

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMISSION
EUROPEAN AREA
APO 58 US ARMY

RFE 293

8 March 1949
(Date)

293 *unk. Luxembourg (Hamm) X-295*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-295 B, Plot XX,
Row 5, Grave 15, U.S.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. 2742, dated 8 April 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. PRICE, Jr., O-1588236 OIC 1/Lt. Edward E. STOUT, O-1594512 CE

Ernest J. Oglesby

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

Received TL 356214 March 49 OQMG
Not identifiable from
information presently
available.

Incl # 15

M. Martin
22 April 49

CFT

1 ✓

USMC HAMM
PLOT: I ROW: 11 GRAVE: 9
DATE OF BURIAL 23 Mar/ 49 **DISINTERMENT DIRECTIVE**

9-93A

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
VERIFIED BY *Joseph [Signature]*
GRS OFFICER
DIRECTIVE NUMBER 6020 08433
DATE 15 08 48
DAY MONTH YEAR

NAME UNKNOWN
SERIAL NUMBER 000295
GRADE
ARM 0
RACE
RELIGION 6
CEMETERY HAMM LUXEMBOURG
PLOT XX ROW 5 GRAVE 15
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
FILE

OTHER MEANS OF IDENTIFICATION
10 MAY 1949
REPAIR DIV.
BRANCH

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

OH

NLA

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				DIRECTIVE		NUMBER		DATE	
SECTION A -				NAME AND BURIAL LOCATION OF DECEASED				Day Month Year	
NAME				SERIAL NUMBER		RANK		ARM	
UNK X - 2954 (B) <i>e</i>				UNK		UNK		1	
CEMETERY				HAMB				Day Month Year	
								DISP. OF REMAINS	
ELOT				ROW		GRAVE		COUNTRY	
XX				5		15		LUXEMBOURG	
								Code Dist.Pt	
								6	
								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 DISINTERRED
UNK X 295 B.	unk	unk		8 June 1948
I.D. TAG ON:	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> Remains Emb.		unk	Don O'Neil	
<input checked="" type="checkbox"/> Marker Emb.			1st Lt 74	
		Name & Title		

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
Matress Cover	Right humerus Radius ulna and femur complete. all other bones missing.
OTHER MEANS OF IDENTIFICATION	
None	

MINOR DISCREPANCIES. 1

None

REMAINS PREPARED AND PLACED IN TRANSFER BOX	
Date	by <i>Don O'Neil</i>
CASKET SEALED BY	EMBALLER (Signature)
	<i>BE Lewis Capt Cav</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY:
Date	by

I hereby certify that all the foregoing operations except casketing were conducted and accomplished under my immediate supervision and that the report above is correct.

Don O'Neil 1st Lt 74
Signature of GRS Inspector

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

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. 47

Unknown X - 295 A (B) C
Cemetery Hamm, Luxembourg
Plot ~~XX~~ Row 5 Grave 15

1 Date reprocessed: 16 Feb. 48
~~Arrived at cemetery~~
(Hour) (Date)

2 Place of death Gerolstein, Germany (EL-2381)
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3 Remains ~~recovered~~ disinterred by and reprocessed 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	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt web. **Remnants of**
 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 **None**
 Insignia (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**

R. Humerus - 35.0 **R. Femur - 47.4**
R. Radius - 26.0
R. Ulna - 27.8

6 Description of Remains **Set**

Age **UTD** Height **5'10-4/8"** 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, tall, thin, muscular)

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

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

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

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

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

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

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

Teeth **See tooth chart with case "A",**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **utd** Circumference of head in inches **missing**
 (Large, small, normal) (Hat band)

Neck **UTD** Larynx **UTD**
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders **UTD** Arms **UTD**
 (Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands **Missing**

Fingers **Missing**
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

(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**
 (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 **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 Fingers missing

8 Has tooth chart been prepared? Yes If not, explain See tooth chart with Case
(Yes-no)

X-295 (A) B C

9 Remarks Est. weight of reprocessed remains: 2 Pounds. One Burial Report
recovered, no GHS tag. Clothing found in debris, no marks. See narrative
with Case *A*.

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. Edley
(Officer's Name)

CAPT

Rank

CMC

Service

OPERATIONS OFFICER

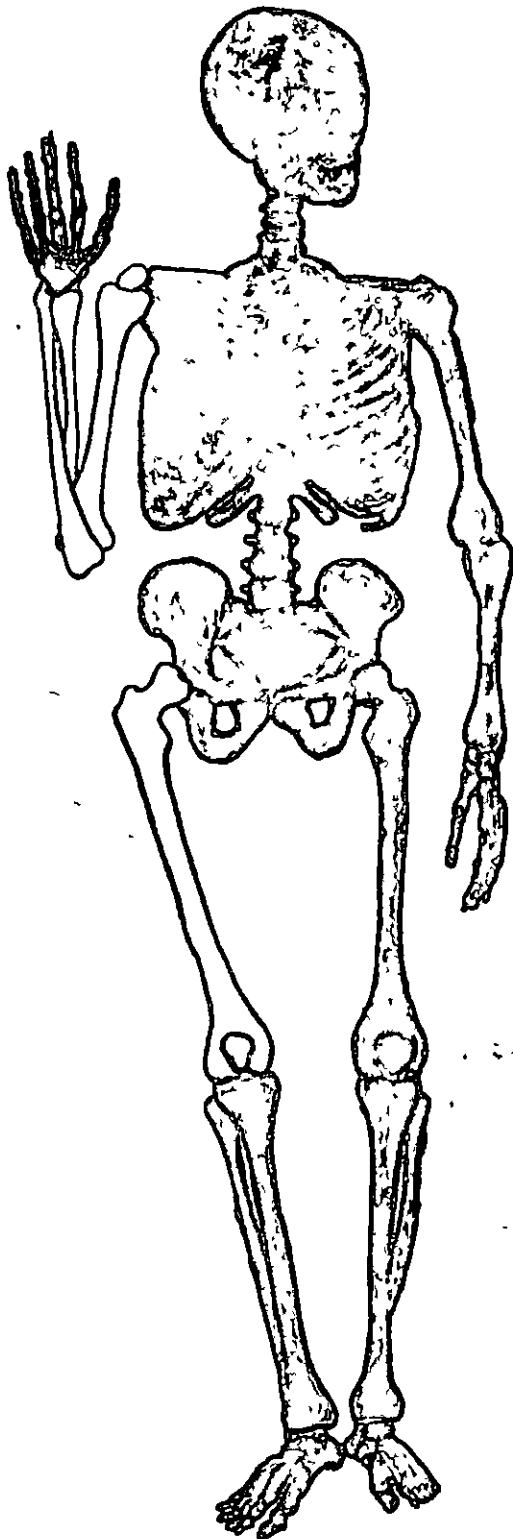
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



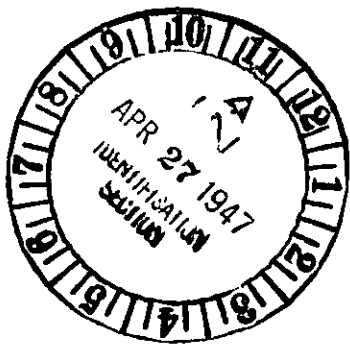
Humerus...35.0....cm

Radius....26.9.....cm

Ulna.....27.8.....cm

Femur.....43.4.....cm

Est. HEIGHT 5' 10-4/5"



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 Was investigation preceded by Advance Publicity Yes
 (if Special Investigation, so indicate)

Hamm, Lux

2 UNKNOWN-X-295 Unknown Unknown Unknown
 (Full name of deceased) (Rank) (ASN) (Organization)

3 State: Means of identification, i e identification, tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc and Source of Information, i e identification tags, identification cards, identification bracelet, leather name plate on flying jacket clothing marks etc Burgermeister's Records state that the deceased we disinterred and found to be unknown-X-295 is "Alfred Antonacci, S/Sgt. 12164391, 92 Bomb.Group. (See reverse No.14.)

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: Gerolstein, Ger. (WL-2381)
 Map Ref. Ger. 1/250,000 Köln-K-51

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

5 Full name of cemetery (include plot, row and grave if organized cemetery)
 Gerolstein, Cemetery Plot 4, row 10, grave 8.

6 Approximate or established date of death (state which and give basis for date selected)
 Oct. 7, 1943. Burgermeister's Records.

7. Approximate or established date of burial (give basis for date established)
 Oct. 11, 1943. Burgermeister's Records.

8 Manner in which grave was marked, show information contained on the marker
 Wooden cross (No inscriptions)

9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned

(None)

10 Furnish information obtained concerning place, and particulars surrounding death and burial, give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information) The deceased suffered from injuries in a plane crash in Kerpen, Ger. The deceased died in the hospital at Gerolstein, Ger.
 Informant: Julius Rectenwald, Burgermeister of Gerolstein, Ger.

11 Give name and adress of person who can guide disinterring team to burial location
 Nikolaus Schmitz, 25 Sarresdorferstr. Gerolstein, Ger.
 (Caretaker of Cemetery)

12 Is this atrocity case. NO Is there evidence that it may be

If answer is yes, has responsible War Crimes representative been notified

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members

(Not applicable)

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor

Continuation from No.3 (Rank, organization obtained from U.D. Casualty list.)

The whereabouts of other crew members is unknown.

15 If unidentified, supply any of the following information determinable

a. Crew position in plane or vehicle

b. Plane or vehicle serial number

Type 4 motor bomber.

c. Installed weapons

Serial Number

Calibre & Mfgr

Serial Number

Calibre & Mfgr

(Wreckage removed.)

d. Engine serial number

Type

Signature of Investigating Officer

WILLIAM H. BARNETT

2nd Lt. O-2018275

6890 Q.M.G.R.Co.

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation) C.O. 6890 G.R.Co.

Disinterment and *reburial/burial made by

Date of *burial/reburial

Place of *burial/reburial U S Military Cemetery

Plot

Row

Grave

NOTE: Additional particulars regarding investigation will be placed on additional sheet

* Cross out word not applicable

CHECK LIST FOR UNKNOWNNS

Hamm, Lux.

Pvt. Hasenfuss.
(name of soldier processing remains)

- 1 Unknown 295 ~~XXXXXXXXXXXXXX~~ Coll. pt. Manderscheid, Ger.
- 2 If remains were disinterred, attach Check List for Disinterments
- 3 Arrived ~~XXXXXXXXXX~~ coll. pt. 1600-21 Feb. 1946 6890 QMGRCo. Manderscheid, Ger.
(hour) (date) (collecting point)
- 4 Place of death Gerolstein Ger. wL-2381 Map Ref. Ger. 1/250,000 Koln K-51
(name) (coordinates and landmarks)
- 5 Row 10, grave 8, plot 4
- 6 Remains recovered by Pfc. Buncutter 6890 QMGRCo.
(name and organization)
- 7 Evacuated to ~~XXXXXXXXXX~~ coll. pt. Pfc. Buncutter 6890 QMGRCo.
(name and organization)
- 8 Is load list attached No
(yes no)
- 9 Are names of deceased found in same area as this Unknown starred No
(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 Unknown
(type of vehicle or plane, nick name, serial number, organization or symbols)
- 13
- 14 Crew list Not applicable
(names of other deceased and positions in which found)
- 15
- 16
- 17 If a tank, which hatches were free and available for escape use
Not applicable
- 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 Not applicable
(parts of markings or symbols) (burned) (pierced by shell fire where)
- 19
- 20 Unknown
(found in town field by road etc) (damaged by mine explosion)
- 21 Unknown
(names of men who escaped) (description of other vehicles or planes in same area)
- 22 Detailed description of personal effects No P.E.s
(Indicate exact pocket or part of body where found)
- 23 None
- 24 None
- 25 None
- 26 None

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.
27 Headgear (type)	Est.	1		
28 Raincoat				
29 Overcoat				
30 Jacket, Field				
31 Jacket, Combat				
32 Mackinaw				
33 Sweater				
34 Jacket, HBT				
35 Shirt, Wool OD				
36 Undershirt, Wool	pieces		white	
37 Undershirt, Cotton				
38 Trousers, HBT				
39 Trousers, Wool OD	pieces		O.D.	
40 Belt, Web				
41 Drawers, Wool				
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)				

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

50 Chevrans or None (type and location shirt jacket coat neck)

Shoulder Patch

None

Insignia None

51 Description of Remains

52 Age unk. Height unk. Weight unk. Description of wounds impossible to

53 Diagnose.

54 Bandages or dressings **none** Scars **flesh and skin**
(length width, location)

55

56 Tattoos **flesh and skin decayed**
(number, location - illustrate on sep page)

57 Outstanding moles, warts or birthmarks **flesh and skin decayed**
(yes-no) (description, location)

58

59 Sunburn or tan, other than hands and face **flesh and skin decayed**

60 Tobacco stain on fingers or teeth **fingers missing, teeth missing**
(designate where extent)

61 Complexion **flesh decayed** Build **dismembered**
(light med, dark, clear, pimples, pock, freckles) (large, fat thin muscular)

62 **and decayed**

63 Hair **blonde- small patch found**
(color length, quantity curly wavy, straight whorls or definite parting, baldness, widows peak)

64 **small patch found**
(distinctive cutting or other characteristics)

65 Sideburns **flesh decayed** Mustache **flesh decayed** Beard or goatee **flesh**
(color, setting shape) (color, size shape) Length

66 **decayed**
(heavy, light color extent)

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

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

69 Forehead **flesh decayed** Mouth **flesh decayed** Lips **flesh decayed**
(high wide, wrinkled) (large, medium small) (small, large full)

70 Teeth **see tooth chart**
(white, size, unevenness spacing noticeable crowns, fillings extractions)

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

72 Jaw **flesh decayed** Circumference of head in inches **21 1/2 est.**
(large, small normal) (hat band)

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

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

75 **decayed** Hands **hands missing**
(varicellon scar size of wrists) (large, small, normal calloused noticeably)

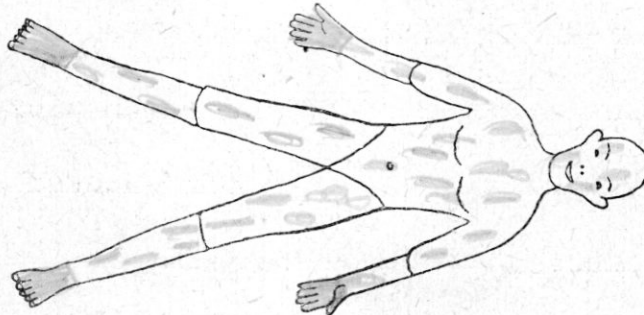
76

76 **missing**
(marks on fingers indicating that rings were worn)

77

William H. Barnett

96. _____
95. _____
94. _____
93. _____ remains weight 30 pounds.
92. _____ taken. No F.e.'s. Hand and feet missing.
91. _____ No clothing marks found. Tooth chart
90. Remarks: ALL that remained of body are bones.
89. Has tooth, chart been prepared? **yes** (yes-no) If not, explain
88. Have fingerprints been placed on GRS No 1 **no** (yes-no) If not, explain **fingers missing**
87. Have photographs been made and attached **no** (yes-no) If not, explain



86. Block out parts of body not received at cemetery.
85. Evidence of healed fractures **none** (nose, arms, legs, etc.)
84. Feet **missing** (size; corns; callouses; flat) **missing** (slender, straight, crooked, overlap) Toes
83. Legs **dismembered and decayed** (inseam) (muscular; knock kneed, bowed, normal) (quantity, color and extent of hair)
82. Circumcized **decayed** (color) **miss** • Hernioplasty **Flesh decayed** (yes-no) (location) (size at naval, appendectomy, amount and color of hair) Waist **decayed**
81. Back **flesh decayed** (quantity and extent of hair)
80. Chest **dismembered and decayed** (size at nipples; color; quantity and extent of hair; large, small, normal)
79. **fingers decayed** (Unusual characteristics of fingernails)
78. Fingers **fingers decayed** (short, thick, long, slender; size of knuckles) (missing fingers or joints)

TOOTH CHART

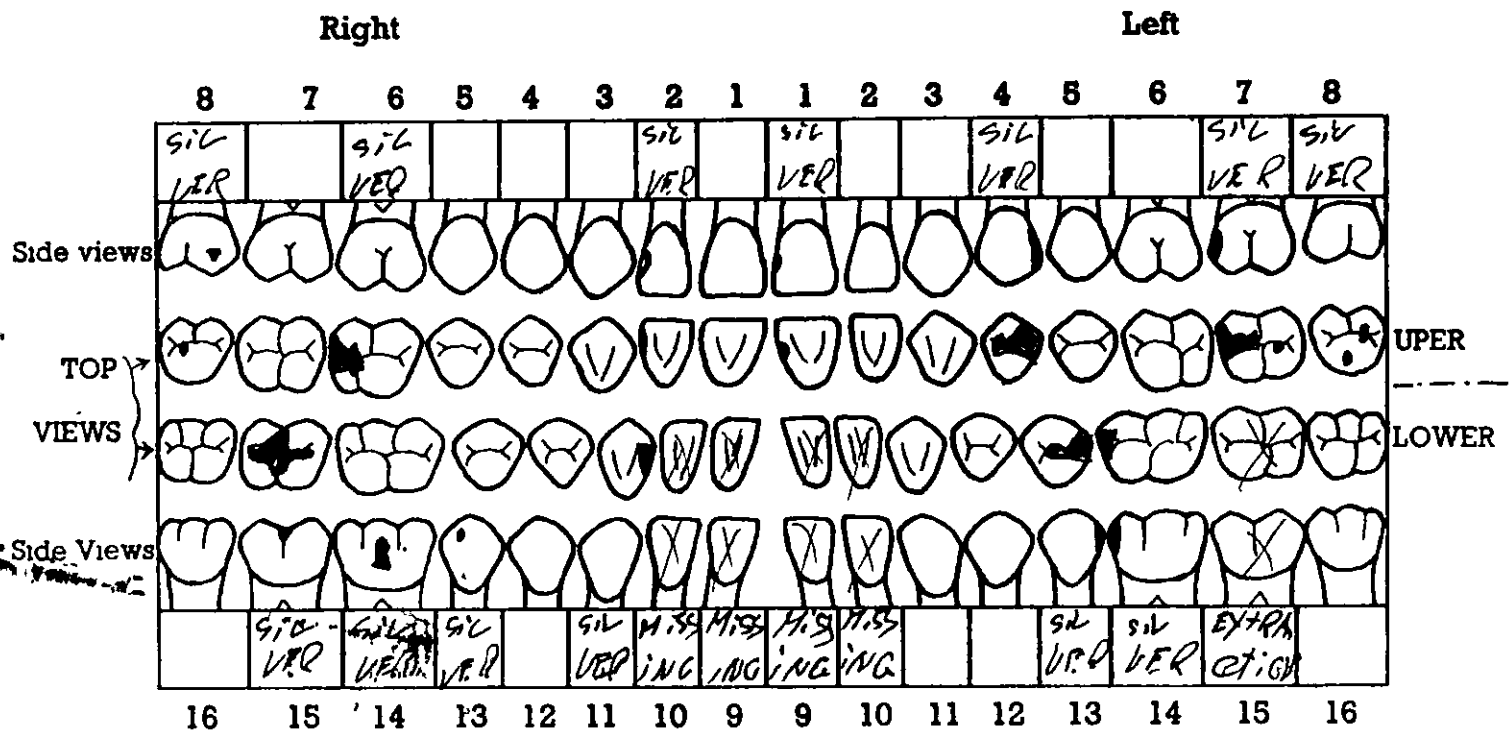
23.Feb.1946
 Date

Hamm, Lux
 UNKNOWN-X-295
 Last Name First Initial

Unknown Rank
 Unknown Serial No

Unknown Unit
 Unknown Organization

Gerolstein, Ger. (wL-2381) Dec. 1944 Impossible to diagnose
 Place of Death Date of Death Cause of Death



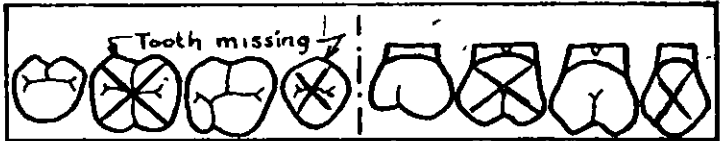
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Robert Woodward
 Signature of Officer or other person who prepared Tooth chart

W. H. Barnett

Verified by G. R. S. Officer
WILLIAM H. BARNETT
 2nd Lt. O-2018275
 6890 QM, GR. Co.

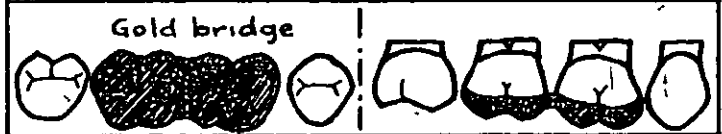
MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be 'X' d out and labeled, thus



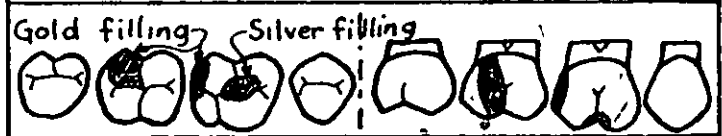
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



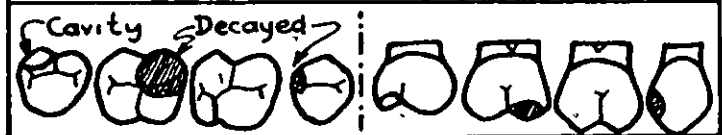
BRIDGE WORK Block in solid the crown of tooth (label gold, bridge, gold and porcelain bridge), thus



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

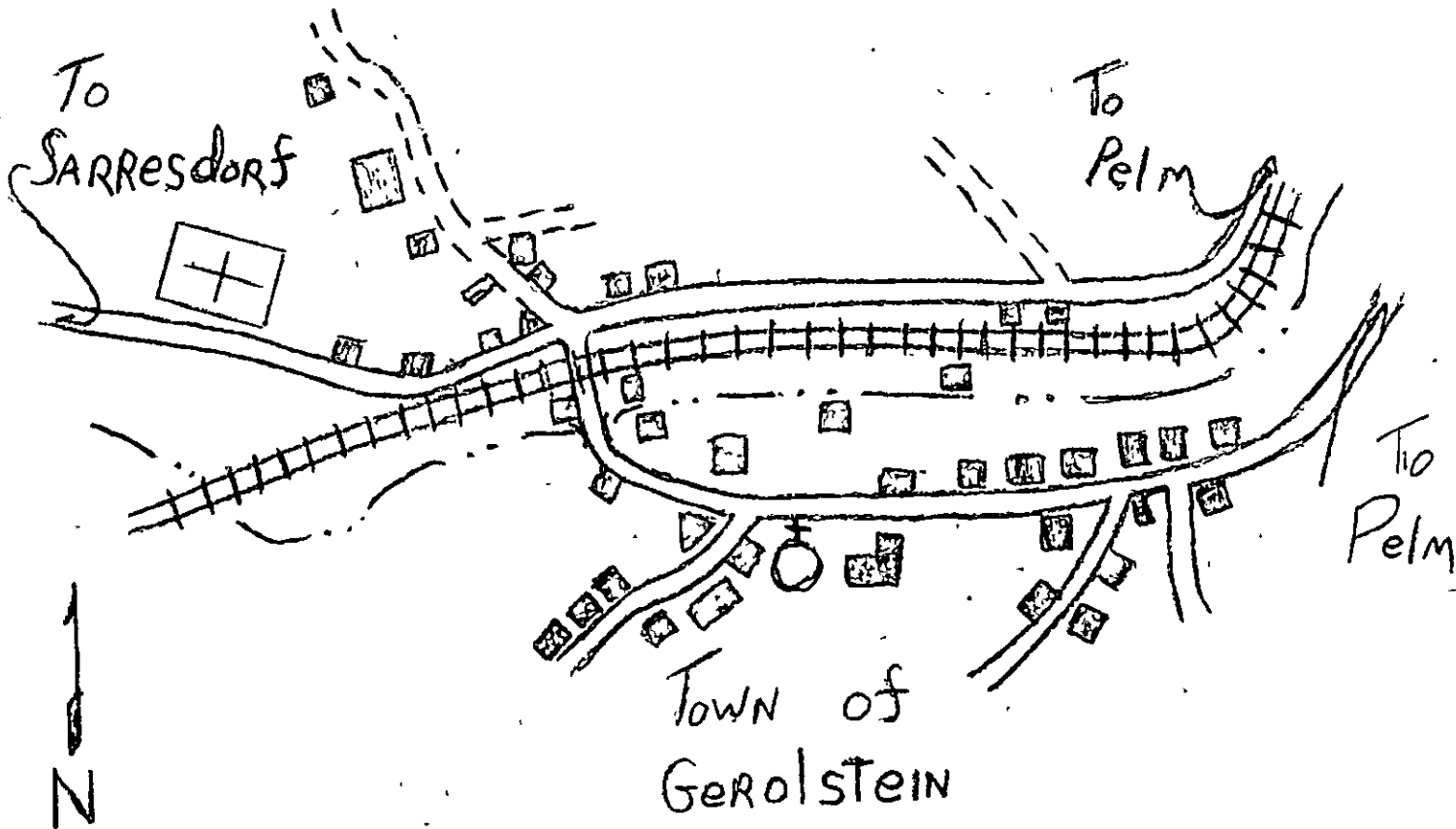


DENTURES (PLATES) Draw diagram of relative size and shape of plate; block in-teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

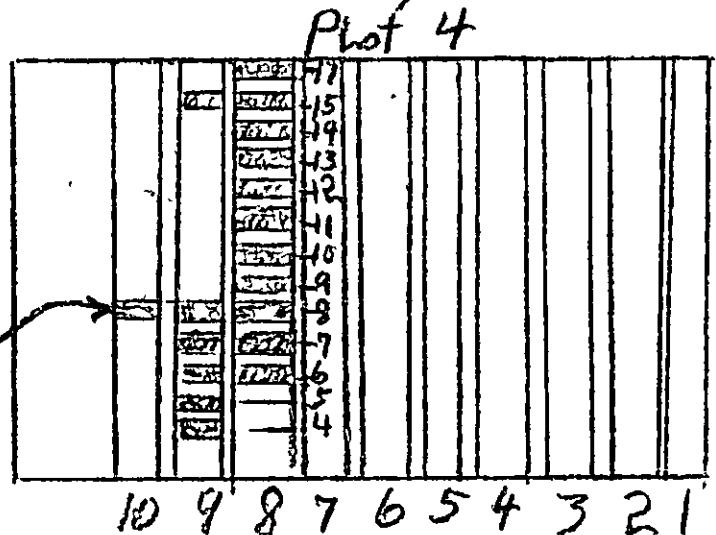
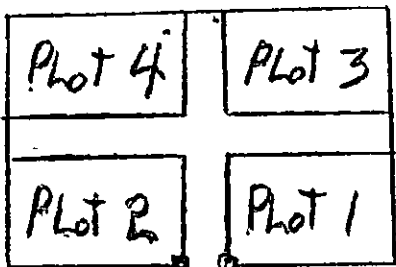
ADDITIONAL SPACE FOR FURTHER REMARKS

SKETCH SHOWING GRAVES OF X-294, X-295, X-292, X-293, GEORGE H. HOLLAND,
 EMMETT T. LOUCKS, WALTER S. HOPKINS, PAUL O. BARFETT, X-296, MALCOHM G. BROOKS.

Map : Germany 1/250,000
 Sheet; Koln K-51
 Coord: wL#2381
 Location: Gerolstein, Germany
 Sketch by Pfc. Friswold
 6890 GR. QM. Co.
 Date : 25, Feb. 1946
 Not to scale



Gerolstein Cemetery



GRAVE of
 X-295



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.

Left Hand's

Right Hand

Thumbs

Index

Ring

Middle

Little

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

TOOTH CHART

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

