

Interred 19 *Nov* 1949
J-10-25 USMC. St Laurent
O.E. 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 X-000417

SERIAL NUMBER
X-000417

RANK
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
LA CAMBE ISIGNY

ARM
Q

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT
AF

ROW
6

GRAVE
102

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-417

SERIAL NUMBER
Utd

RANK
Utd

DATE OF DEATH
Utd

DATE DISINTERRED
30 Oct 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION

RELIGION
Utd

IDENTIFICATION VERIFIED BY
JOHN H. CLARK, 2d LT QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Processed

CONDITION OF REMAINS
Adv. Decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 4 Nov. 47 BY

John A. Brickley

CASKET SEALED BY
H. F. Pergande

EMBALMER (Signature)
John A. Brickley

CASKET BOXED AND MARKED
DATE 18 Dec 47 by R. Anderson

SHIPPING ADDRESS VERIFIED BY
JAMES F. NABORS, Maj, 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
JAMES F. NABORS, Maj, Inf.
SIGNATURE OF GRS INSPECTOR

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

FILE
RECORDS ANNOTATED
DAY 6 1949
R & B E.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Cambe		TO USMC St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Joseph L. Gainey, Cpl.	
SIGNATURE OF SHIPPER <i>Hadley H. Keithley</i> Hadley H. Keithley	DATE	SIGNATURE OF RECEIVER <i>C. L. Coleman</i> Chester L. Coleman	DATE

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		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

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 X- 417, Plot AF,
Row 6, Grave 102, USMC La Cambre, 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 QMC
Actg Asst adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

Handwritten:
NAN
File
encompass
suit for
6 Dec 48

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AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

22 NOV 1948

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FOR THE COMMANDING GENERAL :


GEORGE L. FREEMAN
1st Lt Q.C.
Actg Asst Adj Gen

1 DEC 1948

Received _____ OQMG
Not identifiable from
information presently
available

Incl #16

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22001
1 August 1944
Date

Unknown

UNIDENTIFIED X-417 (American)

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

St Lo, France

Unknown

KIA

Place of Death

Date of Death

Cause of Death

1100 hrs, 7 August 1944

La Cambe Cemetery

558-881

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

102

6

AF

Temp

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?

Body Badly burned. Impossible to Fingerprint or take tooth chart.

What means of identification were buried with the body?

Embossed Plate showing "Unidentified X-417"

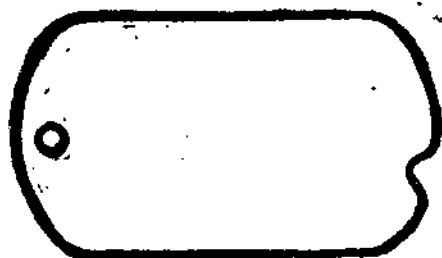
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Unidentified X-418 103
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unidentified X-416 101
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:

NONE

65

Signature of Officer or other person reporting burial

Nicholas J. Sloane
NICHOLAS J. SLOANE

Verified by G.R.S. Officer

Lt., Q.M.C.

Graves Registration Officer

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

Thumb			
1			
2			
3			
4			

Right Hand

Thumb			
1			
2			
3			
4			

TOOTH CHART

		Deceased's Left															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	8																
Lower	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.

IDENTIFICATION CHECK LIST

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

Unknown X - 417
Cemetery La Cambe, France.
Plot AF Row 6 Grave 102

1. ~~Interment~~ Date reprocessed: 8 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~~ 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	<u>none</u>		
	(Type)		
Raincoat	<u>none</u>		
Overcoat	<u>none</u>		
Jacket, Field	<u>none</u>		
Jacket, Combat	<u>none</u>		
Mackinaw	<u>none</u>		
Sweater	<u>none</u>		
Jacket, HBT	<u>none</u>		
* Shirt, Wool OD	<u>none</u>		
Undershirt, Wool	<u>none</u>		
Undershirt, Cotton	<u>none</u>		
Trousers, HBT	<u>none</u>		
* Trousers, Wool OD	<u>Remnants of,</u>		

Belt, web Remnants of,

Drawers, wool none

Drawers, cotton none

Leggings, wool none

~~Socks~~ cotton One (1) sock, Remnants of,

* Shoes One (1) right foot (type) Service, Remnants of,

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

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?
UTD

6. Description of Remains:

Age Utd Height Est. 5'7 5/8" 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, poeks, freckles)

Build Utd
(Large, fat, thin, muscular)

Hair None found
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair None found
(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 No teeth recovered
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Utd Circumference of head in inches skull missing
(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)

Utd
(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
(Insetum, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet Utd Toes Utd
(Size, corns, callouses, nail) (Slender, straight, crooked, overlap)

Evidence of healed fractures Utd
(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? No If not, explain No teeth recovered.
(Yes-no)

9. Remarks Remains recovered in mattress cover, in skeletal form
with a small amount of decomposed flesh.

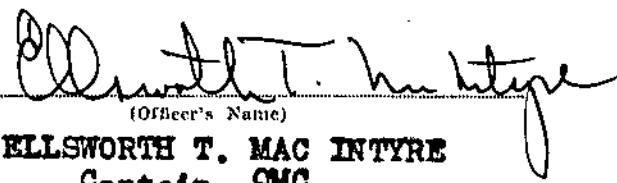
No burial bottle found.

Estimated weight of remains recovered: 10 lbs.

Fluoroscopic Examination: 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.


(Officer's Name)

ELLSWORTH T. MAC INTYRE
Captain OMC.

Rank

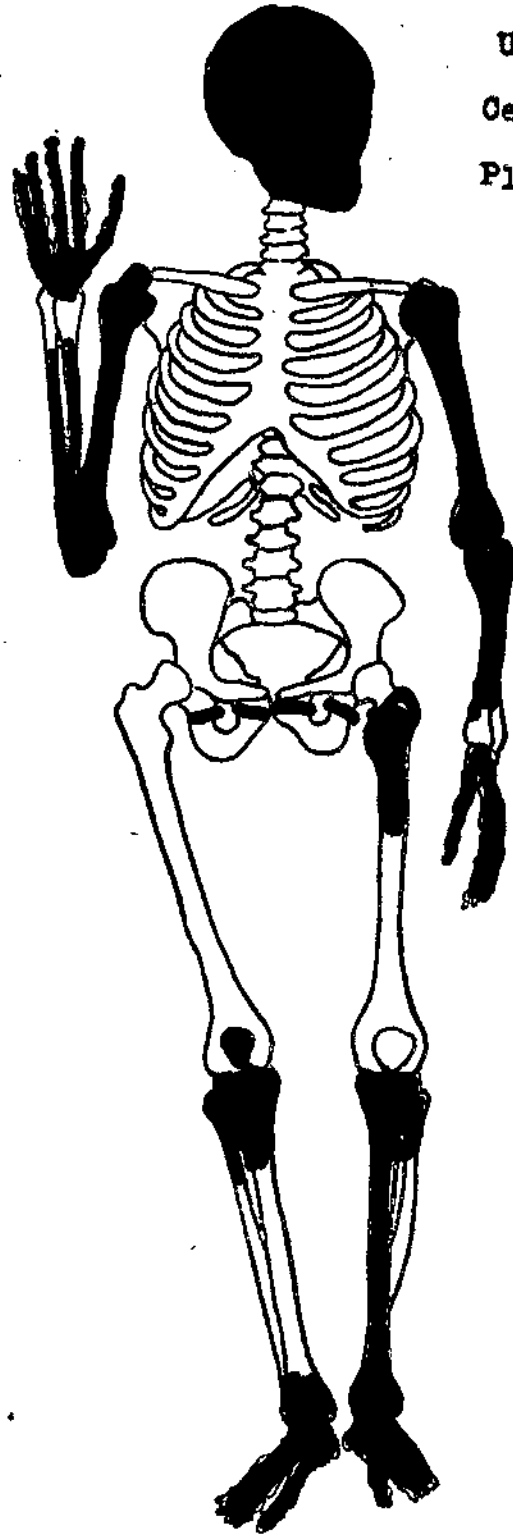
Service

Central Identification Point

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Unknown X-417
Cemetery La Cambre, France.
Plot AF, Row 6, Grave 102.