

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- 429, Plot AF,
Row 6, Grave 114, 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

*JAN
File
embarked
Identify
Special*

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

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

Incl #27

Interred 8 February 1949
G-14-10 USMC. St Laurent
C.H. HIEMSTRA
1/1T Inf, interring Officer

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3539 00000

DATE
15 10 47
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000429

RANK
0

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
LA CAMBE ISIGNY

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLQT ROW GRAVE
AF 6 114

COUNTRY
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-429

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

CONDITION OF REMAINS
Adv. Decomp; Many Bones Missing

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES /
None

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

EMBALMER (Signature)

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.

I certify that the entries on this form are true copies of the entries on Copy No. 4 of the Disinterment Directive which contains the signature of JAMES F. NABORS, Maj, Inf.

SIGNATURE OF GRS INSPECTOR

James F. Nabors
Major, Inf.

1 Prepare Discrepancy Report GRC Form 1194 for major discrepancies of the persons who...

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 Hadley H. Keithley	DATE	SIGNATURE OF RECEIVER 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	
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 - 429
Cemetery La Cambre, France.
Plot AF Row 6 Grave 114

1. ~~Interment~~ 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 ~~excavated~~ 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>none</u>		
Undershirt, Wool	<u>Remnants of,</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 Brown, 1 1/2" 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)

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**
(Muscular, 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? Yes If not, explain _____
(Yes-no)

9. Remarks Remains recovered in skeletal form and badly fractured
with small amount of decomposed flesh.
Remnants of wool undershirt found in debris. No clothing marks found.
No Burial Report found.
Estimated weight of remains recovered: 10 lbs.
Fluoroscopic Examination: Negative.
Nothing found to warrant Chemical Laboratory Examination.
Case remains "Unknown".

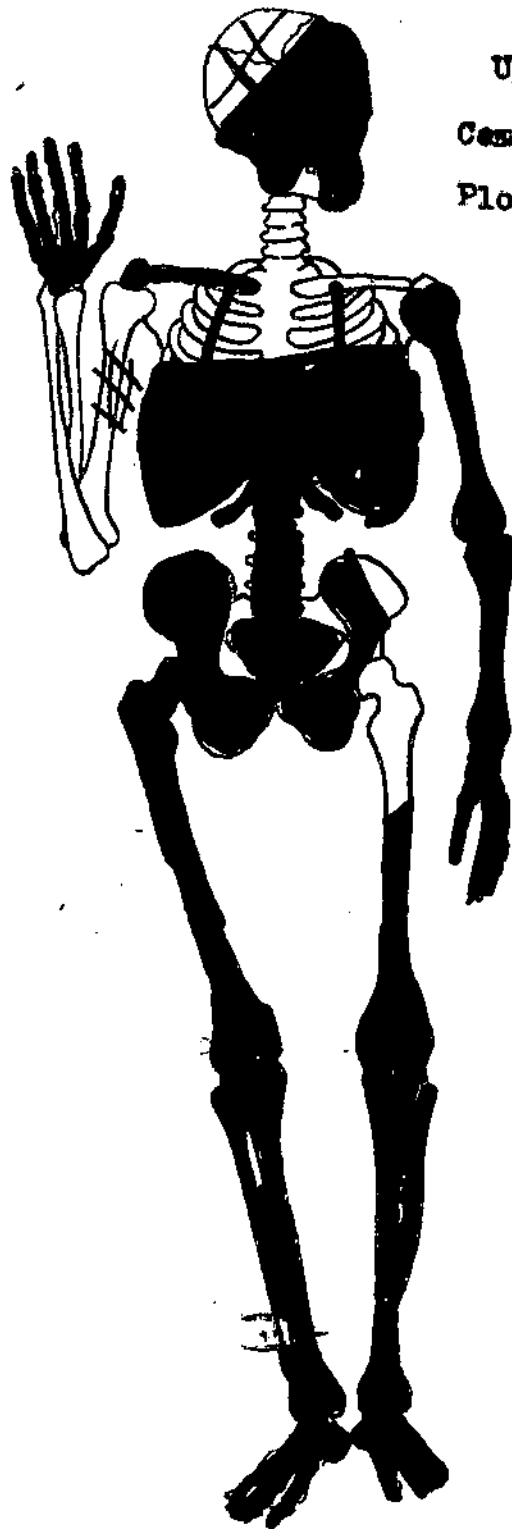
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Ellsworth T. Mac Intyre
(Officer's Name)
ELLSWORTH T. MAC INTYRE
Captain QMC.
Rank Service

Central Identification Point
(Organization)

SKELETAL CHART

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



Unknown I-429
Cemetery La Cambre, France.
Plot AF, Row 6, Grave 114.

TOOTH CHART

8 April 1947

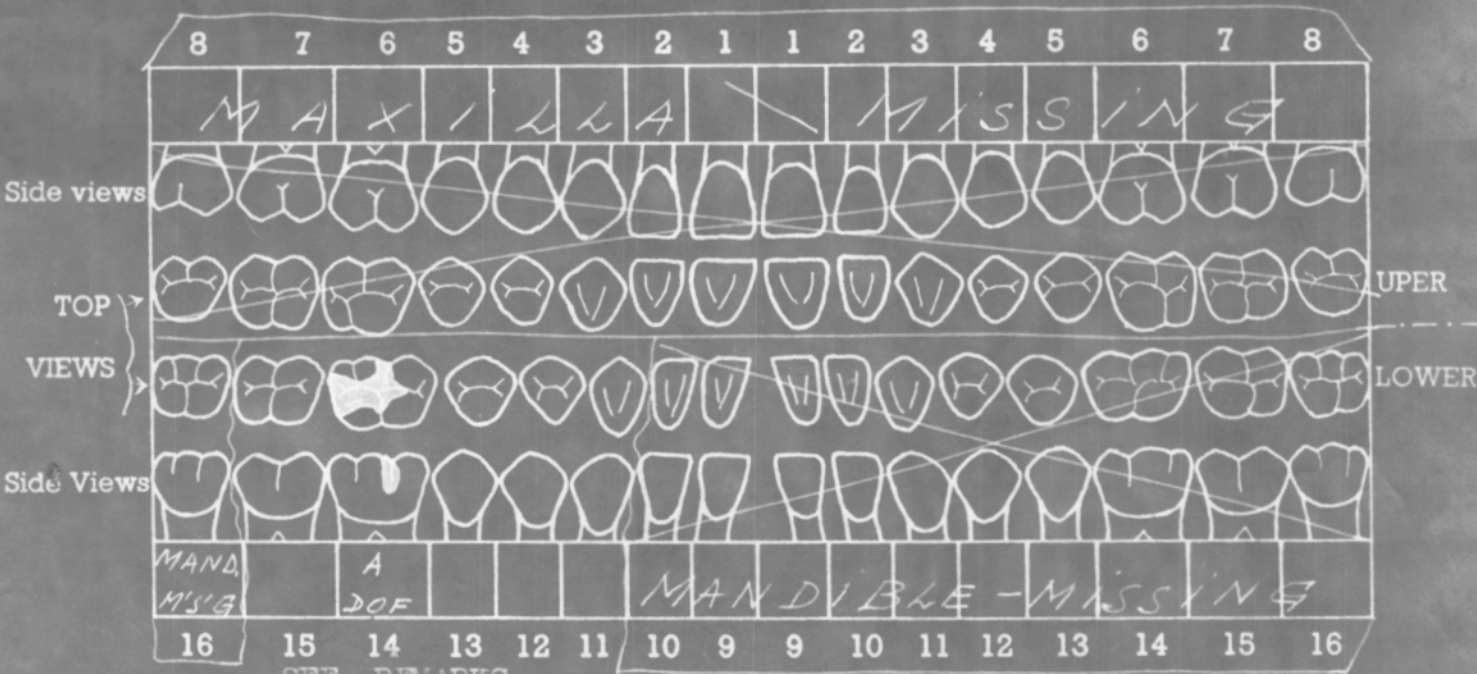
Date

Unknown X-429

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

Right

Left



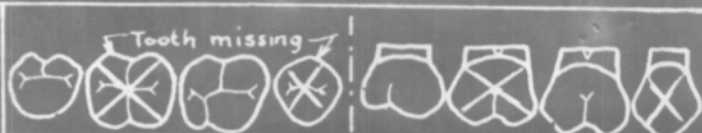
- SEE REMARKS -

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. McIntyre
 Verified by G. R. S. Officer
 ELLSWORTH T. MAC INTYRE
 Captain CMC. C.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

Malposed and versed lingually, R-13
 Medium sized ivory colored teeth in good alignment (with exception noted).

76

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

12 August 1944
Date

2030

Unknown

~~UNIDENTIFIED~~ X-429 (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 Cambre	558-881

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
114 6	AF	Temp

Grave Number	Row Number	Plot Number	Type of Marker
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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 chart

What means of identification were buried with the body?

Embossed Plate

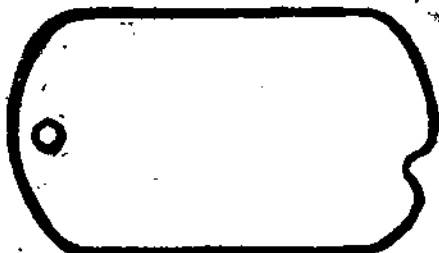
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	Unidentified X-430				115

Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	Unidentified X-428				113

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. Sluans
NICHOLAS J. SLUANS

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
Upper	8								
Lower	8								

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.