

RL

Interred 18 Jan 1949  
G-8-16 USM. St Laurent  
C.E. HIEMSTRA  
1/LT 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		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
293 UNKNOWNX-000446		UNKNOWNX-000446		0	
CEMETERY					DISPOSITION OF REMAINS
LA CAMBE ISIGNY					0 3505 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
A.F	4	65	FRANCE		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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
Unknown X-446	Utd	Utd	Utd	29 Oct 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Utd	IDENTIFICATION VERIFIED BY JOHN H. CLARK, 2d LT QM NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Processed	CONDITION OF REMAINS Adv. Decomposition
OTHER MEANS OF IDENTIFICATION None	
MINOR DISCREPANCIES None	
REMAINS PREPARED AND PLACED IN CASKET	

HAY  
FILE  
RECORDS ANNOTATED  
DATE 4/26/49  
NAME D A MATTEWS  
DIV.

DATE 4 Nov. 47	BY John A. Brickley
CASKET SEALED BY Henry F. Pergande	EMBALMER (Signature) John A. Brickley
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY James A. Hoovler
DATE 18 Dec 47 BY R. Anderson	JAMES A. 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.

JAMES A. HOOVLER, 1st Lt, Inf  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NEW

# 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 2Nov47	SIGNATURE OF RECEIVER <i>C. L. Coleman</i> Chester L. Coleman	DATE 2Nov47

## 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

OFFICE OF THE  
INSPECTOR GENERAL



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.

23  
1. The records pertaining to Unknown X- 446, Plot AF,  
Row 4, Grave 65, 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

NAK  
File  
G. H. H. H.  
Ment M  
D. H. H.

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AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
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*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt            Q.M.C.  
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

Incl #32

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22911  
Aug. 31, 1944

Date

X-446                      Unknown                      Unknown                      Unknown  
Last Name                      First                      Initial                      Rank                      Serial No.

Unknown                      -----                      -----                      -----  
Unit                      Organization

Unknown                      Unknown                      Burned beyond recognition.  
Place of Death                      Date of Death                      Cause of Death

09:20 Aug. 6, 1944                      La Cambe                      558-881  
Time and Date of Burial                      Name of Cemetery                      Name or Coordinates of Location

65                      4                      AF                      stake  
Grave Number                      Row Number                      Plot Number                      Type of Marker

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No  CRS plates

If No Identification Tags  
How were remains identified?

What means of identification were buried with the body?

One GRS embossed plate.

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

Who is buried on:  
Deceased's Right: Hampton                      36077181                      Unknown-                      66  
Name                      Serial No.                      Rank                      Organization                      Grave No.  
Deceased's Left: West                      0-460017                      Lt.                      Unknown                      64  
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 Unknown

List only Personal Effects Found on Body and disposition of same:

No personal effects.....

65

Signature of Officer or other person reporting burial.

William H. Staub Jr

Verified by G.R.S. Officer

WILLIAM H. STAUB JR. 2nd Lt. QMC

# 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	Deceased's Right								
Lower	Deceased's Right								

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.

## IDENTIFICATION CHECK LIST

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

Unknown X 446  
 Cemetery La Cambe, France  
 Plot AP Row 4 Grave 65

**Date reprocessed: 10 April 1947**

1. ~~Arrived at cemetery~~ \_\_\_\_\_  
 (Hour) (Date)
2. Place of death \_\_\_\_\_  
 (Name of closest town) (Coordinates and letter Prefix, maps)  
 \_\_\_\_\_  
 (Sheet, scale and serials used)
3. Remains ~~discovered~~ 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 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 None found (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD (Color, setting, shape) Mustache UTD (Color, size, shape) Beard or UTD (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 ..... **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)

.....

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

9. Remarks Remains recovered in mattress cover in skeletal form with a small amount of decomposed flesh. No clothing found. Estimated weight of remains now : 10 lbs.  
Fluorescopic Examination: Negative.  
No burial bottle found.  
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 Q.M.C.  
Rank Service

CENTRAL IDENTIFICATION POINT  
(Organization)

# SKELETAL CHART

Unknown X-446  
La Cambe, France  
Plot AP Row 4 Grave 65

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

