

WNCFT

USMC HAMM, LUXF TORG
PLOT B ROW 6 GRAVE 22
Reburied 30 Dec. 1948
Verified by : *W. P. ...*

Buried on : R1 : S.A. YELTON
34778012
Left : G.E. FECZKO
32915590

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	GRS Officer	DIRECTIVE NUMBER 6020 00077	DATE 15 08 48 DAY MONTH YEAR
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NAME	SERIAL NUMBER UNKNOWN X - 000228	GRADE	ARM 0	RACE	RELIGION 6
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CEMETERY HAMM LUXEMBOURG	PLOT EE	ROW 2	GRAVE 40	DISPOSITION OF REMAINS 6001 80 CODE DIST CTR
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SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HAMM, LUXEMBOURG	NAME AND ADDRESS OF NEXT OF KIN BY ADMINISTRATIVE DECISION
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> 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	

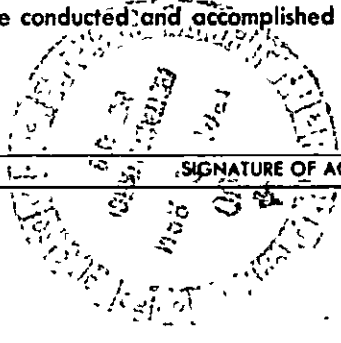
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
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

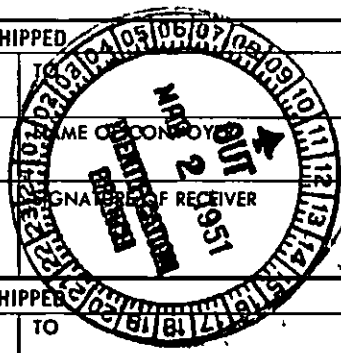
**MAP
FILES
RECORDS AND DEATHS
DATE APR 5 2 1949
NAME**

[Signature]

WLS

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED



FROM	TO
KIND OF CONVEYANCE	
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	

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN

X-000228

0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

EE 2 40 HAMM LUXEMBOURG

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

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN X-228

X-000228

UNK

29 APRIL 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER GRS

UNK

WILLARD B. OWEN,
CAPT., INF NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

MATRRESS COVER

FRAGMENTARY REMNANTS OF LONG BONES.
ASSORTED FOOT BONES, R/L INNOMINATES,
SACRUM, POSSIBLE ENDS OF FEMURS (L & R)

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL LISTING
UNKNOWN X-228

NOTE DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 3 MAY 48

BY

Richard S. Holiver
RICHARD S. HOLIVER, EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

R. J. MURRAY
W. O. DISINFECTANT

R. J. MURRAY

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 25 JUNE 48 BY J. C. POTTER

ALL TAGS & LABELS VERIFIED BY CAPT R.E. LEWIS

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

Willard B. Owen
WILLARD B. OWEN, CAPT., INF

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2 SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3 SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4 SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5 SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6 SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7 SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

24 FEB 1949
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 228, Plot EE
Row 2, Grave 40, USMC Hamm, Luxembourg 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. 2364, dated 18 July 1947.
No further information is available.

FOR THE COMMANDING GENERAL:

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

In file # 3517, 24 Feb 49
Subj: Unident Remains
2 Mar 49 OQMG
Not identifiable from
information presently
available

ym 27

2995 unk, Luxembourg Hamm, Plot 228

Inc 1 # 9

3-11-49

IDENTIFICATION CHECK LIST

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

Disinterment Directive # 107.

Unknown X - 228

Cemetery Hamm - Luxembourg

Plot EE Row 2 Grave 40

Date reprocessed: 9 June 1947.

- 1 ~~Arrived at Cemetery~~ (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 Subordinate Identification Point Margraten, Holland.
 (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	none		
	(Type)		
Raincoat	none		
Overcoat	none		
Jacket, Field	none		
Jacket, Combat	none		
Mackinaw	none		
Sweater	One (1) Remnants		
Jacket HBT	none		
* Shirt, Wool OD	none		
Undershirt, Wool	none		
Undershirt, Cotton	none		
Trousers, HBT	none		
* Trousers, Wool OD	none		

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? **NO**
UTD

6 Description of Remains:

Age **Utd** Est. Height **5'9"** 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 **No teeth found**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

Utd

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**
(Inscam, 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 **Utd**
(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 **No fingers recovered**

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

9 Remarks **All flesh decomposed. All joints disarticulated. Fluoroscopic Examination: Negative. Estimated weight of remains recovered: 8 Lbs. Bones appear normal in size and slightly long. Height is estimated at about 5'9" or 5'10" (Estimation based on appearance of bones. Nothing found to warrant Chemical Laboratory Examination.**

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
(Officer's Name)

ERNEST C. GADDY

CWO USA

Rank

Service

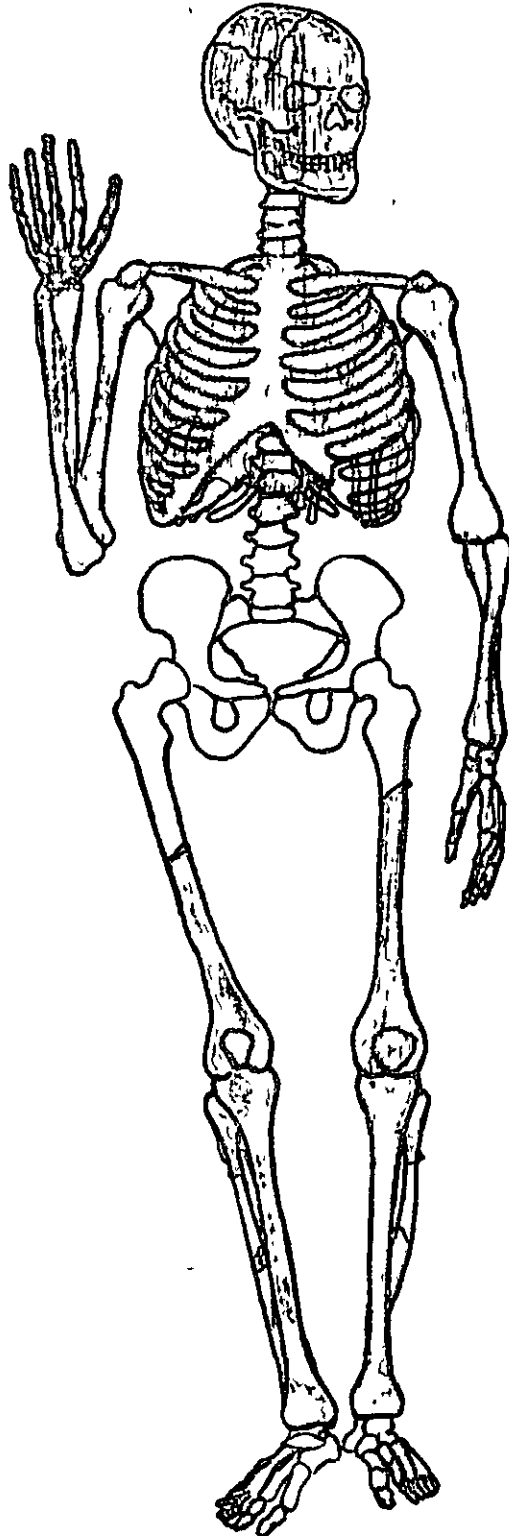
Central Identification Point

(Organization)

Unknown Y-228
Cemetery Hamm, Luxembourg
Plot EE, Row 2, Grave 40

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



REPORT OF INVESTIGATION-AREA SEARCHING

To be completely filled out and attached to each copy of GR Form I,
„Report of Burial“ when disinterment is accomplished.

- 1 Was investigation preceded by Advance Publicity *Yes*
(if Special Investigation, so-indicate)

- 2 Unidentified X - 228 *Harm Gem. Unk* *Unk* *Unk*
(Full name of deceased) (Rank) (ASN) (Organization)

- 3 State Means of identification, i.e. identification, tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc and Source of Information, i.e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc
None

- 4 Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used, also name of nearest town *Pickliessem, Germany (DL 21-54)*
Sheet K 50, 1/25,000 Trier, Grid 4346, Pickliessem

NOTE ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS

- 5 Full name of cemetery (include plot, row and grave if organized cemetery)
Pickliessem civilian cemetery

- 6 Approximate or established date of death (state which and give basis for date selected)
Unknown

- 7 Approximate or established date of burial (give basis for date established)
Unknown

- 8 Manner in which grave was marked, show information contained on the marker
Stone with plate attached. Reg. 3047 B. REG.CO.
15 US. Army F-5-114-36451 854

- 9 List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned
None

- 10 Furnish information obtained concerning place, and particulars surrounding death and burial, give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information)
Zender, 54 Hauptstrasse, Pickliessem, Germany - Bürgermeister
soesen, Church, Pickliessem, Germany - Clergy
scullar, 46 Hauptstrasse, Pickliessem, Germany - witness

- 11 Give name and address of person who can guide disintering team to burial location
Zender, 54 Hauptstrasse, Pickliessem, Germany - Bürgermeister

- 12 Is this atrocity case 10 Is there evidence that it may be 10
 If answer is yes, hat responsible War Crimes representative been notified
- 13 Names and addresses of persons committing the atrocity or the military unit of which these persons were members none
- 14 If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor

15 If unidentified, supply any of following information determinable

a. Crew position in plane or vehicle

b Plane or vehicle serial number

Type

c. Installed weapons

Serial Number

Calibre & Mfgr

Serial Number

Calibre & Mfgr

d. Engine serial number,

Type

Carrald R. Mc Elrath

Signature of Investigating Officer

CARRALD R. MC ELRATH

2nd Lt. Inf. 0-222960

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation)

CO 3046 2d. Inf. 1st. Div.

Disinterment and ~~reburial~~/burial made by

Pfc. Dnistran

Date of ~~burial~~/reburial 1000 13 1950

Place of ~~burial~~/reburial U S. Military Cemetery

U.S. Mil. Cem. Hamm, Luxembourg

Plot 1E

Row.

Grave 40

NOTE Additional particulars regarding investigation will be placed on additional sheet

* Cross out word not applicable

CHECK LIST FOR UNKNOWNNS

Cpl. Stephen F. Morelock
(name of soldier processing remains)

1. Unknown X - 228 U S Military Cemetry No. 11111, Luxembourg
- 2 If remains were disinterred, attach Check List for Disinterments
- 3 Arrived at cemetery (hour) (date) From 3046 Q. JR. INF. CO., Foenren, Germany (UL 30-40)
(collecting point)
- 4 Place of death Ficklessem, Germany UL 21-54
(name) (coordinates and landmarks)
- 5
6. Remains recovered by Pfc. Dnistran 3046 Q. JR. INF. CO.
(name and organization)
- 7 Evacuated to cemetery by Pfc. Dnistran 3046 Q. JR. INF. CO.
(name and organization)
- 8 Is load list attached Yes
(yes-no)
- 9 Are names of deceased found in same area as this Unknown starred No
(yes no)
- 10 Are circumstances described which may indicate organization of the deceased No
(yes no)
- 11 If only part of body was received, was a careful search made for other parts of Unknown Yes
(yes-no)
- 12 If remains come from vehicle, plane, etc Does not apply
(type of vehicle or plane, nick name, serial number, organization or symbols)
- 13
- 14 Crew list Does not apply
(names of other deceased and positions in which found)
- 15
- 16
- 17 If a tank, which hatches were free and available for escape use
Does not apply
- 18 If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give
detailed information concerning vehicle or plane
(parts of markings or symbols) (burned) (pierced by shell fire where)
- 19 Does not apply
- 20 (found in town field by road etc) (damaged by mine explosion)
- 21 (names of men who escaped) (description of other vehicles or planes in same area)
- 22 Detailed description of personal effects
(Indicate exact pocket or part of body where found)
- 23 None
- 24
- 25
- 26

Description of clothing and equipment : (If clothes do not fit, obtain sizes from body measurements).

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27 *Headgear (type)	None			Piece of German
28 Raincoat	None			Sniper suit and
29 Overcoat	None			mattress cover
30 Jacket, Field	None			was all that
31 Jacket, Combat	None			was found on Body
32 Mackinaw	None			
33 Sweater	None			
34 Jacket, HBT	None			
35 *Shirt, Wool OD	None			
36 Undershirt, Wool	None			
37 Undershirt, Cotton	None			
38 Trousers, HBT	None			
39 *Trousers, Wool OD	None			
40 Belt, Web	None			
41 Drawers, Wool	None			
42 Drawers, Cotton	None			
43 Leggings	None			(Note unusual lacing)
44 Socks Wool Cotton	None			
45 *Shoes (type)	None			
46 Overshoes	None			
47 Web Equipment (type)	None			
48 (other item)	None			
49 (other item)	None			

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

50 Chevrons or **None** Shoulder Patch **None**
(type and location; shirt jacket coat helmet)

Insignia

51 Description of Remains

52 Age **Unk** Height **Unk** Weight **30 lbs** Description of wounds **Flesh decomposed**
(years) (ft-in) (lbs)

53

54 Bandages or dressings None Stars Flesh decomposed
(length, width, location)

55

56 Tattoos Flesh decomposed
(number, location -- illustrate on sep page)

57 Outstanding moles, warts or birthmarks Flesh decomposed
(yes no) (description, location)

58

59 Sunburn or tan, other than hands and face Flesh decomposed

60 Tobacco stain on fingers or teeth Flesh decomposed
(designate where extent)

61 Complexion Flesh decomposed Build Flesh decomposed
(light, med dark clear, pimples, pock, freckles) (large fat thin muscular)

62

63 Hair Missing
(color, length quantity curly wavy straight whorls, or definite parting, baldness, widows peak)

64
(distinctive cutting or other characteristics)

65 Sideburns Missing Mustache Missing Beard or goatee missing
(color, setting shape) (color size, shape) Length

66
(heavy, light color, extent)

67 Eyes Decomposed Eyebrows Missing
(color, setting, shape) (color bushiness, extent across nose)

68 Nose Missing Ears Missing
(size, shape straight) (size set close to or far from head)

69 Forehead Missing Mouth Missing Lips Missing
(high, wide wrinkled) (large medium small) (small large, full)

70 Teeth Teeth missing
(white, size, unevenness spacing noticeable crowns, fillings, extractions)

71 Chin Missing Cheekbones Missing
(prominent receding, pointed dimple double) (high, normal)

72 Jaw Missing Circumference of head in inches Head missing
(large, small normal) (hat band)

73 Neck Missing Larynx Missing Shoulders
(size long short normal, wrinkled) (prominent normal) (broad)

74 Missing Arms Missing
(straight small rounded) (length) (muscular, color, extent and quantity of hair)

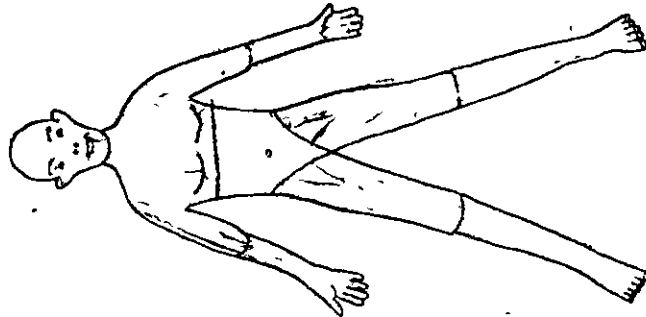
75 Missing Hands Missing
(vaccination scar size of wrists) (large small normal, calloused noticeably)

76

76
(marks on fingers indicating that rings were worn)

77

- 78 Fingers **Missing**
(short thick, long, slender; size of knuckles) (missing fingers or joints)
- 79
(Unusual characteristics of fingernails)
- 80 Chest **Missing**
(size at nipples, color quantity and extent of hair, large, small normal)
- 81 Back **Missing** (quantity and extent of hair) Waist **Flesh decomposed**
(size at naval, appendectomy, amount and color of hair)
- 82 **Circumcized** **decomp** **pubic hair** **Missing** **Hernioplasty** **Decomposed**
(yes no) (color) (yes no) (location)
- 83 Legs **Missing**
(inseam) (muscular knock kneed, bowed, normal) (quantity, color and extent of hair)
- 84 Feet **Missing** (size, corns, callouses flat) Toes **Missing**
(slender, straight, crooked, overlap)
- 85 Evidence of healed fractures **None**
(nose, arms, legs etc)
- 86 Block out parts of body not received at cemetery

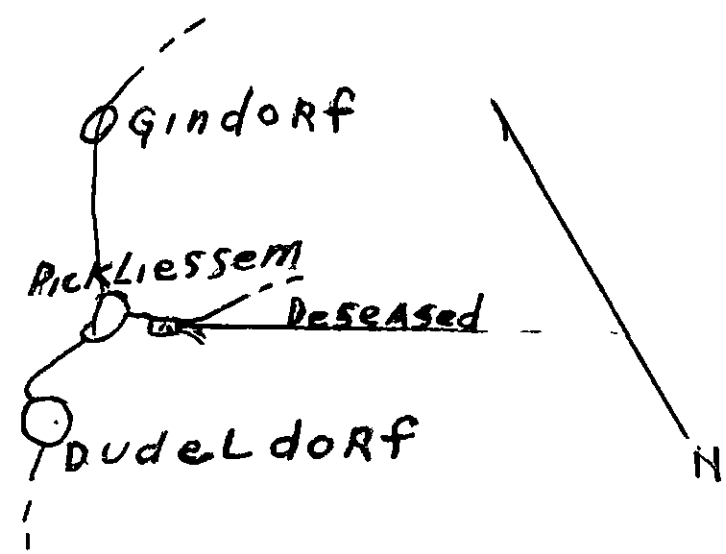


- 87 Have photographs been made and attached **No** If not, explain **No equipment**
(yes-no)
- 88 Have fingerprints been placed on GRS No I **No** If not, explain **Flesh decomposed**
(yes no)
- 89 Has tooth, chart been prepared? **No** If not, explain **Teeth missing**
(yes no)
- 90 Remarks **Body bur. ed beyond recognition. All that remains is rib bones and**
 91 **pelvic region.**
- 92
- 93
- 94
- 95
- 96

Gerald R. McCreath

Signature of GRO and Organization
 GERALD R. MC CREATH 2nd Lt. Inf. O-556960
 3046 QI GR REG CO.

20
+60



1. X-228

30
+50

Sheet T1
TRIER Sheet
Scale: 1/100,000
G.S G.S 4416
Nord De Guerre
Grid

In. L. 1062

RESTRICTED BURIAL
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

14 Feb 1946

Date

Unidentified X - 228 Hamm Cem.		Unk	Unk
Last Name	First	Rank	Serial No
Unk		Unk	Unk
Unit		Organization	
Pickliessen, Germany (..L 21-54)		Unk	Unk
Place of Death	Date of Death	Cause of Death	
1000 16 Feb. '46	US. Mil. Cem. Hamm, Luxembourg	Vt 8713	
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location	
40	EE	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?

See reverse

What means of identification were buried with the body?

GRJ. No. 1 in bottle

Pickliessen, Germany (UL 21-54)

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

Who is buried on:

Deceased's Right:	Beres	36833747	Unk	Unk	39
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Gilmore	31408809	Unk	Unk	41
	Name	Serial No.	Rank	Organization	Grave No.

Harry E. Dodge

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

Unk
Address

Religion Unk

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

No personal effects

GERALD R. Mc ELATH
2nd Lt. Inf. C-556960
3046 QM GR REG CO.

Gerald R. Mc Elath

Disinterring Officer

Reinterring Officer

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

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: U. T. D. Laundry Marks: None
 Weight: 30 lbs Number of Rifle: None
 Color of Eyes: U. T. D. Wear Glasses? Ink
 Color of Hair: missing Is Tooth Chart Attached?
 Race: White 48

(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.

Body was found on the road, almost all burned

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

None

Berea
 3683274
 Gilmore
 31408309

Thumb	1	2	3
Left Hand	None	None	None
Right Hand	None	None	None

Thumb	1	2	3
Left Hand	None	None	None
Right Hand	None	None	None

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O, fillings by □; Bridges by ⊙; missing 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.

See attached sketch