

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unk. - St. Laurent (misc.)
X-91 X-93 X-160 X-161

SYNOPSIS AND DATES

misc filed
NEW CLASSIFICATION 293 Unk. - St. Laurent X-91

RECLASSIFICATION SHEET



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

3 March 1949
(Date)

293 unk. France (St. Laurent) X-93

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 93, Plot M,
Row 4, Grave 70, USIC ST. LAURENT, FRANCE,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2369, dated 23 July 1947

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrrell

Capt. Jack C. HAYES, O-1577297 OMC Capt Stanley C. TYRRELL, O-1304296 Inf

Edward E. Stout

Capt. Edward F. PRICE, Jr., O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

Ernest J. Oglesey

1/Lt Ernest J. OGLESBY, O-449004 Cav

Incl # 2

1

Interred 11 December 1948

H-11-3-USMC St Laurent

DOUGLAS A. MAC KENZIE

Capt. Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

Douglas A MacKenzie

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3582 00000	DATE 10 09 47 DAY MONTH YEAR
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NAME UNKNOWN	SERIAL NUMBER X-000093	RANK	ARM g	DATE OF DEATH DAY MONTH YEAR
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CEMETERY ST LAURENT BAVEUX	DISPOSITION OF REMAINS 3505 80 CODE DIST. PT.
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PLOT M	ROW 4	GRAVE 70	COUNTRY FRANCE	CAUSE OF DEATH 6
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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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unknown - X93	SERIAL NUMBER	RANK	DATE OF DEATH 6 June 1944	DATE DISINTERRED 16 October 1947
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY JOHN H. CLARK 2d Lt, QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Advanced decomposition
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OTHER MEANS OF IDENTIFICATION
Burial Sheet found.

MINOR DISCREPANCIES / Arm of service corrected-Authority 355 (Hq, AGRC)
None.

NAT
FILE
RECORDS ANNOTATED
DATE APR 19 1949
NAME D A MATHEWS
DR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET
DATE 16 October 1947 BY C. R. Tompkins

CASKET SEALED BY C. R. Tompkins	EMBALMER (Signature) <i>C R Tompkins</i>
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CASKET BOXED AND MARKED DATE 16 Oct 47 BY T. R. Armstrong	SHIPPING ADDRESS VERIFIED BY JOHN W. SHARP 1st Lt Inf
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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, 2d Lt, QMC
SIGNATURE OF GRS INSPECTOR

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

new

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

DIA
 11/18/86
 11/18/86
 11/18/86
 11/18/86
 11/18/86

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 (EX ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. LOUIS, MISSOURI	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

OQMGMR 293

Unknown X-93

(St. Laurent Sur Mer #1)

INTEROFFICE REFERENCE SHEET

See reverse side for instructions in the use of this form

DUE, HOUR AND DATE _____

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Navy Liaison Section R & R Br Mem Div	Identi- fication Section R & R Br Mem Div	3 Feb 1947	<p>The serial number 345 45 97, found on the shoes recovered with the remains of Unknown X-93, St. Laurent Sur Mer No. 1, France, has not been assigned to any Navy personnel to date.</p> <p>This office is unable to identify this case.</p> <p style="text-align: right;"><i>Waite</i> WAITE 73880</p>

INSTRUCTIONS

1. This is the only transmittal form authorized for use among the several elements of the Office of The Quartermaster General. As of 1 September 1946 all similar forms, i. e., slips of various sizes, colors, and shapes, were discontinued; remaining supplies of old forms will be turned in to the Chief, General Administrative Services Division, for disposal.
2. Copies will NOT accompany original.
3. Messages addressed to The Quartermaster General will be signed by the DIVISION Chief IN PERSON unless he is absent, in which case the signature of his executive assistant will be accepted.
4. Due hours and dates as entered by the Chief, General Administrative Services Division, covering action on incoming correspondence, or as used by TQMG or Division Chiefs for dead line purposes, will be met in all cases.
5. Use of columns of form: Column 1, "No.," originator enters the number "1" as his entry; subsequent messages are numbered serially in column 1. Column 2, "From," enter Division identification (abbreviated) or, within Division enter Division identification PLUS branch or section. Column 3, "To," same instruction as for column 2—name of officer or civilian may be added where desirable. Column 4, "Date," spell out month, e. g. 6 Sept. 46. Column 5, "Message," present succinctly and accurately whatever you wish to say. Use full width of sheet when message goes far enough down sheet to clear entries in columns 1, 2, 3, and 4. Use one side of sheet only. Sign surname at end of "message," enter phone extensions under name, then, immediately below, draw line completely across sheet.
6. Use of typewriter is NOT required.
7. Division chief forwarding lengthy papers to TQMG will brief background action in concise manner in his "message" so that TQMG will not be forced to waste time reading nonessential information.
8. Questions as to use of this form and related matters will be directed to the Executive Officer, Office of TQMG.

IDENTIFICATION CHECK LIST

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

Disinterment Directive #62

Unknown X -93

Cemetery St. Laurent, France

Plot M Row 4 Grave 70

Date Reprocessed:

1. ~~Approximate~~ 8 July 1947
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~uncovered~~ 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 **Remnants of one (1) O.D.**
 Leggings, wool **None**
 Socks, cotton **None**
 * Shoes **None** (type)
 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**

Left Humerus 34.4 Right Tibia 38.0

6. Description of Remains: **Left Ulna 27.0**

Age **UTD** Height **5'9 1/2"** Weight **UTD** Description of wounds **UTD**
 Estimated:

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 **Black - Approximately 4" long - slightly wavy.**
(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 see Tooth chart
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches 21 1/8"
(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 Medium brown
(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 anatomical chart.

7. Have finger prints been placed on Report of Interment? NO
(Yes-no)

If not, explain Too decomposed

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

9. Remarks Remains received intact, decomposed, and wrapped in a mattress cover.
Clothing removed from remains.
No markings found.
Estimated weight of remains: 140 lbs.
Fluoroscopic Examination: Negative.
Original Burial report found and states: "died at sea."
No G.R.S. Tag found.
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)

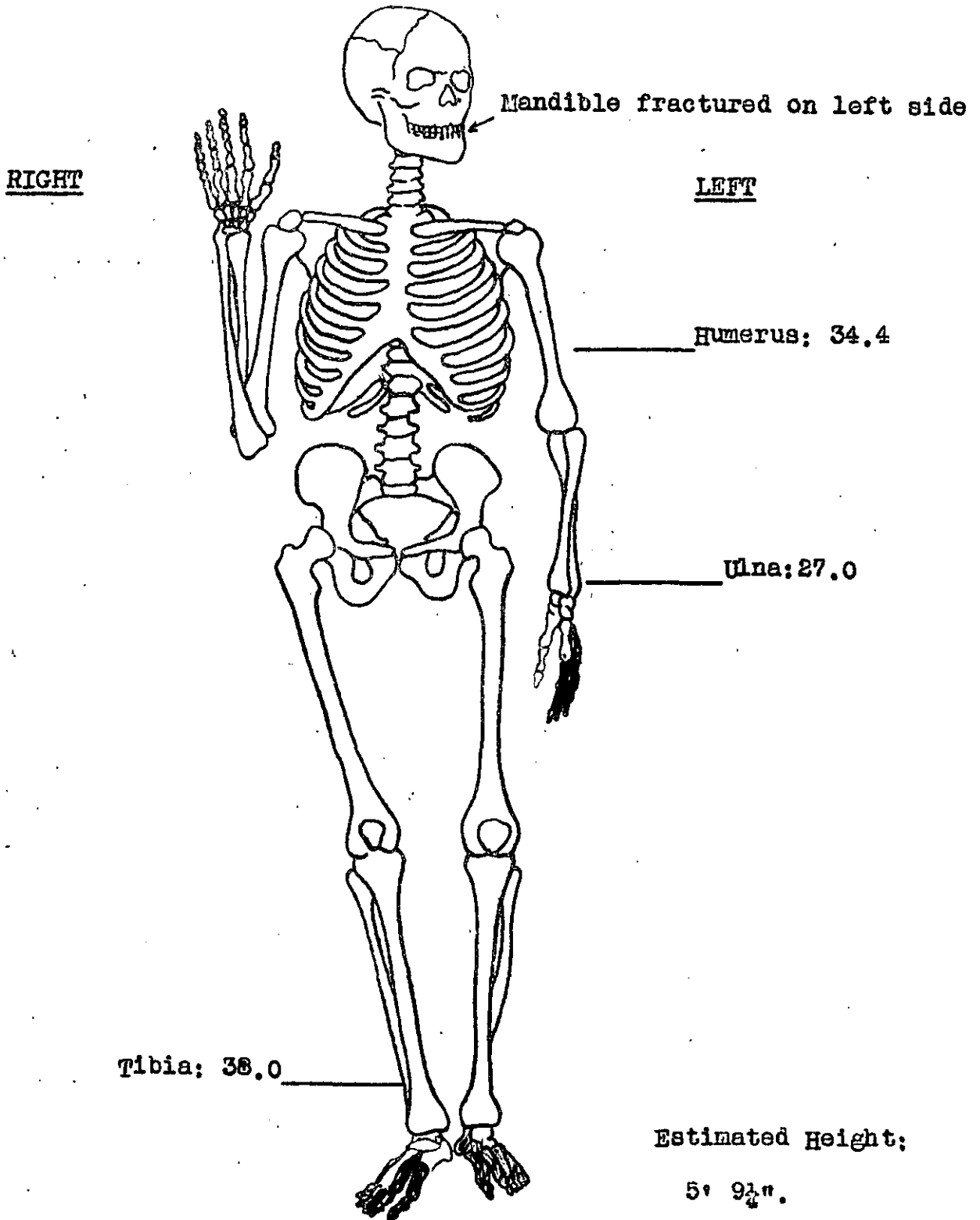
X-93

St Laurent, France

SKELETAL CHART

Plot:M, Row:4, Grave:40

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



TOOTH CHART

8 July 1947

Date

Unknown X-93 Buried at St. Laurent Cemetery, France

Last Name

First

Initial

Rank

Serial No.

Plot: H, Row: 4, Grave: 70

Unit

Organization

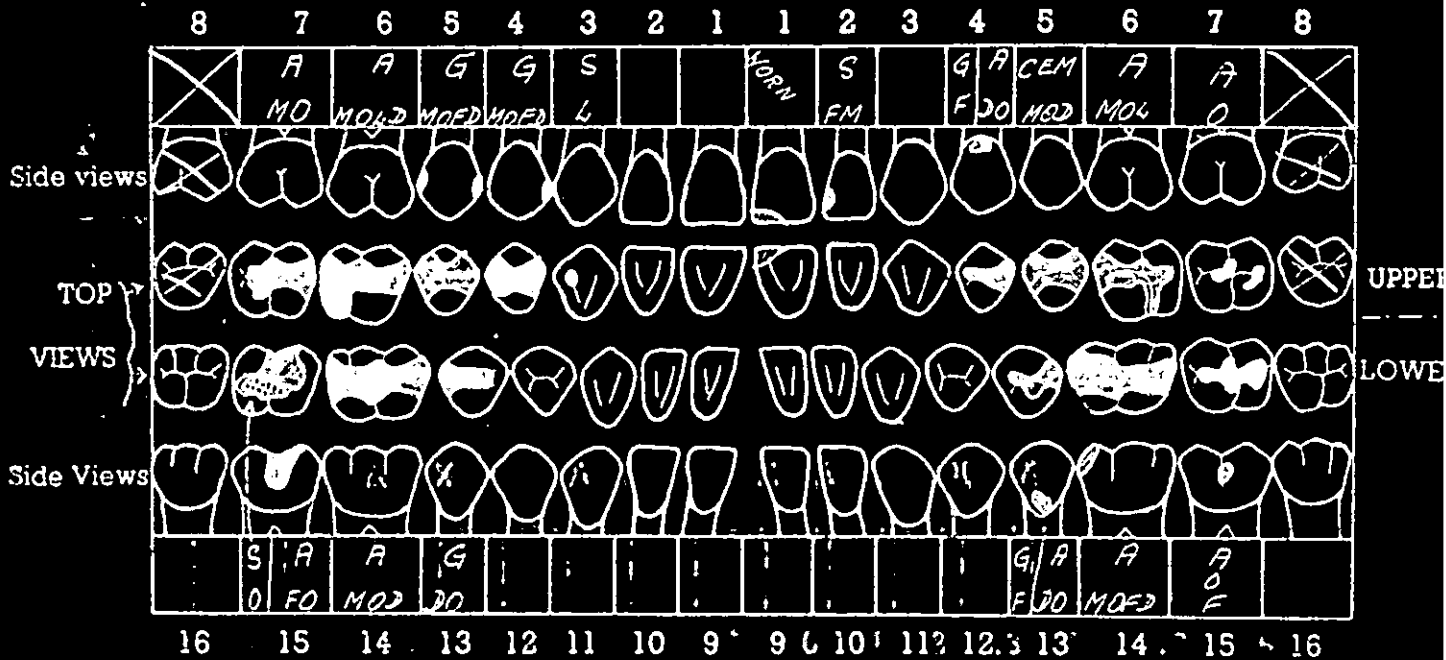
Place of Death

Date of Death

Cause of Death

Right

Left



(SEE REMAINS)

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws; the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Edward Sebastian

Signature of Officer or other person who prepared Tooth chart

Ernest Gaddy

Verified by O. R. S. Officer

ERNEST S. GADDY C.M. 1241 C. 1. 1.

MISSING TEETH . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



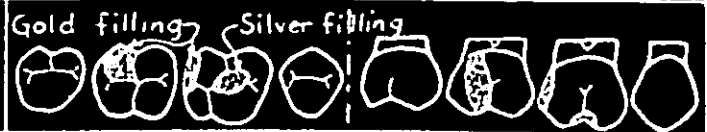
CROWNED TEETH . . Block in solid the crown of teeth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS . . Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES) . . Outline location and size of cavity, shade in thus :



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."

ADDITIONAL SPACE FOR FURTHER REMARKS

Worn off as indicated by shading I 1.

Lower incisors crowded.

Lingual version: I 10.

Distal version: R 10.

Large ivory colored teeth are in good alignment.

86

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

24171
23 July 1944
Date

Unknown

UNIDENTIFIED X-93

3454597

Last Name		First	Initial	Rank	Serial No.
Normandy, France		6 June 1944			KIA (shrapnel)
1000 hrs, 1 July 1944		St Laurent Sur Mer #1		675-896	
70	4	M		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?

Wearing U.S. Navy Jacket

Wearing Civilian shoes from which above serial number was obtained.

See Reverse side

What means of identification were buried with the body?

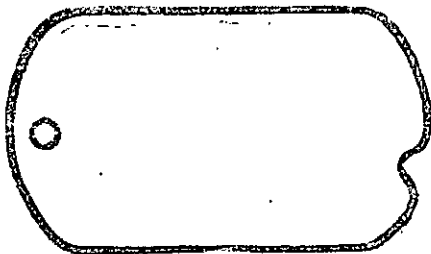
GRS Form #1 in 50 Cal Shell Casing

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

Who is buried on:

Deceased's Right:	Mayberry, Simon	38451597			71
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Conlon, James P.	32022046			69
	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

 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: 5'11" (5-8)
 Weight: 165 (150)
 Color of Eyes: Black
 Color of Hair: Black
 Race: White
 Laundry Marks:
 Number of Rifle:
 Wear Glasses?
 Is Tooth Chart Attached? Yes

(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

		Decceased's Left							
		8	7	6	5	4	3	2	1
Upper	8								
	7	X							
Lower	8								
	7								

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.