

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

17 Nov 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-²³65-, Plot A,
Row 3, Grave 45, USMC St. Laurent, 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. 2392, dated 13/8/47. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/

Received 23 Nov. 1948 OQMG
Not identifiable from
information presently
available

FILE 23 NOV 1948
7 AM
S. H. Hall
Sgt. BA
2d. Sect.

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Washington 25, D.C.

1. The records pertaining to Unknown A-65, Plot 0, Row 3, Grave 45, USM.C. St. Laurent, 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.
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FOR THE COMMANDING GENERAL :


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

Received 23 Nov. 1948
Not identifiable from
information presently
available OQMG

Incl # 30



1

Interred 30 November 1948

J-9-8- USMC. St Laurent

DOUGLAS A. MAC KENZIE

Capt. Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

*Douglas MacKenzie*SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3582 00000

DATE

10 09 47
DAY MONTH YEAR

NAME

UNKNOWN X-000065

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

~~ST LAURENT~~ BAVEUX

DISPOSITION OF REMAINS

3505 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

G 3 45 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-65

SERIAL NUMBER

Utd

RANK

Utd

DATE OF DEATH

6 June 1944

DATE DISTINTERRED

2 Oct 1947

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS MARKER

Utd

JOHN H. CLARK, 2d LT.
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

O.D. Blanket only

CONDITION OF REMAINS

Skeleton Form

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES / Arm of service corrected-Authority 355 (Hq,AGRC)

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 October 1947

BY

G.J. Burke

CASKET SEALED BY

G.J. Burke

EMBALMER (Signature)

G.J. Burke

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 6-10-47 BY Henry B. Albert

John W. Sharp

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

John W. Sharp

JOHN W. SHARP

1st LT., INF

SIGNATURE OF GRS INSPECTOR

RAT

FILE

RECORDS ANNOTATED

DATE APR 1 2 1948

NAME *[Signature]*

R & R BR.

RECORD OF CUSTODIAL TRANSFER

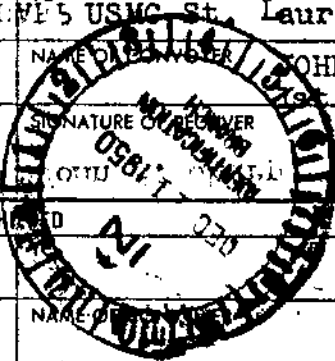
R F M 30

NY 12

TW 12

1. SHIPPED

FROM Casketing Point B, AGRC		TO 5 USMC St. Laurent, France	
KIND OF CONVEYANCE Hand		NAME OF CONVOYER JOHN W. SHARP LT., INF	
SIGNATURE OF SHIPPER JOHN W. SHARP, 1st Lt. Inf.	DATE 6 Oct 47	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

IDENTIFICATION CHECK LIST

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

Unknown X 65
Cemetery St. Laurent, FRANCE
Plot 0 Row 3 Grave 45

1. ~~AGENCY~~ 24 JUNE 1947
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, 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>		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Remnants of Type M.41</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD			
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers HBT	<u>Remnants of material</u>		
* Trousers, Wool OD		<u>Remnants of</u>	

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ~~cotton~~ ^{wool} Remnants of O.D.

* Shoes None (type) None

Overshoes None

Web Equipment None (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?

6. Description of Remains :

Age Utd Height Utd Weight Utd Description of wounds Utd

Bandages or dressings None found 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, poeks, 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 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 Utd Skull 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 Missing

Fingers Missing
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

Missing
(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 Missing Toes Missing
(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.

" See attached Chart "

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

If not, explain Hands and fingers missing

8. Has tooth chart been prepared? No If not, explain None found
(Yes-no)

9. Remarks Remains received in skeletal form, small amount of decomposed flesh,
wrapped in wool O.D. blanket. Bones badly fractured. Measurement were impossible.
Clothing found in debris. No clothing marks found. Fluoroscopic examination Negative
Estimated weight of remains 3 lbs. Burial report found. No GRS Tag.
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.

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

CWO

USA

Rank

Service

Central Identification Point
(Organization)

I - 65

St. Laurent, FRANCE

SKELETAL CHART Plot: 0 Row: 3 Grave: 45

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

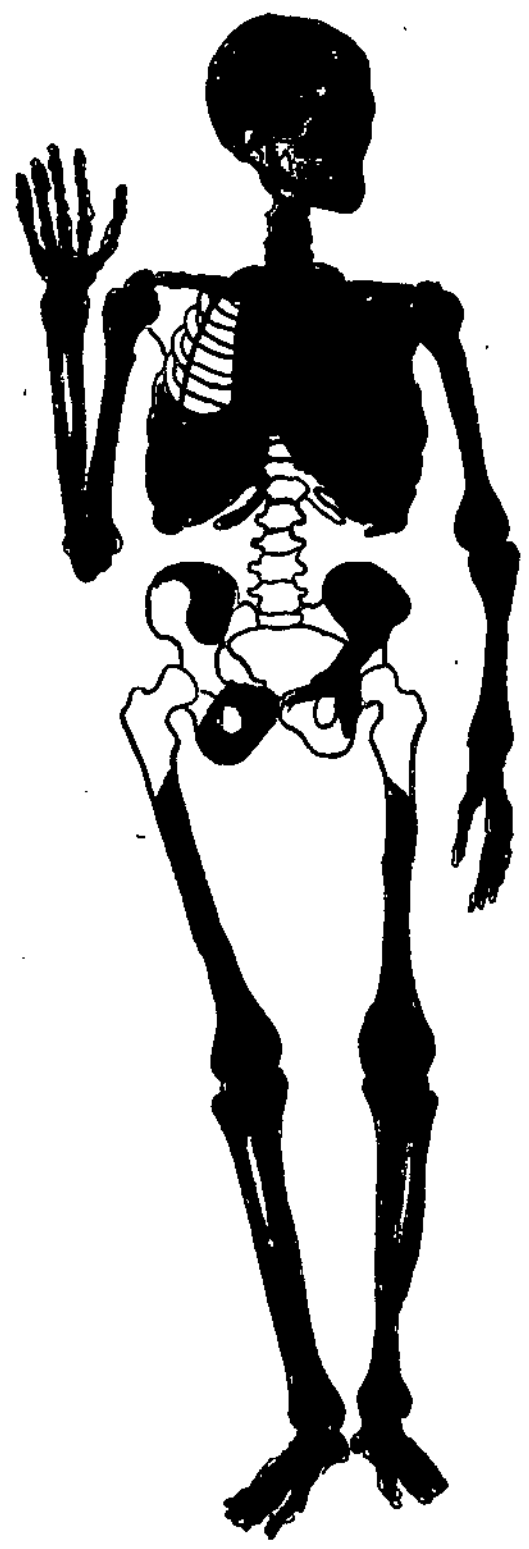


CHART "A"

X-25-36-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000

Reverse side of 371 for Pfc Paul Williams, 35638960, returned by field & sent to E&R 21 Jan 48, reads as follows:

"The following Unknowns at St Laurent may be associated with Cpl Arthur K. Stenial:

- | | |
|--------|-------|
| X-27 | X-66 |
| X-32 | X-70A |
| X-46A | X-71 |
| X-60 | X-77 |
| X-62 | X-80 |
| X-63 | X-81 |
| X-64 | X-89 |
| ✓ X-65 | X-91" |

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

22145
22 July 44
Date

Unknown
UNIDENT. X 65 (AMERICAN)
Last Name First Initial Rank Serial No.

Unit: Normandy, France Organization: _____
Place of Death: Normandy, France Date of Death: 6 June 44. Cause of Death: KIA
Time and Date of Burial: 2000- 23 June 44 Name of Cemetery: ST. LAURENT SUR MER # 1 Name or Coordinates of Location: 675-896
Grave Number: 45 Row Number: 3 Plot Number: G Type of Marker: Temp

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

If No Identification Tags
How were remains identified?
Body badly burned. Fingerprints and tooth charts impossible.

What means of identification were buried with the body?
GR. FORM # 1 in shell case

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

Who is buried on:
Deceased's Right: Hyman J. Barish 0- 1111899 46
Name Serial No. Rank Organization Grave No.
Deceased's Left: UNIDENT. X 64 44
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 _____ Name _____
Address _____
Religion _____

List only Personal Effects Found on Body and disposition of same:
NONE.

73

Signature of Officer or other person reporting burial:
Robert E. Berry
Verified by G.R.S. Officer: **ROBERT E. BERRY**

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.:

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

4	
3	
2	
1	
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
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.