

- 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- 23²³ 77, Plot 2,
Row 6, Grave 109, 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.

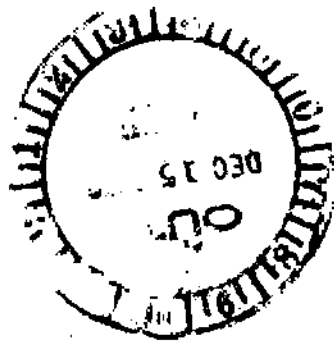
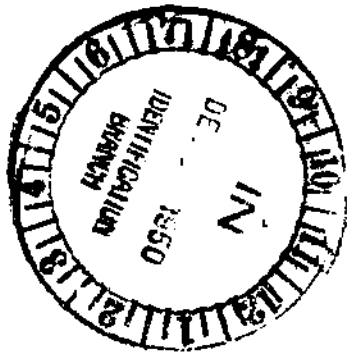
2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2364, dated 23/7/47. - No
further information is available.

FOR THE COMMANDING GENERAL:

18/
dt/
George J. Freeman

Received 23 Nov 1948 ODMG
Not identifiable from
information presently
available

FILE 23 NOV 1948
242
A. J. Walker
Jd. Br.
Jd. Suit



FBI

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 A- 77, Flot G,
Row 6, Grave 109; 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. 2369, dated 23/7/47. No
further information is available.

FOR THE COMMANDING GENERAL :


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

Incl #36

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

GMB. GWA

1

Interred 25 November 1948
I-5-28. USMC. St Laurent **DISINTERMENT DIRECTIVE**
DOUGLAS A. MAC KENZIE *Douglas A. Mac Kenzie*
Capt. Inf. Cemetery Superintendent *P. B. Kretan*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 3582 00000
DATE 10 09 47
DAY MONTH YEAR

NAME UNKNOWN
SERIAL NUMBER X-000077
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 6 109 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
SERIAL NUMBER X-000077
RANK Utd
DATE OF DEATH Utd
DATE DISTINTERRED 6 Oct. 47
IDENTIFICATION TAG ON
 REMAINS
 MARKER
ORGANIZATION Utd
RELIGION Utd
IDENTIFICATION VERIFIED BY JOHN H. CLARK
2 Lt. QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Blanket and no clothes
CONDITION OF REMAINS Advanced decomposition.

OTHER MEANS OF IDENTIFICATION None

MINOR DISCREPANCIES / Arm of service corrected-Authority 355 (Hq, AGRC)
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 7 Oct. 47 BY C. R. Tompkins

CASKET SEALED BY C. R. Tompkins
EMBALMER (Signature) *C R Tompkins*

CASKET BOXED AND MARKED
DATE 7 Oct. 47 BY H. B. Albert, Rec.
SHIPPING ADDRESS VERIFIED BY 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 ^{NAT} ~~LTJG~~ Inf.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

5 ANNOTATED
DATE MAR 25 1949
NAME *W. J. ...*
R & P BR.

W J N

RECORD OF CUSTODIAL TRANSFER

REV. 12-50

1. SHIPPED

FROM Casketing point "B" AGRC		TO USMC-ST. LAURENT, France	
KIND OF CONVEYANCE Hand		NAME OF CONVOYER JOHN W. SHARP, 1st Lt. inf.	
SIGNATURE OF SHIPPER JOHN W. SHARP, 1st Lt. Inf.	DATE 7 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 (BY AIR MAIL UNDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. LAURENT, FRANCE	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- 77

Cemetery St. Laurent - France.

Plot G Row 6 Grave 109

1. ~~XXXXXXXXXX~~ Date reprocessed: 27 June 1947.
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~located at~~ 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 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>none</u>		
Mackinaw	<u>none</u>		
Sweater	<u>none</u>		
Jacket, HBT	<u>none</u>		
* Shirt, Wool OD	<u>none</u>		
Undershirt, Wool	<u>Remnants of one (1) (burned)</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

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

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, poeks, freckles)

Build Utd
(Large, fat, thin, muscular)

Hair None found
(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 **missing**
 (Large, small, normal) (flat 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 **None found**
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **Utd**
 (Yes-no; location)

Legs **Utd**
 (Injury, 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 chart.

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

If not, explain hands missing

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

9. Remarks Remains received wrapped in wool OD blanket. All major bones fractured or missing. Bone measurements impossible. Original Burial Report found. No GRS Tag found. Remains indicate having been burned. Clothing removed from debris. Estimated weight of remains recovered: 3 lbs. Fluoroscopic Examination: Negative. Chemical Laboratory Examination: Negative. Case remains "Unknown".

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.

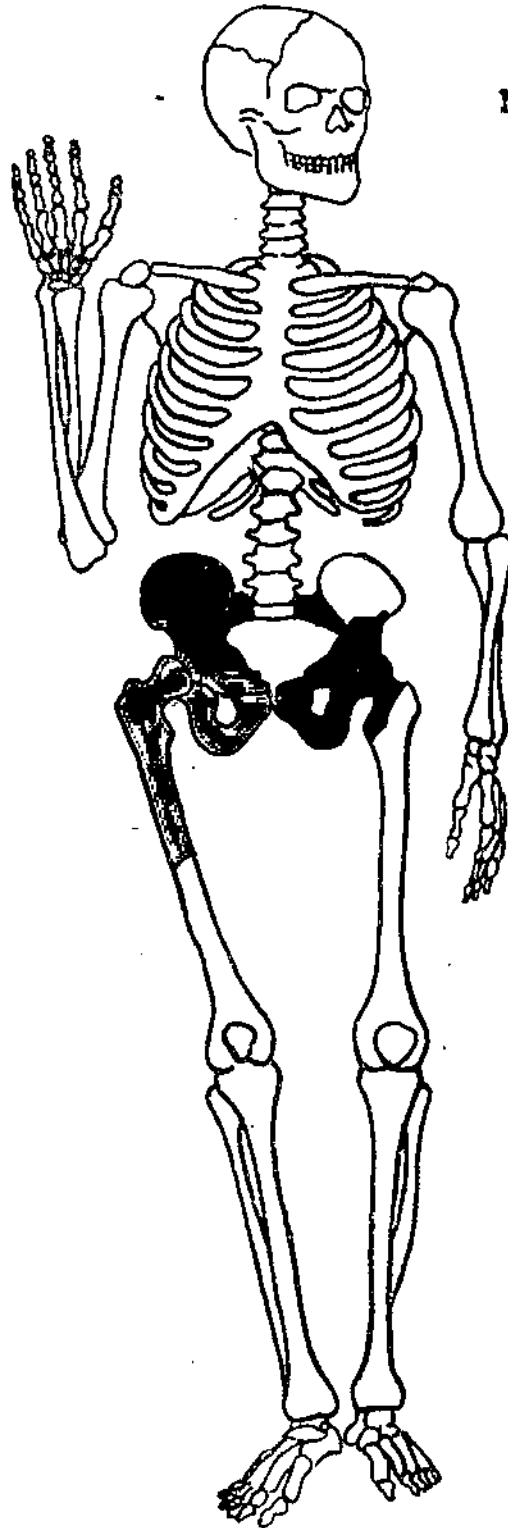
Ernest C. Gaddy
(Officer's Name)
ERNEST C. GADDY
CWO USA
Rank Service

Central Identification Point
(Organization)

Unknown X-77
Cemetery St. Laurent - France -
Plot G, Row 6, Grave 109

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



No bone measurements.

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22176
22 July 44
Date

W. M. ...
UNIDENT. X 77

(AMERICAN)

Last Name First Initial Rank Serial No.

Unit Organization

Normandy, France Place of Death KIA Cause of Death

1900- 23 June 44 Date of Death ST. LAURENT SUR MER # 1 875-896

109 6 Grave Number Row Number G Plot Number Temp 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 burned and therefor fingerprints and tooth chart,
was not available. Only part of body recovered.

What means of identification were buried with the body?

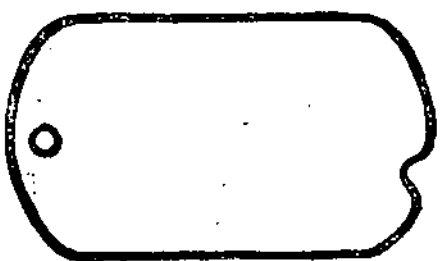
GR. FORM # 1 in shell case.

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

Who is buried on: UNIDENT. X 78 110
Deceased's Right: Name Serial No. Rank Organization Grave No.

Deceased's Left: Frazier Churchwell 34508182 108
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

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															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	8																
Lower	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.