

EXHUMATION ORDER No 1607

1. Complete skeletal system checked for healed fractures.

NONE FOUND

2. See Item 16 of the completed 1044 form.

3. Many of the teeth were found in the remains and at the foot therefore dental chart was initiated.

c.g. Missigman

RB.

2193 - X 301 (Kamm) dent

File
5 March 1951
M. Martin
2d Dec.

X-301

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT		
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR		11. RACE
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES						
14. WAS BODY BURNED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
15. WAS BODY MANGLED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. <i>(If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)</i>						

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-301			2. DATE OF REPORT 7 APRIL 1949		
3. NAME OF CEMETERY U S M C. HAMM	4. PLOT GG	5. ROW 1	6. GRAVE 23	7. DATE OF	
				DISINTERMENT ✓	REINTERMENT ✓

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5 FEET 2 INCHES	10. COLOR OF HAIR "BROWN"	11. RACE U. T. D.
--	---	-------------------------------------	-----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1-GRS TAG AS IMPRINTED



13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

"NONE"

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

(1) GLADIOLIS (CENTRE SECTION STERNUM)
MALFORMED - UNUSUALLY FLAT AND APPROXIMATED 2" WIDE (EGGSHAPED).
(2) SACRUM - HAS EXCESS CURVATURE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

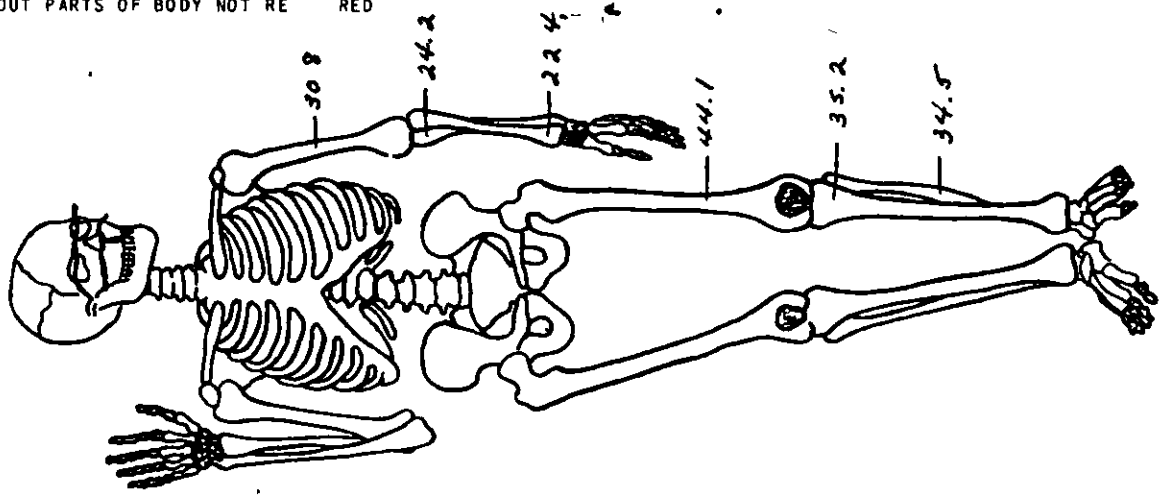
"NONE FOUND"

X-301

19. BLACK OUT PARTS OF BODY NOT RE RED

UNKNOWN X-301 USMC HAMM

24 VERTEBRA PRESENT



ESTIMATED HEIGHT 5'2"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF "NONE" DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION Remains received in casket from storage. Teeth present were charted, initialed chart attached herewith. Hair found was brown, 4 inches in length and straight. Only evident cause of death: "Fractured skull." Small amount of flesh received with complete skeletal system (dismembered). Recasketed, released to storage area USMC Hamm.

X-301

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE C. J. Missigman

2995

265

DEPT/ARMY COMCENTER
GREEN/ICH CIVIL TIME (Z)

293 UNK Lutembourg Hamm X-301
1950 JUN 23 15 47

DEPT OF THE ARMY
HEADQUARTERS
COMMUNICATIONS CENTER
ACT (Z) TPC
KAE 1
23 JUN 1950
R 231300Z

78374

FO 7887 GRAVES REG DET LIEGE

TO OQMG DEPTAR WASH DC
GRAVES GRNC

JUN 26 12 53 PM '50

00119
CAN SEC II

REF NR AGRC ONE SIX THREE TWO PD

6-13-50

FOR MEMORIAL DIVISION PD RE URMSG WCL TWO SEVEN ONE EIGHT ZERO PD LIST

OF DISINTEMEEEEEEE OF DISINTERMENT FROM NIEDERPRON CMA GERMANY FOLLOW

PD END SGD MULVANITY
23/1500Z

293 UNK Lutembourg Hamm X-301

Mem (ld) (C)
COMMUNICATIONS CENTER
ACT (Z) TPC
KAE 1
23 JUN 1950

7887 GRAVES REG DET
LIEGE
AGRC 1632

G. 231300
GMC

78374

Files
28 June 50
Mantie
dd ser

UA

*att Jul
6/13/50*

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 757 (Liege) US ARMY

GRRE 293.9 (R405F)

27 June 1950

SUBJECT: Letter of Transmittal # 4996

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

In compliance with radio, your Office, WCL 27180, dated 13 June 1950, transmitted herewith is a list of disinterments from Niederprum, Germany, as reflected by records available this headquarters.

FOR THE COMMANDING OFFICER:

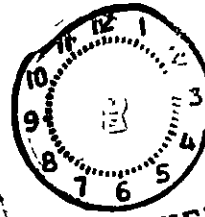
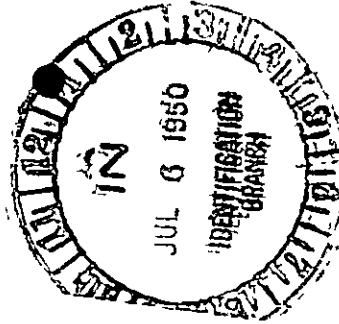
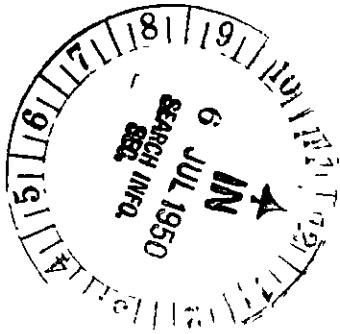
James C MacFarland
JAMES C. MacFARLAND
Major QMC
Registration Division

1 Incl
Cy List of
Disinterments

993 Unit September (Harrison) X-301



*File XAN
6 July 50
M. Hartw
J. L. Soc*



RECEIVED
M & R OQMG

LIST OF KNOWN AND UNKNOWN DISINTERRED FROM NIEPRUM GERMANY 6/L-07

OPEN CASES:

ADAMKOSKI, Frank Jr.	Pfc	32857365	Niederprum	(L-07)
HULT, Allan R.	Pfc	36983384	Pronsfeld	(L-07)
JARRELL, Ronda W.	T/5	15112472	Prum (Vic)	(L-07)
SCHWAKE, Joseph H.	S/Sgt	36781295	Prum	(L-07)
SMITH, Edward	T/Sgt	6999470	Wetteldorf	(L-07)
WOCHNA, Leon J.	1st Sgt	32212120	Prum	(L-07)

N.R. sub O.O.M.G.

BERLINER, Sam N.	Pvt	36684149	Stupbach	(L-07)
CONNOR, Vernon M.	T/5	34675412	Stupbach	(L-07)
GROHMANN, Richard C.	T/5	32603022	Stupbach	(L-07)

CLOSED CASES:

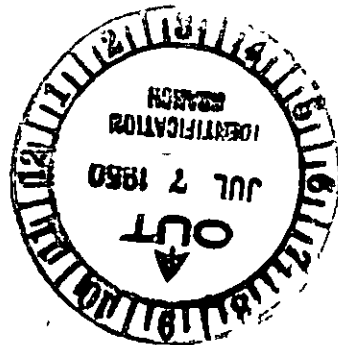
ANDERSON, Myron B.	Pfc	37663577	Vic. Lunebach	(L-07)
BLOISE, Joseph L.	Sgt	33698901	Prum	(L-07)
BLUCKLEY, Daniel J.	S/Sgt	12037426	Wetteldorf	(L-07)
CARROLL, James A.	Pvt	38592165	Prum	(L-07)
CERLETTI, Lawrence	Sgt	39085257	nr Roscheid	(L-07)
CRISP, James L.	Pvt	37583585	Schonecken vic. Rheinland	L-07
ESCOBAR, George J.	Pfc	3117106	Wetteldorf Schonechen	(L-07)
FEARNOW, George L.	Pvt	35071078	Schonecken	(L-07)
FINNEARTY, William E	Pvt	35847918		
FORDYCE, William W	Pfc	39341693	Schlausenbach	(L-07)
FULMER, Samuel R.	Pvt	34932173	Vic. of Bucher nr Prum	(L-07)
GILBREATH, Thomas E.	T/5	34707372	Prum	(L-07)
HARRISON, Betrl	S/Sgt	34013531	Wetteldorf	(L-07)
HERMAN, Charles W	Pfc	35527330	Schonecken	(L-07)
HILLMAN, Alan G.	2Lt	0-771927	Eilscheid	(L-07)
KARIE, H.J.			Wetteldorf	(L-07)
KENT, Thomas	Lt	0-18240	Laseheid	(L-07)
KEVORKIAN, Andrew	Pfc	31386161	Prum	(L-07)
LA GESSIE, Alfred J.	1st Lt	0-1318904	Watzerath	(L-07)
LETSO, Michael	Cp	33019516	nr Roscheid	(L-07)
MAYNARD, Roland J.	Pfc	31374033	Prum (Nieder-Prum)	(L-07)
MC CUE, Albert D.	Pvt	33701639	Vic. of Prum	(L-07)
MEYER, Kenneth F.	T/5	32947395	nr Pronsfeld	(L-07)
NOWAK, Raymond C.	Pvt	35342759	Schonecken	(L-07)
SMITH, Warren T.	1st Lt	0-705833	Schonecken	(L-07)
SMITHEY, Kenneth M.	Pfc	20944343		
TITTLE, William C.	Pvt	33852944	Kesfeld	(L-07)
TOPOLSKI, Edward M.	Pfc	35922025	Lunebach	(L-07)
TURNER, George G.	T/Sgt	15114068		
VAINREB, Clarence J.	Pfc	37124563	Lunebach	(L-07)
VENTURA, James J.	Sgt	42044547	Wetteldorf	(L-07)

UNKNOWNNS:

X-301	Hamm	Unid.
X-6494	Neuville	Prum (L-07) Unid.

Such

X-301 90/20000



243 Unit Luxembourg (Hamm) X-301

OSG DEPT OF ARMY WASH DC

UNCLASSIFIED

SO 7867 GRANT DET
LIEGE BELGIUM

~~ROUTINE~~
X
JUN 13 7 20 AM '50
0.01M.9.
FIRST CAB SECTION

FROM GRANT WCL 27180

REST LIST OF KNOWN & UNKNOWN DISINTERRED FROM BUNDESPALM GERMANY

OUTGOING

JUN 12 4 06 PM '50

ADMINISTRATIVE BRANCH
MEMORIAL DIVISION

cc: Admin Sec
M. Martin/nsj m m
Foy aff



D. A. Gomer
D A GOMER
CAPT 320 REG DIV

FEB
TEC

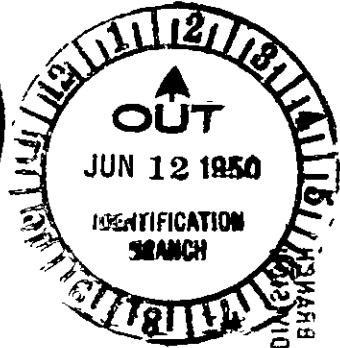
UNCLASSIFIED

~~SECRET~~
131230
JUN 50

GRANT CAPT BERRY EXT 72993
293 - Unknown X-301 (Hamm)

gnc

FOR
: • : 1957/1958
cc: 1957/1958



RECORDED
INDEXED
JUN 12 1950
SI 101
00199TUO

GWA
23

P-5
18-18A

1

USMC HAMM
Plot H, Row 13 Grave 89
Reburied: 15 July 49

DISINTERMENT DIRECTIVE

Verified by: *Joseph J. Conroy*
GRS Officer

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6020 00113

DATE
15 | 07 | 48
DAY | MONTH | YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
UNKNOWN		X-000301			0	DAY	MONTH	YEAR
CEMETERY						DISPOSITION OF REMAINS		
HAMM - LUXEMBOURG						0	6001	80
						CODE	DIST PT	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH		
GG	1	23	LUXEMBOURG			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		RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS		UNKNOWN			
<input type="checkbox"/> MARKER					NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION		
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

FILE
10 AUG 1949
REPATRIATION
BRANCH
MEM. DIV.

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

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE	
NAME				SERIAL NUMBER		DATE OF DEATH	
UNKNOWN				X-000301		0	
CEMETERY				RANK		DISPOSITION OF REMAINS	
PLOT				ROW		YEAR	
GG				1		YEAR	
GRAVE				COUNTRY		CODE	
23				HAMM, LUXEMBOURG		DIST PT	
						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-000301	UNK.		6 MAY 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS		UNK.	ANTONIO TEIXEIRA, 2/1t. INF.	
<input checked="" type="checkbox"/> MARKER GRS			NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
MATTRESS COVER.	ADVANCED DECOMPOSITION. LOWER PART OF SKULL FRACTURED MAJOR PORTION MISSING.

OTHER MEANS OF IDENTIFICATION
 REPORT OF BURIAL FOR UNKNOWN X-301 FOUND WITH REMAINS. BODY WAS ORIGINALLY BURIED IN CEMETERY IN GERMANY. RANDON FORELL WAS WRITTEN ON CROSS STATES REPORT OF BURIAL.

MINOR DISCREPANCIES

NONE.

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX.	<i>Roy F. Patterson</i> ROY F. PATTERSON, EMBALMER.
DATE 11 MAY 1948	BY
CASKET SEALED BY	EMBALMER (Signature)
W/O DISIN.	<i>Theodor R. Harrison Jr.</i> THEODOR R. HARRISON JR.
THEODOR R. HARRISON JR.	SHIPPING ADDRESS VERIFIED BY
CASKET BOXED AND MARKED	ALL MARKING TAGS & PLATES
STEVEN COLLELO	VERIFIED BY R.E. LEWIS, CAPT. CAV.
CLERK	
DATE 7/7/48	

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 2 Lt. Inf.
 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

RECEIVED
 10 10 51 AM '48
 FEDERAL BUREAU OF INVESTIGATION
 RECEIVED
 10 10 51 AM '48
 FEDERAL BUREAU OF INVESTIGATION

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION COMMAND
 EUROPEAN AREA
 APO 58 US ARMY

RRE 293

27 May 1949
 (Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 301, Plot GG
 Row A, Grave 23, 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. 2681, dated 2-3-48.

3. Remarks: Tooth chart negative for T/5 Ronda W. JARRELL,
 15112472 and Frank ADAMKOWSKI Jr., 32857365. Case of Unknown X-301 checked
 against 371 forms on file at this Headquarters on following map sheets;
 Germany 6, Germany K-50 and Moselle, France, with negative results.
 Grave of X-301 marked "Randon Forel" - No casualty listed by name.

Bernard E. CARROLL

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

CMC

Lt. Col. E.D. MULVANEY, O-359598

CMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

CMC

Capt. E.F. PRICE, Jr., O-1586236

CMC

1/Lt. Edward E. STOUT, O-1594512

CE

Received TL # 3986, dated 3 June '49 OPM &
 not identifiable from information
 available at the present time
 on martian. 7 July '49

IIIC # 2

2793
 Wm. H. Stephens - Luxembourg (Hamm) X-301

IDENTIFICATION CHECK LIST

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

Exh. Or. #641, dated 5 December 1947

Unknown X. 301
 Cemetery Hamm, Luxembourg
 Plot GG Row 1 Grave 23

Date reprocessed

1 ~~Arrived at cemetery~~ 4 February 1947
 (Hour) (Date)

2 Place of death _____
 (Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3 Remains ~~excavated and~~ interred 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	NONE (Type)		
Raincoat	NONE		
Overcoat	NONE		
Jacket, Field	NONE		
Jacket, Combat	NONE		
Mackinaw	NONE		
Sweater	Remnants of, wool Knit, OD		
Jacket, HBT	NONE		
* Shirt, Wool OD	NONE		
Undershirt, Wool	NONE		
Undershirt, Cotton	NONE		
Trousers, HBT	NONE		
* Trousers, Wool OD	NONE		

MAR 10 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) One boy scout type Knife

(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

R-Femur : 43.3 R-Humerus : 30.5
 R-Tibia : 34.8 R-Ulna : 23.8
 R-Fibula : 34.2 R-Radius : 22.1

6. Description of Remains
 Age UTD Est Height r5'13/8" 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, pocks, freckles)

Build UTD
(Large, fat, thin, muscular)

Hair Light brown 5" Long slightly 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)

----- **UTD** -----

Hands ----- **Missing and/or too decomposed** -----

Fingers ----- **Missing and/or too decomposed** -----
 (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 ----- **Light Brown** -----
 (Quantity and extent of hair) (Yes-no) (Color)

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

Legs ----- **UTD** -----
 (Inscum, 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)

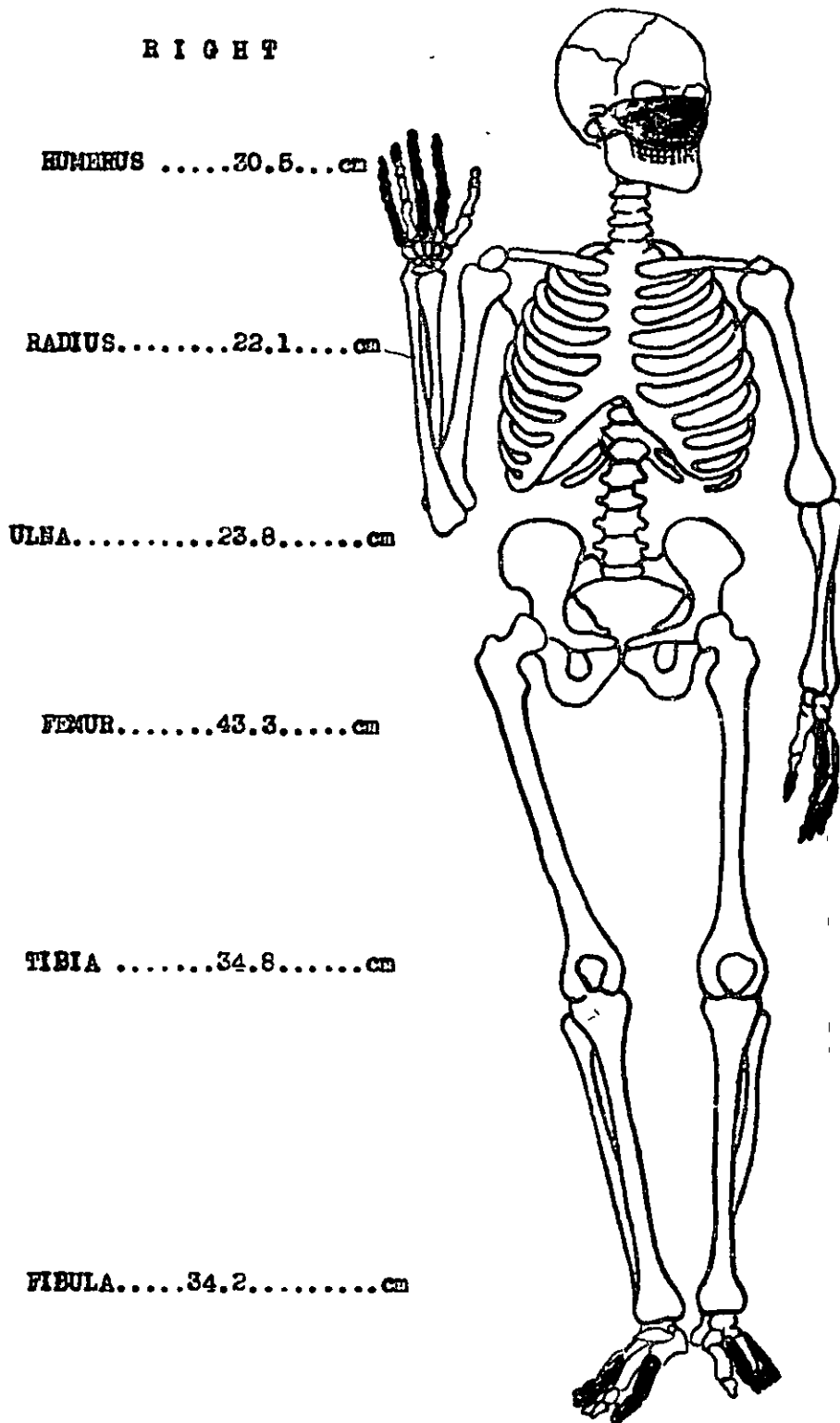
NOTE: Use attached charts "A" and "B" to indicate parts not received

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS30.5....cm

RADIUS.....22.1.....cm

ULNA.....23.8.....cm

FEMUR.....43.3.....cm

TIBIA34.8.....cm

FIBULA.....34.2.....cm

Net HEIGHT.....5' 1 3/8"

G R & E DIV
OFFICE OF THE CHIEF QUARTERMASTER
HQ COM. ZONE, ETOUSA

USMC- Hamm Luxembourg
E.O. #641

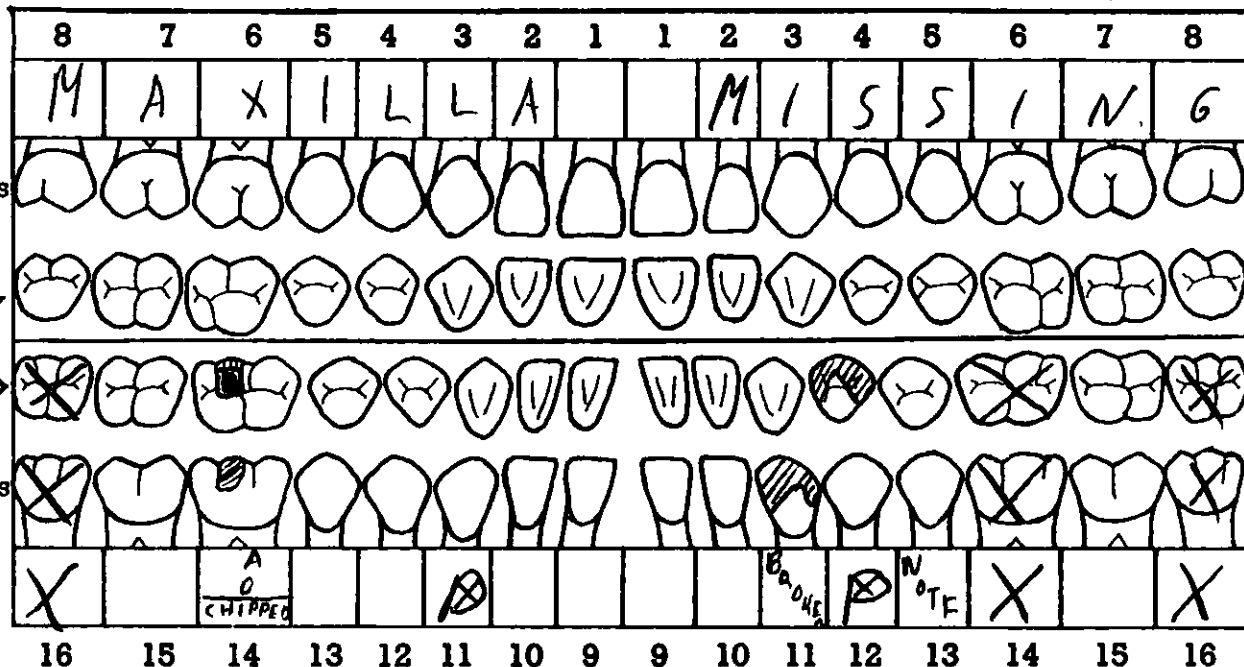
TOOTH CHART

4 February 1948
Date

Unk X-301			Unk			Unk		
Last Name			First			Initial		
Unk			Unk			Unk		
Unit			Organization			Organization		
Place of Death			Date of Death			Cause of Death		

Right

Left





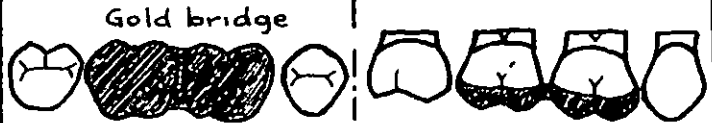
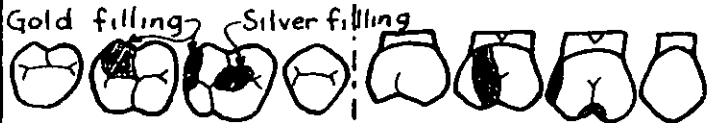

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

WOODROW W. WOLF
CAPT QMC OPER OFF

/s/ Ivor J. Fosmo
Signature of Officer or other person who prepared Tooth chart

Woodrow W. Wolf
Verified by G. R. S. Officer

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

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

 : Broken or chipped

Spaces: L-13-15 : 9 mm

NOTE : L-13 has been a recent extraction before death as the pit has not completely healed

R-13 has rotated 1/4 of a turn mesially

L-10 and R-9 is malposed slightly lingually

Lower incisors are very crowded.

Dolor : White ivory

Size : average

Alignment : Fair

TOOTH CHART

Hamm, Lux

25 Feb. 1946.
 Date

UNKNOWN-X-301
 Last Name

First

Initial

Unknown
 Rank

Unknown
 Serial No

Unknown
 Unit

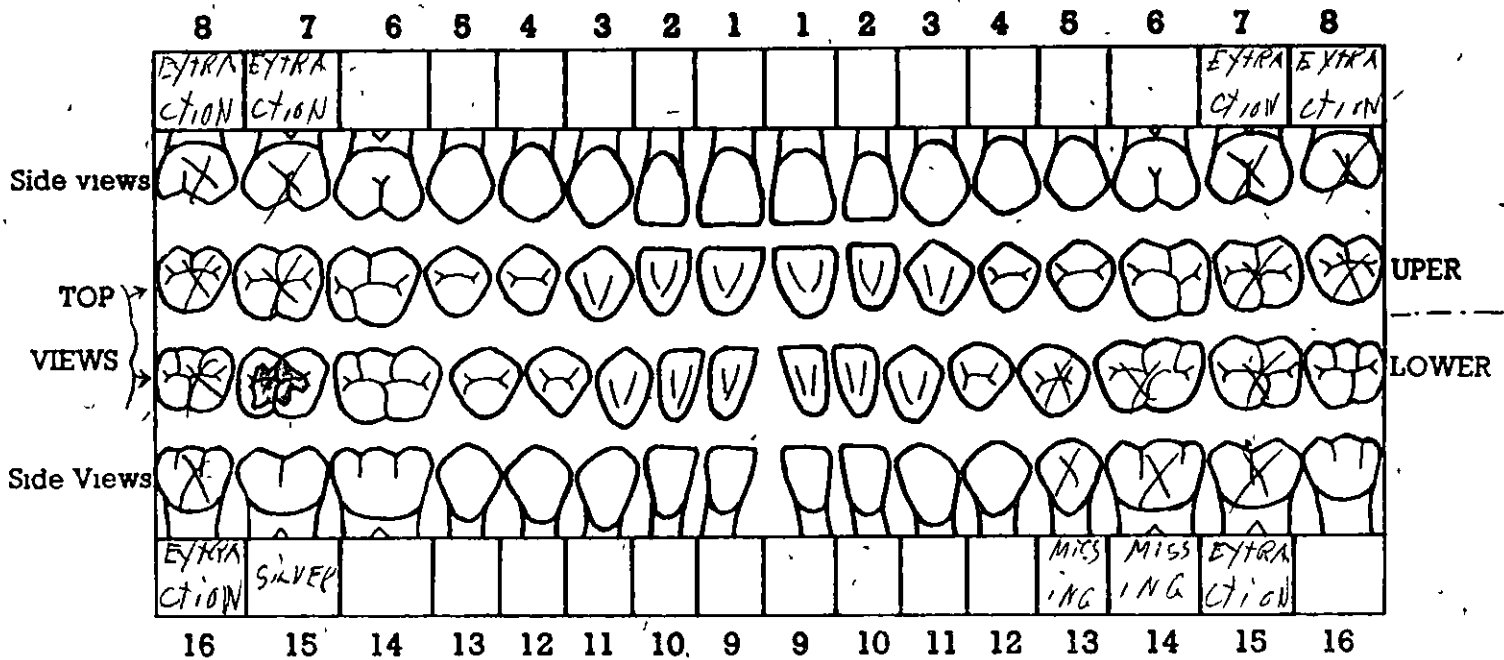
Unknown
 Organization

Nieder Prüm, Ger. (wL-0679) 25 Jan. 1945.
 Place of Death Date of Death

S.W. of rht. arm and face
 Cause of Death

Right

Left



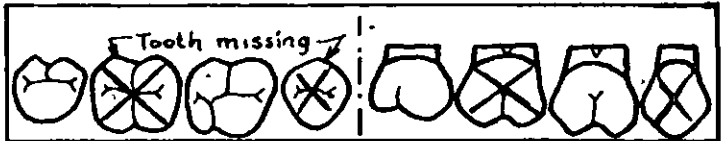
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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



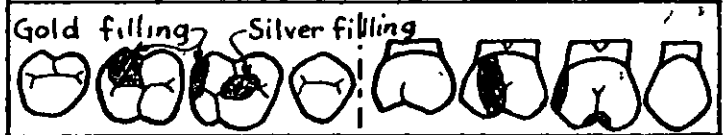
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



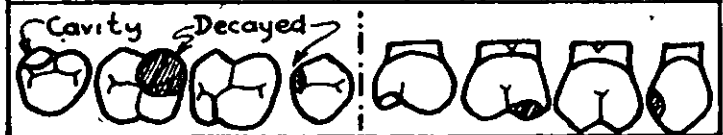
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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

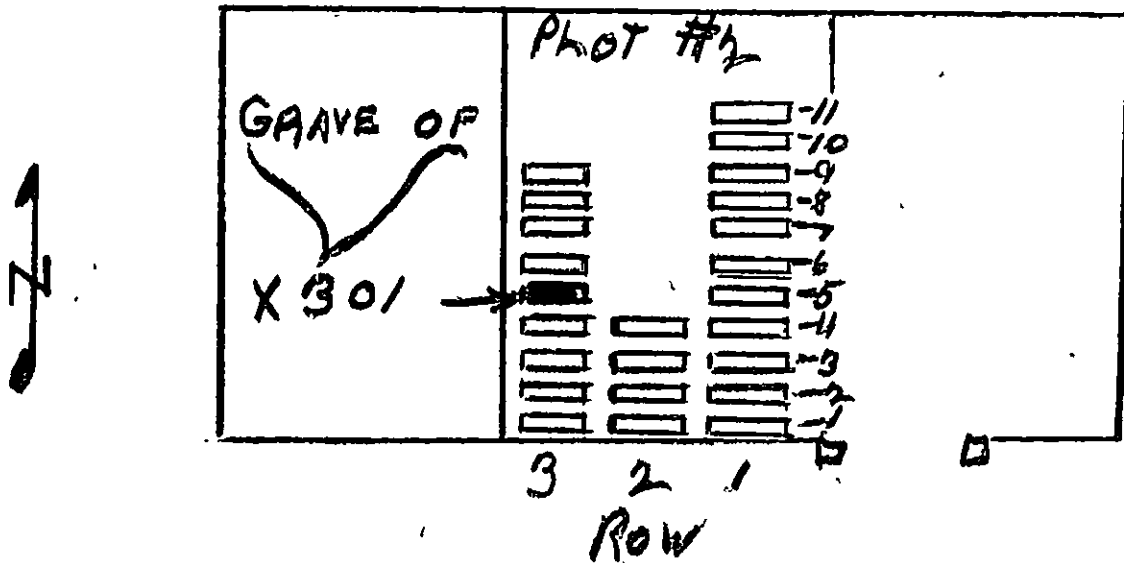
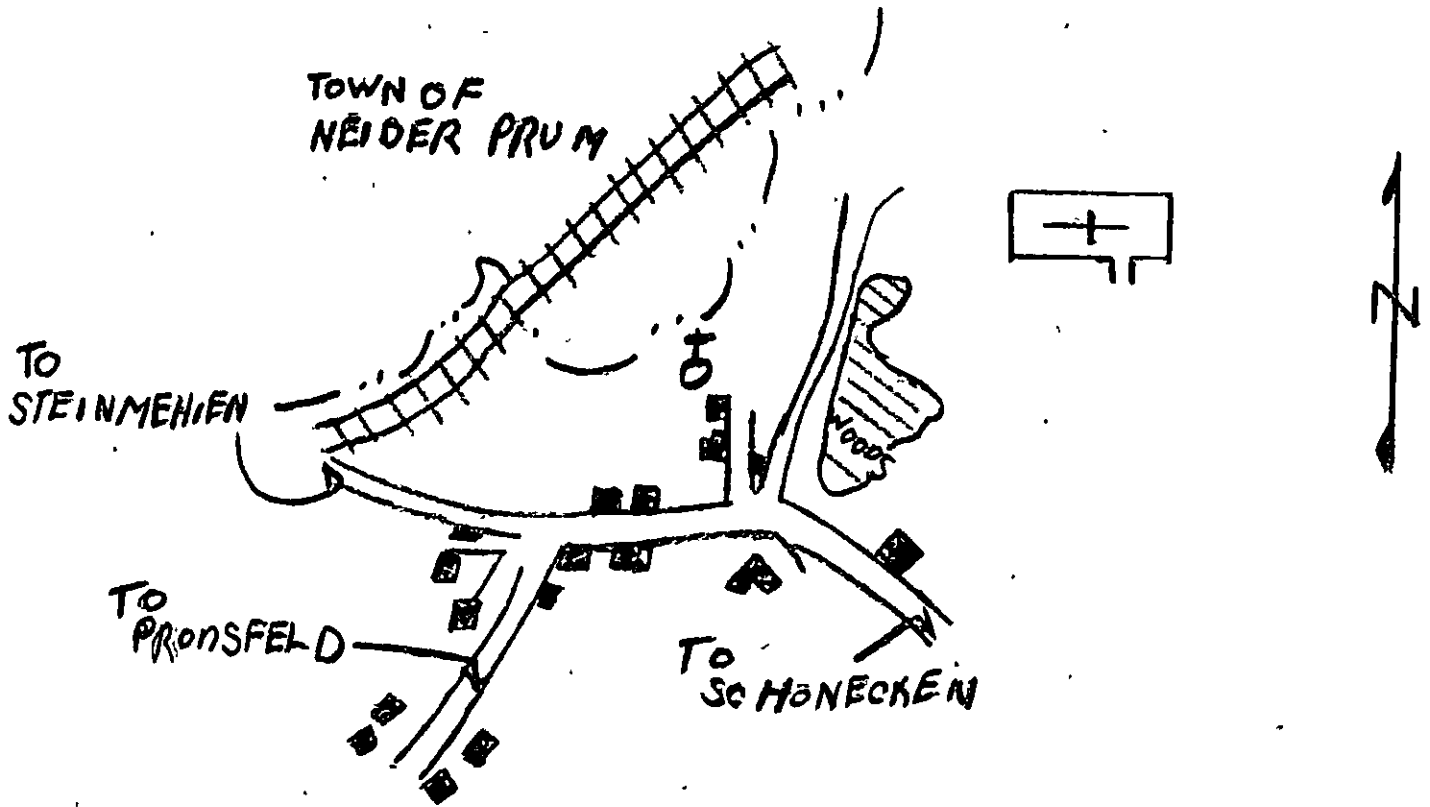


DENTURES (PLATES) Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

SKETCH SHOWING LOCATION OF UNKNOWN-X-301. NIEDERPRUM, GERMANY.

Map: Germany 1/250,000
 Sheet: Namur-Lux.No.6.
 Coord: wL-0879
 Location: Nieder-Prüm, Ger.
 Sketch by: T/5 Armento
 6890 Q.M.G.R.Co.
 Date: 26 Feb.1946.
 Not to scale



REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
„Report of Burial“ when disinterment is accomplished.

- 1 Was investigation preceded by Advance Publicity **Yes** **Hamm, Lux**
(if Special Investigation, so indicate)
- 2 UNKNOWN X-301 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
Inscription on marker over grave: "RANDON FOREL".
- 4 Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale
and series used; also name of nearest town. **Nieder Prum, Germany (wL-0679)**
Map Ref. Germany 1/250.000 Namur-Lux. Sheet No. 6
**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)
Isolated grave (wL-0679) - See sketch.
- 6 Approximate or established date of death (state which and give basis for date selected)
25 Jan. 1945 - Burgermeister's Records.
- 7 Approximate or established date of burial (give basis for date established)
25 Jan. 1945 - Burgermeister's Records.
- 8 Manner in which grave was marked show information contained on the marker
Wooden Cross ("Randon Forel")
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 was wounded while engaging
enemy forces around Nieder Prum. The deceased died in the
hospital at Nieder Prum.**
Informant: Burgermeister Lamberty of Nieder Prum.
- 11 Give name and adress of person who can guide disinterring team to burial location
Burgermeister of Nieder Prum, Lamberty.

12 Is this atrocity case **No** Is there evidence that it may be **No**
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

(Not applicable)

15. If unidentified, supply any of the following information determinable

a. Crew position in plane or vehicle

b. Plane or vehicle serial number Type

c. Installed weapons

Serial Number	Calibre & Mfgr	Serial Number	Calibre & Mfgr
---------------	----------------	---------------	----------------

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 Q.M.G.R.Co. (Prov.)

Disinterment and *reburial/burial made by

Date of *burial/reburial 27 . . . 20

Place of *burial/reburial U. S Military Cemetery ~~Row 23~~ Row 23
Plot ~~23~~ Row 23 Grave 23

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

~ Cross out word not applicable

CHECK LIST FOR UNKNOWNNS

PFC CLARK
(name of soldier processing remains)

Hamm, Lux

1 Unknown X **301** U S Military ~~Cemetery~~ **Coll.Pt. XXXXXXXX Manderscheid, Germany**

2 If remains were disinterred, attach Check List for Disinterments

3 Arrived at ~~Cemetery~~ **Coll.Pt. 1600 23.2.46** From **6890 Q.M.G.R.Co.**
(hour) (date) (collecting point)

4 Place of death **Nieder Prum, Germany (wL-0679)** Map Ref. **Ger.1/250.000** **Namur-Lux.**
(name) (coordinates and landmarks) **Sheet No.6**

5 Isolated Grave **(wL-0679)**

6 Remains recovered by **Pvt. Levendowsky, 6890 Q.M.G.R.Co.**
(name and organization)

7 Evacuated to ~~Cemetery~~ **Coll.Pt. Pvt. Levendowsky, 6890 Q.M.G.R.Co.**
(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 **Body intact**
(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 **Unknown**
(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** **if any**
(names of men who escaped) (description of other vehicles or planes in same area)

22 Detailed description of personal effects **None**
(Indicate exact pocket or part of body where found)

23

24

25

26

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)				
28 Reincoat				
29 Overcoat				
30 Jacket, Field				Body nude
31 Jacket, Combat				
32 Mackinaw				
33 Sweater				
34 Jacket, HBT				
35 • Shirt, Wool OD				
36 Undershirt, Wool				
37 Undershirt, Cotton				
38 Trousers, HBT				
39 • Trousers, Wool OD				
40 Belt, Web				
41 Drawers, Wool				
42 Drawers, Cotton				
43 Leggings				(Note unusual lacing)
44 Socks Wool Cotton				
45 • Shoes (type)				
46 Overshoes				
47 Web Equipment (type)				
48 (other item)				
49 (other item)				

* If body's nude sizes the items could be computed by measuring the remains

Chevron or Insignia (type and location shirt jacket coat helmet) None
Shoulder Patch None

51 Description of Remains

52 Age Unk. • (years)

Height Unk. • (ft-in)

Weight Unk. • (lbs)

Description of wounds S.W. • of right arm and face

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

55

56 Tattoos **Flesh decayed**
(number location - illustrate on sep. page)

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

58

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

60 Tobacco stain on fingers or teeth **Teeth white, fingers decayed**
(designate where extent)

61 Complexion **Flesh decayed** Build **thin**
(light, med dark clear pimples pock, treckles) (large fat thin muscular)

62

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

64 **Flesh decayed**
(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 **Decayed** Ears **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 (est.)**
(large small normal) (hat band)

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

74 **small** Arms **Flesh decayed, 23 (est.)**
(straight small rounded) (length) (muscular color, extent and quantity of hair)

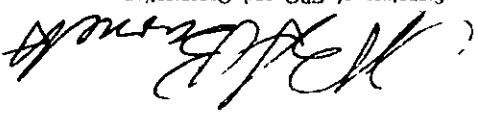
75 **Flesh decayed** Hands **Flesh decayed**
(vaccination scar size of wrists) (large small normal, calloused noticeably)

76

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

77

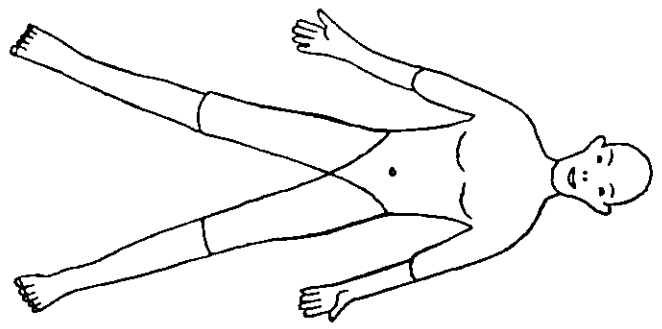
6890 Q.M.G.R. Co.
 2nd Lt. O-2018275
WILLIAM H. BARNETT
 Signature of GRC and Organization



96
95
94
93
92
91
90

Remarks
 90 Body in advanced stage of decomposition.
 91 Body nude. Body intact.
 92 Remains weight approx. 100

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



78 Fingers
 Flesh decayed (short, thick, long, slender size of knuckles) (missing fingers or joints)
 79 Fingernails missing (Unusual characteristics of fingernails)
 80 Chest
 Flesh and skin decayed, 25 (est.) (size at nipples, color quantity and extent of hair, large, small, normal)
 81 Back
 Flesh and skin decayed (quantity and extent of hair)
 Waist
 Flesh decayed, 23 (est.) (size at navel, appendectomy, amount and color of hair)
 82 Circumcized decay
 Pubic hair miss. • Hernioplasty (yes-no) (color)
 Flesh decayed (location)
 83 Legs
 Flesh and skin decayed, 29 (est.) (muscular knock kneed, bowed normal) (quantity color and extent of hair)
 84 Feet
 Flesh decayed (size, corns, callouses) (hair)
 Toes
 Flesh decayed (slender, straight, crooked overlap)
 85 Evidence of healed fractures
 None (nose, arms, legs, etc)
 86 Block out parts of body not received at cemetery

REBURIAL

Tr Letter 1845

REPORT OF BURIAL

Restricted

TM 10-630 AND AR 30-1815

25 Feb. 1946.

Date

Graves Registration Form (Rev. 1 Sept. 1943)

UNKNOWN-X-301

Last Name **Unknown** First **Unknown**

Initial

Rank **Unknown**

Serial-No **Unknown**

Unknown

Nieder Prüm, Ger. (wL-0679) 25 Jan. 1945.

Organization

S.W. of rht. arm and face

1500-27 US Mil. Cem. Hamm, Lux.

Date of Death

Cause of Death

VP- 8413

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

23

1

GG

Temp. 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?

REBURIAL

See reverse

Previously buried in isolated grave

located at Nieder Prüm, Ger. (wL-0679) Map Ref. Ger.

What means of identification were buried with the body?

1/250,000 Namur-Lux. Sheet No. 6.

G.R.S. No. 1 in bottle

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

Who is buried on:

Egly

27472806

Pvt

Inf

22

Deceased's Right

Name

Serial-No

Rank

Organization

Grave No

Beck

37583620

Pvt

424

Inf Regt.

24

Deceased's Left

Name

Serial-No

Rank

Organization

Grave No

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

If print of identification tag is not affixed fill in below



Emergency Address

Unknown

Name

Unknown

Address

Religion

Unknown

List only Personal Effects Found on Body and disposition of same

None

Disinterring Officer

W. H. Barnett

WILLIAM H. BARNETT
2nd Lt. O-2018275
6890 Q.M.G.R. Co.

Signature of Officer or other person reporting burial

Reinterring Officer

W. H. Barnett

Verified by GRS Officer

RELEASED 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: **unk.** Laundry Marks: **none**
 Weight: **unk.** Number of Raffle: **none**
 Color of Eyes: **unk.** Wear Glasses? **unk.**
 Color of Hair: **black** Tooth Chart Attached? **yes**
 Race: **unk.**

(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 badly decomposed.

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

Marker over grave states "Randon Forel"

Fingers Decayed

Fingers Decayed

Left Hand

Right Hand

Thumb

Thumb

TOOTH CHART

		Deceased's Left															
		See Tooth Chart															
		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 ○ Inking anchors teeth, replacements by artificial teeth X

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 ETCH

Characteristics

Other Data