

FILE IDENTIFICATION TOPPER

FILE NUMBER

Unit 293 / 23

SUBJECT

Belgium (G.I.S.C.)

Cancelled assigned CIL # 1808

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

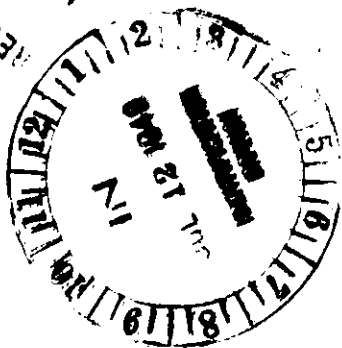
243 rank Fosse #14# 1808

DUE, HOUR AND DATE _____

1 NO.	2 FROM-	3 TO	4 DATE	5 MESSAGE
1	Chief, Id Br Id Sec Mem Div	Repat Br Rec Sec Mem Div ATTN: Capt Snedigar	5 July 49	<p><i>m</i></p> <p>Attached Reports of Burial forwarded for cancellation and return to Identification Section.</p>
acn				<p>3 Incls: R/B X-23, 91B & 91C (Fosse #1) Belgium</p> <p>METZ <i>Barry</i> BARRY 74059 <i>ans</i> 2462</p>
2	Chief, Rec Sec R/R Er Mem Div	Chief, Ident Sec Ident Br Mem Div	11 Jul 49	<p>Necessary cancellation accomplished in this Section.</p>
				<p><i>S</i></p> <p>SNEDIGAR 5198</p> <p>3 Incls n/c</p> <p><i>Jackson</i> JACKSON 72267</p>

*for taking
in this part
9-15-44
with 13 rank Fosse
#14# 1808*

REARRIAN
RECORDS BRANCH
JUL 5 2 14 PM '49
MEMORIAL DIVISION



RESTRICTED

REPORT OF BURIAL

15 Sept. 1944

22068

Form No. 1
Revised 1 Sept. 1943

Identified **I-83** **1888**

Last Name **Unknown** First Name **York** Initial **Fossas** Rank **Unknown** Organization **Unknown** Serial No. **Unknown**

Unit **Belgium** **Belgium** Cause of Death **Burned K.I.A.**

Place of Death **IDOO** Date of Death **15 Sept. 1944** Name of Cemetery **Fosse # 1** Cause of Death **835-043**

Time and Date of Burial **24** Name of Cemetery **Temporary** Name or Coordinates of Location **Temporary**

Grave Number **24** Row Number **2** Pit Number **2** Type of Marker **Temporary**

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

If No Identification Tags **CANCEL - Assigned CII # 1808 per radio RA**
How were remains identified? **AGRC 4458, 30 June 49.**

Body badly burned and charred. Unable to recognize, fingerprint or make tooth chart. Very little of the body found. No identification marks.

What means of identification were buried with the body?
1 GRS Embossed Tag.

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

Who is buried on:
Deceased's Right: **Lucarelli, Edward J.** **31324578** **25**
Name Serial No. Rank Organization Grave No.

Deceased's Left: **Trumbull, John** **19028361** **23**
Name Serial No. Rank Organization Grave No.

Signature of Officer or other person reporting burial



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

Emergency Addressee _____ Name _____

Address _____

Religion _____

List only Personal Effects Found on Body and disposition of same:
None.

Signature of Officer or other person reporting burial

*FILE
WAN
5 May 52
Ernest J. Terry*

Verified by G.R.S. Officer **ERNEST J. TERRY**

1st Lt. OMC
Graves Registration Officer

1944 Sept 15

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:

A.I.K. Service
 838-043
 Temporary
 XX
 2
 1
 Thumbs
 SS
 SS

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wounds/Scars? _____
 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, thicks, deformities, etc.

Body badly burned and charred. Unable to recognize, finger print or make tooth chart. Very little of the body found. No identification marks.

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

I GRS Impressed Tag.
 Lucatelli, Edward J.
 Lucatelli, John
 130383E1

TOOTH CHART

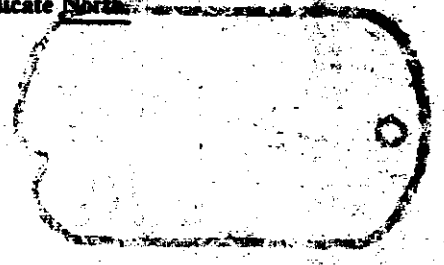
Deceased's Right	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Deceased's Left	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Legend: 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.



IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
of Report of Interment WD QMC Form 1042)
DD # 125, dated 16 December 1946

Unknown X -23

Cemetery Fosse, Belgium

Plot B Row 2 Grave 24

1. ~~Reprocessed~~ **Date reprocessed:** 10 December 1947
(Hour) (Date)
2. Place of death
(Name of closest town) (Coordinates and letter Prefix, maps)
.....
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred ~~by~~ and reprocessed by I.S. First Zone
(Name and organization)
4. Evacuated to Cemetery by
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<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>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		

FEB 24 1948

2

Belt, web NONE

Drawers, wool NONE

Drawers, cotton NONE

Leggings, wool NONE

Socks, cotton NONE

* Shoes NONE (type)

Overshoes NONE

Web Equipment NONE (type)

(Other item) NONE

(Other item) NONE

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

Chevrons or Insignia NONE
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch NONE

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

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 NONE FOUND
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee UTD
 (Light, color, extent)

Eyes UTD 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 NONE FOUND
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin UTD
 (Prominent, receding, pointed, dimples, double)

Jaw UTD Circumference of head in inches MISSING
 (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 NONE FOUND
 (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
 (Nose, arms, legs, etc.)

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

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

If not, explain **FINGERS MISSING**

8. Has tooth chart been prepared? **NO** If not, explain **NONE FOUND**
(Yes-no)

9. Remarks **Only small fragments of bones recovered in bucket. No clothing recovered.**

All major bones fractured and/or missing. Est. wgt. of remains: 2 oz.

Fluoroscopic examination not necessary. GRS tag recovered.

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

Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT **CFC**
Rank Service

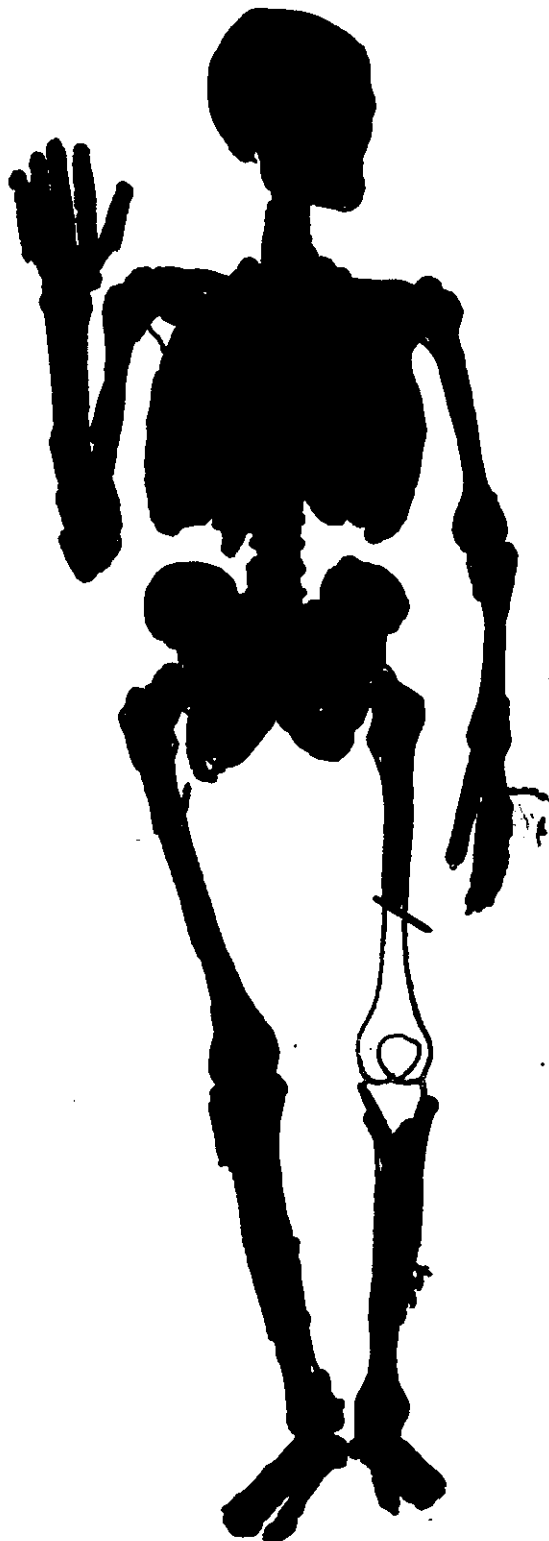
OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Cancelled - Assigned CIL #1808

JUL 1 11 25 AM '49
O.C.M. S.
TEL. & CAB. SECTION

297 5317

FUN 93.
FPA052
PP UEP

JUN 30 15 53

JUN 30 16 22 5 HQ AGRC Paris

REF NO. AGRC 445
S. T. G. 301500 Z
PM
MSG IN NO. 5632

1946 JUN 30 PM 15:25

56321

FM UFPO 22/HQ AGRC PA
IS FRANCE 501500Z

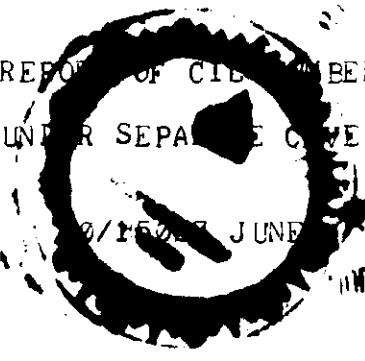
TO OQMG WASHDC
GRAVES GRNC

AGRC REF FOUR FOUR FIVE EIGHT

ATTN MEMORIAL DIV

REURAD WCL TWO TWO ZERO FIVE SIX PD CIL NUMBERS HAVE BEEN ASSIGNED TO
CASES IN QUESTION AS FOLLOWS CLN FOSSE XRAY TWO THREE CMA CIL NUMBER
ONE EIGHT ZERO EIGHT SMCLN XRAY NINE ONE BAKER CIL NUMBER ONE EIGHT
ZERO NINE AND XRAY NINE ONE CHARLIE CIL NUMBER ONE EIGHT ONE ZERO PD

REPORT OF CIL NUMBERS ASSIGNED WILL BE FORWARDED YOUR HEADQUARTERS
UNDER SEPARATE COVER UPON RECEIPT BY THE OFFICE PD END AGRE RAGUSE



RECEIVED
AGRICULTURAL DIVISION
JUN 30 15 32

RECEIVED
AGRICULTURAL DIVISION
JUN 1 15 55

203 261
123
RECEIVED
AGRICULTURAL DIVISION
JUN 30 15 32

293 Tank Belgium 123 Force

Handwritten initials/signature

COMBAT DEPT OF THE ARMY WASHINGTON D C

UNCLASSIFIED

CG AGMC PARIS FRANCE

PRIORITY

AGMC 2815

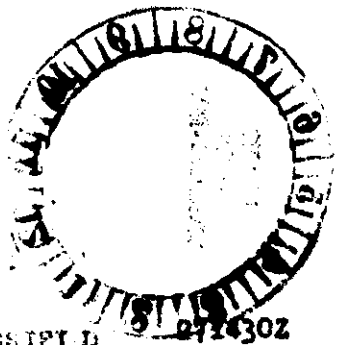
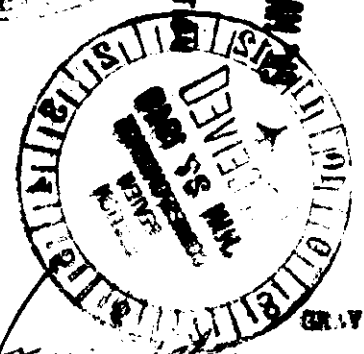
FROM QUARTER MASTHEAD AGMC 2815

WCL 22056

RECORD OF CEN IDENTIFICATION LAB NO HAS NOT BEEN SEND PD MONTHLY REP

AGMC 2815 IS RC IN HQ 00189 (27 APR)

Foy: fml
REB
cc: Admin Section



UNCLASSIFIED 2815 73 MUL

ADMINISTRATIVE BRANCH TEL & CAS SECT
JUN 27 11 54 AM '49

REB

Handwritten signature
J. C. HOLLOMAN
LT COLONEL, COM, 4TH DIV

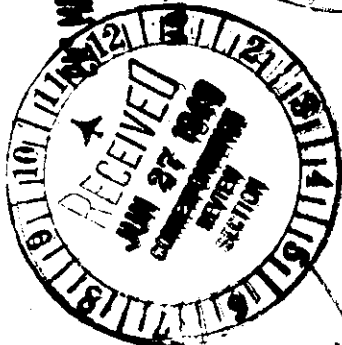
AT CAPT BERRY HKT 72947

JUN 49

GRS EUROPEAN

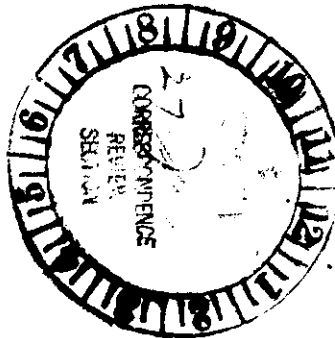
1

JUN 25 11 24 AM '40



G.M.F.

LET & CAB SECT



RFUB 89 M

FPA008

PP UEPC

149 APR 27 10 4

818

FM UFPO 01/270848Z

TO OQMG WASHDC
GRAVES GRNC

60169
1949 APR 27 pm 12:15

REF AGRC TWO EIGHT ONE FIVE

ATTN MEMORIAL DIV

REURAD WCL THREE ONE EIGHT ONE FOUR PD THIS HEADQUARTERS HAS
ISSUED ORDERS TO ASSIGN CIL NUMBERS TO UNKNOWN XRAYS DASH TWO THREE
CMA XRAY DASH NINE ONE BAKER AND XRAY DASH NINE ONE CHARLIEE CMA
USMC FOSSE CMA FRANCE PD RECORD OF CIL NUMBERS WILL BE FORWARDED YOUR
OFFICE ON COMPLETION OF ACTION PD END AGRE SIGNED PECKHAM

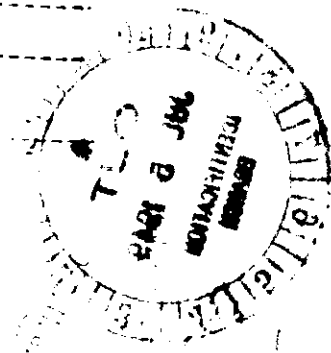
27/0940Z APRIL

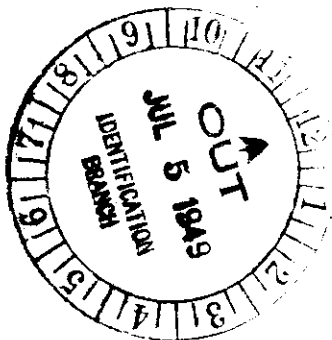
MSG NO

D. T. G.

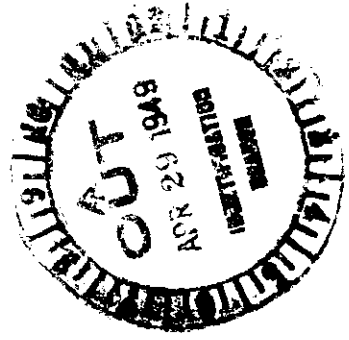
ACTION

MC IN NO.





PR 27 3 55 PM '49
MEMORIAL DIVISION



293 unk Belgium X-23 (Fosse)

CG ADJG F300 F300

UNCLAS

PROTECT

FILE

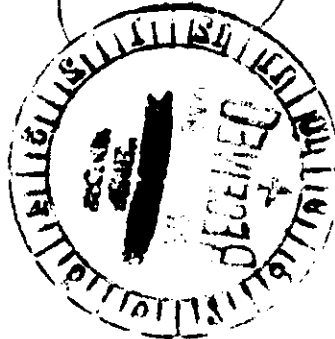
... MAY 01 ...

ADMINISTRATIVE BRANCH
APR 19 11 42 AM '49
MEMORIAL DIVISION

REB

Foy/ejh
RMB

293 unk Belgium X-91(B-c) (Fosse)



APR 19 12 05 PM '49
O. O. H. G.
7 6 2

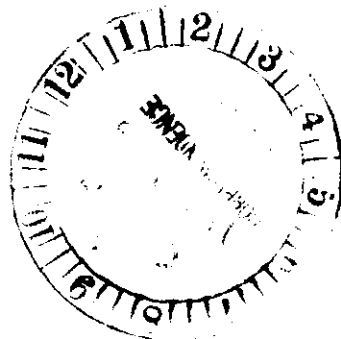
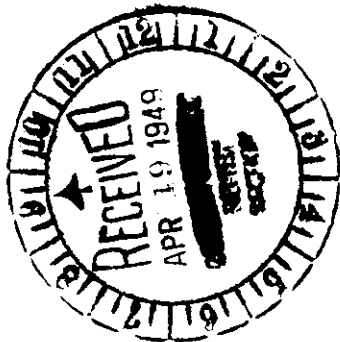
UNCLAS

191402

SECRET

APR 19

293 GRS European



USMC. Henri-Chapelle
Plot G. Row 15. Grave 11
Date of Burial: 13 Dec. 48

Buried on 11/11/48
Left: Robert S. Frost
1016542
Left: George I. Blumstein
01770074

MM

1

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1220 00002

DATE
15 07 48
DAY MONTH YEAR

NAME UNKNOWNX-000023 SERIAL NUMBER RANK ARM 0 DATE OF DEATH

CEMETERY FOSSE NAMUR DISPOSITION OF REMAINS 0 1201 80 CODE DIST. PT.

LOC. ROW GRAVE COUNTRY CAUSE OF DEATH
B 2 24 BELGIUM 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HENRI-CHAPELLE, BELGIUM
NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X23 SERIAL NUMBER RANK DATE OF DEATH 30 JULY 48. DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION UNK IDENTIFICATION VERIFIED BY JOHN CRAZEN, CAPT. QMC. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER CONDITION OF REMAINS ONLY BONES PRESENT ARE DENTAL 1/3 L/EMUR, I/PATELLA, PROXIMAL 1/4 L/TIBIA
OTHER MEANS OF IDENTIFICATION NONE
MINOR DISCREPANCIES NONE

CANCELLED

REMAINS PREPARED AND PLACED IN CASSETTE TRANSFER BOX
DATE 5 AUG. 48. by THEODORE P. HARTINSON JR. EMBALMER

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY ALL PLATES, TAGS AND MARKINGS VERIFIED BY RAYMOND G. JOHNSON, 1/LT., INF.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
EXCEPT CASSETTING
JOSEPH NOVACK, 2/LT. COL.
SIGNATURE OF GR5 INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Raymond G. Johnson
1st Lt, Inf

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE