

Interred 25 May 1949
D-13-19- USA Laurent

C.H. HIEMSTRA
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 SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWNX-000036 0

CEMETERY BLOSVILLE - CARENTAN 0 3505 80
DISPOSITION OF REMAINS
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
H 6 113 FRANCE 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 SERIAL NUMBER X-000036 RANK DATE OF DEATH DATE DISINTERRED 12 Dec 47

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY Wm J. Smith, 1 Lt. Col.

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 3 Feb 48 Jack B. Wall

CASKET SEALED BY Jack B. Wall EMBALMER (Signature) Jack B. Wall

CASKET BOXED AND MARKED DATE 3 Feb 48 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.

REGISTRATION BRANCH MEM. DIV.

Charles J. Missigman Charles J. Missigman

SIGNATURE OF GRS INSPECTOR

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

Handwritten initials and signature at bottom right.

RECORD OF CUSTODIAL TRANSFER

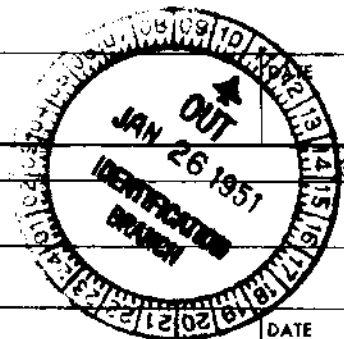
1. SHIPPED

FROM USMC Bloisville	TO	Casketing Point B - St. Laurent		
KIND OF CONVEYANCE Truck	NAME OF CONVOYER Sgt Gregorio Augustus			
SIGNATURE OF SHIPPER <i>W. Bailey</i> Wm T. Bailey	DATE 29 Jan 48	SIGNATURE OF RECEIVER <i>D. MacKenzie</i> Douglas L. MacKenzie	DATE 29 Jan 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 (FOR VERIFICATION)	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	

293 - Unknown X-36, France (Blosville)

Letter

2 Feb. 1946

FROM:
TO:

OCMB
CO, Amer. Graves Registration Serv., European Theater Area,
Versailles, France, APO 757, c/o FM, New York

SUBJ:

Identification of Unknown Deceased.

293 - Unknown (Misc)

rth

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

13 Dec. 1946
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown ²⁹³ ~~N~~ 36, Plot H,
Row 6, Grave 113, USMC Blosville F. L. D. C. 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. 2110, dated 10 Dec., 1948. No
further information is available.

FOR THE COMMANDING GENERAL:

31 DEC 1948
Received
Not identifiable from
information presently
available
CQMG

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

NOT IDENTIFIED
DEC 13 1946
CQMG

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

13 Dec., 1946
Date

SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown ³⁶ Plot H .
Row 6 , Grave 113 , USMC Blosville 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. 2110 , dated 10 Dec., 1948 . No
further information is available.

FOR THE COMMANDING GENERAL :

George L. Freeman
GEORGE L. FREEMAN
1st Lt J.C.
Actg Asst Reg Gen

Received 31 DEC 1948 — OQMG
Not identifiable from
information presently
available

Incl #6

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWNNS

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

Unknown X - 36
Cemetery **Blossville**
Plot **H** Row **6** Grave **113**

1. Arrived at cemetery **25.10.46**
(hour) (date)
2. Place of death
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)

3. Remains recovered ~~xxxxxxxxxxxx~~ and reprocessed by **Sub. C.I.P. Carentan, France**
(name and organization)
4. Evacuated to Cemetery by **Sub. Central Identification Point, Carentan, France**
(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	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	none		
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) **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.

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.} 5'7 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, fit, 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 **See Teeth Chart** (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin **utd** (prominent, receding, pointed, dimple, shape)

Jaw **utd** (large, small, normal) Circumference of head in inches **utd** (that band)

Neck **utd** (size, length, short, normal, wrinkled) Larynx **utd** (prominent, normal)

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

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

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

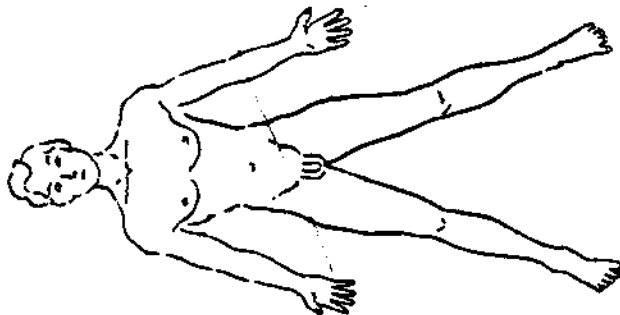
Legs **utd** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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 hands missing

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

12. Remarks **Body found in mattress cover, badly decomposed. Many fractures. Body nude.**

Burial bottle found with remains, new bottle prepared by Sub.C.I.P. Tibia, femur and humerus, measured and noted.

Nothing found to warrant chemical laboratory examination.

Est. weight of remains recovered 50 lbs.

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
Officer's Name

Captain Inf.
Rank Service

Central Identification Point
Organization



G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

Oct. 25, 1946

Date

Unknown X - 36

Last Name

First *Blosville*

Initial

Cemetery Plot H Row 6 Grave 113

Rank

Serial No.

Unit

Organization

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

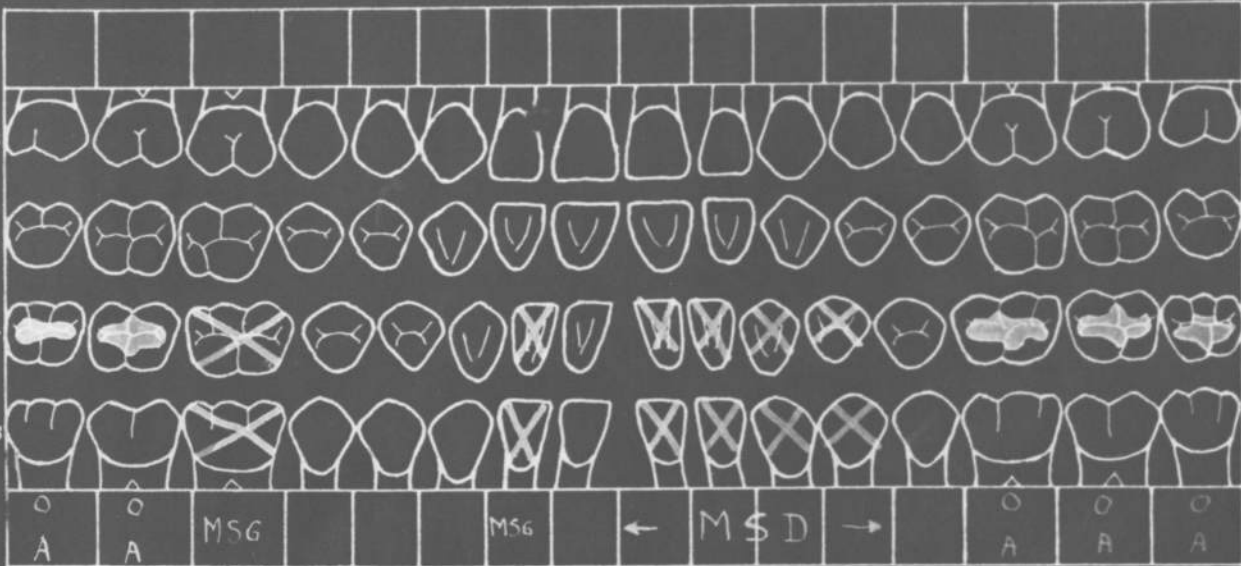
Side views

TOP
VIEWS

UPPER

LOWER

Side Views



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

See remarks

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.

Laurence De Shaw W.D. Cir PD

Signature of Officer or other person who prepared Tooth chart

Robert A. Salvador

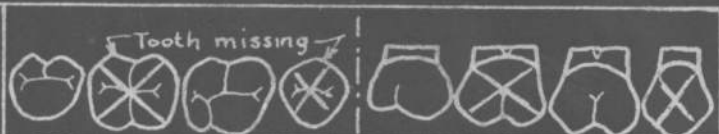
Verified by G. R. S. Officer

Robert A. Salvador, Captain Inf. C.I.P.

64.2

35

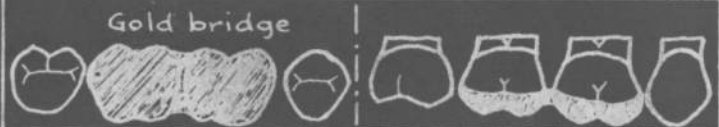
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



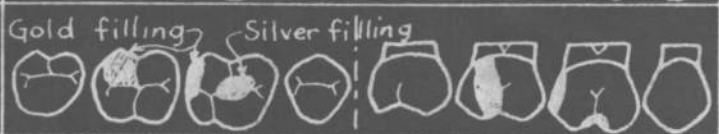
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Teeth are average size and a clean white color.

They are straight and well aligned, except for R 16, which is about 1/4 of an inch lower than R 15.

36

REGISTRATION
No. 1
Revised 1 Sept. 1943)

RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR 30-1815

176

21813
17 July 1944
Date

UNKNOWN X-36		Unknown	Unknown
Last Name	First	Rank	Serial No.
Unknown		Unknown	
Unit		Organization	
France	Unknown	KIA	
Place of Death		Date of Death	Cause of Death
10 July 1944		Bloisville	France
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
113	6	H	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? BURNED BEYOND RECOGNITION
NO IDENTITY AVAILABLE

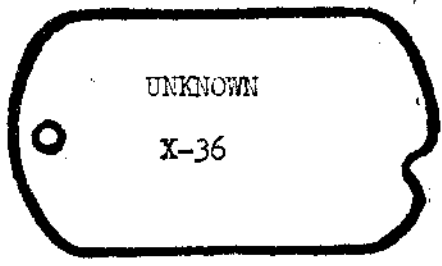
REDESIGNATED UNKNOWN X-36 FROM UNKNOWN X-2 (H) FORWARDED 10 July 1944
What means of identification were buried with the body?

GRS FORM # 1

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

Who is buried on:	Odieus, Walter	33833755	Pvt	Unknown	111
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Cox, Edward	38021040	Tec 4	Unknown	112
	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 Unknown Name _____
Address _____

Religion Unknown

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

NONE

87

Signature of Officer or other person reporting burial.

[Signature]
F. A. G. BULLICH Verified by G.R.S. Officer
Capt., GIC

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			4
3			3
2			2
1			1
Thumb			Thumb

Right Hand

4			4
3			3
2			2
1			1
Thumb			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																

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.

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

10 July 1944 Date

Unknown X 2	Unknown	Unknown
Last Name	First	Initial
Unknown	Unknown	Unknown
Unit	Organization	
Unknown	Unknown	KIA
Place of Death	Date of Death	Cause of Death
10 July 1944	1700	Blosville, France
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
113	H	Cross
Grave Number	Row Number	Plot Number
	6	
		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?

No Identity Available Burned beyond Recognition

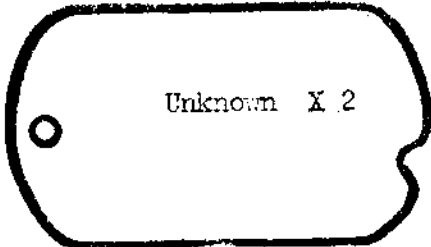
What means of identification were buried with the body?

CRS Form 1

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

Who is buried on:	Walter Odieus	33833755	Pvt	Unknown	114
Deceased's Right:	XXXXXXXXXXXXXXXX	XXXXXXXXXX	Pvt	XXXXXXXXXX	114
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Edward Cox	38021040	T/4	Unknown	112
	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 Unknown
Name

Unknown
Address

Religion Unknown

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

NONE

D. C. Sherwood

Signature of Officer or other person reporting burial

D. C. Sherwood

1st Lt., MC

Verified by G.R.S. Officer

