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HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

7 FEB. 1949

Date

293  
Unknown France X-167 (St. James)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 167, Plot 0, Row 12, Grave 288, USMC ST. JAMES, 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. 2124, dated 27 DECEMBER 1946. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ GEORGE L. FREEMAN  
/t/

Received  
Not identifiable from  
information presently  
available

18 FEB 1949

QQMG

*Handwritten notes:*  
2/18/49  
C. E. Dewberry  
Supt. Br.



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RRE 293

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available OQMG

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

Incl #4

Reinterred 1 Dec  
G-10-14 St. James  
H.F. HILL, CAPT., GMC.  
Cem. Supt.

### DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3578 00083

DATE

15 01 48  
DAY MONTH YEAR

NAME

UNKNOWN X-000167

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST JAMES - AVRANCHES

DISPOSITION OF REMAINS

3504 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

0 12 288 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-000167

RANK

UTD

DATE OF DEATH

DATE DISTINTERRED

20 MAY 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS BOTTLE  
 MARKER GRS

UNKNOWN

UTD

VILAS K. SORENSON, Embalmer  
NAME AND TITLE

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

OD's

CONDITION OF REMAINS

Estimated 3 lbs. fragmented bones.

OTHER MEANS OF IDENTIFICATION

GRS Form No. 2 with remains.

MINOR DISCREPANCIES

None

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

DATE 24 May 1948

BY

Vilas K. Sorenson

CASKET SEALED BY

Thomas E. Jones

EMBALMER (Signature)

CASKET BOXED AND MARKED

IDENTIFICATION VERIFIED BY All markings, tags and plates verified by:

DATE 22/6/48 BY M.H. Noyes

WM. J. SMITH, 1/LT., CE.

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

I certify that the entries on this form are true

of the entries on Copy No. 4 of this Directive

which contains the signature

RAFAEL T. RUIZ, 1/LT., FA.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report if necessary for major discrepancies.

James F. Nabers  
Major Sub.

FILE  
RECORDS AND INDEXED  
DATE APR 17 1948  
RAGD 21-1-1948  
D & B R.

# RECORD OF CUSTODIAL TRANSFER

RECEIVED  
 BY [unclear]  
 DATE [unclear]  
 TIME [unclear]

## 1. SHIPPED

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

## 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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER [unclear]	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

# CHECK LIST OF UNKNOWN

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

Unknown X - 167  
Cemetery St. James - France  
Plot 0 Row 12 Grave 288

1. ~~Indicate cemetery~~ Reprocessed 20 Nov, 1946  
(Hour) (date)

2. Place of death .....  
(Name of closest town) (ordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains ~~removed~~ or disinterred ~~by~~ and reprocessed by Subordinate Identification  
(Name and organization) Point Carentan - 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 none

Overcoat none

Jacket, Field none

Jacket, Combat none

Mackinaw none

Sweater none

Jacket, HBT none

\*Shirt, Wool, OD none

Undershirt, Wool Remnants of,

Undershirt, Cotton none

Trousers HBT Remnants of,

\*Trousers, Wool OD Remnants of,

Belt. Web ..... none

Drawers. Wool ..... none

Drawers. Cotton ..... Remnants of,

Leggings. Wool ..... Remnants of, (Note unusual lacing) marked "3789"

Socks. Cotton ..... One (1) pair of woolen

\*Shoes (type) One (1) Service type, size 9½ G

Overshoes ..... none

Web Equipment (type) ..... M-1 cartridge belt

(Other item) ..... canteen cover

(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 .....  
 Ground Forces

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)

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

**Utd** (light, color, extent)

Eyes **Utd** (color, setting, shape)      Eyebrows **Utd** (color, bushiness, extent across nose)

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

Mouth **Utd** (large, medium, small)      Lips **Utd** (small, large, full)

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

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

Jaw **Utd** (large, small, normal)      Circumference of head in inches **missing** (hat band)

Neck **Utd** (size, length, short, normal, wrinkled)      Larynx **Utd** (prominent, normal)

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

**Utd** (extent and quantity of hair)

Hands **Utd**

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

**Utd** (unusual characteristics of fingernails)

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

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

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

Hernioplasty **Utd** (yes-no, location)

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

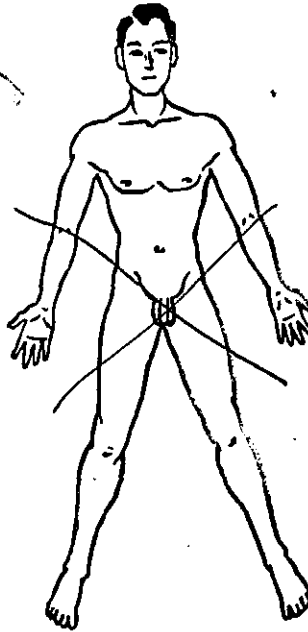
Feet **Utd** (Size, corns, callouses, flat)      Toes **Utd** (slender, straight, crooked, overlap)

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



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

See attached chart.



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

If not, explain missing

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

12. Remarks: Remains recovered wrapped in mattress cover. All flesh decomposed. Only fractured bones remain. UTD. height. See skeleton chart. Original burial bottle found. Cemetery cross did not have unknown number on it. Marking "3789" found on remnants of canvas legging. Fluoroscopic Examination not necessary. Nothing found to warrant Chemical Laboratory Examination. Estimated weight of remains recovered 9 lbs.

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.

*Robert A. Salvador*  
Officers Name

ROBERT A. SALVADOR

Captain Inf.

Rank

Service

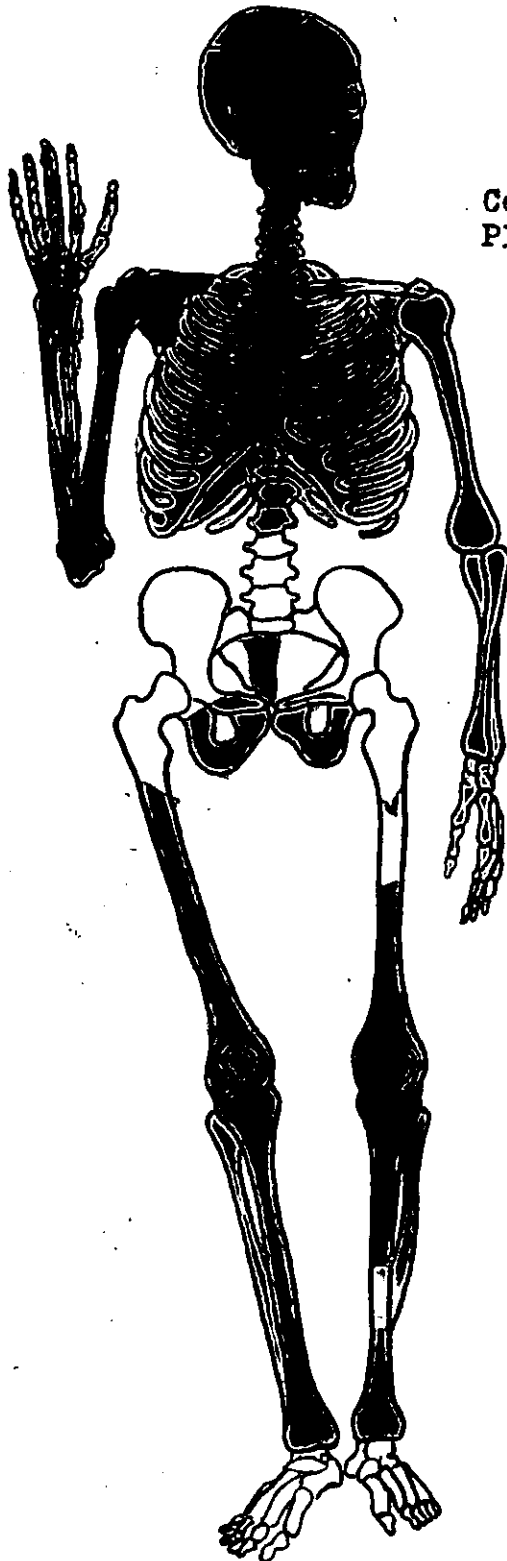
Central Identification Point

Organization

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X 167



Cemetery St. James, France  
Plot 0, Row 12, Grave 288

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

24107 11-10-48  
5 Nov. 1944  
Date

AMERICAN

<u>Unknown Soldier X-167</u>		<u>Unk.</u>	<u>Unk.</u>
Last Name	First	Rank	Serial No.
<u>Unk.</u>		<u>Unknown</u>	
Cord. 095-147 <sup>Unit</sup> Sheet 2/G <u>Ploudaniel, France</u>		<u>Unknown</u>	<u>KIA</u>
Place of Death		Date of Death	Cause of Death
<u>1500/ 5 Nov. 1944</u>		<u>St James, France</u>	<u>308-975</u>
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
<u>288</u>	<u>12</u>	<u>0</u>	<u>Cross</u>
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?

Body badly decomposed. Tooth charts and fingerprints unobtainable. Cross showed he was unidentified American. No other means of information available

What means of identification were buried with the body?

GR# 1

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

Who is buried on:

Deceased's Right:	<u>Unknown Soldier X-168</u>	<u>Unk</u>	<u>Unk</u>	<u>287</u>
	Name	Serial No.	Rank	Grave No.
Deceased's Left:	<u>Beauford, Edgar V.</u>	<u>34917440</u>	<u>Unknown</u>	<u>289</u>
	Name	Serial No.	Rank	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 \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Religion \_\_\_\_\_

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

None

*Alexander H. Tolson*  
\_\_\_\_\_  
Signature of officer or other person reporting burial  
Graves Registration Officer  
1st. Lt., QMC.

Verified by G.R.S. Officer

# 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				
3				
4				

Left Hand

Thumb				
1				
2				
3				
4				

Right Hand

## TOOTH CHART

		Deceased's Left													
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
		Deceased's Right													
		Upper													
		Lower													

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.