

JEW

19 APR 49

1	USIC St. Laurent Plot: B, Row: 10, Gr: 28 Date of Burial: 14 June 1949 Verified by GRS Officer: <i>R. J. Rodriguez</i> R.T. RODRIGUEZ, SWO USA		DISINTERMENT DIRECTIVE	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6020 08462	DATE 15 08 49 DAY MONTH YEAR

NAME UNKNOWN	SERIAL NUMBER X-000564	GRADE	ARM Q	RACE 0	RELIGION 6
CEMETERY HAMM LUXEMBOURG	PLOT C	ROW 12	GRAVE 293	DISPOSITION OF REMAINS 35085 80 CODE DIST CTR	

SECTION B - CONSIGNEE AND NEXT OF KIN.

NAME AND ADDRESS OF CONSIGNEE ST AVOLD, FRANCE	NAME AND ADDRESS OF NEXT OF KIN ST LAURENT, FRANCE
(BY ADMINISTRATIVE DECISION) These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-19 Jan 50)	

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.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		CHANGE
CASKET BOXED AND MARKED		
DATE	BY	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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

CONSIGNEE correct as per OQMG Cable WCL 34400. (Hq. AGRC).
Consignee changed by Reg Div. *RD*

HAT
FILE
RECORDS ANNOTATED
DATE 27 JUL 50

De 49

VS

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC St Avoird, France		TO OIC Neuville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Robert B Chapman, 31447566	
SIGNATURE OF SHIPPER <i>[Signature]</i> ROBERT V HUBBARD, Capt Inf	DATE 13 Nov 49	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

attach to
DISINTERMENT DIRECTIVE

177-3

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000032

Q

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

C 12 293 HAMM LUXEMBOURG

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNKNOWN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN X-000032

Est. 1 JAN 45

24 MAR 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS GRS
 MARKER GRS

UNK.

**CHARLES L. WALLS
CAPT, QMC**

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS **ADV. DECOMP. FRACTURED SKULL, MANDIBLE. MULTIPLE FRACTURES OF RIBS, RIGHT HUMERUS FRACTURED. LOWER 2/3 MISSING. RIGHT ULNA & RADIUS MISSING, RIGHT FEMUR FRACTURED, LOWER HALF MISSING. RIGHT TIBIA, FIBULA MISSING. LEFT ULNA & RADIUS FRACTURED, LOWER HALF MISSING. LEFT FEMUR FRACTURED, LOWER 2/3 MISSING, LEFT TIBIA, FIBULA MISSING.**

NUDE IN MATTRESS COVER.

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET Transfer Box

DATE **26 MAR 48**

BY **JACK B. WALL, EMBALMER**

CASKET SEALED BY **W/O DISINFECTANT
JAMES L SMITH**

EMBALMER (Signature)

JAMES L SMITH

CASKET BOXED AND MARKED

**V A EVRARD
CLERK**

SHIPPING ADDRESS VERIFIED BY

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

DATE **23 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, 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	SIGNATURE OF RECEIVER
DATE	DATE

2 SHIPPED

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

3 SHIPPED

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

4 SHIPPED

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

5 SHIPPED

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

6 SHIPPED

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

7 SHIPPED

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

JEW

DISINTERMENT DIRECTIVE

6

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6020 05462		DATE DAY MONTH YEAR 15 08 89	
NAME 293		SERIAL NUMBER X-000564	GRADE	ARM Q	RACE O
CEMETERY (HANN) LUXEMBOURG		PLOT C	ROW 12	GRAVE 293	DISPOSITION OF REMAINS CODE DIST CTR 3503 80

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE ST. AVOLD, FRANCE	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.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY	CHANGE	
CASKET BOXED AND MARKED		
DATE	BY	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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

File

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

NRE 293

1 March 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 564, Plot C,
Row 12, Grave 293, 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. 2593 dated 17 December 1947

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrnell
Capt. Jack C. HAYES, O-1577297 OIC Capt Stanley C. TYRNELL, O-1304296 Inf

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

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

*SL# 3539 dated
3 Mar. 49. Subject:
Unidentifiable*
Received *Perkins* OQMG
Not identifiable from
information presently
available *Larkins*

IIC #10

1 April 49

IDENTIFICATION CHECK LIST

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

Disinterment Directive #333

Unknown X -32
 Cemetery Hamm, Luxemburg
 Plot C Row 12 Grave 293

Date reprocessed: 6 November 1947

- 1 ~~Arrived at cemetery~~ _____
 (Hour) (Date)
- 2 Place of death _____
 (Name of closest town) (Coordinates and letter Prefix, maps)
 (Sheet, scale and serials used)
- 3 Remains recovered or disinterred by _____
 (Name and organization)
- 4 Evacuated to Cemetery by Mobile Team, Central Identification Point, AGRC, EA
 (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	Remnants of		
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? **UTD**

L. Humerus: 33,8

6 Description of Remains

Age **UTD** Est. Height **5' 7 5/8"** 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 (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	UTD (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	<u>medium brown</u> (Color)
Hernioplasty	UTD (Yes-no, location)		
Legs	UTD (Injury, 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

See chart

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

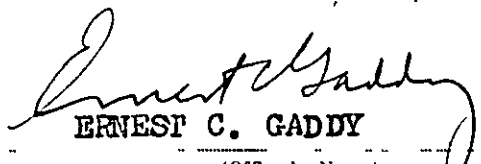
If not, explain Fingers missing

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

9 Remarks Remains received with small amount of decomposed flesh.
Estimated weight: 12 Lbs
Fluorescopic Examination: negative
No marks found on clothing.
This remains consisted of complete torso.
These remains were formerly listed as Sgt. Matthew P. Rodman
and were buried in Plot L Row 8 Grave 197 and were redesignated
as X-32 and reburied in Plot C Row 12 Grave 293
According to instructions of disinterment Directive No.333

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

A corrected burial report
was prepared and buried
with remains.
Case remains unknown


ERNEST C. GADDY
(Officer's Name)

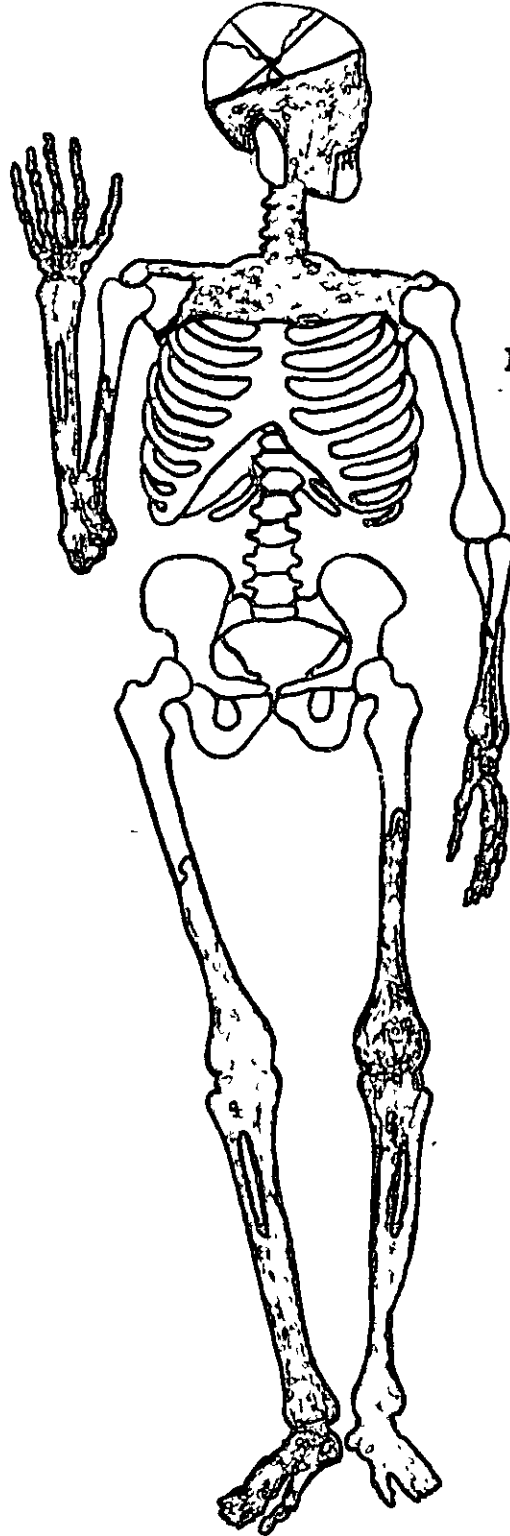
CWO USA
Rank Service

CENTRAL IDENTIFICATION POINT
(Organization)

Unknown X-32
Hamm, Luxemburg

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



L. Humerus: 33,8

Estimated height: 5' 7 ⁵/₈"

39

Unknown X-32 Hamm,
Luxemburg

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

TOOTH CHART

6 November 1947

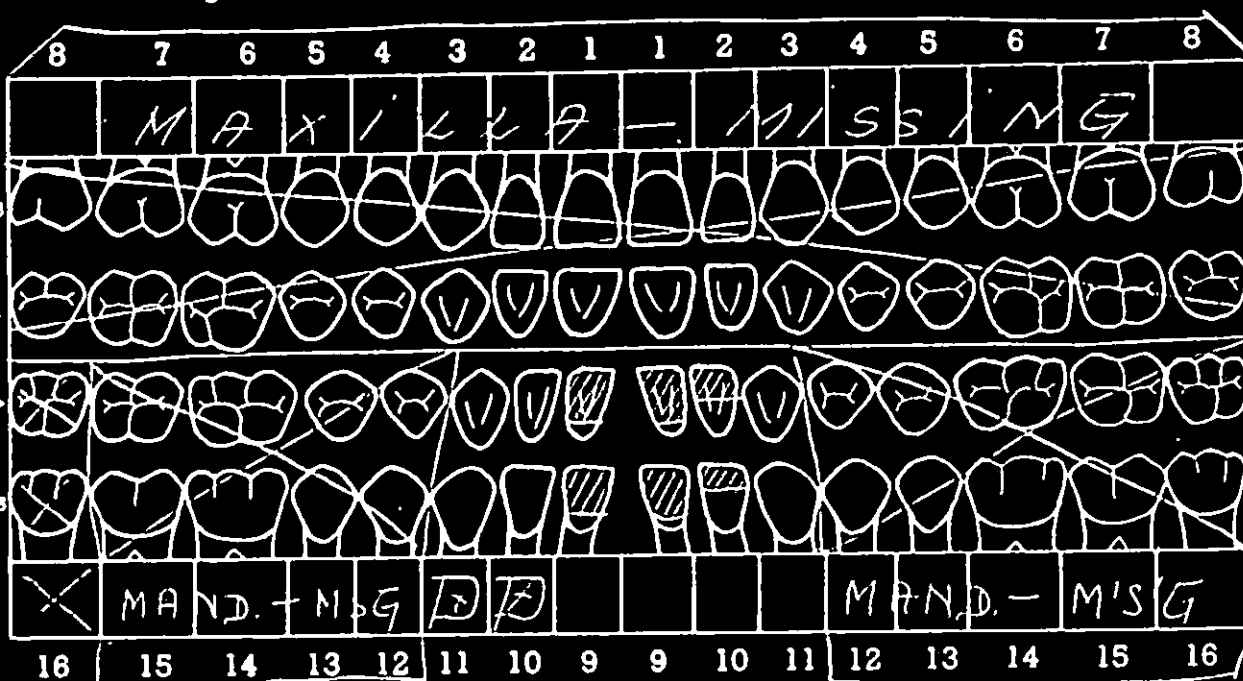
Date

Unknown X-32

Last Name	First	Initial	Rank	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.

Louvenne De Frow

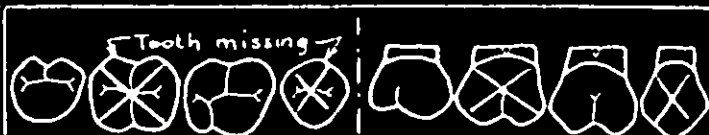
Signature of Officer or other person who prepared Tooth chart

Ernest C. Gaddy

Verified by G. R. S. Officer

ERNEST C. GADDY
C/O USA C.I.P.

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



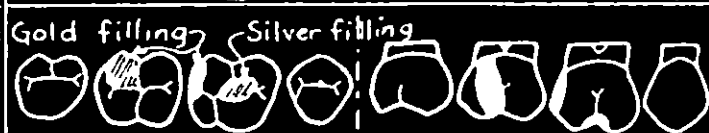
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



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
 - ⊙ - Shading indicates teeth broken off
- There is only one good tooth present and this L-11.
It is medium size and an ivory color.

ok

Not Blotted

X-32 in grave

CORRECTED COPY

REPORT OF BURIAL

6 November 1947

Graves Registration
Form No 1
(Revised 1 Sept 1945)

Unknown X - 564 (Hamm)

Unk

Unk

Unk

Last Name

First

Initial

Rank

Serial No

Unk

Unk

Unit

Organization

Collecting Point Diekirch, Luxemburg Est 1 Jan 45 HE Body mutilated

Place of Death

Date of Death

Cause of Death

1500 11 Feb 1945

US Mil Com Hamm Luxemburg

Name of Cemetery

Name or Coordinates of Location

293

12

C

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? Previously buried as: Matthew P. RODMAN, Sgt. 36185837 in Grave 197, Row 8, Plot L, Hamm Cemetery

Redesignated to an Unknown # X - 564 because of fingerprint comparison.

What means of identification were buried with the body?

Corrected Report of Burial buried with remains.

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

Who is buried on

Deceased's Right

WEHER
Name

15301155
Serial No

Pfc
Rank

Unk

Organization

292
Grave No

Deceased's Left

THAGGARD
Name

34869494
Serial No

Pvt
Rank

Unk

Organization

294
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
No

Emergency Addressee

Unk

Name

Address

Religion

Unk

List only Personal Effects Found on Body and disposition of same

No Personal Effects

This corrected Report of Burial prepared in the office of the American Graves Registration Command.

Robert A. Salvador
Signature of Officer or other person reporting burial

ROBERT A. SALVADOR
Captain Infantry

Verified by GRS Officer

COPIED COPY

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 : Laundry Marks
Weight : Number of Rifle
Color of Eyes : Wear Glasses ?
Color of Hair : Is Tooth Chart Attached ?
Race :
(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below, locate, and describe any scars, birthmarks, moles, deformities, etc)

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

Corrected Report of Burial buried with remains.

Redesignated to an Unknown # X - 504 because of finger-

Previously buried at: Matthew P. RODMAN, Sgt. 301825 in Grave 197, Row 8, Plot 1, Hamm Cemetery

Green

X

Body mutilated

Unk

6 November 1947

Unknown X

Unk

Collecting Point

1500 11 Feb 1945

504

Right Hand

print comparison

Thumb

Thumb

504

Unk 504
Unk 504
Unk 504
Unk 504

TOOTH CHART

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

Indicate: missing natural teeth by X, crowns by O, fillings by □, Bridges by △, missing anchor teeth, replacements by artificial teeth X

Characteristics

Corrected
prepared in the
American
Command.

Unk
Unk

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 Personal Effects

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

79724

22 Jan. 1945

Date

293 X-32

RODMAN

Matthew

P.

Sgt.

36185837

Last Name

First

Initial

Rank

Serial No.

A.T. Co. 318th Inf.

80th Div.

Unit

UNK.

17

Organization

explosion of

Ettelbruck, Luxembourg (estimated to be 15 Jan. 1945) half track

Place of Death

Date of Death

Cause of Death

1300 22 Jan. 1945

U.S. Military Cemetery

Hamm, Luxembourg

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

* 197 (293) 8 (12)

1 (C)

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? Certificate signed by Alexander L. Bowers, 1st Lt., O-1325627, A.T. Co. 318th Inf.

Wool undershirt marked "R 5837"

What means of identification were buried with the body?

GRS Form No. 1 in sealed GRS bottle

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

Who is buried on

TATMAN

37350762

Pfc.

A.T. Co.

318th Inf. 80th Div. 196

Deceased's Right:

Name

Serial No.

Rank

A.T. Co. Organization

Grave No.

Deceased's Left

LONCHER

33259903

Pfc.

318th Inf. 80th Div. 198

Name

Serial No.

Rank

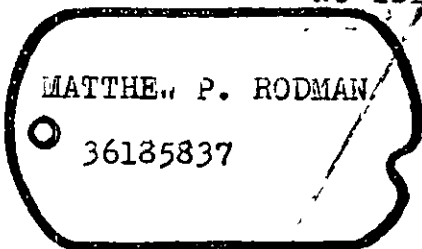
Organization

Grave No.

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

NO IDENTIFICATION TAGS

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



Emergency Addressee Unknown

Name

Address

Religion Unknown

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

NO PERSONAL EFFECTS

* Remains from No. 197 have been reinterred into No. 293, Row 12, Plot C, and reidentified as (check) X-564, Hamm. S. - ... led 28 April 47 and 37 July 48.

FILE
MAY 14 1945

Signature of Officer or other person reporting burial

For the Commanding Officer

CARL D. TRUAX

1st Lt. G.M.C. Verified by G.R.S. Officer

609th QM Gr. Reg. Co.

RESTRICTED

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: _____ Laundry-Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

(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.

Left Hand

Right Hand

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

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.

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

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

Characteristics

Other Data

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293 (Hamm L-8-197)

27 July 1948

SUBJECT: Corrected Report of Burial

TO: The Quartermaster General
Washington 25, D. C.
ATTENTION: Memorial Division

1. Reference is made to letter your office, QMGMU 293, Subject: Identification of Unknown Deceased, dated 28 April 1947, and subsequent indorsement, this headquarters, dated 12 May 1947, copies of which are inclosed.

2. The remains of Unknown X-32, interred in the U S Military Cemetery Hamm, Plot C, Row 12, Grave 293, identified by comparison of fingerprints as those of Sgt Matthew P. RODMAN, 36 185 837, have been reinterred in Plot L, Row 8, Grave 197.

3. Copy of corrected Report of Burial for Sgt Rodman is forwarded herewith. Form #11 Check List, accomplished at time of reprocessing, was previously forwarded your office on Transmittal Letter #2593, dated 17 December 1947.

FOR THE COMMANDING OFFICER:

2 Incls

1. Cy, ltr, QMG, dtd
28 Apr 47, w/1st
Ind dtd 12 May 47

2. Corrected Rpt of Interment
for Sgt Rodman

JOSEPH E. McCLUSKEY
1st Lt, QMG
Actg Asst Adj Gen



*293 ltr X - 32
Sgt Rodman
1947*