

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown La Cambre X-477

SUBJECT

QMC FORM 1121
1 Aug 45

51 12256

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- 477, Plot BD,
Row 1, Grave 6, USMC La Cambe 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

*Non
File
Graves
La Cambe
6 Dec 48*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

22 NOV 1948

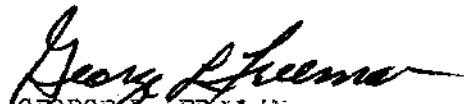
Date

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TO: The Quartermaster General
Memorial Division
Washington 25, D.C.

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FOR THE COMMANDING GENERAL :


GEORGE L. FREEMAN
1st Lt QAC
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

Incl #42

1

Interred 8 Jan / 1949
6-9-17- USMC. St Laurent

DISINTERMENT DIRECTIVE

DOUGLAS A. MAC KENZIE *Douglas MacKenzie*
Capt. Inf. Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3539 00000

DATE
15 10 47
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: UNKNOWNX-000477 RANK: ARM: 0
DATE OF DEATH: DAY MONTH YEAR

CEMETERY: LA CAMBE ISIGNY DISPOSITION OF REMAINS: 3505 80
CODE DIST. PT.

PLOT: BD ROW: 1 GRAVE: 6 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 SERIAL NUMBER: X-477 RANK: Utd DATE OF DEATH: Utd DATE DISTINTERRED: 12 Nov, 1947

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: Utd IDENTIFICATION VERIFIED BY: JOHN H. CLARK 2nd 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: None

MINOR DISCREPANCIES: None

REMAINS PREPARED AND PLACED IN CASKET
DATE: 25 November, 1947 BY: C. R. Tompkins

CASKET SEALED BY: C. R. Tompkins EMBALMER (Signature): *C R Tompkins*

CASKET BOXED AND MARKED: DATE: 25 Nov 47 BY: H. B. Albert 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 US MC La Cambe		TO Casketing Point "B"-St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pic Bertis	
SIGNATURE OF SHIPPER <i>W T Dailey</i> W. T. DAILEY, Capt, QMC	DATE 24 Nov 47	SIGNATURE OF RECEIVER <i>H. F. Hill</i> H. F. HILL, Captain, QMC	DATE 24 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

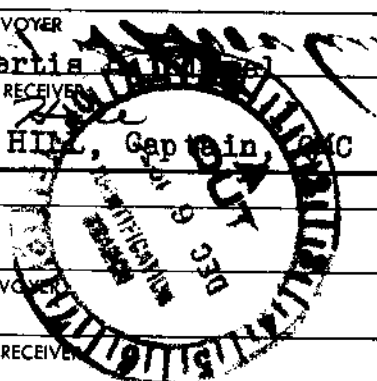
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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 477

Cemetery La Gamba, France

Plot BD Row 1 Grave 6

date reprocessed: 15 April 1947

1. ~~Arrived at cemetery~~ _____
(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	None None <small>(Type)</small>		
Raincoat	None None		
Overcoat	None None		
Jacket, Field	None None		
Jacket, Combat	None None		
Mackinaw	None None		
Sweater	None None		
1 pair HBT coveralls- remnants (B.T.B)			
* Shirt, Wool OD	None None		
Undershirt, Wool	None None		
Undershirt, Cotton	None None		
Trousers, HBT	None None		
* Trousers, Wool OD	None None		

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' 7 5/8" Est. 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)

Gbatee 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 None found
(Nose, arms, legs, etc.)

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

see 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** (Yes-no) If not, explain

Remains received in mattress cover in skeletal form with a small amount of decomposed flesh.

Estimated weight of remains now; 87 lbs.

9. Remarks **Fluoroscopic examination; Negative.**

Clothing found on remains.

No clothing marks found.

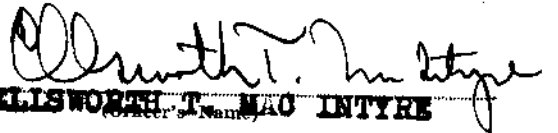
Fluoroscopic report; negative.

Nothing found to warrant chemical laboratory examination.

Remains unknown.

Burial report states: "body washed ashore at Arronanches, France 25 Oct. 1944".

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

CAPTAIN

U.S.M.C.

CENTRAL IDENTIFICATION POINT
(Organization)

SKELETAL CHART

Unknown X-477
La Cambe, France
Plot BD Row 1 Grave 6

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

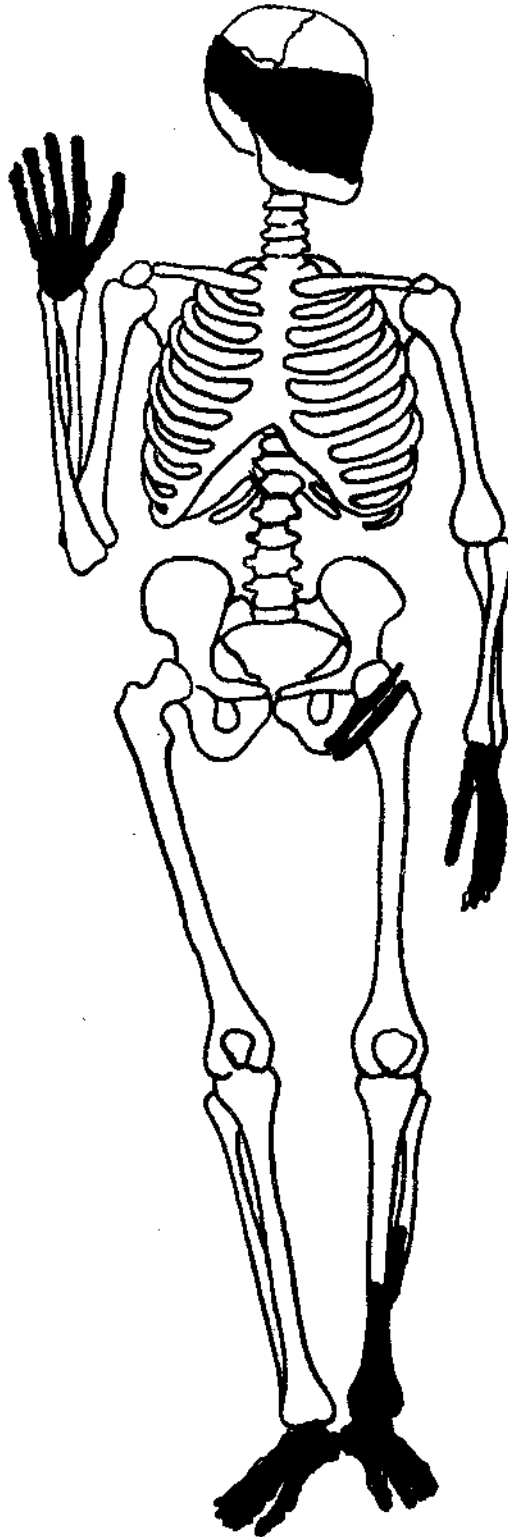


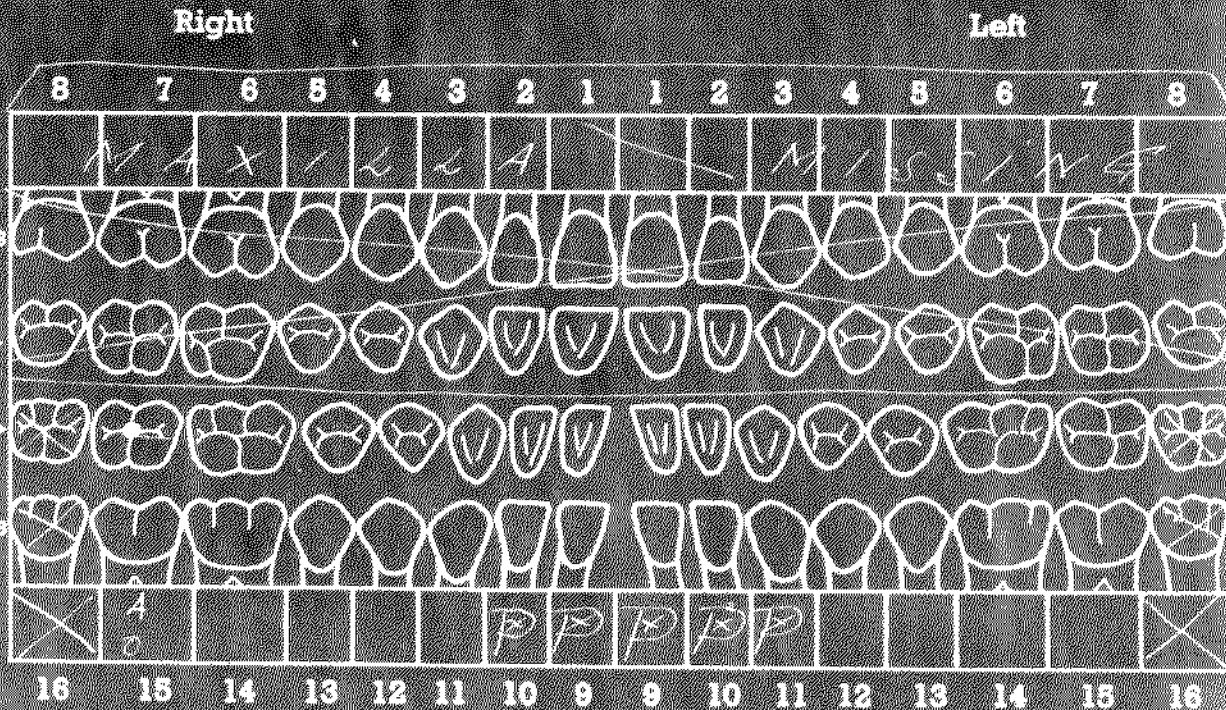
CHART "A"

TOOTH CHART

15 April 1947
 Date

Unknown X-477

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



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), bicuspsids (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. Smith
 Signature of Officer or other person who prepared Tooth chart

Elsworth T. MacIntyre
 Verified by O. R. A. Officer

ELLSWORTH T. MAC INTYRE
 CAPTAIN U.S.N. 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

posthumously missing-

R-9,10, L9,10,11.

Teeth are normal size, alignment fair with heavy brown stains.

R and L15 rotated distally (slightly)

Excessive wear on occlusal surface.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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.:

Thumb	1	2	Left Hand
IMPOSSIBLE TO OBTAIN			

Thumb	1	2	Right Hand
IMPOSSIBLE TO OBTAIN			

TOOTH CHART

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

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.