

Interred 2 February 1949
E-2-16 ST JAMES
H.F. Hill
H.F. HILL CAPT U.S. ARMY
C.M. SUPP.

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3543 00003

DATE
15 04 48
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-000013 RANK ARM Q DATE OF DEATH DAY MONTH YEAR

CEMETERY LE CHENE GUERIN - PERCY DISPOSITION OF REMAINS 3504 80 CODE DIST. PT.

PLOT B ROW 3 GRAVE 54 COUNTRY FRANCE CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. JAMES, FRANCE
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN SERIAL NUMBER X-000013 RANK UNK DATE OF DEATH UNK DATE DISTINTERRED 10 June 1948

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION UNKNOWN RELIGION UNK. IDENTIFICATION VERIFIED BY JOHN M PEACOCK, EMBALMER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL mattress cover, OD blanket CONDITION OF REMAINS Skeletal form, multiple fractures

OTHER MEANS OF IDENTIFICATION GRS with remains, GRS with marker

MINOR DISCREPANCIES / None

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **transfer case**

DATE 10 June 1948 BY JOHN M PEACOCK, EMBALMER

CASKET SEALED BY CHARLES F. BOYLE EMBALMER (Signature)

CASKET BOXED AND MARKED DATE 30 Sep 48 BY CHARLES F. BOYLE All markings, tags and plates verified by: H.F. Hill, CAPT. U.S. ARMY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. except casketing 12 MAY 1949

I certify that the entries on this form are true copies of the entries on Copy No. 4 of John D. Pagan, 1st Lt. GAV SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report GMC Form 1194a for major discrepancies of the persons whose names are typed hereon. James D. Nabers

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC LE CHIENE GUERIN		TO USMC ST. JAMES	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PVT TOPALI	
SIGNATURE OF SHIPPER J. H. CLARK, 1/Lt., QMC	DATE 12 Jul 48	SIGNATURE OF RECEIVER H. F. HILL, CAPT., QMC	DATE 12 Jul 48

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

14 December 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- ²⁴³ 13, Plot B, Row 3, Grave 54, USMC Le Chene Guerin 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. 2315, dated 21 January 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 31 DEC 1948 OQMG
Not identifiable from
information presently
available

NAN
FILE
gybaron
Admt Pt
31 Dec 48

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

14 December 1948
(Date)


SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X-13, Plot B
Row 3, Grave 54, USMC Le Chene Guerin 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. 2135, dated 21 January 1947.
No further information is available.

FOR THE COMMANDING GENERAL:


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

Received 31 DEC 1948 OQMG
Not identifiable from
information presently
available

Incl # 5

CHECK LIST OF UNKNOWN

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

Unknown X -13
Cemetery Le Chene Guerin
Plot B Row 3 Grave 54

Reprocessed

1. ~~Interred at cemetery~~ 2 December 1946
(Hour) (date)

2. Place of death _____
(Name of closest town) (ordinates and letter Prefex, 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		Indicate unusual markings	
	Markings	Sizes	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>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 (Note unusual lacing)

Socks, Cotton None

*Shoes (type) None

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.

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 Utd

8. Description of Remains:

Age Utd Height Utd Weight Utd Description of wounds Utd

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

Tattoos Utd
(Number, location — illustrate on sep. page)

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

Sunburn or tan, other than hands & face Utd

Complexion Utd
(light, med, dark, clear, pimples, pocks, freckles)

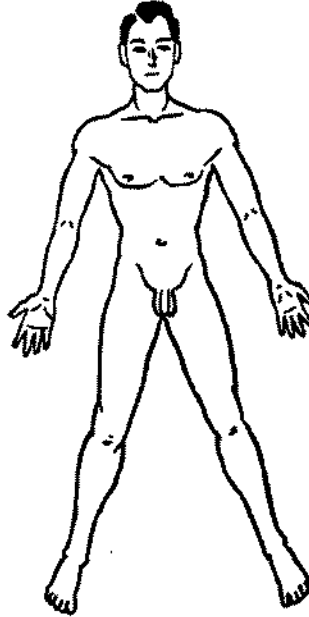
Build Utd
(large, fat, thin, muscular)

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

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

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

See attached chart



10. Have fingerprints been placed on Report of Interment No
Yes-no

If not, explain too decomposed

11. Has tooth chart been prepared Yes If not, explain
Yes-no

12. Remarks: Body wrapped in G.I. blanket, in last stages of decomposition, some flesh present. Estimated weight of remains: 50 lbs. No burial bottle found in grave. Fluoroscope shows right half of mandible with teeth. 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
ELLSWORTH T. MAC INTYRE

Officers Name

Captain

QAC

Rank

Service

Central Identification Point.
Organization

Sideburns Utd Mustache Utd Beard or Goatee Utd
 (color, setting, shape) (color, size, shape) (length, heavy, 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, extract)

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

Jaw Utd Circumference of head in inches Utd
 (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
 (unusual characteristics of fingernails)

Fingers Utd
 (sort, thick, long, slender, size of knuckles, missing fingers or joints)

(unusual characteristics of fingernails)

Chest Utd
 (size of nipples, color, quantity & extent of hair, large, small, normal)

Back Utd Waist Utd
 (quantity & extent of hair) (size of navel, appendectomy, amount)

(quantity & color of hair) Circumcision Utd Pubic hair Utd
 (yes-no) (color)

Hernioplasty Utd
 (yes-no; location)

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

Feet Utd Toes Utd
 (Size, corns, callouses, flat) (slender, straight, crooked, overlap)

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

X-13

Le Chene Guerin
Plot B, Row 3, Grave 54



TOOTH CHART

12 December 1946
Date

Unknown X - 13

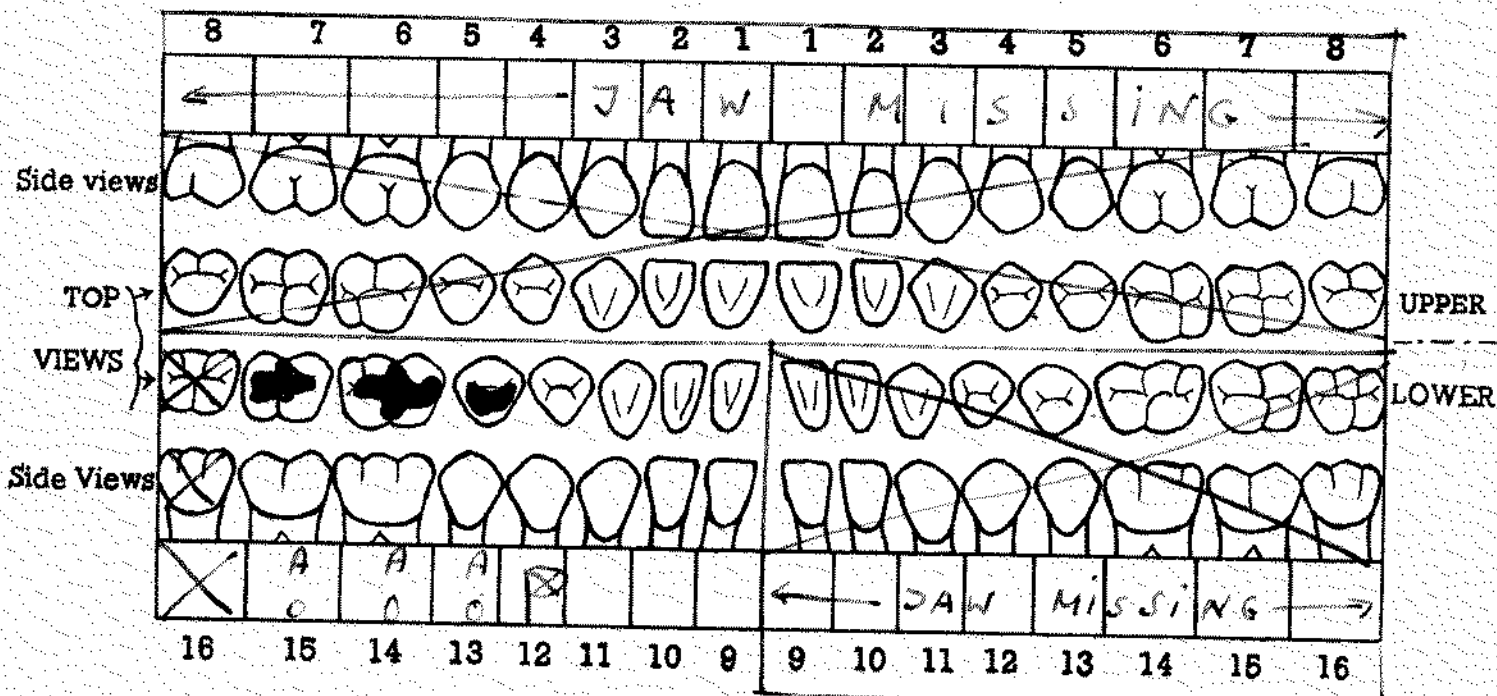
Last Name: Le Chene First: Guerin Initial: France Grade: _____ Serial No.: _____

Unit: Plot E, Row 3 Grave 54 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), 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.

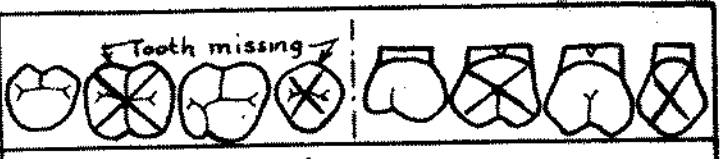




HUGH MUNRO, H. US WD Civilian

Signature of Officer or other person who prepared Tooth chart

Robert A. Salvador

Verified by G. P. [Signature]

ROBERT A. SALVADOR, Capt Inf

<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 :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>	

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

Complete maxilla is missing, Mandible from L 9 is missing.
 R 16 is missing before death. R 12 is posthumously missing.

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

22604
9 Aug st 1944
Date

X-13 UNKNOWN

Last Name	First	Initial	Rank	Serial No.
Unit 28th Combat Area Organization Unknown Body Charred				
Place of Death 1505 Date of Death 9 Aug 1944 Cause of Death 462-408				
Time and Date of Burial 54 Name of Cemetery LeChene-Guérin Name or Coordinates of Location 462-408				
Grave Number 54		Row Number 3		Plot Number B
				Type of Marker Stake

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags

How were remains identified?

Identification impossible because of body burned

What means of identification were buried with the body?

Embossed tag

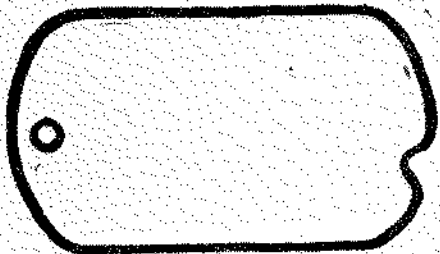
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Collison, J.M. 33636383 Pfc 53

Deceased's Left: Bryant, J. C. 34384810 55

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 None found on body

Address

Religion

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

NONE

65

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

E. H. HOSFORD
1ST LT. Q.M.C.

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: **Impossible To Determine**

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.

Body charred- head missing, also both arms. Legs- completely burned.

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

Body brought to GNS Collecting Point without knowledge of personnel

push up!

Right Hand

Thumb

TOOTH CHART

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

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.