| l <sub>A</sub>     | • .                                 |                            |              |   |                | _                                     | IRR PLY   |
|--------------------|-------------------------------------|----------------------------|--------------|---|----------------|---------------------------------------|---|
| 3 4                | C.H. HIEMST                         | MC. St Laurer<br>DIS<br>RA | SINTERM      | ENT DIREC                               | TIVE           |                                       | <b>V</b>  |
| 1 / J.             | 1/Lt Inf, i                         | nterring Offi              | icer         | DIRECTIVE NUMB                          | LFR            |                                       | DATE  |
|                    | SECTION A —<br>NAME AND BURIAL LOCA | ATION OF DECEASED          |              |   | 00000          | ,                                     | 15   11   47                                    |
|                    |                                     |                            | SERIAL NU    |   | RANK           | ARM                                   | DAY MONTH YEAR                                  |
|                    |                                     | UNKNOWI                    |              |   |                | Q                                     | DAY MONTH YEAR;                                 |
| BLOSVI             | LLE - CA                            | RENTAN                     |              |   |                | 0                                     | DISPOSITION OF REMAINS  3505 80  CODE DIST. PT. |
| ı                  | GRAVE COUNTR                        | //                         | <i>i</i>     |   | <del></del>    |                                       | CAUSE OF DEATH                                  |
| у в                | 147 FF                              | SECTION B - CON            | NSIGNEE AND  | NEYT OF KIN                             |                |                                       | 6   |
| IAME AND ADDRESS   |                                     | SECTION B = COT            |              | AND ADDRESS OF                          | NEXT OF KIN    | · · · · · · · · · · · · · · · · · · · |   |
| ST. LAUREN         | NT, FRANCE                          | •                          |              |   |                |                                       |   |
| IAME               |                                     | SECTION C — DISINT         | RANK         | IDENTIFICATION DATE OF DEATH            | <u> </u>       | DATE                                  | DISTINTERRED                                    |
|                    | UNKNOWN. X                          |                            |              | -, <b></b> , -                          |                |                                       | 29 Jan 48                                       |
| IDENTIFICATION TAG |                                     |                            |              | RELIGION                                | IDENTIFICATION |                                       | <u> </u>  |
| REMAINS MARKER     |                                     | UNKNOWN                    |              |   | John H         |                                       | ark <sub>n</sub> ae <b>L</b> to <b>oks</b>      |
| ATURE OF BURIAL    |                                     | SECTION D — PREPARAT       | 1            | AINS FOR SHIPME                         | NT             |                                       |   |
| Mattress           | cover                               |                            |              | ced decom                               | osition        |                                       |   |
| THER MEANS OF IDER | NTIFICATION<br>ONE:                 |                            | <del> </del> |   |                |                                       |   |
| INOR DISCREPANCIES | 5.1<br>Dine:                        |                            |              | Avakfan (Signature)                     | ECORD          | ב<br>ז<br>ז                           |   |
| MAINS PREPARED AN  | ID PLACED IN CASKET                 |                            |              | 14                                      | S B S          |                                       |   |
| ATE 10 Feb         | 48                                  | BY                         | George       | Avaktan                                 | PM<br>PM       |                                       |   |
| ASKET SEALED BY    |                                     |                            | EMBALMER     | (Signature)                             | , E            |                                       | /   |
|                    | ge Avakian                          |                            | l/           | wargh                                   | - Hva          | k                                     | Clair   |
| ASKET BOXED AND M  |                                     |                            | SHIPPING A   | DDRESS VERIFIED                         | 8V2            |                                       |   |
| ATE 10 Feb 4       |                                     |                            | 347          | Charles                                 | J. Missig      | 1810                                  |   |
| and that the re    | port above is correct.              | egoing operations we       | re conduct   | Malis                                   | plished under  | my i                                  | mmediate supervision                            |
| Prepare Discre     | epancy Report QMC                   | Form 1194a for major       | discrepan    |   | GRŠIINSPĒCTOR  | <b>^</b>                              | IIIN 1040                                       |
| Λ -                |                                     | ·                          | •            | *************************************** |                | HEFA                                  | JUN 1949<br>TRIATION<br>RANCH                   |
| AC FORM 14         | 04                                  |                            |              | <u> </u>                                |                |                                       | M. DIV  |
| 11:<br>V 15 MAR 46 |                                     |                            | ••• • • •    | هداند.                                  | 1              |                                       | N   |

| RECOI                                     | RD OF CUS                             | STODIAL TRANSFER   | - <u>-</u>                            |
|---|---------------------------------------|--|---------------------------------------|
|   | . 1 0                                 | HIPPED AND THE STATE OF THE STA | <u> </u>                              |
| FROM                                      | , 1. 3                                | 10   |                                       |
| USMC Blosville                            |                                       | NAME OF CONTROL AND A STATE LAUR   | nt                                    |
| Truck                                     |                                       | Last Copert GASTER Jr.   |                                       |
| SIGNATURE OF SHIPPER                      | DATE                                  | SIGNATURE OF RECEIVER  | DATE                                  |
| Jan F. Randall, Capt OMC 1                | O Par Lu                              | Wall Cape  |                                       |
|   | 0 <b>Feb</b> 48                       | more The second  | 10 Feb 48                             |
| FROM CONTRACT VALUE                       | 2. 3                                  | TO TO  | LICK 12                               |
| KIND OF CONVEYANCE                        |                                       | NAME OF CONVOYER   |                                       |
| SIGNATURE OF SHIPPER O                    | DATE                                  | SIGNATURE OF RECEIVER  | DATE                                  |
|   | 3. S                                  | HIPPED .   |                                       |
| FROM Y' II'C                              | - <del></del>                         | 10   |                                       |
| KIND OF CONVEYANCE                        |                                       | NAME OF CONVOYER   |                                       |
| SIGNATURE OF SHIPPER                      | DATE                                  | SIGNATURE OF RECEIVER  | DATE                                  |
| ·   | 4. S                                  | HIPPED   |                                       |
| FROM - TORICHT SUACE.                     |                                       | 10 1 6 1 1 1 1 1   | · · · · · · · · · · · · · · · · · · · |
| KIND OF CONVEYANCE                        | · · · · · · · · · · · · · · · · · · · | NAME OF CONVOYER   |                                       |
| SIGNATURE OF SHIPPER                      | DATE                                  | SIGNATURE OF RECEIVER  | DATE                                  |
|   | 5.5                                   | HIPPED   |                                       |
| FROM                                      |                                       | 10   |                                       |
|   |                                       |  |                                       |
| (BY ALL HUISTRATIVE CREET)                |                                       | NAME OF CONVOYER   | h                                     |
| SIGNATURE OF SHIPPER  CAT FYOCEMAT EMPIRE | DATE                                  | SIGNATURE OF RECEIVER  | - DATE                                |
|   | 6. S                                  | HIPPED   |                                       |
| FROM 173 1775                             |                                       | ТО   |                                       |
| KIND OF CONVEYANCE                        |                                       | NAME OF CONVOYER   |                                       |
| SIGNATURE OF SHIPPER                      | DATE                                  | SIGNATURE OF RECEIVER  | DATE                                  |
|   |                                       |  |                                       |
| FROM                                      | 7. S                                  | HIPPED '   |                                       |
|   |                                       | 1.7  |                                       |
| 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, ...

SUBJECT: Unidentifiable Remains

TO:

The Quartermaster General

Memorial Division Washington 25, D. C.

1. The records pertaining to Unknown X 159, Plot y, Row 8, Grave 147, USMC Blosville 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 COLMANDING GENERAL:

Received Identifiable from presently available available

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

## HEADQUARTERS ANTRICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

RRE 293

13 Dec., 1948

SUBJECT: Unidentifiable Remains.

10:

The Quartermaster General

Memorial Division Washington 25, D.C.

Row 8, Grave 147, USMC Blosville 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:

3 JAN 1949 09MG

GEORGE L. F

Actg Asst Adj Gen

Receievd From Receievd identifiable from information presently information available

Inc1#19

GRAVES REGISTRATION FORM No. 1 (Revised i Sept. 1943)

## REPORT OF BURIA 188

23027

Unknown X - 159 Scrial No. Rank Initial Last Name First Organization Unit Unknown Utah Beach. France Cause of Death Date of Death Place of Death Blosville, France Blosville cemetery 9 OCT 19山 Name or Coordinates of Location Name of Cemetery Time and Date of Burial Cross Type of Marker Plot Number Row Number Grave Number No 🖬 Disposition of Identification Tags: Buried with body Yes 🗖 No for Attached to Marker Yes If No Identification Tags How were remains identified? What means of identification were buried with the body? Embossed plate X - 159 To determine Right or Left use Deceased's Right and Left. Who is buried on: 148 Unknown: X - 160 Deceased's Right: Grave No. Organization Serial No. Rank 146 Unknown X -Deceased's Left: Grave No. Organization. Rank Name Serial 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

Religion \_\_\_\_\_\_

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

87

Signature of Officer of other person reporting burial

Verified by G.R.S. Officer

|                  |  |  | •                                     |
|------------------|--|--|---------------------------------------|
|                  |  | Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:  |                                       |
| ٠                | is a   | 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. |                                       |
| Left Hand        | 22   |  | ຄ                                     |
|                  |  | Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:   |                                       |
|                  |  | <u> </u>   | 1                                     |
|                  | Thumb  |  | Thumb                                 |
|                  | TOOTH CH   | If this is an Isolated Burial, make a Sketch of the loriented with Permanent Landmarks. If more space attach separate sheet. Indicate North.   | Location,<br>needed                   |
| s Left           | 5 6 7 8<br>5 6 7 8<br>. by $\square$ ; Bridges   |  | • • • • • • • • • • • • • • • • • • • |
| Deceased's Left  |  |  |                                       |
|                  | 8 7 6 -5 4 3 2 1 1 2 8 7 6 -5 4 3 2 1 1 2 Indicate: missing natural teeth by X; crowns by by 3 linking anchor teeth; replacements by artification of the contract of the contr |  |                                       |
|                  | 3 2 1<br>3 2 1<br>1 teeth by X<br>ih; replacem   |  |                                       |
| Deceased's Right | -5 4 3   |  |                                       |
| Decea            | 6 - 6 - missi  | Characteristics:   |                                       |
|                  | 8 7 8 7 Indicate by C li   | Charai   |                                       |

Upper Lower

œ 00 Other Data:

AGRC FORM No. 41 Revised 5 January 1946

## CHECK LIST OF UNKNOWNS

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

|      | · ·  |                |                                     |                                    |   |  | Cemetery   | Blosvil   | lle, Fr  | ance   |
|------|--|----------------|-------------------------------------|------------------------------------|---|--|--|---|--|--|
| 1.   | Marcara Pasa                                 | XXXX           |                                     |                                    |   | Octobe   |  |   | ,,,  | -  |
| 2.   | Place of death                               | <sub>.</sub> , | • emet energy and the energy of the | r) · (date)                        | ********                                |  | (coordi  | nates and letter l                                    |  | accurate whee some shift   |
|      | vv   |                |                                     |                                    |   | and serials used   |  | dronuitanan mana and an view                          | •  |  |
| 3.   | Remains ************************************ | aved, ko       | <b>K</b> disinterr                  |                                    |   |  | dent <b>if</b> i   | cation organization)                                  | Point,   | Carenta<br>France  |
| 4.   | Evacuated to C                               | <b>e</b> meter | y by                                | **************                     | *************************************** | /  | me and organiza  | tion  |  | Prance   |
| 5.   | Description of surements                     |                | ng and                              | equipme                            | nt = (if                                |  | •  |   | ze from l  | body mea-  |
|      |  |                | •                                   |                                    |   | Clothing<br>Marking  |  |   |  | al markings<br>repairs, etc.   |
| •He  | adgear Non                                   | (type)         |                                     |                                    |   | . <b>.</b>   |  |   | er va  |  |
|      | ncoat  | * 4            | •                                   |                                    |   |  | to the second se | *   |  |  |
| Ove  | ercoat                                       | None           | 9                                   |                                    |   |  | come opposite to o   |   |  | WATER TO STATE OF THE STATE OF  |
| Jacl | set, Field                                   | None           | 9                                   | <b>.</b>                           | ,<br>,                                  |  |  | -11-04 re   | <b></b>  |  |
| Jacl | cet, Combat                                  | None           | 9                                   |                                    |   | ************************   |  |   |  |  |
|      | kinaw  |                |                                     |                                    |   | -  | _  |   |  |  |
| Swe  | eater  | None           | <b>.</b>                            |                                    |   | tur at management  | nga - samungudan medir 1 - sam.  | # In the foresteen the control                        | w ( ) when   100 All | in the parties and the parties of th |
| Jack | ket, HBT                                     | None           | 9                                   |                                    | ala namadik dadaman di                  | ***************************************  | MITTER AND   |   | - Andrews promote promote and a second con-              |  |
| 'Shi | rt, Wool OD                                  | None           | <b>3</b>                            |                                    | 0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | ****   | 181 y 14 h Mandall h 1 aggalyd congles ga y galdd ad  |  |  |
| Und  | ershirt, Wool                                | None           | 3                                   |                                    | 131414maPN14MMaDas-1799aba              | ***************************************  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | (M-11140-1-17 - 11-11-111-111-11-11-11-11-11-11-11-11 |  |  |
| Und  | ershirt, Cotton                              | None           | 3                                   | the operation can assume           | ******                                  | dard andronda din a nikeawan   |  |   | IP N M M off a 14" hid d 1 d 2 marks 2 mars a 140 a 160  | ,  |
| Tro  | users HBT                                    | None           | <b>)</b>                            | AAAA (I. I.) ba sabaadaa kaasaa aa |   | Interest of the state of the st |  | **************************************                |  | -  |
| Tro  | ousers, Wool O                               | Ď              | None                                |                                    | A D C CHE LOS COLOR                     | talian a district  |  |   |  | •  |

|           | Belt, Web                             | None                | V - 4   |  | The parents of the continuous of the continuous continu | .4()                                    |
|-----------|---------------------------------------|---------------------|---|--|--|---|
|           | Drawers, Wool                         | None                | , н   | . Marked America of the Community      | ·····  | *****************                       |
|           | Drawers, Cotton                       | None                |   |  | · · · · · · · · · · · · · · · · · · ·  | one was a fallowing state of            |
|           | Leggins, Wool.                        | None                |   | (Note                                  | unusual lacing)  |   |
|           | Socks, XXIII                          | One (1)             |   |  | an a second e  | -                                       |
|           | *Shoes                                | . (type) <b>Se</b>  | rvice, one                                      | (1) size 9                             | <b></b>  | od atom                                 |
|           | Overshoes                             | NONE                | Olodonia versiti di di la la constanti e velton | *                                      |  | *************************************** |
|           | Web Equipment                         | None (Type)         |   |  | and the second s | • .                                     |
|           | (Other item)                          | None                | •   |  | en e dec to to   | •                                       |
|           | (Other item)                          |                     | A COST NAMES OF STREET                          |  |  |   |
|           | *If body is nude, s                   | sizes of these item | is should be <b>c</b> omp                       | outed by measurin                      | ng the remains,  |   |
| 6.        | Chevrons or Insignia                  | None                |   | na compania de por car e fai en-       |  | <del>.</del>                            |
| •         | Shoulder Patch                        | None                |   |  | imet)  | ;                                       |
| 7.        | Does clothing ind                     | licate that deceas  | ed was a membe                                  | er of the Air, Gre                     | ound or Naval Forces   | -                                       |
| <b></b> . |                                       | No. Steel           | UTD   | · · · · · · · · · · · · · · · · · · ·  | * · · · ·  |   |
| 8.        | Description of Re                     | mains :             |   |  |  |   |
|           | Age_UTD_Heigh                         |                     | UTD Descrip                                     | tion of wounds                         | UTD  |   |
|           | Bandages or dres                      | sings               | UTD   | Scars                                  | UTD  |   |
|           | Ü                                     |                     |   |  | (length, width, location   |   |
| ****      |                                       | . (                 | Number, location — illus                        | S                                      |  |   |
|           | Outstanding miles                     | s, warts or birth   | marks UT  | D                                      | F 4  |   |
|           | Q                                     |                     |   | (yes-no; de                            | scription, location)   | *************************************** |
|           | · · · · · · · · · · · · · · · · · · · | . 444               | · · ·   | . <del></del>                          | -  |   |
|           | Sunburn or tan, o                     | other than hands    | & face UTD                                      | ······································ |  |   |
|           |                                       | #UTD                |   |  | <i>‡</i> .   |   |
|           | Complexion                            | 1704D               | (light, med. dar                                | k, cloar, pimples, pocks,              | freekles)  | 9 dame :                                |
|           | Build                                 | UTD                 |   |  |  | *************************************** |
|           | Hair                                  |                     | (large, f                                       | ot, thin, muscular)                    |  |   |
|           | 114111                                |                     | ength, quantity, curly, wa                      |  | definite parting).   | **************************************  |

| Hair   | UTD  |   |                                      |                             |
|--|--|---|--------------------------------------|-----------------------------|
|  | , , ' (baldr   | ness, widows peak, distincti              | ve cutting or other characteristics  | <b>).</b>                   |
| Sideburns  | UTD  | Mustache                                  | UTD<br>(color, size, sliepe)         | Board or UTD                |
|  | (color, setting, shape)  |   | (color, size, sliepe)                | (length. heavy)             |
| Goatee   | UTD  |   |                                      |                             |
|  | (light, color, extent)   |   |                                      |                             |
| Eyes   | UID  | Eyebro                                    | wsUTD                                | L'                          |
|  | (color, setting, snape)  |   | (color, bus                          | ninesa, extent across nose; |
| Nose   | (aize, shape straight)   | Ears                                      | UTD                                  | to or far from head}        |
|  |  |   |                                      |                             |
| Mouth  | UTD (large, medium, small)                                       | Lips                                      | UZD (smal                            | l large, full}              |
| <b></b> .  | 184 and min  |   |                                      |                             |
| Teeth  |  |   | noticeable crowns, fillings, extract | ·).                         |
| <i>(</i> 1) •  | tritis   |   |                                      |                             |
| Chin   | ,  | (prominent, receding, p                   | ointed, dimple, double)              |                             |
| Jaw  | UTD  | C:  | 611 * * 1                            | 0.2/4.4mm                   |
| Jaw  | (large, small, normal)   | Circumierence o                           | nead in inches                       | 9 3/4 inches (hat hand)     |
| Neck   | UTD  |   | Larvey Wills                         | ·                           |
| 11001  | (size, length, short, normal,                                    | wrinkled)                                 | Latty IIX                            | (prominent, normal)         |
| Shoulders  | UTD  | ***************************************   | Arms UTD                             |                             |
|  | (broad, straight, small,   | rounded)                                  |                                      | ngth, muscular, color)      |
|  |  | 10.7.5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. |                                      |                             |
|  | (extent and quantity of bair)                                    |   |                                      |                             |
| Hands  | UTD  | h: //                                     |                                      |                             |
| •  |  |   |                                      |                             |
| Fingers  |  |   | of knuckles, missing fingers or joi  |                             |
| •  | (2001)   | t, times, long, alender, aize t           | or andeates, mussing imagers or Joi  |                             |
|  | (1,3),,-( <sub>1,2</sub> ,-1,-1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1, | (Unusual characteristics                  |                                      |                             |
|  |  |   | <b>G</b> ,                           |                             |
| Chest  |  | nipples, color, quantity & e              | extent of hair, largo, small norms   | ıl)                         |
| n 1  | UTD  |   | *****                                |                             |
| Back   | (quantity & extent of hair)                                      |   | St(size of nave                      | l, appendectomy, amount)    |
|  |  | G.  | TYPE                                 | TO 11 1 1 SHIPPING          |
|  | (quantity & color of hair)                                       | C1  | rcumcision (yes-no)                  | Pubic hair UTD (color)      |
| Herniaplasty   | ÛTD  |   |                                      |                             |
| riermapiasty   | (yes-no; location)   |   |                                      |                             |
| Legs   | UTD  |   |                                      |                             |
|  |  |   | normal, quantity, color & extent     |                             |
| The state of the s |  |   |                                      |                             |
|  |  |   |                                      |                             |

|     | Feet                | (size, corns, callouses, flat) | Toes                                      | UTD.   |
|-----|---------------------|--------------------------------|---|--|
|     | Ewidena -           |                                |   | (sleader, straight, crooked, overlap)  |
|     | Evidence (          | of healed factures <u>UTD</u>  |   | rms, legs, etc.)   |
| 9.  | Black out           | parts of body not received     | at cemetery : SCO A                       | ttached chart  |
|     |                     |                                |   | 1.0  |
|     |                     | ·                              |   |  |
|     |                     |                                |   |  |
|     |                     |                                |   | () ()  |
|     |                     |                                | Carry 1                                   | 2  |
|     |                     | • . •                          |   | The state of the s |
| 10  | II. C               |                                | 974                                       | 113  |
| 10. | Have linger         | rprints been placed on Rep     | port of Interment                         | (5es-no), .  |
|     | If not, expl        | air <b>missi</b>               | ng and decompose                          | 30   |
|     | **                  | · •                            | Ta  |  |
| 11. | Has tooth           | chart been prepared            | (yes-no)                                  | ot, explain  |
|     |                     | Both upper and 1               | owers missing (s                          | see skeleton chart)  |
|     |                     |                                |   | •  |
| 12. | Remarks :           | venstus Arabbed                | in mattress-cove                          | sition.  |
|     |                     | Estimated weight               | of remains 65                             | lbs.   |
|     |                     | No burial bottle               | found with rema                           | ins.   |
|     | * * **** 1 Hillians | MOCUTUE TORING TO              | warrant Chemica                           | 1 Laboratory Examination.  |
|     |                     |                                |   |  |
|     | I certify the       | at I have personally viewe     | d the remains of subject                  | deceased and all resulting information   |
|     | nas been            | recorded to the best of my     | y knowledge.                              | 21 10 0 0 1  |
|     |                     |                                | . 4                                       | Tabert U Salvador  |
|     |                     |                                |   | OBERT A. SALVADOR / N/Y Officer's Name   |
|     |                     |                                |   | <b></b>  |
|     |                     | •                              | *(11-11-11-11-11-11-11-11-11-11-11-11-11- | Captain, Infantry Rank Service   |
|     |                     |                                | <u>.</u> .                                | •  |
|     | `                   |                                | Centi                                     | ral Identification Point.  Organization  |

7

Blosville, France

Plot: Y Row: 8 Grave: 147

