

IDENTIFICATION DATA *File # 2782 PRIORITY*

1. REMAINS OF UNKNOWN <i>X- 478 43 UNK HAMM X478</i>		2. DATE OF REPORT <i>31 JULY 1950</i>	
3. NAME OF CEMETERY <i>HAMM</i>		4. PLOT <i>E</i>	5. ROW <i>5</i>
		6. GRAVE <i>46</i>	7. DATE OF DISINTERMENT <i>/</i>
			REINTERMENT <i>/</i>

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <i>AVG - 20</i>	9. ESTIMATED HEIGHT <i>AGE 5-5 3/8"</i>	10. COLOR OF HAIR <i>NONE</i>	11. RACE <i>U + D.</i>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
MCHT UARY PLATE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
NONE

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <i>SEE SKELETAL CHART</i>
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
NONE NOTED

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)
NONE

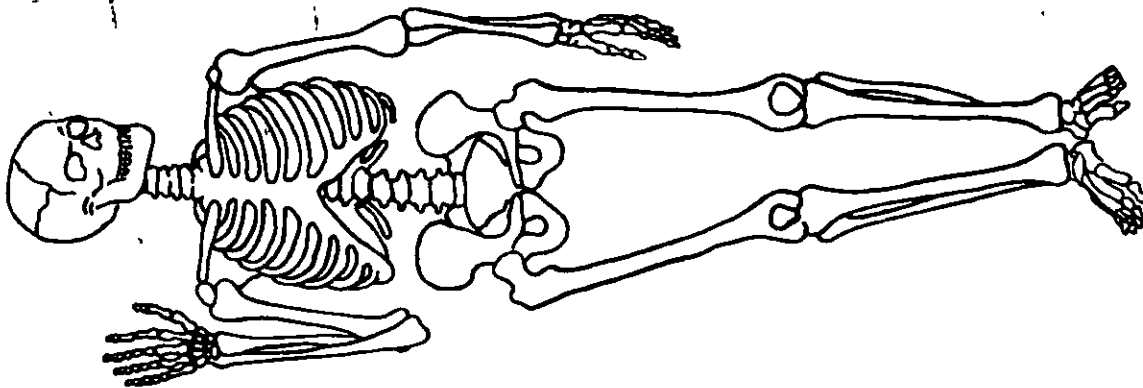
*File - NAT
8 Dec - 1950
M Martin
Jd Sec.*

Incl # 3

2793 - Unknown X- 478 (Hamm) July.

X-478

19. BLACK OUT PARTS OF BODY NOT RECORDED



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. NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS IS IN SKELETAL FORM.

NO TEETH WITH REMAINS.

EST: hgt 5'5 7/8"

EST: AGE OVER 20

PROCESSED BY
MILLER
MREGONY
SCULLO

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



AFTER

X-478
E-5-46
HAMM

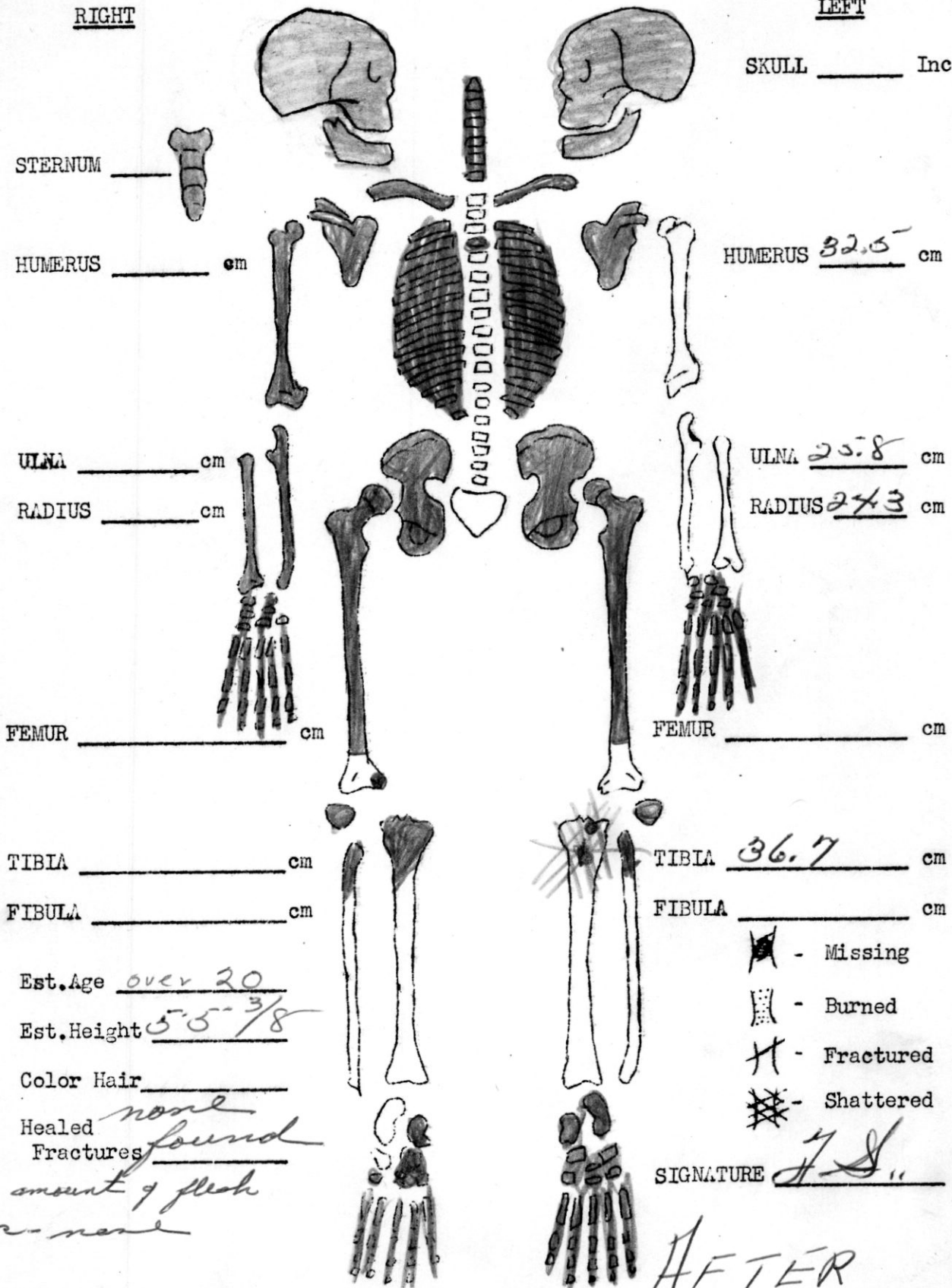
SKELETAL CHART

CHART "A-1"

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



SKULL _____ Inc

STERNUM _____

HUMERUS _____ cm

HUMERUS 32.5 cm

ULNA _____ cm

ULNA 25.8 cm

RADIUS _____ cm

RADIUS 24.3 cm

FEMUR _____ cm

FEMUR _____ cm

TIBIA _____ cm

TIBIA 36.7 cm

FIBULA _____ cm

FIBULA _____ cm

Est. Age over 20

Est. Height 5'5" 3/8

Color Hair _____

Healed Fractures none found

*small amount of flesh
burns - none*

- Missing
- Burned
- Fractured
- Shattered

SIGNATURE AFTER

AFTER

NARRATIVE REPORT

X-172 A
X-176
X-177
X-178

X
X
X
X

20

13
21
26
29

WATSON, Donald E.

In compliance with Exhumation Order #272 the above listed cases were reprocessed simultaneously in an effort to eliminate CIL 1217, Basm, and to consolidate the excess portions with Unknown X-172 A.

CIL 1217 was consolidated as follows:

Sacrum To: X-178
Box # I/Americas to: X-172 A

The excess portions with Unknown X-172 A were consolidated with X-178 (the 5th lumbar vertebrae articulates with the sacrum).

Joan E. Gregory
Lab. Ident. Techn.

Sihan K. GAN, D. Sc. (Priv. Paris)
Membre Societe d'Anthropologie,
Paris

(Vertical text and handwritten notes on the right side of the page, including "FBI - X" and "13-58")

(Vertical text on the far right edge of the page)

1. FILE UNDER NO. 293 - UNK. HAMM X-478

SYNOPSIS

2. TYPE OF DOCUMENT: LTR 3. DATE. 19 Sept 50
4. FROM: Hqs, 7887 Graves Registration Detachment, Operations
Division, APO 757, Liege U.S. Army
5. TO: TQM
6. SUBJECT: CIL Reprocessing Report

7. DOCUMENT FILED
UNDER NO. 293 - UNK. HAMM X-476

igb

INSTRUCTIONS.—Enter after the above headings information as follows.

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

15
243 unk Hamm X-476
mb
QMG DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GRREG DET
LIEGE BELGIUM

DEFERRED
X

FROM QMGMT

wev 43869

RGST ANTHROPOLOGICAL REPT XRAY 476 XRAY 477 XRAY 478 HAMM

Unknown X-478 (Hamm)

cc: Admin Sec
M. Martin/asj
Foy

JMN
TEC

UNCLASSIFIED

GRAVES

QMGMT CAPT NEFF EXT 52462
293 - GRS European

SEPT 50
151900Z

D A REMNER
CAPT QMG MEM DIV

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

ARE 293

1 March 1949

(Date)

293 with Superhearing (Kamm) X-478

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 478, Plot GG,
Row 12, Grave 300, U.S.C. HAMM, LUXEMBURG,

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. _____, dated Not of record.

Case reviewed by undersigned Members of the Board of Review:

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

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

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

*Ltr # 3539 dated 30 Mar 49
Subj: Unidentifiable
Remains*

Received _____ OQMG
Not identifiable from
information presently
available *Larkins*

Incl #4

1 April '49

1

USMC H.Q.M., LUXE DURG Buried on: Right: KIJANKA
 PLOT E ROW 5 GRAVE 46 31028172
 Reburied 27 Dec. 1948 **DISINTERMENT DIRECTIVE**
 Verified by: *WR Lester* Left: A. RITCHIE
 GRS Officer 36819411

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: **UNKNOWN X-000478**
 DIRECTIVE NUMBER: **6020 00197**
 DATE: **15 07 48**
DAY MONTH YEAR

NAME: **UNKNOWN X-000478** SERIAL NUMBER: **0** RANK: **0** ARM: **8** DATE OF DEATH:
DAY MONTH YEAR

CEMETERY: **(HAMM) - LUXEMBOURG** DISPOSITION OF REMAINS: **0 6001 80**
CODE DIST PT

PLOT: **CG 12** ROW: **300** GRAVE: **LUXEMBOURG** CAUSE OF DEATH: **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **HAMM, LUXEMBOURG**
 NAME AND ADDRESS OF NEXT OF KIN: **(BY ADMINISTRATIVE DECISION)**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED:
 IDENTIFICATION TAG ON: REMAINS 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 1

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.

FILE RECEIVED ASSOCIATE
DATE
NAME
ROR

Prepare Discrepancy Report on Form 1194a for major discrepancies.

SIGNATURE OF GRS INSPECTOR

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

DUPLICATE RECORD

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-0004780

RANK

ARM

3

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

GC 12 300 HANN 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-0004780

RANK

UNK

DATE OF DEATH

DATE DISTINTERRED

13 MAY 48

IDENTIFICATION TAG ON
 REMAINS LB
 MARKER GRS

ORGANIZATION

RELIGION
UNK

IDENTIFICATION VERIFIED BY
FRITZ J TOLTZLEN
1/LT FA NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

MATRESS COVER

CONDITION OF REMAINS R/UINA & RADIUS ARE INTACT
ALL OTHER BONES ARE EITHER FRACTURED OR
MISSING - DISARTICULATED

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER CASK

Wilfred D. Harris

DATE 17 MAY 48

BY WILFRED D HARRIS EMBALMER

CASKET SEALED BY W/O DISIM.

THEODOR R HARRISON JR.

EMBALMER (Signature) *Theodor R Harrison Jr.*
THEODOR R HARRISON JR.

CASKET BOXED AND MARKED

V A EVRARD
CLERK

SHIPPING ADDRESS VERIFIED BY ALL MARKING TAGS &
PLATES VERIFIED BY
R. E. Lewis
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. Toltzlen
FRITZ J TOLTZLEN 1/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)

DD # 107, dtd 5 Dec 46

Unknown X- 478
 Cemetery Hamm, Luxemburg
 Plot GG Row 12 Grave 300

Date reprocessed:

1 ~~Reprocessed on~~ 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 Mobil 3 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	NONE		
Jacket, HBT	NONE		
* Shirt, Wool OD	NONE		
Undershirt, Wool	NONE		
Undershirt Cotton	NONE		
Trousers, HBT	NONE		
* Trousers, Wool OD	Remnants of		

2668

FEB 26 1948

L

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? **UTD**
 R radius 25.2 cm
 R ulna 27.0 cm

6 Description of Remains

Age **UTD** Est Height 5' 9 1/2" 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 (Light 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	None found (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	Missing (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 (Yes-no)	Pubic Hair None found (Color)
Hernioplasty	UTD (Yes-no, location)			
Legs	UTD (Instep, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)			
Feet	UTD (Size, corns, callouses, flat)	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? **No** If not, explain (Yes-no)

None found

9 Remarks **Remains received in skeletal form. Est weight 4 Lbs. Clothing found in debris, no markings evident. Fluoroscopic examination not necessary. Burial report. 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 **QMC**
Rank Service

OPERATION'S OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

Radius 25.2 cm

Ulna 27 cm



Est height 5' 9 1/4"

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 X-478 Hamm. Cem 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 Cr. Sheet 6
1/250,000 Namur-Luxembourg, GSGS 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 Crutchen,

- 6 Approximate or established date of death (state which and give basis for date selected)
Unknown

- 7 Approximate or established date of burial (give basis for date established)
approx. sept. 15-19 44 Burgermeister's Statement

- 8 Manner in which grave was marked, show information contained on the marker
No markings

- 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)
Joseph Weiler, 1 Hauptstrasse, Crutchen, Ger. (Burgermeister)
Adolph weiler, 1 Hauptstrasse, Crutchen, Ger. (Witness)

- 11 Give name and address of person who can guide disinterring team to burial location
Joseph Weiler, 1 Hauptstrasse, Crutche., Ger (Burgermeister)

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: None not avail

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
3045 1st Lt. Co.

2nd Lt. Co.
 Rank

10-1358522
 ASN

Disinterment approved by, (HQ Authorizing Exhumation): Co. 3045 1st Lt. Co.

Disinterment and *reburial/burial made by: 1/5 Leon Lichtman

Date of *burial/reburial: 5 Mar. 46

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

Plot 00 Row 12 Grave 300

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

* Cross out word not applicable.

CHECK LIST FOR UNKNOWNNS

Sgt. Steve Morelock
(name of soldier processing remains)

1. Unknown 478 U. S. Military Cemetry No. Hamm, Luxembourg
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery From 3046 QM GR REG CO., Fohren, Germany
(hour) (date) (collecting point) (30-40)
4. Place of death Crutchen, Germany VP 98-45
(name) (coordinates and landmarks)
5.
6. Remains recovered by Pfc. Lichtman 3046 QM GR REG CO.
(name and organization)
7. Evacuated to cemetery by 3046 QM GR REG CO.
(name and organization)
8. Is load list attached Yes
(yes - no)
9. Are names of deceased found in same area as this Unknown starred Yes
(yes - no)
10. Are circumstances described which may indicate organization of the deceased NO
(yes - no)
11. If only part of body was received, was a careful search made for other parts of Unknown Yes
(yes - no)
12. If remains come from vehicle, plane, etc.: Does not apply
(type of vehicle or plane, nick name, serial number, organization or symbols)
13.
14. Crew list Does not apply
(names of other deceased and positions in which found)
15.
16.
17. If a tank, which hatches were free and available for escape use
Does not apply
18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known,
give detailed information concerning vehicle or plane
(parts of markings or symbols) (burned) (pierced by shell fire-where)
19. Does not apply
20.
(found in town field by road etc.) (damaged by mine explosion)
21.
(names of men who escaped) (description of other vehicles or planes in same area)
22. Detailed description of personal effects None
(Indicate exact pocket or part of body where found)
23.
24.
25.
26.

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. * Headgear (type)	None			
28. Raincoat	None			
29. Overcoat	None			
30. Jacket, Field	None			
31. Jacket, Combat	None			
32. Mackinaw	None			
33. Sweater	None			
34. Jacket, HBT	None			
35. * Shirt, Wool OD 1	None	Unk	OD	None
36. Undershirt, Wool	None			
37. Undershirt, Cotton	None			
38. Trousers, HBT	None			
39. * Trousers, Wool OD	None			
40. Belt, Web	None			
41. Drawers, Wool	None			
42. Drawers, Cotton	None			
43. Leggings	None			(Note unusual lacing)
44. Socks Wool Cotton	None			
45. * Shoes (type)	None			
46. Overshoes	None			
47. Web Equipment (type)	None			
48. (other item)	None			
49. (other item)	None			

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

50. Chevrons or None Shoulder Patch None
(type and location; shirt jacket coat helmet)

Insignia None

51. Description of Remains

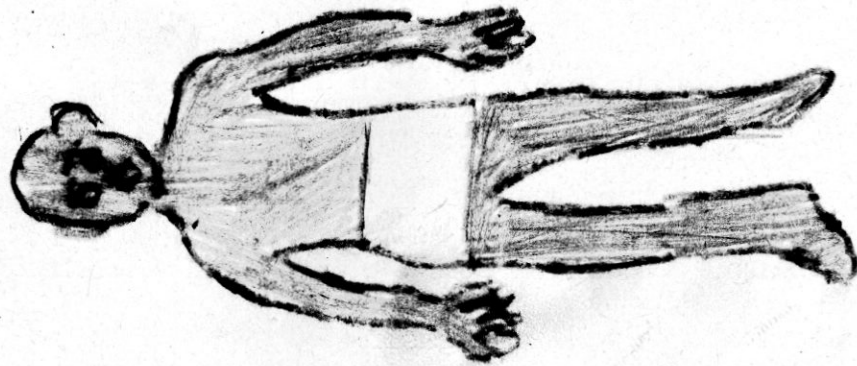
52. Age Unk Height 1'3" Weight 15 Description of wounds Flesh decomposed
(years) (ft-in) (lbs)

53. _____

54. Bandages or dressings None Scars Flesh decomposed
length, width, location
55. _____
56. _____ Tattoos Flesh decomposed
number, location—illustrate on sep. page
57. Outstanding moles, warts or birthmarks Flesh decomposed
yes-no description, location
58. _____
59. Sunburn or tan, other than hands and face Flesh decomposed
60. Tobacco stain on fingers or teeth Head and hands missing
designate where extent
61. Complexion Flesh decomposed Build Bones disjointed
light, med, dark, clear, pimples, pocks, freckles large, fat, thin, muscular
62. _____
63. Hair Missing
color, length, quantity, curly, wavy, straight, or definite parting, baldness, widows peck
64. _____
distinctive cutting or other characteristics
65. Sideburns Missing Mustache Missing Beard or goatee Missing
color, setting, shape color, size, shape Length
66. _____
heavy, light, color, extent
67. Eyes Missing Eyebrows Missing
color, setting, shape color, bushiness, extent across nose
68. Nose Missing Ears Missing
size, shape, straight size set, close to or far from head
69. Forehead Missing Mouth Missing Lips Missing
high, wide, wrinkled large, medium, small small, large, full
70. Teeth Missing
white, size, unevenness, spacing, noticeable crowns, fillings, extractions
71. Chin Missing Cheekbones Missing
prominent, receding, pointed, dimple double high, normal
72. Jaw Missing Circumference of head in inches Head missing
large, small, normal hat band
73. Neck Missing Larynx Missing Shoulders Missing
size, long, short, normal wrinkled prominent, normal broad
74. _____ Arms Missing
straight, small, rounded length muscular, color, extent and quantity of hair
75. _____ Hands Missing
vaccination scar, size of wrists large, small, normal, calloused noticeably
76. _____
76. _____
marks on fingers indicating that rings worn
77. _____

78. Fingers Missing
short, thick, long, slender, size of knuckles missing fingers or joints
79. _____
Unusual characteristics of fingernails
80. Chest Missing
size at nipples, color, quantity and extent of hair, large, small, normal
81. Back Missing Waist Flesh decomposed
quantity and extent of hair size, at naval, appendectomy, amount and color of hair
82. Circumcized Deco Pubic hair Missing Hernioplasty Decomposed
yes-no color yes-no location
83. Legs Missing
Inseam muscular, knock kneed, bowed, normal quantity, color and extent of hair
84. Feet Missing Toes Missing
size; corns; callouses; flat slender, straight, crooked, overlap
85. Evidence of healed fractures None
nose, arms, legs, etc.

86. Block out parts of body not received at cemetery.

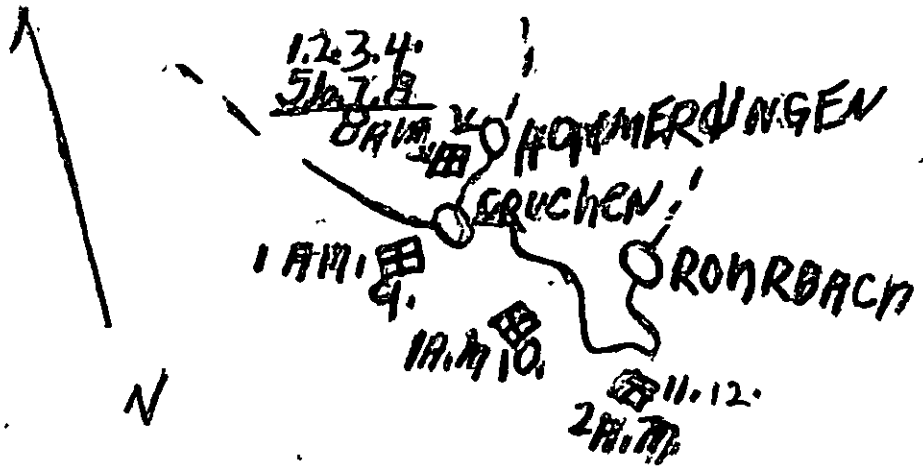


87. Have photographs been made and attached No If not, explain No equipment
yes-no
88. Have fingerprints been placed on GRS No I No If not, explain Fingers missing
yes-no
89. Has tooth, chart been prepared? No If not, explain Head missing
yes-no
90. Remarks: _____
91. _____
92. _____
93. _____
94. _____
95. _____
96. _____

Edward C. Dunham

Signature of GRO and Organization
 EDWARD C DUNHAM 2nd Lt. Inf. 0-1338322
 3046 QM GR REG CO.

50 7/10



1. GERALD W. JONES 39386408
2. WINSTON E. WELLS 32139278
3. X-472
4. X-474
5. X-475
6. X-476
7. X-477
8. X-478
9. ERNEST W. EMOSE 31013381
10. X-479
11. DAVID D. JACKSON 3535575
12. PHILIP C. BARBER 32986796

T40
00

SHEET T1
 TRIER SHEET
 SCALE: 1/100,000
 G.S. 4416
 NOYD DE GUERRE
 GRID

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

W. Lister 1852

#127

1 March 1946
Date

Unidentified X-478 Hamm. Cem. Unk Unk Unk
Last Name First Initial Rank Serial No.

Unk Unk
Organization

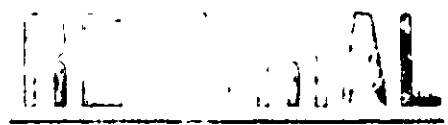
Crutchen, Ger. (Vp 98-45) Unk Unk
Place of Death Date of Death Cause of Death

1400 5 Mar. 46 U. S. Mil. Cem. Hamm. Luxembourg VP 8713
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

300 12 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?

**Previously buried in isolated grave
located at Crutchen, Ger. (Vp 98-45)**

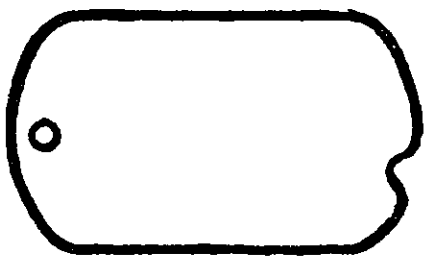
Grs. No. 1 in bottle

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

Who is buried on:
Deceased's Right: Unk X-477 Unk Unk Unk 299
Name Serial No Rank Organization Grave No.

Deceased's Left: End of row, no grave
Name Serial No Rank Organization Grave No.

Signature or 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. O-1338322
3046 Q.A. Gr. CO.

Disinterring Officer

Reinterring Officer

Edward C. Dunham
Signature of Officer or other person reporting burial
[Signature]
Verified by G.R.S. Officer

IF DECEASED, 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 1st 5th Laundry Marks none
 Weight 15 Number of Rife none
 Color of Eyes: dark comp Wear Glasses? none
 Color of Hair black Is Tooth Chart Attached? no
 Race White

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in 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

Right Hand

Hands missing

Hands missing

Thumbs

Thumbs

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:

no attach sketch

		Deceased's Left							
		8	7	6	5	4	3	2	1
Deceased's Right	Upper	8	7	6	5	4	3	2	1
	Lower	8	7	6	5	4	3	2	1

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

Characteristics:

Other Data