

Bureau
CAM

Interred 8 April 1949
B-18-22 USMC St. Laurent
C. H. Hiestra
C. H. HIESTRA
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

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

JH
UNKNOWNX-000430 A

Q

DAY MONTH YEAR

DISPOSITION OF REMAINS

3505 80
CODE DIST. PT.

CEMETERY

LA CAMBE ISIGNY

PLOT ROW GRAVE COUNTRY

AF 6 115 FRANCE

CAUSE OF DEATH

6

SECTION B — CONSIGNEE AND NEXT OF KIN *Flag sent 6 April 1949*

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-430 A	SERIAL NUMBER	RANK UTD	DATE OF DEATH	DATE DISINTERRED 31 October 1947
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION UTD	IDENTIFICATION VERIFIED BY JOHN H. CLARK 2d/Lt QMC NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover	CONDITION OF REMAINS Advanced decomposition
OTHER MEANS OF IDENTIFICATION Embossed plate on marker	I certify that the entries on this form are true copies of the entries on Copy No. 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon. <i>D. C. McGee, Capt. Inf.</i>

MINOR DISCREPANCIES I
DD corr (Hq. AGRC)
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 4 November 1947 BY JOHN A. BRICKLEY
CASKET SEALED BY EMBALMER (Signature)

JOHN A. BRICKLEY

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE 4/11/47 BY R. J. HODGE JAMES 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, 1st Lt. INF.
SIGNATURE OF GRS INSPECTOR

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

NAZ
FILED
RECORDS ANNOTATED
DATE 14 Nov 47
NAME [Signature]
R & R BR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC LA CAMBE		TO USMC ST LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER CPL GATNEY	
SIGNATURE OF SHIPPER W.T. DALLEY CAPT OMC	DATE 3/11/47	SIGNATURE OF RECEIVER R.W. GANSEL, 1st Lt OMC	DATE 3/11/47

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 (BY ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. GABRIEL, EVANCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM VL 2 112 EVANCE		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- 430 A, Plot AF,
Row 6, Grave 115, 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. 2324, dated 5 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

*XAN
File
Gibson
2007-12-18
b2/c2/H*

293 Unk 7430 (La Cambe) France

FILE UNDER NO. 293

Unk. ~~France X-30~~ (La Cambe).

INDEX SHEET

SYNOPSIS

5 Jun 1947.

LETTER.

FROM: Hdqrs, American Graves Reg. Command, ETA, apo 58.
TO: QMG.

SUBJ: Reports of Interment.
Transmittal ltr no. 2324.

DOCUMENT FILED UNDER NO.

op

314.6 ~~Graves Reg. Service, European (T/L 2324).~~

HEADQUARTERS
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EUROPEAN AREA
APO 58 US ARMY

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FOR THE COMMANDING GENERAL :


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

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

Incl #28

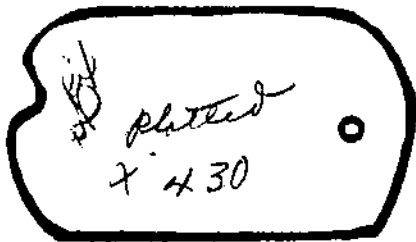
Corrected copy

WD QMC FORM 1042
Rev 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

Date of report

Imprint Identification Tag if Possible
DO NOT TYPE



SECTION I. IDENTIFICATION

NAME (Last, First, Middle Initial)

UNKNOWN X-430 - A

Serial number

Unknown

Grade

Unknown

Organization

Unknown

Branch of service

Unknown

Race

Unknown

Religion

Unknown

If other than U. S. dead,
Give name of country.

Place of death

St. Lo, France

Cause of death

Killed in Action

Date of death

Unknown

Emergency addressee (Name, Relationship and Address.)

Unknown

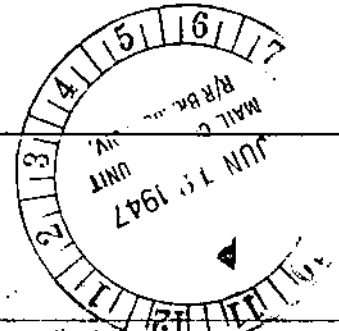
Identification tags found on body
(1, 2, or None) No

If no tags found on body, describe means of identification.
If unidentified fill in section 3 on reverse.

Were substitute tags provided
(Yes or No) Yes

List personal effects found on body and disposition of same

None



SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.

Name, Number, Coordinates and location of cemetery

US. Military Cemetery La Cambe, France

Date of burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of grave marker temp.	Plot no.	Row no.	Grave no.
		Casket	wdn. cross	AF	6	115

Was this a re-burial (Yes or No)	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave	Plot no.	Row no.	Grave no.
Yes	St. Lo, France			

Type of religious ceremony	Person conducting burial rites	If identification tags not used, describe identification data and containers buried with body One (1) copy of WD.QMC. Form #1042 placed in burial bottle and buried with remains.
Identification tag buried with body (Yes or No)	Identification tag attached to marker (Yes or No)	
No	Yes, embossed plate	

Body buried on deceased left, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
Unknown X-429	-	-	-	114
Body buried on deceased right, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
Unknown X-431	-	-	-	116

Signature of person preparing report ALBERT G. RICHARDSON US. WD. Civilian CAP-3	Signature of GRS officer verifying report ELLSWORTH T. MAC INTYRE Captain OMC. CIP.
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DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number, position of body, found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

Height Est.	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos
5'17 5/8"	UTD	UTD	UTD	UTD

Weapon and serial number	Laundry marks	Where body was buried or found
None	None	St. Lo, France

For tooth chart see attached Form I-A.

REMARKS

Upon reprocessing by Subordinate Identification Point Carentan, France case Unknown X-430 was found to be a mass burial of two men. Segregation was made into two cases Unknown X-430 A and Unknown X-430 B. Segregation was possible because of the difference in size and structure in the bones. The bones of case A were mostly articulated or connected with cartilage or tissues. The teeth found were a mass common among the remains. They could belong to either case A or B. The teeth have been placed with remains of case A and the Tooth chart is enclosed with case papers of case A. No clothing found except for remnants of a left cotton sock.

As no positive identifying clues were found, case is classified as Unknown.

Furnish sketch and map reference and coordinates for burial in other than established cemetery



Remarks Form 11 Identification Checklist and Form 1A Tooth chart accomplished. Unable to obtain fingerprints because of missing and decomposed portions. Estimated weight of remains processed: 3 Lbs.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY .III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME *CPX*

RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22031
12 August 1944
Date

Unknown
UNIDENTIFIED X-430 (American)

Last Name First Initial Rank Serial No.

Unit Organization

St. Lo, France Unknown KIA
Place of Death Date of Death Cause of Death

1530 hrs, 7 August 1944 La Cambre 558-881
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

115 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 mutilated. Impossible to take fingerprints 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: Unidentified X-430 116
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unidentified X-429 114
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. SEVANE
LT. O.M.C.

IDENTIFICATION CHECK LIST

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

Unknown X X-430-(A),B.

Cemetery La Casbe, France.

Plot AP Row 6 Grave 115

1. ~~Remains recovered~~ **Date reprocessed:** 9 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, 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 Remnants of . On left foot.

* 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?

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, pocks, 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 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 Head 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)

UTD

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
(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.
See skeletal chart

7. Have finger prints been placed on Report of Interment? No

If not, explain Hands missing

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

9. Remarks: Estimated weight: 30 lbs.
One (1) of a mass butial of two (2).
No burial report found.

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)
Ellsworth T. Mac Intyre
Captain, QMC,
Rank Service

Central Identification Point
(Organization)

Case X-430 was processed and found to be a mass burial of two men wrapped in an OD, wool blanket. They were separated, placed in separate caskets and given the number X-430-A and X-430-B respectively.

Separation was possible because the bones of case A were mostly articulated or connected with cartilage or tissues.

Measurement was possible for case A. Only a few bones were found for case B. They were badly fractured and charred.

Teeth were found in the debris and charted. All teeth were placed with case A of this series.

All debris were placed with case A. No burial report was found.

Fluoroscopic report negative.

Case X-430 is now separated into case X-430-A and X-430-B and both cases remain UNKNOWN.

X-430-(A), B.
La Cande, France.
Plot: AF Row 6 Grave: 115

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

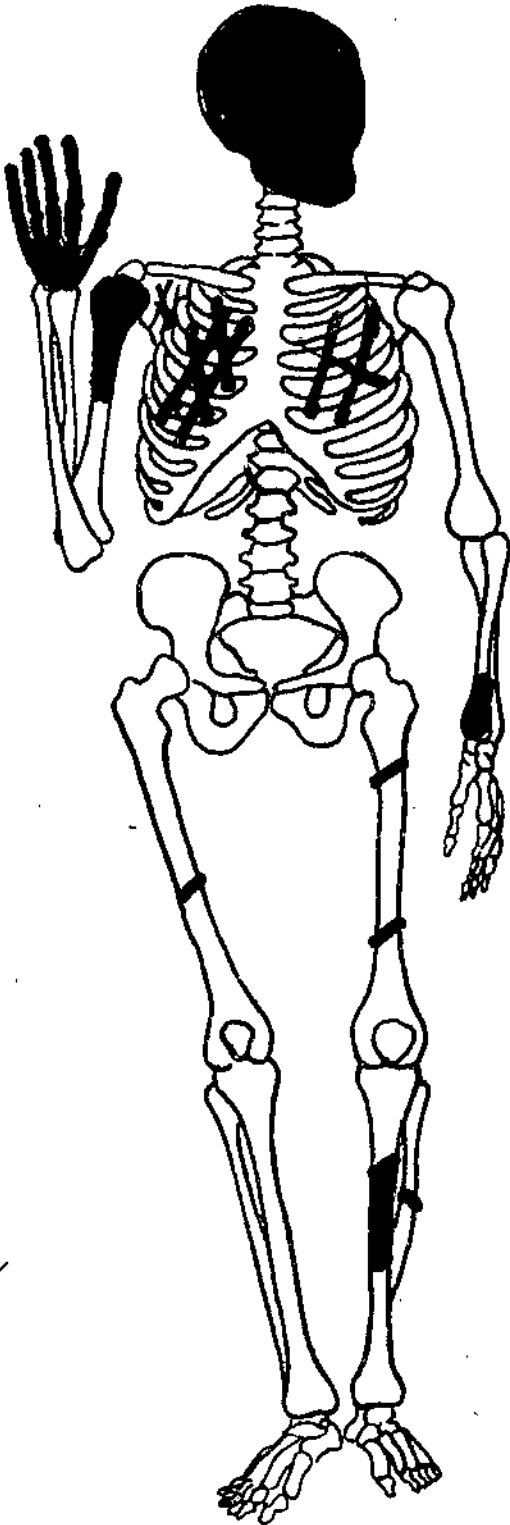


CHART "A"

TOOTH CHART

X - 430 A, B
La Cambe, France
Plbt AF Row 6 Grave 115

9 April 1947

Unknown X - 430 A

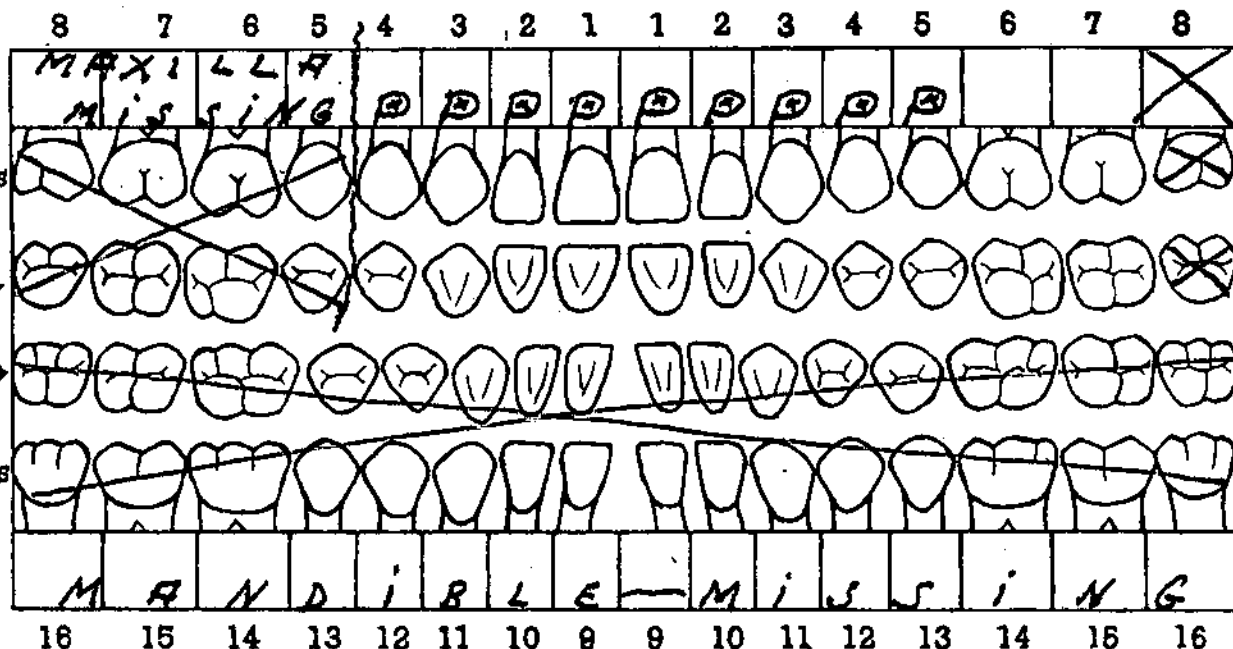
Date

Last Name	First	Initial	Grade	Serial No.
Unit			Organization	

Place of Death	Date of Death	Cause of Death
----------------	---------------	----------------

Right

Left



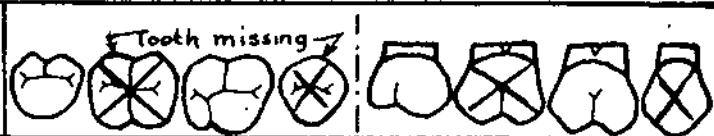
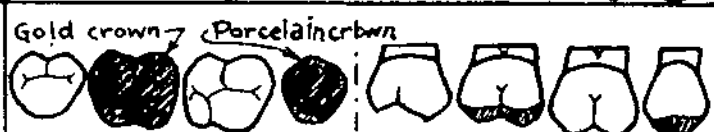

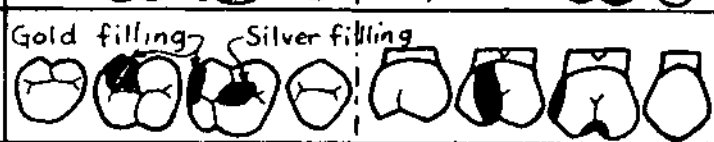
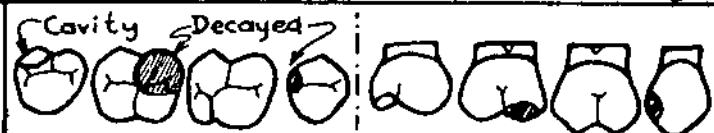
SEE REMARKS

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 Sebastian
Signature of Officer or other person who prepared Tooth chart

Robert A. S. [Signature]
Witnessed by: G. R. C. Officer

Robert A. S. [Signature]
Capt. Inf O-10 1173
M. A. G. R. C. Registration Div.

<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>	

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

The teeth here charted were found in a mass burial of two bodies which have been segregated. Teeth and charts are with cases X - 430 A

Posthumously missing: R 1, 2, 3, 4, and L 1, 2, 3, 4, 5

Heavy recession of alveolar bone
 Maxilla burned and charred
 Medium sized brown stained teeth

A left ramus found