

Interred 2 April 1949
C-17-17 USMC St Laurent
DISINTERMENT DIRECTIVE
C. H. HIEMSTRA
1st Lt, Inf, Interring Officer

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 3508 00000
DATE: 15 11 47
DAY MONTH YEAR

NAME: UNKNOWN X - 000150
SERIAL NUMBER: UNKNOWN X - 000150
RANK: [blank]
ARM: Q
DATE OF DEATH: [blank]
DAY MONTH YEAR
CEMETERY: BLOSVILLE - CARENTAN
DISPOSITION OF REMAINS: 0 3505 80
CODE DIST. PT.
PLOT: Y ROW: 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: [blank]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X - 000150
SERIAL NUMBER: UNKNOWN X - 000150
RANK: [blank]
DATE OF DEATH: Utd
DATE DISTINTERRED: 29 Jan 48
IDENTIFICATION TAG ON: [] REMAINS [] MARKER
ORGANIZATION: UNKNOWN
RELIGION: [blank]
IDENTIFICATION VERIFIED BY: John H Clark, 2 Lt OMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Remnants Uniform and mattress cover.
CONDITION OF REMAINS: Advanced decomposition

OTHER MEANS OF IDENTIFICATION: 2 burial bottles found on remain.
MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET
DATE: 10 Feb 48 BY: George Avakian
CASCKET SEALED BY: George Avakian
EMBALMER (Signature): George Avakian

CASCKET BOXED AND MARKED
DATE: 10 Feb 48 BY: Marvin Noyes
SHIPPING ADDRESS VERIFIED BY: Charles J. Missigian

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: Charles J. Missigian

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

16 JUN 1949

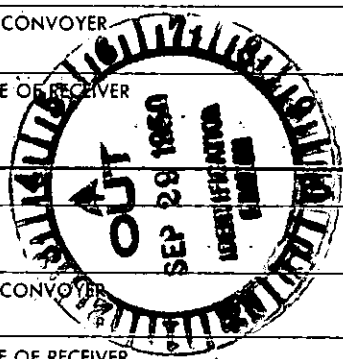
RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blosville		TO Casketing Point B - St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Robert C. Spach Jr.	
SIGNATURE OF SHIPPER <i>J.F. Randall</i> Jim F. Randall, Capt QMC	DATE 10 Feb 48	SIGNATURE OF RECEIVER <i>D.A. Mackenzie</i> D.A. Mackenzie, Capt Inf	DATE 10 Feb 48

2. SHIPPED

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



3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER PL. FROKENTL' BRANCK	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

U.S. GOVERNMENT PRINTING OFFICE: 1948

QMGMR 293
Unknown X-150
(Blosville, France)

INTEROFFICE REFERENCE SHEET

See reverse side for instructions in the use of this form

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Chief, Navy Liaison Section 2448-B	Identi- fication Section	13 Feb 1947	1. Unable to associate with any Navy casualty. <i>Waite</i> WAITE Ext 73880

INSTRUCTIONS

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

When accepted notify ID by IRS

transferred to
Hosny
Feb 48

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

Schmitt
2-16-49

28. February 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-¹⁵⁰ Plot Y
Row 5, Grave 93, U.S.C. BLOSVILLE, FRANCE

have been reviewed and it is the opinion of this Office that sufficient evidence is not available at the present time to establish the identity of the deceased concerned. The remains concerned should be classified as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office by Transmittal Ltr. No. 2105, dated 3. Dec. 1946

Case reviewed by undersigned Members of the Board of Review:

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

Capt. Edward F. PRICE, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594624
Edward E. Stout

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

APPROVED UNIDENTIFIABLE

Received 22 MAR 1949 OQMG
Not identifiable from information presently available

UNIDENTIFIABLE

NOV 4 1949

Incl #12

CHECK LIST OF UNKNOWNNS

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

Unknown **X - 150**
Cemetery **Blosville**
Plot **Y** Row **5** Grave **93**

1. ~~Arrived at cemetery~~ **Reprocessed 30 October 1946**
(hour) (date)
2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered or disinterred~~ By **and reprocessed Subordinate Identification**
Point Carentan, France (type 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		
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	Remnants		
Trousers HBT	None		
*Trousers, Wool OD	None		

Belt, Web remnants white stenciled. U.N.C. ?? 7

Drawers, Wool None

Drawers, Cotton Remnants

Leggins, Wool None (Note unusual lacing)

Socks, Cotton wool sock.

*Shoes (type) low cut shoe 8-B believe to be sailor

Overshoes None

Web Equipment None (Type)

(Other item) Remnants of Navy blue jeans

(Other item)

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

6. Chevrons or Insignia None
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

Naval Forces

8. Description of Remains :

Age UTD Height 5' 8 1/2" Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD
(length, width, location)

Tattoos UTD
(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks UTD
(yes-no; description, location)

Sunburn or tan, other than hands & face UTD

Complexion UTD
(light, med. dark, clear, pimples, pocks, freckles)

Build UTD
(large, fat, thin, muscular)

Hair UTD
(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, extract).

Chin **UTD**
 (prominent, receding, pointed, dimple, double)

Jaw **UTD** Circumference of head in inches **20 inches**
 (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 & extent of hair, large, small normal)

Back **UTD** Navel **UTD**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

(quantity & color of hair) Circumcision **UTD** Pubic hair **UTD**
 (yes-no) (color)

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

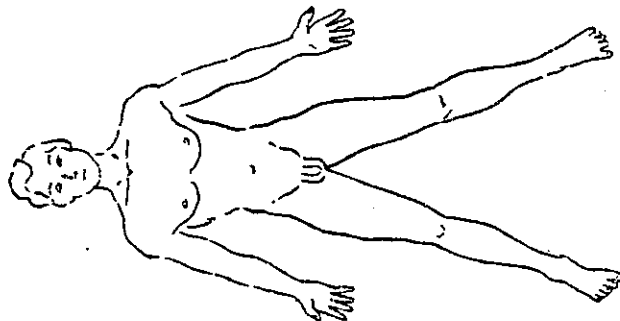
Legs **UTD**
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UFD (size, corns, callouses, flat) Toes UFD (slender, straight, crooked, overlap)

Evidence of healed factures UFD (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :

Remains complete



10. Have fingerprints been placed on Report of Interment No (yes-no)

If not, explain Hands missing

11. Has tooth chart been prepared Yes (yes-no) If not, explain

12. Remarks : Remains recovered in burlap bag. Burial bottle found, report states, "remains found on Red Beach, badly decomposed believed to be a sailor". Remains complete. - in last stage of decomposition. Est. weight of remains now: 90 Lbs. We believe, through evidence present he is a sailor. due to clothing. Not fluoroscoped, machine not in operation. Markings on belt, U.N.C. ???. All that is present. Nothing found to warrant Chemical Laboratory Examination.

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

Robert A. Salvador
ROBERT A. SALVADOR *h.w*
Officer's Name

Capt. Inf.
Rank Service

Central Identification Point
Organization

X-150

TOOTH CHART

30 October 1946

Date

UNKNOWN X-150 Blosville, France

Last Name

First

Initial

Rank

Serial No.

Plot: Y

Unit

Row: 5

Organization

Grave: 93

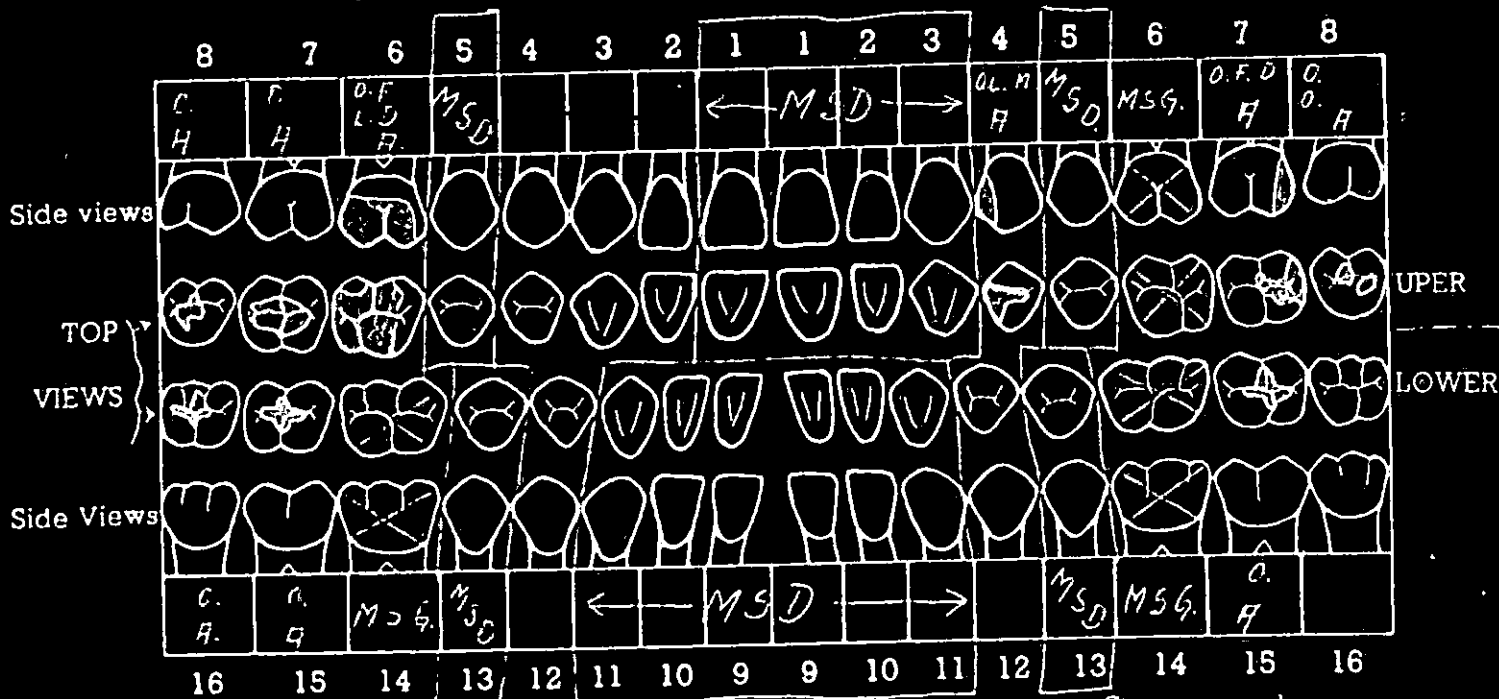
Place of Death

Date of Death

Cause of Death

Right

Left



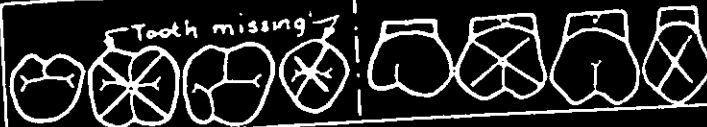
See remarks

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.

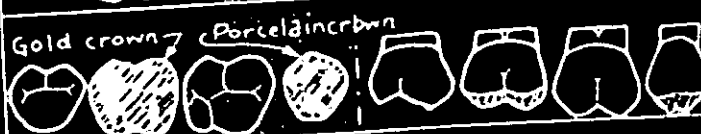
Lawrence A. Shaw M.D.
Signature of Officer or other person who prepared Tooth chart
Robert A. Salvador
ROBERT A. SALVADOR, Capt. Inf. C.I.P. L.L.

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:



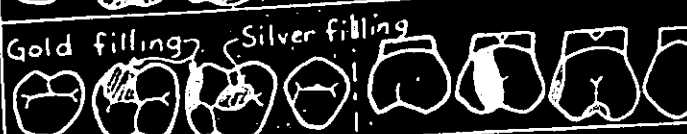
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



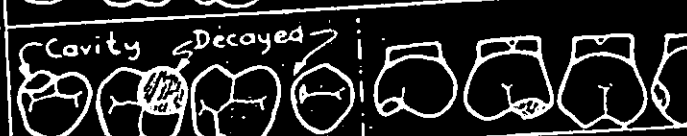
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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 and a dull white color.
 Teeth are straight and well aligned.
 L-6 appears to have been extracted as does L-14 and R-14.

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22716
7 October 1944
Date

Handwritten:
X-150

UNKNOWN X-150		Unk.	Unk.
Last Name	First	Rank	Serial No.
Unk.		Unk.	
Unit		Organization	
Uncle Red Beach, France		Unk.	KIA
Place of Death	Date of Death	Cause of Death	
1300	7 October 1944.	Blosville, France	
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
93	5	Y	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?

Body completely decomposed. Clothing
might possibly be a sailor's.

What means of identification were buried with the body?

G.R. Form No. 1.

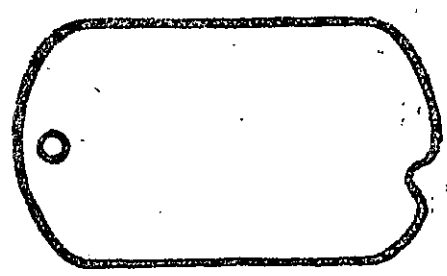
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Decesed's Right:	Mann, W.	35091334			94
	Name	Serial No.	Rank	Organization	Grave No.
Decesed's Left:	Unknown X-149				92
	Name	Serial No.	Rank	Organization	Grave No.

UNIDENTIFIABLE
NOV 4 1949

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee _____ Name _____

APPROVED UNIDENTIFIABLE
Address _____

Religion _____

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

None

87

Signature of Officer or other person reporting burial

Handwritten Signature: Haskell B. Pugh
HASKELL B. PUGH Verified by G.R.S. Officer
2nd Lt., WAC

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.

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

Left Hand

Thumb

1

2

3

Right Hand

Thumb

1

2

3

TOOTH CHART

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

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.

APPROVED