

6

111111

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3505 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
1-000035

RANK
0

ARM
0

CEMETERY
BLOEVILLE - CARENTAN

DISPOSITION OF REMAINS
3505 20
CODE DIST. PT.

LOT ROW GRAVE COUNTRY
0 4 62 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
293 wfk France apt 56 (Blonsville)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
[Signature]
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS
[Signature]

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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 GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPORT OF BURIAL

TM 10-630 AND AF 10-1815 59 16 July 1944 Date

293 Unknown France X-56 Blossville
Unknown Last Name First Initial Rank Serial No.

Unknown Unit Organization

France Place of Death Unknown Date of Death Cause of Death

7/15/44 1500 Blossville, France Name or Coordinates of Location

62 4 Q 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?

Reinterred from 163863. Arms and legs amputated. Impossible for prints of any type.

What means of identification were buried with the body?

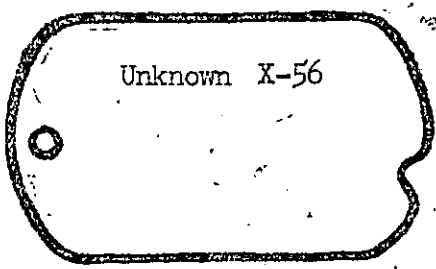
GRS Form 1.

*Cancelled
Assigned C I per letter
from Field dated 30 Dec 48
Subject C I R Remains*

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

Who is buried on:
Deceased's Right: Robert Dewors 33212051 Pfc Unknown 63
Name Serial No. Rank Organization Grave No.
Deceased's Left: George Kuhn 15339368 Unknown Unknown 61
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 Unknown Name

Unknown Address

Unknown Religion

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

NONE

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*NAT
15 Oct 44
C I R
Shut R*

Signature of Officer or other person reporting burial

[Signature]

F. A. CAPTAIN Capt., QIC Verified by G.R.S. Officer

IF 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.:

Left Hand

Right Hand

Thumb

Thumb

TOOTH CHART

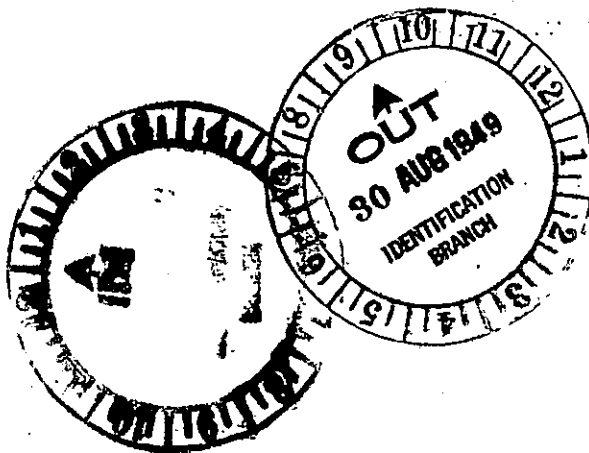
		Deceased's Left															
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
Upper	8	7	6	5	4	3	2	1	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

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



AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN S

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

Unknown X - 56
Cemetery **Blosville, France**
Plot **Q** Row **4** Grave **62**

1. ~~Arrived at cemetery~~ **Reprocessed 29 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, France**
(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 <small>(type)</small>
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 None

*Shoes None (type)

Overshoes None

Web Equipment None (Type)

(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 Est. 5'11 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, 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 Head missing 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 UTD
(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)

(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 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)

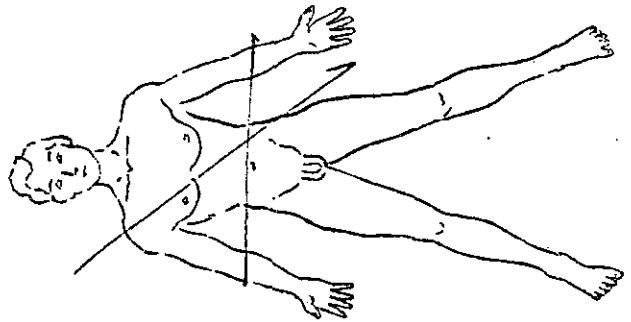
Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

Evidence of healed factures 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 If not, explain Head missing
(yes-no)

12. Remarks : Body found wrapped in blanket, no burial bottle found in grave. No clothing. Est. weight of remains: 7 Lbs. Fluoroscope unavailable. 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 *h.h.*
Officer's Name

Capt. Inf.

Rank Service

Central Identification Point
Organization

x-56

Blosville, France

Plot: Q Row: 4 Grave:62

