

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- 432, Plot AF,  
Row 6, Grave 117, 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

NAN  
File  
Approved  
Spec Asst

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1st Lt Q&C  
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG  
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information presently  
available

Incl #30

RATS

1

Interred 17 January 1949  
G-11-5 USMC, St Laurent  
*C. E. HIEMSTRA*  
C. 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-000432

SERIAL NUMBER  
X-000432

RANK  
Q

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
LA CAMBE ISIGNY

DISPOSITION OF REMAINS  
0

3505 80  
CODE DIST. PT.

PLOT ROW GRAVE  
AF 6 117

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-432

SERIAL NUMBER  
Utd

RANK  
Utd

DATE OF DEATH  
Utd

DATE DISTINTERRED  
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  
Mattress Cover; No Clothing

CONDITION OF REMAINS  
Adv. Decomposition

OTHER MEANS OF IDENTIFICATION  
None

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET  
12

DATE 4 Nov 47  
CASKET SEALED BY H. F. Pergande

BY G. Burke  
EMBALMER (Signature)

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.

I certify that the entries on this form are true,  
copies of the entries on Copy No. 4 of James F. NABORS, Maj, Inf.

Internment Directive which contains the signatures of the persons whose names are typed herein.  
SIGNATURE OF GRS INSPECTOR

*James F. Nabors  
Major, Inf.*

NLN

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>USMC La Cambe</b>		TO <b>USMC St. Laurent</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Joseph L. Gainey, Cpl.</b>	
SIGNATURE OF SHIPPER <b>Hadley H. Keithley</b>	DATE	SIGNATURE OF RECEIVER <b>Chester L. Coleman</b>	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 <b>(SA ADMINISIBVLIAS OUDS)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>SI PRSBI LKVKCE</b>	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 <i>[Handwritten Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

TYPE HERE TO PRINT OR STAMP

# IDENTIFICATION CHECK LIST

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

Unknown X - 432

Cemetery La Camba, France

Plot AP Row 6 Grave 117

1. ~~Arrived at cemetery~~ Date reappraised: 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 or~~ disinterred by Subordinate Identification Point Garentan, 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 found</u> (Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

# IDENTIFICATION CHECK LIST

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of Report of Interment WD QMC Form 1042)

Unknown X - 432

Cemetery La Combe, France

Plot AP Row 6 Grave 117

1. Arrived at cemetery Data reproduced: 8 April 1947  
(Hour) (Date)

2. Place of death \_\_\_\_\_  
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\_\_\_\_\_  
(Sheet, scale and serials used)

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Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

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?  
UTD

6. Description of Remains :

Age UTD Est. Height 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 **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 **UTD**  
(Nose, arms, legs, etc.)

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



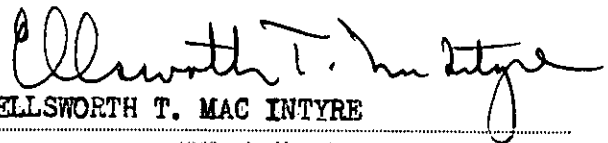
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Fingers missing

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

9. Remarks Remains recovered in a mattress cover in skeletal form with a small amount of decomposed flesh. Estimated weight of remains now: 12 Lbs. Fluoroscopic Examination: Negative. No clothing found. Burial Report found inside a 50 caliber shell, states "Died July 1944. Buried August 1944".  
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-432  
La Cambe, France  
Plot AP, Row 6, Grave 117

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

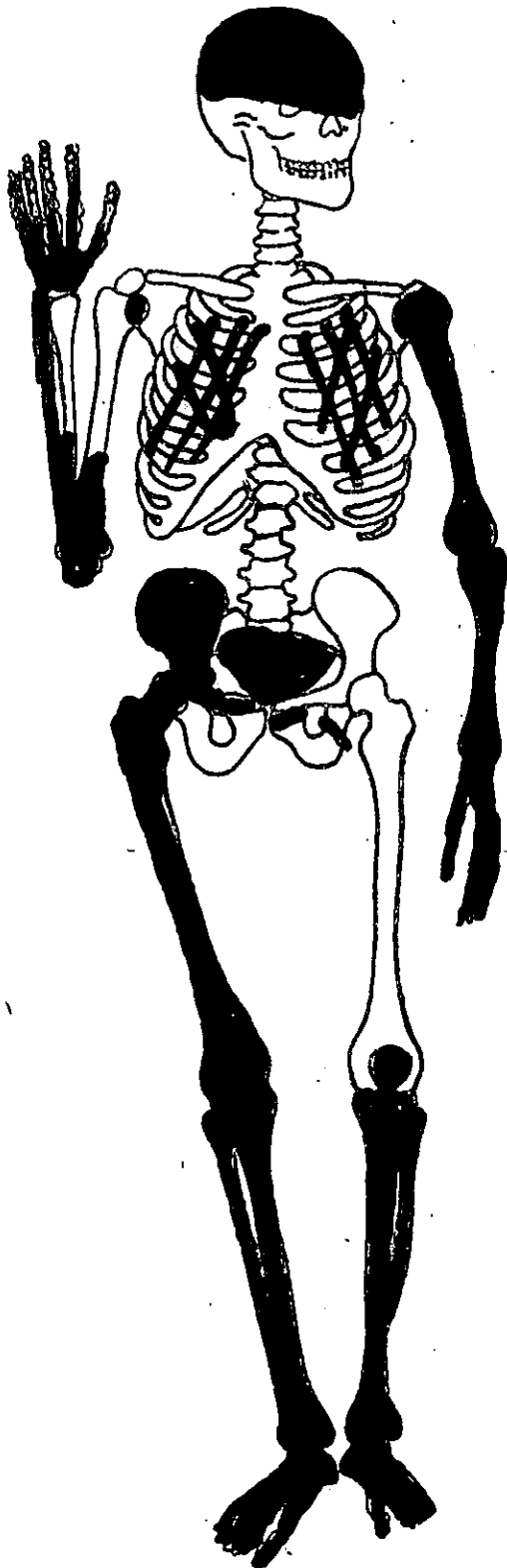


CHART "A"

# TOOTH CHART

8 April 1947

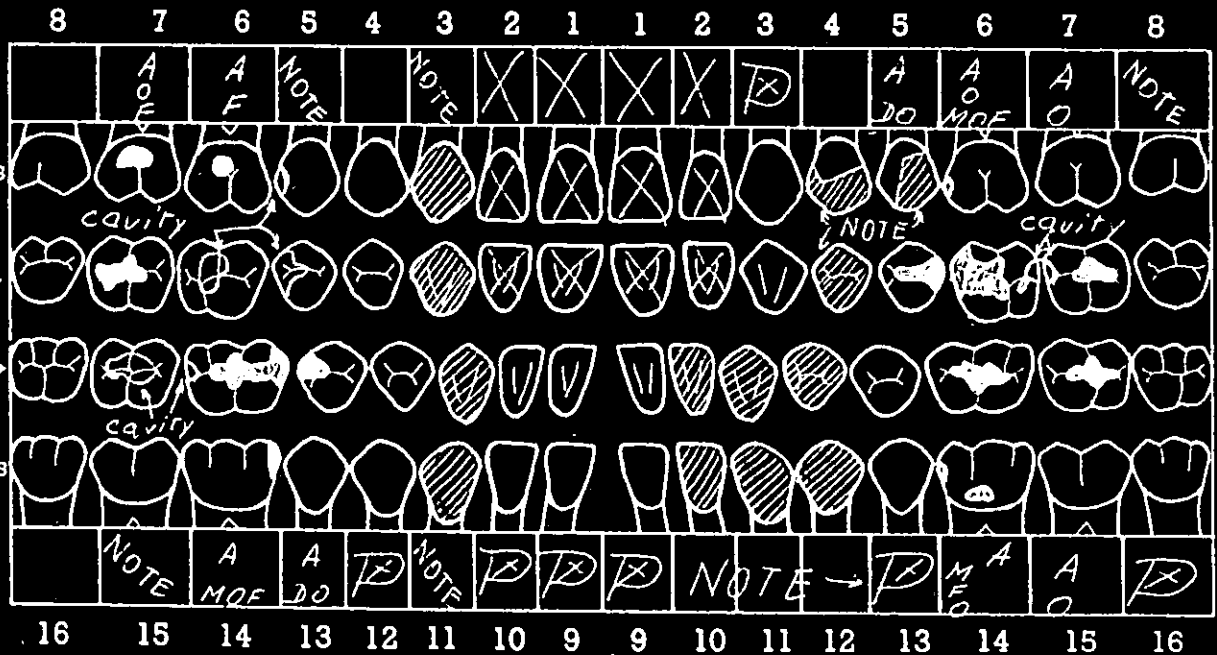
Date

Unknown X-432

Last Name	First	Initial	Rank	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

ILLSTWORTH T. MACINTYRE, Captain M.C. C.I.P.

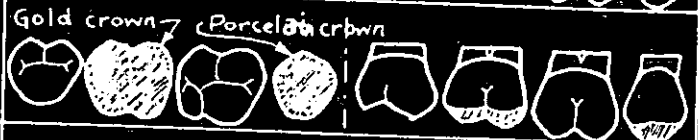
Verified by G. R. S. Officer

*Illstworth MacIntyre*

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



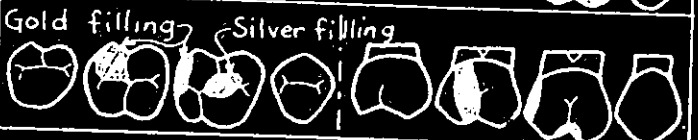
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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."

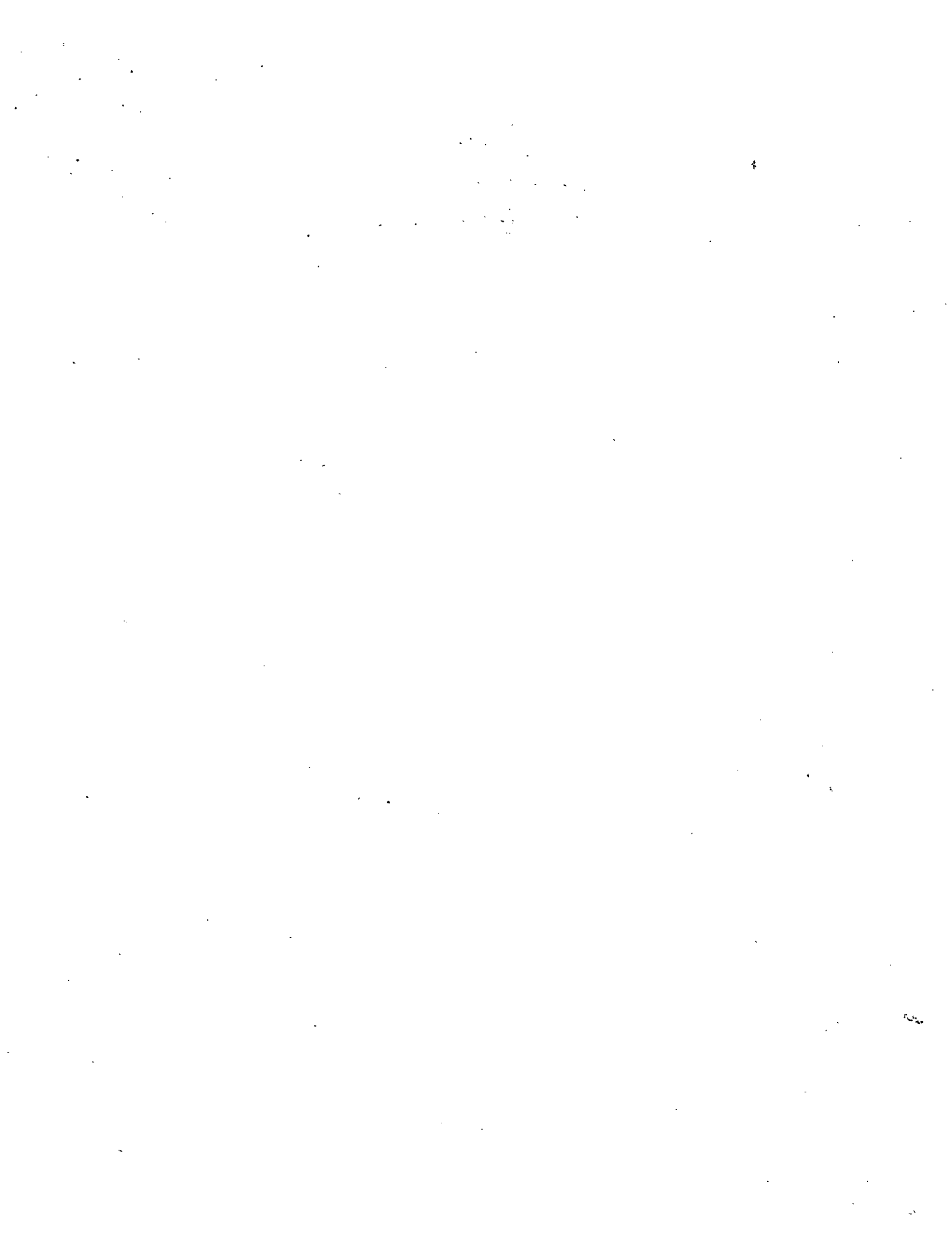
**ADDITIONAL SPACE FOR FURTHER REMARKS**

Posthumously missing R9,10,12 and L3,9,12,16.  
 Unerupted before death, L3.  
 Space: R3-L2, 20mm.  
 Cavities in R5,6,15 had been filled, cement base remains.  
 Teeth broken and burned off as indicated by shading.  
 Occlusal surfaces show wear.  
 Medium sized ivory colored teeth in good alignment.

*ME*

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME *APX*



# RESTRICTED REPORT OF BURIAL

TM 10-30 AND AR 30-1815

2033  
12 August 1944  
Date

*Unknown*  
~~IDENTIFIED~~ X-132 (American)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_ Rank: \_\_\_\_\_ Serial No: \_\_\_\_\_

Unit: \_\_\_\_\_ Organization: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

1500 hrs. 7 August 1944 Tra Camb 4558-881

Time and Date of Burial: \_\_\_\_\_ Name of Cemetery: \_\_\_\_\_ Name or Coordinates of Location: \_\_\_\_\_

107 6 AR Temp 16

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 charts.

(What means of identification were buried with the body?)

Embossed Plate

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

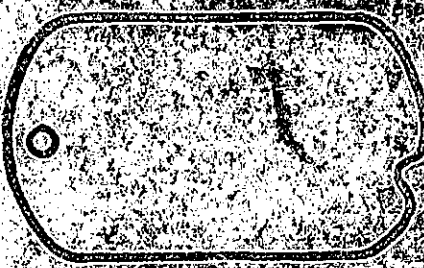
Who is buried on: \_\_\_\_\_  
Deceased's Right: Empty Grave

Name: \_\_\_\_\_ Serial No: \_\_\_\_\_ Rank: \_\_\_\_\_ Organization: \_\_\_\_\_ Grave No: \_\_\_\_\_

Deceased's Left: Unidentified X-131

Name: \_\_\_\_\_ Serial No: \_\_\_\_\_ Rank: \_\_\_\_\_ Organization: \_\_\_\_\_ Grave No: \_\_\_\_\_

Signature of 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 Address: \_\_\_\_\_ 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. Swane*  
NICHOLAS J. SWANE

**RESTRICTED**  
**REPORT OF BURIAL**  
TM 10-430, AND AR 30-1815

22033  
12 August 1944  
Date

Unknown

UNIDENTIFIED X-432 (American) |  
Last Name First Initial Rank Serial No.

Unit Organization

St Lo, France Unknown KTA  
Place of Death Date of Death Cause of Death

1500 hrs, 7 August 1944 La Cambe 558-881  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

117 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 charts.

What means of identification were buried with the body?

Embossed Plate

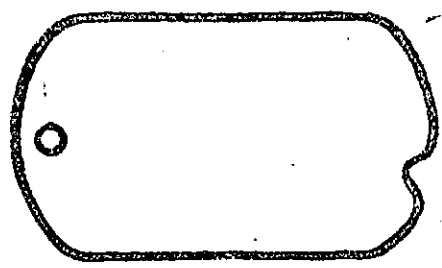
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Empty Grave  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Unidentified X-431  
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  
Lt., G.M.C.

Verified by G.R.S. Officer  
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.:

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.

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

4	
3	
2	
1	
Thumb	

## TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ◊ linking anchor teeth; replacements by artificial teeth X

Characteristics: .....

Other Data: .....