HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMANDEUROPEAN AREA APO 58 US ARMY

22 Nov 1948 Date

SUBJECT: Unidentifiable Remains

T0:

The Quartermaster General

Memorial Division Washington 25, D. C.

1. The records pertaining to Unknown X-54, Plot C, Row 6, Grave 115, USMC Ia 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. 2932, dated 13 August 1947. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/GEORGE L. FREEMAN
lst Lt QMC
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG Hot identifiable from intermation presently vallable

NAME OF BESTA

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

2 2 NOV 1948 Date

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2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2392 , dated 13 August, 1947No further information is available.

FOR THE COLLANDING GENERAL:

GEORGE L. FREELIN
1st Lt G.C

Actg Asst Adj Gen

Receievd ______ 1 DEC 1948
Not identifiable from information presently available

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MC FORM 46 11/94

RECORD OF CUSTODIAL TRANSFER

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IDENTIFICATION CHECK LIST

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

	•	Únknown X 54
		Cemetery La Cambo, FRANCE
	•	Plot
1.	Date Reprocessed : **Thrived at remeters	
2.	Place of death (Name of closest town)	(Coordinates and letter Prefix, maps)
	(Sheet, scale and scrials used)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3.	Remains recovered and disinterred by Subord	inato Identification Point #1, Carentan, FRANC
4.	Evacuated to Cemetery by	
٠		(Name and organization) .
5.	Description of clothing and equipment: (if cl	othes do not fit, obtain size from body measurements)
	Item Clothing	· Indicate unusual markings
	Markings	Sizes color, wear, tear, repairs, etc.
	* Headgear NOHE	
	Raincoat NONE	·
		·
	•	
	•	
	Jacket, HBT Romants of	•
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	Underskirt Weet Remnents of	ONE ? ???? marking appared to be"C-3869 "
	•	• •
	Undershirt, Cotton	NONE
	* Trousers, Wool OD Renna	nts of

Leggings, wool. Socks, SONONIX Remnants of wool 18886565 Boots G.I. (type) parachute size 10-8 Overshoes BOOTS Web Equipment Remnants of (type) field pack bolt (Other item) SOHS (Other item) FOHS (Other item) FOHS	Belt, web	Remnance of .	***************************************	***************************************
Shoulder Patch NONE Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? Description of Remains: Age UTD Height 5'6 1/8' Weight UTD Description of wounds UTD Bandages or dressings UTD Scars (Length, width, location) Tattoos (Number, location — illustrate on separate page) Outstanding moles, warts or birthmarks (Yes-no; description, location) Sunburn or tan, other than hand and face UTD Complexion (Light, medium, dark, clear, pimples, pocks, freekles) Build UTD (Large, fat, thin, muscular) Hair Brown (Color, length, quantily, curly, wavy, straight, whorls, or definite parting) Hair UTD (Baldness, widows peak, distinctive cutting or other characteristics) Mustache UTD Beard or UTD	Drawers, wool	Remnants of		
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•	(white, size, une	eveness, spacing, nonceas	e crowns, minigs,	extracts;
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NOTE: Use attached charts "A" and "B" to indicate parts not received.

" See attached Chart "

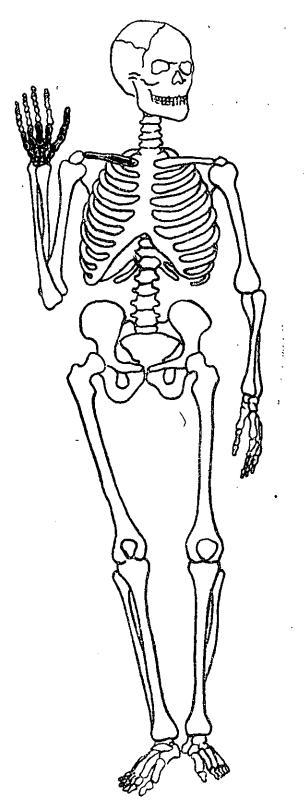
7.	Have finger prints been placed on Report	of Interment?	
		•	(Ýes-no)
	If not, explainDe	composed and missing	
8.	Has tooth chart been prepared?(Yes		
9.	Remarks Remains received in advan	oed stage of decomposition	on. Clothing found on
	body. One (1) Holy bible found in	boot. Burial raport four	d which states. (place
	of death 29th Combat area. Cause		
	Race white. 5in.appendentomy scar	right lower quadrant. He	ight 819" Wt.170.
	Hair brown .) Pluoroscopio report	Negative. Estimated weigh	ht of remains 60 lbs.
	I certify that I have personally viewed the has been recorded to the best of my know	remains of subject deceased and	
	Clothing marks found on wool Under of markings). Chemical Laboratory	rshirt appears to be " C- Examination was made on	3869 " (see attached pho
	" J- 1 6 9 0 ". 7	- Jones	t Chally
		(Officer's ERN EST	C. GADDY
	•	CWO	USA
		Rank	Service
		Central I	dentification Point
			nization)

SKELETAL CHART

La Cambo , FRANCE

Plot: C Row: 6 Grave: 11

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



E 3 CHRICE OF THE CHIEF CHARTERMASTER HO. COM. ZONE ETUZIA

X = 54 La Cambo , PRAMOR

> Flot: C Row: G Grave: 11.

CHART ETOOT

17 AFRIL 1947

preparation X • 54

Last Name

Initial

Runk

Serial No.

Unit

Date of Death

Cause of Death

See remarks

Right

Place of Bosts

Left

Or ganization

8 6 5 2 3 2 8 bide views TOP LOWER VIEWS Side Views 15 16 11 12 13 14 10 11 9 16 15 14 13 12 10 9

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.

prepared Tooth chart

ERNEST C. GADDY C.T.P. USA

GRAVES REGISTRATION FORM IN LA

MISSING TEETH... All teeth missing through Tooth missing 7 previous extraction (not those fractured or displaced by recent wounds) should be "X" dout and labeled, thus: CROWNED TEETH ... Block in solid the crown of Gold crown of Porcelate crown tooth (label gold, porcelain, Silver or gold and porcelain), thus : BRIDGE WORK... Block in solid the crown of Gold bridge tooth (label gold bridge, gold and porcelain bridge), thus: FILLINGS. Draw filling on tooth as accurately Gold filling? Silver filling as possible (block in and label gold, silver, cement). thus: Outline location and size Cavity Decayed CARIES (CAVITIES) 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

Posthumously missing, R 1,3. Medium sized teath, in good glightent, have burned, slightly mink.

REPORT OF BURIAL TM 10-630 AND AR 30-1815

Last Name Combat Area	_
Piace of Death Piace of Death Piace of Death Date of Death Counse of Death Three and Deate of Burial Name of Cemetery Name or Coordinate or 115 6 C Grave Number Row Rank Rom Rank Roganization Rose Rank Roganization Rogan	Vo.
Place of Death Tome 1300 hrs 18 June 1944 Amer Cem #3 La Cambe F	
Place of Death 1300 hrs 18 June 1944 Amer Cem #3 La Cambe F	าศิร -
Time and Date of Burial Stake C	
Time and Date of Burial Stake C	
Grave Number Row Number Plot Number Type of M sposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No No No Identification Tags How were remains identified? No Identification & Marketh Obtainable What means of identification were buried with the body? 1 Copy GRS Form #1 determine Right or Left use Deceased's Right and Left. ho is buried on: becased's Right: Name Scrial No. Rank Organization Strature or Name, Rank and # 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 None Name Address	Location
No Identification Tags: Buried with body Yes No Attached to Marker Yes No No No Identification Tags How were remains identified? No Identification & No Entitle Obtainable What means of identification were buried with the body? 1 Copy GRS Form #1 determine Right or Left use Deceased's Right and Left. the is buried on: accessed's Right: Name Scrial No. Rank: Organization Serial No. Serial No. Serial No. Rank Organization Signature or Name, Rank and # 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 None Name	
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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	114
If print of identification tag is not affixed fill in below: Emergency Addressee	Grave No.
Address	a
Address	
Religion	
t only Personal Effects Found on Body and disposition of same:	
Noné	
MOTIO 7	_
	-
65	

Signature of Officer or other person reporting burial

1ST LT. Q.M.C.

HQ. SOS. 20.3.44. 150M/8/25715

* *		IF DECEASED UNIDENTIFIED	
İ			
	- '	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?	
	ω -· ·	Race:	r.
,		(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.	
		, , , , , , , , , , , , , , , , , , , ,	
Lef			
Left Hand	No . 1		
pr			
•			<i>.</i> .
			· · · · · · · · · · · · · · · · · · ·
			li:
		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:	
	.		•
		·	
	•		
		•	
i	Thumb		
	im ' ' '		
		,	•
	тоотн сн		of the Location.
	& & g	oriented with Permanent Landmarks. If morattach separate sheet. Indicate North.	space nceded
	7 7 ridge	attach separate sneet. mutcate North.	
	6 7 8 6 7 8 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
eft.	9 9		
d's Left	اري م ا ص	•	
ase	Illing seth	•	
Decease	# F		
	3 3 3 3 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5		
	2 2 2 y ar		
Deceased's Right	1 1 2 prow	•	
	n × 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	•
	by deer		•
	eth repl		•
	3 3 al te		•
	4 4 atura		
d's	su sa na		
sase	5 5 Ssing	tics:	•
Ö	6 6 : mis : king	Date	
	8 7 6 5 4 3 2 1 1 2 3 4 5 8 7 6 5 4 3 2 1 1 2 3 4 5 Indicate: missing natural teeth by x; crowns by O; fillings by by © linking anchor teeth; replacements by artificial teeth \overline{x}	Characteristics: Other Data:	
	age	Ö Ö	
•	∞ ∞ - -1	•	

Upper

Lower

IDENTIFICATION SECTION
RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE AT PRESENT TIME