

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- 445, Plot AF,
Row 6, Grave 119, 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. 2369, dated 23 July 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**
Not identifiable from
information presently
available **QQMG**

Handwritten:
JAN
File
please
send to
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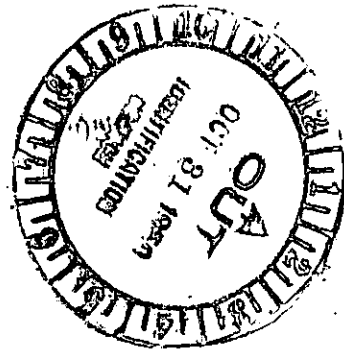
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1st Lt Q.C.
Actg Asst Adj Gen

Received 1 DEC 1948
Not identifiable from
information presently
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Incl #31



62-24
MMM

1

Interred 27 January 1949

H-13-24 USMC, St Laurent

DISINTERMENT DIRECTIVE

C. F. HIEMSTRA

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-000445

SERIAL NUMBER
UNKNOWN X-000445

RANK

ARM
0
DATE OF DEATH

CEMETERY
LA CAMBE ISIGNY

DISPOSITION OF REMAINS
3505 80
DAY MONTH YEAR

PLOT ROW GRAVE COUNTRY
AF 6 119 FRANCE

CODE DIST. PT.
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-445

SERIAL NUMBER
Utd

RANK
Utd

DATE OF DEATH
Est Utd 5 Aug 44

DATE DISTINTERRED
30 Oct 47

IDENTIFICATION TAG ON
 REMAINS
 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 only

CONDITION OF REMAINS
Adv. Decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 4 Nov. 47 BY

C. R. Tompkins
EMBALMER (Signature)
C R Tompkins

CASKET SEALED BY
H. F. Pergande

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

See
N L N

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 (EA VORNINGMILLAE OLDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 21. IVORNI' EVANCE	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

00121

IDENTIFICATION CHECK LIST

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

Unknown X -445
Cemetery La Cambe, (France)
Plot AF Row 6 Grave 119

Date Reprocessed:

1. ~~Arrived at cemetery~~ 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>Remnants of.</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>Remnants of (see remarks)</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? **UTD**

6. Description of Remains :

Age **UTD** Height 5'9 1/4" 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 **21"**
 (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**
 (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 attached anatomical 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? Yes If not, explain _____
(Yes-no)

9. Remarks Remains recovered intact, in advanced stage of decomposition.
Remnants of clothing found on body.
NO burial report found.
Teeth protruded, a large occipital protrudence on skull.
Fluoroscopic Report: Negative.
Estimated weight of remains: 75 lbs.
This case is classified: UNKNOWN.

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.

**Chemical and photo Laboratory
Examination made on remnants
of HBT trousers revealed:
Chemical Laboratory findings:**

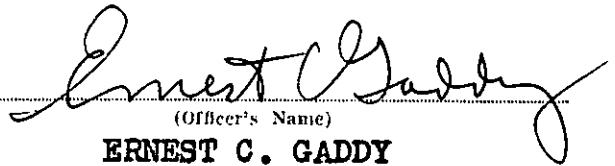
?
O - 7118
9

Photo Laboratory findings:

C - 9110

?
C - 9110

Photos are inclosed with case papers.



(Officer's Name)

ERNEST C. GADDY

C.W.O.

U.S.A.

Rank

Service

CENTRAL IDENTIFICATION POINT.

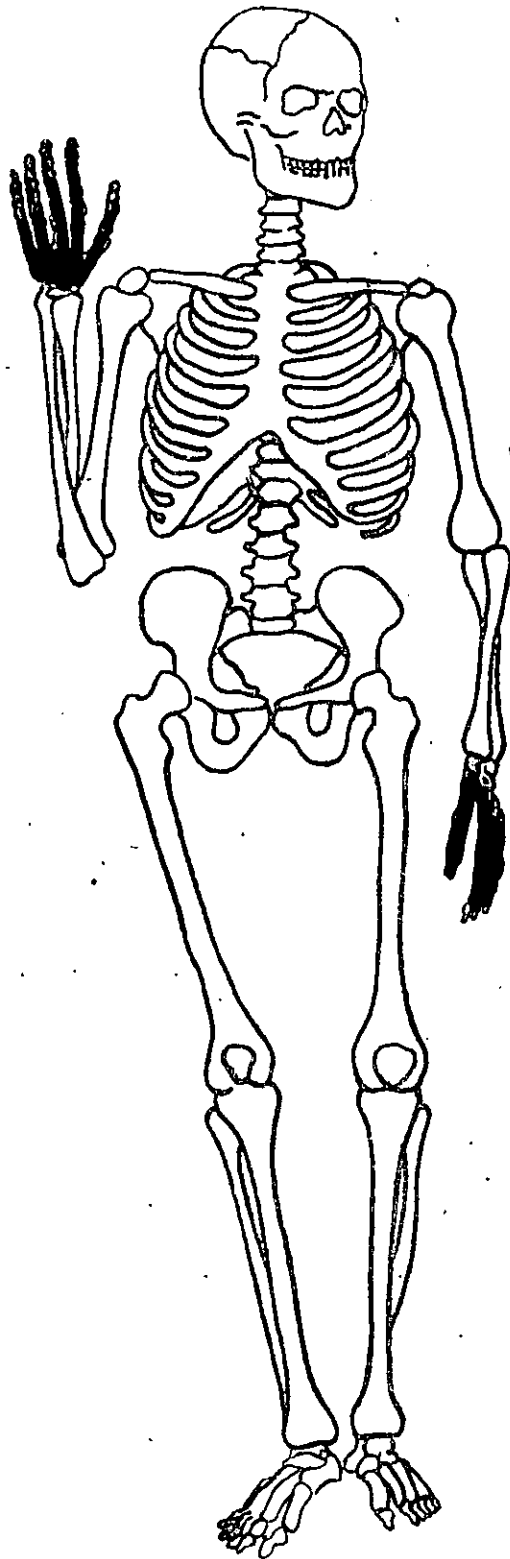
(Organization)

X-445
La Cambe, (France)

SKELETAL CHART

Plot: AP Row: 6
Grave: 119

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Height: 5' 9 1/2"

TOOTH CHART

0 APRIL 1947
 Date

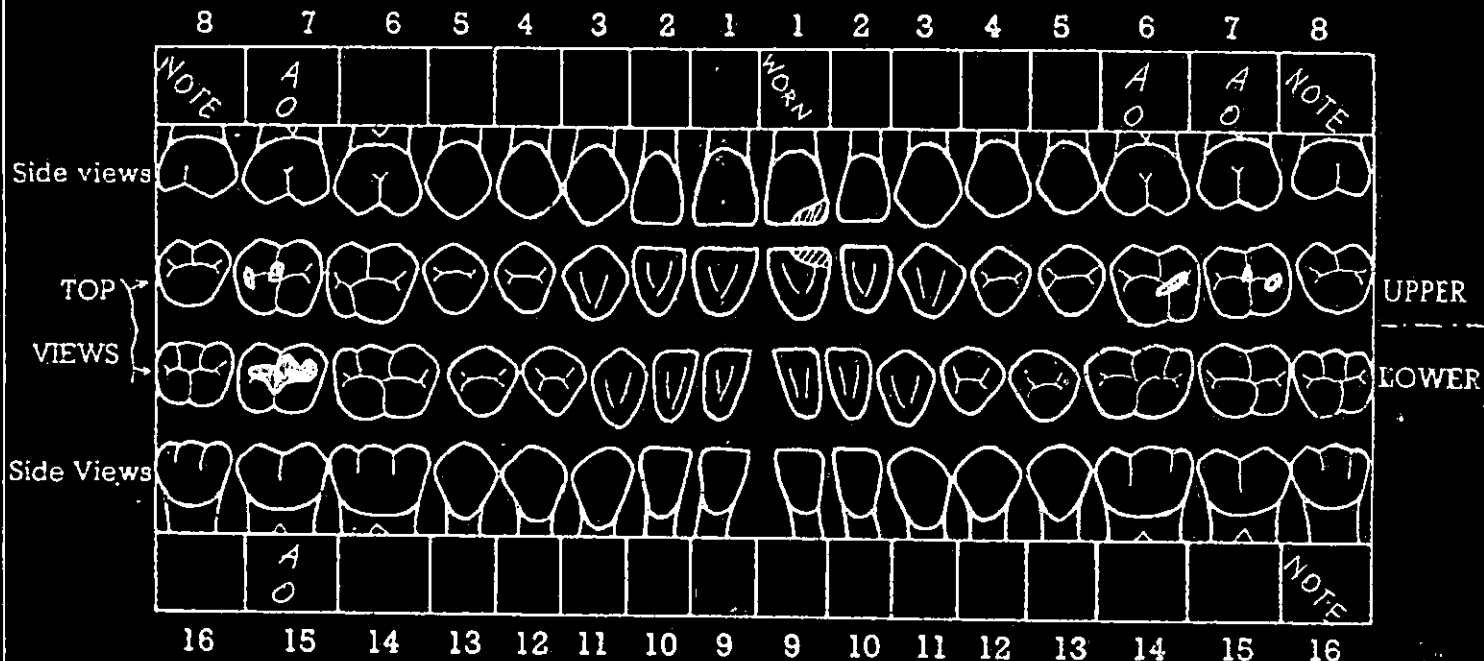
 Last Name First Initial Rank Serial No.

 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), bicuspid (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

Ernest C. Gaddy
 Verified by G. R. S. Officer
 ERNEST C. GADDY CWO. USA. C.I.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 :



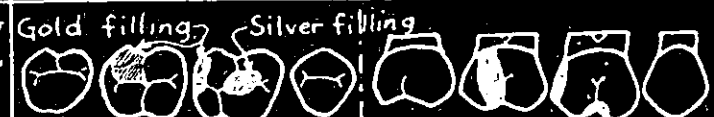
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Unrupted before death R8 and L8,10.
 Spaces: R1-L1, 2mm; R1-2, 2mm; R2-3, 1mm; R 9-10, 1mm; L 1-2, 1mm;
 L 2-3, 1mm.

Worn as indicated by shading: L 1.

Medium sized, clean, white teeth in poor alignment.

gh

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

22034
Aug. 27, 1944
Date

X-445 Unknown Unknown Unknown
Last Name First Initial Rank Serial No.

American Unknown

Omaha Beach Aug. 5, 1944 est Drowned
Place of Death Date of Death Cause of Death

1130 Aug. 27, 1944 La Cambe 558-881
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

119 6 AF Stake
Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No GRS Plate

If No Identification Tags
How were remains identified?

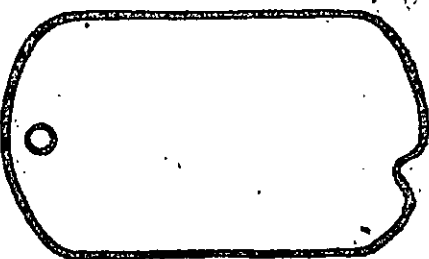
What means of identification were buried with the body?

One GRS embossed plate and one copy of GRS#1 in bottle buried in grave.

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

Who is buried on:	X-447	Unknown		120
Deceased's Right:	Name	Serial No.	Rank	Grave No.
Deceased's Left:	X-378	Unknown		118
	Name	Serial No.	Rank	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 Unknown

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

No personal effects...

65

Signature of Officer or other person reporting burial
William H. Staub, Jr.
Verified by G.R.S. Officer
WILLIAM H. STAUB, JR. 2nd Lt QMC

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: 5' 11" Laundry Marks:
 Weight: 175 lbs. 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.

Impossible to take fingerprints or tooth chart. Body was washed up on the beach and exposed to the sun.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

8
7
6
5
4
3
2
1
Thumb

Right Hand

8
7
6
5
4
3
2
1
Thumb

TOOTH CHART

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

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.