

Unknown X-507 Hamm

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.

243

1. Was investigation preceded by Advance Publicity **Yes**

Hamm, Lux

(if Special Investigation, so indicate)

(Presumed to be **Pvt. ARTHUR MAGILL - 34920331**)

2 **UNKNOWN X - 507** **Unknown** **Unknown** **Unknown**
(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
Clothing Mark "Pvt. Arthur Magill - 34920331" found on OD Pants.

4 Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town **Stadtkyll, Germany (GL-1495)**
Map Ref. Germany 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)
 Stadtkyll Cemetery (Isolated Row - Grave 10)

6 Approximate or established date of death (state which and give basis for date selected)
29 Dec. 1944 - Burgermeister's Records.

7 Approximate or established date of burial (give basis for date established)
31 Jan. 1945 - Burgermeister's Records.

8 Manner in which grave was marked show information contained on the marker
Wooden Cross (No Inscription).

9 Last 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 P.O.W. being treated for wounds in the Hospital at Stadtkyll, Germany. The deceased died when American planes bombed the Hospital, 29 Dec. 1944. The deceased was buried in the local cemetery by German Military personnel. - Burgermeister obtained information from German Red Cross.**

Informant: Karl Seine, Churchwaystr., Stadtkyll, Ger.

Note: Burgermeister's Records state the grave disinterred is grave of an unknown American.

11 Give name and address of person who can guide disintering team to burial location
Karl Seine, Churchwaystr., Stadtkyll, Germany.

Unknown X-507 Hamm

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 & Mfgt	Serial Number	Calibre & Mfgt
---------------	----------------	---------------	----------------

d. Engine serial number Type



Signature of Investigating Officer

WILLIAM H. BARNETT

2nd Lt. O-2018275

8890 Q.M.G.R. Co.

Rank

ASN

0903
5/28/81
12/1/81
Disinterment approved by, (HQ Authorizing Exhumation) **C.O. 6890 Q.M.G.R. Co.**

Disinterment and *reburial/burial made by

Date of *burial/reburial

Place of *burial/reburial U S Military Cemetery

Plot

Row

Grave

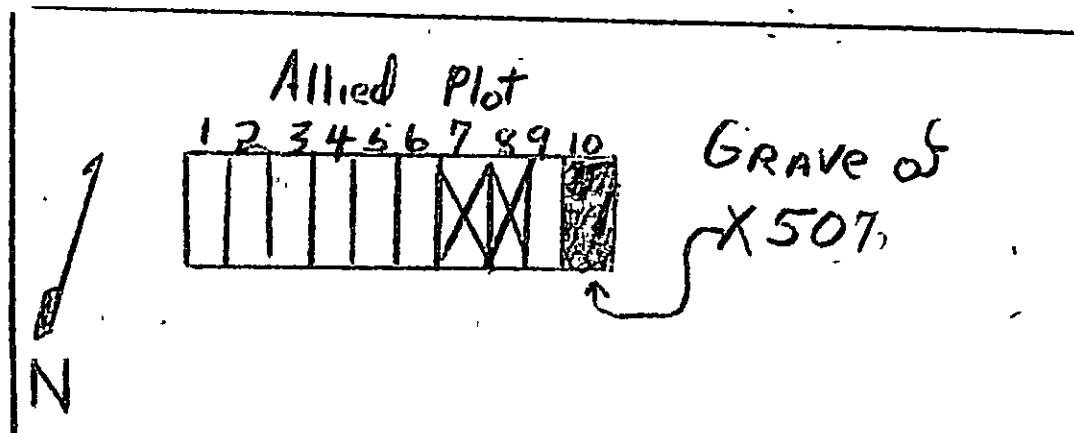
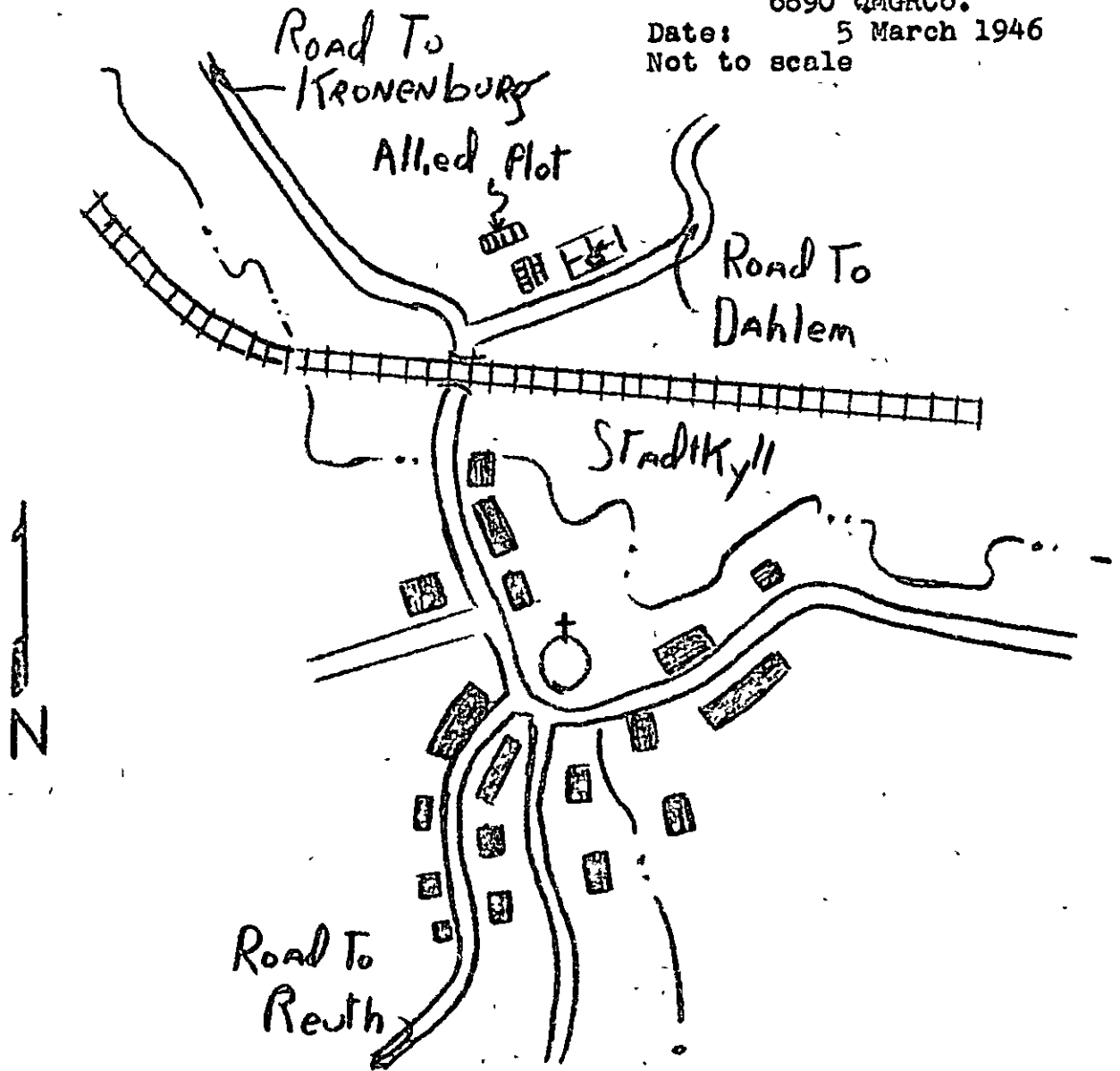
NOTE: Additional particulars regarding investigation will be placed on additional sheet

Cross out word not applicable

2076

SKETCH SHOWING GRAVES OF WILLIAM H. CROWELL, EARLTON B. CRITCHER,
X-504, X-505, X-506, X-507, X-508, X-509, STADTKYLL, Germany

Map: Germany 1/250,000
Sheet: Namur/Lux. No.6
Coord: WL-1495
Location: Stadtkyll, Germany
Sketch by: Pfc. Friswold
6890 QMGRCo.
Date: 5 March 1946
Not to scale



HEADQUARTERS
 AMERICAN GRAVES REGISTRATION COMMAND
 EUROPEAN AREA
 APO 58 US ARMY

RRR 293

1 March 1949
 (Date)

1930
170
1930
 Mr. K. Hauptmann (Hamm) X-507

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-507, Plot GG,
 Row 9, Grave 213, 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. 2612, dated 6 January 1948

Case reviewed by undersigned Members of the Board of Review:

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

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

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

TL # 35393 dated
subject: Unknown
Remains
 Received
 Not identifiable from
 information presently
 available
 Identification Branch
 ODMG
 10 APR 1949

Incl #8



1

USMC HAMM
PLOT I ROW 8 AVE 30
DATE OF BURIAL: 19/9/49

DISINTERMENT DIRECTIVE

VERIFIED BY:

M. R. Swart
Supt

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	GRS OFFICER	DIRECTIVE NUMBER	DATE
		6020 00170	11 07 49 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X-507	PVT	8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
HAMM	GG	9	213	6001 80 CODE DIST CTR
LUXEMBOURG				

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION
SEE ATTACHED WOOD SHEET

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
		<i>E. H. Fields</i> Elijah H Fields

CASKET BOXED AND MARKED	DATE	BY	VERIFIED BY
11 Aug 49	11 Aug 49	Elijah H Fields	<i>M. R. Swart</i> M R 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.

M. R. Swart
M R Swart, Capt QMC, 7887 AGRC Hq Gp
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NOTE: REMAINS UNIDENTIFIABLE

FILE
21 OCT 1949
REPATRIATION
BRANCH

Incl
NLN
X
SM

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC ST AVOLD, FRANCE :		TO SUPERINTENDENT USMC HAMM LUXEMBOURG	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Frank B Callaghan</i>	DATE 6 Sep 49	SIGNATURE OF RECEIVER <i>Omer R Cossey</i>	DATE 6 Sep 49
FRANK B CALLAGHAN 1st Lt PA		OMER R COSSEY CPL 38507352	

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

DISINTERMENT DIRECTIVE

OK

12-93A

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-000507

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

CAUSE OF DEATH

PLOT ROW GRAVE COUNTRY
GG 9 213 (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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-000507				12 MAY 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS GRS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
		UNK	DON O. TOHILL 1ST LT, F.A. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL IN MATTRESS COVER	CONDITION OF REMAINS FRACTURED RIGHT HUMERUS, RIGHT PELVIS. BODY COMPLETE.
---------------------------------------	--

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL FOR "UNKNOWN" X-507 FOUND WITH REMAINS.

MAJOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN GASKET - Transfer Box

DATE 14 MAY 48

BY RODERICK J. MURRAY, IDENT TECH

GASKET SEALED BY W/O DISIN.

EMBALMER (Signature)

THEODOR R HARRISON JR

THEODOR R HARRISON JR

GASKET BOXED AND MARKED

STEVEN COLLELO

SHIPPING ADDRESS VERIFIED BY

ALL MARKING TAGS & PLATES VERIFIED BY R E LEWIS CAPT CHV

DATE 13/7/48

CLERK

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

DON O. TOHILL, 1ST LT, F.A.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>[Handwritten Signature]</i>	
SIGNATURE OF SHIPPER <i>[Handwritten Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i>	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 507
 Cemetery HALT, Luxemburg
 Plot CC Row 9 Grave 213

date reprocessed: 25 November 1947

1 ~~Recovery~~ _____
 (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. BA
 (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	NONE		
Undershirt Cotton	NONE		
Trousers, HBT	NONE		
* Trousers, Wool OD	Remnants of		

Belt, web **Remnants of**

Drawers, wool **NONE**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, ~~wool~~ **One (1) remnants of**

* Shoes **NONE** (type)

Overshoes **NONE**

Web Equipment **NONE** (type)

(Other item) **O.D. blanket remnants of**

(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?

GROUND FORCE

6. Description of Remains **RIGHT ULNA 25,7 RIGHT RADIUS 23,2 RIGHT FEMUR 44,3**
Est. LEFT TIBIA 39,9 LEFT FIBULA 35,5 LEFT HUMERUS 31,4

Age **UTD** Height **5'5 3/8"** 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 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 --- **21"** ---
(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** --- Pubic Hair **Black** ---
(Quantity and extent of hair) (Yes-no) (Color)

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

Legs --- **UTD** ---
(Insuum, 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? _____ Yes _____ If not, explain _____
(Yes-no)

9 Remarks Remains received wrapped in OD blanket in "DK" type burial box, in skeleton form. Estimated weight 25 lbs. Clothing found in debris no markings evident.
Fluoroscopic Examination negative. Burial report, no GRS tag, recovered with remains.
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

Ralph W. Sleator

(Officer's Name)

RALPH W. SLEATOR

MAJOR INF

Rank

Service

CENTRAL IDENTIFICATION POINT

(Organization)

X-507

SKELETAL CHART

U.S.M.C. HAIN LUXEMBURG

Plot GG, Row 9, Grave 213

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

UNKNOWN X-507

RIGHT

LEFT

RADIUS 23,2

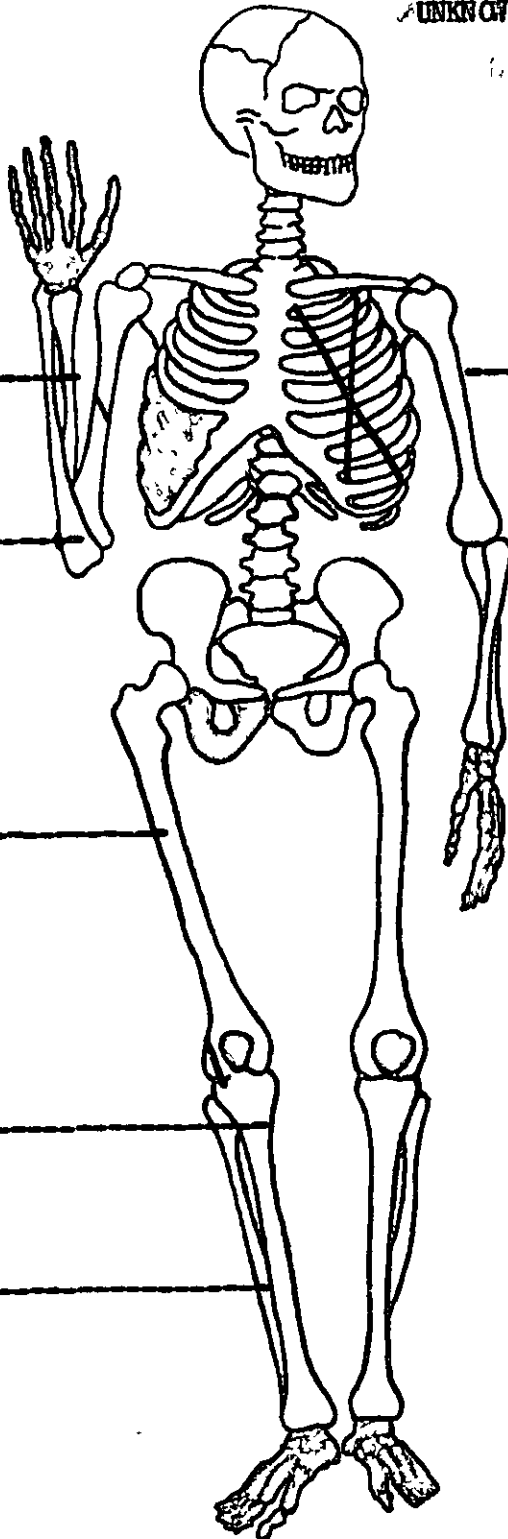
ULNA 25,7

FEMUR 44,3

TIBIA 39,9

FIBULA 35,5

HUMERUS 31,4



ESTIMATED HEIGHT: 5' 5 3/8"

39

X-507

U.S.M.C. HALL, LUXEMBURG

TOOTH CHART

Plot GG, Row 9, Grave 213

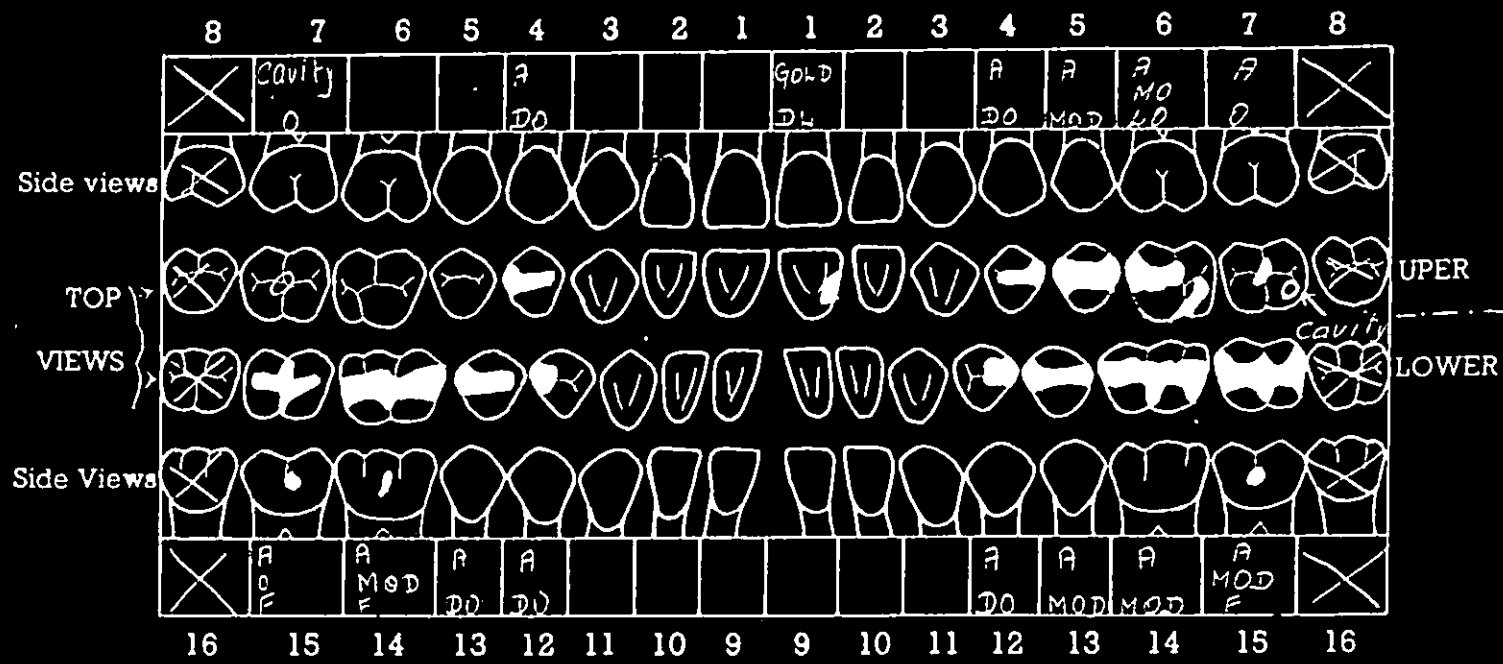
25 November 1947
Date

UNKNOWN X-507 HALL

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
Place of Death	Date of Death	Cause of Death		

Right

Left



SEE REMARKS

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

Mr. Lawrence G. Shaw M.D.
Signature of Officer or other person who prepared Tooth chart

Ralph V. Sletator

Verified by G. R. S. Officer
RALPH V. SLETATOR
MAJOR INF
CENTRAL IDENTIFICATION POINT

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



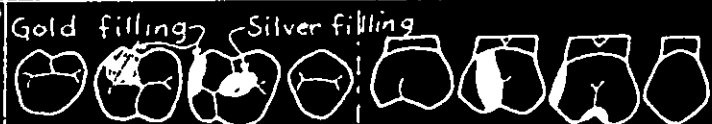
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



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



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



DENTURES (PLATES). Draw diagram of relative size and shape of plate, block in teeth attached and indicate remaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Spaces: R-1 and L-1; Lmm., R-2-3; Lmm; L-2-3; Lmm., R-9-10; 1/2 mm.

Size medium
Alignment very good
Color ivory

OK

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** **Hamm, Lux**
(if Special Investigation, so indicate)
(Presumed to be Pvt. ARTHUR MAGILL - 34920331)
- 2 UNKNOWN X - 507 Unknown Unknown Unknown
(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
Clothing Mark "Pvt. Arthur Magill - 34920331" found on OD Pants.
- 4 Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used, also name of nearest town: **Stadtkyll, Germany (wL-1495)**
Map Ref. Germany 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)
Stadtkyll Cemetery (Isolated Row - Grave 10)
- 6 Approximate or established date of death (state which and give basis for date selected)
29 Dec. 1944 - Burgermeister's Records.
- 7 Approximate or established date of burial (give basis for date established)
31 Jan. 1945 - Burgermeister's Records.
- 8 Manner in which grave was marked show information contained on the marker
Wooden Cross (No Inscription).
- 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 P.O.W., being treated for wounds in the Hospital at Stadtkyll, Germany. The deceased died when American planes bombed the Hospital, 29 Dec. 1944. The deceased was buried in the local cemetery by German Military personnel. - Burgermeister obtained information from German Red Cross.**
Informant: Karl Seine, Churchwaystr., Stadtkyll, Ger.
Note: Burgermeister's Records state the grave disinterred is grave of an unknown American.
- 11 Give name and address of person who can guide disinterring team to burial location
Karl Seine, Churchwaystr., Stadtkyll, Germany

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

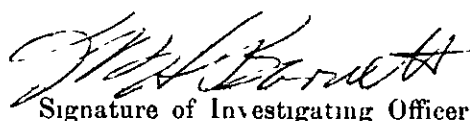
Calibre & Mfg

Serial Number

Calibre & Mfg

d. Engine serial number

Type



Signature of Investigating Officer

WILLIAM H. BARNETT

2nd Lt. O-2018275

Rank **6890 Q.M.G.R. Co.**

ASN

Disinterment approved by (HQ Authorizing Exhumation) **C.O. 6890 Q.M.G.R.Co.**

Disinterment and *reburial/burial made by

Date of ~~1/1/46~~ reburial **6 March 46**

Place of burial/reburial **U S Military Cemetery**

Hamm Luxembourg

Plot **GG**

Row **9**

Grave **213**

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

* Cross out word not applicable

CHECK LIST FOR UNKNOWNNS

Presumed to be ARTHUR MAGILL- 34920331

Namur, Lux

~~NAME~~ Pvt. MacMillan
(name of soldier processing remains)

- 1 Unknown -507 S S Military Cemetry No Manderschied Ger.
- 2 If remains were disinterred, attach Check List for Disinterments
- 3 Arrived at cemetery 1600 1 Mar. 1946 From Manderschied, Ger
(hour) (date) (collecting point)
- 4 Place of death Stadkyll, Ger. (wL-1495) Map Ref. Ger. 1/250,000 Namur, Lux.
(name) (coordinates and landmarks)
- 5 Sheet No 6 Cemetary of Soldiers Stadkyll, isolated Row-Grave 10
- 6 Remains recovered by Pvt. Gullatà 6890 QM.G.R.CO.
(name and organization)
- 7 Evacuated to cemetery by Pvt. Gulatto 6890 QM.G.R.CO.
(name and organization)
- 8 Is load list attached No
(yes no)
- 9 Are names of deceased found in same area as this Unknown starred No
(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 fort other parts of Unknown Yes
(yes no)
- 12 If remains come from vehicle, plane, etc Not Applicable
(type of vehicle or plane nick name, serial number organization or symbols)
- 13
- 14 Crew list Not Applicable
(names of other deceasend and positions in which found)
- 15
- 16
- 17 If a tank, which hatches were free and available for escape use Not Applicable
- 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 Not Applicable
(parts of markings or symbols) (burned) (pierced by shell fire - where)
- 19
- 20 Not Applicable
(found in town field by road etc) (damaged by mine-explosion)
- 21 Not Applicable
(names of men who escaped) (description of other vehicles or planes in same area)
- 22 Detailed description of personal effects No P.E.'s.
(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)		6 7/8		
28 Reincoat				
29 Overcoat				
30 Jacket, Field				
31 Jacket, Combat				
32 Mackinaw				
33 Sweater				
34 Jacket, HBT	None		H.B.T.	
35 Shirt, Wool OD	PIECES		O.D.	
36 Undershirt, Wool				
37 Undershirt, Cotton				
38 Trousers, HBT	Pvt ARTHUR MAGILL-34920331		O.D.	
39 Trousers, Wool OD	pieces			
40 Belt, Web				
41 Drawers, Wool	pieces		White	
42 Drawers, Cotton				
43 Leggings				(Note unusual lacing)
44 Socks Wool Cotton				
45 Shoes (type)				
46 Overhoses				
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 (type and location, shirt jacket coat helmet) None Shoulder Patch None

51 Description of Remains Insignia

52 Age Height (ft in) Weight (lbs) Unk Unk Unk Description of wounds Impossible to Diagnose

53

54 Bandages or dressings **None** Scars **Flesh and Skin Decayed**
(length width, location)

55

56 Tattoos **Flesh and Skin Decayed**
(number, location — illustrate on sep page)

57 Outstanding moles, warts or birthmarks **Flesh and Skin Decayed**
(yes no) (description, location)

58

59 Sunburn or tan, other than hands and face **Flesh and Skin Decayed**

60 Tobacco stain on fingers or teeth **Fingers Missing Teeth White**
(designate where extent)

61 Complexion **Flesh Decayed** Build **Mangled and Decayed**
(light med, dark clear, pimples, pocks freckles) (large, fat thin muscular)

62

63 Hair **Not Found**
(color, length, quantity, curly, wavy, straight whorls, or definite parting baldness, widows peek)

64 **Hair Not Found**
(distinctive cutting or other characteristics)

65 Sideburns **Flesh Decayed** Mustache **Flesh Decayed** Beard or goatee **Flesh Decayed**
(color, setting, shape) (color size, shape) Length

66
(heavy, light, color, extent)

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

68 Nose **Flesh Decayed** Ears **Flesh Decayed**
(size, shape, straight) (size set, close to or far from head)

69 Forehead **Flesh Decayed** Mouth **Flesh Decayed** Lips **Flesh Decayed**
(high, wide wrinkled) (large medium, small) (small, large, full)

70 Teeth **See Tooth Chart**
(white, size unevenness, spacing, noticeable crowns fillings, extractions)

71 Chin **Flesh Decayed** Cheekbones **Flesh Decayed**
(prominent, receding pointed, dimple, double) (high, normal)

72 Jaw **Flesh Decayed** Circumference of hear in inches **21 " (est.)**
(large, small normal) (hat band)

73 Neck **Flesh Decayed** Larynx **Decayed** Shoulders **Mangled and Decayed**
(size, long, short, normal wrinkled) (prominent normal) (broad)

74
(straight small, rounded) Arms **Dismembered and Decayed**
(length) (muscular, color, extent an quantity of hair)

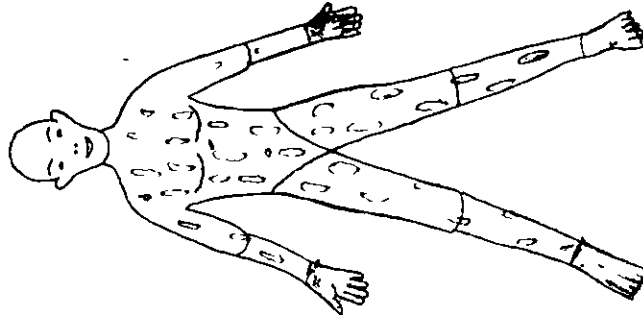
75 **Decayed** Hands **Missing**
(vaccination scar, size of wrists) (large, small normal calloused noticeably)

76

76 **Fingers Missing**
(marks on fingers indicating that rings were worn)

77

- 78 Fingers **Fingers Missing**
(short, thick, long, slender, size of knuckles) (missing fingers or joints)
- 79 **Fingers Missing**
(Unusual characteristics of fingernails)
- 80 Chest **Mangled and Decayed**
(size at nipples, color, quantity and extent of hair, large small normal)
- 81 Back **Flesh Decayed** **Warts Decayed**
(quantity and extent of hair) (size at naval, appendectomy amount and color of hair)
- 82 Circumcized **Decayed** Pubic hair **Miss.** Hernioplasty **Flesh Decayed**
(yes no) (color) (yes no) (location)
- 83 Legs **Mangled and Decayed**
(Inseam) (muscular, knock kneed, bowed, normal) (quantity, color and extent of hair)
- 84 Feet **Missing** **Toes Missing**
(size, corns callouses flat) (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** If not, explain
(yes no)
- 88 Have fingerprints been placed on GRS No I **No** If not, explain **Fingers Missing**
(yes-no)
- 89 Has tooth, chart been prepared? **Yes** If not, explain
(yes no)
- 90 Remarks **Body mangled and Decayed. Right and left hands and feet Missing.**
- 91 **Remains weigh approx 40 lbs.**
- 92
- 93
- 94
- 95
- 96

W. E. Barnett
 Signature of GRO and Organization
WILLIAM E. BARNETT
2nd. Lt. O-201827 5
6890QM.G.R.CO.

TOOTH CHART

Hamm, Lux

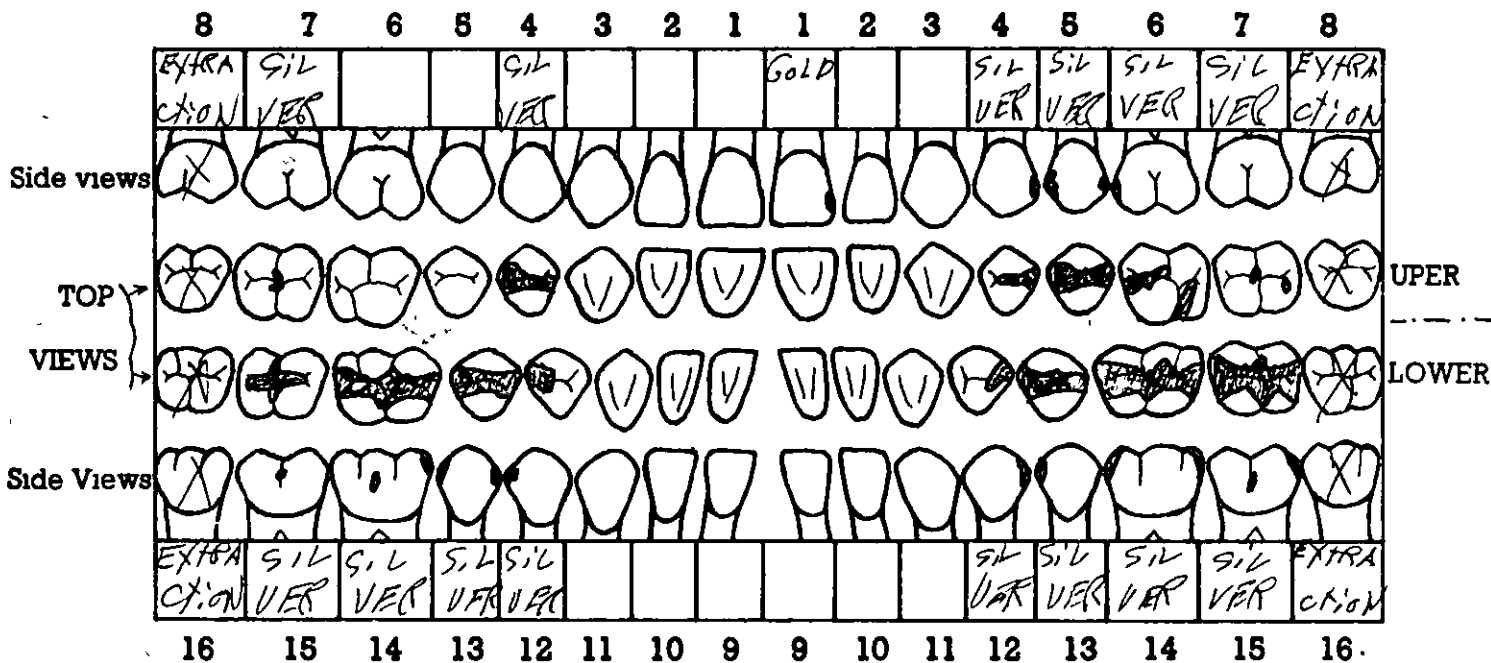
4 March 1946

Presumed to be PVT. ARTHUR MAGILL 34920331
 X-507 Unknown n

Last Name	First	Initial	Rank	Serial No.
Unknown			Unknown	Unknown
Unit	Date of Death	Organization	Cause of Death	
Stadkyl Ger. (WL-14 95)	1-Jan.1945	Unknown	Impossible to Diagnose	
Place of Death	Date of Death	Organization	Cause of Death	

Right

Left



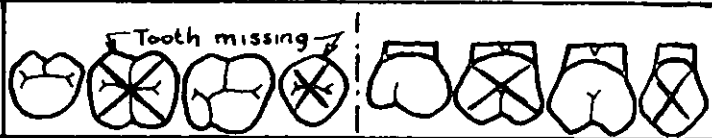
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Robert M. Deane
 Signature of Officer or other person who prepared Tooth chart

W. H. Barnett
 Verified by G R S Officer

WILLIAM H. BARNETT
 2nd Lt. O-2018275
 6890 QM.G.R.CO.

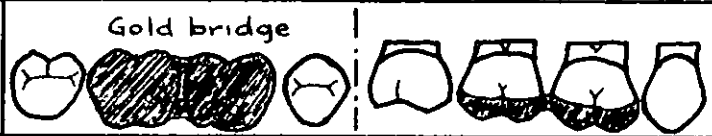
MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



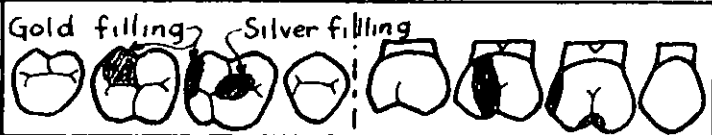
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .



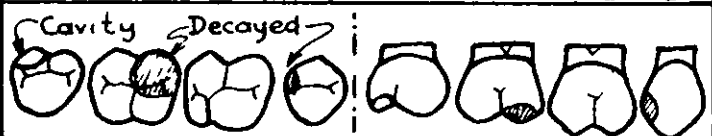
BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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

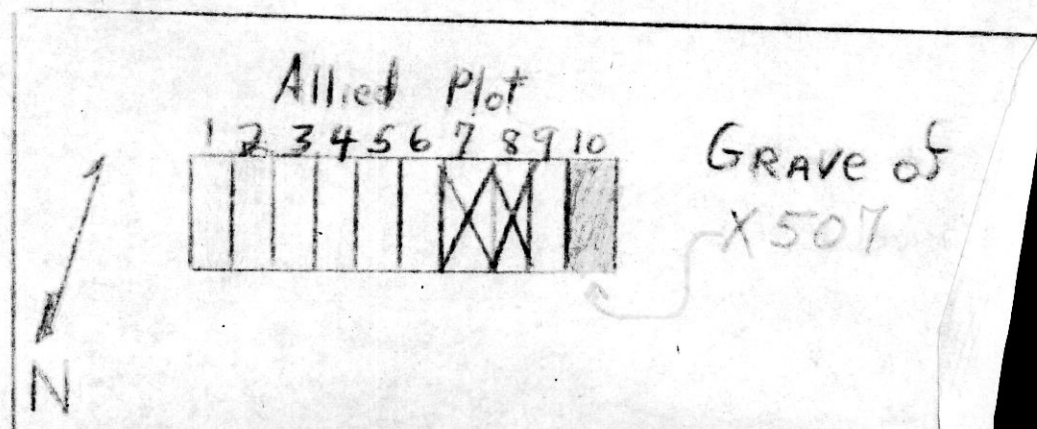
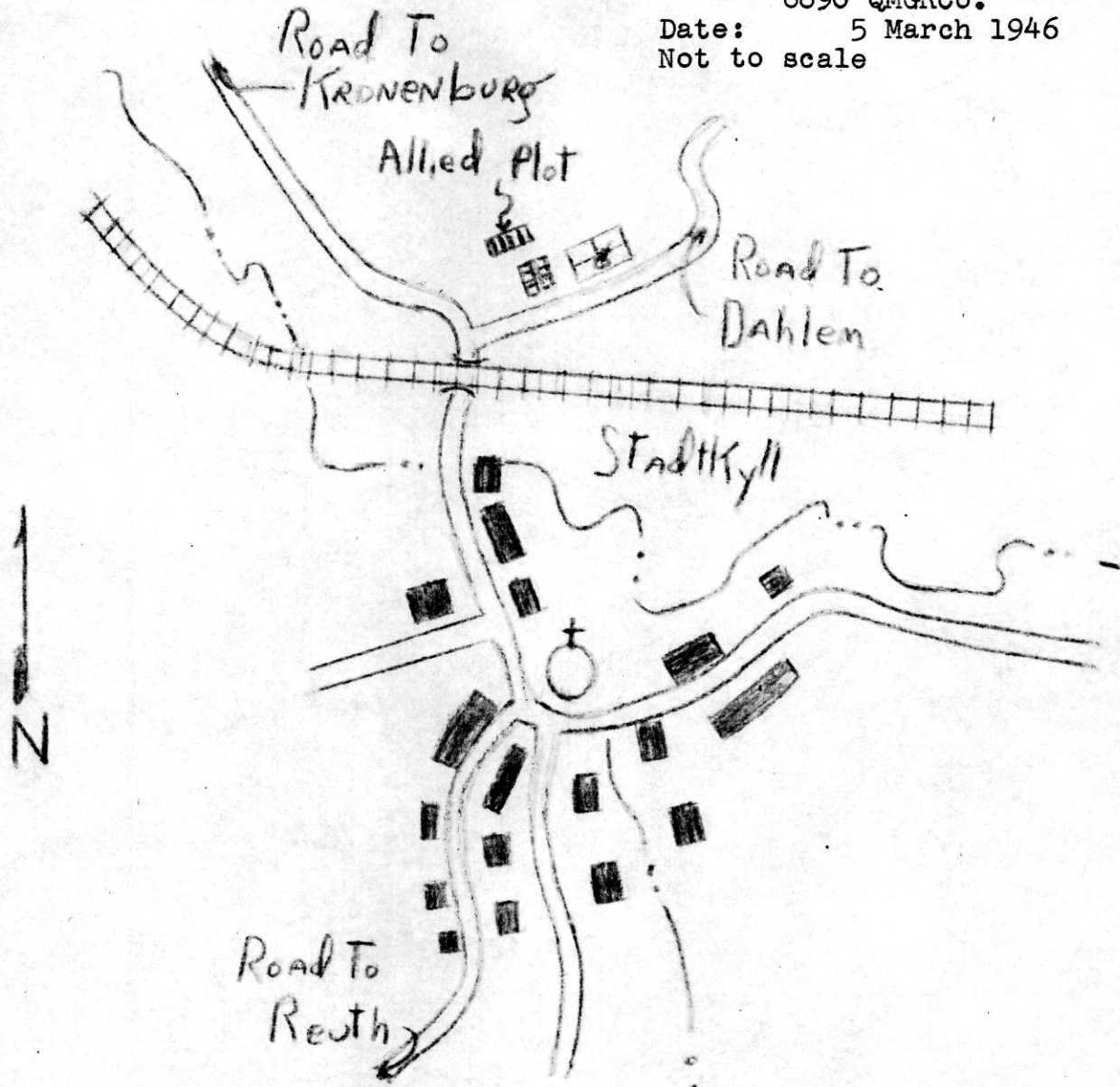


DENTURES (PLATES) . Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word " clasp "

ADDITIONAL SPACE FOR FURTHER REMARKS

SKETCH SHOWING GR AVES OF WILLIAM H. CROWELL, CARLTON B. CRITCHER,
X-504, X-505, X-506, X-507, X-508, X-509, STADTKYLL, Germany . .

Map: Germany 1/250,000
Sheet: Namur/Lux. No.6
Coord: wL-1495
Location: Stadtkyll, Germany
Sketch by: Pfc. Friswold
6890 QMGRCo.
Date: 5 March 1946
Not to scale



REBURIAL Letter 1852

Graves Registration Form No. 1 (Revised Sept 1943)

RESTRICTED

REPORT OF BURIAL

Form 10-830 AND AR-30-1815-T

4 March 46

Date

Presumed to be Evt. Arthur Magill 34920331 Unknown X-507

Unknown

Last Name: Unk, First: Unk, Initial: Unk, Rank: Unk, Serial No: Unk

Stadkyll, Ger (WL-1495) 99 January 1945, Organization: Impossible to Diagnose

Place of Death: 1000 6 March 46, Date of Death: 213

Time and Date of Burial: 213, Name of Cemetery: Mill. Cem. Hamm Lux., Name or Coordinates of Location: VP 8413

Grave Number: 213, Row Number: 9, Plot Number: GG, Type of Marker: Temp. Cross

Disposition of Identification Tags: Buried with body Yes No, Attached to Marker Yes No

If No Identification Tags

How were remains identified?

REBURIAL

See Reverse

Previously buried in isolated grave

Stadkyll, Ger (WL-1495)

located at Map Ref Ger 1/250,000

What means of identification were buried with the body?

Namur Lux Sheet # 6

G.R.S. # 1 in bottles

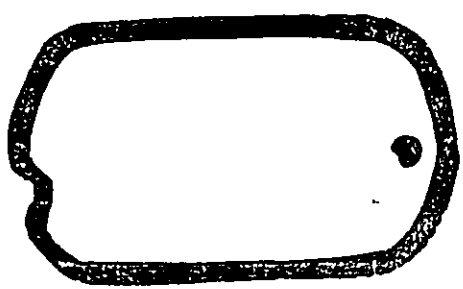
"RECCOQAE LIEKX ..."

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

Who is buried on:

Table with columns: Name, Serial-No, Rank, Organization, Grave No. Rows for Deceased's Right and Left.

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

Address: Unknown

Religion: Unknown

List only Personal Effects Found on Body and disposition of same

Clothing mark on OD Pants "Pvt Arthur Magill 34920331"

SEE ATTACHED SKETCH

Disinterring Officer

Signature of William H. Barnett

WILLIAM H. BARNETT 2nd Lt., O 2018275 890 QM @ R Co

Reinterring Officer

Signature of Reinterring Officer and verification text

Verified by G R S. Officer

Vertical stamp: REBURIAL

A DECEASED INDIVIDUAL

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 YES
 Weight: UNK Number of Ribs NONE
 Color of Eyes UNK Wear Glasses? UNK
 Color of Hair UNK Is Teeth Chart Attached? YES
 Race UNK

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart 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.:

Clothing mark found on OD Pants:
 "PVT ARTHUR MAGILL 34920331"

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

TOOTH CHART

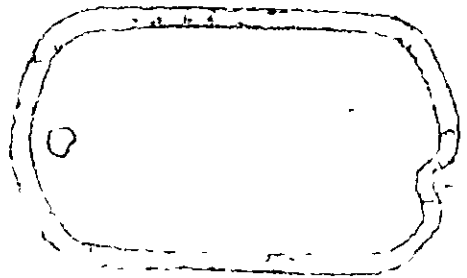
		Decedent's Right								Decedent's Left							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	Lower																

Indicate missing natural teeth by X; crowns by O; fillings by □
 Bridges by ⊕; linking anchor teeth; replacements by artificial teeth X

Characteristics

Other Data

If this is an isolated Burial, make a Sketch of the Location oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



SEE ATTACHED SKETCH

Fingers Decayed

Fingers Decayed

Left Hand

Right Hand

Thumb

Thumb

1
2
3
4
5
6
7
8

1
2
3
4
5
6
7
8