

293unk-France X-120 (Blossville)  
**CHECK LIST OF UNKNOWN**

(to be completely filled out and attached to each copy of Report of Interment  
WD QMC Form 1042)

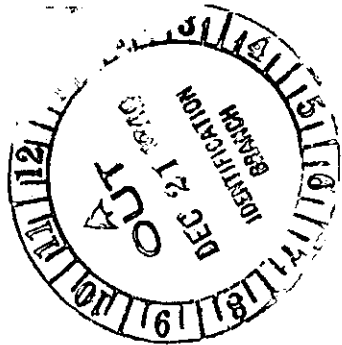
Unknown X - 120  
Cemetery **BLOSSVILLE, France**  
Plot **Y** Row **7** Grave **123**

1. ~~Arrived at cemetery~~ **Reprocessed 28 Oct. 1946.**  
(hour) (date)
2. Place of death \_\_\_\_\_  
(name of closest town) (coordinates and letter Prefex, maps)
3. Remains ~~recovered~~ disinterred by **Subordinate Identification Point GARENTAN, France**  
(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).**

	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
Item _____			
*Headgear <b>none</b>			
_____ (type)			
Raincoat <b>none</b>			
Overcoat <b>none</b>			
Jacket, Field <b>none</b>			
Jacket, Combat <b>none</b>			
Mackinaw <b>none</b>			
Sweater <b>none</b>			
Jacket, HBT <b>none</b>			
*Shirt, Wool OD <b>none</b>			
Undershirt, Wool <b>none</b>			
Undershirt, Cotton <b>Remnants of,</b>			
Trousers HBT <b>none</b>			
*Trousers, Wool OD <b>none</b>			

*Cancelled  
C.I.R. Remains  
per letter a SPC 5 Apr 49  
Subject: C.I.R. Remains*

*NAT  
file 21052049  
M. Blum  
21052049*



RECEIVED

Belt, Web **none**

Drawers, Wool **Remnants of,**

Drawers, Cotton **none**

Leggins, Wool **none** (Note unusual lacing)

Socks ~~cotton~~ **wool, Remnants of,**

\*Shoes (type) **none**

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **Remnants of parachute silk. Remnants of what is**

(Other item) **BTB. Type A-2 leather jacket.**

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

6. Chevrons or Insignia **none**  
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **none**

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

**A A F**

8. Description of Remains :

Age **Utd** Height **Utd** Weight **Utd** Description of wounds **Utd**

Bandages or dressings **Utd** Scars **Utd**  
(length, width, location)

Tattoos **Utd**  
(Number, location - illustrate on sep, page)

Outstanding moles, warts or birthmarks **Utd**  
(yes-no; description, location)

Sunburn or tan, other than hands & face **Utd**

Complexion **Utd**  
(light, med. dark, clear, pimples, pocks, freckles)

Build **Utd**  
(large, fat, thin, muscular)

Hair **Brown straight, 3" long**  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair **Utd** (baldness, widows peak, distinctive cutting or other characteristics).

Sideburns **Utd** (color, setting, shape) Mustache **Utd** (color, size, shape) Beard or **Utd** (length, heavy)

Goatee **Utd** (light, color, extent)

Eyes **Utd** (color, setting, shape) Eyebrows **Utd** (color, bushiness, extent across nose)

Nose **Utd** (size, shape, straight) Ears **Utd** (size, set close to or far from head)

Mouth **Utd** (large, medium, small) Lips **Utd** (small, large, full)

Teeth **head missing** (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin **Utd** (prominent, receding, pointed, dimple, double)

Jaw **Utd** (large, small, normal) Circumference of head in inches **missing** (hat band)

Neck **Utd** (size, length, short, normal, wrinkled) Larynx **Utd** (prominent, normal)

Shoulders **Utd** (broad, straight, small, rounded) Arms **Utd** (length, muscular, color)

**Utd** (extent and quantity of hair)

Hands **Utd**

Fingers **Utd** (short, thick, long, slender, size of knuckles, missing fingers or joints)

**Utd** (Unusual characteristics of fingernails)

Chest **Utd** (size of nipples, color, quantity & extent of hair, large, small normal)

Back **Utd** (quantity & extent of hair) Navel **Utd** (size of navel, appendectomy, amount)

**Utd** (quantity & color of hair) Circumcision **Utd** (yes-no) Pubic hair **Utd** (color)

Hernioplasty **Utd** (yes-no; location)

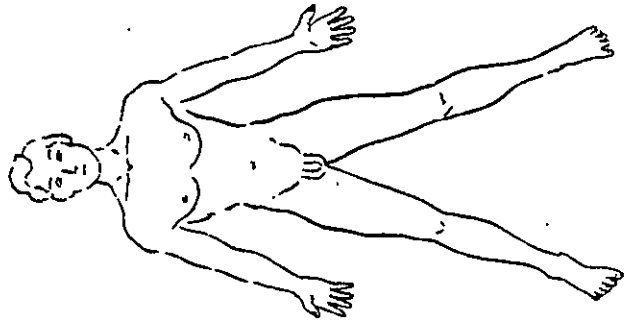
Legs **Utd** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

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

Evidence of healed factures Utd (nose, arms, legs, etc.)

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

See attached chart.



10. Have fingerprints been placed on Report of Interment no (yes-no)

If not, explain Hands missing

11. Has tooth chart been prepared no (yes-no) If not, explain head missing

12. Remarks : See skoleton chart for fractures and missing bones.

Remains in last stage of decomposition. Evidence of having been burned most all clothing destroyed. Remains wrapped in a mattress cover. Fluoroscopic Report: Negative. Nothing found to warrant Chemical Lab. Examination. Est. weight of remains recovered 22 Lbs.

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.

Robert A. Salvador  
Officer's Name  
**ROBERT A. SALVADOR**  
Captain Inf.

Rank Service  
**Central Identification Point**

Organization

X-120

Cemetery BLOSVILLE, France  
Plot Y, Row 7, Grave 122.



DISINTERMENT DIRECTIVE

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SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3508 00000

DATE 15 11 47 DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN		X-000120			0		
CEMETERY						DISPOSITION OF REMAINS	
BLOISVILLE - CARENTAN						0 3508 00	
CODE	DIST. PT.		CAUSE OF DEATH				
			(Blaisville)				
PLOT	ROW	GRAVE	COUNTRY				
Y	7	122	FRANCE 2937th France 4120 (Blaisville)				

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ST. LAURENT, FRANCE (BY ADMINISTRATIVE ORDER)	

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN			
				NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	
REMAINS PREPARED AND PLACED IN CASKET	

DATE	BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	BY	

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RESTRICTED  
REPORT OF BURIAL

21895  
31 July 1944  
Date

DISINTERMENT

TM 10-630 AND AR 30-1815

Unknown X 120  
Last Name First Initial Rank Serial No.  
Unknown Unknown Unknown Unknown Unknown

France Unknown  
Place of Death Date of Death Cause of Death

31 July 1944 1800 Bloisville, France  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

122 122 Y Cross  
Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

Could not take prints or tooth chart

Disinterred at town Cem. Briquiabec Normandy. Body found at a  
Kiln, N. E. of same place about May 8. Believed to be from ~~corps~~ ~~etc~~  
What means of identification were buried with the ~~body~~ ~~etc~~ crashed May 8, 1944

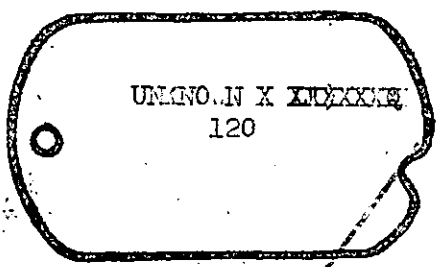
*Cancelled per letter  
NRCC 5 Apr 49 Subject:  
C.G. Remains.*

G.R.S. Form I

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

Who is buried on:	Boyd Rochester Sr.	34785996	Tec 5	3398 OM	123
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Unknown X	119	Unknown	Unknown	121
	Name	Serial No.	Rank	Organization	Grave No.

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



If print of identification tag is not affixed fill in below:

Emergency Addressee Unknown Name

Unknown Address

Religion Unknown

List only Personal Effects Found on Body and disposition of same:

NONE

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*NAT  
file 6-16-49  
J. Beckner  
Ident Bd*

Signature of Officer or other person reporting burial.

F. A. GREULICH  
Capt., GMC  
Verified by G.R.S. Officer



# DECEASED UNIDENTIFIED

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

Height: \_\_\_\_\_ Laundry Marks: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Number of Rifle: \_\_\_\_\_  
 Color of Eyes: \_\_\_\_\_ Wear Glasses? \_\_\_\_\_  
 Color of Hair: \_\_\_\_\_ Is Tooth Chart Attached? \_\_\_\_\_  
 Race: \_\_\_\_\_

(If possible, have medical personnel take a tooth-chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand

Right Hand

Thumb

Thumb

## TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ◊; linking anchor teeth; replacements by artificial teeth X

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

REF 314.6

5 April 1949

SUBJECT: OIL Remains

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

1. The following Unknowns have been eliminated from the records of this office by assigning them OIL numbers.

X-120	Blosville	Plot Y	Row 7	Grave 122
X-8054	St Avold	Plot 0000	Row 2	Grave 41

2. The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING GENERAL:

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





1949 JUN 16 11 18 AM  
FRENCH CONSUL  
PARIS

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