

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

22 Nov 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 419, Plot AF,
Row 6, Grave 104, USMC La Gambe, 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. 2314, dated 3 June 1947. No
further information is available.

FOR THE COMMANDING GENERAL:

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

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

*NAN
File
Approved
Mont
Dec 28*

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AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

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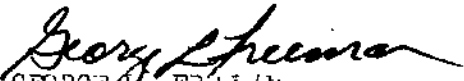
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GEORGE L. FREEMAN
1st Lt JAC
Actg Asst Adj Gen

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Incl #18

CAMP 3500

Interred 4 February 1949
F-13-3 USMC, St Laurent

DISINTERMENT DIRECTIVE

C. H. NIEMSTRA
C. H. NIEMSTRA
1/Lt Inf, interring Officer

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3539 00000

DATE

15 10 47
DAY MONTH YEAR

NAME

UNKNOWN X-000419

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

LA CAMBE ISIGNY

DISPOSITION OF REMAINS

3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

AF 6 104 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

UNKNOWN X-419

SERIAL NUMBER

Utd

RANK

Utd

DATE OF DEATH

Utd

DATE DISINTERRED

30 Oct 47

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Utd

IDENTIFICATION VERIFIED BY

JOHN H. CLARK, 2ndLt., QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Remnants of OD trousers, mattress cover

CONDITION OF REMAINS

Intact and decomposed

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 5 Nov 47

BY JOHN A. BRICKLEY

CASKET SEALED BY

Henry Cantrell

EMBALMER (Signature)

John A. Brickley

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 7 Jan 48 by Robert D. McClellan

James H. Hoover
JAMES H. HOOVER, 1st Lt, Inf.

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

James H. Hoover
JAMES H. HOOVER, 1st Lt, Inf.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC LACAMBE		TO USMC ST. LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER JOSEPH GAINNEY, CPL.	
SIGNATURE OF SHIPPER <i>Hadley H. Keathley</i> HADLEY H. KEATHLEY	DATE 3 Nov 47	SIGNATURE OF RECEIVER <i>C. L. Coleman</i> CHESTER L. COLEMAN	DATE 3 Nov 47

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 (BY ADMINISTRATIVE JUDGE)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER W. W. BARKER	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

IDENTIFICATION CHECK LIST

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

Unknown X X-419

Cemetery La Cambe, France

Plot AF Row 6 Grave 104

Date reprocessed

1. ~~Arrived at cemetery~~ 8 April 1947
 (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~excavated or~~ 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 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>Remnants of suntan</u>			
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>Remnants of</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of.</u>		

Belt, web None

Drawers, wool None

Drawers, cotton Remnants of.

Leggings, wool None

Socks, cotton None

* Shoes (type) None

Overshoes None

Web Equipment (type) None

(Other item) Remnants of electrically heated flying suit, type F-2

(Other item) Remnants of parachute harness.

* 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?

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 **None found**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin **Utd**
 (Prominent, receding, pointed, dimples, double)

Jaw **Utd** Circumference of head in inches **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)

.....
 (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 **Brown**
 (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 **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? No If not, explain None found.
(Yes-no)

9. Remarks Remains recovered in skeletal form. Only a few bones from lower extremity recovered, badly fractured and burned. Bone measurement impossible. Clothing found on body, no clothing marks found. No burial report found. Fluoroscopic report: negative. Estimated weight 28 Lbs. Remains Unknown. 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.

Ellsworth T. Mac Intyre
ELLSWORTH T. MAC INTYRE
(Officer's Name)

Captain QMC
Rank Service

Central Identification Point,
(Organization)

X-419
La Cambe, France
Plot AF Row.6 Grave 104

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

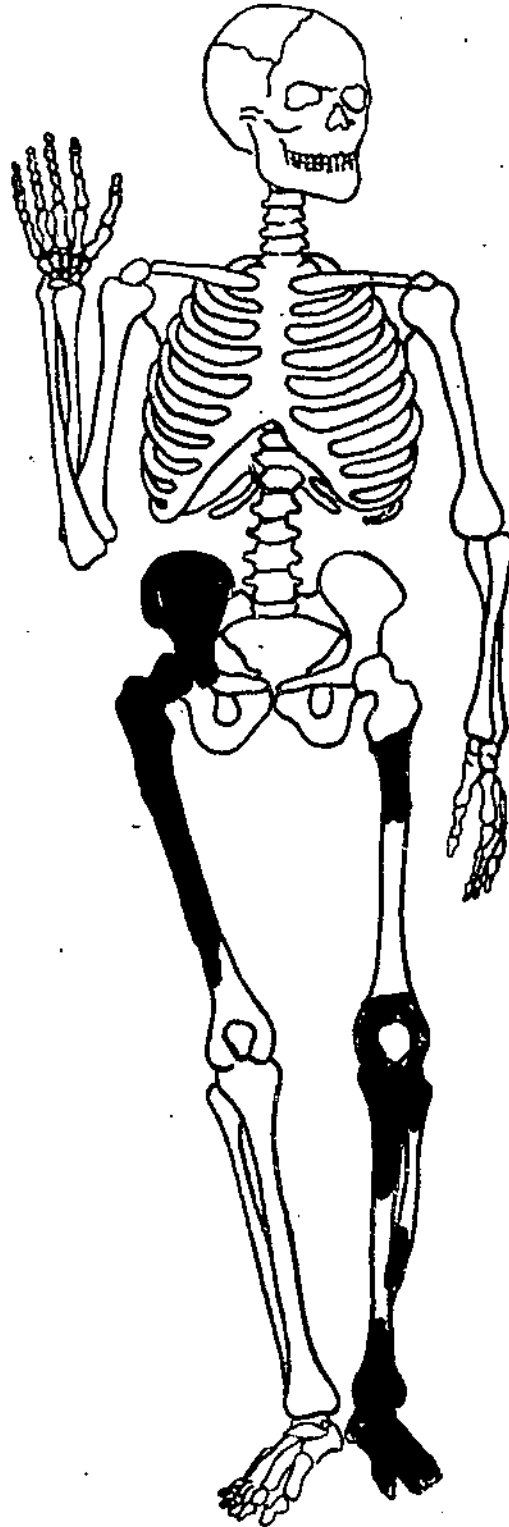


CHART "A"

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

22003

11 August 1944
Date

Unknown

UNIDENTIFIED X-419 (American)
Last Name First Initial Rank Serial No.

Unit Organization

St. Lo, France Unknown KTA
Place of Death Date of Death Cause of Death

1430 hrs, 7 August 1944 La Cambre 558-881
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

104 6 AF Temp
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 Badly burned. Impossible to Fingerprint or take tooth chart.

What means of identification were buried with the body?

Embosses plate

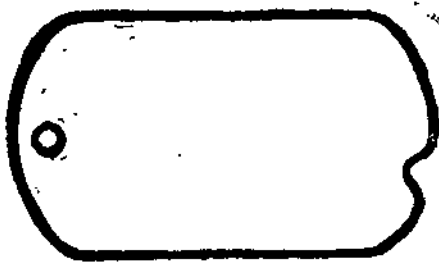
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Unidentified X-420 105
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unidentified X-418 103
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:

NONE

65

Signature of Officer or other person reporting burial

Nicholas J. Sloane
NICHOLAS J. SLOANE
Lt. Col. M.C.

Verified by G.R.S. Officer

Graves Registration 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

4	
3	
2	
1	
Thumb	

Right Hand

4	
3	
2	
1	
Thumb	

TOOTH CHART

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

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.