

FILE IDENTIFICATION TOPPER

FILE NUMBER

943 unA Cambridge C/L # 1417 A & B

SUBJECT

943 unit Cambridge City # 1417A
RECORD OF CIL
REMAINS

CIL Number 1417-A USIC Cambridge

Additional (CIL) Remains Disinterred from Plot 0 Row 3 Grave 14

Remains Removed from

Same Grave : Name Barton S. Oglesby ASN -----

Grave on Left : Name Anthony J. Gorski ASN -----

Grave on Right: Name Burt Hogsett ASN 34971375

Grave in Adjoining Row

At Head: Name William R Reed ASN 35167193

At Foot: Name Thomas J Small ASN 6001682

Brief Description of Remains: (Attach skeletal chart if warranted)

~~Portions of shattered rib bones, lower half of left humerus, ulna
and radius of left arm and complete left hand, dorsal and lumbar
vertebrae, portions of right and left femur, shattered portions of
tibia and fibula and complete right and left feet.~~

Disposition of these Remains: (Storage place)

Processed and casketed separately.

NAT
File
DEC 21 1950
A.P. 7 67
Identification Branch

William C Entzminger
WILLIAM C ENTZMINGER 1ST LT.
(Signature of Officer verifying report)

Dec 24

C. 12 1417(A) - 3-14

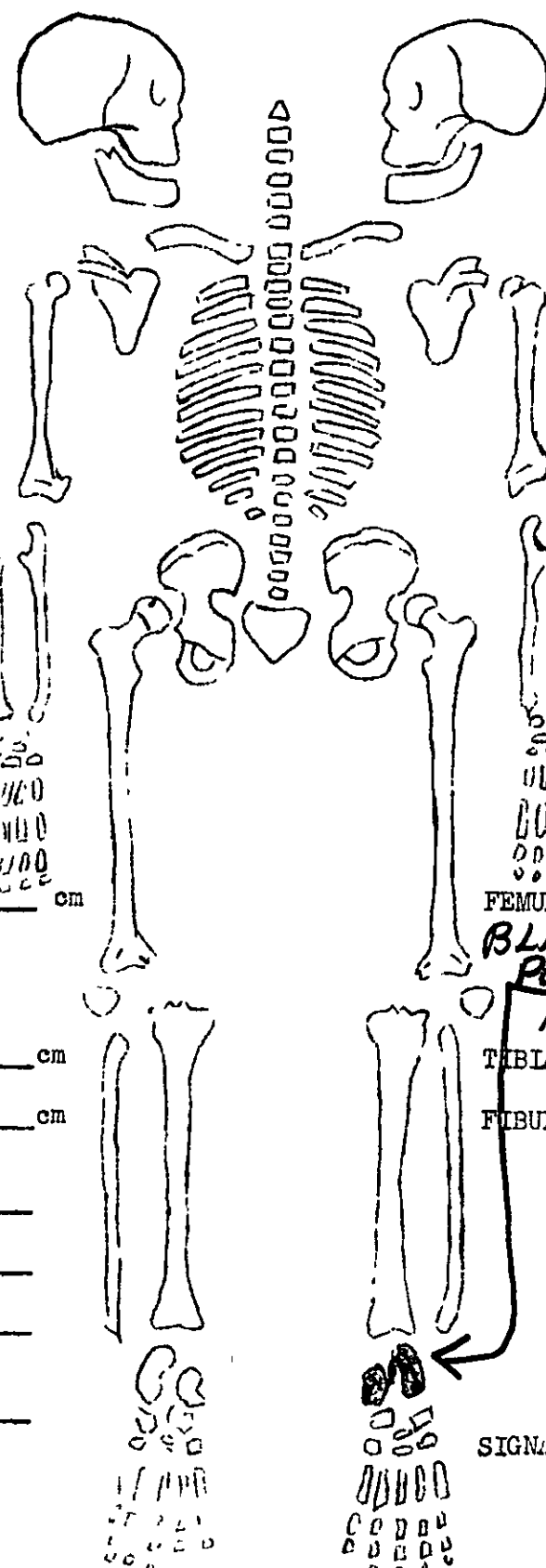
SKELETAL CHART

CHART "A-1"

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



SKULL _____ Inc

STERNUM _____

HUMERUS _____ cm

HUMERUS _____ cm

ULNA _____ cm

ULNA _____ cm

RADIUS _____ cm

RADIUS _____ cm

FEMUR _____ cm

FEMUR _____ cm

BLACKED OUT PORTIONS
INDICATE REMAINS

TIBIA _____ cm

TIBIA _____ cm

FIBULA _____ cm





FIBULA _____ cm

Est. Age _____

Est. Height _____

Color Hair _____

Healed Fractures _____

-  - Missing
-  - Burned
-  - Fractured
-  - Shattered

SIGNATURE _____

RECORD OF CIL REMAINS

243 unk Cambridge A# 1417B

CIL Number 1417 B USMC Cambridge *ms*

Additional (CIL) remains disinterred from Plot 0 Row 3 Grave 14

Remains removed from:

Same Grave: Name Barton S. Oglesby A&N _____

Grave on Left: Name _____ A&N _____

Grave on Right: Name _____ A&N _____

Grave in adjoining Row:

At Head: Name: _____ A&N _____

At Foot: Name _____ A&N _____

Brief description of Remains: (Attach skeletal chart if warranted)

Disposition of Remains : (Storage Place)

NAT
File

DEC 21 1950

A. P. Foy
Branch

(Signature of Officer
verifying Report)

012 -

1417 - (B)

0-3-14

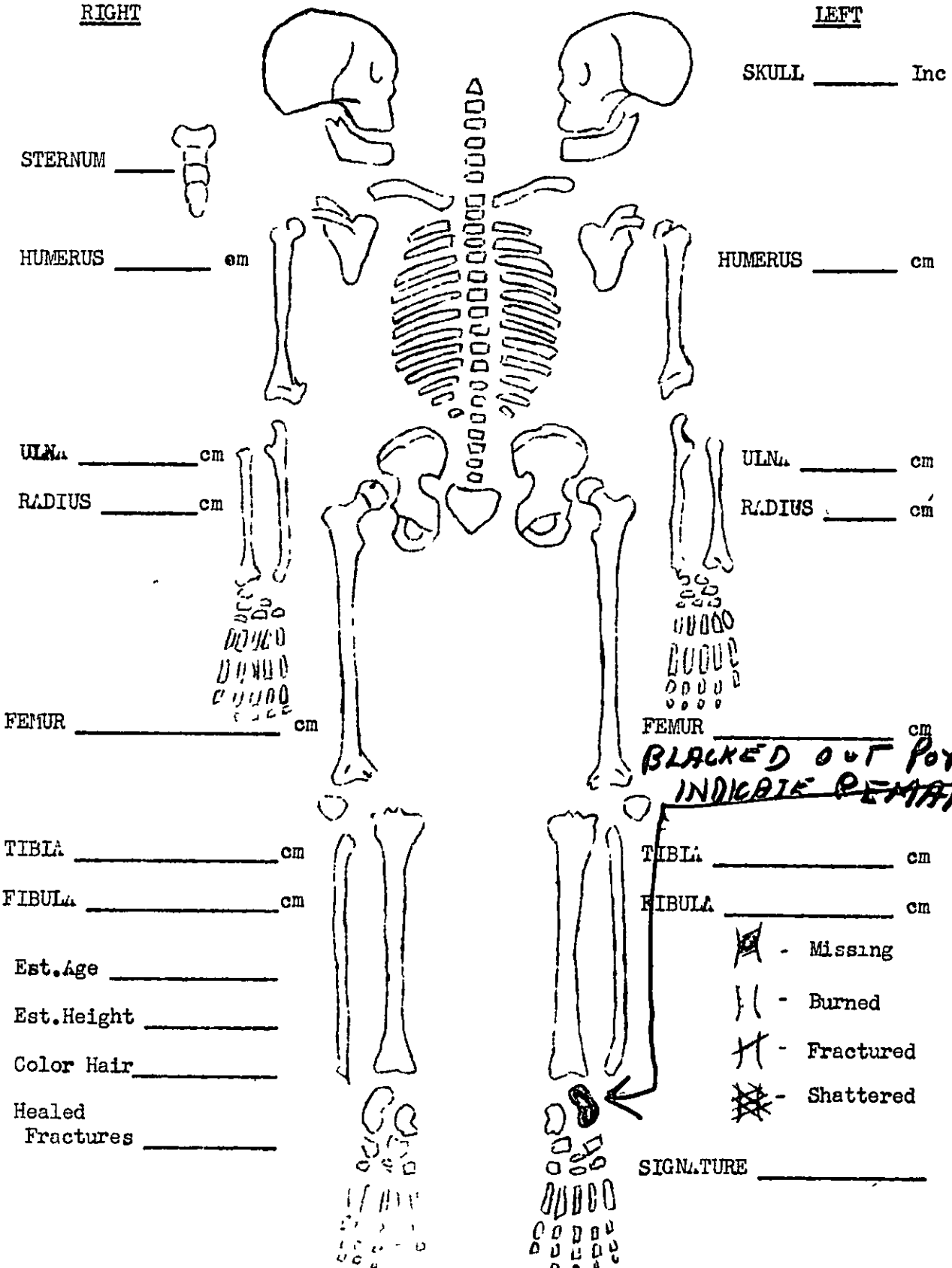
SKELETAL CHART

CHART "A-1"

(BLACK OUT PARTS OF BODY RECEIVED AT CEMETERY)

RIGHT

LEFT



SKULL _____ Inc

STERNUM _____ cm

HUMERUS _____ cm

HUMERUS _____ cm

ULNA _____ cm

ULNA _____ cm

RADIUS _____ cm

RADIUS _____ cm

FEMUR _____ cm

FEMUR _____ cm

BLACKED OUT PORTION INDICATE REMAINS

TIBIA _____ cm

TIBIA _____ cm

FIBULA _____ cm

FIBULA _____ cm

Est. Age _____

Est. Height _____

Color Hair _____

Healed Fractures _____

- Missing
- Burned
- Fractured
- Shattered

SIGNATURE _____