

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. CASTELFIORENTINO, X-203

SUBJECT

Interred ^{BY 6} 1948

CRJ

D 4 26 MC FLORENCE

Walter E Thomas
WALTER E THOMAS
Capt CMP. Cometary Superintendent

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00054

DATE

15 06 48
DAY MONTH YEAR

NAME

UNKNOWN X-000203

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

0

DAY MONTH YEAR

CEMETERY

CASTELFIORENTINO

DISPOSITION OF REMAINS

0

5201 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

20 90 4526 ITALY

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FLORENCE, ITALY

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN

SERIAL NUMBER

X-203

RANK

UNK

DATE OF DEATH

DATE DISTINTERRED

14 SEPT 48

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

K. V. Fisher
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM

CONDITION OF REMAINS

SKELETAL

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

JJ ..

DATE 10 Nov 48

BY **EUGENE E. CASTELLARIN (EMBALMER)**

CASKET SEALED BY

EMBALMER (Signature)

E. Castellarin

EUGENE E. CASTELLARIN (EMBALMER)

CASKET BOXED AND MARKED

(CLERK RECORDER)

SHIPPING ADDRESS VERIFIED BY

DATE 10 Nov 48 BY **MORTON LITTEEN**

MACK C. HOLT. 1ST LT QMC

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

MACK C. HOLT 1ST LT QMC

Mack C. Holt

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORDED
DATE 31 May 49
NAME *m...*
R & R BR.

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC CASTELFIORENTINO ITALY		TO LECHORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER R L CROCKER 2 LT QMC	
SIGNATURE OF SHIPPER N R HALEY	DATE 16 Sept 48	SIGNATURE OF RECEIVER THOMAS P. PULLIAM CAPT QMC	DATE 16 Sept 48

2. SHIPPED

FROM LECHORN PORT MORGUE		TO USMC FLORENCE ITALY	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPL ROBERT S. HUFF	
SIGNATURE OF SHIPPER THOMAS P. PULLIAM CAPT. QMC	DATE 11 MARCH 1949	SIGNATURE OF RECEIVER JESS H. CARNAL, 1ST LT. QMC	DATE 11 MAR 49

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6 SHIPPED

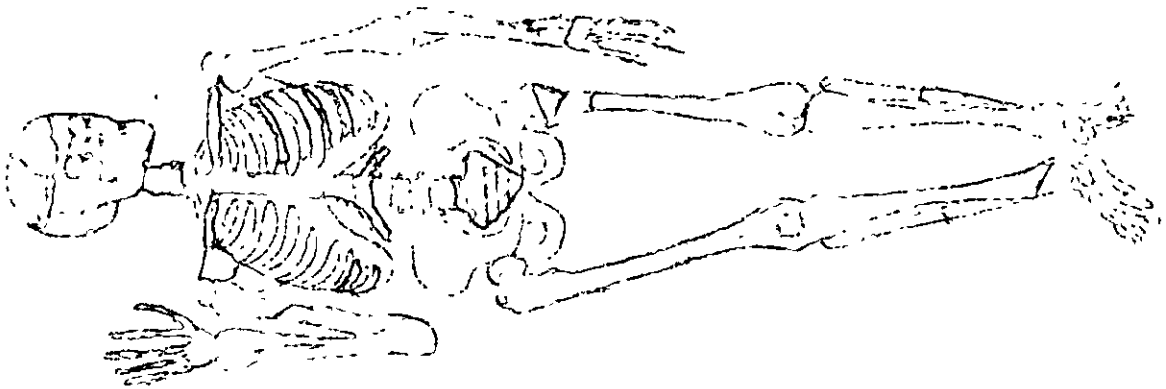
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN X - 203	:	2. DATE OF REPORT	3 November 1948
3. NAME OF CEMETERY US Military Cemetery Castelfiorentino, Italy	:	4. PLOT:5.ROW :6.GRAVE 2G : 90 : 4526	7. DATE OF DISIN- REIN- TUMENT TERMENT
PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT Impossible	:	9. ESTIMATED HEIGHT 5' 7 1/2"	10. COLOR OF HAIR Unk.
			11. RACE Colored
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS "Non-Identifiable by reason of lack of sufficient identifying data". None			
<i>T. C. Anderson</i> T. C. ANDERSON, Major OMC			
13. GIVE DESCRIPTION OF MARKS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES. None			
14. WAS BODY BURIED?	:	TO WHAT EXTENT?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	:		
15. WAS BODY BURIED?	:	TO WHAT EXTENT?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	:		
16. DESCRIBE EVIDENCE OF WEAPON FRAGMENTS AND BONE MALFORMATIONS None			
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area).			
1 pr. combat boots. Size 10 D.		<i>7/2 - 17 Feb -</i> Received <i>US Army Medical</i> OOMG Not identifiable from <i>File</i> information presently <i>2 Mar 49</i> available	

19. BLACK AND WHITE PHOTOGRAPHS OF BODY PARTS TO BE



20. THIS IS A CERTIFICATE (if applicable)
 (When segregation in whole or parts is impossible)

I certify that the above remains consist of parts of _____ (Number)
 decedents based on the presence of one or more of the following anatomical
 parts.

 (signature of Medical Officer)

21. REMARKS AND ADDITIONAL INFORMATION

In the opinion of the undersigned the
 representative parts of a human remains graphically
 represented in par 19 are those of one and the same
 individual. s/Alexander Tardy
 Dr. ALEXANDER TARDY
 M.D., D.A. (Antropology), G.S.D., D.S.D.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF THE DECEDENT AND THAT
 ALL RELEVANT INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

Typed name, Grade, Arm or Service and Organization

SIGNATURE

MACK C. HOLT, 1st Lt. JMC
 9107 TSU-JMC, AGRS/MZ

s/ Mack C. Holt

HEADQUARTERS
9107 TSU - QMC
AMERICAN GRAVES REGISTRATION SERVICE
MEDICAL AREA ZONE
APO 704 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data QMC Form 1044 & 1044b
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. L 684

Date of Investigation 3 Nov 48

Unknown American X- 203

Am. Mil. Com. Castelfiorentino Italy: Plot 2G Row No. 90 Grave 4526

Place of Death See map reference Date of Death Unk.

Map Reference U 971 968 Sheet 104 I Map of Italy

Other American Dead Found in Same Area _____

Cause of Death Unk.

22. Description of Remains

Skeletal state

(If the remains have not decomposed, attach to this form QMC
Form 1042 completely filled out to physical characteristics.)

23. Skeletal Data

HEAD Skull shattered - Facial and parietal portions missing

TOOTH CHART Accomplished

TRUNK Present are: 1 portion of R scapula; 1 cervical, 3 dorsal, and 4 lumbar vertebrae. L & R pelvis; 17 ribs

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Upper third present L Humerus 32.2

R Ulna Missing L Ulna 26.9

R Radius " L Radius 25.1

Carpels, Metacarpels, Phalanges
Missing

LOWER EXTREMITIES (Give measurements of long bones).

R Femur Missing L Femur Head and portion of shaft present

R Tibia Lower portion present L Tibia Shaft broken 37.9

R Fibula Lower half present L Fibula Lower half missing

Calcanea, Tarsals, Patellae, Metatarsals, Phalanges

Both feet complete. Both patellae missing.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

QMC Form 47RS
SOS NATOU.S.A.
July 1913

REPORT OF BURIAL
AR 30-1815 & TM 10 630

18 August 1945

Date Report Filled Out

Unk American X-203 (U-971968)	Unk	C
(Last Name)	(First Name)	(Middle Initial)
Unk	Unk	Army
(Rank)	(Organization)	(Branch)
U-971-968		U.S.A.
Sheet 104-1	Unk	Unk
(Place of Death)	(Date of Death)	(Cause of Death)
		(Religion, P, C, H, etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body . Yes () ; No (0)

If no identification tags, other means used to identify body (identification card letters, etc.) None

Complete fingerprint chart of both hands on reverse side if body cannot be identified

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified, give circumstances:

List of Personal Effects found on Body and disposition of Same: None

Unk	Unk
(Name of Emergency Addressee)	(Address of Emergency Addressee)
George Gregory, T/5, 602nd QM (GR) Co	(4549507)
(Signature or Name of Person furnishing above data when other than the Officer reporting burial)	
Shroud 1400 hours 6 August 1945	U.S. Mil Cem at Castelfiorentino, Italy
(Time and Date of Burial)	(Location, Name, & No of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

2 G	90	4526	Wood Cross	General
(Plot No)	(Row No)	(Grave No)	(King, Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (0) ; Identification Tag attached to marker (0)

If identification Tags not present, what other identification data were buried with the body and in what kind of container? Copy QMC Form #1-GRS sealed in bottle and buried one foot below grave marker

Bodies buried on either side (See paragraph 4 on reverse side this form) Copy QMC Form #1-GRS sealed in bottle and buried with body

Right side : Unk American X-202	Unk	4525
(Name)	(Rank)	(Grave No)
Left side : BRASWELD, J.D., PFC	34573091	34th Div.
(Name)	(Rank)	(Grave No)

(Signature of Person Reporting Burial)

Meyer Brown
(Verified by G.R.S. Officer)
MEYER BROWN, 1st Lt., QMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT Make out QMC Form 1-GRS in quadruplicate, for US dead, one additional copy for allied and enemy dead Sign all copies Submit report to nearest member of Graves Registration Service Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer OVER FOR BURIAL INSTRUCTIONS.

58712

RESTRICTED

Meyer-8
HQ PBS 8-44 - 200,000

INSTRUCTIONS FOR BURIAL

1 PREPARATION OF BODY Have body examined by member of Medical Department whenever possible (to attach E M T. Form 52b.) Remove all personal property, remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out tooth chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

2 BURIAL: Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body) Place only one body in a grave. Dig graves side by side, row behind row

3 MARKING OF GRAVE: Fasten identification tag to temporary name peg and place at head of grave For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave Do not use weapons or helmets to mark graves


4 LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. (or show on cemetery map) For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right

5 PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report form Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point

SKETCH AND MAP REFERENCE: 

TOOTH-CHART

Phy. Characteristics
 No hair
 Unable to determine height
 Recovered from:
 U-971968
 Sheet 104-1

SKETCH AND MAP REFERENCE: 

TOOTH-CHART

(Right)	1	2	3	4	5	6	7	8	(Left)	8	7	6	5	4	3	2	1
16	15	14	13	12	11	10	9	8	11	10	9	8	7	6	5	4	3

INDICATE missing, natural teeth by X, crowns by O
 fillings by □, bridges by ○ linkings anchor teeth, replacements by denture (horizontal line.)

Characteristics: Impossible to take tooth chart
 Other Data: Skull missing.

When unidentified, take thumb and fingerprints of both hands

If this not possible, fill in tooth chart

4

3

2

1

Thumb

Left

Thumb

Right

1

2

3

4

Body decomposed. Fingerprints impossible.

