

Lo f Fey

1. FILE UNDER NO. 293 - Unk Luxembourg X-264 (Hamm)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 27 Oct 49

4. FROM: OQED

5. TO: CO, AGRC, EA, APO 58, c/o PH, N.Y., N.Y.

6. SUBJECT: Certificates of Unidentifiability of Remains Transmittal Letter # 4330

7. DOCUMENT FILED UNDER NO. 314.6 - OPS EUROPEAN AREA (T/L #4330)

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

9 September 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X 20/264, Plot EE
Row 6, Grave 146, USMC (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.

2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 2364, dated 18-7-47.

3. Remarks: X-264 was recovered from an isolated grave near Saarburg
Germany. A cross over the grave bore the inscription "John A. Seman 33251006, died 22 Jan '45"
X-264 is possibly Sgt. Seman, but there are no other identifying factors. A height estima-
tion is given, but this estimation is taken from a fractured femur so cannot be accepted as
if the complete bone had been measured. There were five other Americans buried in the same
isolated area as X-264, four have been identified and one has been declared Unidentifiable
thus leaving X-264 to be accounted for. This Office considers this case Unidentifiable due
to the lack of corroborative evidence.

Thom^as C. OLDFIELD

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

E.D. Mulvanity
Lt. Col. E.D. MULVANY, O-359598 QMC

Major R. BLEGLER, O-251736

QMC

Capt. Jack C. HAYES, O-1577297

QMC

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

QMC

Lt. Gaylord E. LUTZ, O-1595665 QMC

Transmittal Letter #4330 dated 14 Sept. 1949

Accepted 27 September 1949'

Inci #1

Myrtle Marten

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMISSION
EUROPEAN AREA
APO 58 US ARMY

RRE 293

9 March 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown ²⁴⁸X-264, Plot EE,
Row 6, Grave 116, U.S. (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. 2364, dated 18 July 1947.

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrell

Capt. Jack C. HAYS, O-1577297 O/C Capt Stanley C. TYRELL, O-1304296 Inf

Edward E. Stout

Capt. Edward F. PRICE, Jr. O-1538236 O/C 1/Lt. Edward E. STOUT, O-1594512 CE

Ernest J. Oglesby

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

Received TR # 3572 14 March 49.
Not identifiable from information
available at the present time.
on Martin
5-2-49

Incl #7

Vol 1

1

USMC HAMM, LU LUXEMBOURG Buried on: Right T.J. MOORE, JR. 39038965
PLOT E ROW 6 GRAVE 69
Reburied 4 Jan. 1949 **DISINTERMENT DIRECTIVE**
Verified by: *W.H. Billingsley* Left: W.H. BILLINGSLEY 37683707
GRS Officer

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE
6020 00090 15 08 48
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWNX-000264 0 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
HAMM LUXEMBOURG EE 6 146 6001 80
CODE DIST CTR

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN
HAMM, LUXEMBOURG BY ADMINISTRATIVE DECISION

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN
 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
RECORDS ATTACHED
DATE APR 22 1949
UNIT
E O B E E

nlr

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

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY | MONTH | YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000264

RANK

ARM
Q

DATE OF DEATH

DAY | MONTH | YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE | DIST PT

LOT
EE

ROW
6

GRAVE
146

COUNTRY
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

SERIAL NUMBER
X-C00264

RANK

DATE OF DEATH
UNK

DATE DISINTERRED
30 APRIL 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER **GRS**

ORGANIZATION

RELIGION
UNK

IDENTIFICATION VERIFIED BY
ANTONIO TEIXEIRA
2ND LT, INF NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
MATTRESS COVER

CONDITION OF REMAINS **ADVANCED DECOMPOSITION.**
SKULL, R/&L/ULNA, SCAPULA, HUMERUS,
RADIUS, CLAVICLE, TIBIA & FIBULA

OTHER MEANS OF IDENTIFICATION
REPORT OF BURIAL FOUND, BUT
NOT READABLE EXCEPT GRAVE
NO. -(146)

MISSING. DISTAL THIRD OF R/&L/FEMUR
MISSING. FEET MISSING.

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **TRANSFER BOX**

Roy T. Patterson

DATE **4 MAY 1948**

BY **ROY T. PATTERSON, EMBALMER**

CASKET SEALED BY **W/O DISINFECTANT**
JAMES L SMITH

EMBALMER (Signature) *James L Smith*
JAMES L SMITH

CASKET BOXED AND MARKED **V A EVRARD**
CLERK

SHIPPING ADDRESS VERIFIED BY **ALL MARKING TAGS &**
PLATES VERIFIED BY
R E Lewis **R E LEWIS CAPT CAV**

DATE **25 JUNE 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**

Antonio Teixeira
ANTONIO TEIXEIRA 2ND LT, 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

IDENTIFICATION CHECK LIST

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

Unknown X 264
 Cemetery Hamm, Luxembourg
 Plot EE Row 6 Grave 146

Date reprocessed: 10 June 1947.

1 ~~Interred at cemetery~~ (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, Holland
 (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	none		
	(Type)		
Raincoat	none		
Overcoat	none		
Jacket, Field	none		
Jacket, Combat	none		
Mackinaw	none		
Sweater	none		
Jacket, HBT	none		
* Shirt, Wool OD	none		
Undershirt, Wool	none		
Undershirt, Cotton	none		
Trousers, HBT	none		
* Trousers, Wool OD	none		

Belt, web. **none**

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? **No**
UTD

6. Description of Remains :

Age **Utd** Est. **5'11"** Height **Utd** Weight **Utd** Description of wounds **Utd**

Bandages or dressings **Utd** Scars **Utd**
(Length, width, location)

Tattoos **Utd**
(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 **Dark Brown, 2 1/2" straight**
(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 **No teeth 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)

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 **Utd**
(Quantity and extent of hair) (Yes-no) (Color)

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

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

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

Evidence of healed fractures **Utd**
(Nose, arms, legs, etc)

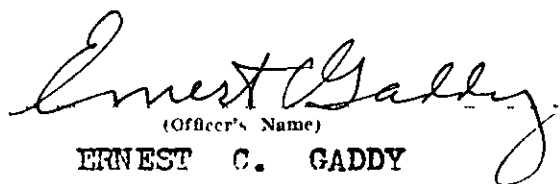
NOTE: Use attached charts "A" and "B" to indicate parts not received
See attached chart.

7 Have finger prints been placed on Report of Interment? **No**
(Yes-no)
If not explain **fingers missing**

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

9 Remarks **All flesh decomposed. All joints disarticulated. Bones are large and long. Height estimated from measuring approximately 2/3 of left femur which was 33.2. Height estimated between 5'11" and 6'2".**
No clothing found.
Estimated weight of remains recovered: 12 Lbs.
Fluoroscopic Examination: Negative.
Nothing found to warrant Chemical Laboratory Examination.

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

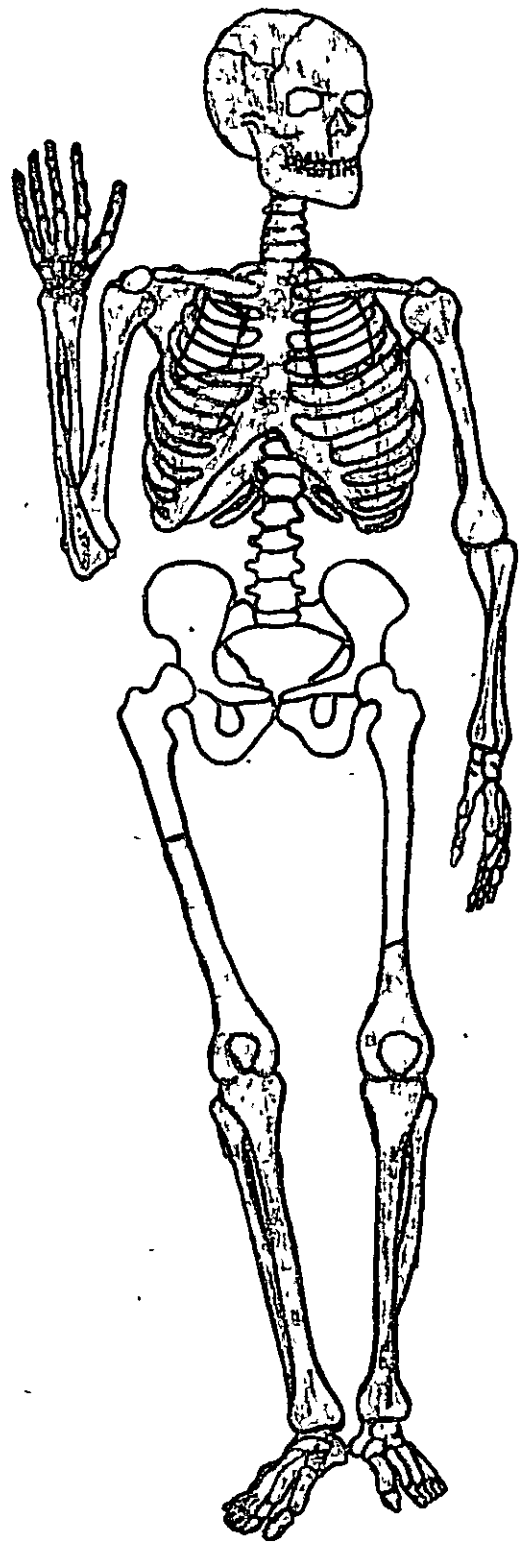

(Officer's Name)
ERNEST C. GADDY
CWO USA
Rank Service

Central Identification Point
(Organization)

Unknown X-264
Cemete- Hamm, Luxembourg
lot EE, Row 6, Grave 1

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



REPORT OF INVESTIGATION-AREA SEARCHING

To be completely filled out and attached to each copy of
GR Form 1, "Report of Burial" when disinterment is accomplished

1. Unidentified X - 254 Hamm, Gem., Unk. Unk. Unk.
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached. (To be filled out at disinterment) None
3. Give exact location of isolated grave, furnishing coordinates and letter prefix map sheet, scale and series used Saarburg Germany, (W. 14-12) Sheet K 50
1/250,000 Trier 6508 4546
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row, and grave if organized cemetery) Isolated grave near Saarbrug
5. Approximate or established date of death (state which and give basis for date selected) Unknown
6. Approximate or established date of burial (give basis for date established) Unknown
7. Manner in which grave was marked and all information contained on the marker Unknown american soldier - on cross
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
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) Konze Mattias, 23 Hauptstrasse Saarburg, Germany, (Burgermeister)
10. If buried in a coffin, give description and markings (To be filled out at disinterment) No coffin
11. Action taken body disinterred

Disinterment approved by CO 3046 QM GR CO.Disinterment and reburial/bucial made by E. J. O. LichmanDate of ~~XXXXX~~/reburial 23 Feb. 46Place of ~~XXXXX~~/reburial U. S. Military Cemetery, U.S. Mil. Cem. Hamm, Luxembourg
Plot EE Row 6 Grave 146

NOTE: Additional particulars regarding
investigation will be placed on
reverse side.

EDWARD O. DUNHAM

3046 QM GR CO.

Edward O. Dunham
Signature of Investigating Officer

CHECK LIST FOR UNKNOWNNS

Opl. Stephen P. Morelock.
(name of soldier processing remains)

- 1 Unknown × **264** U S Military Cemetery ~~xxx~~ **Hamm, Luxembourg**
- 2 If remains were disinterred, attach Check List for Disinterments
- 3 Arrived at cemetery (hour) (date) From **3046 QM GR CO. Foehren, Germany (WL 30-40)**
(collecting point)
- 4 Place of death **Saarburg, Germany** **WL 14-12)**
(name) (coordinates and landmarks)
- 5
- 6 Remains recovered by **P.F.C. Lichman** **3046 QM GR CO.**
(name and organization)
- 7 Evacuated to cemetery by **3046 QM GR CO.**
(name and organization)
- 8 Is load list attached **Yes**
(yes-no)
- 9 Are names of deceased found in same area as this Unknown starred **Yes**
(yes no)
- 10 Are circumstances described which may indicate organization of the deceased **No**
(yes no)
11. If only part of body was received, was a careful search made for other parts of Unknown **Yes**
(yes-no)
- 12 If remains come from vehicle, plane, etc **Bureid in isolated grave.**
(type of vehicle or plane, nick name serial number, organization or symbols)
- 13
- 14 Crew list **Doesnot apply**
(names of other deceased and positions in which found)
- 15
- 16
- 17 If a tank, which hatches were free and available for escape use
Does not apply
- 18 If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane **Does not apply**
(parts of markings or symbols) (burned) (pierced by shell fire - where)
- 19
- 20 (found in town field by road etc) (damaged by mine explosion)
- 21 (names of men who escaped) (description of other vehicles or planes in same area)
- 22 Detailed description of personal effects
(Indicate exact pocket or part of body where found)
- 23 **None**
- 24
- 25
- 26

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27 • Headgear (type)	Body nude			
28 Reincoat				
29 Overcoat				
30 Jacket, Field				
31 Jacket, Combat				
32 Mackinaw				
33 Sweater				
34 Jacket, HBT	Body nude			
35 • Shirt, Wool OD				
36 Undershirt, Wool				
37 Undershirt, Cotton				
38 Trousers, HBT				
39 • Trousers, Wool OD				
40 Belt, Web				
41 Drawers, Wool	Body nude			
42 Drawers, Cotton				
43 Leggings				(Note unusual facing)
44 Socks Wool Cotton				
45 • Shoes (type)				
46 Overshoes				
47 Web Equipment (type)				
48 (other item)				
49 (other item)	Body nude			

* If body is nude, sizes these items could be computed by measuring the remains

50 Chevrans or None (type and location shirt jacket coat helmet) Shoulder Patch None

Insignia

51 Description of Remains

52 Age Unk. (years) Height 2'6" (ft-in) Weight 15 (lbs) Description of wounds, Flesh decomposed

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

54 Bandages or dressings **None** Scars **Flesh decomposed**
(length, width, location)

55

56 Tattoos **Flesh decomposed**
(number, location — illustrate on sep page)

57 Outstanding moles, warts or birthmarks **Flesh decomposed**
(yes no) (description, location)

58

59 Sunburn or tan, other than hands and face **Flesh decomposed**

60 Tobacco stain on fingers or teeth **Flesh decomposed**
(designate where extent)

61 Complexion **Flesh decomposed** Build **Flesh decomposed**
(light, med, dark clear, pimples) (pocks, freckles) (large, fat, thin muscular)

62

63 Hair **Missing**
(color, length, quantity, curly wavy, straight, whorls, or definite parting, baldness widows peak)

64
(distinctive cutting or other characteristics)

65 Sideburns **Missing** Mustache **Missing** Beard or goatee **Missing**
(color setting shape) (color size shape) Length

66
(heavy light color, extent)

67 Eyes **Missing** Eyebrows **Missing**
(color, setting, shape) (color, bushiness extent across nose)

68 Nose **Missing** Ears **Missing**
(size, shape, straight) (size set, close to or far from head)

69 Forehead **Missing** Mouth **Missing** Lips **None**
(high, wide, wrinkled) (large, medium small) (small, large, full)

70 Teeth **Missing**
(white size, unevenness, spacing, noticeable crowns fillings, extractions)

71 Chin **Missing** Cheekbones **Missing**
(prominent, receding, pointed, dimple double) (high normal)

72 Jaw **Missing** Circumference of head in inches **Head missing**
(large small, normal) (hat band)

73 Neck **Missing** Larynx **Missing** Shoulders **Missing**
(size, long short, normal wrinkled) (prominent, normal) (broad)

74
(straight, small rounded) Arms **Missing**
(length) (muscular, color extent and quantity of hair)

75
(vaccination scar, size of wrists) Hands **Missing**
(large small normal calloused noticeably)

76

76
(marks on fingers indicating that rings were worn)

77

Signature of GRC and Organization

Alvin K. ...

Hup. Garburg, Grab Nr. 8

Geat. am 22.1.1945

33251016

John A. Semann

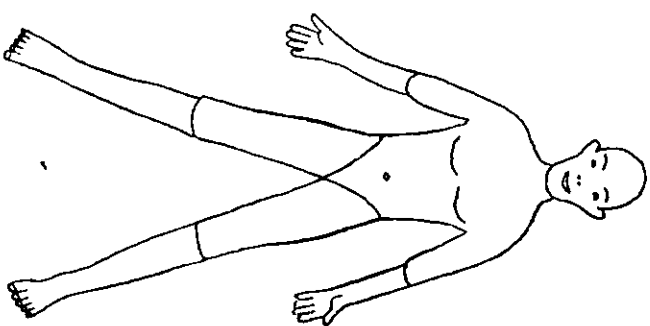
Kriegsgef. - Amerikaner

Oross found with body

Body completely decomposed

Remarks

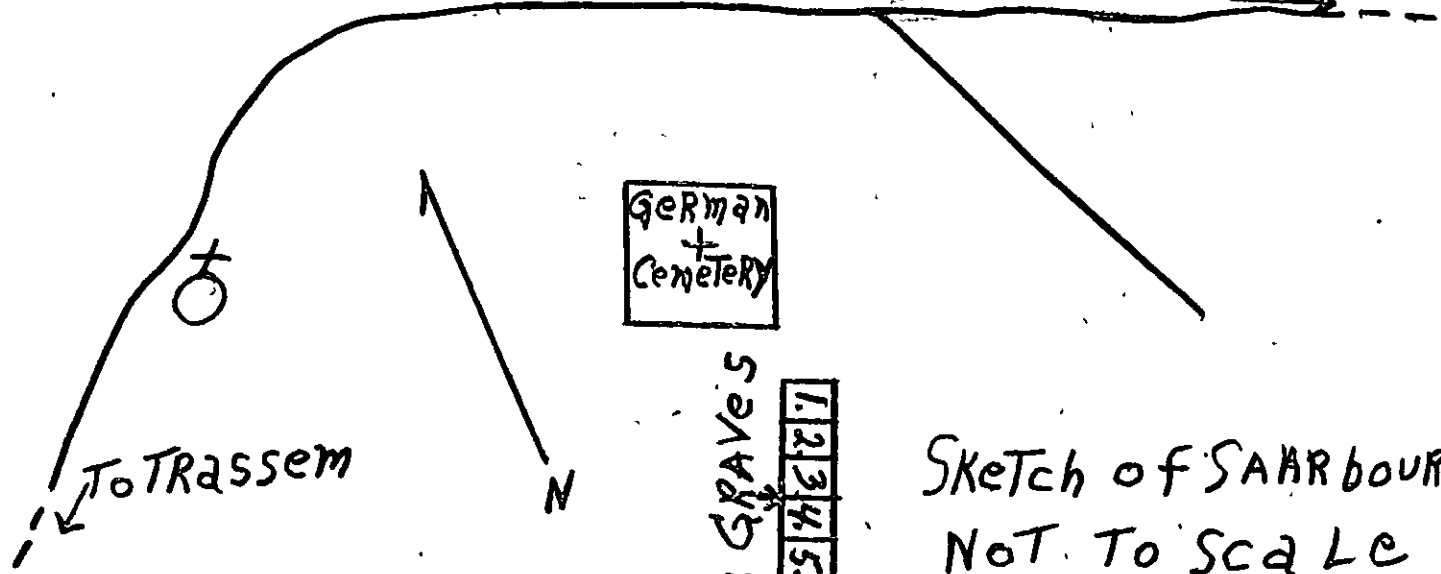
- 87 Have photographs been made and attached No Yes (yes-no) If not, explain No equipment
- 88 Have fingerprints been placed on GRS No 1 No Yes (yes-no) If not, explain Fingers missing
- 89 Has tooth, chart been prepared? No Yes (yes no) If not, explain Teeth missing



- 78 Fingers Missing (short, thick long, slender size of knuckles) (missing fingers or joints)
- 79 (Unusual characteristics of fingernails)
- 80 Chest Missing (size at nipples, color quantity and extent of hair, large small normal)
- 81 Back Missing (quantity and extent of hair) Missing (size at naval, appendectomy amount and color of hair)
- 82 Circumcized Decomposed Pubic hair Missing (color) Missing (hernioplasty) Missing (location) Flesh decomposed
- 83 Legs Missing (Inscam) (muscular, knock kneed, bowed, normal) (quantity color and extent of hair)
- 84 Feet Missing (size, corns, callouses flat) Missing (slender straight, crooked, overlap) Toes Missing
- 85 Evidence of healed fractures None (nose, arms, legs, etc)
- 86 Block out parts of body not received at cemetery

LARGE S.S. KASERNE

To BEURIG



GERMAN
+
CEMETERY

6 AM GRAVES

- | |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

SKETCH OF SAARBOURG
NOT TO SCALE
GRID COOR. WL14-12

- 1. James T. Greenwell 33900427 ✓
- 2. W. T. Rafferty 0-1293832 ✓
- 3. S. A. Ankenbrneal 3547517 ✓
- 4. John Seemann 33251016 ✓
- 5. X-263. SEEMAN
- 6. X-264

Sheet VI
NEUNKIRCHEN Sheet
Scale: 1/100,000
G.S.G.S. 4416
Nord De Guerre
GRID

DISTRICT OF COLUMBIA
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

Tr Letter 1845

19. Feb. 1946
Date

Unidentified X - 264		Hamm, Cemetery		Unk.	Unk.
Last Name		First Initial		Rank	Serial No
Unk.		Unk.		Unk.	Unk.
Unit		Organization			
Saarburg, Germany, (WL 14/12)		Unk.		Unk.	
Place of Death		Date of Death		Cause of Death	
1000 23 Feb. 46		11. Com., Hamm, Luxembourg		VP 8713	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
146	6	EE		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?

See reverse

REBURIAL

What means of identification were buried with the body?

Not buried in isolated grave

CRS no 1 in bottle

Saarburg, Germany (WL 14-12)

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

Who is buried on.	Unk X-263	Unk	Unk	Unk	145
Deceased's Right:	Name	Serial No	Rank	Organization	Grave No.
Deceased's Left:	Unk X-265	Unk	Sgt.	AAF	147
	Name	Serial No	Rank	Organization	Grave No.

Signature of 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.

EDWARD O. DUNHAM
2nd. Lt. Inf. C-1338322
3046 Q GR OO.

Disinterring Officer

Reinterring Officer

Edward O. Dunham
Signature of Officer or other person reporting burial
[Signature]
Verified by G.R.S. Officer

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 **2'6"** Laundry Marks: **None**
 Weight: **15 lbs** Number of Rifle: **None**
 Color of Eyes: **Missing** Wear Glasses? **None**
 Color of Hair: **Missing** Is Tooth Chart Attached? **None**
 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.

Body **fully decomposed**

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

None

Left Hand

4

3

2

1

Thumb

Right Hand

4

3

2

1

Thumb

TOOTH CHART

		Deceased's Left															
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
Upper	8	7	0	7	0	1	1	1	1	1	1	1	1	1	1	1	1
Lower	8	7	0	5	4	3	2	1	1	1	1	1	1	1	1	1	1

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.

See attached sketch.