

7887 GRAVES DETACHMENT

943 unk La Cambie X-524 APO 757 *me*

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-524, LA CAMBE

(POC) ST LAURENT

*File
27 Feb 57
H Mark*

CHECK LIST OF UNKNOWN
 (to be completely filled out and attached to
 each copy of Report of Interment WD QMC
 Form 1042)

Unknown X-524
 Cemetery La Cambe
 Plot H Row 2 Grave 46

1. Arrived at cemetery 1300 9 Feb 46
 (Hour) (Date)
2. Place of death Unknown
 (Name of closest town) (coordinates and letter
 Prefex, map)

Sheet, scale and serials used.

3. Remains recovered or disinterred by Theodore T. Edwards
 (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	Color	Indicate usual markings wear, tear, repairs.
*Headgear (type)		None		
RAINcoat		None		
Overcoat		None		
Jacket, Field		None		
Jacket, Combat		None		
Mackinaw		None		
Sweater		None		
Jacket, HBT		None		
*Shirt, Wool, OD		None		
Undershirt, Wool		None		
Undershirt, Cotton		None		
Trousers HBT		None		
*Trousers, Wool OD		None		

27 Feb 47
H. B. ...

Belt, Web None

Drawers, Wool NONE

Drawers, Cotton None

Leggings, Wool None (Note unusual lacing)

Socks, Cotton None

*Shoes (type) None

Overshoes None

Web Equipment - (type) None

(Other Item) One Sleeping Bag

(Other Item)

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

6. Chevrons or Insignia None
(type & location; shirt, jacket, coat, helmet)
- Shoulder Patch None
7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces Impossible to determine from remains

8. Description of Remains:

Age _____ Height _____ Weight _____ Description of wounds _____

Bandages or dressings _____ Scars _____
(Length, width, location)

Tattoos

(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks _____
(yes-no; description, location)

Sunburn or tan, other than hands & face _____

Complexion _____
(light, med. dark, clear, pimples, pocks, freckles)

Build _____
(large, fat, thin, muscular)

Hair _____
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair _____
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache _____ Beard or Goatee _____
(color, setting, shape) (color, size, shape)

(length, heavy, light, color, extent)

Eyes _____ Eyebrows _____ &
(color, setting, shape) (color, bushiness, extent across nose)

Nose _____ Ears _____
(size, shape, straight) (size, set close to or far from head)

Mouth _____ Lips _____
(large, medium, small) (small, large, full)

Teeth _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin _____
(prominent, receding, pointed, dimple, double)

Jaw _____ Circumference of head in inches _____
(large, small, normal) (hat band)

Neck _____ Larynx _____
(size, length, short, normal, wrinkled) (prominent, normal)

Shoulders _____ Arms _____
(broad, straight, small, rounded) (length, muscular, color)

(extent and quantity of hair)

Hands _____

Fingers _____
(short, thick, long, slender, size of knuckles, missing fingers or

Joints) _____
(Unusual characteristics of fingernails)

Chest _____ Waist _____
(quantity & extent of hair) (size of navel, appendectomy, amount

quantity & color of hair) _____ Circumcision _____ Public Hair _____
(yes-no) (color)

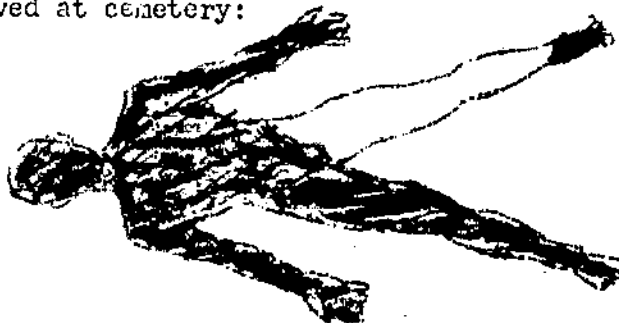
Hernioplasty _____
(yes-no; location)

Legs _____
(inseam, muscular, knock-kneed, bowed normal, quantity, color & extent
of hair)

Feet _____ Toes _____
(sizes, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures _____
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery:



10. Have fingerprints been placed on Report of Interment _____
(yes-no)
If not, explain _____

11. Has tooth chart been prepared _____ If not, explain _____
(yes-no)

12. Remarks: Only the left leg present, wrapped in a sleeping bag,
portion of leg wrapped within a sleeping bag.

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.

THEODORE T. EDWARDS
THEODORE T. EDWARDS
Officers Name

American Civilian Embalmer
Rank Service
Western France Sector (v)
Organization

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- ²⁴³524, Plot H,
Row 3, Grave 46, 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 Adjn Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

*File
George
Adjn Gen
6/2/48*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY


22 NOV 1948
Date

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Memorial Division
Washington 25, D.C.

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FOR THE COMMANDING GENERAL :


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

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

Incl #49

1

Interred 21 January 1949

G-2-31- USMC. St Laurent

DISINTERMENT DIRECTIVE

C. H. HIEMSTRA
1st 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		SERIAL NUMBER X-000524	RANK 10	ARM 0	DATE OF DEATH DAY MONTH YEAR 15 10 47
CEMETERY LA CAMBE ISIGNY					DISPOSITION OF REMAINS CODE DIST. PT. 3505 80
PLOT H	ROW 3	GRAVE 46	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 X-524	SERIAL NUMBER Utd	RANK Utd	DATE OF DEATH 25 June 44	DATE DISTINTERRED 19 Nov 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION Utd	IDENTIFICATION VERIFIED BY R.W. GANSFL, 1st LT QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Wrapped in Mattress Cover	CONDITION OF REMAINS Badly Decomposed
OTHER MEANS OF IDENTIFICATION None	

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE **1 Dec 47** BY **John A. Brickley**

CASKET SEALED BY John A. Brickley	EMBALMER (Signature) <i>John A. Brickley</i>
---	---

CASKET BOXED AND MARKED DATE 1 Dec 47 BY R.J. Hodge	SHIPPING ADDRESS VERIFIED BY JAMES A. HOOVIER, 1st LT, INF
--	--

Handwritten stamp and signature

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. Hoovier
JAMES A. HOOVIER, 1st LT, INF
SIGNATURE OF GRS INSPECTOR

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

Handwritten mark

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Cambe		TO Casketing Pt. B, ^{St Laurent} 14444444	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pls. Bert H. Kimmel	
SIGNATURE OF SHIPPER <i>W. Dalley</i>	DATE 28 Nov 47	SIGNATURE OF RECEIVER <i>H.F. Hill</i>	DATE 28 Nov 47
T. DALLEY, CAPT. QMC		H.F. HILL, CAPT. QMC	

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

293 Unknown France - 524 (La Cambe)

RRE

1st Ind

JEMc/HA/gh

Hq, American Graves Registration Command, ETA, APO 887, US Army 9 Sept 46

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

1. Reference request contained in para. 3 above you are hereby advised that reburials were previously made and corrected Reports of Burial submitted to your headquarters on Letter of Transmittal #1862 (Unknown X-524 previously buried as GARDNER, Cadmus in La Cambe, H-1-1 and reburied in H-3-46 as Unknown X-524) and Letter of Transmittal #1872 (GARDNER, Cadmus previously buried as Unknown X-102 in La Cambe, H-3-46; identified by fingerprints and reburied in La Cambe H-1-1).

2. Reference para. 1 above Unknown X-523 has been identified as Major Leon B. TEMPLE, O-386846 and is buried in La Cambe, H-1-7.

FOR THE COMMANDING OFFICER:

Joseph E. McCluskey
JOSEPH E. McCLUSKEY
2nd Lt., Inf
Actg Asst Adj Gen

21	22	23	24	1	2	3
20	- OUT -					4
19	22016					5
18	1 SF-1					6
17	A G R					7
16	APO 887					8
15	14	13	12	11	10	9

file
5-23-47
Shura
5 sent

293
Unknown
524
France
La Cambe



RECORDS AND
MEMORANDUM DIVISION
SEP 18 12 36 PM '46



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO ⁵²⁴ ~~SPQYG 293~~
~~Unknown X-523~~
La Cambe, France

21 August 1946

SUBJECT: Identification of Unknown Deceased

TO : Commanding General, American Graves Registration Command
European Theater Area, Versailles, France, APO 887, c/o
Postmaster New York, New York

1. Reference is made to corrected Report of Burial for Unknown X-523, La Cambe Cemetery, France, Plot H, Row 1, Grave 1, dated 12 October 1945.

2. Attention is invited to letter this office under date of 23 April 1945, File SPQYG 293, Unknown 21957 France, which states that the remains of Unknown X-102, Plot H, Row 3, Grave 46, had been identified by fingerprints as those of Pfc Cadmus B. Gardner, 35479428, Infantry and that a Report of Burial (#15399) had been received covering burial of Pfc Gardner in Plot H, Row 1, Grave 1, identified by unit Commander. Attention is further invited to 10th Indorsement to basic communication, File GRS, La Cambe H-3-46, dated 19 September 1945, paragraph 3.

3. It is requested that the remains buried in Plot H, Row 3, Grave 46, identified as Pfc Gardner by fingerprints be disinterred and reburied in Plot H, Row 1, Grave 1 and that the remains now buried in Plot H, Row 1, Grave 1 as unknown X-523 be disinterred and reburied in Plot H, Row 3, Grave 46 and designated X-523. This action is necessary in view of the fact that the family of Pfc Gardner has been notified of the burial location in Plot H, Row 1, Grave 1.

FOR THE QUARTERMASTER GENERAL:

James C. MacFarland
JAMES C. MacFARLAND
Major, QMC
Assistant

*This should be X-524 as
X-523 was ident as Tangle in
another grave. This is a
Typo error*

*File
5-27-47
The man
3 sent*

MAIL & RECORDS BRANCH
OTOLMGT

NOV 22 11 30 AM '63

CMQYG 293
Unknown X-523
La Cambe, France

*293 Unknown France 4-523
(La Cambe)*

21 August 1946

SUBJECT: Identification of Unknown Deceased

TO : Commanding General, American Graves Registration Command
European Theater Area, Versailles, France, APO 887, c/o
Postmaster New York, New York

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FOR THE QUARTERMASTER GENERAL:

*Callers went out incorrectly
They should be X-524 or 523
was ident in another grave.*

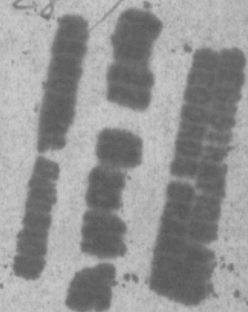
JAMES C. MacFARLAND
Major, QMC
Assistant

SEP 22 11 20 AM '46
MAIL & RECORDS BRANCH

293 Gardner, Cadmus B.

(35,479,428)

*293 Unknown France 4-523
(La Cambe)*



aem

DT

IDENTIFICATION CHECK LIST

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

Unknown X-524
Cemetery La Cambé, France
Plot H Row 3 Grave 46

- Date reprocessed**
1. ~~Arrived at cemetery~~ 16 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,
(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>Remnants of sleeve.</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</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~~ one (1) white wool and one (1) wool O.D.

* Shoes None(type)

Overshoes None

Web Equipment (type) None

(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 5'9 1/2" 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 None found
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin Utd
 (Prominent, receding, pointed, dimples, double)

Jaw Utd Circumference of head in inches Missing
 (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? No If not, explain None found.
(Yes-no)

9. Remarks Remains recovered in mattress cover. Clothing found in debris. No clothing marks found. No burial report found. Fluoroscopic Report negative. Estimated weight of remains 25 Lbs. 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 OMC
Rank Service

Central Identification Point.
(Organization)

X-524
La Cambre France
Plot H Row 3 Grave 46.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

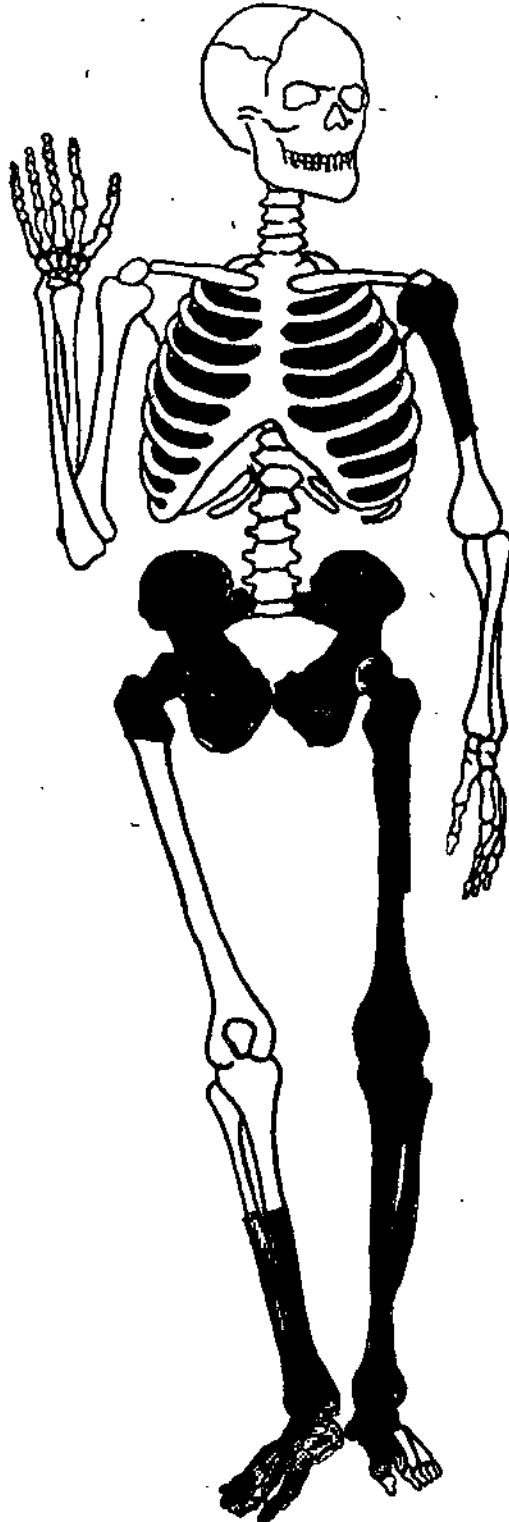
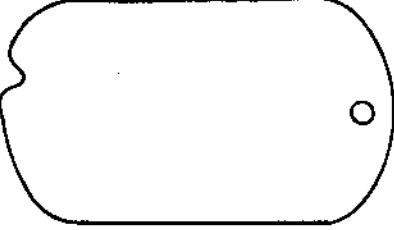
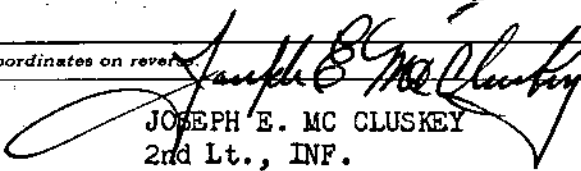

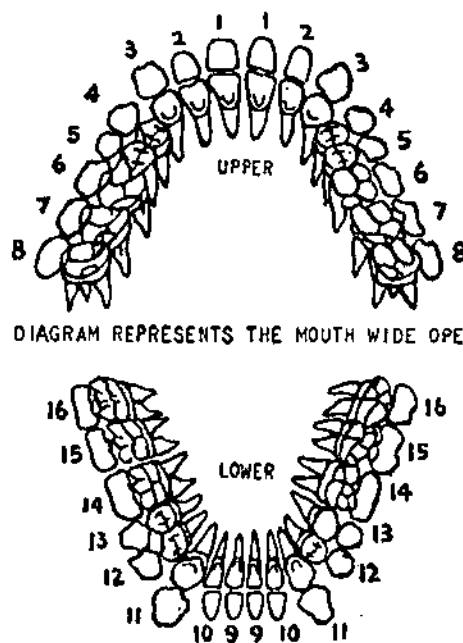




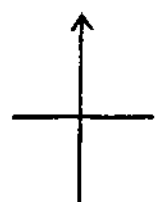

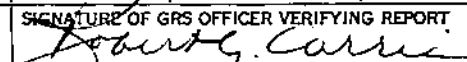



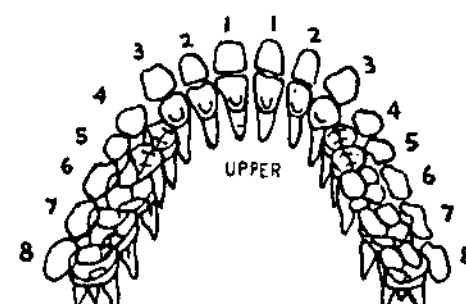




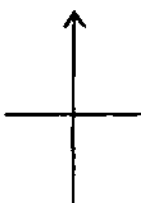
CHART "A"

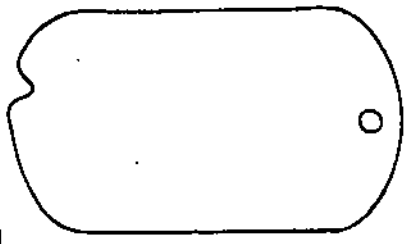

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 9 Feb 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL No.		
		X-524		Unk		
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
Unk						
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
	Unk					
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH				
29th Combat Area	Direct Hit - 88	25 June 44				
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Unk						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
None		Previously Identified as Gardner, Cadmus Baird 35479428 and changed to Unk X-524 per order Ltr GRS (La Cambe H-3-46) 19 Sept 45, Par 3, 10th Indorsement.				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
None- body and clothes blown apart						
A TRUE COPY						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
La Cambe Cemetery		T-558881				
 JOSEPH E. MC CLUSKEY 2nd Lt., INF.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
9 Feb 1946	1400		Cross	H	3	46
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	Reburied from La Cambe Cemetery H-1-1					
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
			GRS Tag made at La Cambe Cemetery buried with body and attached to marker.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
No	No					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Kelly			Pfc	33175278	115 Inf Rgt	45
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Lynn			Pfc	33043472	116 Inf Regt	47
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
			/s/t/ ROBERT G. CARRIE, Capt. QMC			

RESTRICTED


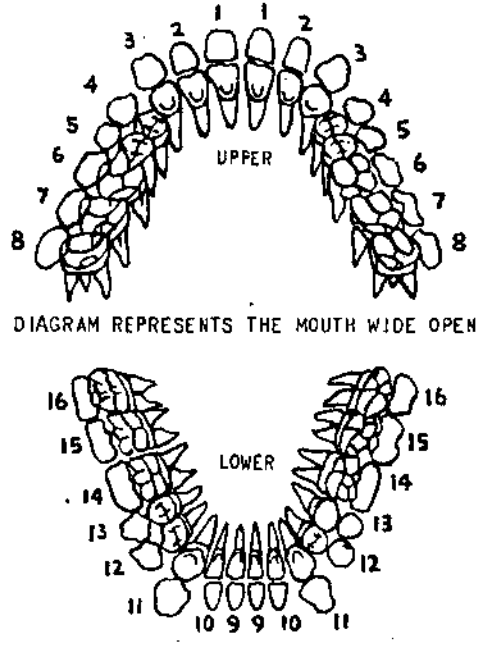




	Section UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT MIDDLE FINGER	BIRTHMARKS, SCARS, OR TATTOOS			
LEFT INDEX FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT THUMB	OTHER IDENTIFICATION CLUES			
RIGHT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT INDEX FINGER	CAVITIES  CAVITY DECAYED			
RIGHT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT RING FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT LITTLE FINGER	BRIDGE WORK  GOLD BRIDGE			
REMARKS:	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: right; margin-right: 50px;">  </div>			

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Superceded GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 19 Feb 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) X-524			SERIAL No. Unk		
		GRADE Unk		ORGANIZATION	BRANCH OF SERVICE		
		RACE	RELIGION unk		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH 29th Combat Area		CAUSE OF DEATH Direct Hit - 88			DATE OF DEATH 25 June 44		
EMERGENCY ADDRESSEE (Name, relationship, and address) unk							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Previously Identified as Gardner, Cadmus Baird 35479428 and changed to Unk X-524 per order Ltr GRS (La Cambe H-3-46) 19 Sept 45, Par 3, 10th Indorsement.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None - body and clothes blown apart.							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY La Cambe Cemetery T-558881							
DATE OF BURIAL 19 Feb 1946	HOUR 1400	BURIED IN (Shroud, blanket, or name of other)		TYPE OF GRAVE MARKER Cross	PLOT No. H	ROW No. 3	GRAVE No. 46
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Reburied from: La Cambe Cemetery H-1-1						
		PLOT No. H	ROW No. 1	GRAVE No. 1			
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY GRS Tag made at La Cambe Cemetery buried with body and attached to marker.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Kelly			RANK Pfc	SERIAL No. 33175278	ORGANIZATION 115 Inf	GRAVE No. Rgt 45	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Lynn			RANK Pfc	SERIAL No. 33043472	ORGANIZATION 116 Inf	GRAVE No. Rgt 47	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT  ROBERT G. CARRIE, Capt, OMC				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

	Section UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
LEFT INDEX FINGER 1	OTHER IDENTIFICATION CLUES			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
	REMARKS:			

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 19 Feb 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) X-524			SERIAL No. Unk	
GRADE Unk		ORGANIZATION		BRANCH OF SERVICE		
RACE		RELIGION unk		IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY		
PLACE OF DEATH 29th Combat Area		CAUSE OF DEATH Direct Hit - 88		DATE OF DEATH 25 June 44		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p style="text-align: center;">unk</p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Previously Identified as Gardner, Cadmus Baird 35479428 and changed to Unk X-524 per order Ltr GRS (La Cambe H-3-46) 19 Sept 45, Par 3, 10th Indorsement.				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)		LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;">None - body and clothes blown apart.</p>				
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p style="text-align: center;">La Cambe Cemetery T-558881</p>						
DATE OF BURIAL 19 Feb 1946		HOUR 1400		BURIED IN (Shroud, blanket, or name of other)		
TYPE OF GRAVE MARKER Cross		PLOT No. H		ROW No. 3		
GRAVE No. 46		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Reburied from La Cambe Cemetery H-1-1				
WAS THIS A REBURIAL? (Yes or no) Yes		PLOT No. H		ROW No. 1		
GRAVE No. 1		TYPE OF RELIGIOUS CEREMONY				
PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY GRS Tag made at La Cambe Cemetery buried with body and attached to marker.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No		BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Kelly		
RANK Pfc		SERIAL No. 33175278		ORGANIZATION 115 Inf Rgt 45		
GRAVE No. 45		BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Lynn				
RANK Pfc		SERIAL No. 33043472		ORGANIZATION 116 Inf Rgt 47		
GRAVE No.		SIGNATURE OF PERSON PREPARING REPORT				
SIGNATURE OF GRS OFFICER VERIFYING REPORT  ROBERT G. CARRIE, Capt, QMC		DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.				

205
MAN-
10-43997-1

	Section IDENTIFIED REMAINS.	<p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>				
LEFT LITTLE FINGER	LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	LEFT INDEX FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
OTHER IDENTIFICATION CLUES						
LEFT THUMB	RIGHT THUMB	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>		
LEFT INDEX FINGER	RIGHT INDEX FINGER	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>				
LEFT MIDDLE FINGER	RIGHT MIDDLE FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>				
LEFT RING FINGER	RIGHT RING FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>				
LEFT LITTLE FINGER	RIGHT LITTLE FINGER	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>				
REMARKS:						

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

12 October 1945

X-524 (Togo school)

X-523

Unk.

Date

Unk.

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
29th Combat Area		25 June 1944		Direct Hit - 88
Place of Death		Date of Death		Cause of Death
a/a 26 June 1944 (Est)		La Cambe Cemetery		T-558881
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location
1		H		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
How were remains identified?

*> This should be X-524 (523 was dead as a result of E-1-7 to casualty)
> Cadmus Gardner was re-interred into H-11
> X-524 - now interred in H-3-46. See report of interment attached*

What means of identification were buried with the body? **GRS Tag made at La Cambe Cemetery**
buried with body and attached to marker.

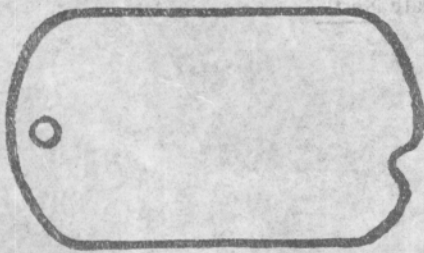
Previously Identified as Gardner, Cadmus Baird 35479428 and changed to Unk. X-523 per order Ltr, GRS (La Cambe H-3-46) 19 Sept. 45, Par 3, 10th Indorsement.

Who is buried on:

Deceased's Right: Chevalier, A 31388986 Unk. Organization 2
Name Serial No. Rank Organization Grave No.

Deceased's Left: _____
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

Unk. _____
Address

Religion Unk.

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

None - body & clothes blown apart.

Thomas W. Parsons

Signature of Officer or other person reporting burial
THOMAS W. PARSONS

2nd Lt. INF

Verified by G.R.S. Officer

June 12

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 Rifles:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

If possible, have dental personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below. In space below, locate, and describe any scars, lacerations, moles, deformities, etc.

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

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
--	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

Indicated missing natural teeth by X; crowns by C; fillings by F; Bridges by B; missing artificial teeth, replacements by artificial teeth.

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.