

HEADQUARTERS  
1ST QUARTERMASTER GROUP  
APO 513, U. S. ARMY

REPORT OF INVESTIGATION OF ISOLATED GRAVE  
OR  
UNBURIED REMAINS

Date ..6 May 49.....

\* U.S. - Allied ~~Enemy~~

1. Name, Rank, ASN of deceased: ~~UNIDENTIFIED~~.....
2. Organization of deceased: ..UN.....
3. Means of identification: .....~~UN~~.....
4. Cause of death: ~~UNIDENTIFIED~~..... 5. Date of death: ..7 Feb 44.....
6. If isolated Grave:
  - a. Date of burial: .....~~UN~~.....
  - b. By whom buried: .....~~UN~~.....
  - c. Inscription on marker: .....~~UN~~.....
7. Location of grave/unburied remains: ..~~UNIDENTIFIED~~ (9,348).....  
(Be specific, sketch on reverse)  
.....
8. Names of deceased and location of other \*graves/unburied remains in immediate vicinity: .....~~UN~~.....  
.....
9. Description and location of wrecked or abandoned vehicles or equipment in immediate vicinity: .....~~UN~~.....
10. Disposition of personal effects: (Itemise if possible) .....  
.....
11. Other pertinent information: .....~~UN~~.....  
(Use reverse side if necessary)
12. Information furnished by: ..~~UNIDENTIFIED~~.....  
(Name, title, address) ;.....
13. Names and addresses of other persons familiar with the case: ..~~UN~~.....  
.....

(Over)

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- 128  
CEMETERY Fey  
Physical Description PLOT J ROW 9 GRAVE 213

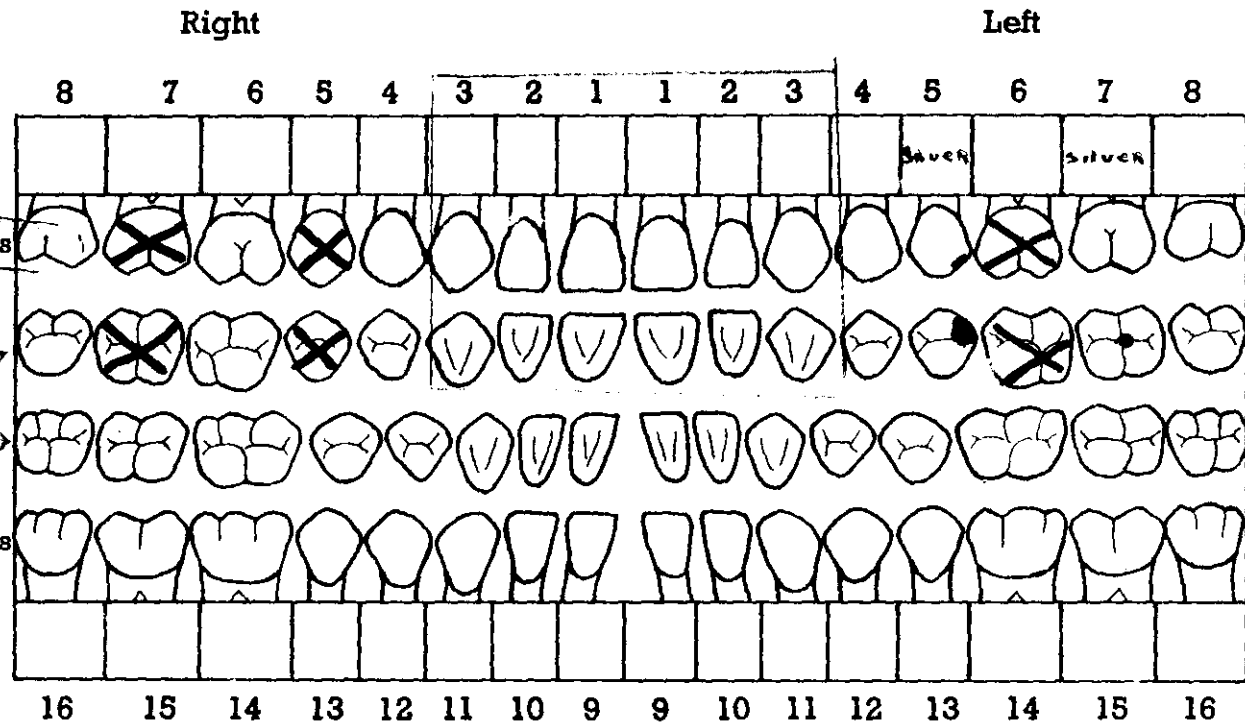
PART I

1. Estimated height 5' 6"
2. Estimated weight 165
3. Color of eyes \_\_\_\_\_
4. Color of hair Brown
5. Race White
6. Quantity and characteristics of hair on head (length, baldness, curl, etc.)  
Curly
7. Amount and color of hair on body (arms, chest, pelvis region, legs)  
Much hair on chest
8. Description of mustache and beard \_\_\_\_\_
9. Length of sideburns \_\_\_\_\_
10. Was the deceased circumcised? \_\_\_\_\_
11. Are any tattoos or scars on the body? (Give description) \_\_\_\_\_
12. Is there anything unusual about the fingernail structure? \_\_\_\_\_
13. Is there anything unusual in the construction of the toes or feet? \_\_\_\_\_
14. Was tooth chart taken? Yes Were fingerprints taken? No
15. Proximate cause of death? \_\_\_\_\_
16. Was the body burned? To what extent? \_\_\_\_\_
17. Are any parts of the body missing or severed? \_\_\_\_\_
18. Is there any evidence of first-aid or other medical treatment? \_\_\_\_\_
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.

# TOOTH CHART

18 Aug 1945  
 Date

~~Unknown X-128~~ Last Name      First      Initial      Rank ~~Unk~~      Serial No. ~~Unk~~  
 Unit      ~~Unk~~      Organization  
 Place of Death      Date of Death      Cause of Death



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.

K

*[Handwritten Signature]*  
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

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

US. Military Cemetery FOY,  
Belgium,  
Plot J, Row 9, Grave 213

# TOOTH CHART

28 October 1947

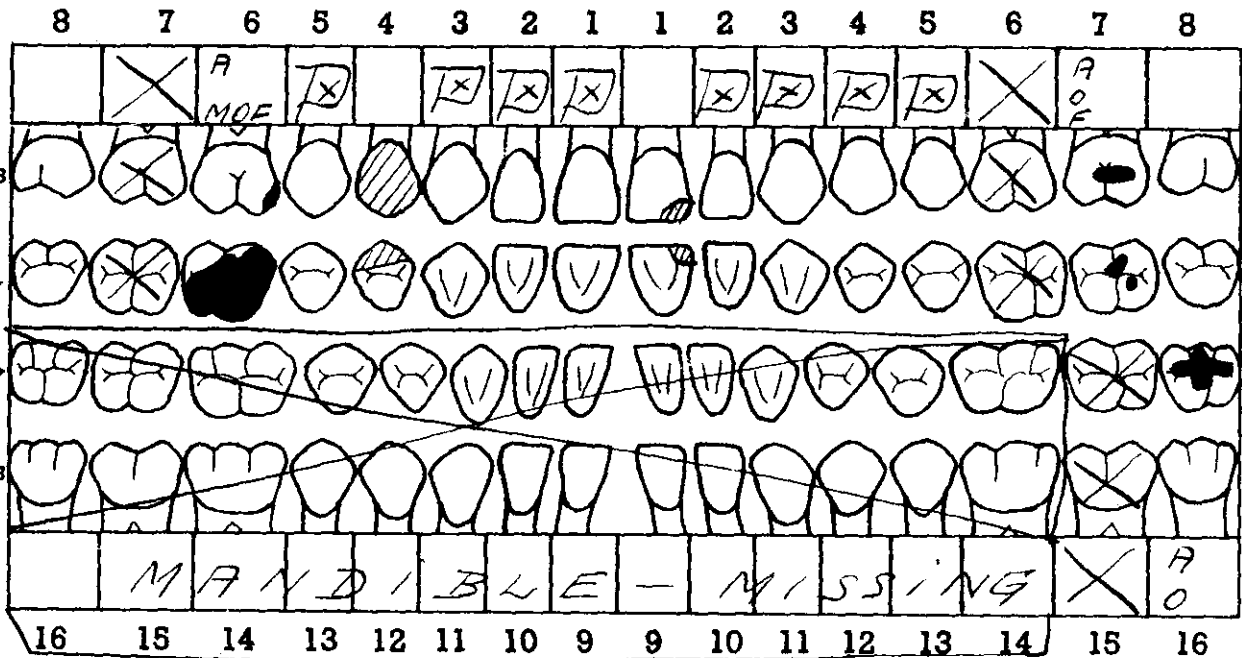
Date

Unknown X-128

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
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.

See remarks

2550

T/5 E. Marshall No. 9

Signature of Officer or other person who prepared Tooth chart

ERNEST C. GADDY, CWO. USA. C.I.P.

Verified by G. R. S. Officer

7337 GRAVES DETACHMENT

APC 757

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:

UNKWON X-128 Foy

(POC) HENRI CHAPELLE

*Handwritten notes:*  
2/16  
for [unclear]

USMC: Henri-Chapelle

REPORTED ON: CFI

PLOT: E ROW: 16 GRAVE: 23  
DATE OF BURIAL: 15 Nov 48  
VERIFIED BY:

DISINTERMENT DIRECTIVE

REGISTRATION NO: 0-563375  
REF: JOHN R. GERMAK  
33927276

*J. Hoffman*  
GRS OFFICER

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
1225 00046

DATE  
15 07 48  
DAY MONTH YEAR

NAME: UNKNOWNX SERIAL NUMBER: UNKNOWNX-000128 RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: FOY BASTOGNE DISPOSITION OF REMAINS: 0 1201 80 CODE DIST. PT.

PLOT: J ROW: 9 GRAVE: 213 COUNTRY: BELGIUM CAUSE OF DEATH: 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 X-000128 SERIAL NUMBER: - RANK: - DATE OF DEATH: - DATE DISTINTERRED: 21 SEP 48

IDENTIFICATION TAG ON: [X] REMAINS ROB [X] MARKER EMB ORGANIZATION: UNKNOWN RELIGION: - IDENTIFICATION VERIFIED BY: ALVIN C. BECK 1ST LT., INF NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM CONDITION OF REMAINS: FRACTURED MANDIBLE - LEFT RADIUS-REMAINS COMPLETE-ADVANCED STAGE DECOMPOSITION

OTHER MEANS OF IDENTIFICATION: REPORT OF BURIAL FOUND ON REMAINS SHOWS SAME AS ABOVE

MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer box

DATE: 29 SEP 48 BY: JAMES W. ROBERTSON, EMBALMER

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

CASKET BOXED AND MARKED: CHARLES V. MORGANT ALL TAGS, MARKINGS, PLATES VERIFIED BY: ROGER E. LEWIS, CAPT., CAV  
DATE: 13 OCT 48 BY: CLERK RECORDER

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, 1ST LT., INF

SIGNATURE OF GRS INSPECTOR

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

*Raymond J. ...*  
*CHM CWO*  
RECORDS AND STATISTICS  
DATE: 10/13/48  
NAME: *...*  
R & B

6  
CASEY 293  
Unknown X-128  
USSR Pay, Belgium

10 March 1950

Mr. J. Edgar Hoover  
Director, Federal Bureau of Investigation  
Department of Justice  
Washington 25, D. C.

Attention: F.B.I. Laboratories

Dear Sir:

Forwarded herewith are remains found on the body of a deceased serviceman of World War II.

It is requested that these remains be processed through your laboratories for possible identifying marks as an aid in an investigation being conducted by this Office toward the identification of the remains.

It is further requested that this Office be advised of the results of your findings, together with return of the inclosed remains.

Sincerely yours,

1 Incl  
Remains

T. H. NEYZ  
Lt. Colonel, GSC  
Memorial Division

Martin/id m m  
Foy  
REK's  
Cy furnished: Adm Sec

Jmm  
JMN  
TEC  
RECEIVED  
GENERAL INVESTIGATIVE  
DIVISION  
MAR 10 1950  
OFFICE  
M.F. 7  
Dispatched by Special  
messenger  
10 March 50  
E. Callahan  
Attn: B. M.

# DISINTERMENT DIRECTIVE

# 6

<b>SECTION A — NAME AND BURIAL LOCATION OF DECEASED</b>				<b>DIRECTIVE NUMBER</b> <b>1225 00046</b>		<b>DATE</b> <b>15 07 48</b> <small>DAY MONTH YEAR</small>	
<b>NAME</b> <b>UNKNOWN - 000128</b>				<b>SERIAL NUMBER</b> <b>000128</b>		<b>RANK</b> <b>0</b>	
<b>CEMETERY</b> <b>FOY BASTOGNE</b>				<b>ARM</b> <b>0</b>		<b>DATE OF DEATH</b> <b>15 07 48</b> <small>DAY MONTH YEAR</small>	
<b>PLOT</b> <b>J 9</b>				<b>ROW</b> <b>213</b>		<b>COUNTRY</b> <b>BELGIUM</b>	
						<b>DISPOSITION OF REMAINS</b> <b>1201 80</b> <small>CODE DIST. PT.</small>	
						<b>CAUSE OF DEATH</b> <b>6</b>	

SECTION B — CONSIGNEE AND NEXT OF KIN	
<b>NAME AND ADDRESS OF CONSIGNEE</b> <b>HENRI CAPELLE, BELGIUM</b>	<b>NAME AND ADDRESS OF NEXT OF KIN</b> <b>BY ADMINISTRATIVE DECISION</b>

SECTION C — DISINTERMENT AND IDENTIFICATION				
<b>NAME</b>	<b>SERIAL NUMBER</b>	<b>RANK</b>	<b>DATE OF DEATH</b>	<b>DATE DISTINTERRED</b>
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	<b>ORGANIZATION</b> <b>UNKNOWN</b>	<b>RELIGION</b>	<b>IDENTIFICATION VERIFIED BY</b>  <b>NAME AND TITLE</b>	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
<b>NATURE OF BURIAL</b>	<b>CONDITION OF REMAINS</b>
<b>OTHER MEANS OF IDENTIFICATION</b>	

**MINOR DISCREPANCIES** /

**REMAINS PREPARED AND PLACED IN CASKET**

<b>DATE</b>	<b>BY</b>
-------------	-----------

<b>CASKET SEALED BY</b>	<b>EMBALMER (Signature)</b>
-------------------------	-----------------------------

<b>CASKET BOXED AND MARKED</b>	<b>SHIPPING ADDRESS VERIFIED BY</b>
--------------------------------	-------------------------------------

<b>DATE</b>	<b>BY</b>
-------------	-----------

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

\_\_\_\_\_  
SIGNATURE OF GRS INSPECTOR

<sup>1</sup> Prepare Discrepancy Report QMC Form 1194a for major discrepancies.



SFQYG 293  
Unknown X-128  
(Foy) Belgium

17 April 1946

**SUBJECT: Identification of Unknown Deceased**

**TO :** War Department Records Branch  
Historical Section, Operations Reports  
The Pentagon, MB-858  
Washington 25, D. C.

1. This office is conducting an investigation to determine the identity of an Unknown deceased member of our Armed Forces. The deceased was killed at Kerperich, Germany, and date of death is estimated as December 1944. Laundry mark "C-7537" appears on clothing of the Unknown.

2. It is requested that the records of your office be searched to determine the organizations known to have been in the vicinity of Kerperich, Germany approximately December 1944, and list thereof be forwarded to this office at the earliest practicable date.

**FOR THE QUARTERMASTER GENERAL:**

ARTHUR S. ROSENGARD  
2nd Lt., QMC  
Assistant

mb

9.8.

*[Handwritten signature and scribbles]*

REC'D  
KERPERICH  
APR 17 1946

*[Handwritten notes]*  
17-46

SPQYG 293  
Unknown X-128  
(Foy) Belgium

3 April 1946

**SUBJECT:** Identification of Unknown Deceased

**TO :** The Acting Chief, Casualty Branch  
3058 Munitions Building  
Washington 25, D. C.

**ATTENTION:** Lt. Col. George M. Weir

1. This office is conducting an investigation to determine the identity of an Unknown deceased member of our Armed Forces. The deceased was killed at Korperich, Germany, and date of death is estimated as December 1944. Laundry mark "G-7537" appears on clothing of the Unknown.
2. It is requested that the records of your office be searched to determine from organizations known to have been in the vicinity of Korperich, Germany approximately December 1944, the names of personnel reported to have been missing or killed in action and for whom no reports of burial have been received, together with whatever information may be available that will be of assistance to this office in resolving the identity of Unknown X-128, and forwarded to this office at the earliest practicable date.

**FOR THE QUARTERMASTER GENERAL:**

mb

E.D.

ARTHUR S. ROSENGARD  
2nd Lt., QMG  
Assistant

*[Handwritten signature and stamp]*  
RECEIVED  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C.

RECORDS AND  
RECORDS BRANCH  
APR 4 9 14 AM '46  
MEMORANDUM DIVISION

REPORT  
of the



FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON D. C.

March 23, 1950

To: Office of the Quartermaster General  
Department of the Army Attention: Lieutenant Colonel T. H. Metz  
Washington, D. C. Memorial Division

Following is the report of the FBI Laboratory giving the results of the examinations conducted on evidence received from your office.

Re: Unknown X-128  
USSS Boy, Belgium

*J. Edgar Hoover*  
John Edgar Hoover, Director

YOUR FILE NO. Q-1 T 293  
FBI FILE NO. 32-57  
LAB. NO. PC-27200 GR

Examination requested by: Addressee

Reference: Letter 3-10-50

Examination requested: Microscopic

Specimens: 166 Remnants found on body of deceased

RESULTS OF EXAMINATIONS:

Specimen 166 bears the marking L 0439.

Photographs of this number are enclosed for your use.

The evidence is enclosed herewith.

Enclosure - Registered Mail

*Handwritten note on right margin:*  
X-128 - Belgium - X-128 - 1000

*Handwritten notes at bottom right:*  
File - 1000  
1950

HEADQUARTERS  
AMERICAN GRAVE REGISTRATION COMMISSION  
EUROPEAN AREA  
APO 58 US ARMY

25 Sept. 1948  
Date

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X- 128, Plot J,  
Row 9, Grave 213, USMC Reg 1, 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. 2550, dated 13 November, 1947. No  
further information is available.

FOR THE COMMANDING GENERAL:

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

Received \_\_\_\_\_ OQMG  
Not identifiable from  
information presently  
available

*Incl...*

## IDENTIFICATION CHECK LIST

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

Unknown X - 128

Cemetery Foy, Belgium

Plot J Row 9 Grave 212

1. Arrived at cemetery ~~to be re-interred~~ 18 October 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 Submarine Identification Point #2 Neuville sur Condre  
(Name and organization) Belgium
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>		
	<small>(Type)</small>		
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 (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

R. Humerus 31.0 R. Ulna 25.1 R. Fibula 34.3  
R. radius 23.0 R. Tibia 33.7

6. Description of Remains:

Age UTD Est. Height 5'2 1/2" 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 Medium brown, 2" long, straight  
(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, lashiness, extent across nose)

Nose ..... UTD ..... Ears ..... UTD  
 (Size, shape, straight) (Size, set close to or far from head)

Mouth ..... UTD ..... Lips ..... UTD  
 (Large, medium, small) (Small, large, full)

Teeth ..... See tooth chart  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... UTD ..... Circumference of head in inches 20 3/4"  
 (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 Medium Brown  
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty ..... UTD  
 (Yes-no; location)

Legs ..... UTD  
 (Instam. 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 ..... Non Found  
 (Nose, arms, legs, etc.)

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

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

If not, explain fingers missing

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

9. Remarks Remains medium torso were fully intact with large amount of decomposed flesh. No clothing found. Estimated weight of remains: 35 lbs. Fluorescopic Examination: Negative. Burial bottle found with the remains. No GRS. tag found. Nothing found to warrant Chemical Laboratory Examination. Case remains "Identified".

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.

*Ernest C. Gaddy*  
ERNEST C. GADDY  
(Officer's Name)

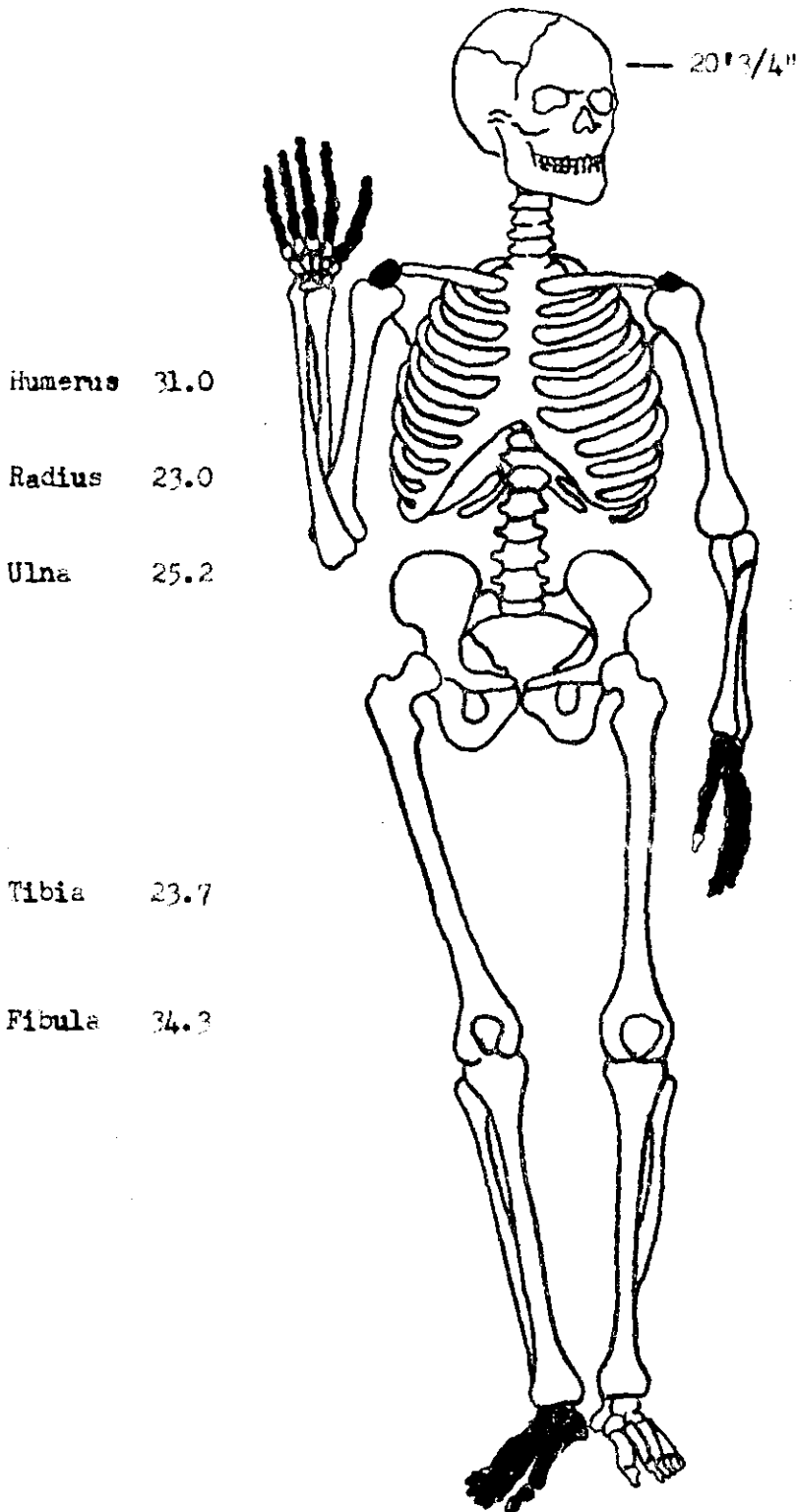
CWO. USA.  
Rank Service

Central Identification Point  
(Organization)



# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Estimated height 5'2 1/8"

# TOOTH CHART

28 October 1947

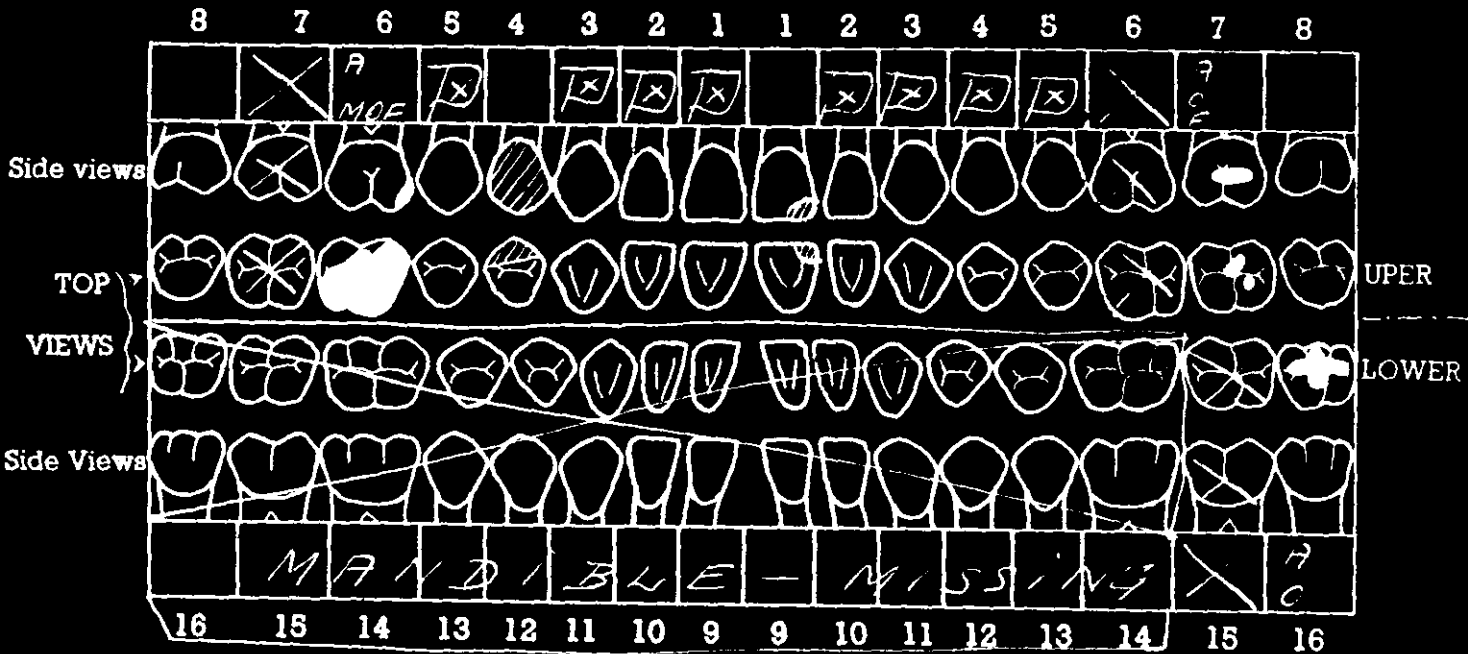
Unknown X-128

Date

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_ Rank: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Unit: \_\_\_\_\_ Organization: \_\_\_\_\_  
 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), bicuspid (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.

See remarks

T/5 E. Marshall M.D.  
 Signature of Officer or other person who prepared Tooth chart  
 ERNEST C. GADDY, CWO. USA. C.I.P.  
 Verified by G. R. S. Officer



# TOOTH CHART

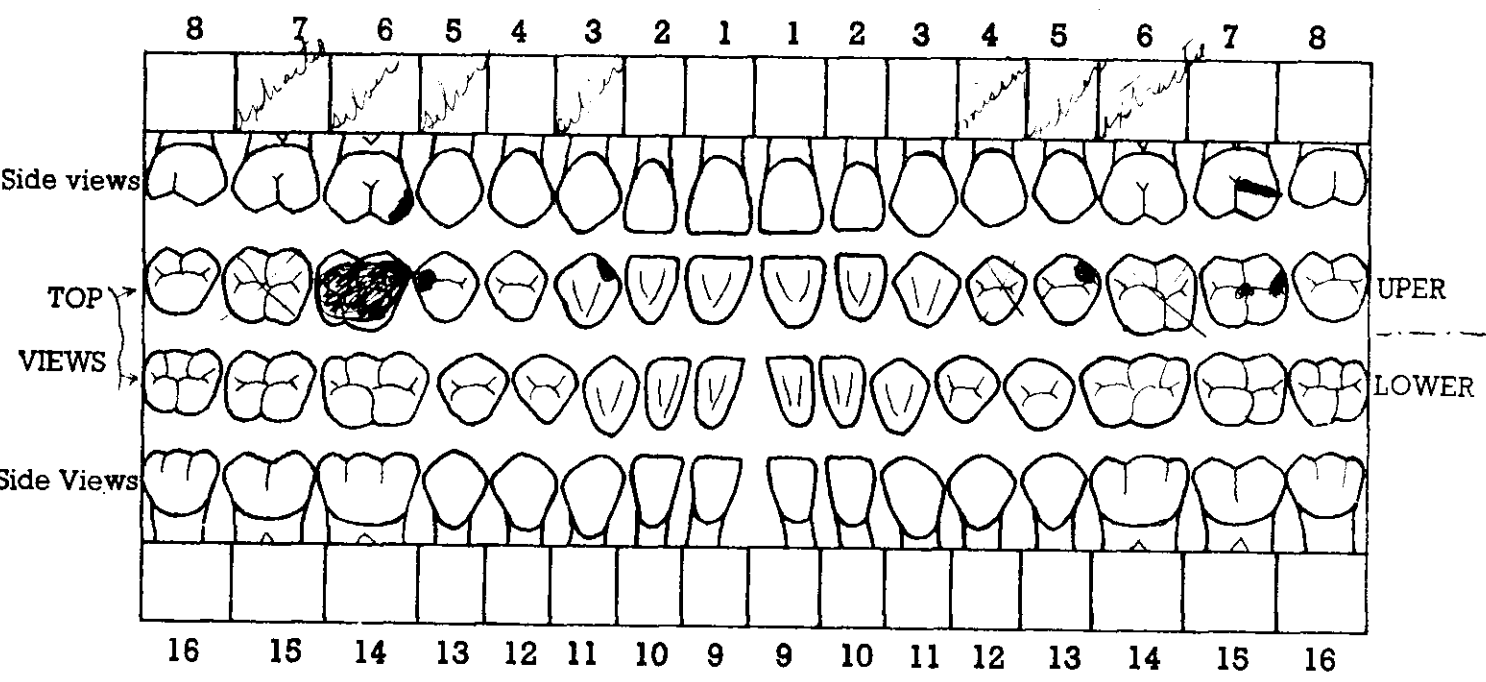
5-5-45  
 Date

Miller R-1-8  
 Last Name First Initial Rank

Place of Death Unit Date of Death Organization Cause of Death  
 Hospital, ... 1st Lt. M. H.

Right

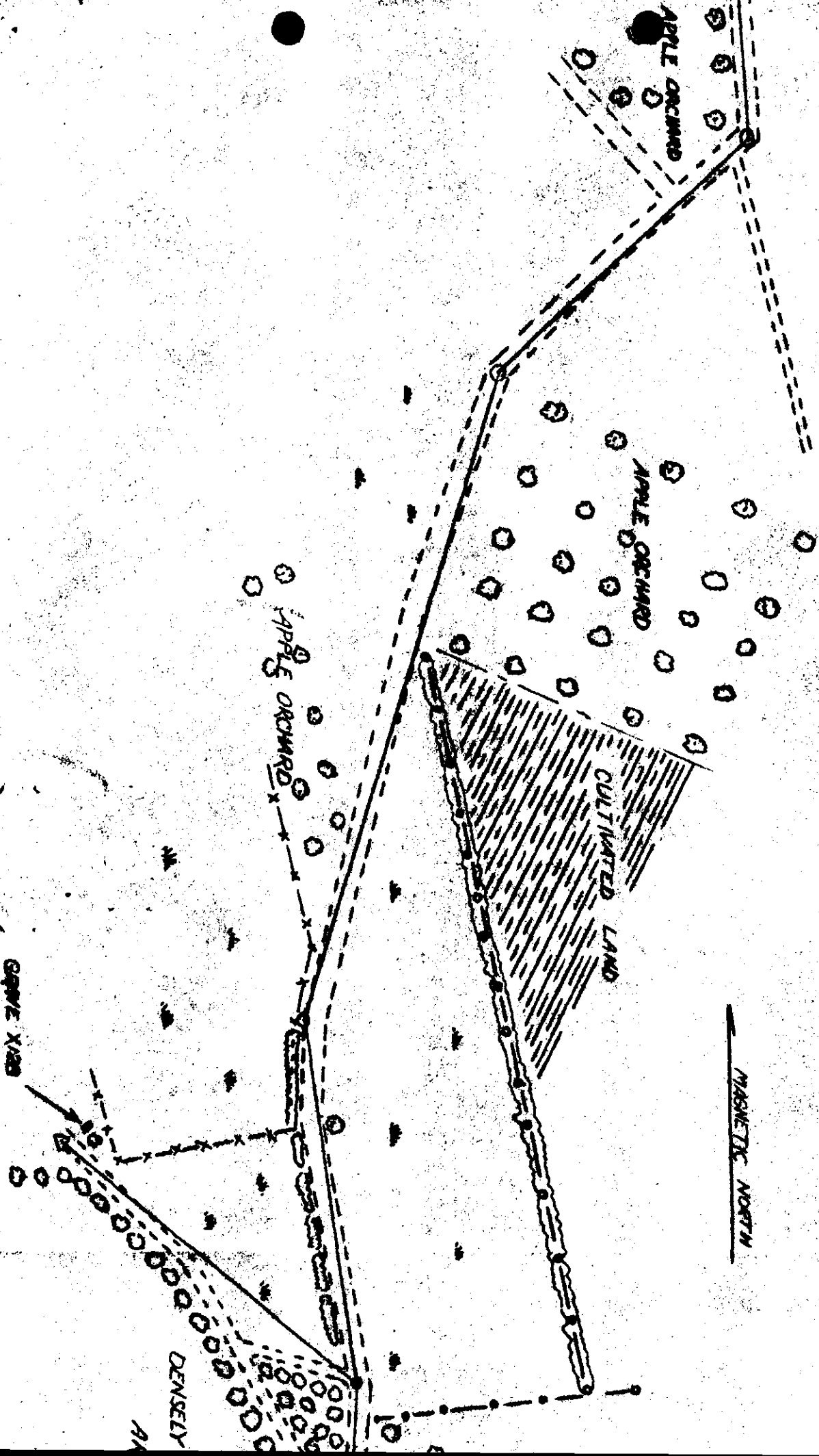
Left



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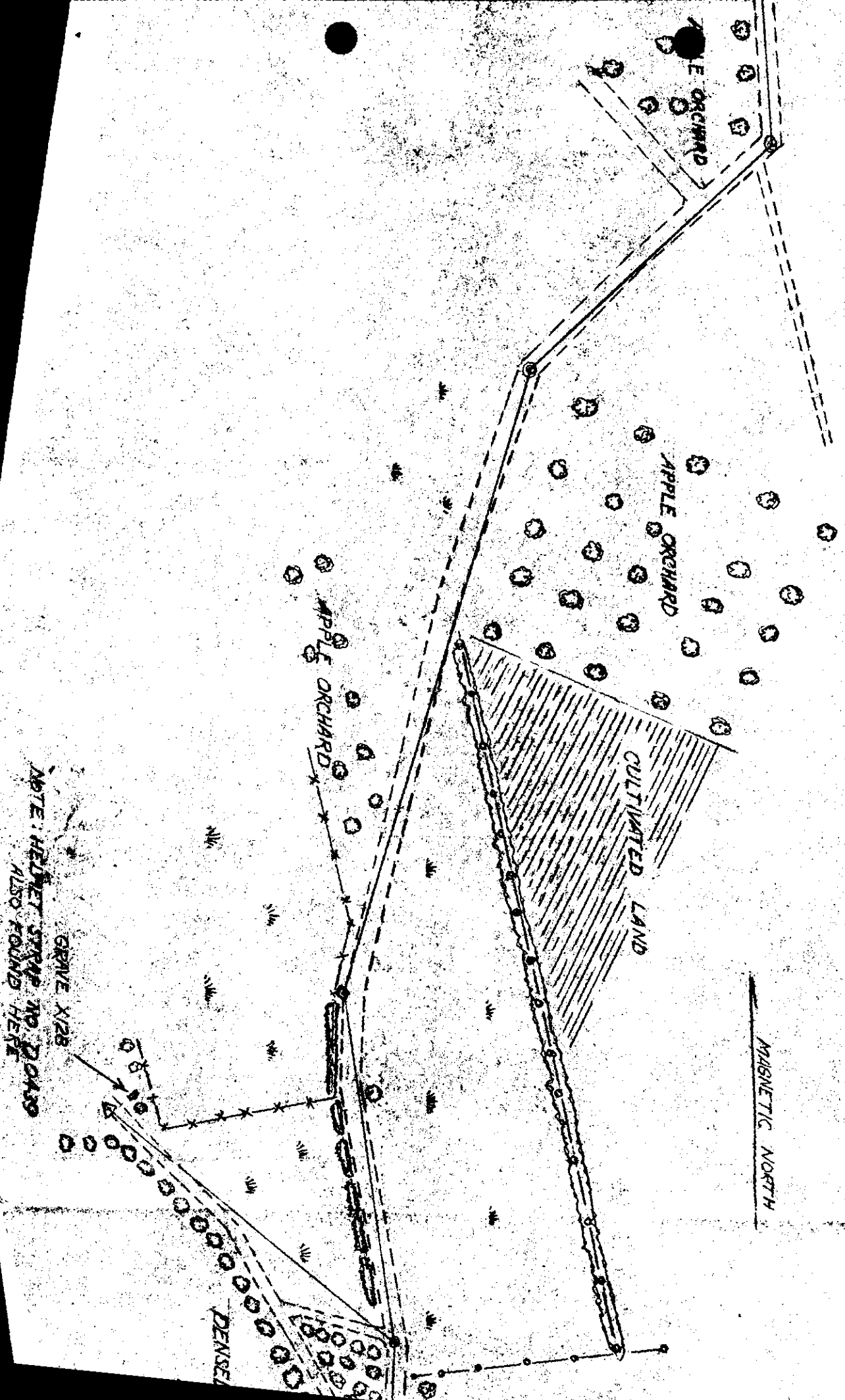
*Geo. H. Spence*  
 Signature of Officer or other person who prepared Tooth chart  
*Geo. M. ...*  
 Verified by G. R. & E. Officer

NOTE: HELMET STRIP NO D0439  
ALSO FOUND HERE



DENSELY  
A

MAGNETIC NORTH



NOTE: HELMET STRAP AND DISCS  
ALSO FOUND HERE

HEADQUARTERS  
1ST QUARTERMASTER GROUP  
APO 513, U. S. ARMY

REPORT OF INVESTIGATION OF ISOLATED GRAVE  
or  
UNBURIED REMAINS

Date 6 MAY 45

\* U.S. - ~~ALLIED~~ ~~ENEMY~~

1. Name, Rank, ASN of deceased: UNIDENTIFIED X-128
2. Organization of deceased: UNK
3. Means of identification: NONE
4. Cause of death: KIA: MULTIPLE WOUNDS 5. Date of death: EST DEC 44
6. If isolated Grave:
  - a. Date of burial: UNK
  - b. By whom buried: UNK
  - c. Inscription on marker: NONE
7. Location of grave/unburied remains: COORDINATES 943483  
(Be specific, sketch on reverse)
8. Names of deceased and location of other \*graves/unburied remains in immediate vicinity: NONE
9. Description and location of wrecked or abandoned vehicles or equipment in immediate vicinity: NONE
10. Disposition of personal effects: (Itemise if possible) NONE
11. Other pertinent information: NONE  
(Use reverse side if necessary)
12. Information furnished by: MR. KLIENSCHMITT, KORPERICH, GERMANY  
(Name, title, address)
13. Names and addresses of other persons familiar with the case: NONE

(Over)

# RESTRICTED

GRAVE REGISTRATION  
FORM 10  
(Revised 1 Sept. 1943)

## AMERICAN REPORT OF BURIAL DEAD

6 MAY 45  
Date

FM 10-630 AND AR 30-1813

UNIDENTIFIED X128		UNKN	UNKN
Last Name	First Initial	Rank	Serial No.
UNKNOWN			
Unit		Organization	
KORPERICH, GERMANY	EST DEC 44	KIA: MULTIPLE WOUNDS	
Place of Death	Date of Death	Cause of Death	
1600 6 MAY 45	U.S. MIL. CEM. #1, FOY, BELGIUM	P 574629	
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location	
213	9	J 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: BODY EVACUATED FROM VICINITY KORPERICH, GERMANY  
 How were remains identified? COORDINATES 943483

NO TAGS

What means of identification were buried with the body?

GR FORM #1

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

Who is buried on:

Deceased's Right:	UNIDENTIFIED X-127	212
	Name Serial No. Rank Organization	Grave No.
Deceased's Left:	COLBERT, FLOYD, 35161433 PVT	214
	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 Addressee UNKN Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Religion UNKN

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

NONE

1430

*Leo M. Duffy*  
 Signature of Officer or other person reporting burial

LEO M. DUFFY, 1st Lt., QM GR. O.  
 610TH QM GR. REG. CO.

Verified by G.R.S. Officer