

DEPARTMENT OF THE ARMY

~~RESTRICTED~~

OSWEG 332.3  
Kansas City

5 July 1949

**SUBJECT: Report of Certain Unknown Decedents**

**TO : Commanding Officer, GI Activities  
Kansas City Records Center (AGC), Mr.  
ATTENTION: Effects Quartermaster**

1. You are advised that the following named Unknown Decedents are considered unidentifiable:

~~Unknown X-221, La Coubre, France  
Unknown X-204, Nettuno, Italy  
Unknown X-316, Nettuno, Italy  
Unknown X-471, Nettuno, Italy  
Unknown X-509, Nettuno, Italy~~

2. The following named Unknowns have not yet been identified. When identification is established, the Bureau will be notified:

Unknown X-1730, St. Avoild, France  
Unknown X-184, Manila #2, P. I.  
Unknown X-174, Manila #3, P. I.  
Unknown X-7134, St. Avoild, France  
Unknown X-3151, Neuville-en-Coadres  
Unknown X-6134, Neuville-en-Coadres  
Unknown X-4616, Neuville-en-Coadres  
Unknown X-1859, Neuville-en-Coadres  
Unknown X-124, Ste. Marie Eglise, France

3. Correspondence from the Bureau referring to these Unknowns is returned herewith.

**BY COMMAND OF MAJOR GENERAL FRIEDMAN:**

1 Encl:  
Corres.

**WILLIAM F. CONLOW**  
Major, GSO  
Field Service Division

DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 50230

HOC/ELW/mj  
3 June 1949  
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-92

Plot Unk, Row \_\_\_\_\_, Grave \_\_\_\_\_, USMC #3, LaCamba,  
France have been held at this Bureau as of 30 Oct 45

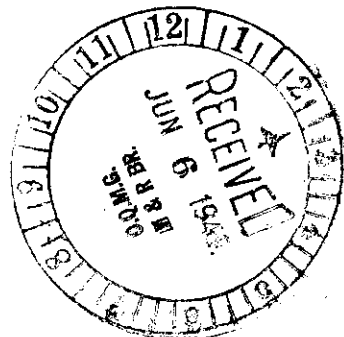
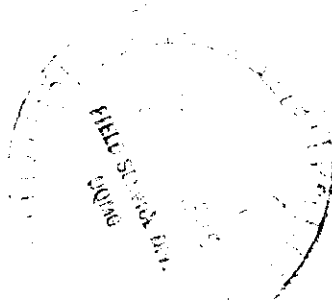
2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 knife, 2 bladed

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL  
Effects Quartermaster



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 <sup>243</sup>X-92, Plot D, Row 10, Grave 183, 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. 2328, dated 13 June 1947. No further information is available.

FOR THE COMMANDING GENERAL:

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

1 DEC 1948 OQMG

Unidentifiable from  
information presently  
available

*NAN  
File  
47000  
2000  
68*

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 A- 92, Plot D.  
Row 10, Grave 183, 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. 2328, dated 13 June, 1947. No further information is available.

FOR THE COMMANDING GENERAL :

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

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

DEPARTMENT OF THE ARMY

XXXXXXXXXXXXXXXXXXXX

KGOD 332.5  
Kansas City

24 May 1948

**SUBJECT: Unidentified Unknown Decedents**

**TO: Commanding Officer  
Kansas City Quartermaster Depot  
601 Hardesty Avenue  
Kansas City 1, Missouri  
ATTENTION: Effects Quartermaster**

1. Reference is made to recent correspondence from your Bureau regarding the disposal of personal effects of Unknown decedents interred in LaCombe, France, listed as follows:

Unknown X-69  
Unknown X-82  
Unknown X-186.

2. Unknown decedents above listed are under investigation in this office. Upon completion thereof, your Bureau will be advised.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl:  
KCQMD correspondence a/s

WM. T. BROWN  
Lt. Colonel, QMC  
Field Service Division

DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 50230

HOC/ELR/mjo's  
14 May 1948  
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-02

Plot Unk, Row Unk, Grave Unk, USMC #8, La Combe, France

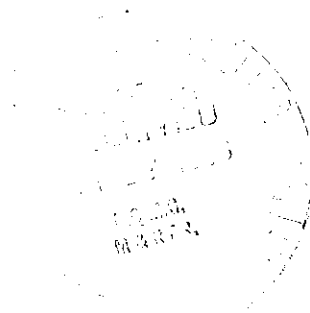
\_\_\_\_\_ have been held at this Bureau as of 30 October 1945.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

**1 knife, 2 bladed, very sharp**

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:



H. O. CALDWELL  
Effects Quartermaster

ERR

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3539 00000

DATE 15 10 47 DAY MONTH YEAR

NAME UNKNOWNX-000092

SERIAL NUMBER UNKNOWNX-000092

RANK ARM 0

DATE OF DEATH DAY MONTH YEAR

CEMETERY LA CAMBE ISIGNY

DISPOSITION OF REMAINS 0

3505 80 CODE DIST. PT.

LOT ROW GRAVE COUNTRY D 10 183 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-92

SERIAL NUMBER Utd

RANK Utd

DATE OF DEATH Utd

DATE DISTINTERRED 7 Nov 47

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION UNKNOWN

RELIGION Utd

IDENTIFICATION VERIFIED BY WM. J. SMITH 1st LT CE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Matress Cover

CONDITION OF REMAINS Adv. Decomposition

OTHER MEANS OF IDENTIFICATION GRS Tag and Embossed Plate

OTHER DISCREPANCIES None

REMAINS PREPARED AND PLACED IN CASKET 20 Nov 47

BY G. Burke EMBALMER (Signature) G Burke

REMAINS BOXED AND MARKED 20 Nov 47 by R.P. Kreil

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, 1st LT, INF SIGNATURE OF GRS INSPECTOR

FILE RECORDS ANNOTATED

Number each memo or reply in left border.

Use entire width of paper.

TO	FROM	DATE	La Cambe B-10-183. SUBJECT: Request for Information
CHIEF HISTORICAL RE. BR PL. DIV AGRC.	UNIDENTIFIED BRANCH AGRC.	18 Jan. 1946	<p>1. Request a list of all Units that saw action in vicinity of Balleroy, France.</p> <p><i>A. Cook</i> <i>W. J. C. H.</i></p> <p>N. J. SLOANE, Capt., QMC, Uniden., Branch.</p> <p>SLOANE/CHS/sk. VER, DIS, EXT 97.</p>
2 Uniden Hist Rec tified Br, Plan Branch Div, AGRC AGRC		18 Jan 46	<p>BURNS/rmv/363</p> <p>Reference to above request, the following is submitted:</p> <p>1st Inf Division</p> <p><i>J. M. Murphy</i> <i>2nd Lt. QMC</i> for ROBERT W. BURNS Captain, A.M.C.</p>



293 unk. 2195-4 - France LaCambe

AGPC-3 704 (14 Feb 45)

1st Ind.

TJH/SPW/jfs/4602

WD, AGO, Washington 25, D. C., 13 April 1945

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief Registration and Planning Branch, Room 1100, Temporary Building C.

Fingerprints on Report of Burial No. 21954 (QMC Form 1-GRS) for Unknown X-92 buried La Cambe American Cemetery No. 3, La Cambe, France, Grave 183, Row 10, Plot D, could not be identified. The report is returned herewith.

FOR THE ADJUTANT GENERAL:

*John T. Burns*  
JOHN T. BURNS  
Major, AGD,  
Officer in Charge,  
Status Review and  
Determination Section.

*JTB*

1 Incl. n/c

*Basic 2-14-45-*

*File  
14 Dec 45  
JTB*

AGRE (La Cambe, D-10-183)

1st Ind.

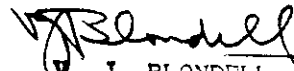
SLOANE/CHS/pr

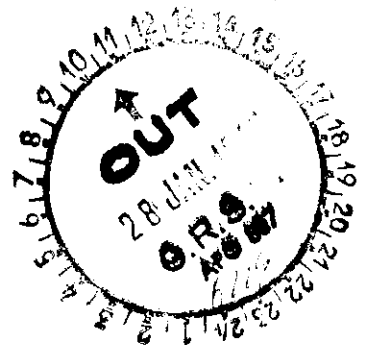
HEADQUARTERS, AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER AREA,  
APO 887, U. S. ARMY. 28 January 1946.

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

1. In reply to basic communication you are advised that the First Infantry Division was in the vicinity of Balleroy, France; however, this Division is no longer in this theater, therefore, information relative to personnel missing or killed in the action is not available at this headquarters.

FOR THE COMMANDING GENERAL:

  
J. J. BLONDELL  
Lt. Col., A. G. D.  
Adjutant General



*Yvettin*



RESTRICTED



IN REPLY REFER TO

SPQYG 293

Unknown 21954, France

ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

14 February 1945


SUBJECT: Fingerprints of Unknown Deceased.

TO : The Adjutant General, ASF, Washington, D. C.

ATTENTION: Capt. Hennessey, Status Review & Determination,  
Casualty Branch, 4602 Munitions Building, Washington, D.C.

1. The inclosed Burial Form is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown, buried in the LaCambe American Cemetery #3, France.
2. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addressee and religious preference of the deceased be forwarded to this office, together with the return of the Form, when report is rendered.

For The Quartermaster General:

  
MAYO A. DARLING,  
Lt. Colonel, Q.M.C.,  
Assistant.

1 Incl;  
Burial Form.

RESTRICTED

RESTRICTED

SPQYG 293  
Unknown 21954, France

14 February 1945

**SUBJECT:** Fingerprints of Unknown Deceased.

**TO :** The Adjutant General, ASF, Washington, D. C.

**ATTENTION:** Capt. Hennessey, Status Review & Determination,  
Casualty Branch, 4602 Munitions Building, Washington, D.C.

1. The inclosed Burial Form is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown, buried in the LaCambe American Cemetery #5, France.

2. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addressee and religious preference of the deceased be forwarded to this office, together with the return of the Form, when report is rendered.

For The Quartermaster General;

MAYO A. DARLING,  
Lt. Colonel, Q.M.C.,  
Assistant.

1 Incl:  
Burial Form.

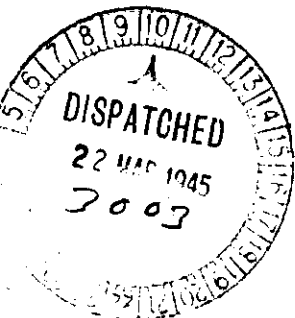
FEB 14 8 41 AM '45  
MEMORIAL DIVISION

RESTRICTED

Q-GR 293. 1st Ind EAL/s  
OQM, HQ, NORMANDY BASE SECTION, APO 562, U. S. ARMY, 21 March, 1945.

- TO: C.O., 3059th QM Graves Registration Company, APO 562, U.S. Army.
1. Forwarded for compliance with paragraph 3 of basic communication.
  2. Reply by indorsement will be made to this Headquarters showing action taken.

For the Base Section Quartermaster:



*Edwin A. Llwyd*

EDWIN A. LLWYD  
2d Lt., QMC  
Assistant.

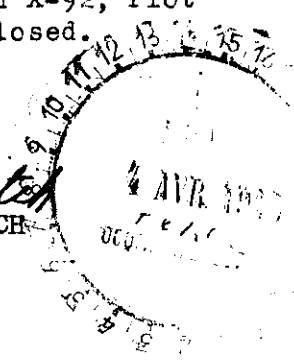
Q-GR 293. (La, Cambe, D-10-183) 2nd Ind.  
Hq. 2nd Platoon, 3059 QM GR REG Co., APO 562 US Army. La Cambe US Military Cemetery.  
27 March 1945

TO: OQM, HQ., NORMANDY BASE SECTION, APO 562, US Army.

1. True copies of Report of Burial on remains of Unknown X-92, Plot D, Row 10, Grave 183 furnished, four copies in duplicate inclosed.



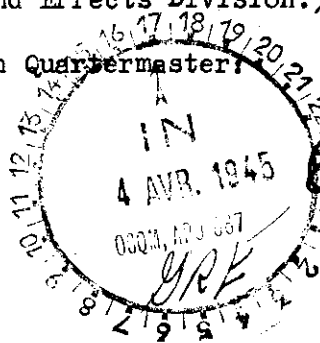
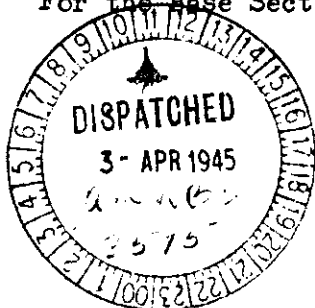
*Michael Billitch*  
MICHAEL BILLITCH  
2nd Lt. QMC  
GRS Officer.



Q-GR 293. (LaCambe, D-10-183, X-92) 3rd Ind. EAL/k  
OQM, HQ, NORMANDY BASE SECTION, COM ZONE, ETO, APO 562, U. S. ARMY, 1 April 1945

To: Chief Quartermaster, Com Zone, European T. of Opns., APO 887, U. S. Army  
(Attn: Graves Registration and Effects Division.)

For the Base Section Quartermaster:



*Edwin A. Llwyd*

EDWIN A. LLWYD  
2nd Lt., QMC  
Assistant

Incls:  
a/s 2nd Ind.



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

IN REPLY REFER TO

SPQYG 293  
Unknown X-92  
(La Cambe) France

18 December 1945

SUBJECT: Fingerprints of Unknown Deceased

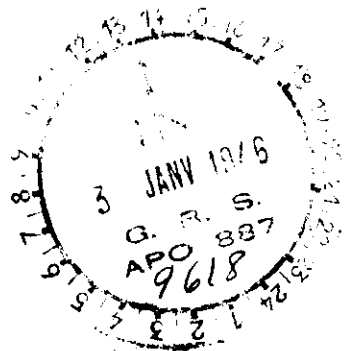
TO : Commanding General, American Graves Registration Command  
European Theater, Versailles, France  
APO 887, c/o Postmaster  
New York, New York.

1. The fingerprints submitted for Unknown X-92, La Cambe Military Cemetery, Plot D, Row 10, Grave 183, have been compared, insofar as possible, but have not been identified.

2. Lists of personnel known to have been missing or killed in the vicinity of where the remains were recovered, and for whom reports of burial have not been received, should be obtained from the organizations known to have been in that area and forwarded as an aid in the identification of this deceased.

FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROSENGARD  
2nd Lt., QMC  
Assistant



SPQYQ 293  
Unknown X-92  
(La Cambe) France

293 unk 21954 - France  
(La Cambe)

(21954)

18 December 1945

**SUBJECT:** Fingerprints of Unknown Deceased

**TO :** Commanding General, American Graves Registration Command  
European Theater, Versailles, France  
APO 887, c/o Postmaster  
New York, New York,

1. The fingerprints submitted for Unknown X-92, La Cambe Military Cemetery, Plot D, Row 10, Grave 183, have been compared, insofar as possible, but have not been identified.

2. Lists of personnel known to have been missing or killed in the vicinity of where the remains were recovered, and for whom reports of burial have not been received, should be obtained from the organizations known to have been in that area and forwarded as an aid in the identification of this deceased.

**FOR THE QUARTERMASTER GENERAL:**

ARTHUR S. ROSENGARD  
2nd Lt., QMC  
Assistant

JMW

8.8

DEC 19 11 30 AM '45

Q O M G  
MAIL & RECORDS BRANCH

GRAVES REGISTRATION SECTION  
DEC 19 9 06 AM '45  
MEMORIAL DIVISION

File  
3-1-46

X 293 unk X 92 - France (La Cambe)

FILE UNDER NO. 293 - Unknown 21954 France

I N D E X S H E E T

STANDARD

Letter

12 Feb. 1945

FROM: OQMG.  
TO: Hdqrs., SOS, ETOUSA, APO 887, c/o PM, New York, N.Y.  
FOR: The QM.

SUBJ: Burial Forms.

DOCUMENT FILED UNDER NO. 293 - Unknown Misc.

tjh



# IDENTIFICATION CHECK LIST

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

Unknown X 92

Cemetery LA GAMBE, France

Plot D Row 10 Grave 183

1. ~~Arrived at cemetery~~ **Date reprocessed:** 18 April 1947  
~~XXXXXXXXXX~~ (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 S.I.P. 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 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, <del>HBT</del>		<u>paratroop jump size 30-32. Marking IC-116</u>	
* Trousers, Wool OD		<u>Rem. of, size: 30-32</u>	

Belt, web **None**  
Drawers, wool **None**  
Drawers, cotton **Rem. Of**

Leggings, wool **NONE**  
Socks, cotton \*  
\* Shoes (type) \*  
Overshoes \*  
Web Equipment (type) \*  
(Other item) \*  
(Other item) \*

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia \*  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \*

Does clothing indicate that deceased was a member of the ~~Arm.~~ Ground or ~~XXXXX~~ Force?

6. Description of Remains :

Age **UTD** Height **Est. 5'10 3/4"** 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 **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 1/2"**  
 (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)

**UTD**

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**  
 (Inseam, 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 **HALDS MISSING**

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

9. Remarks **Remains received in advanced stage of decomposition, wrapped in mattress cover. Clothing was found on remains. One marking found on Paratroop Jump trousers; "XE-118" - Burial report found containing finger prints. Photographs of fingerprints have been taken and are enclosed with case papers. A copy of the burial report was made and reburied with the remains. Fluoroscopic report: Negative. Estimated WT. of remains: 60 L. 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.

*Ernest C. Gaddy*  
(Officer's Name)

**Ernest C. GADDY**

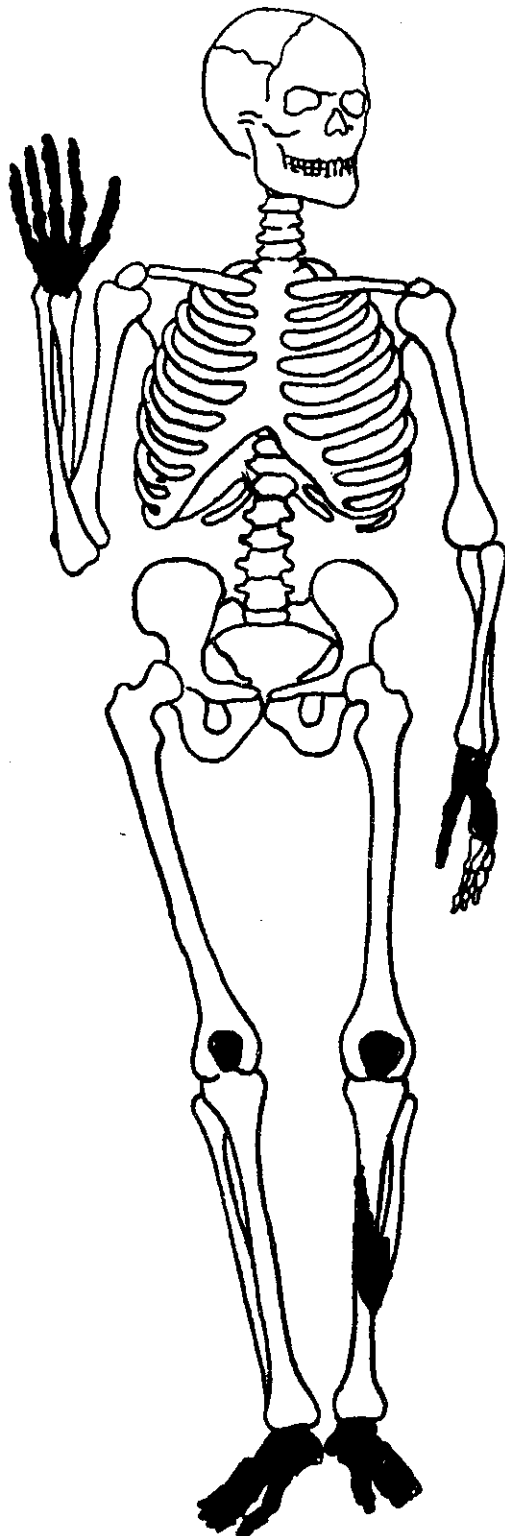
**C.W.O.** Rank **U.S.A.** Service

**CENTRAL IDENTIFICATION POINT.**  
(Organization)

X-92

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



X.92

LA CAMBE, France.

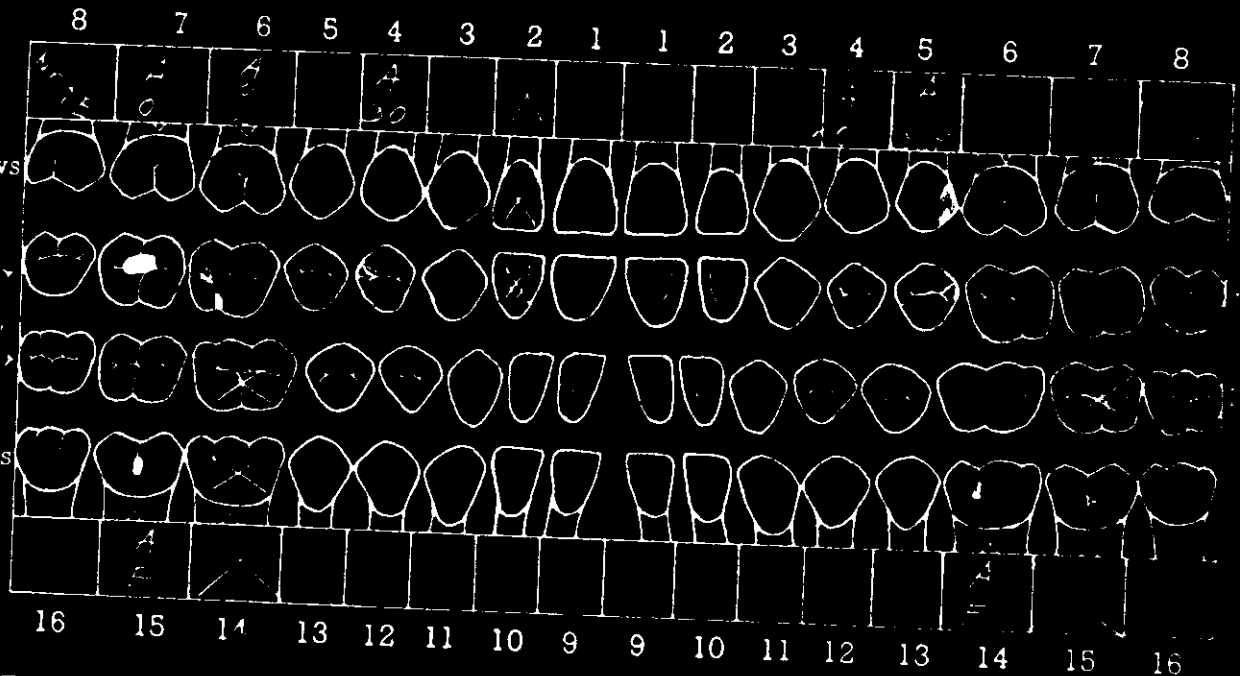
Plot D Row 10 Grave 183

# TOOTH CHART

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Teeth: \_\_\_\_\_ Date of Teeth: \_\_\_\_\_ Date of Teeth: \_\_\_\_\_

Right

Left

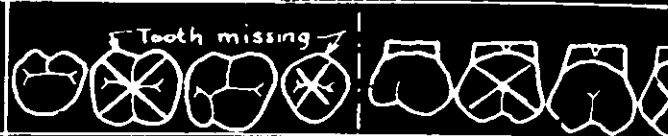


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. In making the chart, the line in both upper and lower jaw, the teeth are arranged symmetrically on each side and divided as incisors (biting teeth), canines or cuspids (tearing teeth), premolars (chewing teeth), and molars (principal chewing teeth). An occasional molar will be marked as a filling or crown for a full whorl base or bit and a tooth that is a wisdom tooth, partial work, filling, crown (cavities of decay), denture (plate), and any other mark should be noted. See reverse side for illustrations.

*[Handwritten Signature]*  
 Signature of Officer \_\_\_\_\_

Verde 11111 G. R. S. 11111  
 ERNEST J. HADY G. R. S. U.S. S.I. 11111

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



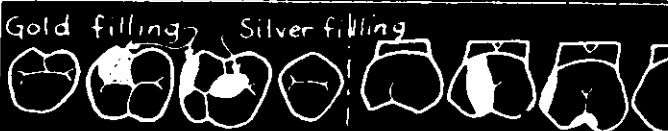
**CROWNED TEETH**... Block in solid the crown of teeth (label gold, porcelain, Silver or gold and porcelain), thus :



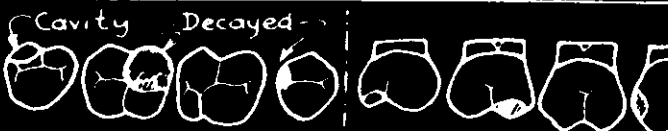
**BRIDGE WORK**... Block in solid the crown of teeth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS**... Draw filling on teeth 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

The spaces are completely closed in the position of the missing teeth of the mandibles.

SPACES: A 1-6, 7 mm., K 13-15, NONE, K 1-21, 2mm., 22-3, 5mm., L 14-3, NONE.

Unerupted before death, A8.

Possibly unerupted before death, L8.

Rotated distally & turned, L8.

Incisors show wear.

Medium sized teeth in very good alignment, (with one exception), have turned slightly ling.

# REPORT OF BURIAL

22 JUNE 1944  
Date

UNKNOWN X-92

Last Name	First	Initial	Rank	Serial No.
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	

BALLEROY, FRANCE  
 22 JUNE 1944  
 LA CAMBE AMERICAN MILITARY CEMETERY TSSB  
 WOUND IN LEFT LEG

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
 How were remains identified?

What means of identification were buried with the body?

GRS FORM #1 Buried with body

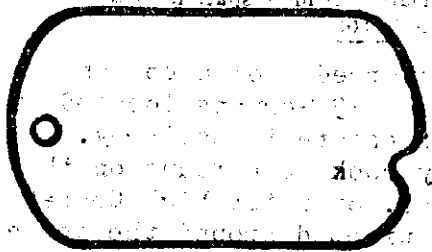
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	<u>Carden, J. S.</u>	<u>20364708</u>			<u>184</u>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Baldwin, B.</u>	<u>6954841</u>			<u>182</u>
	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:

No personal effects found.

Copied above GR Form # 1  
as on file at La Cambe  
US Military Cemetery

*Michael Billitch*  
 MICHAEL BILLITCH  
 2nd Lt. OMC  
 GRS Officer

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer



2195

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Date

X-92

Unknown Last Name Unknown Initial Unknown Rank Unknown Serial No.

Balleroy, Françoise Unit Unknown Organization Wound in L. Leg.

22 June 44 Place of Death Amer. Cem. # 3 Date of Death La Cambe, F. Cause of Death

183 Time and Date of Burial 10 Name of Cemetery D Name or Coordinates of Location Stake

183 Grave Number 10 Row Number D Plot Number Stake 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?

What means of identification were buried with the body?

G.R.S. Form #1 buried with body.

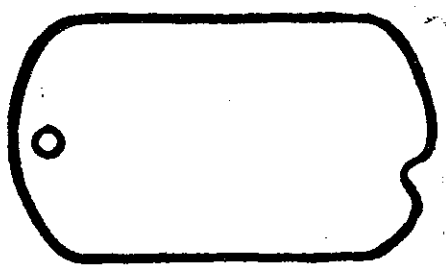
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Garden, J.S. 20364708 184  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Baldwin, B. 6954841 182  
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:

No Personal Effects Found.

Signature of Officer or other person reporting burial

E. H. HOSFORD E. H. HOSFORD  
Verified by G.R.S. Officer 1ST LT. Q.M.C.

**REPORT OF BURIAL**  
IF DECEASED UNIDENTIFIED

22 JUNE 1944  
Date

UNKNOWN X-92

Last Name First Initial Rank Serial No.

Place of Death: BALLEROY FRANCE  
Date of Death: 15 JUNE 1944  
Cause of Death: WOUND IN LEFT LEG

Time and Date of Burial: 183  
Name of Cemetery: 10  
Name or Coordinates of Location:  
Grave Number: 183 Row Number: 10 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?

What means of identification were buried with the body?

GRS FORM #1 Buried with body

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

Who is buried on:  
Deceased's Right: Garden, J. S. 20364708 Rank Organization Grave No. 184  
Deceased's Left: Baldwin, P. 6954841 Rank Organization Grave No. 182

Signature of Name, Rank and if possible Organization of Person Affixing above Data when other than officer reporting burial

Emergency Addressee Name Address Religion  
List only Personal Effects Found on Body and disposition of same:  
No personal effects found.

Copied above GR Form # 1  
as on file at La Cambe  
US Military Cemetery  
2nd Lt. GRC  
GRC Officer

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

# REPORT OF BURIAL

22 JUNE 1944  
Date

**UNKNOWN 192**  
Last Name First Initial Rank Serial No.

Unit: **1st Lt** Organization: **1st Lt**

**BALLEBOY FRANCE** Place of Death **WOUND IN LEFT LEG** Cause of Death

Date of Death

Time and Date of Burial: **183** Name of Cemetery: **D** Name or Coordinates of Location

Grave Number: **183** Row Number: **10** Plot Number: **D** 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?

What means of identification were buried with the body?

**ORS FORM #1 Buried with body**

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

Who is buried on:

Deceased's Right: **Cardon, J. S.** **20364700** Rank: **184**  
Name Serial No. Organization Grave No.

Deceased's Left: **Baldwin, B.** **6951841** Rank: **182**  
Name Serial No. Organization Grave No.

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

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

Emergency Address: **1st Lt** Name

**No personal effects found.**

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

**No personal effects found.**

Copied above GR Form # 1  
as on file at La Cambe  
US Military Cemetery

**Michael Hillitch**  
2nd Lt. OMC  
ORM Officer

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

# REPORT OF BURIAL

22 JUN 1944  
Date

UNKNOWN X 92

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
Place of Death	Date of Death	Cause of Death		WOUND IN LEFT LEG
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?

What means of identification were buried with the body?

**GRS FORM #1 Buried with body**

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

Who is buried on:

Deceased's Right:	<u>Gardner, J. S.</u>	<u>20364708</u>			<u>184</u>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Baldwin, B.</u>	<u>6954841</u>			<u>182</u>
	Name	Serial No.	Rank	Organization	Grave No.

Signature of 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 Address	Name
Address	Religion

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

**NO personal effects found.**

Copied above GR Form # 1  
as on file at La Cambe  
US Military Cemetery

*Michael Billitch*  
MICHAEL BILLITCH

2nd Lt. QMC  
GRS Officer

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

# REPORT OF BURIAL

DA FORM 1003 AND AR 30-1815

3195  
June 22, 1948  
Date

UNKNOWN UNKNOWN UNKNOWN UNKNOWN  
Last Name First Initial Rank Serial No.

Unit \_\_\_\_\_ Organization \_\_\_\_\_

La Combe La Combe  
Place of Death Date of Death Cause of Death

27 June 44 La Combe La Combe  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

183 183 10 10  
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?

What means of identification were buried with the body?

Gravesite marker buried with body

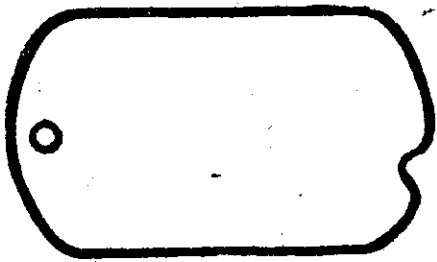
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: UNKNOWN UNKNOWN \_\_\_\_\_  
Name Serial No. Rank Organization Grave No.

Deceased's Left: UNKNOWN UNKNOWN \_\_\_\_\_  
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:

No personal effects found.

No personal effects found.

Signature of Officer or other person reporting burial

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

Verified by G.R.S. Office

Incl!

Upper				Lower			
8	7	6	5	4	3	2	1
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 X

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

TOOTH CHART



**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: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Color of Eyes: \_\_\_\_\_
- Color of Hair: \_\_\_\_\_
- Race: \_\_\_\_\_
- Laundry Marks: \_\_\_\_\_
- Number of Ribs: \_\_\_\_\_
- Wear Glasses? \_\_\_\_\_
- Is Tooth Chart Attached? \_\_\_\_\_

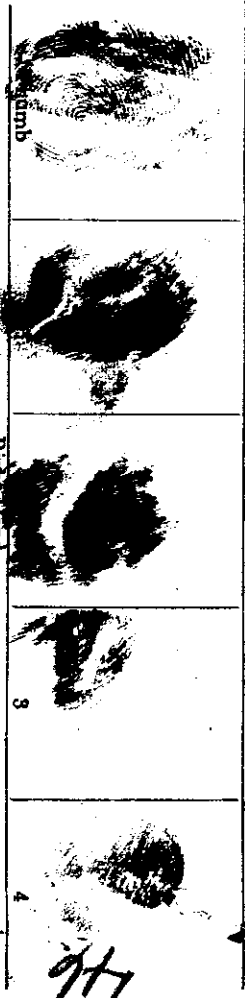
(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

TOO BLE OR. I DECEASED AT THE CRIST... OF 10188 ALBIONE...

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed, attach separate sheet. Address North.

is now was identified from a coroner... are holding his body and 33... in the... of... were found... American, now... on a... of... was found... the deceased, wounded left leg, was found... the name... was found... in the... word... was found... the... and on a piece of cloth... the inside waist of... a commercial... number printed as follows: T 18319 with... (in ink) just below.



46

# REPORT OF BURIAL

DA FORM 100-30 AND AR 30-1815

UB 21954

10 Oct 1944

X-92

46

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_ Rank: able to distinguish Serial No.: \_\_\_\_\_

Unit: \_\_\_\_\_ Organization: \_\_\_\_\_

Place of Death: CC Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Time and Date of Burial: \_\_\_\_\_ Name of Cemetery: La Combe Name or Coordinates of Location: \_\_\_\_\_

Grave Number: 18 Row Number: 18 Plot Number: D 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?

What means of identification were buried with the body?

... buried with body

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

Who is buried on:

Deceased's Right: Name: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Rank: \_\_\_\_\_ Organization: \_\_\_\_\_ Grave No.: \_\_\_\_\_

Deceased's Left: Name: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Rank: \_\_\_\_\_ Organization: \_\_\_\_\_ Grave No.: \_\_\_\_\_

Signature of Person Furnishing Data and if possible Organization of person furnishing above data when other than officer or crew member



If print of identification tag is not available furnish description

Emergency Address: \_\_\_\_\_

Address: \_\_\_\_\_

Religion: \_\_\_\_\_

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





# REPORT OF BURIAL

DA FORM 100-10 AND AR 30-1815

21954  
Date 22, 1946  
46

ROBERT  
Last Name First Initial Rank Serial No. able to [unclear]

1st Lt. Unit 1st Lt. Organization 1st Lt.

1st Lt. Place of Death La Combe Date of Death 1st Lt. Cause of Death 1st Lt.

18, 189 Time and Date of Burial 23 10 Name of Cemetery D Name or Coordinates of Location 1st Lt.

18, 189 Grave Number 23 10 Row Number D Plot Number 1st Lt. 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?

What means of identification were buried with the body?

None - [unclear] buried with body

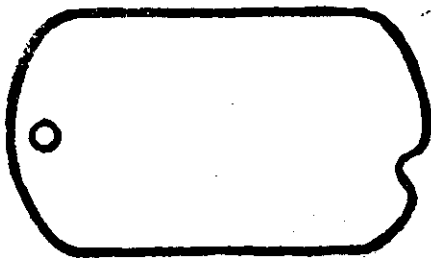
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Robert [unclear] Name 1064706 Serial No. Rank Organization 1st Lt. Grave No.

Deceased's Left: Robert [unclear] Name 1064706 Serial No. Rank Organization 1st Lt. 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:

No personal effects found.

No personal effects found.

Signature of Officer or other person reporting burial

E. H. HOSFORD  
E. H. HOSFORD  
1st Lt. Q.M.C.

Verified by G.R.S. (115)



Identifiable  
Records of  
DUSL7

Handwritten signature or initials