

1/ *Chas B GWA*

Entered 26 February 1949
D-12-4- USMC. St Laurent
C.H. Hiemsstra
C.H. HIEMS TRA
1/LT Inf. interring Officer

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
UNKNOWN X-000149

SERIAL NUMBER
RANK

ARM
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS
0 3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
Y 5 92 FRANCE

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. LAURENT, FRANCE
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-000149 Utd 29 Jan 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN John H Clark, 2 Lt QMC
 MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Mattress cover Advanced decomposition

OTHER MEANS OF IDENTIFICATION
2 burial bottles found on remains:
MEMORIAL DIVISION
MAY 17 2 20 PM '49
REPATRIATION RECORDS BRANCH

MINOR DISCREPANCIES /
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 10 Feb 48 BY George Avakain

CASKET SEALED BY George Avakain EMBALMER (Signature)
George Avakain

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 10 Feb 48 BY Marvin Noyes Charles J. Missigman

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

Charles J. Missigman
Charles J. Missigman
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

10 JUN 1949
REPATRIATION
BRANCH
MEM. DIV.

UVA

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Point B. - St. Laurent.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Robert C. Spach Jr.	
SIGNATURE OF SHIPPER <i>J.F. Randall</i> Jim F. Randall, Capt QMC	DATE 10 Feb 48	SIGNATURE OF RECEIVER <i>D.A. MacKenzie</i> D.A. MacKenzie, Capt Inf	DATE 10 Feb 48

2. SHIPPED

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

3. SHIPPED

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

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

13 Dec., 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X ²⁴² 149, Plot Y,
Row 5, Grave 92, USMC Blosville 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. 2116, dated 16 Dec., 1946. No
further information is available.

FOR THE COMMANDING GENERAL:

31 DEC 1948 **QQMG**

Received
Not identifiable from
information presently
available

/s/ George L Freeman
/t/ 1st Lt QMC
Actg Asst Adj Gen

NAT
File 12/31/48
M. Blase
Ident. Br

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DDMG

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George L. Freeman
GEORGE L. FREEMAN
1st Lt Q.C.
Actg Asst Adj Gen

INC #14

CHECK LIST OF UNKNOWNNS

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

Unknown ~~X~~ - 149
Cemetery BLOSVILLE - France -
Plot 4 Row 5 Grave 92

1. ~~Interred at cemetery~~ **Reprocessed 31 Oct. 1946.**
(hour) (date)
2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by **Subordinate Identification Point CARENTAN -**
(name and organization) **France.**
4. Evacuated to Cemetery by _____
(name and organization)
5. **Description of clothing and equipment : (If clothes do not fit, obtain size from body mea-
surements).**

Clothing Indicate unusual markings
Markings Sizes Color wear, tear, repairs, etc.

Item _____

*Headgear ... **none**
(type)

Raincoat ... **none**

Overcoat ... **none**

Jacket, Field ... **none**

Jacket, Combat ... **none**

Mackinaw ... **none**

Sweater ... **none**

Jacket, HBT ... **none**

*Shirt, Wool OD ... **none**

Undershirt, Wool ... **none**

Undershirt, Cotton ... **none**

Trousers HBT ... **none**

*Trousers, Wool OD ... **Remnants of,**

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, Wool **none** (Note unusual lacing)

Socks ~~cotton~~ **wool, One shoe, Remnants of,**

*Shoes (type) **Service size 10-D**

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.

6. Chevrons or Insignia **none**
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **none**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces
UTD

8. Description of Remains :
Age **Utd** Height **Est. 5'5"** Weight **Utd** Description of wounds **Utd**

Bandages or dressings **Utd** Scars **Utd**
(length, width, location)

Tattoos **Utd**
(Number, location -- illustrate on sep, page)

Outstanding moles, warts or birthmarks **Utd**
(yes-no : description, location)

Sunburn or tan, other than hands & face **Utd**

Complexion **Utd**
(light, med. dark, clear, pimples, poeks, freckles)

Build **Utd**
(large, fat, thin, muscular)

Hair **Utd**
(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 **Utd**
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin **Utd**
(prominent, receding, pointed, dimple, double)

Jaw **Utd** Circumference of head in inches **head missing**
(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)

Utd
(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 & extent of hair, large, small normal)

Back **Utd** Navel **Utd**
(quantity & extent of hair) (size of navel, appendectomy, amount)

Utd Circumcision **Utd** Pubic hair **Utd**
(quantity & color of hair) (yes-no) (color)

Hernioplasty **Utd**
(yes-no; location)

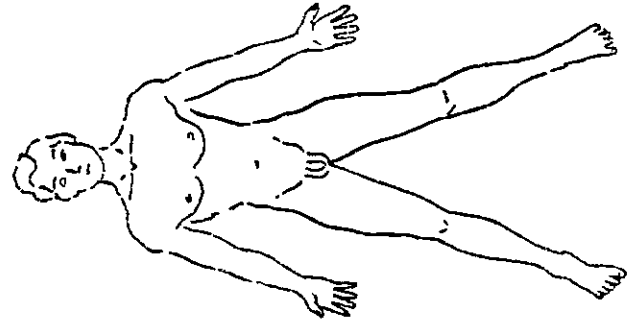
Legs **Utd**
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet Utd (size, corns, callouses, flat) Toes Utd (slender, straight, crooked, overlap)

Evidence of healed fractures none (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :

See attached chart.



10. Have fingerprints been placed on Report of Interment no (yes-no)

If not, explain missing

11. Has tooth chart been prepared no (yes-no) If not, explain head missing

12. Remarks : Body wrapped in mattress cover only remnants remain.

Only lower extremities recovered, see chart. Remains in last stage of decomposition. No Fluoroscopic Examination necessary.

Nothing found to warrant Chem.Lab.Exam. Est. weight of remains 30lbs.

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.

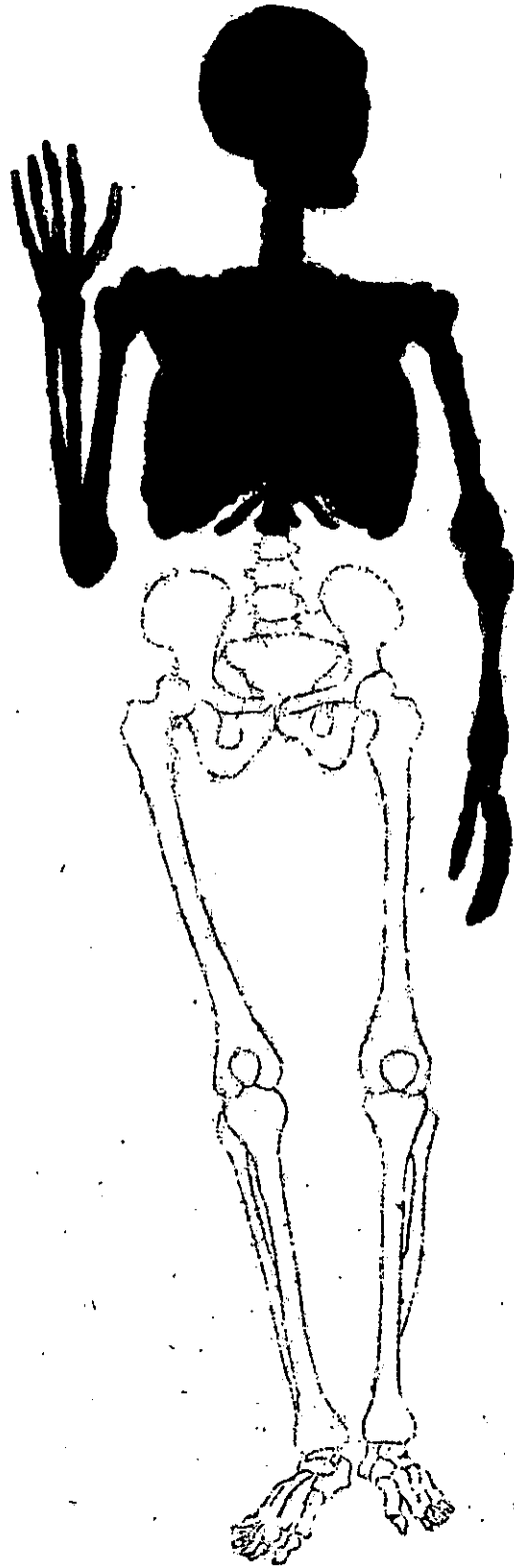
Report of burial buried with body States:
KIA. UTAH BEACH - France.

Robert A. Salvador
Officer's Name
ROBERT A. SALVADOR
Captain Inf.
Rank Service

Central Identification Point
Organization

X-149

Cemetery BLOSVILLE - France -
Plot Y, Row 5, Grave 92.



RESTRICTED
REPORT OF BURIAL 201
TM 10-630 AND AR 30-1815

22715
7 October 1944
Date

UNKNOWN X-149			Unk.	Unk.
Last Name	First	Initial	Rank	Serial No.
Unk.			Unk.	
Unit Utah Beach, France		Unk.	Organization	KIA
Place of Death		Date of Death	Cause of Death	
1300 7 October 1944.		Blosville, France		
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location	
92 5		Y	Cross	
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?

Body completely decomposed.

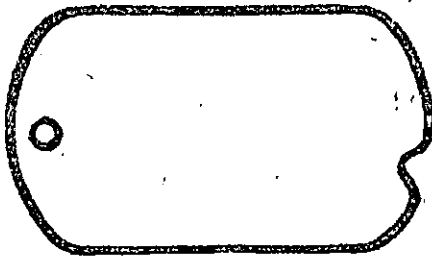
What means of identification were buried with the body?

G.R. Form No. 1.

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

Who is buried on:	Unknown X-150				93
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	Unknown X-148				91
Deceased's Left:	Name	Serial No.	Rank	Organization	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 _____

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

None

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Signature of Officer or other person reporting burial

Haskell B. Pugh
HASKELL B. PUGH
2nd Lt., QMC

Verified by G.R.S. Officer

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Thumb				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Thumb				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

TOOTH CHART

	Deceased's Left															
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C; linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.