

Declassified Per E.O. 13526 dtd 5 Jan 2010. Complete copy of an "X" or "Unknown" file reproduced from an original housed at the Washington National Records Center, Suitland, MD.

293 UNKNOWN X-1209

HOLLAND (MARGRATEN)

146mls

W092-70A0001

Received Date : 06/10/2009

WNR-01-09-028-1-025-05-002

Refile #:



ARF1-124277626

Box #: 10427

Case/File: UNK-X-1209

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

15 April 1949  
(Date)

*293 Unk. Holland (Margraten) X-1209*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 1209, Plot II,  
Row 8, Grave 198, USMC MARGRATEN, Holland,  
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. 2340, dated 2-7-47.

Case reviewed by undersigned Members of the Board of Review:

Maj. Roger BERGER, O-251736      ORD      Capt Jack C. HAYES, O-1577297      OMC

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

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

TL # 3760, dtd 20/4/49  
Received  
Not identifiable from  
information presently  
available  
Davis, DC  
3/15/49  
OQMG

Incl # 20



RL

1

USMC MARGRATEN  
 PLOT: C ROW: 19 GR: 14  
 DATE OF BURIAL: 13 Dec '49 **DISINTERMENT DIRECTIVE**  
 VERIFIED BY GRS OFFICER  
 RAYMOND T. RODRIGUEZ, CWO USA

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: *Raymond T. Rodriguez USA*  
 DIRECTIVE NUMBER: 4650 00293  
 DATE: 15 04 48  
DAY MONTH YEAR

NAME: *297* UNKNOWN X-001209 SERIAL NUMBER: UNKNOWN X-001209 RANK: ARM: Q  
DATE OF DEATH

CEMETERY: MARGRATEN - AACHEN  
 DISPOSITION OF REMAINS: 0 4601 80  
DAY MONTH YEAR  
CODE DIST. PT.

PLOT: LL ROW: 8 GRAVE: 198 COUNTRY: HOLLAND  
 CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: MARGRATEN, HOLLAND  
 (BY ADMINISTRATIVE ORDER)  
 NAME AND ADDRESS OF NEXT OF KIN:

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN SERIAL NUMBER: X -1209 RANK: UNK DATE OF DEATH: DATE DISTINTERRED: 27 AUGUST 1948

IDENTIFICATION TAG ON:  REMAINS EMB  MARKER EMB ORGANIZATION: (2) UNKNOWN RELIGION: UNK IDENTIFICATION VERIFIED BY: EDWARD E STOUT, 1/LT TC  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: MATTRESS COVERS CONDITION OF REMAINS: FRACTURED R/FEMUR, L/SCAPULA; MANDIBLE MISSING. ADVANCED DECOMPOSITION.

OTHER MEANS OF IDENTIFICATION: NONE

MINOR DISCREPANCIES: NONE

REMAINS PREPARED AND PLACED IN CASKET: 27 AUGUST 1948 BY: THOMAS H JAMES, EMBALMER

CASKET SEALED BY: THOMAS H JAMES EMBALMER (Signature) THOMAS H JAMES

CASKET BOXED AND MARKED: BRADFORD W JENNINGS CLERK RECORDER SHIPPING ADDRESS VERIFIED BY: ALL TAGS, PLATES AND MARKINGS VERIFIED BY: WILLARD B OWEN, CAPT INF

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
 Grave C-19-14 USMC MARGRATEN formerly occupied by: Unknown X-2038 B disinterred 13 Dec. 1949  
 WILLARD B OWEN, CAPT INF  
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILED  
 22 JAN 1950  
 BRANCH  
 MEM. DIV.

LT



## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>USMC MARGRATEN, HOLLAND</b>		TO <b>LIDO AREA (BRESSOUX, BELGIUM)</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>CPL THOMAS F. MC KLOWN 31448722</b>	
SIGNATURE OF SHIPPER <i>James E. Godley Sr.</i> <b>JAMES E. GODLEY MAJ INF 20 Sep 49</b>	DATE <b>20 Sep 49</b>	SIGNATURE OF RECEIVER	DATE

### 2. SHIPPED

FROM <b>LIDO REMAINS STORAGE AREA</b>		TO <b>USMC MARGRATEN, HOLLAND</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>E.E. HEISEY, 1/LT OMC</b>	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 (S) ПИКИОМН	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM <b>(BY ADMINISTRATIVE ORDER) MARGRATEN, HOLLAND</b>		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



AGPC FORM No. 11  
Revised 10 Sept. 1946  
Formerly "Check List  
of Unknowns"

### IDENTIFICATION CHECK LIST

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

*Rowinski*

Unknown X 1209

Cemetery Margraten, Holland

Plot LL Row 8 Grave 198

Date reprocessed: 31 March 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 Subordinate Identification Point, Margraten, Holland  
(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		
Raincoat	None		
Overcoat	None		
Jacket, Field	Type M 1943-	One (1),	82nd Div. patch on left sleeve
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
* Shirt, Wool OD	One (1)	" ? ??? B 3759"	
Undershirt, Wool	One (1)		
Undershirt, Cotton	None		
Trousers, <del>HBT</del> Cotton, green-	One (1)	pair	
* Trousers, Wool OD	One (1)	pair	



Belt, web ..... Remnants of one (1)  
Drawers, wool ..... None  
Drawers, cotton ..... One (1) pair OD  
Leggings, wool ..... None  
Socks, cotton ..... None  
\*Shoes Combat- One (1) (type) size -9D  
Overshoes ..... None  
Web Equipment ..... None (type)  
(Other item) ..... Remnants of parachute  
(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 ..... One 82nd Airborne Div. patch on, type M 1943 Field jacket

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?  
Airborne Ground Forces

6. Description of Remains :

Age ..... UTD Est. Height 5' 11 1/2" Weight ..... UTD Description of wounds ..... UTD

Bandages or dressings ..... Battle dressing on 10th or 11th RIB on back ..... 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 ..... Brown, 1 inch, straight  
(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 ..... See tooth chart  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... Normal  
(Prominent, receding, pointed, dimples, double)

Jaw ..... Normal ..... Circumference of head in inches ..... 30"  
(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 ..... Pubic Hair ..... UTD  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty ..... UTD  
(Yes-no; location)

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

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

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

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

See chart



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

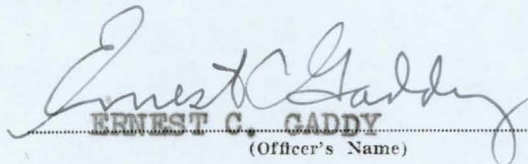
If not, explain Fingers missing

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

9. Remarks Large amount of flesh in last stage of decomposition (dry-hard)  
Joints of extremities and neck disarticulated.  
Clothing listed hereon was found on body.  
Estimated weight of processed remains: 100 Lbs.  
Fluoroscopic Examination: negative.  
Allied occupation guldens found on pocket of OD trousers.  
One (1) 82nd Airborne Div. patch found on M 1943 Field jacket.  
Embossed plate and burial report, with no pertinent information 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.

**Chemical Laboratory Examination:**  
**positive**

  
**ERNEST C. CADDY**  
(Officer's Name)

CWO USA  
Rank Service

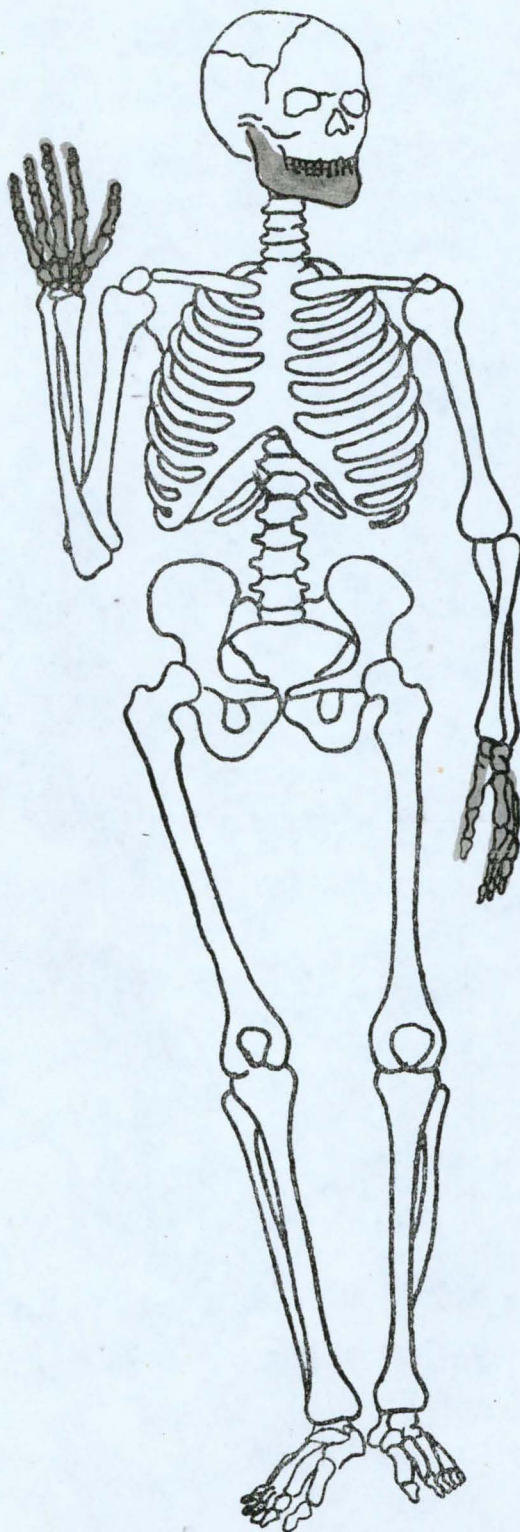
CENTRAL IDENTIFICATION POINT  
(Organization)



Unknown X-1209  
Margraten, Holland  
Plot LL Row 8 Grave 198

## SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





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

43  
Burgaten, Holland  
Plot: ALL Row: 8 Grave: 193

# TOOTH CHART

31 March 1947

Date

Unknown X-1209

Last Name First Initial Rank Serial No.

Unit

Organization

Place of Death

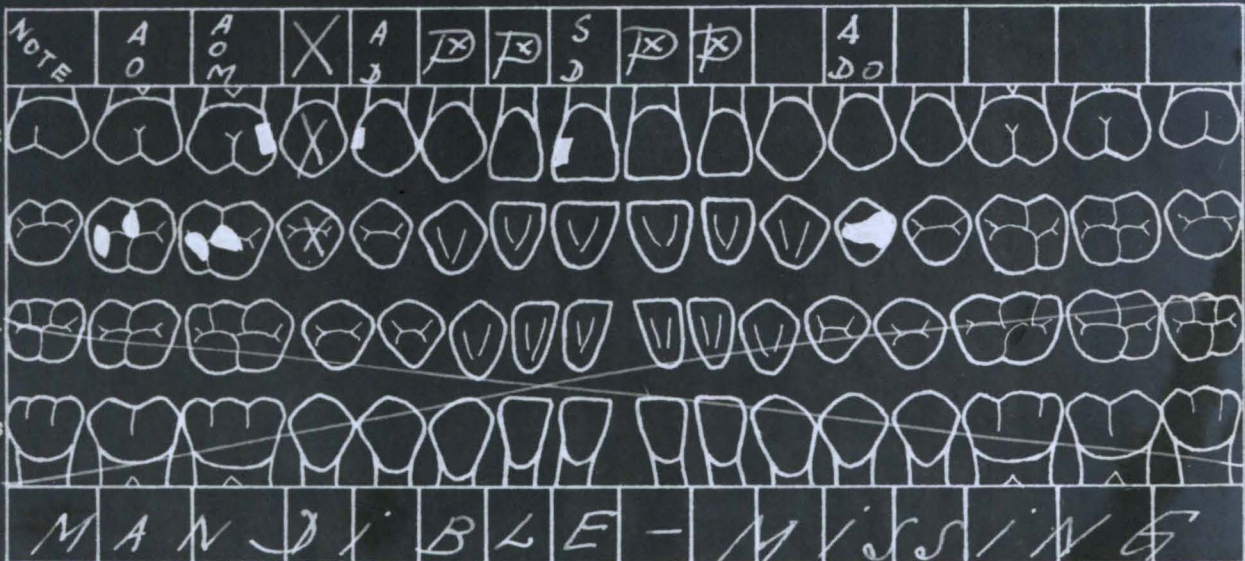
Date of Death

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), 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.

*Harold S. Theeler M.D.*



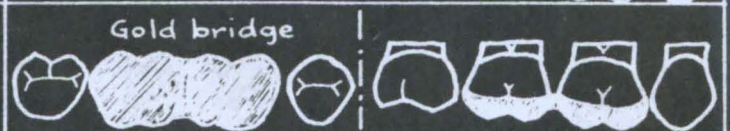
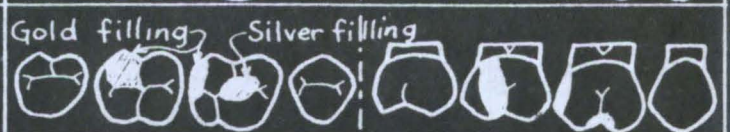
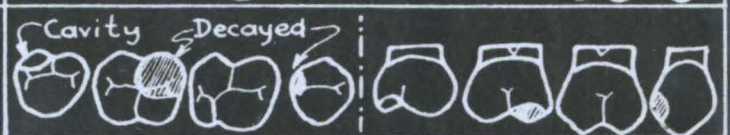
Signature of Officer or other person who prepared Tooth chart

*Ernest C. Gaddy*

Verified by G. R. S. Officer

ERNEST C. GADDY  
CWO USA C.I.P.



<p><b>MISSING TEETH...</b> All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p><b>CROWNED TEETH...</b> Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p><b>BRIDGE WORK...</b> Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p><b>FILLINGS...</b> Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p><b>CARIES (CAVITIES)...</b> Outline location and size of cavity, shade in thus :</p>	

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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Medium size, white teeth.  
 Posthumously missing- R2,3; L1,2.  
 Spaces-R4-6, 6mm.  
 Unerupted before death-R3.  
 Facial version-L3.  
 Mesial version-L3, socket of R3.  
 R2 and L2 crowded facially (sockets of).  
 Brown lingual stain.

HN



48

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1943)

# REPORT OF BURIAL

12 July 1945

TM 10-630 AND AR 30-1815  
Take Fingerprints of Deceased if possible. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following information.

Unknown X-1209  
Last Name

unknown

Serial No.

First Initial Rank

U.S. Airborne

Height

Unit Organization

Vic. Groesbeek, Holland

KIA

Place of Death Date of Death Cause of Death

1500 12 July 1945

Mergraten, Holland

Race VK 645482

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

198

8

Cross

Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags  
How were remains identified?

**REBURIAL**

What means of identification were buried with the body? **Previously buried in isolated grave**

**located at** Coord. 733344  
Groesbeek, Holland

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

Who is buried on :

Deceased's Right :

Montgomery

197

Name Serial No. Rank Organization

Grave No.

Deceased's Left :

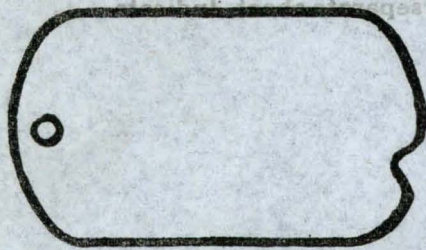
Jerome

199

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 bellow :

Emergency Addressee Name

Address

Religion Unknown

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

Case # 1756 (Holland)

Formerly Unknown T-1815

Signature of Officer or other person reporting burial

*Edwin Miller*

Verified by G.R.S. Officer

EDWIN H. MILLER, 1st Lt. QMC  
603rd QM Gr. Reg. Co.

1566



### 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.

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

### TOOTH CHART

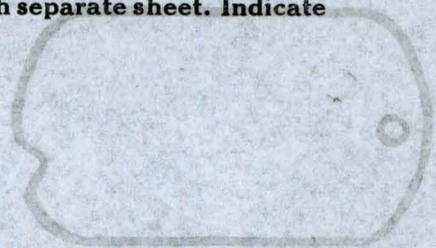
		Deceased's Left							
		8	7	6	5	4	3	2	1
Upper	8								
Lower	8								

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

Characteristics :

Other Data :

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.





*X-1209*  
 G. R. & E. DIV.  
 OFFICE OF THE CHIEF QUARTERMASTER  
 HQ. COM. ZONE, ETOUSA

# TOOTH CHART

CASE NUMBER  
 1756

T-1815 - Par. C

10 July 1945  
 Date

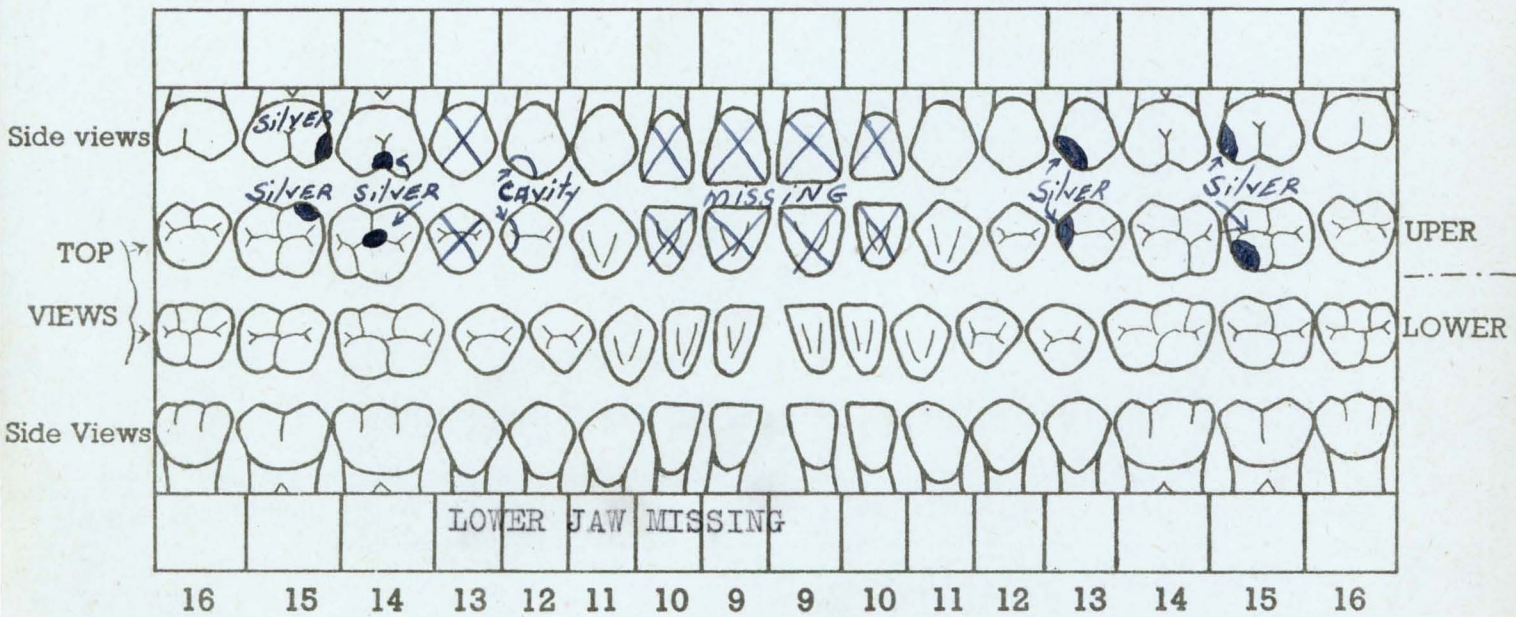
*X-1209*  
 Unknown T-1815

Last Name	First	Initial	Rank	Serial No.
Groesbeek, <sup>Unit</sup> Holland		(est) Sept 1944		Unknown
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



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.

Signature of Officer or other person who prepared Tooth chart

*Berkett 1st Lt USMC*

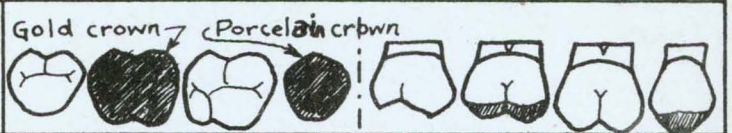
Verified by G. R. S. Officer



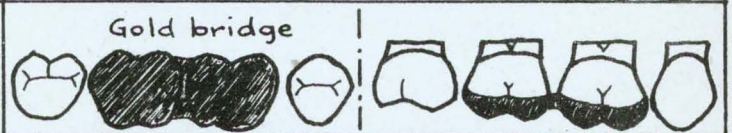
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



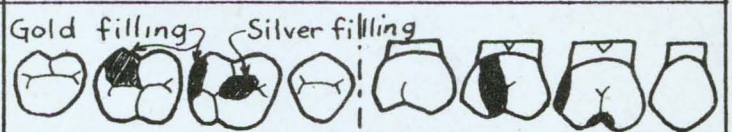
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



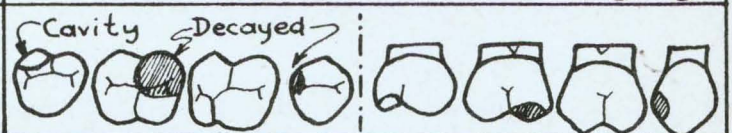
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**



CHECK LIST FOR DISINTERMENTS

To accompany Report of Reburial  
Only Part I should be completed if identification tags are available  
Both Part I & Part II should be completely filled out if identification tags are not available.  
If information is unavailable, so indicate.

PART I

(Positive Identification)

CASE NUMBER

1756

Par. 9 T-1815

1. Unknown T-1815  
(Full name of deceased) (Rank) (ASN) (Organization)  
2. State if identification tags were attached to remains, how many, and where attached None  
3. Give exact location from which disinterred, furnishing coordinates and map series used Coor. 753514 Sheet 12 NW. Groesbeek, Holland  
1:25000

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery)  
5. Approximate or established date of death (state which & give basis for date selected) Sept 1944 By Remains of Body.  
6. Approximate or established date of burial (give basis for date established) 6 March 1945 Report from British.  
7. Manner in which graves was marked and all information contained on the marker Unknown American Paratrooper.  
Buried March 6, 1945 R.I.P.

List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned No personal effects found in possession of unauthorized military personnel or civilians.

Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local mayor, priest cemetery caretaker, those responsible for burial and any other possessing important information) Local mayor was contacted but could furnish no information. All civilians were out of the area at the time.

PART II

(Doubtful or Undetermined Identification)

8. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)  
9. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)  
10. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision tattoos, length of hair, presence of mustache or beard, etc.

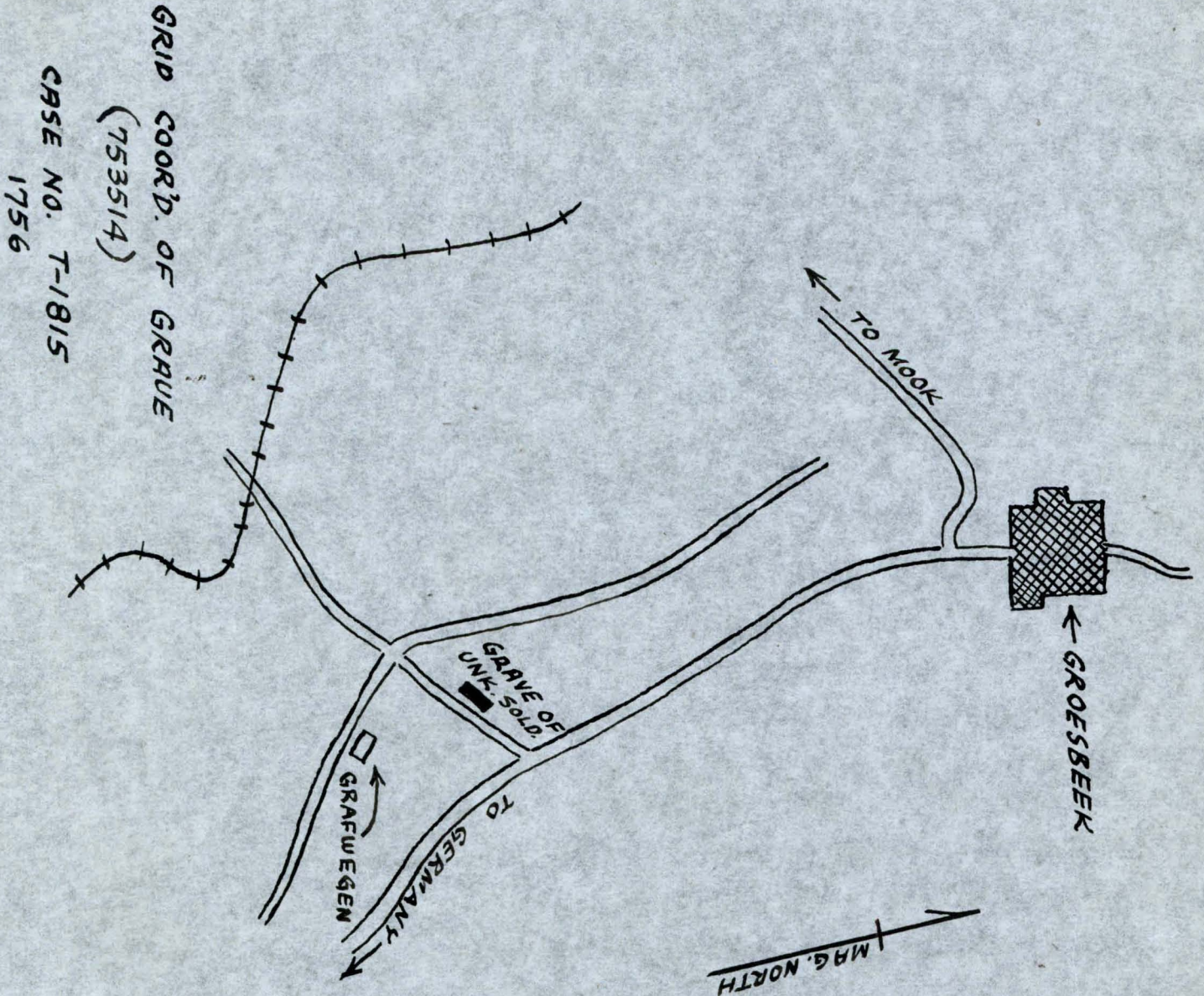


13. Give as detailed description as possible of condition and amount of remains \_\_\_\_\_  
\_\_\_\_\_
14. Give probable cause of death, type & location of wounds (is there evidence that body was burned) \_\_\_\_\_  
\_\_\_\_\_
15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value such as gum food, soap, papers, letters, tobacco, etc., giving brands when applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Give description of any vehicle found in the area that could be connected with the death of the deceased \_\_\_\_\_  
\_\_\_\_\_  
(Type) (WD Serial No.) (Organization) (Serial No. & Type of each gun)
17. Give exact location of remains in vehicle before removal \_\_\_\_\_  
\_\_\_\_\_
18. If buried in a coffin; give description and markings \_\_\_\_\_  
\_\_\_\_\_
19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Other pertinent information which would aid in establishing identity \_\_\_\_\_  
\_\_\_\_\_

Samuel G. Galt Sgt 375 87378 3060-38  
(Individual in Charge of Disinterment) (Rank) (ASN) (Organizat)

July 11, 1940  
(DATE)





3060 GR REG. Co.

MAP RES —  
SHEET 12 NW  
GROESBEEK, HOLLAND  
1:25,000



OCCM-GR&E Div.

CHECK LIST FOR UNKNOWNNS

CASE NUMBER

1756

Par. C. T-1815

UNKNOWN X- \_\_\_\_\_  
CEMETERY \_\_\_\_\_  
PLOT \_\_\_\_\_ ROW \_\_\_\_\_ GRAVE \_\_\_\_\_

Arrived at cemetery \_\_\_\_\_ (hour) \_\_\_\_\_ (date) From \_\_\_\_\_ (collecting point)

Place of death \_\_\_\_\_ (name) \_\_\_\_\_ (coordinates and landmarks)

Remains recovered by Sgt. J.C. Smith 3060 QM Graves Reg. Co.  
(name and organization)

Evacuated to cemetery by Sgt. J.C. Smith 3060 QM Graves Reg. Co.  
(name and organization)

Is load list attached \_\_\_\_\_ Are names of deceased found in same area as this Un-  
(yes-no)

known starred No Are circumstances described which may indicate organization of  
(yes-no)

the deceased \_\_\_\_\_ If only part of a body was received, was a careful search made  
(yes-no)

for other parts of Unknown \_\_\_\_\_  
(yes-no)

If remains come from vehicle, plane, etc: Gldr. Tire Firestone  
(type of vehicle or plane, nickname,  
Serial No. 076762 - 6 Ply. 2.7. Found in area.  
serial number, organization or symbols)

Crew list \_\_\_\_\_  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use \_\_\_\_\_

If organization to which vehicle or plane was assigned or if names of all other de-  
ceased are not known, give detailed information concerning vehicle or plane \_\_\_\_\_

(parts of markings or symbols) (burned) (pierced by shell fire - where)  
Found in field. No

(found in town, field, by road, etc.) (damaged by mine explosion)

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects \_\_\_\_\_  
(Indicate exact pocket or part of body  
where found)



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.
*Headgear <u>Helmet</u> (type) <u>Wool Knit Cap</u>			OD	
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat		(est) 36	Green	
Mackinaw				
Sweater		(est) M	OD	
Jacket, HBT				
*Shirt, Wool OD		(est) 14 1/2 32	OD	
Undershirt, Wool		36 (est)	OD	
Undershirt, Cotton				
Trousers, HBT		(est) 30-31		
*Trousers, Wool OD		(est) 30-31	OD	
Belt, Web				
Drawers, Wool				
Drawers, Cotton		(est) 30	White	
Leggings				(note unusual lacing)
Wool Socks				
Cotton Socks				
*Shoes <u>Combat</u> (type)		9 D	Brown	
Overshoes				
Web Equipment (type)	<u>Canteen Cover</u> <u>Rifle Belt</u>		No Markings	
(Other Item)				
(Other Item)				

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

Chevrans or \_\_\_\_\_ Shoulder Patch \_\_\_\_\_  
Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age \_\_\_\_\_ Height 5'10" Weight 155 Description of wounds \_\_\_\_\_  
(years) (ft-in) (lbs)



Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_  
(length, width, location)

\_\_\_\_\_ Tattoos \_\_\_\_\_  
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks \_\_\_\_\_  
(yes-no) (description, location)

Sunburn or tan, other than hands and face \_\_\_\_\_  
Tobacco stain on fingers or teeth \_\_\_\_\_  
(designate where, extent)

Complexion \_\_\_\_\_ Build \_\_\_\_\_  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair \_\_\_\_\_  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or goatee \_\_\_\_\_  
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes \_\_\_\_\_ Eyebrows \_\_\_\_\_  
(color, setting, shape) (color, bushiness, extend across nose)

Nose \_\_\_\_\_ Ears \_\_\_\_\_  
(size, shape, straight) (Size, set close to or far from head)

Forehead \_\_\_\_\_ Mouth \_\_\_\_\_ Lips \_\_\_\_\_  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth \_\_\_\_\_  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin \_\_\_\_\_ Cheekbones \_\_\_\_\_  
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw \_\_\_\_\_ Circumference of head in inches \_\_\_\_\_  
(large, small, normal) (hat band)

Neck \_\_\_\_\_ Larynx \_\_\_\_\_ Shoulders \_\_\_\_\_  
(size, long, short, normal, wrinkled) (prominent, normal) (broad, straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

\_\_\_\_\_ Hands \_\_\_\_\_  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

(marks on fingers indicating that rings were worn)



Information on reverse side not available.

CASE NUMBER 1756  
Par. C. T-1815

Fingers \_\_\_\_\_  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

\_\_\_\_\_  
(Unusual characteristics of fingernails)

Chest \_\_\_\_\_  
(size at nipples, color, quantity & extent of hair, large, small, normal)

Back \_\_\_\_\_ Waist \_\_\_\_\_  
(quantity and extent of hair) (size at naval, appendectomy, amount & color of

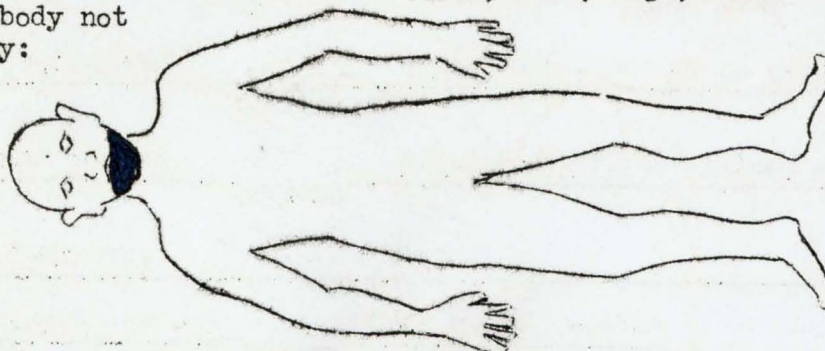
Circumsized \_\_\_\_\_ Pubic hair \_\_\_\_\_ Hernioplasty \_\_\_\_\_  
(yes-no) (color) (yes-no) (location)

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

Feet \_\_\_\_\_ Toes \_\_\_\_\_  
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures \_\_\_\_\_  
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached \_\_\_\_\_ If not, explain \_\_\_\_\_  
(yes-no)

Have fingerprints been placed on GRS #1 No If not, explain decom  
(yes-no)

Has tooth chart been prepared? Yes If not, explain \_\_\_\_\_  
(yes-no)

Remarks: Case No. 1756, Par. C. Eye glasses and case bearing name  
and A.S.N. Pfc. Grasser, Charles H., 34739136, 325 Gldr.

Inf. Regt. Reported by British.

*Edwin Miller*  
Signature of GRO and Organization

EDWIN H. MILLER

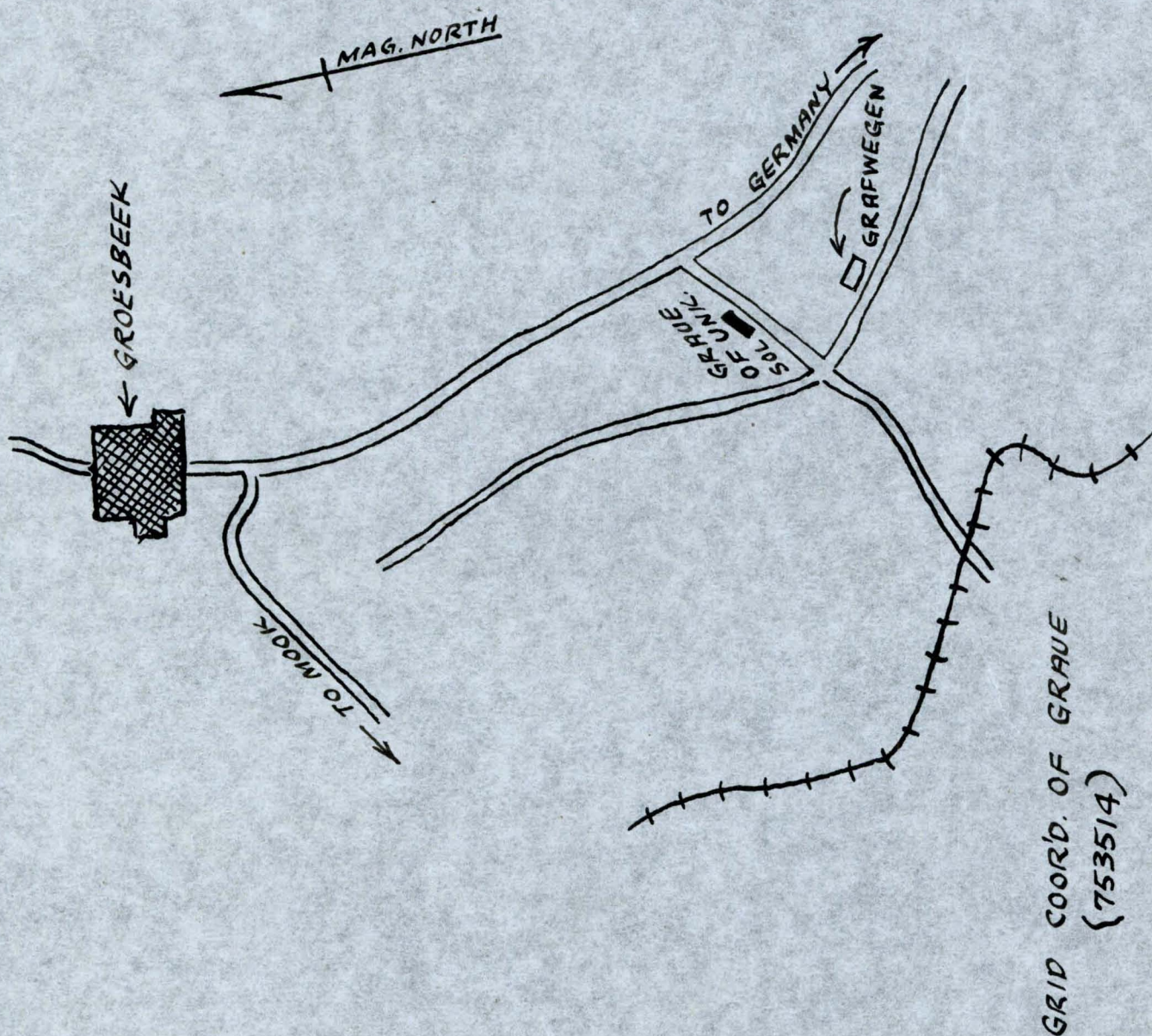
1st Lt. QM Co. O-1591314

603rd QM Reg Co.



3060 GR REG. Co.

MAP RES. —  
SHEET 12 NW  
GROESBEEK, HOLLAND  
1:25,000



GRID COORD. OF GRAVE  
(753514)

CASE NO. T-1815  
1756

60719 X