

Interred 23 February 1949
C-25-39 USMC St Laurent
C.H. Hiestra
C.H. HIESTRA
1/1T Inf, Interring Officer

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000155

RANK
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS
0 3505 80
CODE DIST. PT.

LOT ROW GRAVE COUNTRY
Y 8 142 FRANCE

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. LAURENT, FRANCE
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
Unknown

SERIAL NUMBER
X - 000155

RANK
Utd

DATE OF DEATH
Utd

DATE DISTINTERRED
29 Jan, 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Utd

IDENTIFICATION VERIFIED BY
JOHN H. CLARK
2nd Lieut QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Remnants of OD
Uniform and Mattress Cover

CONDITION OF REMAINS
Skeletal Form

OTHER MEANS OF IDENTIFICATION
GRS Form # 1 in Burial bottle with remains

MAJOR DISCREPANCIES
None

FILE
18 MAY 1949
REPATRIATION
BRANCH
MET. DIV.

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 February, 1948 BY George Avakian
CASKET SEALED BY George Avakian

EMBALMER (Signature)
George Avakian

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY
Charles J. Missigman

DATE 11 Feb 48 BY Marvin H. Noyes

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

Charles J. Missigman
Charles J. Missigman

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NEW

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MC Blosville		TO Casketing Point "B"-St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc Carl V. Lee	
SIGNATURE OF SHIPPER <i>J. F. Randall</i> JIM F. RANDALL, Capt, QMC	DATE 11Feb48	SIGNATURE OF RECEIVER <i>D. A. MacKenzie</i> D. A. MAC KENZIE, Capt, Inf	DATE 11Feb 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

RECEPTION BRANCH
 MAR 10 1 22 PM '48
 RECEPTION BRANCH

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 21. GENERAL SERVICE	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

MP

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- ²⁹³ 155, Plot Y,
Row 8, Grave 142, 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., 1946. No
further information is available.

FOR THE COMMANDING GENERAL:

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

3 JAN 1949 **QOMG**
Received
Not identifiable from
information presently
available

NAT
file 11/3/49
M. Bland
Ident Br

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FOR THE COMMANDING GENERAL :

George L. Freeman
GEORGE L. FREEMAN
1st Lt QAC
Actg Asst Adj Gen

Received 3 JAN 1949 OQMG
Not identifiable from
information presently
available

Incl #16

CHECK LIST OF UNKNOWNNS

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

Unknown X - 155

Cemetery Blosville - France

Plot Y Row 8 Grave 142

1. ~~Arrived at cemetery~~ **Reprocessed 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~~ 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).**

	Clothing		Indicate unusual markings
	Markings	Sizes	Color wear, tear, repairs, etc.

Item _____

*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 **remnants of**

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing) none

Socks, Cotton wool, remnants of one pair

*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.

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 1/8" 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, poeks, freckles)

Build utd
(large, fat, thin, muscular)

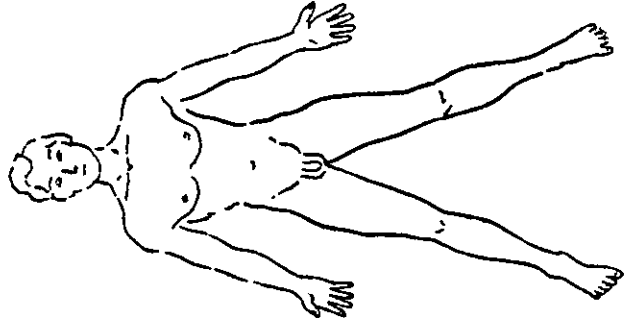
Hair utd
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair **utd** (baldness, widows peak, distinctive cutting or other characteristics).
 Sideburns **utd** (color, setting, shape) Mustache **utd** (color, size, shape) Beard 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 **utd** (white, size, unevenness, 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)
utd (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 & extent of hair, largo, small normal)
 Back **utd** (quantity & extent of hair) Navel **utd** (size of navel, appendectomy, amount)
utd (quantity & color of hair) Circumcision **utd** (yes-no) Pubic hair **utd** (color)
 Hernioplasty **utd** (yes-no; location)
 Legs **utd** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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

Evidence of healed factures none
(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 If not, explain
(yes-no)

head missing

12. Remarks : **Remains recovered in mattress cover. Burial bottle found. Remains in last stage of decomposition. Only few bones of lower extremities present. Est. weight of remains 20 lbs. Np fluoroscopic examination. Nothing found to warrant Chemical Laboratory Examination. Previous Burial Report stated: K.I.A. Utah-Beach.**

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 *R.A.S.*
Officer's Name

Captain Inf.
Rank Service

Central Identification Point
Organization

X-155.

Blossville Cemetery
Plot Y Row 8 Grave 142



IDENTIFICATION SECTION
REPATHION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

WPA

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

195

22721
October 1944

Date

UNKNOWN X-155 Unk. Unk.
Last Name First Initial Rank Serial No.

Unk. Unk.
Unit Organization

Utah Beach, France Unk. KIA
Place of Death Date of Death Cause of Death

0900 9 October 1944. Blosville, France
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

142 8 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?

Part body only. Badly 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: Unknown X-156 143
Deceased's Right: Name Serial No. Rank Organization Grave No.

Deceased's Left: Bennett, J. 34871797 141
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee _____
Name

_____ Address

Religion _____

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

None

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Signature of Officer or other person reporting burial

Haskell B. Pugh

HASKELL B. PUGH Verified by G.R.S. Officer
2nd 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.

4		
3		
2	Left Hand	
1		
Thumb		

		8
		2
		1
		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.