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194
293 UNK *Loperabony* *Memorandum X-531*
19475593

DEPARTMENT OF THE ARMY
STAFF COMMUNICATIONS SECTION
ACT (2) TPC
OF KAM
15 14 03
15 14 03
JUN 15 1950
40900

1950 JUN 15 13 41

CO 7887 GRREG
AGRC 1519
140900 Z
QMC
25593

FM 7887 GRAVES REG DET LIEGE

TO OQMG DEPTAR WASH DC
GRAVES GRNC

REF NR AGRC ONE FIVE ONE NINE PD

6-5-50

FOR MEMORIAL DIVISION PD RE URMSG WCL TWO FIVE NINE EIGHT ZERO DTD

J
FIVE JUNE PD ROSTER OF UNKNOWN AND KNOWN DISINTERRED FROM GONDELSHEIM

CMA GERMANY FWD YOUR OFFICE THIRTEEN JUNE PD N END SGD BALLARD

15/1330Z

*Chyd
Mem Screening Sect
6-2-50*

Mem (Ident)

X

*File
16 June 50
m martin
dd lca*

293 UNK Loperabony Memorandum X 501

OUTGOING
JUN 15 4 07 PM '50
ADMINISTRATIVE BRANCH
MEMORIAL DIVISION

OUT
JUN 19 1950
IDENTIFICATION
BRANCH

JUL 17 1950
IDENTIFICATION
BRANCH

JUL 15 1950
IDENTIFICATION
BRANCH

JUL 18 1950
IDENTIFICATION
BRANCH

THE ABOVE IS A COPY OF THE ORIGINAL AND SHOULD BE KEPT IN THE FILE OF THE SUBJECT.

FOR MEMORIAL DIVISION TO BE RECORDED AND FILED WITH THE SUBJECT'S FILE.

TO THE DIRECTOR'S OFFICE

BY THE IDENTIFICATION BRANCH

RECEIVED
JUN 17 1950
IDENTIFICATION
BRANCH

170200 S
US-BC 1212
COO J220 CBK/EC
10/2/50

[Handwritten signature]

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

GRRE 293.9 (IB)

13 June 1950

SUBJECT: Additional Information

293 UK Luxembourg (Hamm) X-501

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

Forwarded herewith is a roster of knowns and unknowns disinterred from Gondelsheim, Germany, in compliance with radio, your office, WCL 25980, dated 5 June 1950.

X-501 Hamm

FOR THE COMMANDING OFFICER:

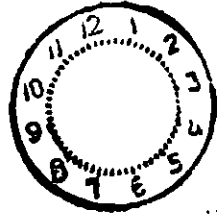
James C. MacFarland
JAMES C. MacFARLAND
Major QMC
Registration division

1 Incl
Cy Roster
of disinterments
Gondelsheim

293 UK Luxembourg

*File
22 June 50
m Martiny
2d Sec*

NAH



~~DISPATCHED~~
M & R OQMG

List of knowns & unknowns
disinterred from GONDELSHEIM, Germany.

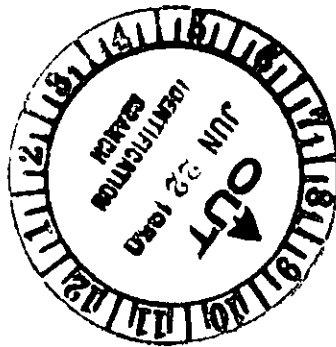
-.--.-.-.-.-.-

Bruchal L-50 (R-65) X-1747 STRONG, Leonard A. S/Sgt
37535667 Org: 463 Bb Gp.
St Avoird TTT-2-17
Ident. 13 Jan 49

Gondelsheim L-50 (R65) X-1746 Uniden. Appr. OQMG Oct 49
St Avoird TTT-2-16

Gondelsheim L-50 (R65) X-501 Uniden. Appr. OQMG Apr. 49
Hamm GG-2-44

Incl #1



100-100000-100000

293 Unk *Liebig* (Hamm) X-501

QMG DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GRREG DET
LIEGE BELGIUM

DEFERRED

X

FROM QMG

WCL 25480

ROST LIST OF KNOWN & UNKNOWN DISINTERRED FROM GONDELSHIEM

GERMANY

JUN 5 4 28 PM '50
D.O.H. SECTION
TELETYPE SECTION
352

Martin/id *mm*
Foy *afg*

OUTGOING
JUN 5 2 45 PM '50
ADMINISTRATIVE BRANCH
MEMORIAL DIVISION

RTB
REC



UNCLASSIFIED

GRAVES

QMGMT CAPT BERRY EXT 72947

JUN 50

D.A. Renner
D. A. RENNER
CAPT QMC MEM DIV

293 - Unknown X-501 (Hamm)

72

NOV 19 11 21 AM '50
H. C. VEIT
JUN 5 1950
CORRESPONDENCE
REVIEW
SECTION

NOV 19 11 21 AM '50
OUT
JUN 5 1950
CORRESPONDENCE
REVIEW
SECTION

NOV 19 11 21 AM '50
CORRESPONDENCE
REVIEW
SECTION

not
12/15/50

NOV 19 11 21 AM '50

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMISSION
EUROPEAN AREA
APO 58 US ARMY

RRE 293

1 March 1949
(Date)

295 unk. Luxembourg (Name) X-501 *CS*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-501, Plot GG,
Row 2, Grave 44, 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. 12593, dated 17 December 1948

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrell

Capt. Jack C. HAYES, O-1577297 OLC Capt Stanley C. TYRELL, O-1304296 Inf

Edward E. Stout

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

Ernest J. Oglesby

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

SP # 3539 dated 3 Mar 49
Unidentifiable Remains

Received _____ OQMG
Not identifiable from
information presently
available *Larkins*

Inci #6

1 April 49

USMC HALL, LUXEMBOURG Buried on: Right: L.L. RICH
 PLOT H ROW 14 GRAVE 49 35725645
 Reburied 28 Dec. 1948 **DISINTERMENT DIRECTIVE**
 Verified by: *[Signature]* Left: L.J. RAGO
 GRS Office 32356132

SECTION A - NAME AND BURIAL LOCATION OF DECEASED: **UNKNOWN X-000501**
 DIRECTIVE NUMBER: **6020 00121**
 DATE: **15 07 48**
DAY MONTH YEAR

NAME: **UNKNOWN X-000501** SERIAL NUMBER: **0** RANK: **0** ARM: **8**
 CEMETERY: **HAMM - LUXEMBOURG** DISPOSITION OF REMAINS: **0 6001 80**
DAY MONTH YEAR
 CODE DIST. PT.
 PLOT: **GC** ROW: **2** GRAVE: **44** COUNTRY: **LUXEMBOURG** CAUSE OF DEATH: **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED:
 IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNKNOWN** RELIGION: IDENTIFICATION VERIFIED BY:
 NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:
 OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES 1

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE: BY: EMBALMER (Signature):
 CASKET SEALED BY:

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.

APR 13 1949
[Signature]

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMG 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

Alto to final DD

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-0005010

RANK

ARM
8

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

PLOT
GC

ROW
2

GRAVE
44

COUNTRY
HAMM LUXEMBOURG

CAUSE OF DEATH

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-0005010

RANK

DATE OF DEATH

DATE DISTINTERRED
6 MAY 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER **GRS**

ORGANIZATION

RELIGION
UNK

IDENTIFICATION VERIFIED BY
DON O TOHILL,
1/LT. FA.
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
IN MUNICH BOX

CONDITION OF REMAINS **FRACTURED RIGHT & LEFT INNOMINATE & ALL MAJOR BONES. CRUSHED SKULL. LEFT & RIGHT HUMERUS LEFT & RIGHT RADIUS LEFT & RIGHT ULNA MISSING ALSO LEFT TIBIA & RIGHT & LEFT FIBULA MISSING.**

OTHER MEANS OF IDENTIFICATION
REPORT OF BURIAL FOUND WITH REMAINS, READING UNKNOWN 501

MINOR DISCREPANCIES
NONE

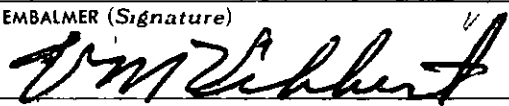
REMAINS PREPARED AND PLACED IN ~~CASKET~~ **XXX TRANSFER BOX**

DATE **11 MAY 1948**

BY **RODERICK J MURRAY, EMBALMER.**

EMBALMER (Signature)

V. M. Vibbert
W/O Disinfectant




CASKET BOXED AND MARKED
Everett Stroud
Clerk Recorder

DATE **28 June 48**

SHIPPING ADDRESS VERIFIED BY
All marking tags,
plates verified by R.E. Lewis Capt Cav.

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


DON O TOHILL, 1/LT. FA.

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

IDENTIFICATION CHECK LIST

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

Unknown X 501
 Cemetery HALL, Luxemburg
 Plot CG Row 2 Grave 44

Date reprocessed: 19 November 1947

- 1 ~~Approximate~~ 19 November 1947
(Hour) (Date)
- 2 Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
- 3 Remains ~~recovered~~ or disinterred by MOBILE TEAM, C.I.P. A.G.R.C. EA
(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 <small>(Type)</small>		
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	

Belt, web **NONE**

Drawers, wool **NONE**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **NONE**

* Shoes **NONE**
(type)

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?

U.T.D.

6 Description of Remains :

Age **UTD** Height **UTD** 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, poeks, 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	NONE FOUND		
	(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)		
	UTD		
	(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	Light brown
			(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

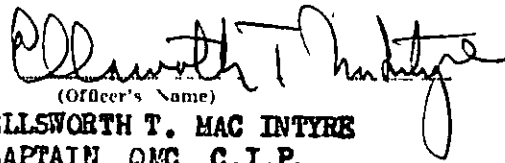
SEE ATTACHED CHART

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** (Yes-no) If not, explain **N one found**

9 Remarks **Remains received in "UK" type burial box in skeletal form. Estimated weight: 6 lbs. No clothing found. Fluoroscopic examination negative. Burial report, no GRS tags, recovered with remains. All major bones fractured and/or missing. No means of identification found. Nothing found to warrant Chemical Laboratory Examination. Case remains UNKNOWN.**

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


(Officer's Name)

ELLSWORTH T. MAC INTYRE
CAPTAIN QMC C.I.P.

Rank Service

CENTRAL IDENTIFICATION POINT

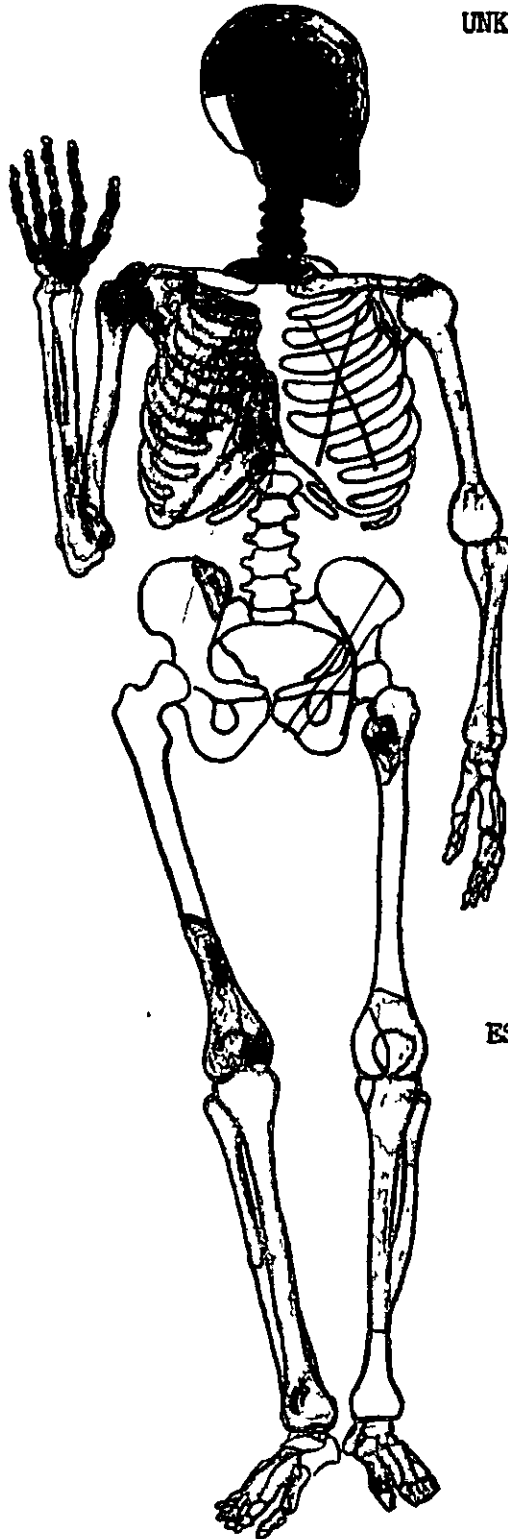
(Organization)

X-501

·SKELETAL CHART **HAMM, Luxemburg**

Plot GG, Row 2, Grave 44
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

UNKNOWN X-501



ESTIMATED HEIGHT: U.T.D.

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 (if Special Investigation, so indicate)

Yes

Hamm, Lux

- 2 UNKNOWN-X-501 (Full name of deceased) Unknown (Rank) Unknown (ASN) Unknown (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. Gondelsheim, Germany (wL-1283)
Map Ref. Ger. 1/250,000 Namur-Lux. sheet No. 6

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)
Gondelsheim Cemetery, Block 6, Row 3, Grave 4
- 6 Approximate or established date of death (state which and give basis for date selected)
27 Dec. 1944 - Given by Priest of Gondelsheim
- 7 Approximate or established date of burial (give basis for date established)
28 Dec. 1944 - Given by Priest of Gondelsheim

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) The deceased was a prisoner of war, being transported by car to the rear. The car was attacked by an unknown aircraft and set afire. Deceased buried in local cemetery by Joseph Mairs.

Informant: Joseph Mairs, Gondelsheim, Ger.

11. Give name and address of person who can guide disinterring team to burial location
Joseph Mairs, Gondelsheim, Ger., House 22.

12 Is this atrocity case **no** Is there evidence that it may be **no**
If answer is yes, has responsible War Crimes representative been notified

13; Names and addresses of persons committing the atrocity or the military unit of which these persons were members

(Not applicable)

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

(Not applicable)

15 If unidentified, supply any of the following information determinable

a. Crew position in plane or vehicle

b. Plane or vehicle serial number

Type

c. Installed weapons

Serial Number

Calibre & Mfgr

Serial Number

Calibre & Mfgr

d. Engine serial number

Type



Signature of Investigating Officer

WILLIAM H. BARNETT

2nd Lt. O-2018275

6890 Q.M.G.R.Co.

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation)

Disinterment and *reburial/burial made by

Date of ~~burial~~/reburial 6 Mar. 46

Place of ~~burial~~/reburial U S Military Cemetery HALL LUX

Plot GG Row 2 Grave 44

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

* Cross out word not applicable

EXAMINEZ- 501
NAME
NO. FOR GRAVE

Hamm, Lux

Arrived at cemetery 1609-28-Feb. 1946 From Manderschied, Germany
(date) (date) (collecting point)

Place of death Gondelsheim, Ger. (WL-1283) Map Ref. Ger. 1/250,000 Namur.
(name) (coordinates and landmarks)
Lux. Sheet no 6, Gondelsheim, cemetery block 6, Row 3, Grave 4

Remains recovered by Pvt. Buncutter 6890 QM.G.R.CO.
(name and organization)

Evacuated to cemetery by Pvt. Buncutter 6890 QM.G.R.CO.
(name and organization)

Is head list attached No All parts of, released found in same area as this
(see-10)

Unknown buried No Are circumstances described there any indication organiza-
(see-10)

tion of the deceased No If only part of a body was recovered, was careful
(see-10)

search made for other parts of unknown Yes
(see-10)

If remains come from a vehicle, plane, etc.: Unknown
(type of vehicle or plane, nickname, serial number, organization or symbol)

cremated Not Applicable
(name of crematorium and location in which found)

is a tank, which contains remains, and one available for a copy use
Not Applicable

If organization of which vehicle or plane was a member or if names of all other de-
ceased are not known, give full information concerning vehicle or plane

Not Applicable
(parts of markings or symbols) (number) (covered by serial file - where)

Found in cemetery No
(found in town, field, by road, etc.) (damaged by mine explosion)

Unknown
(name of mine, etc.) (description of other vehicles in plan with burial)

describe distribution of personal effects None
(Indicate exact location or part of body not found)

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.
Headgear (type)				
Raincoat				
Overcoat				3 way side
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
Shirt, wool OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Goggles				(note unusual lacing)
Wool				
Socks, Cotton				
*Shoes (type)				
Overshoes				
Web				
Equipment (type)				
(other item)				
(other item)				

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

Chevrons or _____ Shoulder Patch

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains _____

Age _____ Height _____ Weight _____ Description of wounds _____

(years) (ft-in) (lbs) _____

Diagnosis

Impossible to

Bandages or dressings: none Scars Flesh Decay
(Length, width, location)

Tattoos Flesh Decay
(number, location) - illustrate on sep. page

Outstanding moles, warts or birthmarks Flesh Decay
(no. - no) (describe, location)

Scrub or tan, other on hands or face Flesh Decay
Tobacco stain on fingers or teeth Teeth Missing and Fingers
(designate which, column)

Complexion Flesh Decayed Build Mangled & Decayed
(light, tan, dark, clear, swarthy, pink, freckle) (Large, fat, thin
or scrawny)

Hair Missing
(color, length, quantity, curly, wavy, straight, wavy, or definite parting,

Hair Missing
beardness, widow peak, distinctive cutting or other characteristics)

Sidburns Flesh Decayed Mustache Flesh Decayed Beard or goatee Flesh Decayed
(color, setting, shape) (color, size, shape) (length,
heavy, light, color, extent)

Eyes Decayed Eyebrows Flesh Decayed
(color, setting, shape) (color, bushiness, extent across nose)

Nose Decayed Ears Decayed
(size, shape, straight) (size, distance to or far from head)

Forehead Flesh Decayed Mouth Flesh Decayed Lips Flesh Decayed
(high, wide, wrinkled) (size, peculiar, small) (swell, large, full)

Teeth Missing
(white, size, unevenness, spacing, not visible, crowns, fillings, extractions)

Hair Flesh Decayed Chin Head Crushed
(prominent, receding, pointed, double, wavy) (high, normal)

Head Head Crushed Circumference of head in inches Head Crushed
(large, small, normal) (hot or not)

Neck Flesh Decayed Larynx Decayed Shoulders Mangled
(size, long, short, normal, wrinkled) (prominent, normal) (or)

and Decayed Arm Dismembered and Decayed
(straight, small, rounded) (length, muscular, color, extent & quantity of hair)

Flesh Decayed Hands Missing
(incision scar, size of prints) (large, small, normal, calloused noticeably)

Fingers Missing
(marks on fingers, indicating that fingers were cut off)

Missing

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

(unusual characteristics of fingernails)

Mangled Body and Decayed

Chest (size, at nipples, color, quantity & extent of hair, large, small, normal)
Mangled and Decayed Mangled and Decayed

Back (quantity and extent of hair) Waist (size at navel, appendectomy, amount & color of hair)
Red eyes Miss. Teeth Decayed

Circumcised Pubic hair Hernioplasty
Hair (circumcised and) Decayed (color) (yes-no) (location)

Legs (inseam) (missing, knock-kneed, bowed, normal) (quantity, color & extent of hair)
Missing

Feet (size, corns, callouses, flat) Toss (slender, straight, crooked, overlap)
None

Evidence of healed fractures (nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached (yes-no) If not, explain

Have fingerprints been placed on GRS # (yes-no) If not, explain

Has tooth chart been prepared (yes-no) If not, explain Teeth Missing

Remarks: Body mangled and in advance state of decomposition. Both hands left leg and both feet missing. Head crushed teeth missing. Remains weigh approx. 80 lbs.

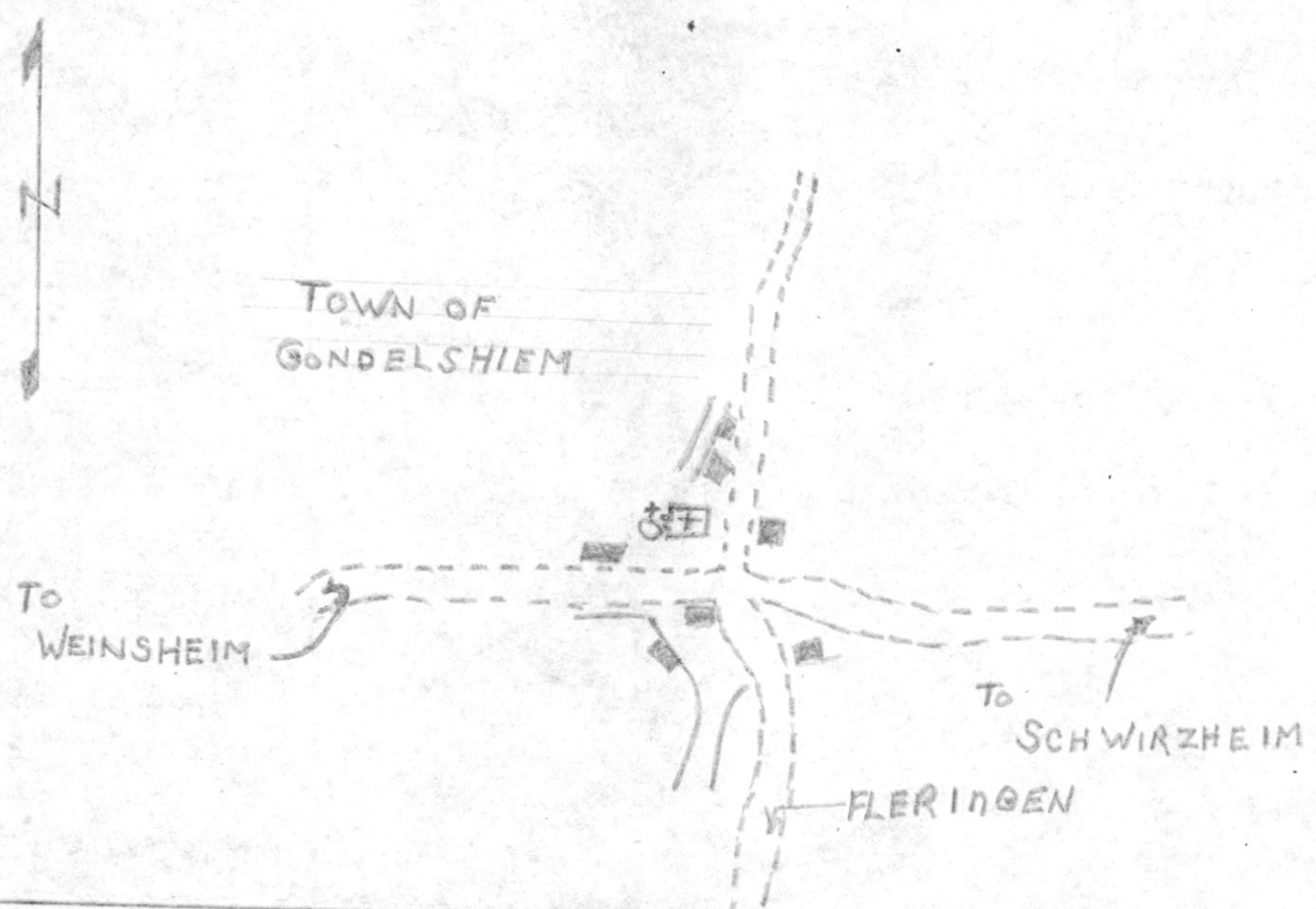
W. H. Barrett

Signature of GRO and Organization

WILLIAM H. BARRETT
Soc. Sec. No. 2018875
SRO, S. H. M.

SKETCH SHOWING GRAVE OF UNKNOWN-X-501, Gondelsheim, Germany.

Map: Germany 1/250,000
 Sheet: Namur-Lux. No. 6.
 Coord: wL-1283
 Location: Gondelsheim, Ger.
 Sketch by: T/5 Armento
 6890 Q.M.G.R.Co.
 Date: 4 March 1946.
 Not to scale



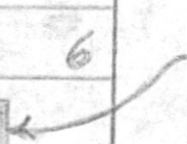
GONDELSHIEM CEM.

1	3	5						
2	4	<table border="1"> <tr> <td style="text-align: center;">1</td> <td>□□□□</td> </tr> <tr> <td style="text-align: center;">2</td> <td>□□□□</td> </tr> <tr> <td style="text-align: center;">3</td> <td>□□□□</td> </tr> </table>	1	□□□□	2	□□□□	3	□□□□
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PHOT-NUMBERS

1	3	5
2	4	6

GRAVE OF
X-501



NAMUR, LUX

REBURIAL REPORT OF BURIAL

Letter 1852

Restricted Form 10-830 AND AIR 30-1815-7

2 March 1946
Date

UNKNOWN-X-501

Last Name

First

Initial

Unknown

Rank

Unknown

Serial-No

Unknown

Unit

Unknown

Organization

Gondelsheim, Ger. (WL-1283) Dec 27, 1944

Place of Death

Date of Death

Impossible to diagnose

Cause of Death

1000 Mar. 46

Time and Date of Burial

US MIL. CEM. NAMUR, LUX

Name of Cemetery

VP- 8413
Name or Coordinates of Location

Grave Number

Row Number

Plot Number

Number of Burials

Temp. 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?

See reverse

REBURIAL

Previously buried in isolated grave

Gondelsheim, Ger. (WL-1283) Map Reg. Ger.

located at 250,000 Namur-Lux, Street No. 6.

G.R.S. No. 1 in bottle

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

Who is buried on:

X-472

unk

unk

unk

43

Deceased's Right

Name

Serial-No

Rank

Organization

Grave No

X-502

unk

unk

unk

45

Deceased's Left

Name

Serial-No

Rank

Organization

Grave No

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

If print of identification tag is not affixed fill in below



Emergency Address

Unknown
Name

Unknown
Address

Religion

Unknown

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

None

SEE ATTACHED LETTER

Disinterring Officer

W. H. Barnett

WILLIAM H. BARNETT
2nd Lt. O-2018275
6890 Q.M.G.R. Co.

Signature of Officer or other person reporting burial

Reinterring Officer

W. H. Barnett

Verified by G.R.S. Officer

FILED DEC 27 1944

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 unk. Laundry Marks: none
 Weight: unk. Number of Rifle: none
 Color of Eyes unk. Wear Glasses? unk.
 Color of Hair unk. Is Tooth Chart Attached? NO
 Race: unk.

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below) In spaces below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Impossible to diagnose, body badly decomposed.

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

None

To determine right or left use deceased's right and left hand is buried on

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

Fingers Decayed

Fingers Decayed

TOOTH CHART

		Deceased's Left										Deceased's Right									
		No. Chart Taken										No. Chart Taken									
Upper	Lower	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

Characteristics.

Other Data:

Left Hand

Right Hand

Thumb

Thumb