

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- 54, Plot C, Row 6, Grave 115, 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. 2932, dated 13 August 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  
shown  
list on  
6 Dec 48

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2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2392, dated 13 August, 1947. No further information is available.

FOR THE COMMANDING GENERAL :

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

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

Incl #3

Beull  
MMM

Interred 8 January 1949  
H-12-15 USMC. St Laurent

DISINTERMENT DIRECTIVE

DOUGLAS A. MAC KENZIE *Douglas Mac Kenzie*  
Capt. Inf. Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3539 00000

DATE  
15 10 47  
DAY MONTH YEAR

NAME  
UNKNOWNX-000054

SERIAL NUMBER  
UNKNOWNX-000054

RANK

ARM  
0

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
LA CAMBE I SIGNY

DISPOSITION OF REMAINS  
0 3505 80  
CODE DIST. PT.

LOT ROW GRAVE COUNTRY  
C 6 115 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-54

RANK  
Utd

DATE OF DEATH  
Utd

DATE DISINTERRED  
17 Nov, 1947

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Utd

IDENTIFICATION VERIFIED BY  
G. PLETZER  
2e Lt, QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Wrapped in Mattress Cover

CONDITION OF REMAINS  
Badly Decomposed

OTHER MEANS OF IDENTIFICATION  
None

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 25 November, 1947  
CASKET SEALED BY  
John A. Brickley

BY John A. Brickley  
EMBALMER (Signature)  
*John A. Brickley*

CASKET BOXED AND MARKED  
DATE 25 Nov 47 BY R. J. Hodge

SHIPPING ADDRESS VERIFIED BY  
JAMES A. HOOVLER, 1st Lt, 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 A. Hoovler*  
JAMES A. HOOVLER, 1st Lt, Inf  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| FROM<br><b>US MC La Cambe</b>  |                          | TO<br><b>Casketing Point "B"-St Laurent</b>                                  |                          |
| KIND OF CONVEYANCE<br><b>Truck</b>   |                          | NAME OF CONVOYER<br><b>Pfc Bertis H. Kimmel</b>                              |                          |
| SIGNATURE OF SHIPPER<br><i>W.T. Dailey</i><br><b>W. T. DAILEY, Capt, QMC</b> | DATE<br><b>25 Nov 47</b> | SIGNATURE OF RECEIVER<br><i>H.F. Hill</i><br><b>H. F. HILL, Captain, QMC</b> | DATE<br><b>25 Nov 47</b> |

## 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<br>(BA VORIKIOLIVIAE MIDE)   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER<br>(BA VORIKIOLIVIAE MIDE) | DATE | SIGNATURE OF RECEIVER | DATE |

## 6. SHIPPED

|                               |      |                       |      |
|-------------------------------|------|-----------------------|------|
| FROM<br><b>C 2 112 BUNNEN</b> |      | 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 |

RECEIVED BY THE SHIPPER

NOV 1947

# IDENTIFICATION CHECK LIST

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

Unknown X 54

Cemetery La Combo, FRANCE

Plot C Row 6 Grave 115

**Date Reprocessed :**

1. ~~Arrived at cemetery~~ 17 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 #1, Garentan, 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<br>Markings                               | Sizes | Indicate unusual markings<br>color, wear, tear, repairs, etc. |
|---------------------|--|-------|---|
| * Headgear          | <u>NONE</u><br>(Type)                              |       |   |
| Raincoat            | <u>NONE</u>  |       |   |
| Overcoat            | <u>NONE</u>  |       |   |
| Jacket, Field       | <u>Remnants of</u>                                 |       |   |
| Jacket, Combat      | <u>NONE</u>  |       |   |
| Mackinaw            | <u>NONE</u>  |       |   |
| Sweater             | <u>NONE</u>  |       |   |
| Jacket, HBT         | <u>Remnants of</u>                                 |       |   |
| * Shirt, Wool OD    | <u>NONE</u>  |       | <u>? ????</u>   |
| Undershirt, Wool    | <u>Remnants of marking appeared to be "C-3869"</u> |       |   |
| Undershirt, Cotton  | <u>NONE</u>  |       |   |
| Trousers, HBT       | <u>NONE</u>  |       |   |
| * Trousers, Wool OD | <u>Remnants of</u>                                 |       |   |

Belt, web Remnants of

Drawers, wool Remnants of

Drawers, cotton NONE

Leggings, wool NONE

Socks, ~~Cotton~~ Remnants of wool

~~Shoes~~ Boots G.I. (type) parachute size 10-F

Overshoes NONE

Web Equipment Remnants of (type) field pack belt

(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?

6. Description of Remains:

Age UTD Height 5'6 1/8" 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 Brown  
(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 See Tooth Chart  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches 21 3/4 inches.  
(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 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 None found  
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

" See attached Chart "

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

If not, explain Decomposed and missing

8. Has tooth chart been prepared? YES If not, explain  
(Yes-no)

9. Remarks Remains received in advanced stage of decomposition. Clothing found on body. One (1) Holy bible found in boot. Burial report found which states. (place of death 29th Combat area. Cause of death multiple wounds. Date 18th June 1944.

Race white. 5in. appendectomy scar right lower quadrant. Height 5'9" Wt. 170.

Hair brown .) Fluoroscopic report Negative. Estimated weight of remains 60 lbs.

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.

Clothing marks found on wool Undershirt appears to be " C-8869 " (see attached photo of markings). Chemical Laboratory Examination was made on same marking result:

" J- 1 6 9 0 ".

7

Ernest C. Gaddy  
(Officer's Name)  
ERNEST C. GADDY

CWO  
Rank

USA  
Service

Central Identification Point  
(Organization)



# SKELETAL CHART

I. a Cambé , FRANCE

Plot: C Row: 6 Grave: 11

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

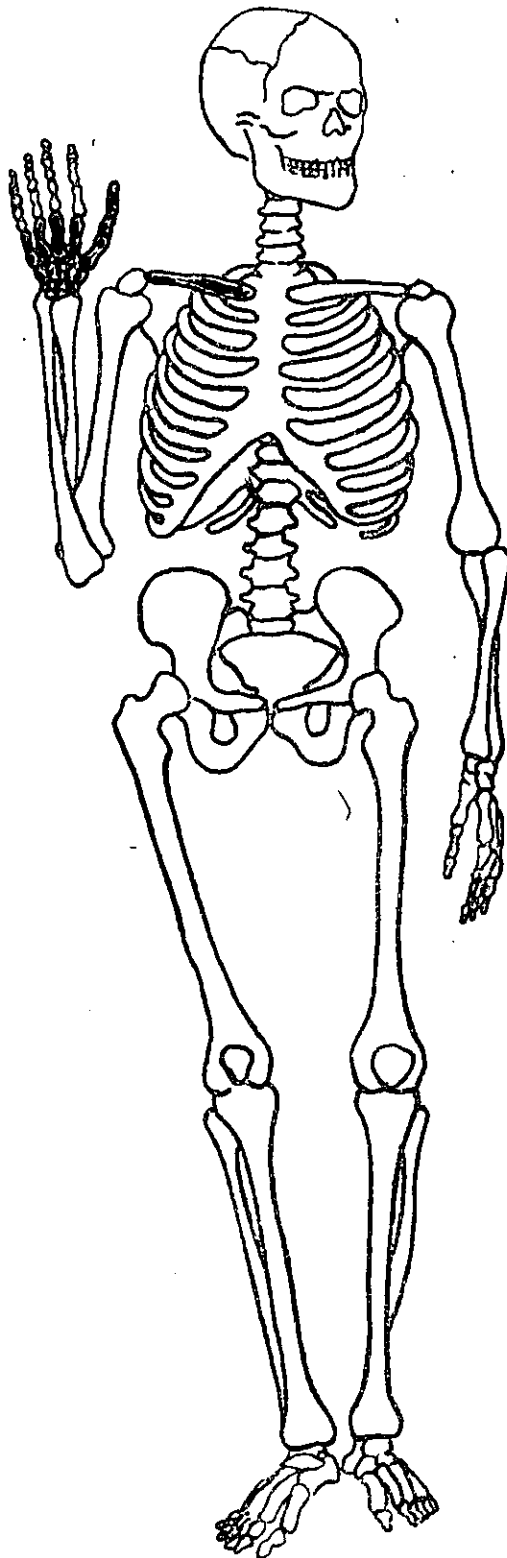


CHART "A"

OFFICE OF THE CHIEF CHARTERMASTER  
 HQ. COM. ZONE ETJEA

La Cambre, FRANCE

Plot: C Row: C Grave: 11

# TOOTH CHART

17 APRIL 1947

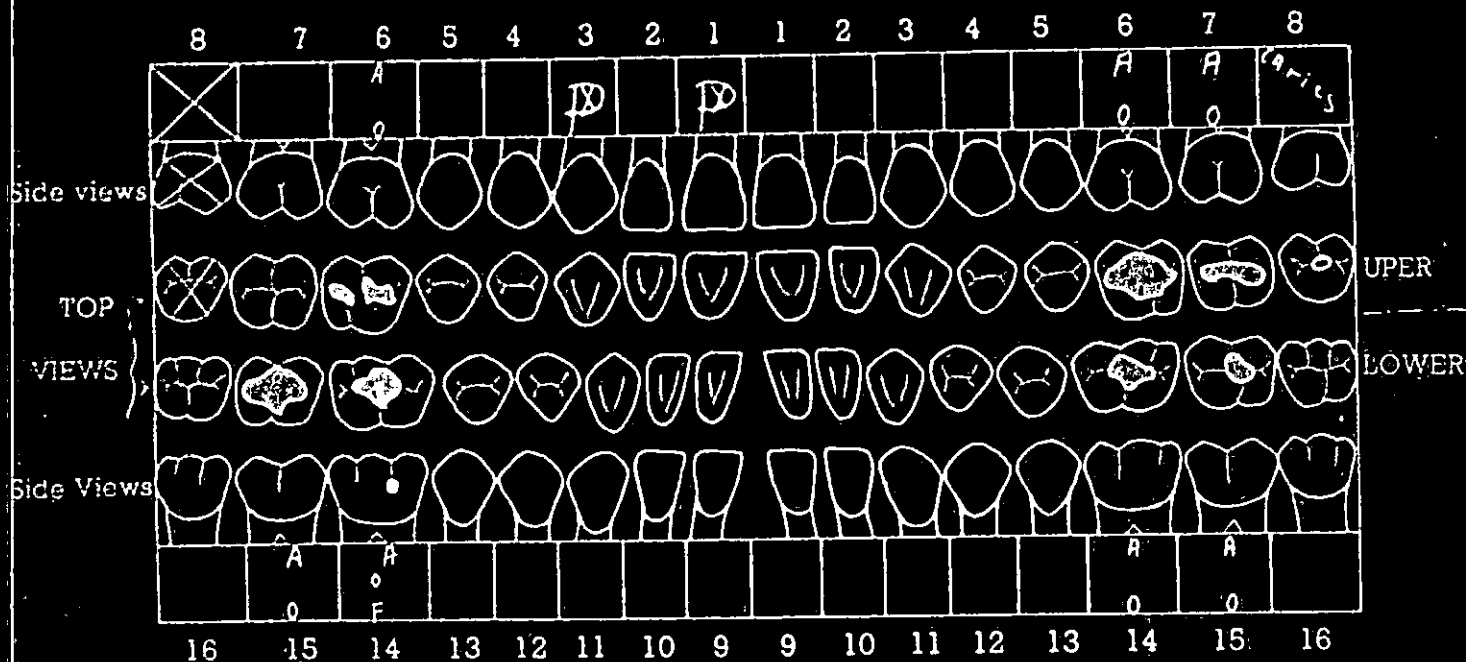
Date

UNKNOWN X-54

Last Name First Initial Rank Serial No.  
 Unit Organization  
 Place of Death Date of Death Cause of Death

Right

Left



See remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

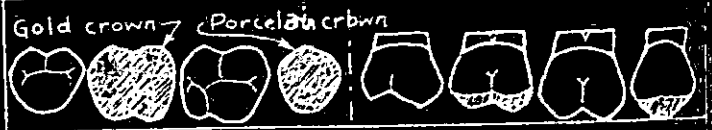
*Edward Sebastian* A.K.  
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer  
 ERNEST C. GADDY  
 CWO USA C.T.P.

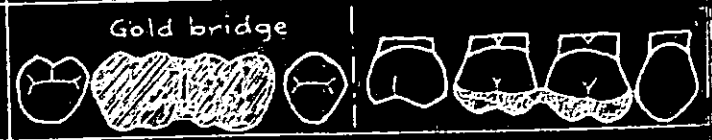
**MISSING TEETH...** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus :



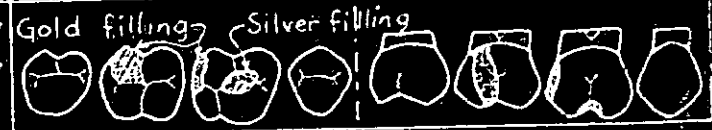
**CROWNED TEETH...** Block in solid the crown of tooth. (label gold, porcelain, Silver or gold and porcelain), thus :



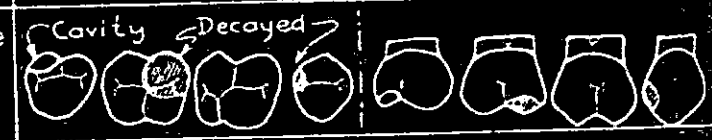
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS...** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES)** Outline location and size of cavity, shade in thus :



**DENTURES (PLATES)...** Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Posthumously missing, R 1,3.  
 Medium sized teeth, in good alignment, have turned slightly pink.

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

21951  
18 June 1944  
Date

Unknown American X-54  
Last Name First Initial Rank Serial No.

29th Combat Area Multipule Wounds  
Unit Organization  
Place of Death Cause of Death

1300 hrs 18 June 1944 Amer Cem #3 La Cambe, F  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

115 6 C Stake  
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?

No Identification ~~Obtain~~ Obtainable

What means of identification were buried with the body?

1 Copy GRS Form #1

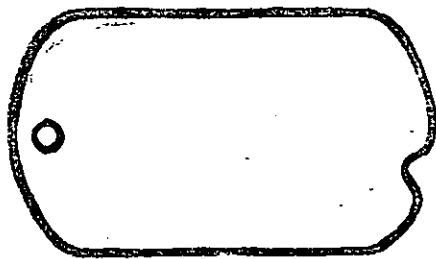
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Hauck W.E. 33150601 116  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Korajwo J.T. 32837769 114  
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 None  
Name

Address

Religion

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

None

65

Signature of Officer or other person reporting burial

*E. H. HOSFORD*

Verified by G.R.S. Officer

E. H. HOSFORD  
1ST LT. Q.M.C.

# 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

|       |  |  |  |  |
|-------|--|--|--|--|
| Thumb |  |  |  |  |
| 1     |  |  |  |  |
| 2     |  |  |  |  |
| 3     |  |  |  |  |

Right Hand

|       |  |  |  |  |
|-------|--|--|--|--|
| Thumb |  |  |  |  |
| 1     |  |  |  |  |
| 2     |  |  |  |  |
| 3     |  |  |  |  |

## TOOTH CHART

|       |   |                 |   |   |   |   |   |   |   |                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------|---|-----------------|---|---|---|---|---|---|---|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|       |   | Deceased's Left |   |   |   |   |   |   |   | Deceased's Right |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Upper | 8 | 7               | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2                | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Lower | 8 | 7               | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2                | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 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.

IDENTIFICATION SECTION  
REGISTRATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

*apt*