

7887 GROVES DEP CEMENT

WFO 757

943 unk Cambridge X-13 ms

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OGC for

**UNKNOWN X-13 Cambridge**

**(POC) CAMBRIDGE**

# IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042) E-6. 11410

Unknown X 13  
 Cemetery CAMBRIDGE  
 Plot 2 Row 4 Grave 24

**REPROCESSED**  
 DATE PROCESSED

1 ~~Arrived at Cemetery~~ 24 Sept 48  
 (Hour) (Date)

2 Place of death \_\_\_\_\_  
 (Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3 Remains ~~recovered or disinterred~~ by CIP - ZONE ONE  
 (Name and organization)

4 Evacuated to Cemetery by \_\_\_\_\_  
 (Name and organization)

5 Description of clothing and equipment (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs etc
* Headgear	(Type)		
Raincoat			
Overcoat			
Jacket Field			
Jacket Combat			
Mackinaw			
Sweater			
Jacket HBT			
* Shirt Wool OD			
Undershirt, Wool			
Undershirt Cotton			
Trousers, HBT			
* Trousers Wool OD			

**NONE PREVIOUSLY PROCESSED BY REPT**

NAM  
 File  
 26 + 51  
 1 m/tenne  
 ident section

X

Belt web \_\_\_\_\_  
 Drawers, wool \_\_\_\_\_  
 Drawers, cotton \_\_\_\_\_  
 Leggings, wool \_\_\_\_\_  
 Socks, cotton \_\_\_\_\_  
 \* Shoes \_\_\_\_\_ (type) \_\_\_\_\_  
 Overshoes \_\_\_\_\_  
 Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_  
 (Other item) \_\_\_\_\_  
 (Other item) \_\_\_\_\_

**NONE**

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia \_\_\_\_\_  
 (Type & location, shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

**NONE**

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? **UTD**  
**R-FEMUR - 44.6**

6 Description of Remains

Age **UTD** Height **5'4 1/2"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**  
 (Length, width, location)

**UTD** Tattoos  
 (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks **UTD**  
 (Yes no, description location)

Sunburn or tan, other than hand and face **UTD**

Complexion **UTD**  
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build **UTD**  
 (Large, fat, thin, muscular)

Hair **NONE FOUND**  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair \_\_\_\_\_  
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **UTD** Mustache **UTD** Beard or **UTD**  
 (Color, setting, shape) (Color, size shape) (Length, heavy)

Goatee

UTD  
(Light, color, extent)

Eyes

UTD  
(Color setting shape)

Eyebrows

UTD  
(Color bushiness extent across nose)

Nose

UTD  
(Size shape straight)

Ears

UTD  
(Size, set close to or far from head)

Mouth

UTD  
(Large, medium, small)

Lips

UTD  
(Small, large full)

Teeth

NONE RECOVERED  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin

UTD  
(Prominent, receding, pointed, dimples, double)

Jaw

UTD  
(Large, small normal)

Circumference of head in inches MISSING  
(Hat band)

Neck

UTD  
(Size, length, short, normal, wrinkled)

Larynx

UTD  
(Prominent normal)

Shoulders

UTD  
(Broad, straight small, rounded)

Arms

UTD  
(Length, muscular, color, extent and quantity of hair)

Hands

UTD

Fingers

UTD

(Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest

UTD  
(Size of nipples, color, quantity and extent of hair large, small, normal)

Waist

UTD  
(Size of navel appendectomy amount, quantity, and color of hair)

Back

UTD  
(Quantity and extent of hair)

Circumcision

UTD  
(Yes-no)

Pubic Hair

D-BR  
(Color)

Hernioplasty

UTD

(Yes no location)

Legs

UTD  
(Muscular, knock-kneed bowed, normal, quantity, color and extent of hair)

Feet

UTD  
(Size corns, callouses, flat)

Toes

(Slender, straight crooked, overlap)

Evidence of healed fractures

NONE EVIDENT  
(Nose, arms legs, etc)

NOTE Use attached charts 'A' and 'B' to indicate parts not received

7 Have finger prints been placed on Report of Interment? NO

(Yes-no)

If not explain FINGERS MISSING

8 Has tooth chart been prepared? NO If not, explain NO TEETH FOUND  
(Yes-no)

9 Remarks REPROCESSED AS PER ED. 2111112. PREVIOUSLY PROCESSED BY REPAT. ALL CLOTHING DESTROYED. X LOWER EXTREMITIES INTACT; UPPER EXTREMITIES MISSING - NO TEETH RECOVERED. SKELETAL CHART ATTACHED

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge

John A. Byrd  
(Officer's Name)

dad Cal Tech  
Rank Service

CIP Zone One  
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

E.O. # 1040

24 Sept. 48  
UNK X-13  
Z-4-24  
CAMBRIDGE,  
U.S.H.C.

SKULL \_\_\_\_\_ inches.



NO TEETH  
FOUND

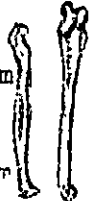
HUMERUS \_\_\_\_\_ cm



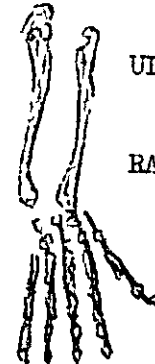
HUMERUS \_\_\_\_\_ cm



ULNA \_\_\_\_\_ cm



ULNA \_\_\_\_\_ cm



RADIUS \_\_\_\_\_ cm



RADIUS \_\_\_\_\_ cm



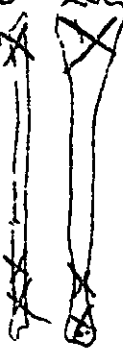
FEMUR 44.6 cm



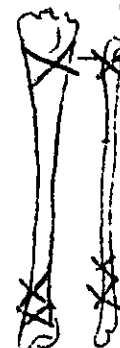
FEMUR \_\_\_\_\_ cm



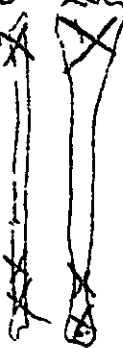
TIBIA \_\_\_\_\_ cm



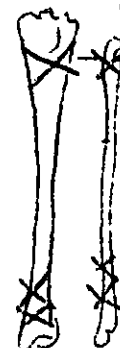
TIBIA \_\_\_\_\_ cm



FIBULA \_\_\_\_\_ cm



FIBULA \_\_\_\_\_ cm



FRACTURED

SHATTERED

MISSING

BURNED

Handwritten symbols: a large 'X', a vertical line with a crossbar, and a vertical line with a crossbar.

Handwritten 'X' symbol.

ESTIMATED HEIGHT 5 FT 4 1/2 IN

F.A.C.  
CHART "A-1"

1 ✓

USMC CAMBRIDGE  
PLOT E ROW 5 GRAVE 106 DISINTERMENT DIRECTIVE  
DATE OF BURIAL 29 SEP 48  
VERIFIED BY: *[Signature]*

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED **W.C. ENTZINGER** DIRECTIVE NUMBER **1615 00000** DATE **15 03 48**  
DAY MONTH YEAR

NAME **UNKNOWN** SERIAL NUMBER **X0000013** RANK **Q** ARM **Q** DATE OF DEATH  
DAY MONTH YEAR

CEMETERY **CAMBRIDGE** DISPOSITION OF REMAINS **O** **1601 80**  
CODE DIST PT

PLOT **Z** ROW **4** GRAVE **24** COUNTRY **BRITISH ISLES** CAUSE OF DEATH **6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE **CAMBRIDGE, ENGLAND**  
**(BY ADMINISTRATIVE ORDER)** NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN** SERIAL NUMBER **X - 0000013** RANK **UKN** DATE OF DEATH **21 JAN 46** DATE DISTINTERRED **15 MAR 48**

IDENTIFICATION TAG ON  REMAINS ORGANIZATION **UNKNOWN** RELIGION **UKN** IDENTIFICATION VERIFIED BY  
 MARKER **x13 gr** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **SAILOR S UNIFORM WITH REMAINS AND BOX** CONDITION OF REMAINS **ARMS HEAD TORSO MISSING FRACTURED L/FEMUR AND R/ AND L/ FIBULA TIBIA**

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES **NO TAGS FROM REMAINS**

NAT FILE RECORDS ANNOTATED  
DATE **APR 18 1949**  
NAME *[Signature]*  
R & R BR.

REMAINS PREPARED AND PLACED IN CASKET DATE **15 MAR 48** BY **LEON C DESMOND**

CASKET SEALED BY **LEON C DESMOND** EMBALMER (Signature) *[Signature]*  
**LEON C DESMOND**

CASKET BOXED AND MARKED DATE **15 MAR** BY **DONALD HOPKIN** SHIPPING ADDRESS VERIFIED BY *[Signature]*  
**LEON C DESMOND**

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

*[Signature]*  
**FREDERICK N DOUG** 1/LT CAV.  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies

# 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		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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CAL B&IDOC	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



# DISINTERMENT DIRECTIVE

1

McKathrin

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY | MONTH | YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

**UNKNOWN X0000013**

**Q**

DAY | MONTH | YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE | DIST PT

PLOT | ROW | GRAVE | COUNTRY

CAUSE OF DEATH

**Z 4 24 CAMBRIDGE BRITISH ISLES**

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

**UNKNOWN**

**X.0000013**

**UNK**

**21ST JAN 45**

**15TH MAR 48**

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER **X13 GRS**

**UNKNOWN**

NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **SAILORS UNIFORM WITH REMAINS AND BOX**

CONDITION OF REMAINS **ARMS & HEAD - TORSO - MISSING FRACTURED LEFT FEMUR AND RIGHT AND LEFT FIBULA FIBIA.**

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

**NO TAGS FROM REMAINS**

REMAINS PREPARED AND PLACED IN CASKET

DATE **15 MAR 48**

BY **LEON C DESMOND**

CASKET SEALED BY

**LEON C DESMOND**

EMBALMER (Signature)

Leon C Desmond  
**LEON D DESMOND**

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE **15 MAR**

BY **DONALD HOPKIN**

Leon C Desmond  
**LEON DESMOND**

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

Frederick N Dodge  
**FREDERICK N DODGE 1/LT CAV.**

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies

# 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		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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

25 October 1948  
Date

SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A-13, Plot Z, Row 4, Grave 24, USIC Cambridge, England have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 3167, dated 25 Oct. 1948. No further information is available.

FOR THE COMMANDING GENERAL :

*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt                      USMC  
Actg Asst Adj Gen

Received TL # 3172 26 Oct 48  
Not available from  
information presently  
available  
OQMG  
*H. J. Jamison*

Incl #3

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMPANY  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2

Date 25 OCT 1948

SUBJECT : Reprocessing of Remains

TO : The Quartermaster General  
2nd & T Sts. S.W.  
Washington 25, D.C.

The remains of X-13  
interred in Plot Z, Row 4, Grave 24, USMC Cambridge  
England, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.


Est. Height : 5' 4  $\frac{1}{2}$ "

Lower extremities intact ; upper extremities missing

No teeth recovered

FOR THE COMMANDING GENERAL :

1 Incl :  
- Skeletal Chart

  
GEORGE L. FREEMAN  
1st Lt QMC  
Actg Asst Adj Gen.

Incl #9

24 Sept. 1948

UNK X-13

Z-4-24

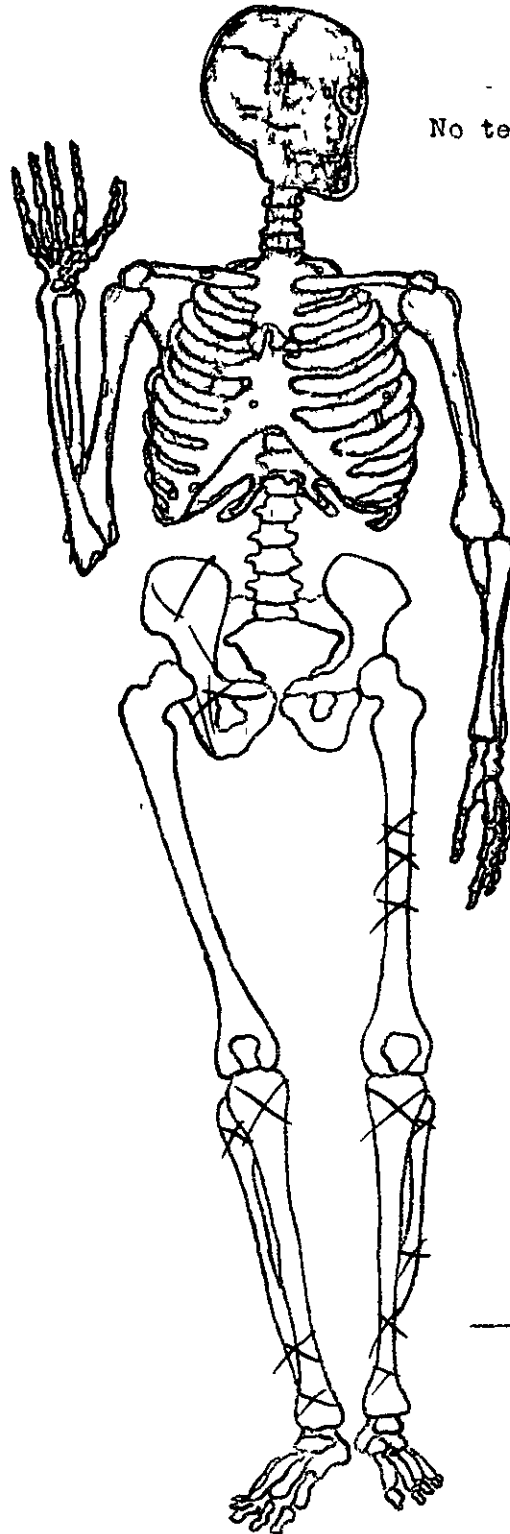
Cambridge

USMC

E.O 1140

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED)



No teeth found

\_\_\_\_\_ CM HUMERUS

\_\_\_\_\_ CM RADIUS

\_\_\_\_\_ CM ULNA

\_\_\_\_\_ CM FEMUR

\_\_\_\_\_ CM TIBIA

\_\_\_\_\_ CM FIBULA

5'  $4\frac{1}{2}$ " ESTIMATED HEIGHT

FEMUR 44.6

PROCESSED BY \_\_\_\_\_

RESTRICTED

Graves Registration  
Form No 1  
(Revised 1 Sept. 1943)

# REPORT OF BURIAL

8 February 1945 /jc  
Date

TM 10 630 AND AR 30-1815

UNKNOWN X-13

Unknown Unknown

Last Name First Initial Rank Serial No

SS GEORGE HAWLEY

United States Merchant Marine Service.

Engine Room SS GEORGE HAWLEY

Organization  
January 21, 1945 Result of enemy torpedo attack.

Place of Death Date of Death Cause of Death

1500 hrs. 13th Feb. 1945. Cambridge American Military Cemetery.

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

24 4 Z Temp. Wooden Cross,

Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags Buried with body Yes  No  Attached to Marker Yes  No   
emerg. tag. emerg. tag.

If No Identification Tags

How were remains identified? Unidentified remains consisting of : trunk, upper portion of both thighs, part of both lower legs and feet. These remains were extricated from the engine room of the SS GEORGE HAWLEY at 1645 on 7 February 1945 by U.S. Navy Personnel, USNAAB, Falmouth, Cornwall, England.

What means of identification were buried with the body? One (1) emerg. tag.

Escorted by: s/ GEORGE J. GEAGER, PHM1/c USNR.

To determine Right or Left use Deceased's Right and Left

Who is buried on

Deceased's Right No grave to the right of this man-  
Name Serial No Rank Organization Grave No

Deceased's Left Savage, Morton R. O-826778, 1st Lt. 334 Ftr Sq. 4th Ftr Gp. 23  
Name Serial No Rank Organization Grave No

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial

If print of identification tag is not affixed fill in below

UNKNOWN X-13

Emergency Addressee Unknown Name

Unknown Address

Religion Unknown (Joint Prot. Cath. & Hebrew Services)

List only Personal Effects Found on Body and disposition of same

NONE accompanied remains to Cemetery,

A TRUE COPY:

JOSEPH E MC CLUSKEY  
2nd Lt., INF.

s/t/ B. RUSSMAN, LT. COMDR. MC USNR.  
Signature of Officer or other person reporting burial

Verified by GRS Officer

RESTRICTED.

### IF A DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following

Height \_\_\_\_\_ Weight \_\_\_\_\_ Laundry Marks \_\_\_\_\_  
 Color of Eyes \_\_\_\_\_ Wear Glasses? \_\_\_\_\_ Number of Rifle \_\_\_\_\_  
 Color of Hair \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race \_\_\_\_\_  
 (If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc

Left Hand \_\_\_\_\_  
 Right Hand \_\_\_\_\_  
 Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc

George J. ...  
 ...  
 ...

### TOOTH CHART

Upper	Deceased's Right								Deceased's Left							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	Deceased's Right								Deceased's Left							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate missing natural teeth by X, crowns by O, fillings by □, Bridges by ○ linking anchor teeth, replacements by artificial teeth X

Characteristics \_\_\_\_\_  
Other Data \_\_\_\_\_

If this is an isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

