

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

293 Unit France X-55 (Blosville)

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Chief, Id Br Id Sec Mem Div	Chief, R/R Br Mem Div Attn: Capt Snedigar	8 Feb 49	<p>Attached Reports of Burial forwarded for cancellation and return to Identification Section.</p> <p><i>5 Incls:</i> 1-3 R/B's X-55, 56, 134 (Blosville) 4-5 R/B's X-70 B & X-463 (St Laurent)</p> <p><i>NETZ 74059</i> <i>BARRY 2462</i></p>

acn

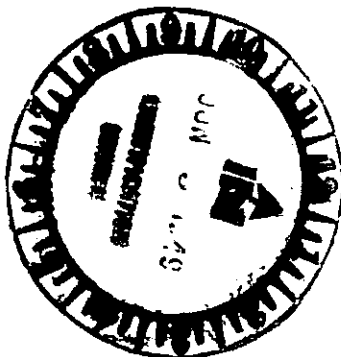
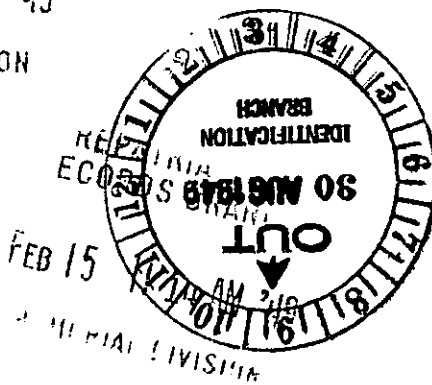
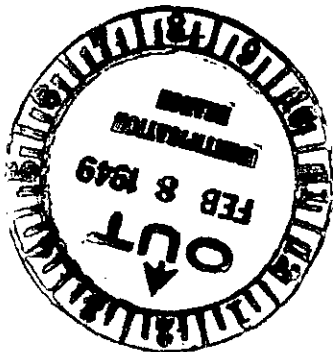
293 Unit France (misc) Blosville (CIL)

2	Chief, Rec Sec R/R Br Mem Div	Chief, Ident Sec Ident Br Mem Div	15 Feb 49	<p>1. Necessary action taken in this Section. Records amended accordingly.</p> <p><i>SNEBIGAR 5198</i> <i>JACKSON 5198</i></p> <p><i>5 Incls n/c</i></p> <p><i>1947 file 15 Feb 49 C.F. Henshaw S.I. Br.</i></p>
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IDENTIFICATION BRANCH

FEB 15 3 06 PM '49

MEMORIAL DIVISION



IDENTIFICATION BRANCH
 FEB 15 1 27 PM '49
 MEMORIAL DIVISION

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REPORT OF BURIAL

RESTRICTED 1837
17 July 1944
5160 (Blossville)

REBURIAL

X-55

Unknown Last Name First Initial Rank Organization Serial No.

Unknown Unit Organization

France Place of Death Unknown Date of Death KIA Cause of Death

17 July 1944 1900 Blossville, France Time and Date of Burial Name of Cemetery Name or Coordinates of Location

64 Grave Number 4 Row Number 0 Plot Number Cross 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? Reinterred from 197985.

What means of identification were buried with the body?

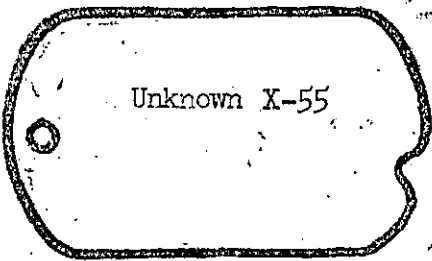
GRS Form 1.

Cancelled assigned CSF # per letter from field dated 30 Dec 48 Subject, CSF Remains

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

Who is buried on:
Deceased's Right: Walter Sandeman 37191834 Unknown Unknown 65
Deceased's Left: Robert Dewees 33242054 Pfc Unknown 63

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: Unknown Name
Unknown Address
Religion: Unknown

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

NONE

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*UAT
15 Feb 49
C.E. Dewees
Ident On*

Signature of Officer or other person reporting burial
F. A. GRESULON (Signature)
Capt., GIC Verified by G.R.S. Officer

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X - 55
Cemetery Blosville, France
Plot Q Row 4 Grave 64

1. ~~Reprocessed at cemetery~~ **Reprocessed 28 October 1946**
(hour) (date)

2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)

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).**

Clothing Markings Sizes Indicate unusual markings
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 none

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, Wool **none** (Note unusual lacing) **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.

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 **utd** 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** 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 **utd**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin **utd**
 (prominent, receding, pointed, dimple, 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)

utd
 (extent and quantity of hair)

Hands **utd**
 (short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers **utd**
 (Unusual characteristics of fingernails)

utd
 (Unusual characteristics of fingernails)

Chest **utd**
 (size of nipples, color, quantity & extent of hair, large, small normal)

Back **utd** aist **utd**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

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

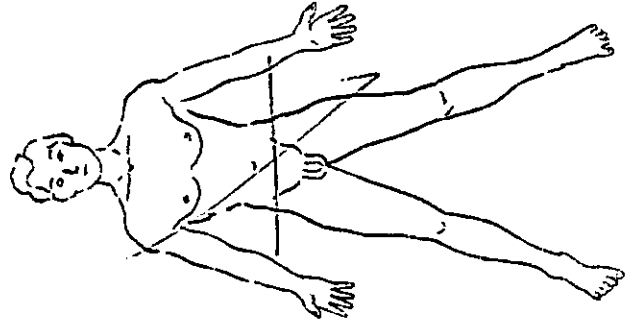
Hernioplasty **utd**
 (yes-no; location)

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

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

Evidence of healed factures ntd
(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 head missing
(yes-no)

12. Remarks : **Body wrapped in OD blanket - Est. weight of remains recovered 2 lbs. Not necessary to fluoroscope. All flesh was completely decomposed. Most of remains missing. See black out chart. Burial bottle enclosed.**

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-b*
Officer's Name

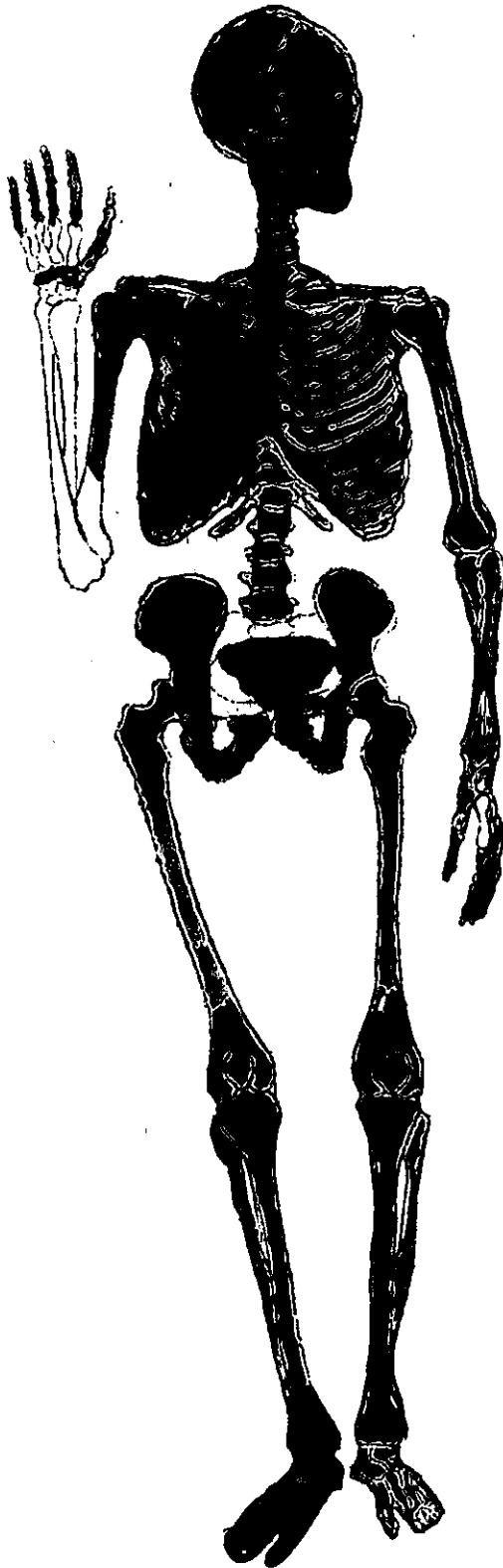
Captain

Rank Service

Central Identification Point
Organization

X-55

Blosville Cemetery
Plot Q, Row 4, Grave 64



DISINTERMENT DIRECTIVE

6

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 00000

DATE
15 11 47
DAY MONTH YEAR

NAME		SERIAL NUMBER UNKNOWNX-003053		RANK	ARM 0	DATE OF DEATH		
CEMETERY BLOSVILLE - CARENTAN						DISPOSITION OF REMAINS 3505 00 CODE DIST. PT.		
LOT 0	ROW 4	GRAVE	COUNTRY 64 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 243 rue France 4-55 (Blouville)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON: <input type="checkbox"/> REMAINS <input type="checkbox"/> 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	

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.