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HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMBAND
EUROPEAN AREA
APO 58 US ARMY

22 Nov 1948
Date

SUBJECT: Unidentifiable Remains

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

43

1. The records pertaining to Unknown X- 424, Plot AF,
Row 6, Grave 109, USMC La Cambe, 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. 231A, dated 3 June 1947. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/ GEORGE L. FREEMAN
1st Lt JMC
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

NAN
File
Morgan
deputy
Greeley

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reviewed and it is the opinion of this office that insufficient
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by letter of transmittal No. 2314, dated 3 June, 1947 No
further information is available.

FOR THE COMMANDING GENERAL :

George H. Freeman
GEORGE H. FREEMAN
1st Lt Q.C.
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not Identifiable from
information presently
available

Incl # 23

1

Interred 18 January 1949
I-25-6 USMC. St Laurent
C. E. HIEMSTRA
1/LT Inf Interring Officer

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 3539 00000
DATE 15 10 47
DAY MONTH YEAR

NAME UNKNOWN
SERIAL NUMBER X-000424
RANK
ARM 0
DATE OF DEATH
DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY
AF 6 109 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 X-424
SERIAL NUMBER Utd
RANK Utd
DATE OF DEATH Utd
DATE DISINTERRED 30 Oct 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER
ORGANIZATION UNKNOWN
RELIGION Utd
IDENTIFICATION VERIFIED BY JOHN H. CLARK, 2nd Lt., QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover
CONDITION OF REMAINS Numerous bones missing - Advanced decomposition

OTHER MEANS OF IDENTIFICATION None
MINOR DISCREPANCIES 1 None

HAT FILE RECORDS ANNOTATED
DATE 4/26/49
NAME D A MATTEWS

REMAINS PREPARED AND PLACED IN CASKET
DATE 5 Nov 47 BY G. BURKE

CASKET SEALED BY H. F. Pergande
EMBALMER (Signature) *G. Burke*

CASKET BOXED AND MARKED
DATE 18 Dec 47 BY R. Anderson
SHIPPING ADDRESS VERIFIED BY JAMES F. NABORS, Maj, Inf.

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

James F. Nabors
JAMES F. NABORS, Maj, Inf.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC LA CAMBE		TO USMC ST. LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER JOSEPH GAINY, CPL.	
SIGNATURE OF SHIPPER HADLEY H. KEATHLEY	DATE 3 Nov47	SIGNATURE OF RECEIVER CHESTER L. COLEMAN	DATE 3 Nov47

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Faint signature]</i>	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

IDENTIFICATION CHECK LIST

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

Unknown X - 424
 Cemetery La Cambe, France.
 Plot AF Row 6 Grave 109

1. ~~Arrived at cemetery~~ Date reprocessed: 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~~ 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 **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 **None found**
(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)

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**
(Inseton, 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.

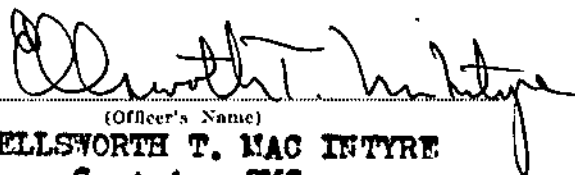
7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Hands missing

8. Has tooth chart been prepared? No If not, explain None found
(Yes-no)

9. Remarks Remains recovered consisted of six (6) vertebrae, one (1) foot and one (1) hand bone and a small piece of skull. No clothing or burial Report found.
Estimated weight of remains recovered: 1 Lb.
Fluoroscopic Examination: Negative.
Nothing found to warrant Chemical Laboratory Examination.
Case 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.



(Officer's Name)

ELLSWORTH T. MAC INTYRE
Captain QMC.

Rank

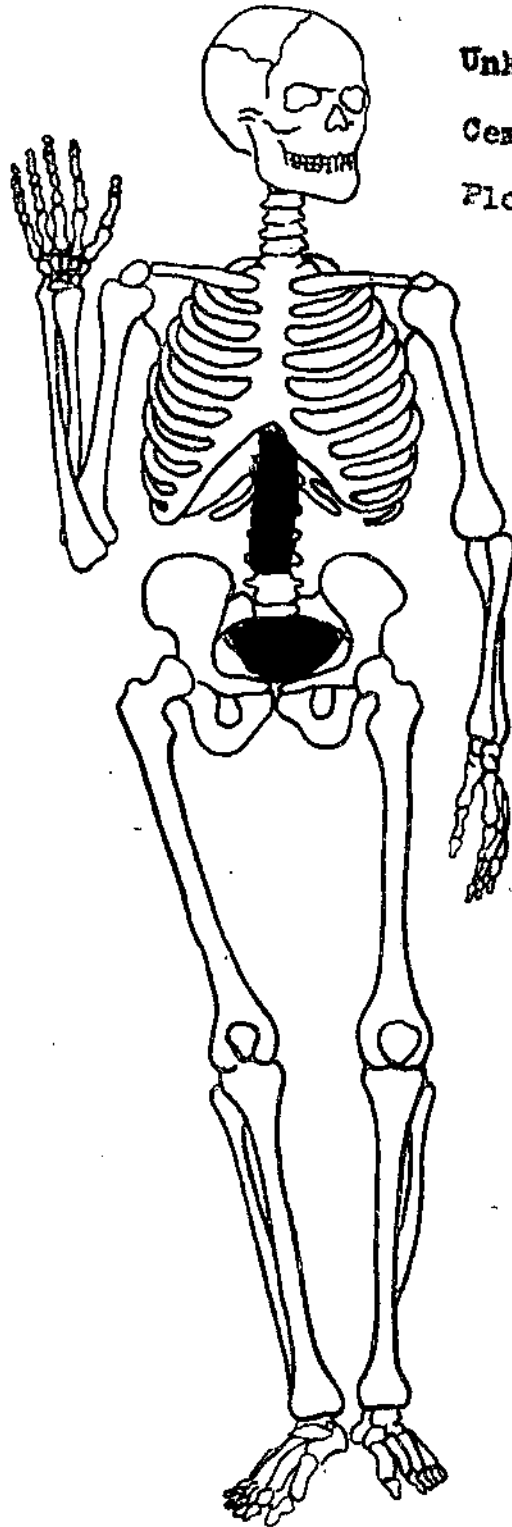
Service

Central Identification Point

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Unknown X-424

Cemetery La Cerbe, France.

Plot AF, Row 6, Grave 109.

Records at Second Zone Headquarters indicate that the following unknowns at La Combe USMC should be considered for possible association with T/5 Robert R. Scheelk and Sgt. Frank Matthews:

X-302, X331, X372, X417, X418, X419, X420, X421, X422, X423, X424
X-425, X446.

Unknowns X124, 153 and 154, USMC St Laurent, were also killed in action in July, 1944, and may also be possibilities.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY 111 CASE
NO ~~EXX~~ CLUES
IDENTIFICATION IMPOSSIBLE
At PRESENT TIME

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

72008
2 August 1944
Date

Unknown

UNIDENTIFIED X-424 (American)
Last Name First Initial Rank Serial No.

Unit Organization

St. Lo, France Unknown KIA
Place of Death Date of Death Cause of Death

1500 hrs, 7 August 1944 La Cagne 558-881
Time and Date of Burial Name of Cemetery Name of Coordinates of Location

109 6 AF Temp
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 badly burned. impossible to fingerprint or take tooth chart

What means of identification were buried with the body?

Embossed plate

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

Who is buried on:

Deceased's Right: Unidentified X-425 110
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unidentified X-423 108
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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NICHOLAS J. SLOANE
Signature of Officer or other person reporting Lt. J.G.M.C.
Graves Registration 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.:

Left Hand

4	
3	
2	
1	
Thumb	

4	
3	
2	
1	
Thumb	

Right Hand

TOOTH CHART

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

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

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.