

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-307

SUBJECT

Interred APR 27 1949

CRJ

USMC FLORENCE

P 10 /33

WALTER E. THOMAS
Capt. CMP. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 04762

DATE

15 10 48
DAY MONTH YEAR

NAME

UNKNOWN X-000307

SERIAL NUMBER

GRADE

ARM

0

RACE

0

RELIGION

6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

2K

ROW

85

GRAVE

4904

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 DISINTERRED

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELETAL

FILE

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

10 MAY 1949

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 October 1948

BY

CLYDE B. ROSEBOON (EMBALMER)

CASKET SEALED BY

CLYDE B. ROSEBOON (EMBALMER)

EMBALMER (Signature)

CASKET BOXED AND MARKED

CLERK RECORDER

DATE 27 Oct. 48

BY

THOMAS COX

SHIPPING ADDRESS VERIFIED BY

THOMAS E. PULLIAM, CAPT 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 G. HOLT, 1ST LT QMC
SIGNATURE OF GRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

FROM LEGHORN FORT MORGUE	TO USMC FLORENCE ITALY
KIND OF CONVEYANCE RAIL	NAME OF CONVOYER CPT. H. G. ...
SIGNATURE OF SHIPPER KENNETH D. MC FEELY, 1ST LT QMC	SIGNATURE OF RECEIVER <i>Jess H. Carnal</i> JESS H. CARNAL, 1ST LT QMC
DATE 11 March 1949	DATE 11 March 1949

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

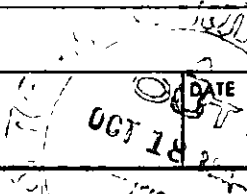
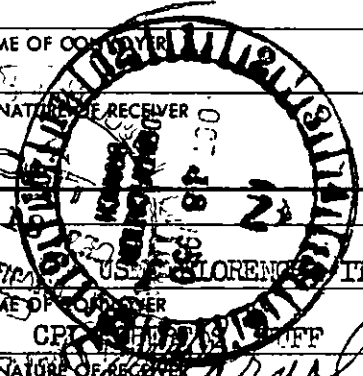
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

6. SHIPPED

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

7. SHIPPED

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



To be used only when disinterment is made prior to receipt of QMC Form 1104 (Disinterment Location Directive)

Remains Storage Point Location

204

AGRS - MZ WORK SHEET DISINTERMENT

Date 18 August 1948

No.

SECTION A: Information obtained from Zone Hq Record

NAME	SERIAL NO.	RANK	ARM
Unknown American X-307	Unk.	Unk.	Unk.
CITY			RACE
Castelfiorentino			
PLOT	ROW	GRAVE	COUNTRY
2K	85	4904	Italy
RELIGION			

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

NAME	SERIAL NO.	RANK	DATE DISINTERRED
UNKNOWN AMERICAN	X-307	UNK	17 SEPT 48
IDENTIFICATION TAG ON	QMC FORM #1042	RELIGION	IDENTIFICATION VERIFIED BY
Remains	with Remains	UNK	<i>J. H. Carnal</i>
Marker	YES (Yes or No)	UNK	J. H. CARNAL 1 LT QMC.
<input type="checkbox"/>	<input type="checkbox"/>		Name & Title

SECTION D: PREPARATION OF REMAINS FOR STORAGE

NATURE OF BURIAL	CONDITION OF REMAINS
SHROUD	SKELETAL
OTHER MEANS OF IDENTIFICATION	
BURIAL REPORT	
MINOR DISCREPANCIES	
NONE	

REMAINS PREPARED AND PLACED IN CASKET

Date 27 OCTOBER 1948	By CLYDE B. ROSEBOOM (EMBALMER)
CASKET SEALED BY	EMBALMER (Signature)
CLYDE B. ROSEBOOM (EMBALMER)	<i>Clyde B. Roseboom</i>
IDENTIFICATION PLATE PLACED ON CASKET	CLERK RECORDER
Date 27n OCTOBER 1948	Name THOMAS COX
	Title

REMARKS

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

Frank C. Holt
 FRANK C. HOLT, 1ST LT, QMC
 Signature of GRS Inspector
 Grade and Organization

*Section "B" Omitted

CUSTODIAL TRANSFER

FROM
USMC CASTELFIORENTINO ITALY
CONVEYANCE
TRUCK
SHIPPER
N *W. H. HARRIS* 1 LT FA

TO
LEGIORN PORT MORGUE
CONVEYANCE
R *W. CROCKER* 2 LT QMC
DATE
22 Sept 48

RECEIVER :

DATE :

KEL TH D. BO PULLY 1ST LT TC

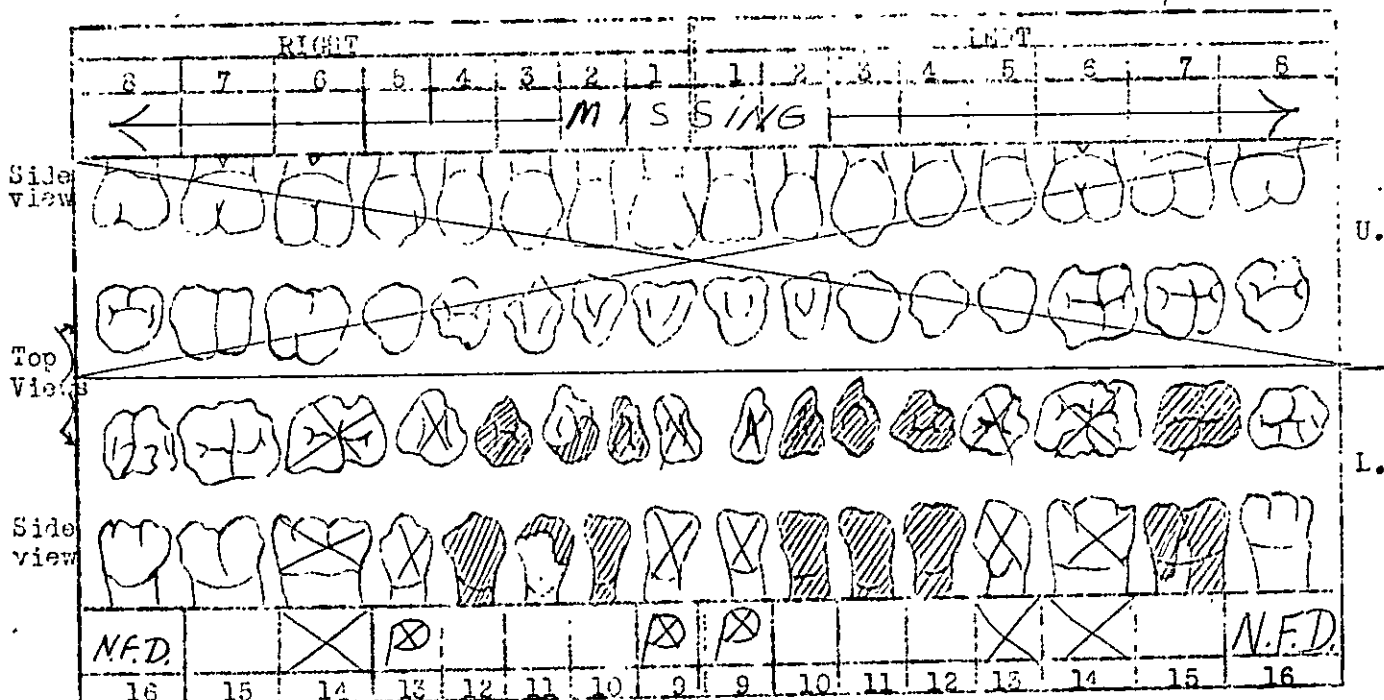
22 SEPT 1948

MEMORIAL DIVISION

MAY 6 9 47 AM '49

REPATRIATION
RECORDS BRANCH

TOOTH CHART

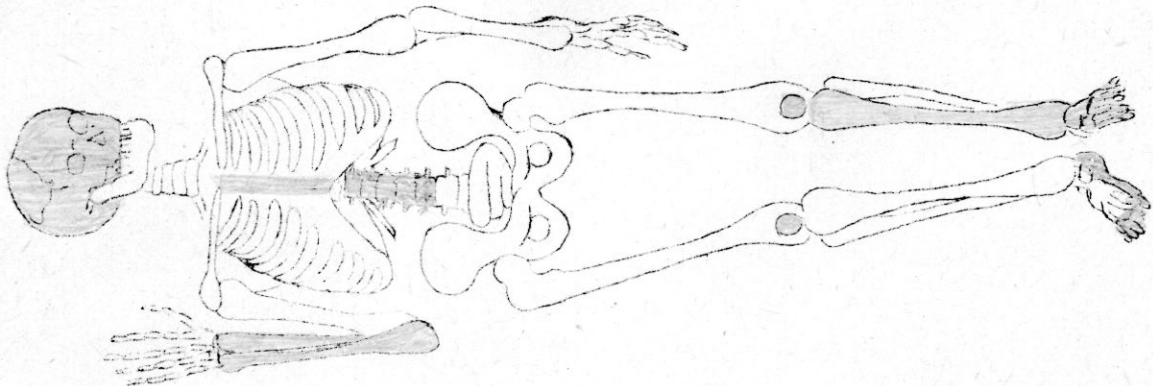


Dentures (Plates): NFD - Not Fully Developed. The teeth have not erupted.

QAC Form 1044 a
18 March 1947

Tooth 15-R was broken off during the process of extraction and the bone has fused, covering the stub completely.
Shaded areas indicate teeth broken or chipped.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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.

DR. ALEXANDER TARDY
M.D., D.A. (Antropology) 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

(signed)

HEADQUARTERS
9107 TSU - QMC
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 794 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-504

Date of Investigation 9 Oct 48

Unknown American X- 307

Am. Mil. Com. Castelfiorentino Italy: Plot 2K Row No. 85 Grave L904

Place of Death Mt. Altuzzo, Italy Date of Death Unknown

Map Reference Q-91.3-98.3 Sheet 98 Map of Italy 1/100,000

Other American Dead Found in Same Area Unknown X-303, 304, 305, 306,

308, 309, 310, 311, 312.

Cause of Death KIA

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 Mandible present.

TOOTH CHEST Accomplished

TRUNK Complete except for: Sternum; 12th dorsal and the first, second and third lumbar vertebrae.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus 30.8 cm L Humerus 30.5 cm
R Ulna Missing L Ulna 24.7 cm
R Radius Missing L Radius 22.7 cm
Carpals, Metacarpals, Phalanges Partly present.

LOWER EXTREMITIES (Give measurements of long bones).

R Femur 44.2 cm L Femur 44.0 cm
R Tibia 34.8 cm L Tibia Missing
R Fibula 34.1 cm L Fibula 33.9 cm
Calcanea, Tarsals, Patellae, Metatarsals, Phalanges Partly present. Both patellae missing.

24. AGE ESTIMATED AT Between 20 and 28 years.
BASED ON Degree of closure of the epiphyses of the long bones,
clavicle, and pelvis.

25. SUMMARY OF FINDINGS: Tooth chart - accomplished
Height estimation- 5' 2 1/8"
Age estimate - between 20 and 28 years

26. RECOMMENDATIONS:

PROCESSED BY:

EVERT A. JOHNSON
Pfc 17173881
CIP Technician

(signed)

(Signature of Officer)

MACK C. HOLT
1st Lt QMC
CIP Officer

-3-

Dr. ALEXANDER TARDY
M.D., D.A. (anthropology) G.S.D., O.S.D.

AUG 13 1948

RESTRICTED

DATE OF REPORT

QMC Form 1042

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

18 May 1948

Imprint Identification
Tag if Possible

Section 1. --IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL NO.

Unknown American Soldier X-307

Unknown

GRADE

ORGANIZATION

BRANCH OF SERVICE

Unknown

Unknown

Army

RACE

RELIGION

IF OTHER THAN U.S.
DEAD, GIVE NAME OF
COUNTRY USA

Unknown

Unknown

PLACE OF DEATH **Mt. Altuzzo**
Italy (Q 91.3-98.3) Sh 98
Map of Italy 1/100,000

CAUSE OF DEATH

KIA

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF
IDENTIFICATION (If unidentified, fill in sec-
tion 3 on reverse)WERE SUBSTITUTE TAGS PROVIDED?
(Yes or no)

No

COMPLETED PLOTH CHART ON QMC FORM 1045
ATTACHED HERETO

YES

See C.I.P. Report

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U.S. Military Cemetery Castelfiorentino (Q 547-507) Italy

DATE OF BURIAL	HOUR	BURIED IN (Should, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
18 May 1948	1500	Wooden Casket	Wooden Cross	2K	85	4904

WAS THIS A REBURIAL?
(Yes or no)

No

IF A REBURIAL, INDICATE NAME, NUMBER,
PREVIOUS CEMETERY, AND LOCATION OF GRAVECOORDINATES OF
PLOT ROW GRAVE
No. No. No.TYPE OF RELIGIOUS
CEREMONY

General

PERSON CONDUCTING BURIAL
RITES

-

IF IDENTIFICATION TAGS NOT USED,
DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODY.
QMC Form 1042 sealed in glass container
and buried with body
QMC Form 1042 sealed in glass container
and buried one foot below grave markerIDENTIFICATION TAG
BURIED WITH BODY
(Yes or No) NoIDENTIFICATION TAG
ATTACHED TO MARKER
(Yes or No) NoBODY BURIED ON DECEASED LEFT, NAME
(Last, first, middle initial)

Unknown American Soldier X-306

RANK

SERIAL

ORGANIZATION

GRAVE

Unk

No

Unk

No

4903

BODY BURIED ON DECEASED RIGHT, NAME
(Last, first, middle initial)

Unknown American Soldier X-308

RANK

SERIAL

ORGANIZATION

GRAVE

Unk

No

Unk

No

4905

SIGNATURE OF PERSON PREPARING REPORT

Serafino A. Cocucci, DAC


SIGNATURE OF GRS OFFICER VERIFYING REPORT

Edward Bayer, 1st Lt. MC

DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original
and one copy for enemy dead, to the QMC through Hdq GRS Officer. Copies for reten-
tion in theater as prescribed by theater commander.

RESTRICTED

60651

Section 3.- UNIDENTIFIED REMAINS:												
LEFT LITTLE FINGER	<p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identify 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.</p> <p>(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 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 the diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>											
LEFT RING FINGER												
LEFT MIDDLE FINGER												
Fingerprints not possible, remains in skeletal state.	LEFT INDEX FINGER	<table border="1"> <tr> <td>HEIGHT</td> <td>WEIGHT</td> <td>COLOR OF EYES</td> <td>COLOR OF HAIR</td> <td>SCARS, SORES, OR TATTOOS</td> </tr> <tr> <td>5' 2 1/8" Estimated</td> <td>- -</td> <td>- -</td> <td>- -</td> <td>-</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, SORES, OR TATTOOS	5' 2 1/8" Estimated	- -	- -	- -	-
	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, SORES, OR TATTOOS							
	5' 2 1/8" Estimated	- -	- -	- -	-							
	LEFT THUMB	<table border="1"> <tr> <td>WEAPON AND SERIAL No.</td> <td>LAUNDRY MARKS</td> <td>WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td>- -</td> <td>- -</td> <td>- - *</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	- -	- -	- - *				
	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND									
	- -	- -	- - *									
	RIGHT THUMB	<p>OTHER IDENTIFICATION CLUES</p> <p style="text-align: right;">* Mt Altuzzo, Italy, (Q 91.3-98.3) Sh 98, Map of Italy 1/100,000</p>										
	RIGHT INDEX FINGER											
	RIGHT MIDDLE FINGER											
	RIGHT RING FINGER											
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>											
REMARKS:												
None												

RESTRICTED

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 794 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

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

C.I.F. Case No. _____

Date of Investigation 18 May 1948

Unknown American X- 307

Am. Mil. Cem. Castelfiorentino Italy: Plot 2K Row No. 85 Grave 1904

Place of Death Mt. Altuzzo Date of Death Unknown

Map Reference Q 91.3 - 98.3 Sheet 98 Map of Italy 1/100,000

Other American Dead Found in Same Area Unknowns X-303, 304, 305, 306, 308, 309, 310,

311, 312

Cause of Death KIA

22. Description of Remains

Skeletal state

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

23. Skeletal Data

HEAD. Skull missing, mandible present.

TOOTH CHART Accomplished

TRUNK Left & right Scapula, Left & right Clavicle, 7 Cervicle Vertebrae,
11 Dorsal Vertebrae, 2 Lumber Vertebrae, complete Pelvis Region,
approximately 22 Ribs.

UPPER EXTREMITIES. (Give measurements of long bones.)

R Humerus	<u>30.8</u>	L Humerus	<u>30.5</u>
R Ulna	<u>Missing</u>	L Ulna	<u>29.9</u>
R Radius	<u>Missing</u>	L Radius	<u>22.9</u>
Carpels, Metacarpels, Phalanges	<u>Missing</u>		

LOWER EXTREMITIES. (Give measurements of long bones.)

R Femur	<u>111.2</u>	L Femur	<u>111.0</u>
R Tibia	<u>34.6</u>	L Tibia	<u>Missing</u>
R Fibula	<u>34.2</u>	L Fibula	<u>34.0</u>
Calcanea, Tarsals, Patellae, Metatarsals, Phalanges	<u>1 Calcanea, 3 Tarsals, 8 Metatarsals</u>		


24. AGE ESTIMATED AT Over 20 years.

BASED ON Epiphyseal lines on long bones are closed.

25. SUMMARY OF FINDINGS:

1. The remains were found to be in skeletal state.
2. The remains consist of the representative parts of one (1) body only.
3. No personal effects were found.
4. A tooth chart was accomplished.
5. The age was estimated at over 20 years, the height at 5 ft. 2 1/8 in.

26. RECOMMENDATIONS:


EDWARD BAYER 1st Lt INF
(Signature of Officer)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X - 307				2. DATE OF REPORT 18 May 1948	
3. NAME OF CEMETERY CASTELFIORENTINO	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	2K	85	4904	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Unknown	9. ESTIMATED HEIGHT 5' 2 1/8"	10. COLOR OF HAIR Unknown	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) helmet liner with "CD" printed on the side, Also on helmet viser was Pin No. 619.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None. Remains in skeletal state.

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

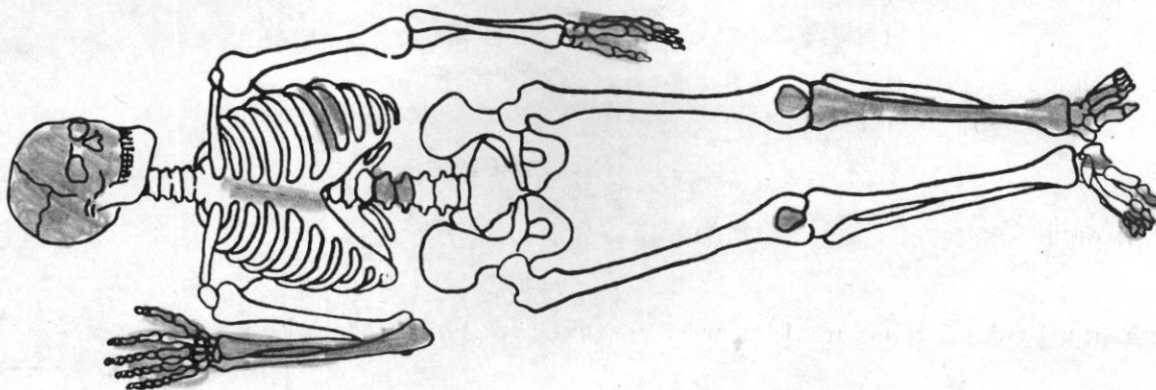
The head of the right Fibula has a growth on the back, The growth is a bony tissue.

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)

- 1 helmet liner with CD printed on the side, also laundry mark 619 on side**
- 1 cartridge belt**
- 1 Stock M-1 pistol (broken)**
- 1 Cover for canteen**

60651

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

Not applicabel.

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

None

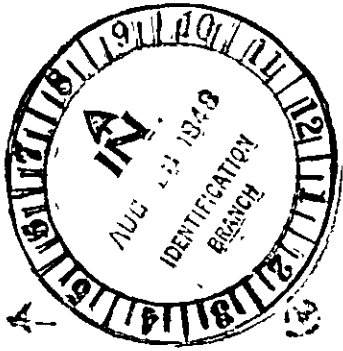
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT S. HUFF, Pfc 16216004

SIGNATURE

Handwritten signature of Robert S. Huff in cursive script.



Handwritten characters and symbols, possibly a sequence of numbers or letters, including "10", "11", "12", "13", "14", "15", "16", "17", "18", "19", "20", "21", "22", "23", "24".

Handwritten 'X' marks arranged in a grid pattern, likely representing a data table or a sequence of events.