

INTRAOFFICE REFERENCE SHEET

293 Unk - LaCambe CID 453 DUE, HOUR AND DATE *1/*

1 NO.	2 FROM	3 TO	4 DATE	5 MESSAGE
1	Chief, Ident Br Ident Sec Mem Div	Chief, R/R Br Mem Div Attns: Capt Snedigar	21 Feb 49	<p>Attached Report of Burial forwarded for cancellation and return to Identification Section.</p> <p><i>J. Kamm</i> METZ BARRY 74059 2462</p> <p>1 Incl: R/B X-453 w/loose papers (La Cambe) France</p>
2	Chief, Rec Sec R/R Br Mem Div	Chief, Ident Sec Ident Br Mem Div	1 Mar 49	<p>1. Necessar action taken.</p> <p><i>J. Snedigar</i> SNEDIGAR 5198</p> <p><i>J. Jackson</i> JACKSON 5198</p> <p>1 Incl n/c</p>

10/15/50
10/15/50
10/15/50

REPATRIATION
RECORDS BRANCH
FEB 23 1 13 PM '49
MEMORIAL DIVISION



MEMORIAL DIVISION
IDENTIFICATION BRANCH
FEB 23 12 00 PM '49

REPATRIATION
RECORDS BRANCH
MAR 1 12 11 PM '49

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 314.6

7 February 1949

SUBJECT: CIL Remains

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

1. The following Unknown has been eliminated from the records of this office by assigning them a CIL number.

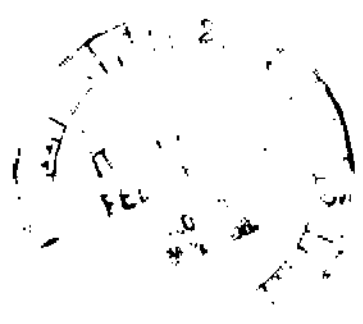
X-453 La Cambe Plot EE Row 5 Grave 92

2. The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING OFFICER:

GEORGE L. FRIEDMAN
1/Lt. Q/C
Actg Asst Adj Gen

193 V. H. V. - Forward (for Gen etc)



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293
RFE 314.6

293 UNK France (La Cambe) C.I.L. 453 February 1949

SUBJECT: CIL-Remains

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

1. The following Unknown has been eliminated from the records of this office by assigning them a CIL number.

X-453 La Cambe Plot EE Row 5 Grave 92

2. The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING OFFICER:

George L. Freeman
GEORGE L. FREEMAN
1/Lt. QMC
Actg Asst Adj Gen

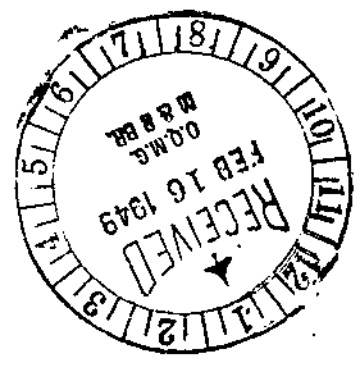
293 UNK France (La Cambe) C.I.L. 453

*File
30
Ad*

10

100
100-47-1

FEB 8 - 79



Beals

DISINTERMENT DIRECTIVE

293 Unk. France X-453 (La Cambe)

6

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3539 00000

DATE
15 10 47
DAY MONTH YEAR

NAME
UNKNOWNX-000453

SERIAL NUMBER

RANK

ARM
0
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
LA CAMBE ISIGNY

DISPOSITION OF REMAINS
0 3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
BE 3 SE 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

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
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED 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

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

FILE UNDER NO.

293 - Unk. I-453 - France (La Casbe)

I N D E X S H E E T

SYNOPSIS

2nd Ind

6 Dec 45

FROM: ASF, OCEG
TO: Hqrs. Amer Cg Reg Command, TSP ET (Rear)
APO 887, c/o FM, New York, N.Y.
FCM: The Chief CE

RE: Burial Reports.....

DOCUMENT FILED UNDER NO.

293 - Unk. Misc France

Jpm

FILE UNDER NO. 293 - Unk. X453 France (La Cambe)

I N D E X S H E E T

SYNOPSIS

Letter

26 Oct 45

FROM: OQMG
TO: GC, COMZONE ETO APO 887, c/o FM, New York, N. Y.
FOR: Chief GM

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unk. (Misc) France (La Cambe)

jpm

IDENTIFICATION CHECK LIST

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

D.D.# 699

Unknown X - 453

Cemetery La Camba, France

Plot BE Row 5 Grave 92

Date reprocessed:

1. ~~16 Jan 48~~ 16 Jan 48
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by and reprocessed by I.S. First zone
(Name and organization)

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

FEB 26 1948

7

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

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

Chevrons or
Insignia None
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? UTD

6. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD
(Length, width, location)

UTD UTD Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion UTD
(Light, medium, 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 None found
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin UTD
(Prominent, receding, pointed, dimples, 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 and extent of hair, large, small, normal)

Waist UTD
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back UTD Circumcision UTD Pubic Hair None found
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD
(Yes-no; location)

Legs UTD
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet UTD Toes UTD
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures UTD
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Missing

8. Has tooth chart been prepared? No If not, explain None found (Yes-no)

9. Remarks X - 453 received in burial box, upon processing no remains were found . An embossed plate and remnants of a mattress cover was recovered. Case is eliminated.

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.

Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT **QVC**
Rank Service

OPERATIONS OFFICER
(Organization)

IDENTIFICATION CHECK LIST

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

Unknown X X - 453
Cemetery La Cambe, France.
Plot BE Row 5 Grave 92

- ~~Arrived at cemetery~~ Date reprocessed: 10 April 1947.
(Hour) (Date)
- Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
- Remains ~~recovered~~ or disinterred by Subordinate Identification Point Carentan,

(Name and organization) France.
- Evacuated to Cemetery by _____
(Name and organization)
- Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>none</u> (Type)		
Raincoat	<u>none</u>		
Overcoat	<u>none</u>		
Jacket, Field	<u>none</u>		
Jacket, Combat	<u>none</u>		
Mackinaw	<u>none</u>		
Sweater	<u>none</u>		
Jacket, HBT	<u>none</u>		
* Shirt, Wool OD	<u>none</u>		
Undershirt, Wool	<u>none</u>		
Undershirt, Cotton	<u>none</u>		
Trousers, HBT	<u>none</u>		
* Trousers, Wool OD	<u>none</u>		

Belt, web **none**

Drawers, wool **none**

Drawers, cotton **none**

Leggings, wool **none**

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

Chevrons or Insignia **none**
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch **none**

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?
UTD

6. Description of Remains :

Age **Utd** Height **Utd** Weight **Utd** Description of wounds **Utd**

Bandages or dressings **Utd** Scars **Utd**
(Length, width, location)

Utd Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks **Utd**
(Yes-no; description, location)

Sunburn or tan, other than hand and face **Utd**

Complexion **Utd**
(Light, medium, dark, clear, pimples, poeks, freckles)

Build **Utd**
(Large, fat, thin, muscular)

Hair **None found**
(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 **See Tooth Chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin **Utd**
 (Prominent, receding, pointed, dimples, 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, 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 and extent of hair, large, small, normal)

Waist **Utd**
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back **Utd** Circumcision **Utd** Pubic Hair **None found**
 (Quantity and extent of hair) (Yes-no) (Color)

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

Legs **Utd**
 (Inseam, muscular, knock-kneed, howed, normal, quantity, color and extent of hair)

Feet **Utd** Toes **Utd**
 (Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures **None found**
 (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? no
(Yes-no)

If not, explain hands missing

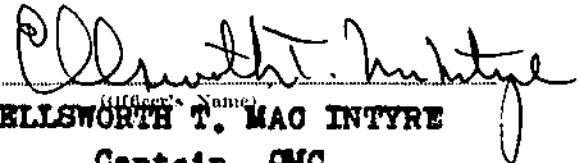
8. Has tooth chart been prepared? Yes If not, explain _____
(Yes-no)

9. Remarks All that remains of this case is the mandible and a small piece of skull. No clothing found. Burial Report states :
" This body disinterred from common grave (Buried by Germans, no records) with George E. Tillett, 13047453, X-450, X-451, X-452, X-454, X-455, X-456, and Edward A. Bochniasz, 16016671, 5 Mil. from Pont-Hebert (N-W)".

It is possible that consolidation can be made with any of the cases mentioned in above burial report. (Certified true copy of original burial report, inclosed in case papers of case X-455 (A), B, C, D).

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.

Case remains "Unknown".


(Signature's Name)
ELLSWORTH T. MAC INTYRE
Captain GMC.

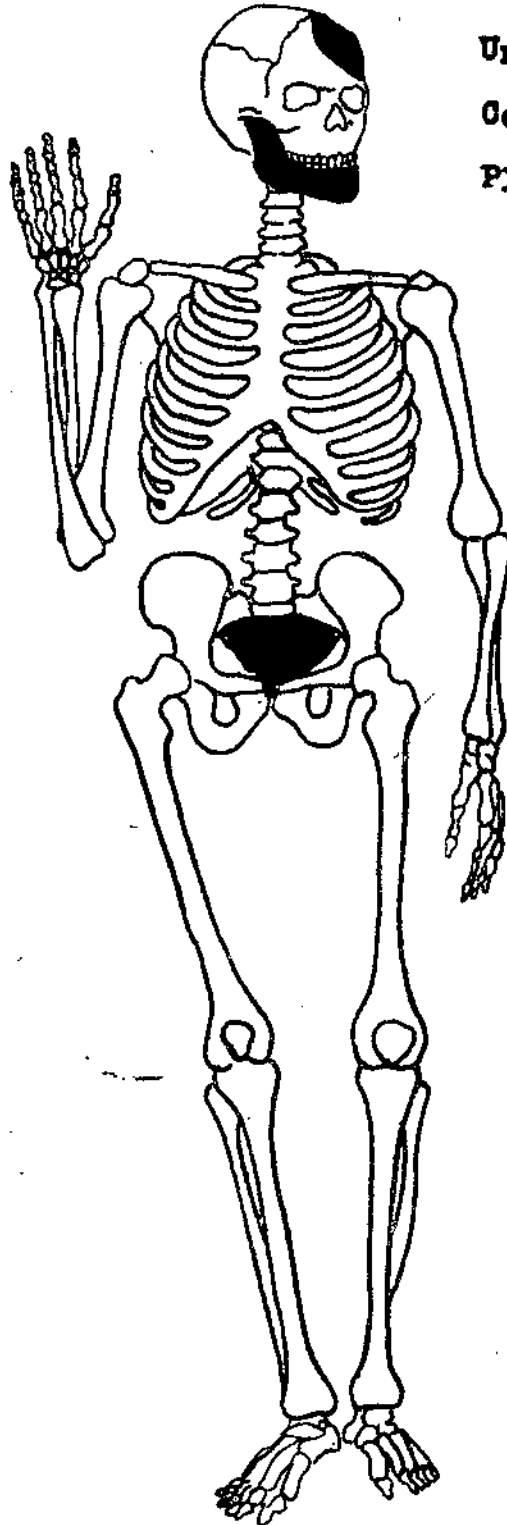
Rank _____ Service _____

Central Identification Point

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY) ;



Unknown X-453

Cemetery La Casbe, France.

Plot BK, Row 5, Grave 92.

X-453, Cemetery In Carbe, France.
Plot 3E, Row 5, Grave 22.

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

10 April 1947
Date

Unknown X-453

Last Name		First		Initial		Rank		Serial No.							
Unit		Organization		Place of Death		Date of Death		Cause of Death							
Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side views															
TOP VIEWS															
UPPER															
LOWER															
Side Views															
A	A		X												
0	0														
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

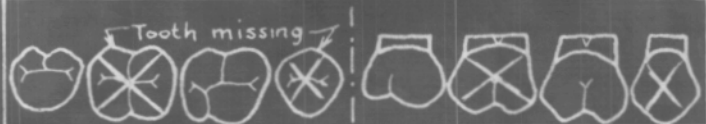
SEE REMARKS

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

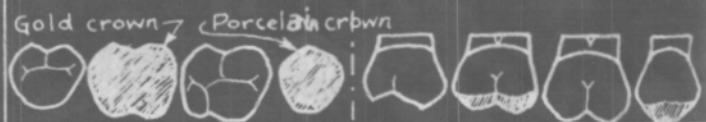
Raymond T. ...
Signature of Officer or other person who prepared Tooth chart

...
Verified by G. R. S. Officer
OFFICE OF THE CHIEF QUARTERMASTER
NAVY DEPARTMENT
WASHINGTON, D. C.

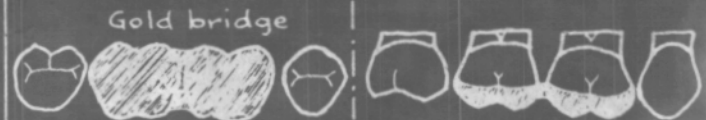
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



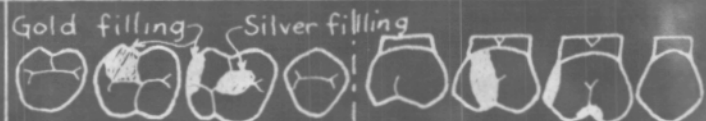
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



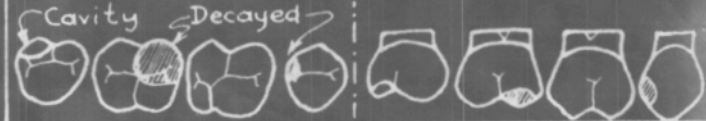
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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."

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing: R-9,10,11; L-9,10,11.

L-12-L-16 rotated 1/8 of a turn mesially

No space between R-12-R-14

Teeth are normal size, white and alignment fair.

R-15 malposed facially (slightly).

Handwritten initials

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

(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	4	
	3	
	2	Impossible to obtain
	1	Impossible to obtain
Thumb		

Right Hand	4	
	3	
	2	Impossible to obtain
	1	Impossible to obtain
Thumb		

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊕; linking anchor teeth; replacements by artificial teeth X

Lower Jaw only remained

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.