

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

17 Nov. 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-68, Plot 8,
Row 4, Grave 72, USMC St. Laurent, 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. 2392, dated 13/8/47. No
further information is available.

FOR THE COMMANDING GENERAL:

1s/
t/ George L. Freeman

Received 23 Nov. 1948 OYMG
not identifiable from
information presently
available

FILE 23 NOV 1948
MAN
21. Walter
28. Or.
24. Sect.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY


17 NOV 1948
Date

SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A-68, Plot G, Row 4, Grave 72, USMC St. Laurent, 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. 2392, dated 13/8/47. No further information is available.

FOR THE COMMANDING GENERAL :


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

Received 23 Nov. 1948 OQMG
Not identifiable from
information presently
available

Incl #32

Interred 30 November 1948
 I-5-29-USMC. St Laurent
 DOUGLAS A. MAC KENZIE
 Capt. Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3582 00000

DATE

10 09 47
 DAY MONTH YEAR

NAME

UNKNOWN X0000068

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST LAURENT BAVEUX

DISPOSITION OF REMAINS

3505 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

G 4 72 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 X0000068

SERIAL NUMBER

Utd

RANK

Utd

DATE OF DEATH

6 June 1944

DATE DISINTERRED

6 Oct 47

IDENTIFICATION TAG ON

 REMAINS MARKER

ORGANIZATION

Utd

RELIGION

Utd

IDENTIFICATION VERIFIED BY

JOHN H. CLARK

2nd Lt. QMC

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Clothed in O.D. uniform, mattress cover

CONDITION OF REMAINS

Advanced decomposition

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES / Arm of service corrected-Authority 355 (Hq,AGRC)

REMAINS PREPARED AND PLACED IN CASKET

DATE October 7 1947

BY C. R. Tompkins

CASKET SEALED BY

C. R. Tompkins

EMBALMER (Signature)

C.R. Tompkins

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 7 Oct 47 BY H. B. Albert

J. V. SHARP

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

JOHN W SHARP, 1st Lt. Inf.

SIGNATURE OF GRS INSPECTOR

HAT

FILE

RECORDS ASSOCIATED

DATE

APR 12 1947

NAME

R & R BR.

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

RECORD OF CUSTODIAL TRANSFER

8 5
 DATE _____
 TIME _____

1. SHIPPED

FROM Casketing Point "B" AGRC		TO USMC ST LAURENT FRANC	
KIND OF CONVEYANCE Hand		NAME OF CONVOYER JOHN W. SHARP, 1st Lt. Inf	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	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 -68

Cemetery St. Laurent, France

Plot G Row 4 Grave 72

Date reprocessed: 25 June 1947

1. ~~Recovered at cemetery~~ _____
(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 1, Garentan,
(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>Remnants of one (1) pair</u>		

Belt, web None

Drawers, wool None

Drawers, cotton Remnants of one (1)

Leggings, wool None

Socks, ~~cotton~~ ^{wool} Remnants of one (1) pair (white)

* Shoes One (1) pair size 7 1/2 (type) Service

Overshoes None

Web Equipment None (type)

(Other item) Two (2) wool G.D. blankets

(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

Fibula-37.3
Tibia- 38.1

Femur 46.5

6. Description of Remains:

Age UTD Height 5' 7 5/8" 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, poeks, 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 fractured
 (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 None found
 (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.

See chart

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

If not, explain Too decomposed

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

Missing

9. Remarks Remains received in wool OD blanket with extra wool OD blanket laying on top. Clothing found on remains.
No clothing marks found.
Estimated weight of remains: 18 Lbs.
No teeth found.
Burial report recovered in SO cal shell.
Fluoroscopic examination: negative.
No G.R.S. tag 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.

Ernest C. Gaddy

ERNEST C. GADDY
(Officer's Name)

OWO
Rank

USA
Service

CENTRAL IDENTIFICATION POINT
(Organization)

Unknown X-68
St Laurent, France
Flot G Row 4 Grave 72

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

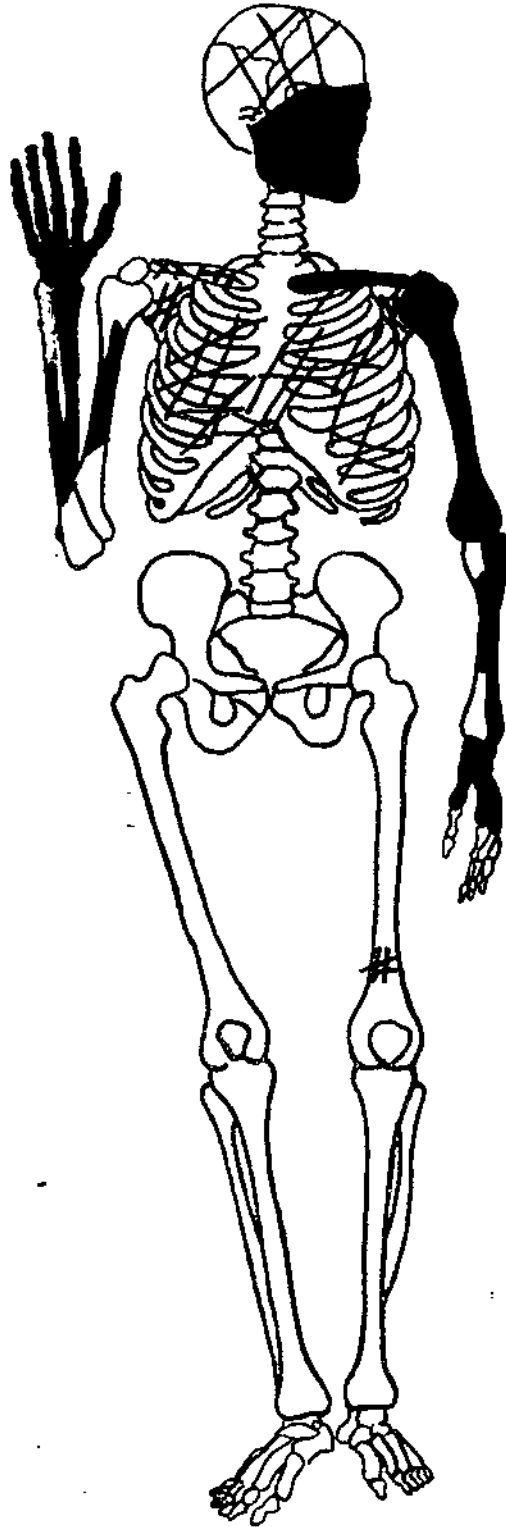


CHART "A"

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22148
22 July 44
Date

Unknown
UNIDENT X 68 (AMERICAN)

Last Name First Initial Rank Serial No.

Unit Organization

Normandy, France

6 June 44.

KIA

Place of Death

Date of Death

Cause of Death

1700- 13 June 44

ST. LAURENT SUR MER # 1

675-896

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

72

4

G

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?

Only part of body recovered. Fingerprints and tooth chart impossible. Size Shoe 7 D.

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right: Giacalone Peter 32877814 73
Name Serial No. Rank Organization Grave No.

Deceased's Left: McConnell, James D 33681344 71
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

73

Signature of Officer or other person reporting burial
Robert E. Berry
Verified by G.I.S. Officer

ROBERT E. BERRY
1st Lt. QMC
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

Right Hand

4

3

2

1

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.