

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3500 00000

DATE 15 11 47 DAY MONTH YEAR

NAME

UNRECORDED - 000 134

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

BLOSVILLE + GARENTAN

DISPOSITION OF REMAINS

3505 00 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

X 0 160 FRANCE

CAUSE OF DEATH

0

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

29 3 rue France 4-134 (Blonville)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

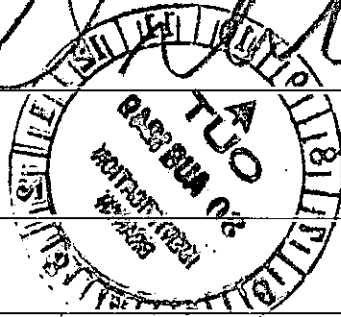
Handwritten signature and scribbles covering Section C and D.

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES



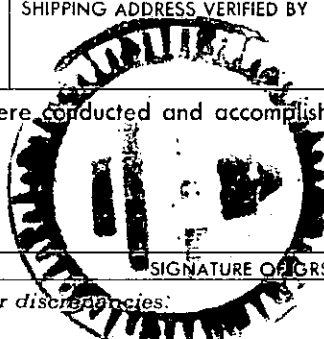
REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED 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

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

DEPARTMENT DIRECTIVE

SECRET

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SECRET



SECRET

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COPY

REPORT OF BURIAL

40

21905

21 AUG 1944

293 Unk France #134 (Blossville)

UNKNOWN X-134				
Last Name	First	Initial	Rank	Serial No.
France	Unk			
Unit	Organization		KIA	
Place of Death	Date of Death	Cause of Death		
1030	27 August 1944	Blossville, France		
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location		
160	X	Temp.		
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?

Only one leg buried. Badly decomposed.

What means of identification were buried with the body?

Cancelled
Assigned C.D.P. # per letter
from field dated 30 Dec 48
Subject: C.D.P. Remains

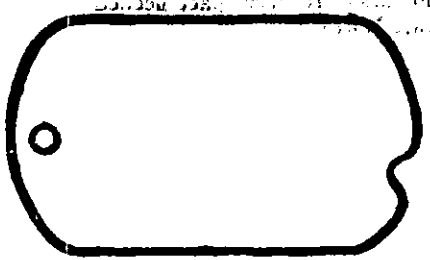
GRS Form 1

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

Who is buried on:

Deceased's Right:	END OF ROW.			
	Name	Serial No.	Rank	Organization
Deceased's Left:	Disiere, A.J. Jr	0-813129		
	Name	Serial No.	Rank	Organization
				Grave No. 159

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 _____ Name _____

Address _____

Religion _____

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

NONE

87

Signature of Officer or other person reporting burial

HASKELL B POOR
2nd Lt. OMC

Verified by G.R.S. Officer

NAT
15 Feb 49
C. P. [unclear]
2nd Lt. OMC

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.

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

Thumb			
1			
2			
3			
4			

Left Hand

Thumb			
1			
2			
3			
4			

Right Hand

TOOTH CHART

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

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

Characteristics: _____

Other Data: _____

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

RESTRICTED
REPORT OF BURIAL

21925

27 August 1944
Date

TM 10-630 AND AR 30-1815

UNKNOWN X-13		Unk.		Unk.	
Last Name	First	Initial	Rank	Serial No.	
Unk.		Unk.		Unk.	
Unit	Organization		KIA		
France	Unk.		KIA		
Place of Death	Date of Death	Name of Cemetery		Name or Coordinates of Location	
1050	27 August 1944	Blossville, France			
Time and Date of Burial	Grave Number	Row Number	Plot Number	Type of Marker	
160				TEMPORARY	

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

If No Identification Tags
How were remains identified?

Only one leg buried. Body decomposed.

What means of identification were buried with the body?

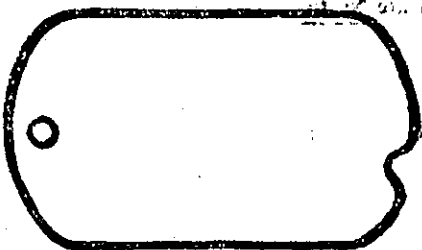
G.R. Form No. 1

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

Who is buried on:

Deceased's Right:	<u>LEG OF KOP</u>	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Bisler, A.J. Jr. 0-813129</u>	Serial No.	Rank	Organization	Grave No.
					159

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

Address

Religion Unknown

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

NONE

1183

Signature of Officer or other person reporting burial
Haskell B. Pugh
HASKELL B. PUGH, Officer
2nd Lt., GWO

RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR 30-1815

27 August 1944
Date

V. J. [unclear]

UNKNOWN X-134			Unk.	Unk.
Last Name	First	Initial	Rank	Serial No.
Unk.			Unk.	
Unit	Unk.		Organization	
France	Unk.		KIA	
Place of Death	Date of Death	Cause of Death		
1030 27 August 1944	Biosville, France			
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location		
160	8	1	Tomb of IV Type of Marker	
Grave Number	Row Number	Plot Number		

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

If No Identification Tags
How were remains identified?

Only one leg buried. Badly decomposed.

What means of identification were buried with the body?

G.I. Form No. 1

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

Who is buried on:

Deceased's Right:	NAME OF MIA	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Disiera, and J.R.	0-813129			159
	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

Address

Religion Unknown

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

NONE

1183

Signature of Officer or other person reporting burial
Harold B. [unclear]
 and Lt., SAC

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.

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

Thumb			
1			
2			
3			
4			

Left Hand

Thumb			
1			
2			
3			
4			

Right Hand

TOOTH CHART

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

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

Characteristics: _____

Other Data: _____

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

CHECK LIST OF UNKNOWNNS

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

Unknown X-134
Cemetery Blosville, France
Plot X Row 8 Grave 160

Reprocessed

1. ~~XXXXXX~~ 30 Oct. 1946
(hour) (date)

2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

3. Remains ~~XXXXXX~~ disinterred by Subordinate Identification Point
(name and organization)

4. Evacuated to Cemetery by Carentan, France
(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 none
(type)

Raincoat none

Overcoat none

Jacket, Field none

Jacket, Combat none

Mackinaw none

Sweater none

Jacket, HBT none

*Shirt, Wool OD none

Undershirt, Wool none

Undershirt, Cotton none

Trousers HBT none

*Trousers, Wool OD remnants

Belt, Web **remnants**

Drawers, Wool **none**

Drawers, Cotton **none**

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

Socks, ~~Cannex~~ wool - **Remnants**

*Shoes (type) **Jump boot (right) 7 1/8 D**

Overshoes **none**

Web Equipment **none** (Type)

(Other item) **none**

(Other item) **none**

*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.

UTD

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 **head missing**

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 **head missing** Mustache **UTD** Beard or **UTD**
 (color, setting, shape) (color, size, shape) (length, heavy)

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

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

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

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

Teeth **UTD**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **UTD**
 (prominent, receding, pointed, dimple, cunnie)

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

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

Shoulders **UTD** Arms **UTD**
 (broad, straight, small, rounded) (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** Navel **UTD**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

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

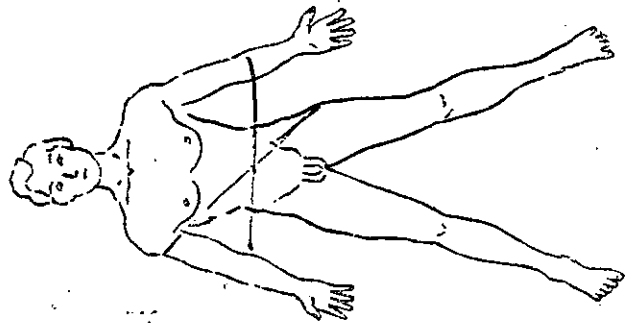
Hernioplasty **UTD**
 (yes-no; location)

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 : **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 : **Remains recovered in G.I. blanket, no burial bottle, only few bones remain - see blackout sheet. Est. weight of remains now 3½ lbs. Nothing found to warrant Chemical Lab. 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 A. Salvador

ROBERT A. SALVADOR *h.w*
Officer's Name

Capt. Inf. Service

Central Identification Point.
Organization

X-134

Blosville, France
Plot X, Row 8, Grave 160

