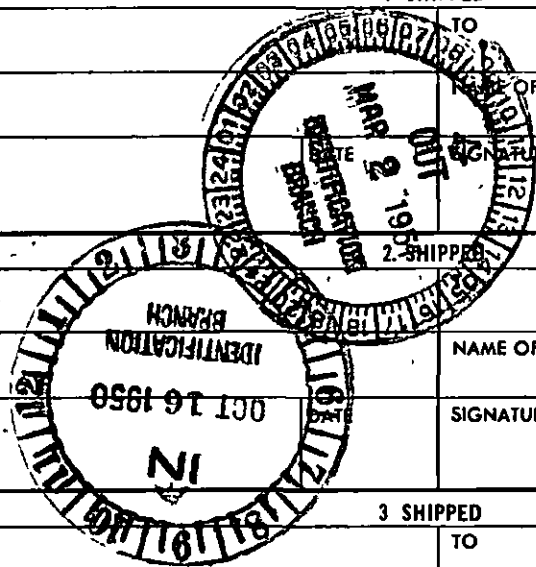
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

6 SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

7 SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE



DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY | MONTH | YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-000215

RANK

ARM

J

DATE OF DEATH

DAY | MONTH | YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE | DIST PT

LOT | ROW | GRAVE | COUNTRY

EE | 9 | 209 | HAMM LUXEMBOURG

CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-000215

SERIAL NUMBER

RANK

DATE OF DEATH

Est. DEC 44

DATE DISINTERRED

3 MAY 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS GRS

MARKER GRS

UNK

ANTONIO TEIXEIRA

2ND LT, INF NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

MATRESS COVER

CONDITION OF REMAINS ADV. DECOMPOSITION. BONES PRESENT - 15 FRAGMENTS OF RIBS - 3 FRAGMENTS OF L/SCAPULA - 1 FRAGMENT OF R/CLAVICLE - 1 FRAGMENT OF L/ISCHIUM - 1 FINGER BONE. REST MISSING.

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL FOR X-215 FOUND WITH REMAINS.

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET **Transfer Box**

DATE **6 MAY 48**

BY

Jack B. Wall
JACK B. WALL, EMBALMER

CASKET SEALED BY

without disinfectant

ELAM E POORBAUGH no work sheet

EMBALMER (Signature)

Elam E Poorbaugh
ELAM E POORBAUGH

CASKET BOXED AND MARKED

**JAMES L LAMM
CLERK**

SHIPPING ADDRESS VERIFIED BY

**ALL MARKINGS TAGS &
PLATES VERIFIED BY
R E LEWIS CAPT GAV**

DATE **6 JULY 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 casketing

Antonio Teixeira
ANTONIO TEIXEIRA, 2ND LT, INF

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies

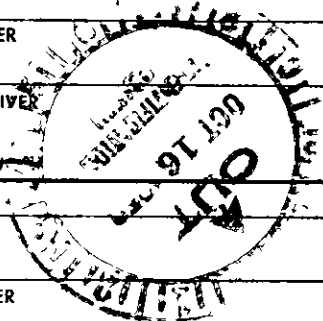
RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



3 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

24 FEB 1949
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 215, Plot EE
Row 9, Grave 209, USMC Hamm, Luxembourg have been
reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office
by letter of transmittal No. 2381, dated August 5th, 1947
No further information is available.

FOR THE COMMANDING GENERAL:

George L. Freeman
GEORGE L. FREEMAN
1st Lt QMG
Actg Asst Adj Gen

In Ltr #3517, 24 Feb. 49
Subj: Unident Remains
Received 2 Mar 49 OQMG
Not identifiable from
information presently
available

m 2 n

*2793
Mark Simpson (Remains) X-215*

nci #7

3-11-49

IDENTIFICATION CHECK LIST

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

Disinterment Directive # 107

Unknown X. -215 _____
 Cemetery Hamm, Luxemburg. _____
 Plot EE Row 9 Grave 209 _____

Date reprocessed:

1 Arrived at cemetery 11 June 1947
(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 Subordinate Identification Point, Margraten,
(Name and organization) Holland.

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	None <small>(Type)</small>		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	One (1) Remnants of,		
Jacket, HBT	None		
* Shirt Wool OD	One (1) Remnants.		
Undershirt, Wool	One (1) Remnants		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	One (1) pair Remnants		

Belt, web. **One (1) Remnants of**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes (type) **None**

Overshoes **None**

Web Equipment (type) **None**

(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

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, 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 **None found**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **Utd** Circumference of head in inches **Utd**
(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**
(Instep, 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

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

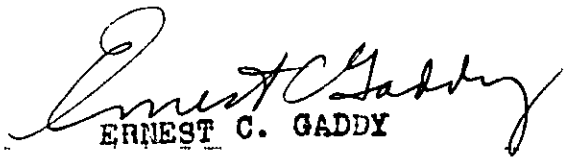
If not, explain **No fingers recovered**

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

9 Remarks Remains consist only of a few small pieces of bones (see List below). Clothing listed is badly rotted and only very small pieces found. Fluoroscopic Examination negative. Nothing found to warrant Chemical Laboratory Examination. Estimated weight of remains processed: $\frac{1}{2}$ Lb. It is possible that these remains were omitted during the initial disinterment.

Listed below are pieces of bones which comprise the entire case: 16 Pieces of ribs from $2\frac{1}{2}$ to $3\frac{1}{2}$ inches long. 3 small irregular pieces of scapulae. 3 small irregular pieces of sternum.

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

USA

Rank

Service

Central Identification Point.

(Organization)

UNKNOWN X- 215
 CEMETERY U. S. MIL. CRM., HAMM, LUX.
 PLOT EE ROW 9 GRAVE 208 209

Arrived at cemetery 1300 29 Oct 45 From ---
 (hour) (date) (collecting point)

Place of death Vicinity BASTOGNE, BELGIUM, coords. 540580, scale 1/74,000.
 (name) (coordinates and landmarks)

Remains recovered by Sgt. Eugene Kendall, Det "A", 610th QM Graves Reg. Co.
 (name and organization)

Evacuated to cemetery by Sgt. Eugene Kendall, Det "A", 610th QM Graves Reg. Co.
 (name and organization)

Is load list attached NO Are names of deceased found in same area as this Un-
 (yes-no)

known starred --- Are circumstances described which may indicate organization of
 (yes-no)

the deceased NO If only part of the body was received, was a careful search made
 (yes-no)

for other parts of Unknown YES
 (yes-no)

If remains came from vehicle, plane, etc: Medium Tank # 40145295-S, 3A (10) O-24
 (type of vehicle or plane, nickname,

serial number, organization or symbols)

Crew list ---
 (names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use YES

If organization to which vehicle or plane was assigned or if names of all other de-
 ceased are not known, give detailed information concerning vehicle or plane ---

Medium Tank # 40145295-S 3A (10) O-24 BURNED field
 (parts of markings or symbols) (burned) (pierced by shell fire - where)

(found in town, field, by road, etc.) (damaged by mine explosion)

Unknown None
 (names of men who escaped) (description of other vehicles or planes in same area)

detailed description of personal effects None
 (Indicate exact pocket or part of body

where found)

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)				
Raincoat	<u>NO CLOTHING</u>			
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Pajamas				(note unusual lacing)
Stocks Wool Cotton				
Shoes (type)				
Overshoes				
Personal Equipment				
Other item				
Other item				

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

Chevrons or _____ Shoulder Patch 26 Div.

Emblems (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age _____ Height 66666666 Weight _____ Description of Wounds BURNED.

(years) Height (ft-in) (lbs)

OBD - Cannot be Determined

Scars or dressings OBD Scars OBD (length, width, location)

Tattoos OBD (number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks OBD (yes-no) (description - location)

Unburn or tan, other than hands and face OBD Tobacco stains on fingers or teeth OBD (designate where, extent)

Complexion OBD (light, med, dark, clear, pimples, pocks, freckles) Build OBD (large, fat, thin, muscular)

Hair OBD (color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns OBD (color, setting, shape) Mustache OBD (color, size, shape) Beard or goatee OBD (Length)

Wavy, light, color, extent

Eyes OBD (color, setting, shape) Eyebrows OBD (color, bushiness, extend across nose)

Nose OBD (Size, shape, straight) Ears OBD (size, set close to or far from head)

Forehead OBD (high, wide, wrinkled) Mouth OBD (large, medium, small) Lips OBD (small, large, full)

Teeth OBD (white, size, unevenness, spacing, noticeable crowns, fillings or extractions)

Chin OBD (prominent, receding, pointed, dimple, double) Cheekbones OBD (high, normal)

Face OBD (large, small, normal) Circumference of head in inches OBD (hkt band)

Neck OBD (size, long, short, normal, wrinkled) Larynx OBD (prominent, normal) Shoulders OBD (broad,

Arms OBD (STRAIGHT, SMALL, ROUNDED) (length, muscular, color, extent & quantity of hair)

Hands OBD (deformation, scar, size of wrists) (large, small, normal, calloused noticeably)

Scars on fingers indicating that rings were worn)

OED - Cannot be Determined

Fingers OED
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

(Unusual characteristics of fingernails)

Chest OED
(size at nipples, color, quantity & extent of hair, large, small, normal)

Back OED Waist OED
(quantity and extent of hair) (size at naval, appendectomy, amount and color)

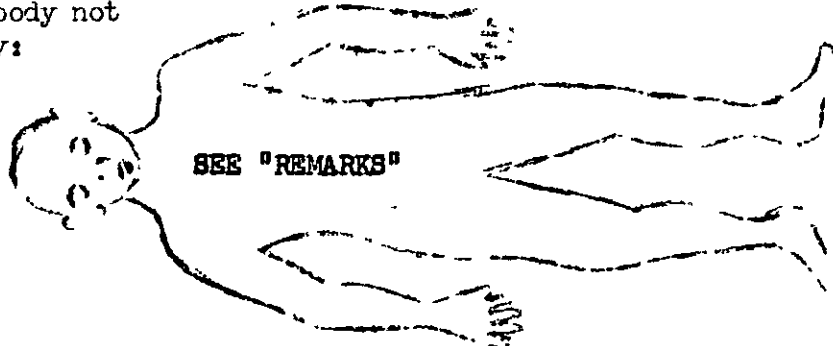
Circumsized OED Pubic hair OED Hernioplasty OED
Of hair) (yes-no) (color) (yes-no) (location)

Legs OED
(inseam) (muscular, knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet OED Toes OED
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures OED
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached NO If not, explain Remains consisted of a few bones
(yes-no)

Have fingerprints been placed on GRS #1 NO If not, explain No hands
(yes-no)

Has tooth chart been prepared? No If not, explain No head
(yes-no)

Remarks: Impossible to sketch remains as only 6 or 8 bones remained. Elbow and knee joint and 4 ribs.

Keith L. Miller
(Signature of GPO and Organization)

Keith L. Miller, 1st Sgt., 35018989
610th QM GRAVES REG. CO., Commanding

RESTRICTED

Graves Registration Form No 1 AMERICAN (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

29 October 1945 /jc Date

UNKNOWN X-215

UNK.

UNKNOWN

Last Name

First

Initial

Rank

Serial No

(26th Div Patch)

GC 540580, Scale 1/74,000

Organization

Vicinity, BASTOGNE, BELGIUM

EST. DEC. 44

KIA: BURNS

Place of Death

Date of Death

Cause of Death

1500 29 Oct 45

U. S. Mil. Cem., Hamm, Luxembourg

VP 8713

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

209 Grave Number

9 Row Number

EE Plot Number

Cross 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?

Remains evacuated from front drivers seat of medium tank # 40145295-s,3A (10) C-24. Remains consisted of a few unidentified bones. Tooth chart and fingerprints impossible as only a few bones remained. Estimated weight of remains 8 lbs.

NO TAGS.

What means of identification were buried with the body?

FORM GR-1

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

Who is buried on

UNKNOWN X-214

UNK.

UNK.

UNKNOWN

208

Deceased's Right

Name

Serial No

Rank

Organization

Grave No

SIMIONI

36740772

UNK.

UNKNOWN

210

Deceased's Left

Name

Serial No

Rank

Organization

Grave No

Body brought in by Sgt. Eugene Kendall, Det "A", 610th QM Graves Reg. Co.

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

UNKNOWN

Name

Address

Religion

UNKNOWN

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

NONE

A TRUE COPY:

Joseph E Mc Cluskey
JOSEPH E MC CLUSKEY
2nd Lt., INF.

Signature of Officer or other person reporting burial

s/t/ Keith L. Miller, 1st Sgt., 35018989

610th QM GRAVES REG. CO. COMMANDING.

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)
 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

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

Left Hand

Thumb

1 2 3 4 5 6 7 8

Right Hand

Thumb

1 2 3 4 5 6 7 8

TOOTH CHART

8	7	6	5	4	3	2	1	2	3	4	5	6	7	8									
8	7	6	5	4	3	2	1	2	3	4	5	6	7	8									
Upper															Lower								

Indicate: missing natural teeth by X, crowns by O, fillings by □, Bridges by ▢, missing anchor teeth, replacements by artificial teeth X

Characteristics

Other Data

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.

RESTRICTED
AMERICAN REPORT OF BURIAL
TM 10-630 AND AR 30-1815

29 October 1945
Date

<u>UNKNOWN X-215</u>			<u>UNK.</u>	<u>UNKNOWN</u>
<small>Last Name</small>	<small>First</small>	<small>Initial</small>	<small>Rank</small>	<small>Serial No</small>
(26th Div Patch)				
<u>MC 540580, Scale 1/774,000</u>			<small>Organization</small>	
<u>Vicinity, BASTONNE, BELGIUM</u>			<u>RST. DEC. 44</u>	
<small>Place of Death</small>			<small>Date of Death</small>	
<u>1500 29 Oct 45</u>			<u>KIA; BURNS</u>	
<small>Time and Date of Burial</small>			<small>Cause of Death</small>	
<u>209</u>			<u>U. S. Mil. Cem., Hamm, Luxembourg</u>	
<small>Grave Number</small>			<small>Name of Cemetery</small>	
<u>9</u>			<u>VP-8713</u>	
<small>Row Number</small>			<small>Name or Coordinates of Location</small>	
<u>EE</u>			<u>Cross</u>	
<small>Plot Number</small>			<small>Type of Marker</small>	

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

If No Identification Tags
 How were remains identified? **Remains evacuated from front drivers seat of medium tank # 40145295-8, 3A (10) Co 24. Remains consisted of a few unidentifiable bones. Tooth chart and fingerprints impossible as only a few bones remained. Estimated weight of remains - 8 lbs.**

NO TASS

What means of identification were buried with the body?

FORM GR-1

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

Who is buried on:

Deceased's Right:	<u>UNKNOWN X-214</u>	<u>UNK.</u>	<u>UNK.</u>	<u>UNKNOWN</u>	<u>208</u>
	<small>Name</small>	<small>Serial No</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>
Deceased's Left:	<u>SIMIONI</u>	<u>36740772</u>	<u>UNK.</u>	<u>UNKNOWN</u>	<u>210</u>
	<small>Name</small>	<small>Serial No.</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>

Body brought in by Sgt. Eugene Kendall, Det "A" 610th QM Graves Reg. Co.
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 UNKNOWN
Name

Address _____

Religion UNKNOWN

List only Personal Effects Found on Body and disposition of same:
NONE

Keith L. Miller
 Signature of Officer or other person reporting burial

Keith L. Miller, 1st Sgt, 35018989
610TH QM GRAVES REG. CO., Commanding
Verified by GRS Officer

Revised M. L. L. Co
1st Sgt

FEDERAL BUREAU OF INVESTIGATION
IF DECEASED UNIDENTIFIED

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

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Ribs: _____
 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.

Remains overestimated from front view of body of medium build. Remains consisted of a tooth chart and fingerprints. Remains consisted of a tooth chart and fingerprints. Remains consisted of a tooth chart and fingerprints.

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

Left Hand

Thumb

Index

Ring

Middle

Little

Right Hand

Thumb

Index

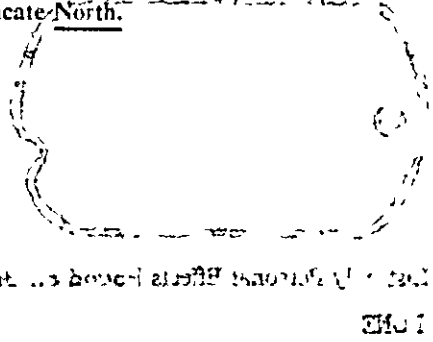
Ring

Middle

Little

TOOTH CHART

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.



Deceased's Right	9	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	Deceased's Left
	Upper	Lower																

Indicate missing natural teeth by X, crowns by O, fillings by □, Bridges by ∩, missing anchor teeth, replacements by artificial teeth X

Characteristics

Other Data

45 FEB 1956 8 DEC 1945