

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

15 April 1949  
(Date)

293 unk. Luxembourg (Hamm) X-318 *CD*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 318, Flot GG,  
Row 11, Grave 270, 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. 2675, dated 26-2-48.

Case reviewed by undersigned Members of the Board of Review:

Maj. Roger BERGER, O-251736 QRC      1/Lt Capt Jack C.H. YES, O-1577297 QRC

*Edward F. Price, Jr.*  
Capt. Edward F. PRICE, Jr., O-1588236 QRC      1/Lt Edward E. STOUT, O-1594512 CE

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

2 n. letter # 3760 dtd 20/4/49  
Received 26 April '49 DGMG  
Not identifiable from  
information available  
at the present time.  
M. Martin  
5-10-49

Incl # 8



CFT AS

~~32-10-6A~~  
256-20  
76

1

USMC HAMM  
PLOT: C ROW: 7 GRAVE: 25  
DATE OF BURIAL 14/2/49

DISINTERMENT DIRECTIVE

VERIFIED BY

SECTION A - G/S OFFICER  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6020 00181

DATE  
15 08 48  
DAY MONTH YEAR

NAME UNKNOWN X SERIAL NUMBER 000318 GRADE ARM 0 RACE RELIGION 6

CEMETERY HAMM LUXEMBOURG PLOT GG ROW 11 GRAVE 270 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

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report GMC 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.

# RECORD OF CUSTODIAL TRANSFER

## 1 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 2 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 3 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 4 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 5 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 6 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 7 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

# DISINTERMENT DIRECTIVE

1

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY | MONTH | YEAR

NAME  
**UNKNOWN**

SERIAL NUMBER  
**X-000318**

RANK

ARM  
**0**

DATE OF DEATH  
DAY | MONTH | YEAR

CEMETERY

DISPOSITION OF REMAIN  
CODE | DIST PT

PLOT ROW GRAVE COUNTRY  
**GG 11 270 HAMM LUXEMBOURG**

CAUSE OF DEATH

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME  
**UNKNOWN**

SERIAL NUMBER  
**X-000318**

RANK

DATE OF DEATH

DATE DISINTERRED  
**13 MAY 1948**

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER **GRS**

ORGANIZATION

RELIGION

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

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
**MATTRESS COVER**

CONDITION OF REMAINS  
**FRACTURED RIGHT FEMUR.  
REMAINS COMPLETE. ADVANCED DECOMPOSITION.**

OTHER MEANS OF IDENTIFICATION  
**NONE**

MINOR DISCREPANCIES  
**NONE**

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

DATE **14 MAY 1948** BY **WILFRED D. HARRIS**

*Wilfred D. Harris*  
**WILFRED D. HARRIS** EMBALMER

CASKET SEALED BY **ELAM E POORBAUGH**  
**without disinfectant**

EMBALMER (Signature) *Elam E. Poorbaugh*  
**ELAM E POORBAUGH**

CASKET BOXED AND MARKED  
**JAMES L LAMM**  
DATE **JULY 48** BY **CLERK**

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

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

*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



Belt, web. ~~Remnants of, with officer's type buckle.~~

Drawers, wool ~~Remnants of~~

Drawers, cotton ~~NONE~~

Leggings, wool ~~NONE~~

Socks, ~~wool~~ ~~pair wool.~~

\* Shoes ~~NONE~~ (type)

Overshoes ~~NONE~~

Web Equipment ~~NONE~~ (type)

(Other item) ~~Remnants of a comb.~~

(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? ~~AGP~~

R humerus	32.0	R tibia	36.5
R ulna	26.5	R fibula	36.2
R radius	24.2		

6. Description of Remains  
Est

Age ~~UFD~~ Height ~~5' 5 2/3"~~ Weight ~~UFD~~ Description of wounds ~~UFD~~

Bandages or dressings ~~None found~~ Scars ~~UFD~~  
(Length, width, location)

~~UFD~~ Tattoos  
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks ~~UFD~~  
(Yes-no, description, location)

Sunburn or tan, other than hand and face ~~UFD~~

Complexion ~~UFD~~  
(Light, medium, dark, clear, pimples, poeks, freckles)

Build ~~UFD~~  
(Large, fat, thin, muscular)

Hair ~~dark brown 2 1/2" long slightly wavy.~~  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair ~~UFD~~  
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ~~UFD~~ Mustache ~~UFD~~ Beard or ~~UFD~~  
(Color, setting, shape) (Color, size, shape) (Length, heavy)



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

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

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

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

Teeth **see tooth chart**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UFD**      Circumference of head in inches **55. / C N**  
(Large, small, normal)      (Hat band)

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

Shoulders **UFD**      Arms **UFD**  
(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 **UFD**  
(Size of nipples, color, quantity and extent of hair, large, small, normal)

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

Back **UFD**      Circumcision **UFD**      Pubic Hair **light brown**  
(Quantity and extent of hair)      (Yes-no)      (Color)

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

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

Feet **UFD**      Toes **UFD**  
(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 or too decomposed**

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

9 Remarks **Est weight of reprocessed remains 55 lbs. Clothing found in debris bore no marks. One burial report recovered, no GRS tag. Remains fairly articulated with a considerable amount of decomposed flesh.**

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 H. Wolf*  
**WOODROW H. WOLF**  
(Officer's Name)

**CAPT QMC**  
Rank Service

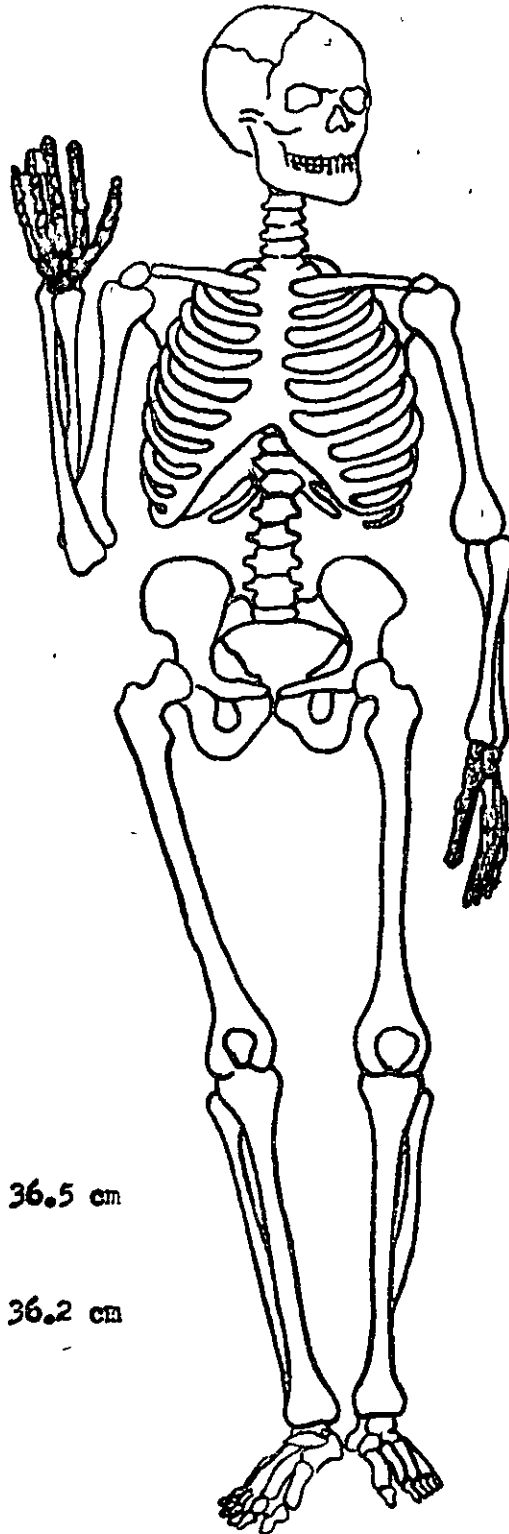
**OPERATION'S OFFICER**  
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Humerus 32.0 cm

Radius 24.2 cm

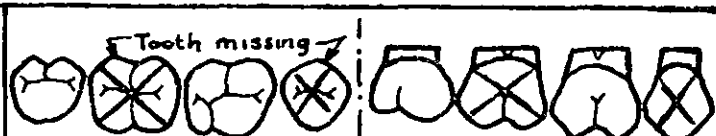
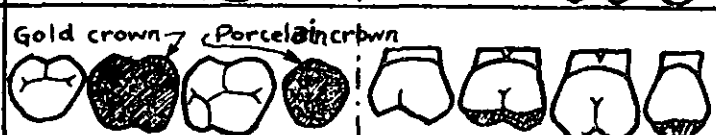

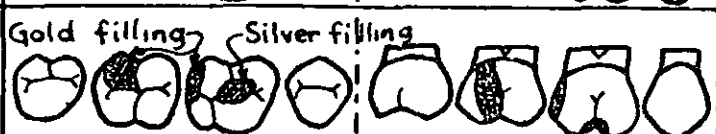
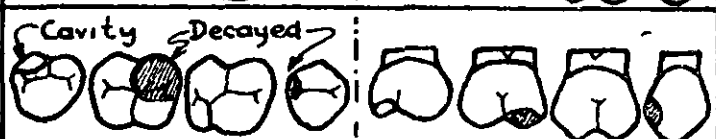
Ulna 26.5 cm

Tibia 36.5 cm

Fibula 36.2 cm

Est height 5' 5 2/3"



<p><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 :</p>	
<p><b>CROWNED TEETH</b> . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus</p>	
<p><b>BRIDGE WORK</b> . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus</p>	
<p><b>FILLINGS</b>.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus</p>	
<p><b>CARIES (CAVITIES)</b>. 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**

**Notes:** R-16=L-16=R-8 and L-8 unerupted before death.

**Spaces:** R-11-12- 2mm  
L-11-12- 1/2mm  
R-2-3- 1/2mm

R-13 has a slight distal rotation.

R-9 has rotated 1/16 of a turn mesially.

L-13 has rotated 1/16 of a turn distally and has a lingual version.

R-4 has rotated 1/16 of a turn distally.

L-4 has rotated 1/8 of a turn distally.

L-5 has rotated 1/16 of a turn mesially.

**Color** white ivory.

**Size:** average.

**Alignment:** excellent.

**Teeth** in excellent condition.

# 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-318**      **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 2.)**
- 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 disinterment 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 **270**

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

Cross out word not applicable

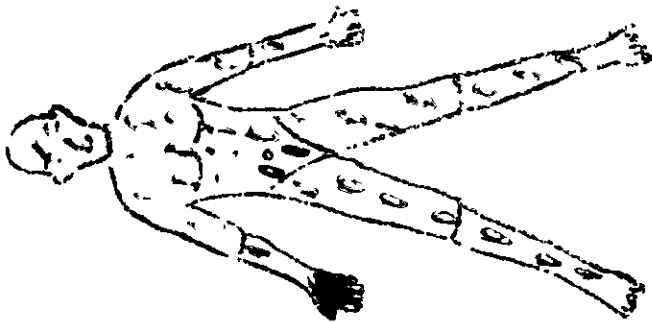
CHECK LIST FOR UNKNOWNNS

(name of soldier processing remains)

1. Unknown x 318 U.S Military co' pr.
2. If remains were disinterred attach Check List for Disinterments
3. Arrived at coll pt. 16,00 Feb. 28, 1946 from 6890 QMGRCo.  
(hour) (date)
4. Place of death Oberbettingen  
(name) (coordinates and landmarks)
5. Remains recovered by Pfc. Sitton 6890 QMGRCo.  
(name and organization)
6. Evacuated to collect pt by Pfc. Sitton QMGRCo.  
(name and organization)
7. Is local list attached no  
(yes-no)
8. Are names of deceased found in same area as this Unknown started  
no  
(yes-no)
9. Are circumstances described which may indicate organization of the deceased no  
(yes-no)
10. If only part of body was received, was a careful search made for other parts of Unknown yes  
(yes-no)
11. If remains come from vehicle plane etc. not applicable  
(type of vehicle or plane)
12. nick name, serial number, organization or symbols
13. Crew list unknown  
(names of other deceased and positions in which found)
- 14.
- 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)
19. (pierced by shell fire - where
20. not applicable  
(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.



78. Fingers missing & decayed  
 (short, thick, long, slender, size of knuckles)  
 (missing fingers or joints)
79. (Unusual characteristics of fingernails)
80. Chest mangled & dismembered  
 (Size at nipples; color, quantity and extent of hair;  
 large, small, normal)
81. Back flesh decayed  
 (quantity and extent of hair)
- Waist decayed  
 (size at naval, appendectomy, amount and color of hair)
82. Circumsize decayed Pubic hair missing Hernioplasty decayed  
 (yes-no) (color) (yes-no) (location)
83. Legs mangled & 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 mangled  
 (nose, arms, legs, etc.)
86. Block out parts of body not received at cemetery. Right hand missing, body mangled & decayed



87. Have photographs been made and attached no  
 (yes-no) (if not explain)
88. Have finger prints been placed in GRS No. 1 no  
 (yes-no) (if not explain)
89. Has tooth chart been prepared? yes  
 (yes-no) (if not explain)
90. Remarks body mangled & decayed  
right hand missing, weight approx. 85. Lbs.

William H. Barnett  
 Signature of GRO and Organization

WILLIAM H. BARNETT  
 2nd Lt. O-2018275  
 6890 Q.M.G.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.
2 Tankers cap				
3 * Headgear (type)				
8. Raincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT		36 R		
35. * Shirt, wool OD		14 1/2-33		
37. Undershirt, cotton			white	
38. Trousers, HBT		32-33		
39. * Trousers, wool OD		31-32		
40. Belt, Web				
41. Drawers, wool			white	
42. Drawers, cotton				
43. Leggings				(Note unusual lacings)
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 item should be computed by measuring the remains

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

Shoulder patch none

Insignia

51. Description of Remains

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

S.W. of ~~front~~ Back:

54. Bandages or dressings \_\_\_\_\_
55. Scars flesh & skin decayed  
(length, width, location)
56. Tattoos flesh & skin decayed  
(number, location - illustrate on sep. page)
57. Outstanding moles, warts or birthmarks flesh & skin decayed  
(yes-no) (description, location)
58. \_\_\_\_\_
59. Sunburn or tan, other than hands or face flesh & skin decayed
60. Tobacco stain on fingers or teeth teeth white, fingers missing  
(designate where, extent)
61. Complexion flesh & skin decayed  
(light, med. dark, clear, pimples, pocks, freckles)
62. Build mangled & dismembered  
(large, fat, thin, muscular)
63. Hair black, small patch found  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting. baldness, widows peak)
64. \_\_\_\_\_  
(distinctive cutting and other characteristics)
65. Sideburns flesh decayed Mustache flesh decayed  
(color, setting, shape) (color, size, shape)
66. Beard or goatee flesh decayed  
(length, heavy, light, color, extent)
67. Eyes flesh 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  
(high, wide, wrinkled) (large, medium, small)
70. Lips flesh decayed Teeth see toothchart  
(small, large, full) (white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
71. Chin flesh decayed  
(prominent, receding, pointed, dimple, double)  
Cheekbones flesh decayed  
(high and normal)
72. Jaw flesh decayed Circumference of head in inches 21 1/2 (Ear)  
(large, small, normal) (hat band)
73. Neck flesh decayed Larynx decayed  
(size, long, short, normal, wrinkled) (prominent, normal)  
Shoulders mangled  
(broad) (straight, small, rounded)
74. Arms mangled  
(length) (muscular, color, extent and quantity of hair)  
(vaccination scar, size of wrists)
75. Hands One missing & one decayed  
(large, small, normal, calloused noticeably)
76. \_\_\_\_\_  
(marks on fingers indicating that rings were worn)
77. \_\_\_\_\_

# TOOTH CHART

1 Mar. 1946  
 Date

Gamm, Lux

UNKNOWN-X-318

Last Name First

Initial

Unknown  
 Rank

Unknown  
 Serial No

Unknown  
 Unit

Unknown  
 Organization

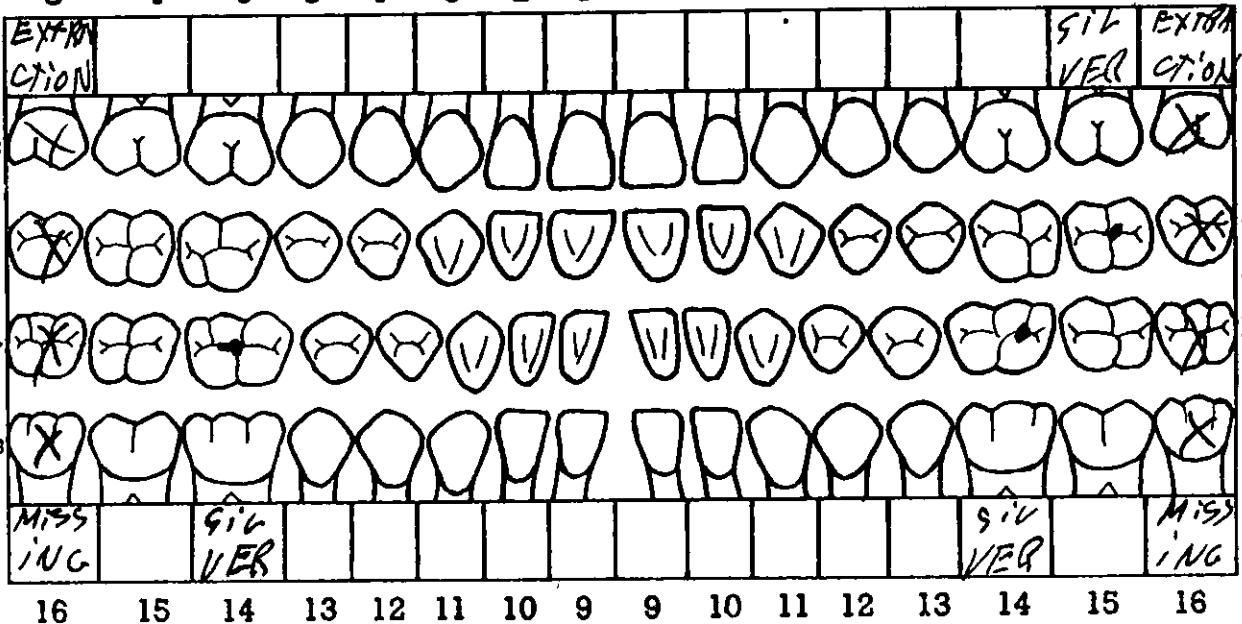
Oberbettingen, Ger. (wL-2188)  
 Place of Death Date of Death

M.S.W. of body  
 Cause of Death

Right

Left

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



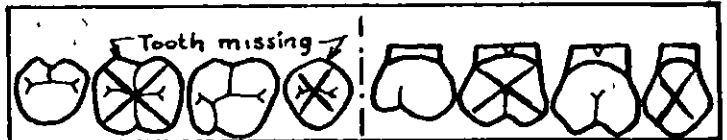
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

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



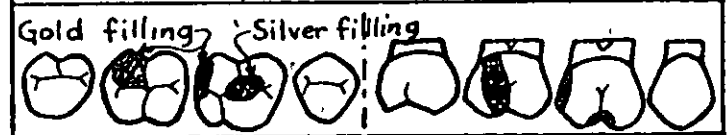
**CROWNED TEETH** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



**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

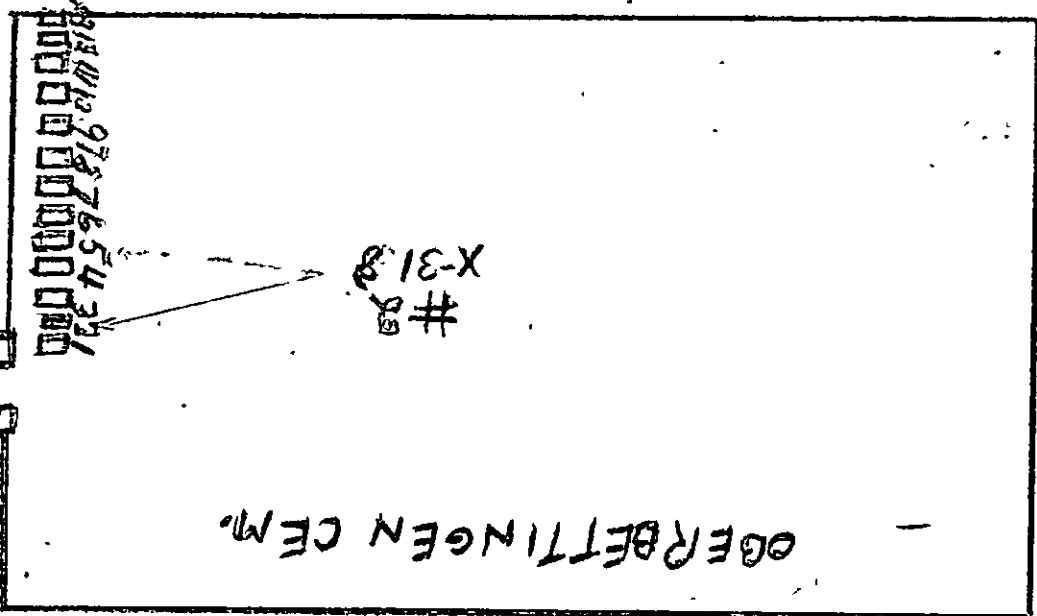
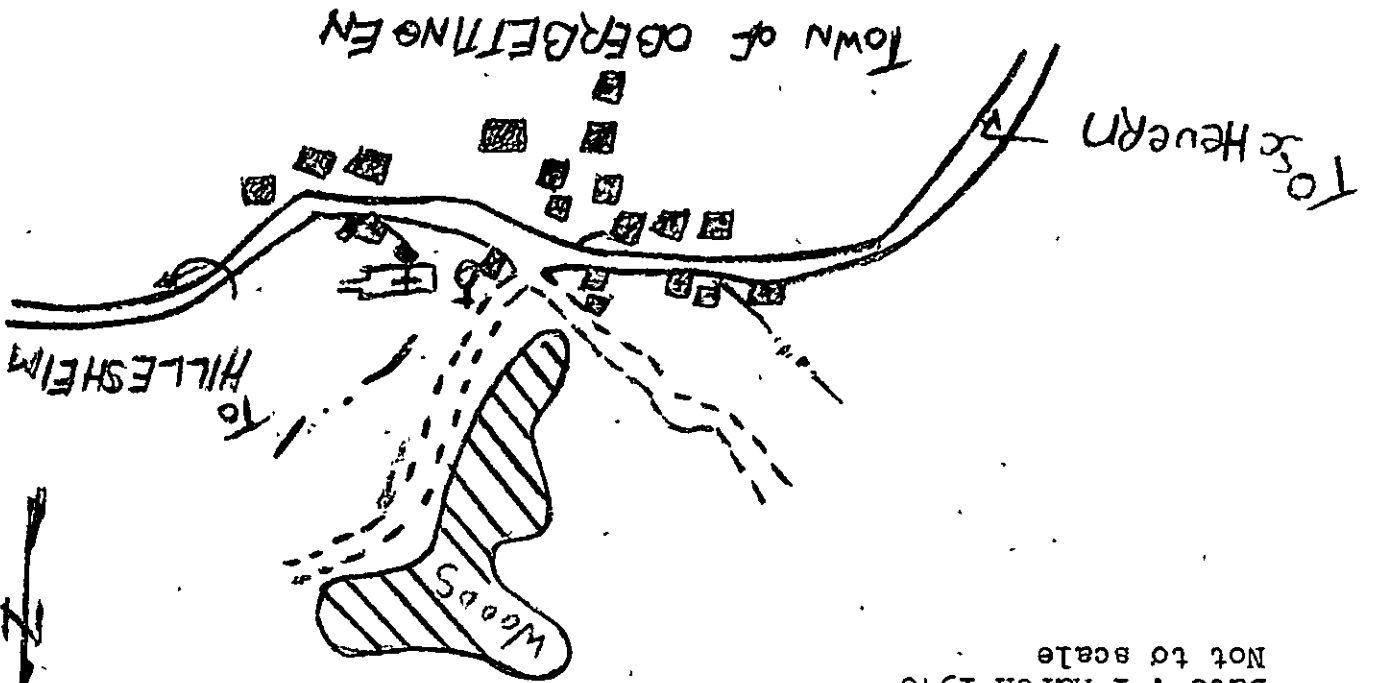


**DENTURES (PLATES)** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

**ADDITIONAL SPACE FOR FURTHER REMARKS**

SKETCH SHOWING G. ES BR WAR. SEIBERT, VI OR C. SCHMIDT, THOMAS  
 G. LANDON, HILAHY, MACHADO, JOHNSON, J. W. LUCKER, 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: 2188-WL  
 Location: Oberbettingen, Ger.  
 Sketch by: T/5 Armento  
 6890 QM, GR. Co.  
 Date : 1 March 1946  
 Not to scale



REPORT OF BURIAL  
Form No. 1  
(Rev. 1 Sept. 1943)

1 Mar. 1946

Restricted, TM 10-680, AND AR 80-1815

1852

UNKNOW-N-X-318

Last Name: UNKNOW-N  
First: X-318  
Rank: UNKNOW-N

Organization: UNKNOW-N  
Serial No: UNKNOW-N

M.S.W. of body: UNKNOW-N  
Cause of Death: UNKNOW-N  
Date of Death: UNKNOW-N

Place of Death: Oberbettingen, Ger. (WL-2188)  
U.S. MIL. CEM. HAMM, LUX.

Time and Date of Burial: 1400 4 Mar. 46

Name of Cemetery: CG

Name or Coordinates of Location: Temp. cross

Grave Number: 270  
Row Number: 11

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

No Identification Tags: How were remains identified? See reverse

REBURIAL

Previous burial in isolated grave  
Oberbettingen, Ger. (WL-2188) Map Ref. 1/250,000 Koin K-51  
located at

What means of identification were buried with the body

G.R.'s. in bottle

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

Who is buried on:

Deceased's Right

DAVIS

0-886287

Capt.

AAF

269

Deceased's Left

UNK X-317

UNK

UNK

UNK

271

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

Unknown

Religion

List only Personnel Effects Found on Body and disposition of same

None

Disintering Officer

Reintering Officer

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

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

