

USMC Neuville en Condroz  
Plot: C Row: 37 Gr: 18  
Date of Burial: 3 Mai 50  
Verified by GRS Officer  
M.R. Swart, Capt. QMC

# DISINTERMENT DIRECTIVE

|   |                                |                                    |
|---|--------------------------------|------------------------------------|
| SECTION A<br>NAME AND BURIAL LOCATION OF DECEASED | DIRECTIVE NUMBER<br>3547 00036 | DATE<br>15 01 50<br>DAY MONTH YEAR |
|---|--------------------------------|------------------------------------|

|                 |                           |       |          |           |               |
|-----------------|---------------------------|-------|----------|-----------|---------------|
| NAME<br>UNKNOWN | SERIAL NUMBER<br>X-000085 | GRADE | ARM<br>Q | RACE<br>0 | RELIGION<br>6 |
|-----------------|---------------------------|-------|----------|-----------|---------------|

|                            |           |          |            |  |
|----------------------------|-----------|----------|------------|--|
| CEMETERY<br>LIMEY - FRANCE | PLOT<br>U | ROW<br>1 | GRAVE<br>1 | DISPOSITION OF REMAINS<br>1202 80<br>CODE DIST. CTR. |
|----------------------------|-----------|----------|------------|--|

### SECTION B - CONSIGNEE AND NEXT OF KIN NO FLAG SENT

|   |   |
|---|---|
| NAME AND ADDRESS OF CONSIGNEE<br>NEUVILLE-EN-CONDROZ, BELGIUM | NAME AND ADDRESS OF NEXT OF KIN<br><del>(BY ADMINISTRATIVE DECISION)</del><br>These remains are unidentifiable and are to be permanently interred. (Reg Div - 8 Feb 50) |
|---|---|

### SECTION C - DISINTERMENT AND IDENTIFICATION

|  |                         |          |  |                   |
|--|-------------------------|----------|--|-------------------|
| NAME   | SERIAL NUMBER           | GRADE    | DATE OF DEATH                                | DATE DISTINTERRED |
| IDENTIFICATION TAG ON<br><input type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER | ORGANIZATION<br>UNKNOWN | RELIGION | IDENTIFICATION VERIFIED BY<br>NAME AND TITLE |                   |

### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

|  |                      |
|--|----------------------|
| NATURE OF BURIAL   | CONDITION OF REMAINS |
| OTHER MEANS OF IDENTIFICATION<br><b>SEE ATTACHED SHEET</b> |                      |

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

|                         |    |                              |
|-------------------------|----|------------------------------|
| DATE                    | BY | EMBALMER (Signature)         |
| CASKET SEALED BY        |    |                              |
| CASKET BOXED AND MARKED |    | SHIPPING ADDRESS VERIFIED BY |
| DATE                    | BY |                              |

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

**FILE**  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS UNIDENTIFIABLE

13 JUN 1950  
REPATRIATION  
BRANCH  
MSM, QMC  
*John*

93 Incl 50

*10/2/50*

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# DISINTERMENT DIRECTIVE

### SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

|                      |               |       |     |      |          |
|----------------------|---------------|-------|-----|------|----------|
| NAME<br>UNKNOWN X-85 | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
|----------------------|---------------|-------|-----|------|----------|

|                           |           |          |            |                                |            |
|---------------------------|-----------|----------|------------|--------------------------------|------------|
| CEMETERY<br>LIRBY, France | PLOT<br>U | ROW<br>1 | GRAVE<br>1 | DISPOSITION OF REMAINS<br>CODE | DIST. CTR. |
|---------------------------|-----------|----------|------------|--------------------------------|------------|

### SECTION B — CONSIGNEE AND NEXT OF KIN

|                               |                                 |
|-------------------------------|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE | NAME AND ADDRESS OF NEXT OF KIN |
|-------------------------------|---------------------------------|

### SECTION C — DISINTERMENT AND IDENTIFICATION

|   |               |          |  |                   |
|---|---------------|----------|--|-------------------|
| NAME<br>Unknown X-85  | SERIAL NUMBER | GRADE    | DATE OF DEATH<br>May 1948  | DATE DISTINTERRED |
| IDENTIFICATION TAG ON<br><input type="checkbox"/> REMAINS<br><input checked="" type="checkbox"/> MARKER GRS | ORGANIZATION  | RELIGION | IDENTIFICATION VERIFIED BY<br>James A Doss, Embalmer<br>NAME AND TITLE |                   |

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

|                            |  |
|----------------------------|--|
| NATURE OF BURIAL<br>casket | CONDITION OF REMAINS<br>Remains consist of : skull and maxilla only. |
|----------------------------|--|

OTHER MEANS OF IDENTIFICATION  
Report of Burial found with remains, dated 30 Dec 1948

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
Cleared by Ltr-GRWOP 200.2 Hq 3rd Zone dated 1 Oct 48.

### REMAINS PREPARED AND PLACED IN CASKET

|  |  |
|--|--|
| DATE 14 Feb 49                             | BY James A Doss, Embalmer                                |
| CASKET SEALED BY<br>James A Doss, Embalmer | EMBALMER (Signature)<br>James A Doss <i>James A Doss</i> |

|   |   |
|---|---|
| CASKET BOXED AND MARKED<br>DATE 14 Feb 49 BY James A Doss | SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by<br><i>James C Anderson</i><br>James C Anderson, 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 C Anderson*  
James C Anderson, 1st Lt Inf, 7857 AGRC Zone 3 Hq  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*McL 50*

*(2 of 1)*

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# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3577 00036

15 01 50  
DAY MONTH YEAR

NAME  
**UNKNOWN**

SERIAL NUMBER  
**X-000005**

GRADE

ARM  
**Q**

RACE  
**O**

RELIGION  
**6**

CEMETERY  
**LIMEY - FRANCE**

PLOT  
**U**

ROW  
**1**

GRAVE  
**1**

DISPOSITION OF REMAINS  
CODE **1202** DIST. CTR. **80**

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**NEUVILLE-EN-COUDROZ, BELGIUM**

NAME AND ADDRESS OF NEXT OF KIN  
**(BY ADMINISTRATIVE DECISION)**

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
**UNKNOWN**

RELIGION

IDENTIFICATION VERIFIED BY  
NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

EMBALMER (Signature)

CASKET SEALED BY

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
**REMAINS UNIDENTIFIABLE**

20 JAN 1950 SENT

HAS FILE

NAME *[Signature]*  
R R R R.

# AIRMAIL

QUEST 293 (2-85, Limoy) *France* 1st Ed *JK*

SUBJECT: Certificates of Unidentifiability of Remains  
Transmittal Letter #1560

Dept. of the Army, CGMA, Washington 25, D. C., 6 January 1950

TO: CG, AGMC, European Area, APO 58, c/o FM, New York, New York

1. Reference is made to basic communication.
2. This Office approves the classification of the Unknown listed therein as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Incl w/d

T. H. MEYER  
Lt. Colonel, QMG  
Memorial Division

REB

TEC

*off* Carroll/ld

*off* Foy

*off* RHE

Cy furnished: Adm Sect

JAN 9 12 08 PM '50  
MAIL & RECORDS BRANCH

# AIRMAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRR 200.2 (UDB)

6 December 1949

SUBJECT: Certificate of Unidentifiability of Remains  
Transmittal Letter #4560

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

In compliance with your letter dated 29 July 1928, file QMGT  
293 GRS European, subject: Final Resolution on Unknown Deceased, there is  
inclosed herewith one (1) certificate pertaining to the following Uniden-  
fiable remains:

IS Military Cemetery LIMY, France

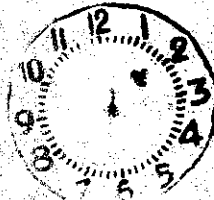
Unknown X-85 Plot U Row 1 Grave 1

FOR THE COMMANDING GENERAL:

1 Incl:  
Certificate of  
Unidentifiability of remains

GAYLORD E. LUTZ  
1/Lt. CMC  
Actg Asst Adj Gen

9-DEC '49



REC'D  
M&R BR. C.O.M.G.

293 GRS European X-85 - Jimmy

293 Uck-France X-85 (Limey) *sk*

CMC 257

257

MUE 72 PA 038

1909 DEC 19 20 25

7887 HQ GRP

RR UEPC

AGRC PARIS

FROM

MSG NO

46 AC-7383

DE UFPOC 18

D.T.G.

191531Z

ACTION

Q.M.C.

R 191531Z

MCIN NO.

541198

FM 7887 HQ GRP AGRC PARIS FRANCE

TO OQMG WASHDC

GRAVES RNC

REF AGRC SEVEN THREE EIGHT TWO

PASS TO MEMORIAL DIVISION

IRMSG WCL TWO EIGHT SIX THREE FIVE CMA REPROCESSING CHECK LIST FOR

293 XRAY EIGHT FIVE LIMEY BEING FWDD TRANSMITTAL LTR NR FOUR SIX ONE SIX

85

ON TWENTY DECEMBER PD AGRE SGD PECKHAM

19/1611Z DEC

1909 DEC 19 21 11

DEC 20 3 19 PM '49

O.D.M. v.  
TEL & CAP SECTION

DEPARTMENT OF THE ARMY  
STAFF CORPS/STAFF OFFICE  
GFT (2) 1949

54498

293 Uck-France X-85 (Limey)

Mem. *[Signature]*

*[Handwritten notes]*  
191531Z  
File  
AGRC  
Paris  
22 Dec 49

1000 DEPT OF ARMY WASH DC

UNCLASSIFIED

CG AGSC PARIS FRANCE

PRIORITY

*293*  
Link France X-85 (Limoy)

*WCH 2863*

PR CHECK MUST BE PENDING CHECK LIST FOR ARMY 85 LIMOIY ASAP

DEC 15 3 01 PM '49  
D.O. & S. SECTION  
TEI & CAB SECTION

DEC 15 2 42 PM '49  
MEMORIAL DIVISION  
ADMINISTRATIVE BRANCH

*Carroll/nsj*  
Foy  
REB

SECTION  
KEY FR  
CONNECTIONS  
UNCLASSIFIED

UNCLASSIFIED

1430Z

*[Signature]*

DATE

D A HENDER

CHEAT CAPT BERTY EXT 1350 DEC 10

CAPT GUY HEN EXT

293 X-85 (Limoy)

*206*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 U S ARMY

RRE 293

29 November 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 85, Plot U, Row 1, Grave 1, USMC Limay, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 4524, dated 28-11-49.

3. Remarks:

See Case History attached.

*Q/L # 4560, dtd 6 Dec 49*

Received JAN 3 1950 OQMG  
Not identifiable from  
information presently  
available

Case reviewed by undersigned Members of the Board of Review:

*[Signature]*  
Col. H. P. HENRY, O-12589 JMC

*[Signature]*  
Lt. Col. E. D. MULVANY, O-359998 JMC

Maj. Charles REYNOLDS, O-182639 TC

Maj. Gerald SWANTHOUT, Sr., O-267451 CE

*[Signature]*  
Capt. Edward F. PRICE, Jr., O-1588236 JMC

1st Lt. Frederick S. DAVID, O-1826041 CAV

CWO Frank GEER, W-2102925 USA

Capt. Jack C. HAYES, O-1577297 JMC

*Incl*



CASE HISTORY

IDENTIFICATION NO. X-85

U.S. MILITARY CEMETERY at Limey, France

(Location)

X-85 was formerly buried with the remains of Pvt Owen E. WILSON, 33772-812 in USMC, Limey, France. The remains designated as Pvt WILSON was found to have two skulls. The remains of Pvt Matt F. BOWSER, 35002298, interred in the next grave had no skull.

Dental information for Pvt BOWSER received from OQMG was negative by comparison with X-85.

REP. TO USA

No other association could be established by either this branch or Isolated Burial Branch.

UNIDENTIFIABLE.

M.H. KAMONS.

*[Handwritten signature]*

## IDENTIFICATION DATA

|   |   |  |  |  |             |
|---|---|--|--|--|-------------|
| 1. REMAINS OF UNKNOWN<br><p style="text-align: center; font-size: 1.2em;">X-85</p>        |   |  |  | 2. DATE OF REPORT<br><p style="text-align: center; font-size: 1.2em;">23 July 1948</p> |             |
| 3. NAME OF CEMETERY<br><p style="text-align: center; font-size: 1.2em;">LIMEY, FRANCE</p> | 4. PLOT<br><p style="text-align: center; font-size: 1.2em;">J</p> | 5. ROW<br><p style="text-align: center; font-size: 1.2em;">1</p> | 6. GRAVE<br><p style="text-align: center; font-size: 1.2em;">1</p> | 7. DATE OF   |             |
|   |   |  |  | DISINTERMENT   | REINTERMENT |

### PHYSICAL DESCRIPTION

|   |   |   |  |
|---|---|---|--|
| 8. ESTIMATED WEIGHT<br><p style="text-align: center; font-size: 1.2em;">UTD</p> | 9. ESTIMATED HEIGHT<br><p style="text-align: center; font-size: 1.2em;">UTD</p> | 10. COLOR OF HAIR<br><p style="text-align: center; font-size: 1.2em;">UTD</p> | 11. RACE<br><p style="text-align: center; font-size: 1.2em;">UTD</p> |
|---|---|---|--|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

|  |                 |
|--|-----------------|
| 14. WAS BODY BURNED?                                     | TO WHAT EXTENT? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                 |

|  |                 |
|--|-----------------|
| 15. WAS BODY MANGLED?                                    | TO WHAT EXTENT? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                 |

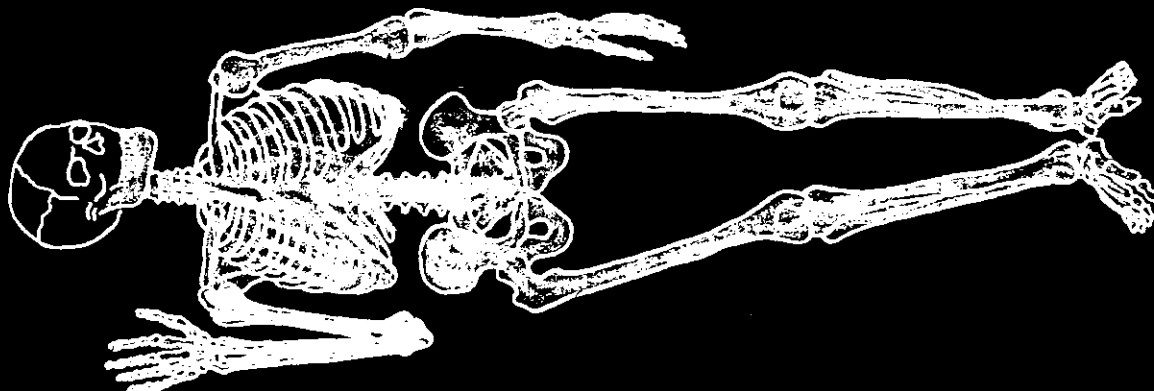
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

19. BLACK OUT PARTS OF BODY NOT RECORDED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE  
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS CONSISTS OF SKULL AND MAXILLA.  
TEETH WITH MAXILLA. NO MANDIBLE.  
NO CLOTHING.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

S/ CARL C. RICE SP-7 C.I.P.

# TOOTH CHART

Date

Last Name

First

Initial

Grade

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

Side Views

UPPER

LOWER

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

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.

*See back*

s/ Ivor J. Fosmo  
IVOR J. FOSMO  
SP # 7      DAC

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

**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**

Posthumously missing  
Broken or chipped

Color White  
Size Average  
Alignment Good

Maxilla

- R-2 slight distal rotation
- L-2 slight lingual version
- L-3 facial version
- L-4 slight distal rotation

Note

Recommend this tooth chart be checked against the original of :

WILSON Owen E., Pvt., 33772812

CORRECTED COPY  
**REPORT OF BURIAL**

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1943)

8 November 1949  
Date

TM 10-630 AND AR 30-1815

**UNKNOWN X-85**

Last Name: **Unknown**      First:      Initial:      Rank:      Serial No.:  
Unit:      Organization:

Place of Death:      Date of Death:      Cause of Death:  
**30 December 1948**      **U. S. Military Cemetery, LIMESY, France**

Time and Date of Burial:      Name of Cemetery:      Name or Coordinates of Location:  
**1**      **1**      **U**      **Cross**

Grave Number:      Row Number:      Plot Number:      Type of Marker:  
**1**      **1**      **U**      **Cross**

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

If No Identification Tags How were remains identified? **Remains previously buried in Plot Q, Row 11, Grave 258, U. S. Military Cemetery, Limesy, together with those of Pvt Owen E. WILSON.**

**Unknown X-85 was segregated from remains of Pvt Wilson and reinterred in Plot U, Row 1, Grave 1, same cemetery.**

What means of identification were buried with the body?

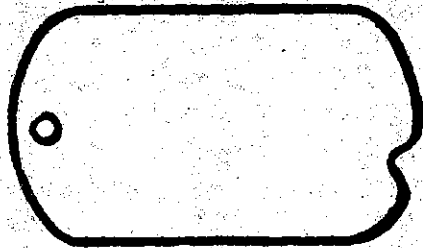
To determine Right or Left use **Deceased's** Right and Left.

Who is buried on:

**Deceased's Right:**      **END OF ROW**

**Deceased's Left:**      **OPEN GRAVE**

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:

**This corrected copy of Report of Burial, prepared at HQS, AGHC-EA.**

Signature of Officer or other person reporting burial

**EDWARD F. PRICE JR.**

**CAPT. G.M.C.**

Verified by G.R.S. Officer