

FILE IDENTIFICATION TOPPER

FILE NUMBER

293. Untk. Neville - en - Condry. Ref X 8523

SUBJECT

QMC FORM 1121
1 Aug 45

51 12256

WWII CEM. HENRI CHAPELLE

PLOT D ROW 2 GRAVE 30

DATE OF BURIAL: 19 Sept 51

VERIFIED BY:

DISINTERMENT DIRECTIVE

ROBERT W. GANSEL, Lt Lt. QMG

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 1260 CG-611

DATE 08 05 51

NAME COMMON GRAVE (SEE ATTACHED SHEET)

(6141)

SERIAL NUMBER GRADE ARM RACE RELIGION SEE ATTACHED SHEET

CEMETERY NEUVILLE BELGIUM

PLOT ROW GRAVE DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HENRI CHAPELLE, BELGIUM

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET

MINOR 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.

NAF RECORDS ANNOTATED DATE 10/1/51 NAME England Porter Regt BR. MED. DIV.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

CONSOLIDATION OF UNKNOWNNS X-450, 451, 452, 454, 456, & 535 BURIED IN SAME GRAVE. PREV. BURIED IN PLOT BE, ROW 5, GRAVES 89, 90, 91, 93, 96 & 94 IN LA CAMBE, FRANCE. REMAINS ARE UNIDENTIFIABLE. REMAINS DISINTERRED FROM WORLD WAR I CEM. SURESNES AS REQUESTED BY ABMC, TO AVOID ERECTION OF SPECIAL GRAVE MARKER.

Indid

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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|----------------------|------|-----------------------|------|
| 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 |

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

| GROUP BURIAL NUMBER | NUMBER OF REMAINS IN GROUP | NUMBER OF CASKETS | TEMP. OVERSEAS CEM. | US NAT. CEM. |
|---------------------|----------------------------|-------------------|---------------------|----------------------------|
| 1260 CG-611 | 6 | 1 | Neuville, BELGIUM | Henri- Chapelle Belgium |

| GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP | DISINTERMENT DIRECTIVE NUM. FOR ALL DIRECTIVES ISSUED FOR GROUP |
|---|---|
| PLOT KK, ROW 11, GRAVE 255 | 1260 CG-611 |

| DECEDENT IN GROUP | | | | NEXT OF KIN | |
|---|------|---------------|------------------------|-------------|---------|
| NAME OR "X" NUMBER | RANK | SERIAL NUMBER | CREED | NAME | ADDRESS |
| UNKNOWN (REMAINS ARE UNIDENTIFIABLE) | | X-8523 | (6 REMAINS IN 1 GRAVE) | | |

incl #2?

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

20 MAR 1951

DAY MONTH YEAR

NAME UNKNOWN X-8523 (GB 6 in 1) SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY NEUVILLE EN CONDROZ, BELGIUM PLOT ROW GRAVE DISPOSITION OF REMAINS CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED ABOVE GROUND REPOSITORY

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY LEWIS A MC AMIS CAPT QMC

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL ABOVE GROUND REPOSITORY CONDITION OF REMAINS REMAINS CONSIST OF: 1 SKULL WITH MANDIBLE, 1 MANDIBLE (FRACTURED) 5 COMPLETE MANDIBLES, 1 RT RADIUS, R & L/ULNA, 1 DORSAL

OTHER MEANS OF IDENTIFICATION NONE VERTEBRAE (12th) 1 TIBIA (LEFT), RT & LEFT FOOT COMPLETE EXCEPT RT TALUS. REMAINS ARE IN SKELETAL STATE.

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

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 MARCH 1951 BY E. H. FIELDS

CASKET SEALED BY E. H. FIELDS EMBALMER (Signature) E. H. FIELDS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE 20/3/51 BY E. H. FIELDS LEWIS A MC AMIS CAPT QMC

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. PLATES TAGS AND MARKINGS WERE VERIFIED BY:

LEWIS A MC AMIS, CAPT, QMC

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Handwritten signature of Lewis A. McAmis

Encl # 2

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 |

1

PLOT D ROW 4 GRAVE 13
DATE OF BURIAL: 2 Aug 51
VERIFIED BY: *Robert W. Gansel*
ROBERT W. GANSEL, 1st Lt. QMC *243 unit, Neuville*

DISINTERMENT DIRECTIVE

4-13

GRS OFFICER
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1260 CG-611

DATE
08 05 51
8-5-51

NAME
COMMON GRAVE
(SEE ATTACHED SHEET) (6 IN 1)

SERIAL NUMBER

GRADE

ARM
8

AGE RELIGION
SEE ATTACHED SHEET

CEMETERY
NEUVILLE BELGIUM

PLOT
KK

ROW
11

GRAVE
255

DISPOSITION OF REMAINS
3500
80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
~~NEUVILLE EN CONDROZ BELGIUM~~
WORLD WAR I
SURESNES, FR.

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
 REMAINS
 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
SEE ATTACHED SHEET

MINOR 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
DATE BY

SHIPPING ADDRESS VERIFIED BY

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

NAT FILE
RECORDS MAINTAINED
DATE 16 August 51
NAME Eugene Hunter
SIGNED BY: EUGENE HUNTER
CAPT. U.S. ARMY

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
CONSOLIDATION OF UNKNOWNNS X-450, 451, 452, 454, 456 & 535 BURIED IN SAME GRAVE. PREV. BURIED IN PLOT BE, ROW 5, GRAVES 89, 90, 91, 93, 96 & 94 IN LA CAMBE, FRANCE.
REMAINS ARE UNIDENTIFIABLE

del #2 del #2

✓ ✓

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 |

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

| | | | | |
|--|--|-------------------------------|--|--|
| GROUP BURIAL NUMBER 1260 CG-611 | NUMBER OF REMAINS IN GROUP 6 | NUMBER OF CASKETS 1 | TEMPORARY OVERSEAS CEMETERY NEUVILLE, BELGIUM | U.S. NATIONAL CEMETERY NEUVILLE, BELGIUM |
| GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP PLOT KK, ROW 11, GRAVE 255 | | | DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP 1260 CG-611 | |

| DECEDENT IN GROUP | | | | NEXT OF KIN | |
|---|------|---------------|------------------------|-------------|---------|
| NAME OR "X" NUMBER | RANK | SERIAL NUMBER | CREED | NAME | ADDRESS |
| UNKNOWN (REMAINS ARE UNIDENTIFIABLE) | | X-8523 | (6 REMAINS IN 1 GRAVE) | | |

Sheet # 22

DISINTERMENT DIRECTIVE



SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

20 MARCH 1951
DAY MONTH YEAR

| | | | | | |
|------------------------------------|---------------|-------|-----|------|----------|
| NAME UNKNOWN X-8523 (GB 6 in 1) | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
|------------------------------------|---------------|-------|-----|------|----------|

| | | | | |
|--|------------|-----------|--------------|--|
| CEMETERY NEUVILLE EN CONDROZ, BELGIUM | PLOT KK | ROW 11 | GRAVE 255 | DISPOSITION OF REMAINS CODE DIST. CTR. |
|--|------------|-----------|--------------|--|

SECTION B — CONSIGNEE AND NEXT OF KIN

| | |
|-------------------------------|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE | NAME AND ADDRESS OF NEXT OF KIN |
| | |

SECTION C — DISINTERMENT AND IDENTIFICATION

| | | | | |
|---|-------------------------|---------------------|--|--|
| NAME UNKNOWN X-8523 (GB6 in 1) | SERIAL NUMBER | GRADE | DATE OF DEATH UNKNOWN | DATE DISTINTERRED ABOVE GROUND REPOSITORY |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION UNKNOWN | RELIGION UNKNOWN | IDENTIFICATION VERIFIED BY LEWIS A MC AMIS CAPT QMC NAME AND TITLE | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | |
|---|---|
| NATURE OF BURIAL ABOVE GROUND REPOSITORY | CONDITION OF REMAINS REMAINS CONSIST OF: 1 SKULL WITH MANDIBLE, 1 MANDIBLE (FRACTURED) 5 COMPLETE MANDIBLES, 1 RT RADIUS, R & L/ULNA, 1 DORSAL VERTEBRAE (12TH) 1 TIBIA (LEFT), RT & LEFT FOOT COMPLETE EXCEPT RT TALUS. REMAINS ARE IN SKELETAL STATE. |
| OTHER MEANS OF IDENTIFICATION NONE | |

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

NONE

REMAINS PREPARED AND PLACED IN CASKET

| | | |
|---|-----------------|---|
| DATE 20 MARCH 1951 | BY E. H. FIELDS | EMBALMER (Signature) E. H. FIELDS |
| CASKET SEALED BY E. H. FIELDS | | SHIPPING ADDRESS VERIFIED BY LEWIS A MC AMIS, CAPT QMC |
| CASKET BOXED AND MARKED DATE 20-3-51 BY E. H. FIELDS | | |

I hereby certify that all the foregoing operations were conducted and accomplished under the immediate supervision and that the report above is correct. PLATES TAGS AND MARKINGS WERE VERIFIED BY:

LEWIS A MC AMIS, CAPT QMC
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

NAT
FILE
RECORDS ANNOTATED
DATE 16 August 51
NAME Eugene Shorter
Regie. M. M. DIV.

Incl # 2 3



DISINTERMENT DIRECTIVE

293unk, Neuville, X-8523

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1260 CG-611

DATE
11/3
08 05 51
DAY MONTH YEAR

NAME
COMMON GRAVE
(SEE ATTACHED SHEET)

SERIAL NUMBER

GRADE

ARM
8

RACE
SEE

RELIGION
ATTACHED SHEET

CEMETERY
NEUVILLE BELGIUM

PLOT
KK

ROW
11

GRADE
255

DISPOSITION OF REMAINS
1202 80
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
NEUVILLE-EN-CONDROZ BELGIUM

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
 REMAINS
 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

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED 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
CONSOLIDATION OF UNKNOWN X-450, 451, 452, 454, 456 & 535 BURIED IN SAME GRAVE. PREV. BURIED IN PLOT BE, ROW 5, GRAVES 89, 90, 91, 93, 96 & 94 IN LA CAMBE, FRANCE. REMAINS ARE UNIDENTIFIABLE

*File
11 May 51
Records
Johnson*

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

| | | | | |
|--|----------------------------|-------------------|--|--|
| GROUP BURIAL NUMBER 1260 CG-611 | NUMBER OF REMAINS IN GROUP | NUMBER OF CASKETS | TEMPORARY OVERSEAS CEMETERY NEUVILLE, BELGIUM | U.S. NATIONAL CEMETERY NEUVILLE, BELGIUM |
| GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP PLOT KK, ROW 11, GRAVE 255 | | | DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP 1260 CG-611 | |

| DECEDENT IN GROUP | | | | NEXT OF KIN | |
|--|------|---------------|-------------------------------|-------------|---------|
| NAME OR "X" NUMBER | RANK | SERIAL NUMBER | CREED | NAME | ADDRESS |
| UNKNOWN X-8523 (REMAINS ARE UNIDENTIFIABLE) | | | (6 REMAINS IN 1 GRAVE) | | |

DUPLICATE

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

| | | | | |
|---|----------------------------|-------------------|--|---|
| GROUP BURIAL NUMBER 1260 CG-611 | NUMBER OF REMAINS IN GROUP | NUMBER OF CASKETS | TEMPORARY OVERSEAS CEMETERY NEUVILLE, BELGIUM | U.S. NATIONAL CEMETERY NEUVILLE, BELGIUM |
| GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP PLOT KK, ROW 11, GRAVE 255 | | | DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP 243 unk Neuville X-8523 1260 CG-611 M. | |

| DECEDENT IN GROUP | | | | NEXT OF KIN | |
|---|------|---------------|------------------------|-------------|---------|
| NAME OR "X" NUMBER | RANK | SERIAL NUMBER | CREED | NAME | ADDRESS |
| UNKNOWN (REMAINS ARE UNIDENTIFIABLE) | | X-8523 | (6 REMAINS IN 1 GRAVE) | | |

243
file

File
8 May 1957
Records
Johnson

AIRMAIL

QMGMT 293 514.6
GRS European

1st Ind

SUBJECT: Certificates of Unidentifiability
Transmittal Letter #6254

Department of the Army, OQMG, Washington 25, D. C., 1 May 1951

TO: Commanding Officer, 7887 Graves Registration Detachment,
APO 757, c/o Postmaster, New York, New York

1. This Office approves the classification of the following Unknowns listed in basic communication, as Unidentifiable:

| | |
|----------------|------------------------------|
| Unknown X-38 | St. Laurent, France |
| Unknown X-8523 | Neuville-en-Condros, Belgium |
| Unknown X-8527 | Neuville-en-Condros, Belgium |

2. Paragraph 3 of the Anthropological Report for Unknown X-38, St. Laurent, indicates the casket and shipping case are tagged as Unknown X-38, USMC St. Laurent, but the remains are tagged "Thomas D. Mendenhall, Tec 5, 35405344". It is requested that these remains be designated Unknown X-38. Unknown X-34, St. Laurent, has been identified as Tec 5 Thomas D. Mendenhall, 35405344.

3. This Office has no record of Unknown X-571, Grand Faily, France. It is requested that Report of Burial be forwarded as soon as possible.

4. Unknowns X-1754 and X-1790, St. Avoird, will be the subject of a later communication.

FOR THE QUARTERMASTER GENERAL:

6 Incls
w/d

THOMAS E. COX
Capt QMG
Memorial Division

Cy furnished: Adm Sec
Coffey/rar
Foy

293 - Mark. 7-8523 (Neuville)

JM

AIRMAIL

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
OPERATIONS DIVISION
APO 757 (Liege) US ARMY

943unk Neuville X- 8523

GROUP 200.2

16 April 1951 *ms*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 8523, Plot KK, Row 11 Grave 255, USMC Neuville-en-Condroz, Belgium, have been reviewed in accordance with par 159, SR 830-110-5, DA dated 3 March 1949, and it is the opinion of the Board of Review appointed by par 4, SO No 32, this headquarters, dated 10 April 1951, that sufficient evidence is not available to establish the identity of the deceased concerned, and it is recommended these remains be classified as unidentifiable.

2. Report of reprocessing of remains was forwarded to the Office of The Quartermaster General, by Transmittal Letter No. 6239, dated 3 April 1951.

3. Remarks: Tooth chart's for remains has been compared with available dental records for all unresolved casualties in same map sheet with negative results. Efforts to associate subject remains with unresolved casualty or casualties by all other means have proven negative.

Lt Col James C. MacFARLAND, O-1576321, QMC Maj George GUNDERMAN, Jr, O-1289071, QMC

Capt Clyde W. STEINSIEK, O-1040311, QMC *Allan L. Lawson*
Capt Allan L. LAWSON, O-1288075, QMC

Robert W. Gansel
1/Lt Robert W. GANSEL, O-1599085, QMC *John A. Boutin*
2/Lt John A. BOUTIN, O-947298, QMC

dtg: 19 apr 51
1/1.6254
Received + *0066*
Not identifiable from
information presently
available
27 Apr 51
Gene

Sub # 5

*copy
4/29/51
20*

INTRAOFFICE REFERENCE SHEET

#1731

243 unk neuville X-8523 DUE, HOUR AND DATE _____

| NO. | FROM— | TO— | DATE | MESSAGE | | | | | | | | | | | | |
|-----------|---|---|-----------------|---|-------|-------------|-------|-------------|-------|-------------|-------|-------------|-------|-------------|-------|-------------|
| 1 | Mem Div Ident Br Invest Sec | Reg Br Rec Sec Mem Div | 13 Apr 51 | <p>SUBJECT: Consolidation & Redesignation</p> <p>1. The remains designated as the following Unknowns have been consolidated and redesignated Unknown X-8523, USMC Neuville, Belgium, per ETO Letter dated 3 Apr 1951; Subject: Reports of Interment--Trans. Letter # 6239. Graves 89, 90, 91, 93, 96 and 94, Plot BE, Row 5, have been designated open graves.</p> <p><u>USMC LA CAMBE, FRANCE</u></p> <table border="0"> <tr><td>X-450</td><td>BE - 5 - 89</td></tr> <tr><td>X-451</td><td>BE - 5 - 90</td></tr> <tr><td>X-452</td><td>BE - 5 - 91</td></tr> <tr><td>X-454</td><td>BE - 5 - 93</td></tr> <tr><td>X-456</td><td>BE - 5 - 96</td></tr> <tr><td>X-535</td><td>BE - 5 - 94</td></tr> </table> <p>2. Forwarded for any action deemed necessary and return to Investigation Section, Identification Branch.</p> <p style="text-align: right;"><i>Berrens</i> NEFF 52462 BERRENS 76128</p> <p>8 Incls 1. ROB (X-8523, Neuville) 2 thru 7 -- a/s 8. 293 (GRS European--CIL)</p> | X-450 | BE - 5 - 89 | X-451 | BE - 5 - 90 | X-452 | BE - 5 - 91 | X-454 | BE - 5 - 93 | X-456 | BE - 5 - 96 | X-535 | BE - 5 - 94 |
| X-450 | BE - 5 - 89 | | | | | | | | | | | | | | | |
| X-451 | BE - 5 - 90 | | | | | | | | | | | | | | | |
| X-452 | BE - 5 - 91 | | | | | | | | | | | | | | | |
| X-454 | BE - 5 - 93 | | | | | | | | | | | | | | | |
| X-456 | BE - 5 - 96 | | | | | | | | | | | | | | | |
| X-535 | BE - 5 - 94 | | | | | | | | | | | | | | | |
| <i>28</i> | Rec Sec Reg Br Mem Div | Ident Br Invest Sec Mem Div | 18 Apr 1951 | <p>Necessary action taken. 293 files and associated papers for above Unknowns returned herewith as requested.</p> <p style="text-align: right;"><i>Lax</i> 8 Incls n/c LAX 73836 <i>Frank</i> FRANKE 53975</p> | | | | | | | | | | | | |
| 3 | Screening Unit Invest Sec Mem Div | European Unit Invest Sec Mem Div Mr. Foy | 18 Apr 51 | <p>Forwarded as a matter pertaining to your Section.</p> <p>8 Incls: 7 - 293 files, Lacambe 1 - 293 file, Neuv</p> <p style="text-align: right;"><i>Newbaker</i> NEWBAKER 75926 APR 19 1951</p> | | | | | | | | | | | | |

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
OPERATIONS DIVISION
APO 757 (Liege) US ARMY

GROP 200.2

3 April 1951

SUBJECT: Reports of Interment
Transmittal Letter # 6239

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

1. Forwarded herewith are three (3) Reports of Interment, together with associated case papers for the remains listed below:

| <u>Unknown No.</u> | <u>Cemetery</u> | <u>Plot</u> | <u>Row</u> | <u>Grave</u> |
|---|-----------------|-------------|------------|--------------|
| <i>w/d</i> <i>to REG BN</i> - X-8074 A & B | Neuville | JJ | 10 | 240 |
| X-8522 | Neuville | KK | 11 | 254 |
| X-8523 | Neuville | KK | 11 | 255 |

2. The remains designated X-8074-B, Neuville, have been consolidated with X-8074-A in Plot JJ, Row 10, Grave 240, USMC Neuville and Grave 180, in Plot KK is now declared open.

3. Unknowns X-450, 451, 452, 454, 456 and X-535 USMC La Cambe, have been consolidated and designated X-8523 USMC Neuville. Graves 89, 90, 91, 93, 96 and 94, Plot BE, have been designated open graves.

FOR THE COMMANDING OFFICER:

3 Incls
Repts of Interment
w/allied case papers

C. W. STEINSIEK
Capt, QMC
Operations Division

APR 12 1951



RECEIVED
QOMC



314.6 HHD
European 776239

FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE
 WASHINGTON, D. C. 20535

APR 11 1951

DEPT 300.2

SUBJECT: Reports of Intermittent
 Transmittal Letter # 6232

TO: The Assistant Director
 Washington 25, D. C.
 ATTENTION: Technical Division

1. Forwarded herewith are three (3) reports of Intermittent, together
 with associated case papers for the remains listed below:

| Graves | Plot | Category | Registry No. |
|--------|------|----------|--------------|
| 810 | 10 | Headless | X-8071 A & B |
| 821 | 11 | Headless | X-8222 |
| 822 | 11 | Headless | X-8223 |

The remains designated X-8071-A, Headless, have been con-
 solidated with X-8071-B in Plot 10, Grave 810, USMC Headless
 and grave 822, in Plot 11, in the designated area.

2. Remains X-8222, 8223, 8224, 8225, 8226, 8227, 8228, 8229, 8230, 8231, 8232, 8233, 8234, 8235, 8236, 8237, 8238, 8239, 8240, 8241, 8242, 8243, 8244, 8245, 8246, 8247, 8248, 8249, 8250, 8251, 8252, 8253, 8254, 8255, 8256, 8257, 8258, 8259, 8260, 8261, 8262, 8263, 8264, 8265, 8266, 8267, 8268, 8269, 8270, 8271, 8272, 8273, 8274, 8275, 8276, 8277, 8278, 8279, 8280, 8281, 8282, 8283, 8284, 8285, 8286, 8287, 8288, 8289, 8290, 8291, 8292, 8293, 8294, 8295, 8296, 8297, 8298, 8299, 8300, 8301, 8302, 8303, 8304, 8305, 8306, 8307, 8308, 8309, 8310, 8311, 8312, 8313, 8314, 8315, 8316, 8317, 8318, 8319, 8320, 8321, 8322, 8323, 8324, 8325, 8326, 8327, 8328, 8329, 8330, 8331, 8332, 8333, 8334, 8335, 8336, 8337, 8338, 8339, 8340, 8341, 8342, 8343, 8344, 8345, 8346, 8347, 8348, 8349, 8350, 8351, 8352, 8353, 8354, 8355, 8356, 8357, 8358, 8359, 8360, 8361, 8362, 8363, 8364, 8365, 8366, 8367, 8368, 8369, 8370, 8371, 8372, 8373, 8374, 8375, 8376, 8377, 8378, 8379, 8380, 8381, 8382, 8383, 8384, 8385, 8386, 8387, 8388, 8389, 8390, 8391, 8392, 8393, 8394, 8395, 8396, 8397, 8398, 8399, 8400, 8401, 8402, 8403, 8404, 8405, 8406, 8407, 8408, 8409, 8410, 8411, 8412, 8413, 8414, 8415, 8416, 8417, 8418, 8419, 8420, 8421, 8422, 8423, 8424, 8425, 8426, 8427, 8428, 8429, 8430, 8431, 8432, 8433, 8434, 8435, 8436, 8437, 8438, 8439, 8440, 8441, 8442, 8443, 8444, 8445, 8446, 8447, 8448, 8449, 8450, 8451, 8452, 8453, 8454, 8455, 8456, 8457, 8458, 8459, 8460, 8461, 8462, 8463, 8464, 8465, 8466, 8467, 8468, 8469, 8470, 8471, 8472, 8473, 8474, 8475, 8476, 8477, 8478, 8479, 8480, 8481, 8482, 8483, 8484, 8485, 8486, 8487, 8488, 8489, 8490, 8491, 8492, 8493, 8494, 8495, 8496, 8497, 8498, 8499, 8500, 8501, 8502, 8503, 8504, 8505, 8506, 8507, 8508, 8509, 8510, 8511, 8512, 8513, 8514, 8515, 8516, 8517, 8518, 8519, 8520, 8521, 8522, 8523, 8524, 8525, 8526, 8527, 8528, 8529, 8530, 8531, 8532, 8533, 8534, 8535, 8536, 8537, 8538, 8539, 8540, 8541, 8542, 8543, 8544, 8545, 8546, 8547, 8548, 8549, 8550, 8551, 8552, 8553, 8554, 8555, 8556, 8557, 8558, 8559, 8560, 8561, 8562, 8563, 8564, 8565, 8566, 8567, 8568, 8569, 8570, 8571, 8572, 8573, 8574, 8575, 8576, 8577, 8578, 8579, 8580, 8581, 8582, 8583, 8584, 8585, 8586, 8587, 8588, 8589, 8590, 8591, 8592, 8593, 8594, 8595, 8596, 8597, 8598, 8599, 8600, 8601, 8602, 8603, 8604, 8605, 8606, 8607, 8608, 8609, 8610, 8611, 8612, 8613, 8614, 8615, 8616, 8617, 8618, 8619, 8620, 8621, 8622, 8623, 8624, 8625, 8626, 8627, 8628, 8629, 8630, 8631, 8632, 8633, 8634, 8635, 8636, 8637, 8638, 8639, 8640, 8641, 8642, 8643, 8644, 8645, 8646, 8647, 8648, 8649, 8650, 8651, 8652, 8653, 8654, 8655, 8656, 8657, 8658, 8659, 8660, 8661, 8662, 8663, 8664, 8665, 8666, 8667, 8668, 8669, 8670, 8671, 8672, 8673, 8674, 8675, 8676, 8677, 8678, 8679, 8680, 8681, 8682, 8683, 8684, 8685, 8686, 8687, 8688, 8689, 8690, 8691, 8692, 8693, 8694, 8695, 8696, 8697, 8698, 8699, 8700, 8701, 8702, 8703, 8704, 8705, 8706, 8707, 8708, 8709, 8710, 8711, 8712, 8713, 8714, 8715, 8716, 8717, 8718, 8719, 8720, 8721, 8722, 8723, 8724, 8725, 8726, 8727, 8728, 8729, 8730, 8731, 8732, 8733, 8734, 8735, 8736, 8737, 8738, 8739, 8740, 8741, 8742, 8743, 8744, 8745, 8746, 8747, 8748, 8749, 8750, 8751, 8752, 8753, 8754, 8755, 8756, 8757, 8758, 8759, 8760, 8761, 8762, 8763, 8764, 8765, 8766, 8767, 8768, 8769, 8770, 8771, 8772, 8773, 8774, 8775, 8776, 8777, 8778, 8779, 8780, 8781, 8782, 8783, 8784, 8785, 8786, 8787, 8788, 8789, 8790, 8791, 8792, 8793, 8794, 8795, 8796, 8797, 8798, 8799, 8800, 8801, 8802, 8803, 8804, 8805, 8806, 8807, 8808, 8809, 8810, 8811, 8812, 8813, 8814, 8815, 8816, 8817, 8818, 8819, 8820, 8821, 8822, 8823, 8824, 8825, 8826, 8827, 8828, 8829, 8830, 8831, 8832, 8833, 8834, 8835, 8836, 8837, 8838, 8839, 8840, 8841, 8842, 8843, 8844, 8845, 8846, 8847, 8848, 8849, 8850, 8851, 8852, 8853, 8854, 8855, 8856, 8857, 8858, 8859, 8860, 8861, 8862, 8863, 8864, 8865, 8866, 8867, 8868, 8869, 8870, 8871, 8872, 8873, 8874, 8875, 8876, 8877, 8878, 8879, 8880, 8881, 8882, 8883, 8884, 8885, 8886, 8887, 8888, 8889, 8890, 8891, 8892, 8893, 8894, 8895, 8896, 8897, 8898, 8899, 8900, 8901, 8902, 8903, 8904, 8905, 8906, 8907, 8908, 8909, 8910, 8911, 8912, 8913, 8914, 8915, 8916, 8917, 8918, 8919, 8920, 8921, 8922, 8923, 8924, 8925, 8926, 8927, 8928, 8929, 8930, 8931, 8932, 8933, 8934, 8935, 8936, 8937, 8938, 8939, 8940, 8941, 8942, 8943, 8944, 8945, 8946, 8947, 8948, 8949, 8950, 8951, 8952, 8953, 8954, 8955, 8956, 8957, 8958, 8959, 8960, 8961, 8962, 8963, 8964, 8965, 8966, 8967, 8968, 8969, 8970, 8971, 8972, 8973, 8974, 8975, 8976, 8977, 8978, 8979, 8980, 8981, 8982, 8983, 8984, 8985, 8986, 8987, 8988, 8989, 8990, 8991, 8992, 8993, 8994, 8995, 8996, 8997, 8998, 8999, 9000, 9001, 9002, 9003, 9004, 9005, 9006, 9007, 9008, 9009, 9010, 9011, 9012, 9013, 9014, 9015, 9016, 9017, 9018, 9019, 9020, 9021, 9022, 9023, 9024, 9025, 9026, 9027, 9028, 9029, 9030, 9031, 9032, 9033, 9034, 9035, 9036, 9037, 9038, 9039, 9040, 9041, 9042, 9043, 9044, 9045, 9046, 9047, 9048, 9049, 9050, 9051, 9052, 9053, 9054, 9055, 9056, 9057, 9058, 9059, 9060, 9061, 9062, 9063, 9064, 9065, 9066, 9067, 9068, 9069, 9070, 9071, 9072, 9073, 9074, 9075, 9076, 9077, 9078, 9079, 9080, 9081, 9082, 9083, 9084, 9085, 9086, 9087, 9088, 9089, 9090, 9091, 9092, 9093, 9094, 9095, 9096, 9097, 9098, 9099, 9100, 9101, 9102, 9103, 9104, 9105, 9106, 9107, 9108, 9109, 9110, 9111, 9112, 9113, 9114, 9115, 9116, 9117, 9118, 9119, 9120, 9121, 9122, 9123, 9124, 9125, 9126, 9127, 9128, 9129, 9130, 9131, 9132, 9133, 9134, 9135, 9136, 9137, 9138, 9139, 9140, 9141, 9142, 9143, 9144, 9145, 9146, 9147, 9148, 9149, 9150, 9151, 9152, 9153, 9154, 9155, 9156, 9157, 9158, 9159, 9160, 9161, 9162, 9163, 9164, 9165, 9166, 9167, 9168, 9169, 9170, 9171, 9172, 9173, 9174, 9175, 9176, 9177, 9178, 9179, 9180, 9181, 9182, 9183, 9184, 9185, 9186, 9187, 9188, 9189, 9190, 9191, 9192, 9193, 9194, 9195, 9196, 9197, 9198, 9199, 9200, 9201, 9202, 9203, 9204, 9205, 9206, 9207, 9208, 9209, 9210, 9211, 9212, 9213, 9214, 9215, 9216, 9217, 9218, 9219, 9220, 9221, 9222, 9223, 9224, 9225, 9226, 9227, 9228, 9229, 9230, 9231, 9232, 9233, 9234, 9235, 9236, 9237, 9238, 9239, 9240, 9241, 9242, 9243, 9244, 9245, 9246, 9247, 9248, 9249, 9250, 9251, 9252, 9253, 9254, 9255, 9256, 9257, 9258, 9259, 9260, 9261, 9262, 9263, 9264, 9265, 9266, 9267, 9268, 9269, 9270, 9271, 9272, 9273, 9274, 9275, 9276, 9277, 9278, 9279, 9280, 9281, 9282, 9283, 9284, 9285, 9286, 9287, 9288, 9289, 9290, 9291, 9292, 9293, 9294, 9295, 9296, 9297, 9298, 9299, 9300, 9301, 9302, 9303, 9304, 9305, 9306, 9307, 9308, 9309, 9310, 9311, 9312, 9313, 9314, 9315, 9316, 9317, 9318, 9319, 9320, 9321, 9322, 9323, 9324, 9325, 9326, 9327, 9328, 9329, 9330, 9331, 9332, 9333, 9334, 9335, 9336, 9337, 9338, 9339, 9340, 9341, 9342, 9343, 9344, 9345, 9346, 9347, 9348, 9349, 9350, 9351, 9352, 9353, 9354, 9355, 9356, 9357, 9358, 9359, 9360, 9361, 9362, 9363, 9364, 9365, 9366, 9367, 9368, 9369, 9370, 9371, 9372, 9373, 9374, 9375, 9376, 9377, 9378, 9379, 9380, 9381, 9382, 9383, 9384, 9385, 9386, 9387, 9388, 9389, 9390, 9391, 9392, 9393, 9394, 9395, 9396, 9397, 9398, 9399, 9400, 9401, 9402, 9403, 9404, 9405, 9406, 9407, 9408, 9409, 9410, 9411, 9412, 9413, 9414, 9415, 9416, 9417, 9418, 9419, 9420, 9421, 9422, 9423, 9424, 9425, 9426, 9427, 9428, 9429, 9430, 9431, 9432, 9433, 9434, 9435, 9436, 9437, 9438, 9439, 9440, 9441, 9442, 9443, 9444, 9445, 9446, 9447, 9448, 9449, 9450, 9451, 9452, 9453, 9454, 9455, 9456, 9457, 9458, 9459, 9460, 9461, 9462, 9463, 9464, 9465, 9466, 9467, 9468, 9469, 9470, 9471, 9472, 9473, 9474, 9475, 9476, 9477, 9478, 9479, 9480, 9481, 9482, 9483, 9484, 9485, 9486, 9487, 9488, 9489, 9490, 9491, 9492, 9493, 9494, 9495, 9496, 9497, 9498, 9499, 9500, 9501, 9502, 9503, 9504, 9505, 9506, 9507, 9508, 9509, 9510, 9511, 9512, 9513, 9514, 9515, 9516, 9517, 9518, 9519, 9520, 9521, 9522, 9523, 9524, 9525, 9526, 9527, 9528, 9529, 9530, 9531, 9532, 9533, 9534, 9535, 9536, 9537, 9538, 9539, 9540, 9541, 9542, 9543, 9544, 9545, 9546, 9547, 9548, 9549, 9550, 9551, 9552, 9553, 9554, 9555, 9556, 9557, 9558, 9559, 9560, 9561, 9562, 9563, 9564, 9565, 9566, 9567, 9568, 9569, 9570, 9571, 9572, 9573, 9574, 9575, 9576, 9577, 9578, 9579, 9580, 9581, 9582, 9583, 9584, 9585, 9586, 9587, 9588, 9589, 9590, 9591, 9592, 9593, 9594, 9595, 9596, 9597, 9598, 9599, 9600, 9601, 9602, 9603, 9604, 9605, 9606, 9607, 9608, 9609, 9610, 9611, 9612, 9613, 9614, 9615, 9616, 9617, 9618, 9619, 9620, 9621, 9622, 9623, 9624, 9625, 9626, 9627, 9628, 9629, 9630, 9631, 9632, 9633, 9634, 9635, 9636, 9637, 9638, 9639, 9640, 9641, 9642, 9643, 9644, 9645, 9646, 9647, 9648, 9649, 9650, 9651, 9652, 9653, 9654, 9655, 9656, 9657, 9658, 9659, 9660, 9661, 9662, 9663, 9664, 9665, 9666, 9667, 9668, 9669, 9670, 9671, 9672, 9673, 9674, 9675, 9676, 9677, 9678, 9679, 9680, 9681, 9682, 9683, 9684, 9685, 9686, 9687, 9688, 9689, 9690, 9691, 9692, 9693, 9694, 9695, 9696, 9697, 9698, 9699, 9700, 9701, 9702, 9703, 9704, 9705, 9706, 9707, 9708, 9709, 9710, 9711, 9712, 9713, 9714, 9715, 9716, 9717, 9718, 9719, 9720, 9721, 9722, 9723, 9724, 9725, 9726, 9727, 9728, 9729, 9730, 9731, 9732, 9733, 9734, 9735, 9736, 9737, 9738, 9739, 9740, 9741, 9742, 9743, 9744, 9745, 9746, 9747, 9748, 9749, 9750, 9751, 9752, 9753, 9754, 9755, 9756, 9757, 9758, 9759, 9760, 9761, 9762, 9763, 9764, 9765, 9766, 9767, 9768, 9769, 9770, 9771, 9772, 9773, 9774, 9775, 9776, 9777, 9778, 9779, 9780, 9781, 9782, 9783, 9784, 9785, 9786, 9787, 9788, 9789, 9790, 9791, 9792, 9793, 9794, 9795, 9796, 9797, 9798, 9799, 9800, 9801, 9802, 9803, 9804, 9805, 9806, 9807, 9808, 9809, 9810, 9811, 9812, 9813, 9814, 9815, 9816, 9817, 9818, 9819, 9820, 9821, 9822, 9823, 9824, 9825, 9826, 9827, 9828, 9829, 9830, 9831, 9832, 9833, 9834, 9835, 9836, 9837, 9838, 9839, 9840, 9841, 9842, 9843, 9844, 9845, 9846, 9847, 9848, 9849, 9850, 9851, 9852, 9853, 9854, 9855, 9856, 9857, 9858, 9859, 9860, 9861, 9862, 9863, 9864, 9865, 9866, 9867, 9868, 9869, 9870, 9871, 9872, 9873, 9874, 9875, 9876, 9877, 9878, 9879, 9880, 9881, 9882, 9883, 9884, 9885, 9886, 9887, 9888, 9889, 9890, 9891, 9892, 9893, 9894, 9895, 9896, 9897, 9898, 9899, 9900, 9901, 9902, 9903, 9904, 9905, 9906, 9907, 9908, 9909, 9910, 9911, 9912, 9913, 9914, 9915, 9916, 9917, 9918, 9919, 9920, 9921, 9922, 9923, 9924, 9925, 9926, 9927, 9928, 9929, 9930, 9931, 9932, 9933, 9934, 9935, 9936, 9937, 9938, 9939, 9940, 9941, 9942, 9943, 9944, 9945, 9946, 9947, 9948, 9949, 9950, 9951, 9952, 9953, 9954, 9955, 9956, 9957, 9958, 9959, 9960, 9961, 9962, 9963, 9964, 9965, 9966, 9967, 9968, 9969, 9970, 9971, 9972, 9973, 9974, 9975, 9976, 9977, 9978, 9979, 9980, 9981, 9982, 9983, 9984, 9985, 9986, 9987, 9988, 9989, 9990, 9991, 9992, 9993, 9994, 9995, 9996, 9997, 9998, 9999, 10000.

FOR THE COMMANDER (PHOTO)

UNIDENTIFIABLE

C. F. STEINBERG
 Capt.
 Operations Division

Reports of Intermittent
 Headless case papers



OQMG DEPT OF ARMY WASH DC

011430Z MAR 51

UNCLASSIFIED

DEFERRED

X

FROM QMGMT REF PARA 2 OF 3D IND THIS OFFICE 21 OCT 49 AND PARA 2 OF
4TH IND URHQ 6 DEC 50 TO URLETR 30 DEC 48 FILE HRE 314 PWT 6 CONCERNING CIL
REMAINS

DA 21641

RQST RECORDS BE AMENDED REFLECTING GROUP BURIAL OF XRAY 450 XRAY 451
XRAY 452 XRAY 454 XRAY 456 AND XRAY 535 LA CAMBE CMA REMAINS UNSERPARABLE PD
FURTHER RQST CERT OF UNIDENTIFIABILITY FWD

*292
Amfor La Cambre X-454
with Newville X-8522*

Foy:cam
cc--Administrative Section

UNCLASSIFIED

CAPT JOHN M. NEFF

GRAVES

QMGMT 293 GRS EUROPEAN

52462

J. C. WHICHER LT COL QMG
MEMORIAL DIVISION

Unident

OQMG DEPT OF ARMY WASH DC

FEB 51

UNCLASSIFIED

DEFERRED

X

FROM QMGMT REF PARA 2 OF 3D IND THIS OFFICE 21 OCT 49 AND PARA 2 OF
4TH IND URHQ 6 DEC 50 TO URLTR 30 DEC 48 FILE RRE 314 PNT 6 CONCERNING CIL
REMAINS

RQST RECORDS BE AMENDED REFLECTING GROUP BURIAL OF XRAY 450 XRAY 451
XRAY 452 XRAY 454 XRAY 456 AND XRAY 535 LA CAMBE CMA REMAINS UNSEPARABLE PD
FURTHER RQST CERT OF UNIDENTIFIABILITY FWD

Foy:cam
cc--Administrative Section

UNCLASSIFIED

CAPT JOHN M. NEFF

GRAVES

QMGMT 293 GRS EUROPEAN

52462

J. C. WHICHER LT COL QMC
MEMORIAL DIVISION

MASS BURIAL

BONE LIST

R.O. # 3627
20 March 1951

RIGHT

LEFT

Skull One (1) with mandible

Mandible One (1) fractured mandible
Five (5) complete

Cervical Vertebrae (7) _____

Clavicle _____

Scapula _____

Ribs _____

Sternum _____

Humerus _____

Radius One (1)

Ulna One (1)

Hand Bones _____

Dorsal Vertebrae (12) One (1) (12th)

Lumbar Vertebrae (5) _____

Sacrum _____

Pelvic bone _____

Femur _____

Patella _____

Tibia _____

Fibula _____

Foot Bones One (1) complete except talus

Clavicle _____

Scapula _____

Humerus _____

Radius _____

Ulna One (1)

Hand Bones _____

Pelvic Bone _____

Femur _____

Patella _____

Tibia One (1)

Fibula _____

Foot Bones One (1) complete

6239

Remarks: The following Unknowns have been consolidated and placed in the same casket Unknowns X-450, X-451, X-452, X-454, X-456 and X-535 buried in Plot BE, Row 5, Graves 89, 90, 91, 93, 96 and 94 respectively, USMC La Cambe, France Group Burial 6 in 1 and now assigned Unknown X-8523, Neuville, KK-11-255

Robert J. Miller
ROBERT J. MILLER

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE *2*

| 1 NO. | 2 FROM— | 3 TO— | 4 DATE | 5 MESSAGE |
|----------|----------------------------------|--------------------------------|-----------------|---|
| 1 | Ident Br Ident Sec Mem Div | Repat Br Rec Sec Mem Div | 24 Oct 50 | <p>SUBJECT: REDESIGNATIONS</p> <p>Attached 293 files for Unknowns previously assigned CIL Numbers forwarded for necessary action to redesignate to original Unknown X-Number and return to Identification Section.</p> <p style="text-align: right;">NEFF 52462</p> <p>4 Incls 1 thru 4--293 files for: X-450 La Cambe X-452 " " X-454 " " X-456 " "</p> <p style="text-align: right;"><i>Berrens</i> BERRENS 76128</p> |
| 2 | Rec Sec Repat Br Mem Div | Id Sec Id Br Mem Div | 26 Oct 1950 | <p>Necessary action has been taken in this section.</p> <p style="text-align: right;">ODENWALDER 73836</p> <p style="text-align: right;">Presgraves 53975</p> <p>bk</p> <p style="text-align: right;"><i>File 3 Nov 50 a p 704 Ident Br NAN</i></p> |

44

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
OPERATIONS DIVISION
APO 757 (Liege) US ARMY

GROP 200.2

10 October 1950

SUBJECT: Reports of Interment
Transmittal Letter # 5163

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

Forwarded herewith are five (5) corrected Reports of Interment,
for the remains listed below:

| | | Unknown No. | Cemetery | Plot | Row | Grave |
|----|-----------|-------------|--|---------|-----|-------|
| 2 | Head Sec | Id Sac | Necessary action has been taken in this section. | | | |
| | Report By | X-450 | La Cambe | HE | 5 | 89 |
| | Map, Div | X-452 | La Cambe | HE | 5 | 91 |
| | | X-454 | La Cambe | HE | 5 | 93 |
| | | X-456 | 4 Incl La Cambe | HE | 5 | 96 |
| bx | w/d | X-535 | n/o/La Cambe | 7888 SE | 5 | 53978 |

FOR THE COMMANDING OFFICER:

5 Incls
Corrected Reports
of Interment

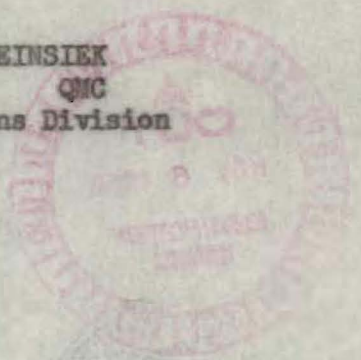
C. W. STEINSIEK
Capt, OMC
Operations Division

OCT 29 1950



OCT 29 1950

Identifying Section



31416 488 & Curpian TL #5163

HEADQUARTERS
 1987 GRAVER INVESTIGATION DETACHMENT
 OPERATIONS DIVISION
 APO 971 (Reno) US ARMY

10 October 1950

GROUP 200.2

SUBJECT: Reports of Interment
 Transmitted Letter # 2183

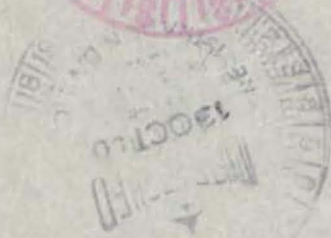
TO: The Quartermaster General
 Washington 25, D. C.
 ATTENTION: Memorial Division

Forwarded herewith are five (5) corrected Reports of Interment,
 for the remains listed below:

| Grave No. | Grave No. | Country | Unknown No. |
|-----------|-----------|----------|-------------|
| 89 | 11111111 | La Campa | X-150 1800 |
| 91 | 11111111 | La Campa | X-152 |
| 93 | 11111111 | La Campa | X-154 |
| 1000 | 11111111 | La Campa | X-156 |
| 1001 | 11111111 | La Campa | X-158 |

FOR THE COMMANDING OFFICER:

2 Incls
 Corrected Reports
 of Interment



24 OCT 1950



Identification Section

1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098-1099-1100-1101-1102-1103-1104-1105-1106-1107-1108-1109-1110-1111-1112-1113-1114-1115-1116-1117-1118-1119-1120-1121-1122-1123-1124-1125-1126-1127-1128-1129-1130-1131-1132-1133-1134-1135-1136-1137-1138-1139-1140-1141-1142-1143-1144-1145-1146-1147-1148-1149-1150-1151-1152-1153-1154-1155-1156-1157-1158-1159-1160-1161-1162-1163-1164-1165-1166-1167-1168-1169-1170-1171-1172-1173-1174-1175-1176-1177-1178-1179-1180-1181-1182-1183-1184-1185-1186-1187-1188-1189-1190-1191-1192-1193-1194-1195-1196-1197-1198-1199-1200-1201-1202-1203-1204-1205-1206-1207-1208-1209-1210-1211-1212-1213-1214-1215-1216-1217-1218-1219-1220-1221-1222-1223-1224-1225-1226-1227-1228-1229-1230-1231-1232-1233-1234-1235-1236-1237-1238-1239-1240-1241-1242-1243-1244-1245-1246-1247-1248-1249-1250-1251-1252-1253-1254-1255-1256-1257-1258-1259-1260-1261-1262-1263-1264-1265-1266-1267-1268-1269-1270-1271-1272-1273-1274-1275-1276-1277-1278-1279-1280-1281-1282-1283-1284-1285-1286-1287-1288-1289-1290-1291-1292-1293-1294-1295-1296-1297-1298-1299-1300-1301-1302-1303-1304-1305-1306-1307-1308-1309-1310-1311-1312-1313-1314-1315-1316-1317-1318-1319-1320-1321-1322-1323-1324-1325-1326-1327-1328-1329-1330-1331-1332-1333-1334-1335-1336-1337-1338-1339-1340-1341-1342-1343-1344-1345-1346-1347-1348-1349-1350-1351-1352-1353-1354-1355-1356-1357-1358-1359-1360-1361-1362-1363-1364-1365-1366-1367-1368-1369-1370-1371-1372-1373-1374-1375-1376-1377-1378-1379-1380-1381-1382-1383-1384-1385-1386-1387-1388-1389-1390-1391-1392-1393-1394-1395-1396-1397-1398-1399-1400-1401-1402-1403-1404-1405-1406-1407-1408-1409-1410-1411-1412-1413-1414-1415-1416-1417-1418-1419-1420-1421-1422-1423-1424-1425-1426-1427-1428-1429-1430-1431-1432-1433-1434-1435-1436-1437-1438-1439-1440-1441-1442-1443-1444-1445-1446-1447-1448-1449-1450-1451-1452-1453-1454-1455-1456-1457-1458-1459-1460-1461-1462-1463-1464-1465-1466-1467-1468-1469-1470-1471-1472-1473-1474-1475-1476-1477-1478-1479-1480-1481-1482-1483-1484-1485-1486-1487-1488-1489-1490-1491-1492-1493-1494-1495-1496-1497-1498-1499-1500-1501-1502-1503-1504-1505-1506-1507-1508-1509-1510-1511-1512-1513-1514-1515-1516-1517-1518-1519-1520-1521-1522-1523-1524-1525-1526-1527-1528-1529-1530-1531-1532-1533-1534-1535-1536-1537-1538-1539-1540-1541-1542-1543-1544-1545-1546-1547-1548-1549-1550-1551-1552-1553-1554-1555-1556-1557-1558-1559-1560-1561-1562-1563-1564-1565-1566-1567-1568-1569-1570-1571-1572-1573-1574-1575-1576-1577-1578-1579-1580-1581-1582-1583-1584-1585-1586-1587-1588-1589-1590-1591-1592-1593-1594-1595-1596-1597-1598-1599-1600-1601-1602-1603-1604-1605-1606-1607-1608-1609-1610-1611-1612-1613-1614-1615-1616-1617-1618-1619-1620-1621-1622-1623-1624-1625-1626-1627-1628-1629-1630-1631-1632-1633-1634-1635-1636-1637-1638-1639-1640-1641-1642-1643-1644-1645-1646-1647-1648-1649-1650-1651-1652-1653-1654-1655-1656-1657-1658-1659-1660-1661-1662-1663-1664-1665-1666-1667-1668-1669-1670-1671-1672-1673-1674-1675-1676-1677-1678-1679-1680-1681-1682-1683-1684-1685-1686-1687-1688-1689-1690-1691-1692-1693-1694-1695-1696-1697-1698-1699-1700-1701-1702-1703-1704-1705-1706-1707-1708-1709-1710-1711-1712-1713-1714-1715-1716-1717-1718-1719-1720-1721-1722-1723-1724-1725-1726-1727-1728-1729-1730-1731-1732-1733-1734-1735-1736-1737-1738-1739-1740-1741-1742-1743-1744-1745-1746-1747-1748-1749-1750-1751-1752-1753-1754-1755-1756-1757-1758-1759-1760-1761-1762-1763-1764-1765-1766-1767-1768-1769-1770-1771-1772-1773-1774-1775-1776-1777-1778-1779-1780-1781-1782-1783-1784-1785-1786-1787-1788-1789-1790-1791-1792-1793-1794-1795-1796-1797-1798-1799-1800-1801-1802-1803-1804-1805-1806-1807-1808-1809-1810-1811-1812-1813-1814-1815-1816-1817-1818-1819-1820-1821-1822-1823-1824-1825-1826-1827-1828-1829-1830-1831-1832-1833-1834-1835-1836-1837-1838-1839-1840-1841-1842-1843-1844-1845-1846-1847-1848-1849-1850-1851-1852-1853-1854-1855-1856-1857-1858-1859-1860-1861-1862-1863-1864-1865-1866-1867-1868-1869-1870-1871-1872-1873-1874-1875-1876-1877-1878-1879-1880-1881-1882-1883-1884-1885-1886-1887-1888-1889-1890-1891-1892-1893-1894-1895-1896-1897-1898-1899-1900-1901-1902-1903-1904-1905-1906-1907-1908-1909-1910-1911-1912-1913-1914-1915-1916-1917-1918-1919-1920-1921-1922-1923-1924-1925-1926-1927-1928-1929-1930-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000

QMG DEPT OF ARMY WASH DC

UNCLASSIFIED

CHIEF REGISTRATION DIV
7887 GRREG DET
PARIS FRANCE

DEFERRED

X

WCL-33874

FROM QMGMT MY 3D IND 21 OCT 49 QMGMT 293 SUBJ CENIDENTLAB REMAINS
REF RESOLUTION OF UNKNOWNNS LA CAMBE PREV ASG CENIDENTLAB NR PD RQST STATUS

Carroll/nsj
Foy
REB



UNCLASSIFIED

GRAVES

QMGMT CAPT BERRY EXT 73650
293 - GRS European

JAN 50

D A RENNERT
CAPT QMC MEM DIV

Central Identification Laboratory, Remains

X-450 (La Cambre)

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AIRMAIL

QMGMP 293
Unknown X-535
USMC (La Cambe), France
SUBJECT: CIL Remains

1st Ind.

Department of the Army, OQMG, Washington 25, D. C., 24 October 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 does not concur in the assignment of CIL number for Unknown X-535.
3. It is requested, therefore, that this case be resolved as prescribed by OQMG letter, dated 26 July 1949, file QMGMP 293, Subject: Disinterment Discrepancies, and appropriate findings be forwarded this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

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

cc: Adm Sect
Carroll/id
Foy
REB

gmr
REB

TEC

24 1 30 PM '49



AIRMAIL

ALABAMA

DEPT 333
BUREAU OF
CORRECTIONS
MONTGOMERY, ALABAMA

Department of the State, Montgomery, Ala., Nov 28 1952
Honorable Earl Warren, U.S. Supreme Court Building, Washington, D.C.

1. Reference is made to your communication.
2. This office has no comment in the assignment of the case per your reference 1-272.
3. It is requested, therefore, that this case be reviewed as requested by the letter dated 11/15/52. The case is being reviewed by the Bureau of Identification, and appropriate action will be taken.

Very truly yours,
W. J. ...

W. J. ...
Director, Bureau of Identification

cc: Adm Serv
Carroll
Ly
RSE



ALABAMA

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 314.6

23 July 1949

SUBJECT: OIL Remains

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

1. The following Unknown has been eliminated from the records of this office by assigning OIL number:

X-535 La Cambe Plot BE Row 5 Grave 94

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:

GEORGE L. FREEMAN
1/Lt QMG
Actg Asst Adj Gen



314.6 R. K. S. (European)

RECEIVED
AMERICAN OVERSEAS AIRWAYS CORPORATION
NEW YORK OFFICE
OCT 24 1949

23 July 1949

NEW YORK

SUBJECT: OIL RECORDS

To: The Government General, Washington, D.C.

1. The following records have been eliminated from the records of this office by mistake. The records are:

2-535 in date 1948-49 New York

2. The records of this office indicate that these records cannot be associated with any account now listed in this letter.

FOR THE COMPANY'S RECORD

GEORGE J. WILSON
1/22
New York, N.Y.



AIRMAIL

Handwritten vertical text on the left margin, including numbers and symbols.

Handwritten text in the upper section of the page, including a date and several lines of cursive script.

Handwritten text in the middle section of the page.

Handwritten text in the lower right section of the page.



AIRMAIL

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

| 1 NO. | 2 FROM— | 3 TO— | 4 DATE | 5 MESSAGE |
|----------|--|--|--------------|--|
| 1 | Chief, Id Br Id Sec Mem Div | Repat Br Rec Sec Mem Div ATTN: Capt Snedigar | 23 May 49 | Attached Reports of Burial forwarded for cancellation and return to Identification Section. <i>for Metz</i> 5 Incls: R/B X-450, 451, 452, 454 and 456 (La Cambe) METZ 74059 BARRY 2462 |
| acn | | | | |
| 2 | Chief, Rec Sec R/R Br Mem Div | Chief, Ident Br Ident Sec Mem Div | 9 Jun 49 | 1. Necessary cancellation completed in this Section. SNEDIGAR 5198 <i>Jackson</i> JACKSON 72267 5 Incls n/c |

INTRA-OFFICE REFERENCE SHEET

Assigned copies of data furnished for dissemination
and copies to Identification Division

2 copies: 1 - 100-423-100
(1 - 100-423-100)



MEMORIAL DIVISION
MAY 23 3 58 PM '49
REPAIRIAL RECORDS BRANCH
MAY 9 2 16 PM '49
MEMORIAL DIVISION

REPAIRIAL RECORDS BRANCH
MAY 9 1 02 PM '49
MEMORIAL DIVISION

C O P Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

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 | Hosville | Flot Q | Row 4 | Grave 64 |
| X-56 | " | " Q | " 4 | " 62 |
| X-134 | " | " X | " 8 | " 160 |
| X-463 | " | Held in Unknown Repository | | |
| X-531 | La Gambe | Flot 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. Frisman
1/Lt. GHO
Actg Asst Adj Gen

FILE
10/1/49
GHO

QMCMT 293
314.6 GRS European Area
SUBJECT: GIL 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 GIL 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 GIL 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. MEYER
Lt. Colonel, GRS
Memorial Division

C O P Y

(Basic Ltr Dept of the Army, OCMG, OCMGT 293, 314.6 GRS European Area dated 4 March 1949, subject: CIL Remains)

RFE 314.6 (CIL Remains) 2d Ind

Hq. American Graves Registration Command, European Area, APO 58, US Army,
4 April 1949

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

1. Reference paragraph 3, preceding Indorsement, assignment of CIL numbers to subject remains was accomplished in accordance with sub-paragraphs e, and f., paragraph 118, TM 10-281, Change 1, dated 5 August 1948, since remains were recovered from mass burial, with the remains of Identified Casualties.

2. It has been brought to the attention of this office that in initial Airborne descent in France, partial remains were often caught on Branches of trees, while the body, less partial remains were picked from the ground. It is believed that remains which were previously buried in mass grave, from which Unknowns X-450, X-451, X-452, X-454 and X-456 were recovered may well fall into this category, and were picked up by German Troops and buried with the two (2) remains now identified.

3. Every possible attempt has been made by this office to associate teeth for subject Unknowns with casualties in area from which remains were recovered, with negative results, therefore, it may be possible that subject teeth belong to other remains which were recovered, identified, and possibly since returned to the United States for burial.

4. In view of above remarks it is requested that statement contained in paragraph 3, 1st Indorsement be reconsidered, and that CIL numbers originally assigned these Unknowns be retained.

5. Records of the headquarters will remain unchanged, pending receipt of reply to above.

FOR THE COMMANDING GENERAL:

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

QMG 293

3d Ind

GRS European

SUBJECT: Central Identification Laboratory Remains

Dept. of the Army, OCMG, Washington 25, D. C., 21 October 1949

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

1. Reference is made to paragraph 3, preceding Indorsement.
2. In view of the fact that no positive evidence is available to substantiate the possibility that the subject Unknowns are actually parts of previously identified decedents, it is the opinion of this Office that the remains should not be assigned CIL numbers.
3. It is requested, therefore, that these cases be resolved as prescribed by paragraph 2a, OCMG Letter, dated 26 July 1949, File OCMG 293, Subject: "Disinterment Discrepancies".
4. Further request that appropriate findings be forwarded this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

T.H. NEEZ
Lt. Colonel, GSC
Memorial Division

FROM CO REG DIV PARIS

MSG NO AGRC 179

D. T. G. 271355Z

ACTION QMC

MC IN NO 65467

FM REG DIV PARIS FRANCE

TO OQMG WASH DC
GRAVES GRNC

REF AGRC ONE SEVEN NINE

PASS TO MEMORIAL DIVISION

URMSG WCL THREE THREE EIGHT SEVEN FOUR CMA SUBJECT THIRD ENDORSEMENT

DTD TWENTY ONE OCTOBER FORTY NINE CANNOT BE LOCATED PD REQUEST

DUPLICATE COPY OF CORRESPONDENCE BE FWDD SAP PD SCD HENRY CITE AGRE

27/1535Z

C O P Y

QMCMT 293
GRS European

7 February 1950

SUBJECT: Central Identification Laboratory Remains

TO : Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York

1. Reference is made to radio, this Office, WOL 33874; and your radio AGRC 179.
2. Copies of all correspondence relating to OIL Remains, USMC La Combe, France, referred to in WOL 33874, are inclosed.
3. Request this Office be advised of current status of these remains.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Copy ltr 30 Dec '48, MRE 314.6
with 1st, 2d and 3d Incl

/s/ T. H. BERT
Lt. Colonel, GSG
Memorial Division

C O P Y

Basic Ltr, Dept of the Army, OCMG, CMGT 293 GRS European, Subject:
Central Identification Laboratory Remains, dated 7 February 1950

RRE 200.2 - CIL Remains, USMC La Cambe 1st Inf

Chief, Registration Division, American Graves Registration Command,
European Area, APO 56, U.S. Army, 24 February 1950

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

1. Reference is made to basic communication and attached copy of
letter, this headquarters, RRE 314.6, Subject: CIL Remains, dated 30
December 1948, with three subsequent indorsements.

2. Subject CILs have now arrived at the Central Identification
Laboratory and action has been taken to redesignate these remains to an
"Unknown" status.

3. Corrected Reports of Burial will be forwarded your office upon
completion of above action.

FOR CHIEF, REGISTRATION DIVISION:

1 Incl n/c

/s/ C. W. STEDBIEK
Capt, GIC
Registration Division



6

DISINTERMENT DIRECTIVE

293 Unk. France X-456 (La Cambe)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3539 00000

DATE 15 10 47 DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-000456 RANK ARM 0

DATE OF DEATH DAY MONTH YEAR

CEMETERY LA CAMBE ISIGNY

DISPOSITION OF REMAINS 3505 80 CODE DIST. PT.

PLOT BE ROW 3 GRAVE 96 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON 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

MINOR 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 GRS INSPECTOR

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

Beall
1991

6

DISINTERMENT DIRECTIVE

293 Unt. France x-452 (La Cambe)

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3539 00000

DATE
15 10 47
DAY MONTH YEAR

| | | | | | |
|-----------------|-----|---------------|---------|----------------|------------------------|
| NAME | | SERIAL NUMBER | RANK | ARM | DATE OF DEATH |
| UNKNOWN | | X-000452 | | 0 | |
| CEMETERY | | | | | DISPOSITION OF REMAINS |
| LA CAMBE ISIGNY | | | | | 0 3505 80 |
| | | | | | CODE DIST. PT. |
| PLOT | ROW | GRAVE | COUNTRY | CAUSE OF DEATH | |
| BE | 3 | 91 | FRANCE | 6 | |

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

| | | | | |
|---|---------------|----------|----------------------------|-------------------|
| NAME | SERIAL NUMBER | RANK | 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 | |
| | |
| MINOR DISCREPANCIES 1 | |
| | |
| 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 GRS INSPECTOR

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



6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3538 00000
DATE 12 10 47

NAME

UNKNOWNA-00453

ARM

RANK

SERIAL NUMBER

DATE OF DEATH

DISPOSITION OF REMAINS

CEMETERY

LA GARRE
LIECHT

DAY MONTH YEAR

CODE DIST. PT.

CAUSE OF DEATH

COUNTRY

ROW GRAVE

PLOT

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

ST. LAURENT, FRANCE
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

REMAINS

MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE

CASKET SEALED BY

BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

DATE

BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF INSPECTOR



1 Prepare Discrepancy Report QMC Form 119a for major discrepancies.

Book 1111

6

DISINTERMENT DIRECTIVE

293 Unk. France X-454 (La Cambre)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3539 00000

DATE 15 10 47 DAY MONTH YEAR

NAME UNKNOWN X-000454

SERIAL NUMBER

RANK

ARM 0 DATE OF DEATH DAY MONTH YEAR

CEMETERY LA CAMBRE ISIGNY

DISPOSITION OF REMAINS 3505 80 CODE DIST. PT.

PLOT BE 5 GRAVE 93 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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS 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

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED DATE BY

SHIPPING ADDRESS VERIFIED 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 GRS INSPECTOR

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

6

DISINTERMENT DIRECTIVE

293 Und. France X-45 (La Cambe)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3539 00000

DATE 15 10 47 DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-000450 RANK ARM 0 DATE OF DEATH DAY MONTH YEAR

CEMETERY LA CAMBE ISIGNY DISPOSITION OF REMAINS 0 3505 80 CODE DIST. PT.

PLOT BE ROW 3 GRAVE 89 COUNTRY FRANCE CAUSE OF DEATH 5

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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON 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

MINOR DISCREPANCIES 1

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 GRS INSPECTOR

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

Beale
MM

6

DISINTERMENT DIRECTIVE

293 Unk. France X-451 (La Cambe)

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3539 00000

DATE
15 10 47
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000451

RANK
0

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
LA CAMBE ISIGNY

DISPOSITION OF REMAINS
0 3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
BE 5 90 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 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
(Deleted)

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED 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 GRS INSPECTOR

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

C O P Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RHE 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 | Hosville | 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 Gambe | 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. QMG
Actg Asst Adj Gen

FILE
12 Jan 51
JTB

C O P Y

OMOMT 293
314.6 GRS European Area
SUBJECT: GIL 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 GIL numbers to all unknowns listed thereon with the exception of Unknowns X-450, X-451, X-452, X-454 and X-456, USMC La Cambre.
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 GIL 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. NEEZ
Lt. Colonel, OMC
Memorial Division

C O P Y

(Basic Ltr Dept of the Army, OCMG, OMCMT 293, 314.6 CRS European Area dated 4 March 1949, subject: CIL Remains)

RRE 314.6 (CIL Remains) 2d Ind

Hq. American Graves Registration Command, European Area, APO 58, US Army,
4 April 1949

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

1. Reference paragraph 3, preceding Indorsement, assignment of CIL numbers to subject remains was accomplished in accordance with sub-paragraphs e, and f., paragraph 118, TM 10-281, Change 1, dated 5 August 1948, since remains were recovered from mass burial, with the remains of Identified Casualties.
2. It has been brought to the attention of this office that in initial Airborne descent in France, partial remains were often caught on Branches of trees, while the body, less partial remains were picked from the ground. It is believed that remains which were previously buried in mass grave, from which Unknowns X-450, X-451, X-452, X-454 and X-456 were recovered may well fall into this category, and were picked up by German Troops and buried with the two (2) remains now identified.
3. Every possible attempt has been made by this office to associate teeth for subject Unknowns with casualties in area from which remains were recovered, with negative results, therefore, it may be possible that subject teeth belong to other remains which were recovered, identified, and possibly since returned to the United States for burial.
4. In view of above remarks it is requested that statement contained in paragraph 3, 1st Indorsement be reconsidered, and that CIL numbers originally assigned these Unknowns be retained.
5. Records of the headquarters will remain unchanged, pending receipt of reply to above.

FOR THE COMMANDING GENERAL:

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

C O P Y

QCMBT 293

3d Ind

GRS European

SUBJECT: Central Identification Laboratory Remains

Dept. of the Army, OCMG, Washington 25, D. C., 21 October 1949

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

1. Reference is made to paragraph 3, preceding Indorsement.
2. In view of the fact that no positive evidence is available to substantiate the possibility that the subject Unknowns are actually parts of previously identified decedents, it is the opinion of this Office that the remains should not be assigned GIL numbers.
3. It is requested, therefore, that these cases be resolved as prescribed by paragraph 2a, OCMG letter, dated 26 July 1949, file QCMBP 293, Subject: "Disinterment Discrepancies".
4. Further request that appropriate findings be forwarded this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

T.H. NETZ
Lt. Colonel, GIC
Memorial Division

FROM CO REG DIV PARIS

MSG NO AGRC 179

D. T. G. 271355Z

ACTION QMC

MC IN NO 65467

FM REG DIV PARIS FRANCE

TO OQMG WASH DC

GRAVES GRNC

REF AGRC ONE SEVEN NINE

PASS TO MEMORIAL DIVISION

UNMSG WCL THREE THREE EIGHT SEVEN FOUR CMA SUBJECT THIRD ENDORSEMENT

DTD TWENTY ONE OCTOBER FORTY NINE CANNOT BE LOCATED PD REQUEST

DUPLICATE COPY OF CORRESPONDENCE BE FTDD SAP PD SCD HENRY CITE AGRE

27/1535Z

C O P Y

QMGT 293
GRS European

7 February 1950

SUBJECT: Central Identification Laboratory Remains

TO : Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York

1. Reference is made to radio, this Office, WOL 33874; and your radio AGRG 179.
2. Copies of all correspondence relating to OIL Remains, USIC La Cambe, France, referred to in WOL 33874, are inclosed.
3. Request this Office be advised of current status of these remains.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Copy ltr 30 Dec 48, RRB 314.6
with 1st, 2d and 3d Incl

/s/ T. H. HERR
Lt. Colonel, GSC
Memorial Division

COPY

Basic Ltr, Dept of the Army, OCMG, OCMGT 293 GRS European, Subject:
Central Identification Laboratory Remains, dated 7 February 1950

RRE 200.2 - CIL Remains, USMC La Cambe 1st Ind

Chief, Registration Division, American Graves Registration Command,
European Area, APO 58, U S Army, 24 February 1950

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

1. Reference is made to basic communication and attached copy of
letter, this headquarters, RRE 314.6, Subject: CIL Remains, dated 30
December 1948, with three subsequent indorsements.

2. Subject CILs have now arrived at the Central Identification
Laboratory and action has been taken to redesignate these remains to an
"Unknown" status.

3. Corrected Reports of Burial will be forwarded your office upon
completion of above action.

FOR CHIEF, REGISTRATION DIVISION:

1 Incl a/c

/s/ C. W. STEINER
Capt, GRC
Registration Division

C O P Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RHE 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 Gambe | 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. CMC
Actg Asst Adj Gen

FILE
12 Jun 50
J

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 Combe.
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, QMG
Memorial Division

C O P Y

(Basic Ltr Dept of the Army, OCMG, OMCMT 293, 314.6 GRS European Area dated 4 March 1949, subject: CIL Remains)

RRE 314.6 (CIL Remains) 2d Ind

Hq. American Graves Registration Command, European Area, APO 58, US Army,
4 April 1949

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

1. Reference paragraph 3, preceding Indorsement, assignment of CIL numbers to subject remains was accomplished in accordance with sub-paragraphs e, and f., paragraph 118, TM 10-281, Change 1, dated 5 August 1948, since remains were recovered from mass burial, with the remains of Identified Casualties.
2. It has been brought to the attention of this office that in initial Airborne descent in France, partial remains were often caught on Branches of trees, while the body, less partial remains were picked from the ground. It is believed that remains which were previously buried in mass grave, from which Unknowns X-450, X-451, X-452, X-454 and X-456 were recovered may well fall into this category, and were picked up by German Troops and buried with the two (2) remains now identified.
3. Every possible attempt has been made by this office to associate teeth for subject Unknowns with casualties in area from which remains were recovered, with negative results, therefore, it may be possible that subject teeth belong to other remains which were recovered, identified, and possibly since returned to the United States for burial.
4. In view of above remarks it is requested that statement contained in paragraph 3, 1st Indorsement be reconsidered, and that CIL numbers originally assigned these Unknowns be retained.
5. Records of the headquarters will remain unchanged, pending receipt of reply to above.

FOR THE COMMANDING GENERAL:

GEORGE L. FISHMAN
1st Lt CMC
Actg Asst Adj Gen

C O P Y

QCQMT 293

3d Ind

GRS European

SUBJECT: Central Identification Laboratory Remains

Dept. of the Army, CQMG, Washington 25, D. C., 21 October 1949

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

1. Reference is made to paragraph 3, preceding indorsement.
2. In view of the fact that no positive evidence is available to substantiate the possibility that the subject Unknowns are actually parts of previously identified decedents, it is the opinion of this Office that the remains should not be assigned CIL numbers.
3. It is requested, therefore, that these cases be resolved as prescribed by paragraph 2a, CQMG letter, dated 26 July 1949, file QCQMP 293, Subject: "Disinterment Discrepancies".
4. Further request that appropriate findings be forwarded this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

T.H. NEZZ
Lt. Colonel, GIC
Memorial Division

FROM CO REG DIV PARIS

MSG NO AGRC 179

D. T. G. 271355Z

ACTION QMC

MC IN NO 65467

FM REG DIV PARIS FRANCE

TO OQMG WASH DC

GRAVES GRNC

REF AGRC ONE SEVEN NINE

PASS TO MEMORIAL DIVISION

URMSG WCL THREE THREE EIGHT SEVEN FOUR CMA SUBJECT THIRD ENDORSEMENT

DTD TWENTY ONE OCTOBER FORTY NINE CANNOT BE LOCATED PD REQUEST

DUPLICATE COPY OF CORRESPONDENCE BE FWDD SAP PD SGD HENRY CITE AGRE

27/1535Z

C O P Y

QMCMT 293
GRS European

7 February 1950

SUBJECT: Central Identification Laboratory Remains

TO : Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York

1. Reference is made to radio, this Office, WOL 3387h and your radio AQRC 179.
2. Copies of all correspondence relating to CIL Remains, USMC La Cambe, France, referred to in WOL 3387h, are inclosed.
3. Request this Office be advised of current status of these remains.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Copy ltr 30 Dec '48, HRE 314.6
with 1st, 2d and 3d Incl

/s/ T. H. METZ
Lt. Colonel, GIC
Memorial Division

COPY

Basic Ltr, Dept of the Army, COMG, COMGT 293 GRS European, Subject:
Central Identification Laboratory Remains, dated 7 February 1950

RRE 200.2 - CIL Remains, USMC LA Cambe 1st Incl

Chief, Registration Division, American Graves Registration Command,
European Area, APO 58, U S Army, 24 February 1950

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

1. Reference is made to basic communication and attached copy of
letter, this headquarters, RRE 314.6, Subject: CIL Remains, dated 30
December 1948, with three subsequent increments.

2. Subject CILs have now arrived at the Central Identification
Laboratory and action has been taken to redesignate these remains to an
"Unknown" status.

3. Corrected Reports of Burial will be forwarded your office upon
completion of above action.

FOR CHIEF, REGISTRATION DIVISION:

1 Incl p/s

/s/ C. W. SYEDNIK
Capt, GSC
Registration Division

IDENTIFICATION CHECK LIST

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

D.D.# 699

Unknown X - 452
Cemetery La Camba, France
Plot BE Row 5 Grave 91

Date reprocessed :

1. ~~Arrived at cemetery~~ 16 Jan 48
(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~~ and reprocessed by I.S. First zone
(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> | | |

FEB 26 1948

Belt, web None
 Drawers, wool None
 Drawers, cotton None
 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

6. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings None 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 **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 **skull missing**
 (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)

.....
 (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.

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

If not, explain Fingers missing

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

9. Remarks Remains consist of only one complete mandible. No clothing recovered. Estimated weight of processed remains 6 oz. One GRS tag recovered. No Burial Report.

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.

Woodrow W Wolf
WOODROW W WOLF

(Officer's Name)

CAPT

Rank

OMC

Service

OPERATIONS OFFICER

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Est, Height : UTD

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

16 Jan 1948
Date

Unknown X - 452

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Organization

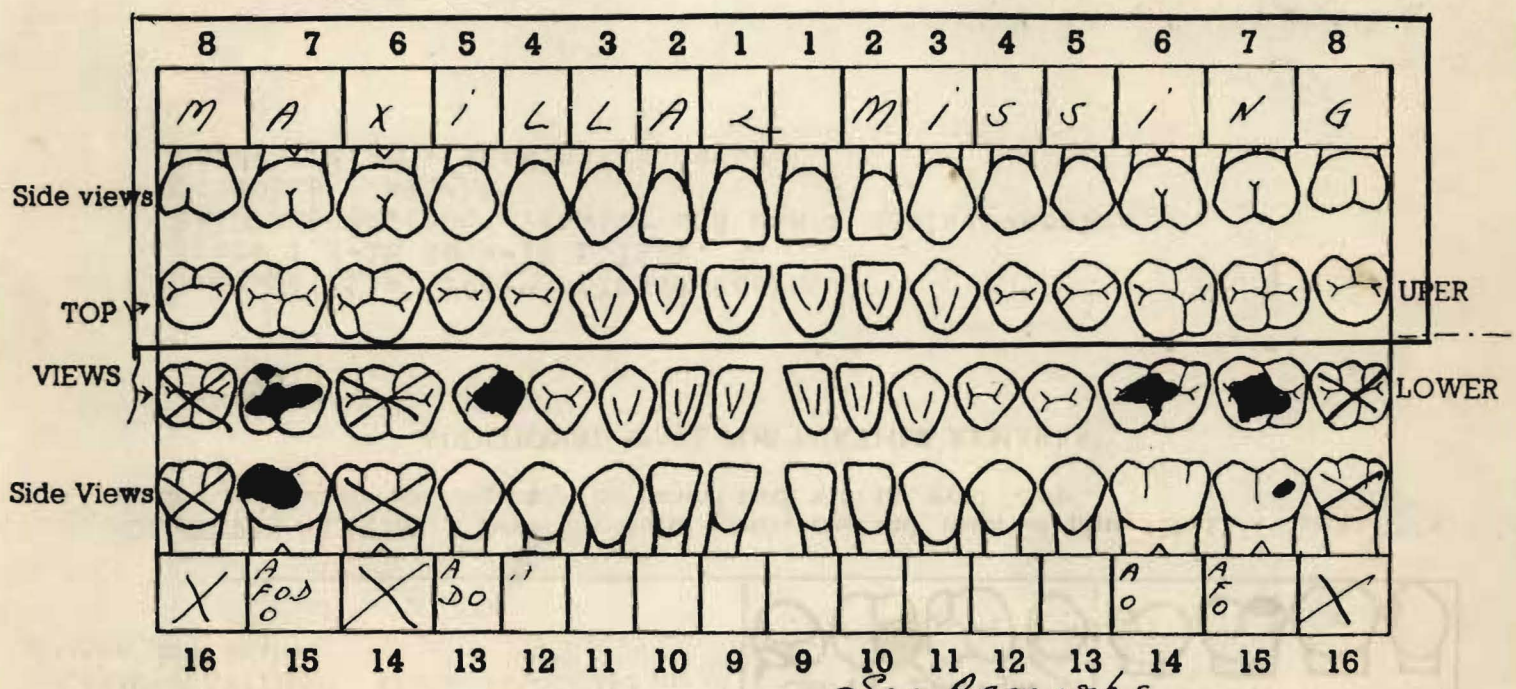
Place of Death

Date of Death

Cause of Death

Right

Left



See Remarks.

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), bicuspids (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.

T/5 E. MARSHALL

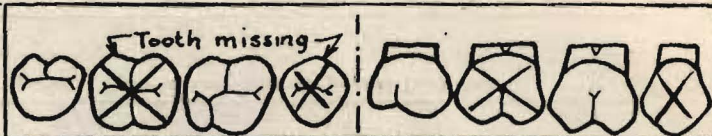
/s/ T/5 E. Marshall

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
CAPT QMC OPER OFF

Woodrow W Wolf
Verified by G. R. S. Officer

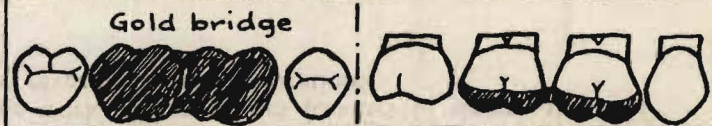
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



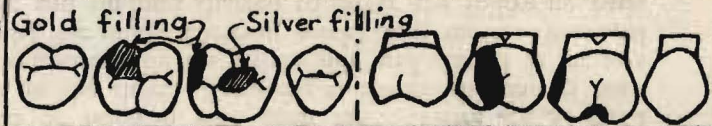
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



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

Average size, ivory colored teeth
 Space : R-13 to R-15 : 12mm.
 R-15 has shifted distally and has a mesial version
 Calculus : slight
 Lower incisors show slight wear

TOOTH CHART

IDENTIFICATION CHECK LIST

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

Unknown X - 452

Cemetery La Garbe, France.

Plot BE Row 5 Grave 91

Date reprocessed:

1. ~~Arrived at cemetery~~ 9 April 1947
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by Subordinate Identification Point, Carantan, 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?

UTD

6. Description of Remains :

Age **UTD** Height **UTD** 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, medium, dark, clear, pimples, poeks, 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 **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 **Head missing**
(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)

..... **UTD**

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 **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 skeletal chart

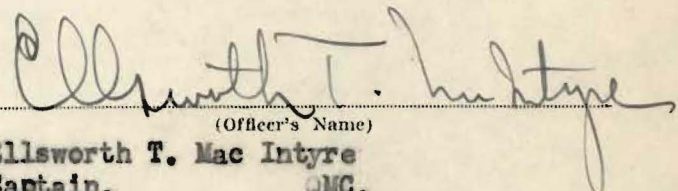
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain hands missing

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

9. Remarks : Remains received in mattress cover.
All that was found was the mandible.
No clothing found.
Teeth found and charted.
Fluoroscopic report: Negative.
Estimated weight: 4 Oz.
Burial report found, but unable to determine contents.

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.


(Officer's Name)
Ellsworth T. Mac Intyre
Captain, QMC,
Rank Service

Central Identification Point
(Organization)

It is possible that consolidation can be made with any of the following cases referred to in burial report inclosed in case papers of case X-455 (A), B, C, D; X-450, X-451, X-453, X-454, X-456, George E. Tillett 13047453 and Edward A. Rochniasz 16016671.
Case remains " Unknown ".

X-452

Garbe, France.

Plot: BE Row: 5 Grave: 91

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

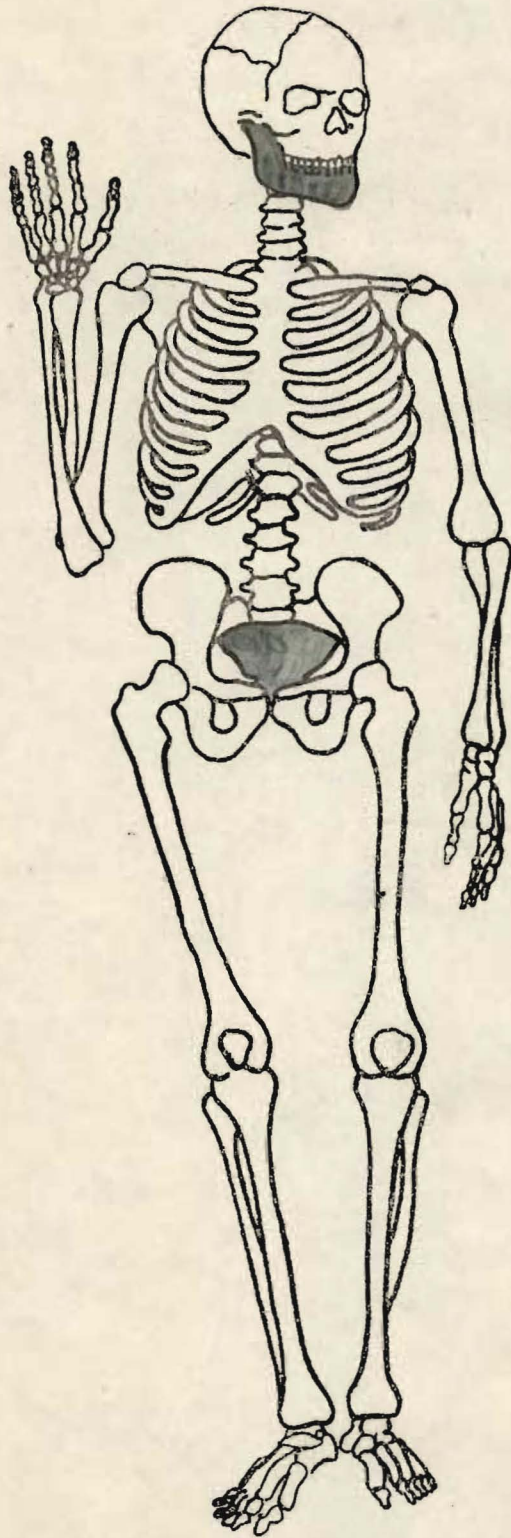


CHART "A"

TOOTH CHART

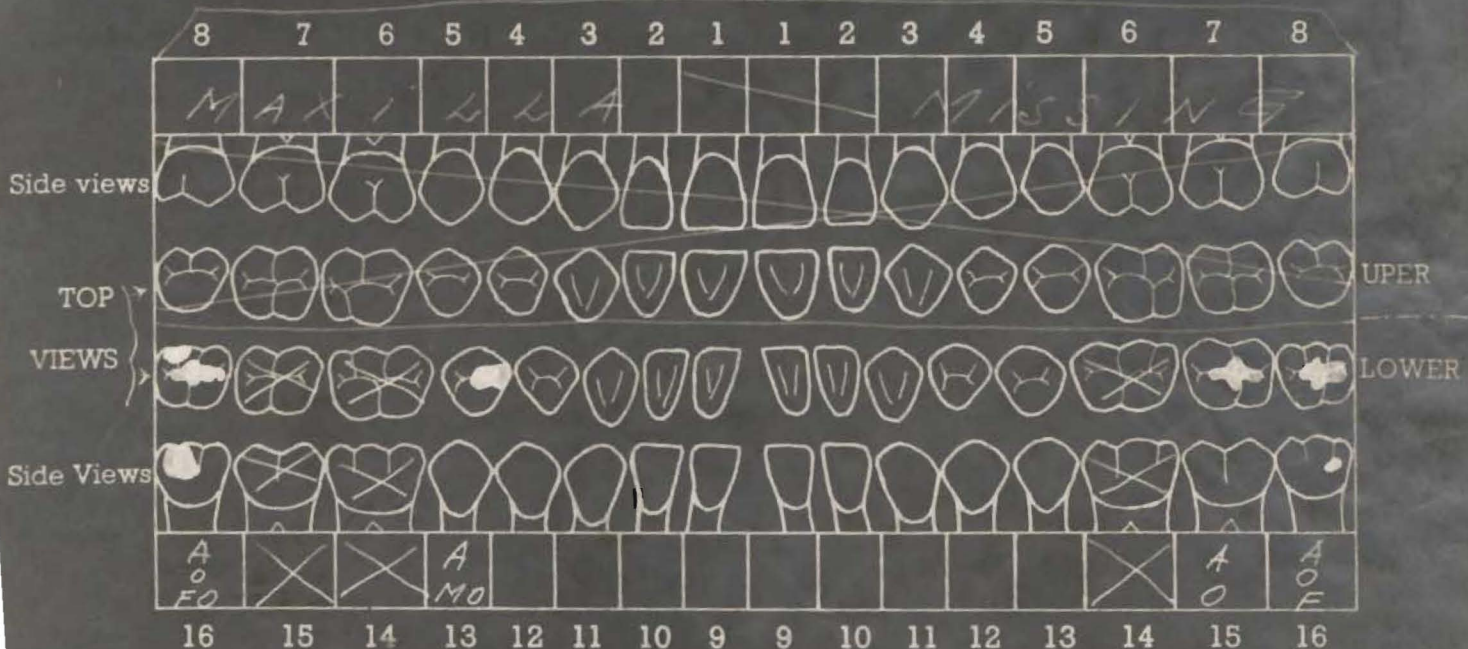
Unknown X-152

Date

Last Name First Initial Rank Serial No.
 Unit Organization
 Place of Death Date of Death Cause of Death

Right

Left



See remarks

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), bicuspids (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 MD

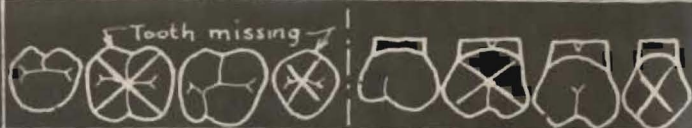
Signature of Officer or other person who prepared Tooth chart

Ellsworth T. MacIntyre

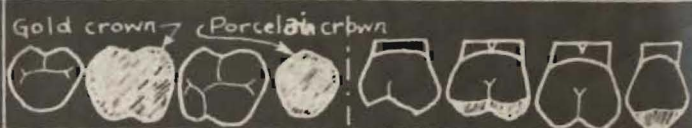
Verified by G. R. S. Officer

Ellsworth T. MacIntyre Captain, MC, C.S.P.

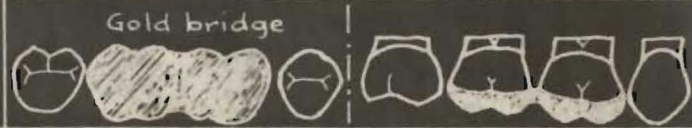
MISSING TEETH . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



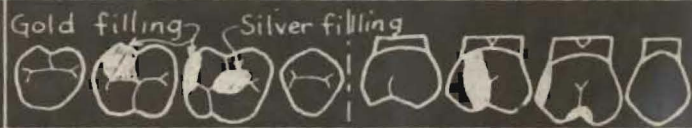
CROWNED TEETH . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



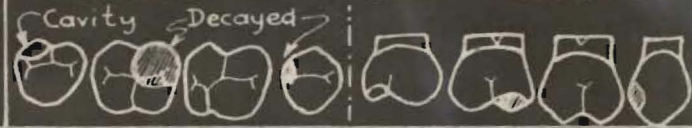
BRIDGE WORK . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Spaces: R 13-16, 14 mm.; L 13-15, None.
 Mesial version, R 16.
 Incisal edges of lower anteriors worn.
 Dark brown stain on lingual surface of anteriors.
 Medium sized teeth in good alignment have turned slightly pink.

76

C O P Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

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 61 |
| X-56 | " | " Q | " 4 | " 62 |
| X-134 | " | " X | " 8 | " 160 |
| X-463 | " | Held in Unknown Repository | | |
| X-531 | La Gambe | 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 |
| Z-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. GRC
Actg Asst Adj Gen

FILE
12 Jun 50
J. L. Freeman

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

C O P Y

(Basic Ltr Dept of the Army, OQMG, OMCMT 293, 314.6 GRS European Area dated 4 March 1949, subject: CIL Remains)

RRE 314.6 (CIL Remains) 2d Ind

Hq. American Graves Registration Command, European Area, APO 58, US Army,
4 April 1949

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

1. Reference paragraph 3, preceding Indorsement, assignment of CIL numbers to subject remains was accomplished in accordance with sub-paragraphs e, and f., paragraph 118, TM 10-281, Change 1, dated 5 August 1948, since remains were recovered from mass burial, with the remains of Identified Casualties.

2. It has been brought to the attention of this office that in initial Airborne descent in France, partial remains were often caught on Branches of trees, while the body, less partial remains were picked from the ground. It is believed that remains which were previously buried in mass grave, from which Unknowns X-450, X-451, X-452, X-454 and X-456 were recovered may well fall into this category, and were picked up by German Troops and buried with the two (2) remains now identified.

3. Every possible attempt has been made by this office to associate teeth for subject Unknowns with casualties in area from which remains were recovered, with negative results, therefore, it may be possible that subject teeth belong to other remains which were recovered, identified, and possibly since returned to the United States for burial.

4. In view of above remarks it is requested that statement contained in paragraph 3, 1st Indorsement be reconsidered, and that CIL numbers originally assigned these Unknowns be retained.

5. Records of the headquarters will remain unchanged, pending receipt of reply to above.

FOR THE COMMANDING GENERAL:

GEORGE L. FERRMAN
1st Lt CIL
Actg Asst Adj Gen

C O P Y

QMGMT 293

3d Ind

GRS European

SUBJECT: Central Identification Laboratory Remains

Dept. of the Army, OCMG, Washington 25, D. C., 21 October 1949

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

1. Reference is made to paragraph 3, preceding Indorsement.
2. In view of the fact that no positive evidence is available to substantiate the possibility that the subject Unknowns are actually parts of previously identified decedents, it is the opinion of this Office that the remains should not be assigned CIL numbers.
3. It is requested, therefore, that these cases be resolved as prescribed by paragraph 2a, OCMG letter, dated 26 July 1949, file QMGMT 293, Subject: "Disinterment Discrepancies".
4. Further request that appropriate findings be forwarded this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

T.H. MEYER
Lt. Colonel, OMC
Memorial Division

FROM CO REG DIV PARIS

MSG NO AGRC 179

D. T. G. 271355Z

ACTION QMC

MC IN NO 65467

FM REG DIV PARIS FRANCE

TO OQMG WASH DC

GRAVES GRNC

REF AGRC ONE SEVEN NINE

PASS TO MEMORIAL DIVISION

URMSG WCL THREE THREE EIGHT SEVEN FOUR CMA SUBJECT THIRD ENDORSEMENT

DTD TWENTY ONE OCTOBER FORTY NINE CANNOT BE LOCATED PD REQUEST

DUPLICATE COPY OF CORRESPONDENCE BE FWDD SAP PD SGT HENRY CITE AGRC

27/1535Z

C O P Y

QMOMT 293
GRS European

7 February 1950

SUBJECT: Central Identification Laboratory Remains

TO : Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York

1. Reference is made to radio, this Office, WGL 33874 and your radio AGRC 179.
2. Copies of all correspondence relating to CIL Remains, USMC La Garbe, France, referred to in WGL 33874, are inclosed.
3. Request this Office be advised of current status of these remains.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Copy ltr 30 Dec '48, RRE 314.6
with 1st, 2d and 3d Ind

/s/ T. H. NERE
Lt. Colonel, GSC
Memorial Division

C O P Y

Basic Ltr, Dept of the Army, OCMG, CMGHT 293 GRS European, Subject:
Central Identification Laboratory Remains, dated 7 February 1950

RRE 200.2 - CIL Remains, USMC Ia Cambe 1st Ind

Chief, Registration Division, American Graves Registration Command,
European Area, APO 58, U S Army, 24 February 1950

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

1. Reference is made to basic communication and attached copy of
letter, this headquarters, RRE 314.6, Subject: CIL Remains, dated 30
December 1948, with three subsequent indorsements.

2. Subject CILs have now arrived at the Central Identification
Laboratory and action has been taken to redesignate these remains to an
"Unknown" status.

3. Corrected Reports of Burial will be forwarded your office upon
completion of above action.

FOR CHIEF, REGISTRATION DIVISION:

1 Incl a/c

/s/ C. W. STEINBERG
Capt, CIG
Registration Division

C O P Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RHE 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 61 |
| 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

FILE
12 JAN 59
JAG

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 Cambé.
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. MERE
Lt. Colonel, GSC
Memorial Division

C O P Y

(Basic Ltr Dept of the Army, OCMG, OMCMT 293, 314.6 GRS European Area dated 4 March 1949, subject: CIL Remains)

RRE 314.6 (CIL Remains) 2d Ind

Hq. American Graves Registration Command, European Area, APO 58, US Army,
4 April 1949

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

1. Reference paragraph 3, preceding Indorsement, assignment of CIL numbers to subject remains was accomplished in accordance with sub-paragraphs e, and f., paragraph 118, TM 10-281, Change 1, dated 5 August 1948, since remains were recovered from mass burial, with the remains of Identified Casualties.
2. It has been brought to the attention of this office that in initial Airborne descent in France, partial remains were often caught on Branches of trees, while the body, less partial remains were picked from the ground. It is believed that remains which were previously buried in mass grave, from which Unknowns X-450, X-451, X-452, X-454 and X-456 were recovered may well fall into this category, and were picked up by German Troops and buried with the two (2) remains now identified.
3. Every possible attempt has been made by this office to associate teeth for subject Unknowns with casualties in area from which remains were recovered, with negative results, therefore, it may be possible that subject teeth belong to other remains which were recovered, identified, and possibly since returned to the United States for burial.
4. In view of above remarks it is requested that statement contained in paragraph 3, 1st Indorsement be reconsidered, and that CIL numbers originally assigned these Unknowns be retained.
5. Records of the headquarters will remain unchanged, pending receipt of reply to above.

FOR THE COMMANDING GENERAL:

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

C O P Y

QCMT 293

3d Ind

GRS European

SUBJECT: Central Identification Laboratory Remains

Dept. of the Army, OCMG, Washington 25, D. C., 21 October 1949

TO : Commanding General, American Graves Registration Command
European Area, APO 56, c/o Postmaster, New York, New York

1. Reference is made to paragraph 3, preceding Indorsement.
2. In view of the fact that no positive evidence is available to substantiate the possibility that the subject Unknowns are actually parts of previously identified decedents, it is the opinion of this Office that the remains should not be assigned CIL numbers.
3. It is requested, therefore, that these cases be resolved as prescribed by paragraph 2a, OCMG letter, dated 26 July 1949, file QCMT 293, Subject: "Disinterment Discrepancies".
4. Further request that appropriate findings be forwarded this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

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

FROM CO REG DIV PARIS

MSG NO AGRC 179

D. T. G. 271355Z

ACTION QMC

MC IN NO 65467

FM REG DIV PARIS FRANCE

TO OQMG WASH DC

GRAVES GENC

REF AGRC ONE SEVEN NINE

PASS TO MEMORIAL DIVISION

UNMSG WCL THREE THREE EIGHT SEVEN FOUR CMA SUBJECT THIRD ENDORSEMENT

DTD TWENTY ONE OCTOBER FORTY NINE CANNOT BE LOCATED PD REQUEST

DUPLICATE COPY OF CORRESPONDENCE BE FTDD SAP PD SCD HENRY CITE AGRE

27/1535Z

C O P Y

QUANT 293
GRS European

7 February 1950

SUBJECT: Central Identification Laboratory Remains

TO : Chief, Registration Division
7887 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York

1. Reference is made to radio, this Office, WOL 33874, and your radio AGRC 179.
2. Copies of all correspondence relating to C.H. Remains, USMC La Combe, France, referred to in WOL 33874, are inclosed.
3. Request this Office be advised of current status of these remains.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Copy ltr 30 Dec '48, RRE 314.6
with 1st, 2d and 3d Incl

/s/ T. H. MEYER
Lt. Colonel, GRS
Memorial Division

C O P Y

Basic Ltr, Dept of the Army, OCMG, QMGT 293 GRS European, Subject:
Central Identification Laboratory Remains, dated 7 February 1950

RRE 200.2 - CIL Remains, USMC La Combe 1st Ind

Chief, Registration Division, American Graves Registration Command,
European Area, APO 58, U S Army, 24 February 1950

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

1. Reference is made to basic communication and attached copy of
letter, this headquarters, RRE 314.6, Subject: CIL Remains, dated 30
December 1948, with three subsequent indorsements.

2. Subject CILs have now arrived at the Central Identification
Laboratory and action has been taken to redesignate these remains to an
"Unknown" status.

3. Corrected Reports of Burial will be forwarded your office upon
completion of above action.

FOR CHIEF, REGISTRATION DIVISION:

1 Incl n/c

/s/ C. W. STEINSIEK
Capt, QM
Registration Division

IDENTIFICATION CHECK LIST

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

*See R/B for
X-535*

D.D.# 699

~~Unknown~~

Cemetery La Combe, France.

Plot BE Row 5 Grave 95

Date reprocessed:

1. ~~XXXXXX~~ 16 Jan 48
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred ~~by~~ and reprocessed by I.S. First Zone
(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 **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**

6. Description of Remains :

Age **UTD** Height **UTD** 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, 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 **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 **Skull missing**
(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)

(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.

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

If not, explain Fingers missing

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

9. Remarks Remains consist only of fractured parts of mandible. No clothing recovered. Estimated weight of reprocessed remains : 4 1/2 oz. I.D.tag found with remains.

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.

I.D.TAG IMPRINT

EDWARD E BOCHNIASZ
16016671 T42 AB
MRS S F BALKOM
4138 FAIRMONT ST
SAN DIEGO CAL C

Woodrow W Wolf
WOODROW W WOLF
(Officer's Name)

CAPT Rank OMC Service

OPERATIONS OFFICER
(Organization)

Bochniasz, Edward A.
Pvt. 16016671

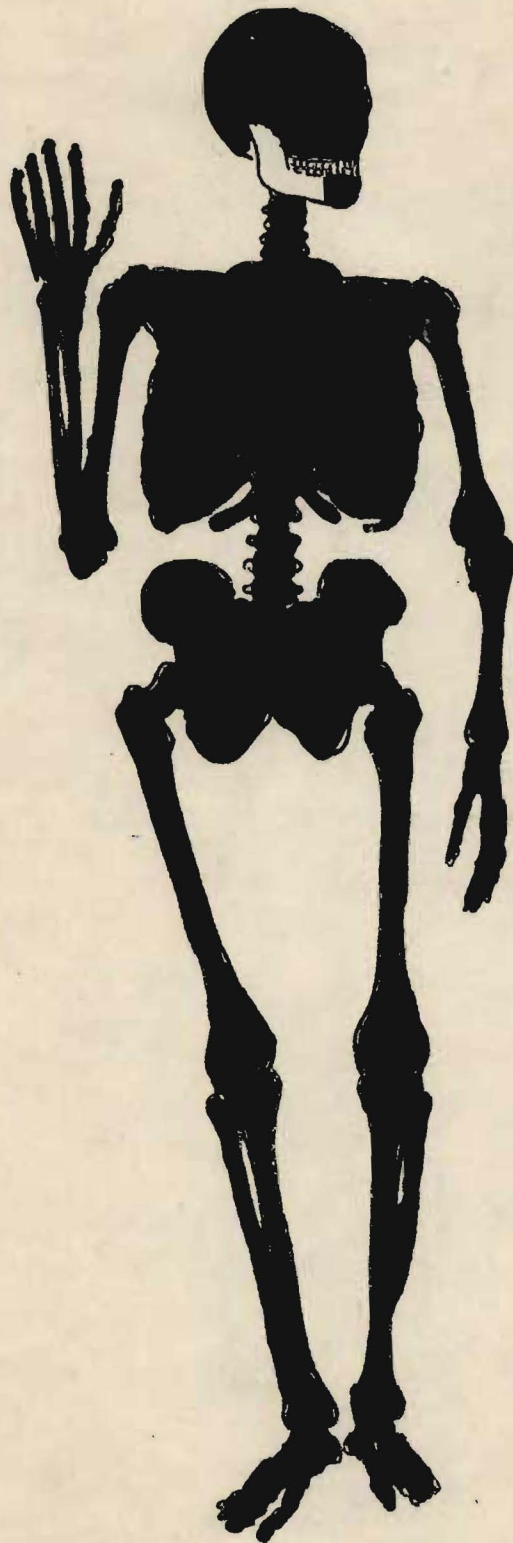
KNOWN

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T



Est. Height : UTD

CHART "A"

TOOTH CHART

KNOWN

16 Jan 1948

Date

Bochniasz

Edward

A

Pvt

16016671

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Organization

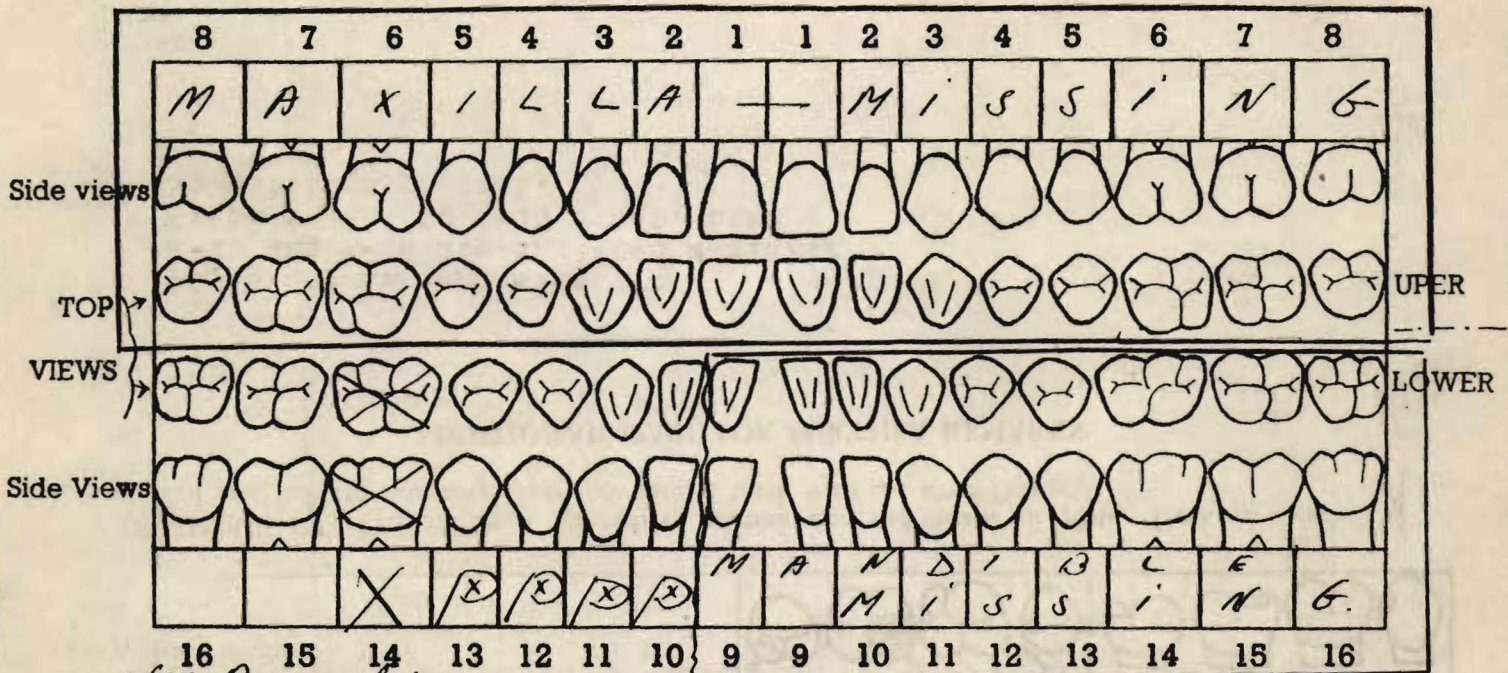
Place of Death

Date of Death

Cause of Death

Right

Left



See Remarks.

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), bicuspids (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.

T/5 E. MARSHALL

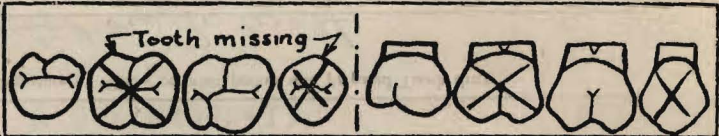
/s/ T/5 E. Marshall

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
 CAPT QMC OPER OFF

Verified by G. R. S. Officer

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



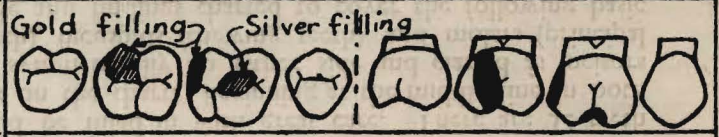
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



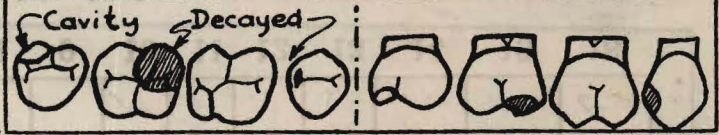
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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

Teeth are average size
 R-15 and R-16 are inclined mesially
 Space : R-13 to R-15 : Est. 5½mm
 No fillings present.

1001H CHVBI

IDENTIFICATION CHECK LIST

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

D.D.# 699

Unknown X - 456

Cemetery La Cambe, France

Plot BE Row 5 Grave 96

Date reprocessed: 19 Jan 48

1. ~~Revised at cemetery~~ (Hour) (Date)

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

3. Remains ~~excavated~~ disinterred by and reprocessed by I.S. First Zone
(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 | None | | |
| | (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 | None | | |

FEB 26 1948

2

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

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**

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 **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 **UTD**
 (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)

.....
 (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 **UTD**
 (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.

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

If not, explain Fingers missing

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

9. Remarks Case received in repatriation type burial box. Remains consist of one complete mandible, enclosed with mandible was about 20 lbs. of mud and a small amount hardening compound. Estimated weight of reprocessed remains : 6 oz's

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.

Woodrow W Wolf
WOODROW W WOLF

(Officer's Name)

CAPT

Rank

QMC

Service

OPERATIONS OFFICER

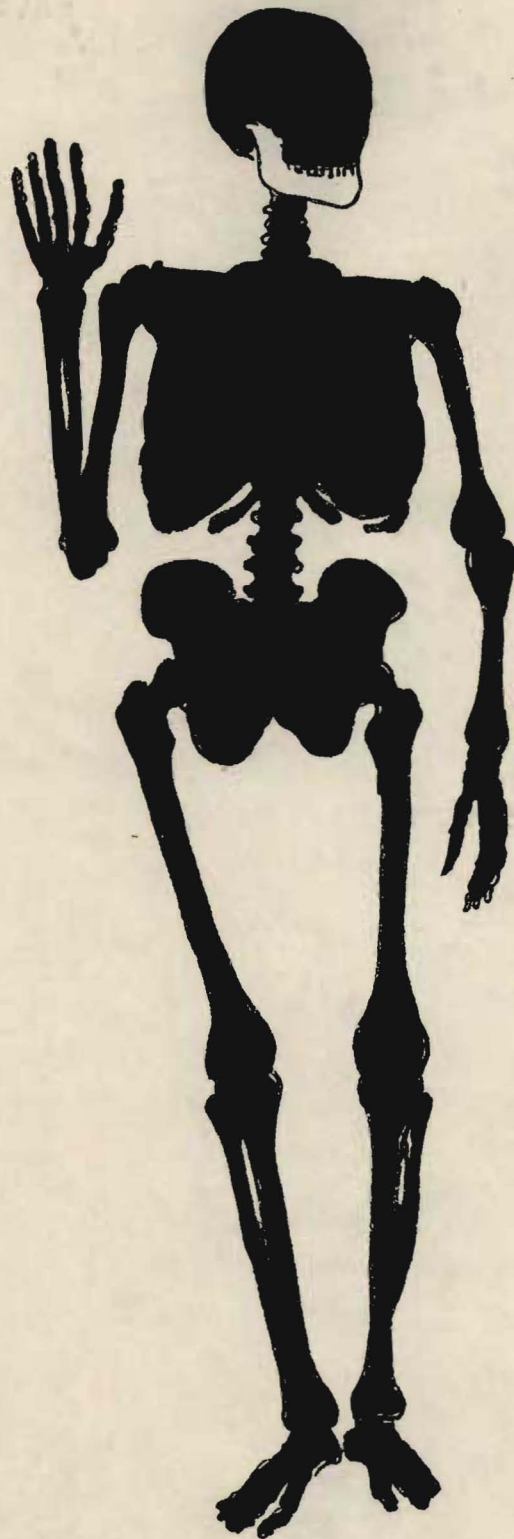
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

19 Jan 1948

Date

Unknown X - 456

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Organization

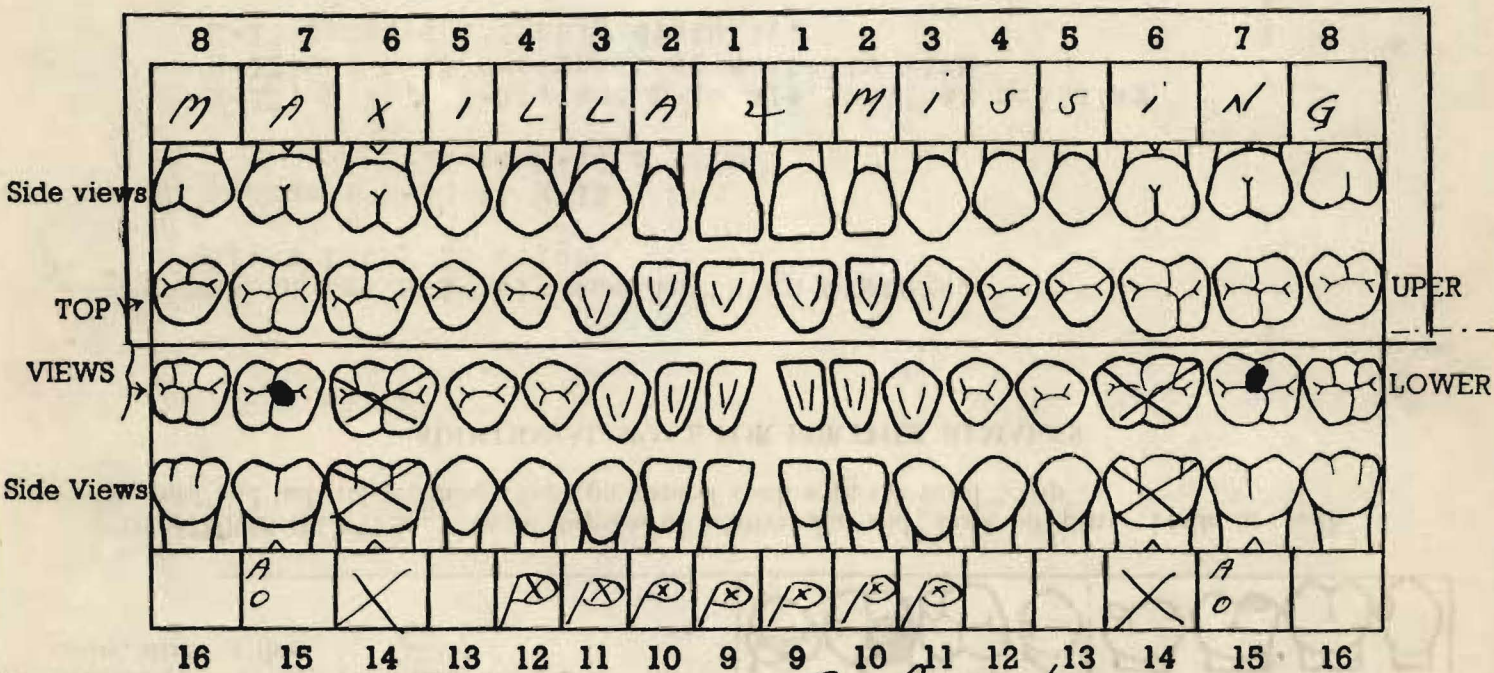
Place of Death

Date of Death

Cause of Death

Right

Left



See Remarks.

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.

T/5 E. MARSHALL

/s/ T/5 E. Marshall

Signature of Officer or other person who prepared Tooth chart

Woodrow W Wolf

Verified by G. R. S. Officer

WOODROW W WOLF
CAPT QMC OPER OFF

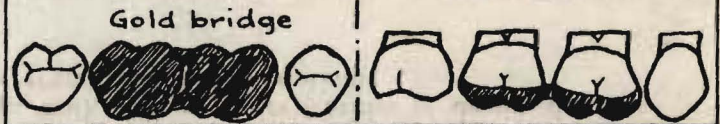
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



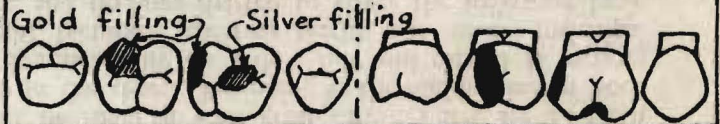
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



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

Teeth are slightly smaller than average, light ivory in color

**Spaces : R-13 to R-15 : 3mm
L-13 to L-15 : 2mm**

**R-15, R-16, L-15, and L-16 are inclined mesially
R-13 and L-13 are inclined distally with
L-13 rotated slightly distally.**

IDENTIFICATION CHECK LIST

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

Unknown X - 456

Cemetery La Cambe, France.

Plot BE Row 5 Grave 96

Date reprocessed:

1. Arrived at cemetery 10 April 1947
~~XXXXXXXXXX~~ (Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains recovered or disinterred by Subordinate Identification Point, Carentan, France.
~~XXXXXXXXXX~~ (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?

UTD

6. Description of Remains :

Age **UTD** Height **UTD** 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, medium, dark, clear, pimples, poeks, 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 **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 **Head missing**
 (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)

..... **UTD**

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 **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 skeletal 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? Yes If not, explain
 (Yes-no)

9. Remarks : This case consists of one mandible with teeth. (See skeletal chart.)
No clothing found.
Remains " Unknown ".
Burial report found, but gave no new evidence.
It is possible that consolidation can be made with any of the following
cases referred to in burial report with case papers of case X-455 (A), B, C, D; X-450,
X-451, X-452, X-453, X-454, George E. Tillett, 13047453 and Edward A. Bochniaz
16016671.

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.

Ellsworth T. MacIntyre
 (Officer's Name)

Ellsworth T. MacIntyre
Captain, QMC,

Rank

Service

Central Identification Point

(Organization)

X-456
La Garbe, France.
Plot: BE Row: 5 Grave:
96

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

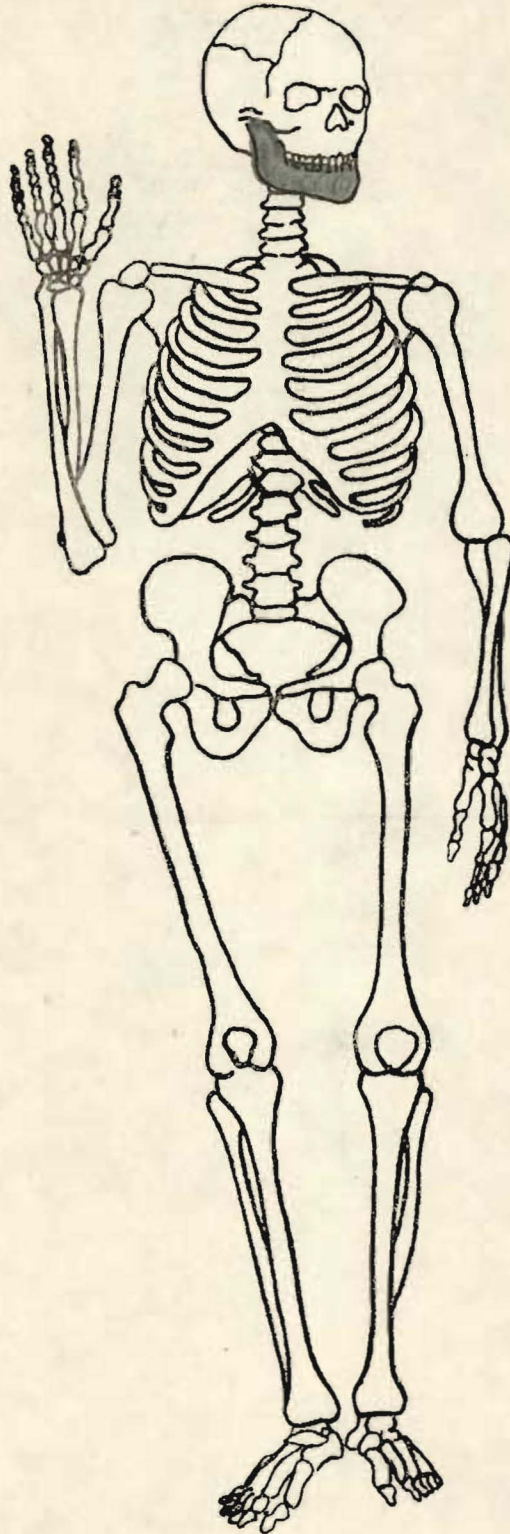


CHART "A"

TOOTH CHART

10 April 1947

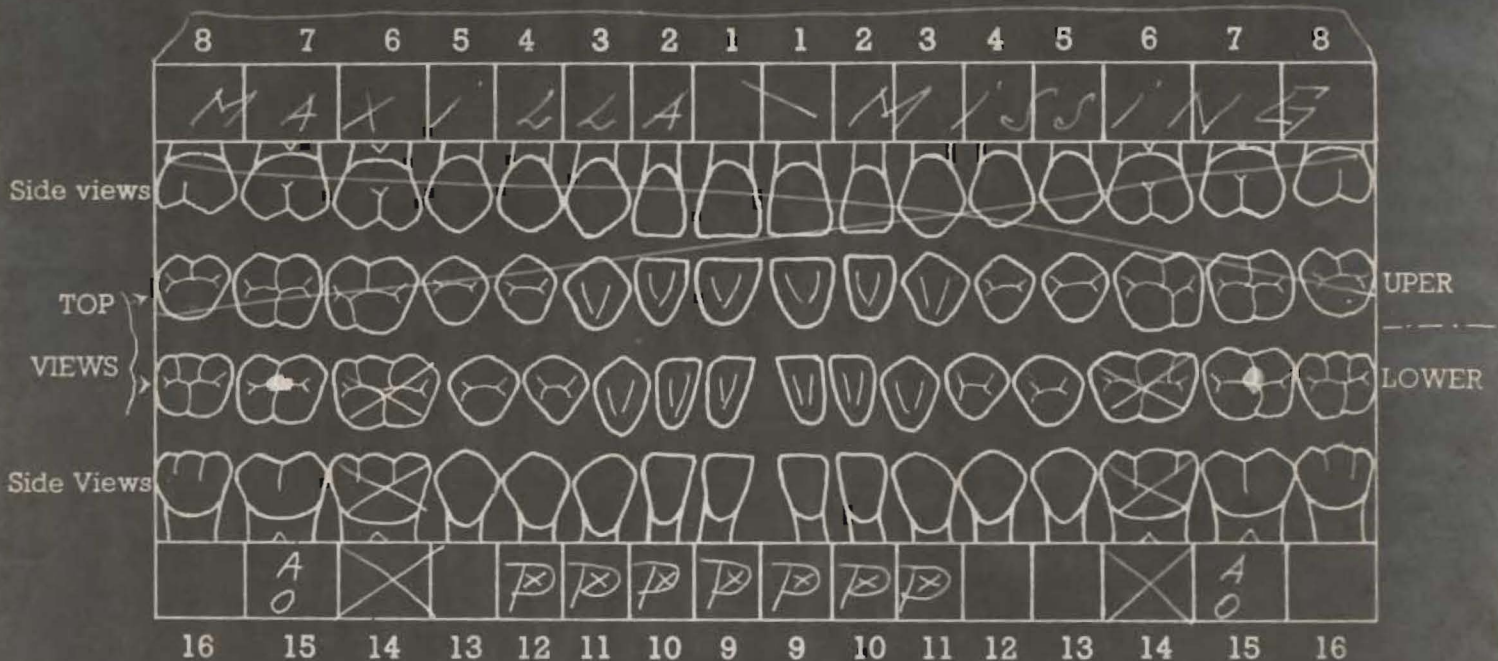
Unknown X- 456

Date

| | | | | |
|----------------|-------|---------------|----------------|------------|
| Last Name | First | Initial | Rank | Serial No. |
| Unit | | Organization | | |
| Place of Death | | Date of Death | Cause of Death | |

Right

Left



See remarks

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), bicuspids (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 M.D.

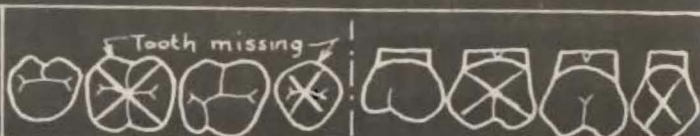
Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Mac Intyre

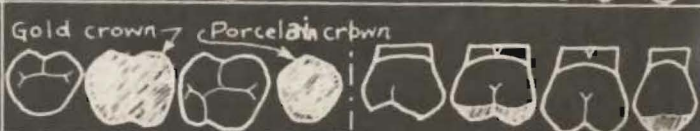
Verified by G. R. S. Officer

Ellsworth T. Mac Intyre Captain, JMC, C.I.P.

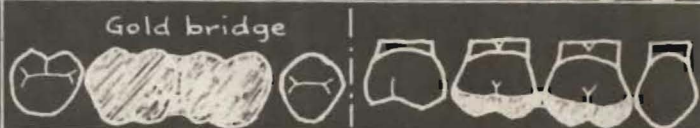
MISSING TEETH.. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



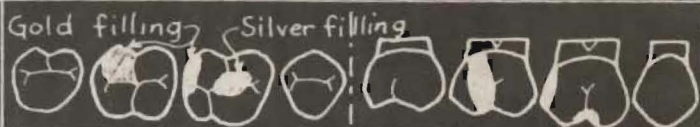
CROWNED TEETH.. Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Posthumously missing, R 9, 10, 11, 12 and L 9, 10, 11.
 Spaces: R 13-15, 3mm.; L 13-15, 3 mm.
 Mesial version, R 15 and L 15, 16.
 Distal version, R 13 and L 13.
 Medium sized teeth in good alignment have turned pink.

IDENTIFICATION CHECK LIST

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

Unknown X 454

Cemetery La Genbe, France

Plot RE Row 5 Grave 93

date reprocessed: 10 April 1947

1. ~~Arrived at cemetery~~
(Hour) (Date)

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

.....
(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by subordinate identification point, carentan,
(Name and organization) France

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~~ **Remnants of wool**

* 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?

U.T.D.

6. Description of Remains :

Age **UTD** Height **UTD** 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, 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 **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 **Head missing**
(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)

.....
(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 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? Yes (Yes-no) If not, explain

Remains recovered in mattress cover; consist of mandible and left foot, small amount of debris.
Estimated weight: 18 oz.

9. Remarks Fluoroscopic examination: negative.
Burial report found.
No clothing found other than remnants of woolen sock, without marks.

Burial report states:
"this body disinterred from common grave (buried by Germans- no records) with George E. Tillett, ASN 13047453, X-450, X-451, X-452, X-453, X-455 and Edward A. Bochniasz, 16016671, Sm. North-west of Pont-Hebert."

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.

It is possible that consolidation can be made with any of the cases mentioned in above burial report and or of cases X-455 A,B,C,D,X-456

Ellsworth T. MacIntyre
ELLSWORTH T. MACINTYRE
(Officer's Name)

CAPTAIN Rank C.M.C. Service

CENTRAL IDENTIFICATION POINT
(Organization)

Unknown X-454
La Coudre, France
Plot BE Row 5 Grave 93

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

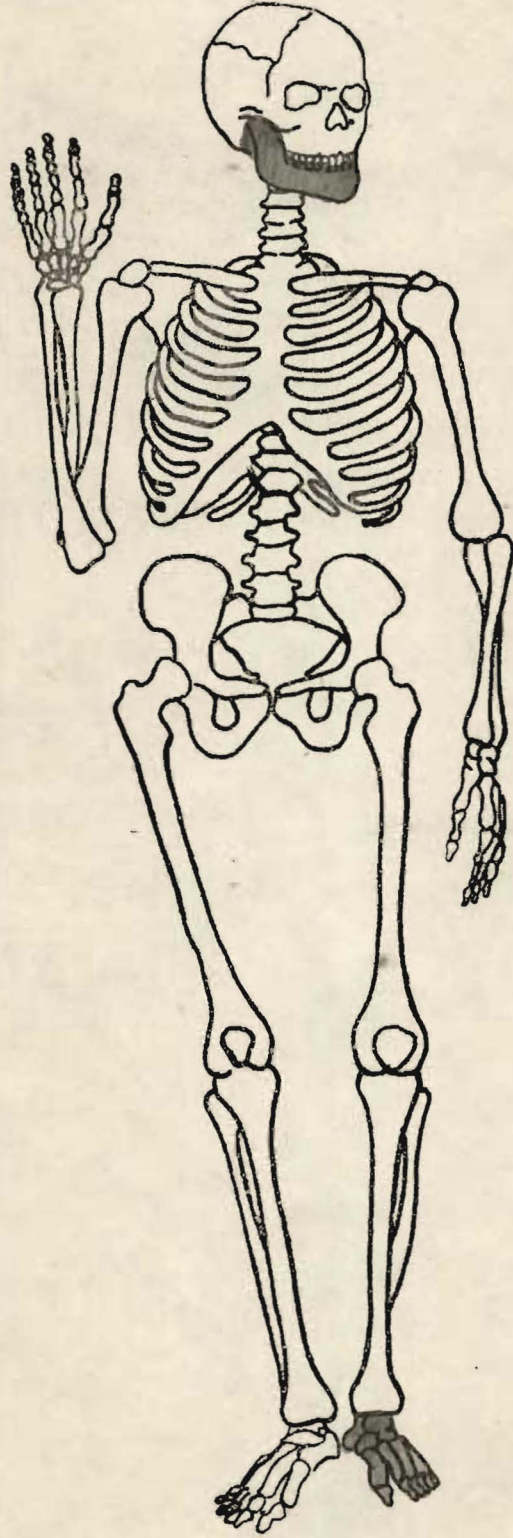


CHART "A"

TOOTH CHART

10 April 1947

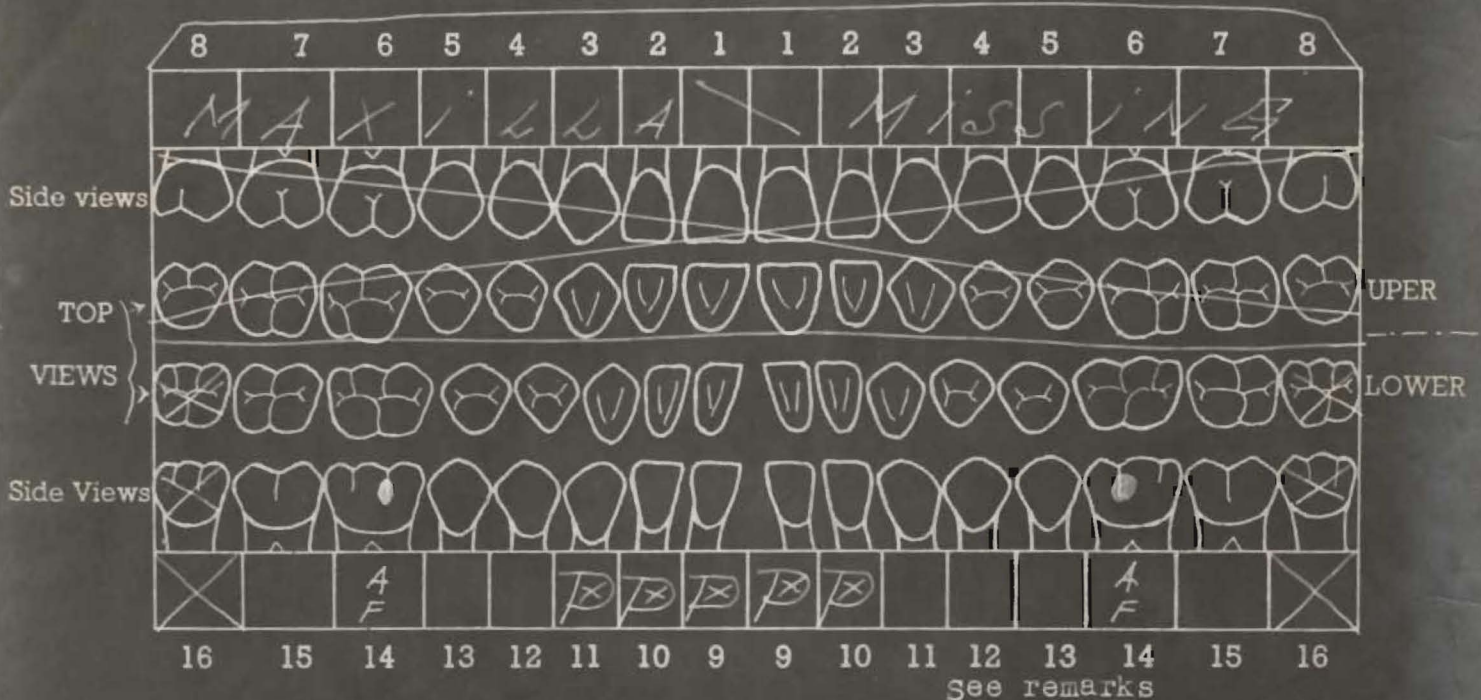
Date

unknown X- 454

| | | | | |
|----------------|---------------|----------------|------|------------|
| Last Name | First | Initial | Rank | Serial No. |
| Unit | Organization | | | |
| Place of Death | Date of Death | Cause of Death | | |

Right

Left



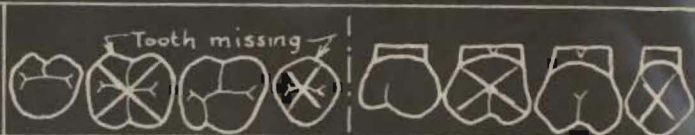
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (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.

Raymond T. Quish MD
 Signature of Officer or other person who prepared Tooth chart

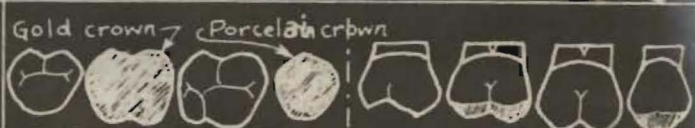
Ellsworth T. MacIntyre
 Verified by G. R. S. Officer

ELLSWORTH T. MAC INTYRE
 CAPTAIN Q.M.C. C.I.P.

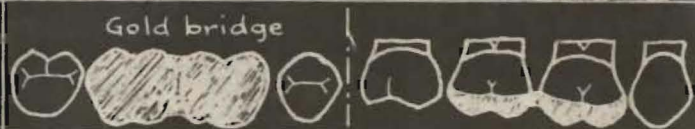
MISSING TEETH . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



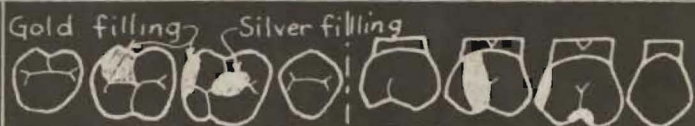
CROWNED TEETH . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



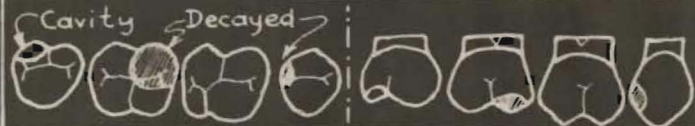
BRIDGE WORK . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

posthumously missing- L9,10- R9-10-11.
 Teeth are normal size, white and evenly aligned
 general condition of teeth good.

IDENTIFICATION CHECK LIST

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

D.D.# 697, dated 31 Dec 47

Unknown X - 454

Cemetery La Combe, France

Plot BE Row 5 Grave 93

Date reprocessed :

1. ~~Arrived at cemetery~~ 21 Jan 48
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by and reprocessed by I.S. First Zone
(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> | | |

MAR 5 - 1948

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

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**

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, poeks, 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 **See attached tooth Chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Skull missing**
 (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)

(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.

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

If not, explain Fingers missing

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

9. Remarks Case received in repatriation type casket. Remains consist of complete mandible and few bones of left foot. Estimated weight of reprocessed remains : 14. ozs. GRS tag recovered. No Burial Report. No clothing recovered.

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.

Woodrow W. Wolf
WOODROW W. WOLF
(Officer's Name)

CAPT Rank **QMC** Service

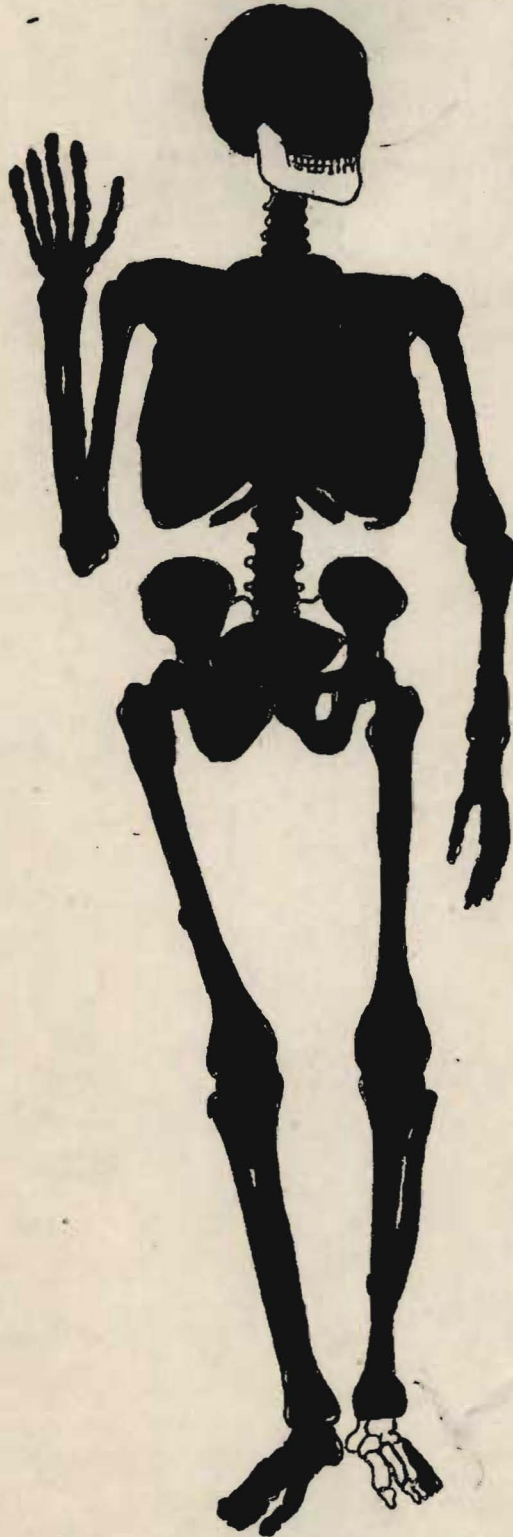
OPERATIONS OFFICER
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Est Height : UTD

TOOTH CHART

21 Jan 1948

Date

Unknown I - 454

Last Name

First

Initial

Unk

Rank

Unk

Serial No.

Unk

Unit

Unk

Organization

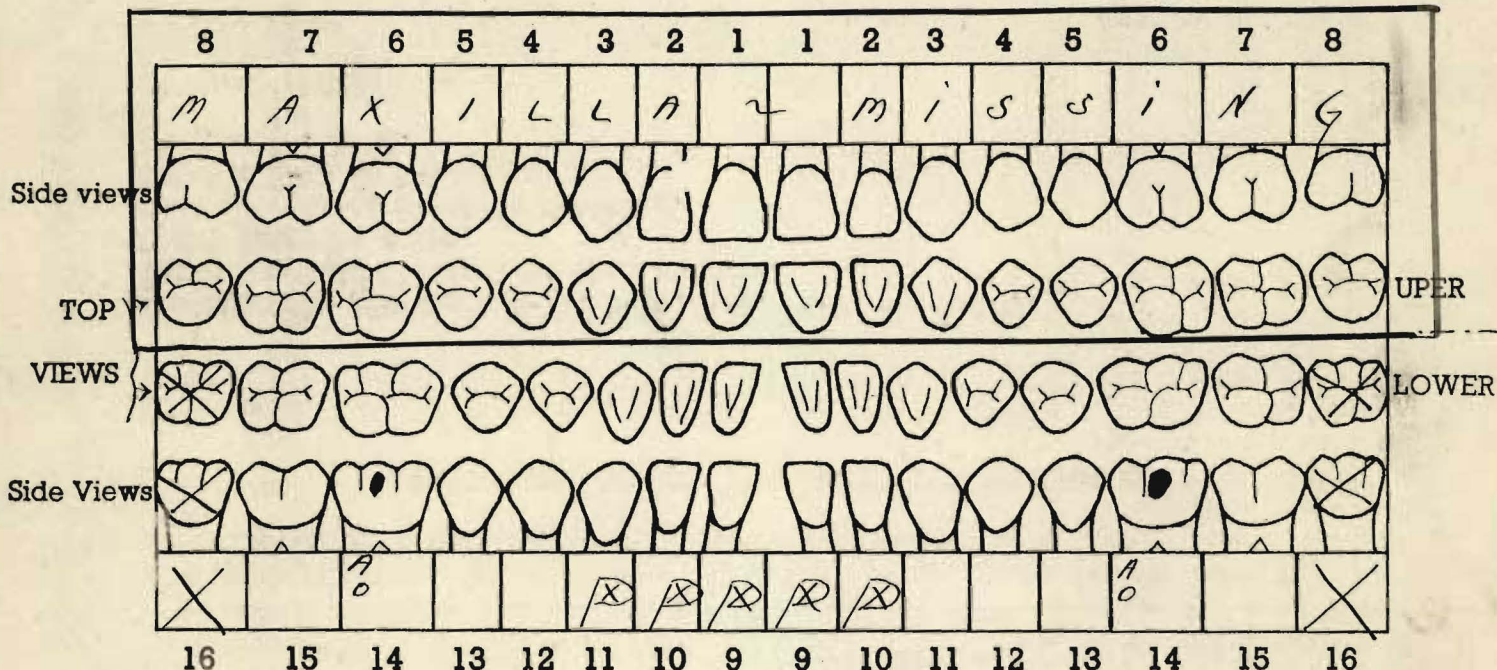
Place of Death

Date of Death

Cause of Death

Right

Left



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), bicuspids (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.

T/5 E. MARSHALL
 QMC IS

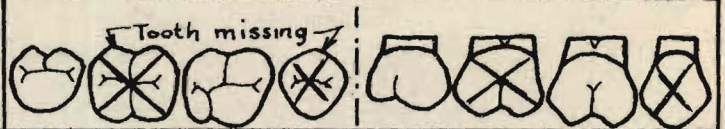
/s/ T/5 E. MARSHALL

Signature of Officer or other person who prepared Tooth chart

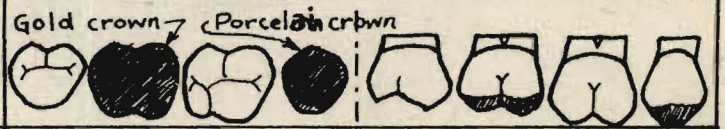
WOODROW W WOLF
 CAPT QMC OPER OFF

Verified by G. R. S. Officer

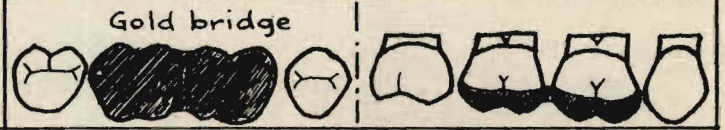
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



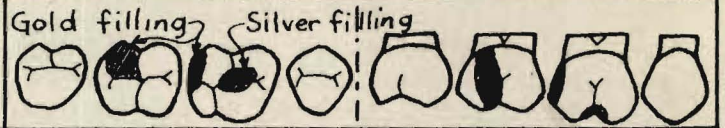
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



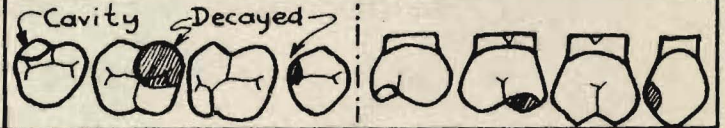
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Posthumously missing : R-11, R-10, R-9, L-9, and L-10.
 Teeth are slightly smaller than average,
 Light ivory in color
 L-11 is rotated slightly mesially.
 space : L-11 to L-12 : 1m.m.
 Alignment : good.

IDENTIFICATION DATA

EO-3267

| | | | | | |
|---|----------------------|--------------------|---|--------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-451 | | | 2. DATE OF REPORT 8 Sept 1950 | | |
| 3. NAME OF CEMETERY LA CAMBE | 4. PLOT BE | 5. ROW 5 | 6. GRAVE 90 | 7. DATE OF | |
| | | | | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|---------------------------------------|------------------------------------|---------------------------------|------------------------|
| 8. ESTIMATED WEIGHT AGE UTO | 9. ESTIMATED HEIGHT UTO. | 10. COLOR OF HAIR UTO | 11. RACE UTO |
|---------------------------------------|------------------------------------|---------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

MORTUARY PLATE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

| | |
|---|-----------------|
| 14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|---|-----------------|

| | |
|--|--|
| 15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT? SEE SKELETAL CHART |
|--|--|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

Handwritten notes:
D/AN
11/25/50
Jank
[unclear]

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I certify that the Group Remains consist of _____ decedents based on the presence of one or more of the following _____ Number anatomical parts:

SIGNATURE OF MEDICAL OFFICER

21. Remarks and additional information

Mandible only.

8 Sept 1950

Mandible as charted does not compare with former tooth chart for these remains.

EST AGE.
EST H GT
TECH. *Womack*

CLERK. *MILLER*

I certify that I have personally viewed the Remains of deceased and that all resulting information has been recorded to the best of my knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

H Womack

CIL 2023 A
 La Cambe
 (from X-451)

TOOTH CHART

8 sept 50
 Date

New X-451 La Cambe BE-5-90
 Last Name First Initial Grade Serial No.

Unit

Organization

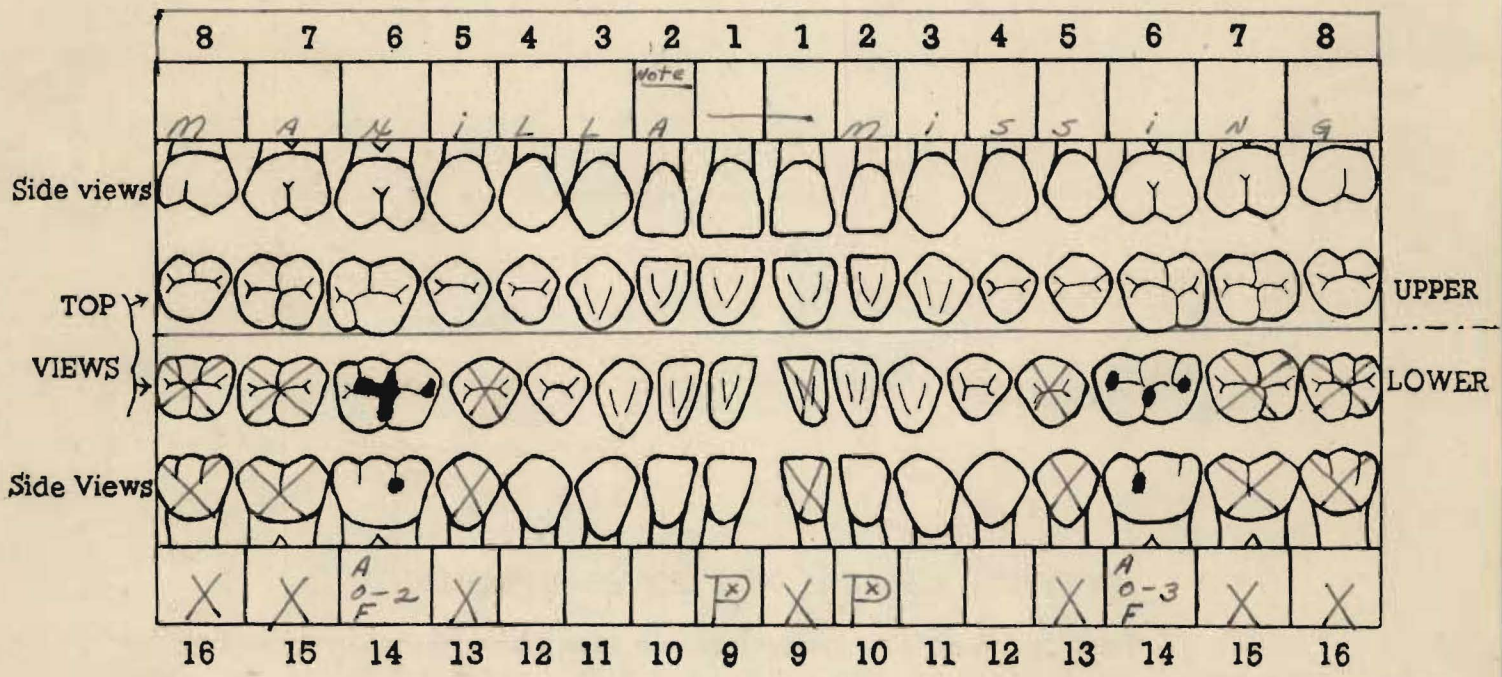
Place of Death

Date of Death

Cause of Death

Right

Left



see Remarks

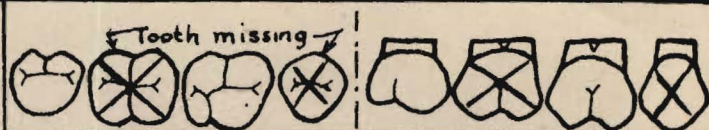
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (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.

Harold S. Wheeler

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

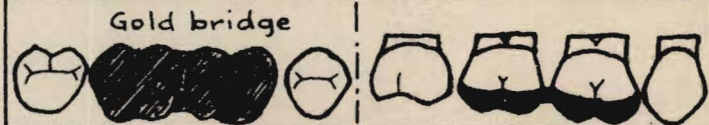
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



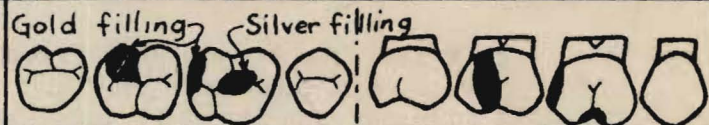
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



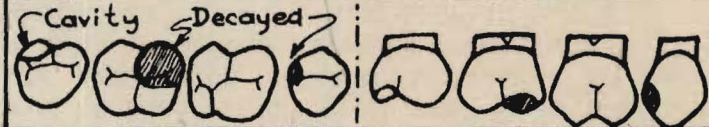
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Size average
Color ivory
Posthumously missing R9; L10
Spaces R14-12, 8mm; L9, est. NONE; L11-12, 2mm; L12-14, 6mm.
R12 rotated mesially 15°.
L12 rotated mesially 15°.
Overbite wear moderate

IDENTIFICATION CHECK LIST

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

D.D.# 699

Unknown X - 451
Cemetery La Cambe, France.
Plot BE Row 5 Grave 90

Date reprocessed :

1. ~~XXXXXXXXXX~~ 16 Jan 48
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~XXXXXXXXXX~~ recovered or disinterred by I.S. First Zone
(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 | None (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 | None | | |

FEB 26 1948

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

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**

6. Description of Remains :

Age **UTD** Height **UTD** 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, 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 **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 **UTD Missing**
 (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 **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.

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

If not, explain Fingers missing

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

9. Remarks Remains consist of a complete mandible. No clothing recovered. Estimated weight of processed remains 6 oz. GRS tag recovered and repinned to mattress cover

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.

Woodrow W Wolf
WOODROW W WOLF

(Officer's Name)

CAPT

Rank

OMC

Service

OPERATIONS OFFICER

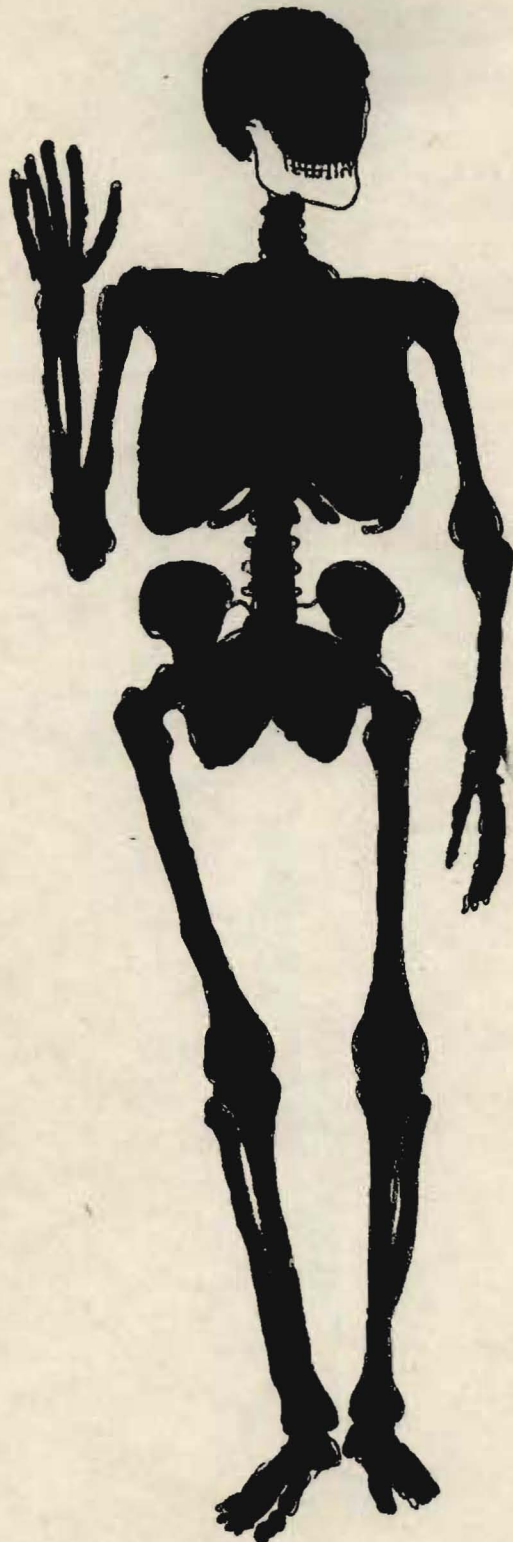
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T



Est Height : UTD

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

16 Jan 1948

Date

Unknown X 451

Unk

Unk

Last Name

Unk

First

Initial

Rank

Unk

Serial No.

Unit

Organization

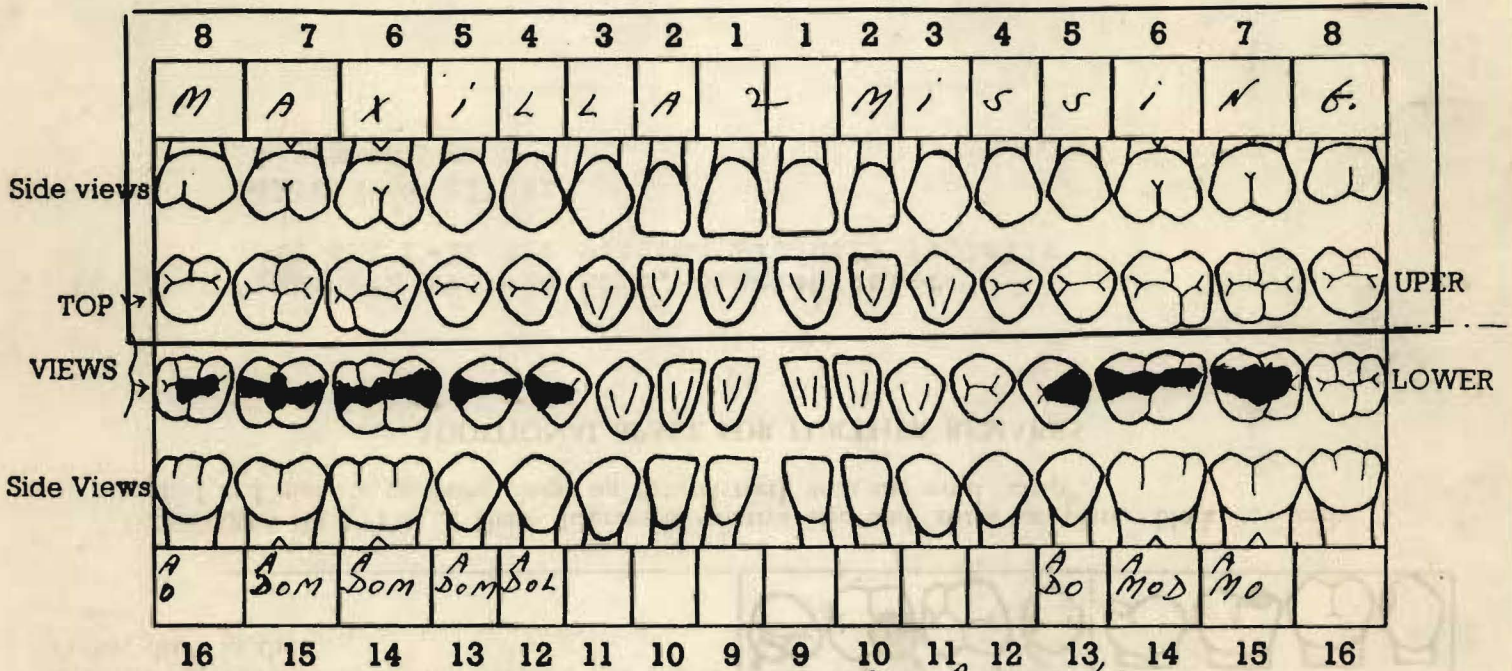
Place of Death

Date of Death

Cause of Death

Right

Left



See Remarks

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), bicuspids (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.

T/5 E. MARSHALL

/s/

T/5 E. Marshall

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
CAPT QMC OPER OFF

Woodrow W Wolf
Verified by G. R. S. Officer

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



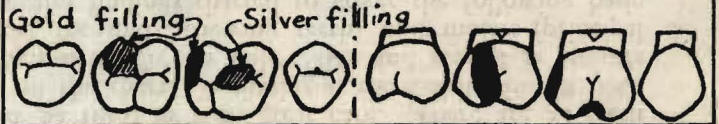
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



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

Teeth are average size, pinkish color
R-12 and L-12 are rotated slightly facially

Calculus : slight
Alignment: good

1001H CHV81

IDENTIFICATION CHECK LIST

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

Unknown X 451
Cemetery La Combe, France
Plot BE Row 5 Grave 90

- ~~Arrived at cemetery~~ Date reprocessed: 9 April 1947
(Hour) (Date)
- Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
- Remains ~~recovered~~ or disinterred by Subordinate Identification Point Sarentan, France
(Name and organization)
- Evacuated to Cemetery by _____
(Name and organization)
- 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 None (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?
UTD

6. Description of Remains :

Age UTD Height UTD 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, 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 None found
 (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** (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 **See tooth chart** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** (Large, small, normal) Circumference of head in inches **Skull missing** (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 and extent of hair, large, small, normal)

Waist **UTD** (Size of navel, appendectomy, amount, quantity, and color of hair)

Back **UTD** (Quantity and extent of hair) Circumcision **UTD** (Yes-no) Pubic Hair **None found** (Color)

Hernioplasty **UTD** (Yes-no; location)

Legs **UTD** (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet **UTD** (Size, corns, callouses, flat) Toes **UTD** (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.

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

If not, explain **Hands missing**

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

9. Remarks **Remains received in mattress cover. Mandible was the only bone recovered. No clothing found. Teeth found and charted. Fluoroscopic Report: Negative. Estimated weight of remains: 4 Oz. Burial Report found, but was impossible to determine contents. It is possible that consolidation can be made with any of the following cases, referred to in burial report accompanying case papers of case X-455 (A), B, C, D; X-450, X-452, X-453, X-454, X-456, George E. TILLEY, 13047453 and Edward A. BOCHNIAK, 16016671. Remains UNKNOWN.**

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.

Ellsworth T. Mac Intyre
ELLSWORTH T. MAC INTYRE

(Officer's Name)
Captain **MAC.**

Rank Service
Central Identification Point

(Organization)

X-451
La Combe, France
BE, Row 5, Grave 90

SKELETAL CHART

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

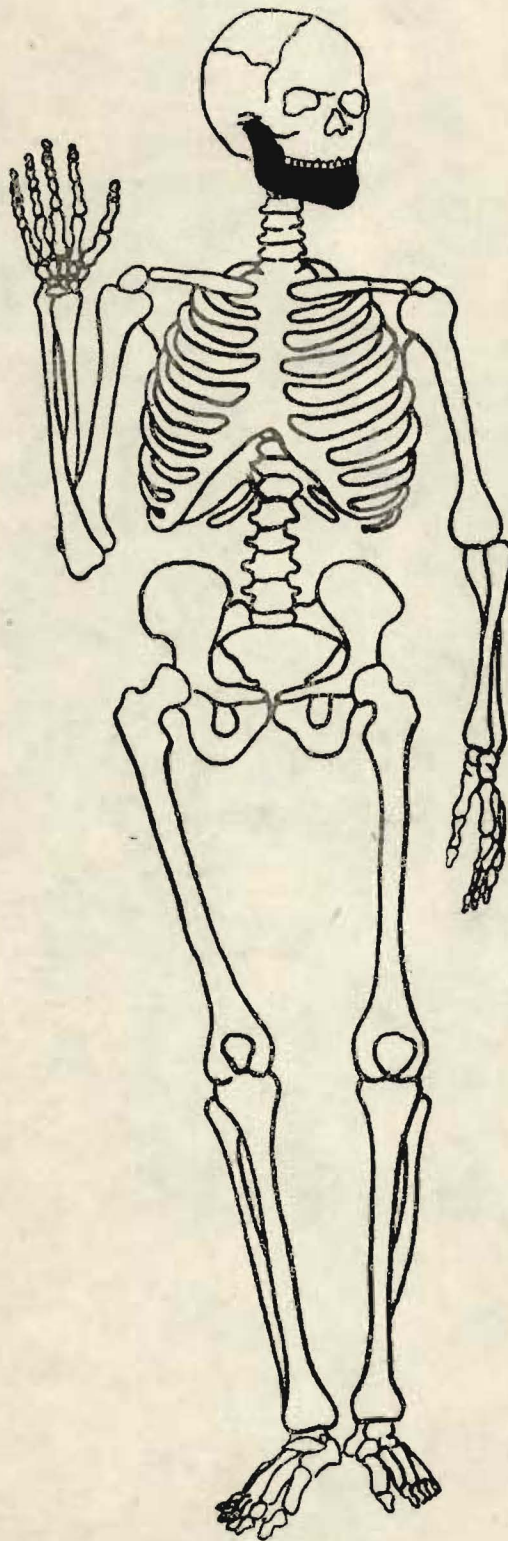


CHART "A"

TOOTH CHART

9 April 1947

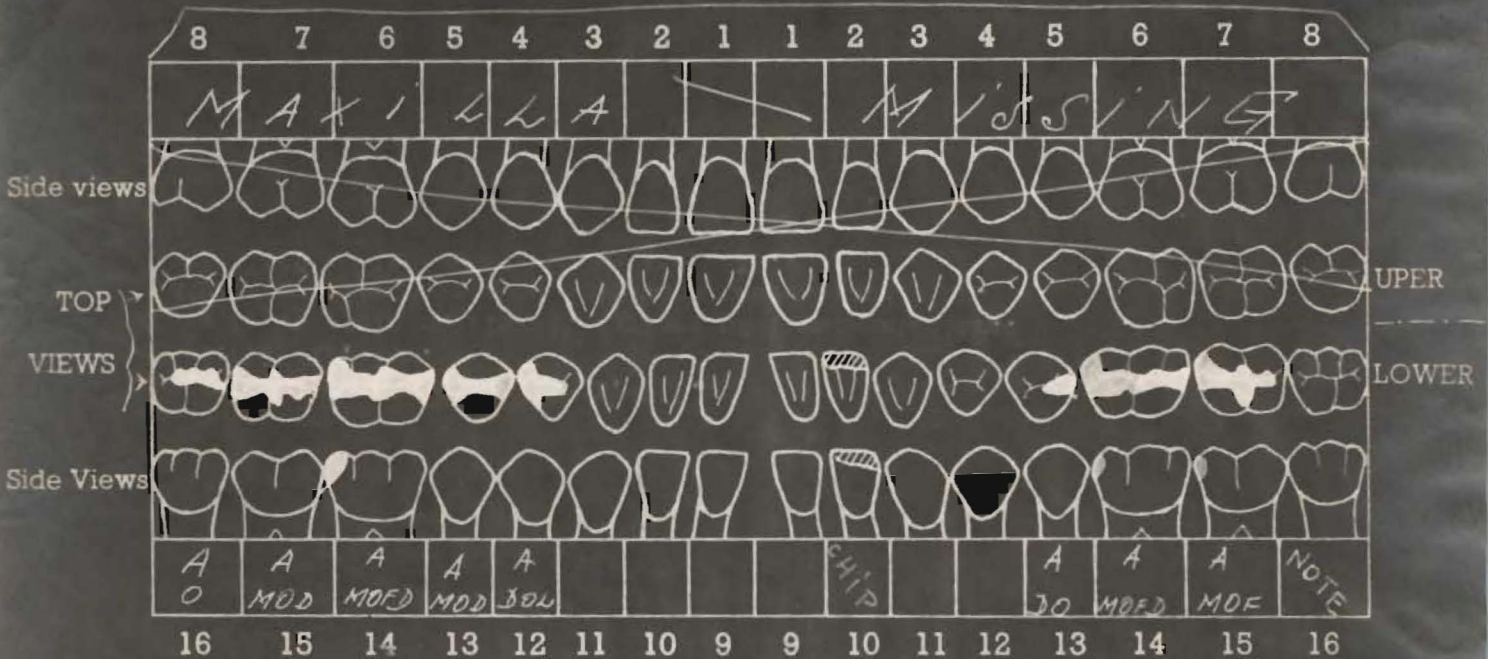
Date

Unknown X-451

| | | | | |
|----------------|-------|---------------|----------------|------------|
| Last Name | First | Initial | Rank | Serial No. |
| Unit | | Organization | | |
| Place of Death | | Date of Death | Cause of Death | |

Right

Left



See remarks

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), bicuspids (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.

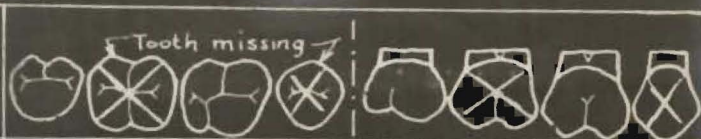
Edward Sebastian
Signature of Officer or other person who prepared Tooth chart

ELLSWORTH T. MAC INTYRE Captain QMC. C.I.P.

Verified by Q. R. S. Officer

Ellsworth T. Mac Intyre

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



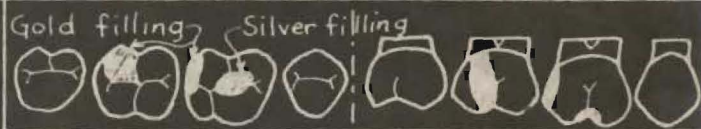
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



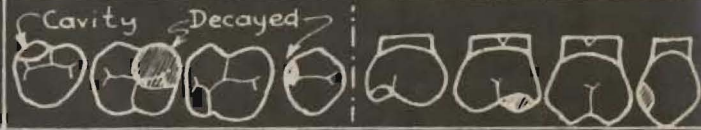
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Not fully erupted before death, L16.
 Space: L11-12, 1mm.
 Heavy brown stain on lingual surface of lower anteriors.
 Medium sized teeth in good alignment have turned pink.
 Chipped off as indicated by shading, L10.

IDENTIFICATION CHECK LIST

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

D.D.# 699

Unknown X - 450

Cemetery La Cambre, France

Plot BE Row 5 Grave 89

Date reprocessed:

1. ~~Arrived at cemetery~~ 16 Jan 48
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~located at~~ disinterred ~~by~~ and reprocessed by I.S. First Zone
(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> | | |

FEB 26 1948

2

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **None**

Socks, cotton **None**

* Shoes **One right** (type) **UTD**

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**

R. Radius - 25.3

R. Ulna - 27.0

6. Description of Remains: **L. Tibia - 39.1**

Age **UTD** Est Height **5'11⁵/₈"** 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 **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 **20 1/2 "**
 (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)

(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.

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

If not, explain Fingers missing

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

9. Remarks Remains received in skeletal form. Burial Bottle and GRS tag recovered. Estimated weight of reprocessed remains: 4 lbs. One shoe recovered , no markings evident.

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.

Woodrow W Wolf
WOODROW W WOLF

(Officer's Name)

CAPT

Rank

OMC

Service

OPERATIONS OFFICER

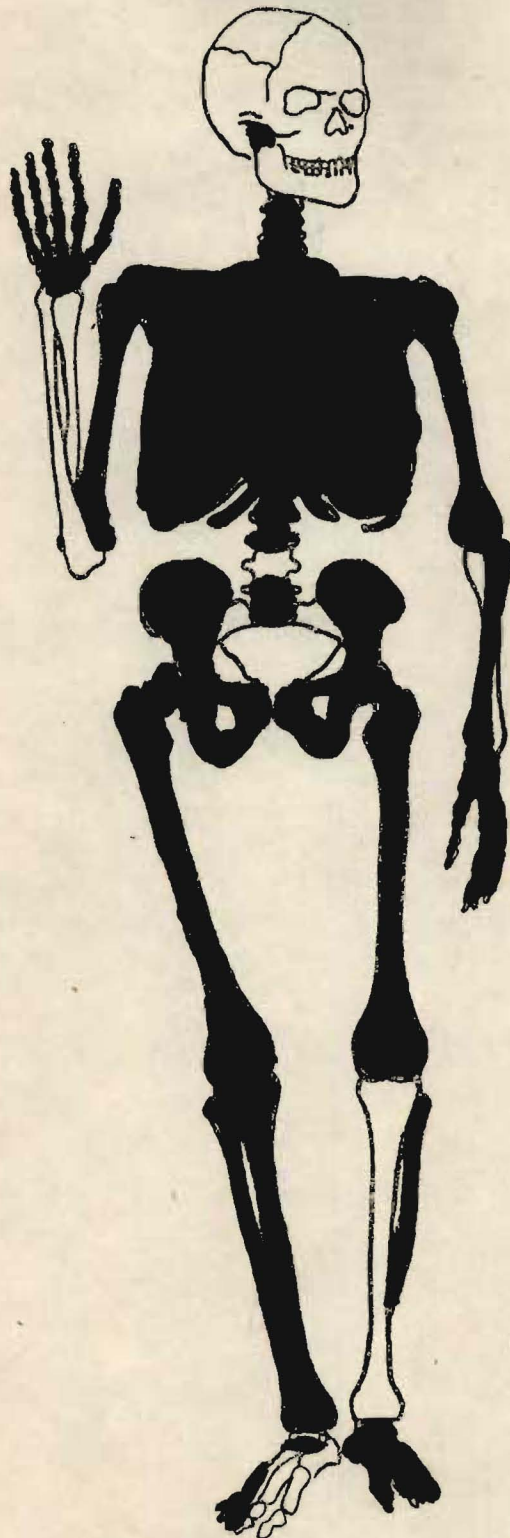
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T



RADIUS 25.3 cm

ULNA 27.0 cm

TIBIA 39.1 cm

Est Height : 5' 11 5/8 "

TOOTH CHART

16 Jan 1948

Date

Unknown X - 450

Unk

Unk

Last Name

Unk

First

Initial

Rank

Unk

Serial No.

Unit

Organization

Place of Death

Date of Death

Cause of Death

Right

Left

| | | | | | | | | | | | | | | | | | |
|------------|------|--------|--------|----|----|----|----|---|---|----|----|----|--------|--------|---------|------|--|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | Note | A O | A O | | | | | | | | | | A O | A O | A MO | Note | |
| Side views | | | | | | | | | | | | | | | | | |
| TOP | | | | | | | | | | | | | | | | | |
| VIEWS | | | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | | | |
| | Note | A O | A O | | | | | X | X | | | | X | A O | A O | X | |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |

See Remarks.

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.

T/5 E. MARSHALL

/s/ T/5 E. Marshall

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
 CAPT QMC OPER OFF

Verified by G. R. S. Officer

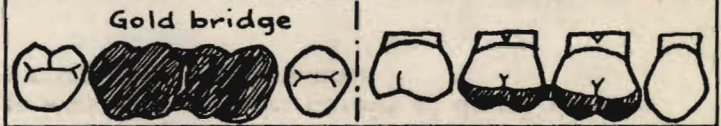
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



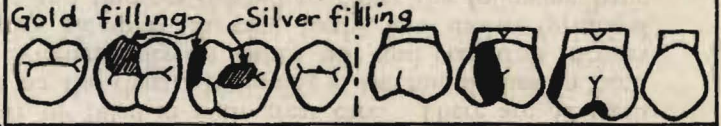
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



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

Posthumously missing : R-9, L-9, and L-13
 Note : R-16 is an impacted tooth and unerupted before death
 R-8 unerupted before death.
 L-8 incompletely erupted before death
 R-2 is inclined lingually crowding R-1 slightly facially.
 L-11 is inclined facially crowding L-11 slightly lingually.
 R-11, R-12 is rotated slightly distally.
 Color : Dull ivory
 Size : Average
 Alignment : Poor.

10011 CHVBI

IDENTIFICATION CHECK LIST

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

Unknown X X-450
Cemetery La Camba, France
Plot BE Row 5 Grave 89

Date reprocessed

1. ~~Arrived at cemetery~~ 10 April 1947
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by Subordinate Identification Point, Carentan,
(Name and organization) France.

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>NO CLOTHING FOUND</u> | | |
| | (Type) | | |
| Raincoat | _____ | | |
| Overcoat | _____ | | |
| Jacket, Field | _____ | | |
| Jacket, Combat | _____ | | |
| Mackinaw | _____ | | |
| Sweater | _____ | | |
| Jacket, HBT | _____ | | |
| * Shirt, Wool OD | _____ | | |
| Undershirt, Wool | _____ | | |
| Undershirt, Cotton | _____ | | |
| Trousers, HBT | _____ | | |
| * Trousers, Wool OD | _____ | | |

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) **Remnants of handkerchief white, Remnants of non-regulation**

(Other item) **shoe.**

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

Chevrons or **None**

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?

6. Description of Remains :

Age **Utd** ^{Est.} Height **5'7⁵/₈"** 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, 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 **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 **20 $\frac{3}{4}$**
 (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)

(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.

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

If not, explain Hands missing

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

Remains recovered in skeletal form.
One (1) non-regulation shoe found. No marking.
Estimated weight; 6 Lbs.

9. Remarks Fluoroscopic report: Negative.
Burial report found which states "Burial by Germans" No record
this body disinterred from common grave with George E. Tillett,
13047453 X-451, X-452, X-453, X-454, X-455, X-456 and Edward
A. Bochniasz 16016671, 5 Mi. North-west of Pont-Hebert.
Remains Unknown.
It is possible that consolidation can be made with any of the
cases referred to in above mentioned burial report.

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.

Ellsworth T. McIntyre
ELLSWORTH T. MCINTYRE
(Officer's Name)

CAPTAIN U.S.A.
Rank Service

CENTRAL IDENTIFICATION POINT
(Organization)

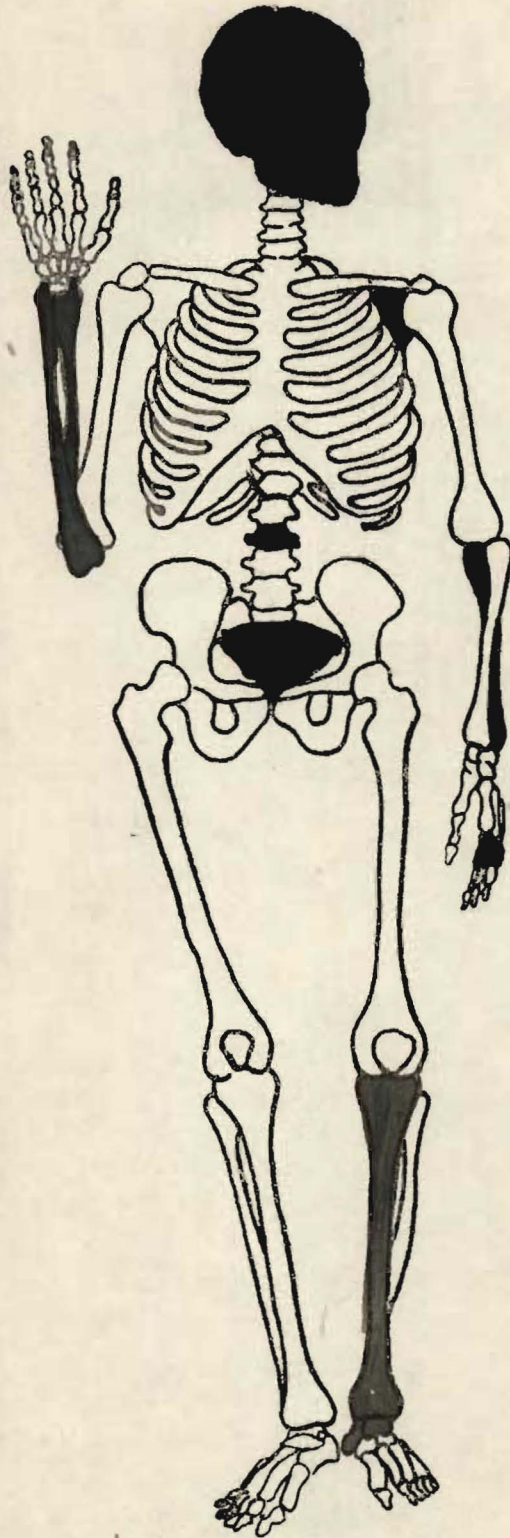
X-450

Cambe, France.

Plot BE Row 5 Grave 89.

SKELETAL CHART

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



TOOTH CHART

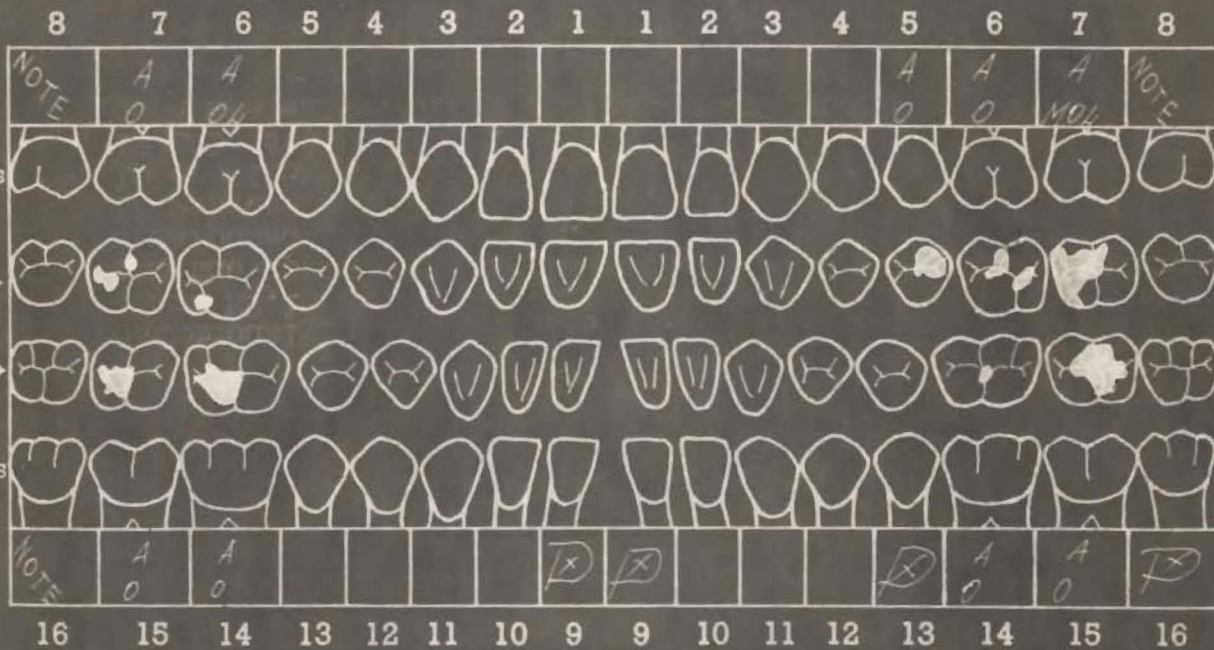
10 April 1947.
 Date

UNKNOWN X-450

| | | | | |
|----------------|---------------|---------|----------------|------------|
| Last Name | First | Initial | Rank | Serial No. |
| Unit | Organization | | | |
| Place of Death | Date of Death | | Cause of Death | |

Right

Left



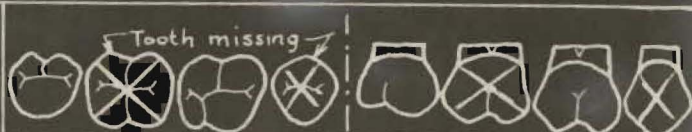
SEE REMARKS

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), bicuspids (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.

Raymond T. Quish M.D.
 Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Ingle
 Verified by G. R. S. Officer
 ELLSWORTH T. INGLE
 Captain C. I. P.

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



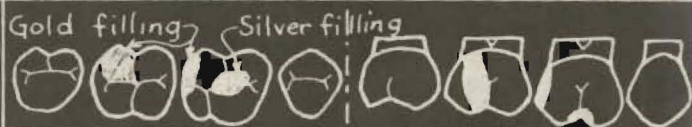
CROWNED TEETH . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



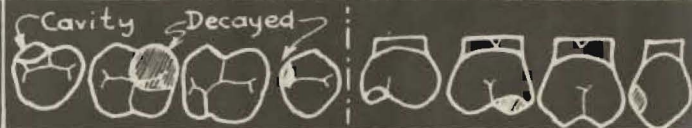
BRIDGE WORK . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Posthumously missing L9, L3, R9.
 L6 and R6, L6 unerupted before death.
 From the appearance of the socket L16 was unerupted before death.
 R2 malposed linguallly 3mm.
 R11 rotated slightly distally.
 R10 crowding R11.
 R12 malposed facially.
 Teeth are white, large and alignment fair.

976

Age 293 on
 TILLET, George E.
 13047453

Tillet, George E
~~put 15~~
 BE-5-88
 La Combe

TOOTH CHART

* Note:- these
 teeth are presently with
 1-450 using La Combe

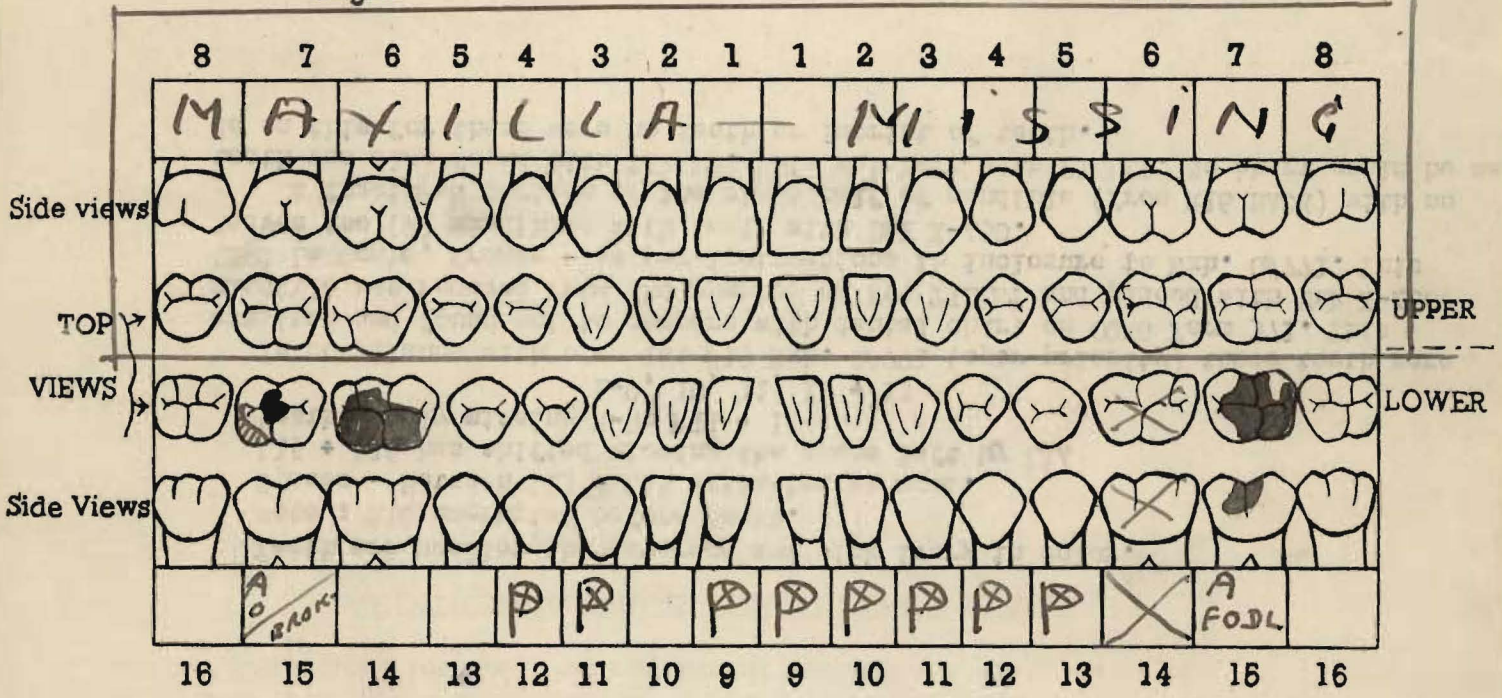
Date

| | | | | |
|-----------|-------|--------------|-------|------------|
| Last Name | First | Initial | Grade | Serial No. |
| Unit | | Organization | | |

| | | |
|----------------|---------------|----------------|
| Place of Death | Date of Death | Cause of Death |
|----------------|---------------|----------------|

Right

Left



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), bicuspids (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.

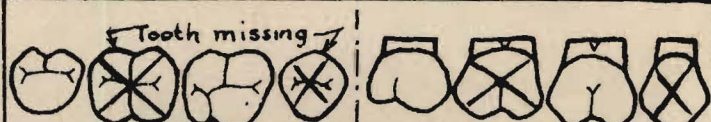
Certified True Copy
 Bernard E. Carroll
 WOJG AUS

/s/ John E. Byrd

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

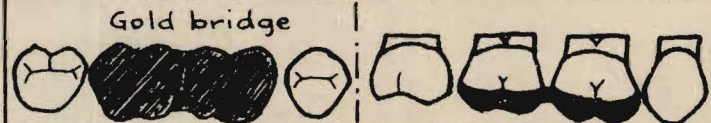
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



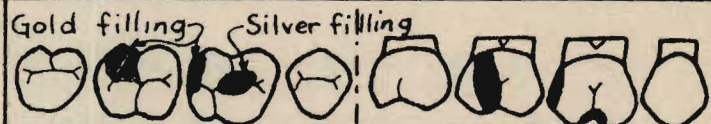
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Teeth are smaller than average and pink ivory in color.

Note : R16 unerupted before death.

Spaces - Between L13 + L15 estimated as none.

L15 + L16 has shifted closing the space left by L14

Posthumously missing R-9; R11 + 12

L-9, 10, 11, 12 + 13

In compliance with oper Ist #19 Exh. Q#771 (oper-priority) these teeth were examined and found not to compare with dental chart on OQMG Form 371. This mandible was removed from the remains of Pvt TILLET and placed with Unk X-450 USMC La Combe, France - As per instructions in inclosure to Exh. Q#771. This leaves two (2) mandibles with teeth with Unk X-450.

A fractures portion of the right half of mandible (from R16 BACK) with no teeth was also found with TILLET. This was left with TILLET. No chart could be made on this for there were no teeth or imprint of teeth.

TOOTH CHART

KNOWN

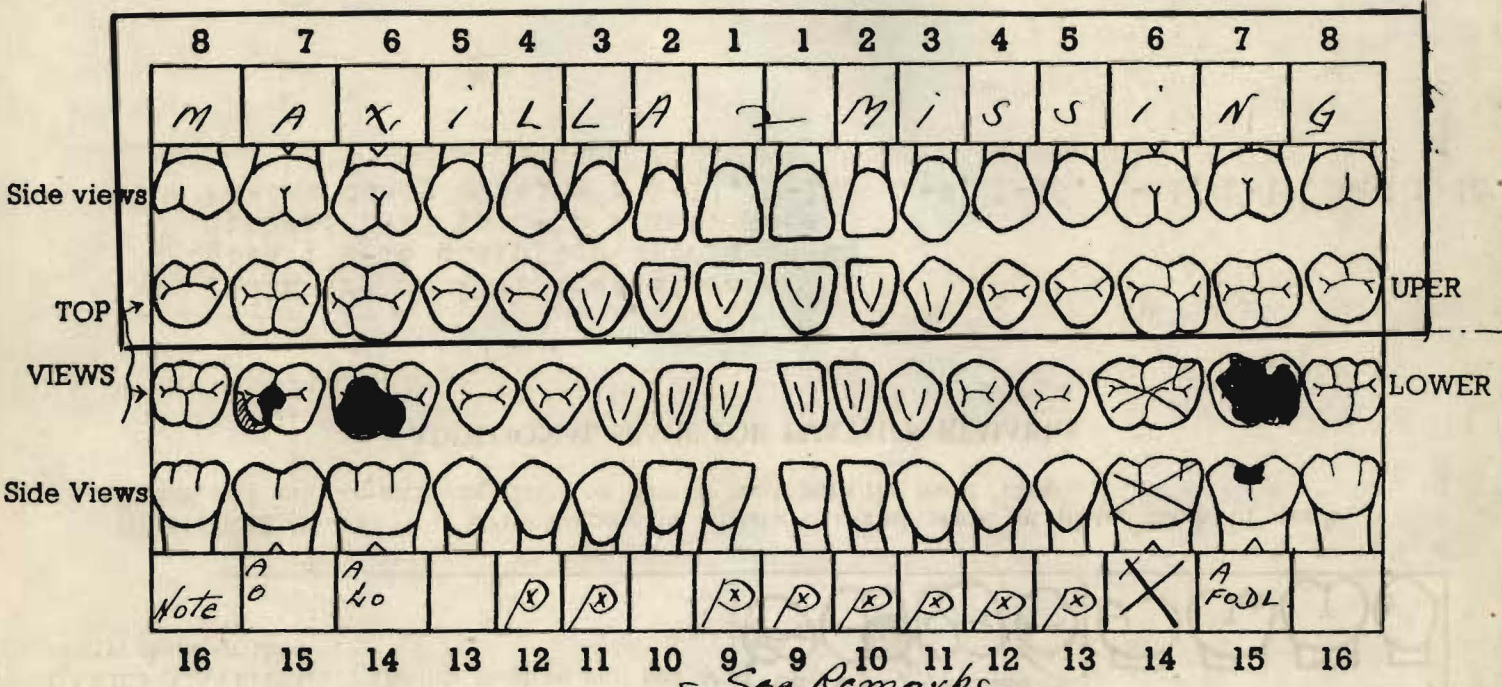
16 Jan 1948

Tillett George E Pvt 13047453
 Last Name First Initial Rank Serial No.
 Unk Unit AGF Organization

Place of Death Date of Death Cause of Death

Right

Left



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), bicuspids (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.

T/5 E. MARSHALL

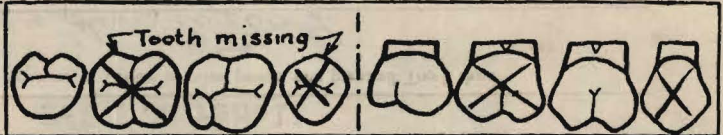
/s/ T/5 E. Marshall

Signature of Officer or other person who prepared Tooth chart

WOODROW W WOLF
CAPT QMC OPER OFF

Woodrow W Wolf
Verified by G. R. S. Officer

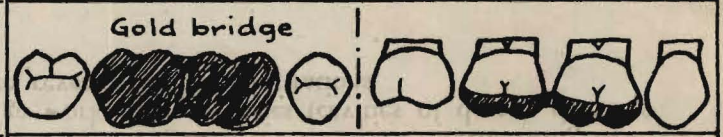
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



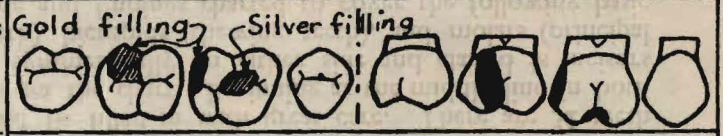
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



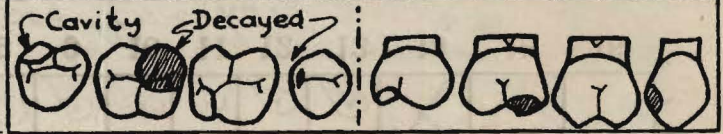
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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

Teeth are smaller than average

Note : R-16 unerupted before death

Spaces: L-13 to L-15 : Est. None

Posthumously missing : R-11, R-12, L-9, L-10, L-11, L-12, and L-13.

1948

U.S. GOVERNMENT PRINTING OFFICE
 1948 O - 311-101

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

30 August 1950

Unknown X-535

Last Name: Unknown, First: Unk, Initial: Unk, Rank: Unk, Height: Unk, Serial No.: Unk

Unit: Unk, Organization: Unk

Place of Death: 5 Mi NW of Post-Herbert, Date of Death: 10 June 1947, Cause of Death: 558-881

Time and Date of Burial: 1600 hrs - 10 April 1947, Name of Cemetery: USMC La Cambe, France, Name or Coordinates of Location: TWC

Grave Number: 94, Row Number: 5, Type of Marker: TWC

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

If No Identification Tags
How were remains identified?

CANCELLED, 13 Apr 51 -- jb
Unkns X-450, 451, 452, 454, 456, & X-535,
La Cambe, consolidated & designated X-8523, Neuville
per ETO Ltr, 3 Apr 51; ~~REPORTS OF INTERMENT.~~
(Trans. Ltr # 6239)

What means of identification were buried with the body?

One copy of GRS Form # 1, placed in burial bottle and buried with remains

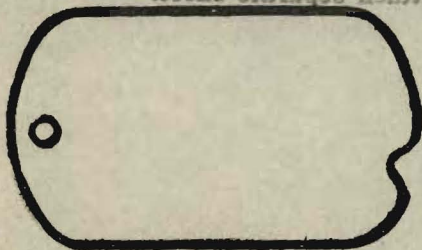
To determine Right or Left use Deceased's Right and Left.

Who is buried on: BOCHNIASZ 16016671 Pfc 175 Inf.Reg. 95

Deceased's Right: Name: BOCHNIASZ, Serial No.: 16016671, Rank: Pfc, Organization: 175 Inf.Reg., Grave No.: 95

Deceased's Left: Empty grave

Signature of 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

Address: Unk

Religion: Unknown

List only Personal Effects Found on Body and disposition of same: None

This remains was segregated from Edward A. BOCHNIASZ buried in BE-5-95 and assigned CIL 5050, redesignated Unknown X-535 as per E.O. # 3264.

Signature of Officer or other person reporting burial
DANO C. MILLER, SFC, USA

Verified by G. R. S. Officer

LEWIS A. McAMIS, Capt, OMC

Long

14-51 - M 006 - 85757 0 3 2

Final #5

0672-71800

10-10-1950 Branch

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.

Left Hand

4 Date: 30 August 1950

3 Case of Death: Unk

2 Type of Marker: TWC

1 Attached to Marker: Yes No

Thumb Grave No.: 95

Right Hand

4 Last Name: Unknown

3 Time and Date of Burial: 30 Aug 1950

2 Disposition of Identification Tags: Buried with body Yes No

1 What means of identification were buried with the remains: One copy of GSS Form # 1, placed in burial bottle and buried with remains

Thumb Deceased's Left: Empty Steve

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

TOOTH CHART

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.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Upper | Deceased's Right | | | | | | | | | | | | | | Deceased's Left | | | | | | | | | | | | | | | | | |
| | 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 |
| 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:

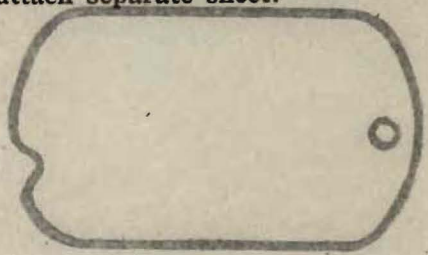
Other Data:

Emergency Address: _____

Religion: Unknown

List only Personal Effects Found on Body and disposition of same: None

This remains was segregated from Edward A. BOCHNIASZ buried in EE-5-95 and reinterred CIL 2050, reidentified Unknown X-555 as per 4 OCT 1950



Identification Section

NAN

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

REPORT OF BURIAL

21 March 1949

TM 10-630 AND AR 30-1815

Date

UNKNOWN X-535

Last Name

First

Initial

Rank

Serial No.

Unknown

Unit

Organization

5 mi. N.W. Pont Hebert, France 9 June 1944

Unknown

Place of Death

Date of Death

Cause of Death

1600 - 10 April 1947

US Military Cemetery La Cambe, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

94

5

BE

Cross

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?

Previously buried as Pfc Edward A. Bochniasz, 16016671 in Plot BE, Row 5, Grave 95, USMC La Cambe.

What means of identification were buried with ~~CANCELLED~~, 13 Apr 51 -- jb

Mortuary plate La Cambe, consolidated & designated X-8523, Neuville per ETO Ltr, 3 Apr 51; ~~Reprocessing of Remains~~ (Trans. Ltr. # 6239)

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

Who is buried on :

Deceased's Right :

Bochniasz

16016671

Pfc

175 Inf Regt

95

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left :

Empty grave

Name

Serial No.

Rank

Organization

93

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 bellow :

Emergency Addressee Unknown

Name

Address

Religion Unknown

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

NONE

REBURIAL

Previously buried in isolated grave located at: 5 miles North West of Pont Hebert, France.

This corrected copy of Report of Burial prepared by Hq. 7856 AGRC Zone #2.

Signature of Officer or other person reporting burial

James F. Nabors
Verified by G.R.S. Officer
JAMES F. NABORS, Major, Inf.

REPORT OF BURIAL

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. :

| | | | |
|-------|-----------|--|------------|
| 4 | | | |
| 3 | | | |
| 2 | Left Hand | | Right Hand |
| 1 | | | |
| Thumb | | | Thumb |

TOOTH CHART

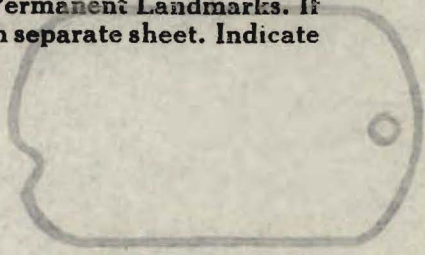
| | | | | | | | | | | | | | | | |
|------------------|---|---|---|-------|---|---|---|-----------------|---|---|---|-------|---|---|---|
| Deceased's Right | | | | | | | | Deceased's Left | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1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



REPAIRATION RECORDS BRANCH
 APR 28 4 26 PM '49
 MEMORIAL DIVISION
 76992-887 M - 3-45

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22044
ep 8/44

Date

| | | | |
|-------------------------|---------------|----------------|----------------|
| X-456 | Unk. | Unk. | Unk. |
| Last Name | First | Initial | Serial No. |
| Unk. | Unk. | Unk. | Unk. |
| 5 mi. NW of Pont-Hebert | Unk. | Unk. | Unk. |
| Unit | Organization | Organization | Organization |
| 1800 | 1800 | 1800 | 1800 |
| Place of Death | Date of Death | Cause of Death | Cause of Death |
| Sep 8/44 | La Cambe | 558-881 | 558-881 |
| 96 | 5 | BE | Stake |
| 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 GRS Ident. Tag GRS Ident. Tag

How were remains identified?

~~CANCEL - Assigned OIL# per ltr EPA 30 Dec 48, Subj: OIL Remains. SEE CORR BIR DTD 30 AUG 50~~

What means of identification were buried with the body? This body disinterred from common grave. (Buried by Germans-No Records) With George E. Tillett, 13047453, X-450, X-451, X-452, X-453, X-454, X-455, and Edward A. Bochniasz, 16016671, 5 mi. north-west of Pont-Hebert.

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. |
| | BOCHNIASZ | 16016671 | | | 95 |

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:

No Personal Effects

Signature of Officer or other person reporting burial

Lynford G. Chase
Verified by G.R.S. Officer
LYNFOR D G. CHASE, 1st Lt., GMC

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 |
| Impossible to Obtain | | | |
| 1 | 2 | 3 | 4 |
| Left Hand | | | |

| | | | |
|----------------------|---|---|---|
| Thumb | | | |
| 1 | 2 | 3 | 4 |
| Impossible to Obtain | | | |
| 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 |

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙; linking anchor teeth; replacements by artificial teeth X

Lower Jaw only remained

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.

CORRECTED COPY

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

30 August 1950

TM 10-630 AND AR 30-1815

243 Unknown X-456

La Cambe

Unk

Date

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Organization

5 Mi NW of Pont-Herbert

Unk

Unk

Place of Death

Date of Death

Cause of Death

1800 - 8 Sept. 1944

USMC La Cambe, France

558-881

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

96

5

BE

TWC

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?

CANCELLED, 13 Apr 51 - jb
Unkas X-450, 451, 452, 454, 456, and X-535
La Cambe consolidated & designated X-8523, Neuville
Per ETO Ltr, 3 Apr 51; *REPORTS of INTERMENT*
(Trans. Ltr #6239)

What means of identification were buried with the body?

One copy of GRS Form # 1, placed in burial bottle and buried with remains

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

Who is buried on:

Unknown

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

BOCHNIASZ

16016671

Pfc

175 Inf.Reg.

95

Deceased's Left:

Name

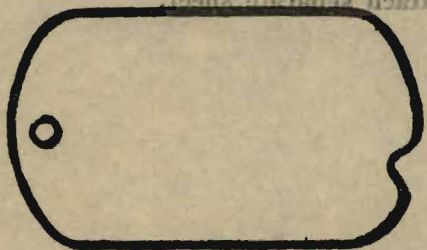
Serial No.

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

Unk

Address

Unk

Religion

Unknown

List only Personal Effects Found on Body and disposition of same: None

Unknown X-456 was segregated from the remains of
George E. TILLET, 13047354, X-450, X-451, X-452, X-453,
X-454, X-455 and Edward A. BOCHNIASZ, 16016671, disinterred
from common grave. Redesignated OIL # 2030. Again redesignated
Unknown X-456 as per Exhumation Order # 3269.

Signature of Officer or other person reporting burial
DANO C. MILLER, SFC, USA

Verified by G. R. S. Officer

LEWIS A. McAMIS, Capt., GRC

Blair
OCT 30 1950
Interment Branch

IF A 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, birth marks, 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

| | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Upper | 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 |
| Lower | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

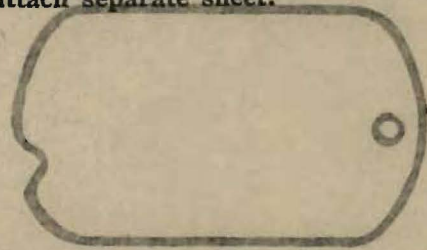
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○; linking anchor teeth; replacements by artificial teeth X.

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



List only Personal Effects Found on Body and disposition of same; phone

Unknown X-456 was seen the remains of

George E. TILLET, X-457, X-458, X-459, X-460, X-461, X-462, X-463, X-464, X-465, X-466, X-467, X-468, X-469, X-470, X-471, X-472, X-473, X-474, X-475, X-476, X-477, X-478, X-479, X-480, X-481, X-482, X-483, X-484, X-485, X-486, X-487, X-488, X-489, X-490, X-491, X-492, X-493, X-494, X-495, X-496, X-497, X-498, X-499, X-500, X-501, X-502, X-503, X-504, X-505, X-506, X-507, X-508, X-509, X-510, X-511, X-512, X-513, X-514, X-515, X-516, X-517, X-518, X-519, X-520, X-521, X-522, X-523, X-524, X-525, X-526, X-527, X-528, X-529, X-530, X-531, X-532, X-533, X-534, X-535, X-536, X-537, X-538, X-539, X-540, X-541, X-542, X-543, X-544, X-545, X-546, X-547, X-548, X-549, X-550, X-551, X-552, X-553, X-554, X-555, X-556, X-557, X-558, X-559, X-560, X-561, X-562, X-563, X-564, X-565, X-566, X-567, X-568, X-569, X-570, X-571, X-572, X-573, X-574, X-575, X-576, X-577, X-578, X-579, X-580, X-581, X-582, X-583, X-584, X-585, X-586, X-587, X-588, X-589, X-590, X-591, X-592, X-593, X-594, X-595, X-596, X-597, X-598, X-599, X-600, X-601, X-602, X-603, X-604, X-605, X-606, X-607, X-608, X-609, X-610, X-611, X-612, X-613, X-614, X-615, X-616, X-617, X-618, X-619, X-620, X-621, X-622, X-623, X-624, X-625, X-626, X-627, X-628, X-629, X-630, X-631, X-632, X-633, X-634, X-635, X-636, X-637, X-638, X-639, X-640, X-641, X-642, X-643, X-644, X-645, X-646, X-647, X-648, X-649, X-650, X-651, X-652, X-653, X-654, X-655, X-656, X-657, X-658, X-659, X-660, X-661, X-662, X-663, X-664, X-665, X-666, X-667, X-668, X-669, X-670, X-671, X-672, X-673, X-674, X-675, X-676, X-677, X-678, X-679, X-680, X-681, X-682, X-683, X-684, X-685, X-686, X-687, X-688, X-689, X-690, X-691, X-692, X-693, X-694, X-695, X-696, X-697, X-698, X-699, X-700, X-701, X-702, X-703, X-704, X-705, X-706, X-707, X-708, X-709, X-710, X-711, X-712, X-713, X-714, X-715, X-716, X-717, X-718, X-719, X-720, X-721, X-722, X-723, X-724, X-725, X-726, X-727, X-728, X-729, X-730, X-731, X-732, X-733, X-734, X-735, X-736, X-737, X-738, X-739, X-740, X-741, X-742, X-743, X-744, X-745, X-746, X-747, X-748, X-749, X-750, X-751, X-752, X-753, X-754, X-755, X-756, X-757, X-758, X-759, X-760, X-761, X-762, X-763, X-764, X-765, X-766, X-767, X-768, X-769, X-770, X-771, X-772, X-773, X-774, X-775, X-776, X-777, X-778, X-779, X-780, X-781, X-782, X-783, X-784, X-785, X-786, X-787, X-788, X-789, X-790, X-791, X-792, X-793, X-794, X-795, X-796, X-797, X-798, X-799, X-800, X-801, X-802, X-803, X-804, X-805, X-806, X-807, X-808, X-809, X-810, X-811, X-812, X-813, X-814, X-815, X-816, X-817, X-818, X-819, X-820, X-821, X-822, X-823, X-824, X-825, X-826, X-827, X-828, X-829, X-830, X-831, X-832, X-833, X-834, X-835, X-836, X-837, X-838, X-839, X-840, X-841, X-842, X-843, X-844, X-845, X-846, X-847, X-848, X-849, X-850, X-851, X-852, X-853, X-854, X-855, X-856, X-857, X-858, X-859, X-860, X-861, X-862, X-863, X-864, X-865, X-866, X-867, X-868, X-869, X-870, X-871, X-872, X-873, X-874, X-875, X-876, X-877, X-878, X-879, X-880, X-881, X-882, X-883, X-884, X-885, X-886, X-887, X-888, X-889, X-890, X-891, X-892, X-893, X-894, X-895, X-896, X-897, X-898, X-899, X-900, X-901, X-902, X-903, X-904, X-905, X-906, X-907, X-908, X-909, X-910, X-911, X-912, X-913, X-914, X-915, X-916, X-917, X-918, X-919, X-920, X-921, X-922, X-923, X-924, X-925, X-926, X-927, X-928, X-929, X-930, X-931, X-932, X-933, X-934, X-935, X-936, X-937, X-938, X-939, X-940, X-941, X-942, X-943, X-944, X-945, X-946, X-947, X-948, X-949, X-950, X-951, X-952, X-953, X-954, X-955, X-956, X-957, X-958, X-959, X-960, X-961, X-962, X-963, X-964, X-965, X-966, X-967, X-968, X-969, X-970, X-971, X-972, X-973, X-974, X-975, X-976, X-977, X-978, X-979, X-980, X-981, X-982, X-983, X-984, X-985, X-986, X-987, X-988, X-989, X-990, X-991, X-992, X-993, X-994, X-995, X-996, X-997, X-998, X-999, X-1000, X-1001, X-1002, X-1003, X-1004, X-1005, X-1006, X-1007, X-1008, X-1009, X-1010, X-1011, X-1012, X-1013, X-1014, X-1015, X-1016, X-1017, X-1018, X-1019, X-1020, X-1021, X-1022, X-1023, X-1024, X-1025, X-1026, X-1027, X-1028, X-1029, X-1030, X-1031, X-1032, X-1033, X-1034, X-1035, X-1036, X-1037, X-1038, X-1039, X-1040, X-1041, X-1042, X-1043, X-1044, X-1045, X-1046, X-1047, X-1048, X-1049, X-1050, X-1051, X-1052, X-1053, X-1054, X-1055, X-1056, X-1057, X-1058, X-1059, X-1060, X-1061, X-1062, X-1063, X-1064, X-1065, X-1066, X-1067, X-1068, X-1069, X-1070, X-1071, X-1072, X-1073, X-1074, X-1075, X-1076, X-1077, X-1078, X-1079, X-1080, X-1081, X-1082, X-1083, X-1084, X-1085, X-1086, X-1087, X-1088, X-1089, X-1090, X-1091, X-1092, X-1093, X-1094, X-1095, X-1096, X-1097, X-1098, X-1099, X-1100, X-1101, X-1102, X-1103, X-1104, X-1105, X-1106, X-1107, X-1108, X-1109, X-1110, X-1111, X-1112, X-1113, X-1114, X-1115, X-1116, X-1117, X-1118, X-1119, X-1120, X-1121, X-1122, X-1123, X-1124, X-1125, X-1126, X-1127, X-1128, X-1129, X-1130, X-1131, X-1132, X-1133, X-1134, X-1135, X-1136, X-1137, X-1138, X-1139, X-1140, X-1141, X-1142, X-1143, X-1144, X-1145, X-1146, X-1147, 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X-1398, X-1399, X-1400, X-1401, X-1402, X-1403, X-1404, X-1405, X-1406, X-1407, X-1408, X-1409, X-1410, X-1411, X-1412, X-1413, X-1414, X-1415, X-1416, X-1417, X-1418, X-1419, X-1420, X-1421, X-1422, X-1423, X-1424, X-1425, X-1426, X-1427, X-1428, X-1429, X-1430, X-1431, X-1432, X-1433, X-1434, X-1435, X-1436, X-1437, X-1438, X-1439, X-1440, X-1441, X-1442, X-1443, X-1444, X-1445, X-1446, X-1447, X-1448, X-1449, X-1450, X-1451, X-1452, X-1453, X-1454, X-1455, X-1456, X-1457, X-1458, X-1459, X-1460, X-1461, X-1462, X-1463, X-1464, X-1465, X-1466, X-1467, X-1468, X-1469, X-1470, X-1471, X-1472, X-1473, X-1474, X-1475, X-1476, X-1477, X-1478, X-1479, X-1480, X-1481, X-1482, X-1483, X-1484, X-1485, X-1486, X-1487, X-1488, X-1489, X-1490, X-1491, X-1492, X-1493, X-1494, X-1495, X-1496, X-1497, X-1498, X-1499, X-1500, X-1501, X-1502, X-1503, X-1504, X-1505, X-1506, X-1507, X-1508, X-1509, X-1510, X-1511, X-1512, X-1513, X-1514, X-1515, X-1516, X-1517, X-1518, X-1519, X-1520, X-1521, X-1522, X-1523, X-1524, X-1525, X-1526, X-1527, X-1528, X-1529, X-1530, X-1531, X-1532, X-1533, X-1534, X-1535, X-1536, X-1537, X-1538, X-1539, X-1540, X-1541, X-1542, X-1543, X-1544, X-1545, X-1546, X-1547, X-1548, X-1549, X-1550, X-1551, X-1552, X-1553, X-1554, X-1555, X-1556, X-1557, X-1558, X-1559, X-1560, X-1561, X-1562, X-1563, X-1564, X-1565, X-1566, X-1567, X-1568, X-1569, X-1570, X-1571, X-1572, X-1573, X-1574, X-1575, X-1576, X-1577, X-1578, X-1579, X-1580, X-1581, X-1582, X-1583, X-1584, X-1585, X-1586, X-1587, X-1588, X-1589, X-1590, X-1591, X-1592, X-1593, X-1594, X-1595, X-1596, X-1597, X-1598, X-1599, X-1600, X-1601, X-1602, X-1603, X-1604, X-1605, X-1606, X-1607, X-1608, X-1609, X-1610, X-1611, X-1612, X-1613, X-1614, X-1615, X-1616, X-1617, X-1618, X-1619, X-1620, X-1621, X-1622, X-1623, X-1624, X-1625, X-1626, X-1627, X-1628, X-1629, X-1630, X-1631, X-1632, X-1633, X-1634, X-1635, X-1636, X-1637, X-1638, X-1639, X-1640, X-1641, X-1642, X-1643, X-1644, X-1645, X-1646, X-1647, X-1648, X-1649, X-1650, X-1651, X-1652, X-1653, X-1654, X-1655, X-1656, X-1657, X-1658, X-1659, X-1660, X-1661, X-1662, X-1663, X-1664, X-1665, X-1666, X-1667, X-1668, X-1669, X-1670, X-1671, X-1672, X-1673, X-1674, X-1675, X-1676, X-1677, X-1678, X-1679, X-1680, X-1681, X-1682, X-1683, X-1684, X-1685, X-1686, X-1687, X-1688, X-1689, X-1690, X-1691, X-1692, X-1693, X-1694, X-1695, X-1696, X-1697, X-1698, X-1699, X-1700, X-1701, X-1702, X-1703, X-1704, X-1705, X-1706, X-1707, X-1708, X-1709, X-1710, X-1711, X-1712, X-1713, X-1714, X-1715, X-1716, X-1717, X-1718, X-1719, X-1720, X-1721, X-1722, X-1723, X-1724, X-1725, X-1726, X-1727, X-1728, X-1729, X-1730, X-1731, X-1732, X-1733, X-1734, X-1735, X-1736, X-1737, X-1738, X-1739, X-1740, X-1741, X-1742, X-1743, X-1744, X-1745, X-1746, X-1747, X-1748, X-1749, X-1750, X-1751, X-1752, X-1753, X-1754, X-1755, X-1756, X-1757, X-1758, X-1759, X-1760, X-1761, X-1762, X-1763, X-1764, X-1765, X-1766, X-1767, X-1768, X-1769, X-1770, X-1771, X-1772, X-1773, X-1774, X-1775, X-1776, X-1777, X-1778, X-1779, X-1780, X-1781, X-1782, X-1783, X-1784, X-1785, X-1786, X-1787, X-1788, X-1789, X-1790, X-1791, X-1792, X-1793, X-1794, X-1795, X-1796, X-1797, X-1798, X-1799, X-1800, X-1801, X-1802, X-1803, X-1804, X-1805, X-1806, X-1807, X-1808, X-1809, X-1810, X-1811, X-1812, X-1813, X-1814, X-1815, X-1816, X-1817, X-1818, X-1819, X-1820, X-1821, X-1822, X-1823, X-1824, X-1825, X-1826, X-1827, X-1828, X-1829, X-1830, X-1831, X-1832, X-1833, X-1834, X-1835, X-1836, X-1837, X-1838, X-1839, X-1840, X-1841, X-1842, X-1843, X-1844, X-1845, X-1846, X-1847, X-1848, X-1849, X-1850, X-1851, X-1852, X-1853, X-1854, X-1855, X-1856, X-1857, X-1858, X-1859, X-1860, X-1861, X-1862, X-1863, X-1864, X-1865, X-1866, X-1867, X-1868, X-1869, X-1870, X-1871, X-1872, X-1873, X-1874, X-1875, X-1876, X-1877, X-1878, X-1879, X-1880, X-1881, X-1882, X-1883, X-1884, X-1885, X-1886, X-1887, X-1888, X-1889, X-1890, X-1891, X-1892, X-1893, X-1894, X-1895, X-1896, X-1897, X-1898, X-1899, X-1900, X-1901, X-1902, X-1903, X-1904, X-1905, X-1906, X-1907, X-1908, X-1909, X-1910, X-1911, X-1912, X-1913, X-1914, X-1915, X-1916, X-1917, X-1918, X-1919, X-1920, X-1921, X-1922, X-1923, X-1924, X-1925, X-1926, X-1927, X-1928, X-1929, X-1930, X-1931, X-1932, X-1933, X-1934, X-1935, X-1936, X-1937, X-1938, X-1939, X-1940, X-1941, X-1942, X-1943, X-1944, X-1945, X-1946, X-1947, X-1948, X-1949, X-1950, X-1951, X-1952, X-1953, X-1954, X-1955, X-1956, X-1957, X-1958, X-1959, X-1960, X-1961, X-1962, X-1963, X-1964, X-1965, X-1966, X-1967, X-1968, X-1969, X-1970, X-1971, X-1972, X-1973, X-1974, X-1975, X-1976, X-1977, X-1978, X-1979, X-1980, X-1981, X-1982, X-1983, X-1984, X-1985, X-1986, X-1987, X-1988, X-1989, X-1990, X-1991, X-1992, X-1993, X-1994, X-1995, X-1996, X-1997, X-1998, X-1999, X-2000, X-2001, X-2002, X-2003, X-2004, X-2005, X-2006, X-2007, X-2008, X-2009, X-2010, X-2011, X-2012, X-2013, X-2014, X-2015, X-2016, X-2017, X-2018, X-2019, X-2020, X-2021, X-2022, X-2023, X-2024, X-2025, X-2026, X-2027, X-2028, X-2029, X-2030, X-2031, X-2032, X-2033, X-2034, X-2035, X-2036, X-2037, X-2038, X-2039, X-2040, X-2041, X-2042, X-2043, X-2044, X-2045, X-2046, X-2047, X-2048, X-2049, X-2050, X-2051, X-2052, X-2053, X-2054, X-2055, X-2056, X-2057, X-2058, X-2059, X-2060, X-2061, X-2062, X-2063, X-2064, X-2065, X-2066, X-2067, X-2068, X-2069, X-2070, X-2071, X-2072, X-2073, X-2074, X-2075, X-2076, X-2077, X-2078, X-2079, X-2080, X-2081, X-2082, X-2083, X-2084, X-2085, X-2086, X-2087, X-2088, X-2089, X-2090, X-2091, X-2092, X-2093, X-2094, X-2095, X-2096, X-2097, X-2098, X-2099, X-2100, X-2101, X-2102, X-2103, X-2104, X-2105, X-2106, X-2107, X-2108, X-2109, X-2110, X-2111, X-2112, X-2113, X-

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 |
| Impossible to obtain | | | |
| Left Hand | | | |

| | | | |
|----------------------|---|---|---|
| Thumb | | | |
| 1 | 2 | 3 | 4 |
| Impossible to obtain | | | |
| 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 |
| | | | | | | | | | | | | | | | | | |

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X

Lower Jaw only remained

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.

RECEIVED COPY

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

30 August 1950

Date

Unknown X-454
Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Unk

5 MI NW of Pont-Herbert

Unk

Unk

Place of Death

Date of Death

Cause of Death

1755 8 Sept 1944

USMC La Cambe, France

558-881

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

93

5

BB

TWC

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?

CANCELLED, 13 Apr 51 - jb
Unkns X-450, 451, 452, 454, 456, and X-535,
La Cambe, consolidated & designated X-8523, Neuville,
per ETO Ltr, 3 Apr 51; **REPORTS OF INTERMENT.**
(Trans. Ltr # 6239)

What means of identification were buried with the body?

One copy of GRS Form # 1, placed in burial bottle and buried with remains

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

Who is buried on:

Deceased's Right:

X-455

Name

Serial No.

Rank

Organization

94

Grave No.

Deceased's Left:

X-453

Name

Serial No.

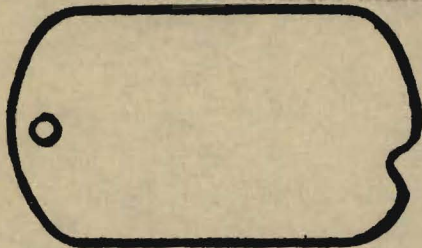
Rank

Organization

92

Grave No.

Signature of 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

Unk

Address

Religion

Unknown

List only Personal Effects Found on Body and disposition of same: None

Unknown X-454 was segregated from the remains of George E. TILLET, 13047453, X-450, X-451, X-452, X-453, X-455, X-456 and Edward A. BOCHNIASZ, 16016671, disinterred from common grave. Redesignated CIL # 2025. Again ~~redesignated~~ redesignated X-454 as per Exhumation Order # 3268.

Signature of Officer or other person reporting burial
DANO G. MILLER, SFC, USA

Verified by G.R.S. Officer

LEWIS A. McAMIS, Capt., OMC

Blair
OCT 30 1950
Identification Branch

CORRECTED COPY

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

30 August 1950

Unknown X-452

Take fingerprints and photographs of the deceased and complete the following: Last Name, First, Initial, Rank, Height, Weight, Color of Eyes, Color of Hair, Race, Cause of Death, Name of Cemetery, Name or Coordinates of Location, Type of Marker, Disposition of Identification Tags, If No Identification Tags, How were remains identified?, What means of identification were buried with the body?

1-452 Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

5 Mi NW of Post-Herbert

Unk

Unk

Place of Death

Date of Death

Cause of Death

1745 - 8 Sept 1944

USMC La Cambe, France

558-881

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

91

EE

TWC

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?

CANCELLED, 13 Apr 51 -- jb
Unkns X-450, 451, 452, 454, 456, and X-535,
La Cambe, consolidated & designated X-8523, Neuville,
per BTO ltr, 3 Apr 51; ~~REPORTS of INTERMENT~~
(Trans. Ltr # 6239)

What means of identification were buried with the body?

One copy of GRS Form # 1, placed in burial bottle and buried with remains

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

Who is buried on:

X-453

92

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

X-451

90

Name

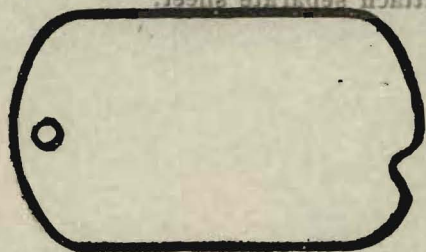
Serial No.

Rank

Organization

Grave No.

If this is an isolated burial, make a sketch of the TOOTH CHART
Signature of 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

Unk

Address

Religion

Unknown

List only Personal Effects Found on Body and disposition of same: None

Unknown X-452 was segregated from the remains of
George E. TILLET, 13047453, X-450, X-451, X-453,
X-454, X-455, X-456 and Edward A. BOCHNIASZ, 16016671,
disinterred from common grave. Redesignated CIL # 2034.
Again redesignated Unknown X-452 as per Exhumation Order # 3270.

Signature of Officer or other person reporting burial

DANO C. MILLER, SFC

Verified by G. R. S. Officer

LEWIS A. McAMIS, Capt., MC

11-51 - M 002 - 85787 'D 3 B 2

Incl #2

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 | Date | 30 August 1950 |
| | 3 | Serial No. | Unk |
| | 2 | Name of Deceased | Unk |
| | 1 | Place of Burial | USMC La Campa, France |
| Right Hand | 4 | Date | 30 August 1950 |
| | 3 | Serial No. | Unk |
| | 2 | Name of Deceased | Unk |
| | 1 | Place of Burial | USMC La Campa, France |

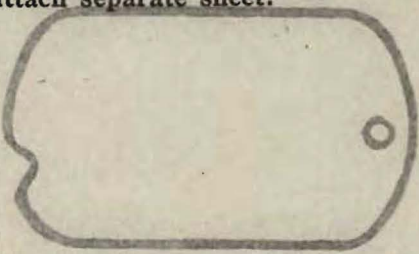
TOOTH CHART

| | | | | | | | | | | | | | | | | |
|-------|------------------|---|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|---|
| Upper | Deceased's Right | | | | | | | | Deceased's Left | | | | | | | |
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Lower | Deceased's Right | | | | | | | | Deceased's Left | | | | | | | |
| | 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: _____
 Emergency Address: _____
 Address: _____
 Religion: _____
 List only Personal Effects Found on Body and disposition of same: None

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.



Identification Section

24 OCT 1950

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22040
Sep 8/44

Date

X-452

| | | | | | |
|-------------------------|------------|------------------|---------------------------------|------|------------|
| Last Name | | First | Initial | Rank | Serial No. |
| Unk. | | | | Unk. | Unk. |
| Unit | | Organization | | | |
| 5 mi. NW of Pont-Hebert | | Unk. | | Unk. | |
| Place of Death | | Date of Death | Cause of Death | | |
| 1745 Sep 8/44 | | La Cambe | 558-881 | | |
| Time and Date of Burial | | Name of Cemetery | Name or Coordinates of Location | | |
| 91 5 | | BE | Stake | | |
| Grave Number | Row Number | Plot Number | Type of Marker | | |

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
GRS Ident. Tag GRS Ident. Tag

If No Identification Tags
How were remains identified?

~~CANCEL Assigned CIL# per ltr ETA 30 Dec 48,~~

*SEE CORP
B/R dtd 30 AUG 50*
~~Subj: CIL Remains.~~

What means of identification were buried with the body?

This body disinterred from common grave. (Buried by Germans-No Records) With George E. Tillett, 13047453, X-450, X-451, X-453, X-454, X-455, X-456, and Edward A. Bochniasz, 16016671, 5 mi. north-west of Pont-Hebert.

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

Who is buried on:

| | | | | | |
|-------------------|-------|------------|------|--------------|-----------|
| Deceased's Right: | X-453 | | | | 92 |
| | Name | Serial No. | Rank | Organization | Grave No. |
| Deceased's Left: | X-451 | | | | 90 |
| | 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 Address: Unk. Name: _____ Address: _____ Religion: Unk.

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

No Personal Effects

Signature of Officer or other person reporting burial

Lynford G. Chase

LYNFORDE G. CHASE, 1st Lt., QMC

Verified by G.R.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 | Impossible to obtain | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Left Hand

| | | | |
|-------|----------------------|--|--|
| Thumb | | | |
| 1 | Impossible to obtain | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Right Hand

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ∩; linking anchor teeth; replacements by artificial teeth X

Lower Jaw only remained

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.

REPORT OF BURIAL

30 August 1950

TM 10-630 AND AR 30-1815

Date

Unknown X-451

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

Unk

Unit

Organization

5 Mi NW of Pont-Herbert

Unk

Unk

Place of Death

Date of Death

Cause of Death

8 September 1944

USMC La Cambe, France

558-881

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

90

5

EE

TWC

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?

CANCELLED, 13 Apr 51 -- jb

Unknowns X-450 451, 452, 454, 456, and X-535, La Cambe, consolidated and designated X-8523, Neuville, per ETO Ltr, 3 Apr 51; Reports

What means of identification were buried with the body?

of Remains (T/L # 6239) OF INTERMENT

One copy of Grs Form # 1, placed in burial bottle and buried with remains

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

Who is buried on:

Deceased's Right:

X-452

91

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

X-450

89

Name

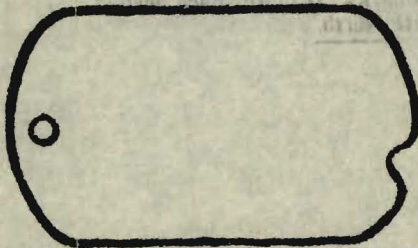
Serial No.

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

Unk

Name

Unk

Address

Religion

Unknown

List only Personal Effects Found on Body and disposition of same: **None**
Unknown X-451 was segregated from the remains of George E. TILLET, 13047453, X-450, X-452, X-453, X-454, X-455, X-456 and Edw. A. BOCHNIASZ, 16016671, disinterred from common grave. Redesignated EIL # 2023. Again redesignated Unknown X-451 as per E.O. # 3267

Signature of Officer or other person reporting burial

DANO C. MILLER, SFC, USA

Verified by G.R.S. Officer

LEWIS A. McAMIS, Capt., USMC

Incl #2

RESTRICTED
REPORT OF BURIAL

TM 10-630, AND AR 30-1815

22039
Sep 8/44
Date

X-451
Last Name First Initial Unit Organization
Unk. Unk. Unk. Unk.
5 mi. NW of Pont-Hebert Unk. Unk.
Place of Death Date of Death Cause of Death
1740 Sep 8/44 La Cambe 558-881
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
90 5 BE Stake
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?

GRS Ident. Tag GRS Ident. Tag

~~CANCEL~~ Assigned CIL # per ltr EPA 30 Dec 48, Subj: CIL Remains.

What means of identification were buried with the body?

This body disinterred from common grave. (Buried by Germans-No Records) With George E. Tillett, 13047453, X-450, X-452, X-453, X-454, X-455, X-456, and Edward A. Bochniasz, 13016871, 5 mi. north-west of Pont-Hebert.

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

Who is buried on:

Deceased's Right:

X-452

Name

Serial No.

Rank

Organization

91

Grave No.

Deceased's Left:

X-450

Name

Serial No.

Rank

Organization

89

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 Unk. Name

Address

Religion Unk.

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

No Personal Effects

Signature of Officer or other person reporting burial

Lynford G. Chase
Verified by G.R.S. Officer
LYNDFORD G. CHASE, 1st Lt., QMC

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 | Impossible to obtain | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

| | | | |
|-------|----------------------|--|--|
| Thumb | | | |
| 1 | Impossible to obtain | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

TOOTH CHART

| | | | | | | | | | | |
|-------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Deceased's Left | | | | | | | | |
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 8 |
| Upper | Lower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper | Lower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

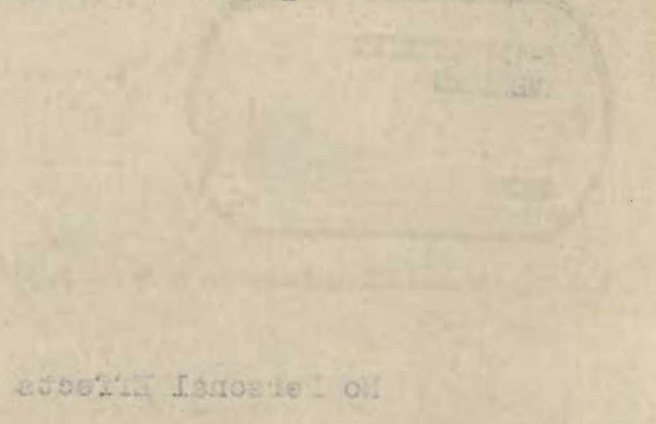
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙; linking anchor teeth; replacements by artificial teeth X

Lower Jaw only remained

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.



REPORT OF BURIAL

30 August 1950

TM 10-630 AND AR 30-1815

| | | | |
|-------------------------|-----------------------|---------------------------------|------|
| Unknown X-450 | | Unk | Unk |
| Last Name | First | Initial | Rank |
| Unk | | Unk | Unk |
| Unit | | Organization | |
| 5 Mi NW of Pont-Herbert | | Unk | Unk |
| Place of Death | Date of Death | Cause of Death | |
| 1735 - 8 Sept. 1944 | USMC La Cambe, France | 558-881 | |
| Time and Date of Burial | Name of Cemetery | Name or Coordinates of Location | |
| 89 | 5 | TWC | |
| Grave Number | Row 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?

CANCELLED, 13 Apr 51 -- jb
 Unknowns X-450, 451, 452, 454, 456, and
 X-535, La Cambe, consolidated and designated X-8523,
 Neuville, per ETO Ltr, 3 Apr 51; *REPORTS OF INTERMENT*
 (Trans. Ltr # 6239)

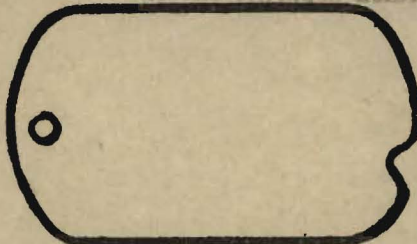
What means of identification were buried with the body?

One copy of GRS Form # 1, placed in burial bottle and buried with remains

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

| | | | | | |
|-------------------|-----------|------------|------|--------------|-----------|
| Who is buried on: | Unk X-451 | | | | 90 |
| Deceased's Right: | Name | Serial No. | Rank | Organization | Grave No. |
| Deceased's Left: | TILLET | 13047453 | Unk | Unk | 88 |
| | 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: Unk
 Address: Unk
 Religion: Unknown

List only Personal Effects Found on Body and disposition of same: None

Unknown X-450 was segregated from the remains of
 George E. TILLET, 13047453, X-451, X-452, X-453,
 X-454, X-455, X-456 and Edward A. BOSCHNIASZ, 16016671
 disinterred from common grave. Redesignated GIL # 2022.
 Again redesignated Unknown X-450 as per Exhumation Order # 3266.

D. G. Miller
 Signature of Officer or other person reporting burial
 DANO G. MILLER, SFC, USA

Lewis A. McAmis
 Verified by G. R. S. Officer
 LEWIS A. McAMIS, Capt, GIC

Ordered
 OCT 30 1950
 1st Lt. James A. ...

Inc 7/1

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.:

| | | | |
|---|-----------|--|------------|
| 4 | | | |
| 3 | | | |
| 2 | Left Hand | | Right Hand |
| 1 | Thumb | | Thumb |

TOOTH CHART

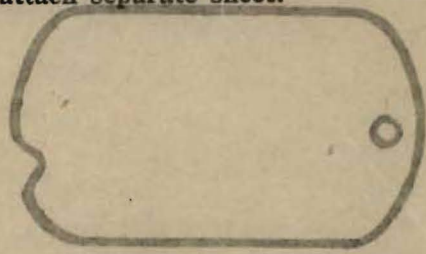
| | | | | | | | | | | | | | | | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Decesed's Right | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Decesed's Left | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | Upper | Lower | Upper | Lower | Upper | Lower | Upper | Lower | Upper | Lower | Upper | Lower | Upper | Lower | Upper | Lower | Upper | Lower | Upper | 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.



Identification Section

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

REPORT OF BURIAL

20 March 1951

Unknown X-8523 (GB 6 in 1) Unk Unk

Last Name First Initial Rank Serial No.

Unk Unk

Unit Organization

5 Mi North West of Pont Herbert Unk Unk

Place of Death Date of Death Cause of Death

1735 hrs - 8 September 1944 USMC Neuville-en-Condroz, Belgium VK-390187

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

255 11 KK TWC

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?

What means of identification were buried with the body?

One copy of GRS Form # 1, placed in a burial bottle and buried with remains

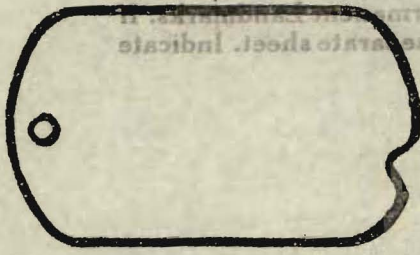
To determine Right or Left use **Deceased's** Right and Left.

Who is buried on :

| | | | | | |
|---------------------------|--------|------------|------|--------------|-----------|
| Deceased's Right : | X-8422 | Serial No. | Rank | Organization | Grave No. |
| | Name | | | | 254 |
| Deceased's Left : | Open | Serial No. | Rank | Organization | Grave No. |
| | Name | | | | 256 |

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 bellow :



Emergency Addressee Unk

Name Unk

Address Unk

Religion Unknown

List only Personal Effects Found on Body and disposition of same : **None**

Unknowns X-450, X-451, X-452, X-454, X-456 and X-535 buried in Plot BE, Row 5, Graves 89,90, 91, 93, 96 and 94 at USMC La Cambe, France have been consolidated and placed in the same casket, Group Burial 6 in 1 now assigned X-8523, Neuville, KK-11-255 as per Reprocessing Order # 3627, dated 9 March 1951.

This report of burial has been prepared in the Central Identification Laboratories of the 7887 Graves Registration Detachment.

Signature of Officer or other person reporting burial
DANO C. MILLER, SFC, USA

Verified by G.R.S. Officer
LEWIS A. McAMIS, Captain, OMC

Incl # 3

REPORT OF BURIAL 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 | | 4 |
| | 3 | | 3 |
| | 2 | | 2 |
| | 1 | | 1 |
| Thumb | | | Thumb |
| | | Right Hand | |

TOOTH CHART

| | | | | | | | | | | | | | | | | |
|-------|-----------------|---|---|---|---|---|---|---|------------------|---|---|---|---|---|---|---|
| | Deceased's Left | | | | | | | | Deceased's Right | | | | | | | |
| | 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 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.

