

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MC Blosville		TO Gasketing Point "B"-St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc Carl V. Lee	
SIGNATURE OF SHIPPER <i>J.F. Randall</i> JIM F. RANDALL, Capt, QMC	DATE 11Feb48	SIGNATURE OF RECEIVER <i>D.A. MacKenzie</i> D. A. MAC KENZIE, Capt, Inf	DATE 11Feb48

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 (FA VEHICULES)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER C. J. FARMER	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-²⁹²156, Plot Y,
Row 8, Grave 143, USMC Blosville ^{Fr. Am. C.} 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:

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

Received 3 JAN 1949 00MG
Not identifiable from
information presently
available

NAT
File 1/3/49
M. Blaine
Ident. Br

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FOR THE COMMANDING GENERAL:

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

Received 3 JAN 1949 QQMG
Not identifiable from
information presently
available

Incl #17

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

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

Socks, Cotton **one - remnants**

*Shoes **none** (type)

Overshoes **none**

Web Equipment **none** (Type)

(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** ^{Est} Height **5'7 1/2"** 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).

Head and upper extremities missing

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 **teeth missing**
(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)

(extent and quantity of hair)

Hands **UTD**

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

(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)

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

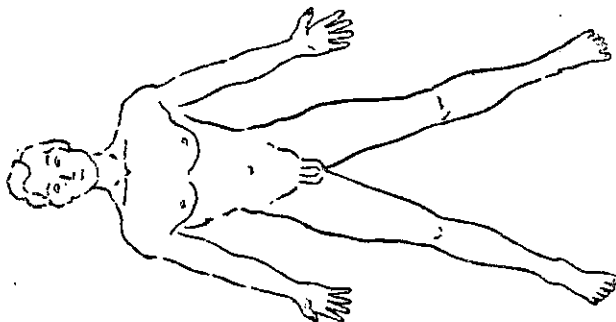
Hernioplasty **UTD**
(yes-no; location)

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 hands missing

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

head missing

12. Remarks : Body recovered in mattress cover-. Burial bottle found -

Body in last stages of decomposition. Only lower extremities re-

maining- Est. weight of remains 25 pounds. Fluoroscopic Report: "Ne-
gative". Nothing found to warrant Chemical Lab. Examination.
Previous Burial bottle stated: KIA - UTAH Beach

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.

Robert A. Salvador
ROBERT A. SALVADOR RMA.

Officer's Name

Capt. Inf.

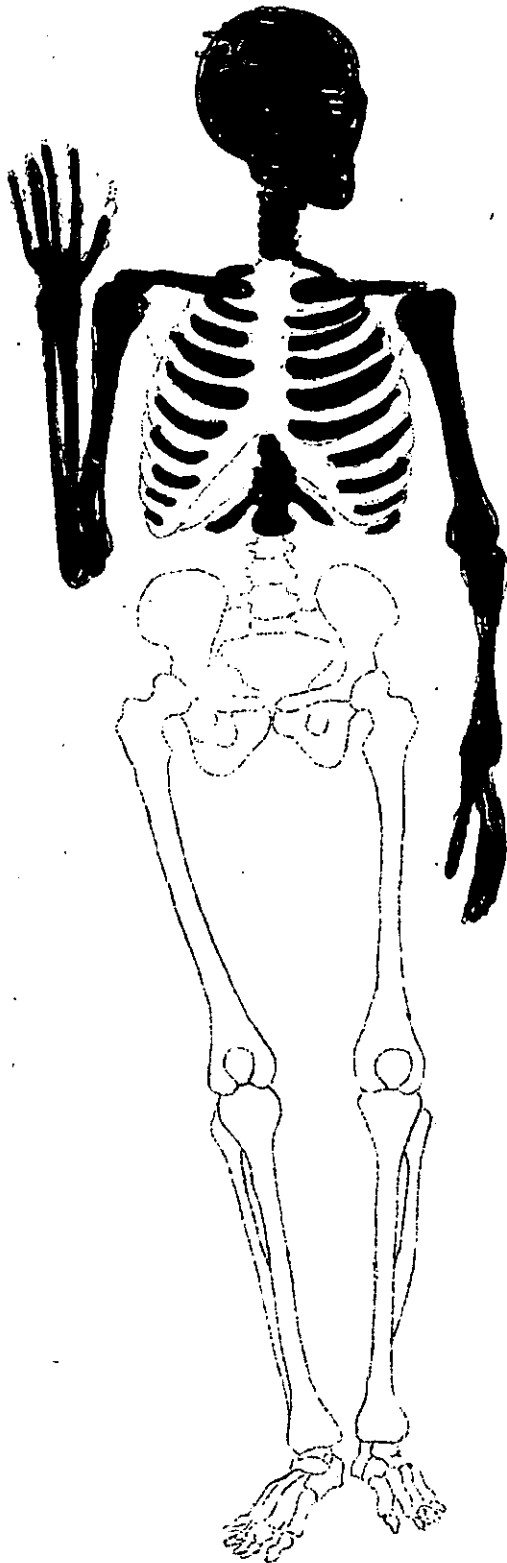
Rank Service

Central Identification Point.

Organization

X-156

Blosville, France
Plot Y, Row 8, Grave 143.



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

22722
9 October 1944
Date

UNKNOWN X-156 194 Unk. Unk.

Last Name UNKNOWN X-156 First Unk. Initial Unk. Rank Unk. Serial No. Unk.

Unit Unk. Organization Unk.

Place of Death Utah Beach, France Date of Death Unk. Cause of Death KIA

Time and Date of Burial 0900 9 October 1944. Name of Cemetery Blosville, France Name or Coordinates of Location Unk.

Grave Number 143 Row Number 8 Plot Number Y Type of Marker Cross

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags
How were remains identified?

Part body only. Badly 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:

Deceased's Right: Unknown X-157 Unk. Unk. Unk. 144

Deceased's Left: Unknown X-155 Unk. Unk. Unk. 142

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 Verified by G.R.S. Officer
 2nd Lt., QMC

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.

Left Hand

4	3	2	1
Thumb			

Right Hand

4	3	2	1
Thumb			

TOOTH CHART

	Deceased's Left															
Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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 ◊; 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.