



FILE IDENTIFICATION TOPPER

FILE NUMBER

293-UNK. AGRS MAUS Florence, Italy X-70003

SUBJECT

*all*

1

Interred 25 October 1951  
H 12 7 Carthage, Military Cemetery

DISINTERMENT DIRECTIVE

~~John L. Jacks, Jr.~~  
JOHN L. JACKS, JR.  
Major, QMC

293 *Unk Florence Maus. X-70003*

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5200 00018

DATE  
21 08 51  
DAY MONTH YEAR

NAME <del>UNKNOWN</del> X-70003	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
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CEMETERY AGRS MAUSOLEUM FLORENCE ITALY	PLOT	ROW	GRAVE 4	DISPOSITION OF REMAINS 9001 5201 CODE	80 DIST. CTR.
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SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE CARTHAGE, TUNISIA Per telephone instructions <del>FLORENCE, ITALY</del> of Lt. Col. MacFarland, i.g., 7887 Graves Registration Det., under date of 17 October 1951	NAME AND ADDRESS OF NEXT OF KIN  (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
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IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE
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SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Isolated Grave (Chioggia, Italy)	CONDITION OF REMAINS Skeletal
--	----------------------------------

OTHER MEANS OF IDENTIFICATION  
**SEE ATTACHED SHEET**

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 15 May 1951 BY WILLIAM L. JORDON  
CASKET SEALED BY EMBALMER (Signature)

WILLIAM L. JORDON /s/ William L. Jordan  
CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY JOHN L. JACKS, JR., Major, QMC

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

/s/ John L. Jacks, Jr., Capt. QMC  
/t/ JOHN L. JACKS, JR., CAPT. QMC  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS ARE UNIDENTIFIABLE.  
REMAINS RECOVERED FROM AN ISOLATED GRAVE AT CHIOGGIA, ITALY.

FILE  
RECORDS ANNEX  
DATE 2 Nov 51 8-7  
NAME  
REG. BR. MEN. DIV. ✓ P

*Encl # 7*

**RECORD OF CUSTODIAL TRANSFER**

<b>1. SHIPPED</b>			
FROM	AGRS/12, Florence, Italy	KIND OF CONVEYANCE	USAF PLANE
TO	USMC Carthage, Tunisia	NAME OF CONVOYER	JOHN I. JACKS, JR., Major, GPO
DATE	24 Oct. 1951	SIGNATURE OF RECEIVER	<i>John I. Jacks, Jr.</i>
DATE	25 OCT 1951	SIGNATURE OF RECEIVER	<i>John I. Jacks, Jr.</i>
<b>2. SHIPPED</b>			
FROM		KIND OF CONVEYANCE	
TO		NAME OF CONVOYER	
DATE		SIGNATURE OF RECEIVER	
<b>3. SHIPPED</b>			
FROM		KIND OF CONVEYANCE	
TO		NAME OF CONVOYER	
DATE		SIGNATURE OF RECEIVER	
<b>4. SHIPPED</b>			
FROM		KIND OF CONVEYANCE	
TO		NAME OF CONVOYER	
DATE		SIGNATURE OF RECEIVER	
<b>5. SHIPPED</b>			
FROM		KIND OF CONVEYANCE	
TO		NAME OF CONVOYER	
DATE		SIGNATURE OF RECEIVER	
<b>6. SHIPPED</b>			
FROM		KIND OF CONVEYANCE	
TO		NAME OF CONVOYER	
DATE		SIGNATURE OF RECEIVER	
<b>7. SHIPPED</b>			
FROM		KIND OF CONVEYANCE	
TO		NAME OF CONVOYER	
DATE		SIGNATURE OF RECEIVER	
<b>8. SHIPPED</b>			
FROM		KIND OF CONVEYANCE	
TO		NAME OF CONVOYER	
DATE		SIGNATURE OF RECEIVER	
<b>9. SHIPPED</b>			
FROM		KIND OF CONVEYANCE	
TO		NAME OF CONVOYER	
DATE		SIGNATURE OF RECEIVER	

4

Interred 25 Oct 1951  
H 12 7 Carthage, Military Cemetery  
**DISINTERMENT DIRECTIVE**

**JOHN L. JACKS, JR.**  
Major, QMC

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE  
15 MAY 1951  
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION  
UNKNOWN X-70003

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS  
AGRS MAUSOLEUM, FLORENCE, ITALY 4  
CODE DIST. CTR.

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER NAME AND TITLE

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL CONDITION OF REMAINS  
ISOLATED GRAVE (CHIOGGIA, ITALY) SKELETAL  
OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
NONE

REMAINS PREPARED AND PLACED IN CASKET  
DATE 15 MAY 1951 BY WILLIAM L JORDON

CASKET SEALED BY EMBALMER (Signature)  
WILLIAM L JORDON WILLIAM L JORDON

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE BY

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

JOHN L JACKS JR., CAPT, QMC  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.  
*William L. Jordan*

**RECORD OF CUSTODIAL TRANSFER**

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

4

6

DISINTERMENT DIRECTIVE

*Ref: ... X-70003*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
5200 00018

DATE  
21 08 51  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X-70003		8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
AGRS MAUSOLEUM FLORENCE ITALY			4	5201 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FLORENCE, ITALY	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS ARE UNIDENTIFIABLE.  
REMAINS RECOVERED FROM AN ISOLATED GRAVE AT CHILOGGIA, ITALY.

AUG 51

UNCLASSIFIED

OQED DEPT OF ARMY WASH DC

DEFERRED

CO 7387 ORING DET LIEGE BELGIUM

ACRC 1005

UNCLASSIFIED

FROM ORING DET ACRC 1005

XRAY 60859 XRAY 70003 FLORENCE XRAY 60861 XRAY 60877 MIRANDA APPROVED

UNIDENTIFIABLE

Fcy/la

ACRC 1005 IS DA ID NO 61477 (10 AUG 51)

UNCLASSIFIED

(GRAVES)

*incident,*

CAPT JOHN M. BEFF

UNIT 293 - ORS PARROTTAN

EXT 52462

J G WHICHER  
LT COL GAC MEM DIV

97  
0  
1  
/



HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
OPERATIONS DIVISION  
APO 757 (Liege) US ARMY

GROP 200.2

5 June 1951

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X-70003, Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 4, USMC Florence, Mausoleum, have been reviewed in accordance with par 159, SR 830-110-5, DA dated 3 March 1949, and it is the opinion of the Board of Review appointed by par 4, SO No 32, this headquarters, dated 10 April 1951, that sufficient evidence is not available to establish the identity of the deceased concerned, and it is recommended these remains be classified as unidentifiable.

2. Report of reprocessing of remains was forwarded to the Office of The Quartermaster General, by Transmittal Letter No. 6296, dated 29 May 1951.

3. Remarks: See attached narrative.

Lt Col James C. MacPABLAND, O-1576321, QMC Maj George GENDERMAN, Jr, O-1289071, QMC

Clyde W. Stencik  
Capt Clyde W. STENCIK, O-1040311, QMC

Allan L. Lawson  
Capt Allan L. LAWSON, O-1236075, QMC

Robert W. Gansel  
1/Lt Robert W. GANSEL, O-1599085, QMC

John A. Boutin  
2/Lt John A. BOUTIN, O-947238, QMC

CANCELLED

August 27, 1951

E. Sparks

CERTIFICATION BRANCH

Incl #2

CASE HISTORY

UNKNOWN X-70003

AGRS MAUSOLEUM, Florence, Italy

Subject remains were recovered from the Adriatic Sea, 20 miles off the coast, east of Punta Maestra, Italy. The remains were recovered by Mr. Bullo Cino, a fisherman.

In questioning Mr Bullo Cino, the fisherman, it was learned that while fishing on the morning of 30 November 1950, in about one hundred (100) feet of water, twenty (20) miles off the coast, east of Punta Maestra, he was pulling in his fishing net and discovered the parachute with (1) femur, one (1) tibia and several small portions of rib bones present in his net. However there was nothing else present, such as clothing, equipment, or any thing of that type.

The nationality of subject remains cannot be determined however by the markings on the parachute "ORDER No. 43-3211, Sept. 27, 1942" they may possibly be those of an American deceased.

Due to lack of identifying data the remains of Unknown X-70003 are submitted as UNIDENTIFIABLE.

*John E. Smith*  
JOHN E. SMITH  
Investigator

*CMS*

S & R UNIT #4, AGRS/MZ  
7887 Graves Registration Detachment  
APO 794 US ARMY

S&R 293

3 May 1951

SUBJECT: Report of Investigation.

THRU : Officer-in-Charge  
S&R Unit #4, AGRS/MZ  
7887 Graves Registration Detachment  
APO 794, U.S. Army

TO : Commanding Officer  
7887 Graves Registration Detachment  
APO 757 (Liegl) U.S. Army

1. In compliance with Investigation Directive #674, I, with Sylvano Opisi, Native employee and driver, proceeded to Chioggia, Italy, Coordinates G 6.6-2.7, Sheet 9, Road Map of Italy 1:200,000, on 25 April 1951 for the purpose of taking into custody remains of World War II Deceased, previously investigated in accordance with I.D. #607. Circumstances of initial recovery of remains are set forth in the Report of Investigation dated 14 February 1951 for I.D. #607.

2. As directed in Investigation Directive #674, we proceeded to the local cemetery of Chioggia, Italy, to accept custody of remains as an Unknown American deceased. Upon arrival in Chioggia we contacted the Priest, Felice Da Udine, the caretaker for the local cemetery. He released the remains consisting of one (1) tibia, one (1) femur, and shattered rib bones to our custody.

3. Remains were returned to Unit #4, 7887 Graves Registration Detachment, for anthropological processing and casketing.

Incls:  
ID #674 w/incls

ELDEN J BILLIS  
Sgt. RA 36203110  
Investigator

6296

HEADQUARTERS  
9107 TST - QMC  
AMERICAN GRAVES REGISTRATION SERVICE  
MEDITERRANEAN ZONE  
APO 794 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraphs 1-17 and 18-21, Identification Data QMC 1042 and 1044b,  
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. \_\_\_\_\_

Date of Investigation \_\_\_\_\_

Unknown American X- 70003

As Mil. Com. Italy: Plot XXXX Box No. XXXX Grave 4  
~~XXXXXXXXXXXXX MAUSOLEUM, FLORENCE,~~

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 examined, this report must be C Form 1042  
completely filled out to physical characteristics.)

HEAD

TOOTH CHAIR

TRUNK

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus

L Humerus

R Ulna

L Ulna

R Radius

L Radius

Carpals, Metacarpals, Phalanges

LOWER EXTREMITIES (Give measurements of long bones).

R Femur

L Femur

R Tibia

L Tibia

R Fibula

L Fibula


Calcanea, Tarsals, Metatarsals, Phalanges

24. AGE ESTIMATED AT **Estimation impossible**  
BASED ON \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. SUMMARY OF FINDINGS:

26. RECOMMENDATIONS:

*A. Alexander Lenard*  
**DR. ALEXANDER LENARD**  
Medical Doctor  
University of Vienna

  
\_\_\_\_\_  
(Signature of Officer)  
**JOHN L. JACKS, JR.**  
Captain, QMC  
Officer-in-Charge

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN **UNIFORM X-70003** : 2. DATE OF REPORT  
 :  
 : **16 May 1951**

3. NAME OF CEMETERY : 4. PLOT : 5. ROW : 6. GRAVE : 7. DATE OF  
**AREE MAUSOLEUM, FLORENCE, ITALY** : : : : **DISIN-** **REIN-**  
 : : : : **TERMENT** **TERMENT**  
 : : : :  
 : : : :

PHYSICAL DESCRIPTION

8. ESTIMATED : 9. ESTIMATED : 10. COLOR OF HAIR : 11. RACE  
 WEIGHT : HEIGHT : :  
 - : **5 - 10 1/2** : - : **White**

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One parachute found with the remains. Markings found upon examining the parachute were as follows: "ORDER No. 13-3211, Sept. 27, 1942".**

13. GIVE DESCRIPTION OF TATOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES.  
**None**

14. WAS BODY BURNED? : TO WHAT EXTENT?  
 YES  NO

15. WAS BODY MINGLED? : TO WHAT EXTENT?  
 YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURE 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).

**One parachute.**

6296





# TOOTH CHART

16 May 1951

Date

Unknown X-70003

N.A.

N.A.

N.A.

Last Name

First

Initial

Grade

Serial No.

N.A.

N.A.

Organization

N.A.

Adriatic Sea, 20 miles off the coast,  
east of Punta Maestra, Italy

Place of Death

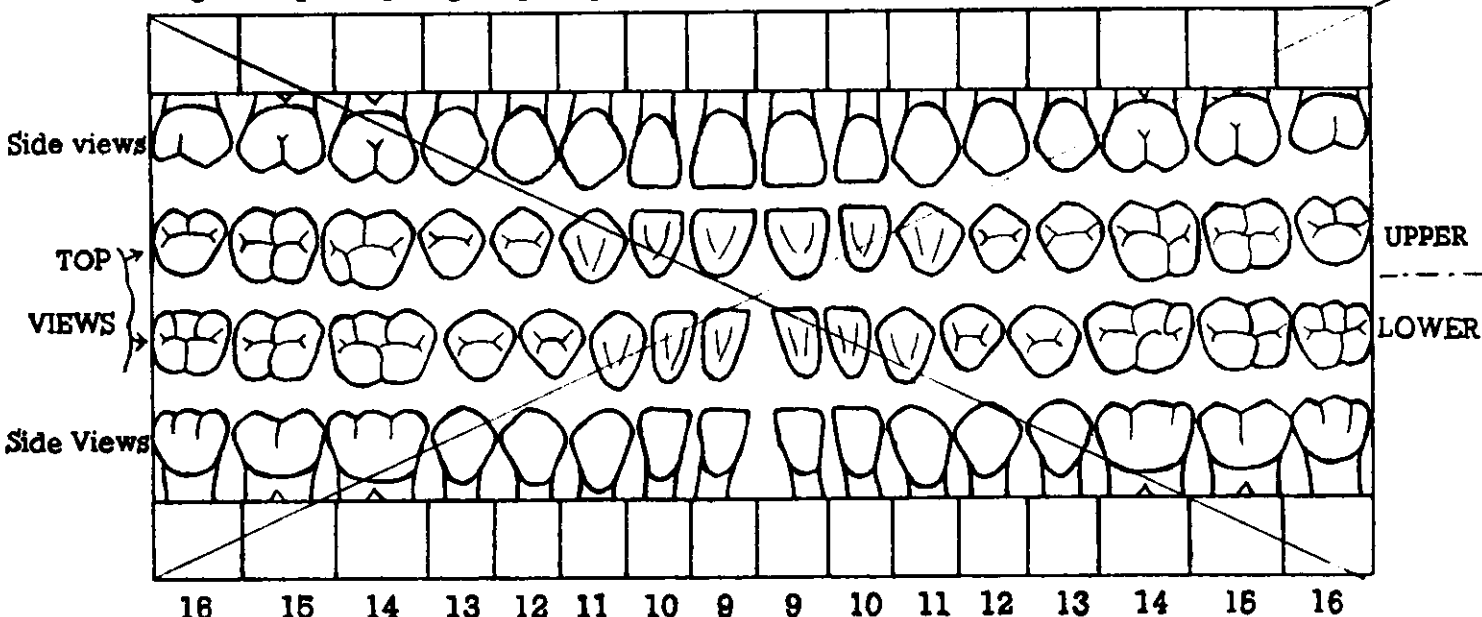
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions : Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

*Elden J. Ellis*  
ELDEN J. ELLIS, Sgt. RA 36203110 6296

Signature of Officer or other person who prepared Tooth chart

*John L. Jones, Jr.*  
Verified by G. R. C. Officer

JOHN L. JONES, JR.  
Captain, USMC  
Officer-in-Charge

ADDITIONAL SPACE FOR FURTHER REMARKS

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"

	<p>Teeth missing</p>	<p><b>MISSING TEETH</b>.. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus :</p>
	<p>Gold crown Porcelain crown</p>	<p><b>CROWNED TEETH</b>.. Block in solid the crown of tooth (label gold, porcelain, silver or gold and porcelain), thus :</p>
	<p>Gold bridge</p>	<p><b>BRIDGE WORK</b>.. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>
	<p>Gold filling Silver filling</p>	<p><b>FILLINGS</b>.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>
	<p>Cavity Decayed</p>	<p><b>CARIES (CAVITIES)</b>.. Outline location and size of cavity, shade in thus :</p>



HEADQUARTERS  
7667 GRAVES REGISTRATION DETACHMENT  
APO 757 (Ilece) US ARMY

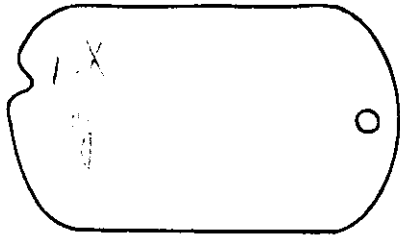
ANTHROPOLOGICAL REPORT (continued)

2. CONCLUSIONS

- a. The remains of the following deceased should be individually identified as indicated:
- |     |      |
|-----|------|
| (1) | (6)  |
| (2) | (7)  |
| (3) | (8)  |
| (4) | (9)  |
| (5) | (10) |
- b. The remains of the following deceased should be considered a Group Burial:
- |     |      |
|-----|------|
| (1) | (6)  |
| (2) | (7)  |
| (3) | (8)  |
| (4) | (9)  |
| (5) | (10) |

3. ADDITIONAL REMARKS

DR. ALEXANDER LEVARD  
Medical Doctor  
University of Vienna

<p><b>QMC Form 1042</b> (Rev. 1 Apr. 1946) (Supersedes GRS Form I, and Rev. of 1 Apr. 45, which may be used.)</p>		<p><b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)</p>		<p>DATE OF REPORT <b>16 May 1951</b></p>		
<p><i>Imprint: Identification Tag If Possible. DO NOT TYPE</i></p> 		<p><b>Section 1.—IDENTIFICATION.</b></p>				
<p>PLACE OF DEATH <b>Adriatic Sea, 20 miles off the coast, east of Santa Margherita, Italy</b></p> <p>EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unk.</b></p>		<p>NAME (Last, first, middle initial) <b>UNKNOWN AMERICAN X-70003</b></p>		<p>SERIAL NO. <b>Unk.</b></p>		
		<p>GRADE <b>Unk.</b></p>		<p>ORGANIZATION <b>Unk.</b></p>		
		<p>RACE <b>Unk.</b></p>		<p>RELIGION <b>Unk.</b></p>		
		<p>CAUSE OF DEATH <b>Unk.</b></p>		<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY <b>USA</b></p>		
<p>DATE OF DEATH <b>Unk.</b></p>		<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b></p>				
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>No</b></p>		<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>None</b></p>				
<p>LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b></p>		<p>COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>				
<p><b>Section 2.—BURIAL.</b> <i>If other than in established cemetery, furnish sketch and map coordinates on reverse.</i></p>						
<p>NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>AGRS MAUSOLEUM, FLORENCE, ITALY</b></p>						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>N.A.</b>	<b>N.A.</b>	<b>N.A.</b>	<b>N.A.</b>	<b>N.A.</b>	<b>N.A.</b>	<b>4</b>
<p>WAS THIS A REBURIAL? (Yes or no)</p>		<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p><b>Remains recovered from an isolated grave at Chioggia, Italy</b></p>				
<p>TYPE OF RELIGIOUS CEREMONY <b>Unk.</b></p>		<p>PERSON CONDUCTING BURIAL RITES</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b></p>		<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>No</b></p>				
<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN AMERICAN X-70002-AGRS MAUSOLEUM, FLORENCE, ITALY</b></p>			RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN AMERICAN X-70004-AGRS MAUSOLEUM, FLORENCE, ITALY</b></p>			RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
<p>SIGNATURE OF PERSON PREPARING REPORT <b>ELDEN J. ELLIS, Sgt. RA 36203110</b></p>			<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>JOHN L. JACKS, JR., Capt. QMC., OIC</b></p>			
<p>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.</p>						

**Section 1 - 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.

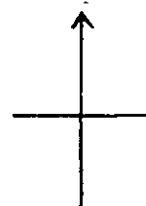
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

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



REMARKS:

Identification  
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 JUN 21 1951