

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelferentino, X-312

SUBJECT

Interred APR 25 1949

LH 1 R-5

B 2-24 USMC FLORENCE

1

WALTER E THOMAS DISINTERMENT DIRECTIVE

Capt CMP Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 04755

DATE

15 09 48

DAY MONTH YEAR

NAME

UNKNOWNX-000312

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0

0

6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

2K 86

GRAVE

4909

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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELETAL

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

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

NONE

FILE

111

15 OCT 1949

15 OCT 1949

15 OCT 1949

15 OCT 1949

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 F. 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 C. HOLT, 1ST LT QMC

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

111

1911

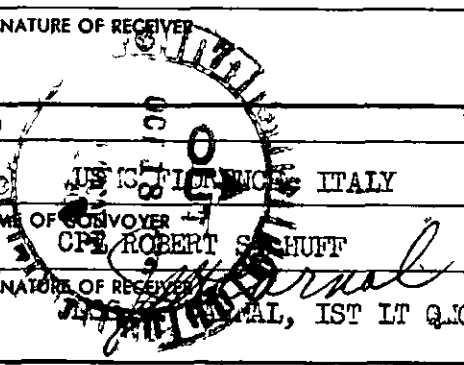
RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

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

2 SHIPPED

FROM LEGHORN PORT MORGUE		TO	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPT ROBERT S. SHUFF	
SIGNATURE OF SHIPPER KELMETH D. MC FELY, 1ST LT TC	DATE 11 March 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 11 March 1949



REPATRIATION RECORDS BRANCH
 MAY 6 9 47 AM '49
 MEMORIAL DIVISION

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

IDENTIFICATION DATA

1 REMAINS OF UNKNOWN V-312				2 DATE OF REPORT 18 October 1948		
3 NAME OF CEMETERY USMC Castelfiorentino Italy		4 PLOT 2K	5 ROW 86	6 GRAVE 4909	7 DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8 ESTIMATED WEIGHT Unk.	9 ESTIMATED HEIGHT 5' 5 1/2"	10 COLOR OF HAIR Unk.	11 RACE Unk.
----------------------------	---------------------------------	--------------------------	-----------------

12 GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None
"Non-Identifiable by reason of lack of sufficient identifying data"

E.C. Anderson
E.C. ANDERSON, Major, OMC

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

None

14 WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15 WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

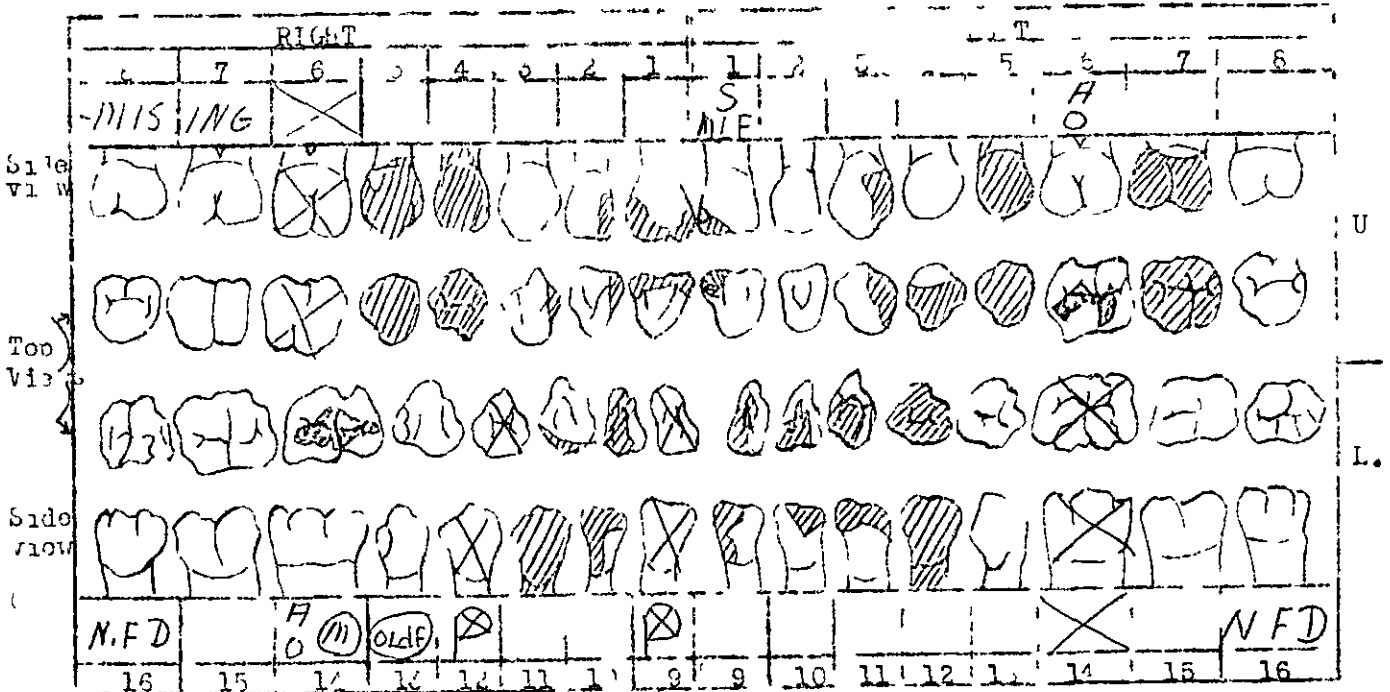
16 DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

One steel helmet
 Letters - USA printed in white paint on the front.

*TL 3 Feb 49, "Remains,
 u 8 deceased, unid"*
 Received 24 Feb 49 OQMG
 Not identifiable from
 information presently
 available *Verna Gier*

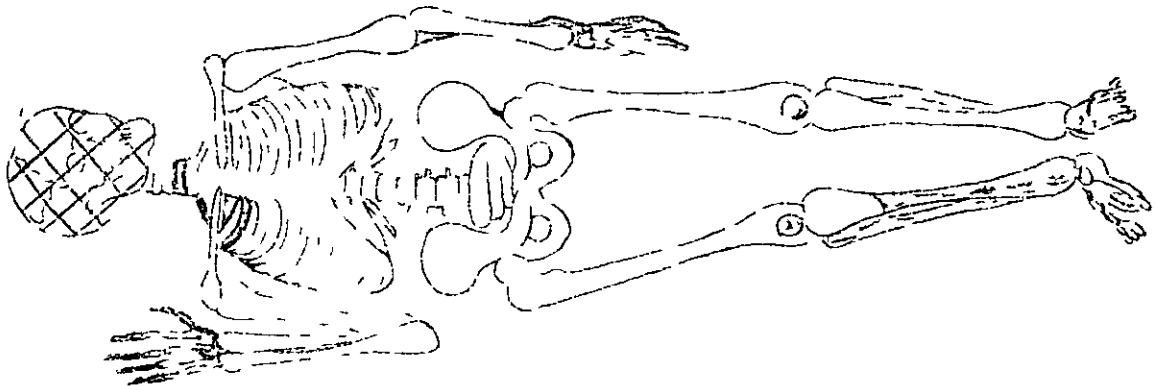


Dentures (Plaster)

Q C Form 1341 a
18 March 1947

The shaded areas denote teeth chipped or broken off.
 NFD - Not Fully Developed. Not completely erupted.
 Teeth 16-L and 16-R are impacted mesially.
 The fillings are of average quality.

19. BL C O L P A R T O F O B J E C T R E V E A L E D



20.

(If applicable)
(If a signature is not in whole or parts is impossible)

I certify that the Group shall consist of parts of _____ (Number)
accidents or series of accidents of one or more of the following anatomical
parts.

(Signature of Medical Officer)

21. C O N C L U S I O N

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 the above parts of the body of the deceased are those of the same individual
and are in the best of my knowledge

Typed Name, Grade, Rank 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
THE TERRIBLE ZONE
PO BOX 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-509

Date of Investigation 18 October 1948

Unknown American X- 312

Am. Mil. Serv. Castelfiorentino Italy Plot 2K Row No. 86 Grave 4909

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, 307

308, 309, 310, and 311.

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 Skull shattered

TOOTH COUNT Accomplished

TRUNK complete except for: the 6th cervical, 3rd and 7th dorsal vertebrae, and 2 ribs

UPPER LIMBS (Give measurements of long bones).

R Humerus 32.6 cm L Humerus 32.6 cm
R Ulna 26.4 cm L Ulna missing
R Radius 24.2 cm L Radius 23.4 cm
Carpals, Metacarpals, Phalanges Partly present

LOWER LIMBS (Give measurements of long bones).

R Femur 46.9 cm L Femur 46.5 cm
Tibia Head present L Tibia 36.3 cm
R Fibula Missing L Fibula Styloid process missing
Calcanea, Tarsals, Patallae, Metatarsals, Phalanges Missing. Both patallae missing

21. AGE ESTIMATION Between 26 and 28 years

22. DEGREE OF CLOSURE OF THE SUTURES OF THE SKULL AND THE
EPHYPHSES OF THE LONG BONES AND CLAVICLES.

25. SUMMARY OF FINDINGS

Tooth chart - accomplished

Height estimation - 5' 5 1/2"

Age estimation - between 26 and 28 years

26. RECOMMENDATIONS

PROCESSED BY:

s/ Evert A. Johnson
Pfc 17173881
CIP Technician

s/ Dr. Alexander Tardy
MD, DA, (Anthropology)
GSD, OSD.

s/ Mack C. Holt

(Signature of Bill)

1st Lt QMC
CIP Officer

AUG 6 1948

RESTRICTED

DATE OF REPORT

18 May 1948

QMC Form 1042

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

Fingerprint Identification Tag if Possible

Section 1 - IDENTIFICATION

NAME (Last, first, middle initial)

Unknown American Soldier X-312

SERIAL NO

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Army

RACE

Unknown

RELIGION

Unknown

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

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 section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

No

COMPLETED TOOTH 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	86	4909

WAS THIS A REBURIAL? (Yes or no)

No

IF A REBURIAL, INDICATE NAME, NUMBER, PREVIOUS CEMETERY, AND LOCATION OF GRAVE

COORDINATES 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 with body

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)

First grave, beginning of row

RANK SERIAL OF ORGANIZATION GRAVE

-

-

-

-

-

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

Empty at time of burial

RANK SERIAL ORGANIZATION GRAVE

-

-

-

-

-

SIGNATURE OF PERSON PREPARED REPORT

Serafino A. Cocucci, DAC

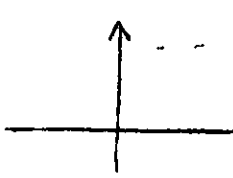
SIGNATURE OF QMC OFFICIAL VERIFYING REPORT

Edward Bayer 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

13. 6065t

LEFT LITTLE FINGER		Section 3.- UNIDENTIFIED REMAINS			
LEFT RING 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. Impaint 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 the diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>			
LEFT MIDDLE FINGER					
LEFT INDEX FINGER					
Fingerprints not possible, remains in skeletal state		WEIGHT	WEIGHT	COLOR OF EYES	DATE OF BIRTH
		5' 6 1/8"	- -	- -	- -
		Estimated			
LEFT THUMB		WEIGHT AND COLOR OF HAIR	DATE OF BIRTH	DATE OF DEATH	WHERE BORN
RIGHT THUMB					
RIGHT MIDDLE FINGER		OTHER IDENTIFICATION CLUES			
RIGHT RING FINGER		* Mt Altuzzo, Italy (Q 91.3-98.3) Sh 98 Map of Italy 1/100,000			
RIGHT LITTLE FINGER		FINISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
					
		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.P. Case No. _____

Date of Investigation 18 May 1948

Unknown American X- 312

Am. Mil. Cem. Caste I fiorentino Italy Plot 2K Row No. 86 Grave 4909

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

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 shattered

TOOTH CHART Accomplished

TRUNK Left and right scapula, left and right clavicle, sternum, 5 lumbar vertebrae, 10 dorsal vertebrae, 4 cervical vertebrae, complete pelvis region, approximately 22 ribs

UPPER EXTREMITIES. (Give measurements of long bones.)

R Humerus	<u>33.5</u>	L Humerus	<u>33.5</u>
R Ulna	<u>26.4</u>	L Ulna	<u>missing</u>
R Radius	<u>24.2</u>	L Radius	<u>23.3</u>
Carpels, Metacarpels, Phalanges	<u>missing</u>		

LOWER EXTREMITIES. (Give measurements of long bones.)

R Femur	<u>46.9</u>	L Femur	<u>46.5</u>
R Tibia	<u>head present</u>	L Tibia	<u>36.5</u>
R Fibula	<u>missing</u>	L Fibula	<u>portion of head missing</u>
Calcanea, Tarsals, Patellae, Metatarsals, Phalanges	<u>6 metatarsals, 1 phalange</u>		

24. AGE ESTIMATED AT Over 20 years.

BASED ON Epiphysial line on long bones 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 accomplished.
5. The age was estimated at over 20 years, the height at 5' 6 1/8"

26. RECOMMENDATIONS. None.


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

IDENTIFICATION DATA

1 REMAINS OF UNKNOWN X - 312				2 DATE OF REPORT 18 May 1948	
3 NAME OF CEMETERY CASTELFIORENTINO		4 PLOT 2K	5 ROW 86	6 GRAVE 4909	7 DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8 ESTIMATED WEIGHT Unknown	9 ESTIMATED HEIGHT 5' 6 1/8"	10 COLOR OF HAIR Unknown	11 RACE Unknown
--------------------------------------	--	------------------------------------	---------------------------

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 SOURCES

None. Remains in skeletal state.

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

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

16 DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None.

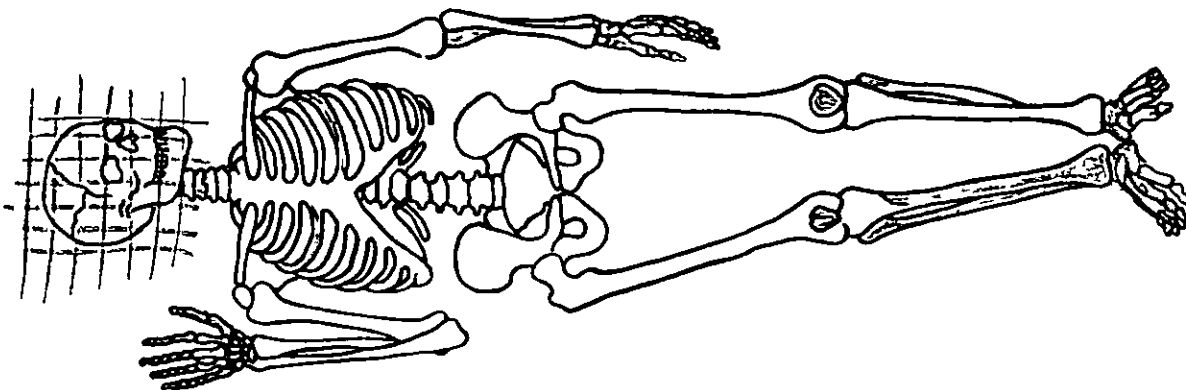
17 LIST EVERY ITEM OF CLOTHING EQUIPMENT AND PERSONAL EFFECTS FOUND SHOWING THE TYPE COLOR SIZE MARKINGS SERVICE ETC (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

1 steel helmet, with U.S.A. printed on front with white paint.

60654

19 BLACK OUT PARTS OF BODY NOT RECORDED

SHATTERED



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 applicable.

SIGNATURE OF MEDICAL OFFICER

21 REMARKS AND ADDITIONAL INFORMATION


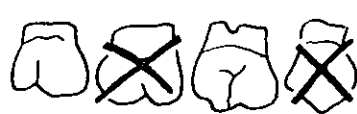
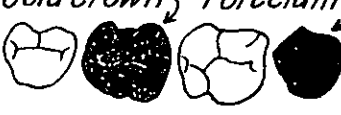

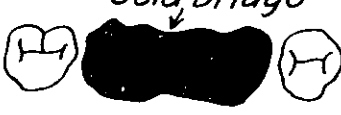

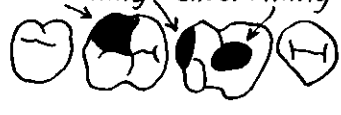



None.

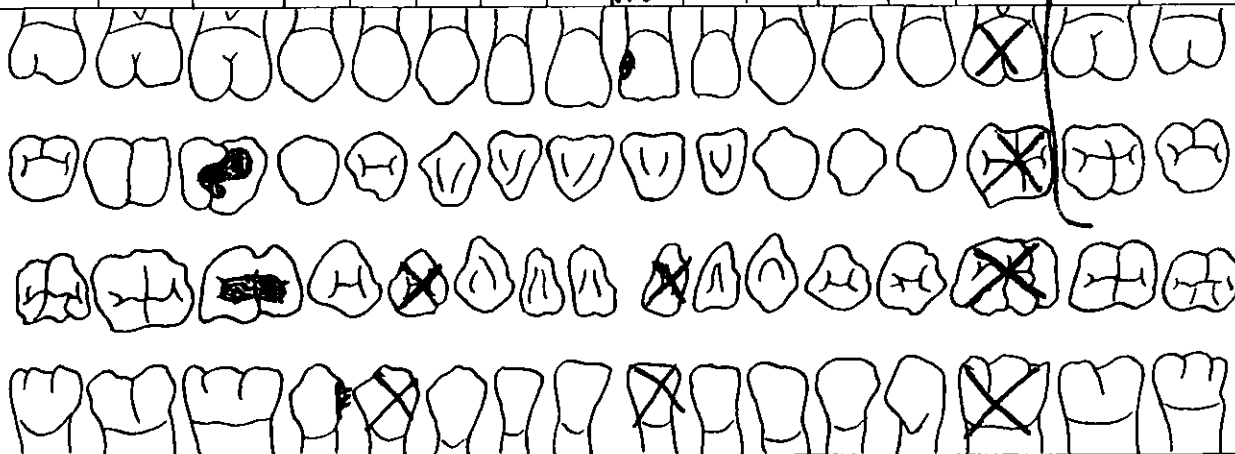



I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME GRADE ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

ROBERT S. HUFF Pfc. 16216004

<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>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN) THUS</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE GOLD AND PORCELAIN BRIDGE) THUS</p>	<p>Gold Bridge</p> 	
<p>FILLINGS DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD SILVER CEMENT) THUS</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities) OUTLINE LOCATION AND SIZE OF CAVITY SHADE IN THUS</p>	<p>Cavity, Decayed</p> 	

		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
			*	A	*	*		*	*	S		*	*	*	⊗	missing		
Side Views																		Side Views
Top Views	UPPER																	
	LOWER																	
Side Views																		Side Views
		NCD		A	⊗*	⊗*	*	*	*	⊗	*	*	*		⊗		NCD	
		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

Tooth 3 left is split in half with distal portion missing.
 " 4 left is chipped lingually.
 " 5 left crown is missing.
 " 1 right is chipped facially, distally and mesially near the crown.
 " 2 left is chipped mesially.
 " 4 right and 5 right have crown missing.
 " 16 left and 16 right are not completely developed (see other side)

Tooth 13 right has a very large distal cavity. It is also chipped slightly facially.
" 11 " is split in half with facial portion missing.
" 10 " has crown missing.
" 10 left and 11 left have portion of crown missing.
" 12 left has crown missing.
" 7 right has crown missing.