

1

USMC HAMM, LUXEMBOURG Buried on: Right: B. LAUNIUS; JR.  
PLOT H ROW 5 GRAVE 15 4826389  
Reburied 5 Jan. 1949 **DISINTERMENT DIRECTIVE**  
Left: R.J. VICTOR  
Verified by: *WR Perton* 0-524685  
GRS Officer

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE  
6020 00097 15 08 48  
DAY MONTH YEAR

NAME UNKNOWNX SERIAL NUMBER 000293 GRADE ARM 0 RACE RELIGION 6

CEMETERY HAMM LUXEMBOURG PLOT EE ROW 10 GRAVE 246 DISPOSITION OF REMAINS 6001 80  
CODE DIST CTR

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET  
DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
FILE  
RECORDS MAINTAINED  
DATE APR 12 1949  
NAME  
R & R BR.

*nlr*

# 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 VINI TAXIBOND		TO [illegible]	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER [illegible]	DATE	SIGNATURE OF RECEIVER [illegible]	DATE [illegible]

## 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

**UNKNOWN**

SERIAL NUMBER

**X-000293**

RANK

ARM

**0**

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT ROW GRAVE COUNTRY

**EE 10 246 HAMM LUXEMBOURG**

CAUSE OF DEATH

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME

**UNKNOWN**

SERIAL NUMBER

**X-293**

RANK

**UNK**

DATE OF DEATH

**21 DEC 44**

DATE DISTINTERRED

**4 MAY 1948**

IDENTIFICATION TAG ON

ORGANIZATION

REMAINS **HMB**  
 MARKER **GRS**

RELIGION

**UNK**

IDENTIFICATION VERIFIED BY

**WILLARD B OWEN, CAPT INF**  
NAME AND TITLE

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL

**MATTRESS COVER**

CONDITION OF REMAINS **PELVIC GIRDLE, L/R FEMUR**  
**ARE PRESENT. ALL OTHER BONES ARE**  
**EITHER FRACTURED OR MISSING. DIS-**  
**ARTICULATED.**

OTHER MEANS OF IDENTIFICATION

**EMBOSSSED PLATE FOUND PINNED TO MATTRESS COVER.**

MINOR DISCREPANCIES /

**NONE**

REMAINS PREPARED AND PLACED IN **transfer box**

DATE **6 MAY 1948**

BY

*Willfred D Harris*  
**WILFRED D HARRIS, EMBALMER.**

CASKET SEALED BY

**R. J. MURRAY**  
**W. O. DISINFECTANT**

EMBALMER (Signature)

*R. J. Murray*  
**R. J. MURRAY**

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE **25 JUNE 48** BY **J. C. POTTER**

*R. E. Lewis*  
**ALL TAGS & PLATES VERIFIED BY CAPT R.E. LEWIS**

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**

*Willard B Owen*  
**WILLARD B OWEN, CAPT INF**

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	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

ARE 293

4 March 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-293, Plot EE,  
Row 10, Grave 246, US 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 Transmitted Ltr. No. 2364, dated 18 July 1947.

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-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

Received TL # 3562, 14 March 49 OQMG.  
Not identifiable from  
information presently  
available

*in Martin*

Incl # 14

22 April 49

*293 Hamm, Luxembourg Army (Army) X-293*

## IDENTIFICATION CHECK LIST

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

Unknown X - 293  
 Cemetery Hamm, Luxembourg  
 Plot EE Row 10 Grave 246

- 1 ~~Approved by~~ Date reprocessed: 10 June 1947.  
(Hour) (Date)
- 2 Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
- 3 Remains ~~returned~~ disinterred by Subordinate Identification Point Margraten,  
(Name and organization) Holland.
- 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	<b>none</b> <small>(Type)</small>		
Raincoat	<b>none</b>		
Overcoat	<b>none</b>		
Jacket, Field	<b>none</b>		
Jacket, Combat	<b>none</b>		
Mackinaw		<b>none</b>	
Sweater		<b>none</b>	
Jacket, HBT		<b>none</b>	
* Shirt, Wool OD			<b>none</b>
Undershirt, Wool			<b>none</b>
Undershirt, Cotton			<b>none</b>
Trousers, HBT			<b>none</b>
* Trousers, Wool OD			<b>none</b>

Belt, web. **none**

Drawers, wool **none**

Drawers, cotton **none**

Leggings, wool **none**

Socks, cotton **none**

\* Shoes ... (type) **none**

Overshoes **none**

Web Equipment (type) **none**

(Other item) **none**

(Other item) **none**

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

Chevrons or Insignia **none**  
(Type & location, shirt, jacket, coat, helmet)

Shoulder Patch **none**

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? **No**  
**UTD**

6. Description of Remains

Age **Utd** **Est. 6'4"** Height **Utd** Weight **Utd** Description of wounds **Utd**

Bandages or dressings **Utd** Scars **Utd**  
(Length, width, location)

Tattoos **Utd**  
(Number, location — illustrate on separate page)

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

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

Complexion **Utd**  
(Light, medium, dark, clear, pimples, poeks, freckles)

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

Hair **Utd**  
(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	<b>Utd</b> (Light, color, extent)		
Eyes	<b>Utd</b> (Color, setting, shape)	Eyebrows	<b>Utd</b> (Color, bushiness, extent across nose)
Nose	<b>Utd</b> (Size, shape, straight)	Ears	<b>Utd</b> (Size, set close to or far from head)
Mouth	<b>Utd</b> (Large, medium, small)	Lips	<b>Utd</b> (Small, large, full)
Teeth	<b>No teeth found</b> (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	<b>Utd</b> (Prominent, receding, pointed, dimples, double)		
Jaw	<b>Utd</b> (Large, small, normal)	Circumference of head in inches	<b>Utd</b> (Hat band)
Neck	<b>Utd</b> (Size, length, short, normal, wrinkled)	Larynx	<b>Utd</b> (Prominent, normal)
Shoulders	<b>Utd</b> (Broad, straight, small, rounded)	Arms	<b>Utd</b> (Length, muscular, color, extent and quantity of hair)
Hands	<b>Utd</b>		
Fingers	<b>Utd</b> (Short, thick, long, slender, size of knuckles, missing fingers or joints)		
	<b>Utd</b> (Unusual characteristics of fingernails)		
Chest	<b>Utd</b> (Size of nipples, color, quantity and extent of hair, large, small, normal)		
Waist	<b>Utd</b> (Size of navel, appendectomy, amount, quantity, and color of hair)		
Back	<b>Utd</b> (Quantity and extent of hair)	Circumcision	<b>Utd</b> (Yes-no)
		Pubic Hair	<b>Utd</b> (Color)
Hernioplasty	<b>Utd</b> (Yes-no, location)		
Legs	<b>Utd</b> (Instep, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)		
Feet	<b>Utd</b> (Size, corns, callouses, flat)	Toes	<b>Utd</b> (Slender, straight, crooked, overlap)
Evidence of healed fractures	<b>Utd</b> (Nose, ribs, 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 No fingers found

8 Has tooth chart been prepared? No (Yes-No) If not, explain No teeth recovered

9 Remarks All flesh decomposed, all joints disarticulated. Bones are very long and large. Bones used to compute height (6'4"):  
Femur 53.3; Fibula 42.1.  
No clothing found.  
Fluoroscopic Examination: Negative.  
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

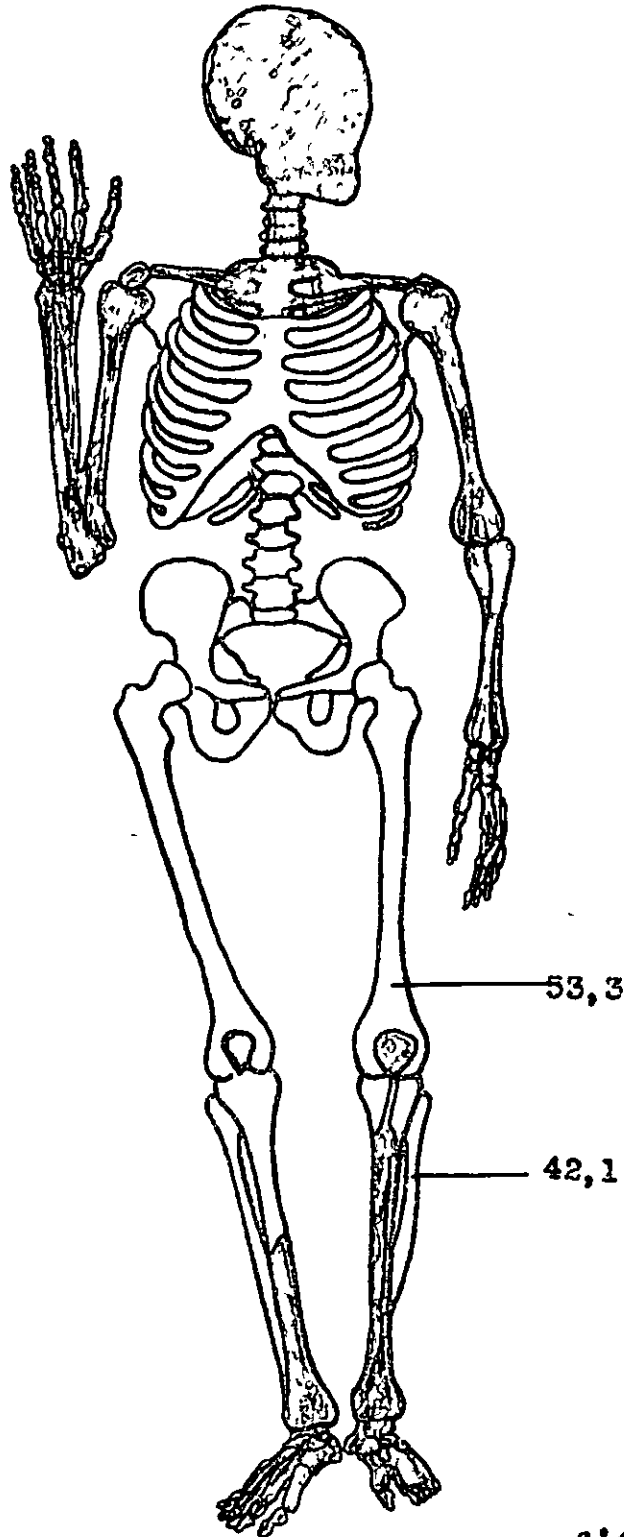
Ernest C. Gaddy  
(Officer's Name)  
ERNEST C. GADDY  
CWO USA  
Rank Service

Central Identification Point  
(Organization)

Unknown X-293  
Cemetery H. A., Luxembourg,  
Plot EE, Row 10, Grave 246

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

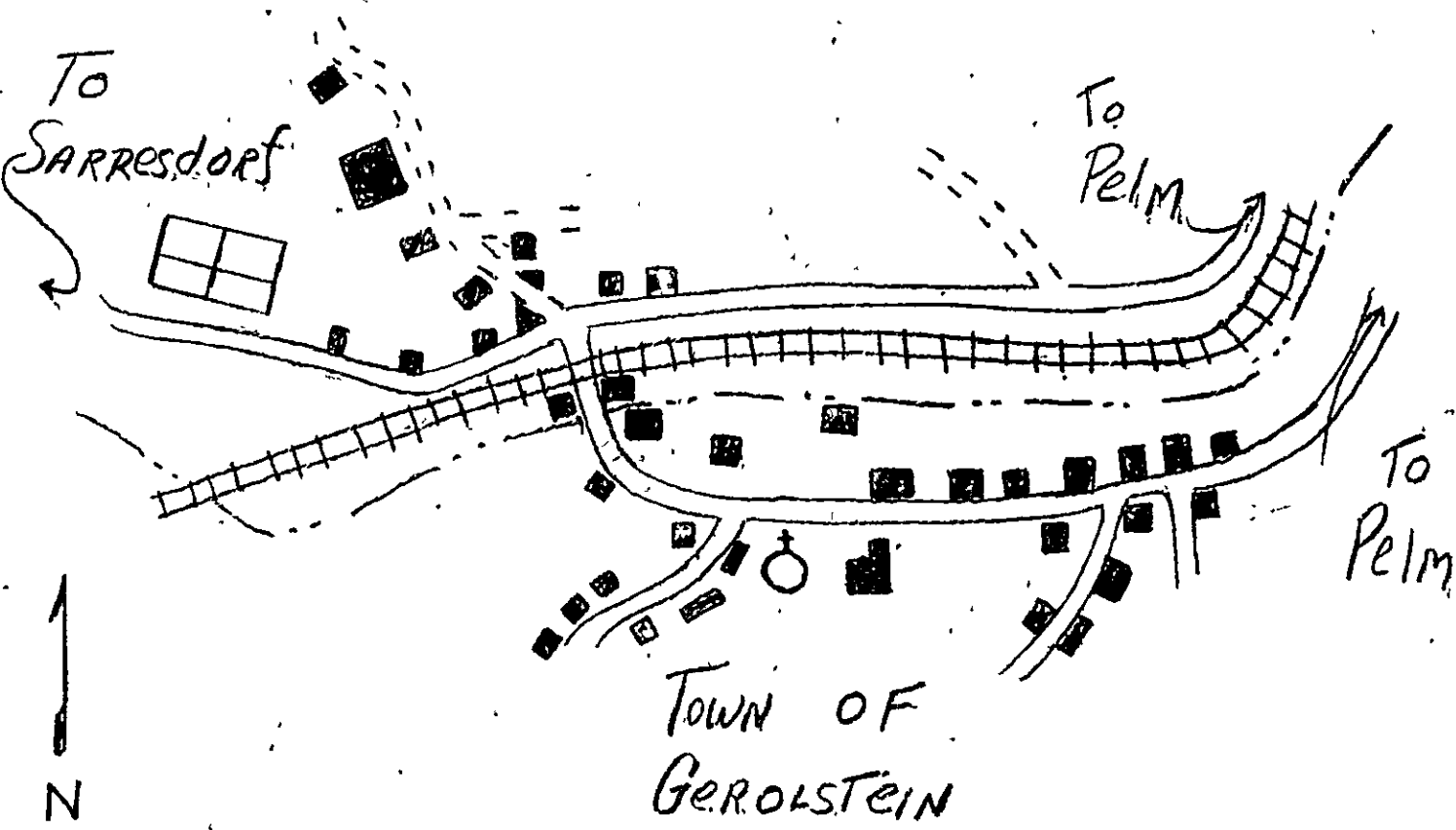


6'4"

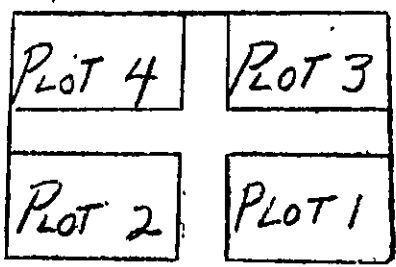
SKETCH SHOWING GRAVES OF X-294, X-295, X-292, X-293, GEORGE H. HOLLAND  
 EMETT T. LOUCKS, WALTER S. HOPKINS, BAUL O. BARRETT, X-296, MALCOHM G. BROOKS.

Map : Germany 1/250,000  
 Sheet: Koln K-51  
 Coord: wL-2381  
 Location: Gerolstein Germany  
 Sketch by Pfc. Friswold  
 6890 GR. QM. Co.  
 Date : 25, Feb. 1946  
 Not to scale

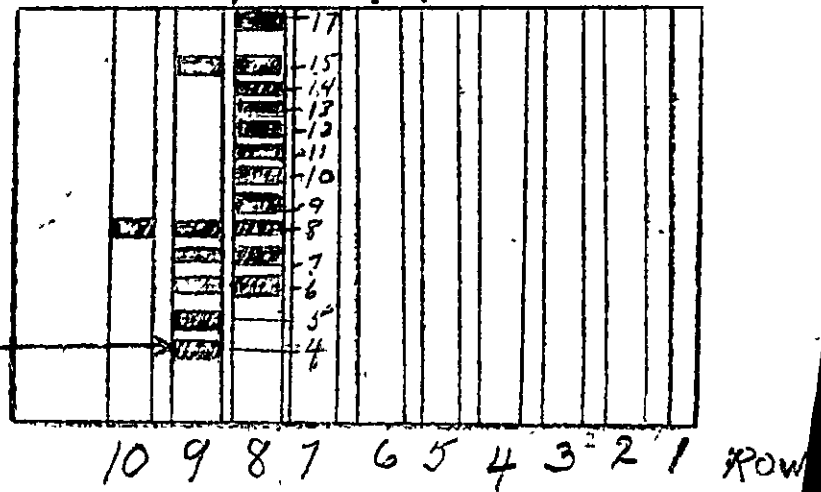
X-294 - Proavnic, Albert L.  
 295A - Ruffon, W<sup>th</sup>  
 292 - Procaccini, Frank J.



GEROLSTEIN CEMETERY  
 PLOT 4



GRAVE OF  
 X-293



# 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  
(if Special Investigation, so indicate)

**Hamm, Lux**

- 2 UNKNOWN-X-293      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  
Unknown-X-293 and Unknown-X-294 were buried in the same grave.  
Town Hall Records state that, "Rob Kollings and Jos. Jecky"  
were the ones we disinterred. (See reverse No.14.)

4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used, also name of nearest town Gerolstein, Ger. (WL-2381)  
Map Ref. Ger. 1/250,000 Köln-K-51

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)  
Gerolstein Cemetery Plot 4, row 9, grave 4.
- 6 Approximate or established date of death (state which and give basis for date selected)  
21 Dec.1944. Town Hall Records.

7. Approximate or established date of burial (give basis for date established)  
22 Dec.1944. Town Hall Records

- 8 Manner in which grave was marked, show information contained on the marker  
( None )

9. List personal effects found in possession of civilian and custodial personnel now retaining  
furnishing name and address of individuals concerned

( None )

- 10 Furnish information obtained concerning place, and particulars surrounding death and burial, give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information) The deceased was a prisoner being worked in a wire mill in Gerolstein, Ger. The deceased was wounded when American planes bombed the wire mill the deceased died 21 Dec.1944 in the hospital of Gerolstein. The deceased was buried by American P.O.W. who worked in the same mill.  
Informant: Julius Rectensald, 76 Pelmstr. Burgermeister of Gerolstein, Ger.

11. Give name and adress of person who can guide disinterring team to burial location  
Nikolaus Schmitz, 25 Sarresdorferstr. Gerolstein, Ger.  
(Caretaker of Cemetery)

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  
Continuation from no.3 (We have no information to link any of the unknown numbers with the given names.)

15 If unidentified, supply any of the following information determinable

a. Crew position in plane or vehicle

b. Plane or vehicle serial number Type

c. Installed weapons

Serial Number	Calibre & Mfgr	Serial Number	Calibre & Mfgr
---------------	----------------	---------------	----------------

d. Engine serial number Type



Signature of Investigating Officer  
WILLIAM H. BARNETT  
2nd Lt. O-2018275  
6890 Q.L.G.R.Co.

Rank

ASN

Disinterment approved by, (HQ Authorizing Exhumation) C.O. 6890 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

## CHECK LIST FOR UNKNOWNNS

Hamm, Lux

Pvt. Morrison  
(name of soldier processing remains)

- 1 Unknown  -295 <sup>coll. pt.</sup> U S ~~Unknown~~ Manderscheid, Ger.
- 2 If remains were disinterred, attach Check List for Disinterments
- 3 Arrived at cemetery 1600-21 Feb. 46. From 6890 Q.M.G.R.Co.  
(hour) (date) (collecting point)
- 4 Place of death Gerolstein, Ger. (WL-2381) Map Ref. Ger. 1/250,000 Köln-K-51  
(name) (coordinates and landmarks)
- 5 Gerolstein, Cemetery, Plot 4, row 9, grave 4.
- 6 Remains recovered by Pvt. Buncutter 6890 Q.M.G.R.Co.  
(name and organization)
- 7 Evacuated to cemetery by Pvt. Buncutter 6890 Q.M.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 for other parts of Unknown **yes**  
(yes no)
- 12 If remains come from vehicle, plane, etc **Unknown**  
(type of vehicle or plane, nick name serial number organization or symbols)
- 13
- 14 Crew list **Not applicable**  
(names of other deceased 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 **Unknown**  
(found in town field by road etc) (damaged by mine explosion)
- 21 **Unknown**  
(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 **None**
- 24 **none**
- 25 **none**
- 26 **none**



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 missing**  
(designate where extent)

61 Complexion **Head crushed** Build **dismembered and**  
(light, med, dark clear pimples, pock, freckles) (large fat, thin muscular)

62 **decayed.**

63 Hair **Hair not found.**  
(color, length, quantity curly, wavy straight whorls, or definite parting, baldness widows peak)

64 **Head crushed**  
(distinctive cutting or other characteristics)

65 Sideburns **Head crushed** Mustache **head crushed** Beard or goatee **head crushed**  
(color setting, shape) (color size, shape) Length

66 (heavy, light color, extent)

67 Eyes **decayed** Eyebrows **head crushed**  
(color, setting, shape) (color bushiness, extent across nose)

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

69 Forehead **head crushed** Mouth **head crushed** Lips **head crushed**  
(high, wide, wrinkled) (large, medium small) (small, large, full)

70 Teeth **teeth missing**  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

71 Chin **chin missing** Cheekbones **head crushed**  
(prominent, receding, pointed dimple, double) (high normal)

72 Jaw **Jaw missing** Circumference of head in inches **head crushed**  
(large small normal) (hat band)

73 Neck **missing** Larynx **missing** Shoulders **mangled**  
(size long, short, normal, wrinkled) (prominent, normal) (broad)

74 **and decayed** Arms **missing**  
(straight, small, rounded) (length) (muscular, color, extent and quantity of hair)

75 **missing** 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

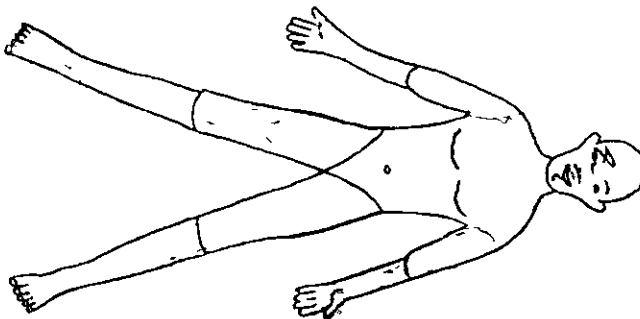


Signature of GRS and Organization  
 WILLIAM H. BARNETT  
 2nd Lt. O-2018275  
 6890 O.M.G.R.Co.

96  
95  
94  
93  
92

91 Remarks body is completely mangled and decayed. hands, arms, feet, teeth missing. remains weigh approx. 55 lbs.

89 Has tooth, chart been prepared? **no** If not, explain teeth missing (yes-no)  
 88 Have fingerprints been placed on GRS No 1 **no** If not, explain Fingers missing (yes no)  
 87 Have photographs been made and attached **no** If not, explain (yes no)



86 Block out parts of body not received at cemetery

85 Evidence of healed fractures **none** (nose, arms, legs etc)

84 Feet **feet missing** (size, corns, callouses, nail) **toes missing** (slender, straight, crooked, overlap)

83 Legs **lower legs missing** (muscular, knock kneed, bowed, normal) (quantity, color and extent of hair)

82 **circumcized** **hairs missing** (color) **hairs missing** (yes-no) **hairs missing** (location) (yes-no) **hairs missing** (location)

81 Back **hairs missing** (quantity and extent of hair) **hairs missing** (size at naval, appendectomy, amount and color of hair) **hairs missing** (size at nipples, color, quantity and extent of hair, large, small, normal)

80 Chest **mangled and decayed** (unusual characteristics of fingernails)

79 **fingers missing** (short, thick, long, slender, size of knuckles) (missing fingers or joints)

78 **fingers missing**

# REBURIAL REPORT OF BURIAL

Restricted TM 10-630 AND AR 30-1815

Tr Letter 1845

23 Feb. 1946.

Date

~~UNKNOWN-X-293~~

Last Name

First

Initial

Unknown

Rank

Unknown

Serial No.

Unknown

Unit

Unknown

Organization

Gerolstein, Ger. (wL-2381) 21 Dec. 1944.

Place of Death

Date of Death

Impossible to diagnose

Cause of Death

1400-25 Feb. 1946 Hill, Ger. Name, Bur.

Time and Date of Burial

Name of Cemetery

VP- 8413

Name or Coordinates of Location

Grave Number

Row Number

Plot Number

Temp. Cross

Type of Marker

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

If No Identification Tags

How were remains identified?

See reverse

# REBURIAL

What means of identification were buried with the body?

G.R.S.No.1 in bottle

Previously buried in isolated grave  
Gerolstein, Ger. (wL-2381) Map Ref. Ger.  
located at 1/250,000 Köln-K-51

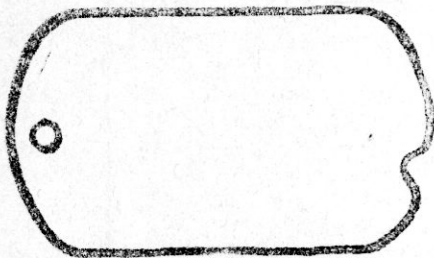
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: ~~Unknown~~ Name ~~Unk~~ Serial No. ~~Unk~~ Rank ~~Unk~~ Organization ~~Unk~~ Grave No.

Deceased's Left: ~~Unk-2381~~ Name ~~Unk~~ Serial No. ~~Unk~~ Rank ~~Unk~~ Organization ~~Unk~~ Grave No.

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



If print of identification tag is not affixed fill in below:

Emergency Addressee Unknown Name

Unknown Address

Religion Unknown

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

None

Disinterring Officer

Signature of Officer or other person reporting burial

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

Reinterring Officer

Verified by G.R.S. Officer

**DECEASED UNIDENTIFIED**

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

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

"Impossible to determine, body badly decomposed."

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

None

Thumb	1	Fingers Decayed
Left Hand	2	
	3	

Thumb	1	Fingers Decayed
Right Hand	2	
	3	

**TOOTH CHART**

Deceased's Right		Deceased's Left													
NO Chart Taken															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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