

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. CASTELFLORENTINO, X-205

SUBJECT

Interred Apr 29 1949

CRJ

USA FLORENCE

WALTER E. THOMAS

DISINTERMENT DIRECTIVE

Capt. CMP: Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00056

DATE 15 06 48 DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-000205		0	
CEMETERY					DISPOSITION OF REMAINS
CASTELFIORENTINO					0 5201 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
20	90	4533	ITALY	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FLORENCE, ITALY	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-205	UNK		14 SEPT 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="radio"/> REMAINS <input checked="" type="radio"/> MARKER	UNKNOWN	UNK	K VI FISHER I NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
SHROUD	SKELETAL

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 10 Nov 48 BY HOMER J. LESLIE (EMBALMER)

CASKET SEALED BY	EMBALMER (Signature)
HOMER J. LESLIE (EMBALMER)	<i>Homer J. Leslie</i>

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
(CLERK RECORDER)	MACK C. HOLT 1ST LT QMC

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

MACK C. HOLT 1ST LT QMC

Mack C. Holt
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

men

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC CASTELFIORENTINO ITALY		TO LEGHORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER R L CROCKER 2 LT QMC	
SIGNATURE OF SHIPPER N R FALEY 1 LT FA	DATE 16 Sept 48	SIGNATURE OF RECEIVER THOMAS P. PULLIAM CAPT QMC	DATE 16 Sept 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 CAPT THOMAS P. PULLIAM QMC	DATE 11 MARCH 1949	SIGNATURE OF RECEIVER JESS H. CARNAT, 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	DATE	SIGNATURE OF RECEIVER	DATE

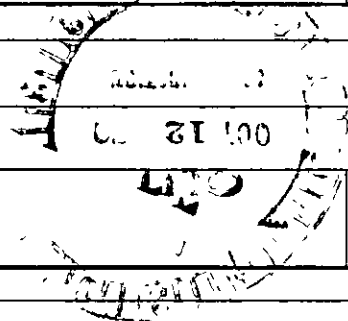
6 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7 SHIPPED

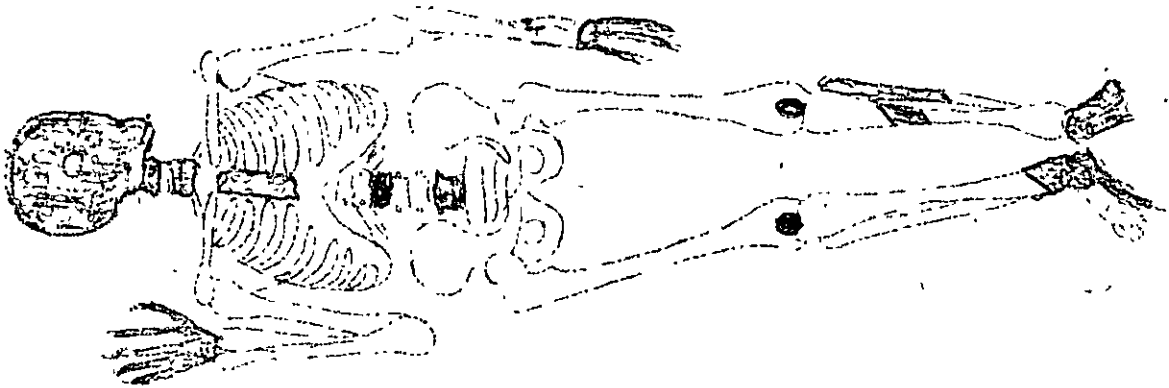
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

REPATRIATION
 RECORDS BRANCH
 MAY 6 9 46 AM '49
 GENERAL DIVISION



IDENTIFICATION DATA					
1. REMAINS OF UNKNOWN			2. DATE OF REPORT		
X-205			3 November 1948		
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
U S Military Cemetery		:	:	:	DISIN-
Castelfiorentino, Italy		2G	90	4533	TEINMENT
		:	:	:	REIN-
		:	:	:	TERLEFT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR	
Impossible		5' 9"		Unk.	
11. RACE					
Unk.					
12. GIVE DESCRIPTION OF ANY ORIGINAL IDENTIFICATION FOUND WITH REMAINS					
"Non-Identifiable by reason of lack of sufficient identifying data."					
None					
T. C. ANDERSON, Major, QMC					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES.					
None					
14. WAS BODY BURIED?			TO WHAT EXTENT?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
15. WAS BODY MUTILATED?			TO WHAT EXTENT?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
16. DESCRIBE EVIDENCE OF WEAPONS, PROJECTILES AND BONE PENETRATIONS					
None					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, STATING THE TYPE, COLOR, SIZE, MARKINGS, SERIALS, 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).					
None					
Received <i>T/L - 17 Feb 49</i> <i>Sgt - 715 Bee</i> Not identifiable from Information presently available					

19. BLACK OUT PLATS OF BODY NOT RECOVERED



20. MISS BURIAL CERTIFICATE (if applicable)
(Therein segregation in whole or parts is impossible)

I certify that the Group remains consist of parts of _____ (Number)
decedents based on the presence of one or more of the following anatomical
parts.

(Signature of Medical Officer)

21. REMAINS 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.

s/ Alexander Tardy
M.D., D.A. (Anthropology) G.S.D.
O.S.D.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF THE DECLARED AND THAT
ALL RESULATING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

Typed name, Grade, arm or service and Organization

SIGNATURE

MACK C. HOLT, 1st Lt., OMC
9107 TSU-OMC, AGRS/MZ

Mack C. Holt

HEADQUARTERS
9107 TSU - QMC
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 704 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

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

C.I.P. Case No. L-678

Date of Investigation 3 Nov 48

Unknown American X- 205

Am. Mil. Com. Castelfiorentino Italy: Plot 2G Row No. 90 Grave 4533

Place of Death See Map reference Date of Death Unk.

Map Reference U-866-994 Sheet 96-III Map of Italy 1/100,000

Other American Lead Found in Same Area - - -

Cause of Death Unknown

22. Description of Remains

Skeletal state.

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

23. Skeletal Data

HEAD Small portion of occipital present.

TOOTH CLINT Impossible

TRUNK Complete except for: Sternum; 6 cervical and 2 lumbar vertebrae.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus 32.1 L Humerus 32.8

R Ulna 27.7 L Ulna 27.7

R Radius 25.6 L Radius 25.4

Carpals, Metacarpals, Phalanges Missing.

LOWER EXTREMITIES (Give measurements of long bones).

R Femur 47.1 L Femur 47.2

R Tibia Lower portion missing L Tibia Portion of shaft missing

R Fibula 40.5 L Fibula Upper 1/2 missing

Calcanea, Tarsals, Patellae, Metatarsals, Phalanges Partly present. Both patellae missing.

24. AGE ESTIMATED AT Between 20 and 25 years.
BASED ON Degree of closure of epiphyseal lines of bones.

25. SUMMARY OF FINDINGS:
Age estimation - Between 20 and 25 years.
Tooth chart - Impossible
Height estimation - '5' 9".

26. RECOMMENDATIONS.

PROCESSED BY:

s/Curtiss D. Paye
CURTISS D. PAYE
Pfc. 16216985
CIL Technician

s/ Alexander Tardy
Dr. ALEXANDER TARDY
M.D., D.A. (Antropology)G.S.D. O.S.D.-3-

s/ Mack C. Holt
(Signature of Officer)

MACK C. HOLT
1st Lt QMC
CIL Officer

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME
