

AIRMAIL

293 Unknown Luxembourg X-479 A (Hamm)
QUEST 293
GHS European
 29 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
 American Graves Registration Command
 European Area
 APO 58, c/o Postmaster
 New York, New York

1. The inclosed Corrected Report of Burial for Unknown X-479 A, USMC Hamm, Luxembourg, is being returned herewith as the identification is not acceptable to this Office for the reasons outlined below.

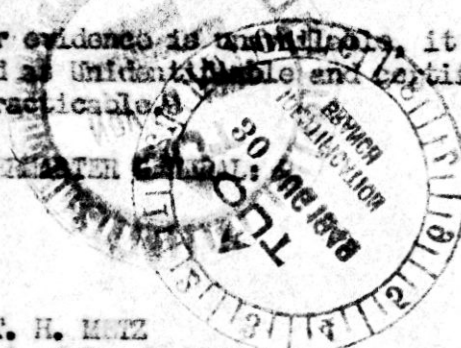
2. A thorough examination was made of all dental data and identifying media submitted with Army records of Pvt. Gonzales with the following results:

a. Of the nine Unknowns recovered from Crutchon, Check Lists of six indicate no teeth were found. Therefore, these six could not necessarily be eliminated from being associated with Gonzales through negative dental comparison. Reprocessing Report leads to the belief that the teeth could belong to either X-479 A or 479 B.

b. Reprocessed Report further indicates that the estimated height of X-479 B compares favorably with that of subject deceased.

3. In the event that further evidence is unavailable, it is recommended that the remains be redesignated as Unidentifiable and Certificate forwarded this Office as soon as practicable.

FOR THE ACTING THE QUARTERMASTER



1 Incl: Cor. B/R (X-479 A)

T. H. MOSE
 Lt. Colonel, GIC
 Memorial Division

cc: Adm Sect
 M. Martin/zejh
 Foy
 REB

MAILED 30 AUG 1949
 C. C. MOSE

M
 REB
 TEC

AIRMAIL

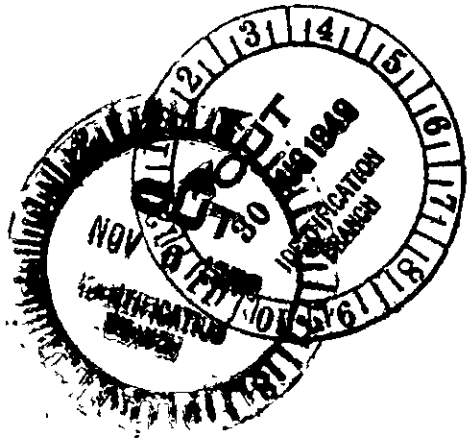
293 GRS European
293 Gonzales, Daniel G. 1916-1949

WILSON

1930
C. R. ...
... ..
... ..

1931

1932



AMERICA

1. FILE UNDER NO. 293 - Unk. Luxembourg X- 479 (Hamm)

SYNOPSIS

2. TYPE OF DOCUMENT: TT

3. DATE: 7 ~~A~~ MAR 49

4. FROM: HQ AGRC PARIS FRANCE

5. TO: OCMG

6. SUBJECT: DD'S NOT RCVD FOR FOLWNG UNIDENTIFIABLE RMNS: USMC HAMM:

X-479, AND X-507; USMC NEUVILLE, X-231A, X-231B, & X-231C. REQST DD'S FOR ABOVE UNKNOWNNS
BE FWDED SOONEST POSSIBLE.

END AGRRE PECKHAM

04/1505Z MAR

MC IN NO 67180

7. DOCUMENT FILED
UNDER NO. 314.6 - GRS, EUROPE (Disint.)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

USMC HAMM
PLOT E ROW 6 GRAVE 64
DATE OF BURIAL: 28/9/49

DISINTERMENT DIRECTIVE

VERIFIED BY:

M.H.
Marion Swartz

SECTION A - GRS OFFICER
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6020 00114

DATE
15 07 48
DAY MONTH YEAR

NAME <i>790</i>		SERIAL NUMBER UNKNOWN - 000479		RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR
CEMETERY HAMM - LUXEMBOURG						DISPOSITION OF REMAINS 0 6001 80 CODE DIST PT
PLOT GG	ROW 2	GRAVE 26	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)
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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	

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET	
DATE CASKET SEALED BY Elijah H Fields, Embalmer	BY EMBALMER (Signature) <i>E.H. Fields</i> Elijah H Fields
DATE CASKET BOXED AND MARKED 26 Sept 49 BY Elijah H Fields	SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by <i>M.R. Swartz</i> M. R. Swartz, Capt QMC

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

M. R. Swartz
M. R. Swartz, Capt QMC, 7887 AGRC Hq Gp, 11 JAN 1950

SIGNATURE OF GRS INSPECTOR

FILE
BRANCH
MEM. DIV.

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

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC St Avold France		TO OIG Hamm Luxembourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Alphonse Neiers, Caretaker Hamm Luxembourg	
SIGNATURE OF SHIPPER <i>Frank B Callaghan, 1st Lt FA</i>	DATE 27 Sept 49	SIGNATURE OF RECEIVER <i>R Warren Davis</i>	DATE 27 Sept 49

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 <i>FOXEL-EGAKO</i>	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	GRADE	ARM	RACE	RELIGION
UNKNOWN X-479-A					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
HAMM, MINERVA LUXEMBOURG	2G	2	26	
				CODE DIST CTR

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	GRADE	DATE OF DEATH	DATE DISTINTERRED
Unknown X-479-A				10 May 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS			Ltr-Hq AGRC RRE 314.6 dtd 12 Sept 49 NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Mattress cover (Clothes in bundle)	Skeletal form. Remains intact.

OTHER MEANS OF IDENTIFICATION


None

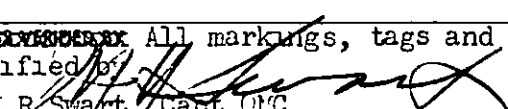
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 7 Jul 48 BY Richard S Holiver, Embalmer

CASKET SEALED BY	EMBALMER (Signature)
Elijah H Fields, Embalmer	 Elijah H Fields

CASKET BOXED AND MARKED	ALL MARKINGS, TAGS AND PLATES VERIFIED BY
DATE 15 Sept 49 BY Elijah H Fields	 M B Swart, Capt QMC

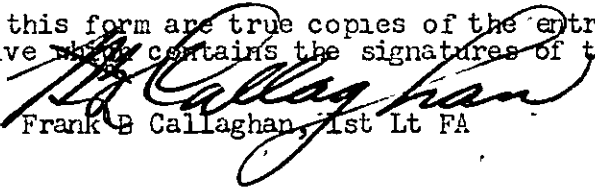
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Fritz J Toltzien, 1st Lt FA.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.


Frank B Callaghan, 1st Lt FA

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

UNKNOWN

SERIAL NUMBER

X-0004790

RANK

ARM

3

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

CAUSE OF DEATH

PLOT ROW GRAVE COUNTRY

GG 2 26 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 X-0004790

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
6 MAY 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY
FRITZ J TOLTZIER
1ST LT, FA
NAME AND TITLE

REMAINS

MARKER GRS

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

MATTRESS COVER

CONDITION OF REMAINS SKELETAL FORM
L/CLAVICLE, L/HULCRUS, PELVIS, R/RADIUS)-
MAJOR BONES INTACT. REST OF MAJOR BONES

OTHER MEANS OF IDENTIFICATION

MULTIPLE FRACTURE. PARTS MISSING.

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET

DATE

CASKET SEALED BY

R JAMES MURRAY
WO DIS.

BY *Theodor R. Harrison Jr.*
EMBALMER (Signature)

EMBALMER (Signature)

R James Murray
R JAMES MURRAY

CASKET BOXED AND MARKED W E HAT TERRY JR.
CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY ALL MARKINGS TAGS PLATES
VERIFIED BY
R. E. Lewis 1ST LT, FA

DATE 13 July 1948

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

Fritz J. Toltzier
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 COMMAND
 EUROPEAN AREA
 APO 58 US ARMY

11 October 1949
 (Date)

RRE 293

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 479 A, Plot GG
 Row 2, Grave 26, USMC Hamm, Luxembourg,

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.

2. Report of Reprocessing of remains was forwarded to your Office by Transmittal Letter No. 2742, dated 8 April 1948.

3. Remarks: Tooth chart obtained for X-479 A has been compared with all available dental records for all unresolved casualties in the Map Sheet Germany 6, and no definite association could be made. Efforts to associate subject remains with unresolved casualty by all other means have proven negative.

Case reviewed by undersigned Members of the Board of Review:

H. P. Henry
 Col. H.P. HENRY, O-12589 QMC Lt. Col. E.D. HULLVINTY, O-359598 QMC

Roger Berger
 Major R. BERGER, O-251736 ORD Capt. Jack C. HAYEK, O-1577297 QMC

E. F. Price Jr
 Capt. E.F. PRICE, Jr. O-1588236 QMC ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ QMC
 1st Lt Gaylord E. LUTZ, O1595665 QMC

Received Tr. Ltr #4366 dated 14 Oct. 1949 OQMC
 Not identifiable from information available at the present time.
 Letter of Acceptance to Field : 14 Nov. 49.

Incl # 2

m Martin 14 Nov 49

IDENTIFICATION CHECK LIST

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

DD # 107, dtd 5 Dec. 48

Unknown X- 479 (A) B
 Cemetery - Hamm, Luxembourg
 Plot 00 Row 2 Grave 26

- 1 ~~Reinterred~~ Date reprocessed 19 Nov. 47
(Hour) (Date)
- 2 Place of death Crutchen, Germany (VP-28-45)
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
- 3 Remains ~~recovered~~ disinterred by and reprocessed by mobile team #2, 1st 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> <small>(Type)</small>		
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>Remnants of.</u>		
Undershirt, Wool	<u>Remnants of.</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ~~wool~~ wool, Remnants of, one (1)

* Shoes .. Left, one (1) service (type) .. size 10D

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? UTD

Humerus - 33.7

(R) Radius - 25.5

6 Description of Remains

Age UTD Est. Height 6' 9 1/2" 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	Eyebrows	UTD
(Color, setting, shape)		(Color, bushiness, extent a loss nose)	
Nose	UTD	Ears	UTD
(Size, shape, straight)		(Size, set close to or far from head)	
Mouth	UTD	Lips	UTD
(Large, medium, small)		(Small, large, full)	
Teeth	See tooth chart		
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)			
Chin	UTD		
(Prominent, receding, pointed, dimples, double)			
Jaw	UTD	Circumference of head in inches	Fractured
(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
(Quantity and extent of hair)		(Yes-no)	Pubic Hair
			None found
			(Color)
Hernioplasty	UTD		
		(Yes-no, location)	
Legs	UTD		
(Inseam, 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 missing8 Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9 Remarks Remains received as a single burial, however reprocessing revealed parts of two remains. Segregation was accomplished. Remains "A" had a small amount of decomposed flesh. Est. weight: 9 Lbs. Clothing found in debris, bore no markings. Fluoroscopic Examination negative. Burial Report, no GRS, tags, recovered with remains. For additional information see narrative.

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

Case X-479 was received as a single burial however reprocessing revealed parts of two remains. Segregations was made possible by difference in the size and structure of the bones recovered. Cases were wrapped in individual mattress covers and placed in separate burial boxes and redesignated as; X-479 A and X-479B. X-479 A being reburied in the original grave and X-479B reburied in Grave 6, Plot 3, Row XX. A corrected report of burial was prepared one copy reburied with remains, and one inclosed with case papers. All remnants of clothing, badly deteriorated had no markings evident, and were reburied with case "A" as were the teeth and debris. The est. heights were as follows; X-479 A, 5' 9 $\frac{1}{2}$ ", X-479 B, 5' 10". Case "A" was found to have larger bone structure than case "B". Fluoroscopic Examination of remnants of clothing and debris was negative.

Woodrow W.
WOODROW W.

(Officer's Name)

CAPT

Rank

QMD

Service

OPERATIONS OFFICER

(Organization)

SKELETAL CHART

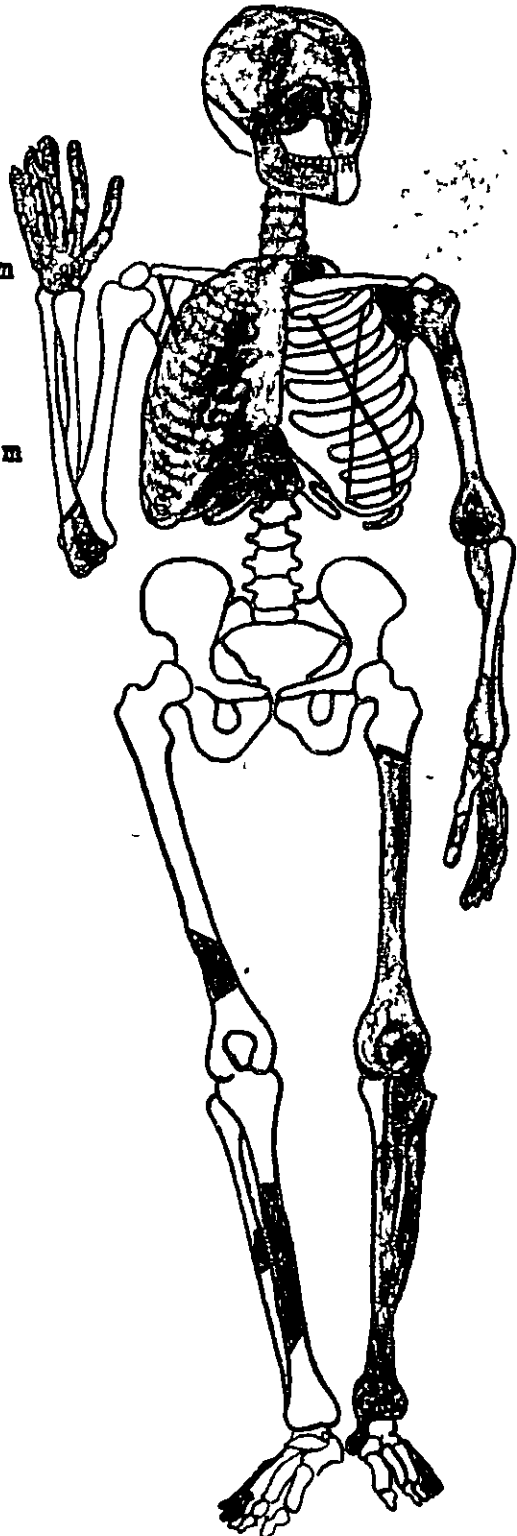
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) ;

RIGHT

LEFT

HUMERUS.....33.7.....cm

RADIUS.....25.5.....cm



Est. HEIGHT.....5' 9 $\frac{1}{2}$

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

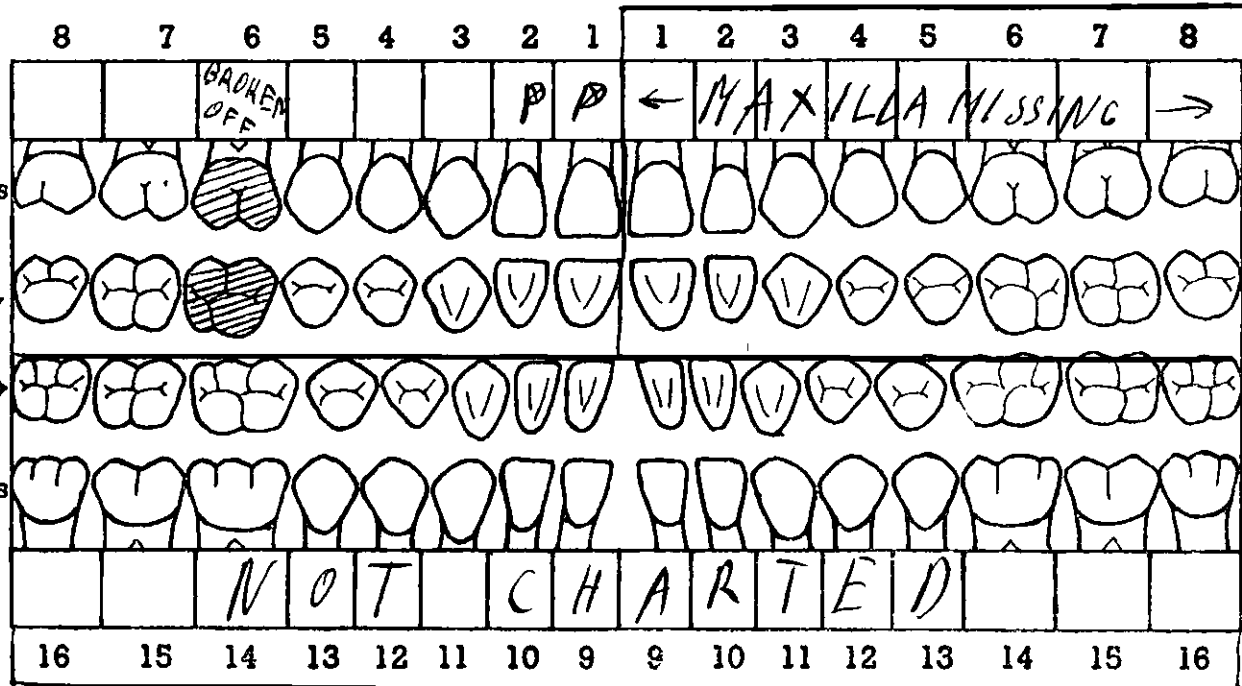
TOOTH CHART

19 Nov. 47

Unk X-479 A B			Unk	Date
Last Name	First	Initial	Rank	Serial No.
Unk			Unk	Unk
Unit		Date of Death	Organization	
Crutchen, Germany		st. Sept. 44	Unk	
Place of Death		Date of Death	Cause of Death	

Right

Left



SEE REMARKS

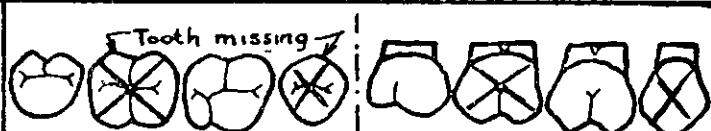
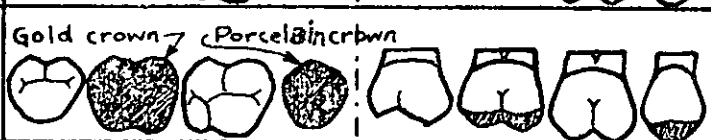

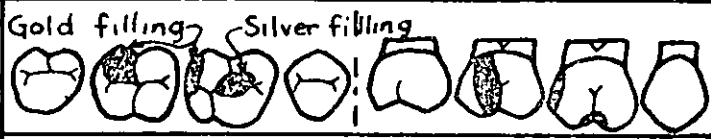
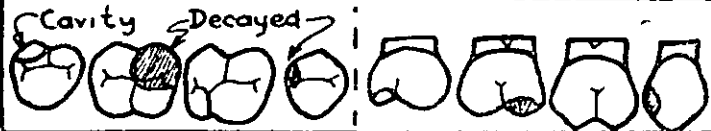
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

LARRY DE SHAW
 USDA CIV IS
 WOODROW W. WOLF
 CAPT QMC OPER OFF

/s/ Larry De Shaw

Signature of Officer or other person who prepared Tooth chart

Woodrow W. Wolf
 Verified by C R S 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

P Posthumously missing.
Size-medium
Alignment-excellent
Color-ivory

Teeth are in excellent condition and have no fillings. These teeth are part of a mass burial which has been segregated. Because of this fact the maxilla and mandible were charted seperately. In all probability the maxilla and mandible charted in this case are part of the same body because the teeth are the same size, color, and are in the same excellent alignment and condition. All charts and teeth are with case (A).

G. E. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, ETOUSA

TOOTH CHART

19 Nov. 47

Date

Unk X- 479 AB

Unk

Unk

Last Name

First

Initial

Rank

Serial No

Unk

Unk

Unit

Organization

Crutchen, Germany

Est. Sept. 44

Unk

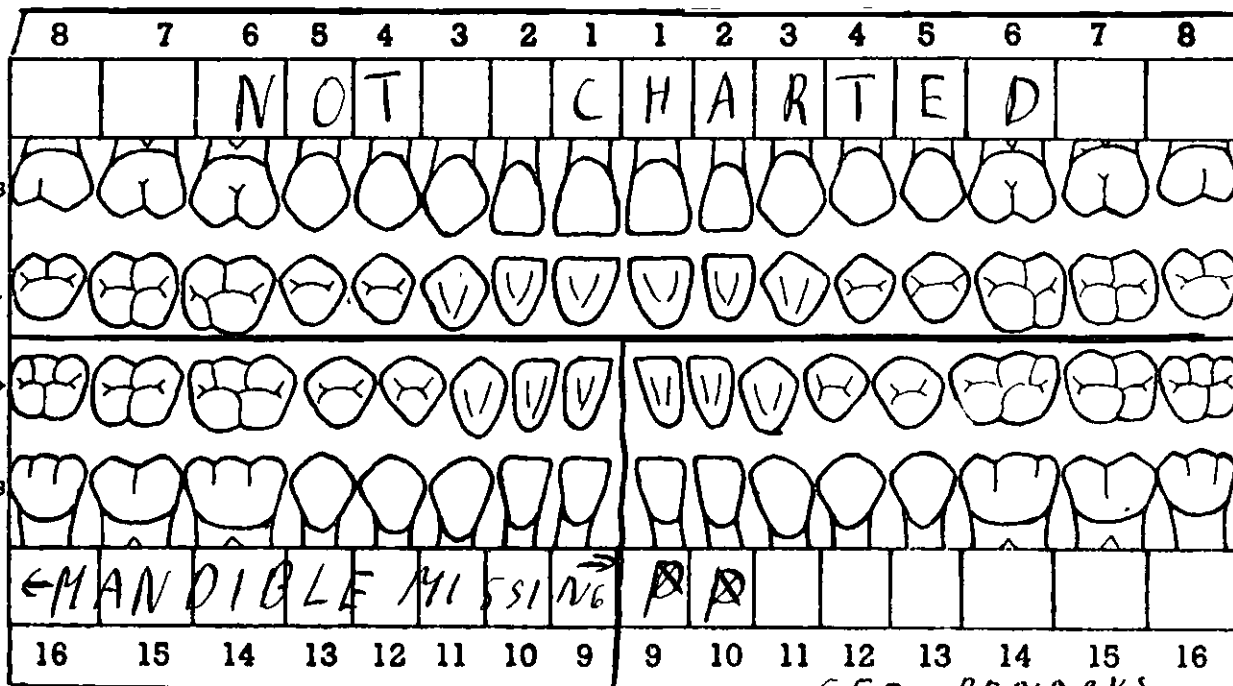
Place of Death

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.

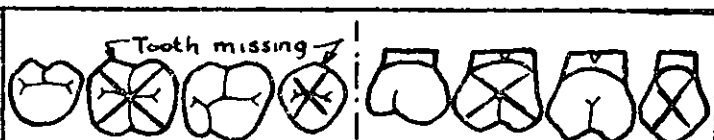
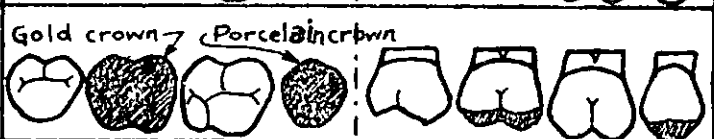
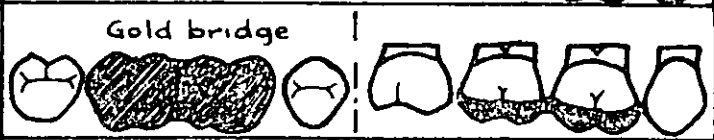
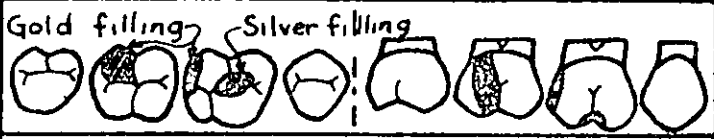

LARRY DE SHAW
USDA CIV IS

/s/ Larry De Shaw

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
CAPT QMC OPER OFF

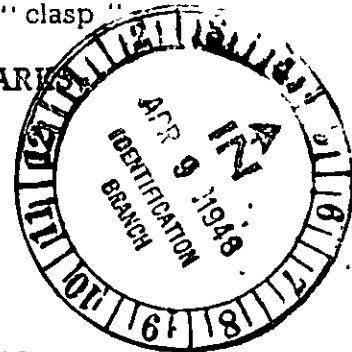
Woodrow W. Wolf
Verified by C R S Officer

<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>Labels: Tooth missing</p>
<p>CROWNED TEETH . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	 <p>Labels: Gold crown, Porcelain crown</p>
<p>BRIDGE WORK . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	 <p>Label: Gold bridge</p>
<p>FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	 <p>Labels: Gold filling, Silver filling</p>
<p>CARIES (CAVITIES) . Outline location and size of cavity, shade in thus :</p>	 <p>Labels: Cavity, Decayed</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

Posthumously missing
 Size- medium
 Alignment excellent
 Color- ivory



Teeth are in excellent condition and have no fillings. These teeth are part of a mass burial which has been segregated. Because of this fact the maxilla and mandible were charted separately. In all probability the maxilla and mandible charted in this case are the same size, color, and are in the same excellent alignment and condition. All charts and teeth are with case (A).

IDENTIFICATION CHECK LIST

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

Exh. O. # 641, dtd 5 Dec. 47

Unknown **479 A**

Cemetery **Hamm, Luxembourg**

Plot **00** Row **8** Grave **28**

Date reprocessed: 11 Feb. 48

- 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 ~~disinterred by~~ **and reprocessed by I.S., 1st 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		
Jacket, HBT	None		
* Shirt, Wool OD	None		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers, HBT	None		
* T-ousers, Wool OD	Remnants of		

Belt, web . . . **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings wool **None**

Socks, cotton **Remnants of, one**

* Shoes **Remnants of service** (type) **size "10D"**

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? **A.O.F**

R-Humerus -33.5
R-Radius -25.0

6 Description of Remains

Age **UTD** Height **Est 5'7-3/8"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **None found** Scars **UTD**
(length, width, location)

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

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

Sunburn or tan, other than hand and face **UTD**

Complexion **UTD**
(Light, medium, dark, clear, pimples, poeks, freckles)

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

Hair **None found**
(Color, length, quantity, curly, wavy, straight, whorls, or definite pattern)

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

Sideburns **UTD** Mustache **UTD** Beard or **UTD**
(color, setting, shape) (color, size, shape) (length, heavy)

Goatee **UTD**
(Light, color, extent)

Eyes **UTD** Eyebrows **UTD**
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose **UTD** Ears **UTD**
(Size, shape, straight) (Size, set close to or far from head)

Mouth **UTD** Lips **UTD**
(Large, medium, small) (Small, large, full)

Teeth **See tooth chart**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **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 **Missing and/or too decomposed**

Fingers **Missing and/or too decomposed**
(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**
(Inst. m., muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet **UTD** Toes **UTD**
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures **None found**
(Nose, arms, legs, etc.)

NOTE Use attached charts "A" and "B" to indicate parts not received

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

If not, explain Fingers missing and/or too decomposed

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

9 Remarks Case received as X-479 E. Est. weight of reprocessed remains: 17 Pounds.
Clothing, found in debris, bore no markings. One Burial Report recovered.
One embossed plate. Remains consist of disarticulated bones.

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 E. Wolf
WOODROW E. WOLF
(Officer's Name)

CAPT
Rank

QMO
Service

OPERATIONS OFFICER
(Organization)

SKELETAL CHART

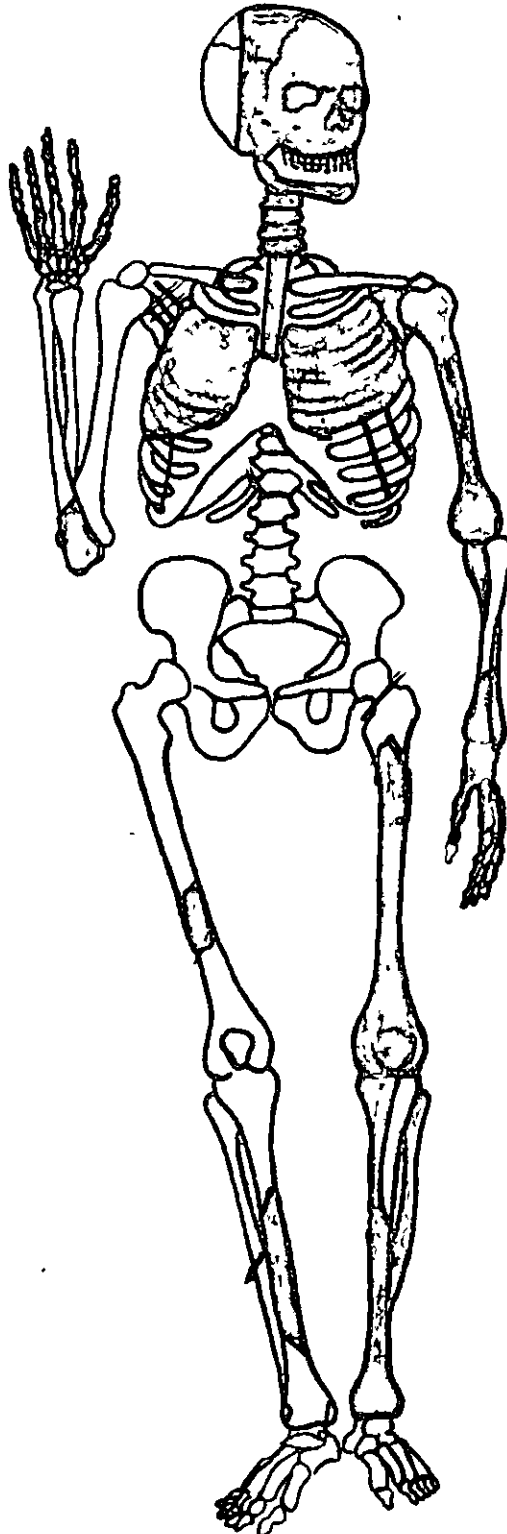
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

HUMERUS 33.8 cm

RADIUS 23.0 cm



Est. HEIGHT 5' 7-5/8"

TOOTH CHART

11 Feb. 48

Date

Unk

X-479 A

Unk

Last Name

First

Initial

Grade

Serial No.

Unk

AGF

Unit

Organisation

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		
							X	X	M	A	X	I	L	L	A			
										M	I	S	S	I	N	S		
Side views																		
TOP																	UPPER	
VIEWS																	LOWER	
Side Views																		
	M	A	N	D	I	B	L	E										
		M	I	S	S	I	N	S	X	X								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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), 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.

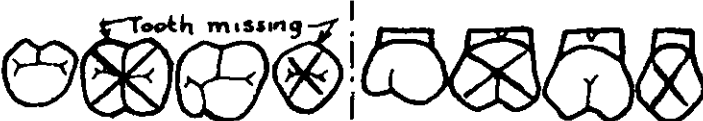
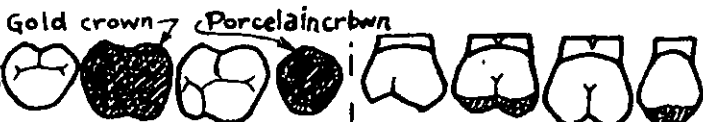
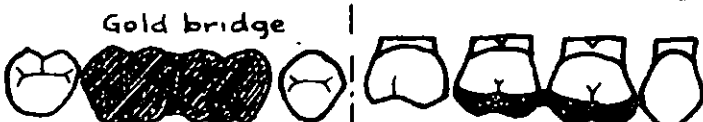
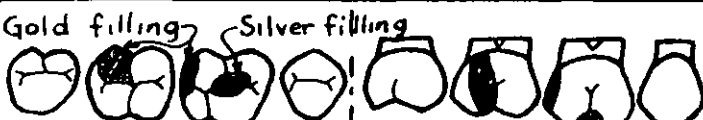
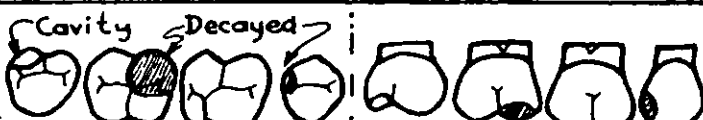
IVOR J. FOSMO
USDA CIV IS

/s/ Ivor J. Fosmo

Signature of Officer or other person who prepared Tooth chart

WOODROW W. WOLF
CAPT QMC OPER OFF

Woodrow W. Wolf
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"ed 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

R-6 is a decayed tooth. Only the roots are present.

Color- white ivory
 Size- average
 Alignment-very good



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-479 Hamm Gen. 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 98-45) Sheet 6
Namur Luxembourg 1/250,000 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 cemetery
6. Approximate or established date of death (state which and give basis for date selected):
(Approx) Sept. 1944 Stated by Bürgermeister
7. Approximate or established date of burial (give basis for date established):
(Approx) Sept. 1944 Stated by Bürgermeister
8. Manner in which grave was marked, show information contained on the marker:
None
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 (Bürgermeister)
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 (Bürgermeister)

12. Is this atrocity case: Unk. 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 oi 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: Does not apply

b. Plane or vehicle serial number: Type:

c. Installed weapons: .

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
.....
.....
.....

d. Engine serial number: Type:

Edward C. Dunham
3046 QM GR CO.

Edward C. Dunham
Signature of Investigating Officer

2nd.Lt.Inf. 0-1338322
Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation): CYO. 3046 QMGR CO.

Disinterment and ~~reburial~~/burial made by: Pvt. Dnistran

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

Place of ~~burial~~/reburial U. S. Military Cemetery: Hamm Luxembourg

Plot GG Row 2 Grave 26

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 processing remains)

1. Unknown 479 U. S. Military Cemetry No. Hamm Luxembourg
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery (hour) (date) From 3046 QM GR CO. Foehren Germany (WL 30-40)
(collecting point)
4. Place of death (name) (coordinates and landmarks)
- 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 starred 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 cemetery
(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 Does not apply
(parts of markings or symbols) (burned) (pierced by shell fire-where)
- 19.
20. Does not apply
(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)	No clothing found			
28. Raincoat				
29. Overcoat				
30. Jacket, Field				
31. Jacket, Combat				
32. Mackinaw				
33. Sweater				
34. Jacket, HBT				
35. * Shirt, Wool OD	No clothing found			
36. Undershirt, Wool				
37. Undershirt, Cotton				
38. Trousers, HBT				
39. * Trousers, Wool OD				
40. Belt, Web				
41. Drawers, Wool				
42. Drawers, Cotton				
43. Leggings	No clothing found			(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 (type and location; shirt jacket coat helmet) Shoulder Patch None

Insignia None

51. Description of Remains

52. Age Unk. (years) Height 3' (ft-in) Weight 50 (lbs) Description of wounds Flesh decomposed

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 **Head missing, Fingers missing**
designate where extent
61. Complexion **Flesh decomposed** **Build** **Flesh decomposed**
light, med, dark, clear, pimples, pocks, freckles large, fat, thin, muscular
62. **Flesh decomposed**
63. Hair **Missing**
color, length, quantity, curly, wavy, straight, 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 **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 **Missing** Lips **Missing**
high, wide, wrinkled large, medium, small small, large, full
70. 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 **Missing**
large, small, normal hat band
73. Neck **Missing** Larynx **Missing** Shoulders
size, long, short, normal wrinkled prominent, normal broad
74. **Missing** Arms **Flesh decomposed**
straight, small, rounded length muscular, color, extent and quantity of hair
75. **Hands**
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. Missing Unusual characteristics of fingernails
80. Chest Flesh decomposed size at nipples, color, quantity and extent of hair, large, small, normal
81. Back Flesh decomposed quantity and extent of hair Waist Flesh decomposed size, at aaval, appendectomy, amount and color of hair
82. Circumcized yes-no F. Decd yes-no Pubic hair color Missing color Hernioplasty yes-no Flesh decomposed location
83. Legs Flesh decomposed 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.

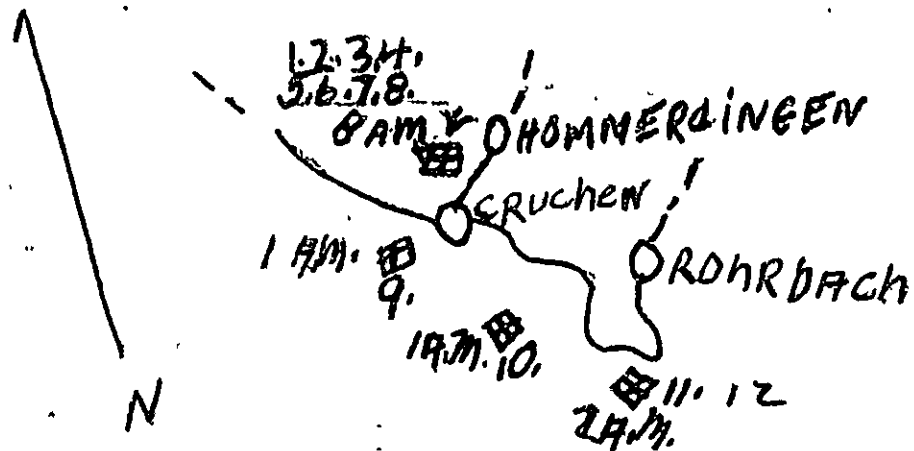


87. Have photographs been made and attached No yes-no If not, explain No equipment
88. Have fingerprints been placed on GRS No I No yes-no If not, explain Hands missing
89. Has tooth, chart been prepared? no yes-no If not, explain Head missing
90. Remarks: _____
91. _____
92. _____
93. _____
94. _____
95. _____
96. _____

Edward C. Dunham

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

50 90



- 1. GERALD W. JONER 39386408
- 2. WINSTON E. WELLS 532139278
- 3. X-472
- 4. X-474
- 5. X-475
- 6. X-476
- 7. X-477
- 8. X-478

- 9. ERNEST J. ENOST 31013381
- 10. X-479

- 11. ~~David~~ David D. JACKSON 3535575
- 12. PHILIP C. BARBER 32986746

+40
00

Sheet T1
 Trier Sheet
 Scale: 1:100,000
 G.S. G.S. 4416
 NORD DE GUERRE
 GRID

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: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____
 (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.

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

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	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 by X.
 Characteristics
 Other Data

Indicate North.
 This is a sketch of the location of the burial site, oriented with permanent landmarks. The sketch shows a roughly oval shape with a small circle on the right side, representing the location of the body.

Graves Registration
Form No 1
(Revised 1 Sept 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

5 Feb. 48
Date

Unk X- 479 (A) B

Last Name

First

Initial

Unk
Rank

Unk
Serial No

Unk
Unit

Unk
Organization

Crutchen, Germany
Place of Death

Est. Sept. 44
Date of Death

Unk
Cause of Death

1400 5 March 46
Time and Date of Burial

USMC, Hamm, Luxembourg
Name of Cemetery

(VP-8713)
Name or Coordinates of Location

26 2
Grave Number Row Number

GG
Plot Number

Temp. Wdn. Cross
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? Instructions contained in DD # 107, dtd 5 Dec. 46, complied with. This deceased was segregated from former Unk X- 479.

What means of identification were buried with the body?

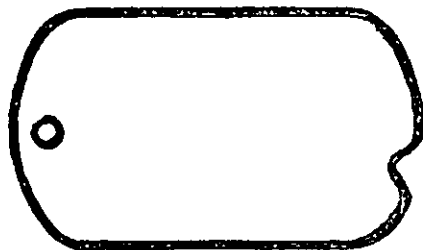
One copy of GRS. Form #1 placed in a burial bottle and buried with the remains.

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

Who is buried on .

Deceased's Right	Beginning of Row Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left	X- 480 Name	Unk Serial No	Unk Rank	Airborne Organization	27 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

This corrected copy of Report of Burial prepared at I.S, 1st Zone, AGRC, ET A, APO 58, US Army, by:

LEO H. LAMPRECHT
USDA CIV IS

WOODROW W. WOLF
CAPT QMC OPER OFF

Leo H. Lamprecht
Signature of Officer of other person reporting burial

Woodrow W. Wolf
Verified by GRS Officer

RECORDS BRANCH
MAR 16 11 30 AM '48
4EMORIAL

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 : _____ Laundry Marks : _____
 Weight : _____ Number of Rifle : _____
 Color of Eyes : _____ Wear Glasses ? _____
 Color of Hair : _____ Is Tooth Chart Attached ? _____
 Race : _____

(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.

Left Hand

Thumb

Index

Ring

Middle

Little

Right Hand

Thumb

Index

Ring

Middle

Little

TOOTH CHART

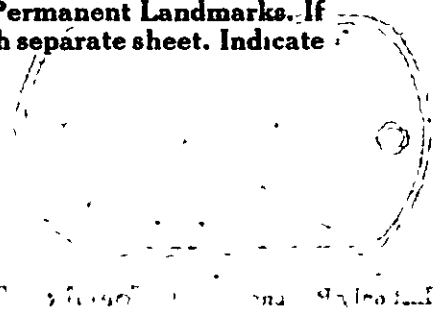
Decayed's Right				Decayed's Left											
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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.



S et C^o 76992-887 M 3-45
 THE NATIONAL ARCHIVE
 COLLEGE PARK, MARYLAND

Dr. Letter 1852 #1.1

Restricted Reburial REPORT OF BURIAL

TM 10-630 AND AR 30-1815

1 Jan 1946 Date

Undertaken X- 479		Hamm Cem.	Unk.	Unk.
Last Name	First	Initial	Rank	Serial No.
Unk.			Unk.	
Crutchen Germany (VP 98-45)		(Approx) Sept. 1944	Unk.	
Place of Death		Date of Death	Cause of Death	
1400 5 Mar. 46 L.S. Mil. Cem.		Hamm Luxembourg	VP 8713	
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location	
26	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

REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave
located at Crutchen Germany (VP 98-45)

GRS. No. 1 in bottle

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

Who is buried on:

Deceased's Right:	<u>Beginning of row, no grave</u>				
	Name	Serial No	Rank	Organization	Grave No.
Deceased's Left:	<u>Unk X-480</u>	<u>Unk</u>	<u>Unk</u>	<u>Paratroopers</u>	<u>27</u>
	Name	Serial No	Rank	Organization	Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee Unk. Name

Unk. Address

Religion Unk.

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

No Personal Effects.

Edward C. Dunham
2nd.Lt.inf. O-1338322
3046 4th GR CO.

Disintering Officer

Reintering Officer

Edward C. Dunham
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: 3' Laundry Marks: None
 Weight: 50 LBS. Number of Rifle: None
 Color of Eyes: Missing Wear Glasses? None
 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

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.

See attached sketch.

		Decesed's Left							
		8	7	6	5	4	3	2	1
Upper	Teeth missing								
Lower	Teeth missing								

Indicate missing natural teeth by X, crowns by O, fillings by □, Bridges by C linking anchor teeth, replacements by artificial teeth X

Characteristics

Other Data