

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

28 February 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown ^{7/31} ~~7-93~~, Plot T,
Row 7, Grave 131, US C (Blosville) France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified
as unidentifiable at the present time.

Report of reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2105, dated 3. Dec. 1946.

Case reviewed by undersigned members of the Board of Review:

Stanley C. Tyndall

Capt. Jack C. H. YES, O-1577297 O/C Capt Stanley C. TYNDALL, O-1304296 Inf

Edward E. Stout

Capt. Edward F. PHICE, Jr. O-1588236 O/C 1/Lt. Edward E. STOUT, O-1594512 CE

Ernest G. Galesby

22 MAR 1949 1/Lt Ernest G. GALESBY, O-149004 Cav

Unidentifiable from
information presently
available

Incl # 6

RECORD OF CUSTODIAL TRANSFER

FROM		USMC Blossville	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		<i>[Signature]</i>	
DATE		27 Jan 48	
TO		Casketing Pt. B	
NAME OF CONVOYER		Capt. Augustino	
SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		27 Jan 48	
2 SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
3 SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
4 SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
5 SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
6 SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			
7 SHIPPED			
FROM			
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE			

1 ✓

Interred 2 A 1 1949
 C-28-33 USMC St Laurent
 C. H. HIEMSTRA
 1st 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		SERIAL NUMBER X-000093	RANK	ARM J
CEMETERY BLOSVILLE - CARENTAN		DATE OF DEATH DAY MONTH YEAR		DISPOSITION OF REMAINS 0 3505 80 CODE DIST PT
PLOT T	ROW 7	GRAVE 131	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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unknown X-93	SERIAL NUMBER Uta	RANK Mtd	DATE OF DEATH Uta	DATE DISINTERRED 9 Dec 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION Uta	IDENTIFICATION VERIFIED BY JOHN H. CLARK 2d LT QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL O.D. Uniform and mattress cover	CONDITION OF REMAINS adv. decomposition
OTHER MEANS OF IDENTIFICATION "K-3577" found on waistband of trousers.	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET

DATE 26 Jan 48 BY Robert R. Johnson	EMBALMER (Signature) <i>Robert R. Johnson</i>
CASKET SEALED BY Robert R. Johnson	SHIPPING ADDRESS VERIFIED BY <i>James Hoover</i>
DATE 26 Jan 48 BY JOHN HENRY	JAMES A. HOOVER, 1st LT, INF

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

James Hoover
JAMES A. HOOVER, 1st LT, INF
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies

AGRC
FORM No 11
Revised 3 January 1946

CHECK LIST OF//UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
WD QMC Form 1012)

Unknown X **93**
Cemetery **BLOS VILLE**
Plot **T** Row **7** Grave **151**

1 Arrived at cemetery **Reprocessed 28 Oct. 1946**
(hour) (date)

2 Place of death
(name of closest town) (coordinates and letter Prelex, maps)

(Sheet scale and serials used)

3 Remains ~~RECOVERED~~ or disinterred ~~IN~~ and reprocessed by **Subordinate Identification**
(name and organization) **Point CARENTAN**

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	Indicate unusual markings
	Markings	Sizes Color wear, tear, repairs, etc
Item	none	
*Headgear	none (type)	
Raincoat	none	
Overcoat	none	
Jacket, Field	none	
Jacket, Combat	Paratroopers Jump jacket, marked : H-9115	
Mackinaw	none	
Sweater	none	
Jacket HBT	none	
*Shirt, Wool OD	one	
Undershirt Wool	none	
Undershirt, Cotton	heavy, one	
Trousers MBT	Jump Pants , marked : H-9115	
*Trousers, Wool OD	One pair, marked : K-3577, Waist-30, Inseam 31	

Belt, Web **one, marked : H-9115 twice** ✓

Drawers, Wool **one pair, OD, size 30-55-D**

Drawers, Cotton **one pair, size 28**

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

Socks, Cotton **one pair**

Shoes **1 pair** (type) **Jump boots, size 6 1/2** ✓

Overshoes **none**

Web Equipment **none** (Type)

(Other item) **white cotton handkerchief** -

(Other item) **none**

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

6 Chevrans 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

Ground Forces

8 Description of Remains

Age **UTD** Height **5'8 1/2" est.** 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 - clown - pimples - poeks - freckles)

Build **UTD**
(large - fit - thin - muscular)

Hair **Dark brown 1" long**
(color - length - quantity - curly - wavy - straight - whorls - or definite parting)

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

Sideburns **UTD** **Mustache** **UTD** **Board 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, extract)

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

Jaw **UTD** **Circumference of head in inches** **skull, 20"**
(large, small, normal) (that 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** **Brown**
(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)

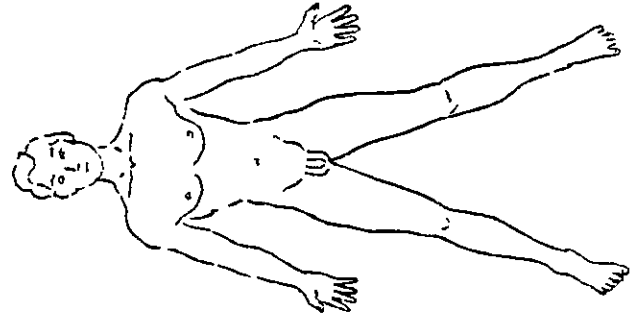
Toes **UTD**
(tender, straight, crooked, overlap)

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... **no hands**

11 Has tooth chart been prepared

yes
(yes-no)

If not explain

12 Remarks

**Body in last stage of decomposition.
Estimated weight of remains: 50 lbs.
Paper in burial bottle says man was in 101 st Airborne Div.
Same clothing mark appeared four times: H-9115.
Fluorescopic examination report: negative.
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
Officer's Name

CAPT. INF.
Rank Service

CENTRAL IDENTIFICATION POINT.
Organization

X-93

BLOSVILLE
Plot T - Row 7 Grave 131



X-93

TOOTH CHART

20 October 1946

Date

URBANOVI A-66 BLOSSVILLE

Plot 5 15N 7 Grave 101

Initial

Rank

Serial No.

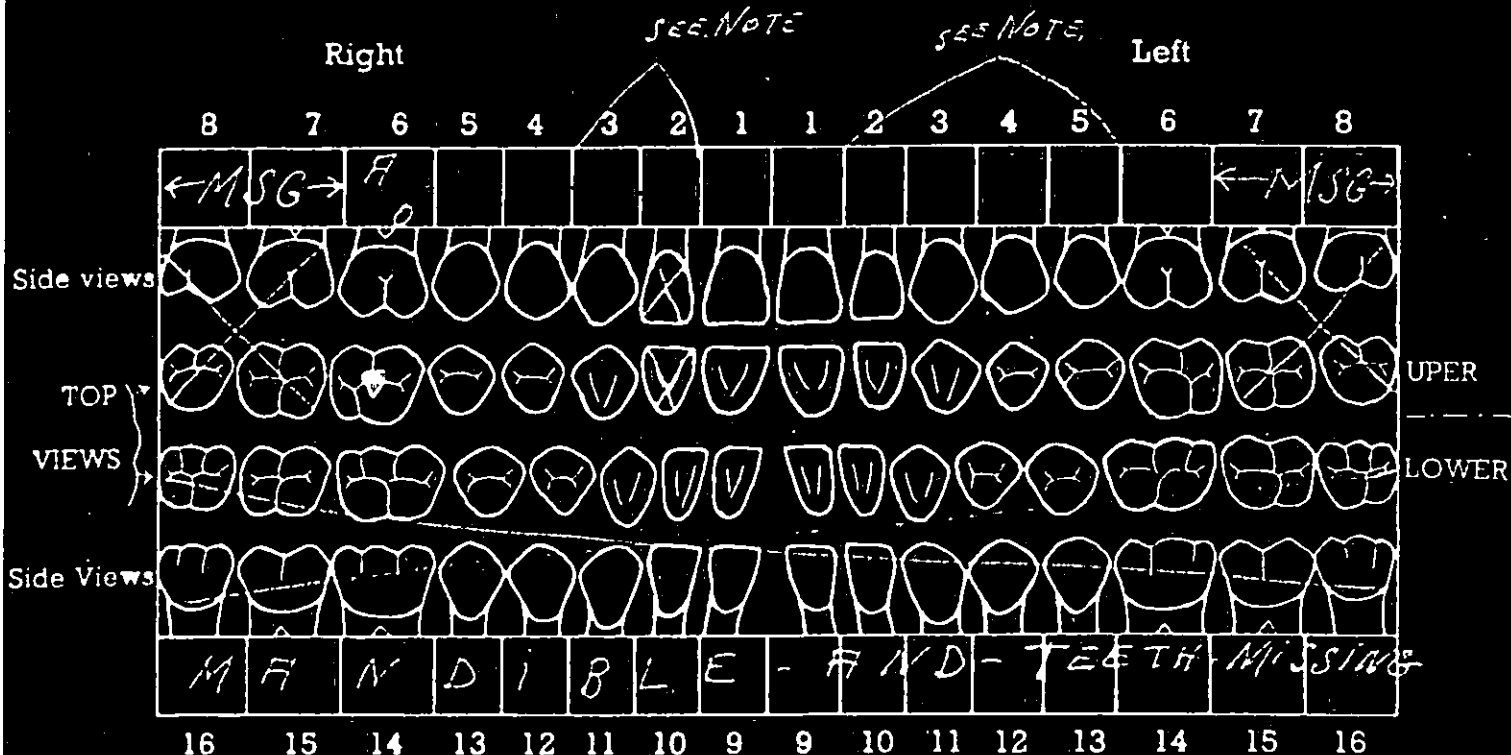
Unit

Organization

Place of Death

Date of Death

Cause of Death



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.

Raymond J. French M.G.
 Signature of dentist or other person who prepared Tooth Chart

Robert A. Salvador
 Verified by G. R. & E. Division

ROBERT A. SALVADOR
 CAPT. INF. C.I.P.

RESTRICTED
REPORT OF BURIAL

25 July 1944

TM 10-630 AND AR 30-1815

R E B U R I A L

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Date

<u>UNKNOWN X-93</u>		<u>Unknown</u>		<u>Unknown</u>	
Last Name	First	Initial	Rank	Serial No	Data
<u>Unknown</u>		<u>Unknown</u>		<u>Unknown</u>	
Unit		Organization			
<u>France</u>		<u>Unknown</u>			
Place of Death		Date of Death		Cause of Death	
<u>24 July 1944</u>		<u>Bosville</u>		<u>KIA</u>	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
<u>Unknown 131</u> <u>7</u>		<u>T</u>		<u>France</u>	
Grave Number	Row Number	Plot Number		Type of Marker	
				<u>Cross</u>	

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

If No Identification Tags
How were remains identified?

DISINTERRED FROM COOPD: 422:752
NO MEANS OF IDENTIFICATION AVAILABLE: CLOTHING BORE
SHOULDER PATCH OF (101st A/B Div.)

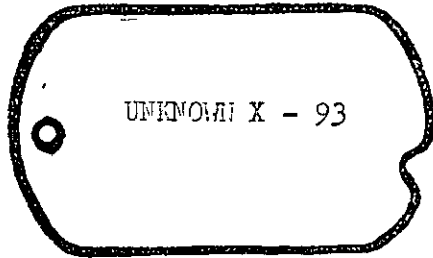
What means of identification were buried with the body?

GPS FORM # 1

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

Who is buried on:	<u>132</u>	<u>UNKNOWN X-94</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	<u>132</u>
Deceased's Right:	Name	Serial No	Rank	Organization	Grave No.	
Deceased's Left:	<u>UNKNOWN X-92</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	<u>130</u>	
	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

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Signature of Officer or other person reporting burial
F. A. GREGG
Capt., MC Verified by G.R.S. Officer