

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 UNK. X-1234

HOLLAND (MARGRATEN) '461

W092-70A0001

Received Date : 06/10/2009

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

Refile #:



ARF1-124277608

Case/File: UNK-X-1234

Box #: 10427

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.

243 unk margraten X-1234
7887 GRAVES DETACHMENT
APO 757 *ms*

Miller

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

UNKNOWN X - 1234 Margraten

(POC) MARGRATEN

*✓
243
243
243
243*

Allied

HOLLAND 203A

Army Form W3314.
(Pads of 75.)

BURIAL RETURN.

20 GRU / 210

(Date) 22 June 1945 194

Name of Cemetery (if any) Nijmegen Cdn. Temp. Mil. Cem.

Place of Burial (if no Cemetery)

Map Reference (E-690595) Sh. 12 N.W. Groesbeek 1/25,000

Holland

GSGS 4427

Grave No. 2-4-16

Army No.

Unit American

Name: (Surname) Unknown T-5678

(Initials)

Rank Soldier.

Religion

Date of Death

Date of Burial 22 June 45

Means of Identification of Body

Patch with stars and stripes on right tunic sleeve. Large boots

American style. American fatigue uniform. See Reverse

EFFECTS.

Have effects (if any) been forwarded to the Base?

Nil

CROSSES. (Strike out all but one line.)

- No cross required as an adequate cross with durable inscription is already in position.
- Cross required: (a) Will be called for at G.R.U. Office at
(b) To be forwarded by G.R.U. to
(c) To be erected by G.R.U. as soon as possible.

Note 1. When a Chaplain or Burial Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form sent to the Officer i/c. G.H.Q., 2nd Echelon, the authority responsible for supplying the details of identity, and (if possible) how they were obtained.

Note 2. This form to be rendered as follows:—

- 1 Copy to Director-General Graves Registration and Enquiries, War Office (A.G. 13).
- 1 " " D.A.D.G.R. and E. of the Army in which the Chaplain is serving.
- 1 " " Officer i/c. G.H.Q., 2nd Echelon. (2 copies in case of burial of an enemy.)

(Signed)

[Signature]

Unit

~~NO. 2 Cdn. Graves Registration~~

C.F., or O. i/c. Burials.

27 C.A.R. (SFR)

SEE OVER

GRAND COVER
Form No. 10
9-7-45.

REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1, "Report of Burial" when disinterment is accomplished.

1. UNKNOWN (3) X-1234 Unknown Unknown Unknown
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached. No identification tags.
3. Give exact location from which disinterred, furnishing coordinates and map series used. Canadian Military Cemetery Nijmegen, Holland
Grid Coord. 691595 Sheet 12 1:25,000
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and grave if organized cemetery).
Canadian Mil. Cem. Nijmegen, Holland Plot 2, Row 4, Grave 16
5. Approximate or established date of death (state which and give basis for date selected) (est) 20 Sept 1944 Condition of body.
6. Approximate or established date of burial (give basis for date established)
22 June 1945 Reburial by (2nd Canadian Gr. Reg. Unit)
7. Manner in which grave was marked and all information contained on the marker
Wooden cross - Unknown American Soldier
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned
None
9. 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)
Unable to obtain actual date of burial due to Canadian Graves Reg. Unit being behind in cemetery administrative work.
10. If buried in a coffin, give description and markings
11. Action taken Disinterred and evacuated to Margraten Cemetery.
Disinterment approved by Deputy Director of Graves 1st Canadian Army.
Disinterment ~~and reburial~~ made by 3060 QM Gr. Reg. Co.
Date of ~~burial~~/reburial 28 July 1945
Place of ~~burial~~/reburial US Military Cemetery Margraten, Holland VK645482
Plot LL Row 11 Grave 271

NOTE: Additional particulars regarding investigation will be placed on reverse side.

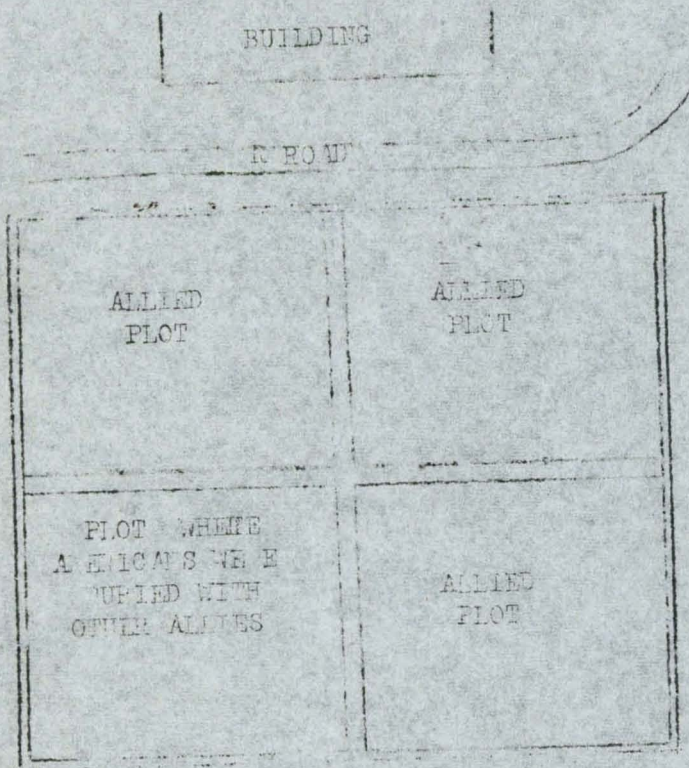
David Guber
Signature of Investigating Officer

*Cross out word not applicable

Sgt
Rank

37587398
ASN

X-1234



- 1 UNK X-1228
- 2 UNK X-1230
- 3 UNK X-1231
- 4 UNK X-1232
- 5 UNK X-1233
- 6 UNK X-1234
- 7 COLE, J.L.
- 8 HILMAN, R.H.
- 9 BUMPUS, J.
- 10 ALTMAN, F.I.
- 11 GOODINGTON, R.E.
- 12 REED, R.
- 13 BRACK, W.

PLOT DRAWN TO LARGE SCALE

GGTS 1848
OF 117 EG. 1

CANADIAN BUILDING
CEMETERY

PLOT WHERE
AMERICANS
WERE BURIED

GRID COORD
695-591

TO ALDEN

MAP REFERENCE
GRAND MAP 1:25,000
SHEET-12 N.W.
SEC. DATA ROAD



OCQM-GR&E Div.

CHECK LIST FOR UNKNOWNNS

UNKNOWN X- 1234
CEMETERY Margraten, Holl. VK645482
PLOT LL ROW 11 GRAVE 271

Arrived at cemetery _____ From _____
(hour) (date) (collecting point)

Place of death 768565 N.W. of Groesbeek, Holland
(name) (coordinates and landmarks)

Sheet 12 1:25,000

Remains recovered by 3060 QM Gr. Reg. Co.
(name and organization)

Evacuated to cemetery by 3060 QM Gr. Reg. Co.
(name and organization)

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

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

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

for other parts of Unknown Yes
(yes-no)

If remains come from vehicle, plane, etc: Unknown
(type of vehicle or plane, nickname,

Unknown
serial number, organization or symbols)

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

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

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 Unknown

Unknown Unknown Unknown
(parts of markings or symbols) (burned) (pierced by shell fire - where)

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

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

Detailed description of personal effects No 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 _____ (type)				
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater WOOL			OD	Knit 5 Button
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton			OD	
Trousers, HBT				
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggings				(note unusual lacing)
Wool Socks Cotton			OD	
*Shoes Jump Boots (type)		7E	Brown	
Overshoes				
Web				
Equipment (type)				
(Other Item) Jump Trousers				
(Other Item)				

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

Chevrons or Unknown Shoulder Patch Unknown
Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age Unk Height Unk Weight Unk Description of wounds KIA
(years) (ft-in) (lbs)

X-1234

Bandages or dressings Unknown Scars Unknown
(length, width, location)

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

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

Sunburn or tan, other than hands and face Unknown

Tobacco stain on fingers or teeth Unknown
(designate where, extent)

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

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

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

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

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

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

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

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

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

Neck Unknown Larynx Unknown Shoulders Unknown
(size, long, short, normal, wrinkled) (prominent, normal) (broad, straight, small, rounded)

Arms Unknown
(length) (muscular, color, extent & quantity of hair)

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

Unknown
(marks on fingers indicating that rings were worn)

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

Unknown
(unusual characteristics of fingernails)

Chest Brown Hair
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back Unknown Waist Unknown
(quantity and extent of hair) (size at navel, appendectomy, amount & color of)

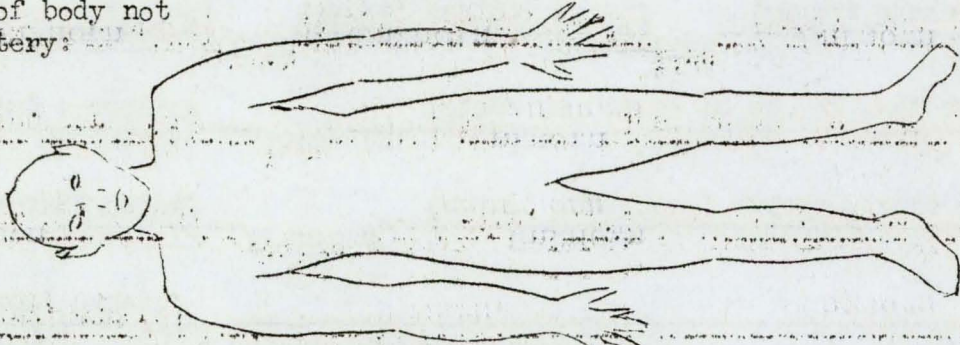
Circumcized Unknown Pubic hair Unknown Hernioplasty Unknown
hair) (yes-no) (color) (yes-no) (location)

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

Feet Unknown Toes Unknown
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

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

Black out parts of body not received at cemetery:



Have photographs been made and attached No If not, explain No facilities
(yes-no)

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

Has tooth chart been prepared? No If not, explain Jaws Mangled
(yes-no)

Remarks: Body badly decomposed and mangled

Edwin Miller
Signature of GRO and Organization

GWA

USMC MARGRATEN
 Plot: 0 Row: 22 Gr: 16
 Date of Burial: 16 June 50
 Verified by GRS Officer
 ROBERT W. GANSEL 1st LT QMC

DISINTERMENT DIRECTIVE

SECTION A — *Robert W. Gansel*
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4650 00300

DATE
15 04 48
 DAY MONTH YEAR

NAME *493* SERIAL NUMBER **UNKNOWNX-001234** RANK _____ ARM **Q** DATE OF DEATH
 DAY MONTH YEAR

CEMETERY **MARGRATEN - AACHEN** DISPOSITION OF REMAINS
0 4601 80
 CODE DIST. PT.

PLOT **LL 11** GRAVE **271** COUNTRY **HOLLAND** CAUSE OF DEATH
6

SECTION B.— CONSIGNEE AND NEXT OF KIN NO FLAG SENT

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

NAME AND ADDRESS OF NEXT OF KIN
These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-13 Dec 49).

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN** SERIAL NUMBER **X-001234** RANK **UNK** DATE OF DEATH _____ DATE DISTINTERRED
24 AUG. 48

IDENTIFICATION TAG ON REMAINS GRS ORGANIZATION **UNKNOWN** RELIGION **UNK** IDENTIFICATION VERIFIED BY
 MARKER GRS **EDWARD E. STOUT 1/LT CE**
 NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **MATTRESS COVER** CONDITION OF REMAINS **ADVANCED DECOMPOSITION - MULTIPLE FRACTURES - PORTIONS MISSING.**

OTHER MEANS OF IDENTIFICATION **REPORT OF BURIAL FOR X-1234**

MINOR DISCREPANCIES **1 NONE**

REMAINS PREPARED AND PLACED IN CASKET

DATE **6 OCT. 1948** BY **ROBERT A. GILLESPIE EMBALMER**

CASKET SEALED BY **ROBERT A. GILLESPIE** EMBALMER (Signature) **ROBERT A. GILLESPIE**

CASKET BOXED AND MARKED **ROBERT E. KREPS CLERK RECORDER** SHIPPING ADDRESS VERIFIED BY **ALL PLATES TAGS MARKINGS VERIFIED BY: BERNARD P. STANTON CAPT FA**

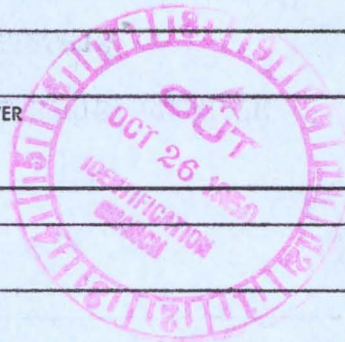
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

RECORDS ANNOTATED
 DATE **7 July '50**
 NAME **Bernard P. Stanton**
BR. MEM. DIV.
 SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
 CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F - 1194 concerned

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC MARGRATEN, HOLLAND	TO LIDO AREA (BRESSOUX, BELGIUM)		
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER CPL THOMAS F. MC KEOWN 31448722		
SIGNATURE OF SHIPPER <i>James E. Godley</i> JAMES E. GODLEY MAJ INF 20	DATE Sep 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 (BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER		
SIGNATURE OF SHIPPER MARGRATEN, HOLLAND	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



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

15 April 1949
(Date)

293 unk. Holland (Margraten) X-1234

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 1234, Plot LL,
Row 11, Grave 271, 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. 2292, dated 2-5-47.

Case reviewed by undersigned Members of the Board of Review:

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

Edward F. Price, Jr. *Edward E. Stout*

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

Ernest J. Oglesby

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

TL# 3760, dtd 20 May 99
Received
Not identifiable from
information presently
available
Dunn, DU
31 May 99
OQMG

Incl # 24

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

CEMETERY

DAY MONTH YEAR

DISPOSITION OF REMAINS

LOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

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 DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

SIGNATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

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 GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE UNDER NO. 293 - Unk. X-1234, Holland (Margraten)

INDEX SHEET

LETTER: SYNOPSIS 7/18/46

FROM: OQMG.,
TO: ADJUTANT GENERAL'S OFFICE, WORLD WAR II RECORDS ADMINISTRATION CENTER,
ST. LOUIS, MO.
ATTN: CLINICAL RECORDS BR.,

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unk. (Misc) Holland (Margraten)

ead.

FILE UNDER NO: 293 - Unk. X-1234 Holland (Margraten)

INDEX SHEET
SYNOPSIS

Letter

11 April 1946

FROM: CAGO
TO: CG, , Ft. Bragg, N. C.

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) Holland (Margraten)

bm

FILE UNDER NO. 293 - Unknown X-1234 Holland (Margraten)

INDEX SHEET

SYNOPSIS

Memo

14 March 1946

FROM: QMGO, Memorial Div.
TO: World War II Records AGO, St. Louis, Mo.

RE: For necessary action.

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc) Holland (Margraten)

bm

FILE UNDER NO. 293 - Unk. X-1234, Holland (Margraten)

I N D E X S H E E T

SYNOPSIS

DATE:

5/11/46

FROM: OQMG,
TO: ADMINISTRATION CENTER, RECORDS ADMINISTRATION CENTER, ASGO,
ST. LOUIS, MO

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unk. (Misc.) Holland (Margraten)

oad.

AGRC FORM No. 11
Revised 16 Sept. 1946
Formerly "Check List
of Unknowns")

X-1234

IDENTIFICATION CHECK LIST

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

Unknown X -1234
Cemetery Margraten, Holland
Plot LL Row 11 Grave 271

1. Arrived at cemetery Date reprocessed: 1 April 1947
(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	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Wool knit - one (1)</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>One (1)</u>		
Trousers, HBT	<u>Cotton, Field, Green - one (1) pair</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ^{wool}cotton One (1) pair

* ^{Boots}Shoes Paratroopers (type) One (1) pair, size 7 EE

Overshoes None

Web Equipment None (type)

(Other item) One (1) pair coveralls

(Other item) Canvas Vehicle Tarpaulin

* 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?
Airborne Ground Forces

6. Description of Remains :

Age ^{UTD} Height ^{UTD} 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 ^{UTD}
 (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 UTD
(Prominent, receding, pointed, dimples, double)

Jaw UTD Circumference of head in inches Head crushed
(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 UTD
(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 Hands missing

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

9. Remarks All flesh completely decomposed. Multiple fractures of all long bones. Clothing listed was badly rotted. All joints disarticulated. Estimated weight of processed remains: 35 pounds. Fluoroscopic Examination: Negative. Burial report with no pertinent information, and embossed plate found. Nothing found to warrant Chemical Laboratory Examination. Case remains "UNKNOWN".

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.

Ellsworth T. Mac Intyre

ELLSWORTH T. MAC INTYRE

(Officer's Name)

Captain

QMC.

Rank

Service

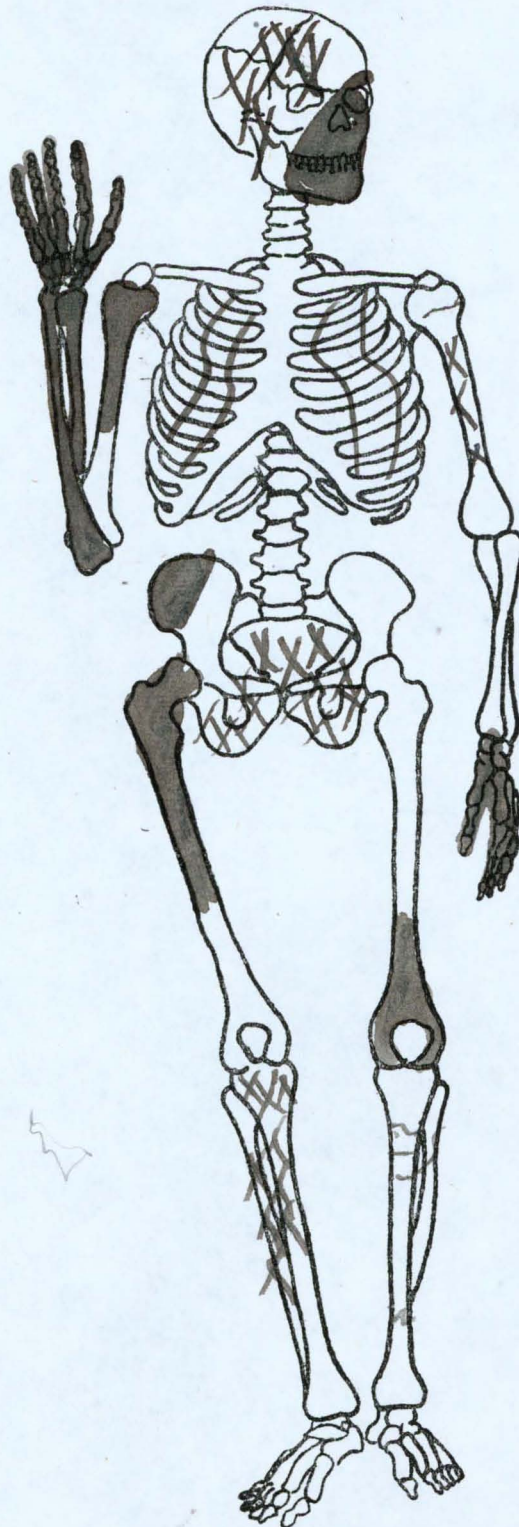
Central Identification Point

(Organization)

X-1234
Margraten, Holland
Plot LL, Row 11, Grave 271

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



53

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

X-1234
Margraten, Holland
Plot LL, Row 11, Grave 271

TOOTH CHART

1 April 1947

Date

Unknown X-1234

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

MAXILLARY MISSING

Side views

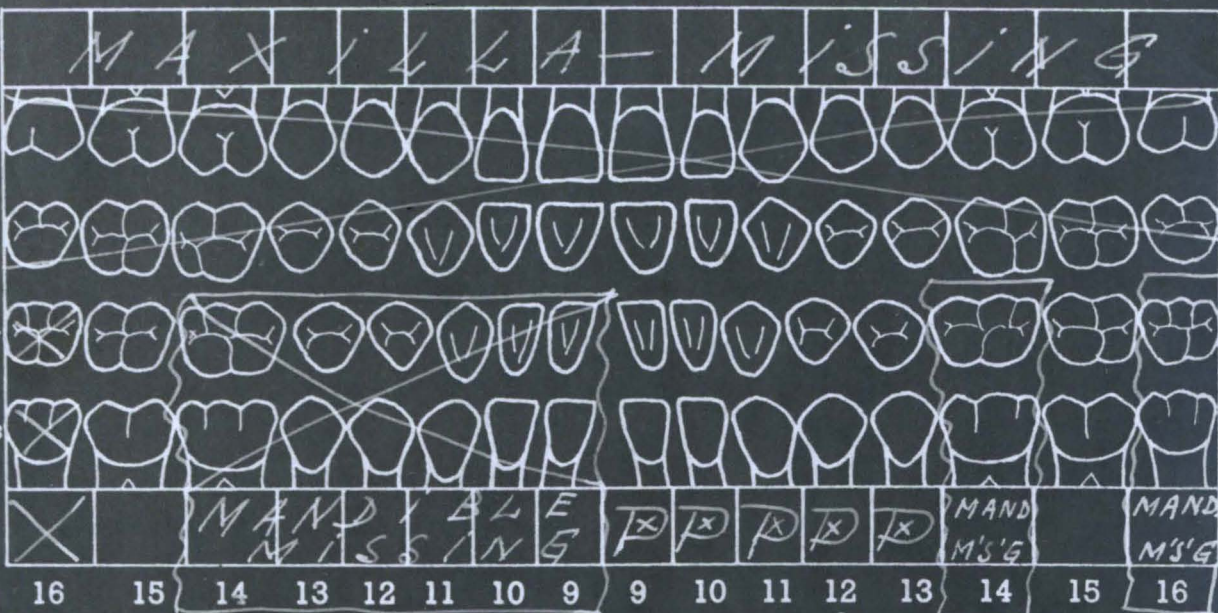
TOP

UPPER

VIEWS

LOWER

Side Views



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 E. Wheeler MD

Signature of Officer or other person who prepared Tooth chart

ELLSWORTH T. MAC INTYRE, Captain G.M.C. C.I.P.

Verified by G. R. S. Officer

Ellsworth T. Mac Intyre

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



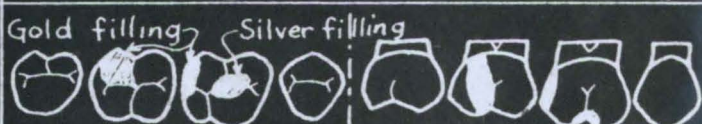
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Medium size, white teeth.
 R15 and L15 only teeth recovered.
 Contain no fillings.
 Posthumously missing - 19, 10, 11, 12, 13.

HS

OCQM-CR&E Div.

CHECK LIST FOR UNKNOWNNS

UNKNOWN (3)

UNKNOWN X- 1234

CEMETERY Margraten, Holland VK 645482

PLOT II ROW 11 GRAVE 271

Arrived at cemetery _____ From _____
(hour) (date) (collecting point)

Place of death 768565 N.W. of Groesbeek, Holland
(name) (coordinates and landmarks)

Sheet 12 1:25,000

Remains recovered by 3060 QM Graves Registration Co.
(name and organization)

Evacuated to cemetery by 3060 QM Graves Registration Co.
(name and organization)

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

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

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

for other parts of Unknown Yes
(yes-no)

If remains come from vehicle, plane, etc: Unknown
(type of vehicle or plane, nickname,

Unknown

serial number, organization or symbols)

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

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

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 Unknown

Unknown

Unknown

Unknown

(parts of markings or symbols) (burned) (pierced by shell fire - where)

Unknown

Unknown

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

Unknown

Unknown

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

Detailed description of personal effects No 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 (type)				
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater Wool			OD	Knit 5 Button
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton			OD	
Trousers, HBT				
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggings Wool				(note unusual lacing)
Socks Cotton			OD	
*Shoes Jump boots (type)		7 E	Brown	
Overshoes Web Equipment (type)				
(Other Item) Jump Trousers				
(Other Item)				

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

Chevrons or **Unknown** Shoulder Patch **Unknown**
Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age **Unk** Weight **Unk** Weight **UNK** Description of wounds **KIA**
(years) (ft-in) (lbs)

X-1234

Bandages or dressings Unknown Scars Unknown
(length, width, location)

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

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

Sunburn or tan, other than hands and face Unknown

Tobacco stain on fingers or teeth Unknown
(designate where, extent)

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

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

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

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

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

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

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

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

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

Neck Unknown Larynx Unknown Shoulders Unknown
(size, long, short, normal, wrinkled) (prominent, normal) (broad, straight, small, rounded)

Arms Unknown
(length) (muscular, color, extent & quantity of hair)

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

Unknown
(marks on fingers indicating that rings were worn)

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

Unknown
(unusual characteristics of fingernails)

Chest Brown Hair
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back Unknown Waist Unknown
(quantity and extent of hair) (size at navel, appendectomy, amount & color o

Circumcized Unknown Pubic hair Unknown Hernioplasty Unknown
hair) (yes-no) (color) (yes-no) (location)

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

Feet Unknown Toes Unknown
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

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

Black out parts of body not received at cemetery:



Have photographs been made and attached NO If not, explain No facilities
(yes-no)

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

Has tooth chart been prepared? NO If not, explain Jaws Mangled
(yes-no)

Remarks: Body badly decomposed and mangled

Edwin Miller
Signature of GPO and Organization

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

CB

Graves Registration
Form No. 1
(Revised 1 Sept. 1945)

REPORT OF BURIAL

28 July 1945
Date

Unknown X-1234
Last Name

First

Initial

Unknown
Rank

Unknown
Serial No.

Unknown
Unit

Unknown
Organization

Vic Nijmegen, Holland
Place of Death

Est 20 Sept 1944
Date of Death

KIA
Cause of Death

1500 28 July 1945
Time and Date of Burial

U.S. Military Cem. Margraten, Holl. VK645482
Name of Cemetery or Coordinates of Location

271
Grave Number

11
Row Number

11
Plot Number

Cross
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 Canadian Military Cemetery
Nijmegen, Holland
Plot 2 Row 4 Grave 16

Grs Tag
Form #1

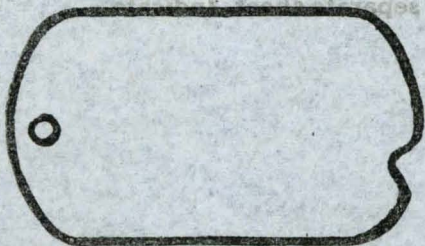
To determine Right or Left use **Deceased's** Right and Left.

Who is buried on :

Deceased's Right : UNKNOWN X-1231 Name Serial No. Rank Organization Grave No. 270

Deceased's Left : BRAUN 37542404 Name Serial No. Rank Organization Grave No. 272

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

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

None

Evacuated by 3060 QM Gr. Reg. Co.

Edwin Miller
Signature of Officer or other person reporting burial

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

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

(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

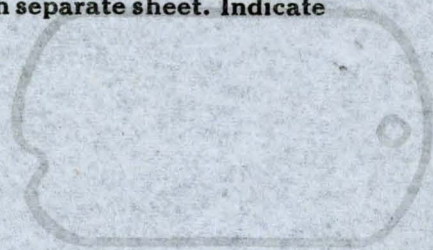
		Deceased's Left								Deceased's Right							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																	
Lower																	

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

Characteristics :

Other Data :

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.



GR Form No. 10
9-7-45

REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1, "Report of Burial" when disinterment is accomplished.

1. UNKNOWN (3) X-1234 Unknown Unknown Unknown
 (Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached No identification tags.
3. Give exact location from which disinterred, furnishing coordinates and map series used Canadian Military Cemetery Nijmegen, Holland
Grid Coord. 691595 Sheet 12 1:25,000
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and grave if organized cemetery) Canadian Mil. Cem. Nijmegen, Holland Plot 2, Row 4, Grave 16
5. Approximate or established date of death (state which and give basis for date selected) (est) 20 Sept 1944 Condition of body _____
6. Approximate or established date of burial (give basis for date established) 22 June 1945 Reburial by (2nd Canadian Gr. Reg. Unit)
7. Manner in which grave was marked and all information contained on the marker Wooden cross- Unknown American Soldier.
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned None
9. 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) Unable to obtain actual date of burial due to Canadian Graves Reg. Unit being behind in cemetery administrative work.
10. If buried in a coffin, give description and markings _____
11. Action taken Disinterred and evacuated to Margraten Cemetery.

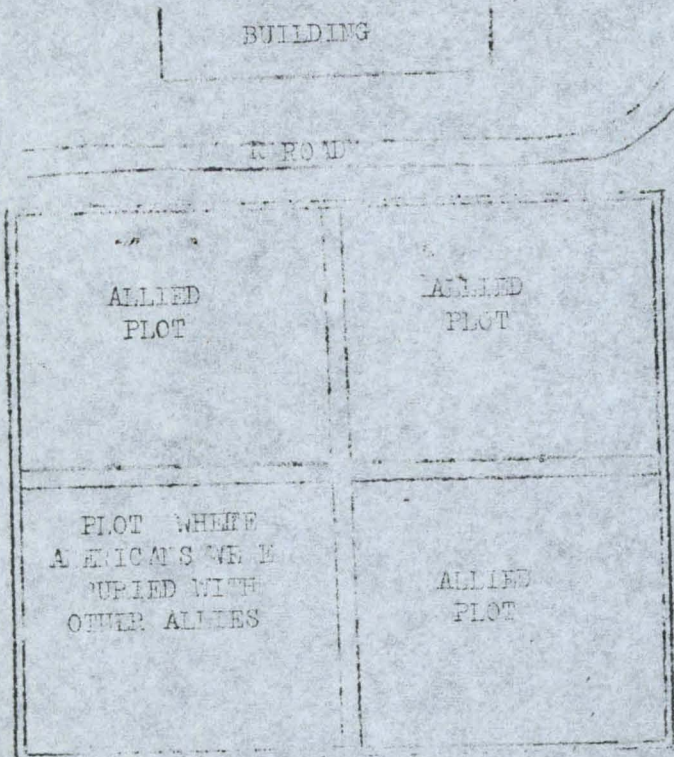
Disinterment approved by Deputy Director of Graves 1st Canadian Army.
 Disinterment and ~~reburial~~ ~~burial~~ made by 3060 QM Gr. Reg. Co.
 Date of ~~burial~~ ~~reburial~~ 28 July 1945
 Place of ~~burial~~ ~~reburial~~ US Military Cemetery Margraten, Holland VK645482
Plot LL Row 11 Grave 271

NOTE: Additional particulars regarding investigation will be placed on reverse side.

David Gulmer
 Signature of Investigating Officer

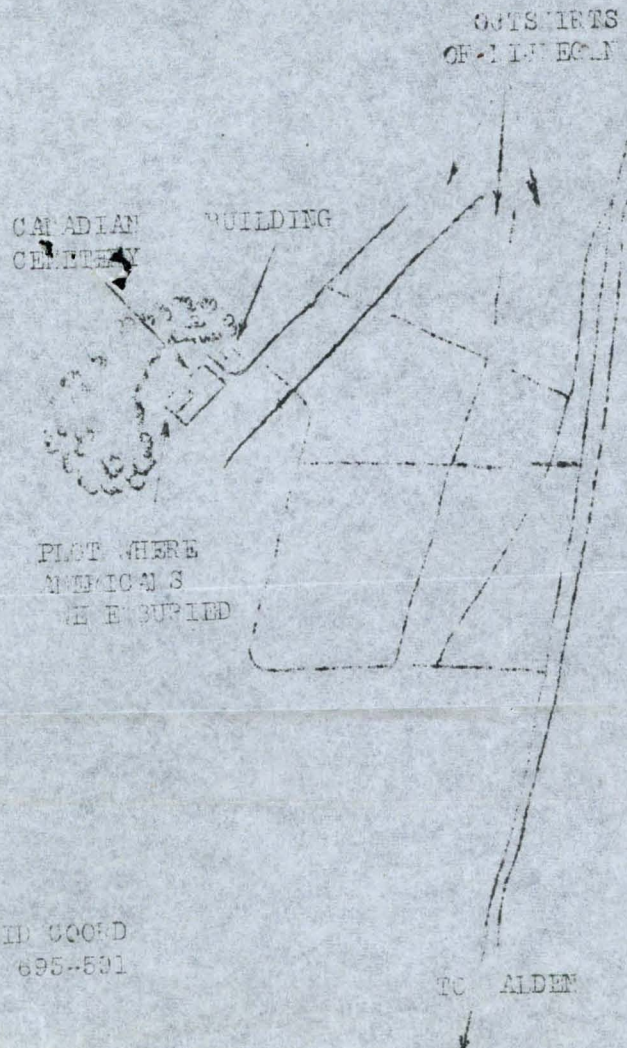
Sgt 37587378
 Rank ASN

*Cross out word not applicable



- 1 UNK X-1228
- 2 UNK X-1230
- 3 UNK X-1231
- 4 UNK X-1232
- 5 UNK X-1233
- 6 UNK X-1234
- 7 COLE, J.L.
- 8 EILMAN, R.H.
- 9 BUMPUS, J.
- 10 ALTMAN, P.I.
- 11 GOODINGTON, R.E.
- 12 REED, R.
- 13 BRACON, W.

PLOT DRAWN TO LARGE SCALE



GRID COORD
695-501

MAP REFERENCE
SPONS FILE # A-25, 000
SHEET-12 I.M.
SEC D UNIT ROAD

TO ALDEN