

Interred 26 February 1949
D-19-43- USMC. St Laurent
C.H. Hiemstra
C.H. HIEMSTRA
1/Lt Inf, interring Officer

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 3508 00000
DATE: 15 11 47
DAY MONTH YEAR

NAME: UNKNOWN X-000159
SERIAL NUMBER: X-000159
RANK: 0
ARM: 0
DATE OF DEATH: DAY MONTH YEAR

CEMETERY: BLOSVILLE - CARENTAN
DISPOSITION OF REMAINS: 3505 80
CODE DIST. PT.

LOT: Y ROW: 8 GRAVE: 147 COUNTRY: 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: UNKNOWN X-000159
SERIAL NUMBER: X-000159
RANK: 0
DATE OF DEATH: 29 Jan 48
DATE DISINTERRED: 29 Jan 48

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Mattress cover
CONDITION OF REMAINS: Advanced decomposition

OTHER MEANS OF IDENTIFICATION: None

MINOR DISCREPANCIES: None

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

CASKET SEALED BY: George Avakian
EMBALMER (Signature): *George Avakian*

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

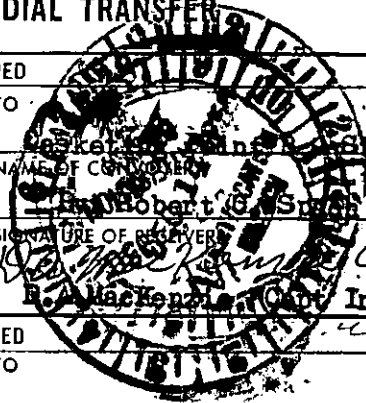
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Charles J. Missigman
Charles J. Missigman
SIGNATURE OF GR/SINSPECTOR
FILE
10 JUN 1949
REPATRIATION BRANCH MEM. DIV.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies:

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED



FROM USMC Blossville		TO St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Robert G. Smith Jr.	
SIGNATURE OF SHIPPER <i>Jim F. Randall</i> Jim F. Randall, Capt OMC	DATE 10 Feb 48	SIGNATURE OF RECEIVER <i>[Signature]</i> [Name]	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 (B. V. IMPERIAL (CODES))		NAME OF CONVOYER	
SIGNATURE OF SHIPPER [Signature]	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 ²⁴³ 159, Plot y,
Row 8, Grave 147, 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:

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

Received 3 JAN 1949 QQMG
Not identifiable from
information presently
available

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

13 Dec., 1948
(Date)

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FOR THE COMMANDING GENERAL:

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

3 JAN 1949 OQMG
Received
Not identifiable from
information presently
available

Incl #19

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				

Left Hand

Thumb				
1				
2				
3				
4				

Right Hand

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 ○ 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.

CHECK LIST OF UNKNOWNNS

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

Unknown X -159
Cemetery Blosville, France
Plot Y Row 8 Grave 147

1. ~~Received at~~ **Reprocessed** 31 October 1946
(hour) (date)

2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

3. Remains ~~reinterred~~ disinterred by **Subordinate Identification Point, Carentan, 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).**

Clothing Markings Sizes Indicate unusual markings
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 None

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, ~~Cotton~~ ^{wool} One (1)

*Shoes (type) Service, one (1) size 9-C

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" 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 (color, setting, shape) Mustache UTD (color, size, shape) Beard or UTD (length, heavy)

Goatee UTD (light, color, extent)

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

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

Mouth UTD (large, medium, small) Lips UTD (small large, full)

Teeth Missing (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin UTD (prominent, receding, pointed, dimple, double)

Jaw UTD (large, small, normal) Circumference of head in inches 19 3/4 inches (hat band)

Neck UTD (size, length, short, normal, wrinkled) Larynx UTD (prominent, normal)

Shoulders UTD (broad, straight, small, rounded) Arms UTD (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 (quantity & extent of hair) Navel UTD (size of navel, appendectomy, amount)

(quantity & color of hair)

Circumcision UTD (yes-no) Pubic hair UTD (color)

Hernioplasty UTD (yes-no; location)

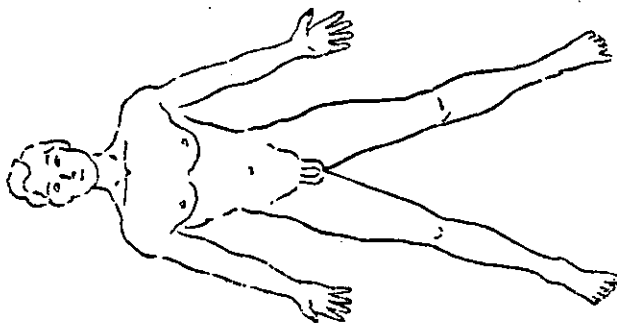
Legs UTD (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD
(size, corns, callouses, flat)

Toes UTD
(slender, straight, crooked, overlap)

Evidence of healed fractures UTD
(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 and decomposed

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

Both upper and lowers missing (see skeleton chart)

12. Remarks : Remains in last stage of decomposition.
Remains wrapped in mattress-cover.
Estimated weight of remains: 65 lbs.
No Fluoroscopic Examination.
No burial bottle found with remains.
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.

Robert A. Salvador
ROBERT A. SALVADOR *RNR*

Officer's Name

Captain, Infantry

Rank Service

Central Identification Point.

Organization

X-159

Blesville, France

Plot: Y
Row : 8
Grave: 147

