

QMGOD 332.3  
Kansas City

19 December 1949

SUBJECT: Report on Certain Unknowns

TO: Commanding Officer  
Quartermaster Activities  
Kansas City Records Center (AGO)  
Kansas City, Missouri

1. Reference your inquiry concerning present status of the following named Unknowns, you are advised that these Unknowns have been declared unidentifiable:

X-41	St. Laurent, France
X-90	Margraten, Holland
X-394	Henri Chapelle, Belgium
X-720	Nettuno, Italy

2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

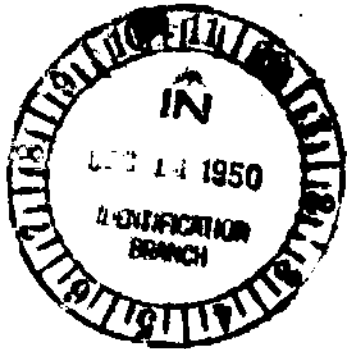
BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:  
Correspondence

WILLIAM F. CONLON  
Major, QMC  
Field Service Division



X QMGOD 293, UNKNOWN X-41, FRANCE (ST LAURENT)



DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI  
886094

HOC/AID/vlm  
2 November 1949

IN REPLY REFER TO QMDKG

DATE

SUBJECT: Disposal of Personal Effects

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

-41

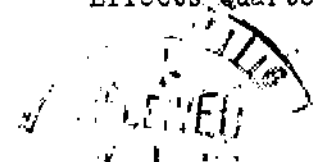
1. ~~C~~ Personal effects ~~found on remains~~ <sup>51</sup> interred as Unknown <sup>St. Laurent</sup>  
France, Row \_\_\_\_\_, Grave \_\_\_\_\_, USMC 7 May 1948  
\_\_\_\_\_ have been held at this Bureau as of \_\_\_\_\_

2. Bureau inspection of the effects has been made and the following description furnished ~~Religious Medals~~  
1 U.S. 5¢ coin

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL  
Effects Quartermaster



110  
Wade + 41  
St Laurent

343  
QJHOD 532.3  
Kansas City

23 March 1949

SUBJECT: Identification Status of Unknown Decedents

TO: Commanding Officer  
Quartermaster Activities  
Kansas City Records Center (AGC)  
Kansas City 1, Missouri

1. Reference is made to recent correspondence, your Bureau, regarding identification status of Unknowns.

2. Records this office indicate the following listed Unknowns have not been identified:

X-7958	Belgium, Neuville-en-Coudres
X-429	France, Champignoul
X-118	France, Lagnes
X-41	France, St. Laurent
X-191	France, Solers
X-2185	Holland, Margraten
X-7407	Holland, Margraten
X-7609	Holland, Margraten.

3. Unknown X-422, Elsoville, France, is one of an identified Mass Burial of a group of three remains:

Bask, Theodore R.,	57515902
Creager, Ralph E.,	36194147
Wheeler, George H.,	85283167.

BY COMMAND OF MAJOR GENERAL PELHAM:

1 Incl:  
Corres re 3 Unknowns

WILLIAM F. CONLAN  
Major, GSC  
Field Service Division

293 Unknown X-41 St. Laurent  
1 France

DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

HCC/ELW/bls  
2 March 1949  
DATE

IN REPLY REFER TO QMDKG 886094

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X41  
Plot C, Row 3, Grave 51, USMC St. Laurent  
France have been held at this Bureau as of 7 May 1948.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

**2 Religious Medals**  
**1 U.S. 5¢ coin**

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

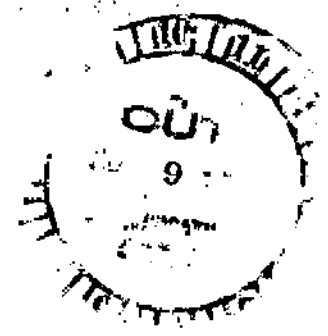
H. O. CALDWELL  
Effects Quartermaster



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Handwritten text at the bottom of the page, possibly a signature or a concluding note.



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

17 Nov. 1948  
Date

SUBJECT: Unidentifiable Remains

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

293  
1. The records pertaining to Unknown X- 41, Plot C,  
Row 3, Grave 57, USMC, St. Laurent, 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 2388, dated 12/8/47. No  
further information is available.

FOR THE COMMANDING GENERAL:

15/ George L. Freeman  
16/

Received 23 Nov. 1948 OQMG  
Not identifiable from  
information presently  
available

FILE 23 NOV 1948  
7 AM  
S. J. Sullivan  
3070  
S. J. Sullivan

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

17 NOV 1948  
Date

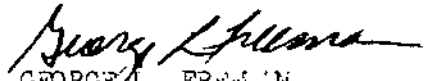
SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A-41, Plot C,  
Row 3, Grave 51, USMC St. Laurent, 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. 2388, dated 12/8/47. No  
further information is available.

FOR THE COMMANDING GENERAL :

  
GEORGE L. FREEMAN  
1st Lt Q.M.C.  
Actg Asst Adj Gen

Incl # 22

Received 23 NOV 1948 OQMG  
Not identifiable from  
information presently  
available



Interred 4 Dec 1948

I-18-7-USMC, St Laurent

DOUGLAS A. MAC KENZIE

Capt. Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

*Compass MacKenzie*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3582 00000

DATE

10 09 47  
DAY MONTH YEAR

NAME UNKNOWN X-000041

SERIAL NUMBER X-000041

RANK

ARM

DATE OF DEATH

CEMETERY ST LAURENT - BAVEUX

DISPOSITION OF REMAINS 3505 80  
CODE DIST. PT.

PLOT C ROW 3 GRAVE 51 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-000041

SERIAL NUMBER X-000041

RANK Utd

DATE OF DEATH 6 June 1944

DATE DISINTERRED 2 Oct 47

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION Utd

RELIGION Utd

IDENTIFICATION VERIFIED BY WM. J. SMITH 1st Lt. CE NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover

CONDITION OF REMAINS Advanced decomposition.

OTHER MEANS OF IDENTIFICATION None

MINOR DISCREPANCIES / Arm of service corrected-Authority 355 (Hq, AGRC)

HAT  
FILE  
RECORDS ANNOTATED  
DATE APR 19 1949  
NAME D A KALLIENS  
SR. MEN. DIV.

REMAINS PREPARED AND PLACED IN CASKET DATE 9 Oct. 47

BY C. R. Tompkins

CASKET SEALED BY C. R. Tompkins

EMBALMER (Signature) *C R Tompkins*

CASKET BOXED AND MARKED DATE 9 Oct. 47 by H. B. Albert, Rec.

SHIPPING ADDRESS VERIFIED BY D. J. P. MURRAY, 2nd Lt, QMC

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

*Donald J. P. Murray*  
DONALD J. P. MURRAY, 2 Lt. QMC

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>CASKETING POINT "B" AGRC</b>		TO <b>USMC-ST. LAURENT? France</b>	
KIND OF CONVEYANCE <b>Hand</b>		NAME OF CONVOYER <b>JOHN W. SHARP, 1st Lt. Inf.</b>	
SIGNATURE OF SHIPPER <b>JOHN W. SHARP, 1st Lt. Inf.</b>	DATE <b>10 Oct 47</b>	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

**RECEIVED BY**  
**DVLE**  
**RECEIVED**  
**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 <b>(A. V. INVESTIGATIVE UNIT)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>2nd Lt. ...</b>	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)

## Disinterment Directive No 62

Unknown X - 41  
Cemetery St. LAURENT, France  
Plot C Row 3 Grave 51

### Date reprocessed:

1. ~~Actual recovery~~ 25 June 1947  
(Hour) (Date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
\_\_\_\_\_  
(Sheet, scale and serials used)

3. Remains ~~recovered~~ 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	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>NONE</u>		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>Remnants of one (1) (type M-41)</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>Remnants of one (1)</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>Remnants of one (1) size 32</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>Remnants of one (1)</u>		

*1 Cuthbert medal  
K.C.A.D.*

Belt, web NONE

Drawers, wool NONE

Drawers, cotton NONE

Leggings, wool NONE

Socks, ~~wool~~ wool Remnants of one (1) pair

\* Shoes One (1) pair size (type) 8 1/2 C service

Overshoes NONE

Web Equipment NONE (type)

(Other item) One (1) Handkerchief (white) One (1) spectacle case

(Other item) NONE

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or  
Insignia NONE  
(Type & location; sbirt, 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: FIBULA 37,1 RADIUS 25,2 TIBIA 37,2 ULNA 26,8

Age UTD Height 5'8 1/2" 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, medlum, 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, hushiness, 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 ..... **Missing**  
 (Large, small, normal) (flat hand)

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)

(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 ..... **Black**  
 (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 ..... **UTD**  
 (Nose, arms, legs, etc.)

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? No  
(Yes-no)

If not, explain Hands missing

8. Has tooth chart been prepared? No If not, explain  
(Yes-no)

Missing

9. Remarks Remains received, wrapped in a mattress cover, in last stage of decomposition. Clothing found on remains. No clothing marks found. No burial report or GRS tag found. Estimated weight of remains: 8 Lbs. Fluoroscopic Examination Negative. Chemical Laboratory Examination was made on:

- (a) One American nickel
- (b) One St. Anthony Catholic medal
- (c) Another Catholic medal

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.  
**with negative results.**

*Ernest C. Gaddy*  
(Officer Name)  
**ERNEST C. GADDY**  
**C.W.O. U.S.A.**  
 Rank Service

CENTRAL IDENTIFICATION POINT  
(Organization)

# SKELETAL CHART

St. LAURENT Cemetery  
France

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot C, Row 3, Grave 51

RADIUS 25,2

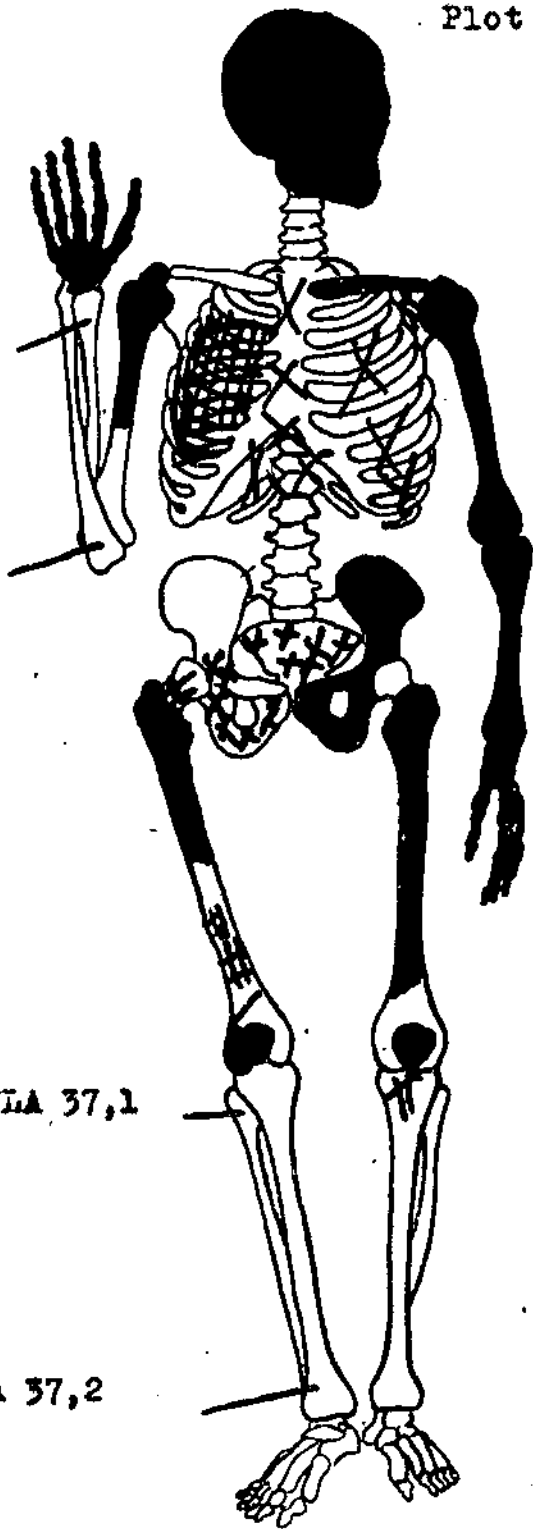
ULNA 26,8

FIBULA 37,1

TIBIA 37,2

Estimated Height:

5' 8 1/2 "



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

22164  
22 July 44  
Date

*Unknown*

UNIDENT. X 41 (AMERICAN)

\_\_\_\_\_  
Last Name First Initial Rank Serial No.

\_\_\_\_\_  
Unit Organization

Normandy, France 6 June 44. KIA

Place of Death Date of Death Cause of Death

1300- 13 June 44. ST. LAURENT SUR MER # 1 675-896

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

51 3 C Temp  
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?

Unable to fingerprint body or obtain any means of identification.

What means of identification were buried with the body?

GR. FORM # 1 in shell case.

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

Who is buried on:

Deceased's Right: VanBrunt, John T. 811-51-55 52  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Jirak, Clyde E. 33556377 50  
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.

73

Signature of Officer or other person reporting burial

*Robert E. Berry*

**ROBERT E. BERRY**  
1st Lt. QMC

Grave Registration 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.

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

## TOOTH CHART

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

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.