

1

USMC HAMM
PLOT: 6 ROW: 9 GRAVE: 22
DATE OF BURIAL 11 Mar/49 DISINTERMENT DIRECTIVE

VERIFIED BY
Joseph P. Canty
GPS OFFICER
157th FA

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 6020 00189
DATE: 15 07 48
DAY MONTH YEAR

NAME: UNKNOWN
SERIAL NUMBER: NX-000245
RANK: O
ARM: 1
DATE OF DEATH: DAY MONTH YEAR

CEMETERY: HAMM - LUXEMBOURG
DISPOSITION OF REMAINS: 0 6001 80
CODE DIST PT

PLOT: GG ROW: 12 GRAVE: 281 COUNTRY: LUXEMBOURG
CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: HAMM, LUXEMBOURG
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISINTERRED:
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 1

SEE ATTACHED WORK SHEET

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.

NAME
FILE
REC. NO. ASSIGNED

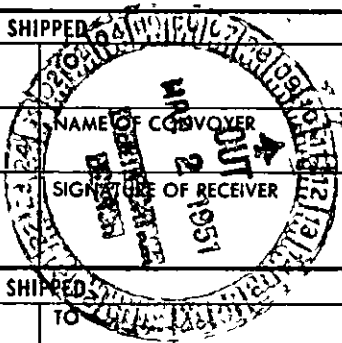
SIGNATURE OF DAS INSPECTOR

BA. NUMBERLY

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED



FROM			
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				
NAME				SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
UNKNOWN				X-0002450			1			
CEMETERY								DISPOSITION OF REMAIN		
								CODE DIST PT		
PLOT	ROW	GRAVE	COUNTRY					CAUSE OF DEATH		
GC	12	281	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-000245		UNK			13 MAY 48	
IDENTIFICATION TAG ON	ORGANIZATION			RELIGION	IDENTIFICATION VERIFIED BY			
<input type="checkbox"/> REMAINS				UNK	ANTONIO TELLEIRA			
<input checked="" type="checkbox"/> MARKER	GRS				2nd LT INF			
					NAME AND TITLE			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS			
MATTRESS COVER		ADVANCED DECOMPOSITION FRACTURED L/FEMUR, L/FIBULA, L/SCAPULA, MISSING L/RADIUS, R/ULNA, PROXIMAL L/TIBIA			
OTHER MEANS OF IDENTIFICATION		SKULL, MANDIBLE PRESENT BUT FRACTURED			
ROB ATTACHED					

MINOR DISCREPANCIES /

NONE

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

DATE 17 MAY 48

BY FLOYD C. OLSKE EMBALMER

CASKET SEALED BY

V.M. Vibbert
W/O Disinfectant

EMBALMER (Signature)

CASKET BOXED AND MARKED

Everett Stroud
Clerk Recorder

SHIPPING ADDRESS VERIFIED BY

DATE 13 July 48 BY

All marking, tags,
plates verified by R.E. Lewis Capt Cav.

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

ANTONIO TELLEIRA
2nd LT INF

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMISSION
EUROPEAN AREA
APO 58 US ARMY

RRR 293

28 February 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 245, Plot GG,
Row 12, Grave 281, U.S.C. HAMM, LUXEMBURG,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office
by Transmitted Ltr. No. 2656, dated 11 February 1948

Case reviewed by undersigned members of the Board of Review:

Capt. Jack C. HAYES, O-1577297 OIC Capt Stanley C. TYRRELL, O-4304296 Inf

Capt. Edward F. PHICE, Jr. O-1588236 OIC 1/Lt. Edward E. STOUT, O-1594512 CE

1/Lt Ernest J. OGLESBY, O-449004 Cev

In. Ltr #3533 2 Mar 49
Received *9 Mar 49* OQMG
Not identifiable from
information presently
available
m 27

293 Hamm Luxembourg (Hamm) X-245

Inc 1 #15

6 May 49

IDENTIFICATION CHECK LIST

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

D.D.# 107, dated 5 Dec 46

Unknown X - 245
 Cemetery Hamm, Luxembourg
 Plot GG, Row 12 Grave 281

Date reprocessed:

1 ~~Interment~~ 1 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~~ 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	None (Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None Wool remnants of		
Jacket, HBT	None		
* Shirt, Wool OD	None Remnants of		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

FEB 24 1948
 7

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes One (1) (type) ~~pair combat boot 6 1/2 C~~

Overshoes None

Web Equipment None (type)

(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. Radius 22.8 Tibia 35.4
 R. Humerus 30.0 Fibula 35.6
 R. Femur 44.0 L. Ulna 24.7

6 Description of Remains . Est
 Age UTD Height 5' 3" 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 None found
 (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 (color, setting, shape)	Eyebrows	UTD (color, bushiness, extent across nose)
Nose	UTD (size, shape, straight)	Ears	UTD (size, set close to or far from head)
Mouth	UTD (large, medium, small)	Lips	UTD (small, large, full)
Teeth	See Tooth Chart (white, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	UTD (prominent, receding, pointed, dimples, double)		
Jaw ...	UTD (large, small, normal)	Circumference of head in inches	Missing (hat band)
Neck	UTD (size, length, short, normal, wrinkled)	Larynx	UTD (prominent, normal)
Shoulders	UTD (broad, straight, small, rounded)	Arms	UTD (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 (quantity and extent of hair)	Circumcision	UTD (yes-no)
			Pubic Hair Medium brown (color)
Hernioplasty	UTD		
			(yes-no, location)
Legs	UTD (inscan, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)		
Feet	UTD (size, corns, callouses, flat)	Toes	UTD (slender, straight, crooked, overlap)
Evidence of healed fractures	None		
			(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? Yes If not, explain
(Yes-no)

9 Remarks Remains received with small amount of decomposed flesh.
Estimated weight : 15 lbs. Clothing found in debris, no markings
evident. Fluoroscopic examination negative. Burial Report recovered.
No GRS tag recovered with remains. No means of identification 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
Rank

OMC
Service

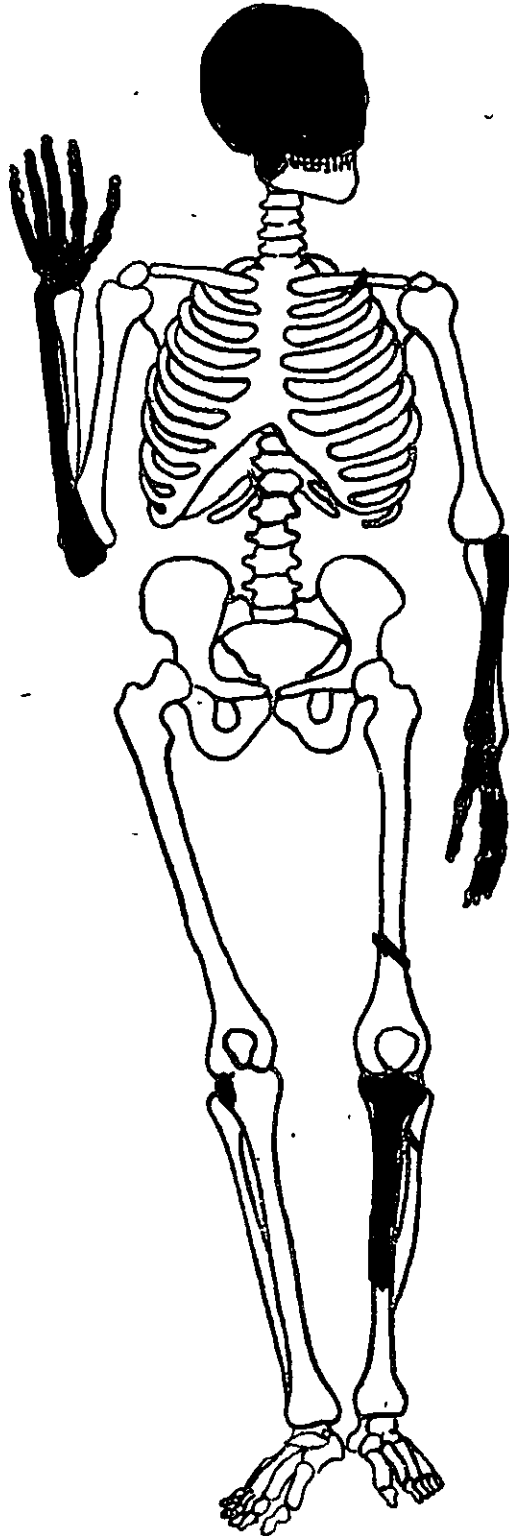
OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) :

R I G H T

L E F T



RADIUS 22.8 cm

HUMERUS 30 cm

FEMUR 44 cm

TIBIA 35.4 cm

FIBULA 35.6 cm

ULNA 24.7 cm

Est. Height : 5' 3"

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

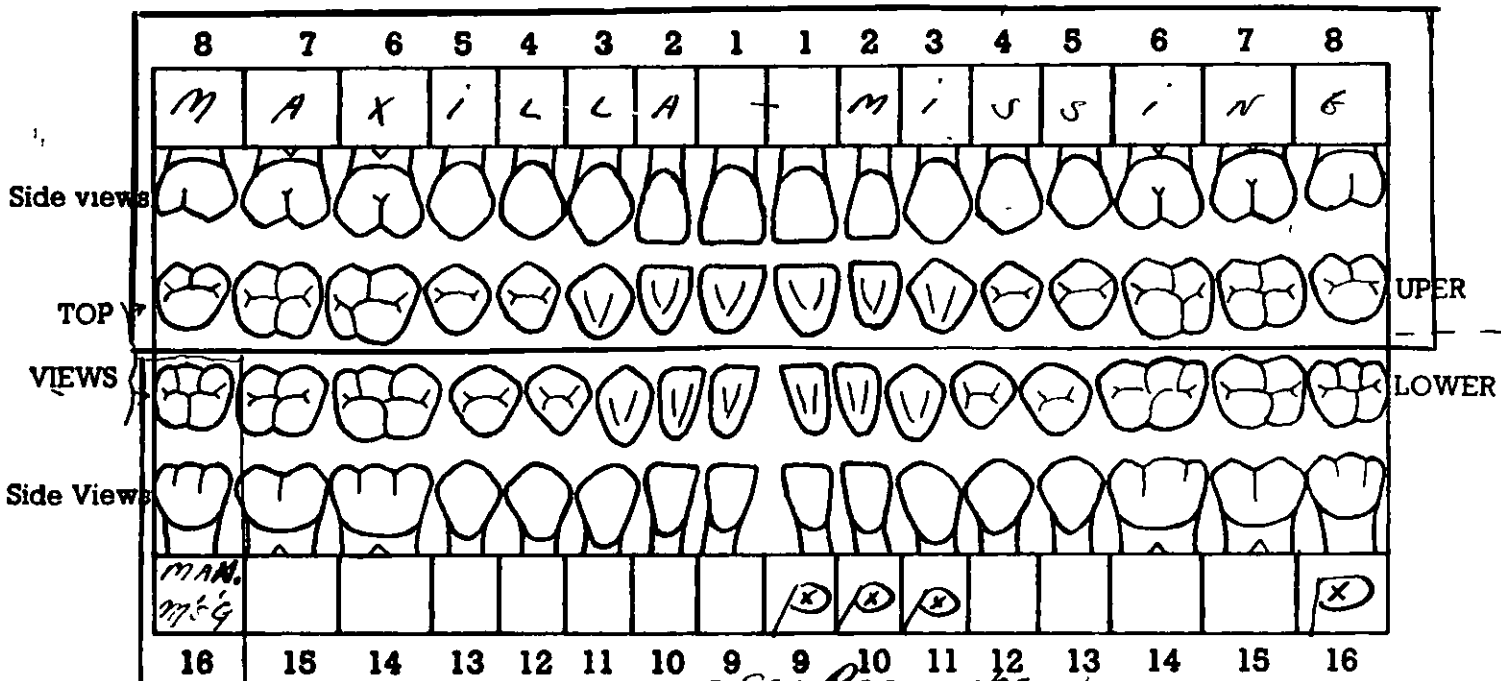
TOOTH CHART

1 Dec 47

Unknown X - 245				Unk	Unk ^{Date}
Last Name	Unk	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.

LARRY DE SHAW
 US DA CIV IS

/s/ Larry De Shaw

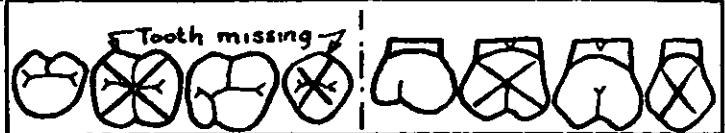
Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
 CAPT QMC OPER OFF

Woodrow W Wolf

Verified by G R S Officer

MISSING TEETH. . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus.



CROWNED TEETH. . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



BRIDGE WORK . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus.



FILLINGS. . . Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES). . . Outline location and size of cavity, shade in thus.



DENTURES (PLATES) . . Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

ADDITIONAL SPACE FOR FURTHER REMARKS

P Posthumously missing
 Teeth are in excellent condition and have no fillings or abnormalities.
 Size : medium
 Alignment : very good
 Color : ivory with white calcium spots.

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)
Hamm Cem.
- 2 **Unidentified** **Unk.** **Unk.** **Inf.**
(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

No Identification

- 4 Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used, also name of nearest town **Hermeskeil, Germany (WL-4317)**
Sheet-K-50 Scale-1/250,000 G.S.G.S. 4416

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) **Hermeskeil, Cemetery, Germany**
- 6 Approximate or established date of death (state which and give basis for date selected)
Est. 25-April-1945 By Burgermeisters Records.
- 7 Approximate or established date of burial (give basis for date established)
Est. 28-April-1945 By Burgermeisters Records.
- 8 Manner in which grave was marked, show information contained on the marker
Temporary wooden cross. No Markings.
- 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)

Hartig- Burgermeister.	Str. No.63
Tarver Merhurs.	" " 41
Josy Friedericks* Doctor.	" " "

- 11 Give name and address of person who can guide disinterring team to burial location

Hartig -	Burgermeister.	Str. No.63
-----------------	-----------------------	-------------------

12 Is this atrocity case NO Is there evidence that it may be NO.

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

DOES NOT APPLY

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

DOES NOT APPLY

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

DOES NOT APPLY

d Engine serial number

Type

Signature of Investigating Officer

HERBERT W. COPELAN
2nd Lt. Inf. O-2018485
3046 QM.GR.CO.

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation)

Disinterment ~~and reburial/burial~~ made by Sgt. Harold Heffner

Date of ~~burial~~/reburial. 4 March 46

Place of ~~burial~~/reburial U. S. Military Cemetery. Hamm, Lux. (VP-8613)

Plot GG Row 12 Grave 281

NOTE Additional particulars regarding investigation will be placed on additional sheet

Cross out word n^o applicable

CHECK LIST FOR UNKNOWNNS

Sgt. Harold Heffner

(name of soldier processing remains)

1 Unknown Hamm Cem. 245 U S Military Cemetry No Hamm Cem.Lux. (VP#8613)

2 If remains were disinterred, attach Check List for Disinterments

3 Arrived at cemetery (hour) (date) From (collecting point)

4 Place of death Hermeskeil, Germany (WL-4317) Sheet-K-50-
(name) (coordinates and landmarks)

5 Scale-1/250,000 G.S.G.S.4416

6 Remains recovered by 3046 QM.GR.CO. (name and organization)

7 Evacuated to cemetery by 3046 QM.GR.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 Yes
(yes-no)

10 Are circumstances described which may indicate organization of the deceased Yes
(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 Buried in cemetery.
(type of vehicle or plane nick name, serial number, organization or symbols)

13

14 Crew list (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

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 None
(Indicate exact pocket or part of body where found)

23

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			
28. Reincoat	"			
29. Overcoat	"			
30. Jacket, Field	"			
31. Jacket, Combat	"			
32. Mackinaw	"			
33. Sweater	"			
34. Jacket, HBT	"			
35. * Shirt, Wool OD	"			
36. Undershirt, Wool	"			
37. Undershirt, Cotton	"			
38. Trousers, HBT	"			
39. * Trousers, Wool OD	"			
40. Belt, Web	"			
41. Drawers, Wool	"			
42. Drawers, Cotton	"			
43. Leggings	"			(Note unusual lacing)
44. Socks Wool Cotton	"			
45. * Shoes (type)		6 1/2 C.		
46. Overshoes	"			
47. Web Equipment (type)	"			
48. (other item)	"			
49. (other item)	"			

* 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

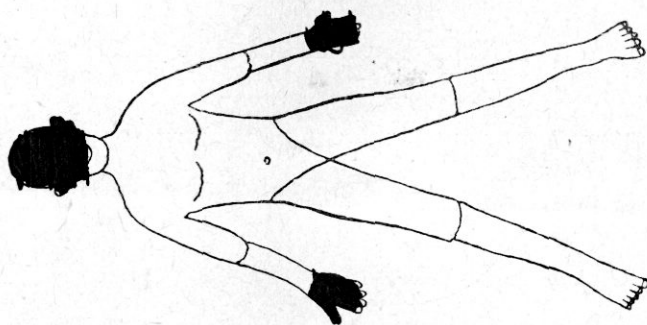
51. Description of Remains Unk. Est. 5' 65 Decomposed

52. Age (years) Height (ft-in) Weight (lbs) Description of wounds

53. _____

54. Bandages or dressings **Flesh Decomposed** Scars **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 **Hands missing** **Flesh Decomposed**
60. Tobacco stain on fingers or teeth **None**
(designate where extent)
61. Complexion **Decomposed** Build **Decomposed**
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)
- 62.
63. Hair **Missing**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peek)
64. (distinctive cutting or other characteristics)
65. Sideburns **Missing** Mustache **Decomposed** Beard or goatee **Missing**
(color, setting, shape) (color, size, shape) Length
66. (heavy, light, color, extent)
67. Eyes **Missing** 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 **Medium** Lips **Decomposed**
(high, wide, wrinkled) (large, medium, small) (small, large, full)
70. Teeth **White**
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
71. Chin **Decomposed** Cheekbones **Missing**
(prominent, receding, pointed, dimple, double) (high, normal)
72. Jaw **Crushed** Circumference of head in inches **Head missing**
(large, small, normal) (that band)
73. Neck **Decomposed** Larynx **Decomposed** Shoulders **Decomposed**
(size, long, short, normal, wrinkled) (prominent, normal) (broad)
74. Arms **Bones disjointed**
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)
75. Hands **Missing**
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)
- 76.
76. **None**
(marks on fingers indicating that rings were worn)
- 77.

78. Fingers **Missing**
(short, thick, long, slender; size of knuckles) (missing fingers or joints)
79. **Missing**
(Unusual characteristics of fingernails)
80. Chest **Decomposed**
(size at nipples; color, quantity and extent of hair; large, small, normal)
81. Back **Decomposed** Waist **Decomposed**
(quantity and extent of hair) (size at naval, appendectomy, amount and color of hair)
82. **Decomp.** Circumcized **F.D.** Pubic hair **Missing** Hernioplasty **Unk.** **Flesh Decomposed**
(yes-no) (color) (yes-no) (location)
83. Legs **Est. 32"** **Bones disjointed** **Flesh Decomposed**
(Inseam) (muscular; knock kneed, bowed, normal) (quantity, color and extent of hair)
84. Feet **6 1/2. 7 size in boots** Toes **Disjointed**
(size; corns; callouses : flat) (slender, straight, crooked, overlap)
85. Evidence of healed fractures **Legs disjointed and Flesh Decomposed**
(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 **No Equipment**
(yes-no)
89. Has tooth, chart been prepared? **Yes** If not, explain
(yes-no)
90. Remarks : **Bones disjointed and Flesh Decomposed.**
91. _____
92. _____
93. _____
94. _____
95. _____
96. *Herbert W. Coplan*

HERBERT W. COPLAN
 2nd Lt. Inf. O-2018485
 1046 08 07 55

Signature of GRO and Organization

TOOTH CHART

27-Feb.-1946
 Date

Mamm Cem.
 Unidentified X-245

Unk Unk
 Rank Serial No.

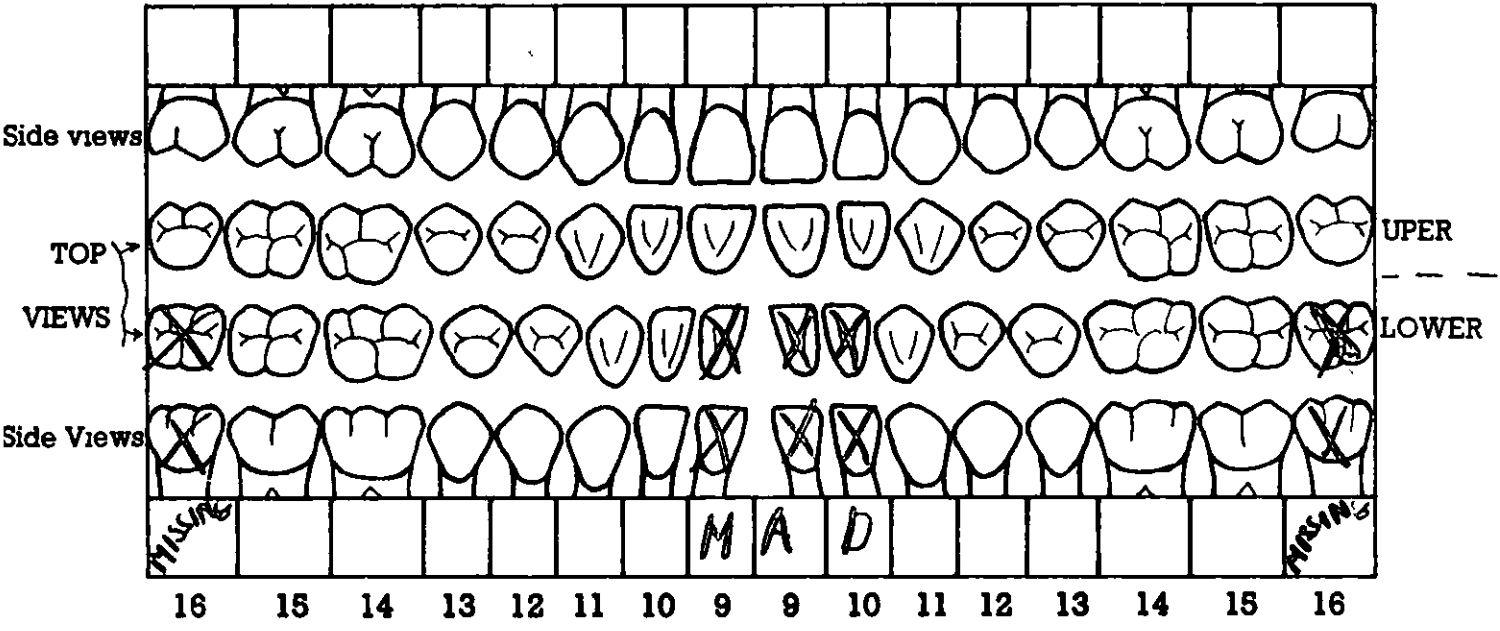
Unk Inf.
 Unit Organization

Hammaskall; Germany (NL 4317) Est. 25-April-1945 Unk
 Place of Death Date of Death Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



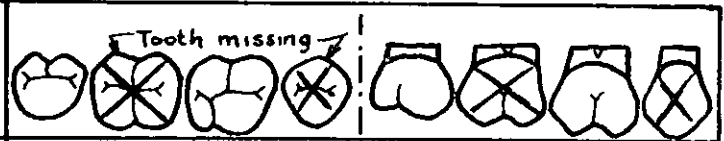
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

Harold Heffner

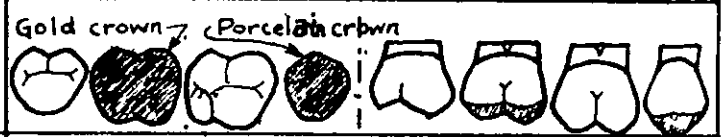
Sgt. Harold Heffner
 Signature of Officer or other person who prepared Tooth chart

Verified by G R S Officer

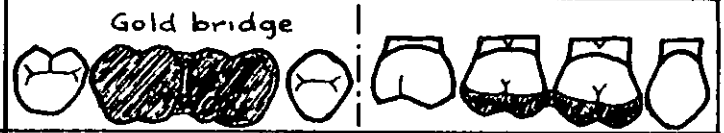
MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



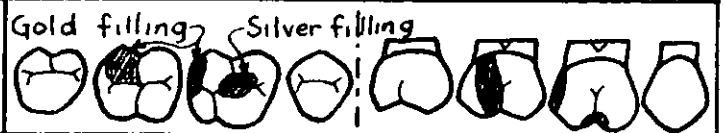
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .



BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



FILLINGS. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus

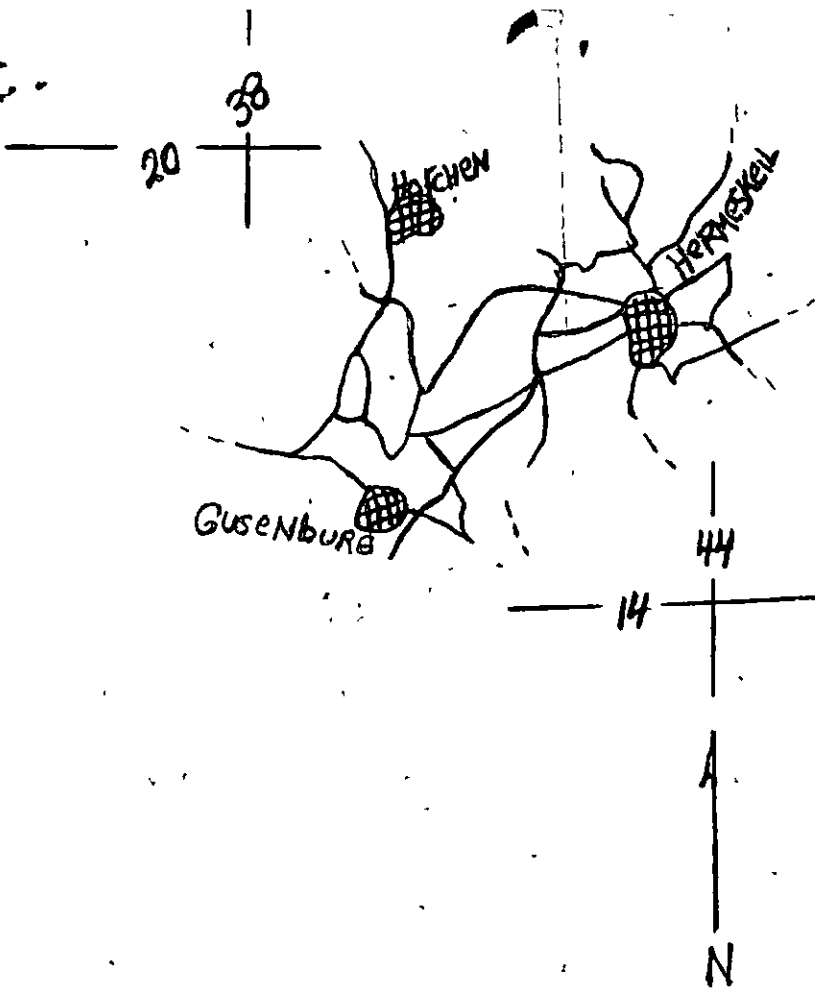


CARIES (CAVITIES) Outline location and size of cavity, shade in thus :

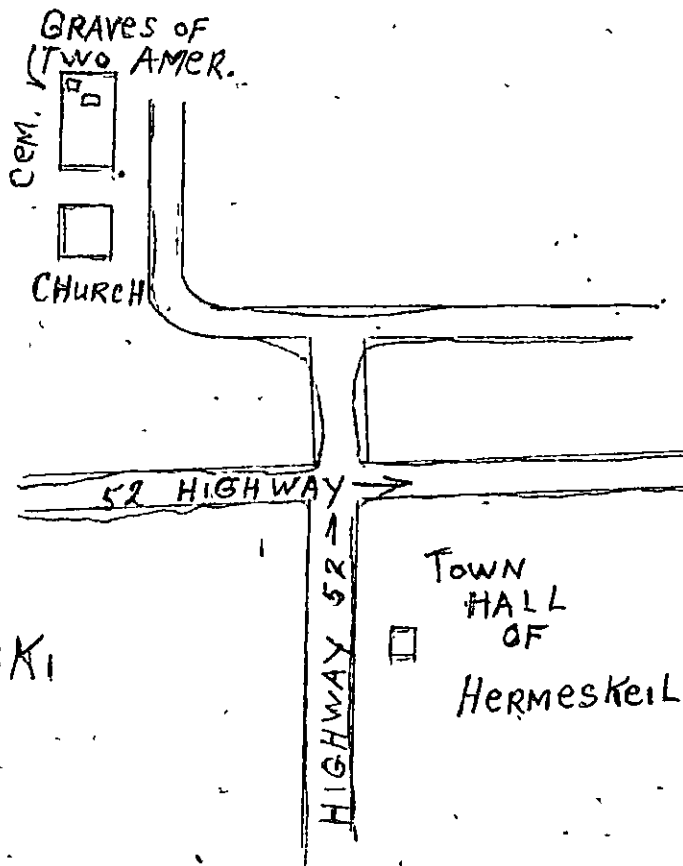


DENTURES (PLATES). Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp "

ADDITIONAL SPACE FOR FURTHER REMARKS



NEUNKIRCHEN
 SHEET U-1
 SCALE 1/100000
 Nord De Guerre
 GRID
 G.S.G.S. 4416



MIKE PHILIPOSKI
 X-245

In. Letter 1850

GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1943)

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

26-Feb-1946
Date

Unidentified X-245
Last Name First Initial Rank Serial No.
Unk. Unk.

Hermeskeil, Germany (WL-4317) Est. 25-April-1945
Unit Organization Cause of Death
Unk.

1500 4-3-46 U.S. Mil. Cem. Hamm, Lux. (VP-8613)
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
281 12 CG 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?

REBURIAL

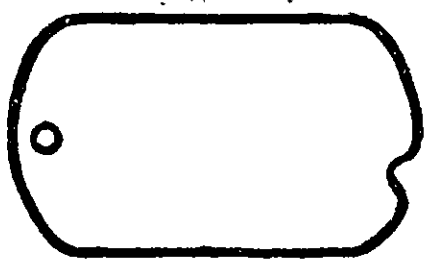
See Reverse

What means of identification were buried with the body?
Previously located at Hentern, Germany (WL-4317)
Grs. No. 1 in bottle

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

Who is buried on:
Deceased's Right: X-308 Unk Unk AAF 280
Name Serial No Rank Organization Grave No.
X-234
Deceased's Left: X-281 Unk Unk Inf 282
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
Unk. Address
Religion Unk.

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

No Personal Effects.

HERBERT W. COPELAN
2nd Lt. Inf. 6-2018485
3046 G.O.R.CO.

Disinterring Officer

Reinterring Officer

Herbert W. Copelan
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: **Unab** Laundry Marks: **None**
 Weight: **Missing** Number of Rifle: **None**
 Color of Eyes: **Missing** Wear Glasses? **Unk.**
 Color of Hair: **Missing** Is Tooth Chart Attached? **Yes**
 Race: **White**

(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.:

None

Left Hand

2	Flesh decomposed.
1	Flesh decomposed.

Right Hand

2	Flesh decomposed.
1	Flesh decomposed.

TOOTH CHART

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.

		Deceased's Left								Deceased's Right							
		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 ○ linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

See attached Sketch.

