

copy

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

7 FEB. 1949
Date

293 Unk France X-188 (St. James)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-188, Plot 0, Row 2, Grave 35, 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. 2566, dated 26 NOVEMBER 1947. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ GEORGE L. FREEMAN
/t/

Received
Not identifiable from
information presently
available
21 FEB 1949
OQMG

NAT
21 Feb. 49
C. E. Dewhaker
Adj. Dir.

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RRE 293

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

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Incl #9

1 ✓ Reentered 27 Jul 1949
 A-7-14 St JAMES
 John J. ANDREWS *John Andrews* DISINTERMENT DIRECTIVE
 1st Lt. Inf. CIC

SECTION A — NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER 3578 04427
 DATE 15 10 48
DAY MONTH YEAR

NAME UNKNOWNX - 000188
 SERIAL NUMBER GRADE ARM RACE RELIGION
 0 0 6

CEMETERY ST JAMES FRANCE
 PLOT ROW GRAVE DISPOSITION OF REMAINS
 0 2 35 3504 80
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN
 NAME AND ADDRESS OF CONSIGNEE ST. JAMES, FRANCE
 NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION
 NAME UNKNOWN X-188
 SERIAL NUMBER GRADE DATE OF DEATH 27 May 1948
 DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN UTD GARRETT J. BURKE, Emb
 MARKER NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT
 NATURE OF BURIAL OD, Uniform
 CONDITION OF REMAINS Advanced decomposition

OTHER MEANS OF IDENTIFICATION GRS Form #1 with corres name with remains
 Embossed plate on marker

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
 None

REMAINS PREPARED AND PLACED IN ~~CASKET~~ Transfer case
 DATE 27 May 1948 BY GARRETT J. BURKE

CASKET SEALED BY GARRETT J. BURKE
 EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY: All markings, tags
 and plates verified by:
 DATE 25/6/48 BY C.V. MORGANT William 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

J.F. MURRAY, Capt QMC
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
 FILE
 27 JUL 1949
 REPATRIATION BRANCH
 MED. DIV.
 I certify that the entries on this form are true copies of the entries on Copy No. 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

John J. Andrews
27 July

293 - Unk. 86881 - France (St. James)

Letter

21 Jun 46

FROM: OMBG
TO: AGO, WW II Rec Admn Center., St. Louis, Mo.
ATTEN: Clinical Records. Br.

SUBJ: Identification of Unk. Dec.

Walton *03559*
~~293 - Unk. X-188 France (St. James)~~

jm

293 - Unknown 86881 France (St. James)

Memo Routing Slip

24 May 1946

FROM: Mem. Div., OCMG, Identification Sec.
TO: World War II Records Admin. Center, AGO, St. Louis, Mo.

RE: Information required by Graves Registration.

Watson, James D 0-365595

NO TREATY RIGHTS UNDER THE 293 - Unknown I-188 (France) (St. James)

rtb

IDENTIFICATION CHECK LIST

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

KNOWN : WATSON, JAMES D.
O-365595

Unknown X NOV X-188
Cemetery St. James, France
Plot 0 Row 2 Grave 36
35

Date processed :

1. ~~11 September 1947~~ 11 September 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 Mobile Team, C.I.P., A.G.R.C.
(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>Remnants of one (1) "1945" type</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>Remnants of one (1) pair.</u>		

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

* Shoes (type) None

Overshoes None

Web Equipment (type) None

(Other item) Report of burial found in bottle in debris. (See copy)

(Other item) Watch chain as Personal Effects in debris.

* 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 UTD 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 Medium brown, 3" wavy.
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD
(Baldness, widow's 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 **21"**
(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)

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 **Brown**
(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 **UTD**
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

SEE ATTACHED SKELETAL CHART.

7. Have finger prints been placed on Report of Interment? NO (Yes-no)

If not, explain Fingers missing.

8. Has tooth chart been prepared? Yes If not, explain (Yes-no)

9. Remarks Case consists of badly decomposed body. All clothing with, but not on body. Report in burial (in bottle) found in debris (See copy). Bullet hole thru parietal, left. Fluoroscopic Examination not necessary. Nothing found to warrant Chemical Laboratory Examination. Present estimated weight of processed remains : 100 lbs. There is nothing to indicate that this deceased soldier is Capt. Watson.

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.

Ernest C. Gaddy
ERNEST C. GADDY
(Officer's Name)

C.W.O.
Rank

U.S.A.
Service

Central Identification Point.
(Organization)

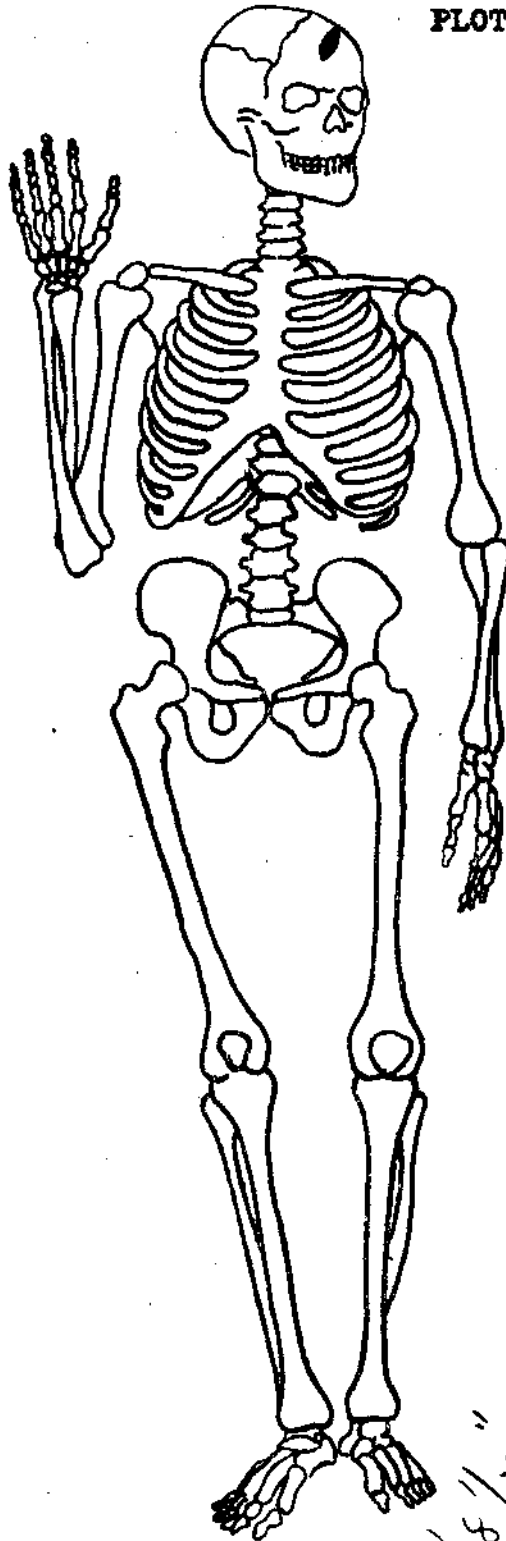
JAMES D. WATSON
J-365595

**SKELETAL CHART US MILITARY CEMETERY
ST. JAMES, FRANCE.**

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

PLOT : 0, ROW : 2, GRAVE

36



HUMERUS : 33.6 cm.

RADIUS : 25.5 cm.

ULNA : 27.7 cm.

FEMUR : 46.2 cm.

TIBIA : 38.1 cm.

FIBULA : 37.2 cm.

UTD Height

CHART "A"

JAMES D. WATSON
 O-365595
 US MILITARY CEMETERY
 ST. JAMES, FRANCE

PLOT : 0, ROW : 2, GRAVE : 36.

TOOTH CHART

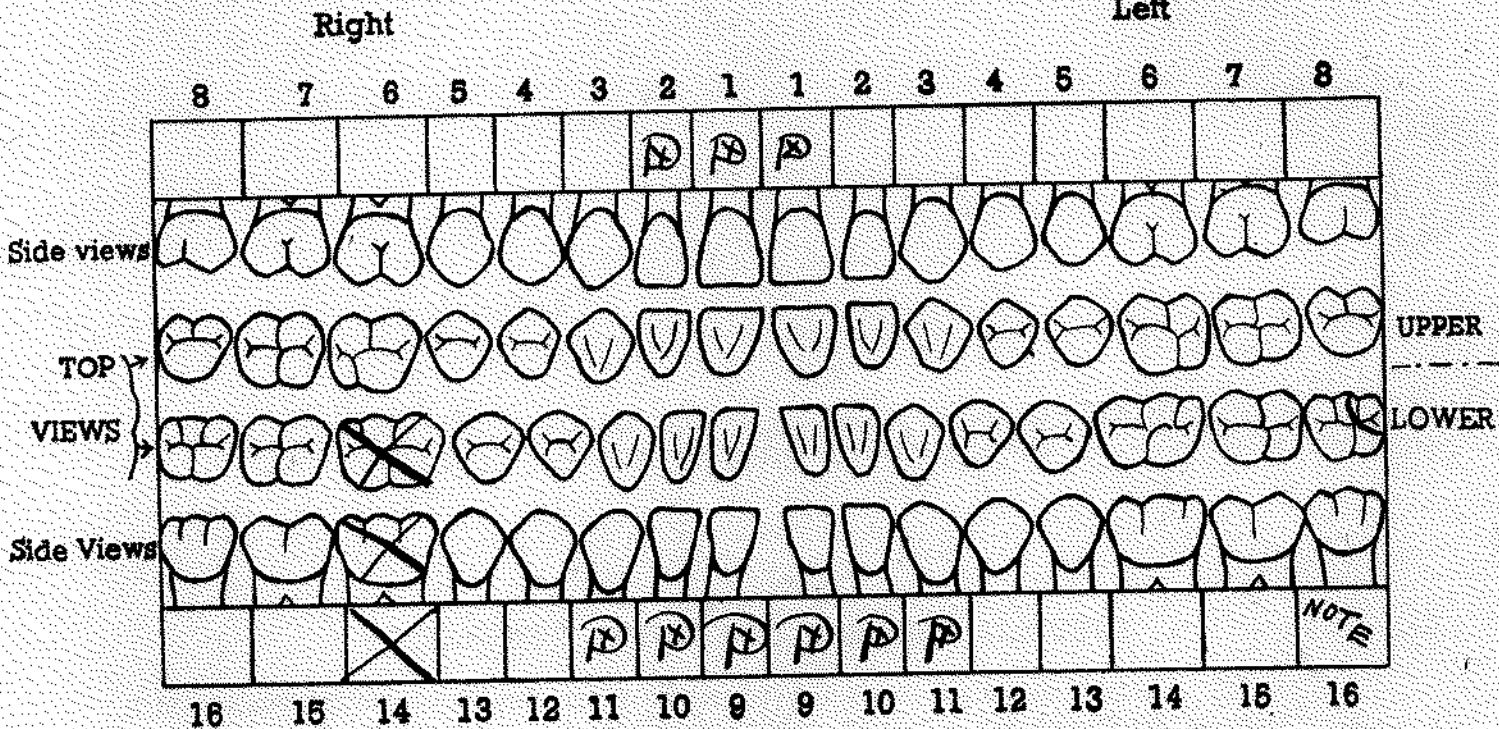
now X-188, Plot 0, Row 2,
 GRAVE 35.

11 September 1947

Date

X-188

WATSON	JAMES		Unknown	O-365595
Last Name	First	Initial	Grade	Serial No.
Unit			Organization	
Place of Death		Date of Death		Cause of Death






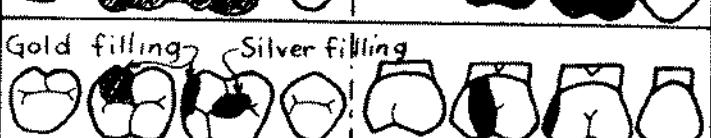

SEE REMARKS

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.

A CERTIFIED TRUE COPY:

Robert A. Salvador
 ROBERT A. SALVADOR
 Capt. Inf

/s/ Donald C. Herr M.D.
 Signature of Officer or other person who prepared Tooth chart
 /s/t/ ERNEST C. GADY CWO, USA, CIP.
 Verified by G. R. C. Officer

<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

Notes :

Cavity in I. 10, covering occlusal, lingual and distal surfaces indicates said tooth may have been previously filled.

REPORT OF BURIAL

TM 10-430 AND AR 30-1815

20 November 1947

Date

UNKNOWN X-188

Last Name: Unk. First: Unk. Initial: Unk. Rank: Unk. Serial No.: Unk.

Unit: Unk. Organization: Unk.

Place of Death: Area of Le Fret, Finistere, France Date of Death: Est. Aug. 44 Cause of Death: K.I.A.

Time and Date of Burial: 1440 1 March 45 Name of Cemetery: U.S. Military Cemetery St. James Name or Coordinates of Location: 308-975

Grave Number: 35 Row Number: 2 Plot Number: 0 Type of Marker: Cross

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

If No Identification Tags: How were remains identified? Previously buried as WATSON, James D. Capt. O-365595, Plot 0, Row 2, Grave 36.

Redesignated unknown per telephone instructions Hq AGRC, Burial Records Branch, 18 November 1947.

What means of identification were buried with the body?

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

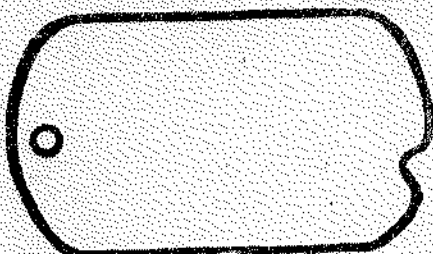
Who is buried on:

Deceased's Right: RIEGER Name, 0-519942 Serial No., 1st Lt. Rank, 66th Div Organization, 34 Grave No.

Deceased's Left: WATSON Name, 0-365595 Serial No., Capt. Rank, 95th Cav Ren Sq. Organization, 36 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: Unknown Name

Address:

Religion: Unknown

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

Bone

REBURIAL

Previously buried in isolated grave located at: LE FRET, France Sh.4/8 SE 923884

This corrected copy of Report of Burial, prepared in Headquarters Second Zone American Graves Registration Command.

G. E. Tomlinson
Signature of Officer or other person reporting burial
G. E. TOMLINSON
1st Lt. OMC,
Hq Second Zone

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:
- Weight:
- Color of Eyes:
- Color of Hair:
- Race:
- Laundry Marks:
- Number of Rifle:
- Wear Glasses?
- Is Tooth Chart Attached?

(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.:

Left Hand

4	3	2	1	Thumb
---	---	---	---	-------

Right Hand

4	3	2	1	Thumb
---	---	---	---	-------

TOOTH CHART

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