

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. CASTELFIORENTINO, X-284

SUBJECT

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
MEDITERRANEAN ZONE

9107 TSU - QMC  
APO 791 US ARMY

*293 Unk-Italy X-284 (Castelfiorentino)*

RB 293 CIL  
UNKNOWN X-284  
2K-86-4913  
(Castelfiorentino), Italy

JLJ/alj/ec  
18 January 1949

SUBJECT: Report of Reinterment

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

In accordance with paragraph 7 of letter, Office of The Quartermaster General, File QMGMP 293, subject Disinterment Discrepancies, dated 2 April 1948, Report of Reinterment for Unknown X-284, Plot 2K, Row 86, Grave 4913, U.S. Military Cemetery, Castelfiorentino, Italy, is submitted herewith.

FOR THE COMMANDING OFFICER:

*T. C. Anderson*  
T. C. ANDERSON  
Major QMC  
S-3

1 Incl  
QMC Fm 1042 (Unk. X-284)

NAN  
File

*12/22/49*  
*12/22/49*  
Identification Branch

11/21/1950

OUT  
SEP 21 1949  
IDENTIFICATION  
BRANCH

OUT  
SEP 27 1949  
IDENTIFICATION  
BRANCH

RECEIVED  
FEB 1 1949  
O. O. M. G.  
M & R BR.

11/21/1950

Interred MAY 18 1949  
GMC FLORENCE

MM

1

G A 9 32  
WALTER E. THOMAS  
Capt. CMP. Cemetery Superintendent

**DISINTERMENT DIRECTIVE**

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: 5217 04785  
DATE: 15 03 49  
DAY MONTH YEAR

NAME: 293 UNKNOWNX-000284  
SERIAL NUMBER: UNKNOWNX-000284  
GRADE: UNKNOWN  
ARM: 0  
RACE: 0  
RELIGION: 6

CEMETERY: CASTELFIORENTINO ITALY  
PLOT: 2K  
ROW: 86  
GRAVE: 4913  
DISPOSITION OF REMAINS: 5201 80  
CODE DIST. CTR

**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: [ ]  
GRADE: [ ]  
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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.): [ ]

REMAINS PREPARED AND PLACED IN CASKET  
DATE: [ ] BY: [ ]

CASKET SEALED BY: [ ]  
EMBALMER (Signature): [ ]

CASKET BOXED AND MARKED  
SHIPPING ADDRESS VERIFIED BY: [ ]  
THOMAS P. PULLIAM CAPT QMC

DATE: [ ] 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 AGRS INSPECTOR: [ ]

REMARKS AND SPECIAL INSTRUCTIONS: [ ]  
FILE  
23 JUN 1949  
REPATRIATION  
BRANCH  
MED. DIV.

1751

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>LEGHORN PORT MORGUE</b>		TO <b>USMC FLORENCE, ITALY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>PASQUALE BESCIGLIA M/Sgt</b>	
SIGNATURE OF SHIPPER <b>THOMAS P PULLIAM CAPT QMC</b>	DATE <b>13 May 49</b>	SIGNATURE OF RECEIVER <b>WALTER E. THOMAS CAPT CMP</b>	DATE <b>13 May 49</b>

### 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

To be used only when disinterment is made prior to receipt of OMC-Form 1194 (Disinterment Directive)

Remains Storage Point Location

AGRS - MZ CLK SHIT DISINTERMENT

Date 17 January 1948 No.

SECTION A: Information obtained from Zone Hq Record

NAME	SERIAL NO.	RANK	REL.
UNKNOWN X-284	-	-	USAGF
CEMETERY			RACE
USMC, Castelfiorentino			
PLOT	LOC.	GRAVE	COUNTRY
2K	86	4913	Italy
			RELIGION
			Unknown

\*SECTION C: DISINTERMENT AND IDENT. (Info obtained from Remains &/or Grave marker)

NAME	SERIAL NO.	RANK	DATE DISINTERRED
UNKNOWN X-284		Grave	16 Sept 48
IDENTIFICATION TAG ON	OMC FORM #1042	RELIGION	IDENTIFICATION VERIFIED BY
	with Remains		
Remains	Marker	(Yes or No)	
<input type="checkbox"/>	<input type="checkbox"/>		/s/ M G Borres
			M G BORRES 2 LT OMC
			Name & Title

SECTION D: PREPARATION OF REMAINS FOR STORAGE

NATURE OF BURIAL	CONDITION OF REMAINS
Shroud	Skeletal

OTHER MEANS OF IDENTIFICATION

Burial Report from CG

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

Date 27 Oct 48 By ~~XXX~~ HOMER J LESLIE

CASKET SEALED BY \_\_\_\_\_ LIEUTENANT (Signature)

HOMER J. LESLIE (EMBALMER) /s/ Homer J Leslie

IDENTIFICATION PLATE PLACED ON CASKET

Date 27 Oct 48 Name Robert L Rooney Clerk Title Recorder

REMARKS

Information transcribed from DOR X-283, Plot 2J, Row 94, Grave 4861 (formerly CG 35 2 in 1 (Auth: 2d Ind, AGRS/MZ, dtd 18 Jan 49, to Ltr, AGRS/MZ, Subj: Identification of Unknown Deceased, dtd 3 Sept 48).

LEWIS A. MCAMIS, 1st Lt, OMC

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

/s/ MACK C HOLT  
 /t/ MACK C. HOLT, 1st Lt OMC  
 Signature of GRS Inspector  
 Grade and Organization

\*Section "B" Omitted

CUSTODIAL TRANSFER

FROM

USMC CASTELFIORENTINO ITALY

CONVEYANCE

TRUCK

SHIPPER

/s/ N R HALEY

/t/ N R HALEY ILT FA

TO

LEGHORN PORT MORGUE

CONVOYER

R L CROCKER 2 LT QMC

DATE

22 Sept 48

RECEIVER: /s/ THOMAS P PULLIAM  
/t/ THOMAS P. PULLIAM  
Capt QMC

DEPT/ARMY COMCENTER  
GREENWICH CIVIL TIME (Z)

293 *Unk Italy X-284*

*Castelfiorentino*  
1949 JAN 18 11 29

FUF62

362

FG40718

CAC 362

012

FROM HQ AGRS ROME

MSG NO A-5732

D. S. C. 181100Z

ACTION QMC

PC IN NO. 78729

RR UEPC

FM UFPJ 35R/HQSIAVRS ROME ITALY 181100Z

TO OQMG MEM DIV  
GRAVES GRNC

612

1949 JAN 18 11 39 AM '49  
O. O. M. S.  
TELACAB SECTION

CITE ABLE FIVE SEVEN THREE TWO PD REFERENCE DISINTERMENT OPERATIONS

RECORD PAREN QUEEN MIKE CHARLIE FORM ONE TWO FIVE THREE PAREN FOR PLOT

TWO JIG ROW NINE FOUR GRAVES FOUR EIGHT SIX ONE AND FOUR EIGHT SIX TWO

RECORDED AS COMMON GRAVE THREE FIVE CMA AND FOUR ZERO CMA QUOTE TWO IN

ONE UNQUOTE CMA RESPECTIVELY CMA USMC CASTELFIORENTINO PD INDIVIDUAL

SEGREGATION OF REMAINS ACCOMPLISHED RE REMAINS REMOVED FROM GRAVE FOUR

EIGHT SIX ONE INTERRED AS XRAY DASH TWO EIGHT FOUR CMA PLOT TWO KING

ROW EIGHT SIX GRAVE FOUR NINE ONE THREE PD REMAINS REMOVED FROM GRAVE

FOUR EIGHT SIX TWO CMA INTERRED AS XRAY DASH TWO EIGHT SIX CMA PLOT

TW KING ROW EIGHT SIX GRAVE FOUR NINE ONE FOUR CMA USMC CASTELFIORENTINO

PD REPORTS OF INTERMENT FOLLOW PD WATSON

18/1224Z JAN

*Unable to see  
Unk access.*

*mem. Adm X-286*

*293 Unk Italy X-286 (Castelfiorentino)*

*293 Unk Italy X-286 (Castelfiorentino)*







**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-284</b>				2. DATE OF REPORT <b>18 October 1948</b>	
3. NAME OF CEMETERY <b>U S Military Cemetery Castelfiorentino, Italy</b>		4. PLOT <b>2K</b>	5. ROW <b>86</b>	6. GRAVE <b>4913</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>Impossible</b>	9. ESTIMATED HEIGHT <b>Impossible</b>	10. COLOR OF HAIR <b>Unk.</b>	11. RACE <b>Colored</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Non-Identifiable by reason of lack of sufficient identifying data.**

**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 BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**

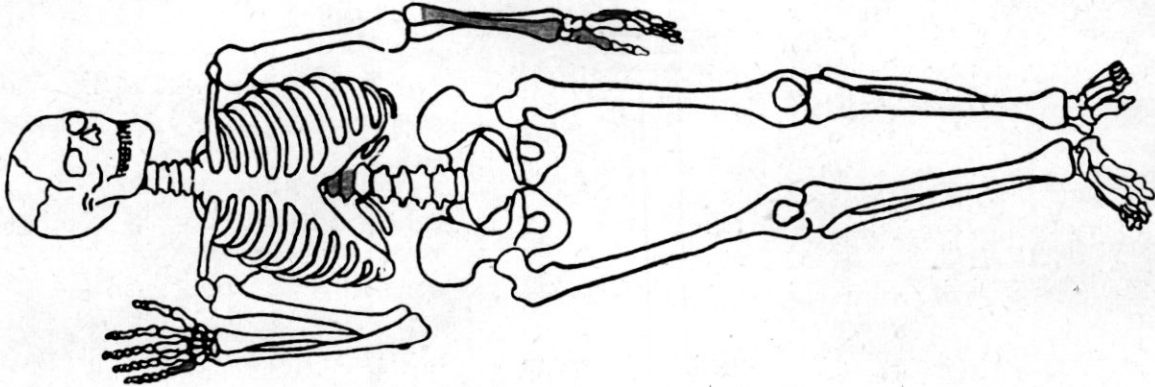
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**None**

*None*

00138

19. BLACK OUT PARTS OF BODY NOT RE RED



Red shaded areas denote parts present.

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

SIGNATURE

MACK C. HOLT, 1st Lt. QMC  
60139 9107 TSU-QMC, AGRS/MZ

*Mack C Holt*

HEADQUARTERS  
3107 TSB - 430  
AMERICAN GRAVES REGISTRATION SERVICE  
MEDICAL ZONE  
APO 794 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

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

C.I.P. Case No. L-481

Date of Investigation 18 Oct 48

Unknown American X- 284

Am. Mil. Cem. Castelfiorentino Italy: Plot 2K Row 86 Grave 4913

Place of Death Vic. M. Canala, Italy Date of Death Est. November 1944

Map Reference 966-967 Sheet 104 1 N.W. Map of Italy 1/25,000

Other American Dead Found in Same Area X-283; X-285; X-286

Cause of Death Unk.

22. Description of Remains

Skeletal state.

(If the remains have not been decomposed, attach to this form

GMC Form 1042 completely filled out to physical characteristics)

23. Skeletal Data

HEAD Missing.

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TOOTH CHART Impossible.

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---

TRUNK Present are : 2 cervical and 2 dorsal vertebrae.

---

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UPPER EXTREMITIES (Give measurements of long bones).

R Humerus	<u>Missing</u>	L Humerus	<u>Missing</u>
R Ulna	<u>Missing</u>	L Ulna	<u>Missing</u>
R Radius	<u>Missing</u>	L Radius	<u>Head missing</u>

Carpels, Metacarpals, Phalanges 4 metacarpals are present.

---

LOWER EXTREMITIES (Give measurements of long bones).

R Femur	<u>Missing</u>	L Femur	<u>Missing</u>
R Tibia	<u>Missing</u>	L Tibia	<u>Missing</u>
R Fibula	<u>Missing</u>	L Fibula	<u>Missing</u>

Calcanea, Tarsals, Metatarsals, Phalanges Missing.

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24. AGE ESTIMATED AT Over 18 years.  
BASED ON Degree of closure of the epiphyses of the L radius.

25. SUMMARY OF FINDINGS:  
Age estimation - Over 18 years.  
Tooth chart - Impossible.  
Height estimation - Impossible.

26. RECOMMENDATIONS:

PROCESSED BY :

*Evlert A. Johnson*

EVLERT A. JOHNSON  
Pfc. 17173881  
CIP Technician

*Mack C. Holt*  
(Signature of Officer)

MACK C. HOLT  
1st Lt OMC  
CIP Officer

*Alexander Tardv*

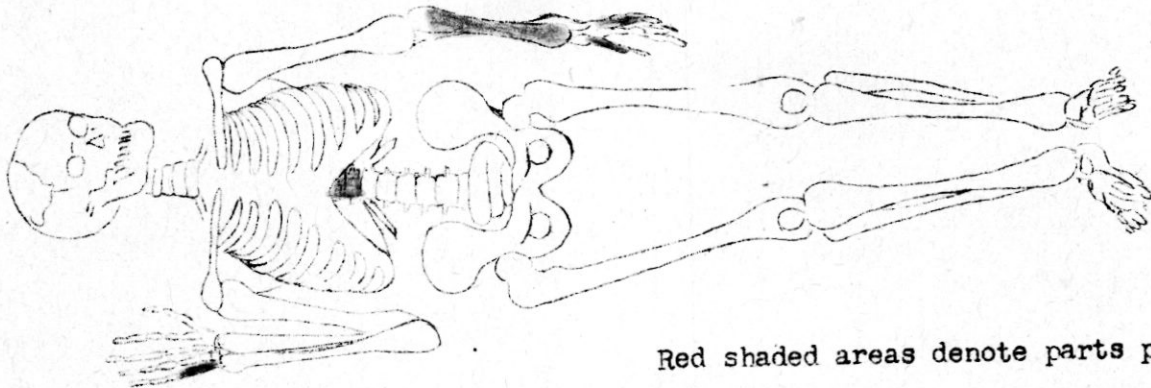
Dr. ALEXANDER TARDV  
M.D., D.A. (Anthropology), B.S.D., O.S.D. 00134

IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN		2. DATE OF REPORT	
X-284		18 October 1948	
3. NAME OF CEMETERY		4. PLOT	5. ROW
U S Military Cemetery		2K	86
Castelfiorentino, Italy		4912	
6. GRAVE		7. DATE OF	
		DISIN- REIN-	
		TERMENT TERMENT	
PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Impossible	Impossible	Unknown	Colored
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS			
Non-Identifiable by reason of lack of sufficient identifying data.			
<i>T.C. Anderson</i> 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 type="checkbox"/>		
15. WAS BODY EXHUMED?		TO WHAT EXTENT?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE DEFORMATIONS			
None			
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).			
None			

*S.L. 1 Feb 49  
Subject's Remains, U.S.  
Deceased - Indentifiable*

Received \_\_\_\_\_ OQMG  
Not identifiable from information presently available  
*Larkins*

## 19. BLACK OUT PARTS OF BODY NOT RECOVERED



Red shaded areas denote parts present.

20.

MASS BURIAL CERTIFICATE (If applicable)  
 (Wherein 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. 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.

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

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

Typed Name, Grade, Arm or Service and Organization

SIGNATURE

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

s/ Mack C. HOLT



HEADQUARTERS  
9107 TSU - QMC  
AMERICAN GRAVES REGISTRATION SERVICE  
MEDITERRANEAN ZONE  
PO 794 US ARMY

GENERAL 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-481

Date of Investigation 18 Oct 48

Unknown American X- 284

Am. Mil. Cem. Castelfiorentino Italy: Plot 2J Row No. 94 Grave 4912

Place of Death Vic. M.Canala, Italy Date of Death Est. November 1944

Map Reference 966-967 Sheet 104 1 N.W. Map of Italy 1/25,000

Other American Dead Found in Same Area X-283; X-285; X-286

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 Missing

TOOTH CHART Impossible

TRUNK: Present are: 2 cervical and 2 dorsal vertebrae.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Missing L Humerus Missing

R Ulna Missing L Ulna Missing

R Radius Missing L Radius Head missing

Carpals, Metacarpals, Phalanges 4 metacarpals are present

LOWER EXTREMITIES (Give measurements of long bones).

R Femur Missing L Femur Missing

R Tibia Missing L Tibia Missing

R Fibula Missing L Fibula Missing

Calcanea, Tarsals, Patallae, Metatarsals, Phalanges

Missing

24. AGE ESTIMATED AT Over 18 years  
BASED ON Degree of closure of the epiphyses of the L radius.  
\_\_\_\_\_  
\_\_\_\_\_

25. SUMMARY OF FINDINGS:  
Age estimation - Over 18 years  
Tooth chart - Impossible  
Height estimation - Impossible

26. RECOMMENDATIONS

PROCESSED BY:

s/ Evert A. Johnson  
Pfc. 17173881  
CIP Technician

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

s/ Mack C. HOLT

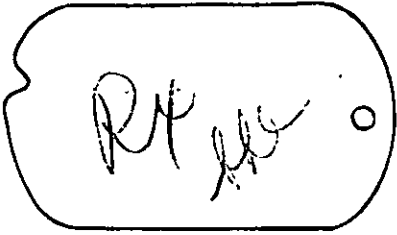
\_\_\_\_\_  
(Signature of Officer)

MACK C. HOLT  
1st Lt QMC  
CIP Officer

RESTRICTED

152

<b>QMC Form 1042</b> (Rev 1 Apr 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used)	<b>REPORT OF INTERMENT</b> <i>(AR 30-1810 and AR 30-1815)</i>	DATE OF REPORT 14 January 1949
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<i>Imprint Identification Tag If Possible DO NOT TYPE</i> 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) UNKNOWN AMERICAN X-284		SERIAL No. Unk.
	GRADE Unk.	ORGANIZATION Unk.	BRANCH OF SERVICE
	RACE Unk.	RELIGION Unk.	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY U.S.A.

PLACE OF DEATH Vic. Mt. Canala, Italy	CAUSE OF DEATH Unk.	DATE OF DEATH 1st Nov. 1944
--	------------------------	--------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unk

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
--	--

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> 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. Military Cemetery Castelfiorentino, Italy

DATE OF BURIAL 4 Oct. 46	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Wooden Casket	TYPE OF GRAVE MARKER Wooden Cross	PLOT No 2K	ROW No 86	GRAVE No 4913
-----------------------------	--------------	--	--------------------------------------	---------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Duplication of remains U.S.M.C. Castelfiorentino	PLOT No 2J	ROW No 94	GRAVE No 4861
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TYPE OF RELIGIOUS CEREMONY General	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY  Copy of this report interred with remains.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown X-60690	RANK Unk.	SERIAL No Unk.	ORGANIZATION Unk.	GRAVE No. 4911.
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-286	RANK Unk	SERIAL No. Unk.	ORGANIZATION Unk	GRAVE No. 4913.
--	-------------	--------------------	---------------------	--------------------

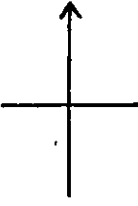
SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT JOHN L. JACKS JR., CAPT. QMC., GRC
--------------------------------------	---

**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*

60136

RESTRICTED

**RESTRICTED**

LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.			
LEFT RING FINGER	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.			
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT INDEX FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT THUMB	OTHER IDENTIFICATION CLUES			
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER				
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
	REMARKS: Remains segregated from Common Grave 35 (2 in 1), U.S. Military Cemetery, Castelfiorentino, Italy			

IDENTIFICATION  
 FEB. 14  
 BRANCH