

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. CASTELFIORENTINO, X-202.

SUBJECT

WALTER E. THOMAS
Capt. CMP. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00053

DATE

15 06 48
DAY MONTH YEAR

NAME

UNKNOWN X-000202

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

8

DAY MONTH YEAR

CEMETERY

CASTELFIORENTINO

DISPOSITION OF REMAINS

0 5201 80
CODE DIST. PT

PLOT ROW GRAVE COUNTRY
20 90 4525 ITALY

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FLORENCE, ITALY

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED
UNKNOWN X-202 UNK 14 SEPT 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN UNK K W FISHER 1st Lt INF
 MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
SHROUD SKELETAL

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

23 SEPTEMBER 1948

HOMER J. LESLIE (EMBALMER)

DATE BY CASKET SEALED BY
23 SEPT. 1948 HOMER J. LESLIE (EMBALMER)

EMBALMER (Signature)
Homer J. Leslie

CASKET BOXED AND MARKED (CLERK RECORDER)
23 SEPT. 1948 MAURICE J. VALENTINO

SHIPPING ADDRESS VERIFIED BY
FRED H. BOERNER, W/O USA

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

Fred H. Boerner
FRED H. BOERNER W/O USA

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC CASTELFIORENTINO ITALY		TO LEGHORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER L CROCKER 2 LT QMC	
SIGNATURE OF SHIPPER <i>[Signature]</i> LT FA	DATE 16 Sept 48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 16 Sept 1948
		KENNETH D. MC FEELY 1ST LT TC	

2. SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE, ITALY	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPL. ROBERT S. HUFF	
SIGNATURE OF SHIPPER KENNETH D. MC FEELY, 1ST LT. T.C.	DATE 11 MAR 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 11 MAR 49
		JESS R. CARNAL, 1ST LT. QMC	

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		REPAIRATION RECORDS BRANCH MAR 6 9 49 AM '49 RECORDS DIVISION	

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

243 unk Italy 4-202 (Castelfiorentino)
1st Ind.

QMCMC/293

X-202

(Castelfiorentino) Italy

WD, OCMC, Washington 25, D. C., 25 April 1947

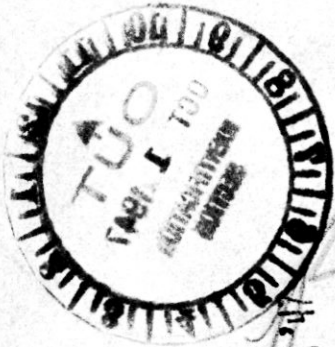
TO: Commanding Officer, American Graves Registration Service,
Mediterranean Theater Zone, APO 794, c/o Postmaster, New
York, New York

1. Reference is made to Basic Communication.
2. Dental information available in this office is not complete. Requests have been made to Clinical Records Section, St. Louis, Missouri and a number of camps and stations in the US to complete the information required. When a detailed check has been completed, your office will be advised.

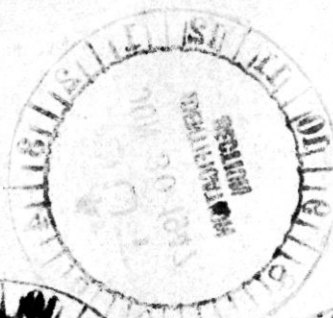
FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Memorial Division

WJ
NJS



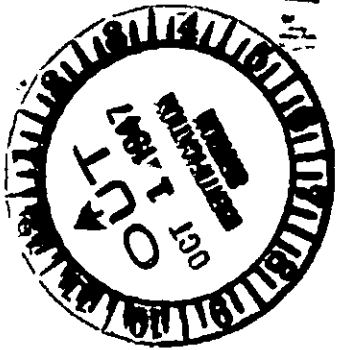
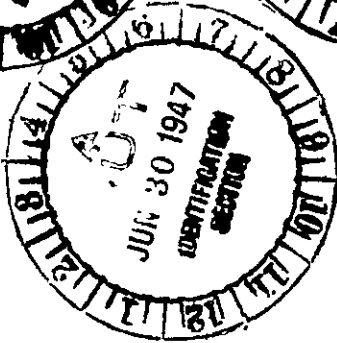
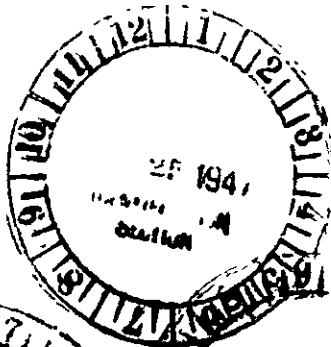
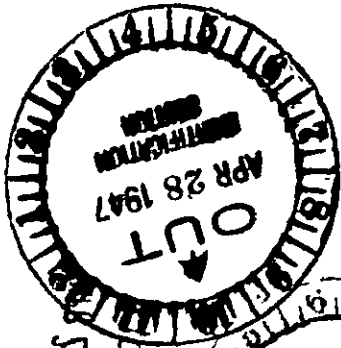
APR 20 1 12 PM '47
QMC M&R BR



APR 29 12 09 AM '47
MEMORIAL DIVISION
REGISTRATION AND RECORDS BRANCH

wfl
25

ALJ



DMC N&R 82
58 1 JS 611 41

QHA RUCU...
HOMAR 88 ZUHOCEN
SI MA en SI PS
48 2118 1...

Jpa TA

1170
611

P
Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN THEATER SEPARATE ZONE COMMAND-MTOUSA
US ARMY

RB 200.3

CLM/mc S-60
17 December 1946

SUBJECT: Identification of Unknown American X-202 (Castelfiorentino)

TO: The Quartermaster General
Washington 25, D. C.
Attention: (MEMORIAL DIVISION)

1. The remains of Unknown American X-202 were found washed ashore at Grid Coords U 933-965, Sheet 104 IV N.E., Map of Italy, and interred in U.S. Military Cemetery, Castelfiorentino, Plot 20, Row 90, Grave 4525, on 7 August 1945.

2. Troops of the 92nd Division were engaged in combat in this area. Date of death for Unknown X-202 is unknown.

3. Physical characteristics unavailable. Tooth chart accomplished. No clothing present.

4. It will be noted that statement on GRS Form #1 states that body of X-202 was found washed ashore with X-199. A discrepancy in Grid Coords was noted, but it is impossible to determine which is correct.

5. In an effort to establish identity of unknown X-202, a list of unrecovered casualties from the 92nd Division is submitted:

Celencia, Daniel T.	Sgt.	35 149 455
Brown, George H.	Pfc.	33 088 737
Davies, Alexander L. Jr.	Pfc.	32 756 287
Barksdale, Joseph	S/Sgt.	33 036 085
Jordan, William P.	2nd Lt.	01 316 759
Leonard, James S/	S/Sgt.	33 035 826
Maristany, Manuel	Sgt.	32 087 985
Moore, John	Pfc.	36 954 196
Owens, Evans	Pvt.	34 510 586
Penny, Cleo	Pvt.	32 538 672
Person, Captain C.	Pfc.	32 071 906
Pitts, Rufus B.	Sgt.	34 096 857
Bennick, James	Pfc.	33 095 040
Saunders, William T.	Pfc.	32 078 136

-1-1

COPY

Scott, William	Pfc.	34 556 725
Slaughter, Anderson Jr.	Pvt.	34 556 442
Stubblefield, Ira	Pvt.	38 199 105
Sutton, Alfred L.	Pfc	34 460 644
Taylor, William A.	Sgt.	33 451 477
Thomas, Percy	Pvt.	38 380 816
Vesley, Ernest L.	Pfc.	33 098 047
Walters, Edison H.	T/4	33 097 867
West, Everett	Sgt.	33 065 640
Wimes, Carl	Pvt.	32 198 300

6. It is requested that tooth chart accomplished for X-202 on file War Department, be compared with those for the above listed casualties and report of findings be forwarded this headquarters upon completion thereof.

FOR THE COMMANDING OFFICER:

/t/s/ SAMUEL F. FRITZ
 Captain QMC
 S-1

13th Ind.

00378

COP/sac

2621 GRU (ovh'd), Unit at U.S. Military Cemetery at Castelfiorentino, APO 790,
U.S. Army, 23 July 1946.

TO: Commanding Officer, Zone #2, 2621 GRU (ovh'd), APO 790, U.S. Army.

1. Paragraph 1, 12th Indorsement complied with.

Charles O. Provow
CHARLES O. PROVOW
1st Lt. INF.
COMMANDING

293 Unk. X-202 Italy (Castelfiorentino)

14th Ind.

RBC/FCP/af

Headquarters Zone #2, 2621 GRU (Ovhd) APO 790, U.S. Army, 29 July 1946

To: Headquarters AGRS-MTZ, APO 794, U.S. Army.

Indorsement 11th complied with.

Richard B. Coombs
RICHARD B. COOMBS
Major QMC
Commanding

15th Ind.

LVD/rm

Headquarters, American Graves Registration Service, Mediterranean Theater
Separate Zone Command-MTOUSA, APO 794, U.S. Army, 7 August 1946.

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

1. Theater records as pertains to Unknown American X-202 have been
amended in compliance with basic communication.

2. Reference is made to report of interment forwarded in compliance
with paragraph 2, basic letter.

F. E. Scott
F. E. SCOTT
Lt/Col QMC
Commanding

1 Incl: Report of Interment.

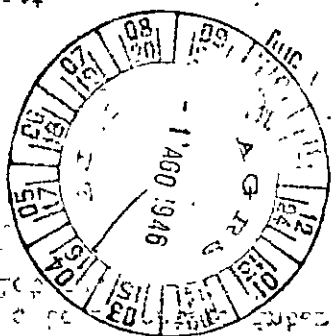
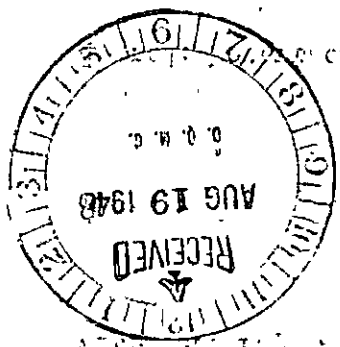
FILE
82 AUG 28

Proger

RECORDS BRANCH
19 4 30 PM '46

NOTE

88 AUGUA 58
LIVE



RECEIVED
AUG 19 1948

RECEIVED
AUG 19 1948
O. O. H. C.

RECEIVED
AUG 19 1948

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AUG 19 1948

00378

CFF/rg

11th Ind.

Headquarters, American Graves Registration Service, Mediterranean Theater
Separate Zone Command-Mtousa, APO 794, U.S. Army, 15 July 1946.

TO: Commanding Officer, 2621 GRU (Ovhd) Zone #2, APO 790, U.S. Army.

1. A discrepancy still exists in the records of Zone #2. Corrected burial report forwarded to this Headquarters indicates Unknown American X-201 is interred on the right side of Unknown American X-202, whereas X-202 is interred in the first grave of row 90.

2. Request correction of records and this Headquarters be advised upon completion.



F. E. SCOTT
Lt Col QMC
Commanding

2 Incls: n/c

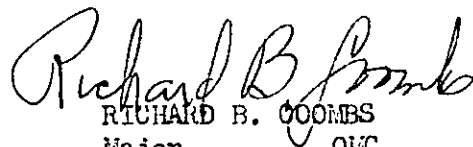
12th Ind.

RBC/ab

Headquarters Zone #2, 2621 GRU (ovhd), APO 790, U.S. Army, 20 July 1946

TO: Officer in Charge, U.S. Military Cemetery at Castelfiorentino, Italy.

1. Request you change your records to read "Beginning of row" in the space reserved for the deceased buried to the right of Unknown American X-202 on the GRS #1 for Unknown American X-202.



RICHARD B. COOMBS
Major QMC
Commanding

2 Incls:n/c

00378

8th Ind. FCP/ab
Headquarters Zone #2, 2621 GRU (ovhd), APO 790, U.S.Army, 20 May 1946

TO: Officer in Charge, U.S. Military Cemetery at Castelfiorentino, Italy.

1. Your attention invited to paragraph 2, basic communication.
2. Request compliance with 5th Indorsement.

Fred C. Philby
FRED C. PHILBY
Capt., SR
Commanding

9th Ind. CCF/rjh
2621st GRU(ovhd), U.S. Military Cemetery at Castelfiorentino, Italy, APO 790
U.S. Army, 22 June 1946.

TO: Commanding Officer Zone #2, 2621st GRU(ovhd), APO 790, U.S. Army.

1. 5th Indorsement complied with.

Charles C. Proctor
CHARLES C. PROCTOR
1st Lt., Inf.
Commanding

10th Ind. FCP/ab
Headquarters Zone #2, 2621 GRU (ovhd), APO 790, U.S.Army, 27 June 1946

TO: Headquarters AGRS-MTZ, APO 794, U.S.Army.

1. Basic communication and 5th Indorsement complied with.

Fred C. Philby
FRED C. PHILBY
Capt., SR
Commanding


00378

5th Ind.

Headquarters, American Graves Registration Service, Mediterranean Theater
Separate Zone Command-Mtousa, APO 794, U.S. Army, 27 April 1946.

TO: Commanding Officer, 2621 GRU (Ovhd) Zone #1, APO 550 U.S. Army.

It is requested that corrected records be submitted to this head-
quarters in compliance with paragraph #2, basic communication.



E. B. WADSWORTH,
Colonel, QMC,
Commanding.

6th Ind.

Hdqts, Zone # 1, 2621st G.R.U. (Ovhd), APO 550, U.S. Army, 2 May 1946 CWP/as/

TO: Commanding Officer, A.G.R.S. - M.T.Z., APO 794, U.S. Army

1. Subject correspondence erroneously forwarded this hdqts.



STEVEN F. CAPASSO
Major QMC
Comdg

7th Ind.

Headquarters, American Graves Registration Service, Mediterranean Theater
Separate Zone Command-Mtousa, APO 794, US Army, 14 May 1946.

TO: Commanding Officer, 2621st GRU (Ovhd), Zone #2, APO 790, U.S. Army.

For compliance with 5th Indorsement.


E. B. WADSWORTH,
Colonel, QMC,
Commanding

00378

1st Ind.

Office of the Chief Graves Registration Officer, Mediterranean Theater of Operations, APO 794, U.S. Army, 29 March 1946

TO: Commanding Officer, 2621st GRU (Ovhd) Zone #2, APO 790, U.S. Army

1. Attention is invited to basic communication indicating a discrepancy in row number for grave 4525, U.S. Military Cemetery, Castelfiorentino, Italy.

2. It is requested that necessary action be taken to correct cemetery and Zone Headquarters records and that this headquarters be notified of action taken upon completion.

E. B. Wadsworth

E. B. WADSWORTH
Colonel QMC
Theater GRC FCP/ab

2nd Ind.

Headquarters Zone #2, 2621 GRU (ovhd), APO 790, U.S. Army, 15 April 1946

TO: Officer in Charge, U.S. Military Cemetery Castelfiorentino, Italy.

1. Forwarded for your information and compliance with paragraph 2, 1st Indorsement.

Fred C. Philby

FRED C. PHILBY
Capt., SR
Commanding

CORRECTIONS

3rd Ind.

U.S. Military Cemetery, Castelfiorentino, Italy, American Graves Reg. Ser., APO 790, U.S. Army, 17 April 1946.

COP

TO: Headquarters Zone #2, American Reg. Service, APO 790, U.S. Army.

1. Paragraph 2, 1st Indorsement complied with.

FOR THE COMMANDING OFFICER: .

Charles O. Provow

CHARLES O. PROVOW
1st Lt. Inf.
COMMANDING

FCP/ab

4th Ind.

Headquarters Zone #2, 2621 GRU (ovhd), APO 790, U.S. Army, 18 April 1946

TO: Headquarters AGRS/MTZ, MTOUSA, APO 794, U.S. Army.

1. Complied with.

Fred C. Philby

FRED C. PHILBY
Capt., SR
Commanding

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO SPOYG 314.6

WASHINGTON 25, D. C.

Theater of Operations
(Mediterranean Area)

14 March 1946

SUBJECT: Discrepancy in Burial Information

TO: Theater Graves Registration Officer
Mediterranean Theater
APO 794, c/o Postmaster
New York, New York

58711

1. Burial Report for:

NAME: Unknown X-202

RANK: ---

SERIAL NO: ---

submitted by your office indicates that interment was made in the U. S. Military Cemetery, Castelfiorentino, Italy,

GRAVE: 4525

ROW: 89

PLOT: 2G

58711

whereas plot map and other information received from your headquarters indicates that it should be row 90. Deceased buried to left of grave 4525 checks for row 90.

It is requested that proper changes be made in the records of your office, and that corrected records be forwarded to this office.

FOR THE QUARTERMASTER GENERAL:

J. H. Schwarz, Lt Col QMC
For M. V. TURNER
Colonel, QMC
Assistant

1915
955
1000
1000

SRQYG 314.6
Theater of Operations
(Mediterranean Area)

293 Unk, X-202 Italy

14 March 1946

SUBJECT: Discrepancy in Burial Information

TO: Theater Graves Registration Officer
Mediterranean Theater
APO 794, c/o Postmaster
New York, New York

1. Burial Report for:

NAME: Unknown X-202

RANK: ---

SERIAL NO: ---

submitted by your office indicates that interment was made in the U. S. Military Cemetery, Castelfiorentino, Italy,

GRAVE: 4525

ROW: 89

PLOT: 2G

whereas plot map and other information received from your headquarters indicates that it should be row 90. Deceased buried to left of grave 4525 checks for row 90.

2. It is requested that proper changes be made in the records of your office and that corrected records be forwarded to this office.

FOR THE QUARTERMASTER GENERAL:

H. V. TURNER
Colonel, QMC
Assistant

15 9 57 AM '46
MAIL & RECORDS BRANCH

15 3 11 AM '46
RECORDS BRANCH

WER
P
JLB
SDC
H5
RMF
H5
MVT

[Handwritten signature]
dme
293 Unk, 58711 Italy
314.6 T/O Mediterranean

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	<i>Attn: Correspondence</i>			DATE
2	<i>Section RC-3</i>			
3				

*1. Letter to field,
return basic information*

FROM	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
	<i>A. B. Sofge</i>	<i>Files & Records</i>	<i>2520 "B"</i>	<i>2/8/44</i>
				TELEPHONE <i>3975</i>

Checklist against BR to R+L ✓
shows - - -

change to Row 90 instead of 89

Request confirmation & correct BR

Last Name

First Name

RAF

Anderson X-202

Army Serial No

Name of Cemetery

Castelfiorentino, Italy

Check for corrections of:

Plot 26

Row 89

Grave 4525

REMARKS

Should be row
90. Decoased buried
to left of grave
4525 check for
row 90 -
see Blotze

Plat 2 G, grave 4525 is in
row 90 instead of row 89 as
shown on card. The grave
on the left check in row 90, however
there isn't any right to grave 4525
because this is the last grave in row 90
East

This should BE Row - #90

for GRAVE # 4525

This card is typed correct
according to Mrs Lees' report in
Ident. Sec.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT			
X-202				23 September 1948			
3. NAME OF CEMETERY			4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
US Military Cemetery Castelfiorentino, Italy			2G	90	4525	DISINTERMENT	REINTERMENT
						14 Sept '48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Impossible	5' 4 1/8"	Unk.	White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	






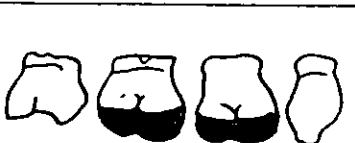
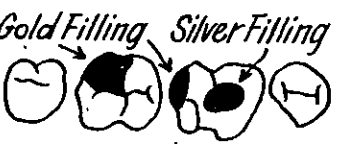

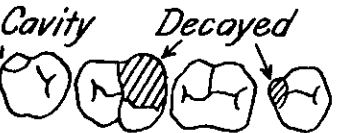

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

18. TOOTH CHART		
	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

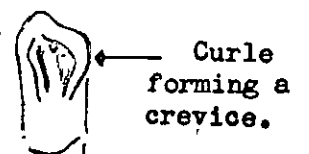
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
N.F.D.						Lm	fm	fml		X					N.F.D.	
Side Views								Side Views								
Top Views								Top Views								
UPPER								UPPER								
LOWER								LOWER								
Side Views								Side Views								
		X										of		oml	o	N.F.D.
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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."

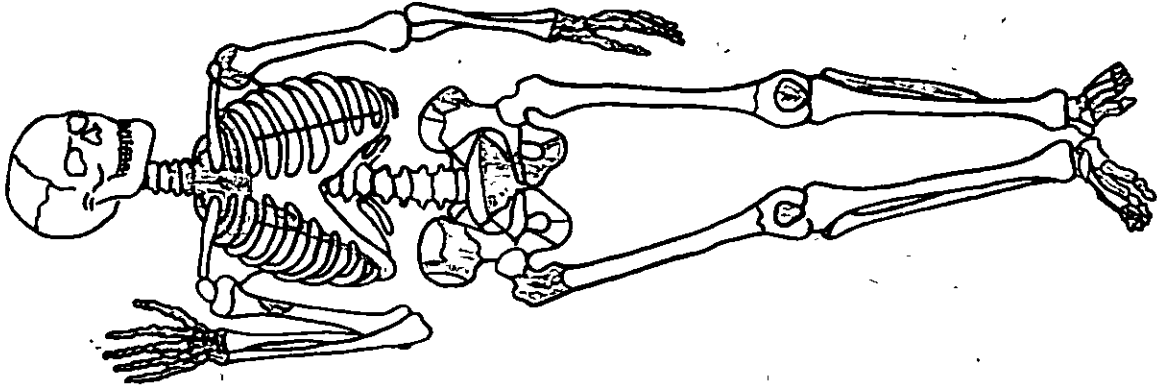
N.F.D. - Not fully developed (Only partially erupted).

Tooth 15-R apparently had a cap at one time, but at present the occlusal surface is covered with a brown, plastic-like substance.

Teeth 2-R and 2-L have abnormal lingual surfaces:



19. BLACK OUT PARTS OF BODY NOT COVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER,

21. REMARKS AND ADDITIONAL INFORMATION

Bone characteristics are those of a thin, not very muscular person.

In the opinion of the undersigned, the representative parts of a human remains graphically represented in par 19 are those of one and the same individual.

/s/ Dr Alexander Tardy
/t/ DR ALEXANDER TARDY
MD., D.A. (Anthropology)
G.S.D., O.S.D.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JOHN L. JACKS Jr., Capt. QMC
9107 TSU-QC, AGRS/MZ

SIGNATURE

/s/ John L. Jacks Jr.

HEADQUARTERS
9107 TSU - QMC
American Graves Registration Service
Mediterranean Zone
APO 794 US Army

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data QMC 1044 and 1044b
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. L-202

Date of Investigation 23 Sept '48

Unknown American X- 202

Am. Mil. Cem. Castelfiorentino Italy: Plot 26 Row No. 90 Grave 4525

Place of Death _____ Date of Death _____

Map Reference _____ Sheet _____ Map of Italy _____

Other American Dead Found in Same Area _____

Cause of Death _____

22. Description of Remains

Skeletal remains

(If the remains have not been decomposed, attach to this form

QMC Form 1047, completely filled out to physical characteristics)

23. Skeletal Data

HEAD Skull complete

TOOTH CHART Accomplished

TRUNK Present are: R and L scapulae; R and L clavicles; gladiolus of sternum; 2 cervical, 7 dorsal and 3 lumbar vertebrae; upper half of sacrum and partial R and L pelvis.

UPPER EXTREMITIES. (Give measurements of long bones).

R Humerus Broken (32.2) L Humerus Head missing

R Ulna Lower extremity missing L Ulna Lower extremity missing

R Radius Lower extremity missing Radius " " "

Carpals, Metacarpals, Phalanges 1 carpal and 1 phalanx are present

LOWER EXTREMITIES. (Give measurements of long bones).

R Femur Trochanter and piece of shaft missing L Femur 44.7

R Tibia 35.8 L Tibia 35.7

R Fibula Styloid process missing L Fibula Missing

Calcanea, Tarsals, Metatarsals, Phalanges

1 Navicular, 2 calcanea, 1 talus, 2 metatarsals and 2 phalanges are present. Both patellae missing.

24. AGE ESTIMATED AT Between 18 and 19 years

BASED ON Degree of closure of the epiphyses of the long bones, pelvis and clavicles.

25. SUMMARY OF FINDINGS

Age estimation - Between 18 and 19 years.

Tooth chart - Accomplished.

Height estimation - 5' 4 1/8".

Bone characteristics are those of a thin, not very muscular person.

26. RECOMMENDATIONS

PROCESSED BY:

EVERT A. JOHNSON
Pfc 17173881
CIP Technician

(Signature of Officer)

/s/ Dr. Alexander Tardy
/t/ DR. ALEXANDER TARDY
MD, D.A. (Anthropology)
G.S.D., O.S.D.

JOHN L. JACKS Jr..
Capt. QMC
CIP Officer

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p align="center">X-202</p>				2. DATE OF REPORT <p align="center">23 September 1948</p>	
3. NAME OF CEMETERY <p align="center">U S Military Cemetery Castelfiorentino, Italy</p>	4. PLOT <p align="center">2G</p>	5. ROW <p align="center">69 90</p>	6. GRAVE <p align="center">4525</p>	7. DATE OF DISINTERMENT REINTERMENT <p align="center">14 Sept 48</p>	

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <p align="center">Impossible</p>	9. ESTIMATED HEIGHT <p align="center">5' 4 1/8"</p>	10. COLOR OF HAIR <p align="center">Unk.</p>	11. RACE <p align="center">White</p>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

"Non-Identifiable by reason of lack of sufficient identifying data".
(None)

T. C. Anderson
T. C. ANDERSON, Major OMC

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)


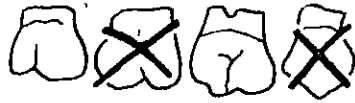






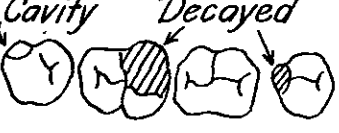

None

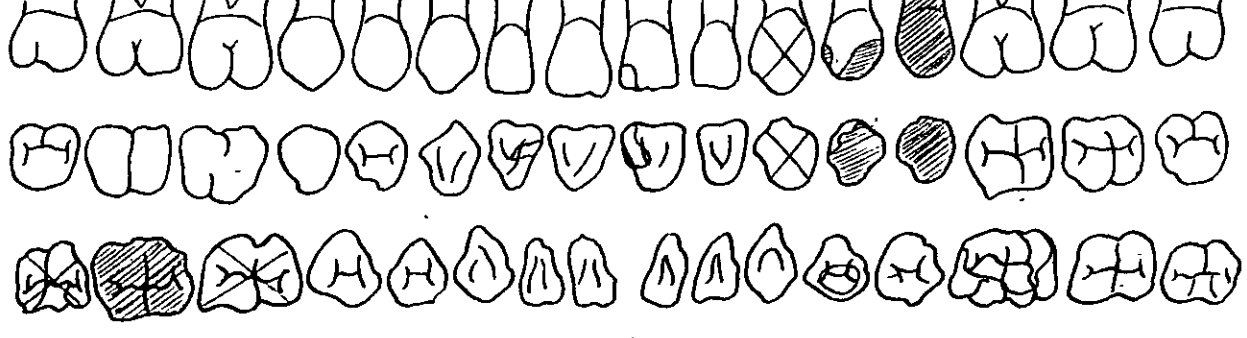
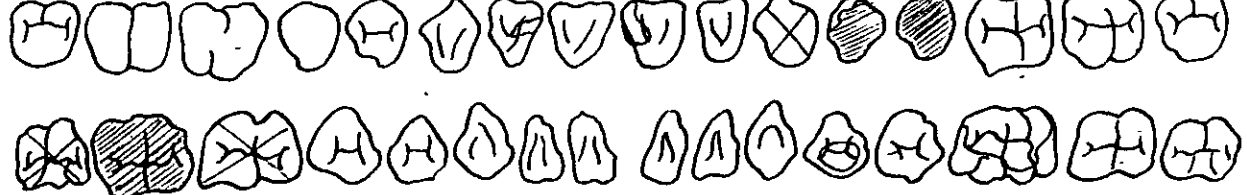

J.L. 1 Feb 49
Subj: Remains, U.S.
Declared Unidentifiable

Received _____ OOMG
 Not identifiable from _____
 information presently available _____
Larkins

18.

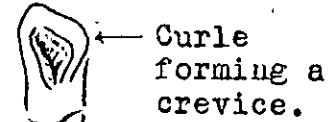
TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

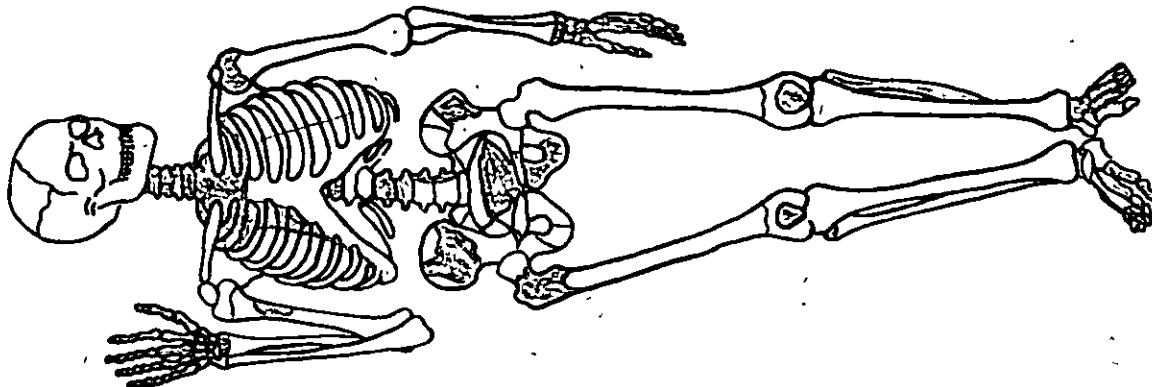
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	N.F.D.						lm	m	fml		X					N.F.D.
Side Views																
Top Views																
Side Views																
	X		X									of		oml	o	N.F.D.
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

N.F.D. = Not Fully Developed (Only partially erupted).
 Tooth 15-R apparently had a cap at one time, but at present the occlusal surface is covered with a brown, plastic-like substance.
 Teeth 2-R and 2-L have abnormal lingual surfaces :



19. BLACK OUT PARTS OF BODY NOT /ERED



20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: **NUMBER**

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Bone characteristics are those of a thin, not very muscular person.

In the opinion of the undersigned, the representative parts of a human remains graphically represented in par 19 are those of one and the same individual.

Dr. ALEXANDER TARDY
M.D., D.A. (Antropology), G.S.D., O.S.O.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JOHN L. JACKS Jr., Capt. QMC
9107 TSU-QMC, AGRS/MZ

SIGNATURE

HEADQUARTERS
2107 TSN - 010
AMERICAN BOARD OF CORRECTION SERVICE
10 OTTAWA ST. W.
AGO 794 TORONTO

GENERAL IDENTIFICATION POINT
REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data GIC 104A and 104B,
Paragraph 18 - Identification Detail Chart

C.I.P. Case No. L-202

Date of Investigation 23 Sept 48

Unknown American X- 202

Am. Mil. Cem. Castelfiorentino Italy: Loc 2G Row No. 90 Grave 4525

Place of Death _____ Date of Death _____

Map Reference _____ Sheet _____ Map of Italy _____

Other American Dead Found in Same Area _____

Cause of Death _____

22. Description of Remains

Skeletal state.

(If the remains have not been decomposed, attach to this form GIC Form 1042,
completely filled out to physical characteristics.)

23. Skeletal Data

HEAD Skull complete.

TOOTH CHART Accomplished.

TRUNK Present are : R and L scapulae; R and L clavicles; gladiolus of sternum; 2 cervical, 7 dorsal and 3 lumbar vertebrae; upper half of sacrum and partial R and L pelvis.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Broken (32.2) L Humerus Head missing
R Ulna Lower extremity missing. L Ulna Lower extremity missing
R Radius Lower extremity missing. L Radius " " "
Carpels, Metacarpels, Phalanges 1 carpel and 1 phalanx are present.

LOWER EXTREMITIES (Give measurements of long bones).

R Femur Trochanter and piece of shaft missing. L Femur 44.7
R Tibia 35.8 L Tibia 35.7
R Fibula Styloid process missing. L Fibula Missing
Calcanea, Tarsals, Patallae, Metatarsals, Phalanges
1 Navicular, 2 calcanea, 1 talus, 2 metatarsals and 2 phalanges are present. Both patellae missing.

24. AGE ESTIMATED AT Between 18 and 19 years.
BASED ON Degree of closure of the epiphyses of the long bones,
pelvis, and clavicles.

25. SUMMARY OF FINDINGS:


Age estimation - Between 18 and 19 years.
Tooth chart - Accomplished.
Height estimation - 5' 4 1/8".
Bone characteristics are those of a thin, not very muscular person.

26. RECOMMENDATIONS:

PROCESSED BY :



EVERT A. JOHNSON
Pfc. 17173881
CIP Technician


(Signature of Officer)

JOHN L. JACKS Jr.
Capt. QMC
CIP Officer



Dr. ALEXANDER TARDY
M.D., D.A. (Antrpology), G.S.D., O.S.D.

REPORT OF BURIAL
AR 30-1815 & TM 10-630

15 August 1945

Date Report Filled Out

UNKNOW AMERICAN SOLDIER X-202 (U-933965)
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)
 Unk. (Rank) Unk. (Organization) ARLY (Branch) U.S.A. (Country)
 U-933965 (Place of Death) Unk. (Date of Death) Unk. (Cause of Death) Unk. (Religion: P. C. H. etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (0).

If no identification tags, other means used to identify body (identification card, letters, etc.):

None

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken.

If unidentified, give circumstances:

List of Personal Effects found on Body and disposition of Same: None

Unknown

(Name of Emergency Addressee)

Unknown

(Address of Emergency Addressee)

George Gregory, T/5 602nd Q: (GR)Co
 (Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.) Q (5490507)
 Shroud 1400 hours 7 August 1945 U.S. Mil.Cem. at Castelfiorentino, Italy
 (Time and Date of Burial) (Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

2-G 90 4525 Wooden Cross General
 (Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)

Identification Tag buried with body () ; Identification Tag attached to marker () .

If identification Tags not present, what other identification data were buried with the body and in what and of container? Q.M.C Form-1-GRS Sealed in bottle and buried with body.

Bodies buried on either side (See paragraph 4 on reverse side this form.) Q.M.C Form-1-GRS sealed in bottle and buried one foot below grave marker

Right side : Beginning of Row
 (Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : UNKNOW AMERICAN SOLDIER X-203
 (Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Person Reporting Burial) /s/ EYER PRO...
 (Verified by G.R.S. Officer)

INSTRUCTIONS FOR FILLING OUT BURIAL, REPORT. Make out QMC Form I-GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

Incl # / 58711

AUG 27 4 15 PM '45
 RECORDS BRANCH

INSTRUCTIONS FOR F IAL

1. PREPARATION OF BODY : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects.) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out tooth chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc..., and other data as serial no, of weapon, laundry marks, where body found. etc. Wrap body in shelter half, mattress cover, or blanket when available.

2. BURIAL : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). Place only one body in a grave. Dig graves side by side, row behind row.

3. MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. LOCATION OF GRAVE : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. PERSONAL EFFECTS : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

SKETCH AND MAP REFERENCE: N

TOOTH-CHART

4			
3			
2			
1	Thumb	Thumb	
	Left	Right	
	1	1	
	2	2	
	3	3	
	1	1	

When unidentified, take thumb and fingerprints of both hands.

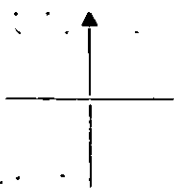
If this not possible, fill in tooth chart.

Body decomposed - fingerprints impossible

Unk. American X-199 2G, 89, 4522
 Believed to be:
 Unk. American X-202 2G, 89, 4525

These two Unknowns were found washed ashore at grid.coord:U-933965 sh 104 IVNE.

The only form of identification was tooth chart, which was taken. No clothing was found.



	(Examinee's)																(Left)
(Right)	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
			X														

INDICATE : missing natural teeth by X; crowns by O;
 fillings by □ bridges by ○ linkings anchor teeth;
 replacements by denture (horizontal line.)

Characteristics : L-3 Missing since death
 Other Data :

IDENTIFICATION SECTION
DEPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

QMC FORM 1 - GRS
SOS NATONSA
July 1943

REPORT OF BURIAL

AR 30 1815 & TM 10 630

15 August 1945

Date Report Filled Out

Unk American X-202 (U933965) Unk Unk
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)

Unk Unk Army U.S.A.
 (Rank) (Organization) (Branch) (Country)

Sheet 104-IVNE Unk Unk Unk
 (Place of Death) (Date of Death) (Cause of Death) (Religion, P. C. H., etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () , No (O)

If no identification tags, other means used to identify body (identification card, letters, etc.): None

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified, give circumstances:

List of Personal Effects found on Body and disposition of Same: None

Unk Unk
 (Name of Emergency Addressee) (Address of Emergency Addressee)

George Gregory, T/5 602nd QM (GR) Co
 (Signature (or Name) of Person Furnishing above data when other than the Officer reporting burial)

Shroud 1400 hours 7 August 1945 U.S. Mil Cem at Castelfiorentino, Italy (0549507)
 (Time and Date of Burial) (Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

2C 89 4525 Wood Cross General
 (Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)

Identification Tag buried with body (O) ; Identification Tag attached to marker (O)

If identification Tags not present, what other identification data were buried with the body and in what kind of container?
 Copy QMC Form #1-GRS sealed in bottle and buried one foot below grave marker
 Copy QMC Form #1-GRS sealed in bottle and buried with body

Bodies buried on either side (See paragraph 4 on reverse side this form)

Right side : Unk American X-201 Unk 4524
 (Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : Unk American X-203 Unk 4526
 (Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Person Reporting Burial)

Meyer Brown
 (Verified by GRS Officer)

MEYER BROWN, 1st Lt, QMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT Make out QMC Form 1-GRS in quadruplicate for US dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer OVER FOR BURIAL INSTRUCTIONS

58711

RESTRICTED

Hq PBS 8-44 - 200,000

INSTRUCTIONS FOR BURIAL

1. **PREPARATION OF BODY** Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b) Remove all personal property, remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects.) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out tooth chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

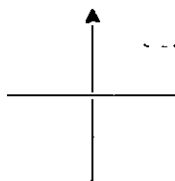
2. **BURIAL** Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). Place only one body in a grave. Dig graves side by side, row behind row.

3. **MARKING OF GRAVE** Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell; or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. **LOCATION OF GRAVE** Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. **PERSONAL EFFECTS** List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be returned in to Salvage Collecting Point.

SKETCH AND MAP REFERENCE



TOOTH-CHART

(Left)															
(Right)								(Examinee's)							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

INDICATE missing natural teeth by X, crowns by O, fillings by □, bridges by ○ linkages anchor teeth; replacements by denture

Characteristics **19 missing since death**
 Other Data

If this not possible, fill in tooth chart.

Unk American X-199 2G, 89, 4522

Believed to be:

Unk American X-202 2G, 89, 4525

These two unknowns were found washed ashore at Grid Coords: U-933965 Sheet 104-IVNE

The only form of identification was tooth chart, which was taken. No clothing was found.

4	3	2	1
Right	Left	Thumb	Thumb
Body decomposed.	Fingerprints impossible	When unidentified, take thumb and fingerprints of both hands	

