

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-201

SUBJECT

MAY 9 1949

CFT

QMC FLORENCE

H 6 20

Walter E. Thomas
WALTER E. THOMAS
Capt. CMP. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SEC. NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5217 00052

DATE
15 06 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X-000201 1 1

CEMETERY (CASTELFIORENTINO) DISPOSITION OF REMAINS
0 5201 80
CODE DIST. PT

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
2G 89 4524 ITALY 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FLORENCE, ITALY

NAME AND ADDRESS OF NEXT OF KIN
BY ADMINISTRATIVE DECISION

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-201 UNK 14 SEPT 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN UNK *K. W. FISHER* NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
SHROUD SKELETAL

OTHER MEANS OF IDENTIFICATION
2 (TWO) BURIAL REPORTS 28 JUN 1949 REPARATION

MINOR DISCREPANCIES / NONE 28 JUN 1949

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 SEPTEMBER 1948 BY HOMER J. LESLIE (EMBALMER)

CASKET SEALED BY HOMER J. LESLIE (EMBALMER) EMBALMER (Signature) *Homer J. Leslie*

CASKET BOXED AND MARKED CLERK RECORDER SHIPPING ADDRESS VERIFIED BY
DATE 27 SEPT. 48 BY MAURICE J. VALENTINO FRED H. BOERNER W/O USA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
Fred H. Boerner
FRED H. BOERNER W/O USA

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC CASTELFIOREITNIO ITALY		TO LEGHORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER LCROCKER 2 DT QMC	
SIGNATURE OF SHIPPER N R <i>[Signature]</i>	DATE 16 sept 48	SIGNATURE OF RECEIVER <i>[Signature]</i> KENNETH D. MC FEELY 1ST LT TC	DATE 16 SEP 48

2 SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE ITALY	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPL. ROBERT S. HUFF	
SIGNATURE OF SHIPPER KENNETH D. MC FEELY 1ST LT. T.C.	DATE 11 MARCH 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> JESS H. CARNAL, 1ST LT. QMC	DATE 11 MAR 49

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 SEQUENCE LINE	DATE	SIGNATURE OF RECEIVER EX WDNW121701AF DEC12:04	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

CFT *JAB*

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5217 00052

DATE
15 05 48
DAY MONTH YEAR

NAME
JAB UNKNOWN

SERIAL NUMBER
X-000201

RANK

ARM
1
DATE OF DEATH

CEMETERY
CASTELFIORENTINO

DISPOSITION OF REMAINS
5201 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
2G 89 4324 ITALY *JAB*

CAUSE OF DEATH
6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FLORENCE, ITALY

NAME AND ADDRESS OF NEXT OF KIN
BY ADMINISTRATIVE DECISION

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

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



SECTION 1 - IDENTIFICATION

NAME OF DECEASED	DATE OF BIRTH
PLACE AND DATE OF BIRTH	EDUCATIONAL ATTAINMENT
USUAL RESIDENCE	PROFESSION, OCCUPATION, TRADE, BUSINESS, Vocation
USUAL ADDRESS OF DECEASED	
USUAL ADDRESS OF NEXT OF KIN	

SECTION 2 - DECEASED'S SERVICE

NAME OF SERVICE		CONDITION OF SERVICE	
SECTION 2 - DECEASED'S SERVICE			
<input type="checkbox"/> MEMBER	<input type="checkbox"/> NON-MEMBER	<input type="checkbox"/> MEMBER	<input type="checkbox"/> NON-MEMBER
NAME OF SERVICE	DATE OF ENTRY	DATE OF SEPARATION	DATE OF DEATH
SECTION 2 - DECEASED'S SERVICE		SECTION 2 - DECEASED'S SERVICE	

SECTION 3 - DECEASED'S SERVICE

NAME AND ADDRESS OF COMRADE		NAME AND ADDRESS OF NEXT OF KIN	
SECTION 3 - COMRADE AND NEXT OF KIN			
NAME	ADDRESS	NAME	ADDRESS
SECTION 3 - COMRADE AND NEXT OF KIN		SECTION 3 - COMRADE AND NEXT OF KIN	

SECTION 4 - DECEASED'S SERVICE

NAME AND ADDRESS OF COMRADE		NAME AND ADDRESS OF NEXT OF KIN	
SECTION 4 - COMRADE AND NEXT OF KIN			
NAME	ADDRESS	NAME	ADDRESS

DISCONTINUED SERVICE

9

11

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN THEATER SEPARATE ZONE COMMAND-MTOUSA
APO 794 US ARMY

RB 200.2

CLM: rm S-60
17 October 1946

SUBJECT: Identification of Unknown American X-201.

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

1. The remains of Unknown American X-201 were recovered from the surface of the earth at Grid Coords: U-934-966, Sheet 104-IV NE, 1/25,000 Map of Italy, and interred in U.S. Military Cemetery, Castelfiorentino, Italy, plot 2-G, row 89, grave 4524, on 7 August 1945.

2. Troops of the 92nd Division were engaged in combat in this area from October 1944 to April 1945. Date of death for X-201 is unknown.

3. With the remains the following articles were found:

- a. Wool underwear (drawers) with the markings "5728 or 5723".
- b. OD shirt size 14 $\frac{1}{2}$ - 33.
- c. One canteen cup with the markings J.R.B. 63.

A check of casualty records, this headquarters, was made in an effort to associate the markings but with negative results. A toothchart was accomplished.

4. In an effort to aid in the identification of Unknown American X-201 the following list of unrecovered casualties is submitted.

✓ Eichelberger, Lonnie B. C.	Pfc	18 217 466
✓ Melton, Wesley	Pvt	36 794 961
✓ Slaughter, A. Jr.	Pvt	34 556 442
✓ Taylor, Herbert	Pvt	33 378 918
✓ Scott, Montroit	Pvt	38 499 023

5. It is requested that toothchart accomplished for Unknown American X-201, on file War Department, be compared with those listed above and a report of findings be forwarded this headquarters upon completion thereof.

FOR THE COMMANDING OFFICER:

Samuel F. Fritz
SAMUEL F. FRITZ
Captain QMC
S-1 8

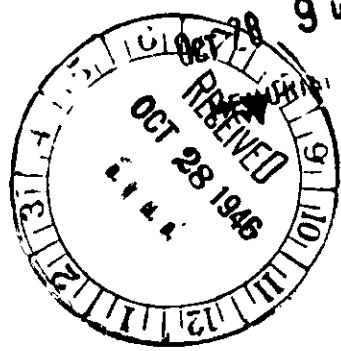
293 Unknown, X-201 (Castelfiorentino)

RECORDED
INDEXED
OCT 18 1946
MTOUSA

RECORDS BRANCH

OCT 28 9 48 AM '46

VISION



5

Melton, Wesley - 56794961

KIA 10 Feb 1945

E.A. Mrs Edna Melton (mother)
2807 S. Prairie Ave, Chicago, Ill.

Scott, Montroit. 38499023

KIA 15 Feb 1945

E.A. Mrs Vernon Scott (wife)
1238 Alabo St., New Orleans, La

Slaughter, Anderson, Jr.
34556442

E.A. Mrs. Essie Mae Slaughter (mother)
164 Crumley St., Southeast
Atlanta, Georgia.

MIA - 10 Feb 1945

PDD - 11 Feb 1946

ARMY SERVICE FORCES
MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: <i>(Name, organization, building)</i> 1.	INITIALS		CONCURRENCE
	DATE		SIGNATURE
2.			NOTE AND RETURN
			NOTE AND FORWARD
3.			COMPLETE ACTION
			CIRCULATE
			INFORMATION
			FILE
FROM: <i>(Name, organization, building)</i>		DATE	
		TEL	

Office of the Chief Graves Registration Officer
Mediterranean Theater of Operations
APO 794, U.S. Army

293 unk Italy X-201 (Castelfiorentino) 15 March 1946

SUBJECT: Report of Interment.

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

1. Report of interment is transmitted herewith for Unknown American X-201, interred in Plot 2G, Row 89, Grave 5424, U.S. Military Cemetery, Castelfiorentino, Italy.

2. Attention is invited to information on reverse side of referenced report of interment. Through check of records, this headquarters, for possible association of casualty with markings "5728", "5723" and "J. J. 63" reveal only the following:

Jackson, Horace	Cpl.	34493963
Sulton, Robert W.	Cpl.	36455723

All other personnel listed in categories as indicated above have returned to duty or otherwise accounted for.

3. It is requested tooth-chart made part of report of interment be checked against those on file the War Department for referenced casualties, and this headquarters advised if identity can be determined.

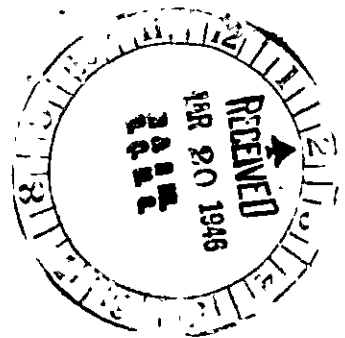
E. B. Wadsworth
E. B. WADSWORTH,
Colonel, OMC,
Theater GRO.

1 Incl: a/s (Original)


BK
3/14/6 Mediterranean 2/16

RECEIVED
MEDITERRANEAN THEATER OF OPERATIONS
MAR 15 1946

REGISTRATION AND
RECORDS BRANCH
MAR 20 3 36 PM '46
MEMORIAL DIVISION



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center;">X-201</p>				2. DATE OF REPORT <p style="text-align: center;">23 September 1948</p>		
3. NAME OF CEMETERY US Military Cemetery Castelfiorentino, Italy		4. PLOT <p style="text-align: center;">2G</p>	5. ROW <p style="text-align: center;">89</p>	6. GRAVE <p style="text-align: center;">4524</p>	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT Unknown		9. ESTIMATED HEIGHT <p style="text-align: center;">5' 6"</p>		10. COLOR OF HAIR Unknown		11. RACE <p style="text-align: center;">White</p>
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">Non-Identifiable by reason of lack of sufficient identifying data". (NONE)</p> <div style="text-align: right; margin-right: 50px;">  T.C. ANDERSON Major QMC </div>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">NONE</p>						
14. WAS BODY BURNED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
15. WAS BODY MANGLED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">Although the skull possesses some negroid characteristics it is believed that this decedent is caucasoid.</p>						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) <p style="text-align: center;">NONE</p>						

50 1 Feb 49
Subj: Remains, U.S.
Decedent Unidentifiable

Received _____ **QQUA**
 Not identifiable from
 information presently
 available *Anderson*

18.

TOOTH CHART

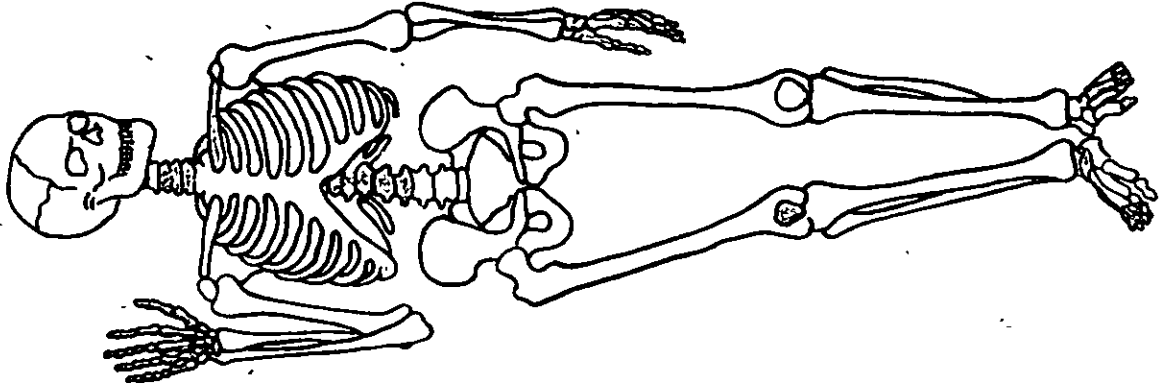
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown</i>, <i>Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i>, <i>Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i>, <i>Decayed</i></p>	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
						X	X	X	X	X	X						
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
						X	X	X	X	X	X	X				X	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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."

The teeth illustrated above are evenly spaced. The superior cuspids and incisors protrude.

19. BLACK OUT PARTS OF BODY NOT VERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

In the opinion of the undersigned, the representative parts of a human remains graphically represented in par 19 are those of one and the same individual.

Alexander Tardy
Dr. ALEXANDER TARDY
M.D., D.A. (Antropology), G.S.D., O.S.D.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
JOHN L. JACKS, Jr. Capt. QMC
9107 TSU-QMC, AGRS/MZ

SIGNATURE
John L. Jacks, Jr.

HEADQUARTERS
9137 TSP - GSC
AMERICAN RED CROSS RECREATION SERVICE
MEDITERRANEAN ZONE
APO 774 US ARMY

CENTRAL IDENTIFICATION BOARD

REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data GSC 1044 and 1044b,
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. L-292

Date of Investigation 23 Sept '48

Unknown American X- 201

Am. Mil. Cem. Castelfiorentino, Italy: Plot 2G Row No. 89 Grave 4524

Place of Death _____ Date of Death _____

Map Reference _____ Sheet _____ Map of Italy _____

Other American Dead Found in Same Area _____

Cause of Death _____

22. Description of Remains

Skeletal state.

(If the remains have not been decomposed, attach to this form GSC Form 1042,
completely filled out to physical characteristics.)

23. Skeletal Data

HEAD Complete.

TOOTH CHART Accomplished.

TRUNK Complete except for: 1 clavicle, 1 rib, 5 cervical, 6 dorsal, and 3 lumbar vertebrae.

UPPER EXTREMITIES (Give measurements of long bones):

R Humerus 32.4 cm L Humerus 32.4 cm

R Ulna 25.4 cm L Ulna 25.1 cm

R Radius 23.9 cm L Radius 23.7 cm

Carpels, Metacarpels, Phalanges _____

2 L metacarpels and 2 L phalanges.

LOWER EXTREMITIES (Give measurements of long bones):

R Femur 44.1 cm L Femur 44.3 cm

R Tibia 38.4 cm L Tibia 38.4 cm

R Fibula 38.0 cm L Fibula 38.2 cm

Calcanea, Tarsals, Patallae, Metatarsals, Phalanges _____

R and L calcanea, R and L tali, R and L cuboids, L 1st cuneiform,

3R and 4L metatarsals, 2R phalanges and L patella.

24. AGE ESTIMATED AT Between 20 and 21 years.
BASED ON Degree of closure of epiphyseal lines and skull sutures.

25. SUMMARY OF FINDINGS:
Tooth Chart - Accomplished
Height estimate - 5' 6"
Age estimate - Between 20 and 21 years.

26. RECOMMENDATIONS:

PROCESSED BY:
Henry
DALE B. HENRY
Pfc 16210847
CIP Technician

John L. Jacks, Jr.

(Signature of Officer)
JOHN L. JACKS, Jr.
Captain QMC
CIP Officer

Alexander Tardy
Dr. ALEXANDER TARDY
M.D., D.A. (Anthropology), G.S.D., O.S.G.

RESTRICTED

QMC Form 1 - GRS
SOS NATOUSSA
July 1945

REPORT OF BURIAL
AR 30-1815 & TM 10 630

15 August 1945

Date Report Filled Out

Unk American X-201 (U-943966)	Unk	0
(Last Name)	(Serial No)	(Race)
Unk	Unk	Army
(Rank)	(Organization)	(Branch)
U-943966		U.S.A.
(Place of Death)	(Date of Death)	(Country)
Sheet 104-IVNE	Unk	KIA
(Place of Death)	(Date of Death)	(Cause of Death)
		Unk
		(Religion P C H etc)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (0).

If no identification tags, other means used to identify body (identification card, letters, etc) **None**

Complete fingerprint chart of both hands on reverse side if body cannot be identified

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified, give circumstances:

List of Personal Effects found on Body and disposition of Same: **None**

Unk	Unk
(Name of Emergency Addressee)	(Address of Emergency Addressee)
George Gregory, T/5, 602nd QM (GR) Co	
(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial)	(0549507)
Shroud 1400 hours 7 August 1945 U.S. Mil Cem at Castelfiorentino, Italy	
(Time and Date of Burial)	(Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

2 G	89	4524	Wood Cross	General
(Plot No)	(Row No.)	(Grave No.)	(King Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (0), Identification Tag attached to marker (0).

If identification Tags not present, what other identification data were buried with the body and in what kind of container? **Copy QMC Form #1-GRS sealed in bottle and buried one foot below grave marker**

Bodies buried on either side (See paragraph 4 on reverse side, this form). **Copy QMC Form #1-GRS sealed in bottle and buried with body**

Right side : Unk American X-200	Unk	4523
(Name) (Rank) (ASN)	(Organization)	(Grave No)
Left side : Unk American X-202 End of Row	Unk	4525
(Name) (Rank) (ASN)	(Organization)	(Grave No)
(Signature of Person Reporting Burial)	Meyer Brown (Verified by GRS Officer) MEYER BROWN, 1st Lt, QMC	

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT. Make out QMC Form 1-GRS in quadruplicate for US dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer OVER FOR BURIAL INSTRUCTIONS

RESTRICTED

59309 / #18

INSTRUCTIONS FOR BURIAL.

1. PREPARATION OF BODY . Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b) Remove all personal property, remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains . If unidentified, take fingerprints of both hands, if this not possible, fill out tooth chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc ., and other data as serial no. of weapon, laundry marks, where body found, etc . Wrap body in shelter half, mattress cover, or blanket when available .

2. BURIAL . Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body) . Place only one body in a grave . Dig graves side by side, row behind row .

3. MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave . For enemy dead, write data on peg . When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave . If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial . If only one tag is found on body, it should be buried with body . The information thereon should be written on marker or placed in container at head of grave . Do not use weapons or helmets to mark graves .

4. LOCATION OF GRAVE . Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map) . For all other burials prepare sketch in space provided below, and give location by means of map references, or by reference to prominent permanent landmarks . Information must be specific, accurate, complete . Stand at foot of grave facing head to determine bodies buried to the left and right .

5. PERSONAL EFFECTS : List only personal effects taken from body on the Burial Report form . Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial . Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point .

SKETCH AND MAP REFERENCE



TOOTH-CHART

		(Examinee's)															
		(Right)								(Left)							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

INDICATE missing natural teeth by X, crowns by O, fillings by □, bridges by , linkings anchor teeth replacements by denture (horizontal line.)

Characteristics **Perfect**

Other Data

When unidentified, take thumb and fingerprints of both hands

Decomposed. Fingerprints impossible.

Left

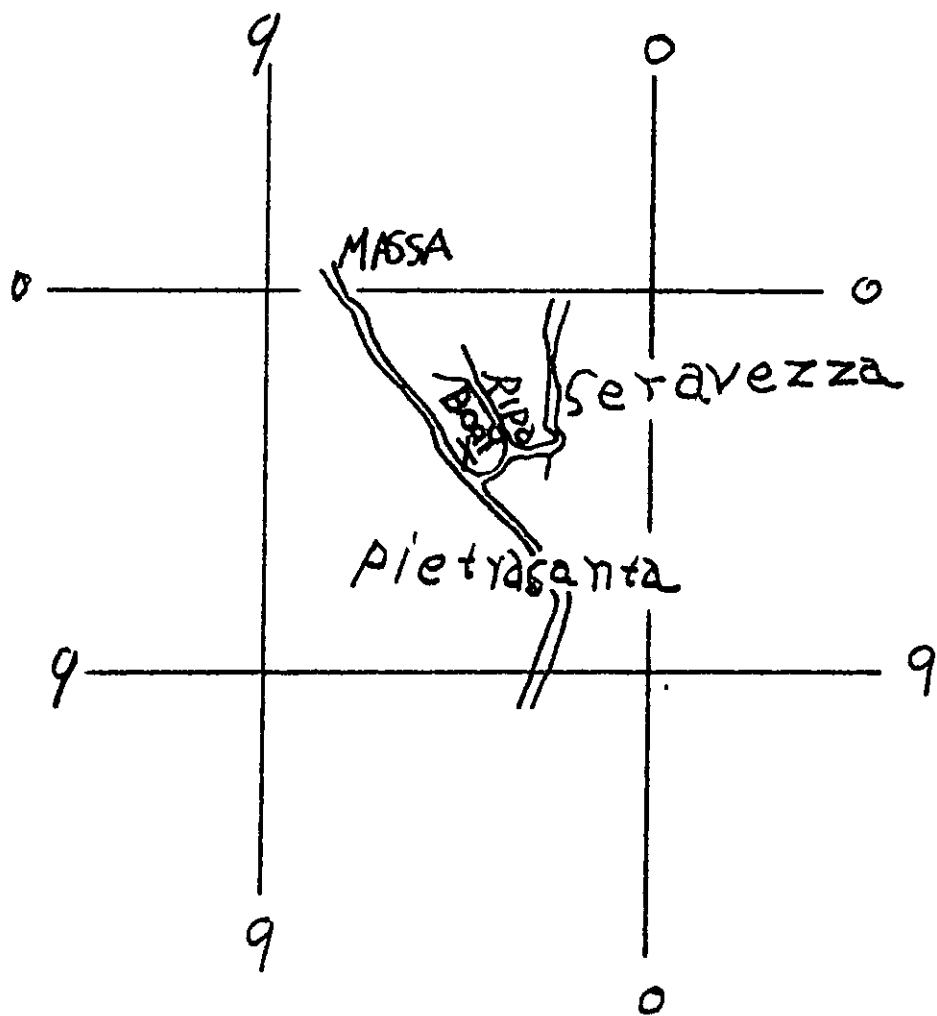
Right

Thumb

Thumb

If this not possible, fill in tooth chart

GLOWING
 5723 on Wool Underwear Drawers, or 5728
 O.D. Shirt, size 14 1/2-33
 J.J.b.63 found on canteen cup
 Recovered from
 Coords: U-934966
 Sheet 104-IVNE
 Approximate Height, 5'8"



Italy 1:200,000
Sheet 11

Unknown American X201
U 943966

RESTRICTED

Duplicate ✓

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
15 August 1945

*Imprint Identification Tag If Possible
DO NOT TYPE*

A TRUE COPY:
SAMUEL F. FRITZ
CAPT. QMC
S-1.

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
Unk. American X-201 (U-943966)		Unk.
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unk.	Unk.	Army
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
C.	Unk.	USA

PLACE OF DEATH U-943966 Sheet 104-IVNE	CAUSE OF DEATH KIA	DATE OF DEATH Unk.
--	-----------------------	-----------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unk. Unk.

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	None
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U. S. Mil. Cem. at Castelfiorentino, Italy (Q549507)

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO	ROW NO.	GRAVE NO
7 Aug. 1945	1400	SHROUD	Wood Cross	2G	89	4524

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE.
	PLOT NO ROW NO GRAVE NO.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
General		Copy QMC Form No. 1-GRS sealed in bottle and buried one foot below grave marker. Copy QMC Form No. 1-GRS sealed in bottle and buried with body.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
No	No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Unk. American X-202	Unk.			4525

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Unk. American X-200	Unk.			4523

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
	MEYER BROWN, 1st Lt., QMC

DISTRIBUTION OF REPORT: Signed original for U S and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS—

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.


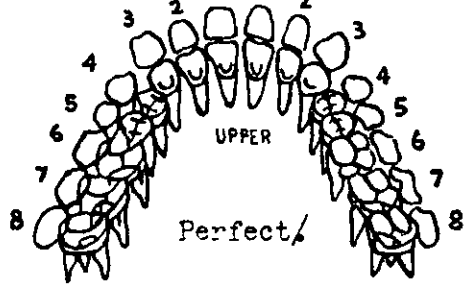




HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

DECOMPOSED FINGERPRINTS IMPOSSIBLE

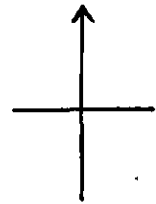
LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>Perfect ✓</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

CLOTHING:

5723 on wool underwear drawers or 5728
O.D. Shirt, size 14½-33
J.R.b.63 found on canteen cup

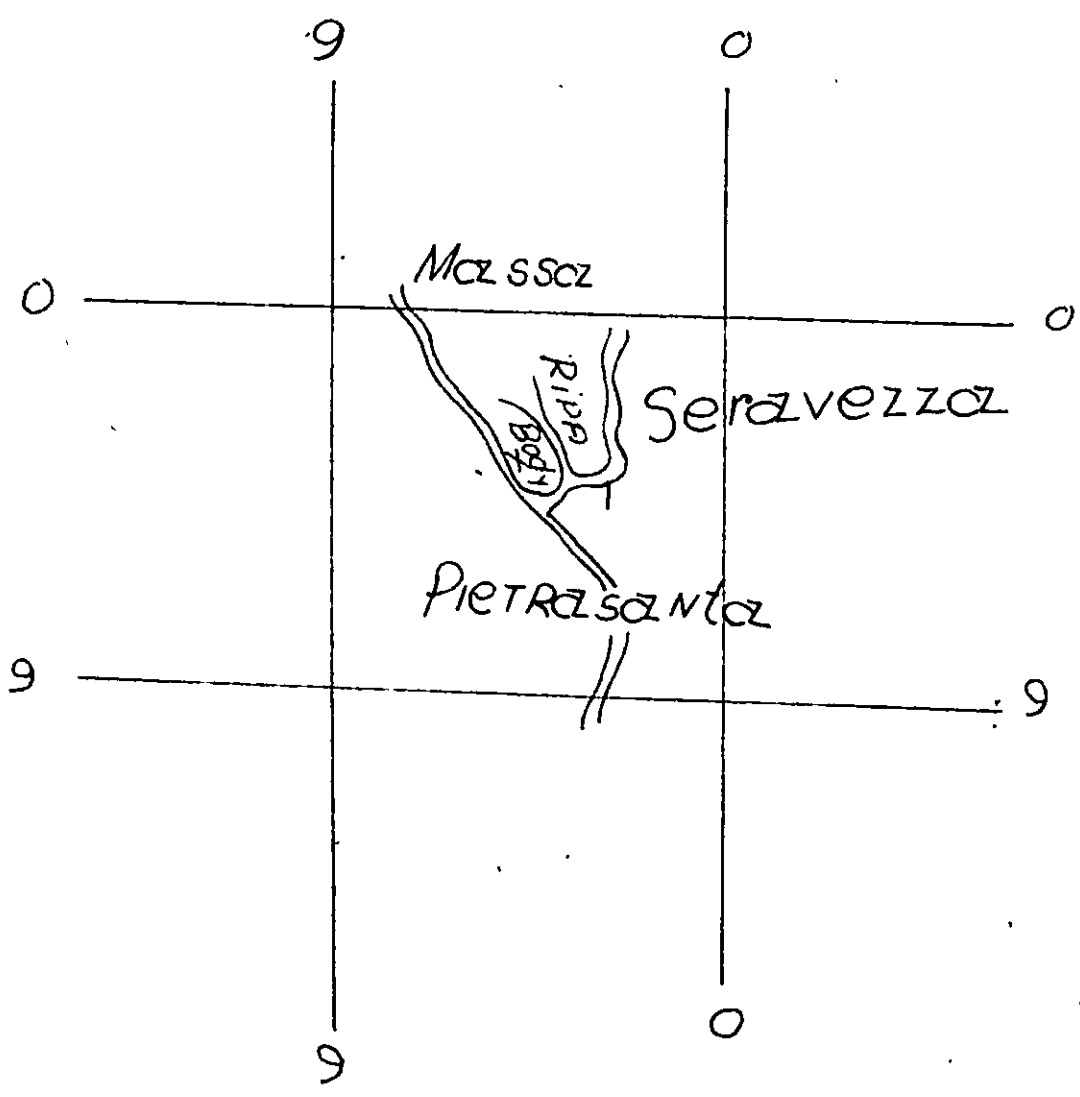


Recovered from:

REMARKS: Coords: U 934966
Sheet 104 IVNE

Approximate Height. 5'8"

12122



Italy 1:200,000
Sheet 11

Unknown American
X201
U 943966.

53909