

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-310

SUBJECT

Entered APR 25 1949

LH

B 7 27 USMC FLORENCE  
*Walter E Thomas*  
WALTER E THOMAS  
Capt CMP Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 04753

DATE

15 09 48  
DAY MONTH YEAR

NAME

~~UNKNOWN X-000310~~

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0

0

6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

2K

ROW

85

GRAVE

4907

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

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

- REMAINS
- MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELETAL

FILE

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

1 MAY 1949

IDENTIFICATION

BY

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

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 October 1948

BY

EUGENE E. CASTELLARIN (EMBALMER)

CASKET SEALED BY

EMBALMER (Signature)

EUGENE E. CASTELLARIN (EMBALMER)

CASKET BOXED AND MARKED

CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY

DATE 27 Oct. 48 BY

THOMAS COX

*Thomas P. Fulliam*  
THOMAS P. FULLIAM, 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 C. HOLT, 1ST LT QMC

SIGNATURE OF AGRS INSPECTOR

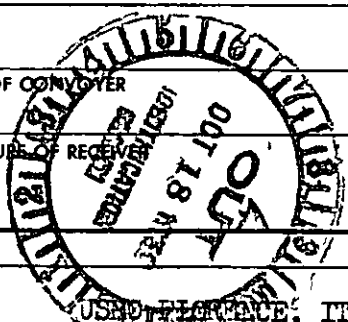
REMARKS AND SPECIAL INSTRUCTIONS

*new*  
*1949*

# RECORD OF CUSTODIAL TRANSFER

## 1 SHIPPED

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



## 2 SHIPPED

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| FROM<br>LEGHORN PORT MORGUE                            |                       | TO<br>USMC FLORENCE, ITALY   |                       |
| KIND OF CONVEYANCE<br>RAIL                             |                       | NAME OF CONVOYER<br>CPL ROBERT S. HUFF                                       |                       |
| SIGNATURE OF SHIPPER<br>KENNETH D. MC FEELY, 1ST LT TC | DATE<br>10 March 1949 | SIGNATURE OF RECEIVER<br><i>Jess H. Carnal</i><br>JESS H. CARNAL, 1ST LT QMC | DATE<br>11 March 1949 |

## 3 SHIPPED

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

REPAIR TRAIN  
 RECORDS BRANCH  
 MAY 6 9 47 AM '49  
 INFANTRY DIVISION

## 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 |

IDENTIFICATION DATA

|  |                             |                   |              |
|--|-----------------------------|-------------------|--------------|
| 1. REMAINS OF UNIDENTIFIED   |                             | 2. DATE OF REPORT |              |
| X-310  |                             | 19 October 1948   |              |
| 3. NAME OF COUNTRY   | 4. PLOT NO.                 | 5. GRAVE NO.      | 6. GRAVE NO. |
| USMC Castelfiorentino, Italy   | 2K                          | 85                | 4907         |
| PHYSICAL DESCRIPTION   |                             |                   |              |
| 8. HAIR COLOR  | 9. HAIR LENGTH              | 10. COLOR OF SKIN | 11. RACE     |
| Unknown  | 5' 3 7/8"                   | Unknown           | Unknown      |
| 12. GIVE DESCRIPTION OF ANY OTHER IDENTIFICATION FOUND IN REMAINS  |                             |                   |              |
| "Non-identifiable by reason of lack of sufficient identifying data"  |                             |                   |              |
| None   |                             |                   |              |
| 13. GIVE DESCRIPTION OF ANY OTHER SOURCE OF INFORMATION RECEIVED FROM OTHER SOURCES  |                             |                   |              |
| None   |                             |                   |              |
| 14. WAS BODY IDENTIFIED?   |                             | TO WHAT EXTENT?   |              |
| YES <input type="checkbox"/>   | NO <input type="checkbox"/> |                   |              |
| 15. WAS BODY IDENTIFIED?   |                             | TO WHAT EXTENT?   |              |
| YES <input type="checkbox"/>   | NO <input type="checkbox"/> |                   |              |
| 16. DESCRIBE EVIDENCE OF BURIED STRUCTURE AND ITS CHARACTERISTICS  |                             |                   |              |
| None   |                             |                   |              |
| 17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MAKE, SERVICE, ETC. (If laundry marks are indistinct, such notation should be made and service provided through channels for examination when facilities are not available in the area). |                             |                   |              |
| None   |                             |                   |              |

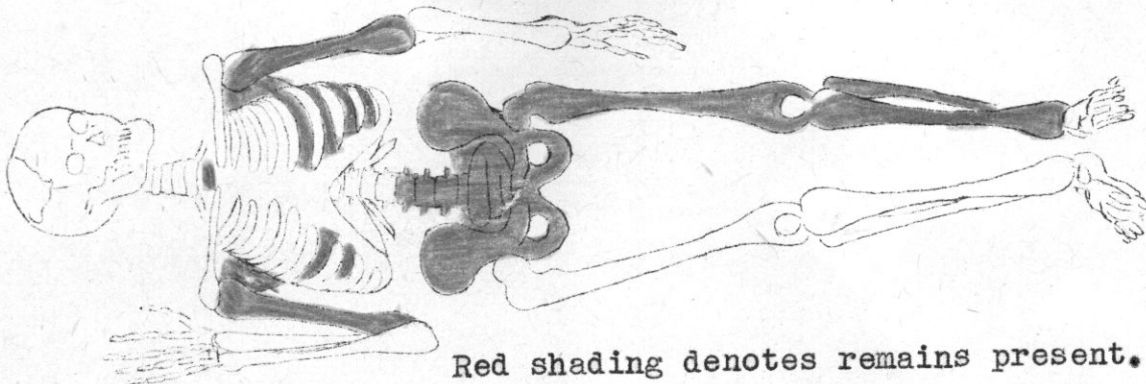
QPC FORM 1041  
REV 18 Mar 47

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF CHURCHES

TL, 3 Feb 49. "Remains  
of deceased used"

Received 24 Feb 49 OQMG  
Not identifiable from  
information presently  
available *Terma Gier*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Red shading denotes remains 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.

DR. ALEXANDER TARDY  
M.D., D.A. (antropology) G.S.D., OS

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 ISU - QMC  
AMERICAN GRAVES REGISTRATION SERVICE  
EDWARDS AFB ZONE  
APO 704 US AIR

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. I-507

Date of Investigation 19 Oct 48

Unknown American Y- 310

Am. Mil. Cor Castelfiorentino Italy Plot 2K Row No. 85 Grave 4907

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

Map Reference 9-91.3-98.3 Sheet 98 Map of Italy 1/100,000

Other American Dead Found in Same Area UNKNOWN X-303, 304, 305, 306, 307,  
308, 309, 311, and 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 Missing

TOOTH CLIP Impossible

TRUNK Present are: R & L scapulae; 4  $\frac{1}{2}$  dorsal, and 4 lumbar vertebrae; sacrum, and R & L pelvis.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Epicondyles missing L Humerus 32.9 cm  
R Ulna Missing L Ulna Missing  
R Radius Missing L Radius Missing  
Carpals, Met carpals, Phalanges Missing

LOWER EXTREMITIES (Give measurements of long bones).

R Femur Missing L Femur 44.7 cm  
R Tibia Missing L Tibia 34.7 cm  
R Fibula Missing L Fibula 35.0 cm  
Calcanea, Tarsals, Patellae, Metatarsals, Phalanges Missing. Both patellae are missing.

24. AGE ESTIMATED ~~Between 19 and 21 years~~  
BASED ON Degree of closure of the epiphyses of the long bones and pelvis.

25. SUMMARY OF FINDINGS  
Tooth chart - impossible  
Height estimation - 5' 3 7/8"  
Age estimate - between 19 and 21 years.

26. RECOMMENDATIONS

PROCESSED BY

EVERT A. JOHNSON  
Pfc 17173881  
CIP Technician

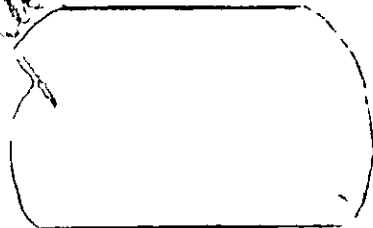
(Signed)  
\_\_\_\_\_  
(Signature of Officer)  
MACK E. HOLT  
1st Lt. QMC  
CIP Officer

DR. ALEXANDER TARDY  
M.D., D.A. (Anthropology) G.S.D., O.S.D.



AUG 6 1948

RESTRICTED

|   |  |  |  |                               |
|---|--|--|--|-------------------------------|
| QMC Form 1042   |  | REPORT OF INTERMENT<br>(AR 30-1810 and AR 30-1815) |  | DATE OF REPORT<br>18 May 1948 |
| Fingerprint Identification Tag if Possible<br><br> | Section 1. -IDENTIFICATION   |  |  |                               |
|   | NAME (Last, first, middle initial)<br>Unknown American Soldier X-310 |  | SERIAL NO<br>Unknown                                 |                               |
|   | GRADE<br>Unknown   | ORGANIZATION<br>Unknown                            | BRANCH OF SERVICE<br>Army                            |                               |
|   | RACE<br>Unknown  | RELIGION<br>Unknown                                | IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY<br>USA |                               |
| PLACE OF DEATH<br>Mt Altuzzo Italy (Q 91.3-98.3) Sh 98<br>Map of Italy 1/100,000  | CAUSE OF DEATH<br>KIA  |  | DATE OF DEATH<br>Unknown                             |                               |

EMERGENCY ADDRESSEE (Name, relationship, and address)

None

|   |  |
|---|--|
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)<br>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)<br>No          | COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO   |

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               | 4907      |
| WAS THIS A REBURIAL? (Yes or no)<br>No  | IF A REBURIAL, INDICATE NAME, NUMBER, PREVIOUS CEMETERY, AND LOCATION OF GRAVE |  |  | PLOT No.            | ROW No.          | GRAVE No. |
| TYPE OF RELIGIOUS CEREMONY<br>General   | PERSON CONDUCTING BURIAL RITES   |  | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY. |                     |                  |           |
| IDENTIFICATION TAG BURIED WITH BODY (Yes or No)<br>No   | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or No)<br>No                        | QMC Form 1042 sealed in glass container and buried with body<br>QMC Form 1042 sealed in glass container and buried one foot below grave marker |  |                     |                  |           |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br>Unknown American Soldier X-309  |  | RANK<br>Unk  | SERIAL No<br>Unk   | ORGANIZATION<br>Unk | GRAVE No<br>4906 |           |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br>Unknown American Soldier X-311 |  | RANK<br>Unk  | SERIAL No<br>Unk   | ORGANIZATION<br>Unk | GRAVE No<br>4908 |           |
| SIGNATURE OF PERSON PREPARING REPORT<br>Serafino A. Cocucci, DAC                                    |  |  | SIGNATURE OF GPO OFFICER VERIFYING REPORT<br>Edward E. Boyer, 1st Lt, Inf.                     |                     |                  |           |

DISTRIBUTION OF REPORT Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the QMC through Hdq (RS Officer). Copies for retention in theater as prescribed by theater commander.

RESTRICTED

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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 16 May 1948

Unknown American X- 310

Am. Mil. Cem. Castelfiorentino Italy Plot 2K Row No. 85 Grave 4907

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 Unknowns X-303, 304, 305, 306, 307, 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 Missing

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TOOTH CHART Impossible

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TRUNK Approx. 9 ribs, 5 dorsal vertebrae, 4 lumbar vertebrae,

left & right scapula, right pelvis, sacrum.

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UPPER EXTREMITIES. (Give measurements of long bones.)

R Humerus missing L Humerus portion of head missing

R Ulna missing L Ulna missing

R Radius missing L Radius missing

Carpels, Metacarpels, Phalanges missing

---

LOWER EXTREMITIES (Give measurements of long bones.)

R Femur missing L Femur missing

R Tibia missing L Tibia missing

R Fibula head & lower portion missing L Fibula missing

Calcanea, Tarsals, Patellae, Metatarsals, Phalanges

missing

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24. AGE ESTIMATED AT Over 20 years.

BASED ON The epiphysial lines of the humerus are closed.

25. SUMMARY OF FINDINGS.

1. The remains were found to be in a 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 impossible.
5. The age was estimated at over 20 years, the height was impossible due to the lack of measurements.

26. RECOMMENDATIONS None.

  
EDWARD BAYER 1st Lt. INF.  
(Signature of Officer)

**IDENTIFICATION DATA**

|   |                     |                    |                        |   |             |
|---|---------------------|--------------------|------------------------|---|-------------|
| 1 REMAINS OF UNKNOWN<br><b>UNKNOWN X-310</b>  |                     |                    |                        | 2 DATE OF REPORT<br><b>18 May, 1948</b> |             |
| 3 NAME OF CEMETERY<br><b>CASTELFIORENTINO</b> | 4 PLOT<br><b>2K</b> | 5 ROW<br><b>85</b> | 6 GRAVE<br><b>4907</b> | 7 DATE OF                               |             |
|   |                     |                    | DISINTERMENT           |   | REINTERMENT |

**PHYSICAL DESCRIPTION**

|                                      |                                      |                                    |                           |
|--------------------------------------|--------------------------------------|------------------------------------|---------------------------|
| 8 ESTIMATED WEIGHT<br><b>Unknown</b> | 9 ESTIMATED HEIGHT<br><b>Unknown</b> | 10 COLOR OF HAIR<br><b>Unknown</b> | 11 RACE<br><b>Unknown</b> |
|--------------------------------------|--------------------------------------|------------------------------------|---------------------------|

12 GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**None**

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

**None. Remains were found in skeletal state.**

|  |                 |
|--|-----------------|
| 14 WAS BODY BURNED?                                      | TO WHAT EXTENT? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                 |

|  |                |
|--|----------------|
| 15 WAS BODY MANGLED?                                     | TO WHAT EXTENT |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                |

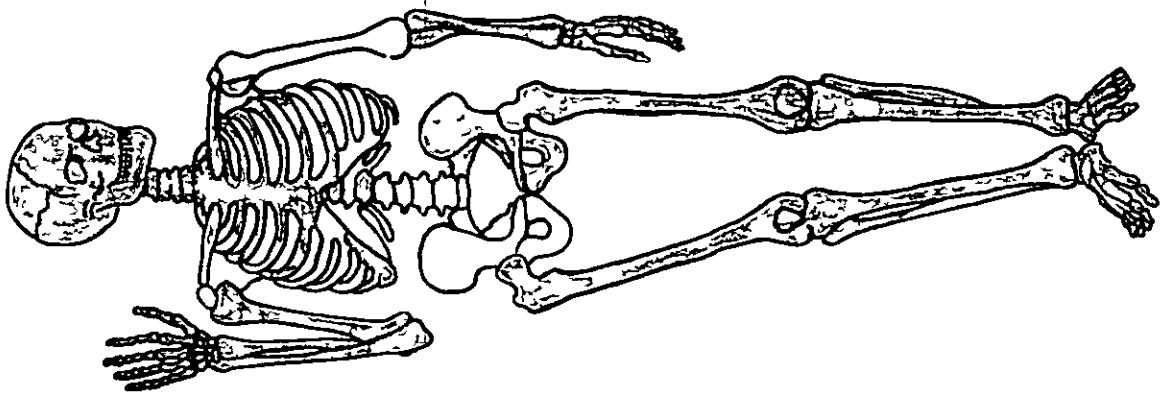
16 DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**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.**

00654



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**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 applicable**

\_\_\_\_\_  
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 HUFF, Pfc. 16216004**

SIGNATURE