

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

22 Nov 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 426, Plot AF,
Row 6, Grave 111, 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. 2314, dated 3 June 1947. No
further information is available.

FOR THE COMMANDING GENERAL:

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

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

*NAN
file
M. Brown
H. H. H.
G. H. H.*

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Incl #25

Buick MM

Interred 17 January 1949
H-4-16- QMC. St Laurent
C. H. Niemstra
C. H. NIEMSTRA
1/1T 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-000426

RANK
0

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
LA CAMBE ISIGNY

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
A.F. 6 111 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-426

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, 2d LT, QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Mattress Cover

CONDITION OF REMAINS
Adv. Decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 4 Nov. 47 BY G. Burke

EMBALMER (Signature)

CASKET SEALED BY
H. F. Pergande

SHIPPING ADDRESS VERIFIED BY

CASKET BOXED AND MARKED
DATE 18 Dec 47 BY R. Anderson

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.

I certify that the entries on this form are true
copies of the entries on Copy No. JAMES F. NABORS, Maj, Inf.
intern. Dis. ...

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies of the persons whose names are typed

James F. Nabors
Major, Inf.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Camba		TO USMC St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Joseph L. Gainey, Cpl.	
SIGNATURE OF SHIPPER Hadley H. Keithley	DATE	SIGNATURE OF RECEIVER Chester L. Coleran	DATE

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

IDENTIFICATION CHECK LIST

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

Unknown ~~X-426~~
Cemetery La Cambe, France
Plot AF Row 6 Grave 111

1. ~~Arrived at Cemetery~~ Date reprocessed 12 8 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~~ or disinterred by Subordinate Identification Point, Carantan,
(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>Remnants of.</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web None

Drawers, wool Remnants of.

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes (type) None

Overshoes None

Web Equipment (type) None

(Other item) Electrically heated flying suit type "F 2" size 32.

(Other item) Parachute harness.

* 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?

AIR FORCES

6. Description of Remains:

Age Utd Height Est. 5'10" 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, poeks, freckles)

Build Utd
(Large, fat, thin, muscular)

Hair None found
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair None found
(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 No teeth recovered
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin Utd
 (Prominent, receding, pointed, dimples, double)

Jaw Utd Circumference of head in inches skull 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)

(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 Light brown
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty Utd
 (Yes-no; location)

Legs Utd
 (Insect, 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 Utd
 (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 No teeth recovered.
(Yes-no)

9. Remarks Remains received in mattress cover, fully clothed in skeletal form, with a small amount of decomposed flesh. Estimated weight of remains now 12 Lbs. Fluoroscopic Examination negative. No burial bottle found. 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.


ELLSWORTH T. MAC INTYRE
(Officer's Name)

Captain
Rank

QMC
Service

Central Identification Point
(Organization)

X-426
La Cote, France.
Plot RF Row 6 Grave 111.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

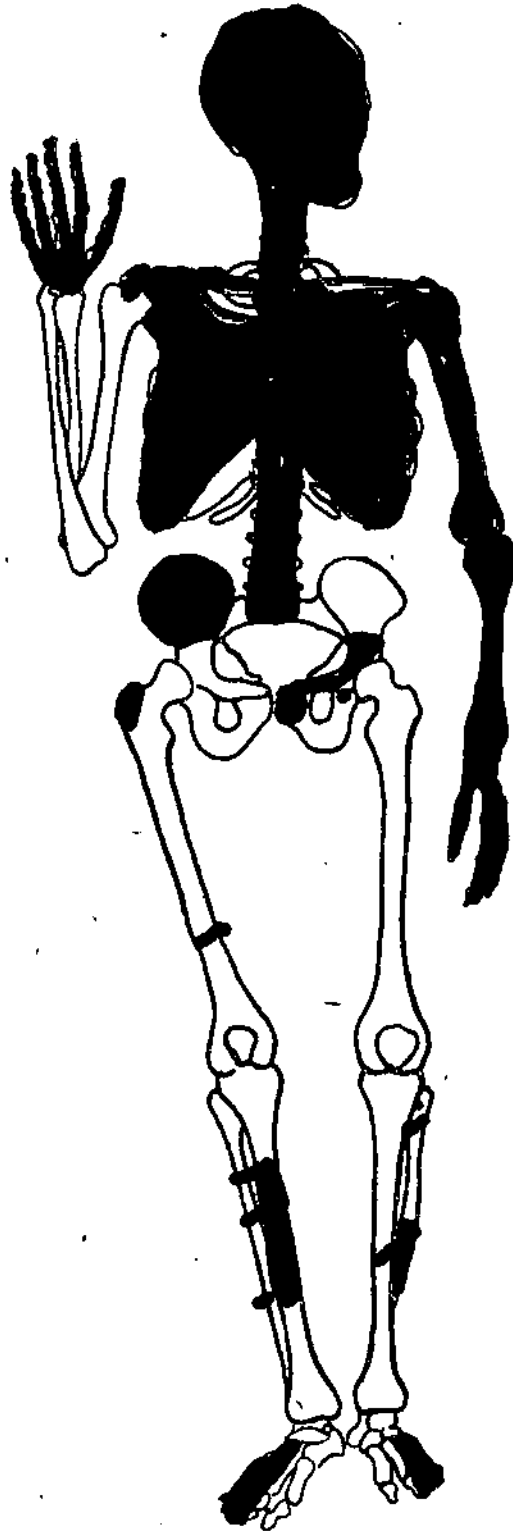


CHART "A"

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

507

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22010
12 August 1944
Date

Unknown

UNIDENTIFIED X-426

Last Name	First	Initial	Rank	Serial No.
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Unit	Organization
------	--------------

Place of Death	Date of Death	Cause of Death
----------------	---------------	----------------

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
-------------------------	------------------	---------------------------------

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 mutilated. Impossible to fingerprint or take tooth charts

What means of identification were buried with the body?

Embossed Plate

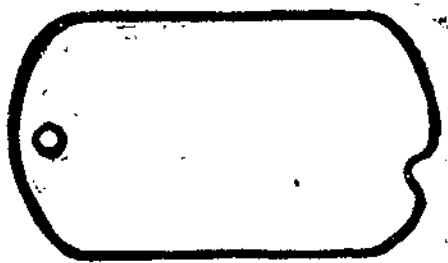
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	Unidentified X-427	Serial No.	Rank	Organization	Grave No.
					112

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

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:

NOTE

65

Signature of Officer or other person reporting burial
Nicholas J. Sloane
NICHOLAS SLOANE

Verified by G.R.S. Officer
Lt., G.M.O.
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

8			
2			
1			
Thumb			

Right Hand

Thumb			

TOOTH CHART

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

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.