

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. CASTELFIORENTINO, X-291

SUBJECT

Interred 21 April 1949

GWA

USMC WENCE

WALTER E. THOMAS
Capt. CMP. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5217 00125

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWNX-000291

SERIAL NUMBER
UNKNOWNX-000291

RANK

ARM
Q
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
CASTELFIORENTINO

DISPOSITION OF REMAINS
O 5201 80
CODE DIST. PT.

PLOT
2J 94

GRAVE
4868

COUNTRY
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
UNKNOWN

SERIAL NUMBER
X-291

RANK
UNK

DATE OF DEATH

DATE DISINTERRED
16 SEPT 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
UNK

IDENTIFICATION VERIFIED BY
M G BORRES
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
SHAOU

CONDITION OF REMAINS
SEMI-FLESHY

OTHER MEANS OF IDENTIFICATION
NONE

MINOR DISCREPANCIES
NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE 8 Nov 48

BY HOMER J LESLIE (EMBALMER)

CASKET SEALED BY
HOMER J LESLIE (EMBALMER)

EMBALMER (Signature)
Homer J Leslie

CASKET BOXED AND MARKED
(CLERK RECORDER)
DATE 8 Nov 48 BY ROBERT L ROONEY

SHIPPING ADDRESS VERIFIED BY
MACK G HOLT 1ST LT QMC

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
MACK G HOLT 1ST LT QMC

Mack G Holt

SIGNATURE OF GRS INSPECTOR

HAS FILE

RECORDS ANNOTATED
DATE 11 MAY 1949
NAME Ramsey

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 B. I. BROCKER 2 LT QMC	
SIGNATURE OF SHIPPER N R HAILEY <i>[Signature]</i>	DATE 22 Sept 48	SIGNATURE OF RECEIVER THOMAS P PULLIAM CAPT QMC <i>[Signature]</i>	DATE 22 Sept 48

2 SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE, ITALY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PATRICK J. KENNEY CAPT QMC	
SIGNATURE OF SHIPPER THOMAS P. PULLIAM CAPT QMC	DATE 22 Mar 49	SIGNATURE OF RECEIVER WALTER E. THOMAS CAPT QMC <i>[Signature]</i>	DATE 22 Mar 49

3 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

OUT
OCT 17 1949
RECEIVED
LEGHORN PORT MORGUE

4 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5 SHIPPED

FROM FLORENCE ITALY		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER WALTER E. THOMAS CAPT QMC	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

A I R M A I L

DEPARTMENT OF THE ARMY

////////////////////////////////////

QMCMU 293
Unknowns X-178, ~~X-291~~
Castelfiorentino, Italy

22 December 1947

SUBJECT: Identification of Unknown Deceased

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

1. The fingerprints submitted on the Report of Burials for the following Unknowns interred in US Military Cemetery, Castelfiorentino, Italy, have been compared, insofar as possible, but were not found to be identical:

X-178: Plot 2F, Row 92, Grave 4411

X-291: Plot 2J, Row 94, Grave 4868.

2. In the event additional information becomes available to your headquarters, which may be of assistance in the identification of subject Unknowns, it should be forwarded to this office at the earliest practicable date.

BY COMMAND OF MAJOR GENERAL LARKIN:

JAMES C. MacFARLAND
Major, QMC
Memorial Division

*Copy - 293 with Italy
Castelfiorentino X 291*

A I R M A I L

AGPO-CR 293 (8 Jan 47)

1st Ind.

EEE/nbb/mmh/1D474a

WD, AGO, Washington 25, D. C., 6 February 1947

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief, Identification Section, Repatriation Records Branch, Room 2320, Temporary Building B.

Fingerprints on the attached Report of Interment for X-291, U.S. Military Cemetery, Castelfiorentino, Italy, were not found in the Federal Bureau of Investigation.

FOR THE ADJUTANT GENERAL

RECEIVED
FEB 10 1947

1 Incl. n/c

EARLE E. EWING
Lt. Colonel, AGD
Acting Officer in Charge
Casualty Section, PA Branch, AGO

293 Unknown, X-291, Italy (Castelfiorentino)

Male - white - 5'9"

Wght 155 - Black hair -
Teeth - upper good -
buried in shallow grave
(very recent) - looked like

he had been removed & this
grave from some other place.

wore GI shorts -

no laundry marks visible -
wire wrapped around neck -

grave located - C-655-105 -
near Anisca - Italy -

also wearing - ring -

3rd Division insignia -

may belong to 350th Bn -

AF of Booth will call
with - men who know
3 of his EM who are

AWOL - 10 & 12 days

Head & face - not
readily identifiable -
may have used wire
around neck to drag
him to grave -

{ Major Jay Cox 82-35044 Sgt - Season 101 }

~~Mr. Smith~~
~~313 1/2~~ ~~med box~~

Puncture wound
Left lower abdomen

Scrotum is swollen -
fair sized stone laid
on scrotum

Season 9
Cox 971

Right Thumb.



IDENTIFICATION DENTAL CHART
 to be used with GPO Form No. 104 in place of chart
 thereon and to be attached therewith.

10 October 1946

Unknown American Soldier X-291

Unk

Unk

LAST NAME

FIRST

INITIAL

RACE

SERVICE NO.

Unk

Unk

Vicinity of Quisico, Italy.

REGIMENT

Coord: (C-6,6-1.3) Map Ref: Castelfiorentino.

207

94

4868

Sheet: 6 1:75,000

PLACE OF BIRTH

HAIR

EYES

COMPLEXION

	RIGHT				UPPER TEETH				LEFT							
	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	TYPE
location	X	AA		⊗			⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	X	location
		dm														

INSIDE -- LOOPING BIT

	RIGHT				UPPER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	TYPE
location	X	A		X			⊗	⊗	⊗	⊗				A	X	location	
		o												o			

REMARKS:

Frank L Malocu
 SGT: 2010

Spencer M Records
 Signature Officer

Frank L. Malocu S/Sgt

Race: A Rank Typed

U.S. Military Cemetery at
 Castelfiorentino Italy.

Place of B.O. where this form was

Spencer M. Records Capt., Inf.

Race & Rank Typed

10 October 1946

Date

HEADQUARTERS 391ST STATION HOSPITAL
UNITED STATES ARMY
APO 88

16 September 1946

REPORT OF EXAMINATION OF UNIDENTIFIED BODY

1. Body of male brought to morgue 12 September 1946.
2. Gross appearance: Overall length: 164 cm.
Length: Acromion to fingertip: 73 cm.
Length: Iliac crest to heel: 87 cm.

Body had been buried. Overall appearance one of beginning decomposition from moisture and soil contact. Furthest amount of decomposition was on face where the greatest portion of flesh had disappeared. Left shoulder suffered considerably as well. Maggot infestation here. Remainder of body was rigid and moist with superficial slough and greenish discoloration of all tissues. Rigor mortis marked. Estimated period of death from the amount of deterioration would be placed at 10 days to 2 weeks.

Body unclothed except for pair of size 38 cotton shorts. 3rd Division ring on left hand. No identifying scars, tattoos, marks. Small puncture wound left side of abdomen paraumbilically. Length of bailing wire around neck above larynx tightly twisted posteriorly cutting into neck tissues. Scrotum greatly distended with edema.

Gives impression of a powerful build with muscular extremities, long trunk, broad shoulders. Estimated weight 165 to 170 lbs. Arms long.

3. Head: Hair judged as brown, moderate in amount. Face almost completely destroyed by deterioration, but skull shows sign of injury about face. X-ray reveals the following: Separation by elevation of galea from calvarium, revealed to be due to sub-galeal hemorrhage. No calvarial fracture. Teeth knocked out of place. One filling in one upper molar and one in lower tooth, unidentifiable. Multiple teeth have been smashed from the upper jaw. There is a fracture line extending upward from the right upper jaw parasally into the antrum, and probable continuing superiorly since the lower border of the right orbit medially is also fractured and from its medial border a fragment is displaced medially. Bicuspid and an incisor or canine have been displaced upward into the sinus. One molar lies inferior to the fracture out of its socket. The right zygoma shows separation at its suture lines both temporally and at the maxilla. The nasal septum is deviated to the left inferiorly. The mandible is not fractured, but lower incisors and bicuspids are knocked from their alveoli and displaced.

4. Neck: Bailing wire about the neck has cut the skin deeply above the larynx. Dissection reveals complete rupture of the trachea at this point. No evidence of cervical spine fracture can be definitely gleaned by X-ray although there is a suspicious area at the base of the odontoid.

(Ltr, 391 sta Hosp, Unidentified, Cont'd)

5. Chest: Negative except for blood clots filling lungs, construed as coming from trachea.

6. Abdomen: The small puncture wound does not penetrate. Examination of viscera negative.

7. Remainder of examination negative.

8. Probably cause of death: (1) Strangulation.
(2) Multiple injuries of skull and head.

s/ J. C. HANDELSMAN
s/ J. C. HANDELSMAN, 1st Lt. MC.
391 Station Hospital, APO 88.

A TRUE COPY

s/ Robert W. Richards
t/ Robert W. Richards
1st Lt. MAC

TRUE COPY


Spencer M. Records
Capt. Inf.

U. S. Military Cemetery at Castelfiorentino
Field Sector Unit #2, AGRS-MTZ
APO 790, (Florence) U. S. Army

9 October 1946

SUBJECT: Report of Investigation

TO : Commanding Officer
Headquarters, F.S.U. #2, AGRS-MTZ
APO 790 (Florence) U. S. Army

1. Submitted herewith is report of investigation concerning the recovery of Unknown American Soldier X-291, interred Plot 2-J, Row 94 Gravo 4868, U. S. Military Cemetery Castelfiorentino.

2. Remains were recovered in shallow grave, vicinity of Quisca, Italy, coordinates (C-6.8-1.1) Sh. 6, Map Ref. 1/200,000 by members of Air Corps Unit, 12 September 1946.

3. Remains taken to Mirandola Cemetery for interment who in turn sent them to this cemetery for identifying purposes.

4. Findings:

- a. Complete body received
- b. Finger prints and tooth chart possible (See Form 1042- 1043)
- c. Wire found tightly bound around neck of deceased indicating strangulation.

5. Note received with remains giving the following information:

Male--white 5'9"
Weight 155--Black hair
Teeth-- Upper good

Buried in shallow grave (very recent) looked like he had been removed to this grave from some other place.

Wore G.I. shorts-- No laundry marks visible
Wire wrapped around neck
Grave located C-6.85-1.05 Near Quisca, Italy

Also wearing ring
3rd Division Insignia

May belong to 350th Bn.

Lt. Col. Booth will call with men who know
3 of his EM who are AWOL -- 10 to 12 days.

Head and face not readily identifiable

May have used wire around neck to drag him to grave

Illegible. (Probably signature)
Major, M.C.
313th. Med, Bn.

Puncture wound
Left lower abdomen

Scrotum is swollen
Fair size stone laid on scrotum

5. Ring mentioned in correspondence not found with remains when received at U.S. Military Cemetery, Castelfiorentino.

6. The remains have been reinterred as those of Unknown American Soldier X-291, Plot 2-J, Row 94, Grave 4868, U. S. Military Cemetery at Castelfiorentino and reports of interment will be forwarded with weekly report of 6-12 October 1946.

Spencer M. Records
Capt. Inf.

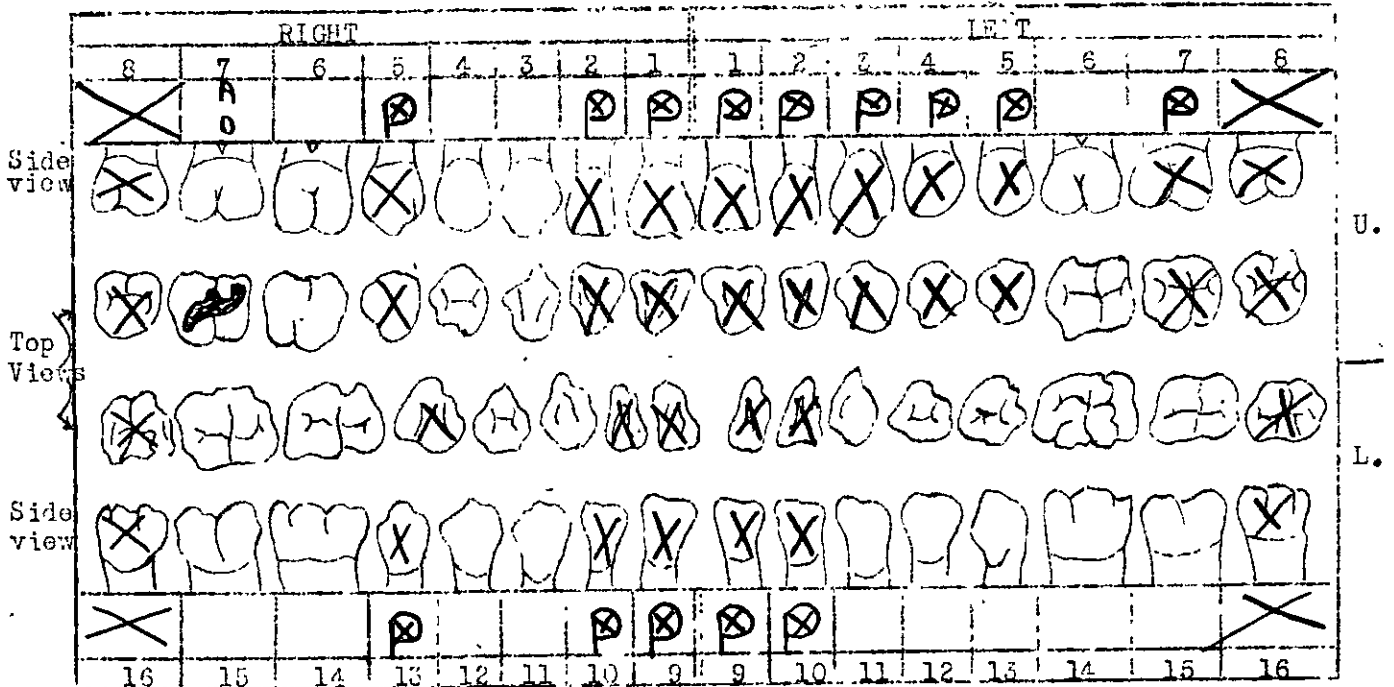
IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN		2. DATE OF REPORT	
X-291		29 October 1948	
3. NAME OF CEMETERY		4. PLOT	5. ROW
U S Military Cemetery Castelfiorentino, Italy		2J	94
		6. GRAVE	7. DATE OF REIN-TERMENT
		4868	
PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Impossible	Impossible	Brown	White
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS			
Circumstances indicate that deceased was carried as AWOL, therefore identifying data is not available. Declared Non-Identifiable by reason of lack of sufficient identifying data			
<i>T.C. Anderson</i> T.C. ANDERSON, Major QMC			
13. GIVE DESCRIPTION OF BURNS OR SCABS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES.			
14. WAS BODY BURIED? : TO WHAT EXTENT?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
15. WAS BODY BURIED? : TO WHAT EXTENT?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS			
None			
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SPECIFYING 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			

QMC FORM 1044
REV 13 Mar 47

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

Received *T/K - 2 Feb 49*
Sub U.S. Dep *Unident*
Not identifiable from information presently available
DQMG
G. Flora

TOOTH CHART

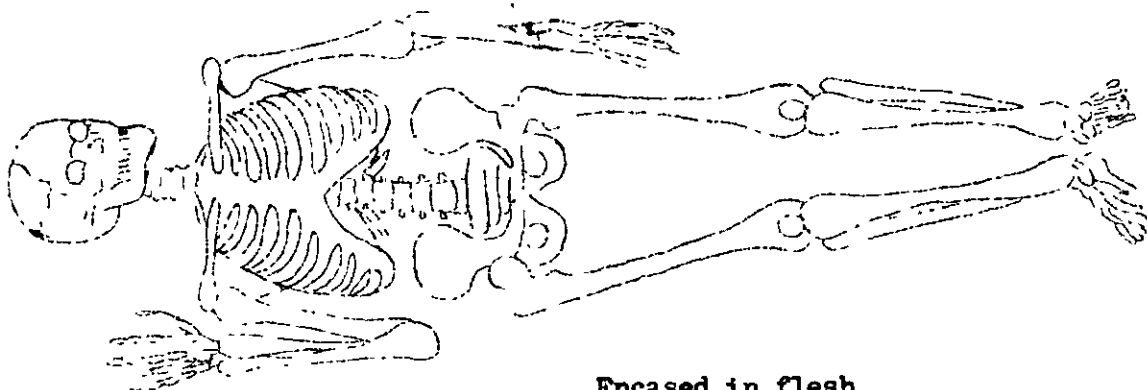


Dentures (Plates):

QHC Form 1044 a
18 March 1947.

Teeth 8-L and 8-R, 16-L and 16-R are not developed.
The illustrated filling is well made.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Encased in flesh

20.

MASS BURIAL CERTIFICATE (if applicable)
(wherein segregation in whole or parts is impossible)

I certify that the Group remains consist of parts of _____ (Number)
decodents based on the presence of one or more of the following anatomical
parts.

(Signature of Medical Officer)

21. REMARKS AND ADDITIONAL INFORMATION

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 /s/
M.D., D.A. (Anthropology), G.S.D., O.S.D.

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

Typed name, Grade, Arm or Service and Organization

SIGNATURE

MACK C. HOLT, 1st Lt. QMC, 9107 TSU-QMC, AGRS/MZ

s/ Mack C. HOLT

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 Form 1044 & 1044b
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. L-583

Date of Investigation 29 Oct 48

Unknown American X- 291

Am. Mil. Cem. Castelfiorentino Italy: Plot 2J Row No. 94 Grave 4868

Place of Death Vic. Quisca, Italy Date of Death Est. 2 September 1946

Map Reference 066 13 Sheet 6 Map of Italy 1/200,000

Other American Dead Found in Same Area None

Cause of Death Injured. (See correspondence attached to BR).

22. Description of Remains

Body has not decomposed (Fleshy state).

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

23. Skeletal Data

HEAD Complete

TOOTH CLINT Accomplished

TRUNK Complete. Encased in flesh.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Encased in flesh L Humerus Encased in flesh

R Ulna " " " L Ulna " " "

R Radius " " " L Radius " " "

Carpals, Metacarpals, Phalanges _____

LOWER EXTREMITIES (Give measurements of long bones).

R Femur Encased in flesh L Femur Encased in flesh

R Tibia " " " L Tibia " " "

R Fibula " " " L Fibula " " "

Calcanea, Tarsals, Patallae, Metatarsals, Phalanges _____

Encased in flesh.

24. AGE ESTIMATED AT Impossible

BASED ON Fleshy state of body

25. SUMMARY OF FINDINGS:

Age estimation - Impossible

Tooth chart - Accomplished

Height estimation - Impossible; Hair color - Brown

26. RECOMMENDATIONS

PROCESSED BY:

CURTISS D. PAYE /s/
Pfc 15216985
CIP Technician

s/ Mack C. HOLT

(Signature of Officer)




MACK C. HOLT

1st Lt QMC

CIP Officer

-3-

Dr. Alexander Tardy/s/
M.D., D.A. (Anthropology) G.S.D., O.S.D.

WD QMC FORM 1042 (Rev 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 10 Oct. 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN AMERICAN SOLDIER X-291				
		SERIAL NO. UNK.				
GRADE Unk.		ORGANIZATION Unk.		BRANCH OF SERVICE Ground Force		
RACE White		RELIGION Unk.		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY U. S. A.		
PLACE OF DEATH Vic. Quisca, Italy, Coord: (C-6.6-1.3) Map Ref. Sh. 6 1/200,000		CAUSE OF DEATH Strangulation		DATE OF DEATH est. 2 Sept. 1946		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk.						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) SEE ATTACHED CORRESPONDENCE				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) No						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. Military Cemetery, Castelfiorentino (Q-549-507)						
DATE OF BURIAL 10 Oct. 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Coffin	TYPE OF GRAVE MARKER Wooden Cross	PLOT NO 2-J	ROW NO 94	GRAVE NO 4868
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Grave located in vicinity of Quisca, Italy Coord: (C-6.8-1.1) Map Ref. Sh. 6 1/200,000			PLOT NO --	ROW NO --	GRAVE NO --
TYPE OF RELIGIOUS CEREMONY General	PERSON CONDUCTING BURIAL RITES Local Chaplain		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY QMC Form 1042 sealed in glass container and buried with remains. QMC Form 1042 sealed in glass container and buried one foot below grave marker.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown American Airman X-289			RANK Unk.	SERIAL NO. Unk.	ORGANIZATION Unk.	GRAVE NO 4867
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) "Joseph" Unk. Amer. Soldier X-290			RANK Unk.	SERIAL NO. Unk.	ORGANIZATION Deserter from U.S.	GRAVE NO. 4869
SIGNATURE OF PERSON PREPARING REPORT  S/Sgt. Frank L. Malocu			SIGNATURE OF GRS OFFICER VERIFYING REPORT  Spencer M. Records Capt. Inf.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

50149 Incl #1

RESTRICTED

10
A

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:






(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
.

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
.	None	Grave located in vic. of Quisca, Italy Coord: (C-6,8-1.1) Map Ref. Sh. 6

OTHER IDENTIFICATION CLUES **1/200,000.**
None

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE

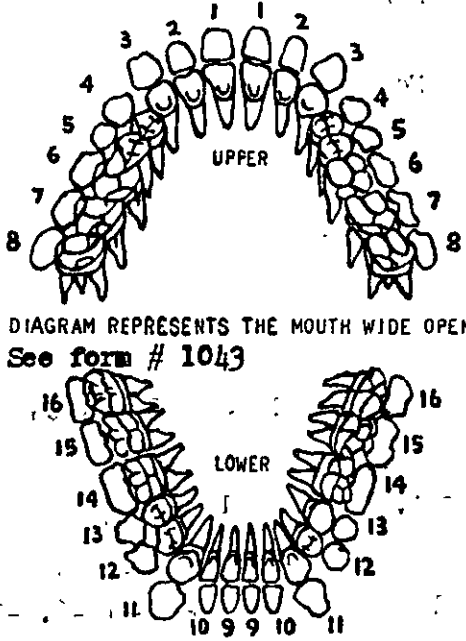
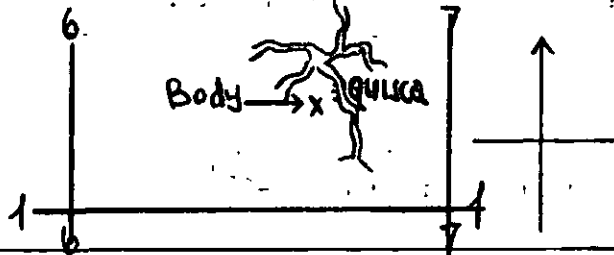


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
See form # 1043

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

Grave located in vic. of Quisca, Italy
Coord: (C-6,8-1.1)
Map Ref: Sh. 6 1/200,000.



REMARKS:

None

RESTRICTED

Q.M.C. Form 1 GRS

SOS MATOUSA

July 1913

REPORT OF BURIAL

AR 30-1815 & TM 10-630

BURIAL

Date Report Filled Out

(Last Name) (First Name) (Middle Initial) (Serial No.) (Race)

(Rank) (Organization) (Branch) (Country)

(Place of Death) (Date of Death) (Cause of Death) (Religion : P, C H etc.)

MEANS OF IDENTIFICATION

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

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

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 unidentifed, give circumstances :

List of Personal Effects found on Body and disposition of Same :

(Name of Emergency Addressee)

(Address of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

(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

(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 kind of container ?

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

Right side :

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side :

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

(Signature of Person Reporting Burial)

(Verified by G.R.S. Officer)

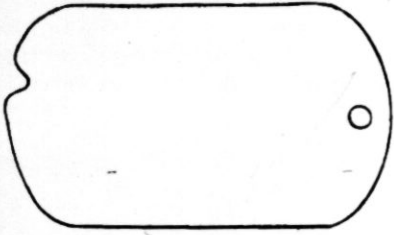
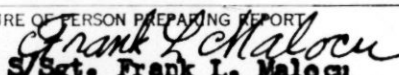
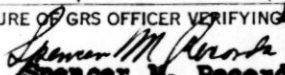
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT : Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through 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.**

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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 10 Oct. 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN AMERICAN SOLDIER X-291		SERIAL No. UNK.				
GRADE Unk.		ORGANIZATION Unk.		BRANCH OF SERVICE Ground Force		
RACE White		RELIGION Unk.		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY U. S. A.		
PLACE OF DEATH Vic. Quisca, Italy, Coord: (C-6.6-1.3) Map Ref. Sh.6 1/200,000		CAUSE OF DEATH Strangulation			DATE OF DEATH est. 2 Sept. 1946	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk.						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) SEE ATTACHED CORRESPONDENCE				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) No						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. Military Cemetery, Castelfiorentino (Q-549-507)						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
10 Oct. 1946	1500	Coffin	Wooden Cross	2-J	94	4868
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Grave located in vicinity of Quisca, Italy Coord: (C-6.8-1.1) Map Ref. Sh. 6 1/200,000			PLOT No.	ROW No.	GRAVE No.
				--	--	--
TYPE OF RELIGIOUS CEREMONY General	PERSON CONDUCTING BURIAL RITES Local Chaplain		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY QMC Form 1042 sealed in glass container and buried with remains. QMC Form 1042-sealed in glass container and buried one foot below grave marker.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown American Airman X-289		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
		Unk.	Unk.	Unk.	4867	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) "Joseph" Unk. Amer. Soldier X-290		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
		Unk.	Unk.	Deserter from U.S.	4869	
SIGNATURE OF PERSON PREPARING REPORT  S/Sgt. Frank L. Malocu			SIGNATURE OF GRS OFFICER VERIFYING REPORT  Spencer M. Records Capt. Inf.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

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Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

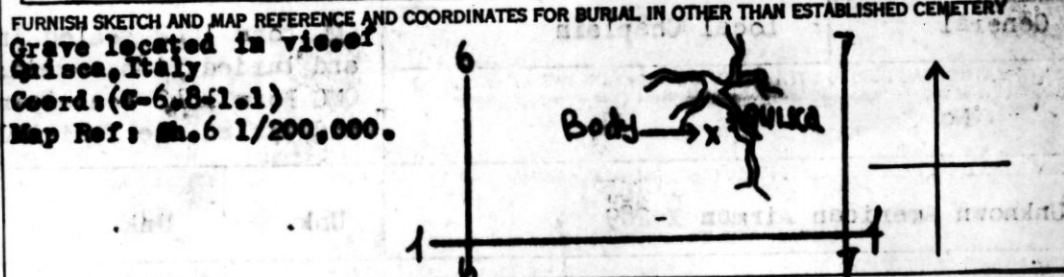
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
.

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
.	None	Grave located in vic. of Quisona, Italy. Coord: (G-6, 8-1.1) Map Ref. Sh. 6 1/200,000.

OTHER IDENTIFICATION CLUES
None

FILLINGS	SILVER FILLING GOLD FILLING	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN See form # 1043</p>
CAVITIES	CAVITY DECAYED	
MISSING TEETH	TOOTH MISSING	
CROWNED TEETH	PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	GOLD BRIDGE	



REMARKS:
None