

COPY

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

293 SPS European

RRE 314.6

30 December 1948

SUBJECT: (CIL Remains)

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

1. The following Unknowns have been eliminated from the records of this office by assigning them CIL numbers.

X-55	Hlosville	Plot Q	Row 4	Grave 64
X-56	"	" Q	" 4	" 62
X-134	"	" X	" 8	" 160
X-463	"	Held in Unknown Repository		
X-531	La Cambe	Plot BC	Row 2	Grave 24
X-530	" "	" BC	" 2	" 23
X-529	" "	" BC	" 2	" 22
X-528	" "	" BC	" 2	" 21
X-456	" "	" BE	" 5	" 96
X-455 D	" "	" BC	" 6	" 114
X-455 C	" "	" BC	" 6	" 113
X-455 B	" "	" BC	" 6	" 112
X-455 A	" "	" BE	" 5	" 94
X-454	" "	" BE	" 5	" 93
X-452	" "	" BE	" 5	" 91
X-451	" "	" BE	" 5	" 90
X-450	" "	" BE	" 5	" 89
X-167	St. Laurent	" BB	" 2	" 33
X-169	" "	" BB	" 2	" 34
X-170	" "	" BB	" 2	" 35
X-171	" "	" BB	" 2	" 36
X-172	" "	" BB	" 2	" 37
X-173	" "	" BB	" 2	" 38
X-70	" "	" BB	" 2	" 22

2. The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
1/Lt. QMC
Actg Asst Adj Gen

Class Ad: 293 unk France (St. Laurent) assigned CIL # 2005

FILE 307 150
30 Dec 1948
Gen

C O P Y

QMGMT 293
314.6 GRS European Area
SUBJECT: CIL Remains

1st Ind

Department of the Army, OCMG, Washington 25, D. C. 4 March 1949

TO: Commanding General, American Graves Registration Command, European Area, APO 58, c/o Postmaster, New York, New York

1. Reference is made to basic communication.
2. This Office concurs in the assignment of CIL numbers to all unknowns listed thereon with the exception of Unknowns X-450, X-451, X-452, X-454 and X-456, USMC La Cambe.
3. In view of the fact that Reprocessing Reports indicate the presence of teeth in each of these cases, it is requested that elimination by the assignment of CIL numbers be suspended and that these Unknowns be declared unidentifiable instead.
4. Request that Certificates of Unidentifiability be forwarded to this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

6

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3000 030000

11 11 40

DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
<i>UNKNOWN</i>	<i>030000</i>				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
<i>ST. LAURENT</i>				<i>FO</i>
				CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. LAURENT, FRANCE

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION
ad deleted

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FBI 3W

DISINTERMENT DIRECTIVE

6

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: **3582 00000**

DATE: **75 12 48**
DAY MONTH YEAR

NAME: **UNKNOWNX-000171**

SERIAL NUMBER: **000171**

GRADE: **0**

ARM: **0**

RACE: **0**

RELIGION: **0**

CEMETERY: **ST LAURENT FRANCE**

PLOT: **BB**

ROW: **2**

GRAVE: **36**

DISPOSITION OF REMAINS: **3005 80**
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: **ST. LAURENT, FRANCE**

NAME AND ADDRESS OF NEXT OF KIN: **(BY ADMINISTRATIVE DECISION)**

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN**

SERIAL NUMBER: **000171**

GRADE: **0**

DATE OF DEATH: **75 12 48**

DATE DISINTERRED: **75 12 48**

IDENTIFICATION TAG ON: REMAINS MARKER

ORGANIZATION: **UNKNOWN**

RELIGION: **0**

IDENTIFICATION VERIFIED BY: **[Signature]**

NAME AND TITLE: **[Signature]**

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **[Signature]**

CONDITION OF REMAINS: **[Signature]**

OTHER MEANS OF IDENTIFICATION: **[Signature]**

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC Form 1194a for major discrepancies.): **[Signature]**

REMAINS PREPARED AND PLACED IN CASKET

DATE: **75 12 48**

CASKET SEALED BY: **[Signature]**

BY: **[Signature]**

EMBALMER (Signature): **[Signature]**

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY: **[Signature]**

DATE: **75 12 48**

BY: **[Signature]**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS





DISINTERMENT DIRECTIVE

SECTION A NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 1000	DATE 10 10 48
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NAME SMITH	SERIAL NUMBER 100017	GRADE	ARM	RACE	RELIGION
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CEMETERY LAURENT FRANCE	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS DISINTERMENT
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SECTION B - CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE V. LAURENT, FRANCE	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

NOTICE OF DISCREPANCIES (Prepare Discrepancy Report (QMC Form) 1194a for major discrepancies)

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE (OF AGRS) INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

PMS

GRJ

6

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	3532 00000	15 10 42 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	000171		0	0	0
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
ST LAURENT FRANCE				3505 CODE	90 DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ST. LAURENT, FRANCE	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MAJOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REPORT OF BURIAL

7 September 1948 Date

293 France

UNKNOWN X-171

St. Laurent

Unknown

Unknown

Unit

Organization

France

Place of Death

Unknown

Date of Death

Unknown

Cause of Death

1400, 7 September 1948

Time and Date of Burial

USMC St Laurent, France

Name of Cemetery

Name or Coordinates of Location

36

Grave Number

2

Row Number

BE

Plot Number

Cross

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? Remains consist of extra mandible found with remains of 1/Lt Benjamin H. Robinson, O-1308425, Plot W, Row 8, Grave 145, USMC St Laurent.

What means of identification were buried with the body?

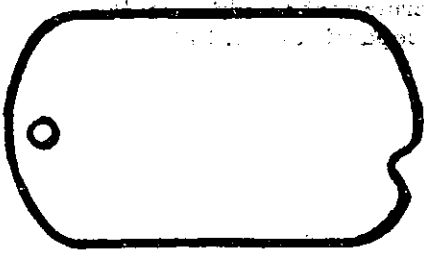
G.R.S tags and mortuary plates

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

Who is buried on :

Deceased's Right :	Unknown X-172	Unknown	37
	Name	Serial No.	Grave No.
Deceased's Left :	Unknown X-170	Unknown	35
	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 Unknown Name

Address

Religion Unknown

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

None

W.H. Hubbell

W.H. HUBBELL, DA Civilian

Signature of Officer or other person reporting burial

JAMES F. LABORS

JAMES F. LABORS, Major, Inf.

Hq 7856 ACRC

Verified by G.R.S. Officer

Zone # 2

Incl #31

Not Platted

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

REPORT OF BURIAL

7 September 1948
Date

293 France
1

UNKNOWN X-171 Last Name First Initial Rank Serial No.

Unknown Unit Organization

France Place of Death Unknown Unknown Cause of Death

1400, 7 September 1948 Time and Date of Burial USMC St Laurent, France Name of Cemetery Name or Coordinates of Location

36 Grave Number 2 Row Number BB Plot Number Cross Type of Marker

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

Kept Here

If No Identification Tags
How were remains identified? Remains consist of extra mandible found with remains of 1/Lt Benjamin H. Robinson, O-1305425, Plot W, Row 8, Grave 145, USMC St Laurent.

Not Here

What means of identification were buried with the body?

GRS tags and mortuary plates

*Assigned CDL
Per [unclear] from [unclear]
dated 30 Sep 48
Subject: CDL Remains*

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

Who is buried on :	Unknown X-172	Unknown X-170
Deceased's Right :	Name Serial No. Rank Organization	Name Serial No. Rank Organization
	37 Grave No.	35 Grave No.
Deceased's Left :		

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 Unknown Name Address Religion Unknown

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

None

W.H. Hubbell
W. H. HUBBELL, DA Civilian
Signature of Officer or other person reporting burial
James F. Nalors
JAMES F. NALORS, Major, Inf.
Hq 7856 AGRC Verified by G.R.S. Officer Zone # 2

Incl #31

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

Indicate missing natural teeth by X ; crowns by O ; fillings by □ ; Bridges by ○ ; flaking 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.

T E M P O R A R Y
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

27 Feb 1948

Date

UNKNOWN X-171 (ST LAURENT)

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

Unknown

Unit

Organization

Unknown

Unknown

Unknown

Place of Death

Date of Death

Cause of Death

Remains being held in Unknown Repository, USMC St. Laurent, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

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?

Remains consist of extra mandible, previously buried with remains of 1/Lt Benjamin H. Robinson, O-1303425, Plot W, Row 8, Grave 145, USMC St Laurent.

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:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

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

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

None

W. H. Hubbell

W. H. HUBBELL, US DA Civilian

Signature of Officer or other person reporting burial

James P. Nabors
JAMES P. NABORS, Major, Inf.

Hq Second Zone, AGRC

Verified by C. S. Officer

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			
4			
5			
6			
7			
Left Hand			

1			
2			
3			
4			
5			
6			
7			
Right Hand			

TOOTH CHART

	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	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 C; 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.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

TOP VIEW

SIDE VIEW



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Gold Crown, Porcelain Crown



BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

Gold Bridge



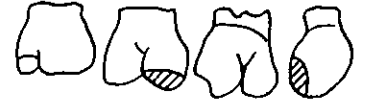
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
Side Views															
UPPER															
Side Views															
LOWER															
Side Views															
	A	X	X	⊗			⊗	⊗	⊗	⊗			A	X	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

UNKNOWN X-171 (ST LAURENT)

ROBINSON, BENJAMIN H., 1st Lt, 01303425, USMC St Laurent, Plot W, Row 8, Grave 145

CASE "A"

