

**AIRMAIL**

QMGMT 293  
GRS European

29 August 1949

*293 Unknown Luxembourg Hamm  
X-479 A*

**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. Gonzalez with the following results:

20 Aug 49  
a. Of the nine Unknowns recovered from Crutchen, Check Lists of six indicate no teeth were found. Therefore, these six could not necessarily be eliminated from being associated with Gonzalez 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.

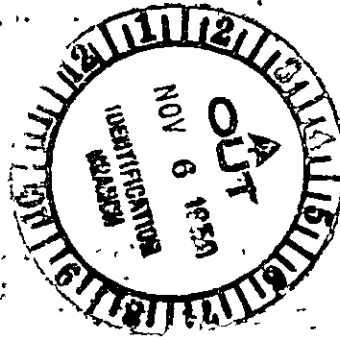
FOR THE ACTING THE QUARTERMASTER GENERAL:

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

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

cc: Adm Sect  
M. Martin/ejh  
Foy  
REB

*Use as X reference  
for X-479 B*



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

1 March 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 479B, Plot XX,  
Row 38, Grave 6, U.S.C. HAMM, LUXEMBURG,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified  
as unidentifiable at the present time.

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

Case reviewed by undersigned Members of the Board of Review:

*Stanley C. Tyrrell*  
-----  
Capt. Jack C. HAYES, O-1577297 O/C Capt Stanley C. TYRRELL, O-1304296 Inf

*Edward E. Stout*  
-----  
Capt. Edward F. PRICE, Jr. O-1588236 O/C 1/Lt. Edward E. STOUT, O-1594512 CE

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

*EX # 3539 dated 27 Mar 49*  
*Subj: Unidentifiable*  
Received *Remains* OQMG  
Not identifiable from  
information presently  
available *Larkins*

Incl #5

1 April '49

USMC HAMM

PLOT: D ROW: 8 Q 2: 5

DATE OF BURIAL: 11 May 49 DISINTERMENT DIRECTIVE

1

VERIFIED BY

*[Signature]*  
AGRS OFFICER  
15 MAY 49

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6020 08429

DATE

15 08 48  
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: B-000479 GRADE: ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: HAMM LUXEMBOURG PLOT: XX ROW: 3 GRAVE: 6 DISPOSITION OF REMAINS: 6001 80  
CODE DIST CTR

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 GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION: UNKNOWN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)  
**SEE ATTACHED WORK SHEET**

REMAINS PREPARED AND PLACED IN CASKET

DATE BY 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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
NOT FILE RECORDED ANNOTATED  
MAY 5 1949  
NUMBERLY

# 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

CMC 158

WAR DEPT. SIGNAL CENTER

1948 AUG 07 04 23 Z

*293 mk Luxembourg X-479-13 (Hamm)*

FUD 024

FPB 54

RR UEPC

FM UFP024/061600Z

TO QMG WASHINGTON DC  
WD GRNC

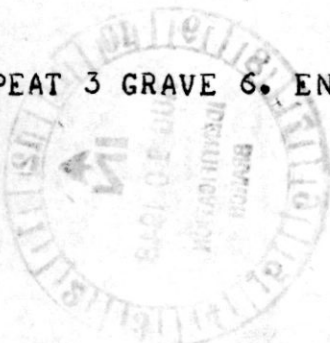
REF NBR AGRC 4753

PASS TO MEMORIAL DIVISION

REURAD WCL45127 NATURE OF TERRAIN NECESSITATED IRREGULAR

BURIALS IN PLOT X-RAY X-RAY. X-479 BAKER INTERRED IN PLOT XX RO

3 REPEAT 3 GRAVE 6. END AGRR PECKHAM



06/1748Z AUG

O.M.G.  
TEL. & CAB  
SECTION

AUG 9 3 12 PM '48

RECORD ATTACHED

*mem - BR*

*file NAT  
9/14/48  
9/15/48  
9/16/48  
9/17/48  
9/18/48  
9/19/48  
9/20/48  
9/21/48  
9/22/48*

FROM *AGRS Paris*  
MSG NO *Agro 4753*  
D. T. C. *061600Z*  
ACTION *QMC*  
MSG IN NO. *52605*

1948 AUG 7 11:21 AM

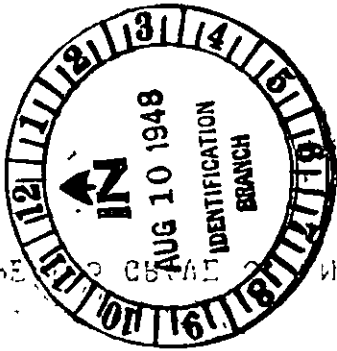
MEMORIAL DIVISION

F02655  
*393*

*Memorandum X-479 B*

*Aug 9 4 25 PM '48*

*9/18/48  
9/19/48  
9/20/48  
9/21/48  
9/22/48*



SECTION  
ELECTRIC  
OFFICE

APR 3 1948

RECEIVED

RECEIVED

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C.

SEP 10 1948

TO DIRECTOR

FROM SAC, NEW YORK

RE NEW YORK TELETYPE TO BUREAU

NY 100-100000

NY 100-100000

NY 100-100000

*Handwritten notes:*  
100-100000  
100-100000  
100-100000

SEP 10 1948

CWC 129

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE
NAME UNK X - 479 X (B) &		SERIAL NUMBER UNK	RANK UNK	ARM 1
CEMETERY HAMM				Day Month Year DATE OF DEATH
PLOT XX		ROW 3	GRAVE 6	COUNTRY LUXEMBOURG
				Day Month Year DISP. OF REMAINS
				Code Dist.Pt CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <i>UNK X - 479 (B)</i>	NAME AND ADDRESS OF NEXT OF KIN
---	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <i>UNK X 479 B</i>	SERIAL NUMBER <i>UNK</i>	RANK <i>UNK</i>	DATE OF DEATH <i>5 Sept 99</i>	DATE DISINTERRED <i>8 June 1998</i>
I.D. TAG ON: <input checked="" type="checkbox"/> Remains <i>Emb</i> <input checked="" type="checkbox"/> Marker <i>Emb</i>	ORGANIZATION	RELIGION <i>UNK</i>	IDENTIFICATION VERIFIED BY <i>Don O. Tobitt 1st Lt USA</i> Name & Title	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <i>Manish Box</i>	CONDITION OF REMAINS <i>All decomposed R-L femur frag, R-R radius, R-femur R-L femur frag, R-L IN NOMINATE Distal end R-ula frag, R-ula R-tibia frag, frag R-scapula Portion of remain present</i>
OTHER MEANS OF IDENTIFICATION <i>EMO, PLATES WITH REMAINS</i>	

MINOR DISCREPANCIES. 1  
*None*

REMAINS PREPARED AND PLACED IN TRANSFER BOX

Date *16/6/98* by *R.X. Davis*

CASKET SEALED BY \_\_\_\_\_ EMBALMER (Signature) *Clare E. Scarborough*

CASKET BOXED AND MARKED \_\_\_\_\_ SHIPPING ADDRESS VERIFIED BY:  
Date \_\_\_\_\_ by *BE Lewis Capt USA*

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

*Don O. Tobitt 1st Lt USA*  
Signature of GRS Inspector

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



293 Wmk Luxembourg 7-479-13 (Hamm)

CHIEF DEPT OF ARMY WASH DC MAJOR GILL ENG 5198

UNCLASSIFIED

DE APOC PARIS FRANCE

PRIORITY

PRIORITY

X

//////////

CHARGE GRAVES VII II

WCL 45127

FROM ORDER

1-479 B

REQUEST CLARIFICATION OF BURIAL LOCATION USING HAMB OLD MAY BASE FOUR  
SEVEN NINE B KEN PD FOUR ONE ZERO FOUR TWO FOUR ONE FIVE PER FOUR EIGHT GIVEN  
PLACE MAY MAY NOW ONE GRAVE SIX ONE BURIAL RE-GET YOUR PDS DID ONE BARCH FOUR  
EIGHT GIVEN PLACE MAY MAY NOW THREE GRAVE SIX

AUG 3 7 41 AM '48

O. O. M. G.  
TEL. & CAB  
SECTION

MITCHELL  
5198

Requested by Mr. Morris - 2 August 48

RECORDS BRANCH  
MEMORIAL DIVISION

MJC

JEH



XL93 (Burial location)

UNCLASSIFIED

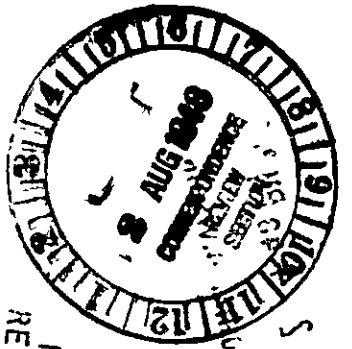
CHIEF 293  
Burial location

021900Z  
AUGUST 48

O. J. MURRAY  
Major GIC, Memorial Division



AUG 2 2 29 PM '48  
MEMORIAL DIVISION



REPAIRS  
RECORDS BRANCH

MEMORIAL DIVISION

SECTION  
LETTERS  
S.M.C.

AUG 3 3 47 AM '48

## IDENTIFICATION CHECK LIST

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

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

Unknown X- 479 B

Cemetery ~~Henn~~, Luxembourg

Plot ~~XX~~ Row 3 Grave 6

Date reprocessed: 12 Feb. 48

1 ~~Assured at cemetery~~ (Hour) (Date)

2 Place of death (Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3 Remains ~~discovered or~~ disinterred by ~~US~~ and reprocessed by I. G. 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		
* Trousers, Wool OD	None		

479 C - 5

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? **UTD**  
**R. Fibula -38.5**  
**R. Radius -25.6**

6 Description of Remains :

Age **UTD** <sup>Est.</sup> Height **5' 10"** 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, 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 across nose)

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

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

Teeth **No 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**

Fingers **Missing**  
 (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**  
 (Quantity and extent of hair) (Yes-no) (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  
 (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 No teeth found  
(Yes-no)

9. Remarks Case was received as X-479 B. Est. weight of reprocessed remains: 7 Lbs.

No clothing. One Burial Report and embossed plate recovered.

NARRATIVE:

Case X-479 B was received as a single burial however reprocessing revealed a mass burial of two (2) Unknowns. Segregation was accomplished owing to the size and structure of certain anatomical parts. Unk X-479 C, which was segregated from X-479 B, Plot-XX, Row-3, Grave-6; is reburied in Plot-XX, Row-5, Grave-13.

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

LEO W. ...

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)

RIGHT

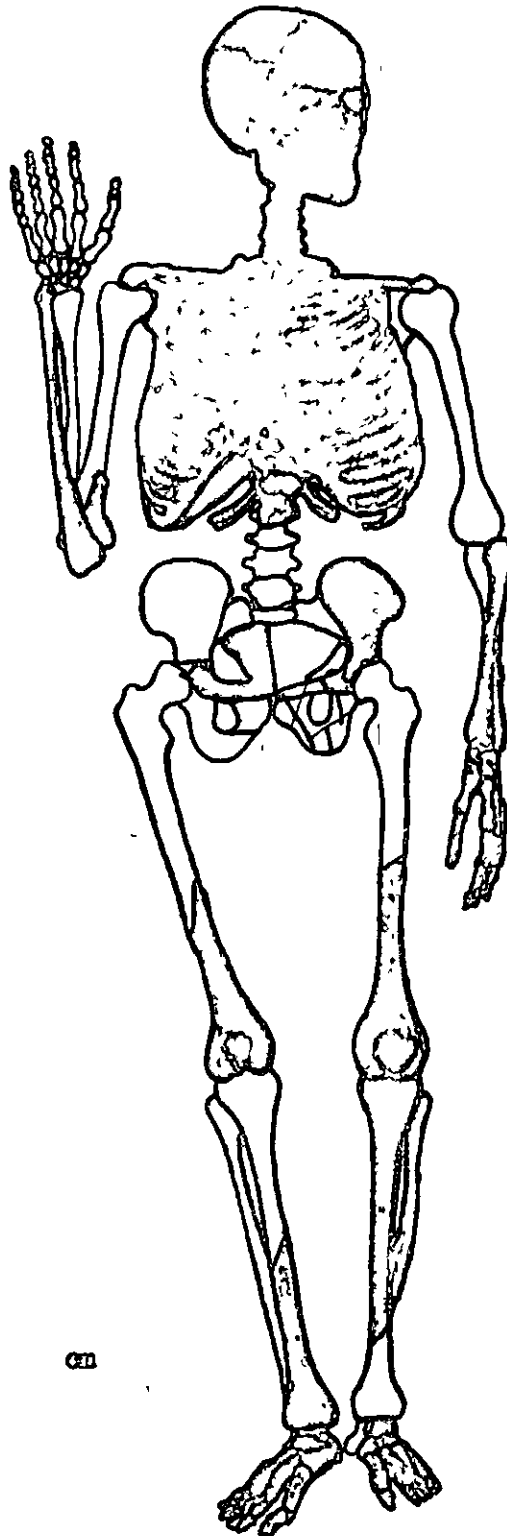
LEFT

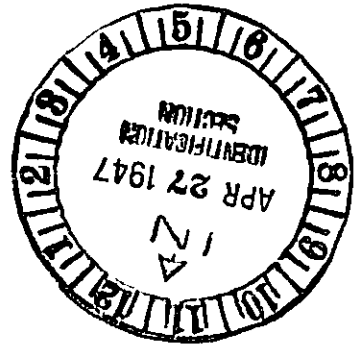
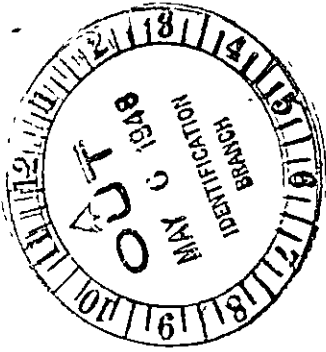
RADIUS 25.6 cm

FIBULA 25.6 cm

Est. HEIGHT 5' 10"

CHART A







# IDENTIFICATION CHECK LIST

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

DD# 107, dtd 8 Dec. 46

Unknown X- 479 A (B)

Cemetery Hamm, Luxembourg

Plot XX Row 3 Grave 6

1 ~~Interred at cemetery~~ **Date reprocessed** 19 Nov. 47  
 (Hour) (Date)

2 Place of death Crutchen, Germany (VP- 98-45)  
 (Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3 Remains ~~recovered~~ **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	None (Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
* Shirt, Wool OD	Remnants of.		
Undershirt, Wool	Remnants of.		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

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

\* Shoes left, one (1) (type) service size 10 D

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 -33.9  
(R) Radius -25.7  
Fibula -38.4

6. Description of Remains

Age UTD <sup>Est.</sup> Height 5' 10" 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)

Gaatee **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 with Case 5A\***  
 (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**  
 (Inscum, 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? Yes If not, explain  
(Yes-no)

9 Remarks Remains part of a segregated Mass and designated as "X-479 A (B)".

Est. weight: 6 Lbs. Clothing, found in debris, bore no markings.

Fluoroscopic Examination negative. Corrected Report of Burial accomplished.

One (1) reburied with remains. One (1) sent in with case papers. For additional information see narrative with case X-479 (A) B.

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  
**WOODROW**

W.  
(Officer's Name)

Wolf  
**WOLF**

**CAPT**  
Rank

**QMD**  
Service

**OPERATIONS OFFICER**  
(Organization)

K- 479 A (B)  
Hamm, Luxembourg

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

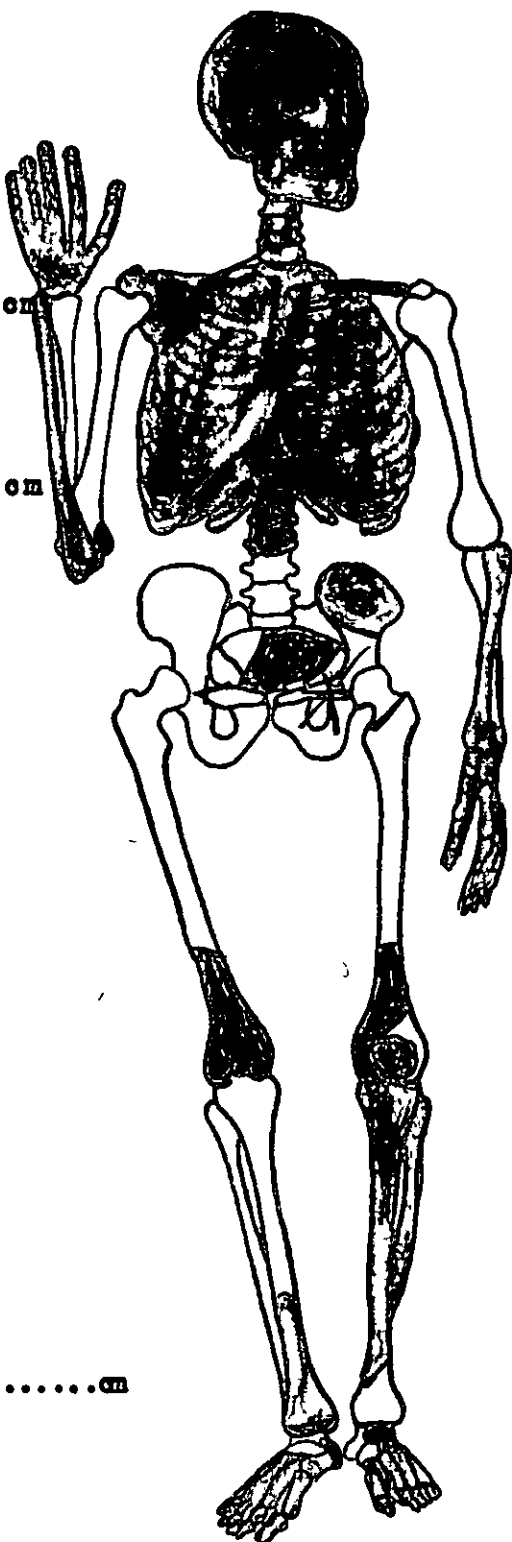
RIGHT

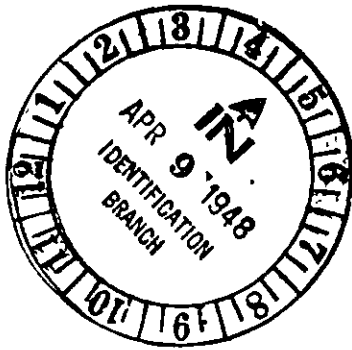
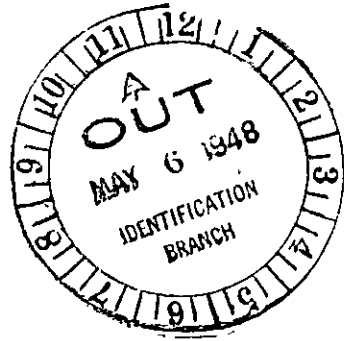
LEFT

HUMERUS.....33.9.....cm

RADIUS.....25.7.....cm

FIBULA.....33.4.....cm





NAVES REGISTRATION FORM NO 1 (Revised 1 Sept. 1943)

# REPORT OF BURIAL

1 March 48  
Date

Unk X- 479 A (B) C

Unk  
Serial No

Unk  
Unit

Unk  
Rank

Crutchen, Germany

Sept. 47

Unk  
Cause of Death

1400

5 March 48

USMC, Hamm, Luxembourg

Race

6  
Time and Date of Burial

Temp. Wnd/ Cross  
Coordinates of Location

Grave Number

Row 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? Case X-479 was previously reprocessed, found to be mass burial and segregated into Cases X-479 A and X-479 B. Reprocessing of X-479 A on 12 Feb. 47 revealed the presence of one body however reprocessing of X-479 B revealed a mass burial of two deceased and segregation was

What means of identification were buried with the body? Accomplished. Case X-479 B is changed to X-479 B and X-479 C.

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

115 C  
Name

Unk  
Serial No

Unk  
Rank

Unk  
Organization

5  
Grave No.

Deceased's Left

524 C  
Name

Unk  
Serial No

Unk  
Rank

Unk  
Organization

7  
Grave No.

Signature of Name, Rank and if possible Organization of person furnishing above. Do not check other than officer reporting burial. If this is an isolated burial, make a sketch of the location oriented with bearings and distances from other than officer reporting burial. More space needed attach separate sheet.

### TRAFFIC CHART

If print identification tag is not affixed fill in below

Emergency Addressee

Unk

Address

Unk

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, EA, APO 58, US Army, by:

THEO H. LAMPRECHT  
NSA CIV IS

ODROW W. WOLF  
PT. QMC OPER OFF

*Geo H. Lamprecht*  
Signature of Officer or other person reporting burial

*Woodrow W. Wolf*  
Verified by C. R. 58 Officer

0	0
1	1
0	0
2	2
1	1
3	3
3	3
1	1
1	1
2	2
0	0
1	1
0	0

Deceased's Right

# 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.

Attached to Marker Yes  No  Buried with body Yes  No

How were remains identified? \_\_\_\_\_  
 What means of identification were buried with the remains? \_\_\_\_\_  
 Note: below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

Decedent's Left Hand: \_\_\_\_\_  
 Decedent's Right Hand: \_\_\_\_\_  
 To determine Right or Left use Decedent's Right and Left.

## 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.



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 ○. Missing anchor teeth, replacements by artificial teeth by ○.

Emergency Address: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Last only Personal Effects Found on Body and disposition of same: \_\_\_\_\_  
 This corrected copy of Report of Burial is provided to the Bureau, FBI, and the State, for their use.



Graves Registration  
Form No 1  
(Revised 1 Sept. 1943)

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

5 Feb. 48  
Date

SAF

Unk X- 479 A (B) Last Name      First      Initial      Rank      Unk      Unk      Serial No

Unk      Unit      Organization

Crutchen, Germany      Est. Sept. 44      Unk      Place of Death      Date of Death      Cause of Death

1400      5 March 46      USMC, Hamm, Luxembourg      (VP- 8713)      Time and Date of Burial      Name of Cemetery      Name or Coordinates of Location

6      1      XX      Temp. Wdn. 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? 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      Open Grave      Name      Serial No.      Rank      Organization      Grave No.

Deceased's Left      X- 115 C      Name      Serial No      Rank      Unk      Organization      5      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

Address      Unk

Religion      Unk

List only Personal Effects Found on Body and disposition of same. None

RECORDS BRANCH  
JAN 16 11 34 AM '48  
MEMORIAL DIVISION

LEO H. LAUPRECHT  
USDA CIV IS  
WOODROW W. WOLF  
CAPT QMC OPER OFF

*Leo H. Lauprecht*  
Signature of Officer or other person reporting burial  
*Woodrow W. Wolf*  
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 : \_\_\_\_\_ 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

Right Hand

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'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
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