

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.

293
1. The records pertaining to Unknown X-80, Plot 9L,
Row 7, Grave 127, 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. 2369, dated 23/7/47. No
further information is available.

FOR THE COMMANDING GENERAL:

15/ George L. Freeman
1/

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

FILE 23 NOV 1948
24 AN
25. Hallen
24. B.
24. S.



11

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AMERICAN GRAVES REGISTRATION COMMAND
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APO 58 US ARMY

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

1. The records pertaining to Unknown A-80, Flot G,
Row 7, Grave 127, 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.

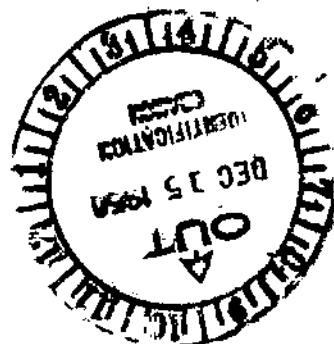
2. Report of Reprocessing was forwarded to your office
by letter of transmittal No. 2369, dated 23/7/47. No
further information is available.

FOR THE COMMANDING GENERAL :


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

Incl #39

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



GWA 1943

Interred 30 November 1948

J-12-8-USMC St Laurent **DISINTERMENT DIRECTIVE**

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

1

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3582 00000

DATE
10 09 47
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000080

RANK

ARM
#8
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
ST LAURENT BAVEUX

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
G 7 127 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-000080

SERIAL NUMBER
Utd

RANK
Utd

DATE OF DEATH
6 June 1944

DATE DISINTERRED
3 Oct 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
Utd

RELIGION
Utd

IDENTIFICATION VERIFIED BY
JOHN B. CLARK
2nd Lt. QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Remnants of O.D. Clothing

CONDITION OF REMAINS
Disarticulate skeleton

OTHER MEANS OF IDENTIFICATION
None

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 October 1947
CASKET SEALED BY
John A. Brickley

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

CASKET BOXED AND MARKED
DATE 3 Oct 47 BY R. J. Hodge

SHIPPING ADDRESS VERIFIED BY
JOHN W. 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
JOHN W. SHARP, 1st Lt. Inf
SIGNATURE OF GRS INSPECTOR

NAT FILE
RECORDS AUGMENTED
DATE APR 17 1949
NAME *John W. Sharp*
R & R BR.

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

NLN

RECORD OF CUSTODIAL TRANSFER

63
 4703
 0711

1. SHIPPED

FROM Casketing Point "B" AGHC		TO USMC ST. LAURENT FRANCE	
KIND OF CONVEYANCE Hand		NAME OF CONVOYER JOHN W. SHARP, 1st Lt. Inf.	
SIGNATURE OF SHIPPER JOHN W. SHARP; 1st Lt. Inf.	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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 1st Lt. SHARP, USMC	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-80

Cemetery St. Laurent, France

Plot G Row 7 Grave 127

1. **Date reprocessed:** 27 June 1947
~~Arrived 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, Carentan, 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>		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Remnants of one (1), type M 41.</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>None</u>		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool web, Remnants of, left

Socks, cotton Remnants of one (1)

* Shoes Remnants of one (1 type) UTD

Overshoes None

Web Equipment None (type)

(Other item) Material HBT, Remnants of.

(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

6. Description of Remains :

Age Utd Height Utd 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 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 None found
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Utd Circumference of head in inches No head
(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 Missing

Fingers Missing
(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 Utd
(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 Missing Toes Missing
(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 Fingers missing

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

9. Remarks Remains received in blanket. Remains very badly burned. All major bones missing or fractured. Measurements impossible. Clothing found in debris. No clothing marks found. No teeth found. Fluoroscopic Examination: negative. Burial Report found. No GRS tag found. Estimated weight of remains: 2 1/2 Lbs. 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)

CWO
Rank

USA
Service

Central Identification Point.
(Organization)

Unknown X-80
St. Laurent, France
Plot Row 7 Grave 127

SKELETAL CHART

(BLACK OUT PARTS OF BODY ~~NOT~~ RECEIVED AT CEMETERY)

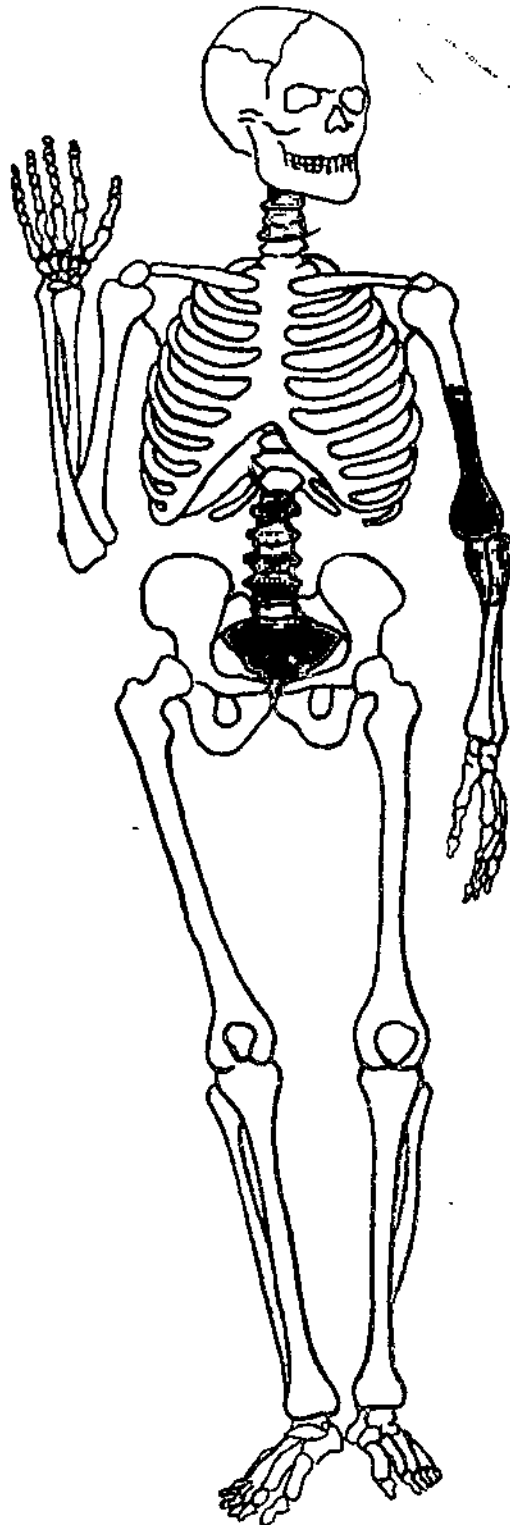


CHART "A"

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

22179
22 July 44
Date

UNIDENT. X 80 (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
1100- 23 June 44 ST. LAURENT SUR MER # 1 675 896

Time and Date of Burial Name of Cemetery Name or Coordinates of Location
127 7 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?

Body badly burned. Fingerprints and tooth charts impossible.

What means of identification were buried with the body?

GR. FORM # 1 in shell case.

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

Who is buried on:

Deceased's Right: UNIDENT. X 81 128
Name Serial No. Rank Organization Grave No.

Deceased's Left: Andrew P. McCorkle 34006331 126
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

[Handwritten Signature]
Verified by G.R.S. Officer

ROBERT E. BERRY
1st Lt OMC
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

3

2

1

Thumb

4

3

2

1

Thumb

Right Hand

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.