

Interred 26 February 1949
 D-3-4- USMC, St Laurent

DISINTERMENT DIRECTIVE

C.H. Hiemstra
 C.H. HIEMSTRA
 1/LT Inf, interring Officer

SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3508 00000

DATE

15 11 47
 DAY MONTH YEAR

NAME

UNKNOWN X-000158

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

0
 DAY MONTH YEAR

CEMETERY

BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS

0 3505 80
 CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

Y 8 146 FRANCE

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

ST. LAURENT, FRANCE

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER):

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-000158

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

Utd

Utd

29 Jan 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

Utd

John H Clark, 2/Lt QMC

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Matress: cover

CONDITION OF REMAINS

Advanced decomposition

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES

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

SHIPPING ADDRESS VERIFIED BY

DATE 10 Feb 48

BY Marvin Noyes

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.

SIGNATURE OF GRS INSPECTOR

Charles J. Missigman
 Charles J. Missigman

10 JUN 1949

REPATRIATION
 BRANCH
 MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blosville		TO Casketing Point B - St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Robert C. Spach Jr.	
SIGNATURE OF SHIPPER <i>J.F. Randall</i> John 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 (EX ADMINISTRATIVE ORDERS)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 21. FURNISH EVIDENCE	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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

13 Dec. 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown ²⁴³X-158, Plot Y,
Row 8, Grave 146, 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. 2116, dated 16 Dec., 1946. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/George L. Freeman
/t/ 1st Lt QMC
Actg Asst Adj Gen

Received 3 JAN 1949 QQMG
Not identifiable from
information presently
available

NAT
File 11/3/49
M. Bland
Ident. Br

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

13 Dec., 1948

(Date)

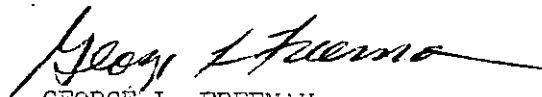
SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - ¹⁵⁸_____, Plot ^Y_____
Row ⁸_____, Grave ¹⁴⁶_____, USMC ^{Slosville}_____ 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. ²¹¹⁶_____, dated ^{16 Dec., 1946}_____.
No further information is available.

FOR THE COMMANDING GENERAL:


GEORGE L. FREEMAN
1st Lt CMC
Actg Asst Adj Gen

Received 3 JAN 1949 OQMG
Not identifiable from
information presently
available

Incl #18

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

Q. J. R.

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

23026
16 OCT. 1944
Date

Unknown X - 158

Last Name First Initial Rank Serial No.

Unit Organization

Utah Beach, France

Unknown

KIA

Place of Death

Date of Death

Cause of Death

9 Oct. 1944

Blosville cemetery

Blosville, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

146

8

Y

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?

What means of identification were buried with the body?

Embossed plate X - 158

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

Who is buried on:

Deceased's Right: Unknown X - 159 147

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: Crawford, R. 36866284 Pvt. 965 Eng. co. 145

Name

Serial No.

Rank

Organization

Grave No.

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 _____

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

87

J.R. Ripley 1st Lt Q.M.
Signature of Officer or other person reporting burial

DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those 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.:

4	3	2	1
Left Hand			
Thumb			

4	3	2	1
Right Hand			
Thumb			

TOOTH CHART

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

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.

CHECK LIST OF UNKNOWNNS

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

Unknown X - 158
Cemetery BLOSVILLE - France -
Plot Y Row 8 Grave 146

1. ~~XXXXXXXXXXXX~~ **Reprocessed 1 Nov. 1946.**
(hour) (date)

2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

3. Remains ~~XXXXXXXXXX~~ disinterred by Subordinate Identification Point CARENTAN-
(name and organization) France

4. Evacuated to Cemetery by _____
(name and organization)

5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body mea-
surements).**

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 OD none

Undershirt, Wool none

Undershirt, Cotton none

Trousers HBT none

*Trousers, Wool OD none

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

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

Socks, Cotton **One (1) Remnants of,**

*Shoes (type) **One (1) Service type**

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **none**

(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 **5'5 1/2"** 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, pocks, 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** Mustache **Utd** Beard or **Utd**
 (color, setting, shape) (color, size, shape) (length, heavy)

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

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

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

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

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

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

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

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

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

Utd
 (extent and quantity of hair)

Hands **Utd**

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

Utd
 (Unusual characteristics of fingernails)

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

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

Utd Circumcision **Utd** Pubic hair **Utd**
 (quantity & color of hair) (yes-no) (color)

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

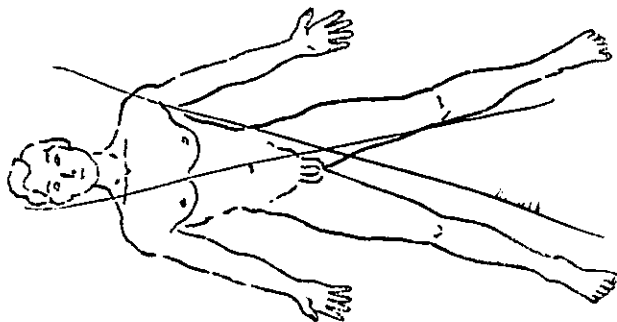
Legs **Utd**
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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

Evidence of healed factures none (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 : No Burial Report found with remains. Body not wrapped when buried. Remains in last stage of decomposition. All of remains not recovered, see chart. Fluoroscopic Report: Negative. Nothing found to warrant Chem. Lab. Exam. Est. weight of remains 30 Lbs.

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
Officer's Name
ROBERT A. SALVADOR PNA.
Captain **Inf.**
Rank Service

Central Identification Point
Organization

X-158

Cemetery BLOSVILLE - France -
Plot Y, Row 8, Grave 146.

