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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 X- 81, Plot 2,
Row 7, Grave 128, 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. 2381, dated 5/8/47. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/

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

FILE 23 NOV 1948
7 AM
A. J. H. [unclear]
J. B. [unclear]
D. S. [unclear]



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

17 NOV 1948

Date

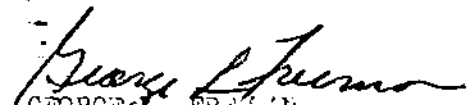
SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A- 81, Plot G,
Row 7, Grave 128, 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. 2381, dated 5/8/47. No
further information is available.

FOR THE COMMANDING GENERAL :


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

Incl #40

Received 23 Nov 1948 OQMG
Not identifiable from
Informatics &
Specialty



SMB GWA

1

Interred 26 November 1948
I-5-33 USMC ST LAURENT
DOUGLAS A. MAC KENZIE
Capt Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

Rowland MacKenzie
P. B. Clutter

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3582 00000

DATE
10 09 47
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000081

RANK

ARM
Ø

DATE OF DEATH

CEMETERY
ST LAURENT BAVEUX

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT
C

ROW GRAVE
7 128

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-000081

SERIAL NUMBER
Utd

RANK
Utd

DATE OF DEATH
6 June 1944

DATE DISTINTERRED
10 October 1947

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
Utd

RELIGION
Utd

IDENTIFICATION VERIFIED BY
JOHN B. CLARK
2nd Lt. QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Covered by mattress cover

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION
None

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

REMAINS PREPARED AND PLACED IN CASKET
DATE 3 October 1947 BY C. J. Missigman

CASKET SEALED BY
C. J. Missigman

EMBALMER (Signature)
C. J. Missigman

CASKET BOXED AND MARKED
DATE 3 Oct 47 BY H. B. Albert

SHIPPING ADDRESS VERIFIED BY
JOHN W. SHARP, 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.

John W. Sharp
JOHN W. SHARP, 1st Lt. Inf

NAT
FILE
RECORDS ANNOTATED
DATE MAR 25 1949

SIGNATURE OF GRS INSPECTOR

NAME *Easton*
R & R BR.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM Casketing Point "B" AGRC		TO USMC ST LAURENT FRANCE	
KIND OF CONVEYANCE Hand		NAME OF CONVOYER JOHN W. SHARP, 1st Lt. Inf	
SIGNATURE OF SHIPPER JOHN W. SHARP, 1st Lt. Inf.	DATE 3 Oct 47	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 (BY AIRMAIL)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER USMC ST LAURENT FRANCE	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 81

Cemetery St. Laurent, France

Plot G Row 7 Grave 128

Date reprocessed:

1. ~~XXXXXXXXXX~~ 1st July 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>		
	(Type)		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		

Belt, web **NONE**
 Drawers, wool **NONE**
 Drawers, cotton **NONE**
 Leggings, wool **NONE**
 Socks, cotton **NONE**
 * Shoes (type) **NONE**
 Overshoes **NONE**
 Web Equipment (type) **NONE**
 (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? **NO**

Humerus 36,2 estimated, medial section of trochlea missing (very large bones)

6. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **None found** 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 **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, 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 **Nonefound**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **UTD Headless**
 (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 **Missing**

Fingers **Missing**
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Missing
 (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.

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 None found
(Yes-no)

9. Remarks Remains received in skeletal form wrapped in wool OD blanket.
The right Humerus bone was estimated to be 36,2 cm. long.
The scapula bones were average size.
No clothing found.
Burial report found. No GRS tag found.
Fluoroscopic examination negative.
Estimated weight of remains: 3 Lbs.
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.

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

CENTRAL IDENTIFICATION POINT
(Organization)

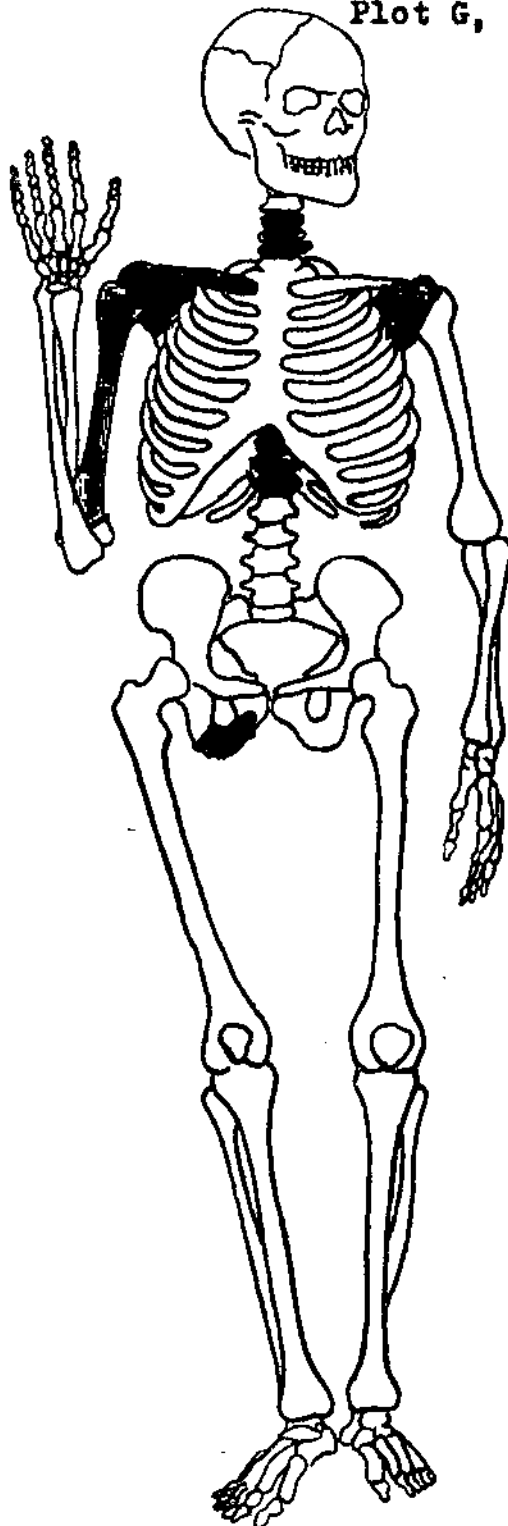
X-81

SKELETAL CHART

St. Laurent Cemetery
France

(BLACK OUT PARTS OF BODY ~~NOT~~ RECEIVED AT CEMETERY)

Plot G, Row 7, Grave 128



HUMERUS 36,2 estimated
Medial Section of
Trochlea missing

Very large bones

RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR 30-1B15

22180

22 July 44.

Date

Unknown
UNIDENT. X 81

(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

1000- 24 June 44

ST. LAURENT SUR MER # 1

675-896

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

128

7

G

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?

Body badly burned. Fingerprints and tooth charts not possible.

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:

Kettering K 2474 Unident. X 82

129

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

~~Andrew P. McCurkie 34006331~~

127

Name

Serial No.

Rank

Organization

Grave No.

UNID-X-80

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

[Handwritten Signature]

Verified by G.R.S. Officer

ROBERT E. BERRY

1st Lt. OMC

Graves 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.:

Thumb			
1			
2			
3			

1			
2			
3			
4			

Right Hand

TOOTH CHART

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