

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
OPERATIONS DIVISION
APO 757 (Liege) US ARMY

GROP 200.2 - (R-716-F)

19 September 1950

SUBJECT: CIL Reprocessing Report

By 3 Unknowns X 476

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

1. Reference is made to radio, your Office, WCL 43869, dated 16 September 1950.

2. Forwarded herewith for your information are copies of CIL Reprocessing Reports for Unknowns X-476 thru 478, USMC Hamm.

FOR THE COMMANDING OFFICER:

3 Incls
CIL Reprocessing
Repts (X-476 to 478)

C. W. STEINSIEK
Capt, @IC
Operations Division

X 293 Unknowns Hamm X 476



File - NAT
8 Nov. 1950
m. martin
dd sec.

IDENTIFICATION DATA *E# 782 PRIORITY*

1. REMAINS OF UNKNOWN <i>X-477</i>				2. DATE OF REPORT <i>31 JULY 1956</i>	
3. NAME OF CEMETERY <i>Hamm</i>		4. PLOT <i>E</i>	5. ROW <i>5</i>	6. GRAVE <i>26</i>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <i>18/23</i>	9. ESTIMATED HEIGHT <i>5' 10"</i>	10. COLOR OF HAIR <i>NONE</i>	11. RACE <i>U.T.O.</i>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
MORTUARY PLATE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
NONE

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?
Slightly

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
S.F.F. SKELLETAL CHART

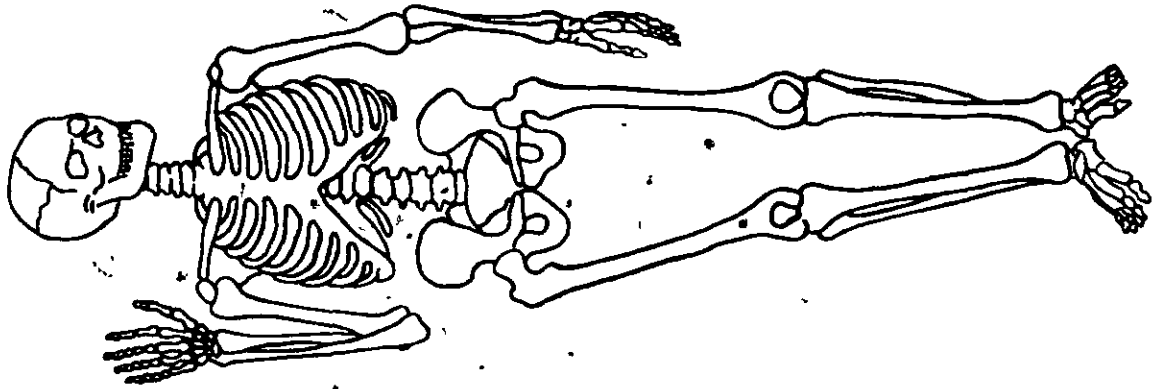
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
NONE NOTED

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)
NONE

Incl # 2

X. 477

19- BLACK OUT PARTS OF BODY NOT RECORDED



20- MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21- REMARKS AND ADDITIONAL INFORMATION

REMAINS IS IN SKELETAL FORM.
TEETH WITH REMAINS.

(SEE TOOTH CHART)

EST' HGT 5' 10"

EST' AGE 18/23

PROCESSED BY

MILLER

GREGORY

SCULLO

CLERK SPRINGER

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

AFTER
SKELETAL CHART

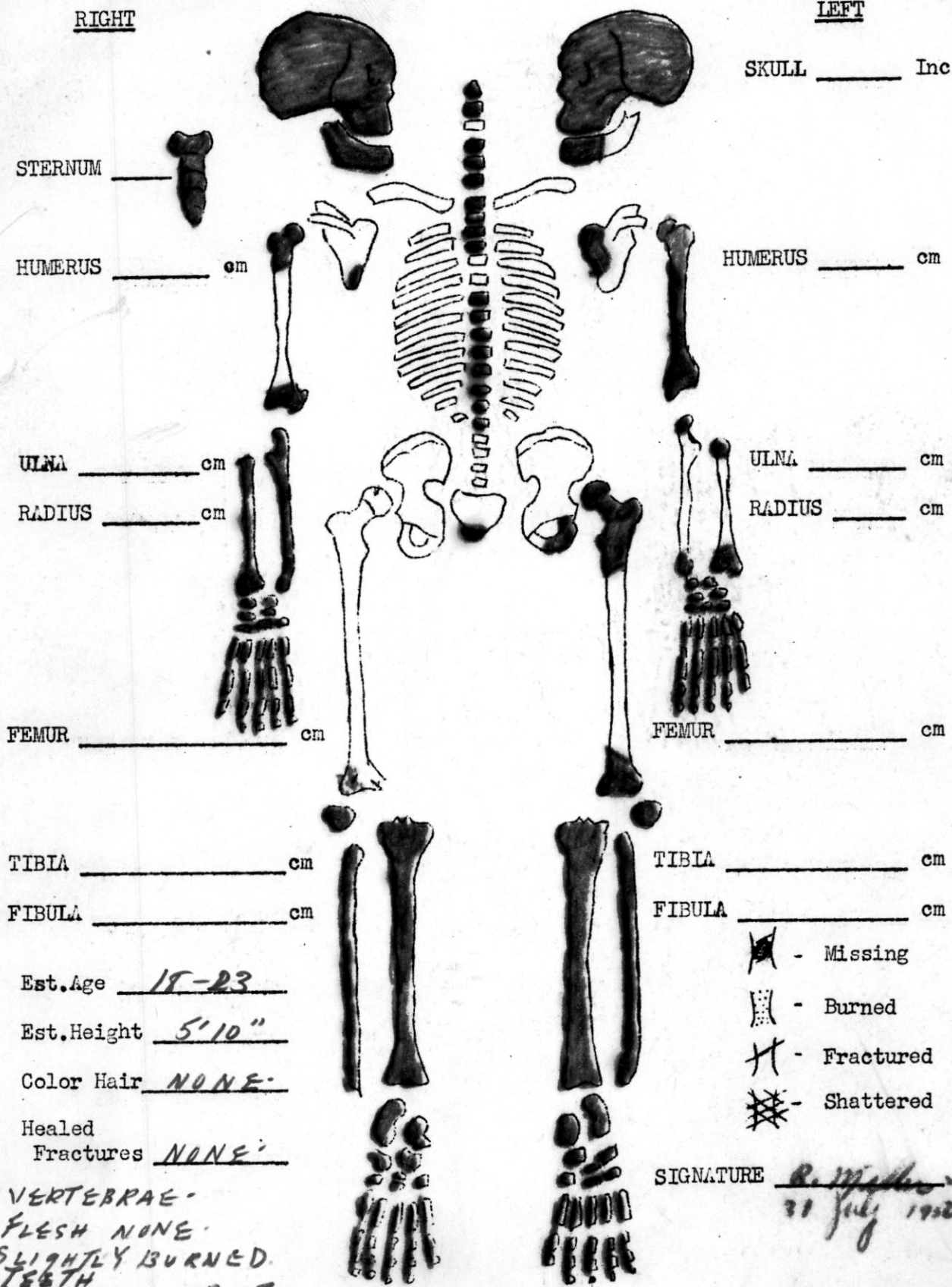
CHART "A-1"

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

1-477
HAMM.
E-5-26

RIGHT

LEFT



SKULL _____ Inc

STERNUM _____

HUMERUS _____ cm

HUMERUS _____ cm

ULNA _____ cm

ULNA _____ cm

RADIUS _____ cm

RADIUS _____ cm

FEMUR _____ cm

FEMUR _____ cm

TIBIA _____ cm

TIBIA _____ cm

FIBULA _____ cm





FIBULA _____ cm

Est. Age 18-23

Est. Height 5'10"

Color Hair NONE

Healed Fractures NONE

-  - Missing
-  - Burned
-  - Fractured
-  - Shattered

SIGNATURE R. M. [unclear]
31 July 1950.

(7) VERTEBRAE -
FLESH NONE
SLIGHTLY BURNED
TEETH
(1) EMBOSSED PLATE.

BEFORE

SKELETAL CHART

CHART "A-1"

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X477
HAMMI
E-5-26

RIGHT

LEFT

STERNUM _____

HUMERUS _____ cm

ULNA _____ cm

RADIUS _____ cm

FEMUR _____ cm

TIBIA _____ cm

FIBULA _____ cm

Est. Age _____

Est. Height _____

Color Hair _____

Healed Fractures _____

SKULL _____ Inc

HUMERUS _____ cm

ULNA _____ cm

RADIUS _____ cm

FEMUR _____ cm

TIBIA _____ cm

FIBULA _____ cm

✱ - Missing

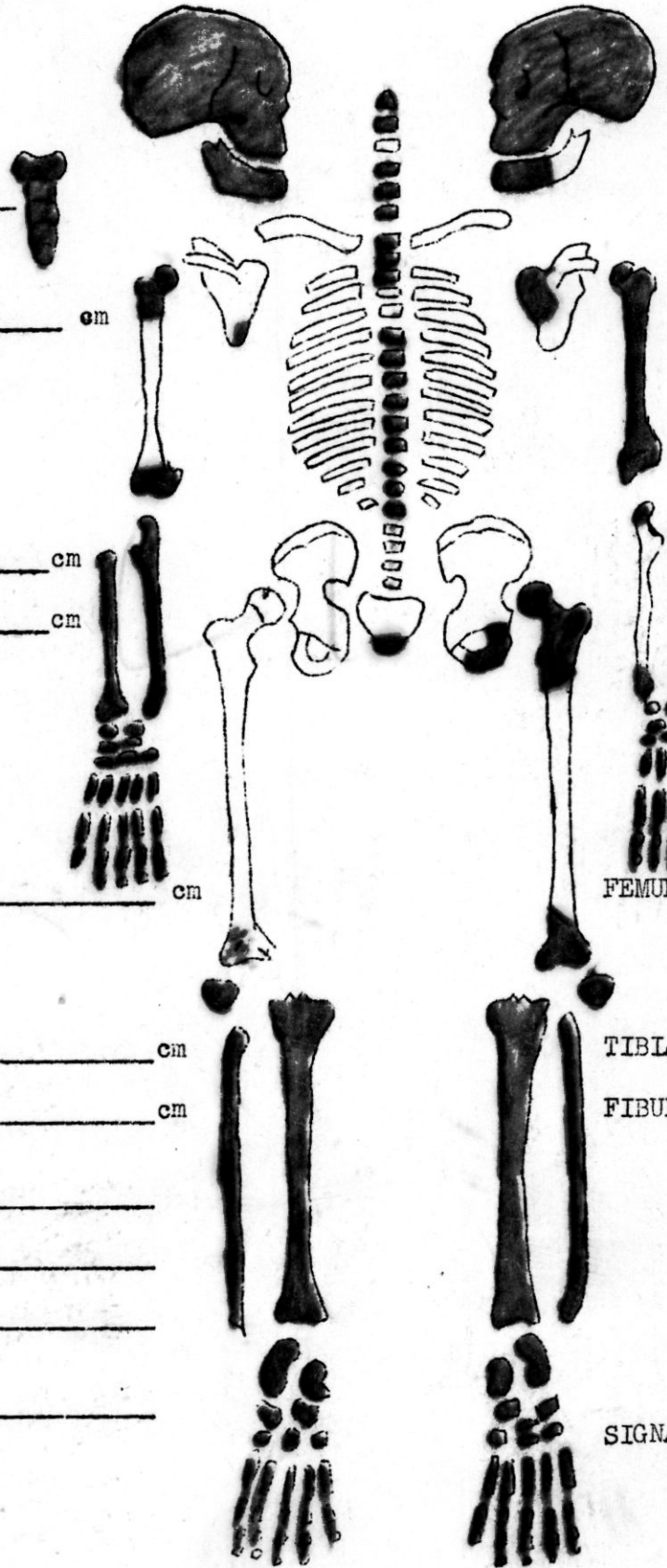
▨ - Burned

⊥ - Fractured

✖ - Shattered

SIGNATURE _____

H. Mullen
51 July 1950.



X-477

Ha: E-5-26

E0-2782

TOOTH CHART

31 July 50
Date

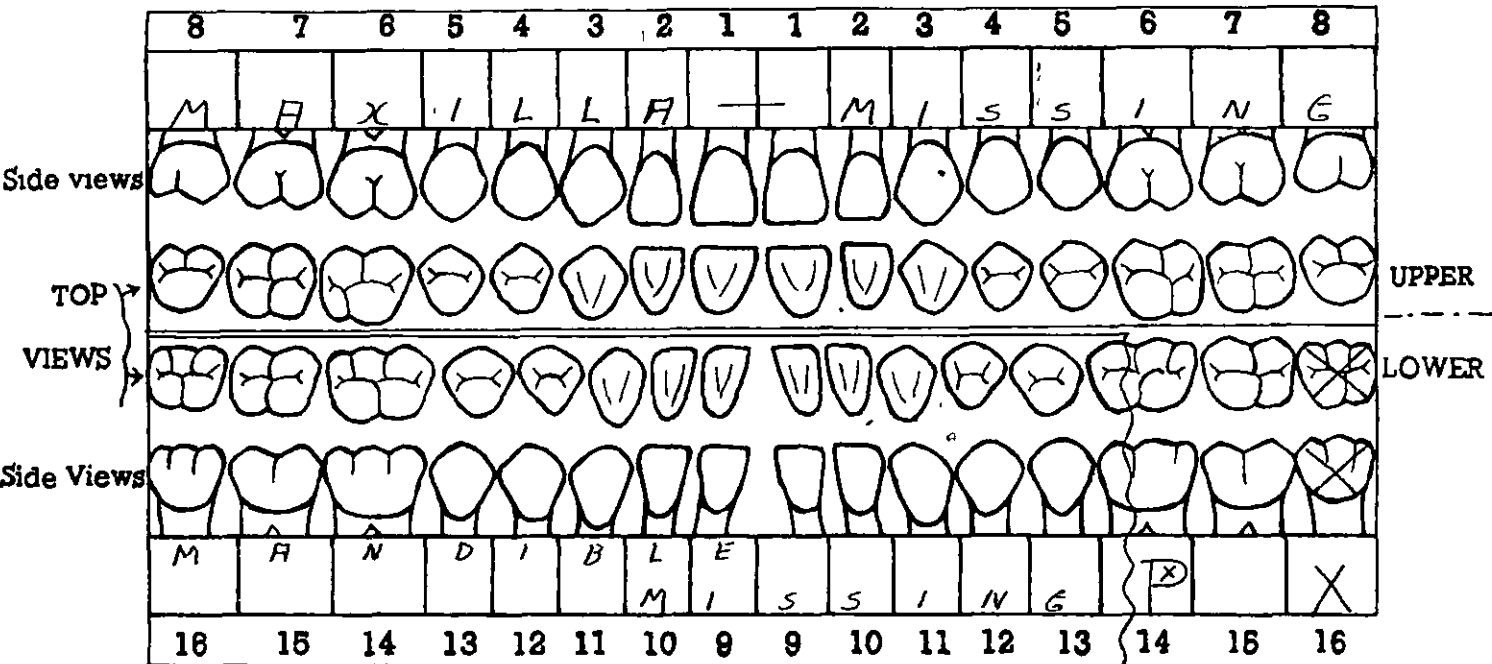
Remain w/ X-477

Last Name	First	Initial	Grade	Serial No.
Unit		Organization		

Place of Death	Date of Death	Cause of Death
----------------	---------------	----------------

Right

Left



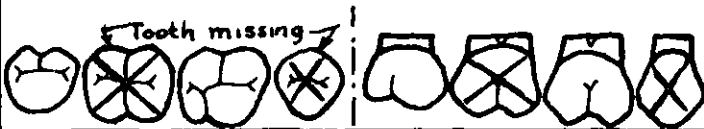


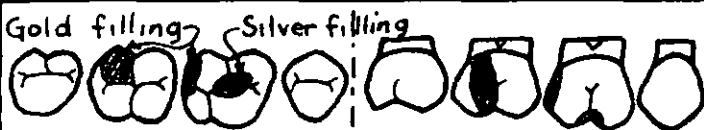
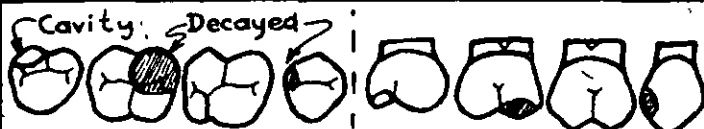
see Remarks

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 S. Wheeler

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

<p>MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .</p>	
<p>BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus</p>	
<p>FILLINGS. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus</p>	
<p>CARIES (CAVITIES) Outline location and size of cavity, shade in thus :</p>	

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

Size: Average
Color: Ivory

EXAMINATION REPORT

FRANKE, Donald C.
X-172 A
X-176
X-177
X-178

29

35

In compliance with Examination Order 2792 the above listed cases were reprocessed simultaneously in an effort to eliminate OIL 1217, Haze, and to consolidate the excess portions with Unknown X-172 A.

OIL 1217 was consolidated as follows:

Sacrum To: X-178
Pars. of L4/5 to: X-172 A.

The excess portions with Unknown X-172 A were consolidated with X-178 (the 5th lumbar vertebra, articulates with the sacrum).

John E. Gregory
Lab. Ident. Techn.

Jibon K. (AN), U. Sc. (Univ. Paris)
Membre Societe d'Anthropologie,
Paris

I have examined the following specimens and determined the cases indicated above are identified as follows:

INDEX TO OIL 1217 FOR OIL 1217

OIL 1217 (Haze) (IC OIL 1217)
OIL 1217 (Haze) (IC OIL 1217)
OIL 1217 (Haze) (IC OIL 1217)

5

243 unk Hamm X-476

OQMG DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GRREG DET
LIEGE BELGIUM

DEFERRED

X

FROM QMGMT

we L 43869

RGST ANTHROPOLOGICAL REPT XRAY 476 XRAY 477 XRAY 478 HAMB

Unknown X-477 (Hamm)

cc: Admin Sec
M. Martin/nsj
Foy

JAN

TEC

UNCLASSIFIED

GRAVES

QMGMT CAPT NEFF EXT 52462
293 - GRS European

SEPT 50
151900Z

D A REINER
CAPT QMG MEM DIV

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMISSION
EUROPEAN AREA
APO 58 US ARMY

REF 293

1 March 1949
(Date)

293 Unknown Luxembourg (Warrior) X-477

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 477, Plot GG,
Row 12, Grave 299, US 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 Transmittal Ltr. No. 2656, dated 11 February 1948

Case reviewed by undersigned members of the Board of Review:

Stanley C. Tyrnell
Capt. Jack C. HAYES, O-1577297 OMC Capt Stanley C. TYRNELL, O-1304296 Inf

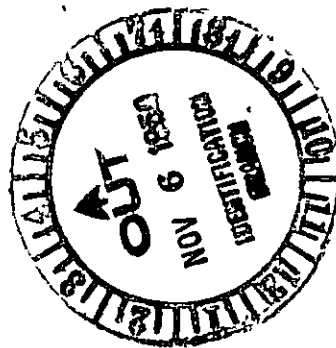
Edward E. Stout
Capt. Edward F. PRICH, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

Ernest J. Oglesby
1/Lt Ernest J. OGLESBY, O-449004 CIV

Received *SR # 3539 dated 3 Mar 49*
Subj: Unidentifiable
Remains OQMG
Not identifiable from
information presently
available *Larkins*

Incl #3

1 April 49



1 ✓

USMC HAMM, LUX 309G
 PLOT E ROW 5 GRAVE 26
 Reburied 27 Dec. 1948

Buried on: Right A.M. SCHMITZ
 36251239

DISINTERMENT DIRECTIVE

Verified by: *W.R. Pactor* Left: R.C. DUBAY
 36516981

SECTION A - GRS Officer
 NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE
 6020 00196 15 07 48
 DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
 UNKNOWN X-000477 0 8
 DAY MONTH YEAR

CEMETERY (HAMM) - LUXEMBOURG DISPOSITION OF REMAINS
 6001 80
 CODE DIST PT

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
 CG 12 299 LUXEMBOURG 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN
 MARKER 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.

MAP FILE RECORDS ANNOTATED
 DATE 15 JUL 1948
 NAME *W.R. Pactor*

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report GMS Form 105a for major discrepancies.

R & R ER

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

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN

X-0004770

S

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

CAUSE OF DEATH

LOT ROW GRAVE COUNTRY

GC 12 299 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-0004770

RANK UNK

DATE OF DEATH

DATE DISINTERRED

13 MAY 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS MARKER

GRS

UNK

FRITZ J TOLTZIEN
1/LT FA

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

MATTRESS COVER

CONDITION OF REMAINS ADVANCED DECOMPOSITION
SMALL PORTIONS OF REMAINS PRESENT, ALL
BONES EITHER FRACTURED OR MISSING EXCEPT FOR
THE R & L CLAVICLES.

OTHER MEANS OF IDENTIFICATION

RCB ATTACHED WITH DIRECTIVE (PART)

MINOR DISCREPANCIES

NONE

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

DATE 17 MAY 48

BY VESCHEL M VIBBERT IDENT TECH

CASKET SEALED BY R JAMES MURRAY
NO DI S.

EMBALMER (Signature)

R James Murray
R JAMES MURRAY

CASKET BOXED AND MARKED W E RAFFERTY JR.
CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY ALL LABELING TAGS PLACED
VERIFIED BY

DATE 28 June 1948

R E Lewis
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

Fritz J Toltzien
FRITZ J TOLTZIEN 1/LT FA

SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION CHECK LIST

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

DD # 107, dated 5 December 1946

Unknown X-477
 Cemetery Hamm, Luxembourg
 Plot 40 Row 12 Grave 299

- 1 ~~Reinterred at cemetery~~ **Date reprocessed** 2 December 1947
 (Hour) (Date)
- 2 Place of death _____
 (Name of closest town) (Coordinates and letter Prefix, maps)
 (Sheet, scale and serials used)
- 3 Remains ~~exhumed~~ 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	<u>NONE</u> (Type)		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		

FEB 24 1948
 L

Belt, web. **NONE**

Drawers, wool **NONE**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **NONE**

* Shoes **NONE** (type)

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? **UFD**

6 Description of Remains :

Age **UFD** Height **UFD** Weight **UFD** Description of wounds **UFD**

Bandages or dressings **UFD** Scars **UFD**
 (Length, width, location)

UFD Tattoos
 (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks. **UFD**
 (Yes-no, description, location)

Sunburn or tan, other than hand and face. **UFD**

Complexion **UFD**
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build **UFD**
 (Large, fat, thin, muscular)

Hair **NONE FOUND**
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **UFD**
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **UFD** Mustache **UFD** Beard or **UFD**
 (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 **NONE FOUND**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **MISSING**
 (Large, small, normal) (Hat band)

Neck **UTD** Larynx **UTD**
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders **UTD** Arms **UTD**
 (Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands **UTD**

Fingers **UTD**
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest **UTD**
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist **UTD**
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back **UTD** Circumcision **UTD** Pubic Hair **NONE FOUND**
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **UTD**
 (Yes-no, location)

Legs **UTD**
 (Infram, 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**
 (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? NO If not, explain

(Yes-no)

NORE FOUND

9 Remarks Remains received in skeleton form. Est. wgt. 6 lbs. No clothing recovered. Fluoroscopic examination not necessary. Burial Report, no GRS tags, 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

QMC

Rank

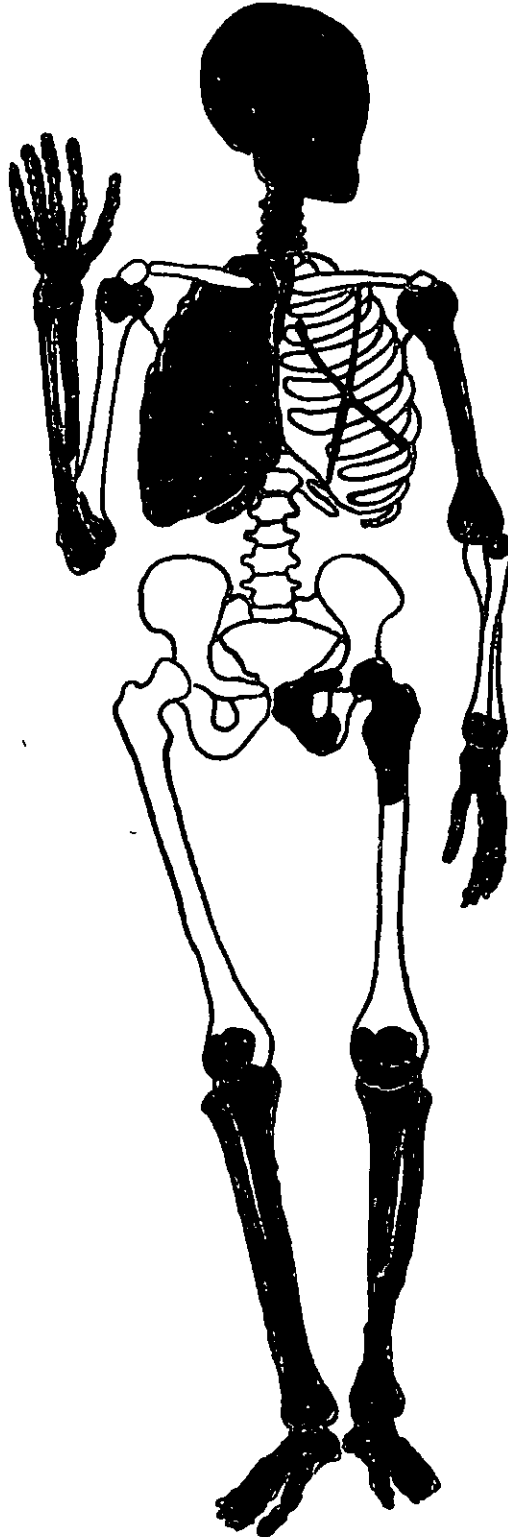
Service

OPERATIONS OFFICER

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Est. HRIGHT UFD

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-477 Hamm, Dem. 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 Crutchen, Germany (VP 96-45) Sheet 6
1/250,000 Namur-Luxembourg GSGS 4346
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)
Crutchen civilian cemetery
- 6 Approximate or established date of death (state which and give basis for date selected)
(Approx) Sept 1944 Stated by Burgermeister
- 7 Approximate or established date of burial (give basis for date established)
(Approx) Sept 1944 Stated by Burgermeister
- 8 Manner in which grave was marked, show information contained on the marker
No marker
- 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)
Joseph Weiler, 1 Hauptstrasse, Crutchen, Germany - Burgermeister
Adolph Weiler, 1 Hauptstrasse, Crutchen, Germany - Witness
- 11 Give name and address of person who can guide disinterring team to burial location
Joseph Weiler, 1 Hauptstrasse, Crutchen, Germany - Burgermeister

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 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
Does not apply

15 If unidentified, supply any of following information determinable

a Crew position in plane or vehicle Unk

b. Plane or vehicle serial number unk Type Unk

c. Installed weapons

Serial Number	Calibre & Mfgr	Serial Number	Calibre & Mfgr
<u>Unk</u>	<u>Unk</u>	<u>Unk</u>	<u>Unk</u>

d Engine serial number Unk Type unk

EDWARD C. DUNHAM
 304 Q. 3rd Lt CO.

Edward C. Dunham
 Signature of Investigating Officer

2nd Lt. Inf. Rank 0-1530522 ASN

Disinterment approved by, (HQ Authorizing Exhumation) JO. 3045 Q. 3rd Lt CO.

Disinterment ~~and reburial~~ burial made by T/S medicoman

Date of ~~burial~~ reburial 5 Mar. 46

Place of ~~burial~~ reburial U S Military Cemetery, Luxembourg

Plot GG Row 12 Grave 299

NOTE Additional particulars regarding investigation will be placed on additional sheet

* Cross out word not applicable

CHECK LIST FOR UNKNOWNNS

Pfc. Wooten

(name of soldier possessing remains)

- 1 Unknown X 477 U S Military Cemetry ~~XXX~~ Hamm Luxembourg
- 2 If remains were disinterred attach Check List for Disinterments
- 3 Arrived at cemetery (hour) (date) From 3046 QM GR-00. Foehren Germany (WL. 30-40)
(collecting point)
- 4 Place of death Crutchen Germany VP 98-45
(name) (coordinates and landmark)
- 5
- 6 Remains recovered by Pfc. Lichtman 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 stated Yes
(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 Buried in cemetary
(type of vehicle or plane nick name serial number organization or symbol)
- 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 Does not apply
(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
(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)	No	clothing	found	
28 Raincoat				
29 Overcoat				
30 Jacket Field				
31 Jacket Combat				
32 Mackinaw				
33 Sweater	No	clothing	found	
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	No	clothing	found	
42 Drawers Cotton				
43 Leggings				(Note unusual lacing)
44 Socks Wool Cotton				
45 Shoes (type)				
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 **None**

51. Description of Remains

52 Age **Unk.** Height **2 ft.** Weight **15** Description of wounds **Decomposed**
(years) (in-in) (lb-in)

53

54 Bandages or dressings **None** 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 **Flesh decomposed**

60 Tobacco stain on fingers or teeth **Fingers missing, none on teeth**
designate where extent

61 Complexion **Flesh decomposed** **BUILD**
light med dark, clear pimples, pocks freckles large fat thin, muscular

62 **Bones disjointed**

63 Hair **Missing**
color length quantity curly, wavy straight or definite parting baldness, widow's peak

64 **distinctions 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 **Missing** **Eyebrows Missing**
color setting shape color buskiness, 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 **Missing**
white size unevenness spacing noticeable crown fillings extractions

71 Chin **Missing** **Cheekbones Missing**
prominent receding pointed dimple double high normal

72 Jaw **Missing** **Circumference of head in inches Missing**
large small, normal hat band

73 Neck **Decomposed** **Larynx Decomposed** **Shoulder Bones**
size long short normal wrinkled prominent normal broad

74 **Disjointed** **Arms Missing**
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 **marks on fingers indicating that rings worn**

77

78. Fingers Missing short, thick, long, slender, size of knuckles missing fingers or joints

79. _____ Unusual characteristics of fingernails

80. Chest Flesh decomposed size at nipples, color, quantity and extent of hair, large, small, normal

81. Back None quantity and extent of hair Waist Flesh decomposed size, at naval, appendectomy, amount and color of hair

82. Circumcized Decomposed Pubic hair Missing Uterine plasty Decomposed
yes-no color yes-no location

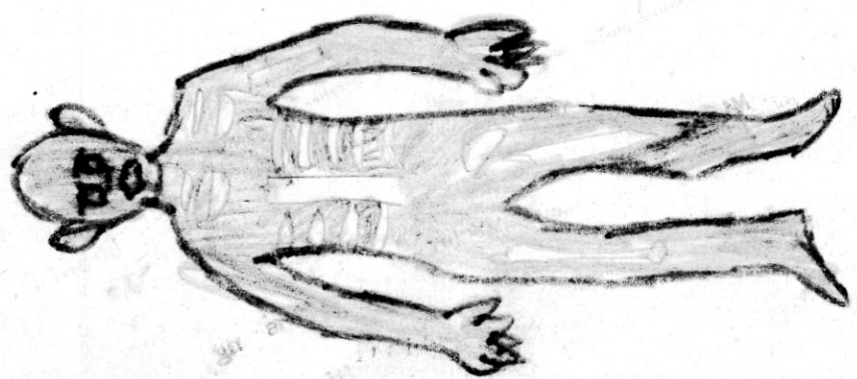
83. Legs Disjointed Inseam muscular, knock kneed, bowed, normal quantity, color and extent of hair

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.

just bones



87. Have photographs been made and attached No If not, explain No equipment
yes-no

88. Have fingerprints been placed on GRS No If not, explain Hands missing
yes-no

89. Has tooth, chart been prepared? No If not, explain Teeth missing
yes-no

90. Remarks: _____

91. _____

92. _____

93. _____

94. _____

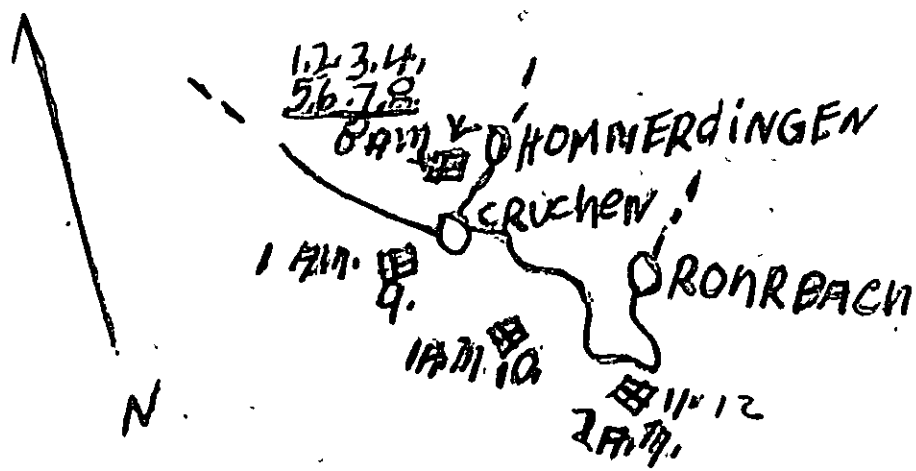
95. _____

96. _____

Edward C. Dunham

Signature of GRO and Organization
 EDWARD C. DUNHAM
 2nd.Lt.Inf. O-1338322
 3046 QM GR CO.

50 90



1. GERALD W. JOHNSON 39386408
2. WINSTON E. WELLS 32139278
3. X-472
4. X-474
5. X-475
6. X-476
7. X-477
8. X-478
9. ERNEST V. FROST 31013381
10. X-479
11. David D. JACKSON 3535575
12. PHILIP C. BARBER 32996796

T40
00

SHEET T1
 TRIER SHEET
 SCALE: 1/100,000
 G.S. G.S. 4416
 NORD DE GUERRE
 GRID

In. Letter 1852, 128

DISTRICTAL REGISTRATION
R. PORT OF BURIAL
TM 10-630 AND AR 30-1815

1 March 1946

Unidentified X-477 name, Gen.		Unk.	Unk.
Last Name	First	Rank	Serial No.
Unk.	Unk.	Unk.	Unk.
C. utchen, Germany (VI 98-45) (A. rox) Set 1944		Organization	Unk.
Place of Death	Date of Death	Cause of Death	
1400 5 Mar. 46	US. Mil. Cem. Luxembourg	V. 8713	
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location	
299 12	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

MEMORIAL

What means of identification were buried with the body?

Previously buried in isolated grave

3 3 1 in bottle

located at C. utchen, Germany (VI 98-45)

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

Who is buried on:

Deceased's Right:	Unk X-476	Unk	Unk	Unk	298
	Name	Serial No	Rank	Organization	Grave No.
Deceased's Left:	Unk X-478	Unk	Unk	Unk	300
	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:

None

EDWARD C. DUNHAM
2nd Lt. Inf. C-1333322
3045 Q. B. A. G. CO.

Edward C. Dunham

Disintering Officer

Reintering Officer

Signature of Officer or other person reporting burial
[Signature]
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: 2 Ft Laundry-Marks: None
 Weight: 15 lbs Number of Rifle: None
 Color of Eyes: Decomp. Wear Glasses?: Unk.
 Color of Hair: Missing Tooth Chart Attached? No
 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.

Body badly decomposed

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

None

Left Hand

Right Hand

Hands missing

Hands missing

Thumb

Thumb

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.

Decayed & Right		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Decayed & Left		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	Lower	Teeth missing															

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