

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. CASTELFIORENTINO, X-218

SUBJECT

Interred

5 May 49

CRJ

B-5 5

MC FLORENCE

1 ✓

*Walter E. Thomas*  
WALTER E. THOMAS  
Capt. CMP. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00075

DATE  
15 DAY 06 MONTH 48 YEAR

NAME

*293*  
UNKNOWN X-000218

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

J

DAY MONTH YEAR

CEMETERY

CASTELFIORENTINO

DISPOSITION OF REMAINS

0 5201 80

CODE DIST PT.

PLOT ROW GRAVE COUNTRY

2H 85 4614 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 X-218

SERIAL NUMBER

UNK

RANK

UNK

DATE OF DEATH

DATE DISINTERRED

17 SEPT 48

IDENTIFICATION TAG ON

REMAINS

MARKER

ORGANIZATION

UNKNOWN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

*H G Borres*  
H G BORRES 2 LT COL  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELTAL

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 15 Nov 48

BY

HOMER J. LESLIE ( EMBALMER )

JJ A.

CASKET SEALED BY

HOMER J. LESLIE ( EMBALMER )

EMBALMER (Signature)

*Homer J. Leslie*

CASKET BOXED AND MARKED

( CLERK RECORDER )

SHIPPING ADDRESS VERIFIED BY

DATE 15 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.

NAT

FILE  
RECORDS ANNOTATED  
DATE 31 May 49  
NAME *Smith*  
R & R BR.

## RECORD OF CUSTODIAL TRANSFER

### 1 SHIPPED

FROM USMC CASTELFIORENTINO ITALY		TO LEGHORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER R L CROCKER 2 LT QMC	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER 22 Sept 48 <i>[Signature]</i>	DATE 22 Sept 48

### 2. SHIPPED

FROM LEGHORN 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 MAR 49	SIGNATURE OF RECEIVER <i>[Signature]</i> 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 <p style="text-align: center; margin: 0;"><b>X-218</b></p>				2. DATE OF REPORT <p style="text-align: center; margin: 0;"><b>2 Nov. 1948</b></p>		
3. NAME OF CEMETERY <p style="text-align: center; margin: 0;"><b>USMC Castelfiorentino Italy</b></p>		4. PLOT <p style="text-align: center; margin: 0;"><b>2H</b></p>	5. ROW <p style="text-align: center; margin: 0;"><b>85</b></p>	6. GRAVE <p style="text-align: center; margin: 0;"><b>4614</b></p>	7. DATE OF DISINTERMENT      REINTERMENT	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center; margin: 0;"><b>Impossible</b></p>	9. ESTIMATED HEIGHT <p style="text-align: center; margin: 0;"><b>Impossible</b></p>	10. COLOR OF HAIR <p style="text-align: center; margin: 0;"><b>Unknown</b></p>	11. RACE <p style="text-align: center; margin: 0;"><b>Unknown</b></p>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**"Non-identifiable be reason of lack of sufficient identifying data"**

**T.C. ANDERSON**  
Major      **QMC**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**None**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

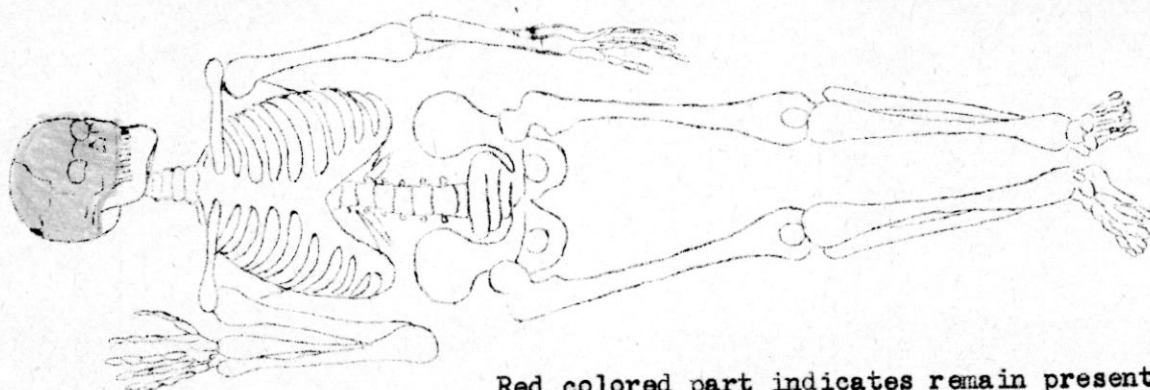
**None**

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)

**None**

*File - 17 Feb 49*  
 Received *Sgt. J. S. ...* **QOMG**  
 Not identifiable from  
 information presently  
 available *E. J. ...*  
*8 Nov 48*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. MASS BURIAL CERTIFICATE (If applicable)  
(Wherein segregation in whole or parts is impossible)

I certify that the Group remains consist of parts of \_\_\_\_\_ (Number)  
decadents 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 indi-  
vidual.

s/t/ Alexander Tardy  
Dr. Anthropology  
GSD, OSD

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

Typed name, Grade, Arm or Service and Organization

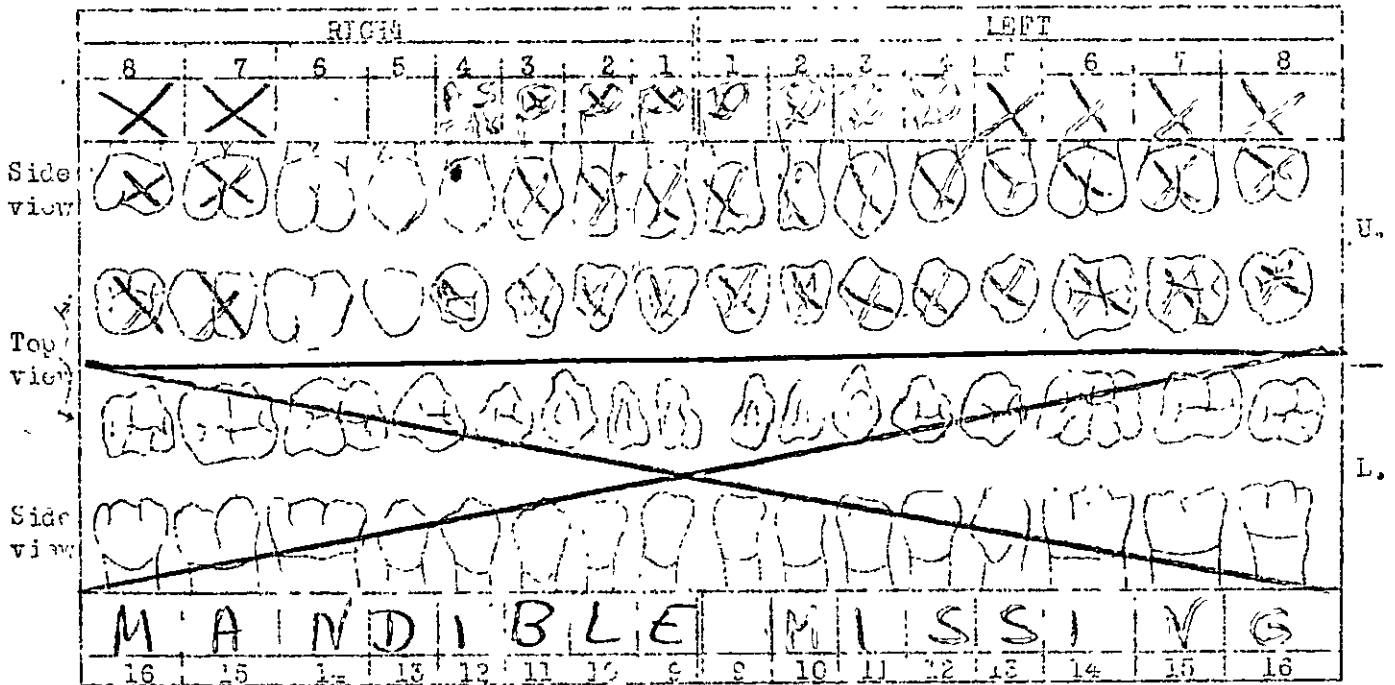
SIGNATURE

Mack. C. Holt, 1st Lt. QMC, 9107 TSU-QMC, AGRS/MZ

(Signed)

18.

TOOTH CHART



Dentures (Plates):

The illustrated fillings are of average quality

HEADQUARTERS  
9107 TST - CIC  
AMERICAN Graves REGISTRATION SERVICE  
MEDITERRANEAN ZONE  
APO 794 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraph 1-17 and 19-21, Identification Data QIC 1044 and 1044b  
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. L-630

Date of Investigation 2 Nov. 48

Unknown American X- 218

Am. Mil. Cem. Castelfiorentino Italy: Plot 2H Row No 85 Grave 4614

Place of Death See map reference Date of Death Unk.

Map Reference U 945-968 Sheet 104 Map of Italy 1/100,000

Other American Lead Found in Same Area -----

Cause of Death K.I.A.

22. Description of Remains

Skeletal state. Only skull present.

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

23 Skeletal Data

HEAD Skull intact. Mandible missing

TOOTH CHART accomplished

TRUNK missing

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus missing L Humerus Missing

R Ulna missing L Ulna Missing

R Radius missing L Radius Missing

Carpels, Metacarpels, Phalanges

Missing

LOWER EXTREMITIES. (Give measurements of long bones).

R Femur Missing L Femur Missing

R Tibia Missing L Tibia Missing

R Fibula Missing L Fibula Missing

Calcanea, Tarsals, Patallae, Metatarsals, Phalanges

Missing



24. AGE ESTIMATED AT                     between 22-24 years                      
BASED ON           Degree of closure of sutures of the skull          

25. SUMMARY OF FINDINGS: Age estimation: 22-24 years  
Height estimation: impossible  
Tooth chart: accomplished

26. RECOMMENDATIONS

PROCESSED BY:

s/t/Curtiss D. Paye  
Pfc. 15216985  
CIL Technician

s/t/ Dr. Alexander Tardy  
MD, DA, Anthropology  
GSD, OSD

S/T/ Mack C. Holt

(Signature of Officer)

1st Lt. QMC  
CIL Officer

IDENTIFICATION SECTION  
RELATION RECORDS BLANK  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

RESTRICTED

Q.M.C. FORM 7 GRS  
SOS NATONAL  
July 1945

REPORT OF BURIAL  
AR 30-1815 & TM, 10-630

12 September 1945

Date Report Filled Out

UNKNOWN AMERICAN X-218 (U945-968) Unknown Unknown  
 (Last Name) (First Name) (Middle Initial) (Serial No) (Race)

Unknown Unknown Army USA  
 (Rank) (Organization) (Branch) (Country)

Coords: (U945-968)  
 Sheet 104 Unknown KIA Unknown  
 (Place of Death) (Date of Death) (Cause of Death) (Religion P C H etc)

Map of Italy 1/100,000

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes ( ) , No ( O )

If no identification tags, other means used to identify body (identification card, letters, etc.)

Tooth chart on reverse.

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

Unknown

(Name of Emergency Addressee)

Unknown

(Address of Emergency Addressee)

T/S George Gregory, 602 QM (GR) Co.

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial)

Shroud 1430 hrs, 11 September 1945, U. S. Mil. Cem. at Castelflorentino, Italy (Q549507)

(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 H

86

4614

Wooden Cross

General Service

(Plot No.)

(Row No)

(Grave No)

(King Grave Markers)

(Type of Religious Ceremony)

Identification Tag buried with body ( O ) ; Identification Tag attached to marker ( O ).

If identification Tags not present, what other identification data were buried with the body and in what kind of container?  
QMC Form-1-GRS sealed in bottle and buried with body.

Bodies buried on either side. See paragraph 1 on reverse side this form.  
QMC Form-1-GRS sealed in bottle and buried one foot below grave marker.

Believed To Be:

Right side: STERN, Harold A. Pvt. 36787385 92nd Div. Cav. Recon. Tr. 4613  
(Name) (Rank) (ASN) (Organization) (Grave No)

Left side: BITTLE, Theron F. T/Sgt. 14178345 450th Bomb (H) Grp. 4615  
(Name) (Rank) (ASN) (Organization) (Grave No)

(Signature of Person Reporting Burial)

*George C. Holland*  
(Verified by GRS Officer)

GEORGE C. HOLLAND, 2nd Lt. Inf.

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT Make out QMC Form 1-GRS in quadruplicate for U.S. 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

58936

RESTRICTED

*net-2*

# 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  $\frac{1}{2}$  tag on body, forward  $\frac{1}{2}$  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**

Remains, consisting of skull, evacuated from Coord: (U945-968) Sheet 104, Map of Italy 1/100,000 by a detail of 92nd Division on 10 September 1945.

**CLOTHING:**

Only small remnants of wool OD clothing remained with no identifying markings.

**TOOTH-CHART**

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>LOWER JAW MISSING</b>																																

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

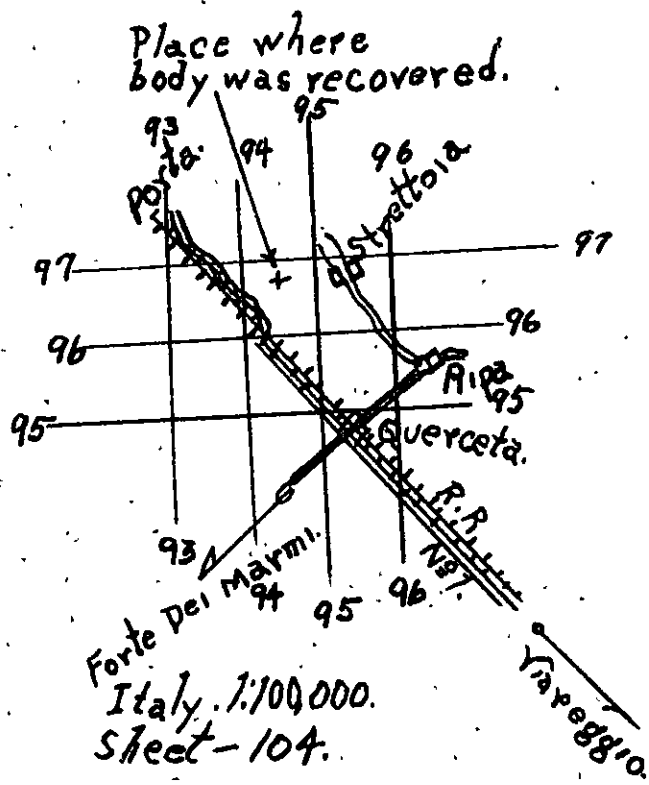
Characteristics R1, R2, R3, L1, L2, L3, L4, missing since death. R7, R8, L5, L6, L7, L8, missing. Other Data R4 silver filling.

**FINGERPRINTS IMPOSSIBLE - HANDS MISSING**

When unidentified, take thumb and fingerprints of both hands

If this not possible, fill in tooth chart

4									
3	2	1	Thumbs	Left	Thumbs	Right	1	2	3
4	3	2	1	Thumbs	Left	Thumbs	Right	1	2



58936

Sheet #1 to sheet #21