

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

7 FEB. 1949

Date

copy
293 unk France X-173 (St. James)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 173, Plot 0, Row 5, Grave 107, 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. 2158, dated 23 JANUARY 1947. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ GEORGE L. FREEMAN
/t/

Received 18 FEB 1949
Not identifiable from
information presently
available
OQMG

WAT
10/10/49
C.P. J. Donohue
20000000

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RRE 293


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FOR THE COMMANDING GENERAL:


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

Received 18 FEB 1949
Not identifiable from
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Incl #6

P. B. Dickson

FBI
M.K.

1 ✓

Interred 8 member 1948
I-6-12 ST JAMES
M.F. HILL CAPT QMC
GEN. SUPT.

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3578 00067

DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWNX-000173

SERIAL NUMBER

RANK

ARM
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
ST JAMES - AVRANCHES

DISPOSITION OF REMAINS
3504 80
CODE DIST. PT.

PLOT
0

ROW
5

GRAVE
107

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-173

RANK
UTD

DATE OF DEATH

DATE DISTINTERRED
25 May 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
UTD

IDENTIFICATION VERIFIED BY
M. H. McWhorter
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Mattress cover.

CONDITION OF REMAINS
Missing: R. ulna, r. humerus.
Missing: Lower extremities, r. radius.
Advanced decomposition. Fractured cranium.

OTHER MEANS OF IDENTIFICATION
GRS Form #1 w/remains. GRS tag on marker.

MINOR DISCREPANCIES
None.

REMAINS PREPARED AND PLACED IN **Transfer case.**

DATE **26 May 1948**
CASKET SEALED BY
Garrett J. Burke

BY **M. H. McWhorter**
EMBALMER (Signature)

DATE **24 Jun 48** BY **C. V. Morgant**

~~APPROX. ADDRESS / PREPARED BY~~ All tags, markings and plates verified by:
WILLIAM J. SMITH, 1st 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, on this form except casketing I certify that the entries on Copy No. 4 of this Disinterment Directive which contains the signature of RAFAEL T. RUIZ, 1st Lt, FB

NAT
FILE
RECORDS ANNOTATED
MAR 18 1949
SIGNATURE OF GRS INSPECTOR
NAME **Stuffer**
R & R DR.

Prepare Discrepancy Report GMC Form 1194a for major discrepancies.
James J. Nabors
Morgan, Sub.

RECORD OF CUSTODIAL TRANSFER

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		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

CHECK LIST OF UNKNOWN.

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

Unknown X -173
Cemetery St. James, France
Plot 0 Row 5 Grave 107

Reprocessed: 20 November 1946

1. ~~Arrived at cemetery~~
(Hour) (date)
2. Place of death
(Name of closest town) (ordinates and letter Prefex, maps)
- Sheet, scale and serials used.
3. Remains ~~recovered~~ 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>Remnants of</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>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers HBT	<u>None</u>		
*Trousers, Wool OD	<u>None</u>		

Belt, Web Remnants of

Drawers, Wool None

Drawers, Cotton None

Leggings, Wool None (Note unusual lacing)

Socks, Cotton None

*Shoes (type) None

Overshoes None

Web Equipment (type) Remnants of a M-1 cartridge belt

(Other item) Canteen cover and canteen cap.

(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: EST:

Age UTD Height 5'8 1/2" 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, 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 See Tooth Chart (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

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

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

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

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

(extent and quantity of hair)

Hands UTD

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

Circumcision UTD (yes-no) Pubic hair UTD (color)

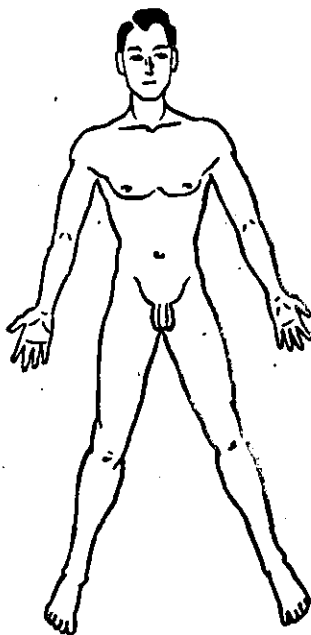
Hernioplasty UTD (yes-no, location)

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 Internment No
Yes-no

If not, explain hands missing

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

12. Remarks: Remains recovered wrapped in mattress-cover.
All flesh decomposed. Only few bones remain. (See Skeletal Chart).
Estimated weight of remains: 9 Lbs.
Fluoroscopic Report: negative.
Original burial bottle recovered.
No markings found on remnants of clothing.

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.

Chemical Laboratory Examination:
positive.
One (1) watch found "Hamilton"
stamped on case "ORD. DEPT."
"U.S.A. O.D. 35597" accomp.
papers as means of identification.

Ellsworth T. Mac Intyre
ELLSWORTH T. MAC INTYRE
Officers Name

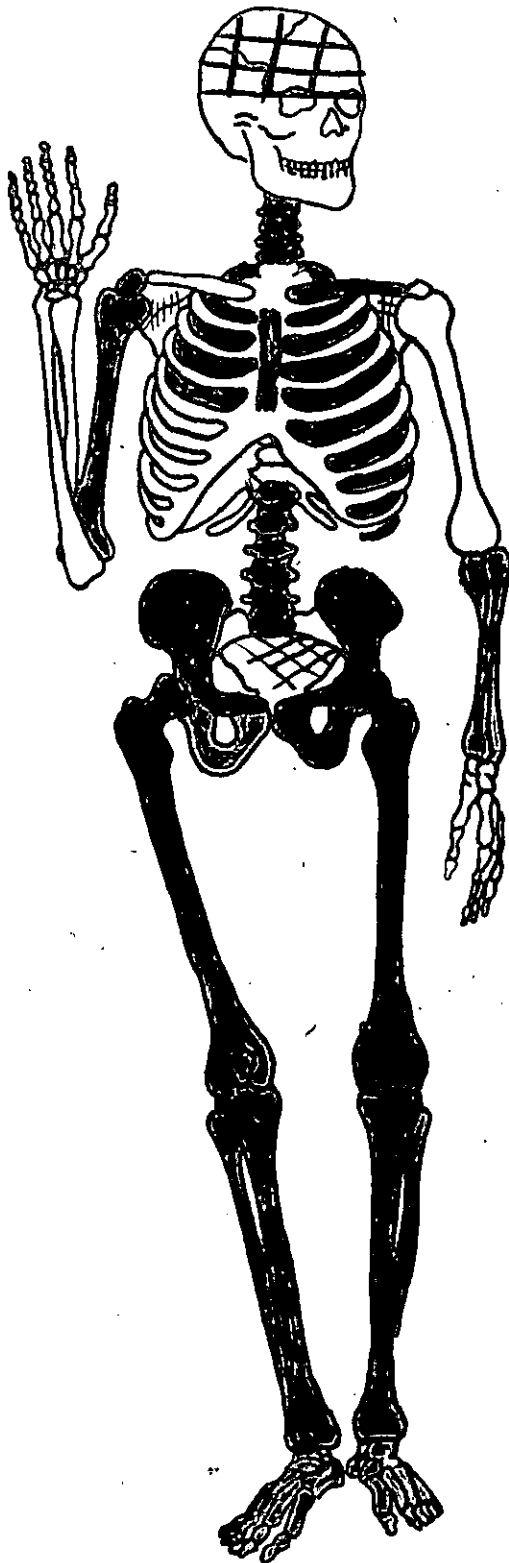
Captain, Q.M.C.
Rank Service

Central Identification Point
Organization

X-173

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



St. James, France

Plot: 0
Row: 5
Grave: 107

TOOTH CHART

20 November 1946

Date

Unknown X - 173

Last Name

First

Initial

Grade

Serial No.

St James France

Unit

Organization

Plot 0 Row 5 Grave 107

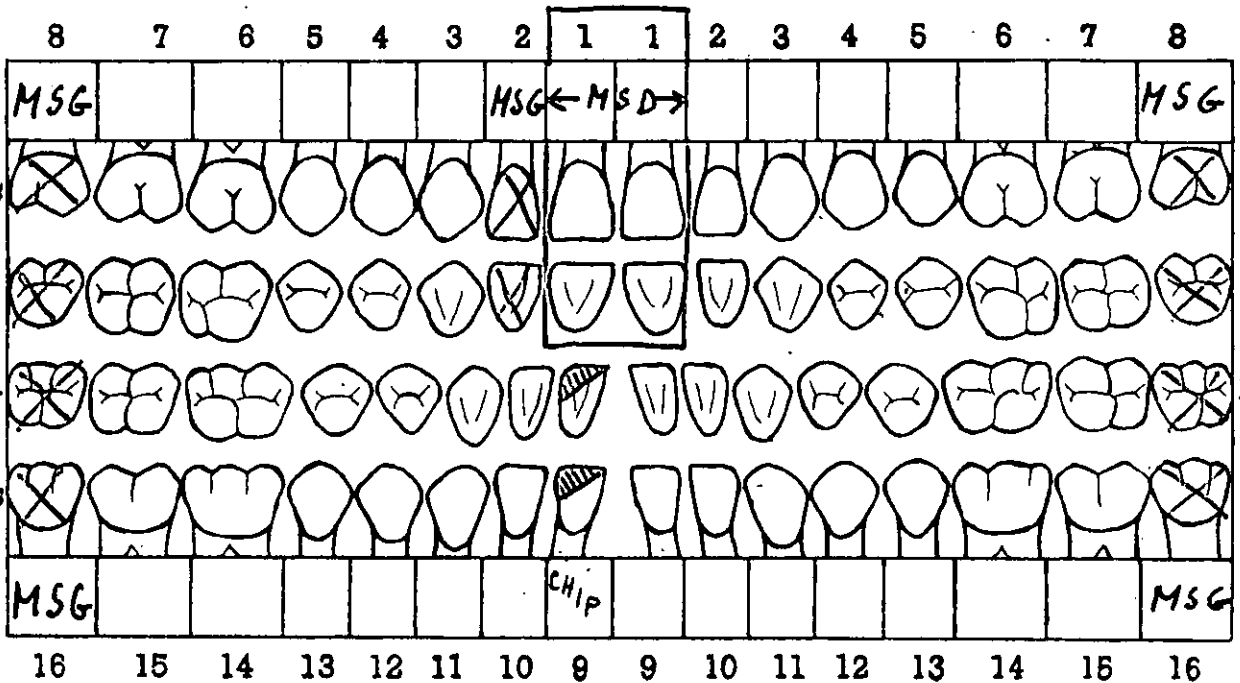
Place of Death

Date of Death

Cause of Death

Right

Left




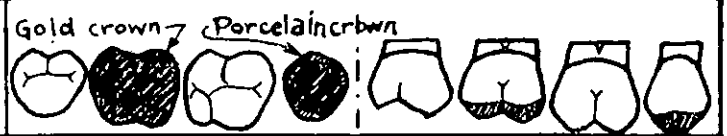
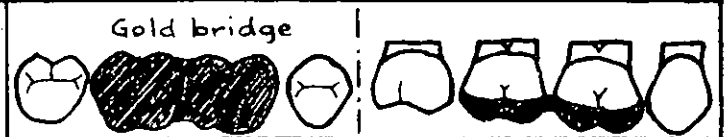
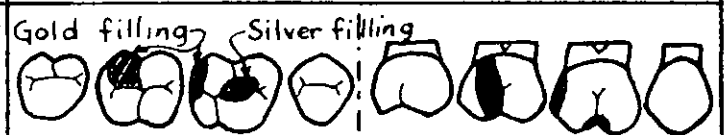
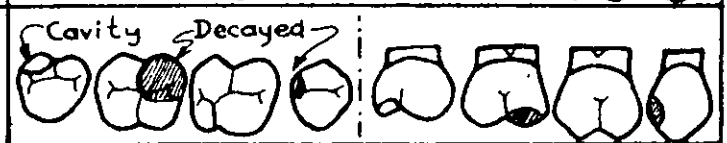
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), 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.

LAWRENCE DE SHAW US WD Civilian

Signature of Officer or other person who prepared Tooth chart

Robert A. Salvador

Verified by: G.R.C. Officer
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

Teeth are average size and are clean white color.
 They are straight and well aligned except for:
 R 9 and 10 L 9 and 10 which are crowded together.
 R 2 has been extracted.
 Teeth are in perfect condition and have no fillings.

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? NO
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.

ABOVE INFORMATION UNOBTAINABLE; ONLY HEAD AND ARM OF BODY WERE FOUND: TOOTH CHART AND FINGERPRINTS IMPOSSIBLE TO TAKE.

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

RIFLE BELT, CANTEEN BORE NO IDENTIFYING MARKINGS, NOR DID ASSAULT GAS MASK FOUND.

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

TOOTH CHART

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