

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

28 February 1949  
Date

SUBJECT: Unidentifiable Remains

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

293

1. The records pertaining to Unknown X- 123, Plot X,  
Row 8, Grave 144, USMC (Blosville) France 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. 2105, dated 3 December 1946. No  
further information is available.

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~  
FOR THE COMMANDING GENERAL:

Case reviewed by underdigned Members of the Board of Review:

\_\_\_\_\_  
/s/  
/t/

/s/ Capt Stanley C. Tyrrell, O-1304296 Inf

/s/ 1st Lt Edward A. Stout, O-1594512 CE

/s/ 1st Lt Ernest J. Oglesby, O-449004 Cav

Received 22 MAR 1949 OQMG  
Not identifiable from  
information presently  
available

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

28 February 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-<sup>213</sup>123, Plot X,  
Row 8, Grave 144, USIC (Blosville) France

have been reviewed and it is the opinion of this Office that sufficient evidence is not available at the present time to establish the identity of the deceased concerned. The remains concerned should be classified as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office by Transmittal Ltr. No. 2105, dated 3. Dec. 1946.

Case reviewed by undersigned Members of the Board of Review:

*Stanley C. Tyrrell*  
-----  
Capt. Jack C. HAYES, O-1577297 OMC Capt. Stanley C. TYRRELL, O-1304296 Inf

*Edw. and E. Stout*  
-----  
Capt. Edward F. PRICE, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

*Ernest J. Oglesby*  
-----  
1/Lt Ernest J. OGLESBY, O-449004 Cav

Received 22 MAR 1949 OQMG  
Not identifiable from  
information presently  
available

Incl #7

Cont GWA

1 ✓

Interred 2 Apr 1949  
C-24-17 USMC St Laurent  
*C. H. HIEMSTRA*  
DISINTERMENT DIRECTIVE  
C. H. HIEMSTRA  
1st Lt, Inf, Interring Officer

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER 3508 00000  
DATE 15 11 47  
DAY MONTH YEAR

NAME UNKNOWNX-000123  
SERIAL NUMBER X-000123  
RANK  
ARM 0  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY BLOSVILLE - CARENTAN  
DISPOSITION OF REMAINS  
0 3505 80  
CODE DIST. PT.

PLOT X ROW 8 GRAVE 144 COUNTRY FRANCE  
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unknown SERIAL NUMBER X-123 RANK UTD DATE OF DEATH UTD DATE DISTINTERRED 4 February 1948  
IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION UNKNOWN RELIGION UTD IDENTIFICATION VERIFIED BY T. C. MURRAY Capt, QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Remains in mattress cover; uniform wrapped separately.  
CONDITION OF REMAINS Advanced decomposition

OTHER MEANS OF IDENTIFICATION None.

MINOR DISCREPANCIES 1 None.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 9 February 1948 BY J. E. Tucker

CASKET SEALED BY J. E. Tucker  
EMBALMER (Signature) *J. E. Tucker*

CASKET BOXED AND MARKED  
DATE 9 Feb 48 BY Marvin Noyes  
SHIPPING ADDRESS VERIFIED BY Charles J. Missigman

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

*Charles J. Missigman*  
Charles J. Missigman  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

ALR

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM USMC Blosville, France		TO Casketing Point B, St. Laurent, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Robert C. Spach	
SIGNATURE OF SHIPPER <i>J. F. Randall</i> J. F. RANDALL, Capt, OMC	DATE 7 Feb 48	SIGNATURE OF RECEIVER <i>D. A. MacKenzie</i> D. A. MacKENZIE, Capt, Inf,	DATE 7 Feb 48

### 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

0-57-15 (REVISED) 1947  
 20100101 0000 0000

AGBC  
FORM No. 11  
Revised 5 January 1946

## CHECK LIST OF UNKNOWNNS

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

Unknown **X-123**  
Cemetery **Blosville, France**  
Plot **X** Row **8** Grave **144**

- ~~1. **XXXXXXXXXX**~~ **Reprocessed 28/10/46**  
(hour) (date)
- Place of death \_\_\_\_\_  
(name of closest town) (coordinates and letter Prefex, maps)
- Remains ~~XXXXXXXXXX~~ disinterred ~~XX~~ **subordinate Identification Point, Carentan, France**  
(name and organization)
- Evacuated to Cemetery by \_\_\_\_\_  
(name and organization)
- 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>sleeveless wool civilian type.</b>
Jacket,	<del>none</del> <b>One, unable to determine type</b>
*Shirt, Wool OD	<b>none</b>
Undershirt, Wool	<b>one wool sweat shirt</b>
Undershirt, Cotton	<b>one, Mkd.: H (thread)</b> <b>7^ - in red</b>
Trousers HBT	<b>none</b>
*Trousers, Wool OD	<b>none</b>

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, Wool **none**

(Note unusual lacing)

Socks, ~~Cotton~~ **wool**, **one pair**

\*Shoes **none** (type)

Overshoes **none**

Web Equipment **none** (Type)

**Conlows Ltd.**  
**36" size ??**

(Other item) **One heavy cotton Union suit marked: 1942** and **1/2 (in red)** **- H**  
**thread**

(Other item) **one combat suit** **Appears to be marked: 1043.**

\*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

### Ground Forces

8. Description of Remains :

Age **UTD** Est Height **5'3 1/2"** 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, poeks, freckles)

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

Hair **UTD** (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 **see tooth chart** ..... (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 **skull 18 1/2"** ..... (hat band)

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

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

..... (extent and quantity of hair)

Hands **UTD** .....

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

..... (Unusual characteristics of fingernails)

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

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

..... (quantity & color of hair)      Circumcision **UTD** ..... (yes-no)      Pubic hair **dark brown** ..... (color)

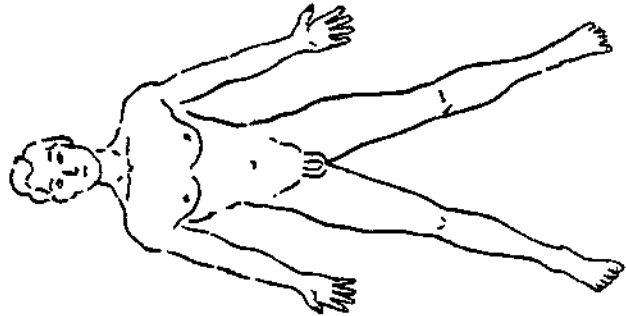
Hernioplasty **UTD** ..... (yes-no; location)

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 fractures UTD (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 too decomposed

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

12. Remarks : **Body in last stage of decomposition. Est. weight of remains: 75 lbs. Fluoroscope unavailable. Burial bottle found in grave. Nothing found to warrant Chemical Laboratory Examination.**

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 T. Salvador*  
**ROBERT T. SALVADOR**  
Officer's Name

**Capt. Inf.**  
Rank Service

**Central Identification Point.**  
Organization



X-123

# TOOTH CHART

X-123

28/10/46

Date

Unknown X-123 Bloisville, France

Last Name: Plot X, Row 8, Grave 144  
 First: [blank]  
 Initial: [blank]  
 Rank: [blank]  
 Serial No.: [blank]  
 Unit: [blank]  
 Organization: [blank]

Place of Death

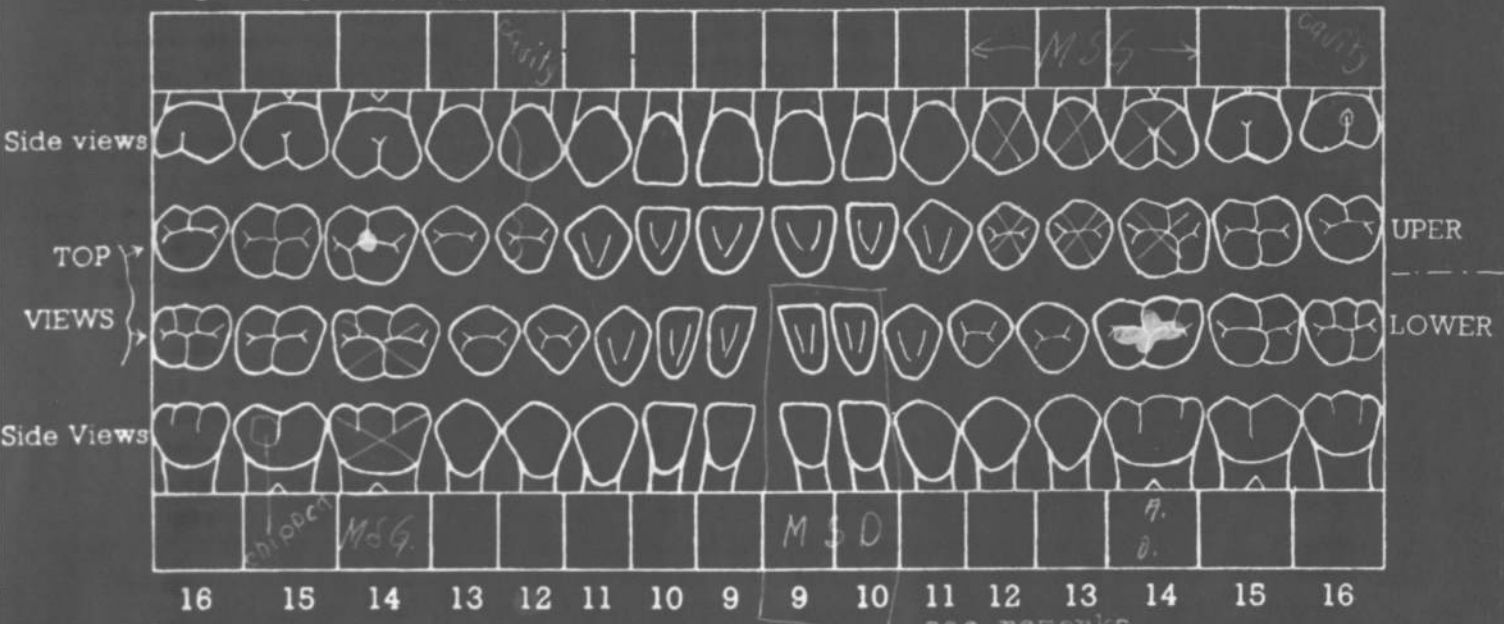
Date of Death

Cause of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

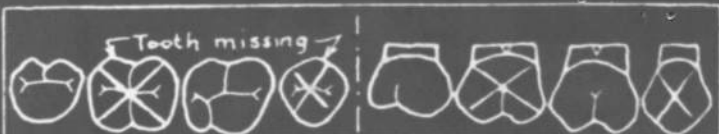


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (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.

*Raymond T. Quisk M.D.*  
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer  
**ROBERT A. SALVADOR**  
 Capt. Inf. C.I.P.

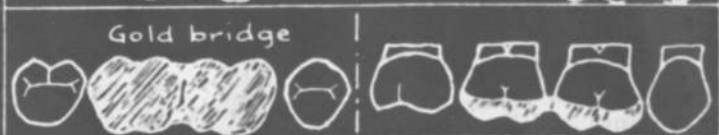
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



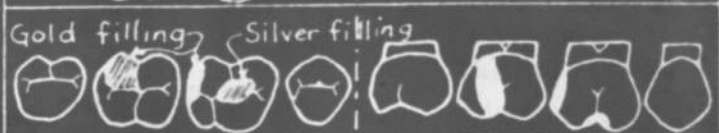
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



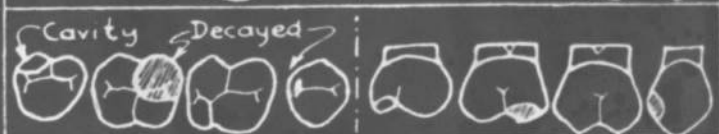
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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

Lower teeth average size, fairly well aligned.  
 Upper teeth normal size, fairly well aligned.  
 R-6 protrudes lingually about 2mm (out of line.)  
 R-8 is of odd shape, being



All upper teeth has heavy brown stain on teeth lingually.  
 L-4-5-6 are extractions.  
 R-14 is an extraction.

RESTRICTED

21897

GRAVE REGISTRATION  
Form No. 1  
(Revised 1 Sept. 1943)

REPORT OF BURIAL

16 August 1944  
Date

Unknown X-123

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
France		Unknown		ALA
Place of Death		Date of Death		Cause of Death
16 August 1944		Biosville, France		
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location
16 August 1944		Biosville		Temporary
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?

Body badly decomposed. Impossible to take finger prints or tooth chart.

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	Smith, H.P.	U.S. Navy			145
	Name	Serial No.	Rank	Organization	Grave No.

Deceased's Left:	Brown, Robert G.	59190279			143
	Name	Serial No.	Rank	Organization	Grave No.

Signature of 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

Address

Religion Unknown

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

None

87

Signature of Officer or other person reporting burial  
*Harold D. Pugh*  
 HAROLD D. PUGH  
 2nd Lt., USAF  
 Verified by G.R.S. Officer

# IF 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.

Isolated Burial  Not Isolated Burial

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

Left Hand

4

3

2

1

Thumb

Right Hand

4

3

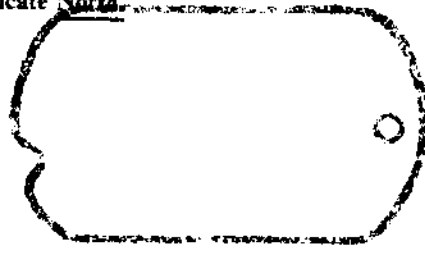
2

1

Thumb

## TOOTH CHART

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.



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

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

Characteristics:

Other Data:

AG P BR MO SOS

122560