

293--UNKNOWN X-3314 BELGIUM (NEUVILLE-en-CONDROZ) 47 fr

BHR

1

USMC Neuville Condroz
 Plot: A Row: 40 Gr: 37
 Date of Burial: 18 Apr 50
 Verified by GRS Officer
 M.R. Swart, Capt QMC

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER: 1260 00312
 DATE: 15 08 48
 DAY MONTH YEAR

NAME: UNKNOWNX-003314
 SERIAL NUMBER: UNKNOWNX-003314
 GRADE: UNK
 ARM: 0
 RACE: 0
 RELIGION: 6

CEMETERY: NEUVILLE BELGIUM
 PLOT: F ROW: 10 GRAVE: 228
 DISPOSITION OF REMAINS: 1202 80
 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN
 NAME AND ADDRESS OF CONSIGNEE: NEUVILLE-EN-CONDROZ, BELGIUM
 NAME AND ADDRESS OF NEXT OF KIN: ~~(BY ADMINISTRATIVE DECISION)~~
 These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-19 Dec 49)

SECTION C - DISINTERMENT AND IDENTIFICATION
 NAME: UNKNOWN
 SERIAL NUMBER: X-003314
 GRADE: UNK
 DATE OF DEATH: 9 NOV. 1948
 DATE DISTINTERRED: 9 NOV. 1948
 IDENTIFICATION TAG ON: REMAINS MARKER GRS
 ORGANIZATION: UNKNOWN
 RELIGION: UNK
 IDENTIFICATION VERIFIED BY: ALBERT S KIMBERLIN
 1/LT INF. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
 NATURE OF BURIAL: BURIAL BOX
 CONDITION OF REMAINS: REMAINS CONSIST OF THESE UNFRACTURED AND COMPLETE BONES: L HUMERUS, R/L SCAPULA, R/L CLAVICLE AND 21 VERTEBRAE. OTHER 5 VERTEBRAE ARE MISSING OR FRACTURED. MISSING: R HUMERUS, L/R RADIUS, L/R ULNA, PELVIC GIRDLE R/L FEMUR R/L TIBIA, L/R FIBULA, BOTH FEET. FRACTURED: SKULL, MANDIBLE, MAXILLA.

MINOR DISCREPANCIES (Prepare Discrepancy Report @MC Form 1194a for major discrepancies.)
 NONE

REMAINS PREPARED AND PLACED IN: ~~CASKET~~ TRANSFER BOX
 DATE: 18 JANUARY 1949 BY: FLOYD C TESKE, EMBALMER

CASKET SEALED BY: HOUSTON R WOMACK
 EMBALMER (Signature): HOUSTON R WOMACK, EMBALMER

CASKET BOXED AND MARKED: ROBERT D MC CLELLAN
 SHIPPING ADDRESS VERIFIED BY: ALL MARKINGS, TAGS, AND PLATES VERIFIED BY
 DATE: 24/1/49 BY: CLERK RECORDER ROGER 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
 ALBERT S KIMBERLIN, 1/LT INF.
 SIGNATURE OF AGRS INSPECTOR

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

Raymond S. Johnson, 1st Lt, Inf

mel 67

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

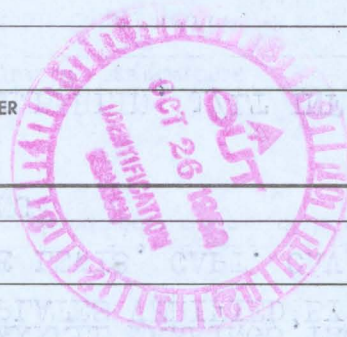
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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



NEW DIA
 WVE
 FILE
 RECORDS EMPLOYED
 SITE
 KVL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

6 December 1949

(Date)

293 unk. Belgium (Neuville) X-3314

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 3314, Plot F, Row 10, Grave 228, USMC Neuville-en-Condroz, Belgium, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 3345, dated 29-12-48.

3. Remarks:

(See attached Case History)

4582 12 Dec 49
Received
Not identifiable from
information presently
available
LPR
22 Dec 49
OQMG

Case reviewed by undersigned Members of the Board of Review:-

[Signature]
Col. H. P. HENRY, O-12589 QMC Lt. Col. E. D. MULVANY, O-359598 QMC

Maj. Charles REYNOLDS, O-182639 TC Maj. Gerald SWARTHOUT, Sr., O-267451 CE

[Signature]
Capt. Edward F. PRICE, Jr., O-1588236 QMC 1st Lt. Frederick S. DAVID, O-1826041 CAV

CWO Frank GLEER, W-2102925 USA Capt. Jack C. HAYES, O-1577297 QMC

[Signature]
CWO Leodore GOUDREAU, W-2113434, USA

Incl #6

U N I D E N T I F I A B L E

The remains of Unknown X-3314 (Neuville) were recovered from GROESBECK, Holland.

An estimated date of death, 20 September 1944, was established and noted on the burial report of this Unknown. A survey of all casualties reported KIA in this area, during this period, has been made with negative results. A further check of all casualties in the Holland Map Sheet has failed to make an association.

Tooth charts and OQMG Forms 371 check negatively casualties in the Holland Map Sheet. Therefore, this Unknown is being submitted as UNIDENTIFIABLE because of lack of conclusive evidence.

This Unknown was recovered as BTB George WALKER., 34876858. However, a check of locator cards reveal WALKER as a non-casualty.

J. Lacortiglia

Yan

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 200.2

Date 29 DEC 1948

SUBJECT: Reprocessing of Remains

TO: The Quartermaster General
2nd & T Sts. S.W.
Washington 25, D.C.


The remains of X-3314
interred in Plot F, Row 10, Grave 228, USMC Neuville
Belgium, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.

HEIGHT : Est. 5' 9 $\frac{1}{4}$ "
TEETH : Found with the remains
AGE : Est. 25 to 30 years

No clothing.

No evidence of healed fractures or amputations.

FOR THE COMMANDING GENERAL :


GEORGE L. FREEMAN
1st Lt GMC
Actg Asst Adj Gen

2 Incls. :
1. Dental Chart
2. Skeletal Chart

Incl #16

TOOTH CHART

USMC Neuville
F - 10 - 228

3 December, 1948

Date

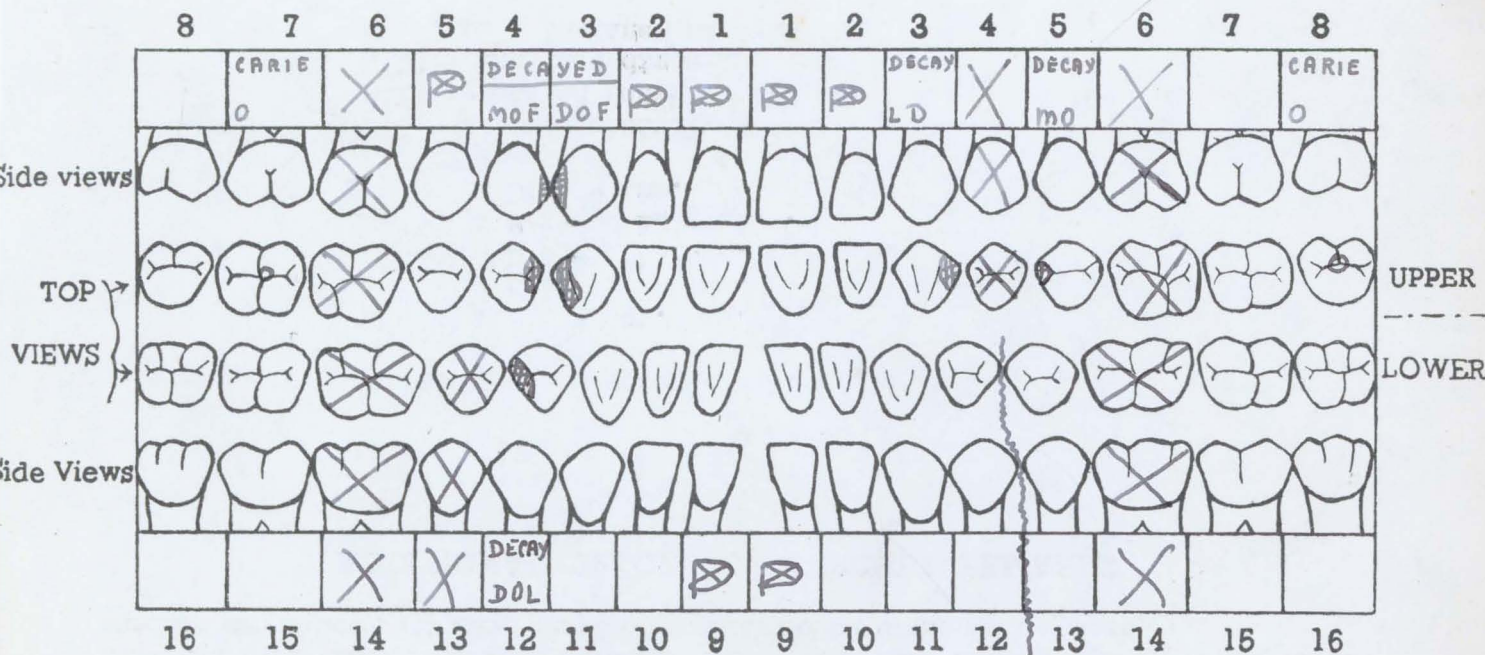
X-3314

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death Date of Death Cause of Death

Right

Left



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

CERTIFIED TRUE COPY :

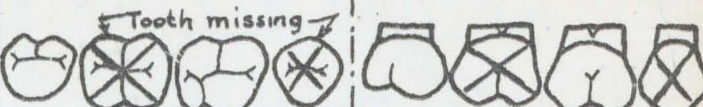
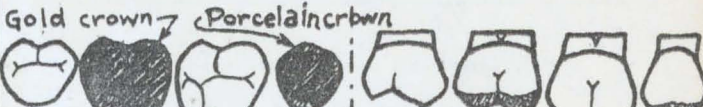
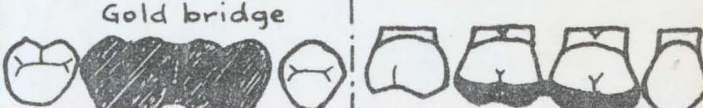
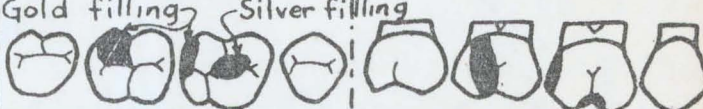
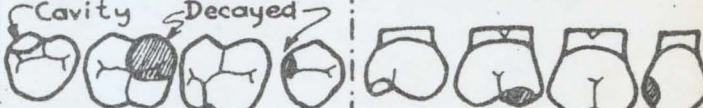
George L. Freeman
GEORGE L. FREEMAN
1st Lt OMC

/s/ Harold D. Wheeler

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

S.R.

<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>	

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

ADDITIONAL SPACE FOR FURTHER REMARKS

SIZE : Average
 COLOR : Ivory

Posthumously missing ; R 1, 2, 5, 9; L 1, 2, 9

SPACES : R 6 - est. 7mm.
 L 4 - 7mm.
 L 6 - 6mm.
 R 15 to 13 - 11mm.
 L 14 - 4mm.

R 7 - Rotated mesially 30°
 R 15 - Rotated mesially 15°
 L 13 - Inclined distally
 L 15, 16 - Inclined mesially

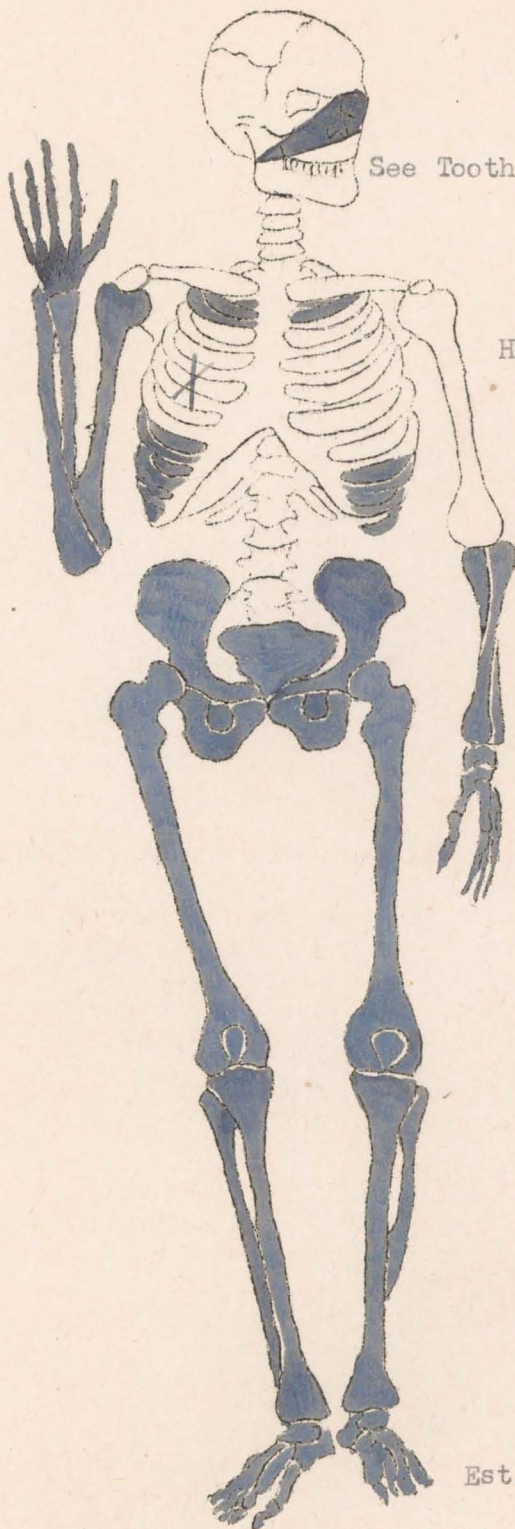
Calculus - heavy
 Class 1 teeth
 No fillings in teeth present.

SKULLETAL CHART

3 December, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Unknown X-3314
USMC Neuville
F - 10 - 228



See Tooth Chart

HUMERUS 34.5cm.

Est. Height : 5' 9 $\frac{1}{4}$ "

6

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1250 00312	DATE 15 08 48 DAY MONTH YEAR		
NAME	SERIAL NUMBER UNKNOWNX-003314	GRADE	ARM 0	RACE 0	RELIGION 6
CEMETERY NEUVILLE BELGIUM	PLOT 7	ROW 10	GRAVE 228	DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

NOTE: REPORT DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RRE Form #43
20 Sep 48

293 Unknown - Neuville x-3314

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

UNIDENTIFIABLE X - 3314

(TEMP.: NEUVILLE)

(Last Name)

(First Name)

(Initial)

(Rank)

(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery USMC NEUVILLE - en - Condroz, Belgium

Incl #

STATION FILE

Unreported Case

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

4 April 46
Date

NAME UNK.-X- 3314, Neuville en Condroz RANK Unk. ASN Unk.

ORGANIZATION Unk.

MEANS OF IDENTIFICATION Unidentified.

(All statements above this line will be completed, upon final processing by the clerical staff at the unit processing point)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identify acquired for the deceased through the surface investigation? no If so, state the following information:

a. NAME Not Appt. RANK Not Appt. ASN Not Appt.

b. ORGANIZATION Not Appt.

2. Was partial identification established? Yes If so, state the facts as to whom you believe the deceased to be:

a. NAME WALKER, GEORGE RANK unk. ASN 34876858 NC

b. ORGANIZATION Unk.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY no.

(Use reverse side for listing of crew members from MACE)

a. Date of above burials Not Appt. Common graves? Not Appt.

5. Name and Type of Cemetery _____
(Military or civilian)
6. Map Coordinates of the Cemetery _____
a. Town _____ Country _____
7. Give exact location in cemetery of the remains. ~~NOT APPLICABLE~~
a. Section _____ Row _____ Grave _____
b. Is Sketch attached? _____
8. If remains are not located in a cemetery, give exact location.
a. Town GROESBEEK, HOLLAND Coordinates 7.9-5.5 sheet 2A NW Europe 1:250 000
b. Is sketch attached? Yes
c. Is area mined? no
9. How is the grave marked? Cross
10. If grave is marked with cross, give exact marking thereon _____
No Markings
a. From what source was this information obtained? Not ppt.
(Identification tags, personal effects)
b. By whom Not ppt.
11. Where are the cemetery records? no Records
(Town Hall, cemetery, burgomaster's office)
a. What information was contained thereon? Not Apt.
b. Where was the information obtained? NotAppt.
c. By whom? NotAppt.
12. What is the date of death? est. 20 Sept. 44
a. Give basis Fighting in the Area at time.
13. What is the cause of death? KIA Gun shot wound.
a. Give basis Medics reports
14. What is the date of burial? 2 Febr. 46

- a. Give basis see statement
15. What was the place of death? Groesbeek Holland Coords 7.9-5.5 sheet 2A
N.W. Europe 1:250.000
- a. Give basis Buried in Vicinity
16. Where were the remains found? Groesbeek Holland Coords 7.9-5.5 sheet 2A
N.W. Europe 1:250.000
- a. By whom? M. Heemstra
- b. Is sketch attached? Yes
17. Was a casket used? No Who furnished the casket? _____
Type of casket --- How marked? --
18. Who made the burial Civilian
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? M. Heemstra
- b. Are certificates and statements attached? _____
- SECTION B- AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF)
19. Were remains found in the place wreckage? _____
- a. Give location in plane from which the bodies were removed _____
(Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? _____
20. Scene of crash must be investigated, Give complete results of investigation (if removed, state when and by whom)
- a. Type of Plane _____
- b. Markings and/or name on plane _____
- c. Give numbers on motors, machine guns, instruments, radios or other equipment _____
21. How did crash occur? _____ Anti-aircraft _____
Enemy Planes? _____ Collision? _____

- 32. Did plane explode in the air? _____ On ground? _____
- 33. Did plane burn in the air? _____ On ground? _____
- 34. What was the direction of the flight? _____
- 35. What was the civilian opinion regarding destination of plane? _____
- 36. Had bombs been released prior to the crash? _____
- 37. Does specific time and date of crash correspond with date of death of above named deceased? _____
- 38. Number of planes in formation prior to crash _____
- 39. State precise time and date of plane crash _____
(Night? Day?)
- 40. Were parachutists seen? _____ How Many? _____ Escaped? _____
Prisoners? _____

SECTION C-ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

- 1. Were remains found in wreckage of a tank? _____
 - a. Give specific position in tank from which deceased was removed.

(Radio man, driver, assistant driver or... front, side, or back)
 - b. Near wreckage? _____
- 2. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
 - a. Type of tank _____
 - b. Marking and/or name of tank _____
 - c. Numbers on motors, machine guns, ammunition, instruments, etc

- 3. What was the type of enemy action that resulted in the tanks disablement? _____
- 4. Did tank explode? _____ Burn? _____

35. Numbers of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date death of above named deceased? _____

37. Precise time and date of destruction of tank _____ (Night?) (Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if P & C are not applicable)

39. Did death occur from any other means? (I.E., truck, jeep, mines, drowning or small arms fire) small arms fire

If so, give complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possess knowledge of the case attached? Yes

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

see statements

SECTION E- GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? No

If not, state reason None found

a. Were identification tags found at the time of death? Unk

Where? _____ By whom? _____

Present disposition 3 _____

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? Unk

Where? _____ By whom? _____

Present disposition? _____

- c. Was deceased identified by living members of the crew at the time of death? Unk
- d. Did Cemetery Register or cross indicate the immunization shot? ---
12. Was deceased given first aid? No If so, where? ---
By whom? --- Are statements from the medical people attached?

13. Was deceased evacuated to a German civilian hospital? No
Where? --- Names of people concerned ---

Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
15. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? badly decomposed
(Burnt? Decapitated? etc)
16. Do facts surrounding death show any evidence that it might be an atrocity case? No
a. If so, give basis for positive assumption ---

b. If so, has higher headquarters been notified? ---
17. Was case previously investigated? No
By whom? ---
When? ---
18. Give full names, addresses, and information obtained from each person interviewed? M. Heemstra, 14 Spaarlaan Barak 4 Groesbeek Holland

19. Are all positive statements regarding identification and particulars surrounding death attached? Yes

50. Has any information been given concerning isolation burials in the area outside the immediate vicinity? No

51. Was investigation preceded by advanced publicity? Yes
(If special investigation, give case number) ---

52. Give brief Narrative Farmer found remains of an American soldier with Identification tag, he buried the remains and kept the identification tag.
(Use attached sheets, if necessary)



Signature of Interpreter

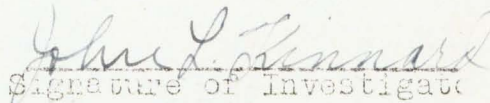
Civilian

Rank

ASN

15 Loolann Apeldoorn Holland

Organization



Signature of Investigator

Pfc

45018536

Rank

ASN

2nd Plat 3059 OM ^Gr. Reg. Co. APO 228
Organization. US Army.

Graesbeek. 1. April. 1946.

M.!

De Ondergeleerde H. Niemstra wonende Spaarlaan. 14.
Barak 4. Graesbeek. verklaard hiermede dat hij de
eerste week in Febr. 1946 het lijk heeft gevonden
in t lagenwand onder Graesbeek
Daar hij wegens zijn plichtsverwael hem heeft be
graven en het Erkenningsplaatje heeft afgegeven aan
Schynheer W. Derksen Gemeente. ctm terdaal van Graesbeek.

De Onvraagkend
H. Niemstra
Spaarlaan. 14. Barak 4.
Graesbeek.

Groesbeek 1 April 1946

Sir,

Undersigned, Mr. Heemstra, living at 14 Spoorlaan Barak 4, Groesbeek, declares herewith, that he found a body in the first week of February 1946 in "T Lagenwand", community of Groesbeek.

He felt it his duty to bury the body and he handed the identification tag over to Mr. W. Derksen, town official of Groesbeek.

Yours faithfully,

M. Heemstra, Spoorlaan 14 Barak 4
Groesbeek.

"I W.B. Roeloffzen being first duly sworn state the foregoing is a true and correct translation of the statement of Heemstra, given at Groesbeek location Spoorlaan 14 Barak 4 to the best of my ability. Spoorlaan 14 Barak 4 include number, street and city

W.B. Roeloffzen
Translator's signature.

W.B. Roeloffzen
Translator's name typed.

15 Loolaan, Apeldoorn Holland
Translator's complete address

Subscribed and sworn to before me this first day of April 1946, at Nijmegen Town
Holland county

John J. Zurick
Officer's signature.

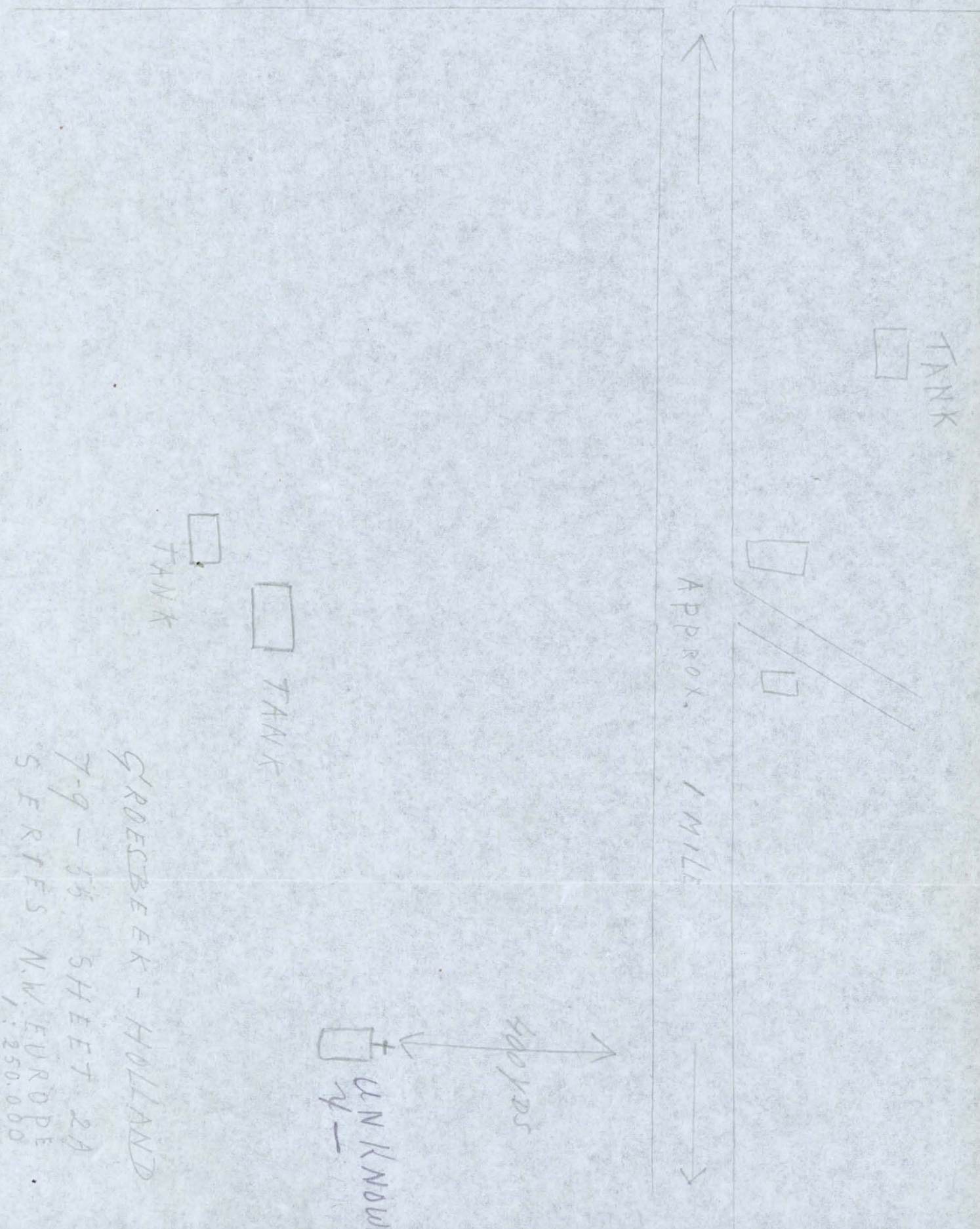
John J. Zurick
Officer's name typed.

2nd Plat 3059 QM Gr. Reg. Co.
Organization. APO 228 US Army.

Handwritten signature or initials in the top right corner.

← TO GROESBEEK TO WYLER (SER) →

WYLER BAAN



GROESBEEK - HOLLAND
7-9 - 54 SHEET 2A
SERIES N.W. EDROPE
250.000

400 yds
UNKNOWN

APPROX. 1 MILE

TANK

TANK

TANK

TANK

FORM NO. 11
 Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X - 3314
 Cemetery Neuville en Condroz
 Plot F Row 10 Grave 228

1. Arrived at cemetery 1400 17 April 1946
 (Hour) (Date)
2. Place of death Groesbeek, Holland, NW Europe, 1:250,000, 7.9-5.5 Sheet 2A
 (Name of closest town) (Coordinates and letter Prefex, maps)

Sheet, scale and serials used

3. Remains recovered or disinterred by 3059 QM GR. REG. CO.
 (Name and organization)
4. Evacuated to Cemetery by 551 QM Group
 (Name and organization)

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

Item	Markings	Sizes	Color	Indicate unusual marks, wear, tear, repair,
*Headgear	(type)			
Raincoat				
Overcoat				
Jacket, Field				
Maskinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool, OD				
Undershirt, Wool				
Trousers HBT				
*Trousers, Wool CD				

No Clothing

Belt, web

Drawers, Wool

Drawers, Cotton

Leggings, Wool (note unusual lacing)

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.

6. Chevrons or
Insignia

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

Shoulder Patch

7. Does clothing indicate that deceased was a member of the Air,
Ground or Naval Forces

8. Description of Remains:

Age _____ Height _____ Weight _____ Description of Wounds _____

Bandages or dressings _____ Scars _____
(Length, width, location)

Tattoos
(Number, location-illus. on sep. page)

Outstanding moles, warts or birthmarks
(yes-no; description; location)

Sunburn or tan, other than hands and face

Complexion
(light, med. dark, clear, plump, pocks, freckles)

Build
(large, fat, thin, muscular)

Hair
(color, length, quantity, curly, wavy, straight, whorls or definite parting).

Hair _____
(baldness, widow's peak, distinctive curling or other charact.)

Sideburns _____ Mustache _____
(color, setting, shape) (color, size, shape)

Beard or Goatee _____
light, color, extent, length, heavy

Eyes _____ Eyebrows _____
(color, setting, shape) (color, bushiness, extent acr. nose)

Nose _____ Ears _____
(size, shape, straight) (size, set close to or far from head)

Mouth _____ Lips _____
(large, medium, small) small, large, full

Teeth _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extr.)

Chin _____
(prominent, receding, pointed, dimple, double)

Jaw _____ Circumference of head in inches _____
(large, small, normal) (hat band)

Neck _____ Larynx _____
(size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders _____ Arms _____
(broad, straight, small, rounded) (length, muscular, color)

_____ (extent and quantity of hair)

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers

_____ or joints) (Unusual characteristics of fingernails)

Chest _____
(size of nipples, color, quantity & extent of hair, large, small, normal.)

Back _____ Waist _____
(quantity & extent of hair) (size of navel, appendectomy, amount

_____ Circumcision _____ Pubic hair _____
quantity & color of hair) yes-no color)

Hernioplasty _____
(yes-no; location)

Legs _____
(insert, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet _____ Toes _____
(Size, corns, Callouses, Flat) (slender, straight, crooked, overlap)

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

9. Black out parts of body not received at cemetery:



10. Have fingerprints been placed on Report of Interment _____
Yes-no

If not, explain _____

11. Has tooth chart been prepared Yes If not, explain _____
Yes-no

12. Remarks: Remains consist only of broken and disconnected bones. No
flesh on any of these bones. Impossible to obtain any measurements or
estimations.

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.

Millard R. Jones
MILLARD R. JONES

Officers Name

1st Lt., OMC, (FA)

Rank

Service

Second Field Command

Organization

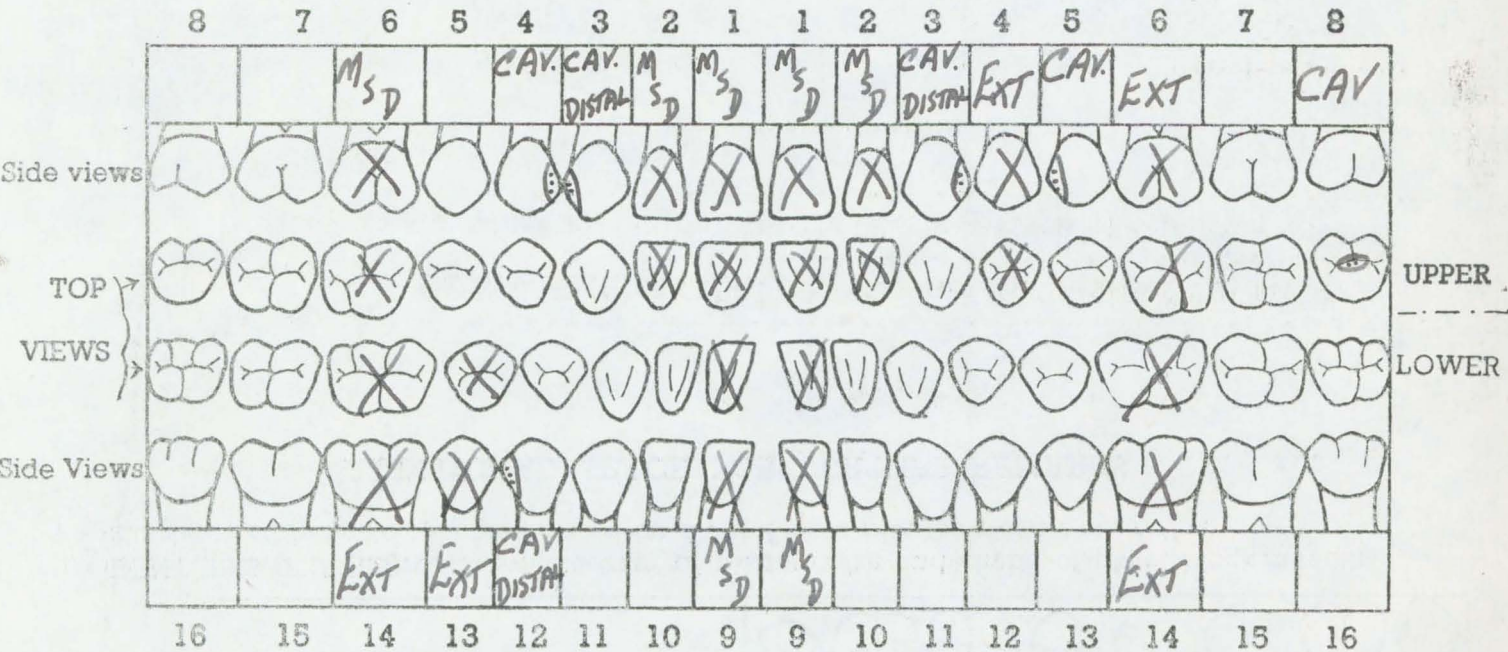
G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, ETOUSA

TOOTH CHART

3314 3 May 1946
 UNKNOWN X- Neuville en Condroz Unk Unk
Last Name First Initial Rank Serial No.
 Unk Unk
Unit Organization
Groesbeek, Holland Est 20 Sept 1944 KIA Gun Shot Wound
Place of Death Date of Death Cause of Death

Right

Left



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

Jaw Broken Between L 12 and L 13

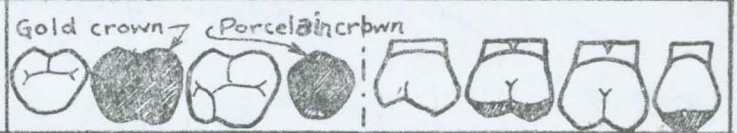
Michael Jones
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer
MILLARD R. JONES
 1st Lt CMC(FA)
 Cemetery Representative

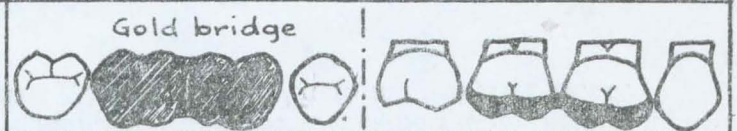
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



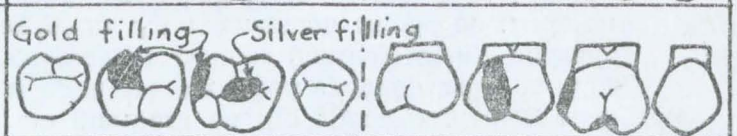
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



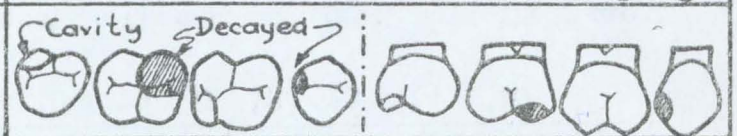
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Att Hq. Ltr. 2/24/47

293 Unk - Belgium X-3314 (Neuville)

(Basic ltr, Hq, QMGMR 293, dtd 24 Feb 47, sub: Iden of Unk Dec)

RRE 421 (Neuville-en-Condroz, F-10-228) 1st Ind

Hq, American Graves Registration Command, European Theater Area, APO 58, US Army, 22 April 1947.

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

Basic communication complied with.

FOR THE COMMANDING OFFICER:

Robert A. Salvador
ROBERT A. SALVADOR
Captain Inf
Actg Asst Adj Gen

1 Incl:
Identification tag

293 unknown Belgium

X-3314

Neuville en Condroz

RECORDS BRANCH
QMA HULLAPADCSM
HCHARRB 2690359
SP. HQ EP 4 DE RM
MOZIVIO JABONIN

05
10/21/47
10/21/47



WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMR 293

Unknown X-3314
(Neuville-en-Condroz) Belgium

24 February 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Reference is made to Report of Interment for Unknown X-3314, Neuville-en-Condroz, Belgium, Plot F, Row 10, Grave 228.

2. On the reverse side of this report is stated, "One Identification tag was found in the remains by a farmer", and "Identification tag attached"; however, subject tag was not received in this office.

3. It is requested that the tag or the name of the soldier printed on the tag be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

James C. MacFarland
JAMES C. MacFARLAND
Major, QMC
Assistant

OK

(Basic ltr, Hq, QMGM 293, dtd 24 Feb 47, sub: Iden of Unk Dec)

RRE 421 (Neuville-en-Condroz, F-10-228) 1st Ind

Hq, American Graves Registration Command, European Theater Area, APO 58, US Army, 22 April 1947.

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

Basic communication complied with.

FOR THE COMMANDING OFFICER:

1 Incl:
Identification tag

ROBERT A. SALVADOR
Captain Inf
Actg Asst Adj Gen

293 unknown Belgium X-33314 Neuville en Condroz

RECEIVED
30 APR 1947
D. C. W.
M. & R. S.

RECEIVED
MAR 3 1950
OFFICE OF THE
ADJUTANT GENERAL

X-33314 No

MAN
FILE

8 MAR 1950

L. Laurinaki

Identification Branch

QMGR 293
Unknown X-5314
(Neuville-en-Condroz) Belgium

24 February 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Reference is made to Report of Interment for Unknown X-3314, Neuville-en-Condroz, Belgium, Plot F, Row 10, Grave 228.
2. On the reverse side of this report is stated, "One Identification tag was found in the remains by a farmer", and "Identification tag attached"; however, subject tag was not received in this office.
3. It is requested that the tag or the name of the soldier printed on the tag be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

The
Report of Bureau
says "ID tag"
is attached

Did we receive

it
Please write to
Field and tell them
ID tag referred to was
not forwarded w/ BR
where is it

Jan

no

WAR DEPARTMENT
MEMO ROUTING SLIP

1	NAME OR TITLE	INITIALS	CIRCULATE
	ORGANIZATION AND LOCATION	DATE	CONCURRENCE
2			FILE
			INFORMATION
3			NECESSARY ACTION
			NOTE AND RETURN
4			SEE ME
			SIGNATURE
REMARKS			
FROM NAME OR TITLE		DATE	
ORGANIZATION AND LOCATION		TELEPHONE	

QMGMR 293
Unknown X-3314
(Neuville-en-Condroz) Belgium

24 February 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Reference is made to Report of Interment for Unknown X-3314, Neuville-en-Condroz, Belgium, Plot F, Row 10, Grave 228.
2. On the reverse side of this report is stated, "One identification tag was found in the remains by a farmer", and "Identification tag attached"; however, subject tag was not received in this office.
3. It is requested that the tag or the name of the soldier printed on the tag be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

JH
NJS

EB 24 3 17 PM '47
O.D.M.G.
RECORDS BRANCH



MEMORIAL DIVISION
FEB 24 11 39 PM '47
REGISTRATION AND RECORDS BRANCH

Unreported Case

FORM NO. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X - 3314
Cemetery Neuville en Condroz
Plot F Row 10 Grave 228

1. Arrived at cemetery 1400 17 April 1946
(Hour) (Date)
2. Place of death Groesbeek, Holland, NW Europe, 1:250,000, 7.9-5.5 Sheet 2A
(Name of closest town) (Coordinates and letter Prefex, maps)

Sheet, scale and serials used

3. Remains recovered or disinterred by 3059 QM GR. REG. CO.
(Name and organization)
4. Evacuated to Cemetery by 551 QM Groupe
(Name and organization)

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

Item	Markings	Sizes	Color	Indicate unusual marks, wear, tear, repair,
*Headgear	(type)			
Raincoat				
Overscoat				
Jacket, Field				
Maskinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool, OD				
Undershirt, Wool				
Trousers HBT				
*Trousers, Wool CD				

Non Clothing

Belt, web _____

Drawers, Wool _____

Drawers, Cotton _____

Leggings, Wool _____ (note unusual lacing)

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.

6. Chevrons or Insignia _____

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

Shoulder Patch _____

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces _____

8. Description of Remains:

Age _____ Height _____ Weight _____ Description of Wounds _____

Bandages or dressings _____ Scars _____

(Length, width, location)

Tattoos
(Number, location-illus. on sep. page)

Outstanding moles, warts or birthmarks _____
(yes-no; description; location)

Sunburn or tan, other than hands and face _____

Complexion _____
(light, med. dark, clear, plaques, pocks, freckles)

Build _____
(large, fat, thin, muscular)

Hair _____
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair _____
(baldness, widows peak, distinctive ring or other character.)

Sideburns _____ Mustache _____
(color, setting, shape) (color, size, shape)

Beard or Goatee _____
light, color, extent, length, heavy

Eyes _____ Eyebrows _____
(color, setting, shape) (color, bushiness, extent acr. nose)

Nose _____ Ears _____
(size, shape, straight) (size, set close to or far from head)

Mouth _____ Lips _____
(large, medium, small) small, large, full

Teeth _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extr.)

Chin _____
(prominent, receding, pointed, dimple, double)

Jaw _____ Circumference of head in inches _____
(large, small, normal) (hat band)

Neck _____ Larynx _____
(size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders _____ Arms _____
(broad, straight, small, rounded) (length, muscular, color)

_____ (extent and quantity of hair)

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers

_____ or joints) (Unusual characteristics of fingernails)

Chest _____
(size of nipples, color, quantity & extent of hair, large, small, normal.)

Back _____ Waist _____
(quantity & extent of hair) (size of navel, appendectomy, amount

_____ Circumcision _____ Pubic hair _____
(quantity & color of hair) yes-no color)

Hernioplasty _____
(yes-no, location)

Legs _____
(lissle, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet _____ Toes _____
(Size, corns, Callouses, Flat) (slender, straight, crooked, overlap)

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

9. Black out parts of body not received at cemetery:



10. Have fingerprints been placed on Report of Interment _____
Yes-no

If not, explain _____

11. Has tooth chart been prepared Yes If not, explain _____
Yes-no

12. Remarks: Remains consist only of broken and disconnected bones. No
flesh on any of these bones. Impossible to obtain any measurements or
estimations.

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.

Millard R. Jones
MILLARD R. JONES
Officers Name

1st Lt., OMC, (FA)
Rank Service

Second Field Command
Organization

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

TOOTH CHART

3 May 1946
Date

3314

UNKNOWN X- Neuville en Condroz Unk Unk

Last Name First Initial Rank Serial No.

Unk Unk

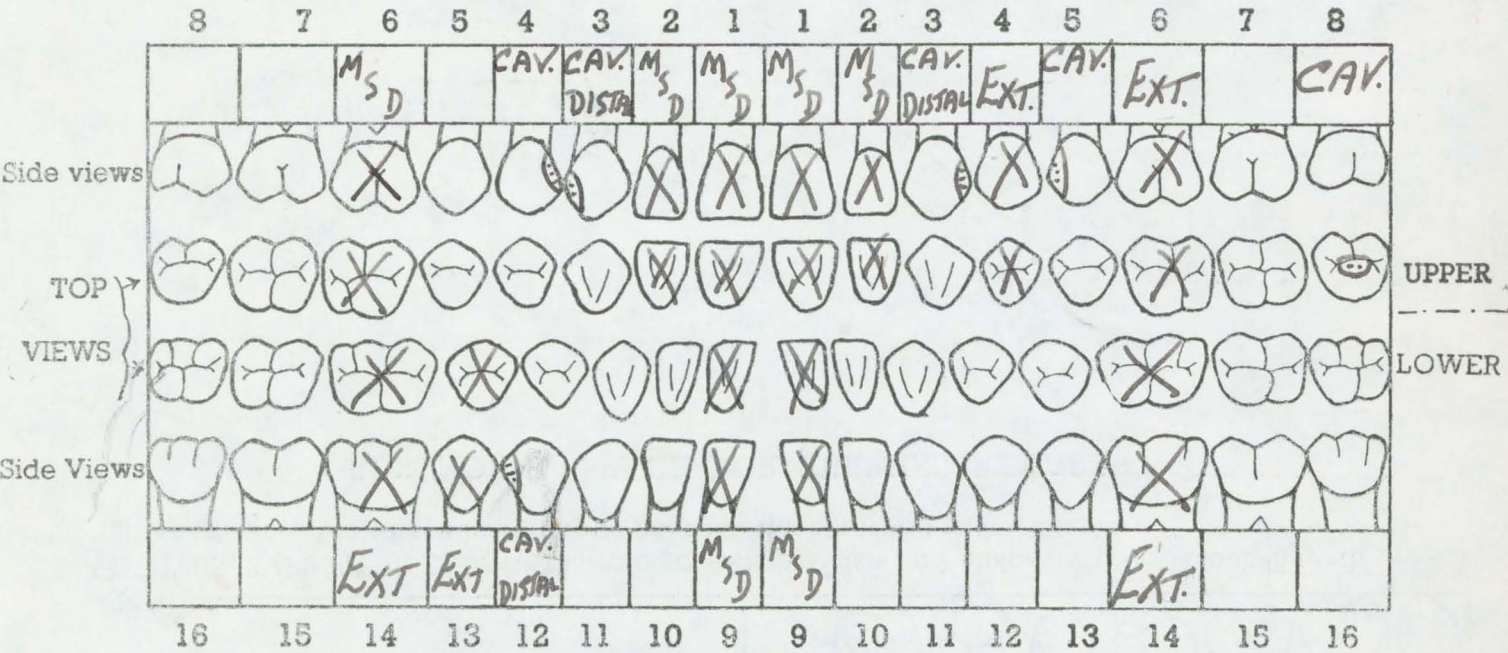
Unit Organization

Groesbeek, Holland Est 20 Sept 1944 KIA Gun Shot Wound

Place of Death Date of Death Cause of Death

Right

Left



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

Jaw Broken Between L 12 and L 13

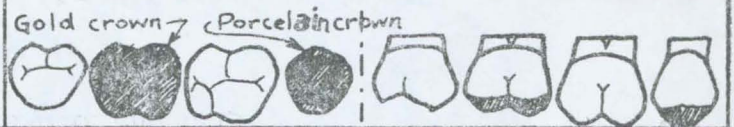
Michael Jones
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. & E. Office
MILLARD R. JONES
1st Lt QMC(FA)
Cemetery Representative

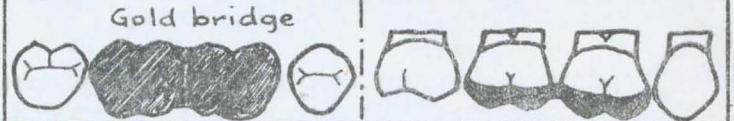
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



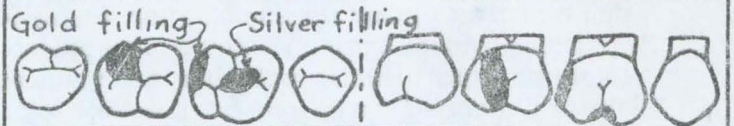
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



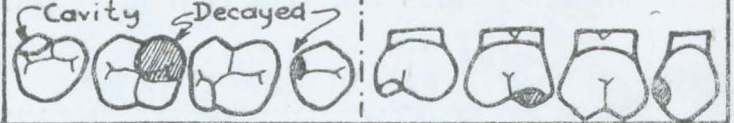
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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 :

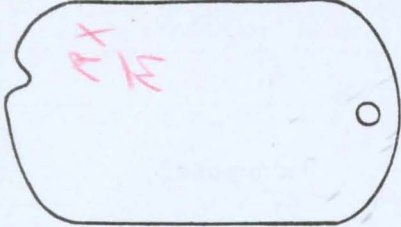


DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

RESTRICTED

Unreported Case

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 4 April 46	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) Unk. - 3314			SERIAL No. Unk.	
		GRADE Unk.	ORGANIZATION Unk.		BRANCH OF SERVICE Unk.	
RACE White		RELIGION Unk.		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH GROESBEEK, HOLLAND		CAUSE OF DEATH KIA Gun shot wound			DATE OF DEATH 20 Sept. 44	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk.						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (two)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. MILITARY CEMETERY, (VK 390187), NEUVILLE EN CONDROZ, BELGIUM						
DATE OF BURIAL 10 May 1946	HOUR 1230	BURIED IN (Shroud, blanket, or name of other) Coffin	TYPE OF GRAVE MARKER Cross	PLOT No. F	ROW No. 10	GRAVE No. 228
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 1:250,000 Grosbeek, Holland, 7.9-5.5 Sheet 2A NW Europe			PLOT No. ---	ROW No. ---	GRAVE No. ---
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Form 1042, Form 11 and Tooth Chart buried in bottle with body.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes Tag made at Cemetery	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes Tag made at Cemetery					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 3313		RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 229	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 3315		RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 227	
SIGNATURE OF PERSON PREPARING REPORT 2nd Lt. QM (INF) 3059 QM GR. REG. CO. Disenterring Off. JOHN J. ZURICK			SIGNATURE OF GRS OFFICER VERIFYING REPORT MILLARD R. JONES 1st Lt. QMC (FA) Reintering Officer			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

RESTRICTED

Section 3.- IDENTIFIED REMAINS.

INSTRUCTIONS:

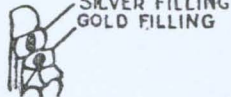
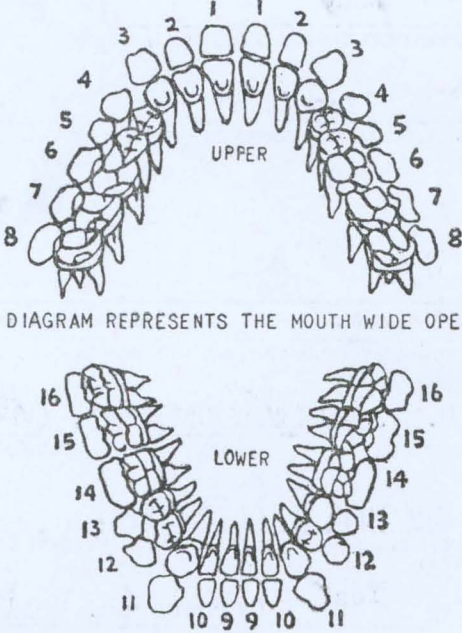




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
unk.	unk.	Decom.	Decom.	Decomposed
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
None		None		

OTHER IDENTIFICATION CLUES

One identification tag was found in the remains by a farmer.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Tooth chart att.
Identification tag att.

RESTRICTED