

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- ⁹³72, Plot D,
Row 8, Grave 157, 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.

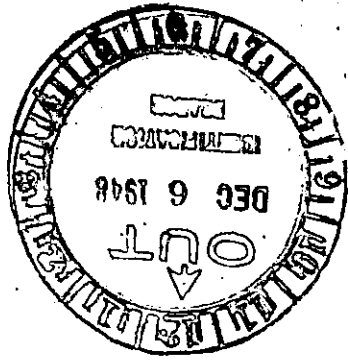
2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2314, dated 3 June 1947. No
further information is available.

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

NATV
File
2314
22 Nov 48
G. B. 118



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ALABAMA
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POST OFFICE

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Incl #5

IRR *Beck*

1 ✓

Interred 28 December 1948
G-6-27- USMC. St Laurent **DISINTERMENT DIRECTIVE**
DOUGLAS A. MAC KENZIE *Douglas A MacKenzie*
Capt. Inf. Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 3539 00000
DATE: 15 10 47
DAY MONTH YEAR

NAME: UNKNOWN X-000072
SERIAL NUMBER: UNKNOWN X-000072
RANK:
ARM: Q
DATE OF DEATH:
DAY MONTH YEAR

CEMETERY: ~~LA CAMBE~~ ISIGNY
DISPOSITION OF REMAINS: 0 3505 80
CODE DIST. PT.

PLOT: D ROW: 8 GRAVE: 157 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-72
SERIAL NUMBER: Utd
RANK: Utd
DATE OF DEATH: Utd
DATE DISTINTERRED: 7 Nov 47

IDENTIFICATION TAG ON: REMAINS MARKER
ORGANIZATION: UNKNOWN
RELIGION: Utd
IDENTIFICATION VERIFIED BY: WM. J. SMITH 1st LT CE
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Wrapped in Mattress Cover
CONDITION OF REMAINS: Badly Decomposed

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET: DATE: 20 Nov 47 BY: John A. Brickley

CASKET SEALED BY: John A. Brickley
EMBALMER (Signature): *John A. Brickley*

CASKET BOXED AND MARKED: DATE: 20 Nov 47 BY: R. J. Hodge
SHIPPING ADDRESS VERIFIED BY: 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. Hoover
JAMES A. HOOVLER 1st LT, INF
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report GMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Cambé		TO Casketing Pt. B, St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/4 Bonnie R. Kovalski	
SIGNATURE OF SHIPPER W.T. DAILEY, CAPT. QMC	DATE 18 Nov. 47	SIGNATURE OF RECEIVER H.F. HILL, CAPT. QMC	DATE 18 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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. GARIBOLDI	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 - 72
Cemetery La Cambe, France
Plot D Row 8 Grave 157

1. ~~AGRICULTURE~~ **Date reprocessed: 17 April 1947.**
(Hour) (Date)
2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains ~~XXXXXXXX~~ 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	none		
Raincoat	Officer's ^(Type) type "ALLIGATOR" marked;		1st Lt. Elmer N. Carter
Overcoat	none		0-1697065 - 4820-S.
Jacket, Field	none		
Jacket, Combat	none		
Mackinaw	none		
Sweater	none		
Jacket, HBT	none		
* Shirt, Wool OD	none		
Undershirt, Wool	Remnants of,		
Undershirt, Cotton	none		
Trousers, HBT	none		
* Trousers, Wool OD	none		

Belt, web **none**

Drawers, wool **none**

Drawers, cotton **none**

Leggings, wool **none**

Socks, ~~cotton~~ **wool, One (1) pair**

* Shoes **One (1) pair** (type) **Service, size 5-D**

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 **Est. 5'6"** 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)

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 **No teeth recovered**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin **Utd**
 (Prominent, receding, pointed, dimples, double)

Jaw **Utd** Circumference of head in inches **skull 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)

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.

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 **Head missing. No teeth recovered.**

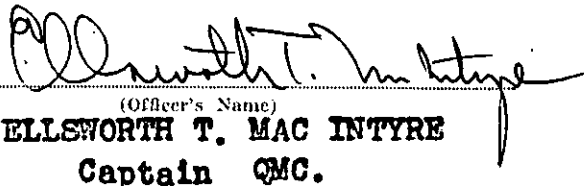
9. Remarks **Remains received wrapped in two blankets and mattress cover.**

Clothing removed from debris. Marks on raincoat, Alligator Officer's Type, 1st Lt. Elmer N. Carter O-1697065 and 4820-S."

No burial report found.

**Fluoroscopic Examination: Negative.
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.

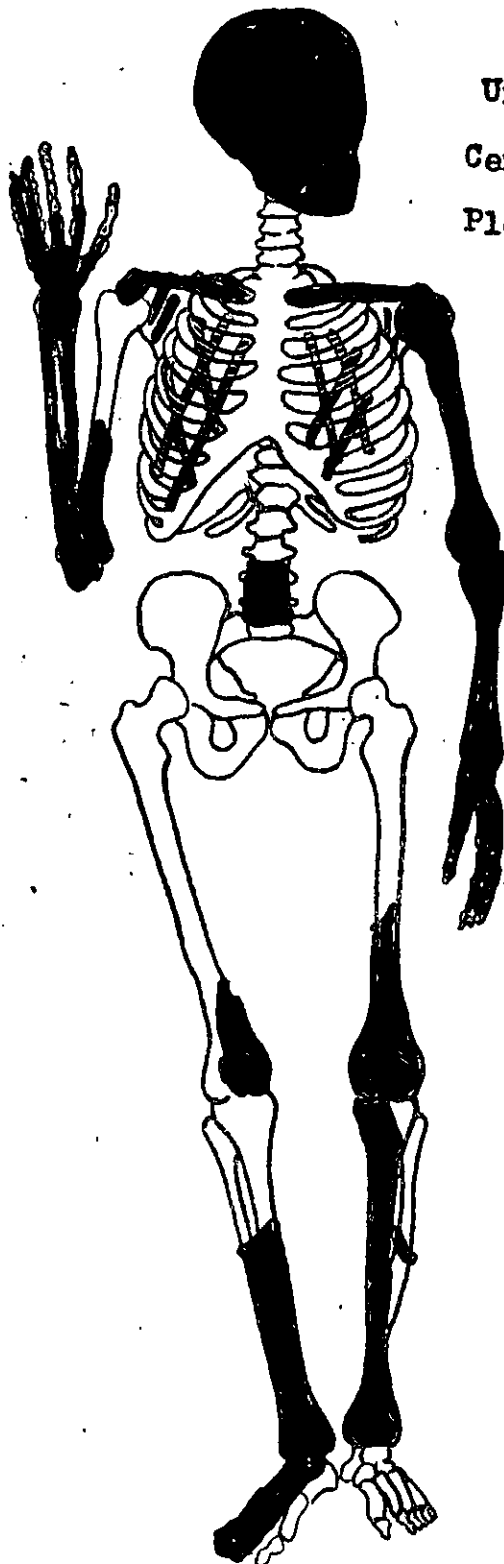

(Officer's Name)
ELLSWORTH T. MAC INTYRE
Captain QMC.

Rank Service

Central Identification Point
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Unknown X-72
Cemetery La Cambre, France.
Plot D, Row 8, Grave 157.

IDENTIFICATION SECTION
IDENTIFICATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME *ADP*

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

21953

23 June 1944
Date

X-72 UNKNOWN
Last Name First Initial Rank Serial No.

Unit Organization

29th Combat Area

Plane crash

Place of Death

Date of Death

Cause of Death

1345

Amer. Cem. # 3

La Combe, E.

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

157

8

D

Stake

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Plane crash - body
burned and decomposed.
1 GI Shoe and sock
unidentified.

What means of identification were buried with the body?

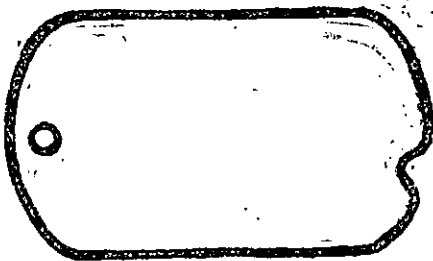
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Wolford, W.G. 33152893 Rank Organization 158
Name Serial No. Grave No.

Deceased's Left: Huggins, L. 34653226 Rank Organization 156
Name Serial No. 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 _____

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

65

Signature of Officer or other person reporting burial

E. H. Hosford

E. H. HOSFORD

Verified by G.R.S. Officer 1ST LT, Q.M.C.

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.

Thumb			
1			
2			
3			

Left Hand

1			
2			
3			

Right Hand

TOOTH CHART

	Deceased's Left															
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	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.