

My 18

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 423, Plot AF,
Row 6, Grave 108, 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 QMC
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

*AAW
File
4760000
2001-1-18
690018*

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APO 58 US ARMY

22 NOV 1948

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GEORGE L. FREEMAN
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available

Incl #22

Interred 18 January 1949

1-11-6 USMC. St Laurent

DISINTERMENT DIRECTIVE

C. H. RIEMSTRA
1/Lt Inf, Interring Officer

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3539 00000

DATE

15 10 47
DAY MONTH YEAR

NAME

UNKNOWN X-000423

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

~~LA CAMBE~~ ISIGNY

DISPOSITION OF REMAINS

0 3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

AF 6 108 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-423

SERIAL NUMBER

Utd

RANK

Utd

DATE OF DEATH

Utd

DATE DISINTERRED

30 Oct 47

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Processed

CONDITION OF REMAINS

Adv. Decomposition

OTHER MEANS OF IDENTIFICATION

None

NAT
FILE
RECORDS ANNOTATED
DATE 4/26/49
NAME D A MATTHEWS

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

SHIPPING ADDRESS VERIFIED BY

DATE 18 Dec 47 BY R. Anderson

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.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Cambé	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

IDENTIFICATION CHECK LIST

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

Unknown X 423
 Cemetery La Cambe, France
 Plot AF Row 6 Grave 108

Date reprocessed: 8 April 1947

1. ~~Arrived at cemetery~~

 (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, France
 (Name and organization)

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>None</u>		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes None (type)

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?
U.T.D.

6. Description of Remains: **All major bones missing or fractured**

Age UTD Height UTD 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)

(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 UTD
(Nose, arms, legs, etc.)

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

See Chart

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)

Remains received in mattress cover in skeletal form.

9. Remarks All major bones missing or fractured.

Unable to estimated height.

Estimated weight of remains: 3 lbs.

Fluoroscopic Examination : Negative.

No burial bottle found. No clothing found.

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 Q.M.C.
Rank Service

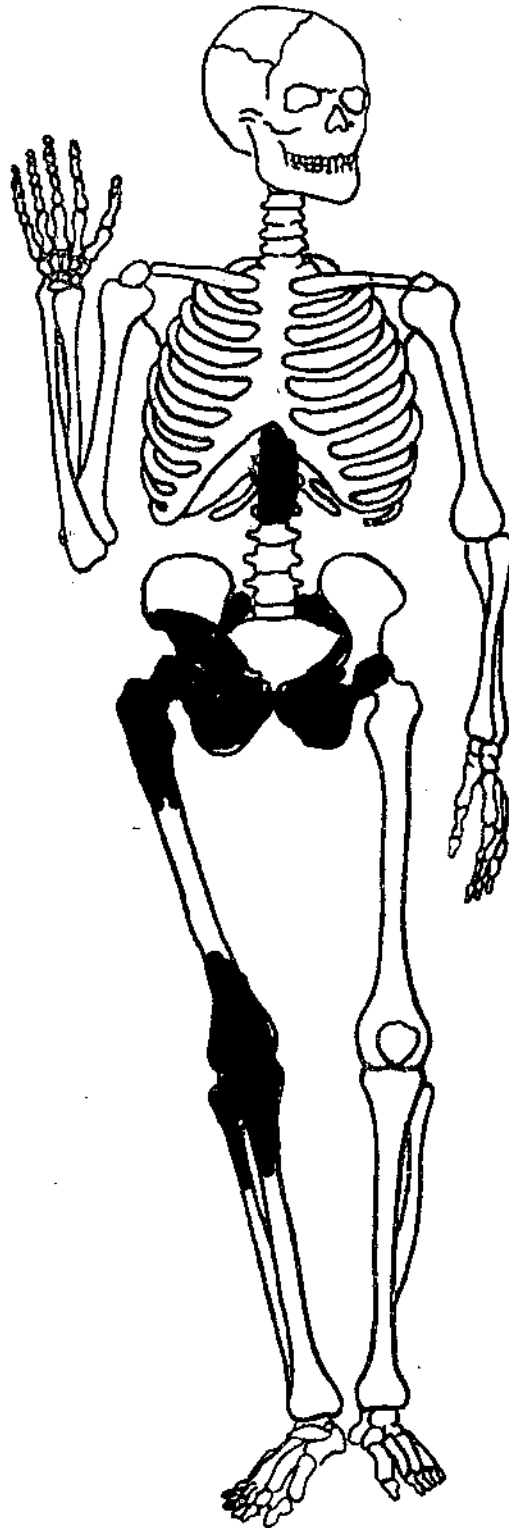
CENTRAL IDENTIFICATION POINT.
(Organization)

Unknown X-423

SKELETAL CHART

La Cambre, France
Plot AF Row 6 Grave 108

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



IDENTIFICATION SECTION
REGISTRATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

ADY

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

22007
12 August 1944
Date

Unknown

UNIDENTIFIED X-423 (American)
Last Name First Initial Rank Serial No.

Unit St Lo, France Organization Unknown KIA

Place of Death St Lo, France Date of Death 1500 hrs, 7 August 1944 Cause of Death La Cambe

Time and Date of Burial 108 Name of Cemetery 6 Name or Coordinates of Location 558-881

Grave Number 108 Row Number 6 Plot Number AF Type of Marker Temp

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

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

Who is buried on:					
Deceased's Right:	<u>Unidentified X-708</u>	<u>421</u>			<u>109</u>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Unidentified X-422</u>				<u>107</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 _____ 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 Sloane
NICHOLAS SLOANE
Lt. V.M.C.
Grave's Registration Officer

Verified by G.R.S. 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.:

Thumb			
1			
2			
3			
4			

Left Hand

1			
2			
3			
4			

Right Hand

TOOTH CHART

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

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.