

IDENTIFICATION DATA

C.O. 2485

1. REMAINS OF UNKNOWN				2. DATE OF REPORT			
X-437				16 Sept. 49			
3. NAME OF CEMETERY		4. PLOT		5. ROW		6. GRAVE	
3rd Unit / Hamm		GG		7		166	
				7. DATE OF DISINTERMENT		8. DATE OF REINTERMENT	
				—		—	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT of re-processed remains	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
16 lbs.	6' 2"	None found	—

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two embossed plates marked:  
Unknown X-437

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

UTD

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT? —

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT? —

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None found!

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

Remains received in skeletal form in a repatriation type casket. Teeth found with remains. No clothing. Remains previously processed by repatriation. No evidence of any amputations. No I.D. tags found.

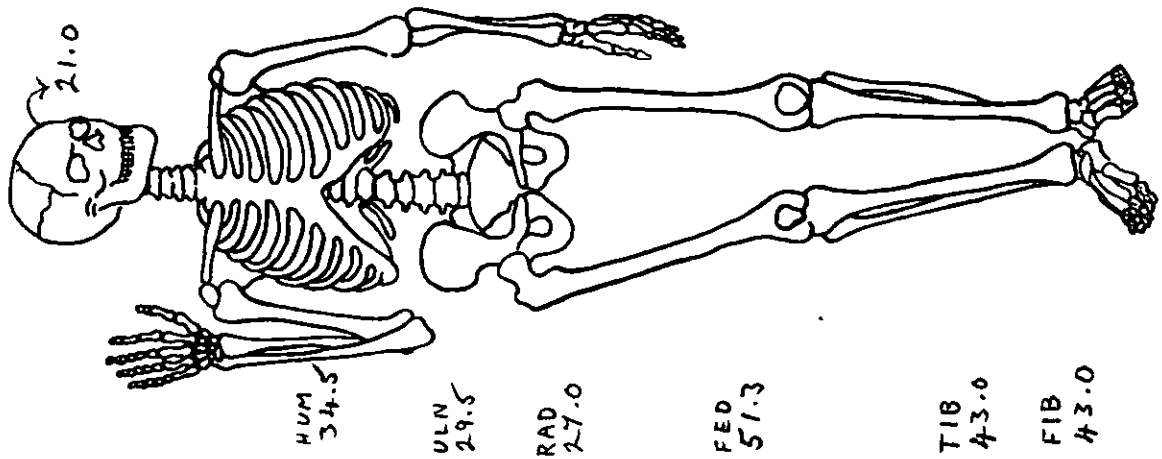
4 lbs  
 5 March 51  
 W. W. Turner  
 21 Dec 49  
 X-437  
 TWT

Thomas W. Turner

X-437

E.O. 2485

19. BLACK OUT PARTS OF BODY NOT [REDACTED]



est. Ht. is 6'2"

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS.

\_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

\_\_\_\_\_

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
 \_\_\_\_\_

SIGNATURE  
 X-437  
 Thomas W. Turner *TWT*

# TOOTH CHART

16 Sept. 49  
Date

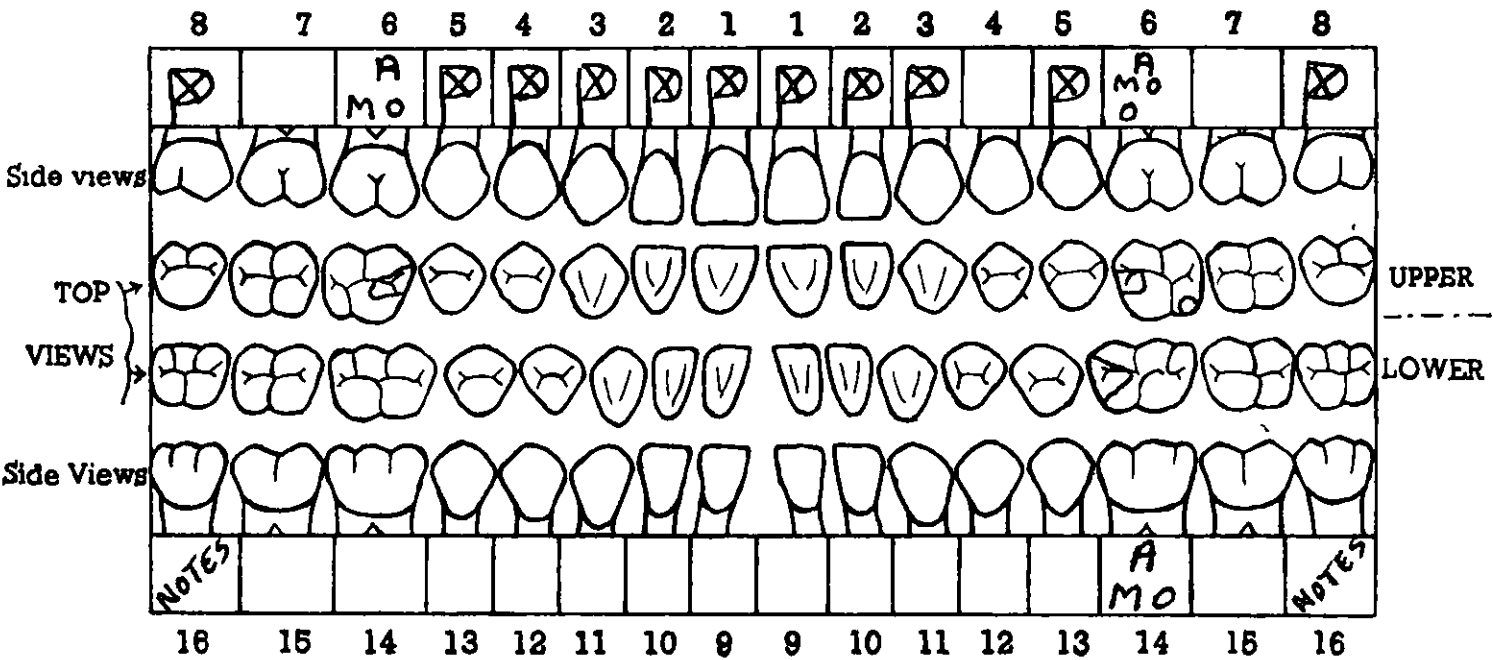
X-437

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death                      Date of Death                      Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

*Larry De Show*

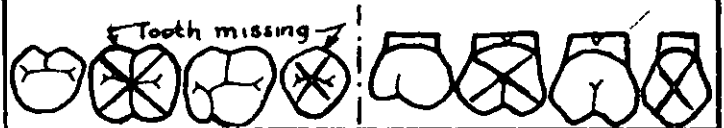
Signature of Officer or other person who prepared Tooth chart

DAC

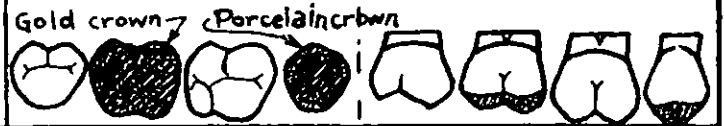
Verified by G. R. C. Officer

X-437

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



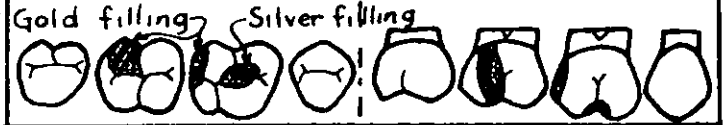
**CROWNED TEETH.** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .



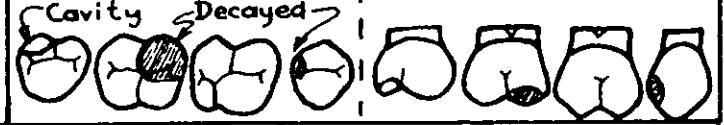
**BRIDGE WORK.** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus .



**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**

*note: R-16 + L-16 are incompletely erupted.*

*Size - medium  
alignment - Good  
color - Dull ivory*

*note: It is very possible that R-16 and L-16 were unerupted during life and would not show during a dental examination.*

**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. 47**

Unknown X-437  
 Cemetery **Hamm, Luxembourg.**  
 Plot **00** Row **7** Grave **166**

1 **Date reprocessed**  
~~2 Dec. 47~~ **2 Dec. 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 mobile team, 1st. Zone**  
 (Name and organization)

4 Evacuated to Cemetery by  
 (Name and organization)

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

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

*No record of number*  
 X-437

X

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

\* Shoes (type) None

Overshoes None

Web Equipment (type) None

(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? **Ground**

(R) Humerus -34.2 Femur -50.8  
Ulna -29.0 Tibia -43.2  
Radius -26.9 Fibula -42.5

6 Description of Remains . . . . .

Age UTD Est. Height 6' 1-1/8" Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD  
(Length, width, location)

UTD Tattoos  
(Number, location -- illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion UTD  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD  
(Large, fat, thin, muscular)

Hair 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)

X-437

Goatee	UFD (Height, color, extent)		
Eyes	UFD (Color, setting shape)	Eyebrows	UFD (Color, bushiness, extent across nose)
Nose	UFD (Size shape, straight)	Ears	UFD (Size, set close to or far from head)
Mouth	UFD (Large, medium, small)	Lips	UFD (Small, large, full)
Teeth	<b>See tooth chart</b> (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	UFD (Prominent, receding, pointed, dimples, double)		
Jaw	UFD (Large, small, normal)	Circumference of head in inches	21" (Hat band)
Neck	UFD (Size, length, short, normal, wrinkled)	Larynx	UFD (Prominent, normal)
Shoulders	UFD (Broad, straight, small, rounded)	Arms	UFD (Length, muscular, color, extent and quantity of hair)
Hands	UFD		
Fingers	UFD (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 (Quantity and extent of hair)	Circumcision	UFD (Yes-no)
		Pubic Hair	<b>Dark brown</b> (Color)
Hernioplasty	UFD (Yes-no, location)		
Legs	UFD (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)		
Feet	UFD (Size, corns, callouses, flat)	Toes	UFD (Slender straight, crooked, overlap)
Evidence of healed fractures	<b>None</b> (Nose, arms, legs, etc)		

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

X-437

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 skeletal form, Est. weight : 18 Lbs. Clothing found in debris, no markings evident. Fluoroscopic Examination not necessary. Burial Report, no GRS tag, recovered with remains.

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  
WOODROW

W.  
W.

Wolf  
WOLF

(Officer's Name)

CAPT

Q13

Rank

Service

OPERATIONS OFFICER

(Organization)



# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

HOMERUS.....34.2.....cm

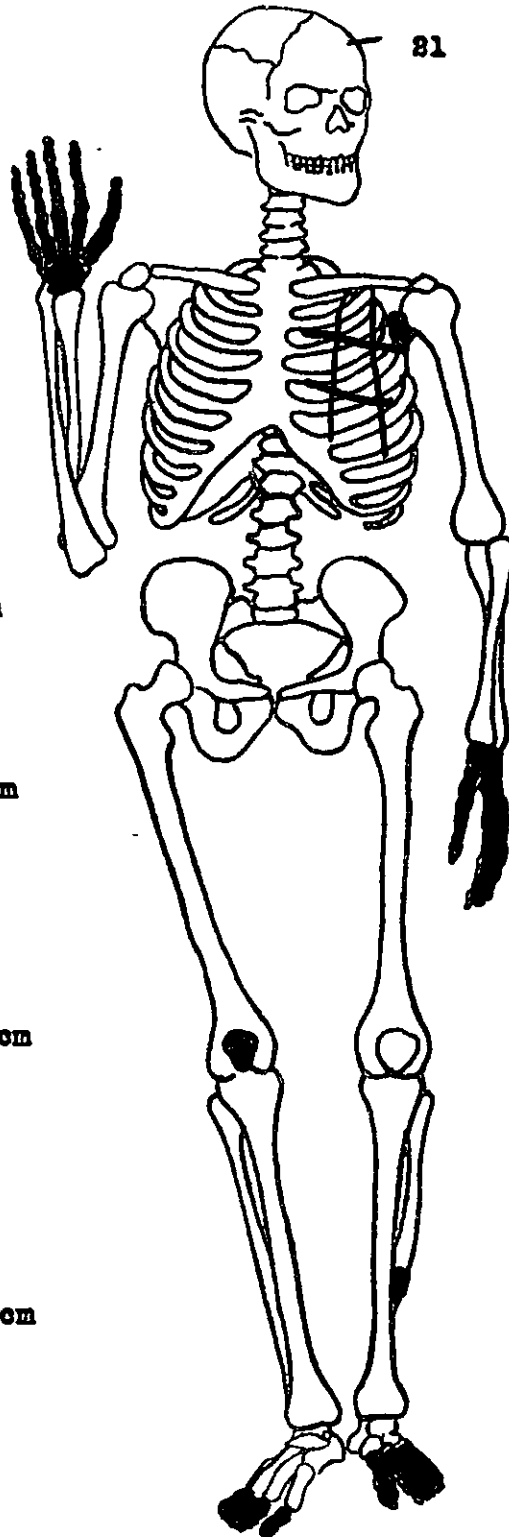
RADIUS.....26.7.....cm

ULNA...1.....89.0.....cm

FEMUR.....50.8.....cm

TIBIA.....43.8.....cm

FIBULA.....42.5.....cm



Est. HEIGHT.....6' 1-1/8"

6'18"  
 Dick Brown F.  
 Egel - Sen.  
 1-6-Feb-1941

**TOOTH CHART**

2 December 1947

Unk X-437

Unk

Date

Unk

Last Name	Unk	First	Initial	Rank	A O P	Serial No.
Unit	Organization					

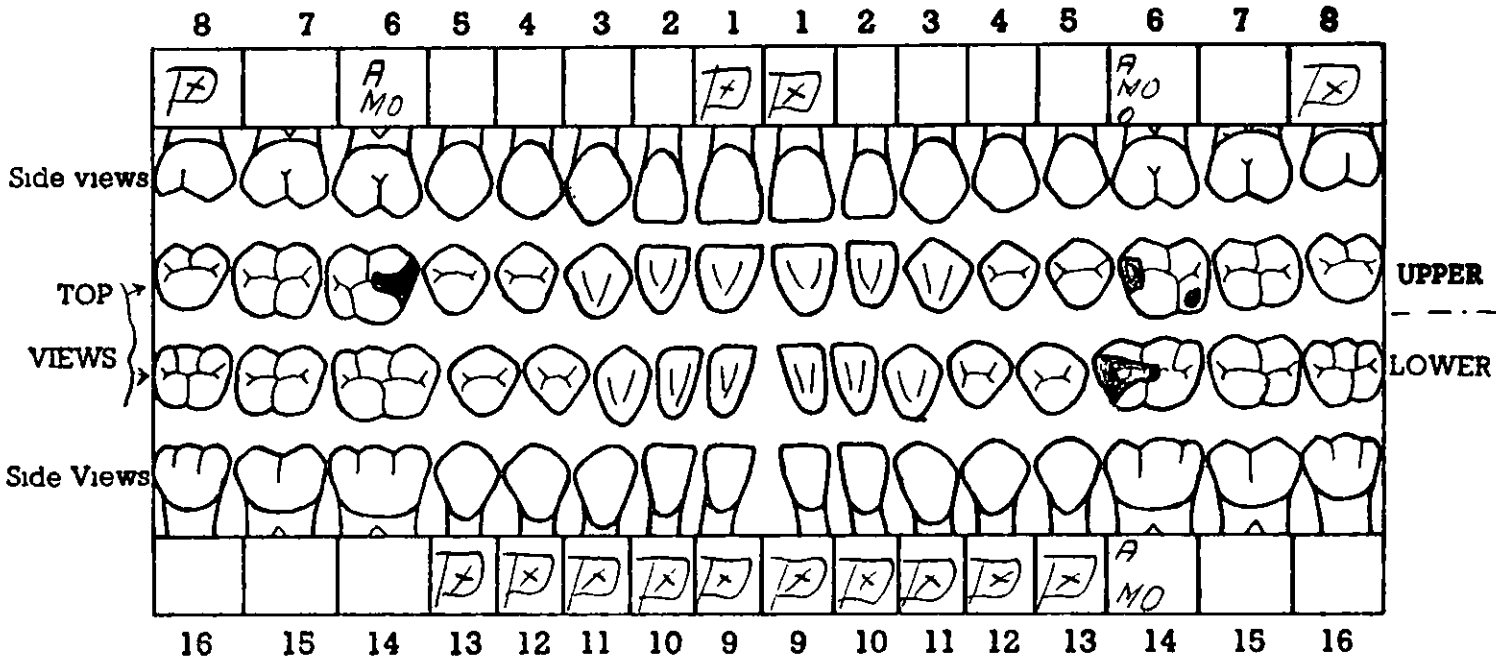
Place of Death

Date of Death

Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

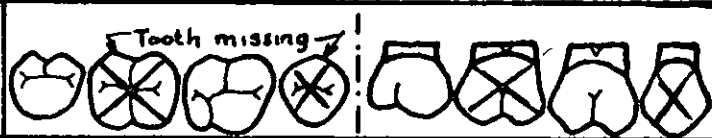
LARRY DE SHAW  
 USDA CIV IS

*Larry De Shaw*  
 Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF  
 CAPT QMC OPER OFF

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

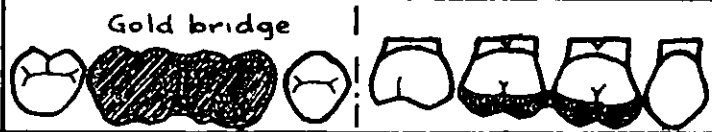
**MISSING TEETH** . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



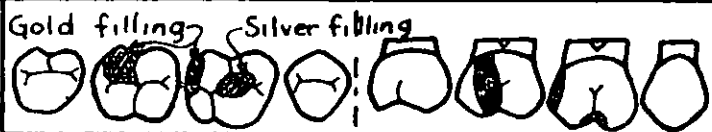
**CROWNED TEETH** .. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .



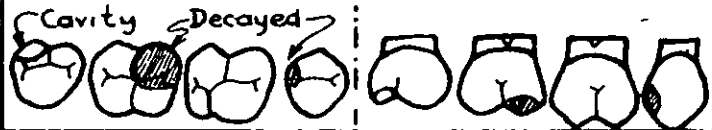
**BRIDGE WORK.** . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



**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  
 Size-medium  
 Alignment-good  
 Color ivory

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

8 March 1949

(Date)

293 Unk. Luxembourg (Hamm) X-437

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 437, Plot JG,  
Row 7, Grave 166, US C HAMM, LUXEMBOURG,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified  
as unidentifiable at the present time.

Report of reprocessing of remains was forwarded to your Office  
by Transmittal Ltr. No. NOT OF RECORD, dated                     .

Case reviewed by undersigned Members of the Board of Review:

-----  
Capt. Jack C. HAYES, O-1577297 OMC Capt Stanley C. TYRRELL, O-1304296 Inf

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

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

Received 72-3562-14 / March 14 / 48 OQMG  
Not identifiable from  
information presently  
available

Incl # 18

m Martin  
22 April 49

USMC HAMM, LIE BOURG Buried on: Right J.J. HRABAL  
 PLOT B ROW 5 GRAVE 19 Reburied 22. Dec. 1948 DISINTERMENT DIRECTIVE 35299479  
 Verified by: *W.R. [Signature]* Left: R.E. SULLIVAN  
 34540356

SECTION A - GRS OFFICER DIRECTIVE NUMBER DATE  
 NAME AND BURIAL LOCATION OF DECEASED 6020 00162 15 08 48  
 DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION  
 UNKNOWN X-000437 0 6

CEMETERY (HAMM) LUXEMBOURG PLOT ROW GRAVE DISPOSITION OF REMAINS  
 CODE DIST CTR  
 GG 7 166 6001 80

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN  
 HAMM, LUXEMBOURG BY ADMINISTRATIVE DECISION

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN NAME AND TITLE  
 MARKER

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  
 RECORDS ASSOCIATED  
 DATE 31 MAR 1949  
 NAME  
 B & R ER.

*[Handwritten mark]*

# RECORD OF CUSTODIAL TRANSFER

## 1 SHIPPED

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

## 2 SHIPPED

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

## 3 SHIPPED

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

## 4 SHIPPED

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

## 5 SHIPPED

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

## 6 SHIPPED

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

## 7 SHIPPED

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

1

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN

X-000437

0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAIN

CODE DIST PT

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

GC 7 166 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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN

X-000437

UNK

10 MAY 48

IDENTIFICATION TAG ON  
 REMAINS EMB  
 MARKER GRS

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

UNK

FRITZ J TOLTZIEN,  
1st Lt. FA NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS DISTAL PORTION OF LEFT  
FIBULA MISSING. DISARTICULATED.

UNIFORM

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer box

*Wilfred D. Harris*

DATE 12 MAY 48

BY

WILFRED D HARRIS, EMBALMER

CASKET SEALED BY V/O DISIN.

EMBALMER (Signature)

*Theodor R Harrison Jr.*  
THEODOR R HARRISON JR.

CASKET BOXED AND MARKED THEODOR R HARRISON JR.

V A EVARD  
CLERK

SHIPPING ADDRESS VERIFIED BY ALL MARKING TAGS &  
PLATES VERIFIED BY  
R E LEWIS CAPT CAV

DATE 28 JUNE 1948

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

*Fritz J. Toltzien*  
FRITZ J TOLTZIEN, 1st Lt. FA

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

## 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



# 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. 47

Unknown X- 437  
Cemetery Hamm, Luxembourg.  
Plot GG Row 7 Grave 166

1 Date reprocessed  
~~Revised or reprocessed~~ 2 Dec. 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 mobile team, 1st. Zone  
(Name and organization)

4 Evacuated to Cemetery by  
(Name and organization)

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

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

2668

FEB 20 1948

Z

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

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

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

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

Socks, cotton . . . . . None . . . . .

\* Shoes . . . . . (type) None . . . . .

Overshoes . . . . . None . . . . .

Web Equipment . . . . . (type) None . . . . .

(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? **Ground**

(R) Humerus	-34.2	Femur	-50.8
Ulna	-29.0	Tibia	-43.2
Radius	-26.7	Fibula	-42.5

6. Description of Remains

Age **UTD** <sup>Est.</sup> Height **6' 1-1/8"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**  
(Length, width, location)

**UTD** Tattoos  
(Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks **UTD**  
(Yes-no, description, location)

Sunburn or tan, other than hand and face **UTD**

Complexion **UTD**  
(Light, medium, dark, clear, pimples, poeks, 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		
(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	<b>See tooth chart</b>		
	(white, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	UTD		
	(prominent, receding, pointed, dimples, double)		
Jaw	UTD	Circumference of head in inches	21"
(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	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	Circumcision	UTD
(quantity and extent of hair)			(yes-no)
Hernioplasty	UTD	Pubic Hair	Dark brown
			(color)
	UTD		
	(yes-no, location)		
Legs	UTD		
	(muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)		
Feet	UTD	Toes	UTD
(size, corns, calluses, flat)			(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 skeletal form. Est. weight : 18 Lbs. Clothing found in debris, no markings evident. Fluoroscopic Examination not necessary. Burial Report, no GRS tag, recovered with remains.

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*  
**WOODROW**

*W.*  
**W.**  
(Officer's Name)

*Wolf*  
**WOLF**

**CAPT**  
Rank

**QMC**  
Service

**OPERATIONS OFFICER**  
(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

21

L E F T

HUMERUS.....34.2.....cm

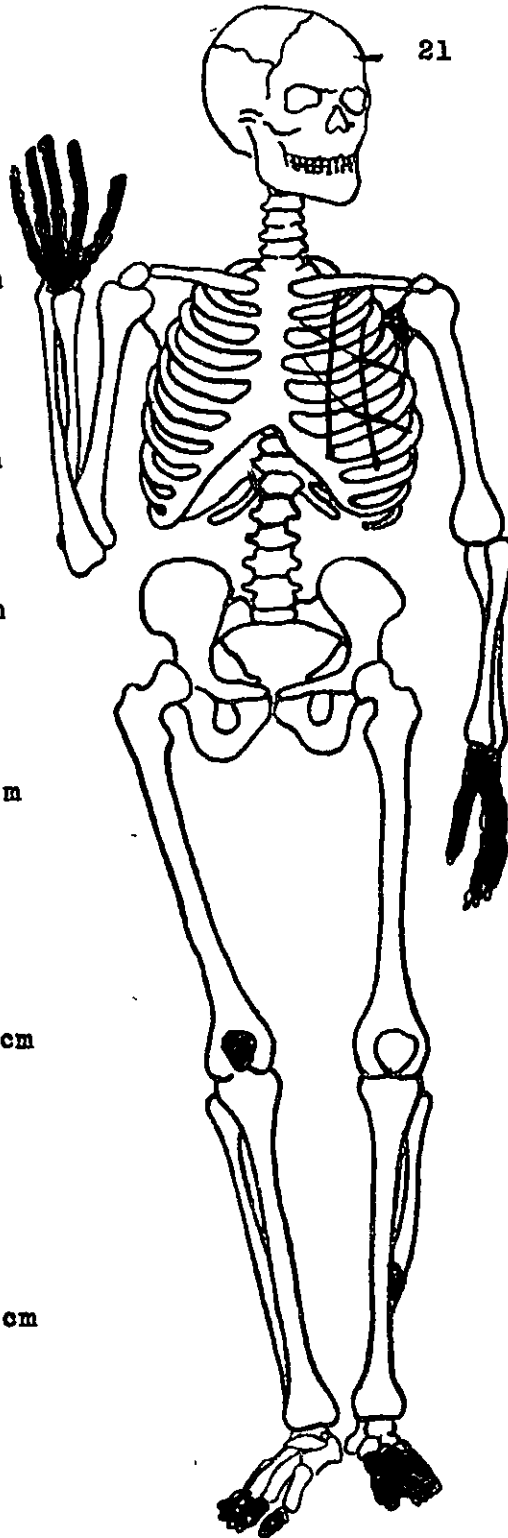
RADIUS.....26.7.....cm

ULNA...l .....29.0.....cm

FEMUR.....50.8.....cm

TIBIA.....43.2.....cm

FIBULA.....42.5.....cm



Est. HEIGHT.....6' 1-1/8"

# TOOTH CHART

2 December 1947

Date

Unk X-437

Unk

Unk

Last Name

Unk

First

Initial

Rank

ACF

Serial No

Unit

Organization

Place of Death

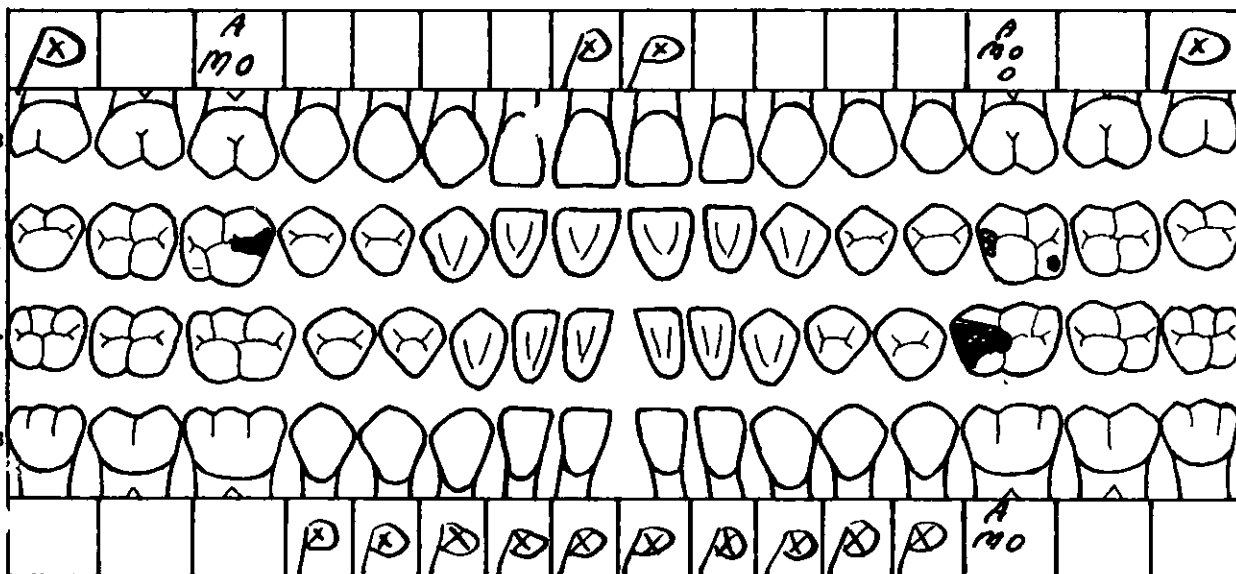
Date of Death

Cause of Death

Right

Left

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



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.

2668

LARRY DE SHAW  
USDA CIV IS

/s/ Larry De Shaw

Signature of Officer or other person who prepared Tooth chart

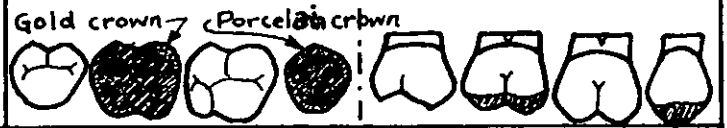
WOODROW W. WOLF  
CAPT QMC OPER OFF

*Woodrow W. Wolf*  
Verified by G R & E Officer

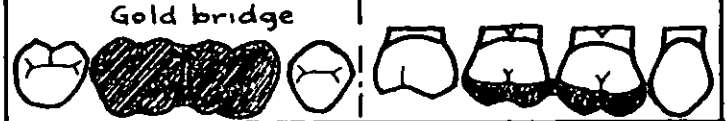
**MISSING TEETH.** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



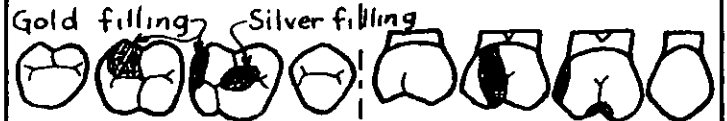
**CROWNED TEETH.** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .



**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**  
**Size-medium**  
**Alignment-good**  
**Color ivory**

# 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) .....
2. Unidentified 1-57 Para Gen. Unk. Unk. Unk.  
(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: Igel, Germany (WL-20) sheet K 50  
1/150,000, Prior, 3303 4346.  
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
5. Full name of cemetery (include plot, row and grave if organized cemetery):  
Isolated burial in Garden in Igel
6. Approximate or established date of death (state which and give basis for date selected):  
(Approx) 1-6 Feb. 1945 Civilian's statement
7. Approximate or established date of burial (give basis for date established):
8. Manner in which grave was marked, show information contained on the marker:  
Plain wooden cross
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):  
Hertesdorf, 17 Hauptstrasse, Igel, Germany (Buergermeister)  
Christmann, 46 Hauptstrasse, Igel, Germany (Former Buergermeister)  
Reisch, 16 Hauptstrasse, Igel, Germany, (man who saw it done)
11. Give name and address of person who can guide disintering team to burial location:  
Hertesdorf, 17 Hauptstrasse, Igel, Germany (Buergermeister)



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

If answer is yes, hat 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: none

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: .....

does not apply

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

a. Crew position in plane or vehicle: Unk.

b. Plane or vehicle serial number: Unk. Type: Unk.

c. Installed weapons:

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
<u>Unk.</u>	<u>Unk.</u>	<u>Unk.</u>	<u>Unk.</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

d. Engine serial number: Unk. Type: Unk.

*Edward C. Dunham*

Signature of Investigating Officer

EDWARD C. DUNHAM  
3046 QM GR CO

2nd Lt. Inf. O-1228522  
Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation): T/5 Lichtman

Disinterment and \*reburial/burial made by: .....

Date of \*burial/reburial: 2 Mar, 46 Embourg

Place of \*burial/reburial U. S. Military Cemetery: .....

Plot CG Row 7 Grave 166

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

\* Cross out word not applicable.





Belt, Web none

Drawers, Wool none 34 white none

Drawers, Cotton none 34 od. none

Leggings, Wool none (Note unusual lacing)

Socks, Cotton none 11 od. none

\*Shoes (type) none

Overshoes none

Web Equipment (type) none

(Other item) none

(Other item) none

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

6. Chevrons or Insignia none  
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch none

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 5' Weight 160 Description of wounds none

Bandages or dressings none Scars flesh decomposed  
(Length, width, location)

Tattoos flesh decomposed  
(Number, location - illustrate on sep. Page)

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

Sunburn or tan, other than hands & face flesh decomposed

Complexion flesh decomposed  
(light, med. dark, clear, pimples, poeks, freckles)

Build Medium  
(large, fat, thin, muscular)

Hair Brown 2" long  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair Brown 1" long  
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns missing Mustache missing Beard or Goatee missing  
 (color, setting, shape) (color, size, shape) Length, heavy,

light, color, extent)

Eyes Decomposed Eyebrows missing  
 (color, setting, shape) (color, bushiness, extent across nose)

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

Mouth Medium Lips Decomposed  
 (large, medium, small) (small, large, full)

Teeth normal, white see attached tooth chart  
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin normal  
 (Prominent, receding, pointed, dimple, double)

Jaw Large Circumference of head in inches 20"  
 (large, small, normal) (Hat band)

Neck Decomposed Larynx Decomposed  
 (size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Disjointed Arms Disjointed  
 (broad, straight, small, rounded) (length, muscular, hairy)

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 Disjointed  
 (size of nipples, color, quantity & extent of hair, large, small, normal)

Back flesh Decomposed Waist Disjointed  
 (quantity & extent of hair) (size of navel, an endectomy, amount

Circumcision Decomposed Pubic hair brown  
 (yes-no) (color)

quantity & color of hair

Hernioplasty Decomposed  
 (yes-no, location)

Legs Disjointed  
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet missing Toes missing  
(Size, corns, callouses, flat) (slender, straight, crooked, overie)

Evidence of healed fractures none  
(nose, arms, legs, etc.)

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



10. Have fingerprints been placed on Report of Interment no  
Yes-No

If not explain flesh Decomposed

11. Has tooth chart been prepared yes If not, explain \_\_\_\_\_  
Yes-no

12. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

EDWARD C. DUNHAM  
3046 01 GR NO  
Edward C. Dunham  
Officers' Name

2nd Lt. Inf. 0-1338322  
Rank Service

\_\_\_\_\_  
Organization

ANNEX #4



# TOOTH CHART

27 Feb. 1946  
 Date

Unidentified X-437 Hamm Cem  
 Last Name First Initial

Unk.  
 Rank

Unk.  
 Serial No

Unk.  
 Unit

Unk.  
 Organization

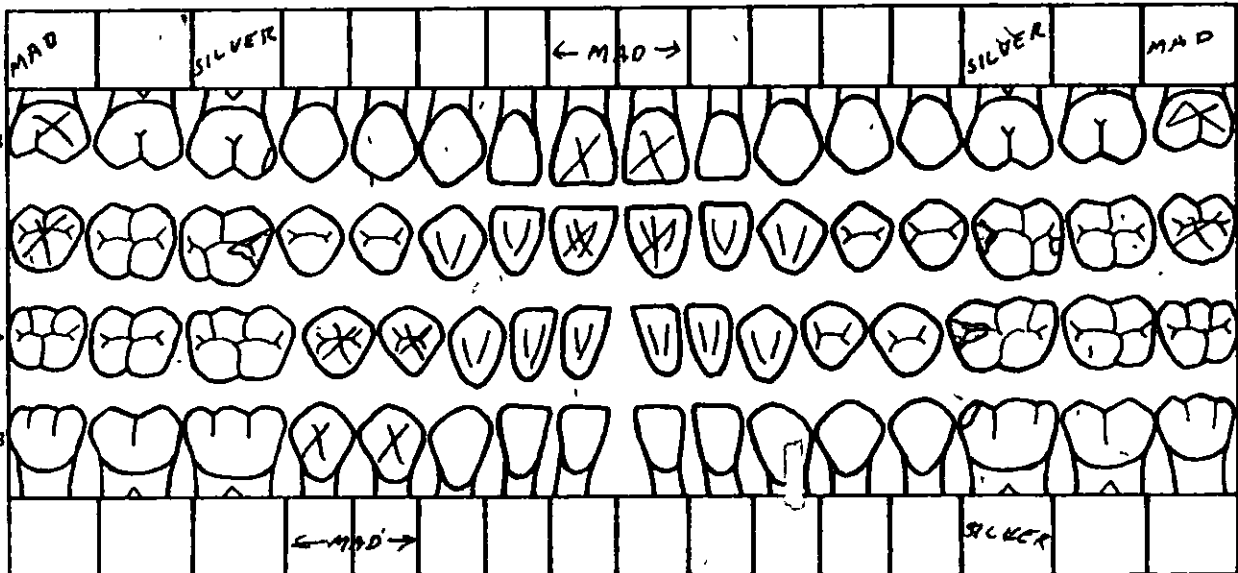
Igel, Germany (IL 12-20) (Approx) Feb. 1-6, 1945  
 Place of Death Date of Death

Unk.  
 Cause of Death

Right

Left

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



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.

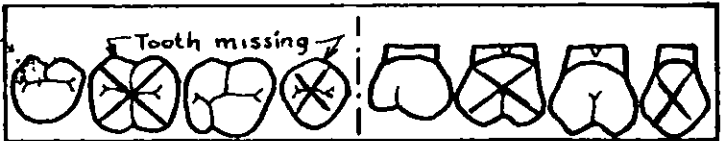
Sgt. Stephen Morelock

Signature of Officer or other person who prepared Tooth chart

*Edward C. Dunbar*

Verified by G R S Officer

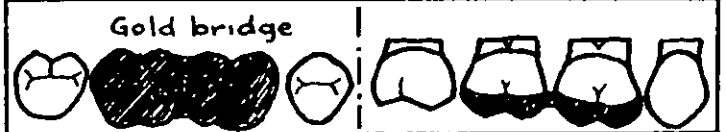
**MISSING TEETH** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus



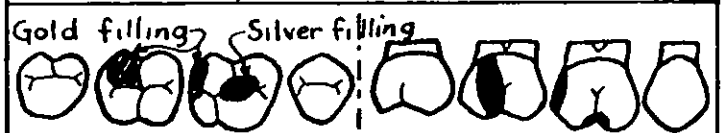
**CROWNED TEETH** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



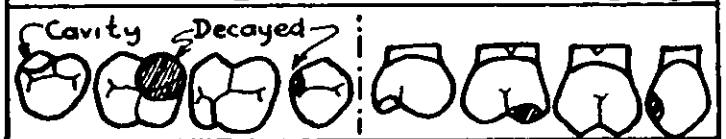
**BRIDGE WORK** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



**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**

Liersberg

Ozewen

Am. X-437

Igel



20  
+  
10

+ 20  
20

Sheet U1  
NEUNKIRCHEN Sheet  
Scale: 1/100,000  
G.S. G.S. 4416  
Nord De GRÈRE  
Grid



GRAVE REGISTRATION  
FORM 10-630  
(Revised 1 Sept. 1943)

RESTRICTED REBURIAL  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

21 Feb. 1946  
Date

Unidentified X-437 Hamm Cem. Unk. Unk.

Unk. Unk.

Unit Organization

Igel, Germany (..L 12-20) (Aprox) Feb. 1-6, 1945 Unk.

Place of Death Date of Death Cause of Death

1400 Mar. 46 U.S. Mil. Cem. Hamm, Luxembourg V. 8713

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

166 7 GG 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

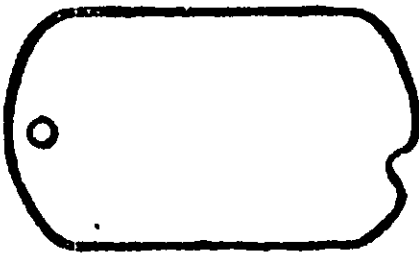
What means of identification were buried with the body?  
Grave no 1 bottle Previously buried in isolated grave located at Igel, Germany (..L 12-20)

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

Who is buried on:

Deceased's Right:	X-436 Name	unk Serial No	unk Rank	unk Organization	165 Grave No.
Deceased's Left:	X-438 Name	unk Serial No	unk Rank	unk Organization	167 Grave No.

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



If print of identification tag is not affixed fill in below:

Emergency Addressee Unk. Name

Unk. Address

Religion Unk.

List only Personal Effects Found on Body and disposition of same:

No Personal Effects

EDWARD C. DUNHAM  
2nd Lt. Inf. C-1338322  
3046 QN GR. OC.

Distintering Officers

Reintering Officers

*Edward C. Dunham*  
Signature of Officer or other person reporting burial

*W. H. ...*  
Verified by G R S Officer

# IF DECEASED OR UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: 40      Laundry Marks: none  
 Weight: 40      Number of Rifle: none  
 Color of Eyes: Decomp      Wear Glasses? none  
 Color of Hair: brown      Is Tooth Chart Attached? yes  
 Race: white

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

body badly decomposed

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

none

Left Hand

hands missing

Right Hand

hands missing

Thumb

Thumb

## 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

Decceased's Right

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

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

Characteristics

Other Data