

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- 457, Plot BE,
Row 5, Grave 99, 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
Warrant
J. L. B. Jr.
6 Dec 48

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Incl # 35

Interred 8 January 1949
G-16-17 USMC. St Laurent

DISINTERMENT DIRECTIVE

DOUGLAS A. MAC KENZIE
Capt. Inf. Cemetery Superintendent

1 ✓

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		
UNKNOWN		X-000457			0	DAY	MONTH	YEAR
CEMETERY						DISPOSITION OF REMAINS		
LA CAMBE ISIGNY						0	3505	80
						CODE	DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH			
BE	5	99	FRANCE		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-457	SERIAL NUMBER Utd	RANK Utd	DATE OF DEATH Utd	DATE DISTINTERRED 10 Nov 47
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 Adv. Decomposition
OTHER MEANS OF IDENTIFICATION None	12 MAY 1949 ER H M. DIV.

MINOR DISCREPANCIES 1
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 Nov 47	BY C.R. Tompkins
CASKET SEALED BY C.R. Tompkins	EMBALMER (Signature) <i>C.R. Tompkins</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY JAMES A. HOOVLER, 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 A. Hoovler
JAMES A. HOOVLER, 1st LT, INF
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Cambe		TO Casketing Pt. B., St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc. Bert H. Kimmel	
SIGNATURE OF SHIPPER <i>W.T. Dailey</i> W. T. DAILEY, CAPT. QMC	DATE 20 Nov 47	SIGNATURE OF RECEIVER <i>H.F. Hill</i> H. F. HILL, CAPT. QMC	DATE 20 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		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-457

Cemetery La Camba, France

Plot EE Row 5 Grave 99

1. ~~Assumed at Cemetery~~ **Date reprocessed** 10 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, Carontan,
(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>NO CLOTHING 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 **NO CLOTHING FOUND**

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia

(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

Utd

6. Description of Remains:

Age **Utd** Est. **5'10³/₄"** 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, pocks, freckles)

Build **Utd**
(Large, fat, thin, muscular)

Hair **None found**
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **Utd**
(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 inches**
 (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 **None found**
 (Nose, arms, legs, etc.)

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

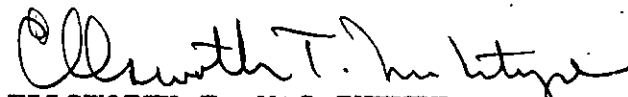
7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain hands missing

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

9. Remarks Remains recovered in an advanced stage of decomposition with skeleton intact. No clothing found. Burial report found. Estimated weight of remains 80 Lbs. Fluoroscopic Report: Negative. Remains Unknown. 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-457

La Cambe, France

Plot BE Row 5 Grave 99.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

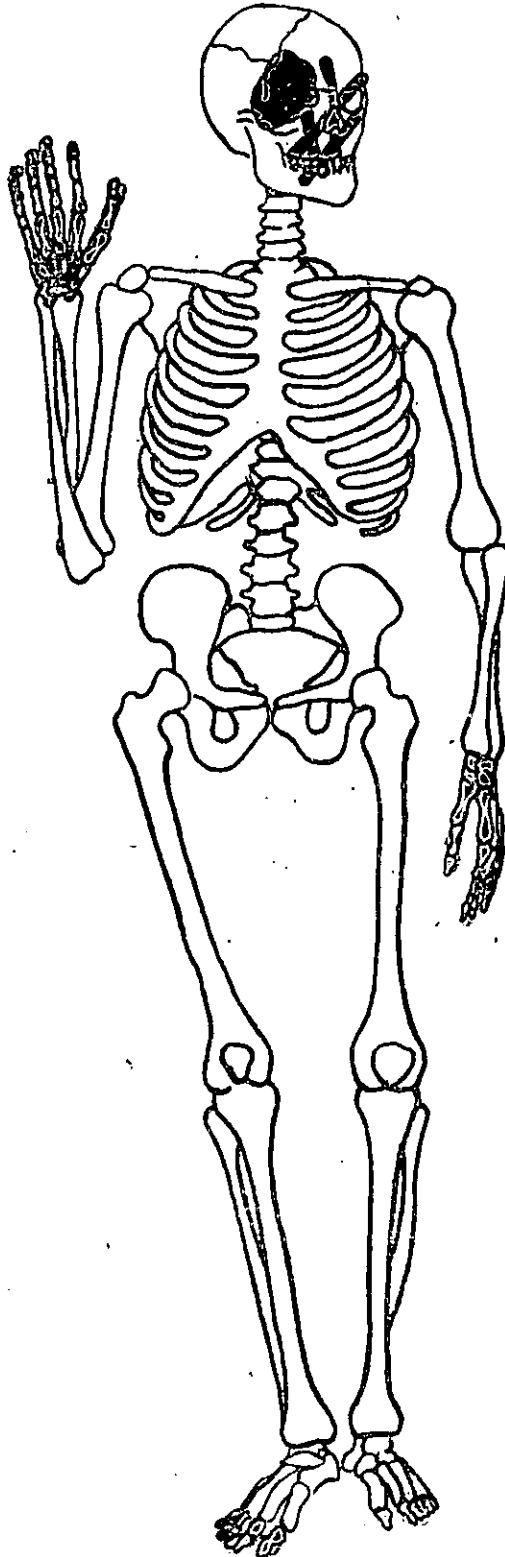


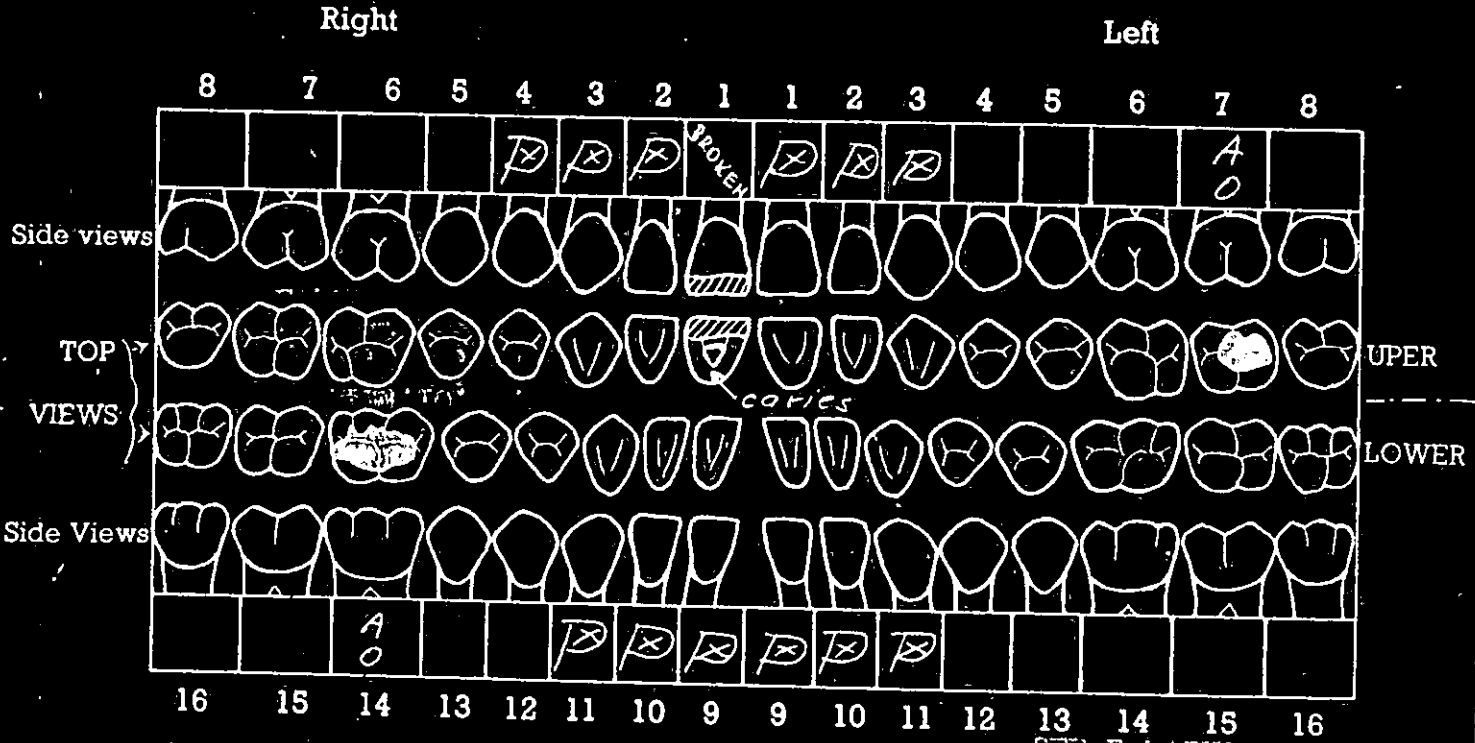
CHART "A"

TOOTH CHART

UNKNOWN X-457

10 APR 1 1917
Date

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



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.

Raymond T. Quish MD
Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Intyre
Verified by G. R. S. Officer
ELLSWORTH T. INTYRE
Captain MC 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 :



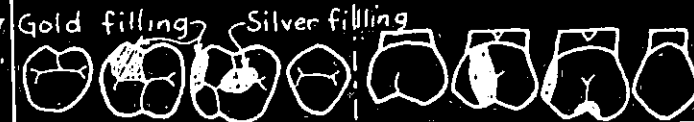
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



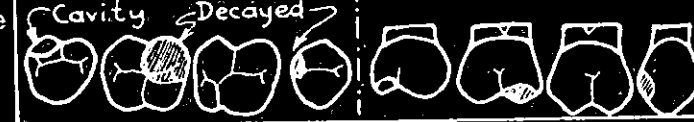
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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

Posthureously missing:

R2,3,4,9,10,11.

L1,2,3,9,10,11.

Teeth are normal size, white, and evenly aligned.

Maxilla and mandible charred.

h1

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22045
Sep 10/44
Date

X-457		Unk.		Unk.	
Last Name		Rank		Serial No.	
Unk.		Unk.		Unk.	
Unit		Organization		Cause of Death	
Unk.		Unk.		Unk.	
Place of Death		Date of Death		Cause of Death	
1300 hrs 10 Sep 1944		La Cambe		558-881	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
99		BE		Stake	
Grave Number		Plot Number		Type of Marker	
Row Number					
5					

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
 If No Identification Tags One GRS Ident. Tag One GRS Ident. Tag.
 How were remains identified?

Body washed ashore near Vierville.

What means of identification were buried with the body?

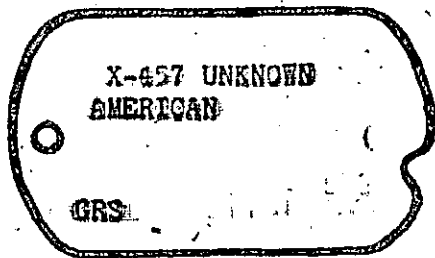
One GRS Ident. Tag

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

Who is buried on:

Deceased's Right:	George M. Parker	Serial No.	Rank	Organization	Grave No.
Deceased's Left:		33508991	Pfc	1323 Engr.	98
	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 Unk.
Name

Address

Religion Unk.

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

No Personal Effects

65

Signature of Officer or other person reporting burial

Lynford G. Chase

Verified by G.R.S. Officer

LYNFORD G. CHASE, 1st 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: 6 ft. Laundry Marks: None
 Weight: 185 Number of Ridges: One
 Color of Eyes: None Wear Glasses? No
 Color of Hair: None Is Tooth Chart Attached?
 Race: White

(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.:

Left Hand

8

2

1

Thumb

Impossible to Obtain

4

3

2

1

Thumb

Impossible to Obtain

Right Hand

TOOTH CHART

		Deceased's Left							
		8	7	6	5	4	3	2	1
Upper		<input type="checkbox"/>	<input type="checkbox"/>						
Lower		<input type="checkbox"/>	<input type="checkbox"/>						

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.