

1

Interred 9 April 1949  
D-6-45 USMC, St. Laurent  
C.H. HIEMSTRA  
1/Lt Inf. Interring Officer

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: 3539 00000  
DATE: 15 10 47  
DAY MONTH YEAR

NAME: UNKNOWN  
SERIAL NUMBER: X-000202  
RANK: [blank]  
ARM: 0  
DATE OF DEATH: [blank]  
DAY MONTH YEAR

CEMETERY: LA CAMBE ISIGNY  
DISPOSITION OF REMAINS: 3505 80  
CODE DIST. PT.

LOT: P ROW: 8 GRAVE: 73 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: [blank]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: Unknown X-302  
SERIAL NUMBER: [blank]  
RANK: -  
DATE OF DEATH: 18 July 1944  
DATE DISINTERRED: 3 Nov 1947

IDENTIFICATION TAG ON: [ ] REMAINS [ ] MARKER  
ORGANIZATION: UNKNOWN  
RELIGION: Utd  
IDENTIFICATION VERIFIED BY: Inf  
WILLIAM J. SMITH, 1st Lt  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Enticues  
CONDITION OF REMAINS: advanced Decomposition

OTHER MEANS OF IDENTIFICATION: None

NOTICE OF DISCREPANCIES

Sydney V. Craig, 32603513 appears on an ID tag wedged behind GAS tag of X-302

REMAINS PREPARED AND PLACED IN CASKET: 12 Nov 1947  
BY: John A. Brickley

CASKET SEALED BY: Henry F. Pergande  
EMBALMER (Signature): John A. Brickley

CASKET BOXED AND MARKED: 11 Dec 47 BY Henry B. Ryder Jr  
SHIPPING ADDRESS VERIFIED BY: JAMES F. NABORS, Major, 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 F. NABORS Major, Inf  
SIGNATURE OF PERSONS IDENTIFIED

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

DATE: 15 June 49  
NAME: Wheeler  
& R PP

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 Nov 1948  
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown <sup>242</sup>X- 202, Plot P,  
Row 8, Grave 75, USMC La Cambe, 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. 2314, dated 3 June 1947. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman  
/t/ GEORGE L. FREEMAN, 1st Lt.,  
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

*NAN  
File  
4/15/48  
Jewett  
64*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 NOV 1948

Date

SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A- 202, Plot R, Row 8, Grave 73, USMC La Cambe, 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. 2314, dated 3 June, 1947. No further information is available.

FOR THE COMMANDING GENERAL :

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

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

Incl #7

# IDENTIFICATION CHECK LIST

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

Unknown **X-202**

Cemetery **La Cambe, France.**

Plot **F** Row **8** Grave **75 JK**

**Date reprocessed**

1. ~~Arrived at cemetery~~ **18 April 1947**  
(Hour) (Date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by **Subordinate Identification Point, Carentan**  
(Name and organization) **France.**

4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<b>None</b>		
	(Type)		
Raincoat	<b>None</b>		
Overcoat	<b>None</b>		
Jacket, Field	<b>None</b>		
Jacket, Combat	<b>None</b>		
Mackinaw	<b>None</b>		
Sweater	<b>Remnants of wool.</b>		
Jacket, HBT	<b>None</b>		
* Shirt, Wool OD	<b>Remnants of.</b>		
Undershirt, Wool	<b>Remnants of</b>		
Undershirt, Cotton	<b>None</b>		
Trousers, HBT	<b>None</b>		
* T-ousers, Wool OD	<b>Remnants of.</b>		

Belt, web None

Drawers, wool Remnants of,

Drawers, cotton None

Leggings, wool None

Socks, ~~cotton~~ Remnants of wool,

\* Shoes None (type)

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

Chevrons or Insignia None  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

### GROUND FORCES

#### 6. Description of Remains :

Age Utd Height Est. 5'8 1/2" Weight Utd Description of wounds Utd

Bandages or dressings Utd Scars Utd  
(Length, width, location)

Utd Tattoos  
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks Utd  
(Yes-no; description, location)

Sunburn or tan, other than hand and face Utd

Complexion Utd  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build Utd  
(Large, fat, thin, muscular)

Hair Brown, 1 inch long, straight,  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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 ..... **See Tooth Chart**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... **Utd**  
 (Prominent, receding, pointed, dimples, double)

Jaw ..... **Utd** ..... Circumference of head in inches ..... **fractured**  
 (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 and extent of hair, large, small, normal)

Waist ..... **Utd**  
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... **Utd** ..... Circumcision ..... **Utd** ..... Pubic Hair ..... **None found**  
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty ..... **Utd**  
 (Yes-no; location)

Legs ..... **Utd**  
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... **Utd** ..... Toes ..... **Utd**  
 (Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... **None found**  
 (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain hands missing

8. Has tooth chart been prepared? Yes If not, explain  
(Yes-no)

9. Remarks Remains received in skeletal form with small amount of decomposed flesh and wrapped in mattress cover. Clothes found in debris. No clothing marks found. No burial report found. Fluoroscopic report negative. Estimated weight of remains 20 Lbs. Remains unknown. 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.

  
ELLSWORTH T. MAC INTYRE  
(Officer's Name)

Captain QMC  
Rank Service

Central Identification Point.  
(Organization)

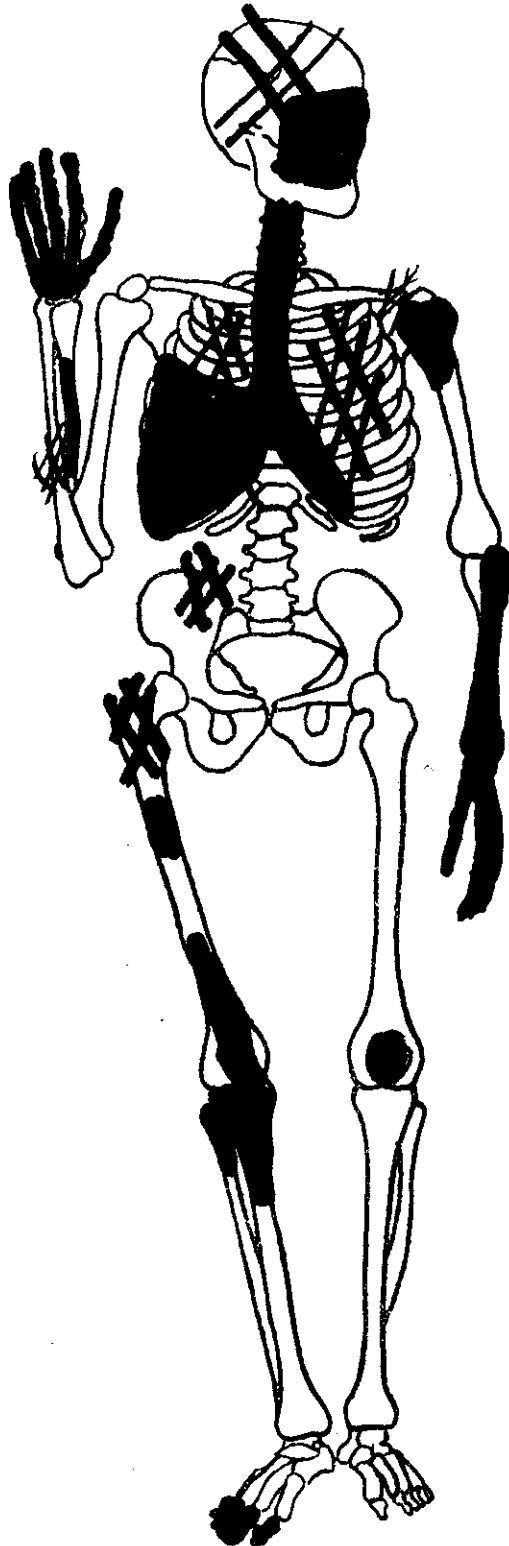
X-202

La Cambe, France

Plot P Row 8 Grave 4

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





# TOOTH CHART

Date

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

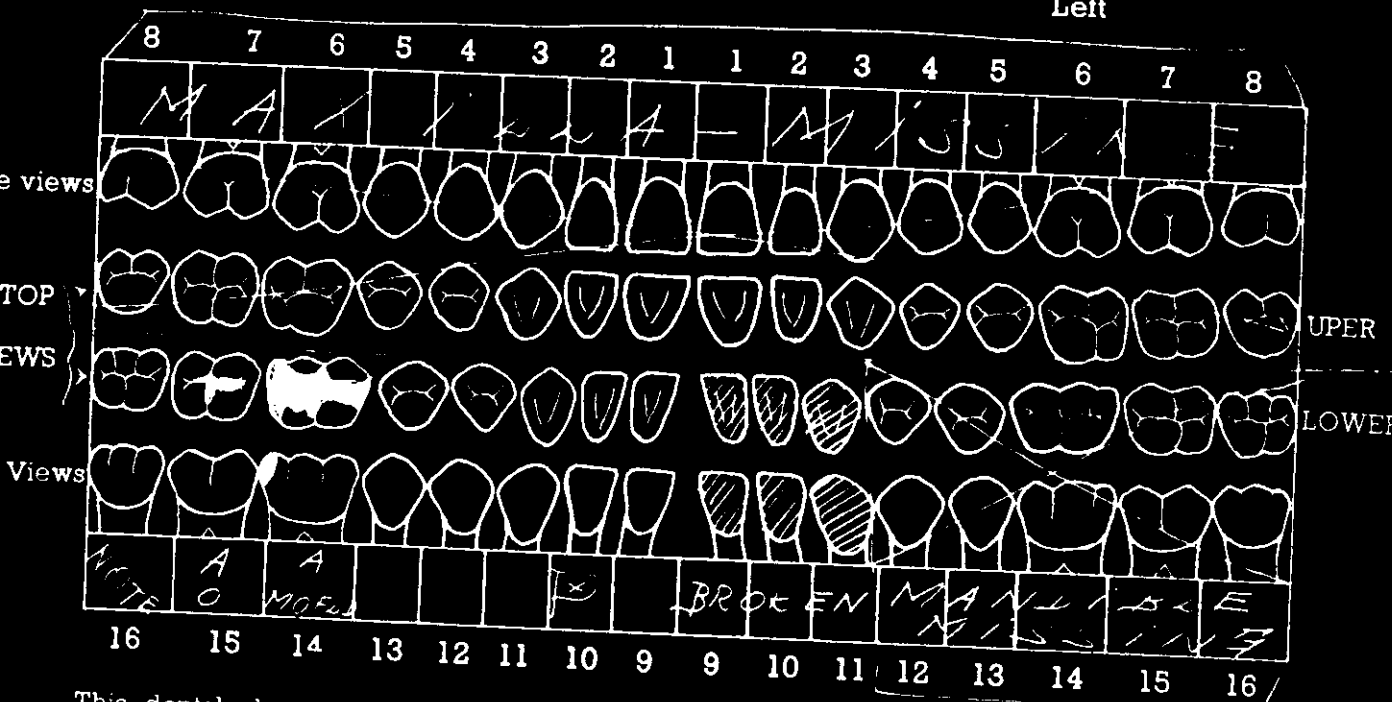
Place of Death

Date of Death

Cause of Death

Right

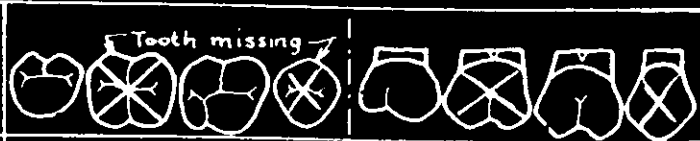
Left



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.

*Edward ...*  
 Signature of Officer or other person who prepared Tooth chart  
*Edward ...*  
 Verified by G. R. S. Officer

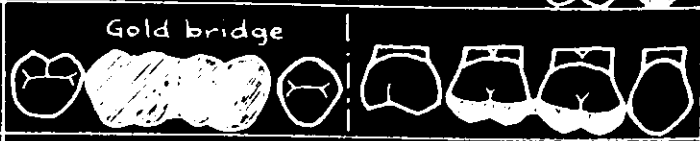
**MISSING TEETH** . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



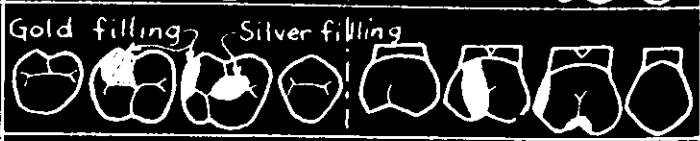
**CROWNED TEETH** . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

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

21970  
22 July 44  
Date

**I - 202**

Last Name <b>35th Div.</b>		First <b>CS</b>	Initial <b>CS</b>	Rank	Serial No.
Unit <b>St. Lo Area</b>		Organization <b>Est. 12 July 44</b>		Cause of Death <b>Direct Hit, Exp. Shell</b>	
Place of Death <b>1550 Hrs. 22 July 44</b>		Date of Death <b>La Combe Ceme.</b>		Name of Coordinates of Location <b>La Combe, F.</b>	
Time and Date of Burial	Name of Cemetery	Name of Coordinates of Location		Type of Marker	
<b>73</b>	<b>8</b>	<b>P</b>		<b>Stake</b>	
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?

What means of identification were buried with the body?

**Embossed Plate  
GHS # 1 in shell case.**

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

Who is buried on:

Deceased's Right:	<b>Bartsch, C.C.</b>	<b>0-1325528</b>			<b>74</b>
	Name	Serial No.	Rank	Organization	Grave No.

Deceased's Left:	<b>Garak, F.F.</b>	<b>33146756</b>			<b>72</b>
	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 \_\_\_\_\_ Name

\_\_\_\_\_ Address

Religion \_\_\_\_\_

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

**NOTE**

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Signature of Officer or other person reporting burial

*[Handwritten Signature]*

Verified by G.R.S. Officer

**E. H. HOSFORD**  
**1st Lt. Q.M.C.**