

LEATRIDGE

1. FILE UNDER NO.

293 - Unk. France X- 188 (Lynes)

SYNOPSIS

2. TYPE OF DOCUMENT:

3. DATE:

1st Ind.

23 Sept 48

4. FROM:

OXID

5. TO:

CG, American GRS, European Area, APO 58, NY, NY

6. SUBJECT:

Unidentifiable Remains - Transmittal Letter # 2970

7. DOCUMENT FILED
UNDER NO.

314.6 - GRS, European

(T/1/2970)

mfz

INSTRUCTIONS.—Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

11 August 1948

293 MIA France 7-187 (Copy)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-188, Plot F, Row 21, Grave 819, USMC LUYNES, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2432, dated 28 August 1947. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/ GEORGE L. FREEMAN
1st Lt QMG
Actg Asst Adj Gen

For record only: The original of this letter is being held in Identification Section.

C
O
P
Y

17 SEP 1948

Received _____ OQMG
Not identifiable from
information presently
available

C
O
P
Y
FILE 28 SEP 1948
Blair
Adm. Sec.

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EUROPEAN AREA
APO 58 US ARMY

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GEORGE L. FREEMAN
1st Lt QMC
Actg Asst Adj Gen

17 SEP 1948

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Not identifiable from
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available

Incl # 7

KIA-Testa de la Rubina (Italy)

CIVILIAN DEATH REPORT (To accompany report of interment)

Only Part I should be completed if identification tags are available.
 Both Part I and Part II should be completed, filled out if identification tags are not available.
 If information is unavailable so indicate.

PART I
 (Positive Identification)

1. Unknown American Unk Unk US Army
 (Full name of deceased) Rank (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached No identification tags
3. Give exact location from which recovered, furnishing coordinates and map series used Vic. of Testa dela Rubina-Italy-Map reference-Avignon-Digne-Sheet 81-1/200,000:co.ord:N5435 North Italy Zone Grid (Brown)
 NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE WITH LOCATION IN VIEW PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) Not buried in organized cemetery
5. Approximate or established date of death (state which and give basis for date selected) Approx Jan. 1944
6. Approximate or established date of burial (give basis for date established) Body unburied
7. Manner in which the grave was marked and all information contained on the marker No marker
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and addresses of individuals concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)
Dr. Jouglard-St Etienne-de-Tinee (Alpes-Maritime) France
Mons. Richier-Piebra Bianca-Italy
Mons. Pelissier-Gendarmerie-Isola (Alpes-Maritime) France

Van Zandt Faust
 VAN ZANDT FAUST-2D Lt. QMC-0-2030835-Det "A" 3058 QM Graves Reg Co.
 (Individual in charge of disinterment) (Rank) (ASN) (Organization)

Date: 15 Oct. 1945

(Use reverse side of sheet if space provided is not sufficient.)

PART II
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records) _____

None

11. _____
(Est height) (Est weight) (Color of hair) (Color of eyes)

12. Give description of facial features and body characteristics, if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc. _____

See #13

13. Give as detailed description of condition and amount of remains as possible _____

Skull was only part of body remaining

14. Give probable cause of death, type and location of wounds (Is there evidence body was burned?) _____

Unknown

15. Give minute description of all effects, clothing and shoes, including cloth markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable: _____

None

16. Give description of any vehicle found in the area that could be connected with the death of the deceased None

(Type) (WD serial number) (Organization) (Serial No. and type of each gun)

17. Give exact location of remains in vehicle before removal _____

None

18. If buried in a coffin, give description and markings _____

None

(Over)

19. List names of all other deceased persons buried in that vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of those remains _____

None

20. Other pertinent information which would aid in establishing identity of _____

Deceased was killed in action while on patrol vicinity of
"Testa de la Rubina" (Italy)

Tooth chart attached

Jan Zandt Faust

VAN ZANDT FAUST-2D Lt. QMC-0-2030835-Det "A" 3058 QM Graves Reg Co.
(Individual in charge of disinterment) (Rank) (ASN) (Organization)

Date: 15 October 1945

Interred ~~22 September 1948~~ 1 December 1949 Ri : Open
 26-37, Draguignan D-3-29 *per file of James # 4603 (Draguignan) 12/15/49*
 John L. Boyd
 JOHN L. BOYD
 1st Lt FA
 Left : Unknown X-219

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3551 00000	DATE 15 07 48 DAY MONTH YEAR
NAME UNKNOWNX-000188		SERIAL NUMBER UNKNOWNX-000188	ARM J
CEMETERY LUNES AIX-EN-PROVENCE		DATE OF DEATH DAY MONTH YEAR 3501 80 CODE DIST. PT.	
PLOT F	ROW 21	GRAVE 819	COUNTRY FRANCE
CAUSE OF DEATH 6			

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE DRAGUIGNAN, FRANCE	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
---	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unknown X-000188	SERIAL NUMBER Unk	RANK Unk	DATE OF DEATH	DATE DISINTERRED 9 Feb 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY C. R. TOMPKINS, Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Skeleton, disjointed.
OTHER MEANS OF IDENTIFICATION Report of Burial found on remains.	
MINOR DISCREPANCIES 1 None	

**NAT
FILE
RECORDS ASSOCIATED**
 DATE 12 Feb 48
 NAME C. R. Tompkins
 R & R M.

REMAINS PREPARED AND PLACED IN ~~CASKET~~ Transfer Case

DATE 12 Feb 48 BY C. R. TOMPKINS	CASKET SEALED BY C. R. TOMPKINS	EMBALMER (Signature) <i>C. R. Tompkins</i>
CASKET BOXED AND MARKED	DATE 12 Feb 48 BY C. R. TOMPKINS	SHIPPING ADDRESS VERIFIED BY: JOSEPH A. PEACOCK, CAPT., INF.

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

Joseph A. Peacock
 JOSEPH A. PEACOCK, CAPT., Inf.
 SIGNATURE OF GRS INSPECTOR

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

TOOTH CHART

15 October 1945

Date

Unknown American

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

Unk

US Army

Unit

Organization

Vic. Testa de la Rubina (Italy) Approx. Jan. 1945 Unk.

Place of Death

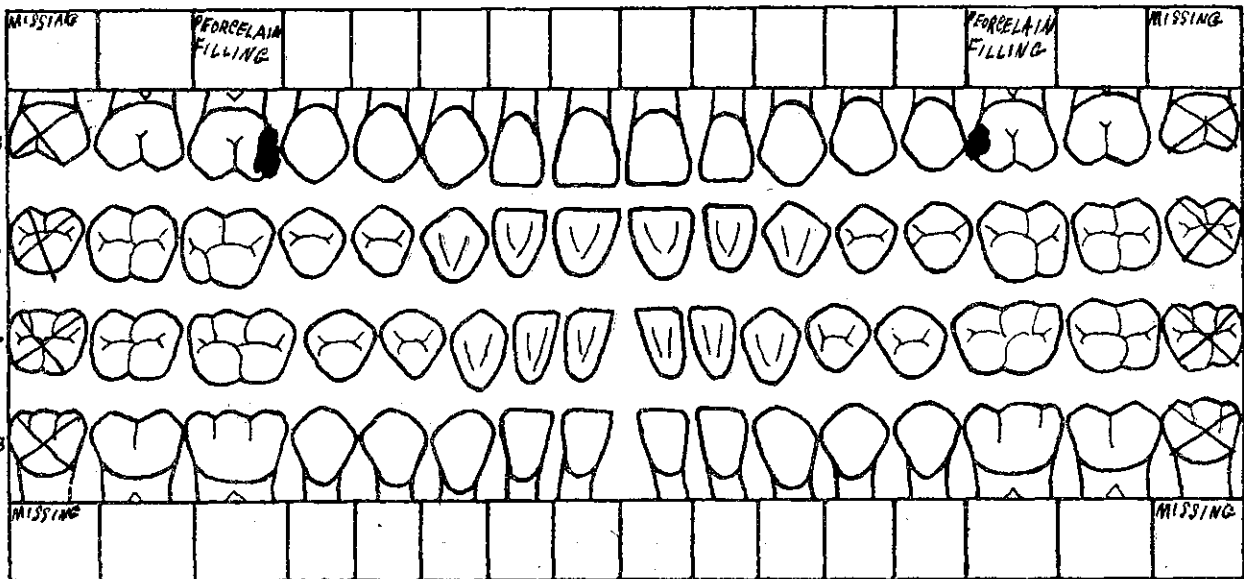
Date of Death

Cause of Death

Right

Left

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

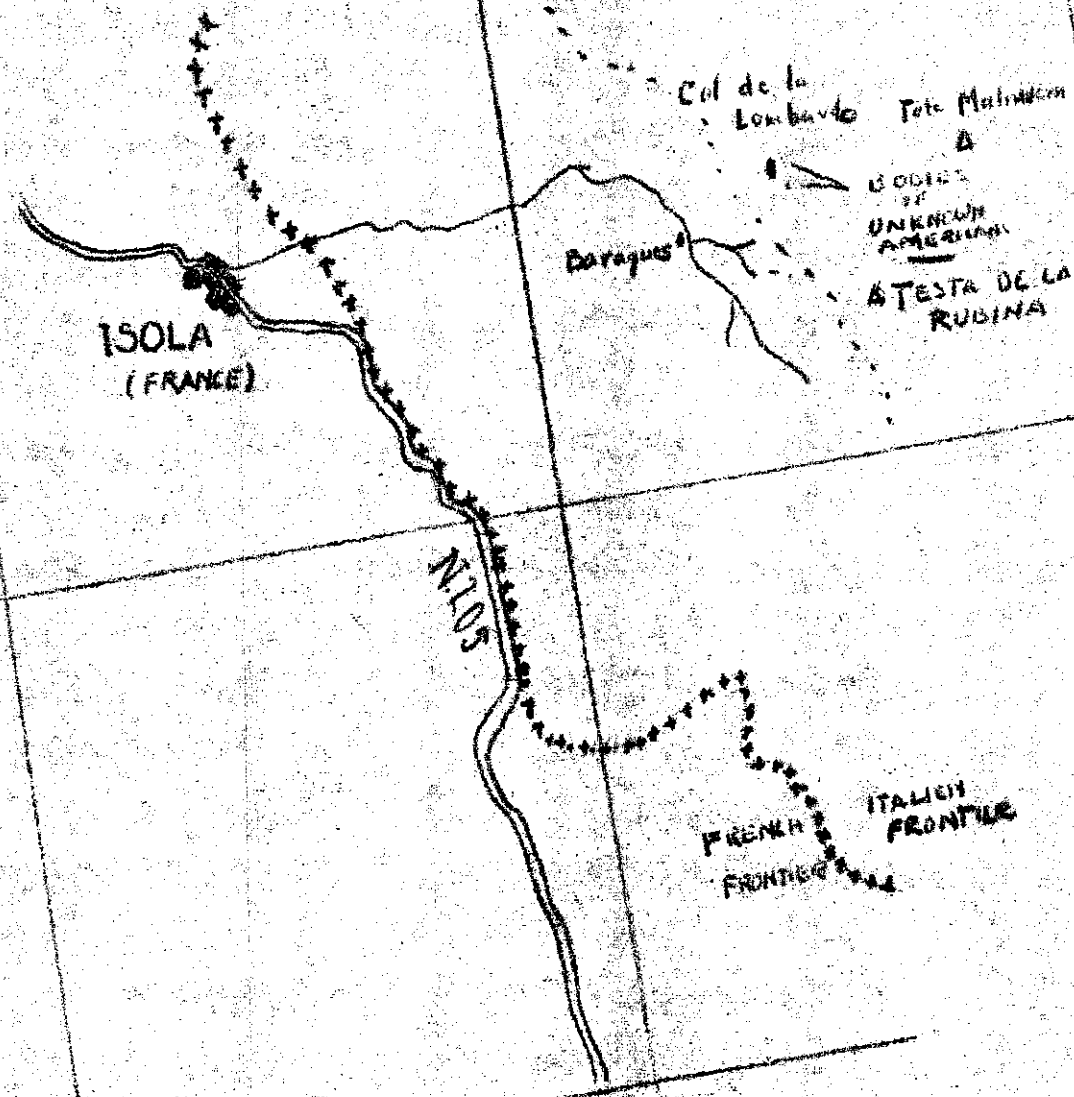


UPPER
 LOWER

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), bicuspid (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.

W. L. Willis Barnes
 Signature of Officer, or other person who prepared Tooth chart
Van Zandt Faust 2d Lt QMC
 Verified by G. R. S. Officer

A



MAP REFERENCE

AVIGNON - DIGNE
 SHEET 81 - 1:200000
 CO-ORD: N 5435
 NORTH ITALY ZONE
 GRID (BROWN)

IDENTIFICATION CHECK LIST

Luy nes, France

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

Unknown X 188

Cemetery LUYNES, France

Plot P Row 21 Grave 819

Date reprocessed:

1. ~~Arrived at cemetery~~ 7 August 1947
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~exhumed~~ disinterred by Subordinate Identification Point No 1,
Luy nes, France
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>NONE</u>		
	<small>(Type)</small>		
Raincoat	<u>NONE</u>		
Overcoat	<u>NONE</u>		
Jacket, Field	<u>NONE</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>NONE</u>		
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>NONE</u>		
Undershirt, Cotton	<u>NONE</u>		
Trousers, HBT	<u>NONE</u>		
* Trousers, Wool OD	<u>NONE</u>		

Belt, web **NONE**

Drawers, wool **NONE**

Drawers, cotton **NONE**

Leggings, wool **NONE**

Socks, cotton **NONE**

* Shoes (type) **NONE**

Overshoes **NONE**

Web Equipment (type) **NONE**

(Other item) **NONE**

(Other item) **NONE**

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia **NONE**
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch **NONE**

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? **UTD**

6. Description of Remains: **All major bones missing measurements impossible**

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **NONE** Scars **UTD**
(Length, width, location)

UTD Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks **UTD**
(Yes-no; description, location)

Sunburn or tan, other than hand and face **UTD**

Complexion **UTD**
(Light, medium, dark, clear, pimples, pocks, freckles)

Build **UTD**
(Large, fat, thin, muscular)

Hair **Blond, straight, approx. 1" long**
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **UTD**
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **UTD** Mustache **UTD** Beard or **UTD**
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee **UTD**
(Light, color, extent)

Eyes **UTD** Eyebrows **UTD**
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose **UTD** Ears **UTD**
(Size, shape, straight) (Size, set close to or far from head)

Mouth **UTD** Lips **UTD**
(Large, medium, small) (Small, large, full)

Teeth **See Tooth Chart**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin **UTD**
(Prominent, receding, pointed, dimples, double)

Jaw **UTD** Circumference of head in inches **21"**
(Large, small, normal) (Hat band)

Neck **UTD** Larynx **UTD**
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders **UTD** Arms **UTD**
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

.....

Hands **UTD**

Fingers **UTD**
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... **UTD**
(Unusual characteristics of fingernails)

Chest **UTD**
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist **UTD**
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back **UTD** Circumcision **UTD** Pubic Hair **None**
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **UTD**
(Yes-no; location)

Legs **UTD**
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet **UTD** Toes **UTD**
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures **UTD**
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

SEE ATTACHED CHART

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain No hands

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

9. Remarks Remains recovered in burial box. Cranium including the mandible were the only bones recovered.
No clothing found with remains.
Report of burial recovered with remains.
Estimated weight of remains 1 1/2 Lbs.
Fluoroscopic Examination not necessary.
Nothing found to warrant Chemical Laboratory Examination.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Ernest C. Gaddy
(Officer's Name)
ERNEST C. GADDY
C.W.O. U.S.A.
Rank Service

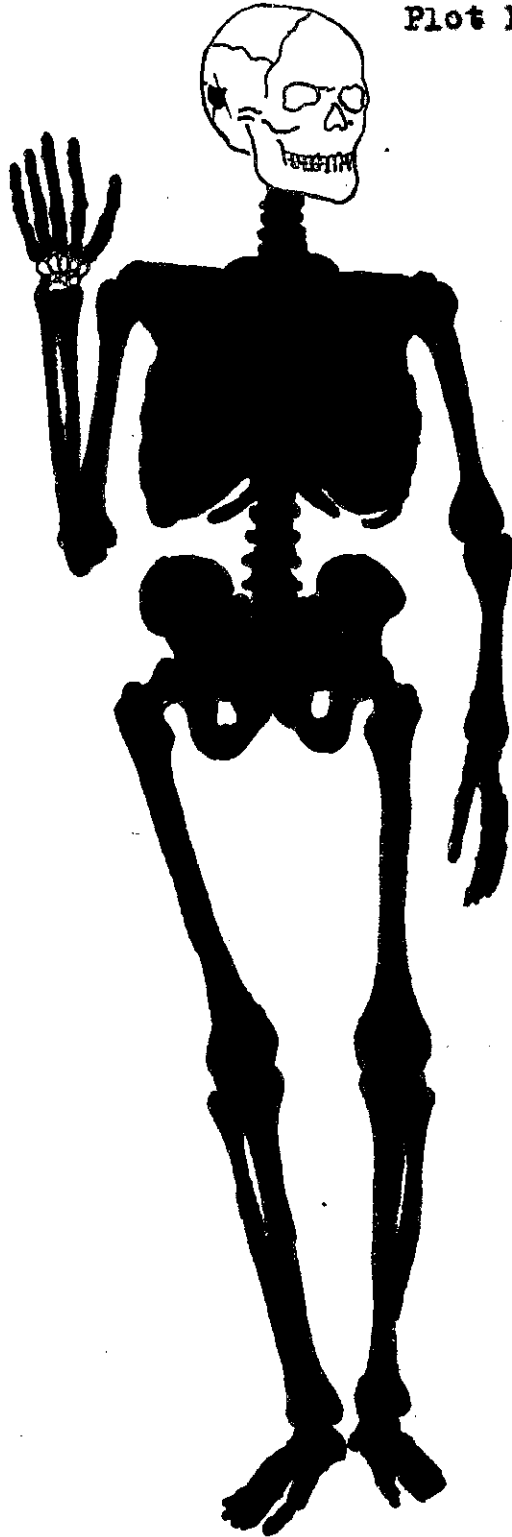
CENTRAL IDENTIFICATION POINT
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Luynes, France

Plot F, Row 21, Grave 819



All major bones missing
measurements impossible

Luyres, France

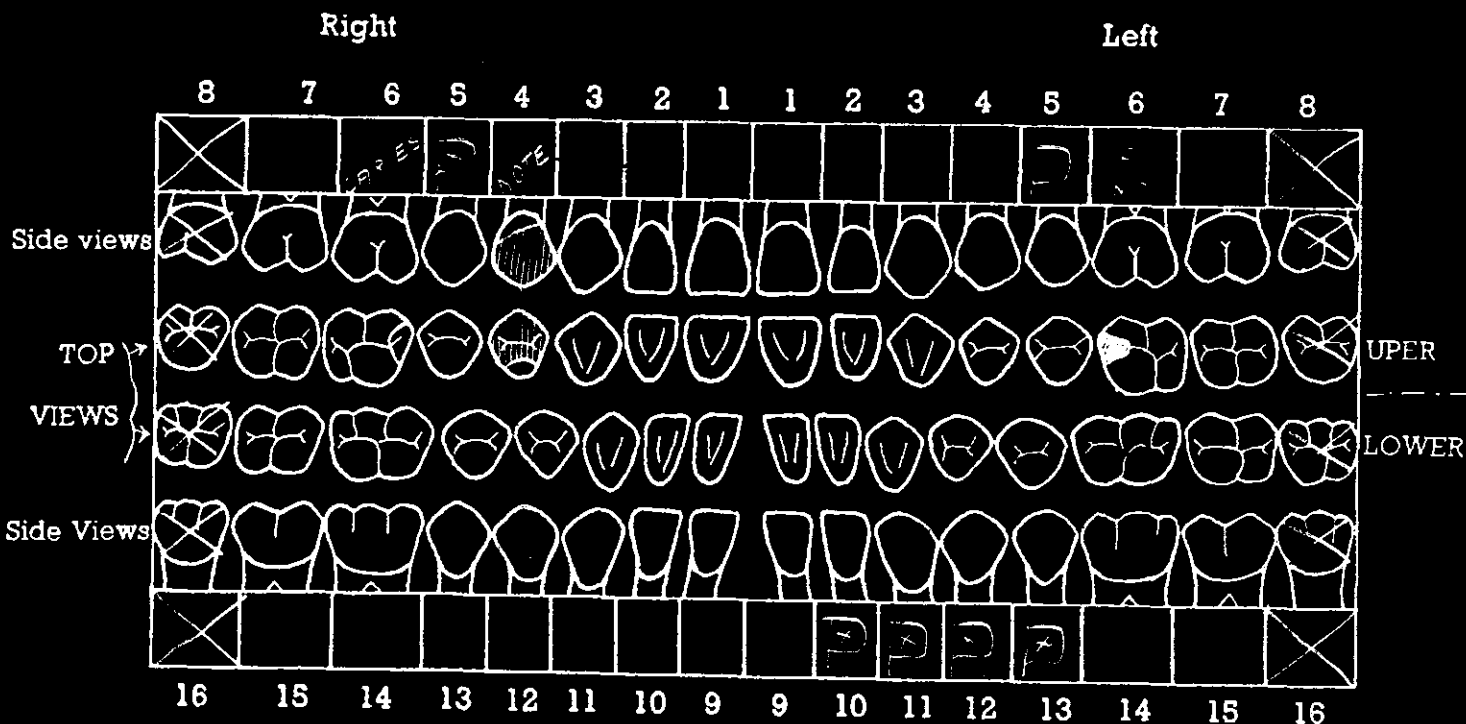
TOOTH CHART

Plot F, Row 21, Grave 319

7 August 1947

Date

<u>UNKNOWN X-188</u>			<u>Unknown</u>	<u>Unknown</u>
Last Name	First	Initial	Rank	Serial No.
Unit			Organization	
Place of Death		Date of Death		Cause of Death



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See Remarks

Edmond J. Gaddy
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer
ERNEST C. GADDY
 CWC USA C.I.P.

MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



BRIDGE WORK . . . Block in solid the 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:



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".

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing, R 5 and L 5, 10, 11, 12, 13.

The crown of R 4 is completely decayed, evidence of an abscess at the base of the root.

From the condition of the teeth and the type of filling it is possible that this man was not in the American Army.

Medium sized teeth in good alignment, have turned slightly pink.

RESTRICTED

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

18 October 1945
Date

Unknown American X-188		Unk.	Unknown
Last Name	First	Rank	Serial No.
Unknown		U.S. Army	
Unit		Organization	
Vic: Testa de la Rubina, Italy		Est. January 1945	Unknown
Place of Death		Date of Death	Cause of Death
1600 18 October 1945		U.S. Military Cem.	Luynes, France
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
819	21	F	Temp. Wooden
Grave Number	Row Number	Plot Number	Type of Marker

Disposition of identification Tags, Buried with body Yes No Attached to Marker Yes No

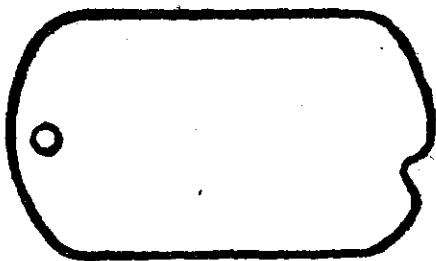
If No Identification Tags
How were remains identified? **Unidentified**

What means of identification were buried with the body? **One GRS#1 buried in bottle with body. One GRS#1 buried in bottle, one foot below marker. One Embossed Plate buried with body,**

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

Who is buried on:	Grave open at time of burial			820
Deceased's Right:	Name Unknown	Serial No.	Rank	Organization
Deceased's Left:	American X-187	Unknown	Unk.	U.S. Army
	Name	Serial No.	Rank	Organization
				818
				Grave No.

Signature or Name, Rank and if possible organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee _____ Name _____
Address _____

Religion **General Service**

List only Personal Effects Found on Body and disposition of same:

REBURIAL
None

Previously buried in Testa de la Rubina, Italy Cemetery

Plot _____ Row _____ Grave _____
Signature of Chaplain

Paul G. Ringbald, Chaplain
Signature of Officer or other person reporting burial

W. C. Cann
Verified by G. R. S. Officer

KARL P. MC CANN, 2nd. Lt., QMC
Graves Registration & Memorial Officer