

X-91 AB(C)

unw 293 unk Fosse CIL# 1810

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

REPORT OF BURIAL

11 Dec. '47

Unk X-91 AB(C)

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Organization

ANTWERP, BELGIUM

FLYING BOMB

Place of Death

Date of Death

Cause of Death

1615 - 29-11-44

USMC, Fosse, Belgium

158

7

Temp Wdn Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

CANCEL - Assigned CIL#1810 per radio ETA AGRC 4458,

How were remains identified?

30 June 49.

Instructions contained in DD #125 dated 16 Dec. '46 complied with. This case has been segregated from former X-91.

What means of identification were buried with the body?

One copy of GRS Form #1 placed in burial bottle and buried with remains.

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

Who is buried on :

Shepherd

37591505

Unk

Unk

159

Deceased's Right :

Name

Serial No.

Rank

Organization

Grave No.

Penrod

38904838

Unk

Unk

137

Deceased's Left :

Name

Serial No.

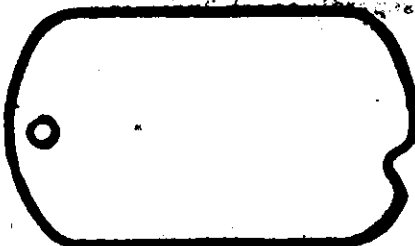
Rank

Organization

Grave No.

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

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



Emergency Address

Unk

Name

Unk

Address

Religion

Unk

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

This deceased previously buried with Unk X-91, USMC, Fosse, Belgium, Plot C, Row 6, Grave 103.

NOTE: This grave was previously occupied by Cpl JACK C GARDNER ASN 15067067 now transferred to USMC, Neuville, Plot A, Row 7, Grave 151.

This copy of Report of Interment prepared by CIP, 1st Zone, APO 58, US Army by

CARLYLE D. JOHNSON JR
USDA CIV CIP

Signature of Officer or other person reporting burial

KENNETH W. DESCHENEUX
CAPT INF CIP

Verified by G.R.S. Officer

FEB 24 1948

2

FILE
NAN
1/27/48
1948

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following :

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

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

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

Left Hand

Thumb

1

2

3

4

5

6

7

8

Right Hand

Thumb

1

2

3

4

5

6

7

8

TOOTH CHART

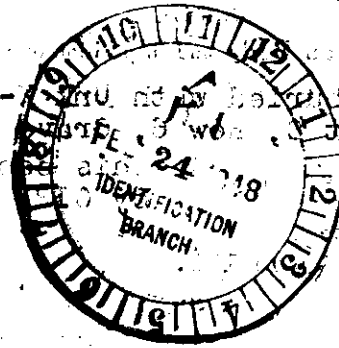
Deceased's Left								Deceased's Right							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper								Lower							

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ◊; link 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.



STATIONER D. G. ...
S. at C-76992-887 M-3-45

FEB 24 1948

IDENTIFICATION CHECK LIST

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

D.D. # 125

Unknown X - 91 A B (C)

Cemetery Fosse, Belgium

Plot I Row 7 Grave 138

Date Reprocessed:

1. ~~Arrived at cemetery:~~ 10 December 1947
(Hour) (Date)

2. Place of death Antwerp, Belgium
(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>		
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>		

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) One grey wool blanket

(Other item) _____

* 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: All major bones missing

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 with case A
(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)

UTD
(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.

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

If not, explain Missing

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

9. Remarks Case received in a metal casket. Upon processing, the bones of three remains were recovered. Est. wgt. of reprocessed remains: $\frac{1}{2}$ lb. No clothing found. Remains received wrapped in a gray wool blanket.
Case consists of 0.25 night calceolus.

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.

Goodrow
MOORE

(Officer's Name)

CAPT

Rank

QMC

Service

OPER OFF I.S. First Zone

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



CHART "A"

Est. HEIGHT UTD

FBI

1

USMC HENRI CHAPELLE
Plot: D, Row: 1 Grave 31
Date of Burial: 10 Dec 48
Verified by GRS Officer: *J. Hoffman*
Buried on
Flight: Phillip Mallick
15 046008
Left: Chester C Sansoucie
37397032

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 1220 02200
DATE: 15 10 48

NAME: *Gold* UNKNOWN NC-000091
SERIAL NUMBER: UNKNOWN NC-000091
GRADE: Q
ARM: 0
RACE: 0
RELIGION: 6

CEMETERY: FOSSE BELGIUM
PLOT: I ROW: 7 GRAVE: 138
DISPOSITION OF REMAINS: 1201 80
CODE: DIST. CTR.

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: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN
RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL: 293 tent Belgium (Fosse) C.I.#1810
CONDITION OF REMAINS: Deletion

OTHER MEANS OF IDENTIFICATION: Deletion

MINOR DISCREPANCIES (Prepare Discrepancy Report QM Form 294 for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET
DATE: BY: EMBALMER (Signature): R & R RR.

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

573

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
8. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

1

DISINTERMENT OPERATIONS RECORD

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

RACE RELIGION

NAME

SERIAL NUMBER

GRADE

ARM

UNKNOWN - 000091

8

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

FOSSE BELGIUM

I

7

138

CODE DIST. CTR.

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

GRADE

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN

0-000091

UNKNOWN

26 JULY 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

YES

YES

UNKNOWN

RAYMOND G. JOHNSON

1/LT. INF

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

UNKNOWN

REMAINS PLACED IN CASKET

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET Transfer box.

DATE 26 JULY 1948

BY

NOEL H. WATSON, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

E. P. THOMAS, EMB. SUPVR.

E. P. Thomas

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY: RAYMOND G. JOHNSON, 1/LT., INF.

DATE 8 Dec. 48 BY E. P. THOMAS

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

RAYMOND G. JOHNSON, 1/LT. INF.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the 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.

FW



DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1220 02200

DATE
15 10 48
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
000001

GRADE

ARM
0

RACE
0

RELIGION
6

CEMETERY
FUSSE BELGIUM

PLOT
1

ROW
7

GRAVE
128

DISPOSITION OF REMAINS
1201 50
CODE DIST. CTR.

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

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS