

13
QMGOD 293, Unknown X-427
France (LaCambe)

1st Ind

Department of the Army, OQMG, Washington 25, D. C., 31 October 1949

TO: Commanding Officer, QM Activities, Kansas City Records Center (AGO), Mo.
ATTENTION: Effects Quartermaster

Unknown X-427, LaCambe, France, has been declared unidentifiable.

BY COMMAND OF MAJOR GENERAL FELDMAN:

R

WILLIAM F. CONLON
Major, OMC
Field Service Division

13
10/31/49
↓
QMGOD 293

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

S-15 Oct 49

HDC/AID/rml

15 August 1949

DATE

IN REPLY REFER TO QMDKG 881340

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X - 427

Plot AF, Row 6, Grave 112, USMC LaCambre, France

have been held at this Bureau as of 20 October 1947

2. Bureau inspection of the effects has been made and the following description furnished for reference:

4 British souvenir coins

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



293 Mark. France X-427 LaCambre

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXXXXXX

QMGOD 352.3
Kansas City

31 January 1949

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown X-5360 & X-5361, Neuville-en-Condrez, Belgium
~~Unknown X-427, LaCambe, France~~
Unknown X-69, Solers, France
Unknown X-8068, St. Avoild, France
Unknown X-8070, St. Avoild, France
Unknown X-2728, St. Avoild, France
Unknown X-2, St. Andre, France
Unknown X-1, Hari, Italy

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL LARKIE:

1 Incl:
Corres.

WILLIAM P. CONLON
Major, QMC
Field Service Division

X QMGOD 293, UNKNOWN X-427, LACAMBE, FRANCE

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Chief Records Section HQ AF	Field Service Division HQ AF Exec Off	27 Jan	Records show that Unknown X-427 is not identified. <div style="display: flex; justify-content: space-around;"><div data-bbox="991 439 1121 546"><i>S</i> SNEDIGAR 5198</div><div data-bbox="1198 439 1356 546"><i>Carrick</i> CARRICK 74397</div></div>

DOB

955-

DI 2 1

REPAIRING
RECORDS BRANCH
JAN 27 4 40 PM '49
MEMORIAL DIVISION

X

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 881540

HDC/elw
18 January 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X 427.

Plot AP, Row 6, Grave 112, USMC LaCambre, France
_____ have been held at this Bureau as of 20 October 1947.

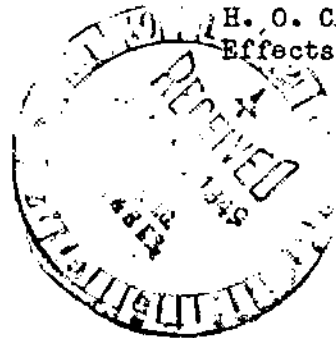
2. Bureau inspection of the effects has been made and the following description furnished for reference:

4 Souvenir British coins

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



293 Unit X-427 / Personal Effects

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.

243
1. The records pertaining to Unknown X- 427, Plot AF,
Row 6, Grave 112, 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 QMG
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

NAN
File
Approved
Dewey
Glee AB

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

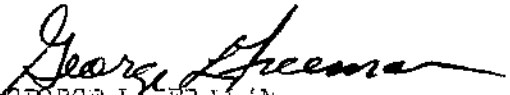
22 NOV 1948
Date

SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A-427, Plot AF, Row 6, Grave 112, 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 :


GEORGE L. FREEMAN
1st Lt J.C.
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

Incl #26

Beul MMM

Interred 18 January 1949

1-2-6 USMC, St Laurent

DISINTERMENT DIRECTIVE

C.H. HIEMSTRA

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 SERIAL NUMBER X-000427

RANK ARM DATE OF DEATH 0 Q DAY MONTH YEAR

CEMETERY LA CAMBE ISIGNY

DISPOSITION OF REMAINS 0 3505 80 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY AF 6 112 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-427 SERIAL NUMBER Utd RANK Utd DATE OF DEATH Utd DATE DISINTERRED 30 Oct 47

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION Utd IDENTIFICATION VERIFIED BY JOHN H. CLARK, 2d LT, QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL O.D. Uniform

CONDITION OF REMAINS Adv. Decomposition

OTHER MEANS OF IDENTIFICATION None

MINOR DISCREPANCIES None

HAT FILE RECORDS ANNOTATED DATE 4/26/49 NAME D.A. MATTHEWS

REMAINS PREPARED AND PLACED IN CASKET DATE 4 Nov. 47 BY C.R. Tompkins

EMBALMER (Signature) C.R. Tompkins

CASKET SEALED BY H. F. Pergande

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

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

SHIPPING ADDRESS VERIFIED BY JAMES F. NABORS, Maj, 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 F. NABORS, Maj, Inf. SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Cambe		TO USMC St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Joseph L. Gainey, Cpl.	
SIGNATURE OF SHIPPER <i>Hadley H. Keithley</i> Hadley H. Keithley	DATE	SIGNATURE OF RECEIVER <i>C. L. Coleman</i> Chester L. Coleman	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO BY VEHICLE	
KIND OF CONVEYANCE		NAME OF CONVOYER BYE	
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 X-427

Cemetery La Combe, France.

Plot AP Row 6 Grave 112

Date reprocessed:

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

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

(Street, scale and serials used)

3. Remains ~~recovered or~~ disinterred by Subordinate Identification Point, Carentan, France.
(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>Remnants of.</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of.</u>		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes (type) None

Overshoes None

Web Equipment (type) None

(Other item) Remnants of parachute harness. Remnants of electrically heated flying suit.

(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?

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 Light brown, 2 inches long.
(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 **Fractured**
(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)

UTD

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 **Brown**
(Quantity and extent of hair) (Yes-no) (Color)

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

Legs **UTD**
(Unseam, 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.

See skeletal chart

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: Remains recovered in advanced stage of decomposition and badly fractured.
Measurements were impossible.
Clothing found on remains, no clothing marks found.
No burial report found.
Fluoroscopic report: Negative.
Estimated weight: 35 lbs.
Nothing found to warrant Chemical Laboratory Examination.
Case remains " Unknown ".

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.


(Officer's Name)

Ellsworth T. Mac Intyre.

Captain, **CAC,**
Rank Service

Central Identification Point,
(Organization)

Four (4) English coins found, and one (1) cigarette lighter with markings:
" Seigneur U.L.R.D. 839372 "
Cigarette lighter was buried with body.

X-487
U.S. Military Cemetery
La Combe, France.
Plot: AF Row: 6 Grave: 112

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

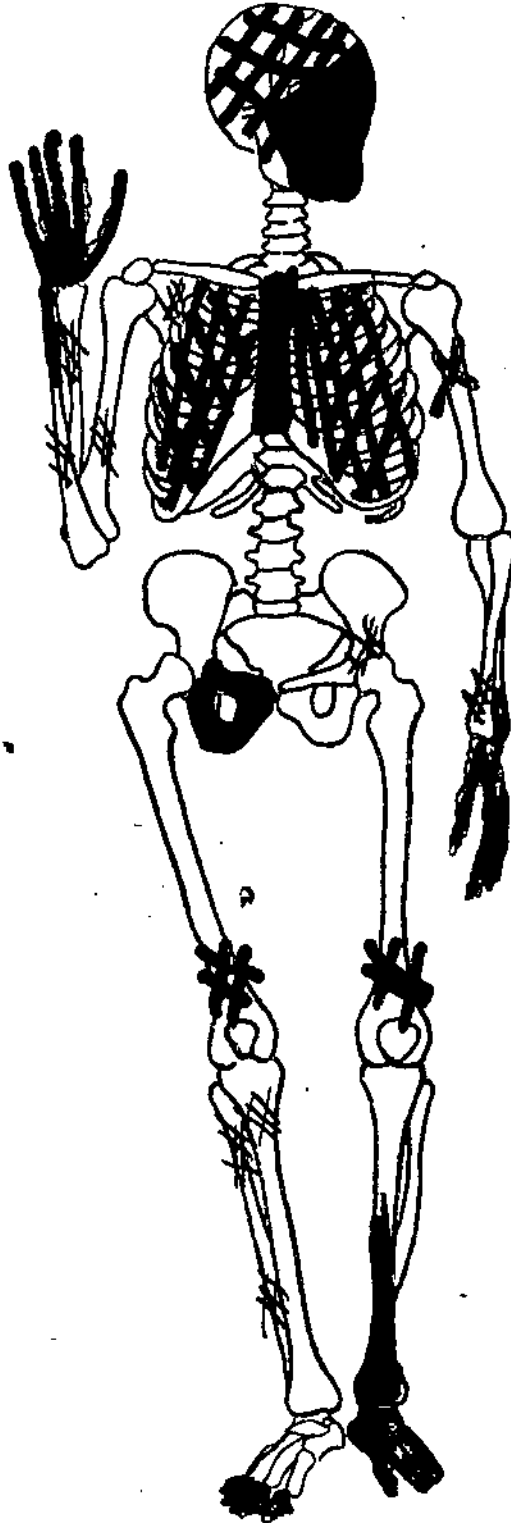


CHART "A"

TOOTH CHART

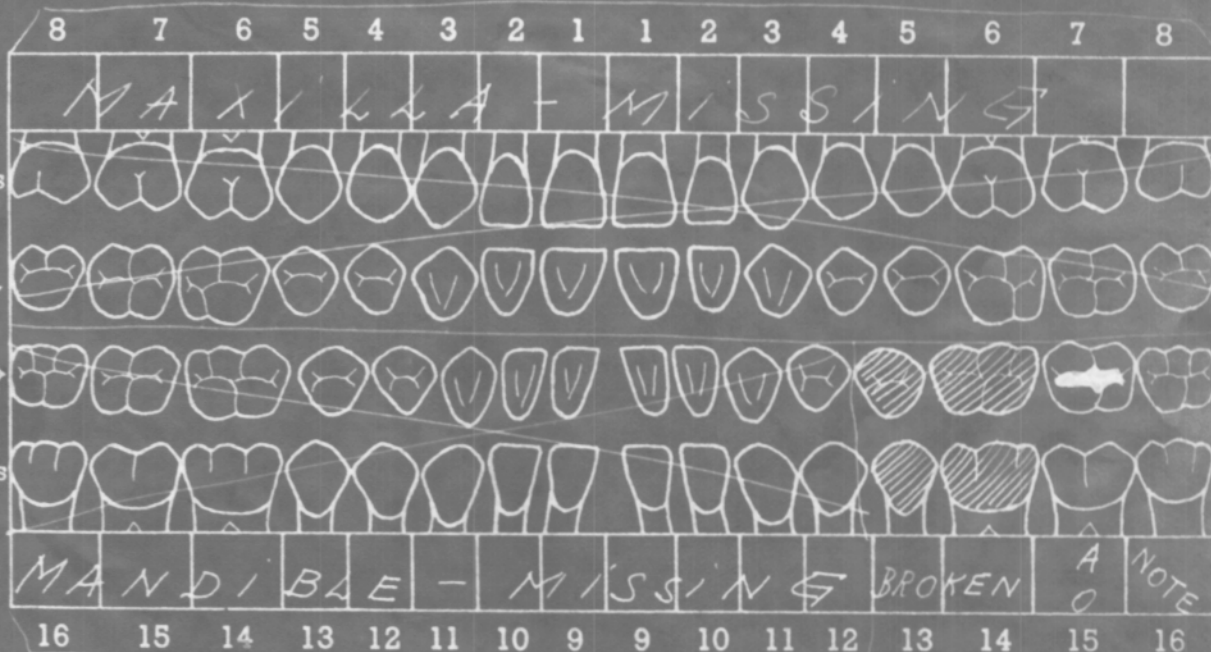
8 April 1947
 Date

Unknown X-427

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
Place of Death		Date of Death	Cause of Death	

Right

Left



See remarks

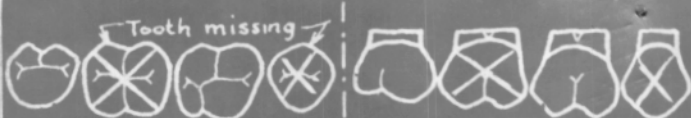
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

Edward Sebastian
 Signature of Officer or other person who prepared Tooth chart

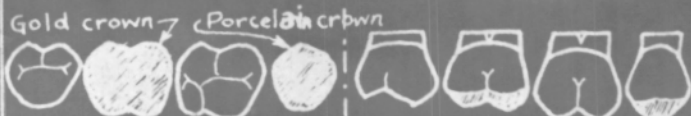
Ellsworth T. Mac Intyre
 Verified by G. R. S. Officer

Ellsworth T. Mac Intyre, Captain, MC, J.I.P.

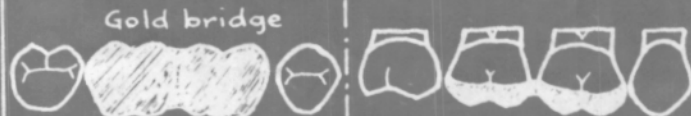
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



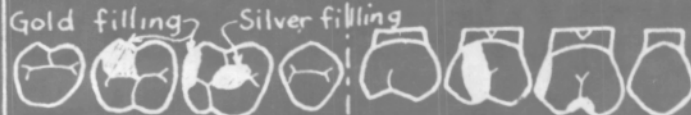
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



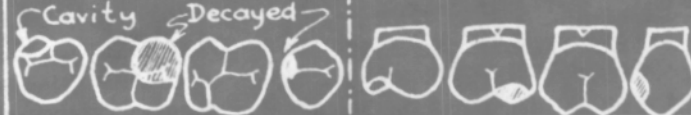
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Teeth broken off as indicated by shading.
 Not fully erupted, L 16.
 Medium sized, white teeth.
 Right remus present.

98

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22046
12 August 1944
Date

Unknown

~~UNIDENTIFIED~~ X-427 (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 Combe

558-981

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

112

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 mutilated. Impossible to fingerprint or take tooth charts

What means of identification were buried with the body?

Embossed Plate

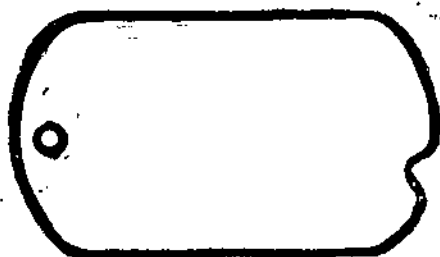
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Unidentified X-428 Name Serial No. Rank Organization Grave No. 112

Deceased's Left: Unidentified X-426 Name Serial No. Rank Organization Grave No. 111

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, Q.M.C.
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
Upper	8								
Lower	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.