

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-448, Plot AF, Row 10, Grave 193, 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

rece.evd 1 DEC 1948 OQMG
Not identifiable from
information presently
available.

NAN
File
EMBROW
New York
D. W. H.

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GEORGE P. FREEMAN
1st Lt QAC
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

Incl #34

Enzi
MMM

Interred February 1949
3-24-49 USMC, St Laurent
C.E. HLENSTRA
DISINTERMENT DIRECTIVE
C.E. HLENSTRA
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 X-000448

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

LA CAMBE ISIGNY

DISPOSITION OF REMAINS

0 3505 80
CODE DIST. PT.

LOT ROW GRAVE COUNTRY

AF 10 193 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-448

SERIAL NUMBER

Utd

RANK

Utd

DATE OF DEATH

Utd

DATE DISINTERRED

27 Oct 47

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Utd

IDENTIFICATION VERIFIED BY

JOHN H. CLARK, 2nd Lt., QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Mattress Cover

CONDITION OF REMAINS

Skeleton form - very few bones

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 5 Nov 47

BY G. BURKE

CASKET SEALED BY

George Avakian

EMBALMER (Signature)

CASKET BOXED AND MARKED

DATE 7 Jan 48 by Robert Hodge

SHIPPING ADDRESS VERIFIED BY

James H. Hoover
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.

James H. Hoover
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 USMC LA CAMBE		TO USMC ST. LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER JOSEPH GAINNEY, CPL.	
SIGNATURE OF SHIPPER HADLEY H. KEATHLEY	DATE 5 Nov 47	SIGNATURE OF RECEIVER CHESTER L. COLEMAN	DATE 5 Nov 47

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 (SA VONHIBIBV1175 ODBEL)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 21. FVHSEAL, FSVNCE	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-448
Cemetery La Garbe, France.
Plot AF Row 105K Grave 195

1. ~~Date Reported~~ Date Reaccessed: 9 April 1947
~~XXXXXXXXXXXX~~ (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains recovered or disinterred by ~~XXXXXXXX~~ 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; 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 **Est. 6'** 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)

12.

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 **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 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)

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

La Combe.

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 (Yes-no) If not, explain None found

9. Remarks: Remains recovered in skeletal form. Small amount of decomposed flesh. Only one (1) long bone was intact.
Height was est. as 6 ft.
No clothing found.
Burial report found, but did not give any new information.
Estimated weight: 40 Lbs.
Fluoroscopic report: Negative.
Case remains "Unknown".
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)

Ellsworth T. Mac Intyre
Captain QMC

Rank

Service

Central Identification Point

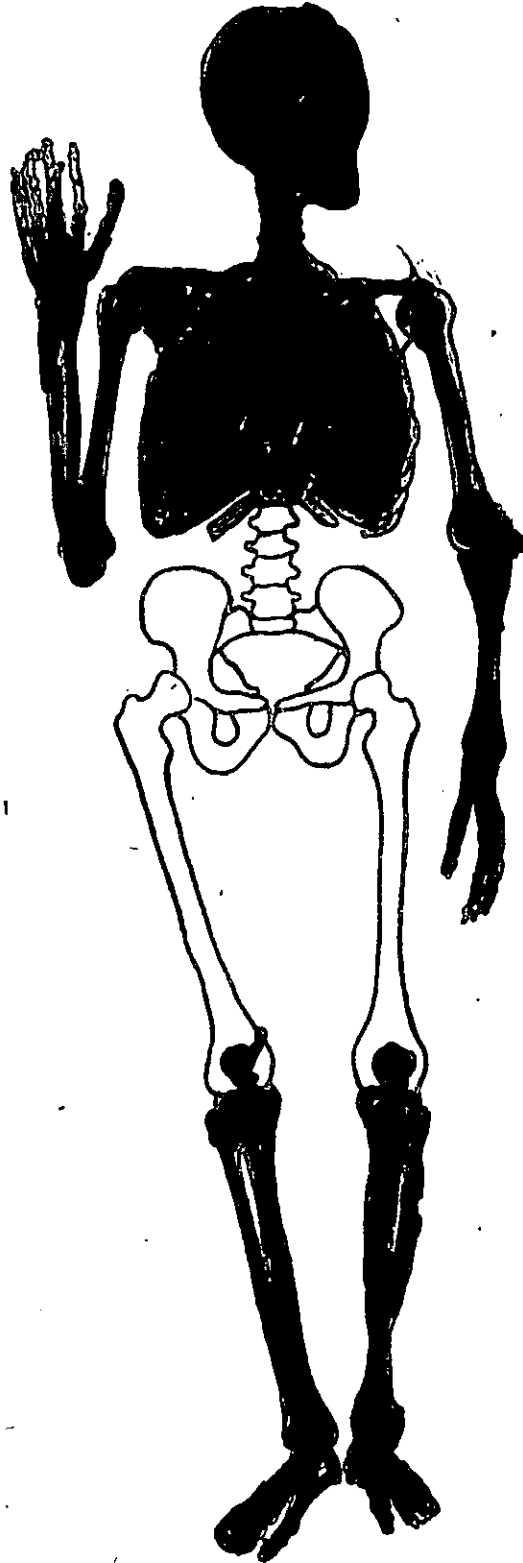
(Organization)

X-448

US Military Cemetery
D. Combe, France,

SKELETAL CHART Plot: AF Row: 6 Grave: 193

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



REPORT OF BURIAL

TM 10-630 AND AR 30-1815

RESTRICTED 274036

Sept. 1, 1944
Date

X-448 Unknown

Last Name First Initial Rank Serial No.

Unknown

Unit

Organization

Maisy Beach, France

Unknown

Undetermined

Place of Death

Date of Death

Cause of Death

1330 Sept. 1, 1944

La Cambe

558-881

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

193

10

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 GRS plate

If No Identification Tags

How were remains identified?

52b made by
GRS medic

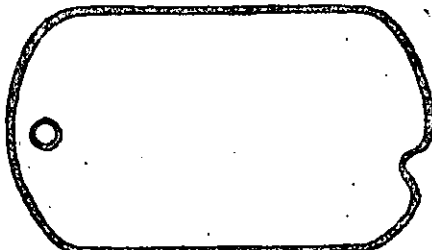
What means of identification were buried with the body?

One GRS embossed plate and one GRS#1 in bottle buried in grave.

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

Who is buried on:	Morson	0-413261	Lt.	Unknown	194
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Rodepeter	32768581	Pvt	203 Engr Bn	192
	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:

None.....

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.

No fingerprints or tooth-charts could be taken; remains consisted only of pelvis and femurs

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

Right Hand

Thumb

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.