

12

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 Unknown Hamm, Luxemburg (X-252)
SUBJECT	

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 881948

HOC/ELW/mj
24 March 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X _____
Plot GG, Row 2, Grave 35, USMC Hamm, Luxembourg
26 Oct 48
_____ have been held at this Bureau as of 3 Nov 47

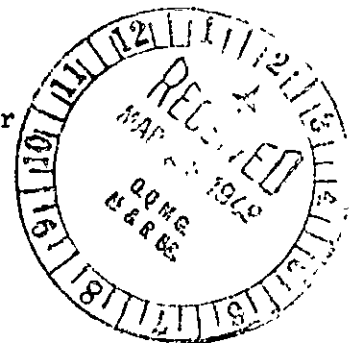
2. Bureau inspection of the effects has been made and the following description furnished for reference:

One 2nd Lt bar; one crossed cannon collar insignia; remnants of wool drawers "P 2051" - removed.

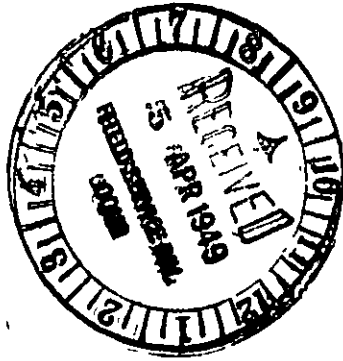
3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



1949 26 Oct 48 (Hamm)



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

PRE 293

9 February 1949
(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 252, Plot GG
Row 2, Grave 35, 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. No record this Hqs., ~~XXXX~~
No further information is available.

FOR THE COMMANDING GENERAL:

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

*T/L - # 3468 - Underup
14 Feb 49*

Received 23 Feb 49 OQMG
Not identifiable from
information presently
available

*g/lora
9 Mar 49*

Wick: Reprocessing (Hamm) 2-23-49

Incl #3

APR 20 1948

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMBND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2

Date - 8 APR 1948

SUBJECT: Reprocessing of Remains

TO: The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.

The remains of X-252
interred in Plot GG, Row 2, Grave 35, USMC
Hamm, Luxembourg, have been reprocessed and the information
not previously forwarded to your headquarters is herewith submitted.

Drawers, wool: complete with illegible markings sent to lab. for
examination.

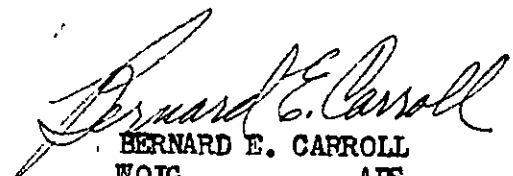
(Other item): Civilian handkerchief with monogram "S".

Height est: 5'10 3/4"

Circumference of head in inches: 20 3/4"

Pubic hair: Dark brown.

3 Incls: 1 Tooth chart
1 skeletal chart.
1 Laboratory Report.


BERNARD E. CARROLL
WOJG AUS
Actg Asst Adj Gen

X-252 HAMM

TOOTH CHART

18-11-47

X-252

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

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
A O	A O	A O		A MOD		P	P	P					A O	A O	A O
Side views															
TOP VIEWS															
UPPER															
LOWER															
Side Views															
A O	X	A MOL											X	A O	A O
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Spaces: R-14--16:3mm
 L-13--15:6mm
 Size: medium. Alignment: good. Color ivory white, a light pink tinge.

work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

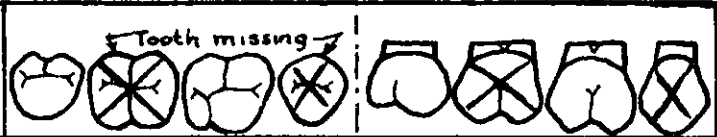
Certified True Copy.
Bernard E. Carroll
 BERNARD E. CARROLL
 M.D.C.

(S) LARRY DE SHAW

Signature of Officer or other person who prepared Tooth chart

Verified by G R C Officer

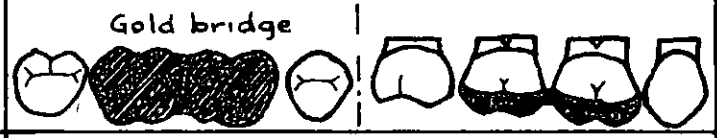
MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



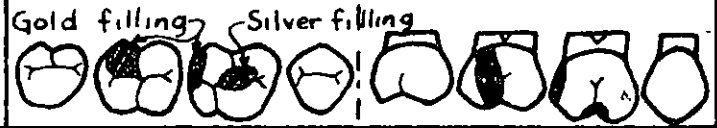
CROWNED TEETH . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



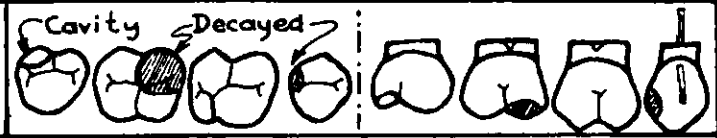
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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

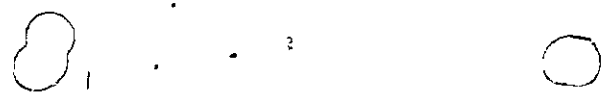


CARIES (CAVITIES) Outline location and size of cavity, shade in thus :



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

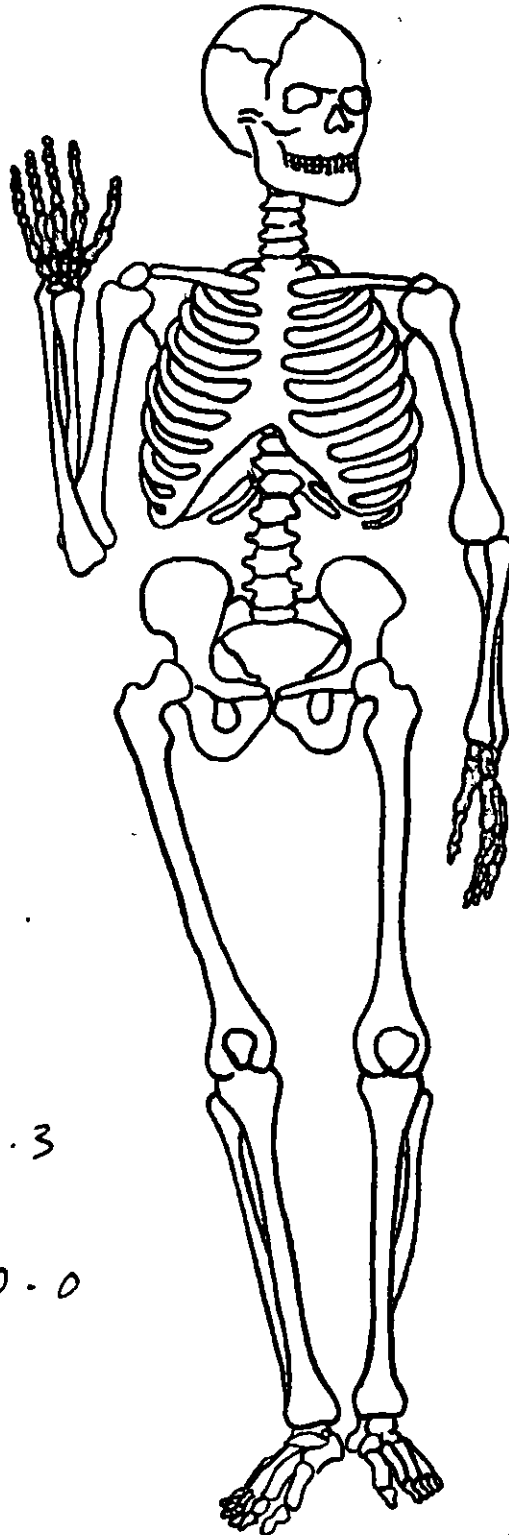


X-252

SKELETAL CHART

USMC - HAMM

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



HUM. - 28.0
RAD - 24.5
ULNA - 28.0

FEM. 48

TIBIA - 40.3

FIBULA 40.0

Est. Height 5'10³/₄"

IDENTIFICATION SECTION
AMERICAN GRAVES REGISTRATIONS COMMAND
341 QUARTERMASTER BN 1st ZONE
APO 58 (LIEGE) US ARMY

26 February 1948

Chemical Laboratory Case No. 2310

Other Designations:

X-252 Hamm, Luxembourg

Inventory of Effects:

Remnants of wool drawers.

Laboratory Findings:

P 2051 appears three times.

Remarks:

Forwarded to photo-laboratory for verification.

Livio L. Vagnina

LIVIO L. VAGNINA
Physical Science Technician

TOOTH CHART

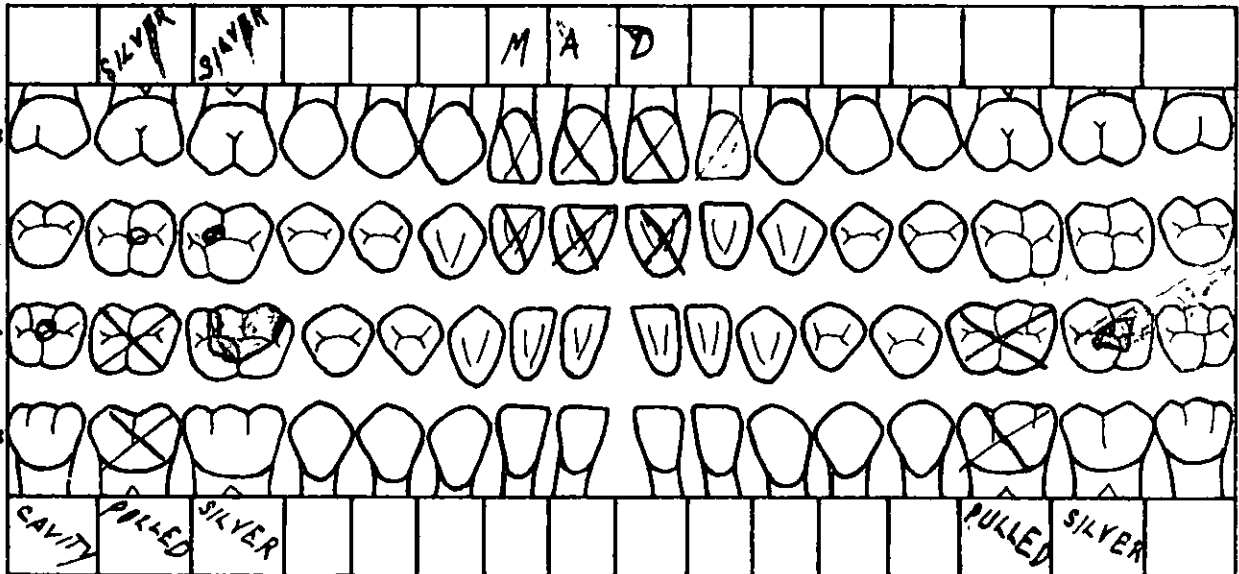
4 March 1946
 Date

Unidentified X-252 Hamm Cem. Lux. 2nd LT. Unk
 Last Name First Initial Rank Serial No
 Unk F.A.A.
 Unit Organization
 HFastrau, Germany (WL 3033) Est. 6 March 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



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

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.

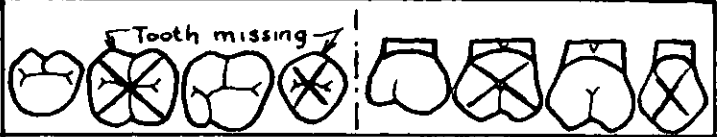
Harold H. Heffner

Sgt. Harold Heffner

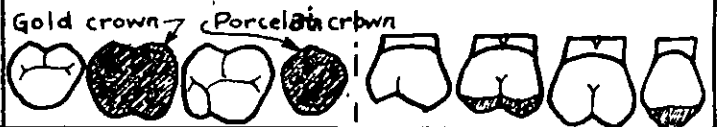
Signature of Officer or other person who prepared Tooth chart

Verified by G R S Officer

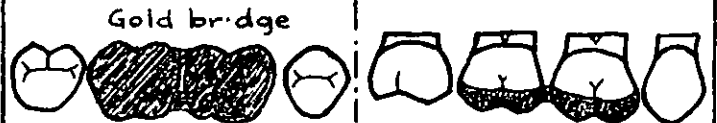
MISSING TEETH . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



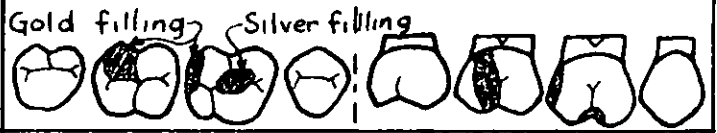
CROWNED TEETH . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



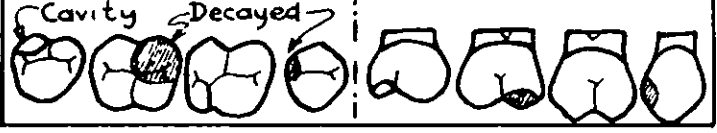
BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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

REPORT OF INVESTIGATION-AREA SEARCHING

To be completely filled out and attached to each copy of GR Form 1, "Report of Burial" when disinterment is accomplished.

1. Was investigation preceded by Advance Publicity: Yes
(if Special Investigation, so indicate) _____
2. Hann Cem.
Unidentified X-272 2nd LT. Unk F.A.
(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: Fastrau, Germany (M 3033) Sheet K-50 Scale 1/250,000 GSGS 4042
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) Fastrau Civ. Cem.
6. Approximate or established date of death (state which and give basis for date selected) Est. 6 March 1945 By Burgermeister Records
7. Approximate or established date of burial (give basis for date established) Est. 10 April 1945 Burgermeister Records
8. Manner in which grave was marked, show information contained on the marker: Plain Wooden Cross
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)
Nolles - Burgermeister House No. 65
Podens - Fastrau, Germany House No. 43
11. Give name and address of person who can guide disintering team to burial location: Nolles - Burgermeister House No. 65.

12. Is this an atrocity case: No Is there evidence that it may be: No
 If answer is yes, has 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 the 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.
_____	_____	_____	_____
_____	<u>Does Not Apply</u>	_____	_____
_____	_____	_____	_____

- d. Engine serial number: _____ Type: _____

Does Not Apply

Herbert H. Copelan
 Signature of Investigating Officer
 HERBERT H. COPELAN

2nd Lt. Inf. 0-2018485 3046 OR. GR. CO.
 Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation) 3046 OR. GR. CO.
 Disinterment and *reburial/burial made by: Sgt. Harold Neffner
 Date of *~~reburial~~/reburial: 5 March 46
 Place of *burial/reburial U.S. Military Cemetery: Nezam Con. Lux.
 Plot GG Row 2 Grave 35

NOTE: Additional particulars regarding investigation will be placed on additional sheet.

*Cross out word not applicable.

Hair

(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Missing Mustache Missing Beard or Goatee Missing
(color, setting, shape) (color, size, shape) Length, heavy.

Light
(light, color, extent)

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

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

Mouth Medium Lips Decomposed
(large, medium, small) (small, large, full)

Teeth SEE ATTACHED TOOTH CHART
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin Prominent
(Prominent, receding, pointed, dipple, double)

Jaw Large Circumference of head in inches 20"
(large, small, normal) (hat band)

Neck Normal Larynx Decomposed
(size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Straight Arms Unable to Determine
(broad, straight, small, rounded) (length, muscular, color)

extent and quantity of hair)

Hands Hands Missing

Fingers Missing
(short, thick, long, slender, size of knuckles, missing fingers or

(joints) (unusual characteristics of fingernails)

Chest 32"
(size of nipples, color, quantity & extent of hair, large, small, normal)

Back Flesh Decomposed Waist _____
(quantity & extent of hair) (size of navel, an endectomy, amount
Circumcision _____ Pubic hair _____
(yes-no) (color)

quantity & color of hair

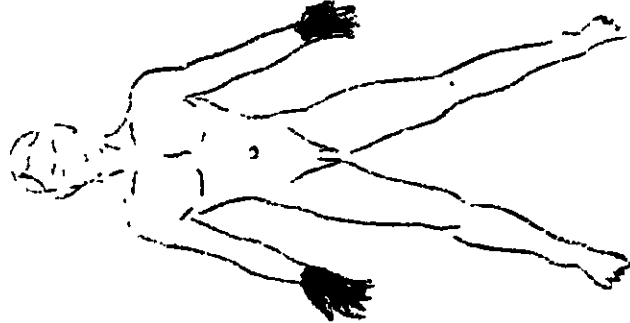
Hernioplasty _____
(yes-no, location)

Legs 31" Normal Flesh Decomposed
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet Bones Disjointed Toes Bones Disjointed
(size, corns, callouses, flat) (slender, straight, crooked, overla

Evidence of healed fractures None
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery:



10. Have fingerprints been placed on Report of Interment No
Yes-No

If not explain Hands Missing

11. Has tooth chart been prepared Yes If not, explain Yes-no

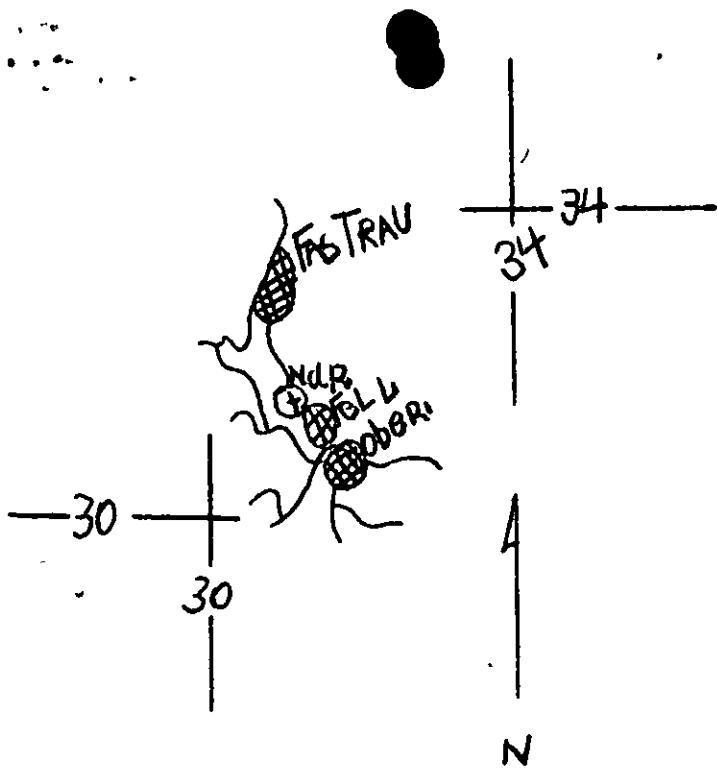
12. Remarks: Hands Missing and Flesh Decomposed

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.

Herbert W. Copelan

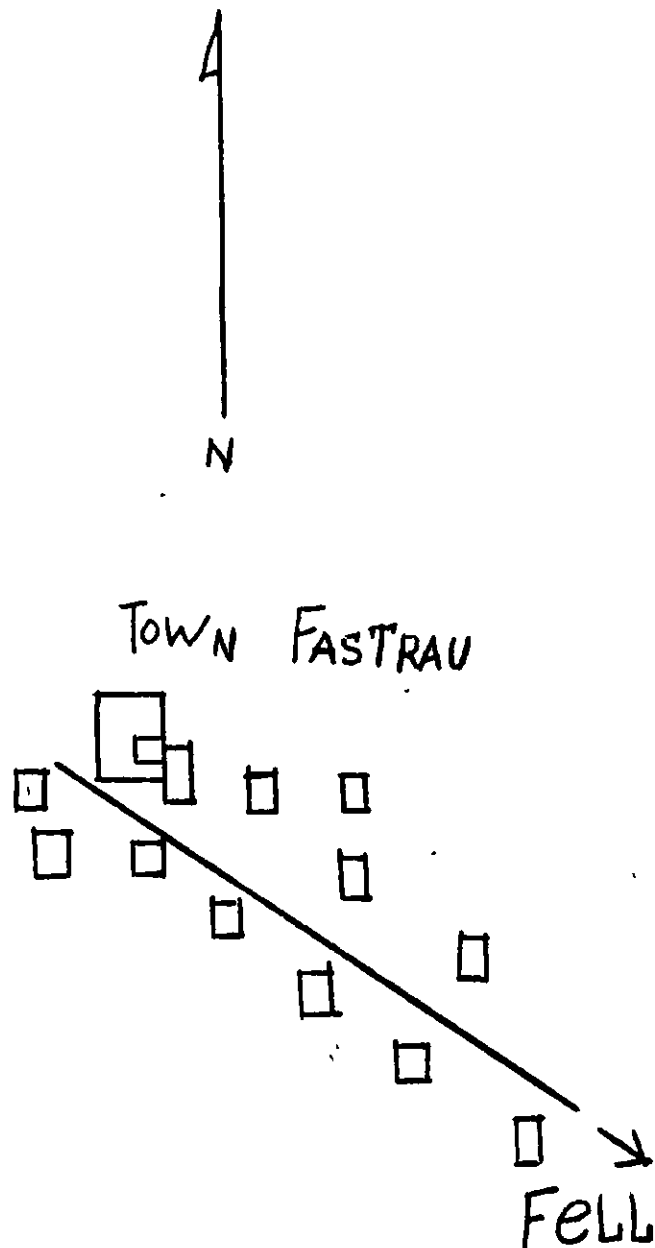
Officers' Name
HERBERT W. COPELAN
2nd Lt. Inf. 0-2018485
Rank Service
3046 QM . GR. CO.
Organization

ANNEX #4



TRIER
 SHEET T-1
 SCALE 1/100000
 NORD DE GUERRE
 GRID
 G.S. G.S. 4416

WALTER U. KUDZIA
 X-252



TOWN FASTRAU

FELL

Belt, Web Web Belt

Drawers, Wool OD

Drawers, Cotton

Leggings, Wool (Note unusual legging)

Socks, ~~Cotton~~ Wool OD

*Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

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

6. Chevrons or Insignia 2nd LT. Bar. and Crossed Cannons on Shirt
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces Ground

8. Description of Remains:
Age Unk Height 5'6" Weight 1000 Description of wounds Schrapnel wound on back

Bandages or dressings ON Back Scars None
(Length, width, location)

Tattoos Flesh Decomposed
(Number, location - illustrate on sep. Page)

Outstanding moles, warts, or birthmarks Flesh Decomposed
(yes-no, description, location)

Sunburn or tan, other than hands & face Flesh Decomposed

Complexion Flesh Decomposed
(light, med. dark, clear, pimples, blemishes, freckles)

Build Muscular
(large, fat, thin, muscular)

Hair Brown 2" Straight
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

PLOTTED BY WIMBERLY GWA

1 ✓

USMC HAMM, LUXEMBOURG
PLOT OF ROW 13 GRAVE 95
Reburied 21 Dec. 1948
Verified by : *[Signature]*

DISINTERMENT DIRECTIVE

Buried on : R : B.J. JARNAGIN
34889354
Left : C.M. PENNELL
34967769

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	GRS Officer	DIRECTIVE NUMBER 6020 00119	DATE 15 07 48 DAY MONTH YEAR
---	-------------	--------------------------------	--

NAME UNKNOWN X	SERIAL NUMBER -000252	RANK	ARM J	DATE OF DEATH DAY MONTH YEAR
CEMETERY HAMM - LUXEMBOURG <i>[Signature]</i>				DISPOSITION OF REMAINS 6001 80 CODE DIST PT
PLOT CG	ROW 2	GRAVE 35	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 <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 1 SEE ATTACHED WORK SHEET	

REMAINS PREPARED AND PLACED IN CASKET	
DATE CASKET SEALED BY	BY EMBALMER (Signature)
DATE CASKET BOXED AND MARKED	BY SHIPPING ADDRESS VERIFIED BY

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

FILE
RECORDS ANNOTATED
DATE 5 APR 1949

SIGNATURE OF GRS INSPECTOR

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

R & R ES.

NLH

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED			
FROM <i>of vbb 10/15</i>		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 <i>10/15/15</i>	DATE	SIGNATURE OF RECEIVER	DATE
5 SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>10/15/15</i>	DATE	SIGNATURE OF RECEIVER <i>(BY THE DEPT. OF JUSTICE)</i>	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

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME - UNKNOWN

SERIAL NUMBER X-000252

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

CG 2 35 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 UNKNOWN SERIAL NUMBER X-000252

RANK

DATE OF DEATH

DATE DISTINTERRED

6 MAY 1948

IDENTIFICATION TAG ON REMAINS MARKER GRS ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY FRITZ J TOLTZIEN 1/LT. FA. NAME AND TITLE

UNK

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL NAKED. CLOTHES SEPARATE BUNDLE

CONDITION OF REMAINS ADVANCED DECOMPOSITION REMAINS COMPLETE.

OTHER MEANS OF IDENTIFICATION REPORT OF BURIAL FOUND WITH REMAINS

MINOR DISCREPANCIES

NONE

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

DATE 11 MAY 1948

BY THEODOR R HARRISON, EMBALMER.

CASKET SEALED BY W/O DISIN.

EMBALMER (Signature)

THEODOR R HARRISON JR.

THEODOR R HARRISON JR.

CASKET BOXED AND MARKED V A EVRARD CLERK

SHIPPING ADDRESS VERIFIED BY ALL MARKING TAGS & PLATES VERIFIED BY R E LEWIS CAPT CAV

DATE 28 JUNE 1948

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.

FRITZ J TOLTZIEN, 1/LT FA.

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

Restricted Reburial
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Jan L. T. 1852

4 March 1946
Date

Unidentified X-252 Hamm Lux. 2nd LT. Unk
Last Name First Initial Rank Serial No

Unk PA.
Unit Organization

Fastrau, Germany (WL 30-33) East. 6 March 1945 Unk
Place of Death Date of Death Cause of Death

1400 5 Mar 46 U.S. Mil. Cem. Hamm Lux. (VP 8613)
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

35 -2 GG 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? *is isolated grave*

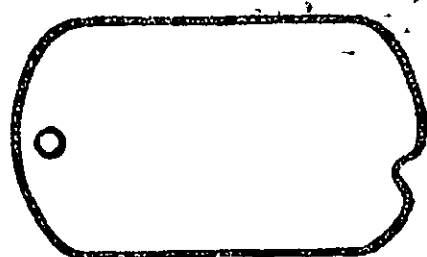
GRS Form # 1 in bottle

is isolated grave
united 31 Fastrau, Germany (WL 30-33)

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

Who is buried on	<u>Smith</u>	<u>34725594</u>	<u>unk</u>	<u>Inf.</u>	<u>34</u>
Deceased's Right:	<small>Name</small>	<small>Serial No</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>
Deceased's Left	<u>Pe rry</u>	<u>31264775</u>	<u>unk</u>	<u>Inf.</u>	<u>36</u>
	<small>Name</small>	<small>Serial No</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>

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.

- 1. Second LT. Bar.
- 1. Crossed Cannon Collar insignia

H HERBERT W. COPELAN
2nd LT., Inf. O-2018485
3046 QM. GR. OO.

Disinterring Officer

Reinterring Officer

[Handwritten Signature]
Signature of Officer or other person reporting burial
[Handwritten Signature]
Verified by GRS 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: **Imposs. to determine** Marks: **None**
 Weight: **None** Number of Ribs: **None**
 Color of Eyes: **Decomp.** Wear Glasses: **None**
 Color of Hair: **Brown** 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: Right Hand:
 Thumb: Thumb:
 Index: Index:
 Middle: Middle:
 Ring: Ring:
 Little: Little:

TOOTH CHART

		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:

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