

Assessment

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

243 unk Castel, inventaria X-60690

Interred MAY 17 1949

MM

USMC FLORENCE

D 5 35
Walter E Thomas
WALTER E THOMAS
Capt CMP Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5217 04771

DATE
15 03 49
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWN X-060690		0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
CASTELFIORENTINO ITALY	2K	86	4911	5201 00 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 DISTINTERRED
IDENTIFICATION TAG ON? <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY 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)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <i>Thomas P. Pulliam</i> THOMAS P. PULLIAM CAPT QMC
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

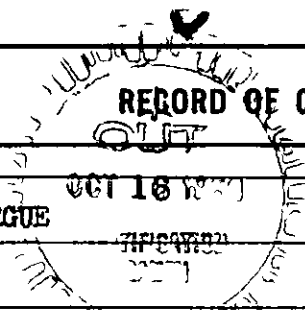
REMARKS AND SPECIAL INSTRUCTIONS

FILE
27 JUN 1949
EMPATRIATION
BRANCH
MEM DIV.

FILE
27 JUN 1949
1000
J.W.

1925

RECORD OF CUSTODIAL TRANSFER



1 SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE, ITALY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PASQUALE BESCIGLIA M/Sgt	
SIGNATURE OF SHIPPER K D MC FEELY IST LT TC	DATE 13 May 49	SIGNATURE OF RECEIVER WALTER E. THOMAS CAPT CMP	DATE 13 May 49

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

To be used only by designated persons
before receipt of O. A. Form 104 (Assignment Location Directive)

Date **7 March 1949**

Information obtained from zone of record

UNKNOWN AMERICAN X-60690 Unk. Unk. Unk.

U.S. MILITARY CEMETERY, CASTELFIORENTINO, ITALY Unk.

2K 86 4911 ITALY Unk.

*S. C. T. C. I. L. P. I. T. P. I. I. Info obtained from labels 2/or Grave marker)

IDENTIFICATION PROCEDURE (with remains)

Remains arler (see or to)

0

0

Name & title


SECTION 1. IDENTIFICATION OF THE INS-OR-STOIC

NATURE OF BURIAL **Shroud** CONDITION OF REMAINS **Skeletal**

OTHER FORMS OF IDENTIFICATION **Burial Report**

MINOR DISCREPANCIES **None**

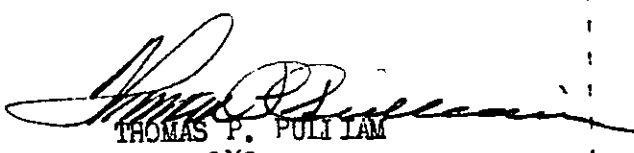
Date **11 March 1949** **LEWIS A. MCAMIS (Embalmer)**

CHECKED AND D BY **LEWIS A. MCAMIS (Embalmer)** 

IDENTIFICATION PLACE DATE TIME **11 March 1949** Name **Syd Stogel** Clerk **Recorder**

Duplication of remains formerly interred with those of Pvt Morris, Thelma, Plot Q, Row 43, Grave 2242; USMC Castelfiorentino.

I hereby certify that all the foregoing operations were conducted and accomplished under my armed & supervised supervision and that the report above is correct


THOMAS P. PULLIAM
Capt, QMC

Signature of G-4 Inspector
Grade and Organization

*Section "B" Omitted

RECORD OF CUSTODIAL TRANSFER

FROM
USMC CASTELFIORENTINO ITALY
CONVEYANCE

TO
LEEFORN PORT MORGUE
NAME OF CONVOYER
R L CROCKER 2 Lt QMC

TRUCK
SIGNATURE OF SHIPPER DATE

SIGNATURE OF RECEIVER DATE

 P.C. CRAIG CAPT QMC 15 Sept 48

 KENNETH D. MCFEELY 1st Lt TC 15 Sept 48

IDENTIFICATION DATA


1 REMAINS OF UNKNOWN American X-60690				2 DATE OF REPORT 13 October 1948		
3 NAME OF CEMETERY USMC Castelfiorentino, Italy		4 PLOT 2-K	5 ROW 86	6 GRAVE 4911	7 DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8 ESTIMATED WEIGHT Unknown	9 ESTIMATED HEIGHT Unknown	10 COLOR OF HAIR straight black	11 RACE Mongoloid type skull
--------------------------------------	--------------------------------------	---	--

12 GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Non-Identifiable by reason of lack of sufficient identifying data


P. S. ANDERSON
Major OMC

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

None

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

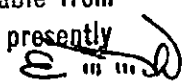
None

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)

None

Trans letter, 25 Oct 48,
Subj: Remains, US Deceased, Anderson

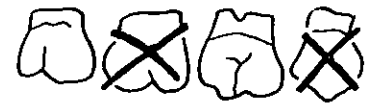
Received 2 Dec 48 **OQMG**

Not identifiable from information presently available 

MISSING TEETH ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE X'D OUT AND LABELED THUS

TOP VIEW

SIDE VIEW



CROWNED TEETH BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN) THUS

Gold Crown, Porcelain Crown



BRIDGE WORK BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE GOLD AND PORCELAIN BRIDGE) THUS

Gold Bridge



FILLINGS DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD SILVER CEMENT) THUS

Gold Filling, Silver Filling



CARIES (Cavities) OUTLINE LOCATION AND SIZE OF CAVITY SHADE IN THUS

Cavity, Decayed

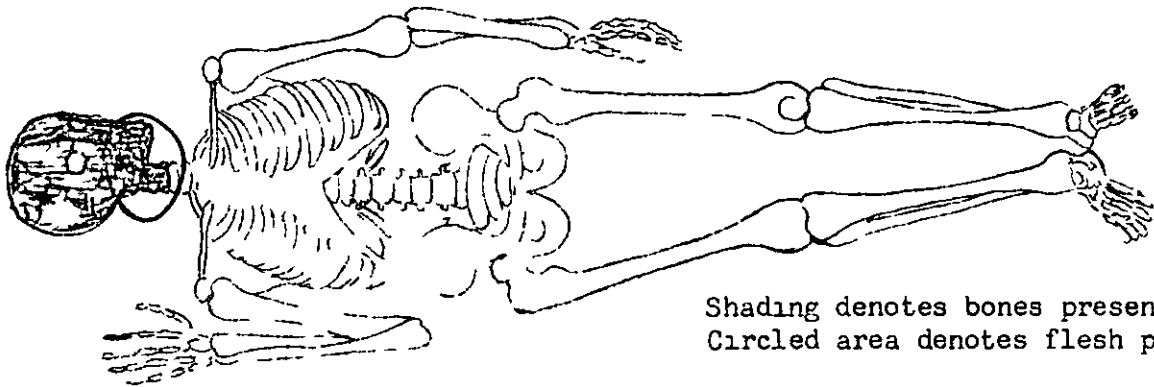


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
lingually															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

Teeth 7-R, 6-R, 4-R, 5-L, and 14-R, are chipped as indicated above.
 Teeth 1-R, 1-L, and 2-L, are broken so as leaving only the roots.
 The teeth are in perfect condition and very nice and white.

19. Black out parts of body not recovered



Shading denotes bones present
Circled area denotes flesh present.

0. MASS BURIAL CERTIFICATE (if applicable)
(wherein segregation in whole or parts is impossible)

certify that the Group remains consist of parts of _____ (number)
precedents based on the presence of one or more of the following
anatomical parts.

(Signature of Medical Officer)

1. REMARKS AND ADDITIONAL INFORMATION

This skull, with 1st and 2nd cervical vertebrae, has been segregated from NORRIS, Thelma, Pvt., 33035564, Plot O, Row 43, Grave 2242, USMC Castelfiorentino, and has been checked with ORBECK, Joseph M, Cpl, 38029215, Plot O, Row 43, Grave 2241 and STANLEY, David B., 1st Lt, O-1301115, Plot O, Row 43, Grave 2243, which both have skulls.

In the opinion of the undersigned, the representative parts of a human remains graphically represented in paragraph 19 are those of one and the same individual.

s/ ALEXANDER TARDY

MD, D.A. (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

s/t/ JOHN L JACKS, Capt. OMC, 9107 TSU-OMC, AGRS/MZ

(signed)

HEADQUARTERS
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

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

C I Case No. I-262

Date of Investigation 20 Sept 48

Unknown American No. 60690

Mr. Mil. Com. Castelfiorentino Italy Plot 2-K Row No. 86 Grave 4911

Place of Death _____ Date of Death _____

Age at Death _____ Sheet _____ Top of It=1 _____

Other American Dec'd Found in Case No. _____

Cause of Death _____

22. Description of remains

Sem decomposed state.

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

23 Skeletal Data

HEAD Longoloid type of skull, Complete except for the left portion of
the mandible.

TOOTH CHIT Accomplished.

TOWNS Only the 1st to 5th cervical vertebrae are present

UPPER EXTREMITIES (Give segments of long bones).

R Humerus _____ L Humerus _____ Missing

R Ulna _____ L Ulna _____

R Radius _____ L Radius _____

Carpals, etc. pols, Metacarpals, _____

LOWER EXTREMITIES. (Give measurements of long bones)

R Femur _____ L Femur _____

R Fibula _____ L Fibula _____

R Tibula _____ L Tibula _____

Calcanei, Tarsals, Metatarsals, etc. phalanges _____

24. AGE ESTIMATED AT Under 22 years
BASED ON All the sutures of the skull are still open.

25. SUMMARY OF FINDINGS
Tooth chart - accomplished.
Height estimate-impossible.
Age estimate - under 22 years.

26. RECOMMENDATIONS

The body of MORRIS, Thelma, is complete, the skull present with the above named decedent checked with cervical, dorsal and lumbar vertebrae, and the skull and 5 cervical vertebrae mentioned in this report belong together seeing that they are attached by flesh.

PROCESSED BY

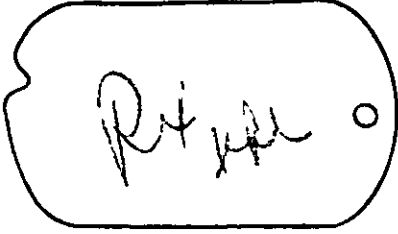
s/ SAMUEL JACKSON
Asst. Anthropologist

s/ Dr Alexander Tardy
MD, DA (Anthropology), G.S.D., O.S.D

s/t/ JOHN L. JACKS
(Signature of Officer)

Captain CMC
CIP Officer

RESTRICTED

WD QMC FORM 1042 (Rev 4 Apr 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">13 October 1948</p>		
<i>Imprint Identification Tag If Possible DO NOT TYPE</i> 	Section 1—IDENTIFICATION			
	NAME (Last, first middle initial) Unknown American X-60690		SERIAL No Unknown	
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE	
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U S DEAD GIVE NAME OF COUNTRY	
PLACE OF DEATH Near Vallecchia, Italy	CAUSE OF DEATH KIA	DATE OF DEATH 17 Nov 44		
EMERGENCY ADDRESSEE (Name relationship and address) <p align="center">Unknown</p>				
IDENTIFICATION TAGS FOUND ON BODY (1 2 or none) none	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse)			
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) no				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME				
Section 2—BURIAL. <i>If other than in established cemetery furnish sketch and map coordinates on reverse</i>				
NAME NUMBER COORDINATES AND LOCATION OF CEMETERY USLC Castelfiorentino, Italy				
DATE OF BURIAL 24 Nov 1944	HOUR 1430	BURIED IN (Shroud blanket or name of other) Shroud		
		TYPE OF GRAVE MARKER Temp wood		
		PLOT No 2-K		
		ROW No 86		
		GRAVE No 4911		
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL INDICATE NAME, NUMBER COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE USMC Castelfiorentino, Italy Duplication of remains			
		PLOT No Q		
		ROW No 43		
		GRAVE No 4911		
TYPE OF RELIGIOUS CEREMONY General	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Copy of this report buried with remains		
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) no	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) no			
BODY BURIED ON DECEASED LEFT NAME (Last first middle initial) Vacant grave	RANK	SERIAL No	ORGANIZATION	GRAVE No. 4912
BODY BURIED ON DECEASED RIGHT NAME (Last first middle initial) Unknown American X-60689	RANK Unk	SERIAL No Unk	ORGANIZATION Unk	GRAVE No 4910
SIGNATURE OF PERSON PREPARING REPORT		SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center">JOHN M. NEEF, Capt. OMC, GEO</p>		
DISTRIBUTION OF REPORT <i>Signed original for U S and allied dead signed original and one copy for enemy dead to the Quartermaster General through Headquarters GRS Officer Copies for retention in theater as prescribed by theater commander</i>				

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


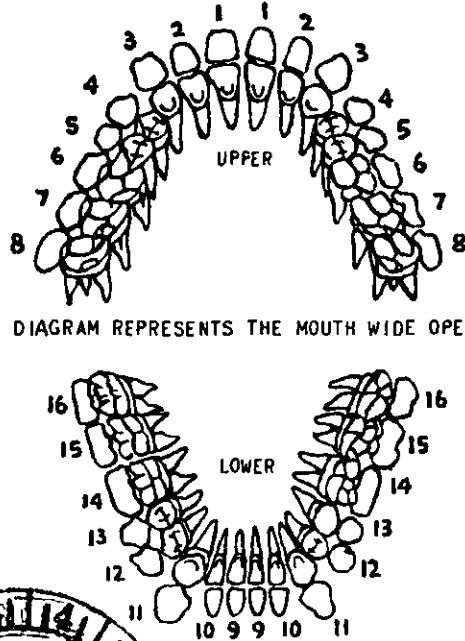




INSTRUCTIONS

(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 air planes, vehicles and tanks.

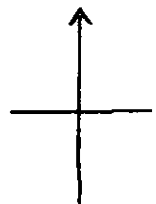
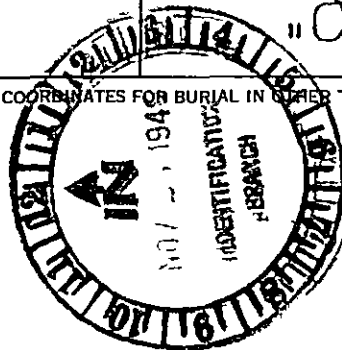
(b) A fingerprint or prints are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS SCARS OR TATTOOS
WEAPON AND SERIAL NO		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELA'N CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS

Remains in this grave are the duplicated remains formerly interred with those of Pvt Morris, Thelma, Plot Q, Row 43, Grave 2242, USMC Castelfiorentino, Italy

RESTRICTED

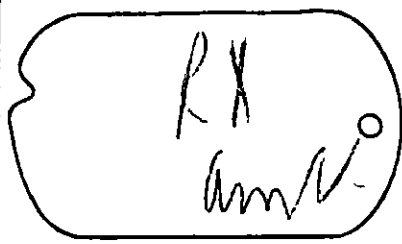
Not Plotted

QMC FORM 1042
(Rev 1 Apr 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
13 October 1948

*Imprint Identification Tag If Possible
DO NOT TYPE*



Section 1—IDENTIFICATION

NAME (Last first middle initial)		SERIAL No
Unknown American X-60690		Unk.
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unk.	Unk	Unk.
RACE	RELIGION	IF OTHER THAN U S DEAD GIVE NAME OF COUNTRY
Unk.	Unk.	U S.A.

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Near Vallecchia, Italy	KIA	17 Nov.44

EMERGENCY ADDRESSEE (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	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
No	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2—BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse

NAME NUMBER COORDINATES AND LOCATION OF CEMETERY
USMC Castelfiorentino, Italy

DATE OF BURIAL	HOUR	BURIED IN (Shroud blanket or name of other)	TYPE OF GRAVE MARKER	PLOT No	ROW No	GRAVE No
24 Nov 44	1430 hrs	Shroud	Temp.Wood	2K	86	4911

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL INDICATE NAME NUMBER COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE	PLOT No	ROW No	GRAVE No
Yes	USMC, Castelfiorentino, Italy Duplication of remains.	Q	43	2242

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
General		Copy of this report buried with remains.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
None	No

BODY BURIED ON DECEASED LEFT NAME (Last first middle initial)	RANK	SERIAL No	ORGANIZATION	GRAVE No
Vacant Grave	-	-	-	4912

BODY BURIED ON DECEASED RIGHT NAME (Last first middle initial)	RANK	SERIAL No	ORGANIZATION	GRAVE No
Unknown American X-60689	Unk.	Unk.	Unk.	4910

SIGNATURE OF PERSON PREPARING REPORT
SIGNATURE OF GRS OFFICER VERIFYING REPORT
John M. Neff
JOHN M. NEFF, Capt, QMC, GRO.

DISTRIBUTION OF REPORT Signed original for U S and allied dead, signed original and one copy for enemy dead to the Quartermaster General through Headquarters GRS Officer Copies for retention in theater as prescribed by theater commander

60690

RESTRICTED

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


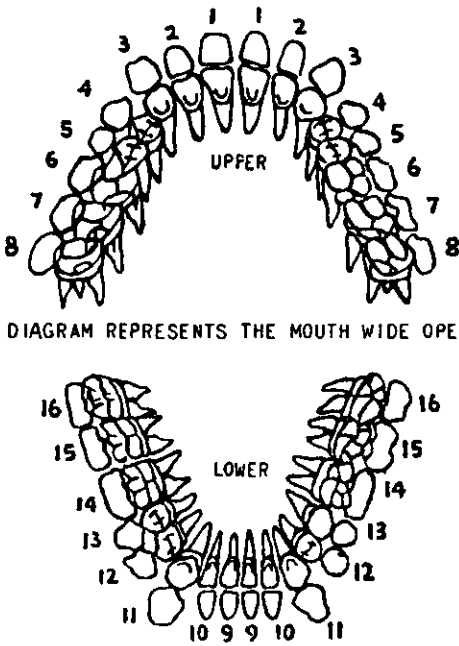




INSTRUCTIONS

(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.

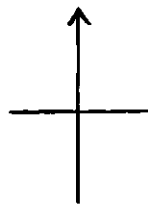
(b) A fingerprint or prints are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left or as many as possible. If no fingerprint or prints can be secured the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS SCARS OR TATTOOS
WEAPON AND SERIAL No		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS.

Remains in this grave are the duplicated remains formerly interred with those of Pvt Norris, Thelma Plot Q, Row 43, Grave 2242, USMC, Castelfiorentino, Italy.

IDENTIFICATION DATA

1 REMAINS OF UNKNOWN American X-60690						2 DATE OF REPORT 13 October 1948	
3 NAME OF CEMETERY US Military Cemetery Castelfiorentino, Italy				4 PLOT 2K	5 ROW 86	6 GRAVE 4911	7 DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION							
8 ESTIMATED WEIGHT Unknown		9 ESTIMATED HEIGHT Unknown		10 COLOR OF HAIR straight black		11 RACE Mongoloid type skull	
12 GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">None</p>							
13 GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">None</p>							
14 WAS BODY BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT?					
15 WAS BODY MANGLED <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT?					
16 DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p align="center">None</p>							
17 LIST EVERY ITEM OF CLOTHING EQUIPMENT AND PERSONAL EFFECTS FOUND SHOWING THE TYPE COLOR SIZE MARKINGS SERVICE ETC <i>(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)</i> <p align="center">None</p>							

60690

TOOTH CHART

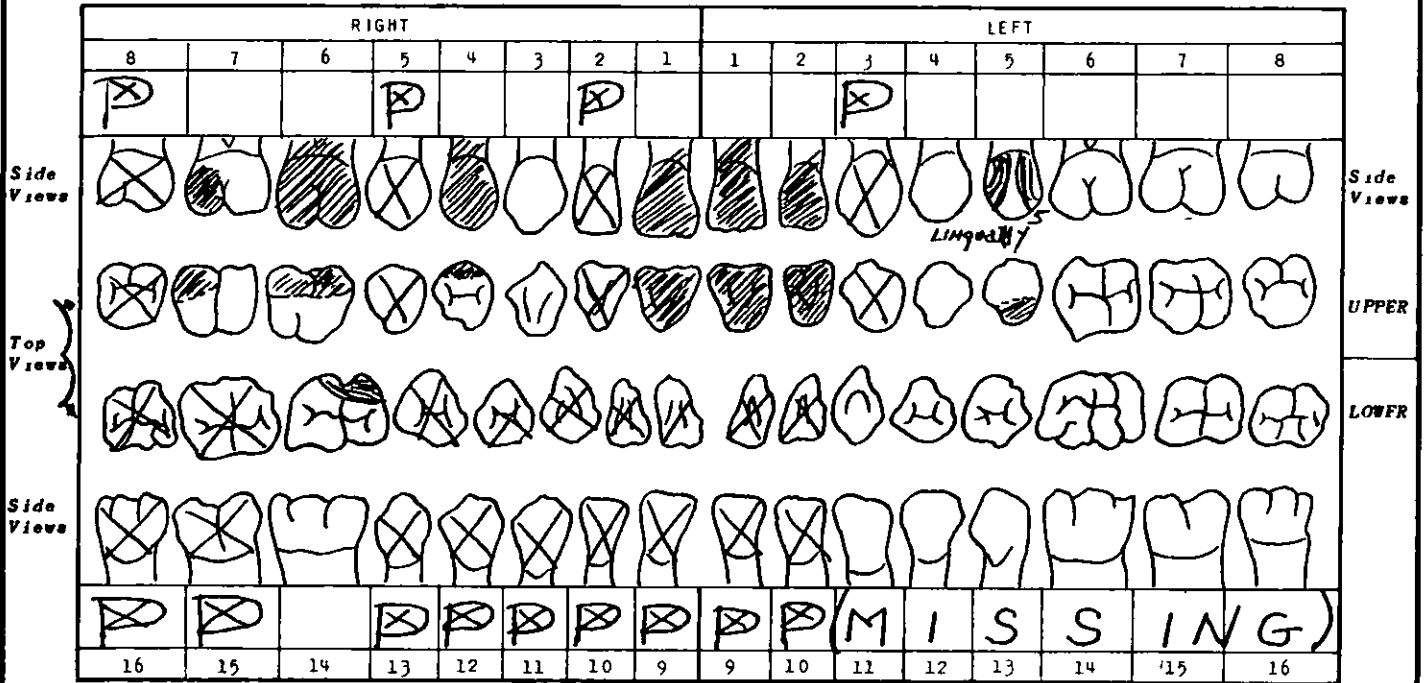
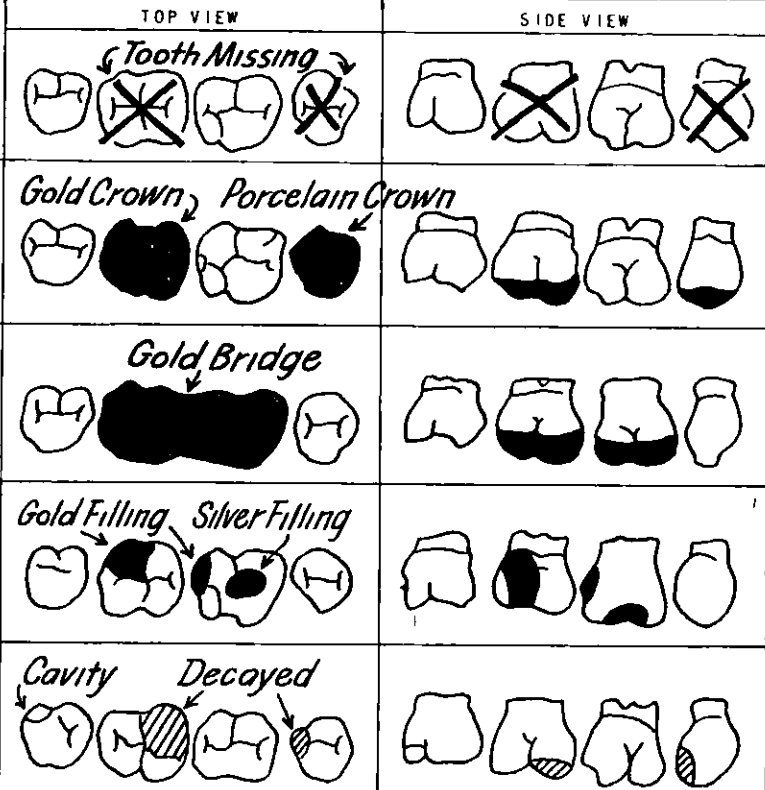
MISSING TEETH ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE X'D OUT AND LABELED THUS

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

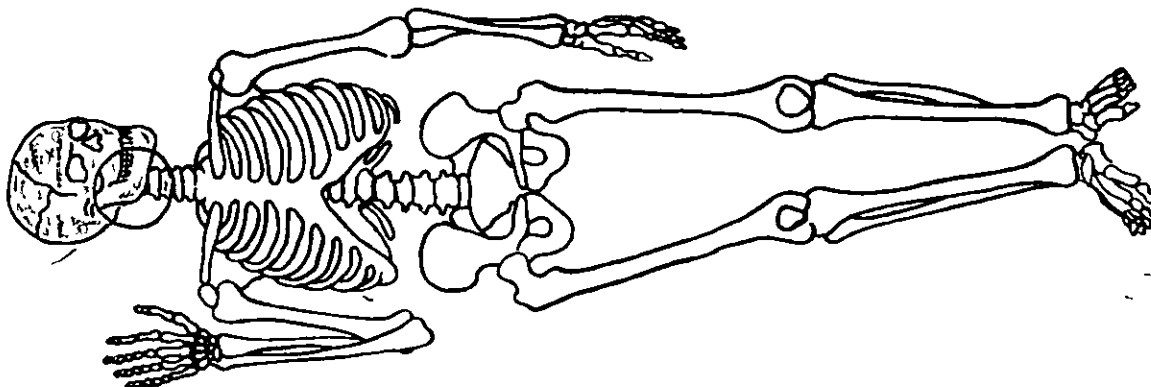


DENTURES (Plates) DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD CLASP

Teeth 7-R, 6-R, 4-R, 5-L, and 14-R are chipped as indicated above.
 Teeth 1-R, 1-L, and 2-L are broken so as leaving only the roots,
 The teeth are in perfect condition and very nice and white.

60697

19 BLACK OUT PARTS OF BODY NOT RECORDED



Red Shading denotes bones present.
Circled area denotes flesh present.

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

SIGNATURE OF MEDICAL OFFICER

21 REMARKS AND ADDITIONAL INFORMATION

This skull, with 1st and 2nd cervical vertebrae has been segregated from: NORRIS, Thelma, Pvt., 33035564, Plot O, Row 43, Grave 2242, USMC Castelfiorentino, and has been checked with ORBECK, Joseph M., Cpl?, 38029215, Plot O, Row 43, Grave 2241 and STANLEY, Davis B, 1st Lt., O-1301115, Plot O, Row 43, Grave 2243 which both have skulls.

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

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

SIGNATURE

JOHN L. JACKS, Jr. Capt. QMC
9107 TSU-QMC, AGRS/MZ

/s/ JOHN L JACKS, Jr. CAPT. QMC

50590

HEADQUARTERS
3107 TSU - QIC
AMERICAN GRAVES REGISTRATION SERVICE
MEDICAL ZONE
110 794 US NY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification of Area QIC 1044 and 1044b
Paragraph 18 - Identification Dental Chart

C I P Case No. L-262

Date of Investigation 20 Sept. 1948

Unknown American X- 60690

Am. Mil. Cem. Castelfiorentino, Italy. Plot 2K Row 86 Grave 4911

Place of Death _____ Date of Death _____

Map Reference _____ Sheet _____ Map of Italy _____

Other American Dead Found in Same Area _____

Cause of Death _____

22. Description of Remains

Semi decomposed state.

(If the remains have not been decomposed, attach to this form

Q 3 Form 1012 completely, filled out to physical characteristics)

3. Skeletal Data

HEAD Mongoloid type of skull, Complete except for the left portion of the mandible.

TOOTH CH RT Accomplished.

TRUNK Only the 1st to 5th cervical vertebrae are present

UPPER LIMBS. (Give measurements of long bones). **Missing**

R Humerus _____ I Humerus _____

R Ulna _____ I Ulna _____

R Radius _____ I Radius _____

Carpals Metacarpals, Phalanges _____

UPPER EXTREMITIES (Give measurements of long bones).

R Femur _____ I Femur _____

R Tibia _____ L Tibia _____

R Fibula _____ L Fibula _____

Calcanea, Tarsals, Metatarsals, Metatarsals Phalanges _____

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
9107 TSU - QMC
APO 794 US ARMY

RB 293
UNKNOWN X-60690
Castelfiorentino, Italy

JMN/jrc/iv
15 October 1948

SUBJECT: Report of Reinterment.

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

In accordance with paragraph 7 of letter, Office of The Quartermaster General, File QMGMP 293, subject Disinterment Discrepancies, dated 2 April 1948, Report of Reinterment for Unknown X-60690 interred in Plot 2K, Row 86, Grave 4911, U. S Military Cemetery, Castelfiorentino, Italy, is herewith submitted.

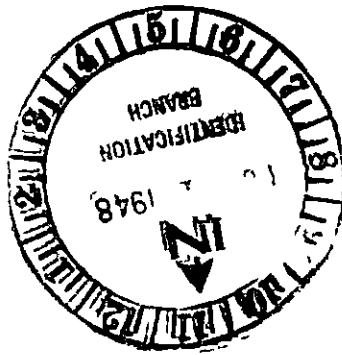
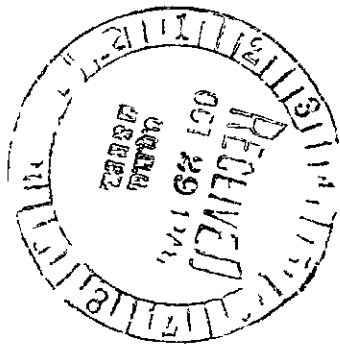
FOR THE COMMANDING OFFICER:

1 Incl:
QMC Fm 1042
2K-86-4911

T. C. Anderson
T. C. ANDERSON
Major QMC
S-3



293
YPS
Medit



CONFIDENTIAL

OCT 29 1948
 IDENTIFICATION BRANCH
 OCT 2 1948
 CONFIDENTIAL
 FBI WASH DC

