

356  
275  
USMC BRONK CAMBRIDGE  
PLOT E ROW 6 GRAVE 34  
DATE OF BURIAL 27 SEP 48  
DISINTERMENT DIRECTIVE  
VERIFIED BY: *W.C. Fritzminger*

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

NAME UNKNOWNX SERIAL NUMBER UNKNOWNX-000049 RANK R ARM Q DATE OF DEATH  
DAY MONTH YEAR  
CEMETERY CAMBRIDGE DISPOSITION OF REMAINS  
O 1601 80  
CODE DIST PT  
PLOT DD ROW 7 GRAVE 4 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 X-49 SERIAL NUMBER --- RANK - DATE OF DEATH Est. Aug 1943 DATE DISTINTERRED 8 April 1948  
IDENTIFICATION TAG ON  
 REMAINS GRS(2)  
 MARKER GRS ORGANIZATION UNKNOWN RELIGION -- IDENTIFICATION VERIFIED BY DAVID W BROWN 1st Lieut INF  
60th QM Bn NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UK Casket - Body in mattress cover CONDITION OF REMAINS Missing; Left femur, tibia, fibula. Body received in skeleton form.

OTHER MEANS OF IDENTIFICATION None

MINOR DISCREPANCIES / None

REMAINS PREPARED AND PLACED IN CASKET

DATE 16 June 1948 BY Thomas T Hatcher  
CASKET SEALED BY s/ Thomas T Hatcher EMBALMER (Signature) s/ Thomas T Hatcher  
CASKET BOXED AND MARKED s/ A. McQuirk SHIPPING ADDRESS VERIFIED BY s/David L Benshoff  
DATE 16/6/48 BY Brit. Civ. Clerk

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

s/ David L Benshoff Captain INF

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies  
See Tentative Disinterment Directive attached hereto for certification of signatures.

# 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 (SIBYLINE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CAMBERIDGE ENGINEERING	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

1  
 USMC CAMBRIDGE  
 PLOT E ROW 6 GRAVE 34 DISINTERMENT DIRECTIVE  
 DATE OF BURIAL 27 SEP 48  
 VERIFIED BY: *W.C. Entzinger*

SECTION A — W.C. ENTZINGER DIRECTIVE NUMBER DATE  
 NAME AND BURIAL LOCATION OF DECEASED

NAME UNKNOWN SERIAL NUMBER X-000049 RANK Q ARM Q  
 DATE OF DEATH DAY MONTH YEAR  
 CEMETERY DISPOSITION OF REMAINS  
 CODE DIST PT  
 PLOT DD ROW 7 GRAVE 4 COUNTRY CAMBRIDGE BRITISH ISLES  
 CAUSE OF DEATH

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 UNKNOWN X-49 SERIAL NUMBER --- RANK -- DATE OF DEATH AUG 43 DATE DISINTERRED 8 APRIL 1948  
 IDENTIFICATION TAG ON  REMAINS GRS (2) ORGANIZATION --- RELIGION -- IDENTIFICATION VERIFIED BY D.W. BROWN, 1/LT  
 MARKER GRS NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL U.K. CASSET. BODY IN MATTRESS COVER CONDITION OF REMAINS MISSING LEFT FEMUR, TIBIA, FIBULA. BODY RECEIVED IN SKELETON FORM

OTHER MEANS OF IDENTIFICATION NONE

MINOR DISCREPANCIES 1 NONE

REMAINS PREPARED AND PLACED IN CASKET  
 DATE 16 JUNE 1948 BY THOMAS T. HATCHER

CASKET SEALED BY s/ THOMAS T. HATCHER EMBALMER (Signature) s/ THOMAS T. HATCHER

CASKET BOXED AND MARKED A. McQUIRK BRIT CIV CLERK SHIPPING ADDRESS VERIFIED BY s/ DAVID L. BRNSHOFF  
 DATE 16 JUNE '48

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

s/ DAVID L. BENSHOFF, CAPT., INF

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies

I certify that the entries on this form are true copies of the entries on Copy #4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon. WILLIAM C ENTZINGER 1st Lieut, QMC

*William C Entzinger*

# 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

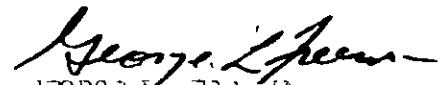
25 October 1948  
Date

SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A- 49, Plot DD, Row 7, Grave 4, USMC 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. FRAZEE JR.  
1st Lt                    J C  
Actg Asst Adj Gen

Incl #8

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMBINED  
EUROPEAN AREA  
APO 58 US ARMY

AUG 24 1948

20 August 1948  
Date


SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X- 49, Plot DD,  
Row 7, Grave 4, USMC Cambridge 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. 2118, dated o/a Oct 1946. No  
further information is available.

FOR THE COMMANDING GENERAL:

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

Received TL# 2998 20 Aug 48 OQMG  
Not identifiable from  
information presently  
available

Incl #3

*Handwritten initials and signature*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COLLAND  
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-49  
interred in Plot DD, Row 7, Grave 4, USMC Cambridge  
England, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

Est. Height : 5' 3  $\frac{1}{2}$ "

Teeth intact.

FOR THE COMMANDING GENERAL :

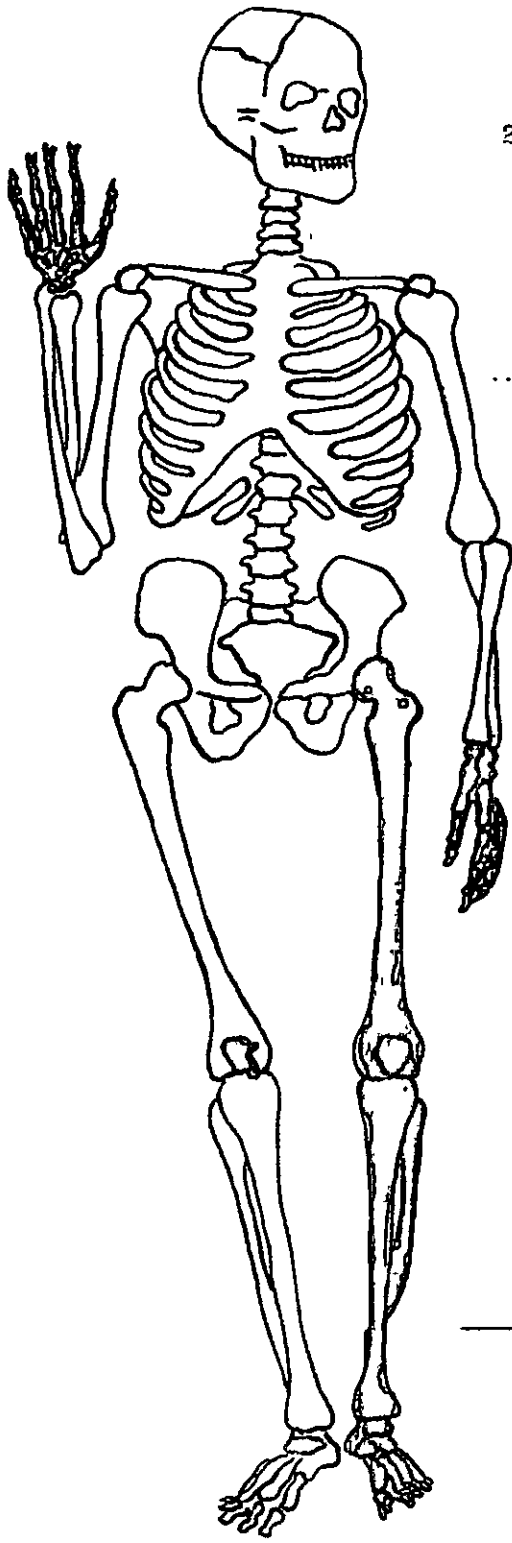
2 Incls :  
1 - Skeletal Chart  
2 - Tooth Chart

  
GEORGE W. FREEMAN  
1st Lt. CMC  
Actg Asst Adj Gen.

Incl #15

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED) E.O 1140



21 inches

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

23.0 \_\_\_\_\_ CM. RADIUS

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

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

34.6 \_\_\_\_\_ CM. TIBIA

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

5' 3 $\frac{1}{2}$ " \_\_\_\_\_ ESTIMATED HEIGHT

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



UNK X-49  
 DD-7-4  
 Cambridge  
 E.O. 1140

# TOOTH CHART

23 Sept. 48

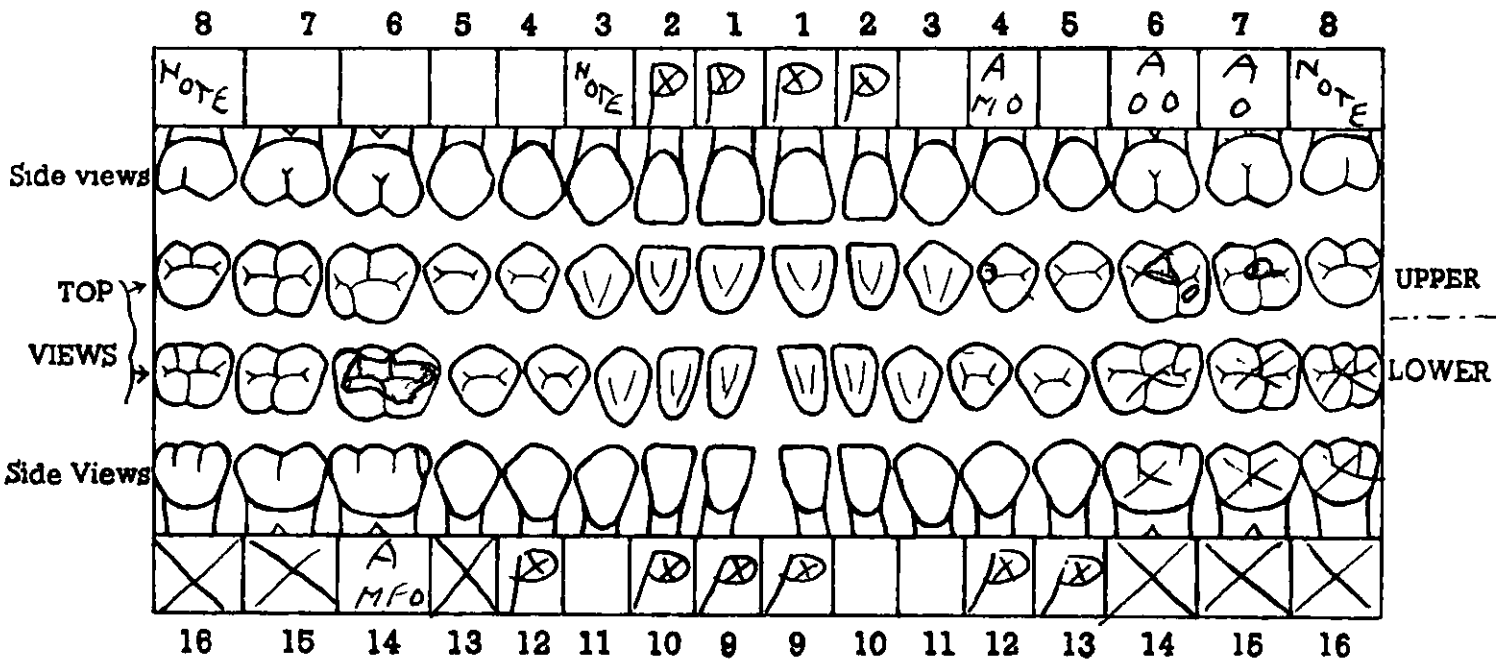
Date

Last Name	First	Initial	Grade	Serial No
Unit			Organisation	

Place of Death                      Date of Death                      Cause of Death

Right

Left



See Remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions. Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

CERTIFIED TRUE COPY :

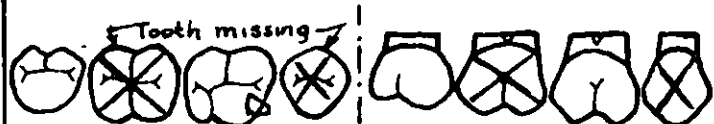
*George L. Freeman*  
 GEORGE L. FREEMAN  
 1st Lt.                      QMC

s/ John E. BYRD

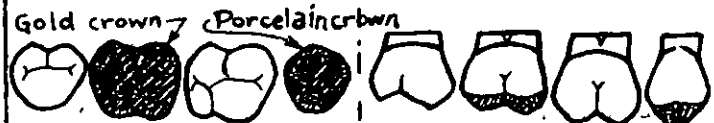
Signature of Officer or other person who prepared Tooth chart

Verified by G R C Officer

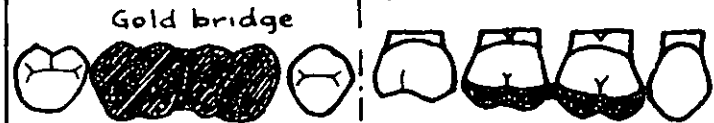
**MISSING TEETH** All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus



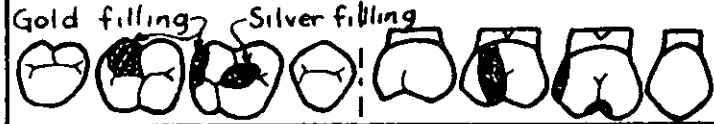
**CROWNED TEETH** . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus..



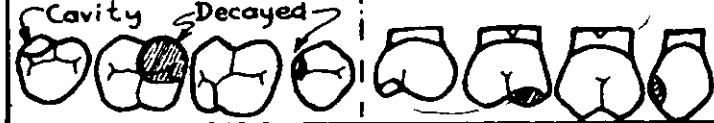
**BRIDGE WORK** . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



**FILLINGS.** Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus



**CARIES (CAVITIES)** Outline location and size of cavity, shade in thus .



**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 "

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Size Average

Color Dull Ivory

Posthumously missing : L-1 & 2 R-1 & 2  
 L-9 & 12 & 13  
 R-9 & 10 & 12

Spaces - L 10 to L 11 1mm  
 R 12 to R 14 Appro 7mm

Teeth badly stained

Mandible. Had these teeth missing before death, Number 16-15-13 Right and number 14-15-13 Left. These teeth are missing since death number 9-12-13 Left and number 9-10-12 Right.

Maxillary. Number 8 Right, Number 8 Left are missing before death. Number 1-2 Right and number 1-2 Left are missing since death.

(2)

**FLYING PERSONNEL DENTAL IDENTIFICATION FORM**  
Office of the Dental Surgeon

Station \_\_\_\_\_

Unknown-x-49.  
Name

Unknown.  
Rank

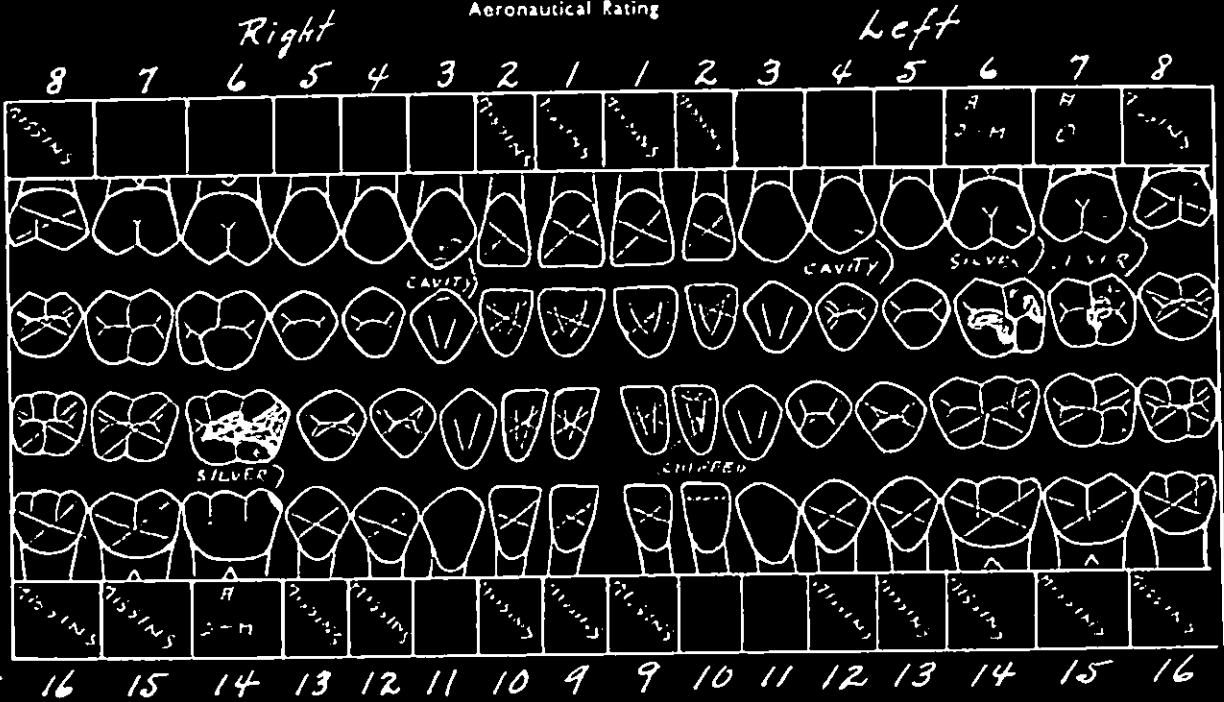
Unknown.  
ASN

Unknown.  
Organization

Unknown.  
Age Service

Oct. 28, 1946.  
Date

Aeronautical Rating \_\_\_\_\_



CLASS \_\_\_\_\_

OCCUSION \_\_\_\_\_ CALCULUS \_\_\_\_\_ PERIODONTOCLASIA \_\_\_\_\_ FOCI SUSPECTED \_\_\_\_\_

ANOMALIES, OTHER CONDITIONS, REMARKS:

OUTLINE CARIES ON DIAGRAM OF TEETH

CHART FILLINGS ON TEETH, INITIAL THE TYPE IN SPACE ABOVE AND BELOW

AS G-gold, A-amalgam, S-synthetic, O-oxypophosphate

CHART ALL SUBSEQUENT FILLINGS

NONRESTORABLE CARIOUS TEETH BY /

MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE



TEETH REPLACED BY FIXED BRIDGE



*Thomas W. Turner.*

APPROVED \_\_\_\_\_

Station Dental Surgeon

Thomas W. Turner.

Examining Dental Officer

0

REPORT OF INVESTIGATION

AREA SEARCH

AFSC Form #10 (Revised)  
1 January 1946.

CASE # 6331

Date 30 October 1946

NAME UNKNOWN RANK UNKNOWN ASI UNKNOWN  
ORGANIZATION UNKNOWN  
MEANS OF IDENTIFICATION NONE

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? NO. If so, state the following information:

a. Name \_\_\_\_\_ Rank \_\_\_\_\_ ASI \_\_\_\_\_

b. Organization \_\_\_\_\_

2. Was partial identification established? NO. If so, state the facts as to whom you believe the deceased to be:

a. Name \_\_\_\_\_ Rank \_\_\_\_\_ ASI \_\_\_\_\_

b. Organization \_\_\_\_\_

3. PLACES OF ORIGIN DECEASED BURIED IN IMMEDIATE VICINITY? \_\_\_\_\_

See Isolated Burials File, UX Case # 6331) Total of six (6) U.S.

(Use reverse side for listing of crew members from MACR)

Personnel buried in Imperial War Graves Cemetery, Lyness.

a. Date of above burials \_\_\_\_\_ Common Graves? \_\_\_\_\_

3

- Imperial War Graves Cemetery, Lyness,
5. Name and Type of Cemetery Island of Hoy, Orkney Islands.  
(Military or Civilian)
- Ref Map Scotland (Orkney Islands) Sheet #8
6. Map Coordinates of the Cemetery (1/253440) Coord: Y-9417
- a. Town Lyness, Island of <sup>Hoy</sup> Country Orkney Islands, British Isles.
7. Give exact location in cemetery of the remains.
- a. Section P Row 3 Grave 37
- b. Is Sketch attached? YES
8. If remains are not located in a cemetery, give exact location.
- a. Town - Coordinates -
- b. Is Sketch attached? -
- c. Is area mined? -
9. How is the grave marked? Temp. Wooden Cross
10. If grave is marked with cross, give exact markings thereon Unknown Soldier United States Army 16. 8. 43
- a. From what source was this information obtained? Cemetery Records.  
(Identification tags, personal effects)
- b. By whom -
11. Where are the cemetery records? Office of the Officer in Charge.  
(Town hall, Cemetery, burgomaster's office)  
British Naval Base, Lyness, Island of Hoy, Orkney Islands.
- a. What information was contained thereon? Unknown U.S. Soldier  
Buried: 16 August 1943, Plot P, Row 3, Grave 37,
- b. Where was the information obtained? -
- c. By whom? -
12. What is the date of death? Unknown; Est: August 1943
- a. Give basis Cemetery records show date of burial: Est. died just  
before.
13. What is the cause of death? Unknown
- b. Give basis? -

(4)



22. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
24. What was the direction of the flight? \_\_\_\_\_
25. What was the civilian opinion regarding destination of plane? \_\_\_\_\_  
 \_\_\_\_\_
26. Had bombs been released prior to the crash? \_\_\_\_\_
27. Does specific time and date of crash correspond with date of death of above named individual? \_\_\_\_\_
28. Number of planes in formation prior to crash? \_\_\_\_\_
29. State precise time and date of plane crash. \_\_\_\_\_  
 (Month) (Day)
30. Were parachutists seen? \_\_\_\_\_ how many? \_\_\_\_\_ dropped? \_\_\_\_\_  
 Prisoners? \_\_\_\_\_

SECTION C - AIRBORNE CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Airborne Corps).

31. Were remains found in wreckage of a tank? \_\_\_\_\_
- a. Give specific position in tank from which deceased was removed.  
 \_\_\_\_\_  
 (Radio man, driver, assistant driver or front, side, or back)
- b. Near wreckage? \_\_\_\_\_
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank \_\_\_\_\_
- b. Markings and/or name of tank \_\_\_\_\_
- c. Numbers on motors, machine guns, ammunition, instruments, ect.  
 \_\_\_\_\_
33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_
34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_



35. Number of tanks in immediate vicinity at time of disablement \_\_\_
36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_
37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night) (Day)
38. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

SECTION D - OMBUDS BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (ie., truck, d.p. mine, drowning, or small arms fire) Not known

If so, give complete and thorough results of the investigation.

- a. Are all certificates and statements of people who possessed knowledge of the case attached? No
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? No

If not, state reason None found. All clothing removed.

- a. Were identification tags found at the time of death? No

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Present disposition \_\_\_\_\_

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

- b. Were personal effects found at the time of death? No

Where? \_\_\_\_\_ By whom? \_\_\_\_\_

Present disposition? \_\_\_\_\_

- c. Was deceased identified by living members of the crew at the time of death? No
- d. Did Cemetery Register or cross indicate the immunization shot? No
42. Was deceased given first aid? Unknown If so, where? -  
 By whom? - Are statements from the medical people attached?  
-
43. Was deceased evacuated to a Terran civilian hospital? No  
 Where? - Names of people concerned -  
-
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No  
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? No  
 a. If so, give basis for positive assumption -  
-  
 b. If so, has higher headquarters been notified? -
47. Was case previously investigated? No By whom? -  
- When? -
48. Give full names, addresses, and information obtained from each person interviewed? J. R. Symon Lt. Comander, R.N.R., T. Davis  
Surg., Lt. R.N.V.R. Lyness Naval Base, Lyness, Island of Hoy,  
Orkney Islands.
49. Are all positive statements regarding identification and particulars surrounding death attached? No.

50. Has any information been given concerning isolate burials in the area outside the immediate vicinity? No.
51. Was investigation preceded by advanced publicity? No  
 (If special investigation, give case number) 6331
52. Give brief narrative The only information available was the cemetery records and previous information pass on to this headquarters (4th Zone) by Imperial War Graves Commission. No records or information could be obtained from Naval Base at Lyness, (other than the limited amount already furnished) due to change over of personnel and files. This deceased was found washed ashore on the Island of Switha, 10 Aug 1943 by British Military. British made burial, body was buried nude.

(Use attached sheets, if necessary)

Five other American buried in same cemetery and disinterred same date. See case UK # 6331.

\_\_\_\_\_  
 Signature of Interpreter

\_\_\_\_\_  
 Rank ASI

\_\_\_\_\_  
 Organization

*Harvey Klafke*  
 HARVEY KLAFFE  
 \_\_\_\_\_  
 Signature of Investigator

SGT 46011620  
 \_\_\_\_\_  
 Rank ASI

Eq. & Hq. Det. 60th TC Trk Bn.  
 \_\_\_\_\_  
 Organization A.G.R.C.

9

GRC

FORM NO. 11

Revised 5 January 1946 CHECK LIST OF INFORMATION

Isolated Case #6331

(to be completed by the person attached to each copy of Report of Interment WD QMC Form 1043)

Unknown: X 49  
Cemetery Cambridge  
Plot DD Row 7 Grave 4

1. Arrived at cemetery 0800 26th October, 1946.  
(hour) (Date)

2. Place of death Island of Smitha.  
(name of closest town) (coordinates and letter Prefex, maps,)  
Washed ashore on

Ref. Map Scotland (Orkney Islands) Sheet 8 (1/253440) Coord: Y9012  
Sheet, scale and serials used.

3. Remains recovered or disinterred by 349 QM. Bn. A.G.R.C.  
(name and organization)

4. Evacuated to Cemetery by 349 QM. Bn. A.G.R.C.  
(name and organization)

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

Item	Clothing		Indicate unusual markings	
	Markings	Sizes	Color	wear, tear, repairs, etc
*Headgear				
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mac-inaw				
Sweater				
Jacket, HBT				
*Shirt,				
Wool OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers HBT				
*Trousers, Wool OD				

\*Headgear (type) Remains Nude and in

Raincoat UK Casket

Overcoat

Jacket, Field

Jacket, Combat

Mac-inaw

Sweater

Jacket, HBT

\*Shirt,

Wool OD

Undershirt, Wool

Undershirt, Cotton

Trousers HBT

\*Trousers, Wool OD

Belt, Web

Drawers, Wool

Drawers, Cotton

Leggins, Wool (Note unusual lacing)

Socks, Cotton

Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

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

6. Chevrons or  
Insignia (type & location; shirt, jacket, coat, helmet)

Shoulder Patch  
7. Does clothing indicate that deceased was a member of the Air, Ground or  
Naval Forces

8. Description of Remains:  
Age \_\_\_\_\_ Height <sup>est.</sup> 5'6" Weight UTD Description of wounds \_\_\_\_\_  
Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_  
(length, width, location)  
Tattoos \_\_\_\_\_  
(Number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks \_\_\_\_\_  
(yes-no; description, location)

Sunburn or tan, other than hands & face \_\_\_\_\_

Complexion \_\_\_\_\_  
(light, med. dark, clear, pimples, pores, freckles)

Build \_\_\_\_\_  
(large, fat, thin, muscular)

Hair None  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting).

(11)

hair \_\_\_\_\_  
(baldness, widow's peak, distinctive curling or other characteristics.)

sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or \_\_\_\_\_  
(color, setting, shape) (color, size, shape) (length, heavy)

Goatee \_\_\_\_\_  
(light, color, extent)

Eyes \_\_\_\_\_ Eyebrows \_\_\_\_\_  
(color, setting, shape) (color, bushiness, extent across nose)

Nose \_\_\_\_\_ Ears \_\_\_\_\_  
(size, shape, straight) (size, set close to or far from head)

Mouth \_\_\_\_\_ Lips \_\_\_\_\_  
(large, medium, small) (small, large, full)

Teeth \_\_\_\_\_ See Tooth Chart \_\_\_\_\_  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin \_\_\_\_\_  
(prominent, receding, pointed, dimple, double)

Jaw \_\_\_\_\_ Circumference of head in inches \_\_\_\_\_ 20 1/2"  
(large, small, normal) (hat band)

Neck \_\_\_\_\_ Larynx \_\_\_\_\_  
(size, length, short, normal, wrinkled) (prominent, normal)

Shoulders \_\_\_\_\_ Arms \_\_\_\_\_  
(broad, straight, small, rounded) (length, muscular, color)

\_\_\_\_\_ (extent and quantity of hair)

Hands \_\_\_\_\_

Fingers \_\_\_\_\_  
(short, thick, long, slender, size of knuckles, missing fingers or joints)

\_\_\_\_\_ (Unusual characteristics of fingernails)

Chest \_\_\_\_\_  
(size of nipples, color, quantity & extent of hair, large, small, normal)

Back \_\_\_\_\_ Waist \_\_\_\_\_  
(quantity & extent of hair) (size of navel, appendectomy, amount)

\_\_\_\_\_ quantity & color of hair \_\_\_\_\_ Circumcision \_\_\_\_\_ Pubic Hair \_\_\_\_\_ None  
(yes-no) (color)

Hernioplasty \_\_\_\_\_  
(yes-no; location)

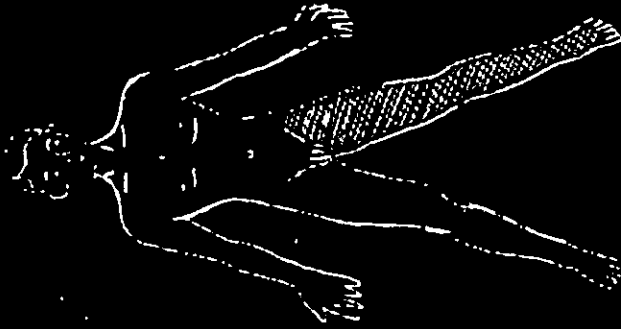
Legs \_\_\_\_\_  
(inseam, muscular, bowed, normal, quantity, color & extent of hair)

(12)

Feet \_\_\_\_\_ Toes \_\_\_\_\_  
(size, corns, callouses, flat) (slender, straight crooked, overlap)

Evidence of healed fractures \_\_\_\_\_  
(nose, arms, legs, etc.)

9. Black-out parts of body not received  
at cemetery:



10. Have fingerprints been placed on Report of Interment No  
Yes-No

If not, explain Decomposition

11. Has tooth chart been prepared Yes if not, explain \_\_\_\_\_  
Yes-No

12. Remarks: Processed Wt. Est. 50-lbs.  
Remains Nude No Identification found  
Entire left leg missing.

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

*Thomas P. Madine*

Officer's Name  
Thomas P. Madine

Emb. Service  
Supervisor

349th QM. Bn. A.G.R.C.  
Organization

(2)

LYNESS IMPERIAL WAR GRAVES - CEMETERY

ISLAND OF HOY / ORKNEY

STONE WALL

ENTRANCE

PATH

PATH

BRITISH DECEASED FROM WORLD WAR I

STONE CROSS

PATH

GRASS PLOT

PLOT P

PATH

PATH

PLOT O

PATH

MORTUARY

GRASS PLOT

STONE WALL

NAME : UNKNOWN  
 RANK :  
 ORGANIZ. :  
 DIED :  
 BURIED : 16/ 8/43  
 PLOT : P  
 ROW : 3  
 GRAVE : 37

14



ISOLATED

RESTRICTED

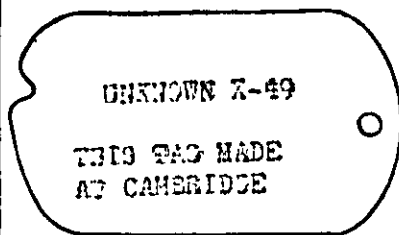
CASE # 6331

WD QMC FORM 1042  
(Rev 1 Apr 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
30 October 1946

Imprint Identification Tag If Possible  
DO NOT TYPE



## Section 1—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X - 49

SERIAL No

UNKNOWN

GRADE

UNKNOWN

ORGANIZATION

UNKNOWN

BRANCH OF SERVICE

U. S. Army

RACE

UNKNOWN

RELIGION

UNKNOWN

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

PLACE OF DEATH Found washed  
ashore on Island of  
Switha, Y-9012

CAUSE OF DEATH

UNKNOWN

DATE OF DEATH  
Estimated:  
August 1943

EMERGENCY ADDRESS (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)

YES

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 Ref Map England & Wales G.S.G.S. 3907 Sheet 85)  
CAMBRIDGE AMERICAN MILITARY CEMETERY, MADINGLEY, CAMBRIDGESHIRE, ENGLAND.  
No. 1. (L 5856 - 2785)

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No	ROW No	GRAVE No
29 OCT 1946	1500	UK Casket	Temp. Wooden Cross	DD	7	4

WAS THIS A REBURIAL?  
(Yes or no)

YES

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

IMPERIAL WAR GRAVES CEMETERY, Lyness, Island of Hoy  
(Ref Map Scotland (Orkney Islands) Sheet #8(1/253440)  
Coord: Y 8417

PLOT No

P

ROW No

3

GRAVE No

37

TYPE OF RELIGIOUS  
CEREMONY

GENERAL SERVICE

PERSON CONDUCTING BURIAL RITES

EDWARD W. PRENTIS  
CAPTAIN. O-512124

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

YES (Substitute)

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

YES (Substitute)

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

THOMPSON, Edward H.

RANK

Bm 3/c

SERIAL No

634 10 75

ORGANIZATION

USS.  
"So. Dakota"

GRAVE No

3

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

LAUNDRIGAN, Edward Leo

RANK

Amm 3/c

SERIAL No

201 93 44

ORGANIZATION

USS  
"Ranger"

GRAVE No

5

SIGNATURE OF PERSON PREPARING REPORT

HARVEY KLAFFKE - SGT

Hq. & Hq. Det. 50th (C) Inf. Bn. & G.R.C.

SIGNATURE OF OFFICER VERIFYING REPORT


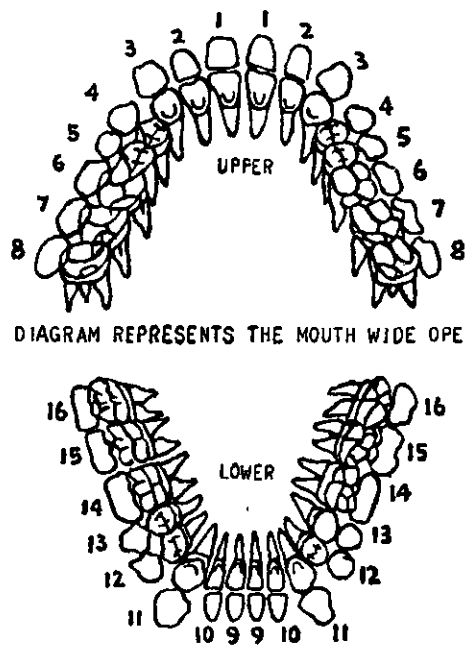




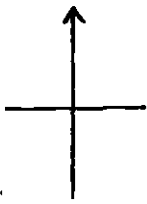
HARVEY B. CUNNINGHAM

Captain, CMC, HQ. Fourth Zone, A.G.R.C.

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.

RESTRICTED

16-43997-1

	<b>Section</b>	<b>UNIDENTIFIED REMAINS.</b>		
LEFT LITTLE FINGER	<b>INSTRUCTIONS</b> (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 RING FINGER	HEIGHT Est. <b>5' 6"</b>	WEIGHT Est. <b>UTD</b>	COLOR OF EYES <b>utd</b>	COLOR OF HAIR <b>None</b>
LEFT MIDDLE FINGER	WEAPON AND SERIAL No <b>None</b>		LAUNDRY MARKS <b>None</b>	BIRTHMARKS SCARS OR TATTOOS <b>UTD</b>
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES  <b>Body buried nude and in plain wooden casket. No identification found on body.</b>			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
REMARKS: Accomplished: Form # 11 (Check list of Unknowns) Form 1A (Tooth Chart) Too badly decomposed for fingerprints. Est. weight of remains: 50 lbs.				