Color

HEADQUARTERS AMERICAN GHAVES REGISTRATION COMMAND: EUROPEAN AREA APO 58 US ARMY

29.3 Unk France 1-165 (Harner)
SUBJECT: Unidentifiable Remains

TO:

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

- 1. The records pertaining to Unknown X-165, Plot O, Row 9, Grave 216, USMC ST. JAMES 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: 2/58, dated 23 JANUARY 1947. No further information is available.

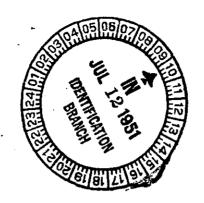
FOR THE COMMANDING GENERAL:

And identifiable from 1849

available from 1949

OOMG

/s/GEORGE L. FREEMAN



A CONTRACTOR OF THE CONTRACTOR

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

RRE 293

-7 FEB 1949 (Date)

SUBJECT: Unidentifiable Remains.

10:

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

- 1. The records pertaining to Unknown X 165,Plot 0

 Row 9, Grave 216, USMC St. James 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. 2158, dated 23 January 1947.

 No further information is available.

FOR THE COMMANDING GENERAL:

Receieved 18 FEB 1949
intermation presently 00MG

GEORGE Z. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

NAME

CEMETERY

ST

PLOT

1948 ecember 15-1 ST JAMES

DISINTERMENT DIRECTIVE

CAPT QMC

SECTION A -NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 3578:000*81*: DATE

15 101

SERIAL NUMBER

RANK

DATE OF DEATH

UNKNOWNX-000165

DAY MONTH YEAR

CAUSE OF DEATH

SECTION E

6

ARM

-DISPOSITION OF REMAINS

AVRANCHES

3504

COUNTRY ' ROW GRAVE 216 FRANCE

– CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

JAMES

ST. JAMES, FRANCE

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

DATE DISTINTERRED

SERIAL NUMBER RANK DATE OF DEATH

21 MAY 48

NAME UNKNOWN

UTD

RELIGION IDENTIFICATION VERIFIED BY

IDENTIFICATION TAG ON ORGANIZATION

REMAINS BOTTLE (2)

USAGF

x-000165

UTD

VILAS K.SORENSON, Embalmer NAME AND TITLE

MARKER GRS tag

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

CONDITION OF REMAINS

Two lbs. fragmented bones.

NATURE OF BURIAL

ODis

MINOR DISCREPANCIES 1

None

CASKET SEALED BY

OTHER MEANS OF IDENTIFICATION

GRS forms No.1 with remains

REMAINS PREPARED AND PLACED IN CASKET transfer case.

Vilas K. Sorenson

25 May 1948

EMBALMER (Signature)

Thomas E. Jones

WM.J.SMITH, 1/LT., CE.

CASKET BOXED AND MARKED

DATE 24/6/48 BY

M.H. Noyes

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

except casketing and that the report above is correct.

I certify that the entries on this form are turn

cories of the entries on Copy No. A of this TRAPAEL T. RUIZ, 1/LT., FA.

Plen. (2) " wellve which contains the step sign;

SIGNATURE OF GRS INSPECTOR

The Wiepare Discrepancy Report OMC Form 1194a for major discrepancies.

NLA

OMC FORM

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SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

AGRC. FORM NO. 11 Revised 5 January 1946

CHECK LIST OF UNKNOWN

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

Unknown X-165...

	· (lot O Row 9 Grave 216
1.	Date Reprocessed 21 November 1946	101 May Graye
2.	2. Place of death	(coordinates and letter Prefex, maps)
****	Sheet, scale and serials	
3.	3. Remains recovered visinterred & Subordinate Id	entification Point, Carentan, FRANCE d organization)
4.	4. Evacuated to Cemetery by(Name an	d organization)
5.	5. Description of clothing and equipment: (if clothes do not fit	, obtain size from body measurements).
	-	ndicate unusual markings
	Item Markings Sizes Color *Headgear None (type)	wear, tear, repairs, etc.
,	Raincoat None	•
	Overcoat None	-
	Jacket, Field Remnants of M 41	
	Jacket, Combat None	
	Mackinaw None	•
	Sweater None	•
	Jacket, HBT Remnants of marked "si	ze 36L - 609
	*Shirt, Wool, OD Remnants of	
	Undershirt, Wool	one
	Undershirt, Cotton	None
	Trousers HBT	None
	*Trousers, Wool OD	None

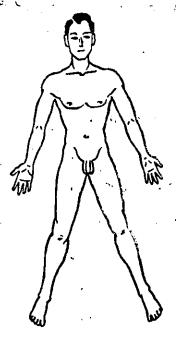
	Belt. Web None	. •	, .
	Drawers, Wool NONG	L	•
	2,2,0,0,0,0		
		One (Note unusual lacing)	
•		None	
		None	
		None .	
	1	None	
		**	
	(Other item)	N	
	(Other item)	None	
	*If body is nude, sizes of these items	should be computed by measuring the remains.	
6.	Chevrons or Insignia	None (type & location; shirt, jacket, coat, helmet)	
	Shantia David 64h	Armored Div.	•
	·	,	
7.	Does clothing indicate that deseased wa	as a member of the Air, Ground or Naval Forces	*********
		Omerand Descript	
*****		Cround Forces	A*** 40
8,	Description of Remains:		
8,	Est.	······································	
8.	Est. Age Utd Height 61 Weigh	t Utd Description of wounds Utd	
8.	Est.	t Utd Description of wounds Utd	
8.	Est. Age Utd Height 6! Weigh Bandages or dressings U	t Utd Description of wounds Utd Ttd Scars Utd (Length, width, location) Utd	
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8.	Age Utd Height 6! Weigh Bandages or dressings U Tattoo Outstanding moles, warts or birthmark	t Utd Description of wounds Utd Itd Scars (Length, width, location) DS (Number, location - illustrate on sep. page) Res (yes-no; description, location)	
8,	Age Utd Height 69 Weigh Bandages or dressings U Tattoo Outstanding moles, warts or birthmark Sunburn or tan, other than hands & fac	t Utd Description of wounds Utd Itd Scars (Length, width, location) DS (Number, location - illustrate on sep. page) KS (Yes-no; description, location) CC Utd	
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8.	Est. Age Utd Height 6 Weigh Bandages or dressings U Tattoo Outstanding moles, warts or birthmark Sunburn or tan, other than hands & fac	t Utd Description of wounds Utd Itd Scars Utd (Length, width, location) Start Utd (Number, location — illustrate on sep. page) Lucy Lucy Lucy Lucy Lucy Lucy Lucy Lucy	
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Hera Torso, and extremities maing

Sidehorns	uta	Mustache	utd 1	Beard or Goatee	ntd
Lidobating	(color, setting, shape)	(color, size, shape)		(length, heavy,
			•		
	light, color, extent)	.,			
	ight, color, extent,	÷			
Eves	Utd	Evebrows	U:	ta	*
	or, setting, shape)	_,	(color, bu	ishiness, extent acro-	is nose}
					•
Nose	Utd	Ears	(size, set	1	
(Size,	· snape, straighti	-	(BiZE, Set	crose to or far fro	m nead) .
Mouth	Utd	Line	Utd		
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Teeth	See Too	th Chart		#112	-41
	1	white, size, unevenes:	s, spacing, poticeable cro	wns, tittings, extra	ct)
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Offin and and			ing, pointed, dimple, dou		•
-				•	•
Jaw	Utd	Circumference	of head in indies	Utd	
(large,	small, normal)			. tl	hat band)
Nad.	IItd			Lames	11±3
(size,	length, short, normal,	wrinkled)			(prominent, normal)
	•				
Shoulders		Utd			
	(broasi,	straight, small, round	ed)	·	length, muscular, color)
** *	(extent and quantity	F			
riands			* 7 * 1		·····
Finner	•	uta			•
T. IIIKers	* (so:	rt, thick, long, slend	er, size of knuckles, mi	ssing lingers or jo	ints) .
	, , ,		•		•
			(unusual characteristics o	d finesenallal	
	•		(different cuaracteristics o	i ingernansi	
Chest	2.	5.4T			
GILOST	(size o	l nipples, color, qua	ntity & extent of hair, h	arge, small, normal)	**
	,		•		•
			<u>U</u> :		
(quar	itity & extent of hadr)		(Size of naver	, appendectomy, amo	ount)
		Circumcision II	td. Pubic hair	u	ta '
[quantil	y & color of hair)	direction (yes-no)		(color)
•	*** 3		•		
Herniaplasty				•	
	(yes-no: locatio	n) ,			
Legs	Utd	•	I		
DOKE			bowed, normal, quantity,		Neir)
	Utd			Ut	A
Feet	(Size, corns, callouse			slender, straight, cro	.Mn,
	/				-, - ·
Evidence of	healed fractures -		Utd		
			(nose, arms, legs	. etc.)	

9. Black out parts of body not received at cemetery:

See skeleton chart



10. Have fingerprints been placed on Report	of Intermet NO	
If not, explain hands mis	sing	•
11. Has tooth chart been prepared Yes-no	If not, explain	th chart
12. Remarks: Remainarecovered, wr	apped in mattress cover	, burial bottle
found. See attached copy of b	urial report. Stenoiled	number on cross
not present. Only few bones re	emain. Estimated weight	of remains now
4Lbs. Fluoroscopic Examination Examination positive. I certify that I have personally viewed the has been recorded to the best of my knowledge	remains of subject deceased and all i	
	Ellsworth T. Officers Name	Nac Intyro
	Captain Rank	OMC Service
	Central Ident	ification Point.

Original Burial Report.

States:

There was no slul with the remains. The lower and upper jaw was with the remains in partial form. Right lower jaw has 1, 2, 3 and 4 the rest of the jaw is missing. 1, 2, 3, 4 and 5 of the left lower are present. The other part of the jaw is missing. Upper right has 6, 8 and 3 present. The other teeth are broken off at the base of the jaw. All teeth with the body are A-l condition and have no fillings or crown. Upper left jaw was not with body.

Other Remark:

Body completely disintegrated, teeth found only last 3 numbers found (6 09).

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

St. James, France Plot O, Row 9, Grave 216



TOOTH CHART

21 November 1946

•		X	- 168	5	•												
		Last Na	m e	C.	First	:_ Ta		nițial			Gra	ide	_		Serial No	' <i>y</i>	
·			Unit		<u>em</u>	ės F	ranc		t O F		Gro		yanization	n			
		Place of	Death				Dat	e of De		<u></u>		Y 6		Cause of	Death		
		R	ight								•			Left			
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	Ī
· ·	—	M	A	X	1	1	4	A		M	1	S	S	iN	<u></u>	>	1
Side views				Θ			4	H		B		C					
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VIEWS	9	D	E)(·	20)(4)	W	1	M	K		3	X	X	X	LOV
Side Views	M			M	A	M	D	P	D	D	X	Â	Q	X		X	
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	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	1		-					<u> · · · · · · · · · · · · · · · · · </u>				_		•			ĺ

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), bicuspids (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.

LAWRENCE DE SHAW US WD Civilia	an
Signature of Officer or other person who prepared Tooth cha	ırt

Verfield by G. R.C. Officer
ROBERT A. SALVADOR Capt Inf

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 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:	Gold bridge
FILLINGS Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:	Gold filling, Silver filling
CARIES (CAVITIES). Outline location and size of cavity, shade in thus:	Cavity Decayed 5

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

Complete maxilla is missing. The left side from L-11 back to L 16 is all that is present of the mandible. There are no teeth present with mandible. L 14 and 15 and 16 all appear to have been extracted.

CRAVES REGISTRATION FORM NO. 1 (Revised 1 Sept. 1943)

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REORT OF BURIAL

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217
Grave No.

Signature of Officer or other person reporting burial 1st Lt. QMC

Graves Registration Officer
Verified by G.R.S. Office

IF DECEASED UNIDENT 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? (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, photographa, probable organization of deceased, etc.; TOOTH CHART If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed 90 🗆; Bridges attach separate sheet. Indicate North. There was no skall with the own. The lower and upper ~ were with recains in partial form. At. lower jaw has I တ 9 2, 3 and h. The rest of the jar is missing, 1, 2, 3, h Ş and 5 of the left lower are present the other part of fillings b S the jay is missing. Upper right has 8, 6 Apri 3 present. The other testh are broken of "at the base of the jaw. Indicate: missing natural teeth by \times ; crowns by \odot ; by \odot linking anchor teeth; replacements by artificial all teeth with the body are al condition and have no 3 3 fillings or wome. Opper left jaw was not with hody. 21 3 3 Right

Deceased's

10 50

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Upper

Characteristics:

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	4		Take Fingerprints of Both	Hands. If unable to obtain a	•
			the following:	, Take Those You Can, and fill in	In May earlest
			Height:	Yanadan Mada	
			Weight:	Laundry Marks: Number of Rifle:	· V. 21 39 170
			Color of Eyes:	Wear Glasses?	
	23		Color of Hair: Race:	Is Tooth Chart Attached?	
				nnel take a tooth chart, if no medical	10° 10° 10° 10° 10° 10° 10° 10° 10° 10°
			personnel present, fill in a tooth	chart below.) In space below locate	The stage of the second
			and describe any scars, birthman	ks, moles, deformities, etc.	- Con-
7.0					
Left Hand	12				
and	-				
					played orig
			Note below any identifying clue probable organization of decease	s found, such as letters, photographs,	147 (14-62)
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	200				
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	Thumb			Americal conservations	Thumb
	n b				The
				Janin St. January	
		me emr	77.1.7.77		
		TOOTH	OHARI II this is	s an Isolated Burial, make a Sketch of with Permanent Landmarks. If more	f the Location,
	- 00	20	attach s	eparate sheet. Indicate North.	space needed
	7	20	There was n	o shull with the body. Th	e lower and upper
_	9	9	Security of the party of the party of the	essins in partial form. R	t. lower jaw has
Deceased's Lei		13	x and 5 of th	The rest of the jew is me left lower are present to	issing, 1, 2, 3, he other part of
sed's			f the jew is		8, 6 and 3 presen
200	4	4	2 The other	testh are broken of at th	o base of the jer
ă	က	က	eig all teeth w	ith the body are Al condit	ton and have no
	2	2	fillinge or	crosse. Opper left jam w	as not with body.
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	21	24	epla		
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Deceased's Right		4	y 3 linking anchor teeth; replacements by artificial teeth X Characteristics:		
asec	5	ر . در	anc		
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Upper