

119

USMC HAMM  
PLOT: I, ROW: 3, GRAVE: 9 DISINTERMENT DIRECTIVE  
DATE OF BURIAL 23 Mar/ 49

THIR-  
16-504

VERIFIED BY

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6020 00050

DATE  
15 07 48  
DAY MONTH YEAR

NAME: UNKNOWN X-000217 SERIAL NUMBER: RANK: ARM: Q DATE OF DEATH: DAY MONTH YEAR

CEMETERY: HAMM - LUXEMBOURG DISPOSITION OF REMAINS: 0 6001 80 CODE DIST PT

PLOT: 2 ROW: 5 GRAVE: 101 COUNTRY: LUXEMBOURG CAUSE OF DEATH: 6

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: RANK: DATE OF DEATH: DATE DISTINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS: FILE

OTHER MEANS OF IDENTIFICATION: 10 MAY 1949  
REPAIRATION BR'N H MEM DIV.

MINOR 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 GRS INSPECTOR

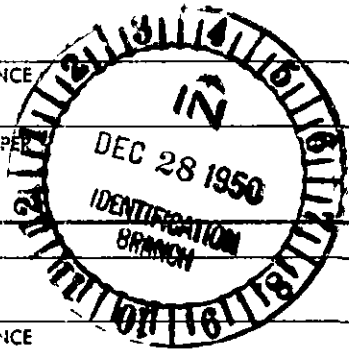
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

(NLN)

# RECORD OF CUSTODIAL TRANSFER

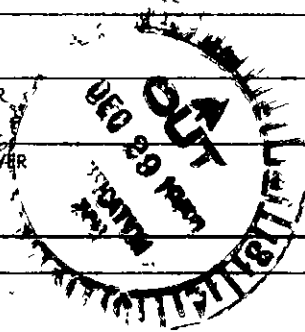
1 SHIPPED

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

1

# DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME  
**UNKNOWN**

SERIAL NUMBER  
**X-000217**

RANK

ARM  
**Q**

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT ROW GRAVE COUNTRY  
**Z 5 101 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
**UNKNOWN X-000217 - - 26 MAY 48**

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION

RELIGION  
**UNK**

IDENTIFICATION VERIFIED BY  
**WILLARD B. OWEN, CAPT., INF**  
NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
**UNIFORM**

CONDITION OF REMAINS  
**ADVANCED DECOMPOSITION - BODY COMPLETE**

OTHER MEANS OF IDENTIFICATION  
**REPORT OF BURIAL FOR UNK X-217 FOUND WITH REMAINS**

MINOR DISCREPANCIES /  
**NONE**

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer box *Floyd C. Teske*  
DATE **27 JUNE 48** BY **FLOYD C. TESKE, EMBALMER**

CASKET SEALED BY **R JAMES MURRAY WCO DIS.**

EMBALMER (Signature)  
*R James Murray*  
**R JAMES MURRAY**

CASKET BOXED AND MARKED **E RAFFERTY JR. CLERK RECORDER**

SHIPPING ADDRESS VERIFIED BY ALL LABELS AND TAGS PLACED  
VERIFIED BY *R. B. Owen*  
**R B OWEN CAPT. CAP.**

DATE **July 1948**  
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**

*Willard B. Owen*  
**WILLARD B. OWEN, CAPT., INF**  
SIGNATURE OF GRS INSPECTOR

1 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

NRE 293

8 March 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-217, Plot 2,  
Row 5, Grave 101, US C HAMM, LUXEMBOURG,  
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. 2715, dated 25 March 1948

Case reviewed by undersigned members of the Board of Review:

-----  
*Stanley C. Tyrnell*  
Capt. Jack C. HAYES, O-1577297 OIC Capt Stanley C. TYRNELL, O-1304296 Inf

-----  
*Edward E. Stout*  
Capt. Edward F. PRICH, Jr., O-1568236 OIC 1/Lt. Edward E. STOUT, O-1594512 CE

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

Received TL #3562 14 March 49 OQMG  
Not identifiable from  
information presently  
available

*m Martin*  
*23 April '49*

Incl # 12

*293's incl. - Stephen: King (M...)*  
*7-2919*

**IDENTIFICATION CHECK LIST**

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

**Exh. O. #641, dtd 5 Dec. 1947.**

Unknown X-**217**  
 Cemetery **Hamm, Luxembourg**  
 Plot **2** Row **5** Grave **101**

**Date reprocessed: 18 Feb. 1948**

- 1 ~~Approved by~~ \_\_\_\_\_  
 (Hour) (Date)
- 2 Place of death \_\_\_\_\_  
 (Name of closest town) (Coordinates and letter Prefix, maps)  
 \_\_\_\_\_  
 (Sheet, scale and serials used)
- 3 Remains ~~reprocessed~~ disinterred ~~by~~ **and re-processed by I.S. 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	<b>NONE</b> (Type)		
Raincoat	<b>NONE</b>		
Overcoat	<b>NONE</b>		
Jacket, Field	<b>NONE</b>		
Jacket, Combat	<b>NONE</b>		
Mackinaw	<b>NONE</b>		
Sweater	<b>NONE</b>		
Jacket, HBT	<b>NONE</b>		
* Shirt, Wool OD	<b>NONE</b>		
Undershirt, Wool	<b>NONE</b>		
Undershirt, Cotton	<b>NONE</b>		
Trousers, HBT	<b>NONE</b>		
* Trousers, Wool OD	<b>NONE</b>		

APR 2 - 1948

Belt, web. NONE

Drawers, wool. NONE

Drawers, cotton NONE

Leggings, wool NONE

Socks, cotton NONE

\* Shoes NONE (type)

Overshoes NONE

Web Equipment NONE (type)

(Other item) NONE

(Other item) NONE

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

Chevrons or  
Insignia NONE (Type & location, shirt, jacket, coat, helmet)

Shoulder Patch NONE

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

6 Description of Remains Humerus - 32.5 Tibia - 35.0  
R- Radius - 22.6 R- Fibula- 34.0  
Ulna - 24.5  
 Age UTD Est. Height 5'2 2/3" Weight UTD Description of wounds UTD

Bandages or dressings None found 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 Light brown 6" long wavy (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 **50.5 cm**  
 (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 and/or too decomposed.**

Fingers - **Missing and/or too decomposed.**  
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

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

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

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

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

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

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

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

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



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

If not, explain **Missing and/or too decomposed**

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

9 Remarks **Estimated weight of re-processed remains : 60 Pounds. Remains consist of disarticulated bones and a large amount of decomposed flesh. One burial report recovered, No GRS tag. No clothing found.**

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

*Woodrow W. Wolf*  
**WOODROW W. WOLF**  
(Officer's Name)

**CAPTAIN**  
Rank

**QMC**  
Service

**OPERATIONS OFFICER**  
(Organization)

## SKELETAL CHART U.S.M.C. - Hamm

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

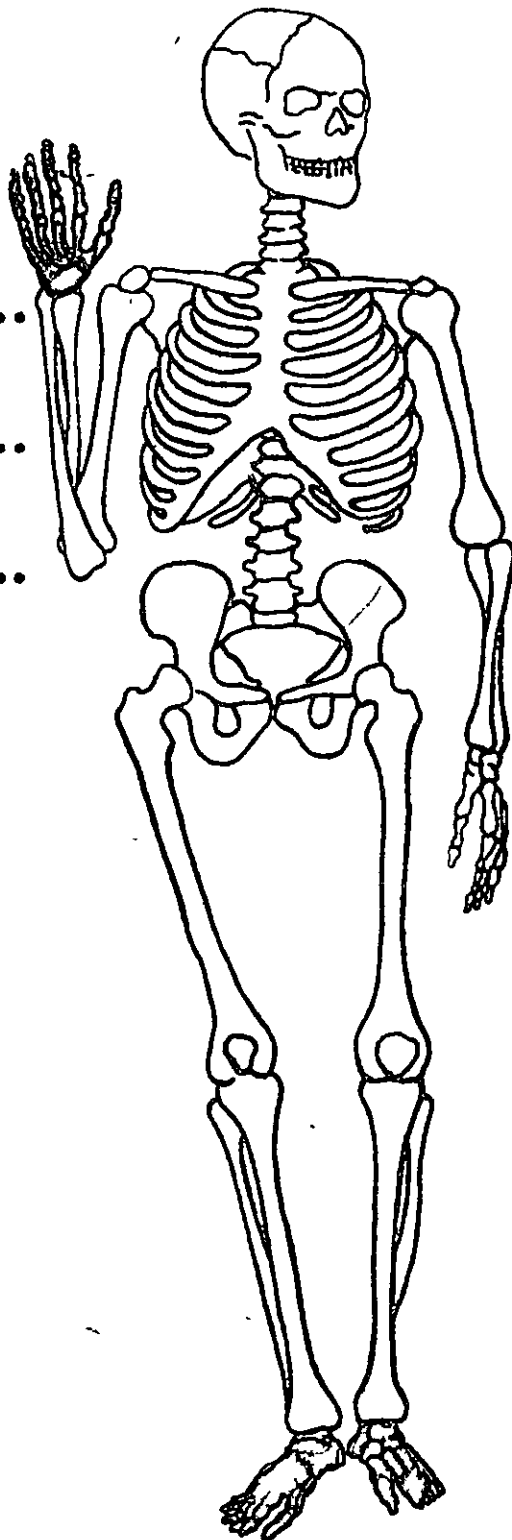
HUMERUS - 32.5...cm...

RADIUS - 22.6...cm...

ULNA - 24.5...cm...

FIBULA - 34.0...cm

TIBIA - 35.0...cm



# TOOTH CHART

X-217

U.S.M.C. Hamm

E.O. #641

19 Feb. 1948

Date

UNK X-217

UNK

UNK

Last Name

First

Initial

Grade

Serial No.

UNK

UNK

Unit

Organization

Place of Death

Date of Death

Cause of Death

Right

NOTE

Left

NOTE

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

	canine DL	canine D	P	P	A DL	S ML	canine DL		canine DL	canine ML	DRAYED	P	P	canine MFO	X	
Side views																
TOP																
FRONT																
Side Views																
	NOTE	X	X	P	canine D		P	P	P		canine M F	P	X	X	X	

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

*See remarks*

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

**IVOR J. FOSMO**  
US DA CIV I.S.




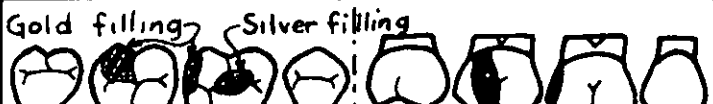

*/s/ Ivor J. Fosmo*

Signature of Officer or other person who prepared Tooth chart

**WOODROW W. WOLF**  
CAPT QMC OPER OFF

*Woodrow W. Wolf*

Verified by G. R. C. Officer

<b>MISSING TEETH</b> . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :	
<b>CROWNED TEETH</b> .. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .	
<b>BRIDGE WORK</b> . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
<b>FILLINGS</b> .. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus	
<b>CARIES (CAVITIES)</b> . 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



- Posthumously missing

**SPACES:** R-13-16 : 14mm to the occlusal surface of R-16

**NOTE:** R-16 is growing parallel to the jaw bone.  
 L-15 must of been a recent extraction before death.  
 R-2 has rotated 1/8 of a turn distally and overlaps R-1



= Tooth decayed.

L-3 has rotated 1/16 of a turn distally.

**NOTE:** R-4 and R-8 : The large pit left there suggests that they were abscessed very badly.  
 L-5 and L-6 : The large pit left there suggests that they were abscessed very badly.

Teeth have many large caries.

Color : dull ivory  
 Size : Large  
 Alignment : Poor

# TOOTH CHART

23 November 1945

Date

UNKNOWN X-217

UNK.

UNKNOWN

Last Name

First

Initial  
UNKNOWN

Rank

Serial No

Unit

NEUERBURG, GERMANY

Organization

KIA: Cause Unknown

Place of Death

EST. 10 JAN 45

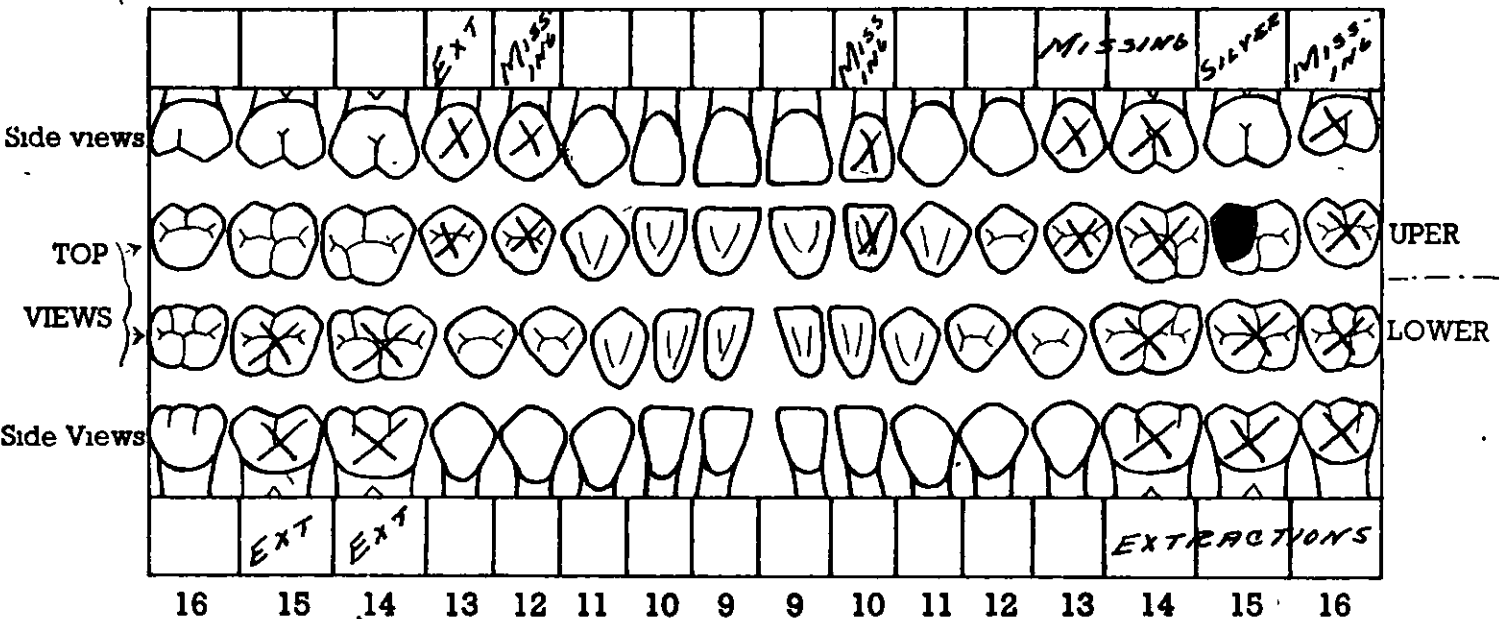
Date of Death

Cause of Death

Right

Left

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

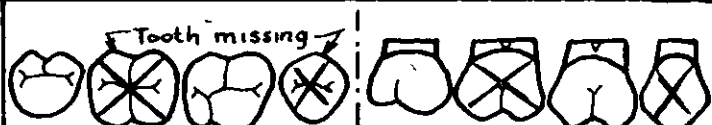


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

*P. C. ...*  
 Signature of Officer or other person who prepared Tooth chart

*Warren J. Flournoy*  
 WARREN J. FLOURNOY, Verified by G. R. S. Officer  
 1st Lt., QMC, G.R.O.

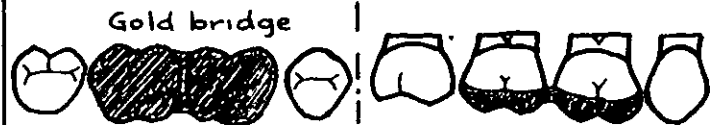
**MISSING TEETH.** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



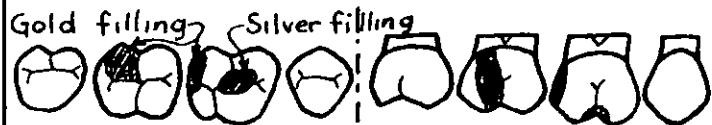
**CROWNED TEETH.** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



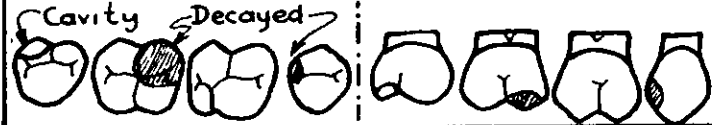
**BRIDGE WORK.** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



**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**

TGRS TSFET  
Form No. 12  
10-9-45

CHECK LIST FOR DISINTERMENT OF UNKNOWNNS

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be stated.

PART I  
Physical Description

1. Estimated height 5' 7"
2. Estimated weight 160 lbs.
3. Color of eyes Cannot be determined.
4. Color of hair Cannot be determined
5. Race White
6. Quantity and characteristics of hair on head (length, baldness, curly, etc.)  
Cannot be determined
7. Amount and color of hair on body (arms, chest, pelvic region, legs) \_\_\_\_\_  
Cannot be determined
8. Description of mustache and beard \_\_\_\_\_  
Cannot be determined
9. Length of sideburns Cannot be determined
10. Was the deceased circumsized? Cannot be determined.
11. Are any tatoos or scars on the body? ( Give description) \_\_\_\_\_  
Cannot be determined.
12. Is there anything unusual about the fingernail structure? \_\_\_\_\_  
Cannot be determined
13. Is there anything unusual in the construction of the toes or feet? \_\_\_\_\_  
Cannot be determined
14. Was tooth chart taken? YES Were fingerprints taken? No, badly de-
15. Approximate cause of death? Cannot be determined composed
16. Was the body burned? No To what extent? -
17. Are any parts of the body missing or severed? Cannot be determined. Body  
badly decomposed.
18. Is there any evidence of first-aid or other medical treatment? \_\_\_\_\_  
Probably hospital or Battalion Aid Station case. SEE "REMARKS"
19. If the remains are badly mangled, a careful search should be made for  
identification tags or personal effects.
20. If no clothing is found, measurements should be made of the head, neck, chest,  
waist, foot, leg (inseam), and arm length in order that clothing sizes may be  
determined Length of leg (inseam) - Est. 34"  
Arm measurement- Est. 32"  
Circumference of Skull-22"

2595  
400  
1615





Copied from 293 of CAMPBELL, Alfred L.  
35 291 808

In January 1945 there was located in Neuerberg a German Field Hospital. In this hospital an American Sergeant Prisoner of War worked as an aid man to wounded American soldiers. He also took care of the dead American soldiers.

He also gave the names of the dead American soldiers to the German soldiers who buried them in the cemetery of this town.

When the American captured the town the hospital was evacuated deeper into Germany. No personal effects of the American soldier are here in Neuerberg.

The inhabitants of Neuerburg at the time of the burials were gone from the town. Only a few lived in the cellars and tunnels but they would not have any information concerning the dead American

/s/ Der Burgermeister  
Neuerburg

The above statement was secured by:

Sgt Hillar Britt, 32821716  
610th QM Graves Reg Co.

UNKNOWN X - 217

UNK.

UNKNOWN

Last Name

First

Initial

Rank

Serial No.

UNKNOWN

Coords. 965584 Sheet T-1, 1/100,000  
NEUERBURG, GERMANY

EST. 10 JAN 45

Organization

KIA: Cause Unknown

Place of Death

Date of Death

Cause of Death

1330 16 JUNE 45

U. S. Military Cemetery, Hamm, Luxembourg VP-8713

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

101

5

2

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?

Previously buried, erroneously, as: Wallerice, Alexander.  
Disinterred for the purpose of obtaining additional  
information that may lead to positive identification.

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:

Deceased's Right:

No grave-Beginning of row

Name

Serial No.

Rank

Organization

Grave No.

KAMPHEL

UNKNOWN

UNK.

UNKNOWN

102

Deceased's Left

Name

Serial No.

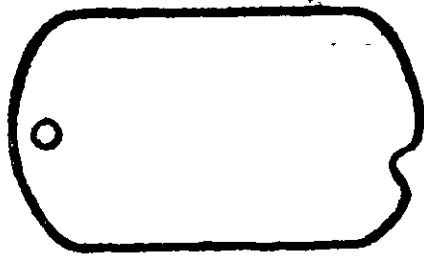
Rank

Organization

Grave No.

Body brought in by Sgt Knudsen, 3047th GRS 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

This corrected Report of Burial  
prepared in the office of the  
U. S. Military Cemetery, Hamm, Lux.

*Warren J. Flournoy*

Signature of Officer or other person reporting burial

WARREN J. FLOURNOY, 1st Lt., OMC G.R.O.  
610TH QM GRAVES REG. CO.

Verified by G.R.S. Officer

544  
4 Dec  
65

# 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 **ESTIMATED**

Height **5' 7"** Laundry Marks **I-T**  
 Weight **160 lbs.** Number of Rife **YIA**  
 Color of Eyes **-** Wear Glasses? **-**  
 Color of Hair **Brown** Is Tooth Chart Attached? **Yes**  
 Race **White**

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

**Fingerprints impossible due to advance stages of decomposition. TOOTH CHART and CHECK LIST FOR DISINTERMENT OF UNKNOWN submitted herewith.**

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

**Wire mesh splint for broken leg with rubber drain on right leg about 4" from crotch.**

**Investigation of cemetery records reveal that Alfred Kamphel, buried on left of deceased was found at the same grid coords. Both bodies were evidently hospital cases.**

## 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.

Decedent's Right	8	8
	7	7
	6	6
	5	5
	4	4
	3	3
	2	2
	1	1
Decedent's Left	8	8
	7	7
	6	6
	5	5
	4	4
	3	3
	2	2
	1	1

Indicate missing natural teeth by X, fillings by O, Bridges by □, crowns by C, caps by ^, dentures by artificial teeth by S, linkings anchor teeth, replace by natural teeth by X

(Characteristics)

Other Data:

Right Hand

Thumb

RESTRICTED

Graves Registration Form No 1 (Revised 1 Sept 1943)

CORRECTED AMERICAN

REPORT OF BURIAL

23 NOVEMBER 1945

UNKNOWN Last Name

X-217

Unknown Rank

Unknown Serial No

Coords. 965584, Sheet T-151/100,000 NEUERBURG, Germany

1330 - 16 June 1945

U.S. Military Cemetery, Hamm, Luxembourg VP-8713

KIA: Cause Unknown

101

Grave Number

Row Number

Disposition of Identification Tags

Barred with body Yes  No  Attached to Marker, Yes  No

If No Identification Tags

How were remains identified

Previously buried, erroneously, as: Wallorce, Alexander. Disinterred for the purpose of obtaining additional information that may lead to positive identification.

NO TAGS

FORM GR-1

To determine Right of

Who is buried on Deceased's Right

Deceased's Left

Left use Deceased's Right and Left

No Grave-Beginning of Row

KAMPHIEL Name

Unknown Serial No

Unk. Rank

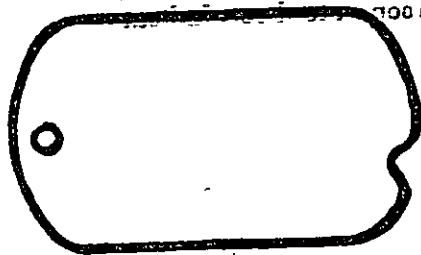
UNKNOWN Organization

Grave No 102

Grave No

Body brought in by Sgt. Knudsen, 13047th GRS Co.

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



Emergency Address

Unknown

Name

Address

Religion

List only Personal Effects Found on Body and disposition of same

NONE

A TRUE COPY:

Signature of Joseph E. Mc Cluskey

JOSEPH E. MC CLUSKEY 2nd Lt. Inf.

This corrected Report of Burial prepared in the office of the U.S. Military Cemetery, Hamm, Lux.

Signature of Officer or other person reporting burial

s/t WARREN J. FLOURNOY, 1st Lt., QMC G.R.O.

Verified by GRS Officer

610th QM GRAVES REG. CO.

Table with 4 columns and 10 rows, likely for recording personal effects or other details. The table is mostly empty.

# 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: ESTIMATED

Height: 5' 7" Laundry Marks -  
 Weight: 160 lbs Number of Rifle -  
 Color of Eyes: Blue Wear Glasses? -  
 Color of Hair: Brown Is Tooth Chart Attached Yes  
 Race: White

(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.  
 Fingerprints impossible due to advance stages of decomposition. TOOTH CHART and CHECK LIST FOR DISINTERMENT OF UNKNOWNNS submitted herewith.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.  
 Wire mesh splint for broken leg with rubber drain on right leg about "4" from crotch.  
 Investigation of cemetery records reveal that Alfred Kamphel, buried on left of deceased was found at the same grid coords. Both bodies were evidently hospital cases.

## TOOTH CHART

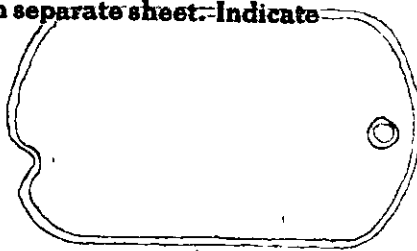
Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																
Lower																

Indicate missing natural teeth by X; crowns by O, fillings by □, Bridges by ◊ linking 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  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

16 June 45

Date

Wallence Alexander [unclear] [unclear]  
Last Name First Initial Rank Serial No.

Neuerburg, Germany  
Place of Death Unit Date of Death Organization

16 June 45  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

101  
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?

Name on cross of temporary grave.

What means of identification were buried with the body?

Embossed plate

REBURIAL  
Previously buried in isolated grave

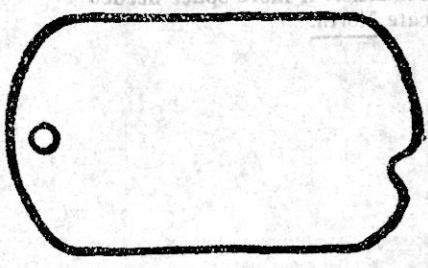
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Name Serial No. Rank Organization Grave No.

Deceased's Left: Name Serial No. Rank Organization Grave No.

Body brought in by Sgt Knudsen, 3047th GRS 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 Name

Address

Religion

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

None

23 JUN 1945

Signature of Officer or other person reporting burial

[Signature]  
Verified by G.R.S. Officer

G. F. [unclear] JR. 1st Lt GRC  
3045th GRC Reg Co



REBURIAL RESTRICTED

217

REPORT OF BURIAL

16 June 45

TM 10-430 AND AR 30-1815

Date

Wallerce

Alexander

Unk

Unknown

Last Name

First

Initial

Rank

Serial No

Unknown

Neuerburg, Germany

App 10 Jan 45

Organization

KIA unk

Place of Death

Date of Death

Cause of Death

1330 16 June 45

US Mil Cem Hamm, Lux.

VP 8713

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

101

5

Z

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

Embossed plate

If No Identification Tags

How were remains identified?

Name on cross of temporary grave.

What means of identification were buried with the body?

Embossed plate

REBURIAL

Previous listed in isolated grave

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

Who is buried on

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

BEGINNING OF ROW

Kampfel

Unknown

Unk

Unk

102

Deceased's Left:

Name

Serial No.

Rank

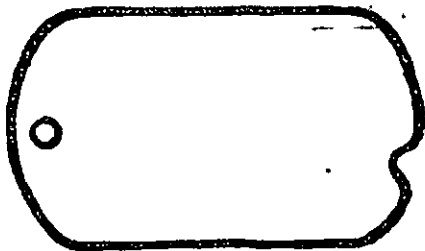
Organization

Grave No.

Body brought in by Sgt Fnudsen, 3047th GRS Co

Signature or Name, Rank and if possible Organization of person furnishing above Date when other than officer reporting burial

If print of identification tag is not affixed fill in below.



Emergency Addressee Unknown

Name

Address

Unknown

Religion

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

None

Signature of Officer or other person reporting burial

*G. F. Zehner*

G. F. ZEHNER JR. 1st Lt QMC  
3045th QMC Gr Reg Co

RESTRICTED



## 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

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

### TOOTH CHART

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

Indicate missing natural teeth by X, crowns by O, fillings by □, Bridges by ◊ linking anchor teeth, replacements by artificial teeth ×

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.