

293-UNK. X-2800 HOLLAND (MAR. 1947)

48 fr

Received Date : 06/10/2009

5-05-001

Box #: 10428

2800

REQUEST FOR INFORMATION
MORTUARY AFFAIRS BRANCH
CONTROL SHEET

PCN: ZL9-RR3

DATE RECEIVED: 94/04/13

CASE CONTROL #: 94-3909

INQUIRY TYPE: Routine Inquiry

FORM OF INQUIRY: Letter

(_____ / _____ / _____)

INITIALS DATE TIME

CONFLICT/WAR/INCIDENT: WII

DECEASED NAME: RUBLE, CHARLES G

RANK: TSG

DEATH DATE: 1944/09/17

SERVICE/SSN #: 35095971

REMARKS:

INQUIRER'S LAST NAME: GOINS

FIRST NAME: MARY

MI: J

SFX:

DECEASED'S RELATIONSHIP TO INQUIRER:

PHONE #: (904)734-0181

MAILING ADDRESS: 900 TORCHWOOD DRIVE

CITY: DELAND

STATE: FL

ZIP CODE: 32724

INFORMATION REQUESTED:

Individual Inquiry

REMARKS: SISTER BELIEVES BROTHER'S REMAINS ARE INTERRED IN B-4-9, NETHERLANDS AMC. CEMETERY REGISTER SHOWS X-2800 IN B-4-9. SISTER WANTS REMAINS DISINTERRED AND PROCESSED FOR ID. DENTAL CHARTS DO NOT COMPARE.

COPY REQUIREMENTS: (DOCUMENTS IN IDPF)

ALL: _____ (INCLUDE IDPF COVER)

ABOVE PINK DIVIDER: _____

TABBED DOCUMENTS: _____

REDACT: YES / NO (CIRCLE ONE).

DATE CLOSED: 94/06/10

Revision date 8 Mar 93

MARGRATEN

MEM *See*

PLOT: B. ROW 9. GRAVE: 4.
 DATE OF BURIAL: 25 April 1949.
 VERIFIED BY GRS OFFICER: **DISINTERMENT DIRECTIVE**
 WILLARD B. OWEN, CAPT, INF.

SECTION A—
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4650 00547

DATE

15 04 48
 DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWNX-002800

Q

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

MARGRATEN - AACHEN

O

4601 80
 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

AAA 4 96 HOLLAND

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-002800

RANK
 UNK

DATE OF DEATH

DATE DISTINTERRED
 4 OCT. 48.

IDENTIFICATION TAG ON ORGANIZATION
 REMAINS EMB GRS
 MARKER GRS

UNKNOWN

RELIGION
 UNK

IDENTIFICATION VERIFIED BY
 HARVEY L. MEAD, JR. CAPT.
 ORD.
 NAME AND TITLE

SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM, MATTRESS COVER

CONDITION OF REMAINS ADVANCED DECOMPOSITION.
 L/HUMERUS AND CLAVICLE FRACT. PENET-
 RATING WOUND IN SKULL

OTHER MEANS OF IDENTIFICATION

THREE REPORT OF BURIALS FOUND WITH REMAINS
 TOOTH CHART COMPARES FAVORABLY.

MINOR DISCREPANCIES 1

NONE

FILE
 13 JUL 1949

REPATRIATION
 BRANCH
 MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET

DATE 5 OCT. 48.

BY DESSE H. JOHNSON, EMBALMER

CASKET SEALED BY

DESSE H. JOHNSON

EMBALMER (Signature)

DESSE H. JOHNSON

CASKET BOXED AND MARKED

5 OCT. 48., JACK B. WALL

DATE BY EMBALMER

SHIPPING ADDRESS VERIFIED BY ALL TAGS PLATES AND
 MARKINGS VERIFIED BY
 ROGER N. LETOURNEAU, 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.

ROGER N. LETOURNEAU, CAPT. FA.

SIGNATURE OF GRS INSPECTOR

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

Raymond H. Johnson
1st Lt. Inf.

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

23 March 1949
(Date)

293 unk. Holland (Margraten) X-2800

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 2800, Plot AAA,
Row 4, Grave 96, USIC 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. 2305, dated 21-5-47.

Case reviewed by undersigned Members of the Board of Review:

----- *Roger Berger Maj Ord 0-251736* -----
Capt. Jack C. HAYES, O-1577297 OIC Capt Stanley G. 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. Cglesby* -----
1/Lt Ernest J. CGLESBY, O-449004 Cav

Received _____ OQMG
Not identifiable from
information presently
available

*Sarr, DL
12 apr 49*

Incl #1a

AGRC FORM No. 11
Revised 16 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)

Unknown X -2600

Cemetery Margraten, Holland

Plot AAA Row 4 Grave 96

Date reprocessed: 17 April 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,
(Name and organization) Holland
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>steel helmet, one (1) with liner</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Type M 1943-one (1)</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Wool OD -one (1)</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>one (1)</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web None
Drawers, wool None
Drawers, cotton None
Leggings, wool None
Socks, cotton None
* ~~Shoes~~ **Boots** (type) **paratroopers- one (1) pair, size UTD**
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?

BTB- Air Borne Ground Forces

6. Description of Remains :

Age **UTD** ^{Est.} Height **5'5"** 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 normal
(Prominent, receding, pointed, dimples, double)

Jaw normal Circumference of head in inches 21 1/2"
(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 **Hands missing**

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

9. Remarks **Remains recovered from UK burial case. All flesh completely decomposed, all joints disarticulated. Clothing listed hereon was ratted. Fluoroscopic Examination; negative. Estimated weight of processed remains: 15 lbs. Following bones were measured to compute height:**

Humerus	31.8	cm
Femur	45.2	"
Ulna	25.2	"
Radius	24.8	"
Tibia	36.2	"
Fibula	36.5	"

Burial report and embossed tag found with remains.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

**Nothing found to warrant chemical
Laboratory examination.
Case remains "unknown"**

Ellsworth T. Mac Intyre
ELLSWORTH T. MAC INTYRE
(Officer's Name)

CAPTAIN
Rank

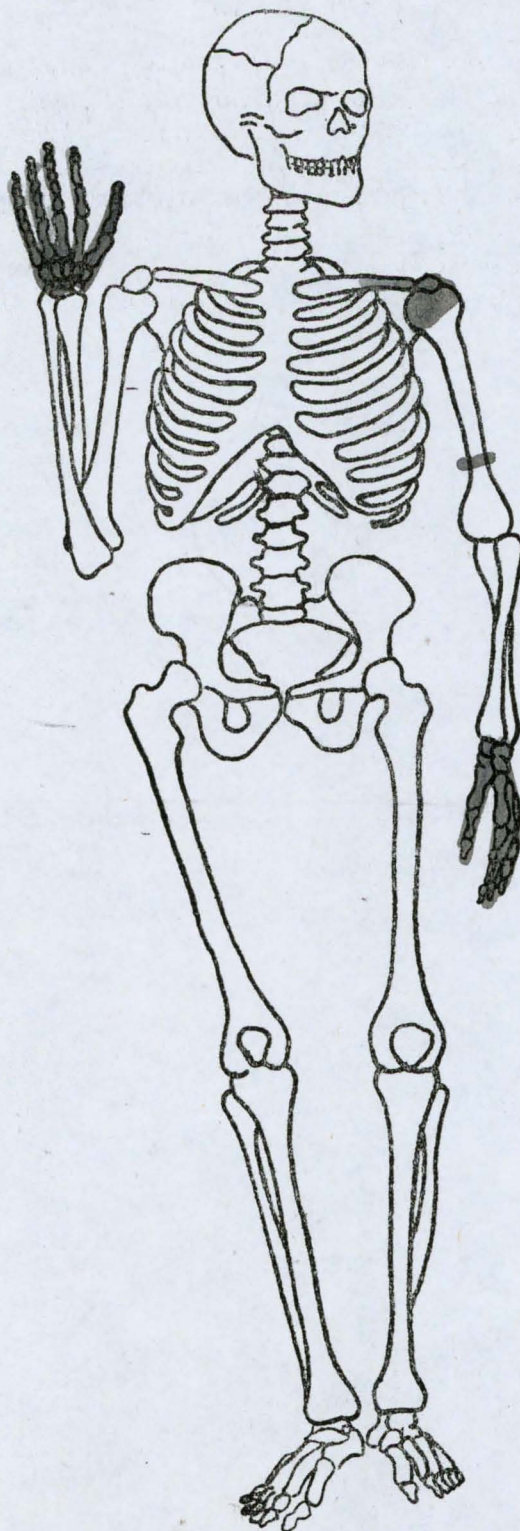
C.M.C.
Service

CENTRAL IDENTIFICATION POINT
(Organization)

Unknown X-2800
Margraten, Holland
Plot AAA Row 4 Grave 96

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



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

Margraten, Holland
Plot AAA Row 4 Grave 96

TOOTH CHART

17 April 1947
Date

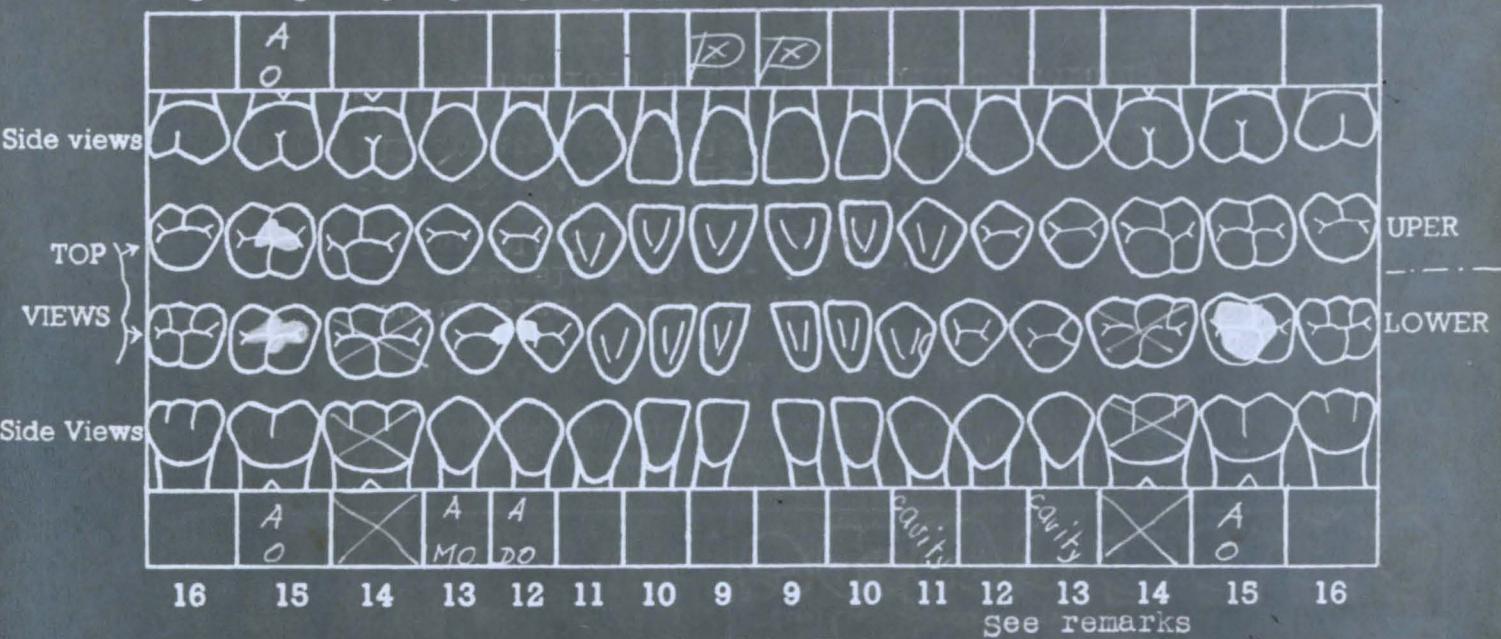
Unknown X-2800

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



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.

David J. Wheeler M.D.
Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Mac Intyre
Verified by G. R. S. Officer

ELLSWORTH T. MAC INTYRE
CAPTAIN Q.M.C. C.I.P.

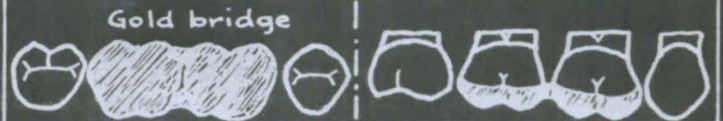
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



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

Medium size, white teeth.
 Posthumously missing- R1, L1.
 Spaces-R15-13, 9mm; L15-13, 9mm
 Lingual version-R15,16; L15,16
 L11 rotated mesially-1/8 turn
 R11 rotated mesially-1/8 turn
 Dark brown lingual stain
 Upper anteriors slightly inclined facially

Unreported Case X-2800

Groesbeek, Holland
1 March, 1946

I, W. Derksen, certify that I and no one else in Groesbeek know anything about the American soldier who's grave was on the field of Jurgens, about 500 meters on the N. side of the farmers house. (Klos in Groesbeek)

A true translation

A certified true copy

W. Derksen

Maria C. Dzurenko

John J. Zurick

Herwendaalse weg 5

Maria C. Dzurenko

John J. Zurick
2nd Lt. Inf.

Groesbeek

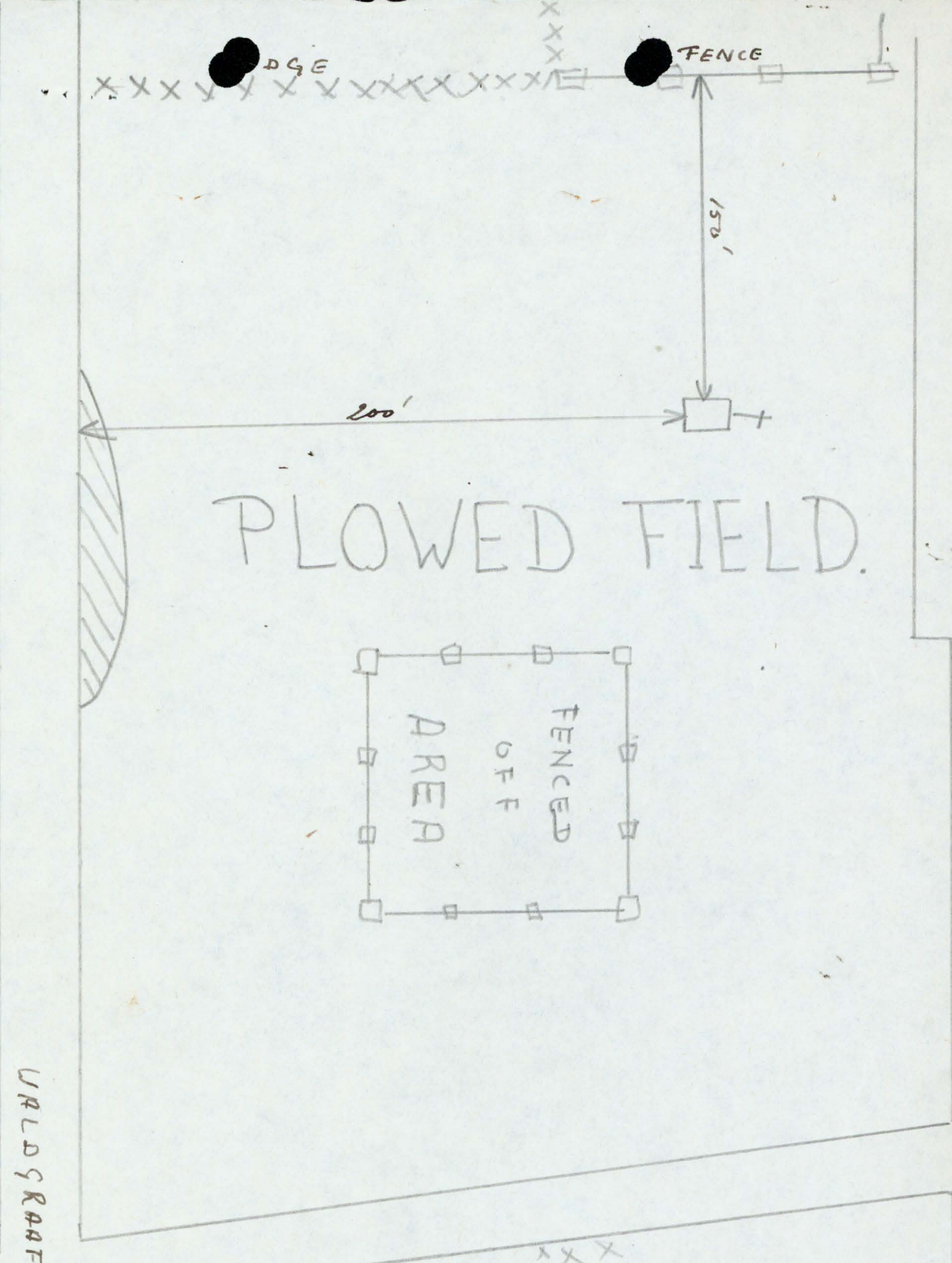
Groesbeek den. 1.3.46

Ik W. Derksen verklaart dat hem en andere inwoners van Groesbeek niets bekend is over het graf van een Amerikaanse militair wat gelegen heeft op het land van Jurgens 500 m. ten n. van de boerderij Heimen (Klos) te Groesbeek

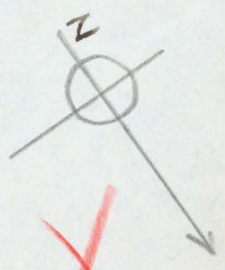
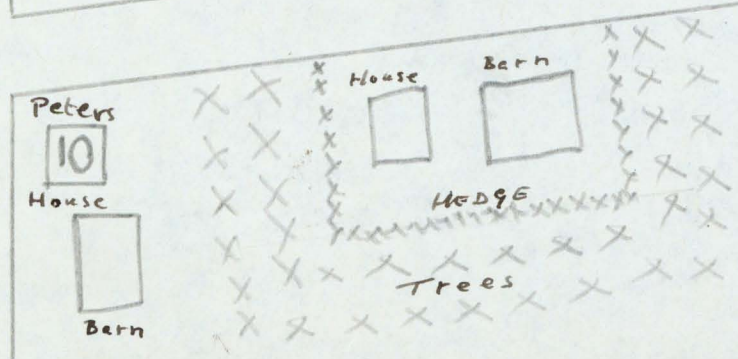
W. Derksen
Herwendaalse weg 5
Groesbeek



The Bay's
p/s/s
79 ÷ 57 Sheet 2A Series Will Europe
: 250 000 .



WRLD GRAAF



X-2800

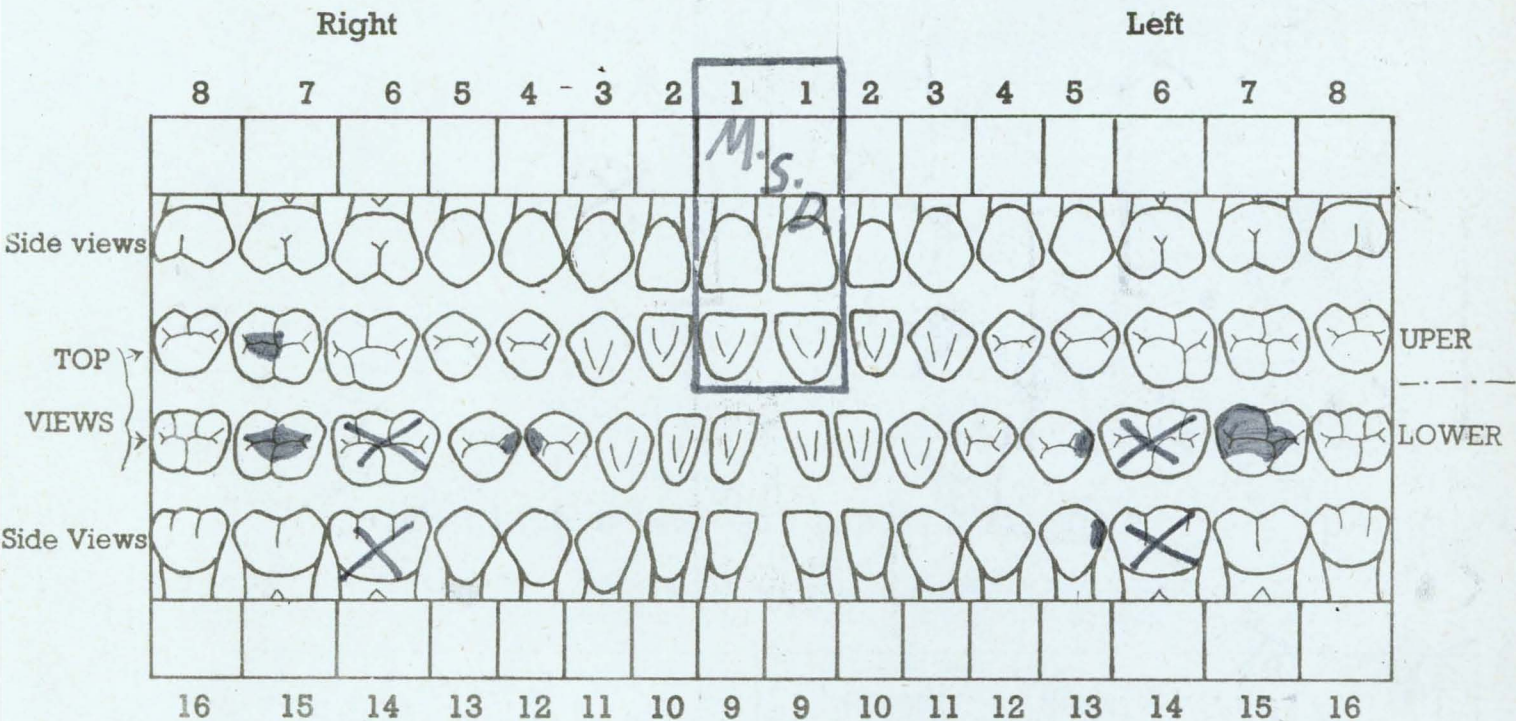
G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

Unreported Case
X-2800

TOOTH CHART

28 February 1946
Date

Unknown X-2800	Unk	Unk
Last Name	First	Initial
Airborne		
Unit	Rank	Serial No.
Groesbeek, Holland	Paratrooper	
Place of Death	Date of Death	Cause of Death
Est. 17 Sept 1944	KIA Gun Shot Wound	



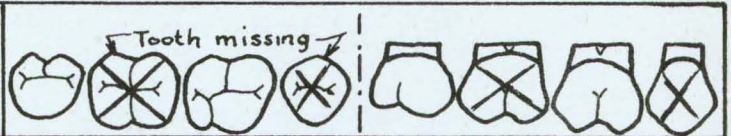
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

Ralph H. Oltman

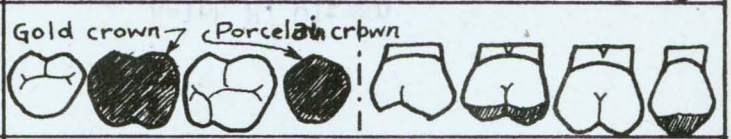
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

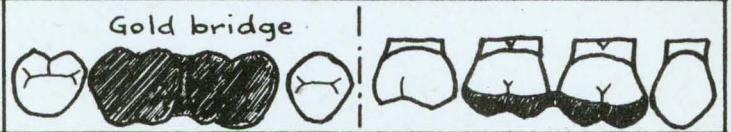
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



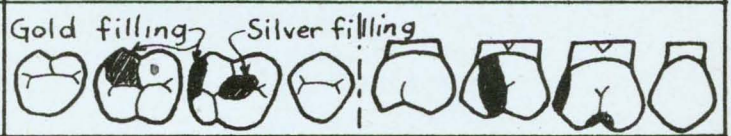
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



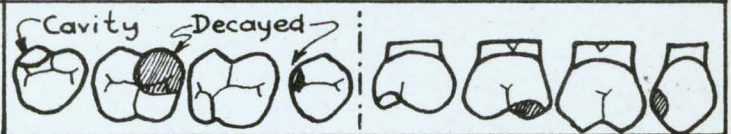
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Unreported case.

X-2800

FORM NO: 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN
(to be completely filled out and attached to
each copy of Report of Interment WD QMC
Form 1042)

Unknown X 2800
Cemetery Margraten, Holland
Plot AAA Row 4 Grave 96

1. Arrived at cemetery 1500 8 March 46
(Hour) (Date)
2. Place of death Groesbeek Holland. 7.9-5.5. Sheet 2A Series
(Name of closest town) (Coordinates and letter N.W. Europe 1:250,000
Prefex, maps)

Sheet, scale and serials used

3. Remains recovered or disinterred by 2nd Plat 3059 QM Gr.Reg.Co.
APO 228.
(Name and organization)
4. Evacuated to Cemetery by 551st QM Group.
(Name and organization)

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

Item	Markings	Sizes	Color	Indicate unusual marking wear, tear, repair, etc.
*Headgear	(type)			
Raincoat				
Overcoat				
Jacket, Field	X			
Maskinaw				
Sweater	X	O.D.		
Jacket, HBT				
*Shirt, Wool, OD				
Undershirt, Wool	X			
Trousers HBT				
*Trousers, Wool OD				

X

Belt, web _____

Drawers, Wool _____

Drawers, Cotton X _____

Leggings, Wool _____ (note unusual lacing)

Socks, Cotton Wool X _____

Paratrooper
*Shoes (type) 7 $\frac{1}{2}$ c _____

Overshoes _____

Sun Tan Pants. _____

Web Equipment (type) _____

Sun Tan shirt
(Other item) _____

(Other item) _____

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

6. Chevrons or None _____

Insignia _____
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch None _____

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces Ground _____

8. Description of Remains: _____

Age _____ Height 5'8" Weight _____ Description of Wounds _____

Bandages or dressings _____ Scars _____

(Length, width, location)

Tattoos _____

(Number, location - illus. on sep. page)

Outstanding moles, warts or birthmarks _____

(yes-no; description; location)

Sunburn or tan, other than hands and face _____

Complexion _____

(light, med. dark, clear, pimples, pocks, freckles)

Build _____

(large, fat, thin, muscular)

Hair Brown. _____

(color, length, quantity, curly, wavy, straight, whorls or definite parting).

(baldness, white hair, peak, distinctive cut, or other charact.)

Sideburns _____ Mustache _____
(color, setting, shape) (color, size, shape)

Beard or Goatee _____
light, color, extent, length, heavy

Eyes _____ Eyebrows _____
(color, setting, shape) (color, bushiness, extent acr. nose)

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

Mouth _____ Lips _____
(large, medium, small) small, large, full

Teeth _____ Tooth chart taken/ _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extr.)

Chin _____
(prominent, receding, pointed, dimple, double)

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

Throat _____ Larynx _____
(size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders _____ Arms _____
(broad, straight, small, rounded) (length, muscular, color)

_____ (extent and quantity of hair)

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers

or joints) _____ (Unusual characteristics of fingernails)

Chest _____
(size of nipples, color, quantity & extent of hair, large, small,

normal.

Back _____ Waist _____
(quantity & extent of hair) (size of navel, appendectomy, amount

_____ Circumcision _____ Pubic hair _____
(quantity & color of hair) yes-no color)

Mastoplasty _____
(yes-no; location)

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

Feet _____ Toes _____
(Size, corns, Calluses, Flat) (slender, straight, crooked, overlap)

DECOMPOSED

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

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



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

If not, explain Decomposed

11. Has tooth chart been prepared Yes If not, explain _____
Yes No

12. Remarks: Body badly decomposed.

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.

John J. Zurick
Officer's Name
JOHN J. ZURICK

2nd Lt Inf.

Rank Service

2nd Platoon 3059 QM Gr Reg Co APO 228
Organization

Not listed in Unreported Case
Casual *Book X-2800*

REPORT OF INVESTIGATION

ARLA SEARCH

AGRC Form #10 (Revised)
1 January 1946.

Date 27 Feb 46
NAME Unknown X-2800 Margraten RANK Unk ASN Unk
n

ORGANIZATION Paratrooper

MEANS OF IDENTIFICATION Not identified.

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? NO If so, state the following information:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? NO If so, state the facts as to whom you believe the deceased to be:

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY? _____

None

(Use reverse side for listing of crew members from MAOR)

a. Date of above burials _____ Common Graves? _____

X
X-2800

5. Name and Type of Cemetery _____
(Military or civilian)
6. Map coordinates of the Cemetery _____
a. Town _____ Country _____
7. Give exact location in cemetery of the remains _____
a. Section _____ Row _____ Grave _____
b. Is sketch attached? _____
8. If remains are not located in a cemetery, give exact location.
a. Town Groesbeek, Holland Coordinates 7.9-5.5 Sheet 2A Series NW Europe 1:250,000
b. Is sketch attached? Yes
c. Is area mined? No
9. How is the grave marked? Cross
10. If grave is marked with cross, give exact markings thereon _____
No markings on Cross
- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By whom _____
11. Where are the cemetery records? _____
(Town hall, cemetery, burgemeister's office)
- a. What information was contained thereon? _____
b. Where was the information obtained? _____
c. By whom? _____
12. What is the date of death? 17 Sep. 44
a. Give Basis Est
13. What is the cause of death? Gun shot wound
b. Give Basis? Medics report
14. What is the date of burial? 18 Sep 44

- a. Give basis Est.
15. What was the place of death? Groesbeek, Holland Coords 7,9-5,5 sheet 2A
N.W. Europe 1:250,000
Give basis Buried in Vicinity.
16. Where were the remains found? Groesbeek, Holland Coords 7,9-5,5, sheet 2A
N.W. Europe 1:250,000
- a. By whom? See attached statement.
- b. Is sketch attached? Yes.
17. Was a casket used? No Who furnished the casket? _____
Type of casket _____ How marked? _____
18. Who made the burial See attached statement.
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? _____
- b. Are certificates and statements attached? Yes.

SECTION B - AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the place wreckage? _____
- a. Give location in plane from which the bodies were removed _____
(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
- b. Near wreckage? _____
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom)
- a. Type of Plane _____
- b. Markings and/or name on plane _____
- c. Give numbers on motors, machine guns, instruments, radios or other equipment _____
21. How did crash occur? Anti-aircraft
- Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____
- _____
26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased? _____
28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night? Day?)
30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed.

(Radio man, driver, assistant driver or....front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Marking and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc. _____
- _____
33. What was the type of enemy action that resulted in the tank's disablement?

34. Did tank explode? _____ Burn? _____

35. Numbers of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date of death of above named deceased? APPLICABLE

37. Precise time and date of destruction of tank NOT _____ (Night?) (Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (I.E., truck, jeep, mines, drowning or small arms fire) small arms fire.

If so, give complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possesses knowledge of the case attached? Yes

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

See attached statement.

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? No

If not, state reason See attached statement.

a. Were identification tags found at the time of death? No

Where? _____ By whom? _____

Present disposition _____

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? No

Where? _____ By whom? _____

Present disposition? _____

- c. Was deceased identified by living members of the crew at the time of death? No
- d. Did Cemetery Register or cross indicate the immunization shot? No
42. Was deceased given first aid? No If so, where? _____
By whom? _____ Are statements from the medical people attached? _____
43. Was deceased evacuated to a German civilian hospital? _____
Where? _____ Names of people concerned No _____
- Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No
(Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? No
- c. If so, give basis for positive assumption _____
- b. If so, has higher headquarters been notified? _____
47. Was case previously investigated? No By whom? _____
When? _____
48. Give full names, addresses, and information obtained from each person interviewed? _____
See attached statement.
49. Are all positive statements regarding identification and particulars surrounding death attached? Yes

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes

51. Was investigation proceeded by advanced publicity? No

(If special investigation, give case number) -----

52. Give Brief Narrative See attached Statement

(Use attached sheets, if necessary)

Maria C. Durenko

Signature of Interpreter

Civilian

Rank

ASN

Michael J. Generalo

Signature of Investigator

T/5

32776316

Rank

ASN

3059 QM. Gr. Reg. Co.

~~Organization~~
2nd Plt. APO. 228

X
X-2800

~~RESTRICTED~~

Unreported case.


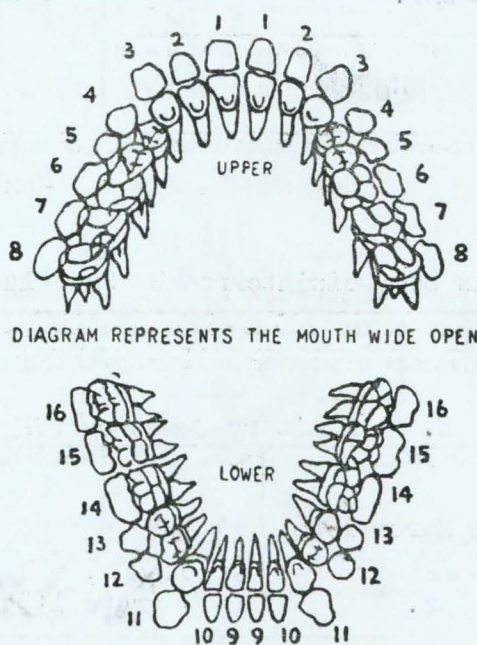





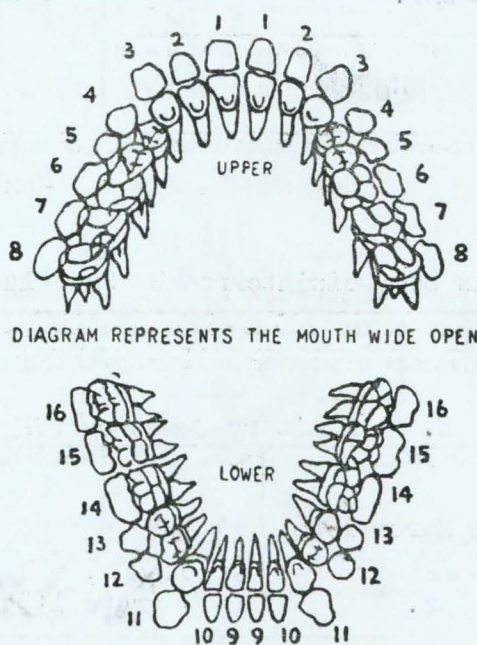





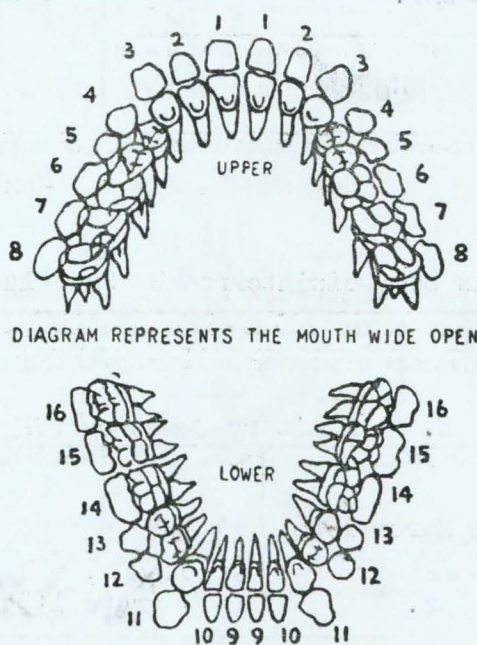




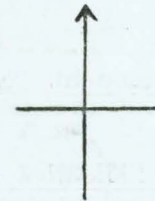
Co. letter 1862

X-2800

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 27 Febr. 1946.		
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) Unknown X - 2800			SERIAL No. Unk.		
		GRADE Unk		ORGANIZATION Paratrooper.		BRANCH OF SERVICE Airborne.	
		RACE White.		RELIGION Unk		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
		PLACE OF DEATH Groesbeek, Holland.		CAUSE OF DEATH KIA Gun shot wound.		DATE OF DEATH Est. 17 Sept 1944.	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk.							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None.		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) No identification found.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None found.							
This body disinterred by 2nd Platoon 3059 Q.M. G.R.Co A.P.O.228 U.S.Army.							
Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. Military Cemetery (VK 645482), Margraten, Holland							
DATE OF BURIAL 12 March 1946	HOUR 1430	BURIED IN (Shroud, blanket, or name of other) U. K. Coffin	TYPE OF GRAVE MARKER Cross	PLOT No. AAA	ROW No. 4	GRAVE No. 96	
WAS THIS A REBURIAL? (Yes or no) Yes.	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Groesbeek, Holland 7,9,-5,5, sheet 2A. series N.W.Europe 1:250,000.						
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of interment buried in bottle with body.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Tag made at Cemetery		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Tag made at Cemetery					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 2801		RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 97		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 2799		RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 95		
SIGNATURE OF PERSON PREPARING REPORT John J. Zurick 2nd Lt Inf 3059 Qm G R Co Disintererring Officer			SIGNATURE OF GRS OFFICER VERIFYING REPORT Francis A. Loftus 2nd Lt INF Reintererring Officer				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

~~RESTRICTED~~

~~RESTRICTED~~

Section 3 - UNIDENTIFIED REMAINS.												
D	LEFT LITTLE FINGER	<p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>										
2	LEFT RING FINGER											
C	LEFT MIDDLE FINGER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">HEIGHT</td> <td style="width: 15%;">WEIGHT</td> <td style="width: 20%;">COLOR OF EYES</td> <td style="width: 20%;">COLOR OF HAIR</td> <td style="width: 20%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td>5'8"</td> <td>Unk</td> <td>Dec.</td> <td>Brown</td> <td>Decomposed.</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	5'8"	Unk	Dec.	Brown	Decomposed.
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS								
5'8"	Unk	Dec.	Brown	Decomposed.								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">WEAPON AND SERIAL No.</td> <td style="width: 33%;">LAUNDRY MARKS</td> <td style="width: 34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td>None</td> <td>None</td> <td>Groesbeek, Holland 7, 9-5, 5, Sheet 2A series N.W. Europe 1:250,000</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	None	None	Groesbeek, Holland 7, 9-5, 5, Sheet 2A series N.W. Europe 1:250,000				
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND										
None	None	Groesbeek, Holland 7, 9-5, 5, Sheet 2A series N.W. Europe 1:250,000										
		OTHER IDENTIFICATION CLUES										
		None.										
0	LEFT INDEX FINGER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width: 50%; text-align: center; vertical-align: middle;">  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td> <p>CAVITIES</p>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td> <p>MISSING TEETH</p>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td> <p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td> <p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p> </td> </tr> <tr> <td></td> <td></td> </tr> </table>	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>				
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<p>CAVITIES</p>  <p>CAVITY DECAYED</p>												
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>												
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<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>												
3	LEFT THUMB											
P	RIGHT THUMB											
0	RIGHT INDEX FINGER											
S	RIGHT MIDDLE FINGER											
e	RIGHT RING FINGER											
d	RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <p>Overlay attached.</p> <div style="text-align: center; margin-top: 20px;">  </div>										
		REMARKS:										
		<p>Tooth chart taken. Just bones and clothing left. Cannot estimate weight.</p>										

~~RESTRICTED~~

Reported Case X-2800

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

TOOTH CHART

28 Feb. 1946.

Date

Unknown X-2800

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Airborne

Paratrooper.

Unit

Organization

Groesbeek, Holland

Est. 17 Sept 1944

KIA Gun shot wound.

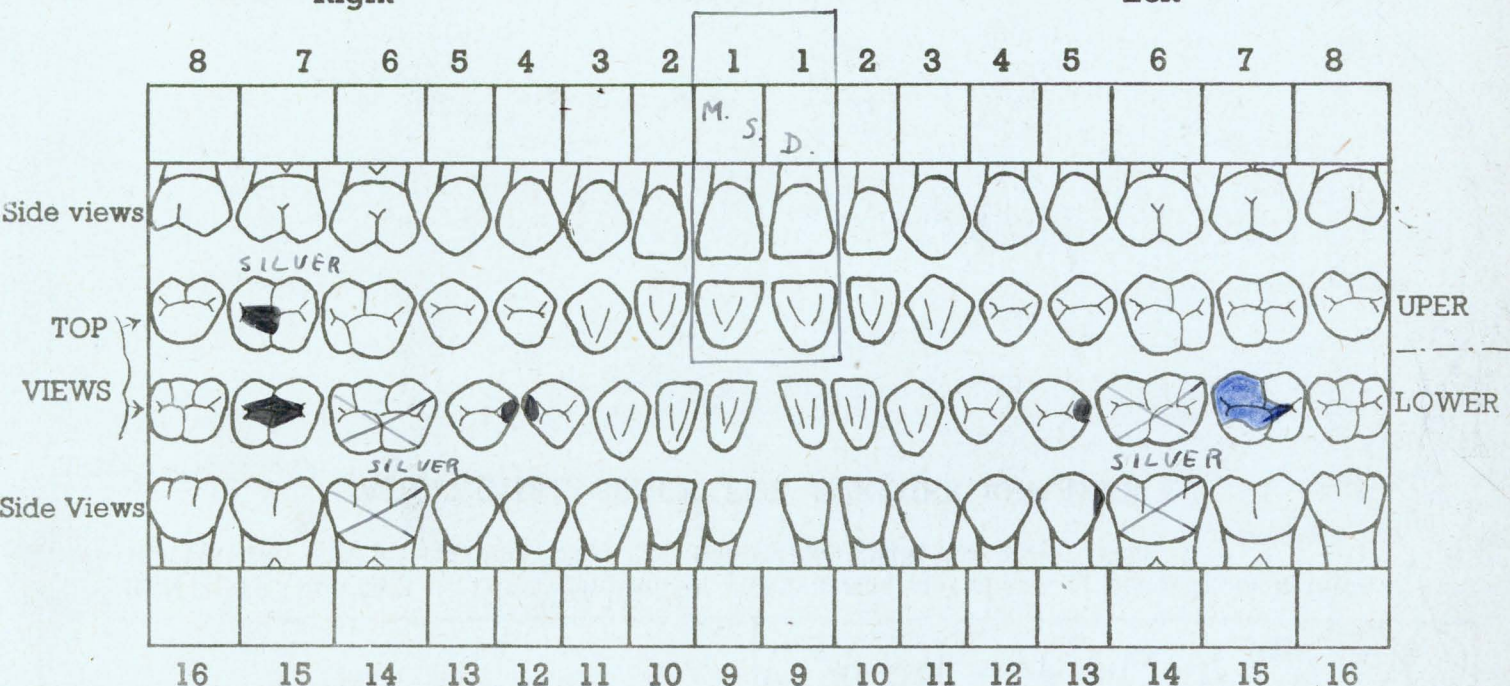
Place of Death

Date of Death

Cause of Death

Right

Left



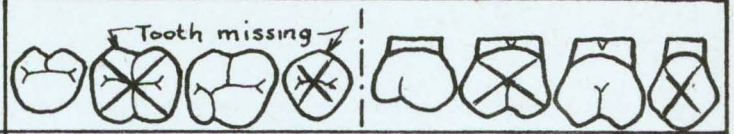
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

S/Sgt. Ralph N. Altman

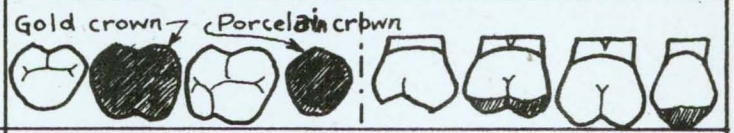
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

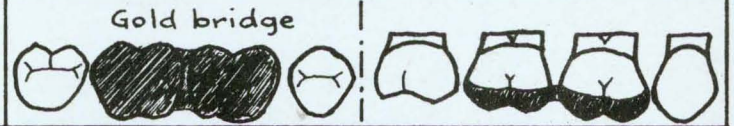
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



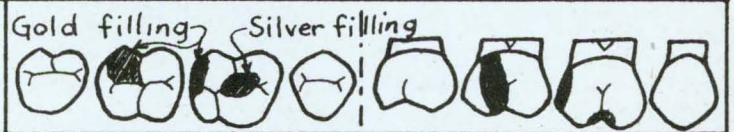
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



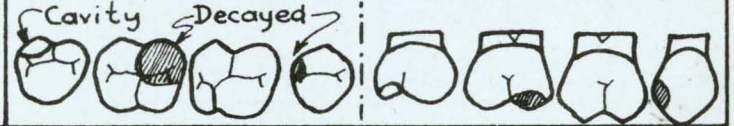
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Unreported Case X-2800

Groesbeek, Holland
1 March, 1946

I, W. Derksen, certify that I and no one else in Groesbeek know anything about the American soldier who's grave was on the field of Jurgens, about 500 meters on the N. side of the farmers house. (Klos in Groesbeek)

A true translation

A certified true copy

W. Derksen

Maria C. Dzurenko

John J. Zurick

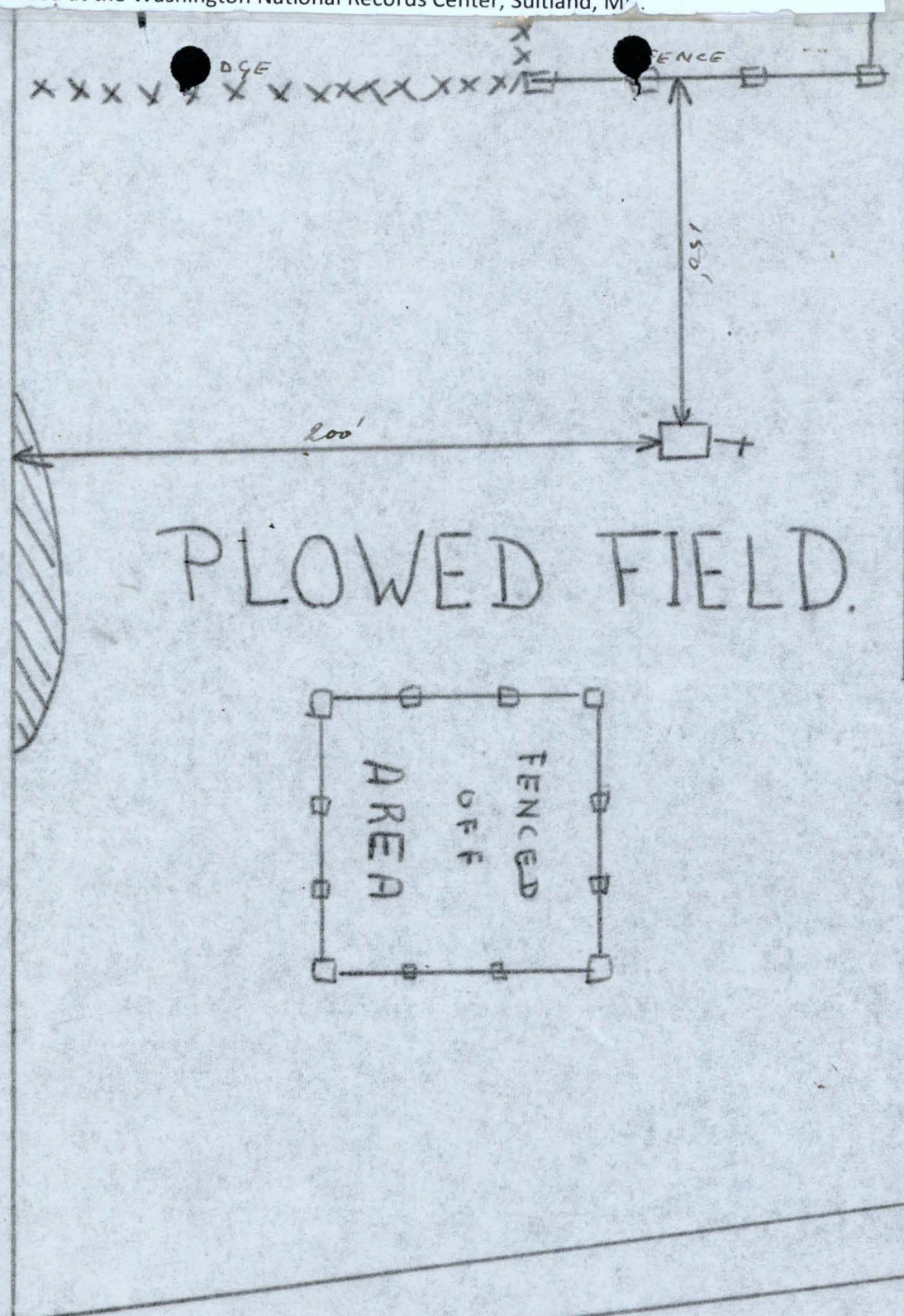
Herwendaalse weg 5

Maria C. Dzurenko

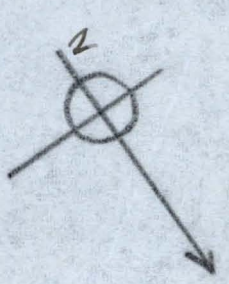
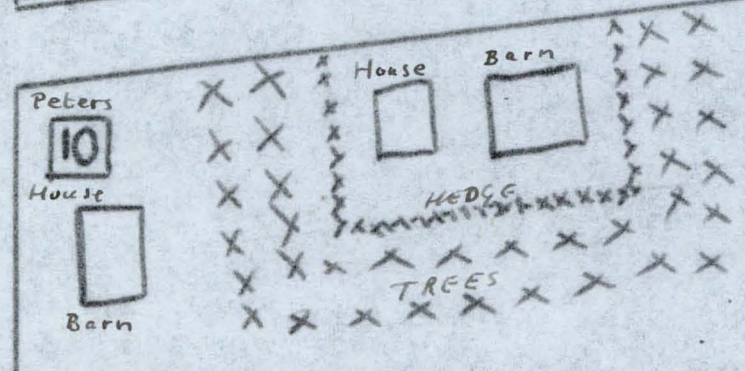
John J. Zurick
2nd Lt. Inf.

Groesbeek

T. Buys
Camp
79 + 55 Sheet of A Senior's M.I. Europe
1:25000



WALDGRAFF



Unreported Case
X-2800

FORM NO. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN
(to be completely filled out and attached to
each copy of Report of Interment WD QMC
Form 1042)

Unknown X 2800
Cemetery Margraten, Holland
Plot AAA Row 4 Grave 96

1. Arrived at cemetery 1500 8 March 46
(Hour) (Date)
2. Place of death Groesbeek, Holland. 7.5 - 5.5.
(Name of closest town) (Coordinates and letter
Prefex, maps)
Sheet 2A series N.W.Europe 1:250,000.
Sheet, scale and serials used
3. Remains recovered or disinterred by 2nd Plt 3059 Gr. Reg Co U.S. Army
(Name and organization)
4. Evacuated to Cemetery by 551st Q.M. Group.
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit,
obtain size from body measurements).

Item	Markings	Sizes	Color	Indicate unusual marking: wear, tear, repair, etc.
*Headgear	(type)			
Raincoat				
Overcoat				
Jacket, Field	X.			
Markinaw				
Sweater	X. O.D.			
Jacket, HBT				
*Shirt, Wool	OD			
Undershirt, Wool	X.			
Trousers	HBT			
*Trousers, Wool	OD			

Belt, web _____

Drawers, Wool _____

Drawers, Cotton X _____

Leggings, Wool _____ (note unusual lacing)

Socks, Cotton Wool X _____

Paratrooper
*Shoes (type) --- 7 1/2 c. _____

Overshoes _____

Web Equipment (type) _____

Sun Tan Pants
(Other item) _____

Sun Tan Shirt
(Other item) _____

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

6. Chevrons or
Insignia None. _____

(type & location; shirt, jacket, coat, helmet)

Shoulder Patch none. _____

7. Does clothing indicate that deceased was a member of the Air,
Ground or Naval Forces Ground. _____

8. Description of Remains: _____

Age _____ Height 5,8" Weight _____ Description of Wounds _____

Bandages or dressings _____ Scars _____

(Length, width, location)

Tattoos _____

(Number, location - illus. on sep. page)

Outstanding moles, warts or birthmarks _____

(yes-no; description; location)

Sunburn or tan, other than hands and face _____

Complexion _____

(light, med. dark, clear, pimples, pocks, freckles)

Build: _____

(large, fat, thin, muscular)

Hair Brown. _____

(color, length, quantity, curly, wavy, straight, whorls or definite parting).

Hair _____
(baldness, width, peak, distinctive qualities, other charact.)

Sideburns _____ Mustache _____
(color, setting, shape) (color, size, shape)

Beard or Goatee _____
light, color, extent, length, leaves

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

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

Mouth _____ Lips _____
(large, medium, small) small, large, full

Teeth _____
Tooth chart taken. _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extr.)

Chin _____
(prominent, receding, pointed, dimple, double)

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

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

Shoulders _____ Arms _____
(broad, straight, small, rounded) (length, muscular, color)

_____ (extent and quantity of hair).

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers

or joints) _____ (Unusual characteristics of fingernails)

Chest _____
(size of nipples, color, quantity & extent of hair, large, small, normal,

Back _____ Waist _____
(quantity & extent of hair) (size of navel, appendectomy, amount

_____ Circumcision _____ Pubic hair _____
quantity & color of hair) yes-no color)

Hernia/plasty _____
(yes-no; location)

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

DECLASSIFIED

X-2800

Feet _____ Toes _____
(Size, corns, calluses, flat) (slender, straight, crooked, overlap)

DECOMPOSED

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

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



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

If not, explain Decomposed.

11. Has tooth chart been prepared Yes If not, explain _____
Yes-no

12. Remarks: Body badly decomposed.

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.

John J. Zurick

Officer's Name

JOHN J. ZURICK

2nd Lt

Inf.

Rank

Service

2nd Platoon 3059 QM Gr Reg Co APO 228
Organization