

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

15 April 1949  
(Date)

293 unk. Luxembourg (Klein) X-313  
CE

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 313, Plot GG,  
Row 11, Grave 275, 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.

Report of Reprocessing of remains was forwarded to your Office  
by Transmittal Ltr. No. 2740, dated 5-4-48.

Case reviewed by undersigned Members of the Board of Review:

Maj. Roger BERGET, O-251736

ORD

Capt Jack C.H. YES, O-1577297

CMC

Edward F. Price, Jr.  
Capt. Edward F. PRICE, Jr. O-1588236

CMC

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

CE

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

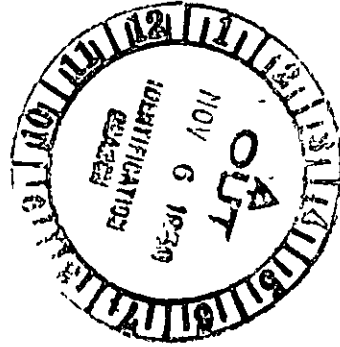
DR # 3760 dated 20 April '49  
Received 26 April '49 Ogmly  
not identifiable from  
information available  
at the present time.

m martin

10 May 1949.

Incl # 6

*[Handwritten signature]*



1

USMC HAMM  
PLOT: F. ROW: 7 GRAVE: 7  
DATE OF BURIAL 7 Jul 48 **DISINTERMENT DIRECTIVE**  
VERIFIED BY *[Signature]* 257-11 9-32A

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
GRS OFFICER DIRECTIVE NUMBER 6020 00186 DATE 15 08 48  
DAY MONTH YEAR

NAME UNKNOWNX-000313 SERIAL NUMBER GRADE ARM 0 RACE RELIGION 6

CEMETERY HAMM LUXEMBOURG PLOT GG ROW 11 GRAVE 275 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 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

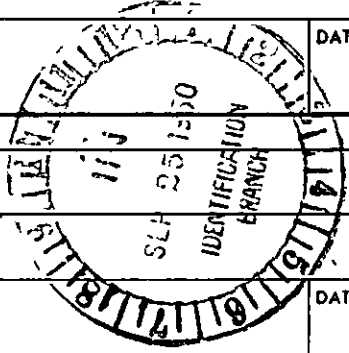
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
**FILE**  
10 AUG 1949  
REPATRIATION BRANCH  
MEM. DIV *[Signature]*

# 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	
NAME <b>UNKNOWN</b>				SERIAL NUMBER <b>X-000313</b>		RANK <b>0</b>	
CEMETERY				DATE OF DEATH		DISPOSITION OF REMAIN	
PLOT <b>CG</b>				ROW <b>11</b>		GRAVE <b>275</b>	
COUNTRY <b>HAMM LUXEMBOURG</b>				DAY <b>0</b>		MONTH <b>0</b>	
				YEAR <b>0</b>		CODE <b>0</b>	
				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 <b>UNKNOWN</b>		SERIAL NUMBER <b>X-000313</b>		RANK		DATE OF DEATH		DATE DISTINTERRED <b>13 MAY 1948</b>	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER <b>GRS</b>		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY <b>ALVIN C. BECK</b> <b>1ST LT, INF</b> NAME AND TITLE			

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>MATTRESS COVER</b>		CONDITION OF REMAINS <b>SKULL CRUSHED. MANDIBLE MISSING. ADVANCED STAGE OF DECOMPOSITION.</b>	
OTHER MEANS OF IDENTIFICATION			

## REPORT OF BURIAL LISTING "X-313"

## MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN <del>CASE</del> <b>TRANSFER BOX</b>		<i>Richard S. Holiver</i>	
DATE <b>14 MAY 1948</b>		BY <b>RICHARD S. HOLIVER, EMBALMER</b>	
CASNET SEALED BY <b>V.M. Vibbert</b> <b>W/O Disinfectant</b>		EMBALMER (Signature) <i>V.M. Vibbert</i>	
CASNET BOXED AND MARKED <b>7 July 48</b>		SHIPPING ADDRESS VERIFIED BY <b>All marking tags,</b> <b>plates verified by</b>	
BY <b>Everett Stroud</b> <b>Clerk Recorder</b>		<i>R.E. Lewis</i> <b>R.E. Lewis Capt Cav.</b>	

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

REPAIRING RECORDS BRANCH  
 AUG 10 10 59 AM '49  
 MAIL DIVISION



Belt, web . . . . . **None**

Drawers, wool . . . . . **None**

Drawers, cotton . . . . . **None**

Leggings, wool . . . . . **None**

Socks, cotton **Remnants of one (1) pair cotton; one (1) pair wool**

\* 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? **AGF**

6 Description of Remains: **R. Humerus 31.0 R. Femur 45.0**  
**R. Radius 24.3 R. Tibia 36.5**  
**R. Ulna 25.6 R. Fibula 35.6**

Age . **UTD** Height **5'4 3/8"** 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, fat, thin, muscular)

Hair . . . . . **Brown 1" 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 ----- **Fractured**  
 (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 ----- **Brown**  
 (Quantity and extent of hair) (Yes-no) (Color)

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

Legs ----- **UTD**  
 (Injury, 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** (Yes-no) If not, explain

9 Remarks **Estimated weight of reprocessed remains : 25 pounds. Clothing, found in debris, bore no markings except size of trousers. One Burial Report recovered, No OBS tag. Remains consists of small amount of decomposed flesh and disarticulated bones.**

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)

**CAPT**  
Rank

**QMO**  
Service

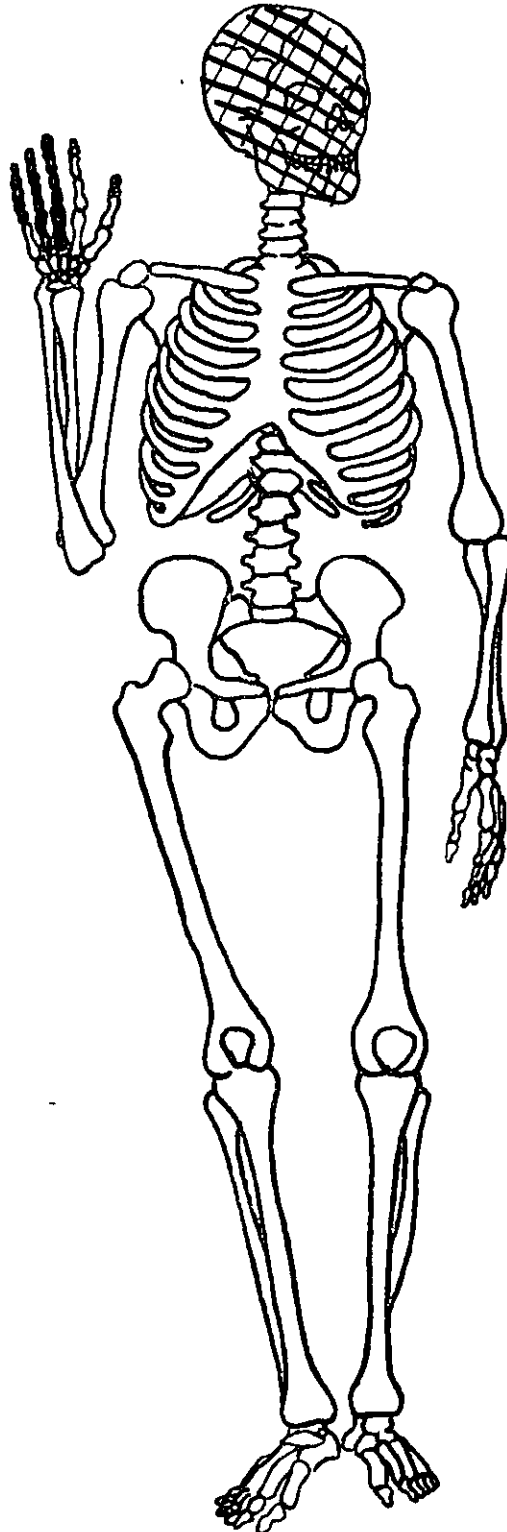
**OPERATIONS OFFICER**  
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

**R I G H T**

**L E F T**



**HUMERUS 31.0 cm**

**RADIUS 24.3 cm**

**ULNA 25.5 cm**

**FEMUR 45.0 cm**

**FIBULA 35.6 cm**

**TIBIA 36.5 cm**

**Est. Height : 5' 4 1/2"**

# TOOTH CHART

X - 313

11 Feb 1948

Date

Unknown X - 313

Unk

Unk

Last Name

First

Initial

Grade

Serial No

Unk

AGP

Unit

Organization

Place of Death

Date of Death

Cause of Death

Right

Left

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

	A O L	X	F			P	P	P	P	X	X		X	A D O F	A O	
le views																
TOP																
IEWS																
le Views																
	M A N D I B L E								M I S S I N G							
	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), 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.


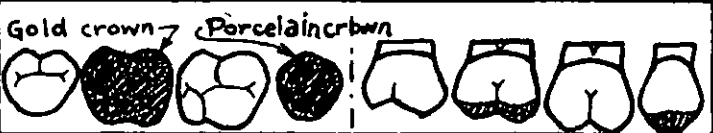
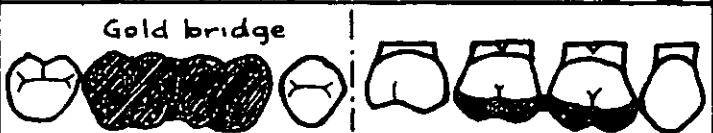
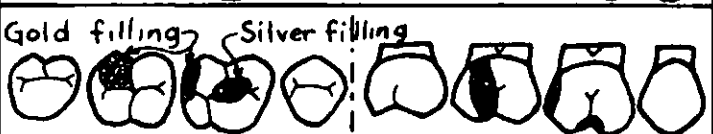
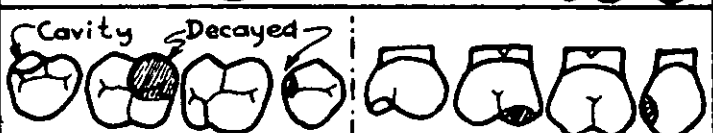
**IVOR J BOSKO**  
2nd.Lt. IS

/s/ **Ivor J Bosko**

Signature of Officer or other person who prepared Tooth chart

**WOODROW W WOOLF**  
CAPT OMO OPER OFF

*Woodrow W Woolf*  
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-8 -7 : 12mm (estimated)  
 R-3-4 : 1mm  
 L-2 -6 : 12mm  
 L-6 -7 : 5mm  
 R-7 has a mesial version  
 R-4 has rotated 1/8 of a turn distally

**Color** : dull ivory  
**Size** : Average  
**Alignment** : good.

# 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**  
(if Special Investigation, so indicate) **Hamm, Lux**
- 2 **UNKNOWN-X-313** **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  
**( None )**
- 4 Give exact location of isolated grave, furnishing coordinates and letter prefix map sheet, scale and series used, also name of nearest town **Oberbettingen, Ger. (WL-2188)**  
**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)  
**Oberbettingen cemetery (Isolated plot, grave 4)**
- 6 Approximate or established date of death (state which and give basis for date selected)  
**25 Dec. 1944. burgermeisters records.**
- 7 Approximate or established date of burial (give basis for date established)  
**26 Dec. 1944. Burgermeisters records.**
- 8 Manner in which grave was marked show information contained on the marker  
**Wooden Cross (Fallen Amer. 25.12.44.)**
- 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) **On Dec. 25, 1944 a train with American P.O.W. was strafed by American planes, while in the station of Oberbettingen, Ger. The deceased was killed by the attack of American planes. The deceased was buried by Russian workers under German supervision.**  
**Informant: Bernhard Feltges.**
11. Give name and address of person who can guide disinterring team to burial location  
**Bernhard Feltges, house 16, Oberbettingen, Ger.**

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 G.R.Co.**

Disinterment and \*reburial/burial made by

Date of \*~~XXXX~~ reburial **4 Mar. 46**

Place of \*burial/reburial U S Military Cemetery **Hamm, Lux.**

Plot **GG** Row **11** Grave **275**

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

\* Cross out word not applicable.

CHECK LIST FOR UNKNOWNSS

Hamm, Lux

Pfc. Clark

(name of soldier processing remains)

Unknown x 313 U.S. Military coll. pt.

If remains were disinterred, attach Check List for Disinterments

Arrived at coll. pt. 16,00 27 Feb. 1946 from Manderscheid, Ger. (hour) (date)

Place of death Oberbettingen, Ger. (wL-2188) Map Ref. Ger. 1/250,000 (name) (coordinates and landmarks)

Koln K-51

Remains recovered by Pfc. Sitton 6890 QMGRCo. (name and organization)

Evacuated to coll. pt. by Pfc. Sitton 6890 QMGRCo. (name and organization)

Is load list attached No (yes-no)

Are names of deceased found in same area as this Unknown starred

no (yes-no)

Are circumstances described which may indicate organization of the deceased yes (yes-no)

If only part of body was received, was a careful search made for other parts of Unknown yes (yes-no)

If remains come from vehicle, plane etc. unknown (type of vehicle or plane)

nick name, serial number, organization or symbols)

Crew list not applicable (names of other deceased and positions in which found)

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

not applicable

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)

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

(names of men who escaped), (description of other vehicles or planes in same area)

Detailed description of personal effects No P.E.s (indicate exact pocket or part of body where found)

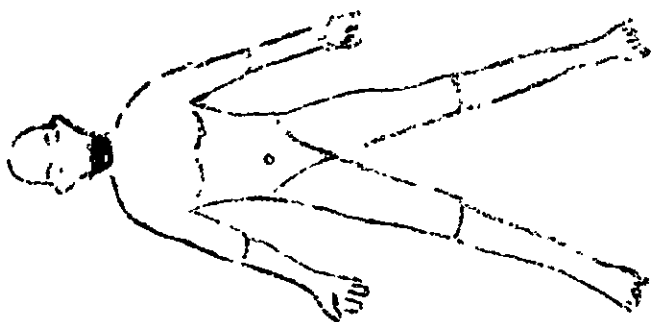
23.

24.

25.



73. Fingers fingers decayed  
 (short, thick, long, slender, size of knuckles)  
 (missing fingers or joints)
79. fingers decayed  
 (Unusual characteristics of fingernails)
80. Chest flesh decayed  
 (Size at nipples; color, quantity and extent of hair;  
 large, small, normal)
81. Back flesh decayed  
 (quantity and extent of hair)
- Waist 30 inst. flesh decayed  
 (size at naval, appendectomy, amount and color of hair)
82. Circumcised decayed Pubic hair black Hernioplasty flesh decayed  
 (yes-no) (color) (yes-no)(location)
83. Legs disappeared and decayed  
 (inseam)(Muscular; knock kneed, bowed, normal)  
 (quantity, color and extent of hair)
84. Feet decayed Toes decayed  
 (size; corns; callouses; flat) (slender, straight, crooked, overleg)
85. Evidence of healed fractures none  
 (nose, arms, legs, etc.)
86. Block out parts of body not  
 received at cemetery. **only lower jaw missing**



87. Have photographs been made and attached no  
 (yes-no)(if not explain)
88. Have finger prints been placed in GRS No. 1 no fingers decayed  
 (yes-no)(if not explain)
89. Has tooth chart been prepared? yes  
 (yes-no)(if not explain)
90. Remarks body in advanced stage of decomposition. No clothing marks.  
no P.E.s, lower jaw and lower teeth missing, no pins with approx  
75 pounds.

William H. Janney  
 Signature of GRO and Organization

WILLIAM H. JANNEY  
 2nd Lt. O-2019275  
 6090 C.F.S.R.Co.

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)	Head crushed			
28.Raincoat				
29.Overcoat				
30.Jacket,Field	none		HBT	
31.Jacket,Combat				
32.Mackinaw				
33.Sweater wool	none		brown	
34.Jacket, HBT				
35.* Shirt, wool OD	none		O.P.	
37.Undershirt, wool on	none		white	
38.Trousers, HBT				
39.* Trousers,wool OD	none	30-31	O.D.	
40.Belt, Web				
41.Drawers, wool				
42.Drawers, cotton				
43;Leggings				(Note unusual lacings)
44.Socks (wool,cotton)	none		white	
45.* Shoes (type)	Feet decayed			
46.Overshoes				
47.Web (equipment,type)				
48. (other item)				
49. (other item)				

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

50.Chevrons or none  
 (type and location, shirt jacket coat, helmet)  
 Shoulder patch none  
 Insignia none

51.Description of Remains

52.Age unk. Height unk. Weight unk. Description of wounds:  
 (years) (it-in) (lbs)

S.W. of Head

54. Bandages or dressings none
55. Scars flesh and skin decayed  
(length, width, location)
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 or face flesh and skin decayed
60. Tobacco stain on fingers or teeth fingers decayed, teeth white  
(designate where extent)
61. Complexion head crashed  
(light, med, dark, clear, p-moles, pocks, freckles)
62. Build flesh decayed  
(large, fat, thin, muscular)
63. Hair black - small patch found  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak)
64. small patch found  
(distinctive cutting and other characteristics)
65. Sideburns head crashed Mustache head crashed  
(color, setting, shape) (color, size, shape)
66. Beard or goatee head crashed  
(length, heavy, light color, extent)
67. Eyes decayed Eyebrows head crashed  
(color, setting, shape) (color, bushiness, extent across nose)
68. Nose head crashed Ears head crashed  
(size, shape, straight) (size, set, close to or far from head)
69. Forehead head crashed Mouth head crashed  
(high, wide, wrinkled) (large, medium, small)
70. Lips head crashed Teeth See tooth chart  
(small, large, full) (white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
71. Chin missing  
(prominent, receding, pointed, dimple, double)
- Cheekbones head crashed  
(high and normal)
72. Jaw missing Circumference of head in inches head crashed  
(large, small, normal) (hat band)
73. Neck decayed Larynx decayed  
(size long, short, normal, wrinkled) (prominent, normal)
- Shoulders decayed  
(broad) (straight, small, rounded)
74. Arms dismembered and decayed  
(length) (muscular, color, extent and quantity of hair)  
(vaccination scar, size of wrists)
75. Hands decayed  
(large, small, normal, calloused noticeably)
76. fingers decayed  
(marks on fingers indicating that rings were worn)
77. \_\_\_\_\_

# TOOTH CHART

Hamm, Lux

28 Feb. 1946.  
 Date

UNKNOWN-X-313

Last Name

First

Initial

Unknown

Rank

Unknown

Serial No

Unknown

Unit

Unknown

Organization

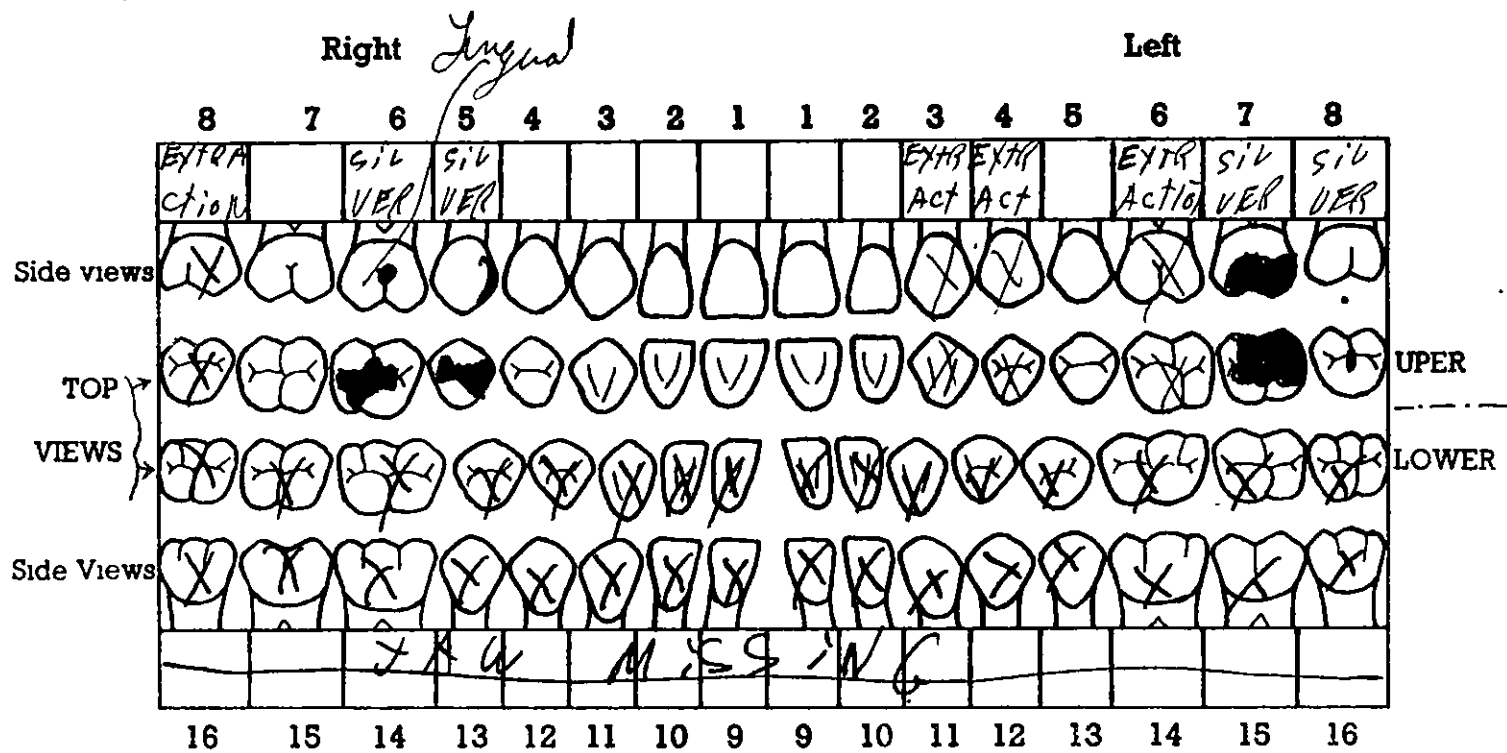
Oberbettingen, Ger. (wL-2188) 25 Dec. 1944.

Place of Death

Date of Death

S. of Head

Cause of Death



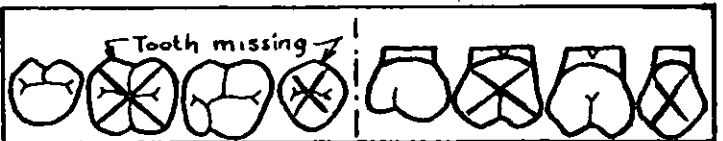
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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 G. Hulwood*  
 Signature of Officer or other person who prepared Tooth chart

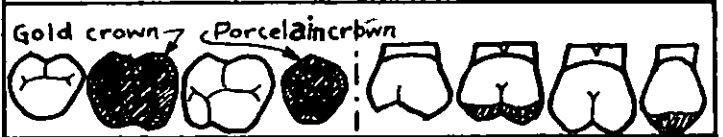
*W. H. Barie, Jr.*

Verified by G. R. S. Officer  
 WILLIAM H. BARIE, JR.  
 2nd Lt. O-2018275  
 6890 Q.L.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



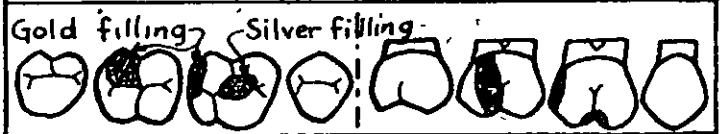
**CROWNED TEETH** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



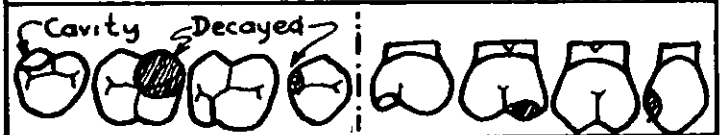
**BRIDGE WORK** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



**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

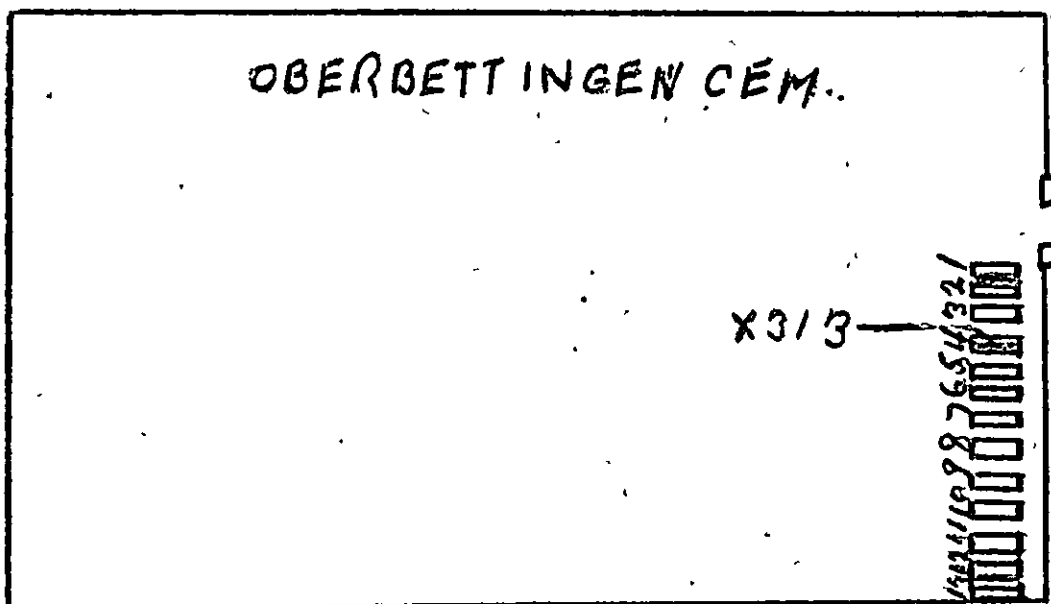
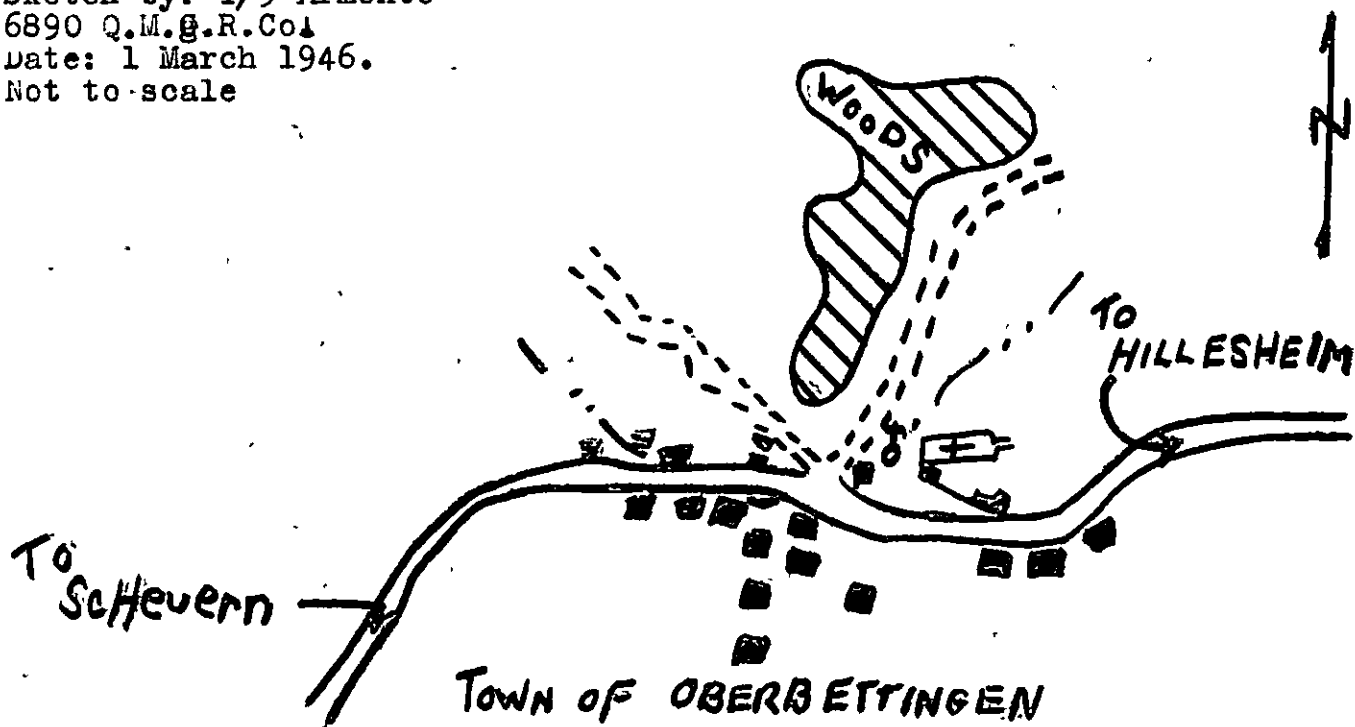


**DENTURES (PLATES)** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word 'clasp'

**ADDITIONAL SPACE FOR FURTHER REMARKS**

SKETCH SHOWING GRAVES OF WARREN L. SEIBERT, VICTOR C. SCHNEIDER, THOMAS G. LANDON, HILJANY W. ACHADO, JAMES C. JOHNSON, JACK W. TUCKER, UNKNOWN-X-313, UNKNOWN-X-314, UNKNOWN-X-315, UNKNOWN-X-316, UNKNOWN-X-317, UNKNOWN-X-318. OBERBETTINGEN, GERMANY.

Map: Germany 1/250,000  
Sheet: Köln-K-51  
Coord: wL-2188  
Location: Oberbettingen, Ger.  
Sketch by: T/5 Armento  
6890 Q.M.G.R. Co 4  
Date: 1 March 1946.  
Not to scale



# REBURIAL REPORT OF BURIAL

Letter 1852

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

Restricted TM 10-630, AND, AR 30-1815

28 Feb. 1946.  
Date

Hamm, Lux

UNKNOWN-A-310  
Last Name: Unknown      First: Unknown      Rank: Unknown      Organization: Unknown  
Unit: Unknown      Serial-No.: Unknown  
Oberbettingen, Ger. (wl-2188)      25 Dec. 1944.      S.W. of head  
Place of Death      Date of Death      Cause of Death  
1400 4 Mar. 46      U.S. MIL. CEM. HAMM, LUX.      VP-8415  
Time and Date of Burial      Name of Cemetery      Name or Coordinates of Location  
275      11      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?

see reverse

## REBURIAL

Previously buried in isolated grave  
Oberbettingen, Ger. (wl-2188) Map Ref. Ger.  
located at 250,000, 000, Köln-K-51

What means of identification were buried with the body?

G.R.S. No. 1 in bottle

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

Who is buried on:	<b>Unk X-314</b>	<b>Unk</b>	<b>Lt.</b>	<b>AAF</b>	<b>274</b>
Deceased's Right	Name	Serial-No	Rank	Organization	Grave No
End of row, no grave					
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  
Address: Unknown  
Religion: Unknown

List only Personal Effects Found on Body and disposition of same

None

Disinterring Officer  
Reinterring Officer

  
 Signature of Officer or other person reporting burial  
  
 Verified by G.R.S. Officer

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

REBURIAL

**INDEXED TO FILE**

**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 Rifle: none  
 Color of Eyes unk. Wear Glasses? unk.  
 Color of Hair black. Is 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, amoles, etc.

Fingers Decayed

Fingers Decayed

Left Hand

Right Hand

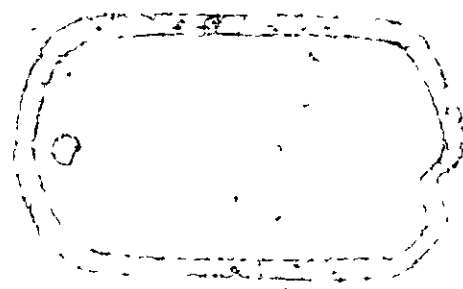
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

none

none

**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.



**SEE ATTACHED SKETCH**

Deceased's Right

Deceased's Left

8	8	7	7	6	6	5	5	4	4	3	3	2	2	1	1	1	1	7	7
Upper	Lower	See Tooth Chart																	

Indicate missing natural teeth by X; crowns by O; fillings by □; Bridges by ○; linking anchor teeth; replacements by artificial teeth

Characteristics

Other Data

Upper Lower