

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- 430 B, Plot BC,  
Row 6, Grave 108, 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. 2324, dated 5 June 1947. No  
further information is available.

FOR THE COMMANDING GENERAL:

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

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

MAN  
File  
approved  
and on  
6 Dec 48

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FOR THE COMMANDING GENERAL :

*George L. Beaman*  
GEORGE L. BEAMAN  
1st Lt      Q.C.  
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

Incl #29

11-Bull IRR

Interred 24 January 1949  
E-17-11-USMC, St Laurent  
C.H. HIEMSTRA  
1/Lt Inf, Interring Officer

DISINTERMENT DIRECTIVE

1 ✓

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3539 00000

DATE  
15 10 47  
DAY MONTH YEAR

NAME  
UNKNOWN X-00430B

SERIAL NUMBER  
00430B

RANK  
0

DATE OF DEATH  
0  
DAY MONTH YEAR

CEMETERY  
LA CAMBE ISIGNY

DISPOSITION OF REMAINS  
0

3505 80  
CODE DIST. PT.

PLOT  
BC

ROW  
6

GRAVE  
108

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

SERIAL NUMBER  
00430B

RANK  
UTD

DATE OF DEATH  
Unk

DATE DISTINTERRED  
18 Nov 1947

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Unk

IDENTIFICATION VERIFIED BY  
JOHN H. CLARK  
2nd Lt QMC  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Mattress Cover-Uniform

CONDITION OF REMAINS  
Advanced Decomposition

OTHER MEANS OF IDENTIFICATION  
GRS # 1 # 1072 Burial Bottle on Body

MINOR DISCREPANCIES  
None

NOT FILE RECORDS ASSOCIATED DATE 28-Nov-49 NAME [Signature] R & R ER.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 28 November 1947 BY H. Cantrell

CASKET SEALED BY  
H. Cantrell

EMBALMER (Signature)  
H. Cantrell [Signature]

CASKET BOXED AND MARKED  
DATE 28 Nov 47 R. A. Anderson

SHIPPING ADDRESS VERIFIED BY  
JAMES H. HOOVLER, 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.

[Signature]  
JAMES H. HOOVLER, 1st Lt Inf  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC La Cambe</b>		TO <b>Casketing Point B. St Laurent, France</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Pfc Burt Kimmel</b>	
SIGNATURE OF SHIPPER <i>W. T. Dailey</i> <b>W. T. Dailey, Capt QMC</b>	DATE <b>28 Nov 47</b>	SIGNATURE OF RECEIVER <i>H. F. Hill</i> <b>H. F. Hill, Capt, QMC</b>	DATE <b>28 Nov 47</b>

## 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 <b>(BY ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>ST. LAURENT, FRANCE</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <b>BC 2108 LEVAGE</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>E. 1210</b>	DATE	SIGNATURE OF RECEIVER <b>0 3202</b>	DATE <b>30</b>

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

1158

# IDENTIFICATION CHECK LIST

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

Unknown X - 430-A, (B).

Cemetery La Cambe, France.

Plot BC Row 6 Grave 108

1. ~~Revised at cemetery~~ **Date reprocessed:** 9 April 1947  
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~reprocessed~~ 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>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 ..... (type) **None**

Overshoes ..... **None**

Web Equipment ..... (type) **None**

(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; sbirt, 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, 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 See Tooth Chart with Case X-430-(A), B.  
(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)

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 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 None found  
(Nose, arms, legs, etc.)

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

See skeletal chart.

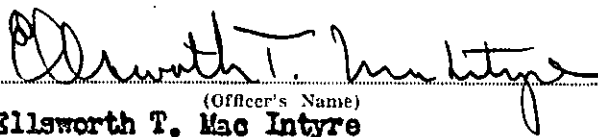
7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Hands missing

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

9. Remarks: Estimated weight: 3 lbs.  
One (1) of a mass burial of two (2).  
No burial report found.

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, QMC,  
Rank Service  
Central Identification Point  
(Organization)

Case X-430 was processed and found to be a mass burial of two men wrapped in an OD, wool blanket. They were separated, placed in separate caskets and given the number X-430 A and X-430 B respectively.

Separation was possible because the bones of case A were mostly articulated or connected with cartilage or tissues.

Measurement was possible for case A. Only a few bones were found for case B. They were badly fractured and charred.

Teeth were found in the debris and charted. All teeth were placed with case A of this series.

All debris were placed with case A. No burial report was found.

Fluoroscopic report negative.

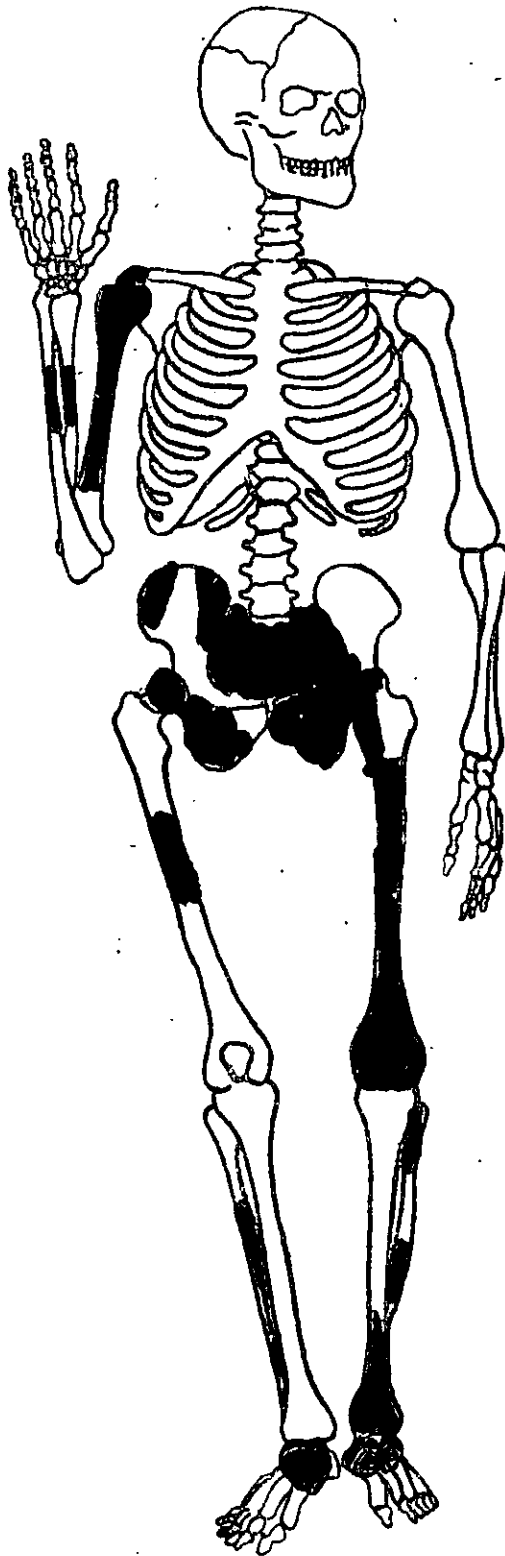
Case X-430 is now separated into case X-430-A and X-430-B and both cases remain Unknown.



X-430-A; (B).  
Cambe, France.  
Plot: BC Row: 6 Grave: 108

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



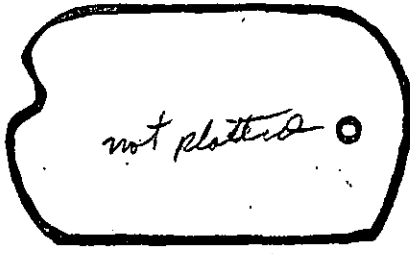
WD OMC FORM 1042.  
Rev 1 Apr. 1945  
(Supersedes GRS Form 1)

REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

Date of report

Imprint Identification Tag if Possible  
DO NOT TYPE

SECTION I. IDENTIFICATION



NAME (Last, First, Middle Initial) Unknown X-430 B.		Serial number Unknown
Grade Unknown	Organization Unknown	Branch of service Unknown
Race Unknown	Religion Unknown	If other than U. S. dead, Give name of country.

Place of death St. Lo, France	Cause of death Killed in action	Date of death Unknown
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Emergency addressee (Name, Relationship and Address.)  
Unknown.

Identification tags found on body (1, 2, or None) No	If no tags found on body, describe means of identification. If unidentified fill in section 3 on reverse.
Were substitute tags provided (Yes or No) Yes	

List personal effects found on body and disposition of same  
None

SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.

Name, Number, Coordinates and location of cemetery  
US. Military Cemetery La Cambre, France

Date of burial	Hour	Buried in (Schröd, Blanket, or name of other) Casket	Type of grave marker Temp. wdn. cross	Plot no. BC	Row no. 6	Grave no. 108
Was this a re-burial (Yes or No) Yes	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave St. Lo, France			Plot no.	Row no.	Grave no.

Type of religious ceremony	Person conducting burial rites	If identification tags not used, describe identification data and containers buried with body One (1) copy of WD. OMC Form #1042 placed in burial bottle and buried with remains.
Identification tag buried with body (Yes or No) No	Identification tag attached to marker (Yes or No) Yes, embossed plate	

Body buried on deceased left, Name (Last, First, Middle Initial) PICKENS, JAMES, H.	Rank Pvt.	Serial number 33790250	Organization 553rd Port.	Grave No. 107
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Body buried on deceased right, Name (Last, First, Middle Initial) UNKNOWN X-466 B	Rank -	Serial number -	Organization -	Grave No. 109
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Signature of person preparing report ALBERT G. RICHARDSON US. WD. Civilian CAP-3 <i>Albert G. Richardson</i>	Signature of GRS officer verifying report EILSWORTH T. MACINTYRE Captain OMC. C.I.P. <i>Eilsworth T. MacIntyre</i>
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DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body, found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos
UTD	UTD	UTD	UTD	UTD

Weapon and serial number	Laundry marks	Where body was buried or found
None	None	St. Lo, France

For tooth chart see attached Form I-A.

RKEMARS

Upon reprocessing by Subordinate Identification Point Carcasson, France case Unknown X-430 was found to be a mass burial of two men. Segregation was made into two cases Unknown X-430 A and Unknown X-430 B. Segregation was possible because of the difference in size and structure in the bones. The bones of case A were mostly articulated or connected with cartilage or tissues. The teeth found were a mass common among the remains. They could belong to either case A or B. The teeth have been placed with remains of case A and the Tooth chart is enclosed with case papers of case A. No clothing was found.

As no positive identifying clues were found, case is classified as Unknown.

Furnish sketch and map reference and coordinates for burial in other than established cemetery



Remarks Form II Identification Checklist and Form IA Tooth Chart accomplished. (See remarks). Unable to obtain fingerprints because of missing and decomposed portions. Estimated weight of remains processed: 3 Lbs.