

ITR 0

~~To~~

Chief of mem.

1 July 1952

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

9 June 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 263, Plot EE
Row 6, Grave 145, USMC HAMF, Luxembourg,

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.

2. Report of Reprocessing of remains was forwarded to your Office by Transmittal Letter No. 2715, dated 25-3-48.

3. Remarks: Laundry mark T-1014 eliminated as possibility Case checked against 371 and FPDIF File for Germany, K-50 with negative results.

Bernard E. CARROLL

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

Lt. Col. E.D. MULVANEY, O-359598

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack C. HAYES, O-1577297

QMC

Capt. E.F. PRICE, Jr. O-1586236

QMC

1/Lt. Edward E. STOUT, O-1594512

CE

Received TL #4001.9 June 1949, OQMC.
Not identifiable from information
available at the present time.

Incl # 2

M. Martinez

*293
Henry
Mulvaney
Price
Stout*



IDENTIFICATION CHECK LIST

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

Exh. Or. #641, dated 5 December 1947

Unknown X 263

Cemetery Bann Luxembourg

Plot BB Row 6 Grave 145

Date reprocessed

1 ~~As processed on~~ 16 February 1948
 (Hour) (Date)

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

(Sheet, scale and serials used)

3 Remains ~~recovered~~ ~~and reinterred~~ **and reprocessed by I.S. 1st 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	NONE (Type)		
Raincoat	NONE		
Overcoat	NONE		
Jacket, Field	NONE		
Jacket, Combat	NONE		
Mackinaw	NONE		
Sweater	NONE		
Jacket, HBT	NONE		
* Shirt, Wool OD	NONE		
Undershirt, Wool	NONE		
Undershirt, Cotton	NONE		
Trousers, HBT	NONE		
* Trousers, Wool OD	NONE		

APR 2 - 1948

Belt, web **NONE**

Drawers, wool **Remnants of**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **Remnants of one (1) pair, wool**

* Shoes **NONE** (type)

Overshoes **NONE**

Web Equipment **NONE** (type)

(Other item) **NONE**

(Other item) **Remnants of electrically heated flying suit**

* 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?

L-Humerus : 34.4 R-Femur : 47.6
L-Ulna : 27.8
L-Radius : 26.1

6 Description of Remains

Age **UTD** Est Height **5'10 1/4"** Weight **UTD** Description of wounds **UTD**

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

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

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

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

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

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

Hair **Brown 3" Long slightly wavy**
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

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

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

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

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

Teeth **See tooth chart**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin **UTD**
(Prominent, receding, pointed, dimples, double)

Jaw **UTD** Circumference of head in inches **54.0 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)

UTD

Hands **Too decomposed**

Fingers **Too decomposed**
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

UTD
(Unusual characteristics of fingernails)

UTD

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**
(Inscam, 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 **Too decomposed.**

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

9 Remarks **Estimated weight of re-processed remains : 75 pounds. Remains consists of a considerable amount of decomposed flesh. Clothing, found on remains, bore no markings. One burial report recovered, no GRS tag.**

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)

CAPTAIN QMC

Rank

Service

OPERATIONS OFFICER

(Organization)

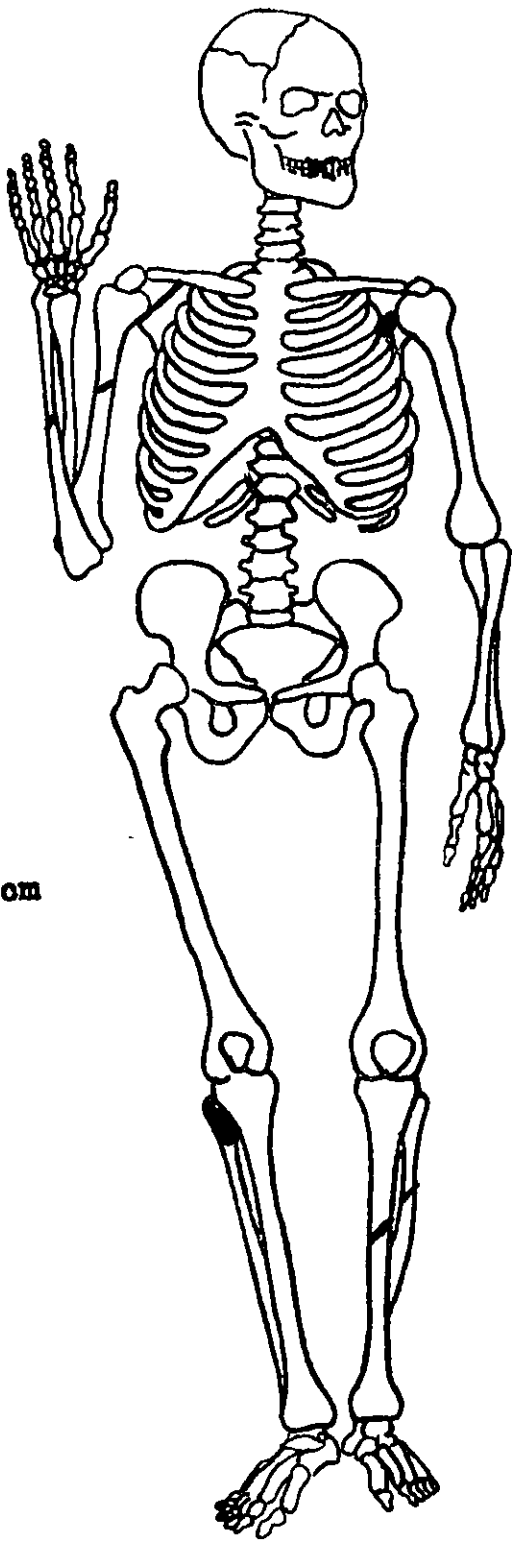
SKELETAL CHART

U.S.M.C. Hamm

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



HUMERUS...34.4...cm

RADIUS...26.1...cm

ULNA...27.8...cm

FEMUR...47.5...cm

Est. Height : 5'10 1/4"

TOOTH CHART

U.S.M.C. Hamm

E.O. #641

16 Feb. 1948

Date

UNK X-263

UNK

UNK

Last Name

First

Initial

Grade

Serial No

UNK
Unit

AAF

Organization

Place of Death

Date of Death

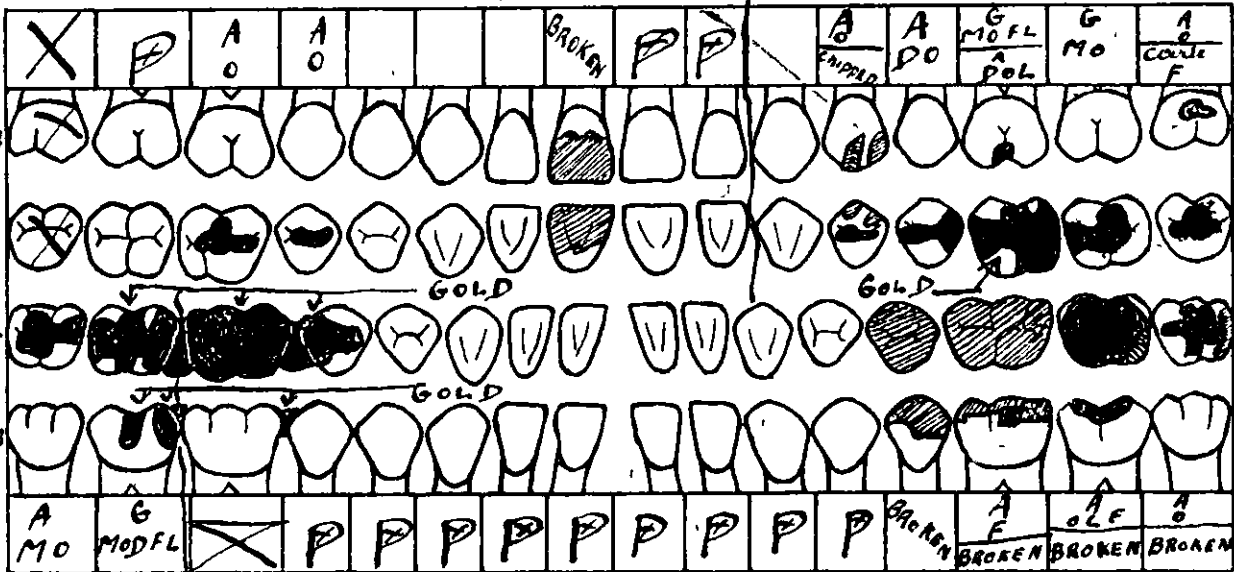
Cause of Death

Right

Left

FRACTURED

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



16 (15) (14) (13) 12 11 10 9 9 10 11 12 13 14 15 16
FRACTURED See remarks

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

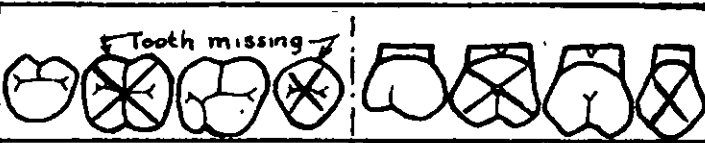
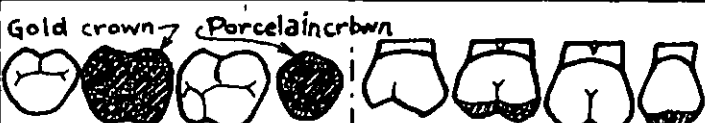
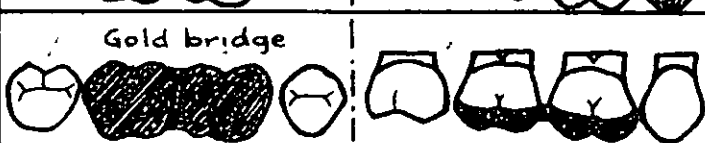


IVOR J. POSMO
US DA CIV I.S.

/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

Posthumously missing.
Broken or chipped.

R-5 has rotated 1/8 of a turn mesially.
R-4 has rotated 1/16 of a turn distally.
L-4 has rotated slightly distally.

NOTE:

R-14 has been previously extracted and is replaced by a false tooth. R-16 is the abutment tooth for the gold fixed bridge. The other abutment tooth must of been R-13. It (R-13) is posthumously missing but an occlusial view of the gold bridge is shown on the chart. The false R-14 does not have a gold saddle area, only on the occlusial surface.
From the appearance of the pits left by the lower incisors, it is apparent that they were crowded and crooked.

Color : dull ivory
Size : average
Alignment : good

9-7-45

REPORT OF INVESTIGATION-AREA SEARCHING

To be completely filled out and attached to each copy of
GR Form 1, "Report of Burial" when disinterment is accomplished

1. Unidentified X - 265 Mann, Gen Unk Unk Unk
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached. (To be filled out at disinterment) None
3. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used Saarburg, Germany (at 12-12) sheet X - 50
1:25,000 Trier 4316
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT MARKINGS.
4. Full name of cemetery (include plot, row, and grave if organized cemetery) Isolated grave near Saarburg
5. Approximate or established date of death (state which and give basis for date selected) Unknown
6. Approximate or established date of burial (give basis for date established) Unknown
7. Manner in which grave was marked and all information contained on the marker No markings
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Konz Matthias, 25 Hauptstrasse, Saarburg, Germany - Bürgermeister
10. If buried in a coffin, give description and markings (To be filled out at disinterment) No coffin
11. Action taken Body disinterred

Disinterment approved by CO 346 QM OR REG CO.Disinterment and *burial/reburial made by Pfc. LichtmanDate of *burial/reburial 23 Feb. 46Place of *burial/reburial U. S. Military Cemetery U. S. Mil. Cem. SAAR, Luxembourg
Plot EE Row 6 Grave 145EDWARD C. DUNHAM
3046 QM OR REG CO.

NOTE: Additional particulars regarding
investigation will be placed on
reverse side.

Edward C. Dunham
Signature of Investigating Officer

*Cross out word not applicable

2nd Lt. Inf. 0-1330522

Rank

ASN

TOOTH CHART

19 Feb 1946
 Date

Unidentified A - 263
 Last Name First

Initial

Jnk
 Rank

Unk
 Serial No

Unk
 Unit

Unk
 Organization

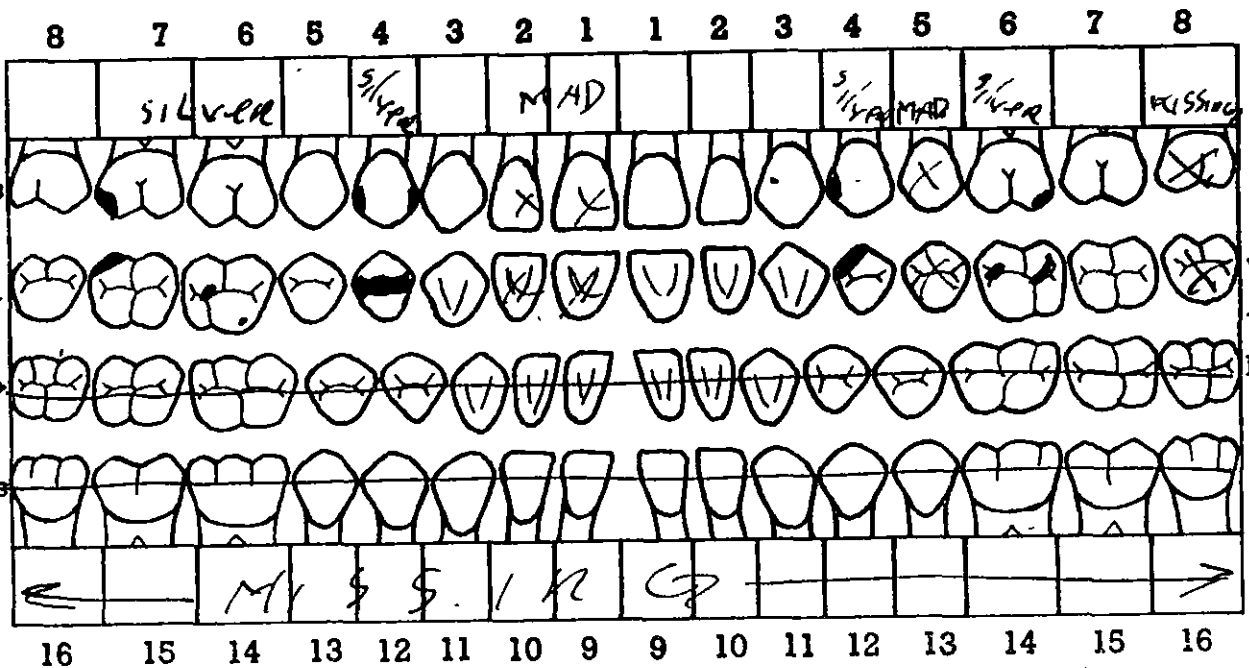
Jarburg, J. any (..L 14-12)
 Place of Death

Unk
 Date of Death

Unk
 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), bacuspids (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.

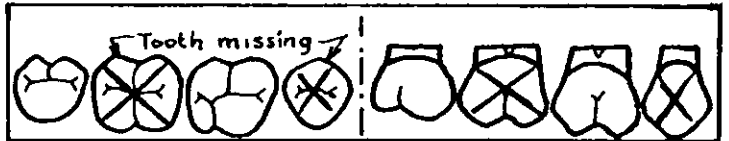
T/5 Stephen Lorelock

Signature of Officer or other person who prepared Tooth chart

Edward C. Dunham

Verified by G R S 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



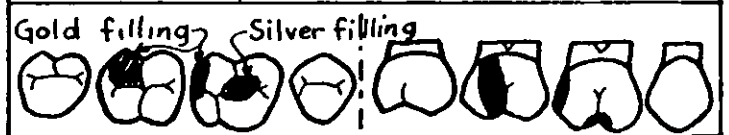
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



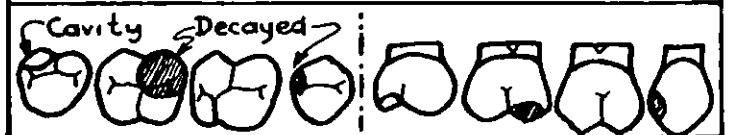
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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

CHECK LIST FOR UNKNOWNNS

T/5 Stephen P. Lorelock
(name of soldier processing remains)

- 1 Unknown X - 263 U S Military Cemetry No. Hamm, Luxembourg
- 2 If remains were disinterred, attach Check List for Disinterments
- 3 Arrived at cemetery (hour) (date) From 3046 Qii 3R MED CO., Föhren, Germany (..L 30-40)
(collecting point)
- 4 Place of death Saarburg, Germany (name) (..L 14-12)
(coordinates and landmarks)
- 5
- 6 Remains recovered by Pfc. Lichtman (name and organization) 3046 Qii 3R MED CO
- 7 Evacuated to cemetery by (name and organization) 3046 Qii 3R MED CO
- 8 Is load list attached Yes (yes-no)
- 9 Are names of deceased found in same area as this Unknown starred Yes (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 Does not apply (type of vehicle or plane nick name, serial number, organization or symbols)
- 13
- 14 Crew list Does not apply (names of other deceased and positions in which found)
- 15
- 16
- 17 If a tank, which hatches were free and available for escape use Does not apply
- 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 Does not apply (parts of markings or symbols) (burned) (pierced by shell fire where)
- 19
- 20 (found in town field by road etc) (damaged by mine explosion)
- 21 (names of men who escaped) (description of other vehicles or planes in same area)
- 22 Detailed description of personal effects None (Indicate exact pocket or part of body where found)
- 23.
- 24
- 25
- 26

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

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27 * Headgear (type)	None			
28 Reincoat	None			
29 Overcoat	T - 1014	36(Est)	O.D.	
30 Jacket, Field	None			
31 Jacket, Combat	None			
32 Mackinaw	None			
33 Sweater	None			
34 Jacket, HBT	None			
35 * Shirt, Wool OD	None			
36 Undershirt, Wool	None			
37 Undershirt, Cotton	None			
38. Trousers, HBT	None			
39 * Trousers, Wool OD	None			
40. Belt, Web	None			
41 Drawers, Wool	None			
42. Drawers, Cotton	None			
43 Leggings	None			(Note unusual lacing)
44 Socks Wool Cotton	None			
45. * Shoes (type)	None			
46 Overshoes	None			
47 Web Equipment (type)	None			
48 (other item)				
49 (other item)				

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

50 Chevrons or None Shoulder Patch None
(type and location, shirt jacket coat helmet)

Insignia None

51 Description of Remains

52 Age Unk Height 2' Weight 15 Description of wounds Wound in back of head
(years) (ft-in) (lbs)

53

54 Bandages or dressings **None** Scars **Decomposed**
(length width location)

55

56 Tattoos **Decomposed**
(number location — illustrate on sep page)

57 Outstanding moles, warts or birthmarks **Decomposed**
(yes no) (description location)

58

59 Sunburn or tan, other than hands and face **Decomposed**

60 Tobacco stain on fingers or teeth **None**
(designate where extent)

61 Complexion **Decomposed** Build **Decomposed**
(light med dark clear pimples pock, freckles) (large fat, thin muscular)

62

63 Hair **Missing**
(color, length, quantity, curly, wavy, straight whorls or definite parting, baldness, widows peak)

64
(distinctive cutting or other characteristics)

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

66
(heavy, light color extent)

67 Eyes **Decomposed** Eyebrows **Missing**
(color setting, shape) (color, bushiness extent across nose)

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

69 Forehead **Normal** Mouth **Small** Lips **Decomposed**
(high wide wrinkled) (large medium small) (small large, full)

70 Teeth **White, tooth arched, tooth chart attached**
(white, size unevenness, spacing, noticeable crowns, fillings, extractions)

71 Chin **Missing** Cheekbones **Normal**
(prominent, receding, pointed dimple, double) (high normal)

72 Jaw **Missing** Circumference of head in inches **20"**
(large small, normal) (hat band)

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

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

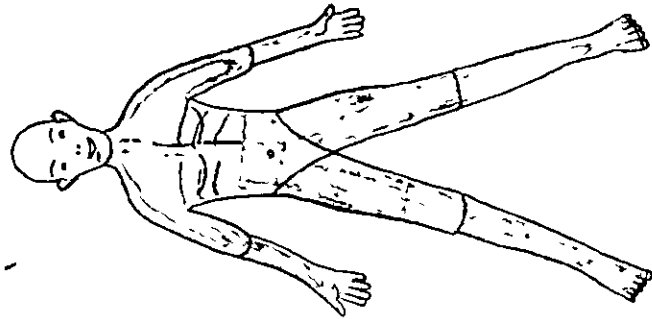
75 Hands **Missing**
(vaccination scar size of wrists) (large, small normal calloused noticeably)

76

76 (marks on fingers indicating that rings were worn)

77

- 78 Fingers **Missing**
(short thick, long slender size of knuckles) (missing fingers or joints)
- 79
(Unusual characteristics of fingernails)
- 80 Chest **Decomposed**
(size at nipples, color, quantity and extent of hair large, small normal)
- 81 Back **Decomposed** Waist **Decomposed**
(quantity and extent of hair) (size at navel) appendectomy amount and color of hair)
- 82 Circumcized **Missing** Pubic hair **Missing** Hernioplasty **Missing**
(yes-no) (color) (yes-no) (location)
- 83 Legs **Missing**
(inseam) (muscular, knock kneed, bowed, normal) (quantity color and extent of hair)
- 84 Feet **Missing** Toes **Missing**
(size, corns, callouses flat) (slender, straight, crooked, overlap)
- 85 Evidence of healed fractures **none**
(nose arms, legs etc)
- 86 Block out parts of body not received at cemetery



- 87 Have photographs been made and attached **Yes** If not, explain **No equipment**
(yes no)
- 88 Have fingerprints been placed on GRS No 1 **No** If not, explain **finger missing**
(yes no)
- 89 Has tooth, chart, been prepared? **Yes** If not, explain
(yes no)
- 90 Remarks
- 91
- 92
- 93
- 94
- 95
- 96

Edward C. Durham 2nd Lt. Inf. 3046 G.I. Co.
 Signature of GRO and Organization

LARGE S.S. KASERNE

To BEURIG



To TRASSEM

German Cemetery

6 AM GRAVES

1
2
3
4
5
6

N

Sketch of SAHRBOURG
NOT TO SCALE
GRID COOR. WL14-12

- 1. James T. Greenwell 33900427
- 2. W. T. Rafferty 0-1293832 - 358th Inf. Regt. (Ident) 90th Div
- 3. S. A. Ankenbrneal 3547517
- 4. John Seemann 33251016 not ident ? 94th Div 301 Regt.
- 5. X-263
- 6. X-264

SHEET VI
NEUNKIRCHEN SHEET
Scale: 1/100,000
G. S. G. S. 4416
Nord de Guerre
GRID

RESTRICTED

INVENTORY FORM

DATE

SUBJECT Inventory of Personal Effects of .

(LAST NAME)

(FIRST NAME)

(MI)

(RANK)

(ASN)

TO Effects Quartermaster, Communications Zone, APO

US Army

The above named individual of

(UNIT)

(ORGANIZATION)

was reported

STATUS (KIA, MIA Hosp etc)

about

(DATE)

194

Designated Beneficiary if information readily accessible

INVENTORY OF EFFECTS

One (1) photograph wallet of the Beckhard Line containing three (3) photos, kept by the Burgermeister of Saarburg. No other information available. Correspondence forwarded to Kansas City.

" Forwarded to personal effects' Depot."

Money in the amount of

has been turned into

(NAME OF FINANCE OFFICER AND

Form WDFD 88 enclosed

SYMBOL NUMBER)

NAMES AND ADDRESSES OF ANY BANKS IN WHICH ACCOUNTS MAY BE CARRIED

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot

by

(RAIL, TRUCK, ETC)

on

194

Name

ERNEST C. GADDY

Rank & ASN CWO W-2116127

Organization Central Identification Point.

any additional pertinent information:

RESTRICTED



~~ARMY SERVICE FORCES~~
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE
KANSAS CITY 1 MISSOURI

HOC/BRK/mj
3 June 1948

Handwritten mark

IN REPLY REFER QMDKG 885786

SUBJECT: Disposal of Personal Effects

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

1. There is inclosed herewith a photograph folder received from the source indicated on the attachment thereto together with copy of pertinent overseas inventory.

2. This item is forwarded to your office for any further disposition deemed advisable in view of the circumstances surrounding its recovery.

FOR THE COMMANDING OFFICER:

2 Incls

- 1. Photo folder
w/attachment
- 2. Cy o/seas inv

H. O. CALDWELL
Effects Quartermaster

Handwritten vertical text: 298.0 Kansas City

1

USMC HAMM
PLOT: H ROW; 3 GRAVE: 23
DATE OF BURIAL 7 July **DISINTERMENT DIRECTIVE**

P-S
14-12A

VERIFIED BY
Joseph [Signature]
GRS OFFICER
(10/4/48)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 6020 00089
DATE 15 08 48
DAY MONTH YEAR

NAME UNKNOWNX-000263
SERIAL NUMBER GRADE ARM 0 RACE RELIGION 6

CEMETERY HAMM LUXEMBOURG
PLOT ROW GRAVE DISPOSITION OF REMAINS
EE 6 145 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
10 AUG 1949
REPATRIATION
BRANCH
MEM. DIV.
Stautman

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

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000263

Q

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

CAUSE OF DEATH

LOT- ROW GRAVE COUNTRY

EE 6 145 HAMM LUXEMBOURG

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN

X-263

Unk

30 April 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER GRS

Unk

DON O. TOHILL.

1st Lt. PA.

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM. MATTRESS COVER

CONDITION OF REMAINS

FRACTURED MANDIBLE AND MAXILLA. ALSO BOTH SCAFULAS, RIGHT HUMERUS, RIGHT ULNA, RIGHT TIBIA ON PROXIMA AND DISTAL ENDS, PUBIS.

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES /

NONE

REMAINS PREPARED AND PLACED IN ~~CASE~~ TRANSFER CASE

DATE 4 MAY 48

BY

FLOYD C. TESKE, EMBALMER

ASKET SEALED BY R JAMES MURRAY
NO DIS.

EMBALMER (Signature)

R JAMES MURRAY

ASKET BOXED AND MARKED W E RAFFETRY JR.
CLERK RECPDRER

SHIPPING ADDRESS VERIFIED BY ALL MARKINGS TAGS PLATES
VERIFIED BY

DATE 7 July 1948

R E LEWIS CAPT CAV.

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

DON O. TOHILL.
1st Lt. PA.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies

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1. FILE UNDER NO. 293 - Unk. Luxembourg X-263 (Hemm)

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 10 May 49

4. FROM: OQMG

5. TO: CG, AGRC, EA, APO 58, %PM, New York

6. SUBJECT: Identification of Unknown Deceased

McGregor, Harry B. Capt. O 664 417

.....

7. DOCUMENT FILED UNDER NO. 293 - GRS, European (Ident.)

ms b

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

RESTRICTED RESERVATION
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

Tr Letter 1845

19 Feb 1946

Date

Unidentified X-263 *German Gen*

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

Unit: Unk. Organization: Unk.

Place of Death: Saarburg, Germany (A.L. 14-12) Date of Death: Unk. Cause of Death: Unk.

Time and Date of Burial: 1000 23 Feb. 46 Name of Cemetery: U.S. Cam. 49th, Luxembourg Name or Coordinates of Location: VF 8713

Grave Number: 145 Row Number: 6 Plot Number: FF Type of Marker: CROSS

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

If No Identification Tags How were remains identified? *293 Unk Luxembourg German X-263*

REBURIAL

See reverse

What means of identification were buried with the body?

Previously buried in local grave

GRS. No. 1 in bottle

located

To determine Right or Left use Deceased's Right and Left. *Saarburg, Germany (A.L. 14-12)*

Who is buried on

Deceased's Right: *Knox* Name *36971993* Serial No. *Unk* Rank *Unk* Organization *144* Grave No.

Deceased's Left: *Unk X-264* Name *Un* Serial No. *Unk* Rank *Unk* Organization *144* 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 *Unk* Name

Unk Address

Religion *Unk*

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

No personal effects

EDWARD G. DUBOIS
2nd Lt. Inf. C-1538322
3045 Q. S. A.S. Co.

Disinterring Officer

Edward C. Dubois

Signature of Officer or other person reporting burial

Reinterring Officer

J. A. ...
Verified by GRS Officer

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: 2' Laundry Marks. Yes
 Weight: 15 lbs Number of Rifle: None
 Color of Eyes: Brown Wear Glasses? - None
 Color of Hair: Black Is Tooth Chart Attached? Yes
 Race: White

(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

Body badly decomposed

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

None

Left Hand

Thumb	Hand missing
1	
2	

Right Hand

Thumb	
1	Hand missing
2	
3	
4	

TOOTH CHART

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

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

Characteristics

Other Data

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

see attached sketch