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HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

28 February 1949
Date

293
unk France X-142 (Blosville)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 142, Plot Y, Row 5, Grave 82, USMC Blosville, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. '2105, dated 3 December 1946. No further information is available.

~~XXXXXXXXXXXXXXXXXXXX~~

Case reviewed by undersigned Members of the Board of Review:

/s/
/t/

- /s/ Capt Stanley C. Tyrrell, O-1304296 Inf
- /s/ 1st Lt Edward E. Stout, O-1594812 CE
- /s/ 1st Lt Ernest J. Oglesby O-49004 Cav

Received 22 MAR 1949 OQMG
Not identifiable from
information presently
available

NAT
file 3/22/49
Schroth
Ident Br

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

28. February 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 142, Plot Y,
Row 5, Grave 82, USIC Blosville, France,
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.

Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2105, dated 3. Dec. 1946.

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrell

Capt. Jack C. HAYES, O-1577297 OMC Capt. Stanley C. TYRELL, O-1304296 Inf

Edward E. Stout

Capt. Edward F. PRICE, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

Ernest J. Oglesby

1/Lt Ernest J. OGLESBY, O-149004 Cav

22 MAR 1949

OQMG

Unidentifiable from
information presently
available

Incl #9

CMB GWA

Interred 1 April 1949
A-20-46 USMC St. Laurent

C. H. Hinstra
C. H. HINSTRA
1st Lt, Inf, Interring Officer

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3508 00000	DATE 15 11 47 DAY MONTH YEAR
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NAME UNKNOWN	SERIAL NUMBER X-000142	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY BLOSVILLE - CARENTAN				DISPOSITION OF REMAINS 0 3505 80 CODE DIST. PT.
PLOT Y	ROW 5	GRAVE 82	COUNTRY FRANCE	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE ST. LAURENT, FRANCE (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000142	RANK	DATE OF DEATH	DATE DISTINTERRED 29 Jan 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY John H. Clark, 2 Lt QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Remnants of <input checked="" type="checkbox"/> Uniform and <input checked="" type="checkbox"/> Blanket	CONDITION OF REMAINS Advanced decomposition
OTHER MEANS OF IDENTIFICATION None	REPAIRATION RECORDS BRANCH FEDERAL DIVISION MAY 21 10 51 AM '49
MINOR DISCREPANCIES <i>1</i> None	

REMAINS PREPARED AND PLACED IN CASKET
DATE **10 Feb 48** BY **George Avakian**

CASKET SEALED BY **George Avakian** EMBALMER (Signature) *George Avakian*

CASKET BOXED AND MARKED DATE **10 Feb 48** BY **Marvin Noyes** SHIPPING ADDRESS VERIFIED BY **Charles J. Missigman**

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

Charles J. Missigman
Charles J. Missigman

SIGNATURE OF GRS INSPECTOR

10 JUN 1949
REPAIRATION
BRANCH
MEM. DIV.

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

NLN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Point B - St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Evt Robert C. Spach Jr.	
SIGNATURE OF SHIPPER <i>Jim F. Randall</i> Jim F. Randall, Capt QMC	DATE 10 Feb 48	SIGNATURE OF RECEIVER <i>D.A. MacKenzie</i> D.A. MacKenzie, Capt Inf	DATE 10 Feb 48

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 (IN VERIFICATION OFFICE)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 20. FURNISH LEAVE	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

CHECK LIST OF UNKNOWNNS

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

Unknown X - 142
Cemetery Blosville, France
Plot Y Row 5 Grave 82

1. ~~Arrived at cemetery~~ **Reprocessed 30 October 1946**
(hour) (date)
2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)
3. Remains ~~recovered or disinterred by~~ **and reprocessed by Subordinate Identification**
(name and organization)
4. Evacuated to Cemetery by Point Carentan
(name and organization)
5. **Description of clothing and equipment : (If clothes do not fit, obtain size from body measurements).**

	Clothing		Indicate unusual markings
	Markings	Sizes	Color wear, tear, repairs, etc.

Item _____

*Headgear None
(type)

Raincoat None

Overcoat None

Jacket, Field None

Jacket, Combat None

Mackinaw None

Sweater None

Jacket, HBT None

*Shirt, ~~Wool~~ **Cotton, Khaki, One (1)**

Undershirt, Wool None

Undershirt, Cotton None

Trousers HBT One (1) pair

*Trousers, Wool OD Remnants of, Size W-31 Inseam - 33

Belt, Web **One (1), M&S : F-1949**

Drawers, Wool **None**

Drawers, Cotton **Remnants of**

Leggins, Wool **None** (Note unusual lacing)

Socks, Cotton **None**

*Shoes **None** (type)

Overshoes **None**

Web Equipment **None** (Type)

(Other item) **One (1) G.I. Blanket**

(Other item) **None**

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

6. Chevrons or Insignia **None**

(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **None**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

UTD

8. Description of Remains :

Age **UTD** Height **Est. 5'10"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**
(length, width, location)

Tattoos **UTD**
(Number, location -- illustrate on sep, page)

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

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD**
(light, med. dark, clear, pimples, poeks, freckles)

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

Hair **UTD**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

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

Sideburns **UTD** (color, setting, shape) Mustache **UTD** (color, size, shape) Beard or **UTD** (length, heavy)

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

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

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

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

Teeth **UTD** (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin **UTD** (prominent, receding, pointed, dimple, double)

Jaw **UTD** (large, small, normal) Circumference of head in inches **UTD** (hat band)

Neck **UTD** (size, length, short, normal, wrinkled) Larynx **UTD** (prominent, normal)

Shoulders **UTD** (broad, straight, small, rounded) Arms **UTD** (length, muscular, color)

(extent and quantity of hair)

Hands **UTD**

Fingers **UTD** (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest **UTD** (size of nipples, color, quantity & extent of hair, large, small normal)

Back **UTD** (quantity & extent of hair) Navel **UTD** (size of navel, appendectomy, amount)

Circumcision **UTD** (yes-no) Pubic hair **UTD** (color)

Hernioplasty **UTD** (yes-no; location)

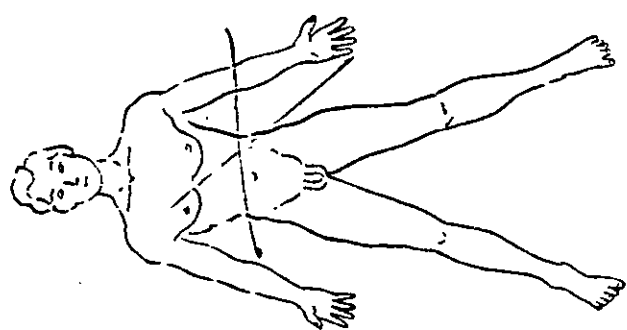
Legs **UTD** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

Evidence of healed factures UTD (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :

See attached Chart



10. Have fingerprints been placed on Report of Interment No (yes-no)

If not, explain Hands missing

11. Has tooth chart been prepared No (yes-no) If not, explain Head missing

12. Remarks : **Body received in G.I. Blanket, nothing but lower extremities left, badly decomposed, only three major bones not fractured. Est. weight of remains: 20 Lbs. Burial bottle found with body. Fluoroscope unavailable. Web. Belt MKd: F-1949. Nothing found to warrant Chemical Laboratory Examination.**

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.

Robert A. Salvador

ROBERT A. SALVADOR *k-6*
Officer's Name

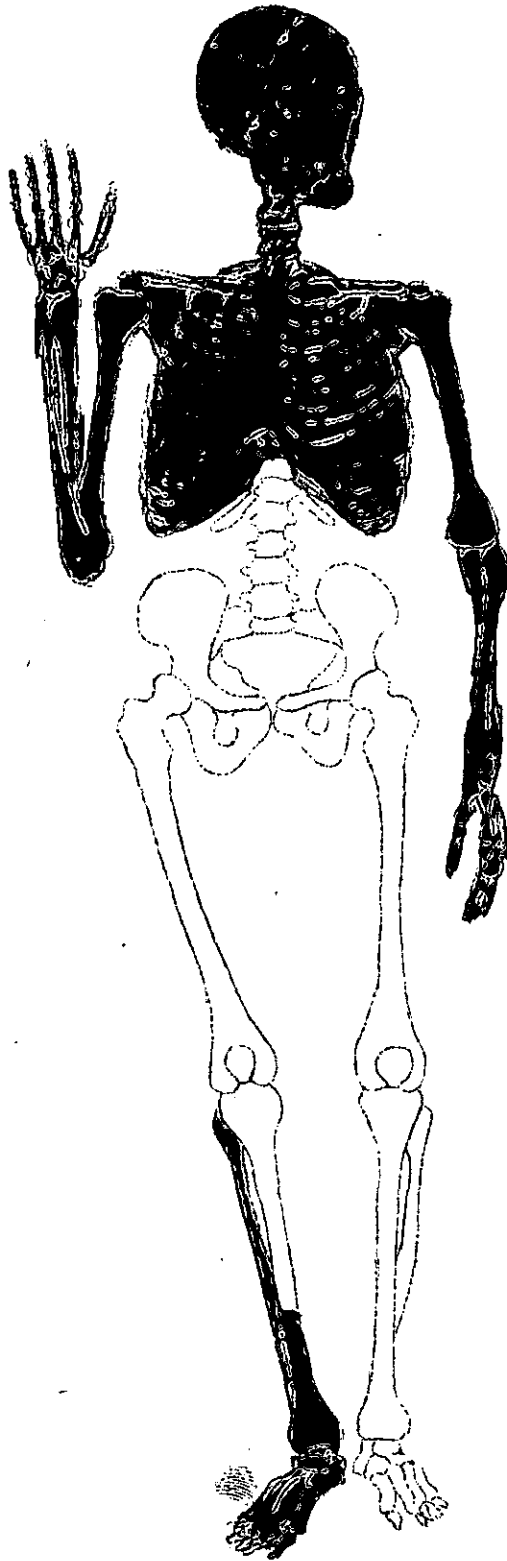
Capt. Inf.

Rank Service

Central Identification Point
Organization

X-142

Blosville
Plot: Y Row: 5 Grave: 82



RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

2270
5 October 1944

Date

UNKNOWN A-142	Unk.	Unk.	Unk.
Last Name	First	Initial	Rank
Unk.		Unk.	
Unit		Organization	
R. Beach, France		Unk.	
Place of Death		Date of Death	
1000 5 October 1944.		Blonville, France	
Time and Date of Burial		Name or Coordinates of Location	
820a 5		Cross	
Grave Number	Row Number	Plot Number	Type of Marker

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

If No Identification Tags

How were remains identified?

Body completely decomposed

What means of identification were buried with the body?

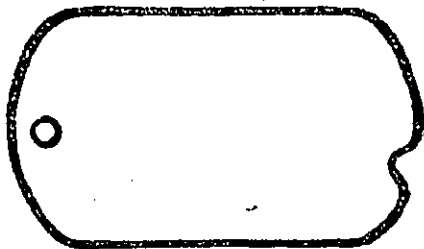
G.N. Form no. 1

To determine Right or Left use **Deceased's** Right and Left.

Who is buried on:

Deceased's Right:	Unknown A-142	Serial No.	Rank	Organization	Grave No.
	Name				51
Deceased's Left:	Mansfield, Lt.	W-71528	Rank	Organization:	Grave No.
	Name	Serial No.			81

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 _____ Name _____

Address _____

Religion _____ Unknown

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

NONE

87

1183

Signature of Officer or other person reporting burial

Lucas E. Pugh

LUCAS E. PUGH Verified by G.R.S. Officer
and Lt., GAO

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take These You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(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.

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

Thumb					
1					
2					
3					
4					

Left Hand

1					
2					
3					
4					

Right Hand

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C 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.