

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.

43

1. The records pertaining to Unknown X- 422, Plot AF,
Row 6, Grave 107, USMC La Cambe, 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

*MAN
EX
G. L. Freeman
Adj Gen
G. L. Freeman*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

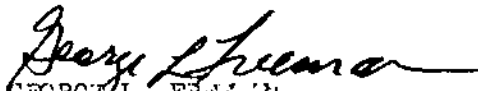
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GEORGE L. FRANKLIN
1st Lt G.C.
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
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Incl #21

1 ✓

Reinterred 25 Mar 1949
USMC Suresnes
Plot D, Row 2, Grave 4
H. F. HILL, Capt., QMC

DISINTERMENT DIRECTIVE

Officer in Charge
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3539 00000

DATE
15 10 47
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000422

RANK
ARM
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
LA CAMBE ISIGNY

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT
AF 6

GRAVE
107

COUNTRY
FRANCE

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
WORLD WAR I. CEMETERY
SURESNES, FRANCE
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
Unknown X-422

SERIAL NUMBER
Utd

RANK
Utd

DATE OF DEATH
Utd

DATE DISINTERRED
30 Oct 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION

RELIGION
Utd

IDENTIFICATION VERIFIED BY
JOHN H. CLARK, 2d LT QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Mattress Cover and Clothing Remnants

CONDITION OF REMAINS
Adv. Decomposition; Totall
Disarticulate; Many Bones missing.

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES /
Name of consignee changed
Authority Operations Instructions 18, Hqs AGRC of 1 March 1949

REMAINS PREPARED AND PLACED IN CASKET
DATE 4 Nov. 47 BY G. Burke

CASKET SEALED BY
H. F. Pergande

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE 18 Dec 47 BY R. Anderson

SHIPPING ADDRESS VERIFIED BY
JAMES F. NABORS, Maj, Inf. MAP

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

JAMES F. NABORS, Maj, Inf. MAP

SIGNATURE OF GRS INSPECTOR

RECORDS ANNOTATED
PAGE 5-19-49
PAGE 2-2-49

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

I certify that the entries on this form are true copies of the entries on Copy No 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

N L N

Signature

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Cambé		TO USMC St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Joseph L. Rainey, Cpl.	
SIGNATURE OF SHIPPER Hadley H. Keithley	DATE	SIGNATURE OF RECEIVER Chester L. Coleman	DATE

2. SHIPPED

FROM USMC ST LAURENT		TO WORLD WAR I CEMETERY SURESNES	
KIND OF CONVEYANCE truck		NAME OF CONVOYER Sgt 1st CL RICHARD ROBERTS	
SIGNATURE OF SHIPPER Chester L. Coleman	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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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 - 422
Cemetery La Cambe, France.
Plot AF Row 6 Grave 107

1. ~~Unknown X - 422~~ **Date reprocessed: 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 ~~located~~ 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>Tankers, remnants of.</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 NO CLOTHING FOUND

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

* 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: All major bones missing or fractured.

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, pocks, freckles)

Build Utd
(Large, fat, thin, muscular)

Hair None found
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair None found
(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 **No teeth recovered**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **Utd** Circumference of head in inches **Skull 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 **None found**
 (Quantity and extent of hair) (Yes-no) (Color)

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

Legs **Utd**
 (Hesam, 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 hands missing

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

9. Remarks Remains received in mattress cover, consist of a few fragments of fractured bones. Estimated weight of remains now 12 oz. Fluoroscopic examination unnecessary. No burial bottle found. All major bones missing or fractured. Unable to estimate height. 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
(Officer's Name)

Captain
Rank

QMC
Service

Central Identification Point.
(Organization)

X-422

Cambo, France
Plot AF Row 6 Grave 108.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

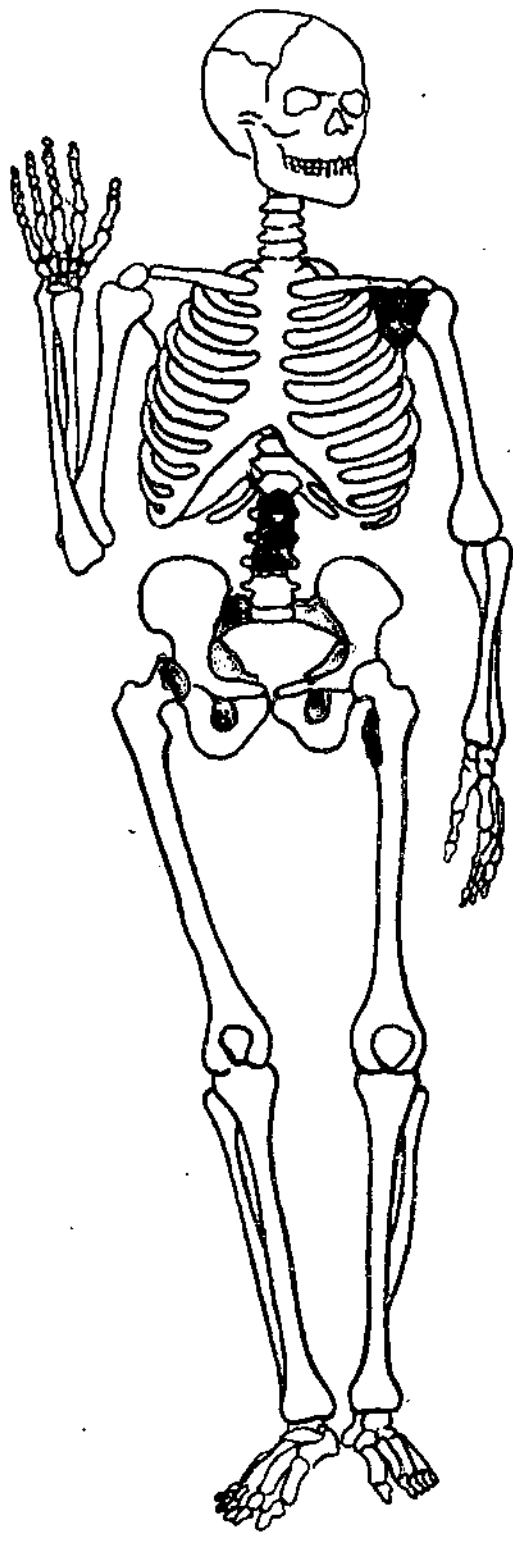


CHART "A"

IDENTIFICATION SECTION
EMPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

MS

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

72006
12 August 1944
Date

Unknown
UNIDENTIFIED X-422 (American)

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

St Lo, France

Unknown

KIA

Place of Death

Date of Death

Cause of Death

1500 hrs, 7 August 1944

La Cambe

558-881

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

108

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?

Embossed Plate

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

Who is buried on:

Deceased's Right: Unidentified X-423 108
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unidentified X-421 106
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:

65

Signature of Officer or other person reporting burial

Nicholas J. Sloane
NICHOLAS J. SLOANE
Lt., U.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
3	2	1	Thumb

Right Hand

4	3	2	1
3	2	1	Thumb

TOOTH CHART

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

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.