

7087 GRAVES DETACHMENT

AFPO 757

943 unk Hamm X-358 m

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQIC for:

UNKNOWN X-358, HAMM

(FOC) HAMM

File
5 march 51
m martini
d d Lee

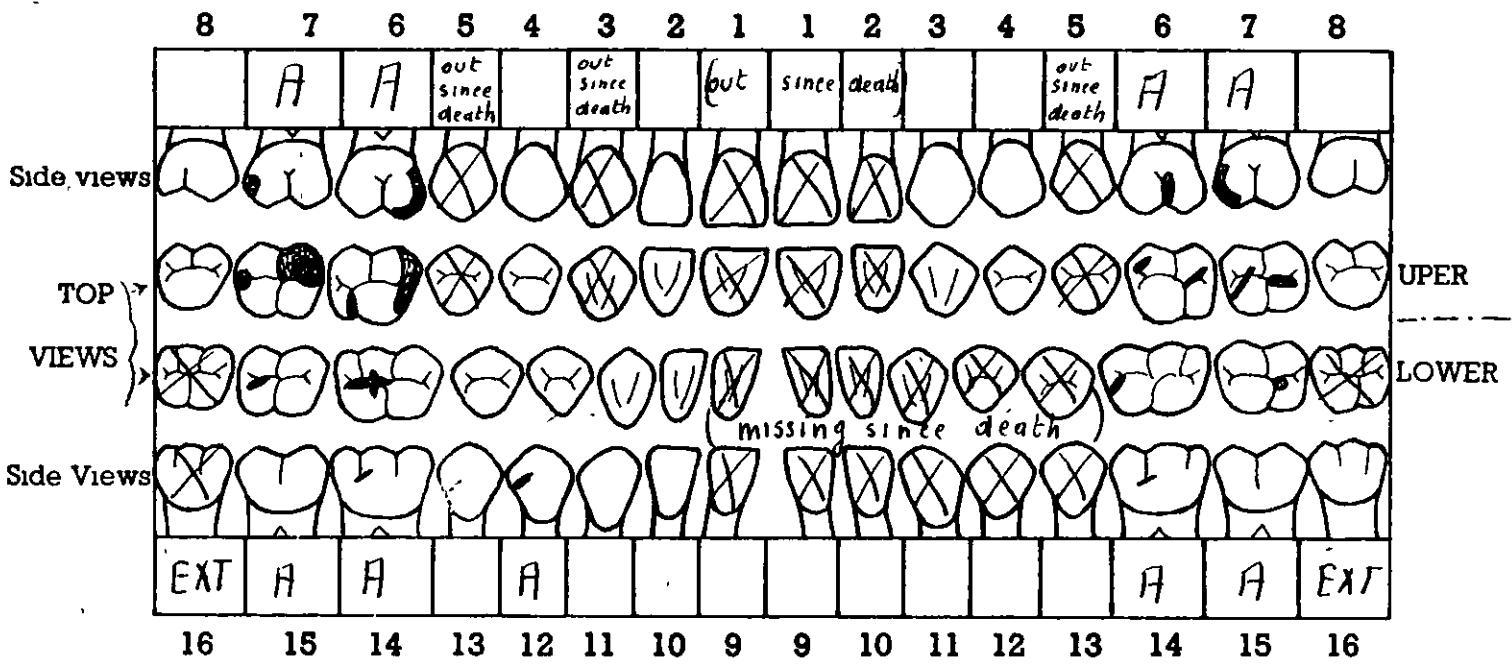
TOOTH CHART

21 March 1946
 Date

Unknown X-358 Unk Unk
 Last Name Rank Serial No.
Unk Unk
 First Initial Organization
Born, Belgium Dec '44 - Jan '45 Unk
 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.

Gordon J. Johnson
 Signature of Officer or other person who prepared Tooth chart
Verne C. Edmunds
 Verified by G. R. S. Officer

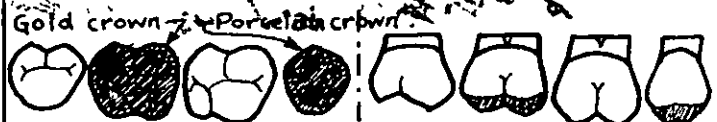
VERNE C. EDMUNDS 2nd Lt QMC (Inf)
 531 QM Group - Detachment "C"

X-358

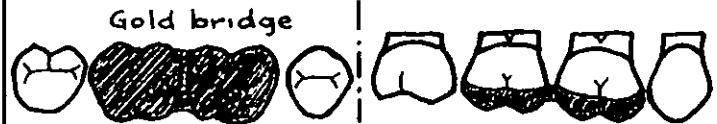
MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus



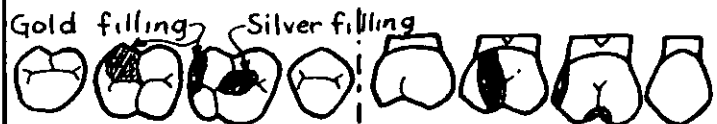
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .



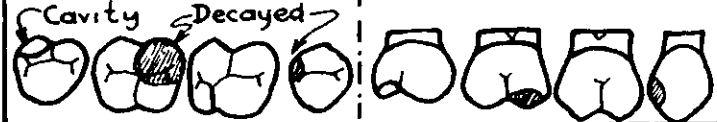
BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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

FORM NO. 11

Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X-358

Cemetery Hamm, Luxembourg

Plot GG Row 10 Grave 245

1. Arrived at cemetery 1300 24, Mar. 1946
(Hour) (date)
2. Place of death Born, Belgium Born sheet sl 1:100,000 (P84-93)
(Name of closest town) (coordinates and
letter Prefex, maps)
Born sheet sl 1:100,000 (P84-93) G.S.G.S.
Sheet, scale and serials used
3. Remains recovered or disinterred by T/5 Charles KNECHT
531 Qm Gp Det "C"
(Name & organization)
4. Evacuated to cemetery by VERNE C. EDMUNDS 2nd Lt QMC (INF)
531 Qm Gp Det "C"
(Name & Organization)
5. Description of clothing and equipment: (if clothes do not
fit, obtain size from body or clothing)

Item	Markings	Sizes, Color, wear, tear, repairs
*Headgear		
Raincoat		
Overcoat		
Jacket, Field		
Jackinaw		
Sweater		
Jacket, HBT	One	No clothing marks or size available
*Shirt, Wool, CD		
Undershirt, Wool	One	No clothing marks or size available
Undershirt, Cotton		
Trousers HBT	One pair,	No clothing marks or size available
*Trousers, Wool CD		

Belt, web

Drawers, Wool One No clothing marks or size available

Drawers, Cotton

Leggings, Wool (note unusual lacing)

Socks, Cotton

*Shoes (type) None

Overshoes

Web Equipment (type)

(Other item) One handkerchief, no clothing marks or size available

(Other item)

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

6. Chevrons or Insignia

(type & locations shirt, jacket, coat, helmet)

Shoulder Patch

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces Ground forces

8. Description of Remains:

Age Unk Height UNK Weight Unk Description of wounds Too decomposed

Bandages or dressings None Scars Too decomposed
(Length, width, location)

Tattoos Too decomposed
(Number, location, illustrate on sep. page)

Outstanding moles, warts or birthmarks Too decomposed
(yes-no; description, location)

Sunburn or tan, other than hands and face Too decomposed
Complexion Too decomposed
(light, med. dark, clear, pimple, pocks, freckles)

Build Too decomposed to ascertain
(large, fat, thin, muscular)

Hair Either light red or blond hair,
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Fair Too decomposed
 (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Too decompose Must. che Too decomposed Beard
 (color, setting, shape) (color, size, shape, Light heavy)

Coatee Too decomposed
 (light, color, extent)

Eyes Too decomposed Eyebrows Too decomposed
 (color, setting, shape) (color, bushiness, extent, across nose)

Nose Too decomposed Ears Too decomposed
 (size, shape, straight) (size, set close to or far from head)

Mouth Too decomposed Lips Too decomposed
 (large, medium, small) (small, large, full)
 For further information see tooth chart.

Teeth Teeth on upper and lower jaw have large spaces between teeth.
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin Too decomposed
 (prominent, receding, pointed, dimple, double)

Jaw Too decomposed Circumference of head in inches Too decomposed
 (large, small, normal) (hat band)

Neck Too decomposed Larynx Too decomposed
 (size, length, short, normal, wrinkled) (prominent, normal)

Shoulders Too decomposed Arms Too decomposed
 (broad, straight, small, rounded) (length, muscular, color)

Too decomposed
 (extent and quantity of hair)

Hands Too decomposed

Fingers Too decomposed, both arms missing.
 (short, thick, long, slender, size of knuckles, missing fingers or joints)

DNA
 (unusual characteristics of fingernails)

Chest Too decomposed
 (size of nipples, color, quantity & extent of hair, large, small, normal)

Back Too decomposed Waist Too decomposed
 (quantity & extent of hair) (size of navel, areolactomy, amount, quantity & color of hair)

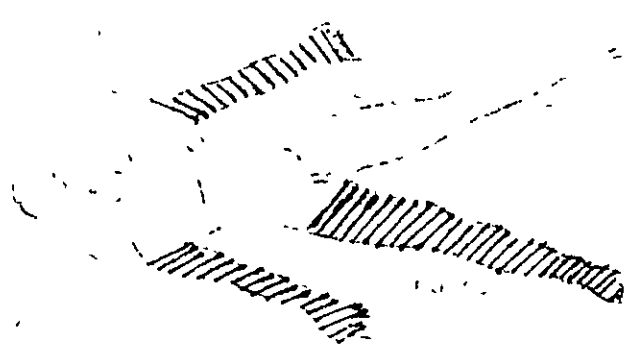
Circumcision Unk Pubic hair Too decomposed
 (yes - no) (color)

Fernioplasty Too decomposed
 (yes - no; location)

Legs Right leg from hip down missing, other leg badly decomposed
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet Too decomposed Too decomposed
(size, corns, callouses, etc.) (stitches, sutured, cracked, overlap)
Evidence of healed fractures Too decomposed
(H.S., ribs, legs, etc.)

9. Black out parts of body not received at cemetery:



10. Have fingerprints been placed on Report of Interment Check No
(yes - no)

If not, explain Too decomposed to ascertain
11. Has tooth chart been prepared Yes If not, explain DNA
(yes - no)

12. Remarks: Body too mangled and burned and decomposed even to estimate the height or weight of the deceased. All clothing and equipment was badly burned and decayed. Both arms were missing and the right leg from the hip down was missing.

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.

Verne C. Edmunds

(Officer's Name)

VERNE C. EDMUNDS

2nd Lt. OIC (INF)
Rank Service

531 Cm Gr. Det "C"
Organization

...

Form No. 10 (Revised)

1 January 1946

21 March 1946

DATE UNKNOWN X-358 ... Unk ... SI Unk

CRC ... Unk

... Unidentified

(All items above this line will be completed, upon final processing, by the clerical staff at the unit processing point).

SECTION 1 - (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the investigation? No. If so state the following surface information:

a. NAME DNA ... RAIF DNA ... SI DNA

b. ORGANIZATION DNA

2. Was partial identification established? No. If so, state the facts as to who you believe the deceased to be:

a. NAME DNA ... RAIF DNA ... SI DNA

b. ORGANIZATION DNA

3. NAMES OF OTHER ... None

(Use reverse side for listing of crew members from ...)

a. DATE of above burials DNA ... Co. of Graves? DNA

X-358

5. Name and Type of Cemetery Isolated burial
(Military or Civilian) _____
6. Map Coordinates of the Cemetery DNA
a. Town DNA Country DNA
7. Give exact location in cemetery of the remains.
a. Section DNA Row DNA Grave DNA
b. Is sketch attached? DNA
8. If remains are not located in a cemetery, give exact location.
a. Town Born, Belgium Coordinates Bonn sheet S1 11100000
(P 84-93)
b. Is sketch attached? Yes
c. Is area mined? No
9. How is the grave marked? Wooden cross
10. If grave is marked with a cross, give exact markings thereon _____
No markings
a. From what source was this information obtained? DNA
(Identification tags, personal effects)
b. By Whom? DNA
11. Where are the cemetery records? DNA
(Town Hall, cemetery, burghmeisters office)
a. What information was contained thereon? DNA
b. Where was the information obtained? DNA
c. By whom? DNA
12. What is the date of death? Dec '44-Jan '45
a. Give basis See statement
13. What is the cause of death? Unknown
a. Give basis See statement
14. What is the date of burial? August 1945

a. Give basis See statement

15. What was the place of death? Born, Belgium Coords Bonn sheet S1 1:100,000
(p 84-93)

Give basis See statement

16. Where were the remains found? Born, Belgium Coords Bonn sheet S1 1:100,000

a. By Whom? Johann FOCK

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? DNA

Type of casket DNA How marked? DNA

18. Who made the burial? Civilian
(Civilian, American M.I. or German Mil.)

a. What are the names and addresses? Johann FOCK Born, Belgium

b. Are certificates and statements attached? Yes

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the USAF).

19. Were remains found in the plane wreckage? _____

a. Give location in plane from which the bodies were removed _____

(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)

b. Near wreckage? _____

20. Scene of crash must be investigated. Give complete result of investigation (if removed, state when and by whom)

a. Type of Plane _____

b. Markings and/or name of plane _____

c. Give numbers of motors, machine guns, instruments, radios or other equipment: _____

21. How and crash occur? _____ anti-aircraft _____

Enemy Missiles? _____ Collision? _____

22. Did plane explode in the air? _____ On ground? _____

23. Did plane burn in the air? _____ On ground _____

24. What was the direction of the flight? _____

25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash? _____

27. Does specific time and date of crash correspond with the date of death of above named deceased? _____

28. Number of planes in formation prior to crash _____

29. State precise time and date of plane crash _____
(Night? Day?)

30. Were parachutists seen? _____ How many? _____ Escaped? _____

Prisoners? _____

SECTION C-- ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force)

31. Were remains found in wreckage of a tank? _____

a. Give specific position in tank from which deceased was removed.

(Radio man, driver, assistant driver or.....front, side, or back).....

b. Near wreckage? _____

32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)

a. Type of tank _____

b. Markings and/or name of tank _____

c. Numbers on motors, machine guns, ammunition, instruments, etc. _____

33. What was the type of enemy action that resulted in the tank's disablement? _____

34. Did tank explode? _____ Burn? _____

35. Numbers of tanks in immediate vicinity at time of disengagement _____

36. Does specific time and date of disengagement correspond with date of death of above named deceased? _____

37. Precise time and date of destruction of tank _____ (Month?) (Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (to be filled out if the above are not applicable)

39. Did death occur from any other means? (I.E., truck, jeep, mines, drowning or small arms fire) No information available as to cause of death

If so, give complete and thorough results of the interrogation.

DNA

a. Are all certificates and statements of people who possess knowledge of the case attached? Yes

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased Unidentified

SECTION E - GENERAL (to be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? No

If not, state reason None available

a. Were identification tags found at the time of death? No

Where? DNA By whom? DNA

Present disposition DNA

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with you until final identification is made, or investigation is completed.

b. Were personal effects found at the time of death? No

Where? DNA By whom? DNA

Present disposition? DNA

X-358

- c. Was deceased identified by living members of the crew at the time of death? Unk
- d. Did Cemetery register a cross indicate the execution spot? No
42. Was Deceased given first aid? Unk If so, where? DNA
 by whom? DNA Are statements from the medical people attached?
DNA
43. Was deceased evacuated to a German civilian hospital? No
 WHERE?? DNA Name of people concerned DNA
44. Is it possible in surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible in surface investigation to obtain from civilian sources the condition of the remains? No
 (Shot? Decapitated? etc)
46. Do file's surrounding death show any evidence that it might be an atrocity case? No
- a. If so, give basis for positive conclusion DNA
- b. If so, has higher headquarters been notified? DNA
47. Was case previously investigated? Unk By whom? DNA
 When? DNA
48. Give full names, addresses, and information obtained from each person interviewed Johann FOCK Born, Belgium
49. Are all positive statements regarding identification and particulars surrounding death attached? Yes

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No
51. Was investigation preceded by advanced publicity? Yes
52. Give brief Narrative See attached sheet

(Use attached sheets, if necessary)

M. Moelants

Signature of Interpreter

Maria MOELANTS

Civilian

Rank

ASN

Organization

Verne C. Edmunds

Signature of Investigator

VERNE C. EDMUNDS

2nd Lt

0-1338574

Rank

ASN

531st QM Gp Det "C"

Organization

C DETACHMENT
531 QM GROUP
APO 808
US ARMY

21 March 1946

NARRATIVE

During routine searching operations conducted by this unit, the body of an American Soldier was located, with the help of a civilian, in Born. This civilian, Johann FOCH, found the body in August of 1945 in the woods outside of Born. He knows nothing of the cause of death but estimates the date of death as between December of 1944 and January of 1945. Further interrogation of civilians in the area brought no subsequent information.

The body was disinterred and processed according to existing procedures but apparently the man's clothing had been previously looted as no personal effects of any sort were found. We have, by no means, been able to identify this man.

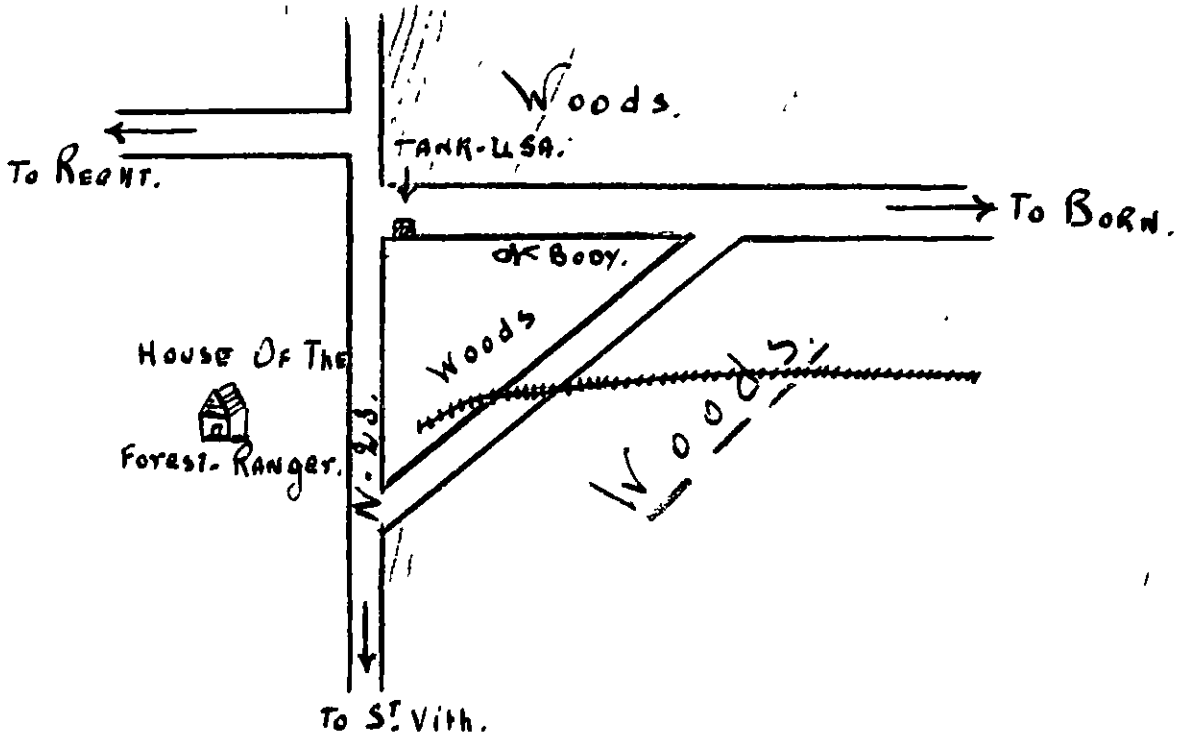
Verne C. Edmunds

VERNE C. EDMUNDS
2nd Lt. QMC (INF)
531 QM Gp Det "C"

SKETCH.

OF
BORN.

UNKNOWN X-358.



Place of burial and
presumed place of death
of UNK-358

Vernon C. Edmunds
2nd Lt Inf
531 QM Sp Det Co

⊗ Body 100 feet from TANK
and 15 feet in on the
Right Hand side going
to BORN.

S-H. Tree with sign on
it Body next to the
tree.

X-358

Erklärung

Ich Unterschiebener erkläre
dass dieser unbekanntes Soldat
in der Zeit zwischen dem 17. 12. 1944
und dem 20. 1. 1945 den Tod
gefunden hat, weil vorher an
diese Stelle Amerikanische Soldaten
in Ruhe waren.

W. G. / Johann Fock.

S T A T E M E N T

I, the undersigned, declare that this unknown soldier was killed between the 17.12.1944 and the 20.1.1945, as there were American soldiers resting at that place, before.

s/ Johann FOCK.

Certified a true translation

M. Moelants

Maria Moelants
Interpreter.

X-358

Feststellung.

Ich, Johann Fock, Born N. 41
erkläre im August 1945 mit Fritz
Maus aus Born 56 einen Toten
Soldat beerdigt zu haben.

Der Tote war in einer Amerikanischen
Decke eingewickelt und verschürt.

Die Strümpfe scheinen Amerikanischer
Herkunft zu sein, woraus man schließen
kann daß es ein Angehöriger der
Amerikanischen Armee sei. Tri und
Wann er den Tod gefunden hat kann
ich nicht sagen, auch nicht wodurch,
Arbeiter vom Elektrizitätswerk haben
den Toten gefunden und den Bürger-
meister benachrichtet. Tri wurden
vom Bürgermeister beauftragt den Toten
zu beerdigen.

Der Tote lag im Walde unter Bäumen
wo ich ihn beerdigt habe. X-358
Andere Amerikanische Soldaten
weiss ich keine mehr hier anzugeben.
Born, den 12 März 1946. W. F. Johann Fock.

()

S T A T E M E N T.

I, Johann FOCK, Born 41, declare that, in August 1945, both Frits MAUS, Born, 56 and I buried the body of an American soldier.

The body was packed in an American blanket, and it was tied with string. The stockings seemed to be of American make, fact which brought us to the opinion that the soldier belonged to the US Army.

I do not know anything about the date of his death and the way he was killed.

Personnel of the Electricity-Office found the body, and informed the Burgomaster of their discovery. The Burgomaster gave us the order to bury the deceased.

The body was laying in the woods under the trees, and we buried him at the same place.

I don't know of any other bodies of American soldiers remaining in this area.

Born, the 12th of March 1946.

s/ Johann FOCK.

Certified a true translation

M Moelants
Maria Moelants
Interpreter.

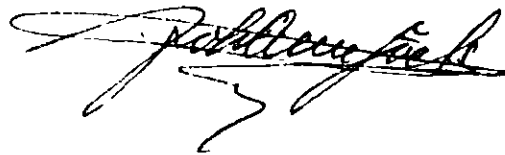
X-358

Baru, den 7 3 1946

Erklärung

Ich Johann Fock Baru N^o 47
erkläre im August 1945 einen
Soldaten der Amerikanischen Armee
beerdigt zu haben. Dieser Soldat war
in einer Amerikanischen Decke eingewickelt
woraus schließen läßt, das es ein
Amerikanischer Soldat war.
Dieser Soldat ist so in die Erde gelegt
worden wie ich in gefunden habe.
Er war jung, mit verzehrt und war
schlecht erkennlich

Johann Fock



Born the 7.3.1946

S T A T E M E N T.

I, the undersigned, Johann FOCK, Born no. 41, declare having buried a soldier of the American Army, in the month of August 1945.

That soldier was packed in an American blanket, wherefrom I made the conclusion it was An American soldier.

He has been buried at the place where I found him.

He was badly wounded and was not recognizable.

s/ Johann FOCK

Certified a true translation

M. Moelants
Maria Moelants
Interpreter.

X-358

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

21 April 1949
(Date)

243 unk. Luxembourg (Klassen) X-358
CS

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 358 , Plot GG ,
Row 10 , Grave 245 , 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 18-9-47 .

Case reviewed by undersigned Members of the Board of Review:

Maj. Roger BERGER, O-251736 CRD Capt Jack C.H. YES, O-1577297 QMC

Edward F. Price, Jr.

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

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

Price

E. Domewant

TL# 3784 dated 25 April '49
Received 2 May 49 OGMG.
Not identifiable from info. available
at the present time. on. martin 6-23-49

Incl #2

Final

249-3

1

USMC HAMM
PLOT: F ROW: GRAVE:6
DATE OF BURIAL 7 Jul 49 **DISINTERMENT DIRECTIVE**

VERIFIED BY
[Signature]
GRS OFFICER

~~1-7-1~~ *RP* No Number

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
1ST AFN

DIRECTIVE NUMBER
6020 00173

DATE
15 08 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWNX-000358		0		6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
HAMM LUXEMBOURG	GC	10	245	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 <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	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	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

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE	
NAME UNKNOWN				SERIAL NUMBER X-000358		RANK 0	
CEMETERY				ARM 0		DATE OF DEATH	
						DAY MONTH YEAR	
						DISPOSITION OF REMAINS	
						CODE DIST PT.	
CAUSE OF DEATH							
LOT GG 10				GRAVE 245		COUNTRY HAMM LUXEMBOURG	

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-000358	RANK	DATE OF DEATH	DATE DISINTERRED 12 MAY 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS GRS <input checked="" type="checkbox"/> MARKER GRS		ORGANIZATION	RELIGION UNK	IDENTIFICATION VERIFIED BY ANTONIO TEIXEIRA 2ND LT INF NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATRESS COVER (CIP)	CONDITION OF REMAINS ADVANCED DECOMPOSITION DISARTICULATED - CRUSHED SKULL. LEFT FEMUR FIBULA, TIBIA MISSING.
--	--

OTHER MEANS OF IDENTIFICATION
NONE

MINOR DISCREPANCIES /

**EMBOSSED PLATE READS UNKNOWN 351 GRAVE 245
TOOTH CHART FOR X-358 FOUND WITH REMAINS
TEETH PRESENT DO NOT COMPARE WITH CHART FOR X-358**

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **Transfer Box**

DATE **14 MAY 1948** BY **ROYAL K. WATKINS** EMBALLER

CASKET SEALED BY PHILIP T. PIATT	EMBALMER (Signature) PHILIP T. PIATT
--	--

CASKET BOXED AND MARKED DATE 26 OCT 48 BY PHILIP T. PIATT	SHIPPING ADDRESS VERIFIED BY
--	------------------------------

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

FINAL CASING

CULANE W. CALOZA
1st Lt Inf

ANTONIO TEIXEIRA 2ND LT INF
SIGNATURE OF GRS INSPECTOR

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

REPAIR RECORDS
 10 11 59 AM '49
 1 11 15

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

APR 2 1948

X - 358

IDENTIFICATION CHECK LIST

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

Exh. G. # 641, dated 5 Dec 47

Unknown X. - **358**
 Cemetery **Bann, Luxembourg**
 Plot **00** Row **10** Grave **245**

Date reprocessed :

1 ~~Arrived at structure~~ **12 Feb 1948**
 (Hour) (Date)

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

(Sheet, scale and serials used)

3 Remains ~~recovered~~ disinterred by ~~and reprocessed by I.S. First 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		
Jacket, HBT	None		
* Shirt, Wool OD	None		
Undershirt, Wool	Remnants of		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

Belt, web. **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes **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? **UFD**

R. Tibia 39.0 R. Humerus 34.0
R. Fibula 38.9 R. Radius 25.0
R. Femur 47.2 R. Ulna 26.1

6. Description of Remains: **UFD** Age **UFD** Height **Not** **5' 3 3/8"** Weight **UFD** Description of wounds **UFD**

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

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, pocks, freckles)

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

Hair **None found** (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 **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**

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

(Unusual characteristics of fingernails)

Chest **UTD**
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

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

Back **UTD** Circumcision **UTD** Pubic Hair **None found**
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

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

Evidence of healed fractures **None found**
 (Nose, arms, legs, etc)

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

7 Have finger prints been placed on Report of Interment? **No** (Yes-no)

If not, explain **Fingers missing**

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

9 Remarks **Estimated weight of reprocessed remains: 13 pounds. Clothing, found wrapped in separate mattress cover, bore no marks. One BURIAL REPORT and Embossed plate recovered. Remains consist of 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 34.0 cm

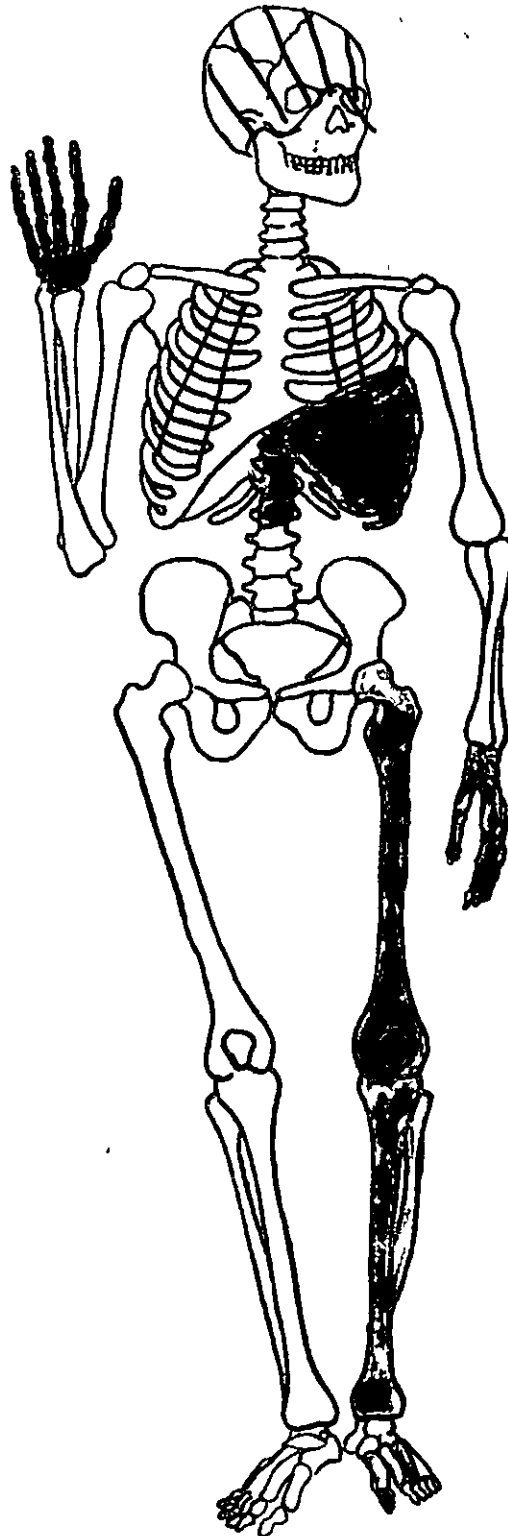
RADIUS 25.0 cm

ULNA 26.1 cm

FEMUR 47.2 cm

TIBULA 38.9 cm

FIBIA 39.0 cm



Est. Height : 5' 8 3/4"

TOOTH CHART

X - 368

12 Feb 48

Date

Unknown X - 368

Unk

Unk

Last Name

First

Initial

Grade

Serial No

Unk

Unk

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

Note	A MODF	A M ₀			P	S M _L	P	P	P	P	P	P	P	A L ₀	A M ₀	Note
ie views																
TOP																
IEWS																
ie Views																
	A 0	X	A F		A F			P	P	P	P	P	P	X	A F	A 0
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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.

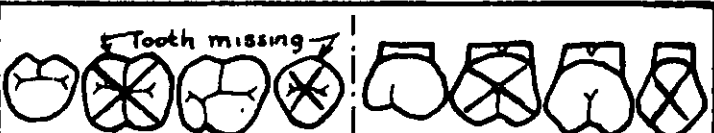
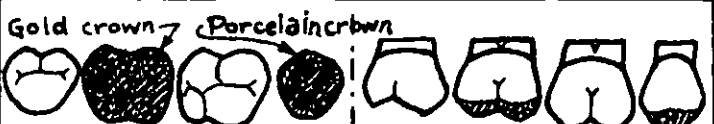

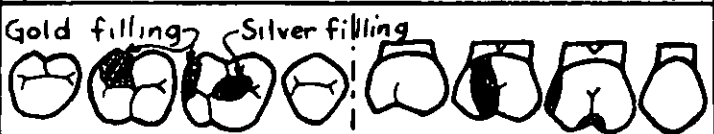

IVOR J BOSMO
2nd.Lt. IS

WOODROW W WOLF
CAPT OMC OPER OFF

IJB **Ivor J Bosmo**

Signature of Officer or other person who prepared Tooth chart

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

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

P: Posthumously missing

Spaces : R-14 - 16 : no space (touching)
 L-13 - 15 : no space (estimated)
 R-11-12 : 2mm

Color : dull ivory
Size : average
Alignment : good.

R-16 has a mesial version
 R-12 has a distal version and has rotated 1/8 of a turn distally.

Note: The pits left by L-13 and L-11 suggests that there was a space between the two (2) teeth. The distance from one pit to the other is 3mm. The pit of L-13 indicates that the tooth rotated 1/8 of a turn distally. R-8 is a milk tooth (baby tooth) and is unerupted before death. It is also impacted against R-9. R-4 has rotated 1/8 of a turn distally. Pit of R-1 indicates that the tooth had a slight mesial rotation. Pit of L-2 indicates that the tooth was rotated 1/8 of a turn distally. L-4 has a lingual version (not too noticeable) and has rotated 1/16 of a turn distally. L-7 has a facial version (noticeable). L6 is unerupted before death and has very noticeable facial version. Note : loose molar was found with an amalgum filling on the occlusal surface, and also a cement filling on the occlusal surface (distal part of tooth).

IDENTIFICATION CHECK LIST

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

D.D.# 107, dated 5 Dec 46

Unknown X - 358

Cemetery Hamm, Luxembourg

Plot CG Row 10 Grave 245

Date reprocessed:

1 ~~Approved for release~~ 26 Nov 47
 (Hour) (Date)

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

(Sheet, scale and serials used)

3 Remains ~~recovered~~ disinterred by and reprocessed by I.S. First Zone (Mobile Team)
 (Name and organization)

4 Evacuated to Cemetery by
 (Name and organization)

5 Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc
* Headgear	None (Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
* Shirt, Wool OD	None		
Undershirt, Wool	Remnants of		
Undershirt, Cotton	None		
REMBLANK HBT	Material remnants of		
* Trousers, Wool OD	None		

FEB 24 1948

L

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ~~wool~~ wool One (1), remnants of

* 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? UTD

R. Humerus 34.2 Femur 47.4
R. Radius 25.7 Tibia 40.2
Ulna 26.5 Fibula 39.7

6 Description of Remains

Age UTD Height ^{Est} 5' 10" 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 None found
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

Goatee	UTD (Height, color, extent)		
Eyes	UTD (Color, setting, shape)	Eyebrows	UTD (Color, bushiness, extent across nose)
Nose	UTD (Size, shape, straight)	Ears	UTD (Size, set close to or far from head)
Mouth	UTD (Large, medium, small)	Lips	UTD (Small, large, full)
Teeth	See Tooth Chart (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	UTD (Prominent, receding, pointed, dimples, double)		
Jaw	UTD (Large, small, normal)	Circumference of head in inches	Fractured (Hat band)
Neck	UTD (Size, length, short, normal, wrinkled)	Larynx	UTD (Prominent, normal)
Shoulders	UTD (Broad, straight, small, rounded)	Arms	UTD (Length, muscular, color, extent and quantity of hair)
Hands	UTD		
Fingers	UTD (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 (Quantity and extent of hair)	Circumcision	UTD Pubic Hair None found (Yes-no) (color)
Hernioplasty	UTD (Yes-no, location)		
Legs	UTD (Muscle, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)		
Feet	UTD (Size, corns, callouses, fit)	Toes	UTD (Slender, straight, crooked, overlap)
Evidence of healed fractures	None (Nose, arms, legs, etc.)		

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

7 Have finger prints been placed on Report of Interment? No (Yes-No)

If not, explain Fingers missing

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

9 Remarks Remains received in "UK" type Burial box, in skeletal form. Estimated weight 11 lbs. Clothing found in debris, no markings evident. Fluoroscopic examination negative. Burial Report recovered. No GRS tag recovered with remains. No means of identification found.

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 QMC 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 34.2 cm

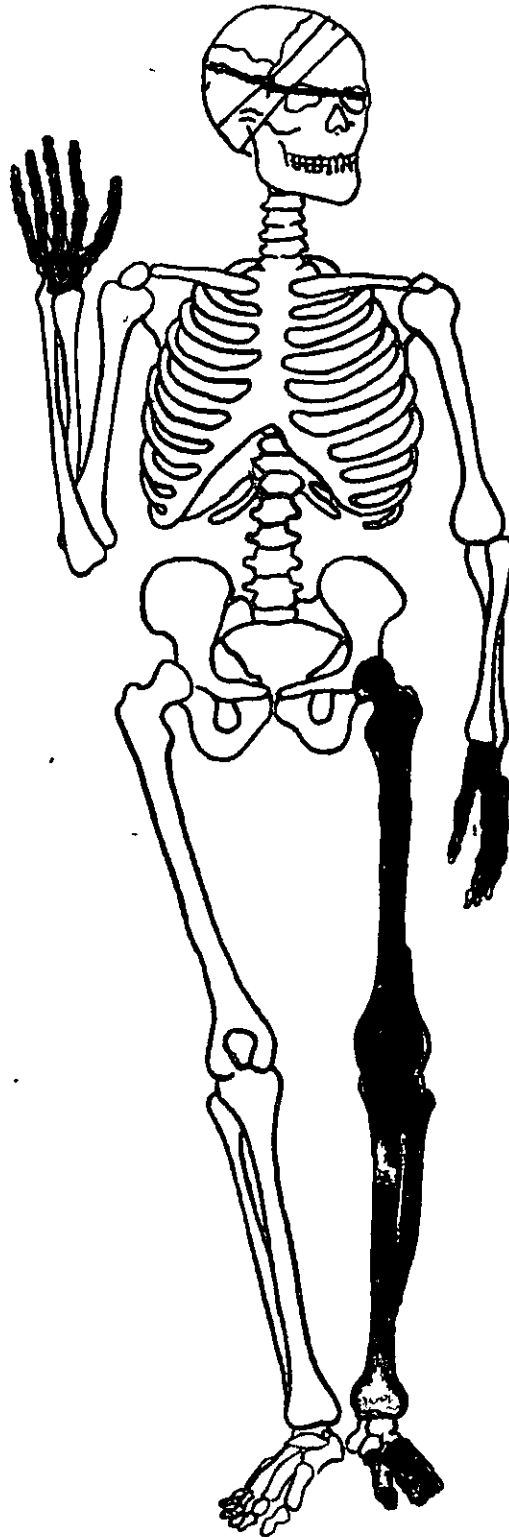
RADIUS 25.7 cm

ULNA 26.5 cm

FEMUR 47.4 cm

TIBIA 40.2 cm

FIBULA 39.7 cm



Est. Height : 5' 10"

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

TOOTH CHART

26 Dec 47

Date

Unknown # - 358

Unk

Unk

Last Name

Unk

First

Initial

Rank

Unk

Serial No.

Unit

Organization

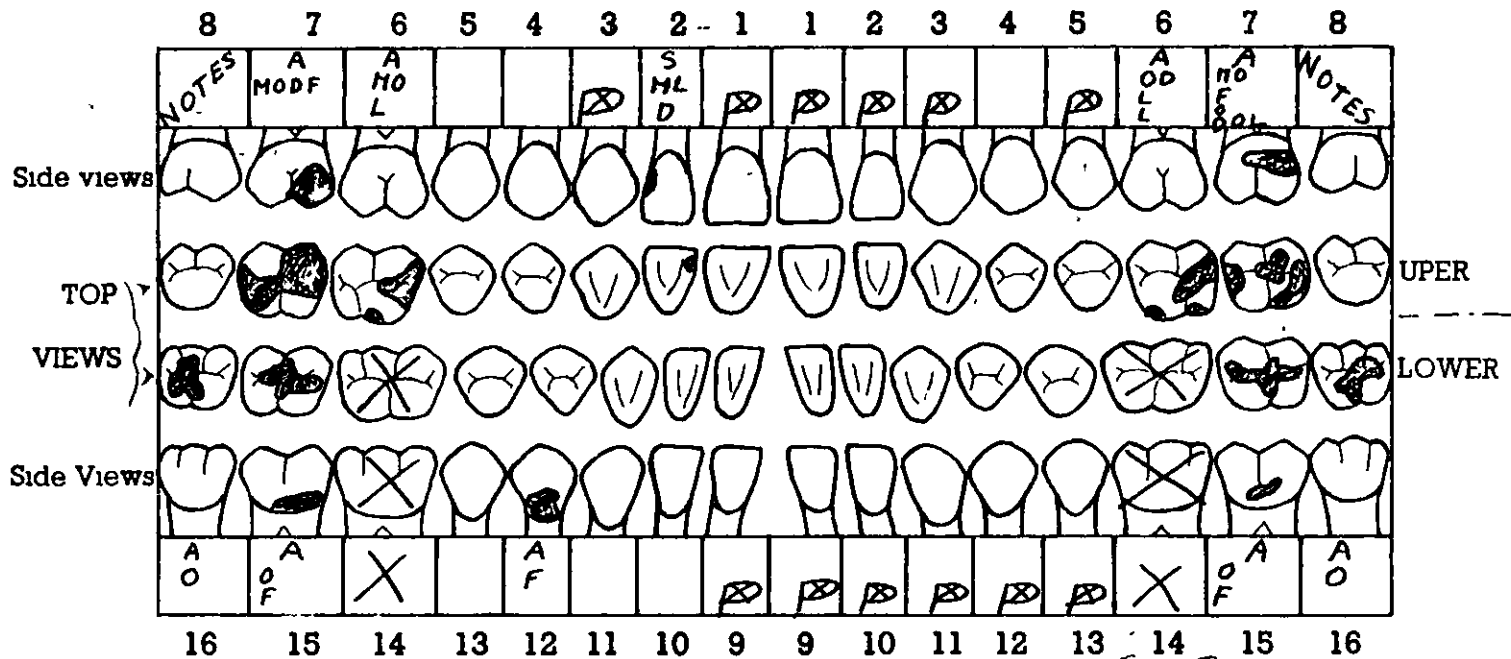
Place of Death

Date of Death

Cause of Death

Right

Left



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), 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.

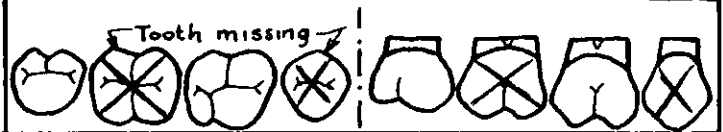
LARRY DE SHAW
 US DA CIV IS

WOODROW W WOLF
 CAPT QMC OPER OFF

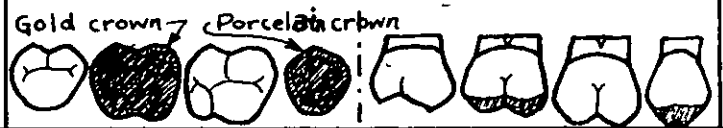
Larry De Shaw U.S.
 Signature of Officer or other person who prepared Tooth chart

Woodrow W Wolf
 Verified by G R S Officer

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



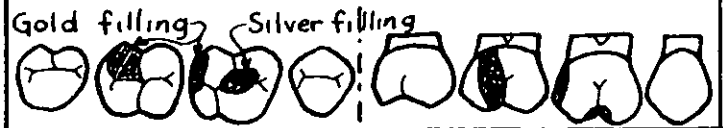
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .



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 .



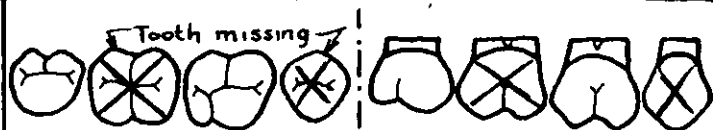
DENTURES (PLATES). Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS



Posthumously missing
 L-8 and R-8 are unerupted before death
 Spaces : R-11-12; 2mm., R-13-15; Touching., L-11-12; Est. 2mm.,
 L-13-15; touching.
 R-4 is rotated slightly distally,
 R-13 is rotated 1/8 turn distally
 R-12 is rotated 1/16 turn distally
 L-16 and R-16 are rotated 1/16 turn mesially
 Size : medium
 Alignment : good
 Color : ivory.

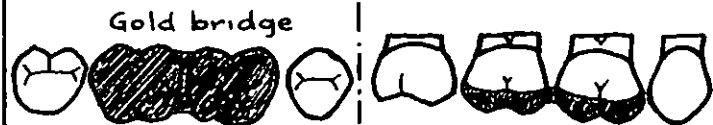
MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



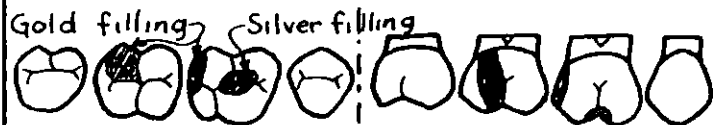
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

FORM NO. 11

Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X -358
Cemetery Hamm, Luxembourg
Plot CC Row 10 Grave 245

1. Arrived at cemetery 1300 24 Mar. 1946
(Hour) (date)
2. Place of death Born, Belgium Bonn sheet at 1:100,000 (P 84-93)
(Name of closest town) (coordinates and
letter Prefix, maps)
Bonn sheet at 1:100,000 (P 84-93) G.S.G.S.
Sheet, scale and serials used
3. Remains recovered or disinterred by T/5 Charles KNECHT
531 QM Op Det "C"
(Name & organization)
4. Evacuated to cemetery by VERNE C. EDMUNDS 2nd Lt QMC (INF)
531 QM Op Det "C"
(Name & Organization)
5. Description of clothing and equipment: (if clothes do not
fit, obtain size from body measurements)

Item	Clothing Markings	Sizes, Color, wear, tear, repairs
*Headgear		
Raincoat		
Overcoat		
Jacket, Field		
Jackinaw		
Sweater		
Jacket, HBT	One	No clothing marks or size available
*Shirt, Wool, CD		
Undershirt, Wool	One	No clothing marks or size available
Undershirt, Cotton		
Trousers HBT	One pair,	No clothing marks or size available
*Trousers, Wool CD		

Belt, web _____
Drawers, Wool One no clothing marks or size available
Drawers, Cotton _____
Leggings, Wool _____ (note unusual lacing)
Socks, Cotton _____
*Shoes (type) None
Overshoes _____
Web Equipment (type) _____
(Other item) One handkerchief, no clothing marks or size available
(Other item) _____
* If body is nude, sizes of these items should be computed by measuring the remains.

6. Chevrons or Insignia _____
(type & locations shirt, jacket, coat, helmet)

Shoulder Patch _____

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces Ground forces.

8. Description of Remains: Unk
Age Unk Height Unk Weight Unk Description of wounds Too decomposed

Bandages or dressings None Scars Too decomposed
(Length, width, location)

Tattoos _____
(Number, location, illustrate on sep. page)

Outstanding moles, warts or birthmarks Too decomposed
(yes-no; description, location)

Sunburn or tan, other than hands and face Too decomposed
Complexion Too decomposed
(light, med. dark, clear, pimple, pocks, freckles)

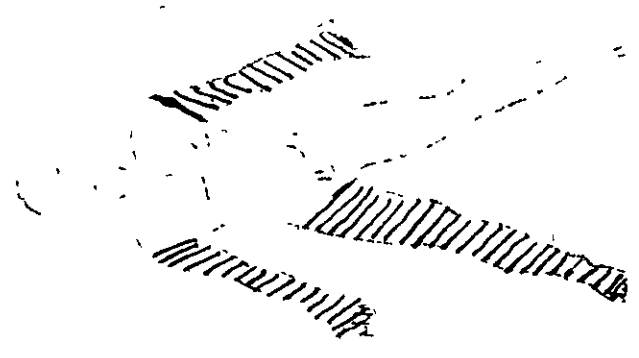
Build Too decomposed to ascertain
(large, fat, thin, muscular)

Hair Either light red or blond hair,
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair Too decomposed (color, texture, shows peak, distinctive cutting or other characteristics)
 Sideburns Too decomposed (color, setting, shape) Mustache Too decomposed Beard Too decomposed (color, size, shape, Light heavy)
 Goatee Too decomposed (light, color, extent)
 Eyes Too decomposed (color, setting, shape) years Too decomposed (color, bushiness, extent, across nose)
 Nose Too decomposed Ears Too decomposed (size, set close to or far from head)
 Mouth Too decomposed Lips Too decomposed (small, large, full)
 Teeth Teeth on upper and lower jaw have large spaces between teeth. (white, size, unevenness, spacing, noticeable crowns, fillings, extract)
 Chin Too decomposed (prominent, receding, pointed, cleft, double)
 Jaw Too decomposed Circumference of head in inches Too decomposed (hat band)
 Neck Too decomposed (size, length, short, normal, wrinkled) Larynx Too decomposed (prominent, normal)
 Shoulders Too decomposed (broad, straight, small, rounded) Arms Too decomposed (length, muscular, color)
Too decomposed (extent and quantity of hair)
 Hands Too decomposed
 Fingers Too decomposed, both arms missing. (short, thick, long, slender, size of knuckles, missing fingers or joints)
 DNA (Unusual characteristics of fingernails)
 Chest Too decomposed (size of nipples, color, quantity & extent of hair, large, small, normal).
 Back Too decomposed (quantity & extent of hair) Waist Too decomposed (size of navel, appendectomy, amount, quantity & color of hair) Circumcision Unk Pubic hair Too decomposed (yes - no) (color)
 Hernioplasty Too decomposed (yes - no, location)
 Legs Right leg from hip down missing, other leg badly decomposed (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet Too decomposed (size, corns, callous, etc.) Toes Too decomposed (slender, stunted, hooked, overlap)
Evidence of healed fractures Too decomposed (arms, ribs, legs, etc.)

9. Black out parts of body not received at cemetery:



10. Have fingerprints been placed on Report of Interment None No (yes - no)

If not, explain Too decomposed to ascertain
11. Has tooth chart been prepared Yes If not, explain DNA (yes - no)

12. Remarks: Body too mangled and burned and decomposed even to estimate the height or weight of the deceased. All clothing and equipment was badly burned and decayed. Both arms were missing and the right leg from the hip down was missing.

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.

Vernie C. Edmunds
(Officer's Name)
VERNIE C. EDMUNDS
2nd Lt. QIC (INF)
Rank Service

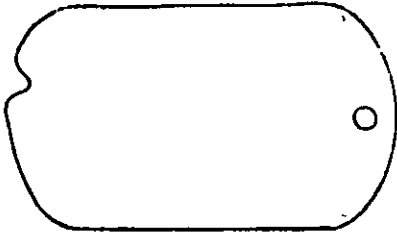
531 Qn Gr. Det "C"
Organization

RESTRICTED

WD QMC FORM 1042
(Rev 1 Apr 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
21 March 1946

Imprint Identification Tag If Possible DO NOT TYPE 	Section 1—IDENTIFICATION	
	NAME (Last first, middle initial)	SERIAL NO
	Unknown X-358	Unk
	GRADE	ORGANIZATION
Unk	Unk	BRANCH OF SERVICE
		G.F.
RACE	RELIGION	IF OTHER THAN U.S. DEAD GIVE NAME OF COUNTRY
White	Unk	DNA

PLACE OF DEATH Born, Belg. Bonn sheet S1 1:100,000 (P84-93)	CAUSE OF DEATH Unk	DATE OF DEATH Dec '44-Jan '45
---	-----------------------	----------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unk

IDENTIFICATION TAGS FOUND ON BODY (U, S, or none)	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	Unidentified
NO	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2—BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse

NAME, NUMBER COORDINATES AND LOCATION OF CEMETERY

HAMM MILITARY CEMETERY No1, LUXEMBOURG, SHEET 34/10 VP883137- 1/50,000

DATE OF BURIAL	HOUR	BURIED IN (Shroud blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO	ROW NO	GRAVE NO
24, Mar. 1946	1400	UK CASKET	CROSS	GG	10	245

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME NUMBER COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE		
NO	ISOLATED BURIAL	BONN SHEET S-1 1:100,000	
	NEAR BORN, BELG.	(P 84-93)	

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
JOINT SERVICES	JOINT SERVICES	TOOTH CHART IN BURIAL BOTTLE
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
NO	NO	

BODY BURIED ON DECEASED LEFT NAME (Last first middle initial)	RANK	SERIAL NO	ORGANIZATION	GRAVE NO
KEATTS, WOODROW W.	UNK	33545451	UNK	246

BODY BURIED ON DECEASED RIGHT NAME (Last first middle initial)	RANK	SERIAL NO	ORGANIZATION	GRAVE NO
LAMBERT, CARL T.	S/SGT	34776476	452nd Bomb Grp.	244

SIGNATURE OF PERSON PREPARING REPORT Verne C. Edmunds 2nd Lt QMC (Inf) 531 st QM Gp Det "C" Disinterment Off.	SIGNATURE OF GRS OFFICER VERIFYING REPORT Charles Kuntz 1st Lt. Inf. CEM. REP. and FIELD
--	---

DISTRIBUTION OF REPORT Signed original for U.S. and allied dead signed original and one copy for enemy dead to the Quartermaster through Headquarters GRS Officer Copies for retention in theater as prescribed by theater commander

RESTRICTED

Section 3 - UNIDENTIFIED REMAINS

INSTRUCTIONS

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under Other, such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks, and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.


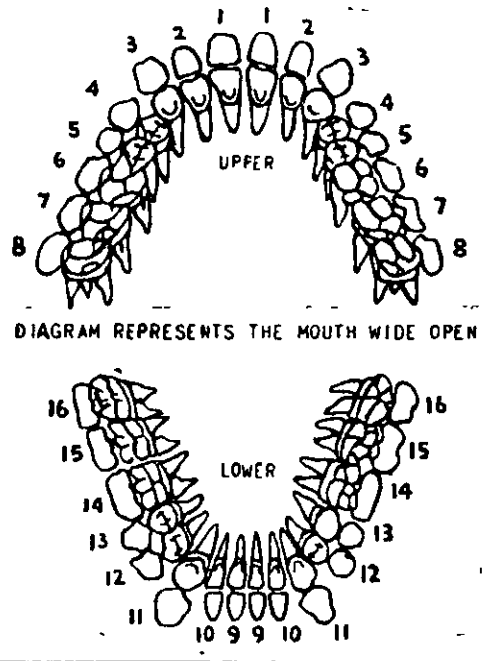




HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS SCARS OR TATTOOS
Unk	Unk	Unk	Light Red or blond	Too Decomposed

WEAPON AND SERIAL NO	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
None	None found	Born, Belgium

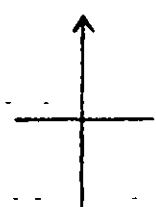
OTHER IDENTIFICATION CLUES

None

TOO DECOMPOSED

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS