IRR

Interred 25 February 1949
C-13-15- USMC. St Laurent
C.H. HIEMSTRA
1/LT Inf, interring Officer

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	3508 00000	15 (DAY) 11 (MONTH) 47 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN	X-000154		O	DAY MONTH YEAR

CEMETERY		DISPOSITION OF REMAINS
BLOSVILLE - CARENTAN	O	3505 (CODE) 80 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
Y	5	100	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 DISINTERRED
Unknown	X - 000154	Utd	Utd	29 Jan, 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[ ] REMAINS [X] MARKER	UNKNOWN	Utd	JOHN H. CLARK 2nd Lieut QMC (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Mattress Cover	Advanced Decomposition

OTHER MEANS OF IDENTIFICATION

GRS Form # 1 found with remains

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 February, 1948 BY Robert R. Johnson

CASKET SEALED BY	EMBALMER (Signature)
Robert R. Johnson	Robert R. Johnson

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 11Feb48 BY Robert P. Kreil	JOHN PALYOK JR, 1st Lieut, FA

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

John Palyok, Jr
JOHN PALYOK JR, 1st Lieut, FA
SIGNATURE OF GRS INSPECTOR

FILE
1 JUN 1949
REPATRIATION BRANCH
MCM. DIV.

REPATRIATION RECORDS BRANCH
MAY 17 2 27 PM '49
MCM DIVISION

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

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM US MC Blosville		TO Casketing Point "A"-Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Robert C. Spach	
SIGNATURE OF SHIPPER JIM F. RANDALL, Capt, QMC	DATE 10Feb48	SIGNATURE OF RECEIVER D. A. MAC KENZIE, Capt, Inf	DATE 10Feb48

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

13 Dec., 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 154, Plot Y, Row 5, Grave 100, USMC Blosville France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2116, dated 16 Dec., 1948. No further information is available.

FOR THE COMMANDING GENERAL:

/s/George L. Freeman
/t/ 1st Lt QMC
Actg Asst Adj Gen

NAT
File 1/3/49
M. Beard

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AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

13 Dec., 1948
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TO: The Quartermaster General
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Washington 25, D.C.

1. The records pertaining to Unknown X-154, Plot Y, Row 5, Grave 100, USMC (Blosville [illegible]) have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

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FOR THE COMMANDING GENERAL :

George E. Freeman
GEORGE E. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

Inc/#15

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNS

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

Unknown X -154
Cemetery Blosville, France
Plot Y Row 5 Grave 100

1. Reprocessed ~~[illegible]~~ 31 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 Subordinate Identification Point, Carentan France
(name and organization)

4. Evacuated to Cemetery by
(name and organization)

5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear (type)	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	none		
Trousers HBT	none		
*Trousers, Wool OD	none		

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing)

Socks, ~~Cotton~~ wool one

*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.

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.

UTD

8. Description of Remains :

Age UTD Height Est 5'6" Weight UTD Description of wounds UTD

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

Tattoos UTD (Number, location — illustrate on sep, page)

Outstanding miles, 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).

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

Hair UTD
(baldness, widows peak, distinctive cutting or other characteristics).

Sideburns UTD
(color, setting, shape)

Mustache UTD
(color, size, shape)

Board or UTD
(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 head missing
(white, size, uneveness, spacing, noticeable crowns, fillings, extract).

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

Jaw UTD
(large, small, normal)

Circumference of head in inches head 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 & extent of hair, largo, small normal)

Back UTD
(quantity & extent of hair)

aist UTD
(size of navel, appendectomy. amount)

(quantity & color of hair)

Circumcision UTD
(yes-no)

Pubic hair UTD
(color)

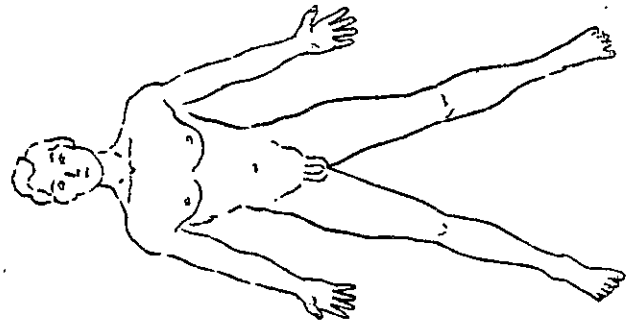
Herniaplasty UTD
(yes-no ; location)

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

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

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

9. Black out parts of body not received at cemetery : **see attached chart**



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

If not, explain **hands missing**

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

Head missing

12. Remarks : **Body wrapped in mattress cover and shelter half. Shelter half marked: "W.S." Est. weight of remains 25 pounds. Remains in last stage of decomposition. Nothing found to warrant Chemical Lab. 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.

Original Burial Report states:
KIA-UTAH-Beach.

Robert A. Salvador
ROBERT A. SALVADOR
Officer's Name

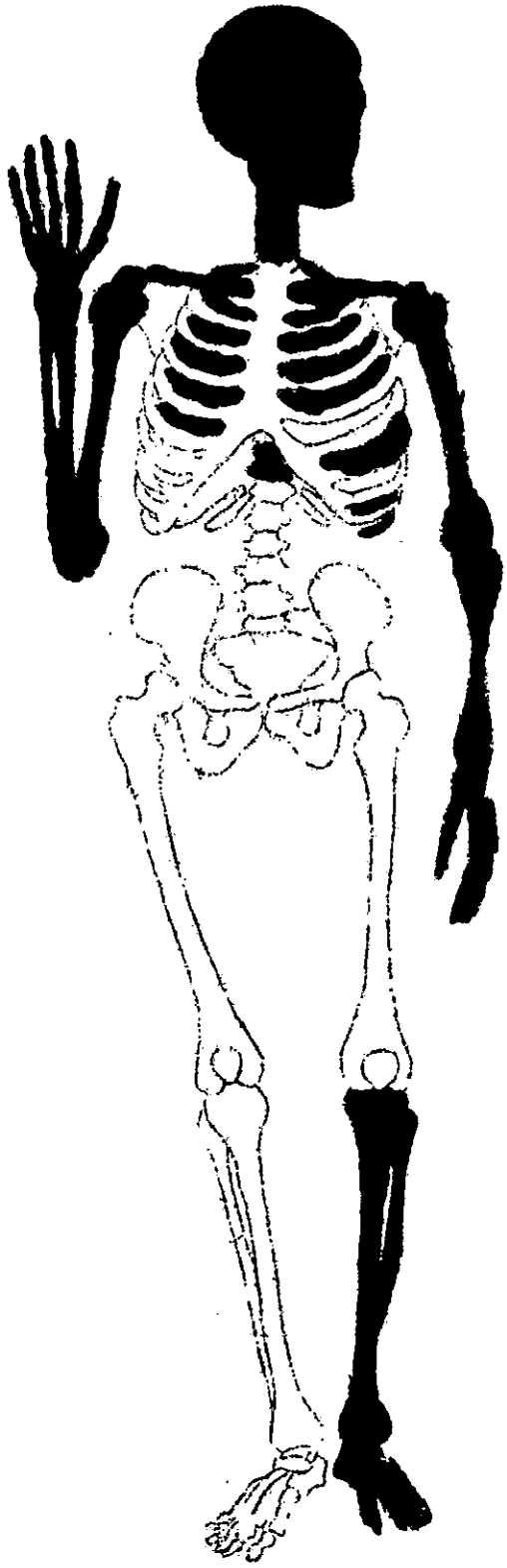
Capt. Inf.
Rank Service

Central Identification Point.
Organization

Mod. 79790 - 35 M - 1-46 - Pap. du Sentier, Imp., Paris - O.P.L. 31.3134

X - 154

Elosville, France
Plot Y, Row 5, Grave 100



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

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

196 October 1944
Date

Last Name	First	Initial	Rank	Serial No.
UNKNOWN X-154	Unk.		Unk.	Unk.

Unit	Organization
Utah Beach, France	Unk.

Place of Death	Date of Death	Cause of Death
1800 7 October 1944	Blosville, France	KIA

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
100	Y	Cross

Grave Number	Row Number	Plot Number	Type of Marker
100	5	Y	Cross

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.

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:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	End of row				99
Deceased's Left:	Mundy, C.	34436659			

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

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

Emergency Addressee _____
Name

_____
Address

Religion _____

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

None

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Signature of Officer or other person reporting burial

Haskell B. Pugh

HASKELL B. PUGH
2nd Lt., QMC

Verified by G.R.S. Officer
LSC

HQ. SOS. 22/9/43. 380M/8/15219

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: 4, 3, 2, 1, Thumb

Right Hand: 4, 3, 2, 1, Thumb

TOOTH CHART

Deceased's Right — Deceased's Left

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth $\frac{X}{X}$

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.