Not copy

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

3 DEC. 48
Date

293 Unk (France) X-77 (St James)

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.

1. The records pertaining to Unknown X-77, Plot I, Row 12, Grave 293, USMC ST. JAMES 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. 2123, dated 26 DEC. 46. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ GEORGE L. FREEMAN
/t/

Received 4 JAN 1949
Not identifiable from information presently available
QMG

NPT file
4 Jan 49
C. Newhouser
Edwd. Br.

IN
JUL 12 1951
IDENTIFICATION
BRANCH

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FOR THE COMMANDING GENERAL :

George L. Freeman
GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

Received 4 JAN 1949
Not identifiable from information presently available
OQMG

Incl #49

Interred 30 November 1948
H-12-19 ST JAMES
H.F. HILL CAPT QMC
CEM. SUPT.

DISINTERMENT DIRECTIVE

SECTION A— NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
	3578 00013	15 01 48

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
UNKNOWN	X-000077		O	

CEMETERY	DISPOSITION OF REMAINS (CODE / DIST. PT.)
ST JAMES - AVRANCHES	0-3504 80

LOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
I	12	293	FRANCE	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ST. JAMES, FRANCE (BY ADMINISTRATIVE ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
Unknown	X-000077	Utd		19 May 1948

IDENTIFICATION TAG ON ☐ REMAINS ☐ MARKER P.L.	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
	UNKNOWN	Unk	Vilas K. Sorenson Emb

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OD's and Blanket	Est Three Lbs of Fragmented Bones

OTHER MEANS OF IDENTIFICATION

GRS Forms No 1 with remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET Transfer Case

DATE 19 May 1948 BY Vilas K. Sorenson, Emb

CASKET SEALED BY	EMBALMER (Signature)
Vilas K. Sorenson, Emb	

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 27/6/48 BY Henry B. Masin, Clk Rec	All Markings, Tags and Plates Verified By: Kanemitsu Ito, 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. Except Casketing

I certify that the entries on this form and two copies of the entries on Copy No. 4 of the Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Rafael T. Ruiz, 1st Lt FA
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

QMC FORM 1194
REV 15 MAR 46

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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

AGRC
FORM NO. 11.
Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X - 77
Cemetery St. James, France
Plot I Row 12 Grave 293

1. ~~Arrived at cemetery~~ Reprocessed: 21 November 1946
(Hour) (date)

2. Place of death .....
(Name of closest town) (coordinates and letter Prefex, maps)

.....
Sheet, scale and serials used.

3. Remains ~~recovered or~~ 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 None	Clothing Markings	Sizes	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear (type)				
Raincoat	None			
Overcoat	None			
Jacket, Field	None			
Jacket, Combat	None			
Mackinaw	None			
Sweater	None			
Jacket, HBT	None			
*Shirt, Wool, OD	None			
Undershirt, Wool	None			
Undershirt, Cotton	None			
Trousers HBT	None			
*Trousers, Wool OD	Remnants of			

30 000, 3, 46 P. & Co., Fulda

Belt, Web ..... None

Drawers, Wool ..... None

Drawers, Cotton ..... None

Leggings, ~~Wool~~ Canvas, Remnants of (Note unusual lacing) ..... one (1)

Socks, ~~Cotton~~ wool, Remnant of one (1)

*Shoes One (1) (type) Service, 9-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.

6. Chevrons or Insignia ..... None
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... None

7. Does clothing indicate that deseased was a member of the Air, Ground or Naval Forces

Ground Forces

8. Description of Remains:

Age UTD Height Est. 5'7½" Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD (Length, width, location)

Tattoos UTD (Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks UTD (yes-no; description, location)

Sunburn or tan, other than hands & face UTD

Complexion UTD (light, med, dark, clear, pimples, pocks, freckles)

Build UTD (large, fat, thin, muscular)

Hair UTD (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 ..... (color, size, shape) Beard or Goatee ..... (length, heavy, light, color, extent)

Eyes UTD (color, setting, shape) Eyebrows UTD (color, bushiness, extent across nose)

Nose UTD (size, shape, straight) Ears UTD (size, set close to or far from head)

Mouth UTD (large, medium, small) Lips UTD (small, large, full)

Teeth UTD (white, size, uneveness, spacing, noticeable crowns, fillings, extract.)

Chin UTD (prominent, receding, pointed, dimple, double)

Jaw UTD (large, small, normal) Circumference of head in inches UTD (hat band)

Neck UTD (size, length, short, normal, wrinkled) Larynx UTD (Prominent, normal)

Shoulders UTD (broad, straight, small, rounded) Arms UTD (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 & extent of hair, large, small, normal).

Back UTD (quantity & extent of hair) Waist UTD (size of navel, appendectomy, amount quantity & color of hair) Circumcision UTD (yes-no) Pubic hair UTD (color)

Herniaplasty UTD (yes-no; location)

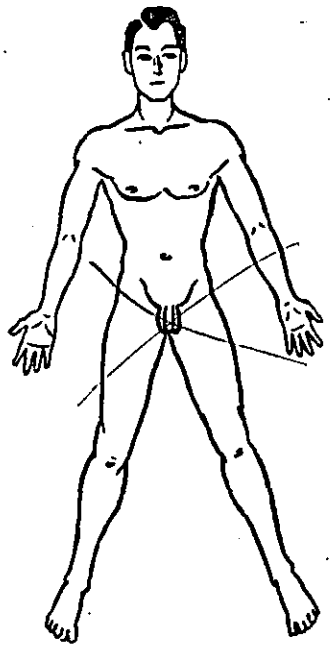
Legs UTD (inseam, muscular, knock-kneed, bowed, normal, quantity, colar & extent of hair)

Feet UTD (Size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

Evidence of healed fractures UTD (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery:

See attached chart



10. Have fingerprints been placed on Report of Interment No
Yes-no

If not, explain Hands missing

11. Has tooth chart been prepared No
Yes-no If not, explain

Head missing

12. Remarks: Remains consist of few bones wrapped in mattress cover and wool OD Blanket. Estimated weight of remains: 3 Lbs. Burial bottle found in grave. 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.

Robert A. Salvador
ROBERT A. SALVADOR
Officers Name

Captain
Rank

Inf.
Service

Centfal Identification Point
Organization

X-77

SKELETAL CHART

St. James Cemetery
Plot I Row 12 Gr.293

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

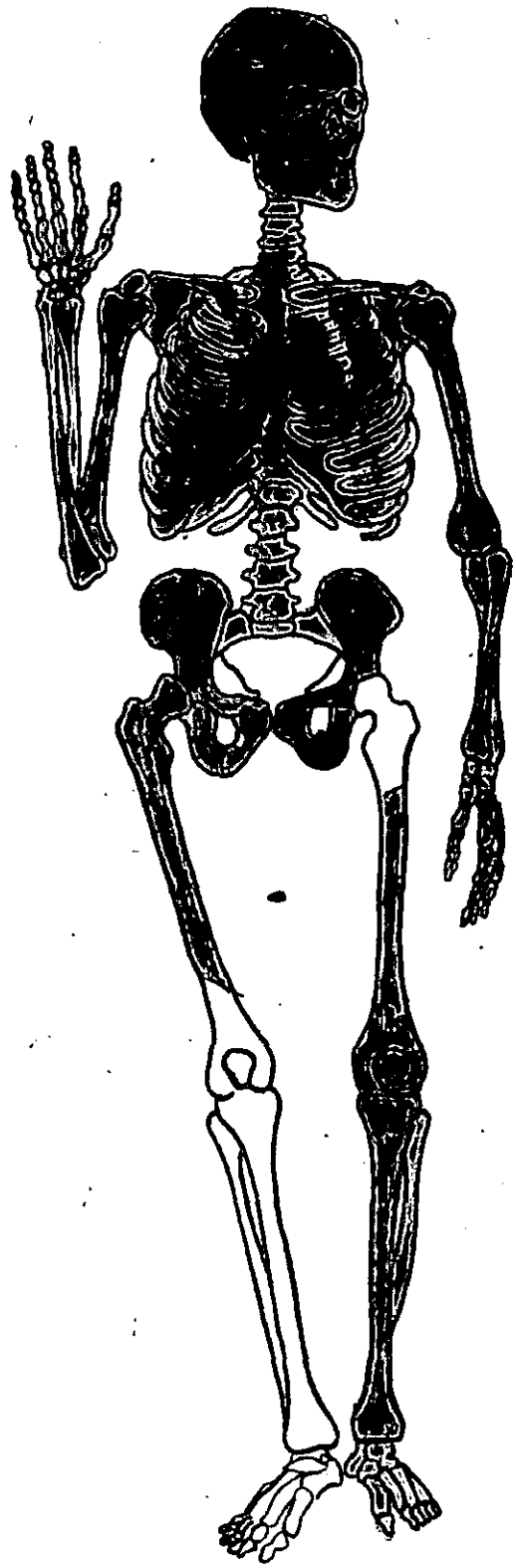


CHART "A"

Graves Registration
Form No. 1
(Revised 1 Sept. 1943)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22867

6 Sept 44
Date

Last Name	First	Initial	Rank	Serial No.
Unknown X-77			Unk	Unk

Unit	Organization
Unk	Unk

Place of Death	Date of Death	Cause of Death
France	Unk	KIA

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
0900 5 Sept 44	U.S. Mil. Cem. St. James France	308975

Grave Number	Row Number	Plot Number	Type of Marker
293	12	I	Wooden Cross

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

If No Identification Tags
How were remains identified?

Right Limb and Foot decomposed-only part of body available.

Size of Shoe 9-D

What means of identification were buried with the body?

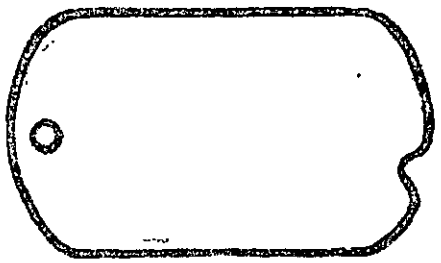
GRS Form #1 in burial bottle

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Bew, Floyd L.	33095866	Unk	Unk	292
Deceased's Left:	W.C. ~~Bennix~~ Douglas	34107496	Pvt	Unk	294

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 Unk
Name

Address

Religion Unk

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

NONE

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John R. Wood
Signature of Officer or other person reporting burial

JOHN R. WOOD 2nd Lt., QMC 3042d G R Co.
Verified by G.R.S. Officer

R.Q. SOS. 9/5/44. 500M/S/.

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:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

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

Indicate: missing natural teeth by ×; crowns by ○; 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.