

AIR MAIL

QUEST 293
GMS European

1st Ind

293 unk Luxembourg X-551

Hamm

SUBJECT: Request for Information

DEPARTMENT OF THE ARMY, GMSO, WASHINGTON 25, D.C. 10 May 1949

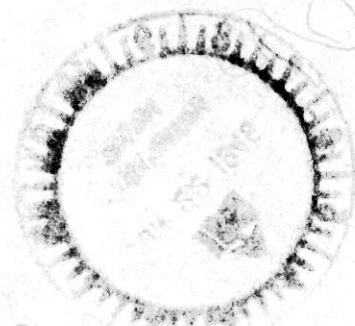
TO : Commanding General, American Graves Registration Command
European Area, APO 58, c/o Postmaster, New York, New York

1. Reference is made to paragraph 3, basic communication.
2. Mr. Maurice Kru has advised this Office that he did not "recall anything in connection with the items you mention."
3. Mr. Kru further stated that: "I was separated from my belongings twice in Europe that I can remember; about August or September 1944, within the vicinity of Paris and in the middle of May 1945, in Bamberg, Germany."

FOR THE QUARTERMASTER GENERAL:

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

cc: Adm Sect
M. Martin/ejh
Foy
REB



REB

NJS

12 5 50 PM '49
CLAUDE R. FR

293 JRS Europe

AIR MAIL



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 200.2 - Unknown X-551
(Hamm)

5 April 1949

SUBJECT: Request for Information

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

1. Reference is made to Report of Burial for Unknown X-551, Plot X, Row 6, Grave 145, USMC Hamm, Luxembourg, dated 3 June 1945.

2. Unknown X-551 was previously identified as T/5 Maurice KRU 36691896 by means of Paybook and Trip Ticket. T/5 Maurice KRU was not a casualty in this theatre.

3. It is requested your Office contact T/5 Maurice KRU for information as to who could be in possession of his Paybook and Trip Ticket.

FOR THE COMMANDING GENERAL:

GEORGE L. FREEMAN
1/Lt QMC
Actg Asst Adj Gen

COPY

April 28, 1949

Dear Sir,

I am sorry I do not recall anything in connection with the items you mention.

What information I can give you is in regard to my belongings generally and probably of little value.

I was separated from my belongings twice in Europe that I can remember; about August or September 1944, within the vicinity of Paris and in the middle of May, 1945, in Bamberg, Germany.

Yours truly,

Maurice Kru
5125 N. Lowell
Chicago 30, Ill.

Wuk X-551 (Kamm)

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
THEATER SERVICE FORCES
EUROPEAN THEATER

DBM/RJF/mep

AGRC (Hamm X-6-145)

(Rear) APO 887
(S: 13 January 1946)
14 December 1945

SUBJECT: Clarification of Identification of Deceased Personnel
Kru, Maurice (M'I), T/5 36691896

TO : Commanding Officer, 551 Composite Service Group, APO 513,
US Army

1. Your attention is invited to inclosure herewith, Carrier Sheet, from AG Cas to Graves Reg Sv Com, dated 17 October 1945.

2. It is directed that subject deceased be disinterred, and this headquarters be furnished Fingerprints, Tooth Chart, and Check List for Disinterments.

BY COMMAND OF MAJOR GENERAL LITTLEJOHN:

V. J. Blondell
Lt. Colonel, AGD
Adjutant General

Incl a/s

AGRC (Hamm X-6-145) AGRF 4th Ind. RMC/DRM/ff
HQ, EASTERN SECTOR, THEATER GRAVES REGISTRATION COMMAND, 615TH QM Bn.,
APO 164 U.S. ARMY 11 January 1946

TO: Commanding General, Theater Graves Registration Command, APO 887, U.S. Army

Invited attention to preceding Indorsement.

FOR THE COMMANDING OFFICER:

Richard M. Combs
1st Lt. QMC
Adjutant

Nancy, Tel: 8415

C O P Y

AGRC (Hamm X-6-145) 1st Ind.
HQ 551 COMPOSITE SERVICE GROUP, APO 772, U. S. ARMY

GA: jpn
23 December 1945

TO: COMMANDING OFFICER, 615 QM BATTALION, APO 513, U.S. ARMY

Attention is invited to basic correspondence.

For the Commanding Officer:

GARDNER ABBOTT
1st Lt., Inf.
Adjutant

Incl a/s

* * * * *

AGRC (Hamm X-6-145) 2nd Ind. RAC/DEM/FF
HQ. EASTERN SECTOR, THEATER GRAVES REGISTRATION COMMAND, 615TH QM Bn.,
APO 513, U.S. ARMY 4 January 1946

TO: C.O 4th Platoon 610th QM Graves Registration Company, APO 513, U.S. Army

Your attention is directed to basic communication.

BY ORDER OF MAJOR GUNTHERP:

Richard M. COOMBS
1st Lt., QMC
Adjutant

* * * * *

Nancy, Tel: 8415

AGRC (Hamm X-6-145) 3rd Ind. WJF/rfc
Hamm Det., 610th QM Graves Registration Co. APO 513, U.S. Army 9 January 1946

TO: HEADQUARTERS EASTERN SECTOR, THEATER GRAVES REGISTRATION COMMAND, 615 QM Bn.

Check List and Tooth Charts, in Quadruplicate, attached. It was impossible to obtain fingerprints due to the advanced state of decomposition of remains.

WARREN J. FLOURNOY,
1st Lt., QMC
Commanding

Att. Fr. 94. lts
4/28/49

293 1st. Supersburg X-551 (Hamm)
April 28, 1949

Dear Sir,

I am sorry I do not recall anything in connection with the items you mention.

What information I can give you is in regard to my belongings generally and probably of little value.

I was separated from my belongings twice in Europe that I can remember; about August or September, 1944, within the vicinity of Paris and in the middle of May, 1945, in Bamberg Germany.

Yours truly,

Maurice Kru
5125 N. Lowell
Chicago, 30, Ill.

File
27 Jan 50
M. Martin
2d Dec

mk - X-551 (Hamm) group



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO

Q.L.G.M.T 293 -Unk. Luxembourg
Hamm
A-551

22 April 1949

Mr. Maurice Kru
2120 North Kedzie
Chicago, Illinois

Dear Mr. Kru:

An investigation is being conducted in this Office to determine, if possible, the identity of an Unknown serviceman.

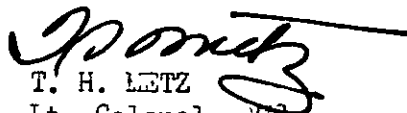
The records indicate that an Unknown Serviceman died in the 238th General Hospital, Arlone, France on 1 June 1945 and was buried in United States Military Cemetery, Hamm, Luxembourg. Personal effects found on the remains of this deceased consisted of Pay Book and Trip Ticket belonging to you.

It would be of the utmost value if you could inform this Office as to who may have been in possession of your Pay Book and Trip Ticket some time prior to 1 June 1945.

In replying, please use the inclosed self-addressed envelope which requires no postage, in order to expedite delivery.

Sincerely yours,

1 Incl:
Envelope


T. H. LETZ
Lt. Colonel, JAG
Memorial Division



AGRC (Hamm X-6-145) A [redacted]

4th Ind.

RMC/DEM/ff

HQ. EASTERN SECTOR, THEATER GRAVES REGISTRATION COMMAND, 615TH QM Bn.,

APO 164 U.S. ARMY

11 January 1946

TO: Commanding General, Theater Graves Registration Command, APO 887 U.S. Army

Invited attention to preceding Indorsement.

FOR THE COMMANDING OFFICER:

RICHARD M. COMBS
1st Lt., QMC
Adjutant.

Nancy, Tel: 8415

*Recd. 14/1/46
Chil.*

*out 8006
67*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
THEATER SERVICE FORCES
EUROPEAN THEATER

DBM/RJF/mep

(Rear) APO 887

(S: 13 January 1946)

14 December 1945

AGRC (Hamm X-6-148)


SUBJECT: Clarification of Identification of Deceased Personnel
Kru, Maurice (NMI), T/5, 36691896.

TO : Commanding Officer, 551 Composite Service Group, APO 513,
U.S. Army.

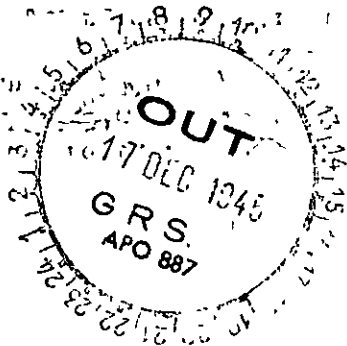
1. Your attention is invited to inclosure herewith, Carrier Sheet, from AG Cas to Graves Reg Sv Com, dated 17 October 1945.

2. It is directed that subject deceased be disinterred, and this headquarters be furnished Fingerprints, Tooth Chart, and Check List for Disinterments.

BY COMMAND OF MAJOR GENERAL LITTLEJOHN:


F. J. BLONDELL
Lt. Col., A. G. D.
Adjutant General

Incl-a/s



(Versailles 435)

3d Dec 1945

AGRC (Hamm X-6-145) 1st Ind.
HQ 551 COMPOSITE SERVICE GROUP, APO 772, U. S. ARMY

GA:jpn
23 December 1945

TO: COMMANDING OFFICER, 615 QM BATTALION, APO 513, U. S. ARMY.

Attention is invited to basic correspondence.

For the Commanding Officer:

1908

Gardner Abbott
GARDNER ABBOTT
1st Lt., Inf.
Adjutant

Incl a/s

AGRC (Hamm X-6-145) 2nd Ind. RMC/DEM/ff
HQ. EASTERN SECTOR, THEATER GRAVES REGISTRATION COMMAND, 615TH QM Bn.,
APO 513, U.S. ARMY 4 January 1946

TO: C.O. 4th Platoon 610th QM Graves Registration Company, APO:513, U.S. Army

Your attention is directed to basic communication.

BY ORDER OF MAJOR GUNTHERP:

Richard M. Combs
RICHARD M. COMBS
1st Lt., QMC
Adjutant

Nancy, Tel; 8415

AGRC (Hamm X-6-145) 3rd Ind. WJF/rfc
Hamm Det., 610th QM Graves Registration Co. APO 513, U.S. Army 9 January 1946

TO: HEADQUARTERS EASTERN SECTOR, THEATER GRAVES REGISTRATION COMMAND, 615 QM Bn.

Check List and Tooth Charts, in Quadruplicate, attached. It was impossible to obtain fingerprints due to the advanced state of decomposition of remains.

Warren J. Flournoy
WARREN J. FLOURNOY
1st Lt., QMC
Commanding

Out 732
5015
2010
2015

AMST 293 -Unk. Luxembourg
Hamm
X-551

22 April 1949

293 unk Hamm. X-551/Luxembourg

Mr. Maurice Kru
2120 North Kedzie
Chicago, Illinois

Dear Mr. Kru:

An investigation is being conducted in this Office to determine, if possible, the identity of an Unknown serviceman.

The records indicate that an Unknown Serviceman died in the 238th General Hospital, Arlone, France on 1 June 1945 and was buried in United States Military Cemetery, Hamm, Luxembourg. Personal effects found on the remains of this deceased consisted of Pay Book and Trip Ticket belonging to you.

It would be of the utmost value if you could inform this Office as to who may have been in possession of your Pay Book and Trip Ticket some time prior to 1 June 1945.

In replying, please use the inclosed self-addressed envelope which requires no postage, in order to expedite delivery.

Sincerely yours,

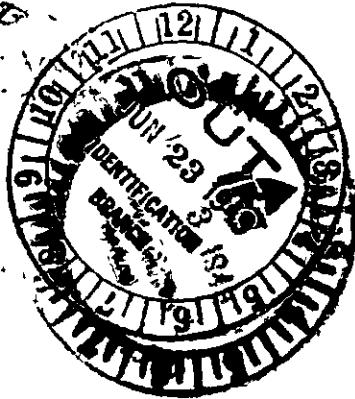
1 Incl:
Envelope

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

cc: Adm Sect
M. Martin/pej
Foy
REB



REB
NJS



USMC HAMM, LUXEMBOURG
 PLOT H ROW 4 GRAVE 71
 Reburied 22 Dec. 1948
 Verified by : *W.R. Kenton*

Buried on : Rig

J.T. BURKE
 32881164
 H.R. ROE
 37361945

DISINTERMENT DIRECTIVE

Left :

1 ✓

SECTION A — GRS Officer
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6020 00037

DATE

15 07 48
 DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

~~UNKNOWN~~ X-000551

Q

DAY MONTH YEAR

CEMETERY

HAMM LUXEMBOURG

DISPOSITION OF REMAINS

0 6001 80
 CODE DIST PT

PLOT ROW GRAVE COUNTRY

X 6 145 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 DISINTERRED

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 /

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.

ESP
 FILE
 RECORDS ASSOCIATED

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report Form 1194a for major discrepancies.

WARR
 R & R BR.

WLB

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

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE	
						DAY MONTH YEAR	
NAME			SERIAL NUMBER		RANK	ARM	DATE OF DEATH
UNKNOWN			X-000551			Q	DAY MONTH YEAR
CEMETERY						DISPOSITION OF REMAINS	
						CODE DIST PT	
PLOT	ROW	GRAVE	COUNTRY				
X	6	145	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		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN		X-000551			18 MAY 1948
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS GRS		EMB		UNK	ANTONIO TEIXEIRA
<input checked="" type="checkbox"/> MARKER GRS					2ND LT, INF NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
MATTRESS COVER	SKELETAL FORM MISSING R/L CLAVICLE

OTHER MEANS OF IDENTIFICATION

GRS EMB PLATE FOUND READS: MAURICE KRU "36691896"

MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN CASE <input checked="" type="checkbox"/>		TRANSFER BOX	
		<i>Floyd C Teske</i>	
DATE 21 MAY 1948	BY	FLOYD C. TESKE, EMBALMER	
CASKET SEALED BY		EMBALMER (Signature)	
R JAMES MURRAY		<i>R James Murray</i>	
NO DIS			
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY	
W L RAFFERTY JR.		ALL PARAGRAPHS TAGS PLATES	
CLERK RECORDER		VERIFIED BY	
DATE 20 JUN 1948		<i>R E Lewis</i>	
		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

Antonio Teixeira
ANTONIO TEIXEIRA, 2ND LT, INF
 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

SPQDKEB 332.3 (781459)

1st Ind.

DSJ:ELR:bj

ARMY EFFECTS BUREAU, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, 29 May 1946

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

1. No effects for Unknown X-551, U. S. Military Cemetery, Ham Luxembourg, nor any other information pertaining thereto has been received at this Bureau.

2. Upon receipt of effects, complete examination of items will be made here and report furnished your office promptly.

FOR THE EFFECTS QUARTERMASTER:

D. S. Johnston
D. S. JOHNSTON
2nd Lt., QMC
Chief, Adm. Div.

293 weeks
X-551 Luxembourg

File 6-5-46
CS



MEMORIAL DIVISION AND
RECORDS BRANCH

JUN 3 12 47 PM '46

MEMORIAL DIVISION



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO SPQYG 293

Unknown X-551
(Hamm) Luxembourg

24 May 1946

SUBJECT: Identification of Unknown Deceased

TO : Effects Quartermaster,
Army Effects Bureau,
Kansas City Quartermaster Depot,
601 Hardesty Avenue,
Kansas City 1, Missouri

1. Reference is made to Report of Burial for Unknown X-551 interred in U. S. Military Cemetery, Hamm, Luxembourg, Plot X, Row 6, Grave 145 which listed personal effects found on the body.

2. It is requested that the chain with four crucifixes, 3 rings, clasp, 2 wristwatches, wallet, 6 photos and the paybook be examined and this office furnished at the earliest practicable date a complete description of subject effects, as a possible aid in identification of Unknown X-551.

FOR THE QUARTERMASTER GENERAL:

Donald J. Ryan
FOR ARTHUR S. ROSLIGARD
2nd Lt., Col
Assistant

51 11 200

SPQYG 293
Unknown X-551
(Hamm) Luxembourg

24 May 1946

SUBJECT: Identification of Unknown Deceased

TO : Effects Quartermaster,
Army Effects Bureau,
Kansas City Quartermaster Depot,
601 Hardesty Avenue,
Kansas City 1, Missouri

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FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

RECORDS BRANCH
MAY 24 9 36 AM '46
MEMORIAL DIVISION

OR
st.

ARMY SERVICE FORCES
TRANSMITTAL SHEET

SECURITY CLASSIFICATION (if any)

FILE No. SPQYG 293	SUBJECT REURAD AGRC 217 LITTLEJOHN		
TO— Military Planning Division Operations Branch	FROM— Memorial Division	DATE 19 Feb. 1946	COMMENT No. 1

CG; AGRC, ETA, Versailles, France, APO 887

1. It is requested that a radiogram, substantially as follows, be sent -
RESTRICTED - to ~~MEMO, LTR, PERS, etc.~~

REFERENCE YOUR LETTER 15 JANUARY 1946 TRANSMITTAL LETTER 1760
KRU, MAURICE TEC 5 STOP AUTHORITY HEREBY GRANTED TO DESIGNATE
DECEASED AS UNKNOWN STOP REQUEST THIS OFFICE BE FURNISHED CORRECTED
REPORT OF BURIAL.

2. Telegram number to be used in radio - initials of officer submitting
memorandum FMF, Branch 4652.

FOSTER

AMS
ASR

*Reurad. AGRC 217 Littlejohn your let
Transmittal 1760 dated 15 January answered
by first indorsement 11 February ~~stop~~
authorizing remains Plot X Row 6,
*grave 145 Hamann-Luxemburg Cemetery
changed to unknown.*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COM. AND
EUROPEAN AREA
APO 58 US ARY

RRE 293

9 March 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 551, Plot X,
Row 6, Grave 145, US C HANM, LUXENBOURG,
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. 2740, dated 5 April 1948.

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrnell

Capt. Jack C. HAYES, O-1577297 OIC Capt Stanley C. TYRNELL, O-4304296 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

*In Ltr # 3577
14 March 49
Not identifiable from
info available at
the present time
M M artur
19 May 49*

Incl #9

APR 19 1948

X - 561

IDENTIFICATION CHECK LIST

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

Exh. G. of 641, dated 5 Dec 47

Unknown X - 561
Cemetery Hamm, Luxembourg
Plot X Row 6 Grave 148

Date reprocessed :

1 ~~18 Feb 48~~ 18 Feb 48
(Hour) (Date)

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

(Sheet, scale and serials used)

3 Remains ~~recovered~~ disinterred ~~by~~ **and reprocessed by I.S. First Zone**
(Name and organization)

4 Evacuated to Cemetery by _____
(Name and organization)

5 Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc
* Headgear	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Remnants of</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>Remnants of, wool G.D.</u>		
Jacket HBT	<u>None</u>		
* Shirt, Wool OD	<u>Remnants of</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

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) **One, handkerchief, Remnants of**

(Other item) **a comb.**

* 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? **AGP**

R. Humerus 20.5 R. Radius 23.0
 R. Ulna 25.6 R. Fibula 39.5
 R. Fibula 35.8

6 Description of Remains:

Age **UFD** Height **5'5 3/8"** Weight **UFD** Description of wounds **UFD**

Bandages or dressings **None found** Scars **UFD**
 (Length, width, location)

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

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

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

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

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

Hair **Light brown 4" long wavy**
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

Sideburns **UFD** Mustache **UFD** Beard or **UFD**
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

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

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

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

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

Teeth **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 **55.0 cm**
(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 **Light brown**
(Quantity and extent of hair) (Yes-no) (Color)

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

Legs **UTD**
(Instans, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

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

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

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

If not, explain **Fingers missing**

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

9 Remarks **Estimated weight of reprocessed remains : 35 pounds. One Burial Report recovered, No QRS tag. Remains consist of disarticulated bones and a small amount of decomposed flesh, clothing found on remains, bore no markings.**

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge

Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT
Rank

QMC
Service

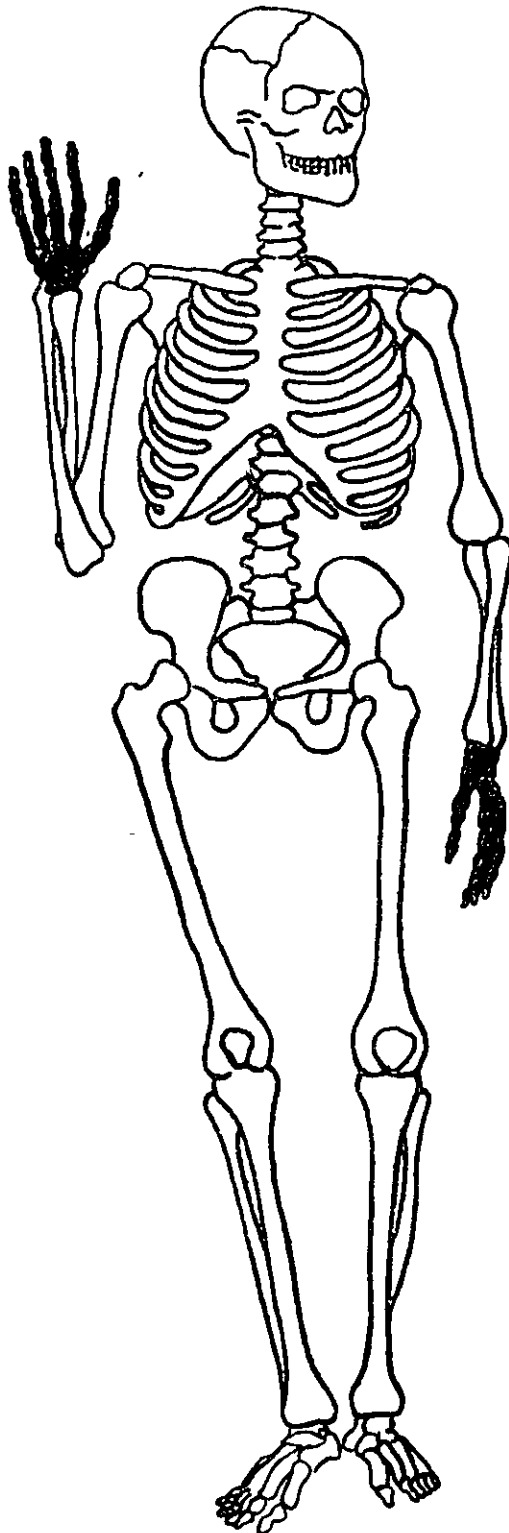
OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS 30.8 cm

RADIUS 23.0 cm

ULNA 25.5 cm

TIBIA 36.6 cm

FIBULA 35.2 cm

TOOTH CHART

X - 551

18 Feb 1948

Unknown X - 551

Unk

Unk

Last Name

First

Initial

Grade

Serial No.

Unk

AOP

Unit

Organization

Place of Death

Date of Death

Cause of Death

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	X	A O						P	P					A O	P	X
Side views																
TOP																
VIEWS																
Side Views																
	X	A F											NOTE	A O	A F	X
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

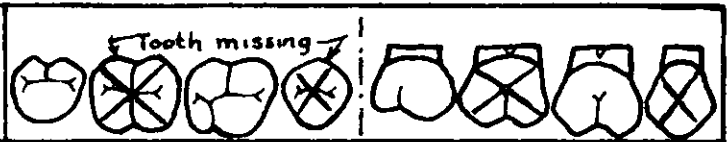
IVOR J FOSMO
2nd.Lt. IS

/s/ **Ivor J Fosmo**
Signature of Officer or other person who prepared Tooth chart

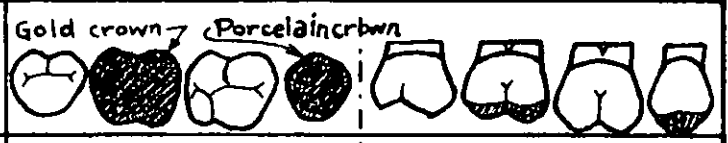
WOODROW W WOLF
CAPT QMC OPER OFF

Woodrow W Wolf
Verified by G R C Officer

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



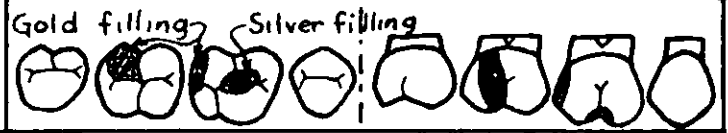
CROWNED TEETH . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus .



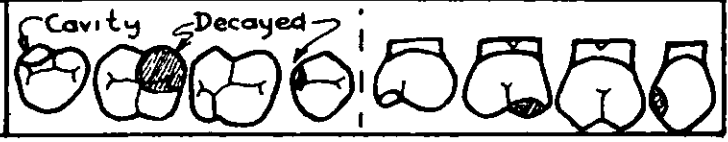
BRIDGE WORK . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus .



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

P

Posthumously missing
 R-13 has rotated 1/8 of a turn mesially
 R-11 has rotated 1/16 of a turn mesially
 L-10 has rotated 1/8 of a turn mesially

Note : L-13 is malposed lingually (very noticeable) and has rotated nearly 1/4 of a turn distally.
 R-3 has rotated 1/16 of a turn mesially
 R-4 has rotated 1/16 of a turn distally
 R-5 has rotated 1/16 of a turn distally

Color : dull ivory
Size : average
Alignment : good.

~~UNKNOWN~~ - KRU, MAURICE 36691896
 CEMETERY HAMM, LUXEMBOURG
 PLOT X ROW 6 GRAVE 145

Arrived at cemetery _____ From _____
 (hour) (date) (collecting point)

Place of death _____
 (name) (coordinates & landmarks)

Remains recovered by _____
 (name and organization)

Evacuated to cemetery by _____
 (name and organization)

Is load list attached _____ Are names of deceased found in same
 area as this Unknown starred (yes-no)

Are circumstances described
 which may indicate organization of the deceased (yes-no)

If only part of a body was received, was a careful search made for other
 parts of Unknown (yes-no)

If remains come from vehicle, plane, etc: _____
 (type of vehicle or plane,

nickname serial number, organization or symbols)

Crew list _____
 (names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use _____

If organization to which vehicle or plane was assigned or if names
 of all other deceased are not known, give detailed information con-
 cerning vehicle or plane

(parts or markings or symbols) (burned)

(pierced by shell fire - where) (found in town field, by road)

(damaged by mine explosion) (names of men who escaped)

(description of other vehicles or planes in area)

Detailed description of personal effects _____
 (Indicate exact pocket

or part of body where found)

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	(Marking Markings)	Sizes	Color	Indicate unusual marks, wear, tears
Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field M-1941	None	?		
Jacket, Combat				
Mackinaw				
Sweater	None	?		
Jacket, HBT				
*Shirt, Wool OD	None	?		
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT	W-0139522 also L-5522	?		
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggins				(unusual lacing)
Socks Wool Cotton	None	?		
*Shoes (type)				
Overshoes				
Web				
Equipment (type)				
Other item				

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

Shoulder Patch (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age (yrs) Height 5' 6 1/2" (ft-in) Weight Est. 165 (lbs) Description of wounds

Chest autopsied but GR-1 shows GSW Chest

- CED- * Cannot be determined
 bandages or dressings None Scars _____ (length, width, location)

 Tattoos CED
 (number, location - illustrate on sep. page)
 Outstanding moles, warts or birthmarks CED
 (yes-no) (description - location)

 Sunburn or tan, other than hands and face CED
 Tobacco stains on fingers or teeth NO TOBACCO STAIN ON TEETH
 (designate where, extent)
 Complexion CED Build MUSCULAR
 (light, med, dark, clear, pimples, poeks, freckles) (large, fat, thin,
 muscular)
 Hair BROWN WITH SLIGHT REDDISH TINGE, STRAIGHT ABOUT 3 INCHES LONG.
 (color, length, quantity, curly, wavy, straight, whorls, or definite parting,
 baldness, widows peak, distinctive cutting or other characteristics)
 Sideburns CED Mustache CED Beard or goatee CED
 (color, setting, shape) (color, size, shape) (length)

 Heavy, light, color, extent
 Eyes CED Eyebrows CED
 (color, setting, shape) (color, bushiness, extend across nose)
 Nose CED Ears CED
 (size, shape, straight) (size, set close to or far from head)
 Forehead CED Mouth CED Lips CED
 (high, wide, wrinkled) (large, medium, small) (small, large, full)
 Teeth TOOTH CHART ATTACHED, TEETH WHITE WITH NO TOBACCO STAIN.
 (white, size, unevenness, spacing, noticeable crowns, fillings or extractions)
 Chin CED Cheekbones NORMAL
 (prominent, receding, pointed, simple, double) (high, normal)
 Jaw SMALL Circumference of head in inches 23 INCHES
 (large, small, normal) (hat band)
 Neck CED Larynx CED Shoulders BROAD
 (size, long, short, normal, wrinkled) (prominent, normal) (broad,

 Arms 23 INCHES
STRAIGHT, SMALL, ROUNDED (length, muscular, color, extent & quantity of hair)

 Hands CED
 (vacillation, scar, size of wrists) (large, small, normal, calloused noticeably)

 marks on fingers indicating that rings were worn)

Fingers CED
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

(Unusual characteristics of fingernails)

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

Back CED Waist EST. ESTILATED 30 INCHES
(quantity and extent of hair) (size at naval, appendectomy, amount and color)

Circumsized CED Pubic hair BROWN Herniaplasty CED
Of hair) (yes-no) (color) (yes-no) (location)

Legs 27 INCHES
(inseam) (muscular, knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet 9 INCHES Toes CED
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

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

Black out parts of body not received at cemetery:



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

Have fingerprints been placed on GRS #1 NO If not, explain IMPOSSIBLE TO FINGERPRINT
(yes-no) ADVANCED DECOMPOSITION

Has tooth chart been prepared? YES If not, explain _____
(yes-no)

Remarks: _____

Warren J. Flournoy
(Signature of GRC and Organization)
WARREN J. FLOURNOY
1st Lt., GRC
610th QM GRAVES REGISTRATION CO.

TOOTH CHART

9 JANUARY 1946

Date

KRU,

MAURICE

(NMT)

T/5

36691896

Last Name

First

Initial

Rank

Serial No

238th Gen'l Hosp. Unit

431st Engineers.

Organization

Arlone, France

1 June 1945

GSW CHEST

Place of Death

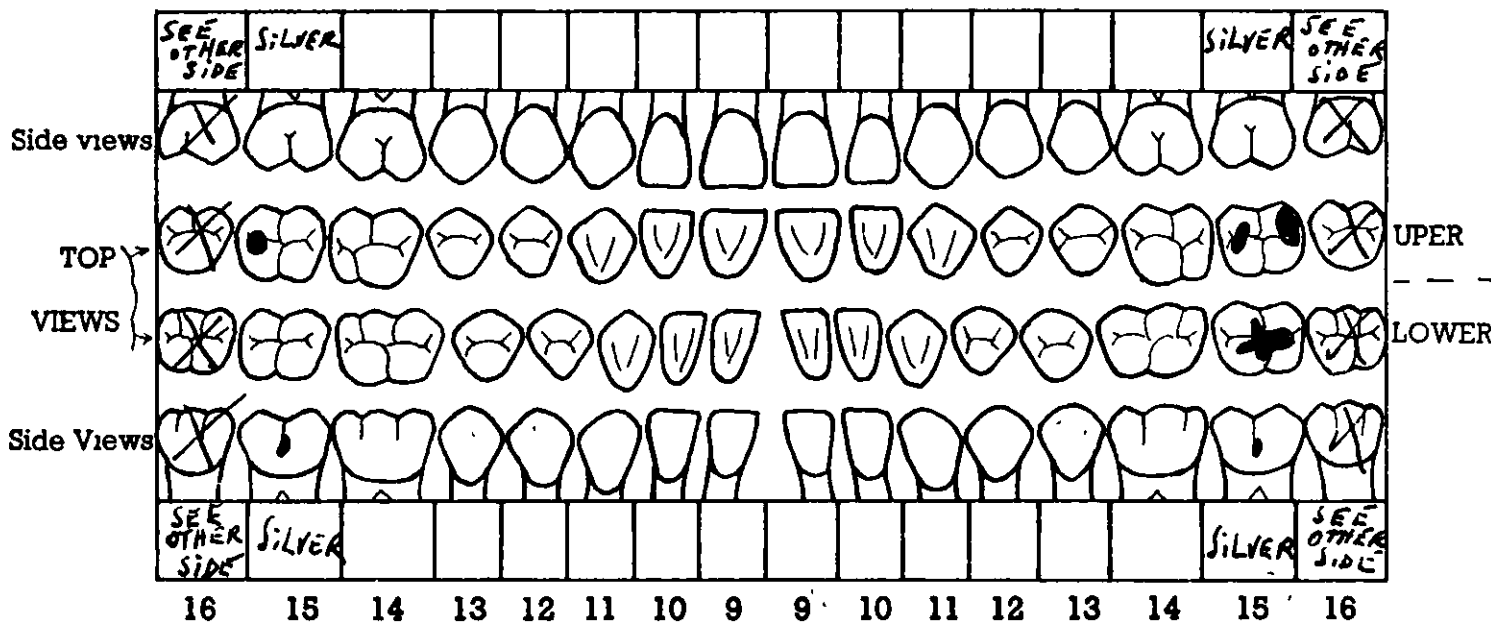
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



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.

S/sgt Roy F. Carnish

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. & E. Officer

Warren J. Flournoy

WARREN J. FLOURNOY

1st Lt., QMC

610th QM GRAVES REG. CO.

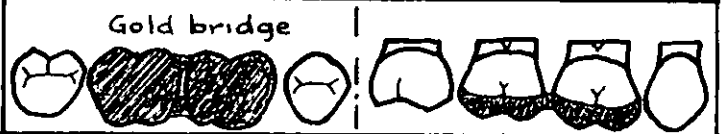
MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



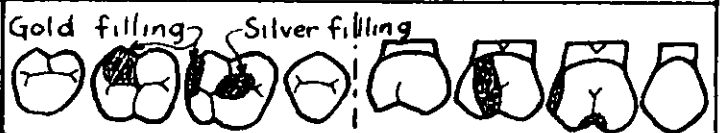
CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

On lower left jaw tooth #13 crowded towards inside of mouth by teeth numbers 12 and 14. There is no evidence of the wisdom teeth, upper and lower ever coming through the jaws.

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

3 June 1945

Date

<u>X-551</u>			<u>Unk.</u>	<u>Unk.</u>
Last Name	First	Initial	Rank	Serial No.
<u>238 Gen. Hosp. Arlone, France</u>		<u>1 June 1945</u>	<u>GSW in chest</u>	
Place of Death		Date of Death	Cause of Death	
		<u>US Mil. Cem. Hamm, Lux.</u>	<u>VP 8713</u>	
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location	
<u>145</u>	<u>6</u>	<u>X</u>	<u>CROSS</u>	
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?

Paybook

Trip Ticket

EMT signed by Cap't. R.N. Kabel, MC

What means of identification were buried with the body?

Embossed plate

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

Who is buried on:

Deceased's Right: Wood 38584575 Unk. Hd. 110 Inf. 144

Deceased's Left: Bonemus 0-2016090 2/Lt. 25 Reg. 3A 146

Body brought in by Mathews, Leroy, 238 Gen. Hosp.

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 Sarah Raft Kru, Mother

Name

4728 North Whipple Street, Chicago, Illinois

Address

Religion Unknown

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

- 1 chain w/4 crucifixes, 3 rings, 2 bottles perfume, 1 clasp
- 2 wristwatches, 1 wallet, 300 belgian francs, 6 photos, 1 paybook

Corrected copy prepared at Sector II Hq.
per letter AGRC dtd.----- (5 copies)

P.R. turned over to effects
Hq. 62nd Base Depot

L. S. McLain
L. S. McLAIN
Capt. Inf
Adjutant

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer
GILBERT F. ZERNER JR. 1st Lt. QMC.
3945th QM. GR. REG. CO.

REPORT OF BURIAL 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:

3 June 1945
Date

Link
Serial No.

GM in chest
Chest Description

VI
Chest Description

GI
Chest Description

Left Hand

2

1

Thumb
Chest No.
Chest No.

Height: _____ Laundry-Marks: _____
 Weight: _____ Number of Rife: _____
 Color of Eyes: _____ Wear Glasses: _____
 Color of Hair: _____ 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 body Yes No Attached to finger Yes No

How were remains identified?
 Paradox

Signature of Burial Agent: _____
 Date: _____

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

Signature of Burial Agent: _____
 Date: _____

TOOTH-CHART

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

Indicate missing natural teeth by X, crowns by O, fillings by \square , bridges by \square , linking anchor teeth, replacements by artificial teeth X

Characteristics: _____

Other Data: _____

Emergency Address: _____
 City: _____
 State: _____
 Zip: _____

Signature of Burial Agent: _____
 Date: _____

3 June 1945
Date

Link
Serial No.

GM in chest
Chest Description

VI
Chest Description

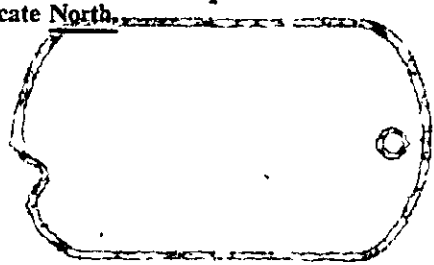
GI
Chest Description

Right Hand

2

1

Thumb
Chest No.
Chest No.



AG P BR M 505 122560
 Date: _____
 Signature: _____

RESTRICTED
REPORT OF BURIAL

4 - 3 June 45
Date

TM 10-330 AND AR 30-1815

Kru, Maurice MMT T/5 36691896
Last Name First Initial Rank Serial No.
431 Engineer Co
Unit Organization

238 Gen Hosp. Arlone, France 1 June 45 GSW in chest
Place of Death Date of Death Cause of Death
0900 3 June 45 US Mil Cem Hamm, Ind. WP 8713
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
145 6 X 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?

Paybook
Trip ticket

EMT signed by Cap't R M. Fabel, MC

What means of identification were buried with the body?

Embossed plate

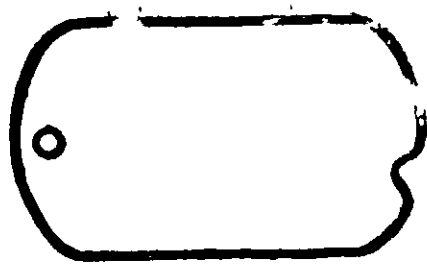
Checked that all info was correct

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

Who is buried on:	<u>Wood</u>	<u>38584575</u>	<u>Unk</u>	<u>Hq. 110 Inf.</u>	<u>144</u>
Deceased's Right:	Name	Serial No	Rank	Organization	Grave No.
Deceased's Left:	<u>Ronemus</u>	<u>0-2016060</u>	<u>2nd Lt</u>	<u>24 Reg. 3 A</u>	<u>146</u>
	Name	Serial No	Rank	Organization	Grave No.

Body brought in by Mathews, Leroy, 238 Gen Hosp.

Signature of 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 Sarah Raft Kru - Mother
Name
4728 North Whipple Street, Chicago, Ill.
Address

Religion Unknown

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

- 1 chain w/4 crucifixes
- 3 rings
- 2 bottles perfume
- 1 clasp
- 2 wristwatches
- 1 wallet
- 300 Belgian francs
- 6 photos
- 1 paybook.

...E. turned over to Effects
Hq 62nd Base Depot.

Signature of Officer or other person reporting burial
Gilbert M. Ziemer Jr.

Verified by G.R.S. Officer
GILBERT M. ZIEMER JR. 1st Lt
3045th Hq Gr Reg Co

SEP 21 1945

87

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.:

Thumb				
1				
2				
3				
4				

Left Hand

Thumb				
1				
2				
3				
4				

Right Hand

TOOTH CHART

		Deceased's Left							

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

3 June 45 152
Date

Mrs Maurice MFI T/5 36691876
Last Name First Initial Rank Serial No.

431 Engineer Co

238 Cen Hosp. France 1 June 45 GSW in chest
Unit Place of Death Date of Death Cause of Death

0900 3 June 45 US Mil Cem - France, Lux. VP 0713
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

145 6 X GROSS
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?

Paybook
Trip ticket
MFI signed by Cap't R N Kabel, I.C.

What means of identification were buried with the body?

Embossed plate

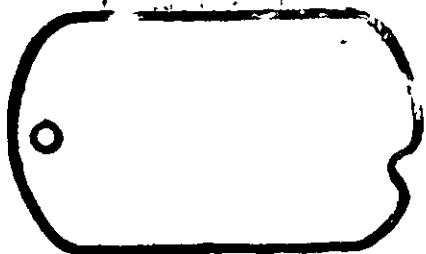
To determine Right or Left use Deceased's Right and Left.

Who is buried on:
Deceased's Right: Wood 38584575 Unk Hq. 110 Inf. 144
Name Serial No Rank Organization Grave No.

Deceased's Left: Nonemus 0-2016060 2nd Lt 24 Reg. 3 A 116
Name Serial No Rank Organization Grave No.

Body brought in by Mathews, Leroy, 238 Cen Hosp.

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 Sarah Left Mrs - Mother
Name
4728 North Whipple Street, Chicago, Ill.
Address

Religion Unknown

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

1 chain w/4 crucifixes 3 rings 2 bottles perfume 1 glass
2 wristwatches 1 wallet 300 Belgian francs 6 photos
1 paybook.

I.E. turned over to Effects
Rm 62nd Base Depot.

Signature of Officer or other person reporting burial

Edward J. Schmidt

Verified by G.R.S. Officer

GILBERT F. MONTGOMERY Jr. 1st Lt ITC
3045th M Cr Reg Co

RESTRICTED

FILE
DEC 17 1945

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.

Thumb					
1					
2					
3					
4					

Left Hand

Thumb					
1					
2					
3					
4					

Right Hand

TOOTH CHART

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

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

Characteristics: _____

Other Data: _____

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