

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelforentino, X-311

SUBJECT

Interred APR 25 1949

LH

D 7 24 USF FLORENCE

DISINTERMENT DIRECTIVE

ALTER E THOMAS

Capt CMP Cemetery Superintendent

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 04754

DATE

15 09 48
DAY MONTH YEAR

NAME

~~UNKNOWN X-000311~~

SERIAL NUMBER

GRADE

ARM

0

RACE

0

RELIGION

6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

2K

ROW

85

GRAVE

4908

DISPOSITION OF REMAINS

5201 80

CODE

DIST CTR

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

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELETAL

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

FILE
1 MAY 1949

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 October 1948

BY

CLYDE B. ROSEBOON (EMBALMER)

CASKET SEALED BY

EMBALMER (Signature)

CLYDE B. ROSEBOON (EMBALMER)

CASKET BOXED AND MARKED

CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY

DATE 27 Oct. 48

BY

THOMAS CBX

THOMAS P. FULLIAM, CAPT 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
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

1910

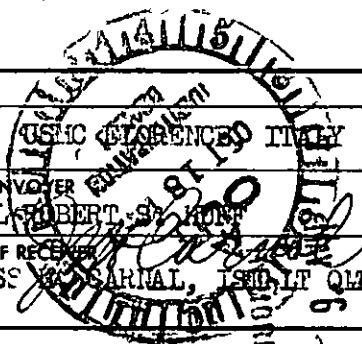
RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

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

2 SHIPPED

| | | | |
|---|-----------------------|--|-----------------------|
| FROM LEGHORN PORT MORGUE | | TO | |
| KIND OF CONVEYANCE RAIL | | NAME OF CONVOYER CPL ROBERT S. HUNT | |
| SIGNATURE OF SHIPPER KENNETH D. MC FEELY, 1ST LT QMG | DATE 11 March 1949 | SIGNATURE OF RECEIVER JESSIE SARNAI, 1ST LT QMG | DATE 11 March 1949 |



REPAIR DIVISION
 RECORDS BRANCH
 6 9 47 AM '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 |

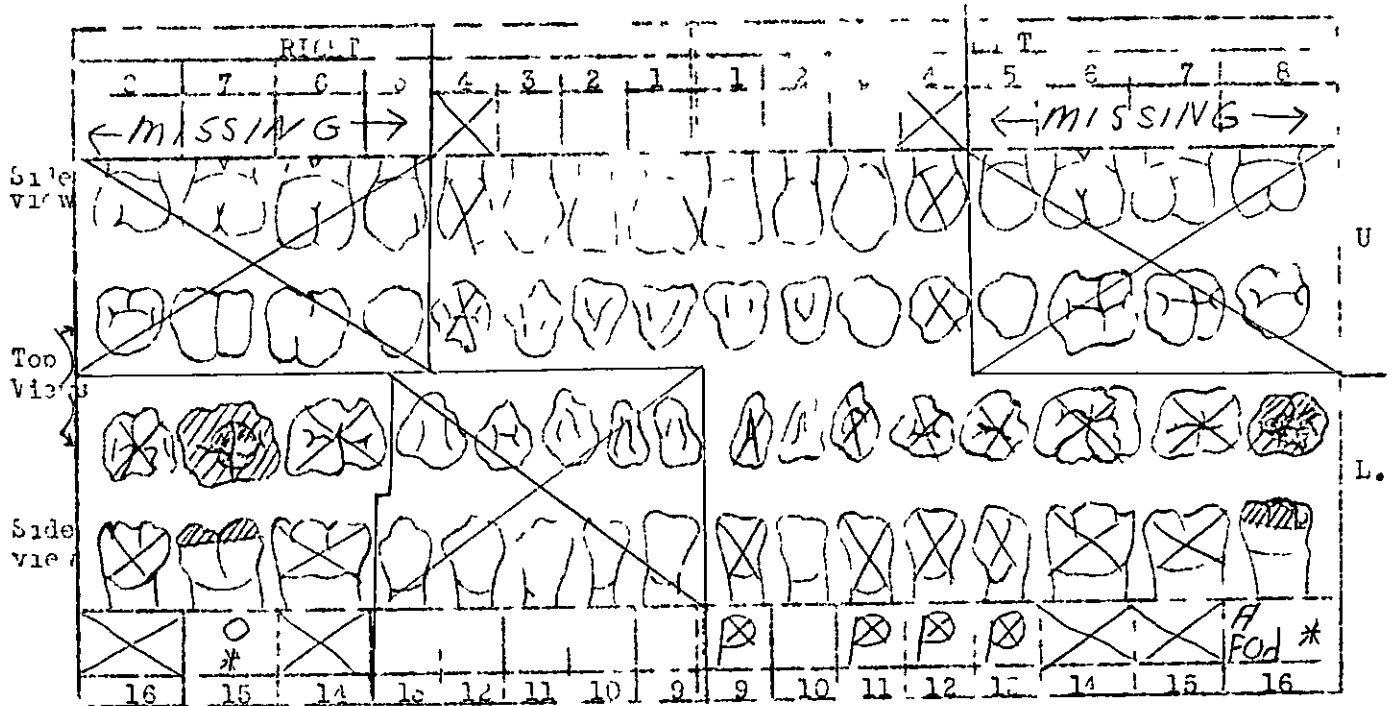
| | |
|--|---|
| TO BE FILLED OUT BY | |
| 1. REFERENCE NUMBER X-311 | 2. DATE OF REPORT 18 October 1948 |
| 3. NAME OF CAMP/STATION USMC Castelfiorentino, Italy | 4. POSITION 2K |
| 5. ROOM 85 | 6. GRADE 4908 |
| 7. NAME OF DISTRICT ALLEN-TERRETT | 8. NAME OF ELEMENT TERRETT |
| PHYSICAL DESCRIPTION | |
| 8. HAIR COLOR Unknown | 9. HAIR LENGTH 6' 1/2" |
| 10. COLOR OF HAIR Unknown | 11. RACE Unknown |
| 12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOR IDENTIFICATION "Non-identifiable by reason of lack of sufficient identifying data." None | |
| 13. GIVE DESCRIPTION OF ANY OTHER SOURCES OF IDENTIFICATION OBTAINED FROM OTHER SOURCES. None | |
| 14. WAS BODY MARKED? YES <input type="checkbox"/> NO <input type="checkbox"/> | TO WHAT SERVICE? |
| 15. WAS BODY IDENTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/> | TO WHAT SERVICE? |
| 16. DESCRIBE EVIDENCE OF IDENTIFICATION FOR IDENTIFICATION None | |
| 17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MAKE, etc. (If laundry marks are indistinct, such notation should be made and a copy forwarded through channels for examination if facilities are not available in the area). None | |

TK 3 Feb 49, "Remains of U.S. Deceased, United"

QMC FORM 104
REV 13 Mar 47

PERSONNEL RECORDS OF THE
ORIGINATING OFFICE

Received 24 Feb 49 OQMG
Not identifiable from information presently available
Kerna Greer



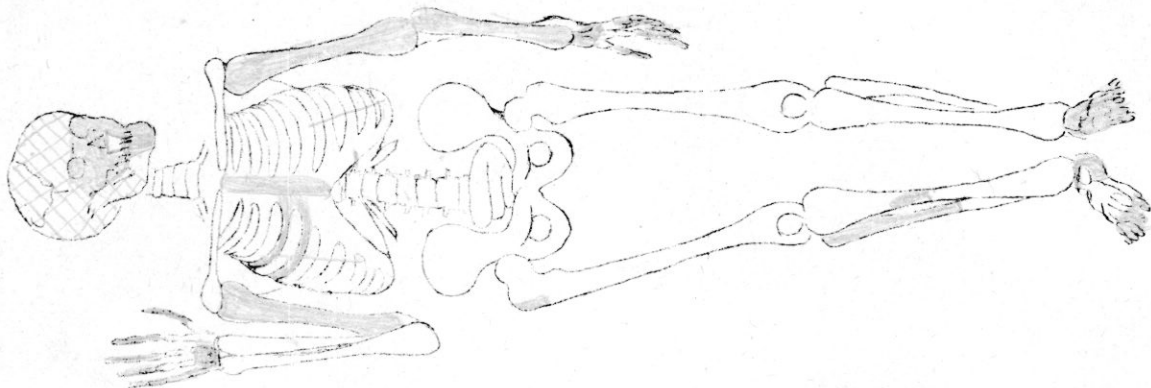
Dentures (Plater)

The shaded areas indicate teeth chipped or broken off.

* - Indicates teeth broken or chipped, making it impossible to determine the full extent of the fillings.

13 March 1917

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)
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.

DR. ALEXANDER TARDY
M.D., D.A., (Antropology)G.S.D.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

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

SIGNATURE

(signed)

HEADQUARTERS
9107 ISL - QMC
AMERICAN GRAVES REGISTRATION SERVICE
EPITAPHIAL ZONE
PO 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-508

Date of Investigation 18 Oct 48

Unknown American X- 311

Am. Mil. Com. Casbelfiorentino Italy. Plot 2K Row No. 85 Grave 4908

Place of Death Mt. Altuzzo, Italy Date of Death Unknown

Map Reference Q-91.3-98.3 Sheet 98 Map of Italy 1/100,000

Other American Dead Found in Same Area Unknown X-303, 304, 305, 306, 307, 308, 309, 310, and 312.

Cause of Death KIA

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 bones are partly

FOOTING CLIMB Accomplished

TRUNK Complete except for: portion of L clavicle, sternum; 1 cervical and 12 dorsal vertebrae, and 2 ribs.

UPPER EXTREMITIES (Give measurements of long bones).

Humeral Trochlea present L Humerus Missing
R Ulna 29.2 cm L Ulna Styloid process missing
R Radius 27.1 cm L Radius Missing
Carpals, Metacarpals, Phalanges Partly present.

LOWER EXTREMITIES (Give measurements of long bones).

R Femur 49.1 cm L Femur 48.7 cm
Tibia Piece of shaft present Tibia 41.1 cm
R Fibula Lower 1/3 present L Fibula 40.9 cm
Calcanea, Tarsals, Patellae, Metatarsals, Phalanges Partly present. Both patellae are present.

24. AGE ESTIMATED BY Over 26 years
BASIS ON Degree of closure of the epiphyses of the long bones,
clavicles, and pelvis.

25. SUMMARY OF FINDINGS
Tooth chart - Accomplished
Height estimation - 6' 1/2"
Age estimation - Over 26 years

26. RECOMMENDATIONS

PROCESSED BY

EVERT A. JOHNSON
Pfc 17173881
CIP Technician


s/t/ Mack C. Holt
(Signature of Officer)
MACK C. HOLT
1st Lt. QMC
CIP Officer

-3-

DR. ALEXANDER TARDY
M.D., D.A., (Antropology) G.S.D., O.S.D.

AUG 6 1948

RESTRICTED

| | | | | | |
|---|--|--|--|--------------------------------------|-------------|
| QMC Form 1042 | | REPORT OF INTERMENT (AR 30-1210 and OP 30-1215) | | DATE OF REPORT 18 May 1948 | |
| Fingerprint Identification Tag if Possible | | Section 1 - IDENTIFICATION | | | |
|  | | NAME (Last, first, middle initial) | | SERIAL NO. | |
| | | Unknown American Soldier X-311 | | Unknown | |
| | | GRADE | ORGANIZATION | BRANCH OF SERVICE | |
| | | Unknown | Unknown | Army | |
| RACE | | RELIGION | IF OTHER THAN U S DEAD, GIVE NAME OF COUNTRY | | |
| Unknown | | Unknown | USA | | |
| PLACE OF DEATH Mt Altuzzo Italy (Q 91.3-98.3) Sh 98 Map of Italy 1/100,000 | | CAUSE OF DEATH KIA | | DATE OF DEATH Unknown | |
| AGENCY ADDRESS (Name, relationship, and address) Unknown | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) | | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) | | | |
| None | | - - | | | |
| PRE-SUBSTITUTED TAGS PROVIDED? (Yes or no) | | COMPLETED BOTH CHECKS ON QMC FORM 1045 ATTACHED HERETO | | | |
| No | | YES See C.I.P. Report | | | |
| LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME | | | | | |
| None | | | | | |
| Section 2.-BURIAL If other than established cemetery, furnish sketch and map coordinates on reverse | | | | | |
| NAME, NUMBER, COORDINATES AND LOCATION OF CEMETERY | | | | | |
| U.S. Military Cemetery Castelfiorentino (Q 547-507) Italy | | | | | |
| DATE OF BURIAL | HOUR | BURIED IN (Should, blanket, or name of other) | TYPE OF GRAVE MARKER | PLCT, ROW No. | GRAVE No. |
| 18 May 1948 | 1500 | Wooden Casket | Wooden Cross | 2K 85 | 4908 |
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, PREVIOUS CEMETERY, AND LOCATION OF GRAVE | | | COORDINATES OF PLOT, ROW, GRAVE | |
| No | - - - | | | - - - | |
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUCTING BURIAL RITES | | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY. | | |
| General | - - | | QMC Form 1042 sealed in glass container and buried with body QMC Form 1042 sealed in glass container and buried one foot below grave marker | | |
| IDENTIFICATION TAG BURIED WITH BODY (Yes or No) | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or No) | | | | |
| No | No | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | RANK | SERIAL | ORGANIZATION | GRAVE | |
| Unknown American Soldier X-310 | Unk | Unk | Unk | 4907 | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL | ORGANIZATION | GRAVE | |
| Unknown American Soldier X-312 | Unk | Unk | Unk | 4909 | |
| SIGNATURE OF PERSON PREPARING REPORT | | | SIGNATURE OF OFFICER VERIFYING REPORT | | |
| Serafino A. Cocucci, DAC | | | Edward Bayer 1st Lt Inf | | |
| DISTRIBUTION OF REPORT Signed original for U S and allied dead, signed original one copy for enemy dead, to the QMC through Hdq Lt Col Officer Copies to retention in theater as prescribed by theater commander. | | | | | |

RESTRICTED

60655

| | | | | | | | | | | |
|--|--------|---------------|---------------|-------------------------------|-----------------------|------------------|--------------------|-------------------|----------------------------------|-----------|
| Section 3.- UNIDENTIFIED REMAINS | | | | | | | | | | |
| INTUITIONS (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. Print 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 the diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured. | | | | | LEFT LITTLE FINGER | LEFT RING FINGER | LEFT MIDDLE FINGER | LEFT INDEX FINGER | LEFT THUMB | LEFT FOOT |
| WEIGHT | HEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS | WEIGHT AND SERIAL NO. | | LAUNDRY MARKS | | WHERE BODY WAS BURIED OR FOUND * | |
| OTHER IDENTIFICATION CLUES | | | | | | | | | | |
| * Mt Altuazo, Italy (91.3-98.3) Sh 98 Map of Italy 1/100,000 | | | | | | | | | | |
| FINGERPRINTS AND REFERENCE AND COORDINATES FOR BURIAL | | | | | | | | | | |
| | | | | | | | | | | |
| Name | | | | | | | | | | |

Fingerprints not possible: remains in skeletal state.

RIGHT LITTLE FINGER

RIGHT RING FINGER

RIGHT MIDDLE FINGER

RIGHT INDEX FINGER

RIGHT THUMB

RIGHT FOOT

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

PRINTS

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
PO 794 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

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

C.I.P. Case No. _____

Date of Investigation 18 May 1948

Unknown American X- 311

Am. Mil. Cem. Castelfiorentino Italy Plot 2K Row No. 85 Grave 4908

Place of Death Mt. Altuzzo, Italy Date of Death Unknown

Map Reference Q 91.3 - 98.3 Sheet 98 Map of Italy 1/100,000

Other American Dead Found in Same Area Unknowns X-303, 304, 305, 306, 307, 308,
309, 310, 312

Cause of Death KIA

22. Description of Remains

Skeletal state

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

69655

23. Skeletal Data

HEAD Skull shattered

TOOTH CHART Accomplished.

TRUNK Left & right scapula, right clavicle, 4 cervical vertebrae, 5 lumbar vertebrae, 10 dorsal vertebrae, complete pelvis, sternal portion 1 clavicle, 22 ribs.

UPPER EXTREMITIES. (Give measurements of long bones.)

| | | | |
|--|----------------|-----------|--------------------------------|
| R Humerus | <u>missing</u> | L Humerus | <u>missing</u> |
| R Ulna | <u>29.3</u> | L Ulna | <u>styloid process missing</u> |
| R Radius | <u>27.2</u> | L Radius | <u>missing</u> |
| Carpels, Metacarpels, Phalanges <u>missing</u> | | | |

LOWER EXTREMITIES (Give measurements of long bones.)

| | | | |
|--|------------------------------|----------|-------------|
| R Femur | <u>49.0</u> | L Femur | <u>48.7</u> |
| R Tibia | <u>Broken - 40.9</u> | L Tibia | <u>41.0</u> |
| R Fibula | <u>upper portion missing</u> | L Fibula | <u>40.9</u> |
| Calcanea, Tarsals, Metatarsals, Metatarsals, Phalanges <u>partly present</u> | | | |


24. AGE ESTIMATED AT Over 20 years.

BASED ON Epiphysial lines on long bones are closed.

25. SUMMARY OF FINDINGS.

1. The remains were found to be in a skeletal state.
2. The remains consist of the representative parts of one (1) body only.
3. No personal effects were found.
4. A tooth chart was accomplished.
5. The age was estimated at over 20, the height at 5' 2 7/8"

26. RECOMMENDATIONS None.


EDWARD BAYER 1st Lt. INF.
(Signature of Officer)

IDENTIFICATION DATA

| | | | | | |
|---|-----------|-----------|-------------|--|-------------|
| 1 REMAINS OF UNKNOWN X-311 | | | | 2 DATE OF REPORT 18 May 1948 | |
| 3 NAME OF CEMETERY CASTELFIORENTINO | 4 PLOT | 5 ROW | 6 GRAVE | 7 DATE OF | |
| | 2K | 85 | 4908 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|--------------------------------------|--|------------------------------------|---------------------------|
| 8 ESTIMATED WEIGHT Unknown | 9 ESTIMATED HEIGHT 5' 6 7/8" | 10 COLOR OF HAIR Unknown | 11 RACE Unknown |
|--------------------------------------|--|------------------------------------|---------------------------|

12 GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None, remains were in skeletal state

14 WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15 WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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)

1 helmet liner
1 cartridge belt
1 first aid pouch
No markings visible

10651

TOOTH CHART

| | TOP VIEW | SIDE VIEW |
|--|----------|-----------|
| MISSING TEETH ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE X'D OUT AND LABELED THUS | | |
| CROWNED TEETH BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN) THUS | | |
| BRIDGE WORK BLOCK IN SOLID AND 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 | | |

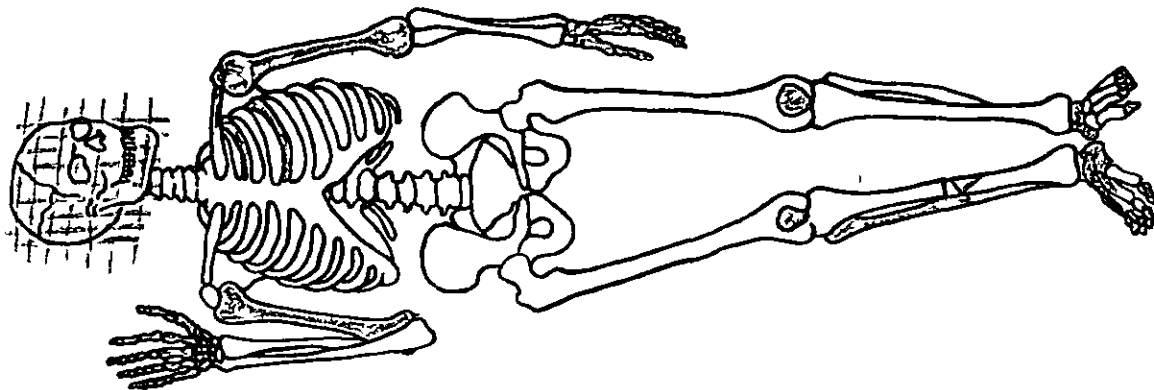
| | RIGHT | | | | | | | LEFT | | | | | | | | |
|------------|---------|-----|----|----|-----------------|---|----|------|---|----|---------|----|----|----|------------|----|
| | 8 | 7 | 6 | 4 | 3 | 2 | 1 | 1 | 2 | 4 | 5 | 6 | 7 | 8 | | |
| | missing | | | X | | | | | | X | missing | | | | | |
| Side Views | | | | | | | | | | | | | | | Side Views | |
| Top Views | | | | | | | | | | | | | | | UPPER | |
| Side Views | | | | | | | | | | | | | | | LOWER | |
| | X | * * | X | X | missing missing | | ⊗ | ⊗ | | | ⊗ | ⊗ | X | X | ⊗ | |
| | 16 | 15 | 14 | 13 | 12 11 | | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

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

16 Left Chipped facially, mesially, lingually 15 R Cement, occlusal filling & is chipped occlusally & lingually, mesially & distally
 The mandible has a large hole at base of tooth 15 Right

5035L

shabbed



20

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS _____ NUMBER

Not applicable

SIGNATURE OF MEDICAL OFFICER

21 REMARKS AND ADDITIONAL INFORMATION

None

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

TYPED NAME GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT S. HUFF Pfc. 16216001

SIGNATURE