

Reall MAM

1

Interred 17 Jan 1949

USMC St Laurent

DISINTERMENT DIRECTIVE

C. H. HIENSTRA
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-000447

SERIAL NUMBER
UNKNOWN X-000447

RANK

ARM
Q

DATE OF DEATH

CEMETERY
LA CAMBE ISIGNY

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
AF 6 120 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-447

SERIAL NUMBER
Utd

RANK
Utd

DATE OF DEATH
Utd

DATE DISTINTERRED
30 Oct 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Utd

IDENTIFICATION VERIFIED BY
JOHN H. CLARK, 2ndLt., 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
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 5 Nov 47

BY C. R. TOMPKINS

CASKET SEALED BY
H. F. Pergande

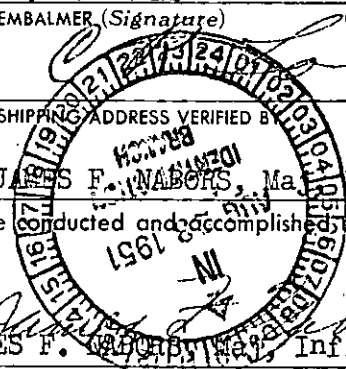
EMBALMER (Signature)

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

SHIPPING ADDRESS VERIFIED BY
JAMES F. WABERS, Ma, 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. WABERS, Ma, Inf.
SIGNATURE OF GRS INSPECTOR



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

NI-IV

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC LA CAMBE		TO USMC ST. LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER JOSEPH GAINY, CPL.	
SIGNATURE OF SHIPPER <i>Hadley H Keathley</i> HADLEY H. KEATHELY	DATE 3 Nov 47	SIGNATURE OF RECEIVER <i>C. L. Coleman</i> CHESTER L. COLEMAN	DATE 3 Nov 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		TO	
KIND OF CONVEYANCE (11 VORHISITIVE CODE)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. FAVRELL FRANCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM VE 2 150 WYMAN		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 ⁴³Unknown X-447, Plot AF, Row 6, Grave 120, 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
embossed
received
Green*

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

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

Incl # 33

RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22035
Aug. 27, 1944

Date

X-447	Unknown			Unknown	
	Last Name	First	Initial	Rank	Serial No.

Unknown-----

Omaha Beach	Unit	Unknown	Organization	Unknown
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2000 Aug. 27, 1944	Date of Death	La Cambe	Cause of Death	558-881
	Place of Death			

120	6	AP	Stake
Grave Number	Row Number	Plot Number	Type of Marker

Disposition of Identification Tag	Buried with body	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Attached to Marker	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	GRS plate
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If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

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

Who is buried on:

Deceased's Right:	End of row-----	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	X-445	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 _____ 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:	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.

It was impossible to take tooth chart, etc., because of condition of the body. Head, arms, and legs were severed from the body.

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

TOOTH CHART

		Deceased's Left							
Upper	Lower	8	7	6	5	4	3	2	1
		8	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 - 447

Cemetery La Cambe, Franco

Plot AF Row 6 Grave 120

1. ~~Arrived at cemetery~~ Data 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~~ or 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 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			

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 **5'6 1/8"** 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 Crushed
(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, howed, 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.

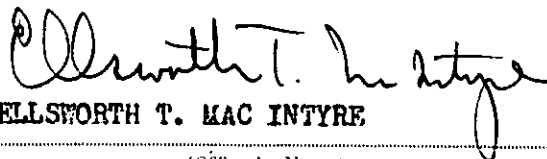
7. Have finger prints been placed on Report of Interment? **No**
(Yes-no)

If not, explain **Fingers Missing**

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

9. Remarks **Remains received in mattress cover; Intact with considerable amount of decomposed flesh. Estimated weight of remains: 50 Lbs. Fluoroscopic Examination: Negative. No clothing or Burial Bottle 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

CMC.

Rank

Service

Central Identification Point

(Organization)

X-447
a Cambe, France
Plot AF, Row 6, Grave 120

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

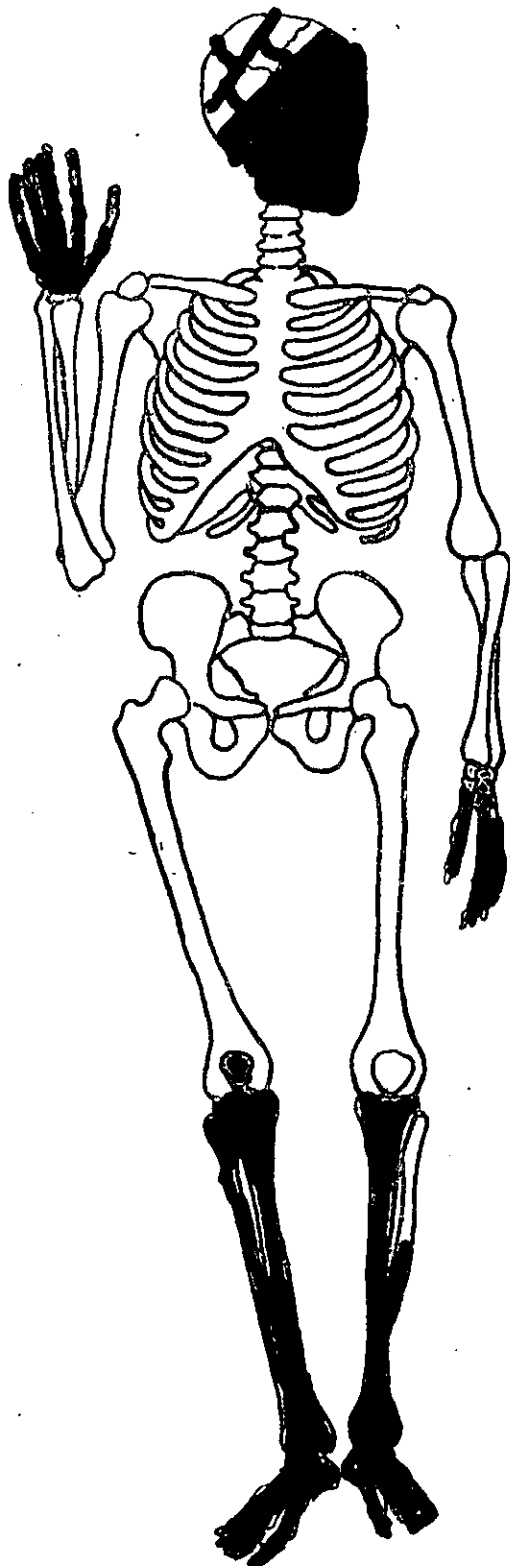


CHART "A"

21

TOOTH CHART

8 April 1947

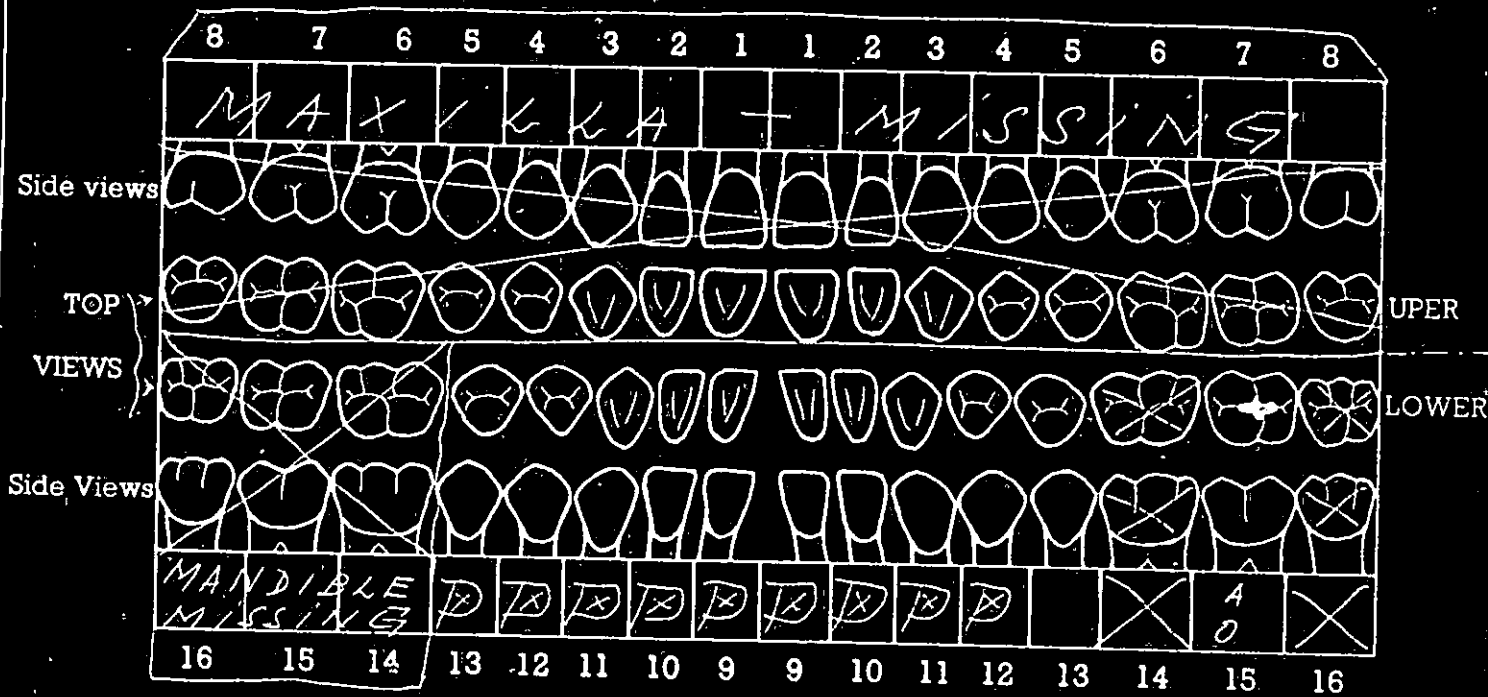
Unknown X-447

Date

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
Place of Death	Date of Death	Cause of Death		

Right

Left



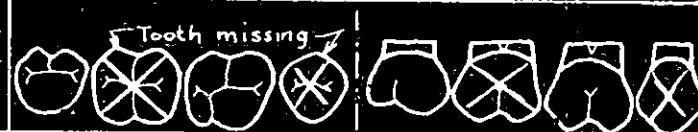
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

See remarks

Edward Sebastian
Signature of Officer or other person who prepared Tooth chart

ELLSWORTH T. MAC INTYRE, CAPTAIN, MC, C.I.P.
Verified by G. R. S. Officer
Ellsworth T. McIntyre

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



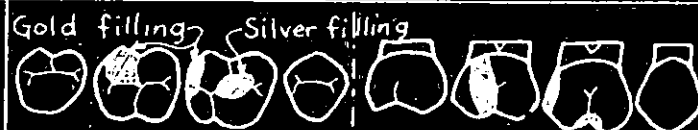
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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, R9,10,11,12,13 and L9,10,11,12.
 Space: L13-15, 10mm.
 Medium sized ivory colored teeth.

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