

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- 508, Plot BD,
Row 7, Grave 138, 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
explained
identifiable
6 Dec 48*

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Actg Asst Adj Gen

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Incl #47

Interred 8 Jan 48
H-4-15- USMC. St Laurent

DISINTERMENT DIRECTIVE

DOUGLAS A. MAC KENZIE
Capt. Inf. Cemetery Superintendent

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-000508~~

~~Q~~

DAY MONTH YEAR

CEMETERY

~~LA CANBE ISIGNY~~

~~0~~

DISPOSITION OF REMAINS

3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

~~BD 7 138 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-508 RANK Utd DATE OF DEATH 15 June, 1944 DATE DISTINTERRED 13 Nov, 1947

IDENTIFICATION TAG ON [] REMAINS [] MARKER ORGANIZATION UNKNOWN RELIGION Utd IDENTIFICATION VERIFIED BY JOHN H. CLARK 2nd Lt, GMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Wrapped only in Mattress Cover CONDITION OF REMAINS Badly Decomposed

OTHER MEANS OF IDENTIFICATION None FI 12M 49

MINOR DISCREPANCIES None

REMAINS PREPARED AND PLACED IN CASKET DATE 25 November, 1947 BY John A. Brickley

CASKET SEALED BY John A. Brickley EMBALMER (Signature) John A. Brickley

CASKET BOXED AND MARKED DATE 25 Nov 47 BY R. J. Hodge 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, 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 Pfc Bertis H. Kimmel	
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- 506

Cemetery Le Cambé, France.

Plot BD Row 7 Grave 138

Date reprocessed: 15 April 1947
1. ~~Actual date of recovery~~ (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</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>Remnants of.</u>		
Undershirt, Wool	<u>Remnants of.</u>		
Undershirt, Cotton		<u>Remnants of.</u>	
Trousers, HBT		<u>None</u>	
* Trousers, Wool OD		<u>None</u>	

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes (type) None

Overshoes None

Web Equipment None (type)

(Other item) Small piece of "Surgical Tube", Remnants of wool CD blanket.

(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 Est. 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 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 **20 1/2 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)

UTD

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 skeletal 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 received in advanced stage of decomposition.
Clothing found in debris.
No clothing marks found.
No burial report found.
Fluoroscopic report: Negative.
Small piece of surgical tube found.
Nothing found to warrant Chemical Laboratory Examination.
Case remains " 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.

Elsworth T. MacIntyre
 (Officer's Name)
 Elsworth T. MacIntyre
 Captain, QAC,
 Rank Service

Central Identification Point
 (Organization)

X-508

La Cambe, France

Plot: BD Row: 7 Grave: 38

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

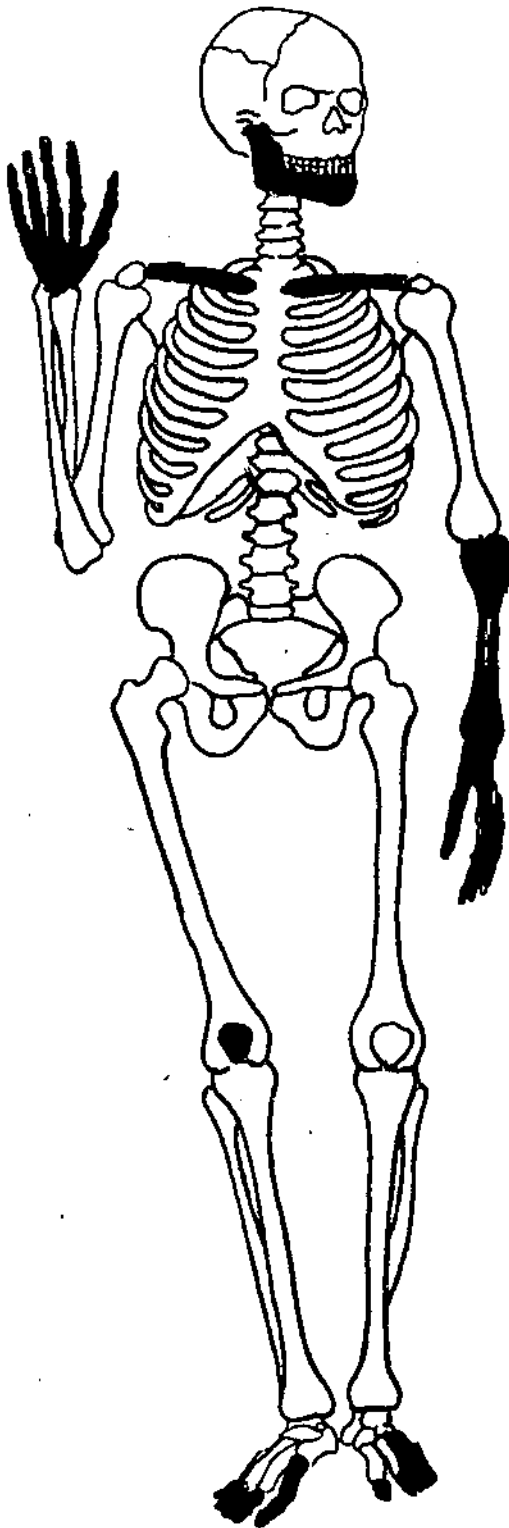


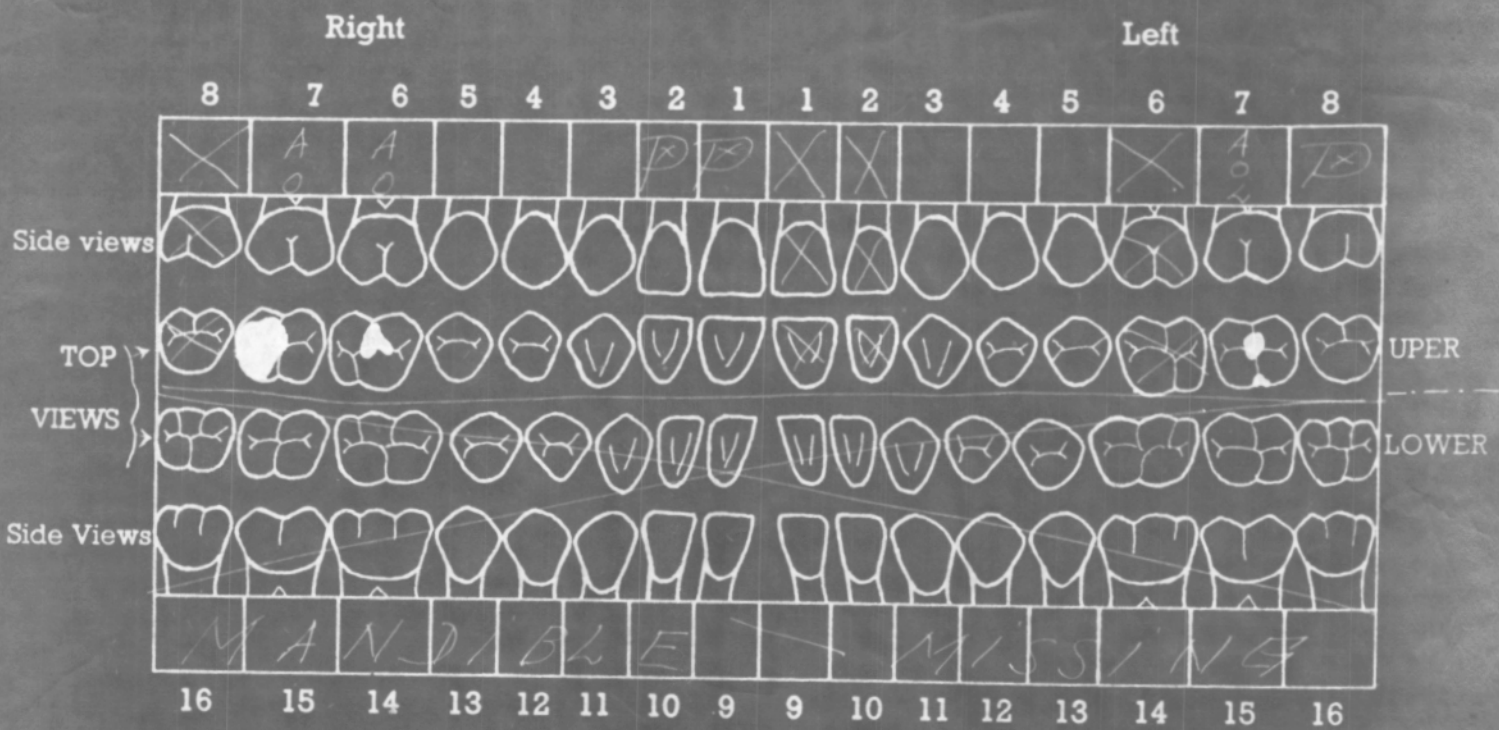
CHART "A"

TOOTH CHART

15 April 1947
 Date

Unknown X-508

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), 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.

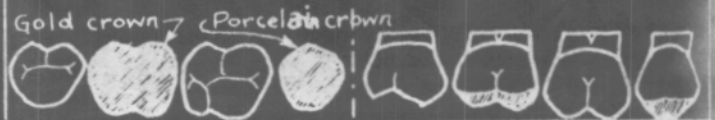
Raymond T. Quish
 Signature of Officer or other person who prepared Tooth chart

Ellsworth T. Mac Intyre
 Verified by G. R. S. Officer
 Ellsworth T. Mac Intyre Captain, QMC, C.I.P.

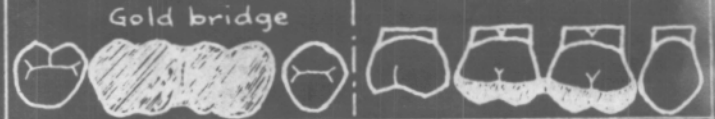
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



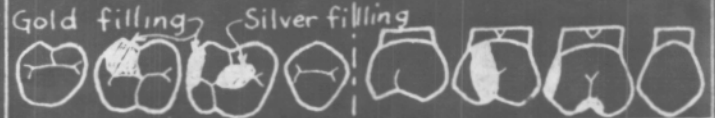
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



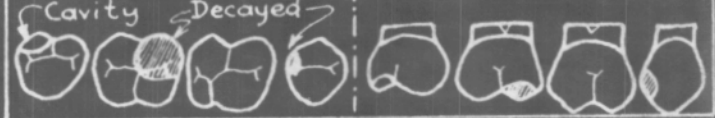
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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 1, 2, L 3, 4, 5, 8.
 Spaces - Est. socket of R 1-L 3 socket 11 mm Est.
 Appearance of a fracture after death between this space.
 Spaces- L 5 socket L 7 5mm. Est.
 Socket of L 5 appears rotated 1/8 of a turn distally.
 Teeth are normal size, white, alignment fair.
 R 7 chipped off occlusally but filling is obvious.

h

364.

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

7-2-62 H.W.

27 January 1945

Date

UNKNOWN	X-508	Unk	Unk
(American)	Unit	T-141	78117
Unk	15 June 1944	Unk	
1415 hrs 27 Jan 1945	La Cambe	T552-881	
138	7	BD	Temp wooden cross
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 One GRS tag One GRS tag
How were remains identified?

Impossible to identify. Originally buried by a British GR unit, Available information furnished by British and M. Pain, Secretary to Mayor, Hermanville.

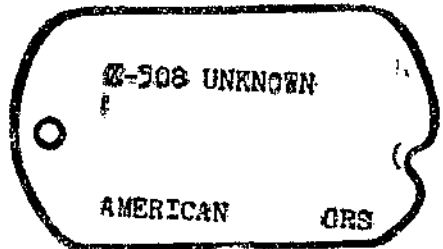
What means of identification were buried with the body?

One GRS ident tag

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

Who is buried on:	F. J.			
Deceased's Right:	Mangiolomini	12006242	Unk	1st Div
	J. J.			139
Deceased's Left:	Faughn	Unk	Unk	USN
				137
	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:

None

REBURIA

Hermanville
Previously buried in British Cemetery
Hermanville, Calvados, France.

Plot----- Row -----Grav -----

Signature of Officer or other person reporting burial

Howard Hermling
Verified by G. B. Officer
HOWARD HERMLING, 2d Lt QMC.

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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: Unk Laundry Marks: None
 Weight: Unk Number of Rifle: Unk
 Color of Eyes: Unk Wear Glasses? Unk
 Color of Hair: Unk Is Tooth Chart Attached? Not obtainable.
 Race: Unk

(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.

Body in bad state of decomposition.
 Impossible to obtain either tooth chart or fingerprints. Shoes missing & clothes deteriorated beyond recognition. Advanced stage of decomposition make it impossible to judge height or weight with any accuracy.

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

None

Impossible to obtain

Impossible to obtain

Left Hand

Thumb

Right Hand

Thumb

TOOTH CHART

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

Impossible to obtain

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.