

293 Unb Cambridge X-5

MEMO FOR RECORD

15 September 1960

*copy of
X-5
and*

RE: Sogge
ASN 37 161 641

2:13

Unknown X5
Cambridge, England

1. The 293 file for Unknown X-5 Cambridge, England was hand carried by the undersigned on 14 September 1960 to Mr. Edwin S. Deiss, Chief of Latent Fingerprint Section, Federal Bureau of Investigation, 2nd and D Streets, S. W.

2. Fingerprints contained in 293 file for the unknown were compared with fingerprints on File in FBI for Gehart Myron Sogge. Results negative.

(See attached statement signed by Mr. Deiss).

A. D. Whittingham
Whittingham
54309

*File
31 Jan '61
JLS
mem. ill.*

9-14-60

Unknown X 5 - England

Fingerprint on forms
not identical fingerprint

Robert Myron Sogge

Army S# 37161641

Edwin S. Bliss

FBI

7887 GRAVES DEL CHIEN

APO 757

243unk Cambridge X-5 mg

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 OQTC for:

UNKNOWN X-5 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.O # 1140

Unknown X 5
 Cemetery CAMBRIDGE
 Plot Q Row 10 Grave 5

1 ^{DATE REPROCESSED} Arrived at cemetery 21 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~~ ^{REPROCESSED} by C.I.P. - 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 REPROCESSED
 PREVIOUS BY REPORT

NIMN
 4 alle
 26 Feb. 51
 S. M. ...
 Ident. Section

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

REMAINS COMPLETE AND INTACT

6 Description of Remains

Age UTD Height 5-5 Weight 40 Description of wounds UTD

EST BY TABLE MEASUREMENT

Bandages or dressings Scars (Length, width, location)

Tattoos (Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face

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

Build (Large, fat, thin, muscular)

Hair Medium BROWN SLIGHTLY WAVY 3 1/2 INCHES LONG
 (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

(Height, color, extent)

Eyes

(Color setting shape)

Eyebrows

(Color bushiness extent across nose)

Nose

(Size shape straight)

Ears

(Size, set close to or far from head)

Mouth

(Large, medium, small)

Lips

(Small, large full)

Teeth

FOR (2) MEN. SEE TOOTH CHARTS ATTACHED

(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin

UTD

(Prominent, receding, pointed, dimples, double)

Jaw

(Large, small, normal)

Circumference of head in inches

22"

(Hat band)

Neck

(Size, length, short normal, wrinkled)

Larynx

(Prominent, normal)

Shoulders

UTD
(Broad straight, small rounded)

Arms

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

Hands

TWO DECEASED AND/OR MISSING

Fingers

TWO DECEASED AND/OR MISSING

(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

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

Back

(Quantity and extent of hair)

Circumcision

UTD
(Yes-no)

Pubic Hair

DARK BROWN
(Color)

Hernioplasty

UTD

(Yes-no, location)

Legs

(Inseam, muscular knock-kneed, bowed normal, quantity color and extent of hair)

Feet

(Size corns, callouses, fit)

Toes

UTD
(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

X

7 Have finger prints been placed on Report of Interment?

110

(Yes-no)

If not, explain TOO DECOMPOSED AND/OR MISSING

FOR (2) MEN SEE CHARTS ATTACHED

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

9 Remarks RE PROCESSED AS PER E.O. # 1140. REMAINS ARE COMPLETE AND INTACT. TABLE MEASUREMENT - 5 FT - 5 INCHES EST ALL CLOTHING PREVIOUSLY DESTROYED BY REPAT. TOOTH AND SKELETAL CHARTS ATTACHED. TEETH FOR (2) MEN FOUND. SEE TOOTH CHARTS 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

NOTE: TEETH CHARTED AS NO: #1 WERE INTACT WITH THESE REMAINS.

F. A. Cuomo
(Officer's Name)

D.A.C
Rank

Ident. Tech
Service

CIP Zone one
(Organization)

X

SKELETAL CHART

UNK-X-5

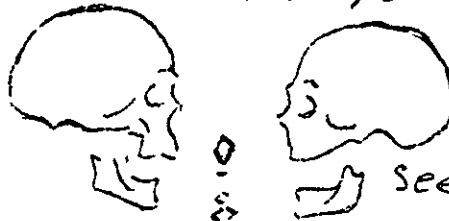
Sept. 21-48

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

E.O. # 1140

Q-10-5
Cambridge, U.S.M.C.

SKULL 22 inches.

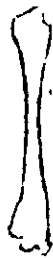


SEE TOOTH CHART

HUMERUS _____ cm



HUMERUS _____ cm



ULNA _____ cm



ULNA _____ cm



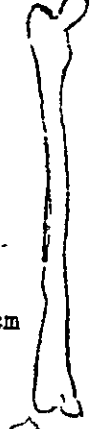
RADIUS _____ cm



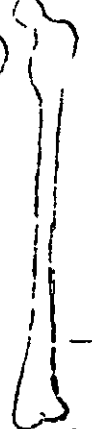
RADIUS _____ cm



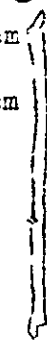
FEMUR _____ cm



FEMUR _____ cm



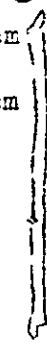
TIBIA _____ cm



TIBIA _____ cm



FIBULA _____ cm



FIBULA _____ cm



FRACTURED

SHATTERED

MISSING

BURNED



ESTIMATED HEIGHT 5 FT 5 IN

TABLE MEASUREMENT

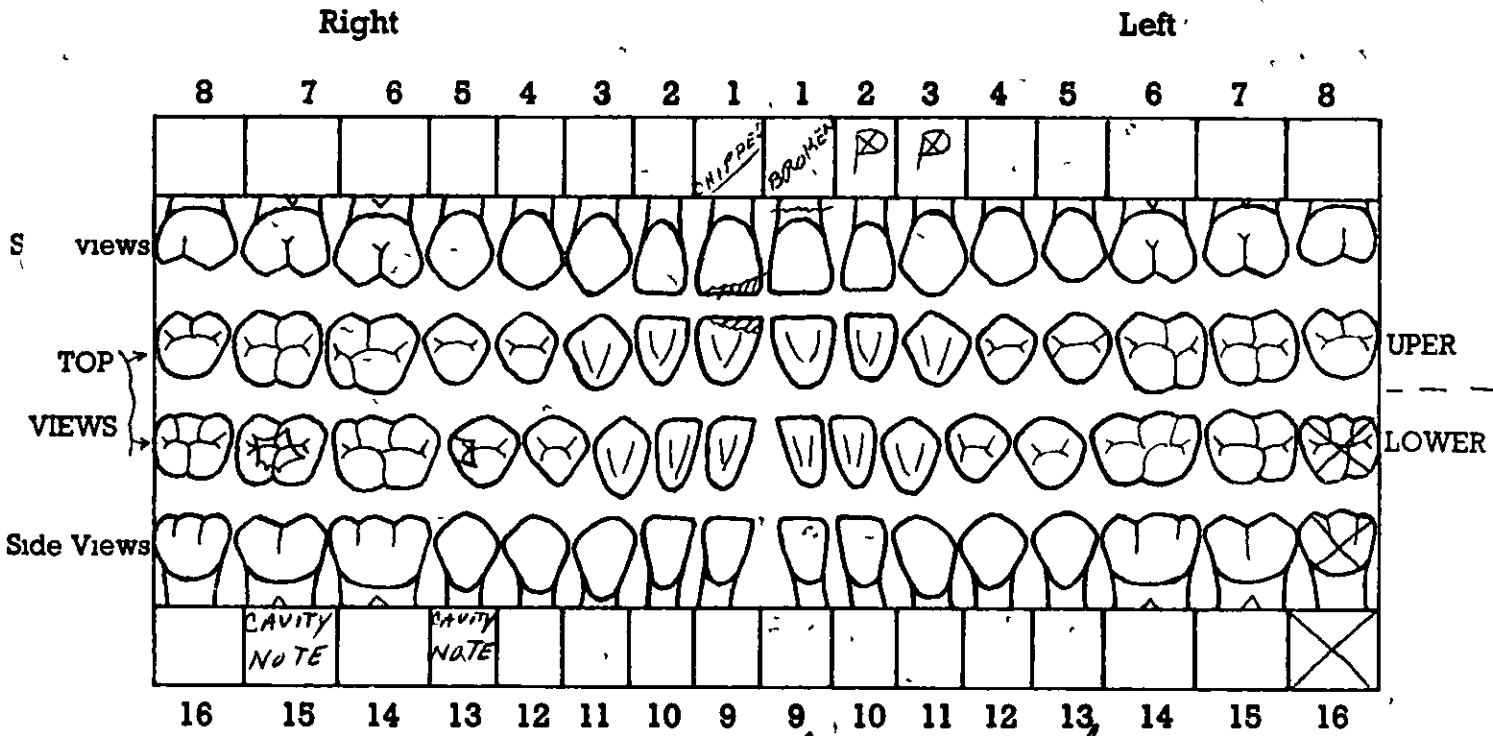
CHART "A-1"

UNK. X-5
 9-10-5
 CAMBRIDGE
 E.O. 1140

TOOTH CHART
 II 1

21 Sept 48
 Date

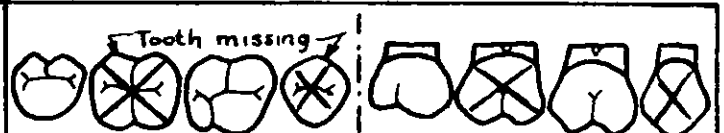
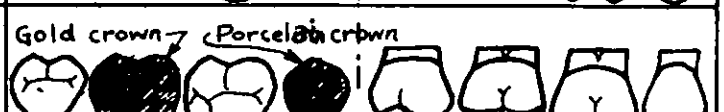

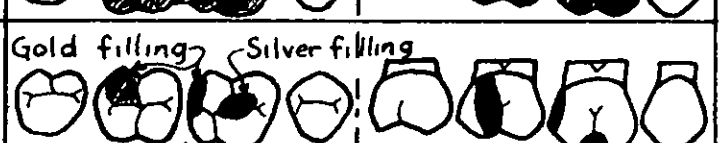
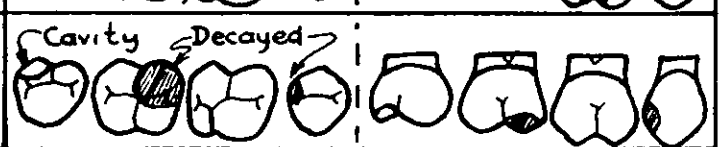
Last Name	First	Initial	Rank	Serial No
Unit		Organization		
Place of Death		Date of Death	Cause of Death	



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.

John E. Byrd
 Signature of Officer or other person who prepared Tooth chart

Verified by G R. S 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 - ivory
 Postures - missing - L 2 + 3
 spaces - none
 Rotations - L 4 1/4 turn distally
 L 13 1/2 turn mesially
 R 13 1/4 turn mesially*

NOTE R 13 + R 15 have deep and large cavities which appear to have been ground out and may have had a temporary filling at one time.

*Teeth here charted were found intact with remains of UNK-X 5. (WRAP-ED SEPARATELY)
 all teeth placed with REMAINS.*

X-5
 10-5
 CAMBRIDGE
 E.O. 1140

TOOTH CHART

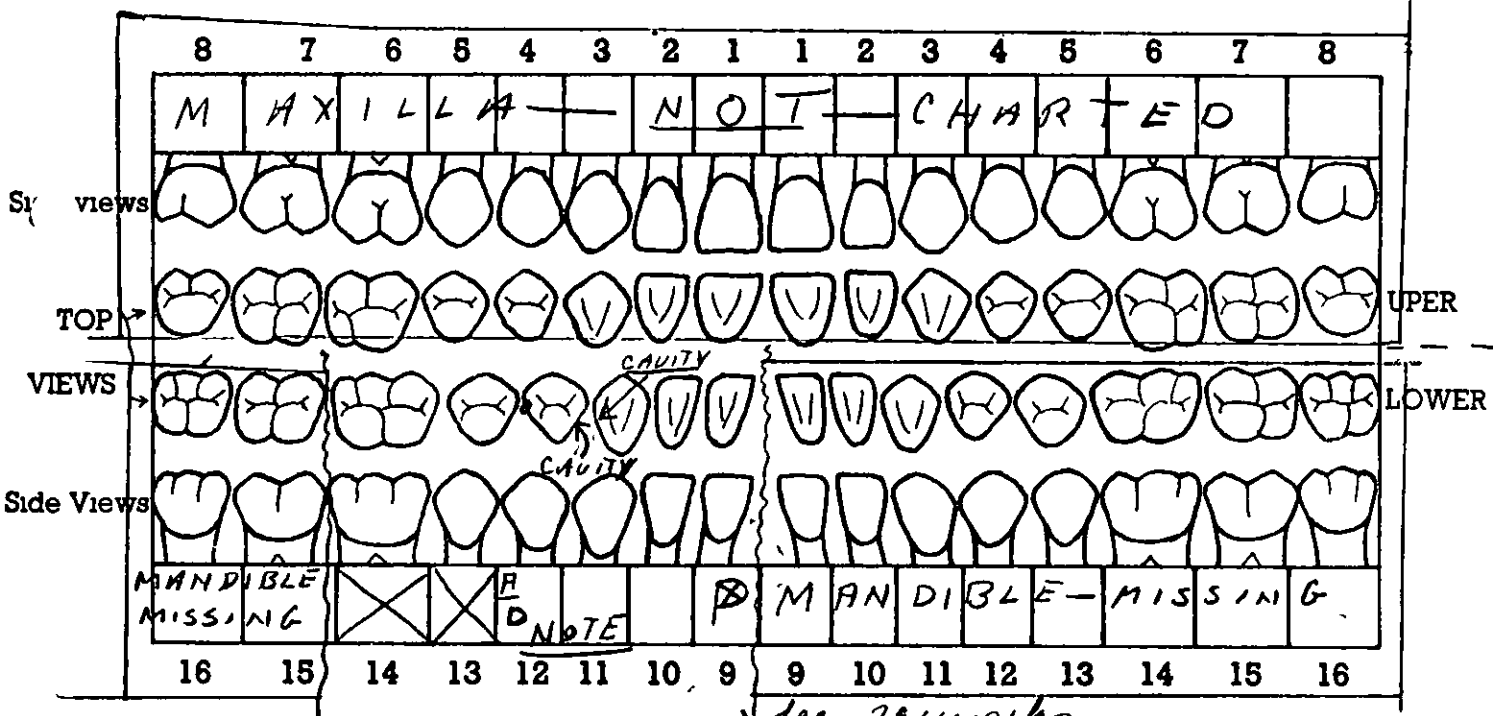
2

21 Sept-44
 Date

Last Name	First	Initial	Rank	Serial No
Unit		Organization		
Place of Death		Date of Death	Cause of Death	

Right

Left


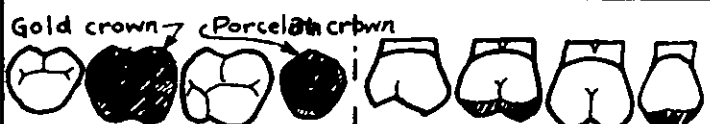
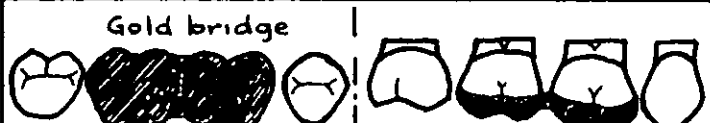
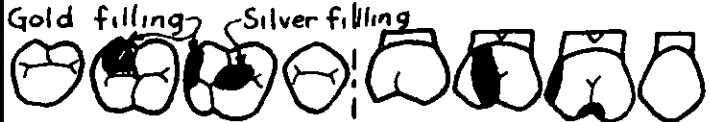



See remarks

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.

John E. Beard
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

<p>MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus</p>	
<p>CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus</p>	
<p>BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus</p>	
<p>FILLINGS Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus</p>	
<p>CARIES (CAVITIES) Outline location and size of cavity, shade in thus.</p>	

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 - slight ivory
 posthumously missing = R 9*

NOTE = CAVITY ON DISTAL SIDE OF R 11 AND MESIAL SIDE OF R 12.

*R 13 + 14 missing but no mark.
 It is possible that R 15 AND/OR 16 were missing before death, as the location of mandible is missing.*

Teeth here charted were found with the remains of UNK-X-5 (WRAPPED SEPARATELY) These teeth were removed separately and placed in the same casket with X-5.

C. 49375

~~Consolidate with~~

UNKNOWN X-5 England
(CAMBRIDGE)

mm

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
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-5
interred in Plot 9, Row 10, Grave 5, USAG Cambridge
England, have been reprocessed and the information
not previously forwarded to your Headquarters is herewith submitted.


Height : Est. 5' 5" by table measurement

Hair : Medium Brown, slightly wavy, 3 $\frac{1}{2}$ " long

Teeth : For two (2) men. See tooth chart attached

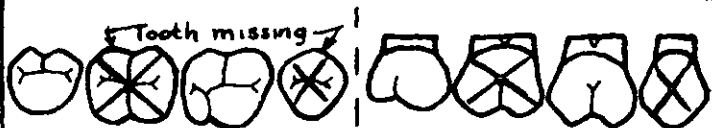
FOR THE COMMANDING GENERAL :

3 Incls :
1 - Skeletal Chart
2 - Tooth Chart 1
3 - Tooth Chart 2

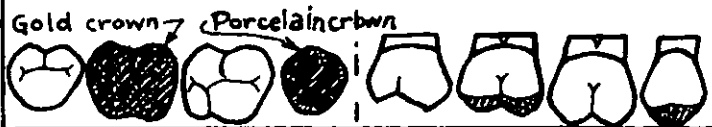

GEORGE L. FREEMAN
1st Lt. QMC
Actg Asst Adj Gen.

Incl #3

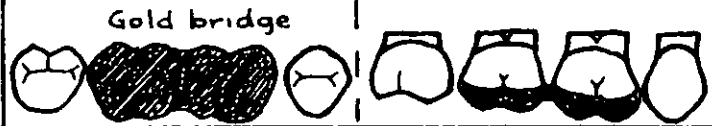
MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus



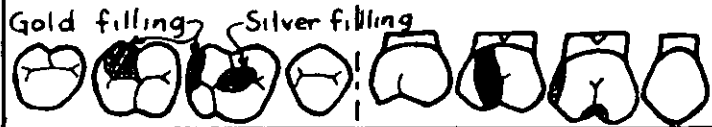
CROWNED TEETH . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



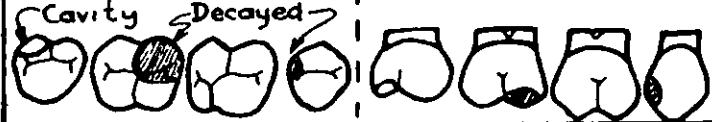
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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 : Ivory

L 2 and 3 : Posthumously Missing

SPACES : None

ROTATIONS : L 4 - 1/4 Turn Distally
 L 13 1/8 - Turn Mesially

NOTE : R 13 and R 15 have deep and large canilus which appear to have been ground out and may have had a temporary filling at one time.

Teeth here charted were found intact with remains of Unk. X-5 (Wrapped separately).

All teeth placed with Remains.

No. 2

TOOTH CHART

E.O. #1140

USMC Cambridge

Q : 10 : 5

21 September, 1948

Date

Unk. X-5

Last Name	First	Initial	Grade	Serial No
Unit			Organisation	

Place of Death

Date of Death

Cause of Death

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	MAXILLA								NOT CHARTED							
Side views	[Upper Jaw Diagrams]															
TOP VIEWS	[Upper Jaw Top Views]															
	MANDIBLE								MISSING							
Side Views	[Lower Jaw Diagrams]															
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Handwritten notes on chart: "CAVITY" (twice), "NOTE", "X", "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 :

Geo Freeman
 GEORGE L. FREEMAN
 1st Lt QMC

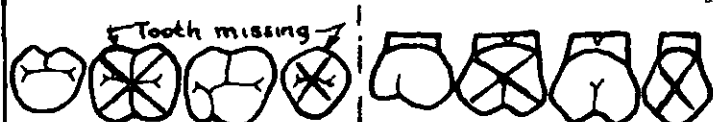
/s/ John E. Byrd

Signature of Officer or other person who prepared Tooth chart

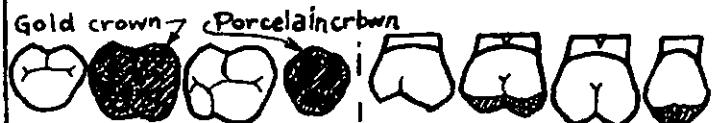
Verified by G R.C Officer

S.F.

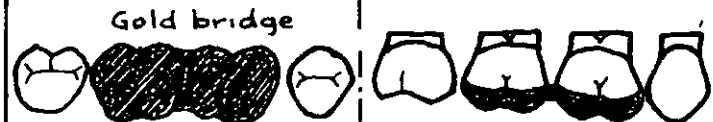
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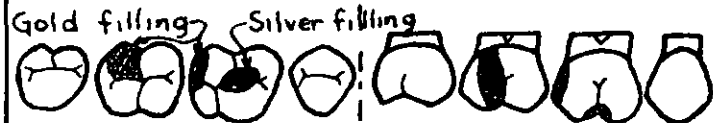
CROWNED TEETH . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus



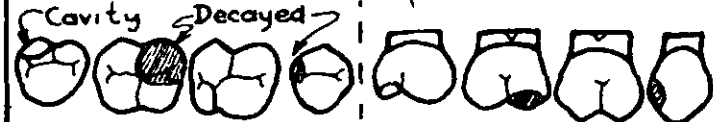
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



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

R 9 : Posthumously Missing

NOTE : Cavity on Distal Side of R 11 and Mesial Side of R 12.

R 13 and 14 Missing before Death.

It is possible that R 15 and/or 16 were Missing before Death, as this portion of Mandible is missing.

Teeth here charted were found with the Remains of Unk. X - 5 (wrapped separately). These teeth were rewrapped separately and placed in the same casket with X - 5.

FEDERAL BUREAU OF INVESTIGATION

21 September, 1948

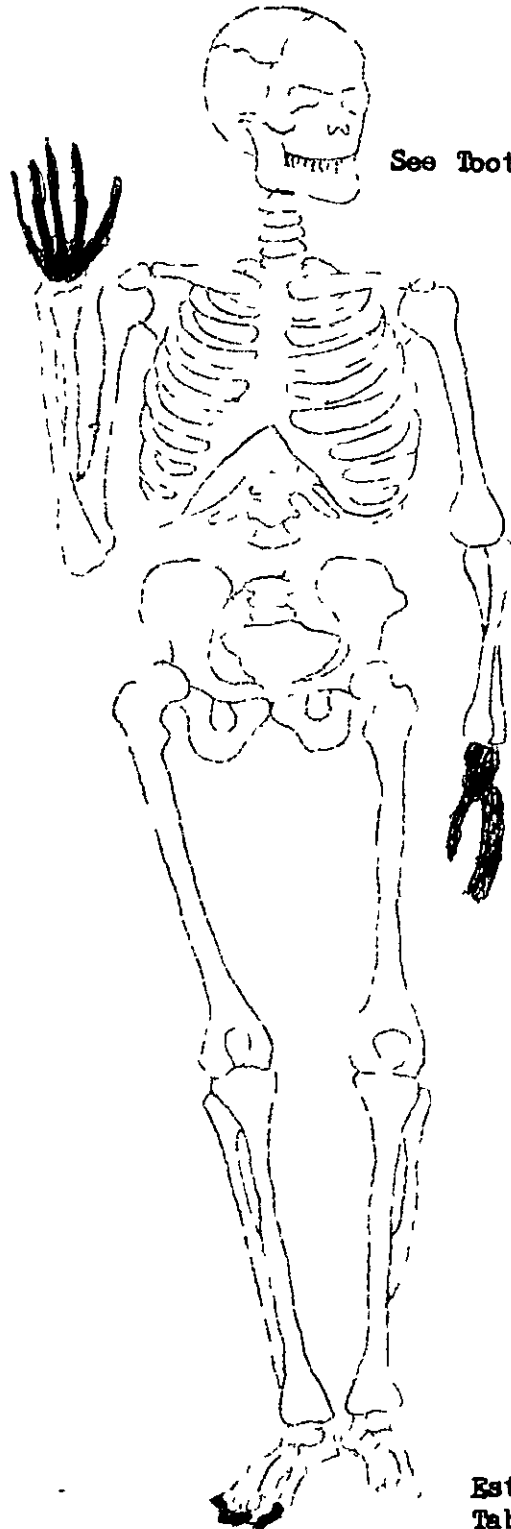
E.O.# 1140

(BLACK OUT PARTS OF BODY NOT RELATED TO CASE)

X - 5

USMC Cambridge

Q : 10 : 5



See Tooth Chart

Est. HEIGHT: 5' 5"
Table Measurement.

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- 5, Plot Q,
Row 10, Grave 5, 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 J C
Actg Asst Adj Gen

Received TL 3177 26 Oct 48 OQMG
Not identifiable from
information presently
available

J. J. Jammer

cl #1

QMGT DEPT OF ARMY, WASH.D.C., CAPT SLOANE EXT 2462

UNCLASSIFIED

CG AGRC PARIS FRANCE

PRIORITY

X

CHARGE GRAVES WW II

FROM QMGT

WCL 22263

FINGERPRINTS SUBMITTED ON THE FOLLOWING REPORTS OF BURIAL HAVE BEEN COMPARED BY THE FEDERAL BUREAU OF INVESTIGATION CMA INSOFAR AS POSSIBLE CMA BUT COULD NOT BE IDENTIFIED CLN BROOKWOOD CMA ENGLAND XRAY TWO EIGHT CMA CAMBRIDGE CMA ENGLAND XRAY FIVE CMA XRAY FOUR SEVEN CMA HENRI CHAPELLE CMA BELGIUM XRAY FIVE SEVEN XRAY ONE ONE TWO XRAY ONE ONE FOUR XRAY ONE ONE SIX XRAY ONE THREE ZERO XRAY ONE FOUR SIX XRAY ONE EIGHT ZERO XRAY ONE NINE EIGHT XRAY TWO NINE ZERO XRAY TWO NINE NINE XRAY THREE SIX THREE XRAY THREE NINE FOUR XRAY THREE NINE FIVE XRAY FOUR EIGHT FIVE XRAY FIVE TWO EIGHT AND XRAY FIVE THREE ZERO PD FINGERPRINTS SUBMITTED ON REPORTS OF BURIAL FOR UNKNOWN'S XRAY TWO ONE SEVEN AND XRAY FOUR ONE SIX CMA HENRI CHAPELLE CMA BELGIUM COULD NOT BE IDENTIFIED DUE TO INSUFFICIENT RIDGE DETAIL PD REPROCESSING REPORTS FOR UNKNOWN'S XRAY TWO EIGHT BROOKWOOD AND XRAY FOUR SEVEN CAMBRIDGE HAVE NOT BEEN RECEIVED PD REQUEST REPORTS OF REPROCESSING BE FURNISHED THIS OFFICE

293
 Wolfe X 06
 (Cambridge, England)

UNCLASSIFIED

QMGT 293
GRS EUROPEAN

011600Z
SEPT 48

O.J. MURRAY, MAJOR, QMC
MEMORIAL DIVISION

M.K.

1

USMC CAMBRIDGE
 PLOT E ROW 6 GRAVE 101 DISINTERMENT DIRECTIVE
 DATE OF BURIAL 29 SEP 48
 VERIFIED BY: *W.C. ENTWING*

SECTION A — W.C. ENTWING DIRECTIVE NUMBER 1615 00000 DATE 15 03 48
 NAME AND BURIAL LOCATION OF DECEASED

NAME UNKNOWNX - 000005 SERIAL NUMBER RANK ARM 2 DATE OF DEATH
 DAY MONTH YEAR

CEMETERY CAMBRIDGE DISPOSITION OF REMAINS 0 1601 80
 CODE DIST PT

PLOT 0 ROW 10 GRAVE 5 COUNTRY BRITISH ISLES CAUSE OF DEATH 6
England

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 X - 5 SERIAL NUMBER UNK RANK DATE OF DEATH DATE DISINTERRED 20 APR 48

IDENTIFICATION TAG ON REMAINS *GRS* ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE
 MARKER *GRS*

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UK CASK NAVAL UNIFORM CONDITION OF REMAINS ADVANCED STATE OF DECOMPOSITION BODY COMPLETE

OTHER MEANS OF IDENTIFICATION NONE

MINOR DISCREPANCIES NONE

NAT FILE RECORDS ANNOTATED APR 18 1949
 DATE *Thatcher*
 NAME *B & B ER.*

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

CASKET SEALED BY THOMAS T HATCHER EMBALMER (Signature) *Thomas T Hatcher* THOMAS T HATCHER

CASKET BOXED AND MARKED (British civilian acting as clerk) DATE 16 6 48 BY A MC QUIRK SHIPPING ADDRESS VERIFIED BY *David L Benschoff* DAVID L BENSHOFF

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

David L Benschoff

DAVID L BENSHOFF 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

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME *UNKNOWN - X-5*

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

~~CG 21 2 IN 1 GRAVE~~

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST PT

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

0 10

5 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

X - 5

UNK

20 APR 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS *GRS*

MARKER *GRS*

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **U. K. CASKET
NAVAL UNIFORM**

CONDITION OF REMAINS **ADVANCED STATE OF
DECOMPOSITION BODY COMPLETE**

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE **June 16, 1948**

BY **THOMAS T HATCHER**

CASKET SEALED BY

THOMAS T HATCHER

EMBALMER (Signature)

Thomas T Hatcher
THOMAS T HATCHER

CASKET BOXED AND MARKED

(British Civilian acting as Clerk)

SHIPPING ADDRESS VERIFIED BY

David L Benschhoff
DAVID L BENSCHOFF

DATE **16-6-48** BY **A. MC Quir**

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

David L Benschhoff
DAVID L BENSCHOFF

SIGNATURE OF GRS INSPECTOR

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

QMGMP 293

Unknown X-5

1st Ind

England (Cambridge)

Hqs., WD, OQMG, Washington 25, D. C.

13 December 1946

TO: Commanding Officer, American Graves Registration Command,
European Theater Area, APO 887, c/o Postmaster, New York, New York

1. The fingerprints submitted on the Report of Burial for Unknown X-5, Cambridge American Military Cemetery, England, Plot Q, Row 5, Grave 5, have been compared, insofar as possible, but were not found to be identical.

2. In the event additional information becomes available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

[Handwritten signature]
NAVY MED- Form H
13

JAMES C. MacFARLAND
Major, QMC
Assistant

[Handwritten initials]
NJS

[Vertical stamp]
RECEIVED
DEC 14 1946
AMERICAN GRAVES REGISTRATION COMMAND
WASHINGTON 25, D. C.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887 U S ARMY

PJW/KHG/pr

RRE (Cambridge; O-10-5)

5 October 1946

SUBJECT: Unknown X-5 (Cambridge)

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

1. Reference is made to Report of Burial for subject Unknown forwarded to your office by Transmittal Letter Number 802 dated 24 January 1945.

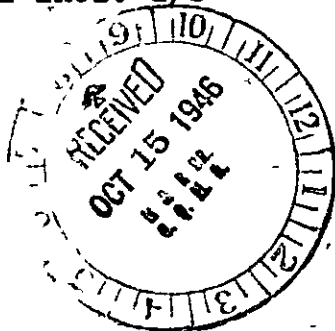
2. This headquarters has not as yet received results of the fingerprint comparison. In case the fingerprints on file at your office are not clear. NAVMED-Form N with fingerprint is inclosed.

3. It is requested that this office be informed of the results of this comparison.

FOR THE COMMANDING OFFICER:

1 incl. a/s

J. J. POWERS
Colonel QMC
Assistant



Handwritten notes on the right margin:
3146 Graves Registration (European) # 802
The file
12/15/46
[Signature]

AGPC-S 293 (15 Oct 46)

1st Ind.

SFM/mmh/1E471a

WD, AGO, Washington 25, D. C., 29 November 1946

TO. The Quartermaster General, Washington 25, D. C., Attention. Chief,
Identification Section, Repatriation Records Branch, Room 2320, Temporary
Building B

Fingerprints on attached Report of Burial for X-5 Cambridge could not be
identified in the files of the Federal Bureau of Investigation.

FOR THE ADJUTANT GENERAL:

Wm D. Cartwright

W. D. CARTWRIGHT *sp*

Colonel, AGD

Chief, Casualty Branch, AGO

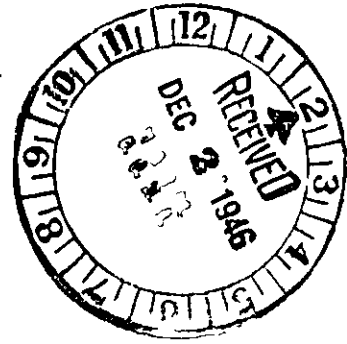
1 Incl n/c

293 Unknown X-5 England (Cambridge)

293



TELETYPE UNIT AND
REC'D IN BRANCH
DEC 3 9 47 AM '46
MEMORIA SECTION



WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

pc

IN REPLY REFER TO

QMGYG 293

Unknown X-5

England (Cambridge)

15 October 1946

SUBJECT: Fingerprints of Unknown Deceased

TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover

THRU : Status Review & Determination, Casualty Branch,
1 E 525-A Pentagon, Washington, D. C.

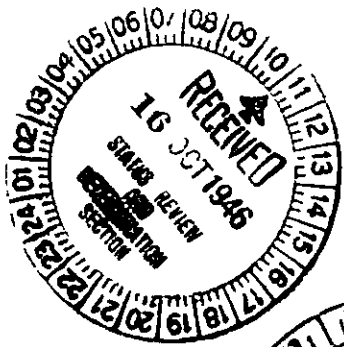
1. The inclosed Report of Burial (in dupl) is returned to your office with a request that a recheck be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. It is requested that this office be advised of your findings, together with return of the forms.

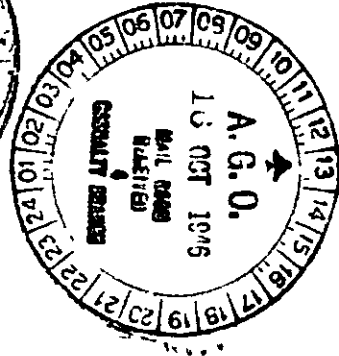
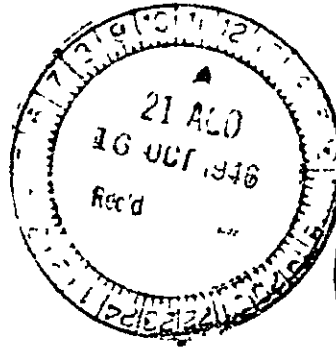
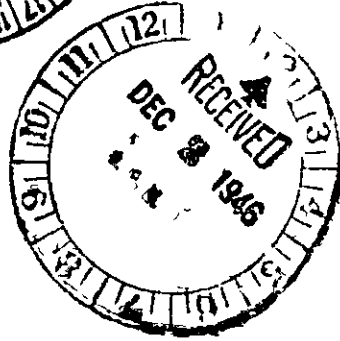
FOR THE QUARTERMASTER GENERAL:

1 Incl ✓
Report of Burial (in dupl) /

J. C. MacFarland
JAMES C. MacFARLAND
Major, QMC
Assistant



OCT 15 12 43 PM '46
O O H G.
MAIL & RECORDS BRANCH



QMGYC 293
Unknown X-5
England (Cambridge)

15 October 1948

SUBJECT: Fingerprints of Unknown Deceased

TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover

THRU : Status Review & Determination, Casualty Branch,
1 E 525-A Pentagon, Washington, D. C.

1. The inclosed Report of Burial (in dupl) is returned to your office with a request that a recheck be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. It is requested that this office be advised of your findings, together with return of the forms.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Report of Burial (in dupl)

JAMES C. MacFARLAND
Major, QMC
Assistant

OCT 15 12 43 PM '48

Q D M C
MAIL & RECORDS BRANCH

MEMORIAL
SION

OCT 16 11 41 AM '48

RECORDS AND
RECORDS BRANCH

JOHN EDGAR HOOVER
DIRECTOR

**Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.**

CONFIDENTIAL
REGISTERED MAIL

May 5, 1945

The Quartermaster General
Army Service Forces
War Department
Washington 25, D. C.

Attention: Captain C. C. Pierce, Assistant

FINGERPRINTS OF UNKNOWN DECEASED

Reference is made to your letter of April 10, 1945, submitting one copy of Navy Form N and one GRS Form #1 bearing the finger impressions of an Unknown American for identification purposes, your reference SPQYG 293 Unk. 25 XY, England.

You are advised that these finger impressions have been searched, insofar as possible, through the fingerprint files of this Bureau without effecting an identification.

The Navy Form N and the GRS Form #1 submitted are returned herewith.

Please be assured of my desire to be of assistance in these matters.

Enclosures



2 x 93 under our 25th page



U.S. DEPARTMENT OF JUSTICE
RECEIVED
U.S. DEPARTMENT OF JUSTICE

SPQYG 293
Unk. 25 XY, England

X 5 Cambridge

10 April 1945

SUBJECT: Fingerprints of Unknown Deceased

**TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover**

1. The inclosed report of burial, together with copy of Navy Form N, is forwarded to your office with a request for comparison of the fingerprints with those on file.

2. If found to be identical, it is requested that the name and serial number of the deceased be forwarded to this office, together with the return of the Forms, when report is rendered.

FOR THE QUARTERMASTER GENERAL:

2 Incls
Burial Report
Navy Form N

C. C. PIERCE
Captain, QMC
Assistant

*unable to locate
green*

()

RESTRICTED

AGPC-S 704 (14 Feb 45)

1st Ind.

TJH/SFW/sdt/4602

WD, AGO, Washington, 25, D. C., 4 April 1945.

TO: The Quartermaster General, Washington, 25, D. C.
Attention: Chief, Registration and Planning Branch,
Room 1100, Temporary Building C.

Fingerprints on Report of Burial No. 49375 (QMC Form 1-GRS) could not be identified and the report is returned herewith. Report No. 49375 is a duplicate of that for Unknown 25 XY which was returned to you by 1st Indorsement to your letter SPGYG 293 Unknown 25 XY, England, dated 24 January 1945, subject: "Fingerprints of Unknown Deceased."

FOR THE ADJUTANT GENERAL:

John T. Burns
JOHN T. BURNS
Major, AGD,
Officer in Charge,
Status Review and
Determination Section.

per TJB

1 Incl.
n/c

293 - Unknown 49375 - Status Review

APR 5 12 29 PM '45
MEMORIAL DIVISION

GRAVES REGISTRATION SECTION
APR 5 2 19 PM '45
MEMORIAL DIVISION

()

R E S T R I C T E D

ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL

Unknown 49375, England WASHINGTON 25, D C



IN REPLY REFER TO

SPQYG 293



14 February 1945

SUBJECT: Fingerprints of Unknown Deceased.

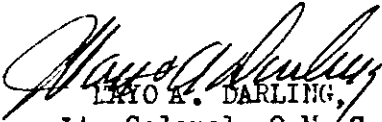
TO : The Adjutant General, ASF, Washington, D. C.

ATTENTION: Capt. Hennessey, Status Review & Determination,
Casualty Branch, 4602 Munitions Building, Washington, D.C.

1. The inclosed Burial Form is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown, buried in Cambridge American Military Cemetery, England.

2. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addressee and religious preference of the deceased be forwarded to this office, together with the return of the Form, when report is rendered.

For the Quartermaster General:


LEO A. DARLING,
Lt. Colonel, Q.M. C.,
Assistant.

✓ 1 Incl:
Burial Form.

R E S T R I C T E D

SPQYG 293
Unknown 49376, England

(Cambridge)

14 February 1945

SUBJECT: Fingerprints of Unknown Deceased.

TO : The Adjutant General, ASF, Washington, D. C.

ATTENTION: Capt. Hennessey, Status Review & Determination,
Casualty Branch, 4602 Munitions Building, Washington, D.C.

1. The inclosed Burial Form is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown, buried in Cambridge American Military Cemetery, England.

2. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addressee and religious preference of the deceased be forwarded to this office, together with the return of the Form, when report is rendered.

For The Quartermaster General:

MAYO A. DARLING,
Lt. Colonel, Q.M. C.,
Assistant.

CCP
CCP

FEB 14 9 54 AM '45
MAIL & RECORDS BRANCH
Incl: Burial Form.

FEB 14 8 41 AM '45
MEMORIAL DIVISION

JP

FILE UNDER NO. 293 - Unknown 49375 England

I N D E X S H E E T

S Y N O P S I S

Letter

12 Feb. 1945

FROM: OQMG.
TO: Hdqrs., SOS, ETOUSA, APO 887, c/o PH, New York, N.Y.
FOR: The QM.

SUBJ: Burial Forms.

DOCUMENT FILED UNDER NO 293 - Unknown Misc.

tjh

SPQTC 293

Unknowns -

21954 - France

22957 - Belgium

✓ 49375 - England

12 February 1945

SUBJECT: Burial Forms.

TO : Headquarters, SOS, ETOUSA, APO 887, c/o PM, New York, N.Y.

FOR: The Quartermaster.

1. It is requested that the original copies of burial forms for the following be forwarded to this office, as directed by paragraph 1c, AR 30-1815, dated 15 April 1943:

Unknown X-92 - LaCambe Cemetery, France,
Plot D, Row 10, Grave 183.

Unknown X-19 - Henri Chapelle Cemetery #1, Belgium,
Plot F, Row 2, Grave 21.

Unknown X-5 - Cambridge American Military Cemetery,
England,
Plot G, Row 10, Grave 5.

2. If the fingerprints appear clearer on another copy, that copy should also be forwarded, in all cases, with the original when submitted.

3. In cases concerning Unknowns when every item of information is so essential, great care should be exercised. Many of the forms submitted to this office are almost undecipherable and photostatic copies thereof cannot be read.

For The Quartermaster General:

H. A. BARNES
Brig. General, Q.M.C.
Deputy The Quartermaster General

SPQYG 293
Unknown 25 XY, England

24 January 1945

SUBJECT: Fingerprints of Unknown Deceased.

TO : The Adjutant General, ASF, Washington, D. C.

ATTENTION: Captain Hennessey, Status Review & Determination,
Casualty Branch, 4602 Munitions Building, Washington, D. C.

1. The inclosed report of burial, together with copy of Navy Form N, is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file for any known to have been missing on or about 4 October 1944.
2. The Bureau of Naval Personnel has been unable to identify the Unknown as a member of the Naval Service.
3. If found to be identical, it is requested that the name, rank, serial number, organization, emergency addressee and religious preference of the deceased be forwarded to this office, together with the return of the Form, when report is rendered.

For The Quartermaster General:

MAYO A. DARLING,
Lt. Colonel, Q.M.C.,
Assistant.

2 Incls:
Burial Report
Navy Form N.

*unable to
locate
green*

ADDRESS YOUR REPLY TO
BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT WASHINGTON 25, D. C.
AND REFER TO NO.



BUMED-ECd-ek
QW20/P6-1

15 Jan 1945

WASHINGTON 25, D. C.

To: Office of the Quartermaster General, Army Service Forces,
War Department, Washington, D. C.

Subj: Identification of Unknown #25xy interred in Cambridge
American Cemetery.

Encl: 1. (HW) NMS Form N from USNAAB, Navy 902, in duplicate.
2. (HW) QLIC Form 1-GRS, seven copies, with fingerprints
of right hand.

1. The Bureau of Naval Personnel, Navy Department, has been unable to identify this decedent as a member of the Naval Service. It is requested that the fingerprints on enclosures be checked with your files as the Unknown #25xy may have been an Army enlisted man.

2. If no identification is established, it will be appreciated if the enclosed forms are further referred to the F.B.I. for a check.

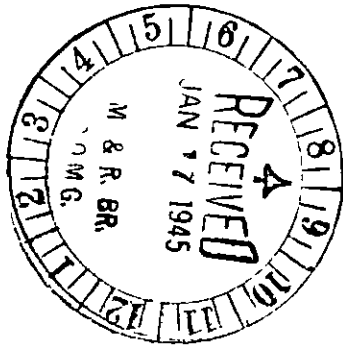
3. The Headquarters, U. S. Coast Guard, advises that no members of the Coast Guard are missing in the area where this body was discovered.

By direction of the Chief, BuMed:

J. W. Rohrbach
J. W. ROHRBACK
Executive Civilian Assistant
Administration Division

Re
293 - Unknown, England

JAN 17 9 34 AM '45
MEMORIAL DIVISION



CERTIFICATE OF DEATH



From: ~~The Commanding Officer of U.S.S. LST 327, F.P.O., NEW YORK, NY~~

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name ~~(X - 5)~~ Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place ~~U.S.S. LST 327~~ Date ~~August 11~~ Hour ~~0910 hours~~

9. Cause of death { Principal ~~INJURIES, MULTIPLE, EXTREME~~ Key Letter ~~"X"~~
Contributory

10. Death ~~is not~~ the result of own misconduct and ~~is~~ in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains ~~transported to U.S. Military Cemetery, Cambridge, England~~
~~for interment.~~

12. Summary of facts relative to the death:

1. Within command.
2. Work.
3. Negligence not apparent.
4. Killed as a result of enemy action.



Summary of facts—Continued

While in convoy in swept channel enroute from Cherbourg, France to Southampton, England, U.S.S. LST 327 was struck by a mine or torpedo. The deceased was killed instantly by the resulting explosion.

NOTE:

"X" series - (1 - 5) - remains are not definitely identified. Fingerprints will assure positive identification.

J. E. Cross

J. E. CROSS (Medical officer)

Lt(jg) (Rank)

M. O, U S Navy

Approved: Court of inquiry or board of investigation ~~will not~~ be held.

C. J. GILLERAN, (Commanding officer)

Lt (Rank)

U. S. Navy

RESTRICTED

49375

68

~~UNKNOWN~~ X-5

REPORT OF BURIAL

Un Known

AR 30-1815 & TM 10-630

Date

10-10-44

(Last name First Name Middle initial & Serial Number)

~~UNKNOWN~~ X-5

Un Known

(Rank and Organization)

~~UNKNOWN~~ ~~UNKNOWN~~

~~PLACE DROWNED~~ Place of death, ~~details known~~ details known, ~~probably about~~ probably about
~~10-10-44~~ ~~10-10-44~~ ~~10-10-44~~ ~~10-10-44~~ ~~10-10-44~~ ~~10-10-44~~ ~~10-10-44~~ ~~10-10-44~~ ~~10-10-44~~ ~~10-10-44~~

Was Arterial Injection Practice Employed? PARTIALLY Impossible due to nature of death.

Was Body Cavity Practice Employed? Some hypo work done.

Signature of Officer Supervising Embalming Some hypo work done.

Physical Marks of Identification

Disposition of Identification Tag V2°-Lt. Arm; Rt. Thigh; Hair
Male 1/8°-Lt. Cheek.

N one

(Name and address of emergency addressee) (Relationship)

~~UNKNOWN~~

(Name and address of legal next of kin) (Relationship)

List of Personal Effects ~~UNKNOWN~~ disposition of same:

NONE.






30 OCT 1944

Hamilton B. Prohler

(Reporting Officer's Signature)

Thumb or finger prints of Right Hand or if that be missing, his left. Check: Right Left

RESTRICTED

Thumb	1st	2nd	3rd	4th
				

RESTRICTED

NOTE: The data on this form will not be accepted by the officer initiating the report unless the usual procedure has been followed to **CAMBRIDGE** American Military Cemetery, or burial to state **CAMBRIDGE** officer, or non-commissioned officer, and the order to Blackwood will sign here, and the usual procedure will be followed. **CAMBRIDGE** (4) copies to the **CAMBRIDGE** office of the J.S. Superintendent at **CAMBRIDGE** and verify same by his signature.

Chief Pharmacist Floyd C. Diettel, U.S.M. USMAA B Portland, New South
(Signature, Rank, Organization, and Grave No. in parenthesis)
Escort.

In all other cases, in New Zealand, Finland, Scotland, and Wales the following data will be supplied and verified by the officer initiating the report.

Burial: **1500 hrs. 19 Oct. 1944. Joint MORT-GATH Mil. Services.**
(Time, Date, and Type of Burial Services)

*Cemetery in which Buried: **Cambridge American Mil. Cemetery.**

Grave in which buried: Plot No. **0** Row No. **10** Grave No. **8**

Kind of Marker: **Temp. Wooden Cross.**

Disposition of Identification Tags: (a) Buried with body: **One (1) emerg. tag.**

(b) Attached to the Marker: **One (1) emerg. tag.**

Bodies buried on either side:

Right: **Unoccupied grave.**
(Name, Serial No., Rank, Organization, and Grave No.)

Left: **Nash, Leo J. 36358225, T/Sgt. Col, 116 Inf. Regt. 29 Div.**
(Name, Serial No., Rank, Organization, and Grave No.)

(Signature of Officer Reporting) *Leo J. Nash* (Verified by G.R.S. Officer)

*Sketch here if in isolated grave

UNIDENTIFIED X-5

THIS TAG MADE AT CAMBRIDGE

Prepare in Quadruplicate (4)
1 copy Force GRS, Original and Two Copies to **CAMBRIDGE**

RESTRICTED

REPORT OF BURIAL

AR 30-1815 & TM 10-650 Date 10-18-44

UNKNOWN

(Last name First Name Middle initial & Serial Number)

UNKNOWN

(Rank and Organization)

PLACE: Drowned, Apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details Unknown #25xy

(Place, Date and Cause of Death)

Were remains embalmed? _____ If not, State reason _____

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____
VS² - Lt. Arm; SI² - Rt. Thigh; R&L

Physical Marks of Identification Mole 1/8" - Lt. Cheek.

Disposition of Identification Tags None

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

Hamilton B. Frobisher
Lt. Comdr., (MC) USNR

(Reporting Officers Signature)

Thumb or finger prints of Right Hand or if that be missing, his left. Check: Right Left _____

B.

Thumb	1st	2nd	3rd	4th
-------	-----	-----	-----	-----



8

NOTE: The data on this side will not be accomplished by the officer initiating the report in cases where the remains are to be shipped to Brookwood American Military Cemetery for burial. In such cases the officer, or non-commissioned officer commanding the unit at Brookwood will sign here as petitioner in person and will deliver all four (4) copies to the U.S. Office in Charge of Burials, or to the U.S. Superintendent at Brookwood Cemetery, who will fill in this side of the form and verify same by his signature.

(Signature, Rank, Organization, and Grade, and Branch)

In all other cases, in N. Ireland, England, Scotland, and Wales the following data will be supplied and verified by the officer initiating the report.

Burial: _____
(Time, Date, and Type of Religious Service Performed)

*Cemetery in which Buried: _____
(Name and Number)

Grave in which buried: Plot No. _____ Row No. _____ Grave No. _____

Kind of Marker: _____

Disposition of Identification Tags: (a) Buried with body: _____

(b) Attached to the Marker: _____

Bodies buried on either side:

Right: _____
(Name, Serial No., Rank, Organization, and Grave No.)

Left: _____
(Name, Serial No., Rank, Organization, and Grave No.)

(Signature of Officer Reporting) (Verified by G.R.S. Officer)

*Sketch here if in isolated grave

REPORT OF BURIAL

AR 30-1815 & TM 10-630 Date 10-18-44

UNKNOWN 4-5

(Last name First Name Middle initial & Serial Number)

UNKNOWN

(Rank and Organization)

PLACE: Drowned, Apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details Unknown #25xy

(Place, Date and Cause of Death)

Were remains embalmed? _____ If not, State reason _____

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____

VS 1/2" - Lt. Arm; SI" - Rt. Thigh; Hair

Physical Marks of Identification Mole 1/8" - Lt. Cheek.

Disposition of Identification Tags None

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

not fd. in F.B.I.

Woodland / Pen Det Per.

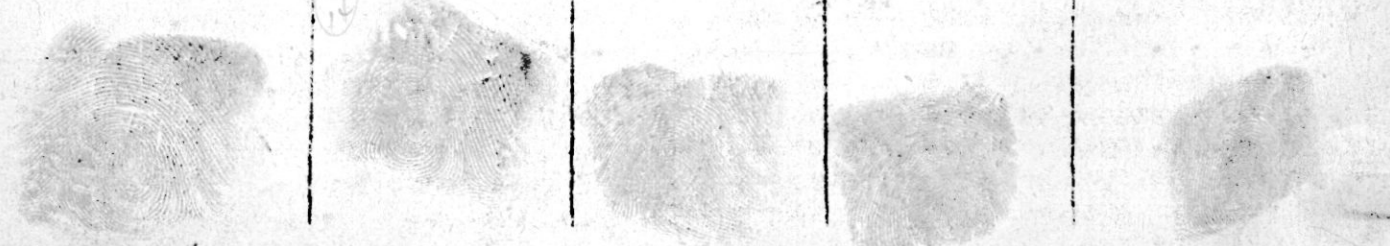
22/Nov/44
Hamilton B. Frobisher
Lt. Comdr., (MC) USNR

(Reporting Officers Signature)

Thumb ar finger prints of Right Hand or if that be missing, his left. Check: Right Left _____

B.

Thumb 1st 2nd 3rd 4th



Incl #1

NOTE: The data on this form will be prepared by the officer initiating the report. The data will be verified by the Brookwood American Legion, or by the Brookwood American Legion officer, or non-commissioned officer, or by the Brookwood American Legion officer, or non-commissioned officer, or by the Brookwood American Legion officer, or non-commissioned officer. (4) copies to the Superintendent and the Chief, GRS. The Superintendent will verify same by a separate report of the form and verify same by a separate report.

(Signature, Date, and Title of Reporting Officer)

In all other cases, in which the data is not as above, and in cases the following data will be required and verified by the officer initiating the report.

Burial: _____
(Time, Date, and Type of Burial)

*Cemetery in which Buried _____

Grave in which buried - Plot No. _____ Row No. _____ Grave No. _____

Kind of Marker: _____

Disposition of Identification Tags: (a) Buried with body _____

(b) Attached to the Marker: _____

Bodies buried on either side:

Right: _____
(Name, Serial No., Rank, Organization, and Grave No.)

Left: _____
(Name, Serial No., Rank, Organization, and Grave No.)

(Signature of Officer Reporting) (Verified by G.R.S. Officer)

*Sketch here if in isolated grave

RESTRICTED

49375

QMC Form 1-GRS
HQ SOS 1st Print 8-42

REPORT OF BURIAL

~~XXXXXXXXXX~~ X-5

UNKNOWN

AR 30-1815 & TM 10-630 Date 10-18-44

~~XXXXXXXXXX~~ UNKNOWN X-5

(Last name First Name Middle initial & Serial Number)

UNKNOWN: UNKNOWN

(Rank and Organization)

PLACE: Drowned, apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details Unknown #25xy

(Place, Date and Cause of Death)

Were remains embalmed? PARTIALLY if not, State reason Impossible due to nature of death.

Was Arterial Injection Practice Employed? Some hypo work done.

Was Body Cavity Practice Employed? Some hypo work done.

Signature of Officer Supervising Embalming

Physical Marks of Identification VS 1/2" - Lt. Arm; 1" - Rt. Thigh; Hair Mole 1/8" - Lt Cheek.

Disposition of Identification Tags N one

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

FORM

Hamilton B. Frobisher

Hamilton B. Frobisher
Lt. Comdr., (MC) USNR

(Reporting Officers Signature)

Thumb or finger prints of Right Hand or if that be missing, his left. Check: Right Left

RESTRICTED

Thumb	1st	2nd	3rd	4th

2-1

REPORT OF BURIAL

AR 30-1815 & TM 10-630 Date 10-18-44

UNKNOWN

(Last name First Name Middle initial & Serial Number)

UNKNOWN

(Rank and Organization)

PLACE: Drowned, Apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWING, Details Unknown #25xy

(Place, Date and Cause of Death)

Were remains embalmed? _____ If not, State reason _____

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____

Physical Marks of Identification VA 2"-Lt.Arm; SI"-Rt.Thigh; Hair Mole 1/8"-Lt.Cheek

Disposition of Identification Tags None

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

Hamilton B. Frobisher
Lt. Comdr., (MC) USNR

(Reporting Officers Signature)

Thumb or finger prints of Right Hand or if that be missing, his left. Check: Right X Left _____

Thumb	1st	2nd	3rd	4th

REPORT OF BURIAL

AR 30-1815 & TM 10-630 Date 10-18-44

UNKNOWN

(Last name First Name Middle initial & Serial Number)

UNKNOWN

(Rank and Organization)

PLACE: Drowned, Apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details Unknown #25xy

(Place, Date and Cause of Death)

Were remains embalmed? _____ If not, State reason _____

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____

Physical Marks of Identification **Scap - Lt. Arm; 5 1/2" - Rt. Thigh; Hair Hole 1/8" - Lt. Check**

Disposition of Identification Tags **None**

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

**Hamilton B. Frobisher
Lt. Comdr., (MC) USNR**

(Reporting Officers Signature)

Thumb at _____ finger prints of Right Hand or if that be missing, his left. Check: Right Left _____

B. _____
Thumb 1st 2nd 3rd 4th



NOTE: The date on the report must be the date of the report, not the date of the burial. If the report is being prepared by a member of the Brookwood American Legion, the report must be signed by the member, or a non-member of the Brookwood American Legion will sign here. (4) copies to the Superintendent and the Chief of the form and verify same by signature.

(Signature, Name, Rank, Organization, and Grave No.)

In all other cases, in addition to the above, the following data will be required and must be included in the report:

Burial: (Time, date, and place of burial)

*Cemetery in which Buried

Grave in which buried, Plot No. Row No. Grave No.

Kind of Marker:

Disposition of Identification Tags. (a) Buried with body

(b) Attached to the Marker:

Bodies buried on either side:

Right: (Name, Serial No., Rank, Organization, and Grave No.)

Left: (Name, Serial No., Rank, Organization, and Grave No.)

(Signature of Officer Reporting) (Verified by G.R.S. Officer)

Sketch here if in isolated grave

Prepare in quadruplicate (4) 1 copy Force GRS, Original and Two Copies to Chief, GRS

REPORT OF BURIAL

10-18-44

AR 30-1815 & TM 10-630 Date _____

~~UNKNOWN~~

(Last name First Name ~~UNKNOWN~~ Middle initial & Serial Number)

PLACE: Drowned, Apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details Unknown #20xy

(Place, Date and Cause of Death)

Were remains embalmed? _____ If not, State reason _____

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____

VA 1st-Lt. Arm; 51st-Rt. Thigh; Hair Hole 1/8th-Lt. Cheek

Physical Marks of Identification None

Disposition of Identification Tags ~~UNKNOWN~~

(Name and address of emergency addressee) (Relationship)

(Name and address of legal next of kin) (Relationship)
List of Personal Effects and disposition of same:

**Hamilton B. Frobisher
Lt. Comdr., (MC) USNR**

(Reporting Officers Signature)

Thumb or finger prints of Right Hand or if that be missing, his left. Check: Right Left _____

B.

Thumb

1st

2nd

3rd

4th



REPORT OF BURIAL

AR 30-1815 & TM 10-630 Date 10-18-44

UNKNOWN

(Last name First Name Middle initial & Serial Number)

UNKNOWN

(Rank and Organization)

PLACE: Drowned, Apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details Unknown #25xy

(Place, Date and Cause of Death)

Were remains embalmed? _____ If not, State reason _____

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____

Physical Marks of Identification **VS¹"-Lt.Arm; SL¹"-Rt.Thigh; Hair Mole 1/8"-Lt.Cheek.**

Disposition of Identification Tags **None**

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

**Hamilton B. Frobisher
Lt. Comdr., (MC) USNR**

(Reporting Officers Signature)

Thumb ar' finger prints of Right Hand or if that be missing, his left. Check: Right Left _____

B.

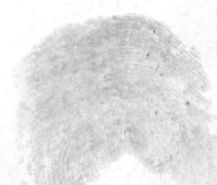
Thumb

1st

2nd

3rd

4th



NOTE: The data on this side will not be accomplished by the officer initiating the report in cases where the remains are to be shipped to Brookwood American Military Cemetery for burial. In such cases the officer, or non-commissioned officer, accompanying the body to Brookwood will sign here as custodian in transit and will deliver all four (4) copies to the U.S. Officer-in-Charge of Burials, or to the U.S. Superintendent at Brookwood Cemetery, who will fill in this side of the form and verify same by his signature.

(Signature, Rank, Organization of the custodian in transit)

In all other cases, in N. Ireland, England, Scotland, and Wales the following data will be supplied and verified by the Officer initiating the report.

Burial: _____
(Time, Date, and Type of Religious Service Performed)

*Cemetery in which Buried: _____
(Name and Number)

Grave in which buried: Plot No: _____ Row No: _____ Grave No: _____

Kind of Marker: _____

Disposition of Identification Tags: (a) Buried with body: _____

(b) Attached to the Marker: _____

Bodies buried on either side:

Right: _____
(Name, Serial No., Rank, Organization, and Grave No.)

Left: _____
(Name, Serial No., Rank, Organization, and Grave No.)

(Signature of Officer Reporting) (Verified by G.R.S. Officer)

*Sketch here if in isolated grave

REPORT OF BURIAL

AR 30-1815 & TM 10-630 Date 10-18-44

UNKNOWN

(Last name First Name Middle initial & Serial Number)

UNKNOWN

(Rank and Organization)

PLACE: Drowned, apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details Unknown #25xy

(Place, Date and Cause of Death)

Were remains embalmed? _____ If not, State reason _____

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____

Physical Marks of Identification VS 1/8"-Lt. Arm; 51"-Rt. Thigh; Hair Hole 1/8"-Lt. Cheek.

Disposition of Identification Tags None

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

Hamilton B. Frobisher
Lt. Comdr., (MC) USNR

(Reporting Officers Signature)

Thumb and finger prints of Right Hand or if that be missing, his left. Check: Right Left _____

Thumb	1st	2nd	3rd	4th
				

NOTE: The data on this side will not be accomplished by the officer initiating the report in cases where the remains are to be shipped to Brookwood American Military Cemetery for burial. In such cases the officer, or non-commissioned officer, accompanying the body to Brookwood will sign here as custodian in transit and will deliver all four (4) copies to the U.S. Officer in Charge of Burials, or to the U.S. Superintendent at Brookwood Cemetery, who will fill in this side of the form and verify same by his signature.

(Signature, Rank, Organization of the custodian in transit)

In all other cases, in N. Ireland, England, Scotland, and Wales the following data will be supplied and verified by the Officer initiating the report.

Burial: _____
(Time, Date, and Type of Religious Service Performed)

*Cemetery in which Buried: _____
(Name and Number)

Grave in which buried: Plot No. _____ Row No. _____ Grave No: _____

Kind of Marker: _____

Disposition of Identification Tags: (a) Buried with body: _____

(b) Attached to the Marker: _____

Bodies buried on either side:

Right: _____
(Name, Serial No., Rank, Organization, and Grave No.)

Left: _____
(Name, Serial No., Rank, Organization, and Grave No.)

(Signature of Officer Reporting) (Verified by G.R.S. Officer)

*Sketch here if in isolated grave

REPORT OF BURIAL

AR 30-1815 & TM 10-630 Date _____

10-16-44

(Last name First Name Middle initial & Serial Number)

UNKNOWN

(Rank and Organization)

UNKNOWN

PLACE: Drowned, Apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details unknown.

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____

Physical Marks of Identification _____

Disposition of Identification Tags **Vs - Lt. Arm; Sl - Rt. Thigh; Hair Tag 1/8" - Lt. Cheek**

(Name and address of emergency addressee) **None** (Relationship)





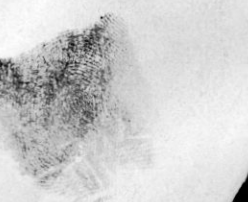
UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects **UNKNOWN** disposition of same:

Thumb or finger prints of Right Hand or Left Hand
left. Check: Right ___ Left ___

(Reporting Officers Signature)
Hamilton B. Probiner
Lt. Comdr., (MC) USNR

Thumb	1st	2nd	3rd	4th
				

NOTE: The data on this side will not be accomplished by the officer initiating the report in cases where the remains are to be shipped to Brookwood American Military Cemetery for burial. In such cases the officer, or non-commissioned officer, accompanying the body to Brookwood will sign here as custodian in transit and will deliver all four (4) copies to the U.S. Officer in Charge of Burials, or to the U.S. Superintendent at Brookwood Cemetery, the name of which is on this side of the form and verify same by his signature.

(Signature, Rank, Organization of the custodian in transit)

In all other cases, in N. Ireland, England, Scotland, and Wales the following data will be supplied and verified by the Officer initiating the report.

Burial: _____
(Time, Date, and Type of Religious Service Performed)

*Cemetery in which Buried: _____
(Name and Number)

Grave in which buried: Plot No: _____ Row No: _____ Grave No: _____

Kind of Marker: _____

Disposition of Identification Tags: (a) Buried with body: _____

(b) Attached to the Marker: _____

Bodies buried on either side:

Right: _____
(Name, Serial No., Rank, Organization, and Grave No.)

Left: _____
(Name, Serial No., Rank, Organization, and Grave No.)

(Signature of Officer Reporting) (Verified by G.R.S. Officer)

*Sketch here if in isolated grave

CERTIFICATE OF DEATH

From U.S.N.A.A.B., NAVY #902, % Fleet Post Office, New York, N.Y.

To. Bureau of Medicine and Surgery, Navy Department, Washington, D C
(See Circular Letter E-6, Appendix D, Manual of the Medical Department, for instructions)

1 Name UNKNOWN If military, probably Rank or rate enlisted man
 2 Born Place UNKNOWN Date UNKNOWN
 3 Nationality White-Probably American Religion UNKNOWN
(White-U S, Colored, Samoan, etc) (Denomination)
 4 Eyes Grey Hair Dark Complexion Undetermined Height Estimated 68 1/2 Weight 140#
 5. Marks, scars, etc (noted in health record) Health record not avail-
 able. Scars on body: 1/2" vacc. midarm, outer surface
 left arm. Scar 1" long right mid thigh, outer aspect
 right leg. Hair mole 1/8" diameter left cheek region
 molar occlusion.

FINGERPRINT



State which finger Rt. Index
(Right index preferred)

6 Relation, name and address of next of kin or friend UNKNOWN

7 Original admission Place UNKNOWN Date UNKNOWN
(Ship or station to which attached when first admitted to sick list)

8 Died. Place Drowned, Apparently off Chesil Beach, Portland, Dorset, England. Date 10-4-44 Hour UNKNOWN
 Probably about

9 Cause of death { Principal DROWNING, Details Unknown #25xy Key Letter
 Contributory

10 Death Undetermined the result of own misconduct and Undetermined in the line of duty
(Is or is not) (Is or is not)

11 Disposition of remains Cambridge American Cemetery,
 Cambridge, Cambridgeshire, England.

12. Summary of facts relative to the death. An Unidentified naked body was discovered on Chesil Beach off Portland by Auxillary Coast Guard Frederick J. Winter of H.M.C.G. at 1810, 10-16-44. It was immediately removed to the Royal Naval Hospital at Portland where identification could not be made. It was then turned over to the British Civil Police and taken to the Public morgue, at Portland. It was examined by Lt. Comdr. H.B. Frobisher, (MC)USNR, Lt. W.J. Messinger, (MC)USNR and Dr. Alfred C. Ricks a British practicing physician residing in Portland. The latter was called in because of his experience in examining bodies recovered along the local beach. The following is a description of the body as it lay in the morgue; from the neck down the skin and hair were in good condition. The former here and there rubbed off slightly, although at some places there were slight signs of

(Continue on back of this form)

Summary of Facts - Continued

maceration. The hair of the pubis and legs required some pulling before they came out. There were contusions, believed to be of post-mortem origin, distributed as follows: one about 3" in diameter anterior aspect right thigh, one about 1 1/2" in diameter over the right patella, and one about 2" in diameter over the junction upper third and lower two thirds right tibia. On the left leg there were similar lesions, two in the region of the junction of the manubrium and lower neck there was a margin of bluish discoloration about 2" wide extending to the midclavicular region on either side. The hair of the head had largely disappeared over the temporal and frontal regions and could be wiped off in other places. The eyebrows were almost completely gone. The eyeballs were loose in the sockets, the rest of the tissue was gone. The upper eyelids were retracted. Both upper and lower lips were swollen and tooth #9 was fractured at the gum margin but still hanging in position. The face, including the nose and skin over the forehead, were discolored a reddish hue. The legs were moderately rigid, the rest of the body including the arms, mandible, head and neck were flaccid. The skin of the soles of the feet were wrinkled as typical of immersion. The penis was uncircumcised. The abdomen was flat, soft and viscera could be palpated. Dr. A. C. Ricks stated that the body presented the usual appearance of the many that he had seen on similar circumstances; washed upon the beach from the sea. It was presumed that the corpse was an American because on his right ring finger he wore a sterling silver ring of conventional design with '(USN)' superimposed over a fouled anchor across the front. To the left of this were the words "E Pluribus" and continued on the right "Unum." Inside, the ring was marked "Sterling." Through the back it was cut through and then brought together, as though, by this means, it was made to fit his finger. Loosely about the abdomen was a web tourniquet minus the buckle and felt pad tied in a granny knot. This latter was positively identified as of American origin and listed in the Naval Medical supply catalog as: Stock No. 2-1311, TOURNIQUET, WEB, camouflaged. Other than this the body was entirely naked, including the lack of identification tags. The teeth were examined by Lt. M. Moscow, (DC) USNR of this base who reported that all teeth were present except #32 and #9 which had been fractured at the apical third but still hanging in place. #12 inclined to be out of alignment, protruding internally. There were no fillings or dentures. It was believed, especially by the British Doctor that this last, was supporting evidence that the body was American. In conclusion it is thought probable that the corpse is that of a white, American, Naval, enlisted man of about twenty three (23) years of age, not Jewish, who met his death by drowning some two (2) weeks previous to the time his body was discovered on Chesil Beach. No autopsy was performed because of the condition of the body and because it was believed that it would lead to no further useful information.

Hamilton B. Frobisher

Hamilton B. Frobisher, Lt. Comdr., M O, U S Navy. R
 (Medical officer) (Rank)

Approved. Court of inquiry or board of investigation will not be held
 (Will or will not)

R. H. Luke
 R. H. LUKE, Lt. Comdr., U. S. Navy. R
 (Commanding officer) (Rank) By direction

REPORT OF BURIAL

IDENTIFIED X-5
UNKNOWN

AR 30-1815 & TM 10-630 Date 10-30-44

(Last name First Name Middle initial & Serial Number)
~~XXXXXXXXXX X-5~~
UNKNOWN

(Rank and Organization)
UNKNOWN UNKNOWN

~~PLACE DATE, PLACE OF BIRTH, AND CAUSE OF DEATH OF DECEASED. PROBABLY DIED
HERE AT THE U.S. EMERALD CO. DURING THE DECEASED'S PERSON~~

Was Arterial Injection Practice Employed? PARTIALLY Impossible due to nature of death.

Was Body Cavity Practice Employed? Some hypo work done.

Signature of Officer Supervising Embalming Some hypo work done.

Physical Marks of Identification

Disposition of Identification Tags NO TAGS

(Name and address of emergency addressee) (Relationship)
UNKNOWN UNKNOWN

(Name and address of legal next of kin) (Relationship)
List of Personal Effects and disposition of same:

NONE.

[Signature]

30 OCT 1944

Reporting Officer's Signature

Thumb or finger-prints of Right Hand or if that be missing, his left. Check: Right Left

RESTRICTED

Thumb	1st	2nd	3rd	4th

[Signature]

REPORT OF BURIAL

AR 30-1815 & TM 10-830 Date 10-18-44

UNKNOWN

(Last name First Name Middle initial & Serial Number)

UNKNOWN

(Rank and Organization)

PLACE: Drowned, Apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details Unknown #25xy

(Place, Date and Cause of Death)

Were remains embalmed? _____ If not, State reason _____

Was Arterial Injection Practice Employed? _____

Was Body Cavity Practice Employed? _____

Signature of Officer Supervising Embalming _____

VS²-Lt. Arm; SI²-Rt. thigh; Hair

Physical Marks of Identification Mole 1/8"-Lt. Cheek.

Disposition of Identification Tags None

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

Hamilton B. Frobisher
Lt. Comdr., (MC) USNR

(Reporting Officers Signature)

Thumb or finger prints of Right Hand or if that be missing, his left
Check: Right Left _____

B.	Thumb	1st	2nd	3rd	4th

8

NOTE: The data on this form is to be furnished to the officer initiating the report. If the report is initiated by a Brookwood American, the officer, or non-commissioned officer, wood will sign name. (4) copies to the Superintendent at the office of the form and verify same by a

(Signature, Position, and Date) _____

In all other cases, the following data will be furnished to the officer initiating the report

Burial: _____
(Time, Date, and Type of Burial)

*Cemetery in which Buried _____

Grave in which buried Plot No. _____

Kind of Marker: _____

Disposition of Identification Tags (a) Buried with body _____

(b) Attached to the Marker: _____

Bodies buried on either side:

Right: _____
(Name, Serial No., Rank, Organization, and Grave No.)

Left: _____
(Name, Serial No., Rank, Organization, and Grave No.)

(Signature of Officer Reporting) _____ (Verified by G.R.S. Officer)

*Sketch here if in isolated grave

R E S T R I C T E D

REPORT of BURIAL

Unknown X-5

AR 30-1815 & TM 10-630

Date 10-18-44

Unknown X-5

(Last name , First Name, Middle initial, & Serial Number *

UNKNOWN UNKNOWN

Rank and Organization)

PLACE: Drowned, apparently off Chesil Beach, Portland. Probably about 10-4-44. CAUSE: DROWNING, Details unknown #25 xy.

(Place, Date and Cause of Death)

Were remains embalmed ? PARTIALLY If not, State reason, Impossible due to nature of death.

Was Arterial Injection Practice employed ? Some Hypo work done .

Was Body Cavity Practice employed ? Some hypo work done.

Signature of Officer Supervising Embalming

Physical Marks of Identification VS 1/4" -Lt. Arm: SI "-Rt. Thigh; Hair Mole 1/8" -Lt Cheek.

Disposition of Identification Tags None

UNKNOWN

(Name and address of emergency addressee) (Relationship)

UNKNOWN.

(Name and address of legal next of kin) (Relationship)

List of Personal Effects and disposition of same:

NONE.

/s/ Hamilton B. Frobisher
HAMILTON B. FROBISHER
Lt. Comdr., (MC) USNR
(Reporting Officers Signature)

Thumb and finger prints of Right Hand or if that be missing, his left.
Check: Right X Left _____

B

Thumb 1st 2nd 3rd 4th

FINGER PRINTS TAKEN . IMPOSSIBLE TO REPRODUCE ON TRUE COPY.