

7887 GRAVES DETACHMENT

APD 757

273 and Fosses X-47

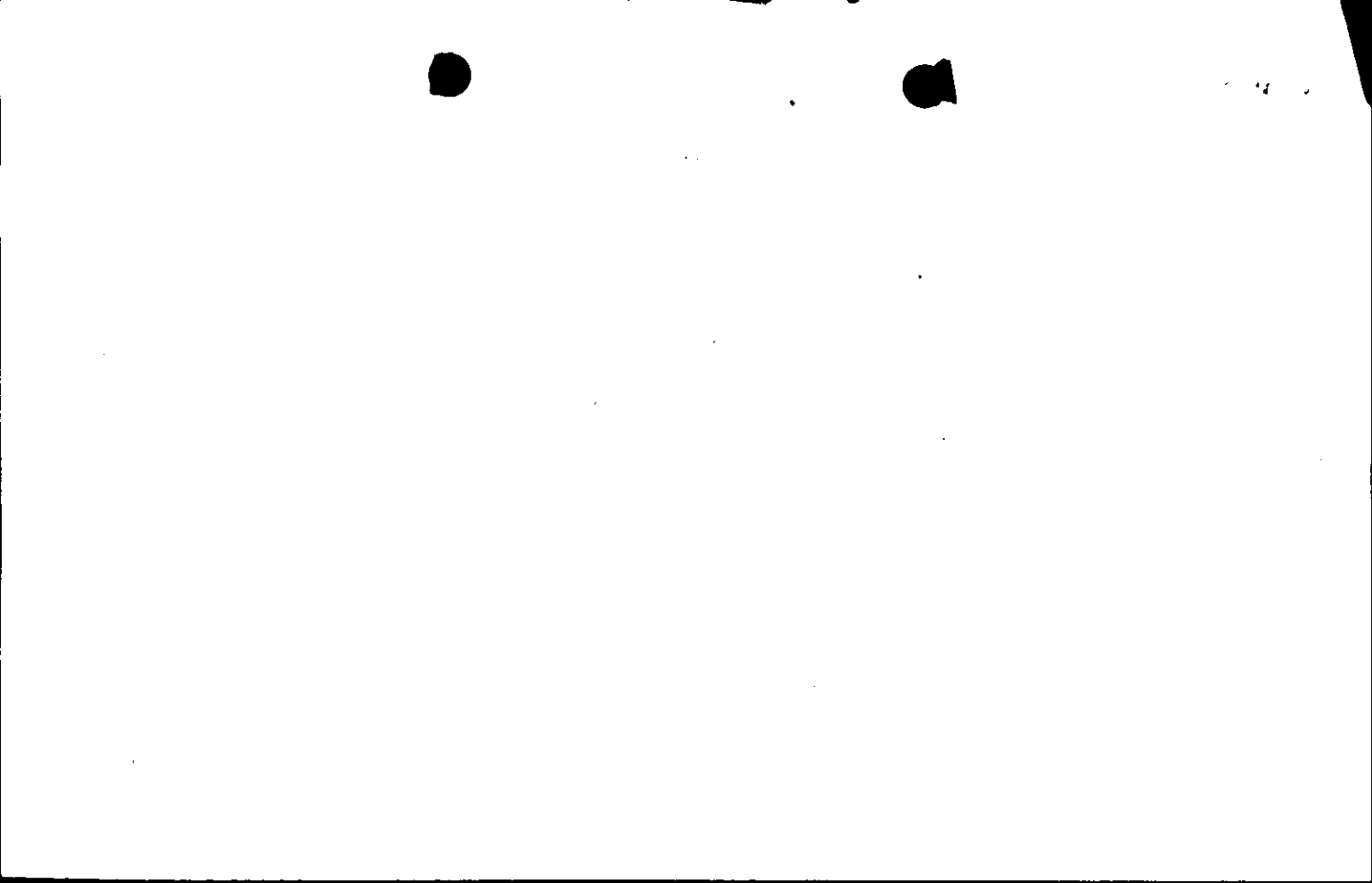
Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-47, FOSSES

(FOC) BEUVILLE

NAN
File

Identification Branch



RESTRICTED

22091
20 Sept 1944
Date

KNOWN

UNKNOWN

Last Name	First	Initial	Rank	Serial No.
Unknown	Unknown	Unknown	Unknown	Unknown
Unit	Organization		Unknown	
Place of Death	Date of Death	Cause of Death		
1600 hrs, 20 Sept 1944	Fosses #1	835-043		
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location		
96	5	Temp		
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

How were remains identified?

Body completely decomposed - Fingerprints and tooth charts impossible

What means of identification were buried with the body?

Embossed tag.

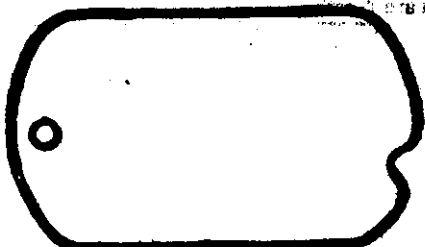
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Kinney, John J. 3239453 97

Deceased's Left: Tuer, Lowell H. 36157567 95

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



If print 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
Nicholas J. Sloane
NICHOLAS J. SLOANE
Lt. Col. M.C.

Verified by G.R.S. Officer

Graves Registration Officer

RESTRICTED

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

Right Hand

TOOTH CHART

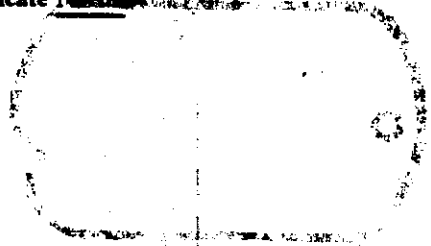
		Deceased's Left															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	8																
Lower	8																

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

Characteristics: _____

Other Data: _____

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



1

USMC Neuville en Condroz
Plot: D - Row: 35 Gr: 17
Date of Burial: 13 May 50
Verified by GRS Officer
M.R. Smart, Capt QMC

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1220 00016

DATE
15 01 50
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000047 GRADE: ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: FOSSE BELGIUM, PLOT: G ROW: 5 GRAVE: 96 DISPOSITION OF REMAINS: 1202 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

NAME AND ADDRESS OF CONSIGNEE
NEUVILLE-EN-CONDROZ, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN
These remains are unidentifiable and are to be permanently interred. (Reg Dis Int 8 Feb 50)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN NAME AND TITLE
 MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION
SEE ATTACHED SHEET

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 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
REMAINS ARE UNIDENTIFIABLE.
RECORDS ANNOTATED
DATE 28 Jan 51
NAME TRILLES BR. MED. DIV.

Tril 31

(10/2)

X ✓ 68

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

CHECK LIST FOR DISINTERMENT OF UNKNOWN

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be stated.

UNKNOWN X- 47

PART I

CEMETERY France, Belgium

Physical Description: PLOT 2 ROW 8 GRAVE 88

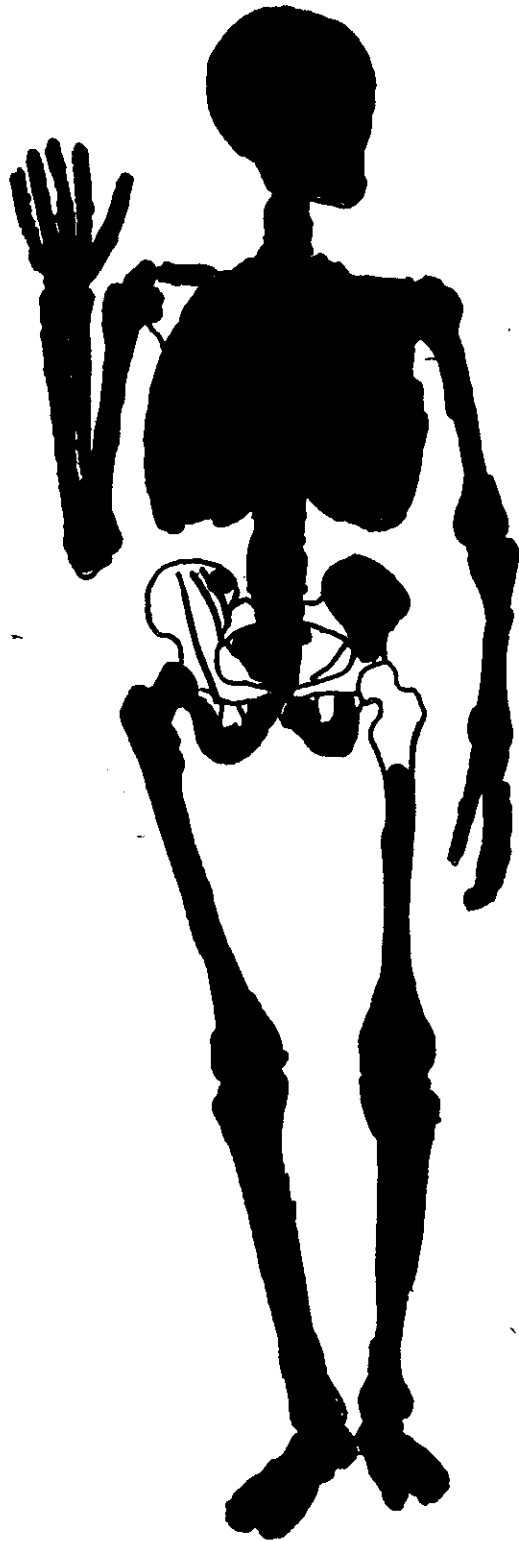
1. Estimated height Unobtainable-too decomposed
2. Estimated weight Unobtainable-too decomposed
3. Color of eyes Unobtainable-no head
4. Color of hair Unobtainable-no head
5. Race Unobtainable-too decomposed
6. Quantity and characteristics of hair on head (length, baldness, curly, etc.)
Unobtainable-no head
7. Amount and color of hair on body (arms, chest, pelvic region, legs)
Unobtainable-too decomposed
8. Description of mustache and beard Unobtainable-no head
9. Length of sideburns Unobtainable-No head
10. Was the deceased circumcised? Unobtainable-too decomposed
11. Are any tattoos or scars on the body? (Give description) Too decomposed
12. Is there anything unusual about the fingernail structure? Unobtainable no fingers
13. Is there anything unusual in the construction of the toes or feet?
Unobtainable-no feet
14. Was tooth chart taken? No Were fingerprints taken? No
15. Proximate cause of death? Unknown
16. Was the body burned? To what extent? Unknown-too decomposed
17. Are any parts of the body missing or severed? Yes Head, arms, and legs missing
18. Is there any evidence of first-aid or other medical treatment? Too decomposed
19. If the remains are badly mangled, a careful search should be made for identification tags or personal effects.
20. If no clothing is found, measurements should be made of the head, neck, chest, waist, foot, leg (inseam), and arm length in order that clothing sizes may be determined.
Unable to take measurements Remains too decomposed

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Est. HEIGHT..... UTD.....

1

DISINTERMENT OPERATIONS RECORD

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWNX-000047 8

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
FOSSE BELGIUM G 5 96 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 X-000047 UNK 17 AUGUST 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
REMAINS EMB UNK JOSEPH NOVACK, 2/LT CE NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
MATTRESS COVER ALL BONES MISSING EXCEPT PORTIONS OF PELVIS & L/FEMUR.

OTHER MEANS OF IDENTIFICATION NONE.
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) NONE.

REMAINS PREPARED AND PLACED IN ~~CASKET~~ Transfer box.
DATE 18 AUGUST 1948 BY LEONARD P. UNDERWOOD, EMBALMER.

CASKET SEALED BY CHARLES W. FREDRICKS, EMBALMER
EMBALMER (Signature) CHARLES W. FREDRICKS

CASKET BOXED AND MARKED 1948 CHARLES V. MORGANT
DATE 3 NOV. BY CLERK RECORDER MARKINGS VERIFIED BY ROGER E. LEWIS, CAPT. CA

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

ALVIN C BECK, 1/LT INF. SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Incl 31

(2 of 2)

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1720 00014

DATE

15 01 50
DAY MONTH YEAR

NAME

UNKNOWN-000047

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

FOSSE BELGIUM

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1202 50
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NEUVILLE-EN CONROZ, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

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

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

REMAINS ARE UNIDENTIFIABLE.

8 FEB 1950 SENT

NAT
FILE

NAME *[Signature]*
R & R BR.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
PO BOX 58 US ARMY

243 back page in (Fosse) 747

8 Sept. 1948
Date

SUBJECT: Unidentifiable Remains.

TO: The Quartermaster General
Memorial Division
Washington 25, D.C.

1. The records pertaining to Unknown X- 47, Plot G,
Row 5, Grave 96, USMC Fosse, Belgium have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2656, dated 11 February, 1948. No
further information is available.

FOR THE COMMANDING GENERAL:

George L. Freeman
GEORGE L. FREEMAN
1st Lt OMC
Actg Asst Adj Gen

Received TL # 3062 (13 Sept 48) OQMG
Not identifiable from
information presently
available

Incl # 2

IDENTIFICATION CHECK LIST

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

D.D.# 125, dated 16 Dec. 48

Unknown X-47
Cemetery Pesse, Belgium
Plot 0 Row 5 Grave 96

1. ~~Date of Recovery~~ 10 Dec. 47
(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 and processed by I.S., 1st. 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>		

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes (type) **None**

Overshoes **None**

Web Equipment (type) **None**

(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: **All major bones fractured and/or missing**

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **None found** 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 **None found**
(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 **No teeth recovered**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Skull 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 **Missing**

Fingers **Missing**
(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 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 Fingers missing

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

9. Remarks Only a small portion of the remains recovered. No clothing found. No boxes for measurement. Est. weight of remains 11lb. GHS. tag found with the remains. No Report of Burial found.

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

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

CAPT QMC
Rank Service

OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Est. HEIGHT.....UFD