

7387 GRAVES DETACHMENT

APC 757

Foy

X-130

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 OCIG for:

UNKNOWN X-130 Foy

(POC) HENRI CHAPELLE

File
in [unclear]
Ed [unclear]

USMC: Henri-Chapelle

BURIED ON:

PLOT: E ROW: 16 GRAVE: 10
DATE OF BURIAL: 15 Nov 48
VERIFIED BY:

REPORT: JOHN J. RYAN JR.
32982407
LEFT: ARCHIE LAVASSEUR JR.
36875550

DISINTERMENT DIRECTIVE

J. Hoffman
GRS OFFICER

SECTION A --
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1225 00050

DATE

15 07 48
DAY MONTH YEAR

NAME

UNKNOWN X - 000130

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

Q

DAY MONTH YEAR

CEMETERY

FOY BASTOGNE

DISPOSITION OF REMAINS

O

1201 80
CODE DIST. PT.

CAUSE OF DEATH

6

PLOT ROW GRAVE COUNTRY

J 11 275 BELGIUM

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 - 000130

SERIAL NUMBER

-

RANK

-

DATE OF DEATH

DATE DISINTERRED

17 SEP 48

IDENTIFICATION TAG ON

REMAINS EMB

MARKER

ORGANIZATION

UNKNOWN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

HERBERT A. NORTON

1ST LT., INF
NAME AND TITLE

SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

MATRESS COVER

CONDITION OF REMAINS ADVANCED STAGE OF DECOM-
POSITION-LEFT AND RIGHT PELVIS FRAC-
TURED-REMAINS COMPLETE

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL FOUND ON REMAINS LISTING UNK X-130
EMBOSSED PLATE FOUND ON REMAINS READS X-130

MINOR DISCREPANCIES

NONE

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

DATE 29 SEP 48

BY LEONARD P. UNDERWOOD, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

WILLARD B. BALCH, EMBALMER

WILLARD B. BALCH, EMBALMER

CASKET BOXED AND MARKED

ALL TAGS, MARKINGS,
PLATES VERIFIED BY:

DATE 13 OCT 48

BY CHARLES V. MORGANT
CLERK RECORDER

ROGER E. LEWIS, CAPT., SAV

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

VERNON N. HOYT, 1ST LT. INF

SIGNATURE OF GRS INSPECTOR

RECORDS & IDENTIFICATION

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

20 Oct. 1948
Date

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X- 180, Plot J,
Row 11, Grave 275, USMC For 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. 1948, dated 24 November, 1947. No
further information is available.

FOR THE COMMANDING GENERAL:

George L. Freeman

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

Received _____ OQMG
Not identifiable from
information received

Incl 1/1

TOOTH CHART

14 May 45
 Date

Unidentified X-130
 Last Name First Initial

UNK.
 Rank

UNK.
 Serial No.

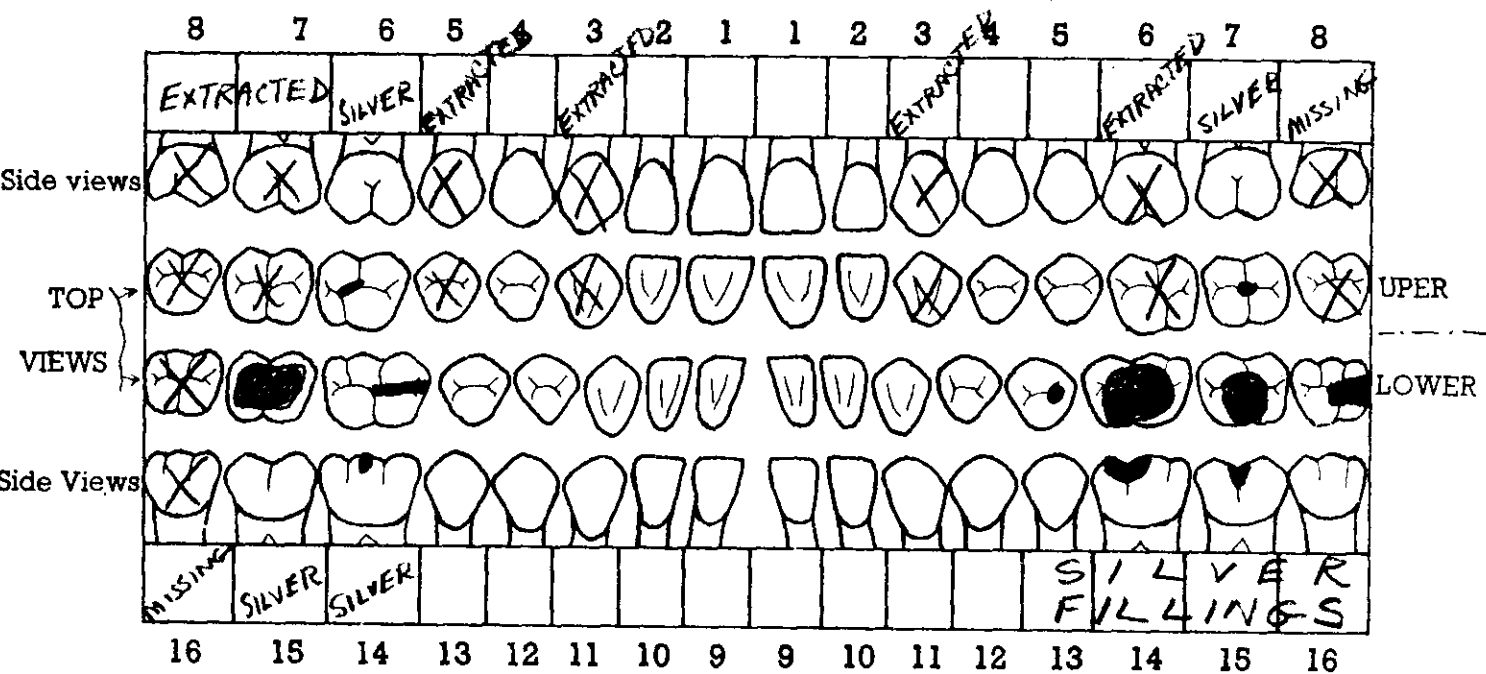
Unknown
 Unit

Harspelt, Germany Est. 17 Dec 44
 Place of Death Date of Death

Organization
 KIA: Head & Leg W.
 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.

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

Verified by G. R. S. Officer

IDENTIFICATION CHECK LIST

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

Unknown X - 130
Cemetery **Foy, Belgium**
Plot **J** Row **11** Grave **275**

- ~~1. **Subordinate Point # 2**~~ Date reprocessed: **28 Oct. 1947.**
(Hour) (Date)
- Place of death
(Name of closest town) (Coordinates and letter Prefix, maps)
.....
(Sheet, scale and serials used)
- Remains ~~reprocessed~~ disinterred by **Subordinate Identification Point # 2**
(Name and organization)
Neuville en Condroz, Belgium
- Evacuated to Cemetery by
(Name and organization)
- 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 | none | | |
| | (Type) | | |
| Raincoat | none | | |
| Overcoat | none | | |
| Jacket, Field | none | | |
| Jacket, Combat | none | | |
| Mackinaw | none | | |
| Sweater | none | | |
| Jacket, HBT | none | | |
| * Shirt, Wool OD | none | | |
| Undershirt, Wool | two (2) white | | |
| Undershirt, Cotton | none | | |
| Trousers, HBT | none | | |
| * Trousers, Wool OD | none | | |

Belt, web **none**

Drawers, wool **none**

Drawers, cotton **OD**

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; sbirt, 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: **Humerus 33, 2; Radius 24, 8;**
Est. Ulna 26, 2; Tibia 36, 1; Fibula 36, 5
 Age **Utd** Height **5'6"** 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 **Dark brown, approx. 2" long, wavy**
(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 **Utd**
 (Prominent, receding, pointed, dimples, double)

Jaw **Utd** Circumference of head in inches **20 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)

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 **Dark Brown**
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **Utd**
 (Yes-no; location)

Legs **Utd**
 (Unseam, 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 attached chart.

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

If not, explain **too decomposed**

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

9. Remarks **Burial bottle found with remains. Clothing was found on remains. No markings found. Femurs articulated with pelvic cavity - did not deem necessary to take measurements. Estimated weight of remains recovered: 25 lbs. Fluoroscopic Examination: Negative. Nothing found to warrant Chemical Laboratory Examination. Case remains "Unknown".**

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.

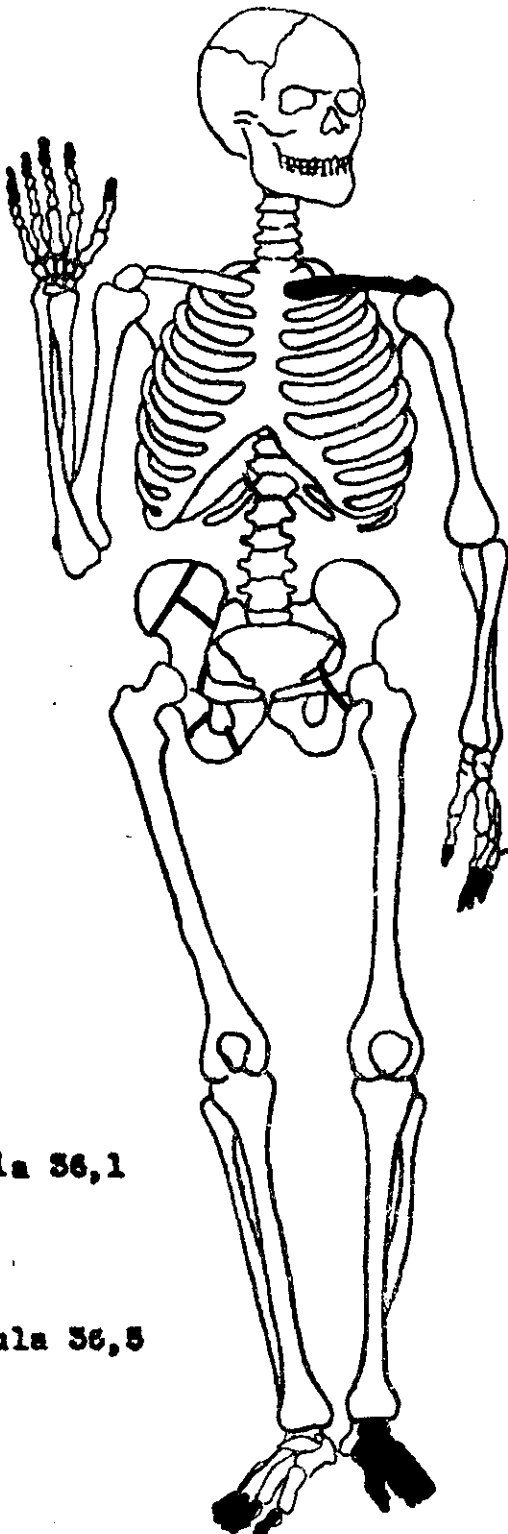
Ernest Gaddy
(Officer's Name)
ERNEST C. GADDY
CWO USA
Rank Service

Central Identification Point
(Organization)

Unknown X-180
Cemetery Foy, Belgium
Plot J, Row 11, Grave 275

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Humerus 33,2

Radius 24,8

Ulna 26,2

Tibia 36,1

Fibula 36,5

Est. Height: 5'6"

43

TOOTH CHART

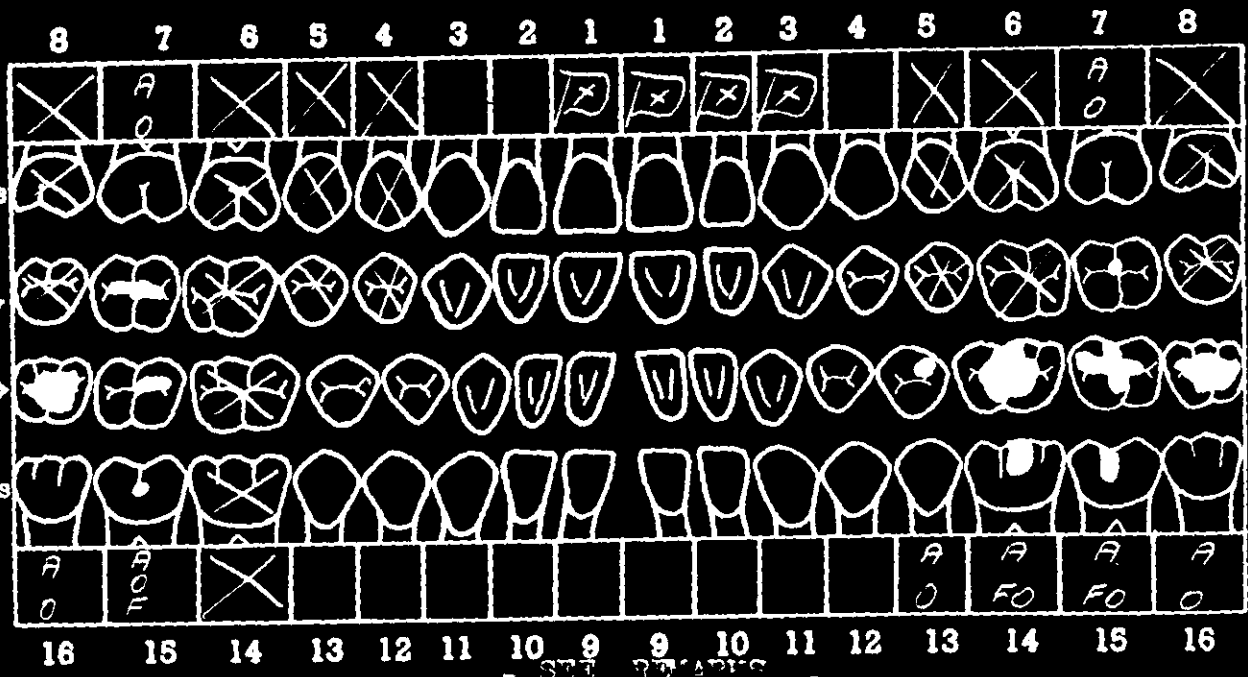
28 Oct. 1947
 Date

Unknown X-130

| | | | | |
|----------------|---------------|----------------|------|------------|
| 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.

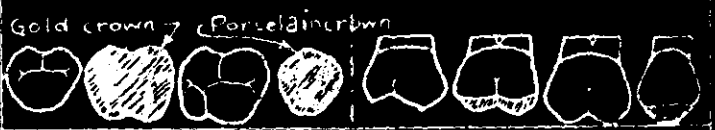
T/5 E. Marshall 169
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

MISSING TEETH - Draw in pencil on the diagram the position of any missing teeth. Indicate the position of any teeth which are to be removed.



CROWNED TEETH - Draw in pencil on the diagram the position of any teeth which are to be crowned. Indicate the position of any teeth which are to be crowned.



BRIDGE - Draw in pencil on the diagram the position of any gold or porcelain bridges. Indicate the position of any teeth which are to be bridged.



FILLINGS - Draw filling on tooth as accurately as possible. Indicate the position of any gold, silver, cement, or other fillings.



CARIES OF TEETH - Draw in pencil on the diagram the position of any caries. Indicate the position of any teeth which are to be filled.



DENTURES - Draw in pencil on the diagram the position of any dentures. Indicate the position of any dentures. Draw in pencil on the diagram the relative size and shape of plate, block in teeth made, and any other parts of dentures. Indicate the position of any teeth which are to be clasped with the word "clasp".

ADDITIONAL SPACE FOR FURTHER REMARKS

12

REPORT OF BURIAL 478

TM 10-630 AND AR 30-1815

14 MAY 45
Date

UNIDENTIFIED X-130

UNK

UNKNOWN

Last Name

First

Initial

Rank

Serial No.

UNKNOWN

Unit

Organization

VIC. HARSPELT, GERMANY

EST 17 DEC 44

KIA: HEAD & LEG WOUNDS

Place of Death

Date of Death

Cause of Death

1100 14 MAY 45 U.S. MIL. CEM. #1, FOY, BELGIUM

P 574629

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

275

11

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
How were remains identified?

BODY DISINTERRED VIC. HARSPELT, GERMANY, COORDINATES,
885722, SHEET 107, 1/50,000.

NO TAGS

FINGER PRINTS UNOBTAINABLE, TOOTH
CHART MADE. NO LAUNDRY MARKS FOUND ON CLOTHING.
O.D. TROUSERS 34X31
FIELD JACKET 36-L
O.D. SHIRT 15½ X 33

What means of identification were buried with the body?

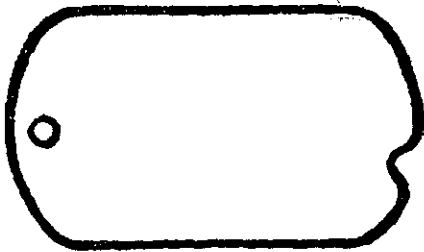
FORM GR-1

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

Who is buried on:

| | | | | | |
|-------------------|-------------------------|-----------------|------------|---------------------------|-------------------|
| Deceased's Right: | <u>METZ, HERBERT L.</u> | <u>13176332</u> | <u>PFC</u> | <u>UNKNOWN</u> | <u>274</u> |
| | Name | Serial No. | Rank | Organization | Grave No. |
| Deceased's Left: | <u>LEIGH, GLEN L.</u> | <u>38323602</u> | <u>SGT</u> | <u>CO G 327th GLI INF</u> | <u>ROW 26-2-J</u> |
| | 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 UNK
Name

Address REBURIAL

Religion UNK

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

NONE

Remains buried in isolated grave
Harspelt, Germany
located at 885722, Sheet 107, 1/50,000

1336

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