

Interred 25 February 1949

C-27-15- USMC. St Laurent

DISINTERMENT DIRECTIVE

C. W. Hiemstra  
C. H. HIEMSTRA  
I/LT Inf. Interring Officer

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3508 00000

DATE

15 | 11 | 47  
DAY | MONTH | YEAR

NAME

UNKNOWN X-000141

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

0

DAY | MONTH | YEAR

CEMETERY

BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS

0

3505 | 80  
CODE | DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

Y | 2 | 32 | 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 X-141

SERIAL NUMBER

Utd

RANK

Utd

DATE OF DEATH

Utd

DATE DISTINTERRED

29 Jan 48

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Utd

IDENTIFICATION VERIFIED BY

JOHN H. CLARK 2d LT QMC

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Mattress Cover

CONDITION OF REMAINS

Adv. Decomposition

OTHER MEANS OF IDENTIFICATION

2 GRS Forms #1 w/ Remains

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 Feb 48

BY

Robert R. Johnson

CASKET SEALED BY

Robert R. Johnson

EMBALMER (Signature)

*Robert R. Johnson*

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 11 Feb 48

BY Robert R. Johnson

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.

REPATRIATION  
BRANCH  
MEM. DIV.

*Charles J. Missigman*  
Charles J. Missigman

SIGNATURE OF GRS INSPECTOR

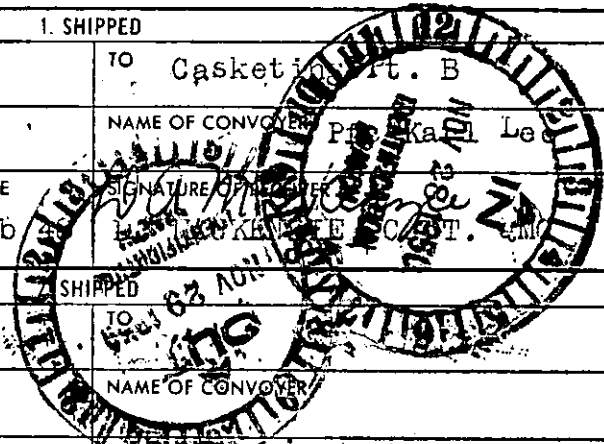
Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

*John H. Clark*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM USMC Blossville		TO Casket Pt. B	
KIND OF CONVEYANCE Train		NAME OF CONVOYER P. Ka Lee	
SIGNATURE OF SHIPPER <i>J. F. Randall</i> J. F. RANDALL, CAPT. GMC	DATE 11 Feb	SIGNATURE OF RECEIVER <i>[Signature]</i> [Signature] [Signature]	DATE 11 Feb 48



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 (9A WORTHINGTONVILLE (BOLD'S))		NAME OF CONVOYER	
SIGNATURE OF SHIPPER [Signature]	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

13 Dec., 1948

                      
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- <sup>243</sup>141, Plot Y,  
Row 2, Grave 32, 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 Dec., 1946. No  
further information is available.

FOR THE COMMANDING GENERAL:

**31 DEC 1948**  
Received  
Not identifiable from  
information presently  
available  
QPMG

/s/ George L. Freeman  
1st Lt QMC  
Actg Asst Adj Gen

N.A.T.  
File 12/31/48  
M. Blom  
Ident Br

Enc.

CMB

DISINTERMENT DIRECTIVE

6

993 Unk. France X-141 (Blasville)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 3509 00000

DATE 15 11 47 DAY MONTH YEAR

NAME UNKNOWN X-000141

SERIAL NUMBER

RANK

ARM. DATE OF DEATH 0 DAY MONTH YEAR

CEMETERY BLASVILLE - CARENTAN

DISPOSITION OF REMAINS 0 3505 20 CODE DIST. PT.

LOT ROW GRAVE COUNTRY Y 2 32 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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY 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 CASKET SEALED BY

BY EMBALMER (Signature)

CASKET BOXED AND MARKED DATE BY

SHIPPING ADDRESS VERIFIED 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.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

13 Dec., 1948

Date

SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A- 141, Flot Y  
Row 2, Grave 32, USMC Blosville 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 Dec., 1946. No  
further information is available.

FOR THE COMMANDING GENERAL :

*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt QJG  
Actg Asst Adj Gen

Received **31 DEC 1948**  
Not identifiable from  
information presently  
available

Incl #11

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME *apt*

# RESTRICTED REPORT OF BURIAL

138

2277  
3 October 1944.

TM 10-630 AND AR 30-1815

Date

UNKNOWN X-141 Last Name		First	Initial	Unk. Rank	Unk. Serial No.
Unk. Unit		Unk. Organization			
France Place of Death		Unk. Date of Death		KIA Cause of Death	
1800 1 October 1944 Time and Date of Burial		Blosville, France Name of Cemetery		Cross Name or Coordinates of Location	
32 Grave Number	2 Row Number	Y Plot Number		Cross 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?

Picked up on beach near Cherbourg, France. Body badly decomposed. Impossible to make diagnosis of death or identification. 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:	Vassilieff, I. Name	32713372 Serial No.				33 Grave No.
Deceased's Left:	Collins, H. Name	34832698 Serial No.				31 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 \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Religion \_\_\_\_\_ Unknown

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

None

87

1183

Signature of Officer or other person reporting burial

*Haskell D. Pugh*  
HASKELL D. PUGH  
2nd Lt., QMC  
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: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Color of Eyes: \_\_\_\_\_
- Color of Hair: \_\_\_\_\_
- Race: \_\_\_\_\_
- Laundry Marks: \_\_\_\_\_
- Number of Rifle: \_\_\_\_\_
- Wear Glasses? \_\_\_\_\_
- Is Tooth Chart Attached? \_\_\_\_\_

(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

4	
3	
2	
1	
Thumb	

Right Hand

4	
3	
2	
1	
Thumb	

## TOOTH CHART

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

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.



AGRC  
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-141  
Cemetery Blossville  
Plot Y Row 8 Grave 52

1. Arrived at cemetery ~~Reprocessed~~ Reprocessed 30 October 1946  
(month) (date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by Subordinate Identification Point Carentan,  
(name and organization) France.

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 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 officers green.

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

Socks, Cotton None

\*Shoes (type) None

Overshoes None

Web Equipment (Type) None

(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 Est. 5'5" Weight Utd Description of wounds Utd

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

Utd 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 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, widow's peak, distinctive cutting or other characteristics).

Sideburns ..... **Utd** **Head missing** **Utd** Board or ..... **Utd**  
(color, setting, shape) Mustache (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, double)

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)

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

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

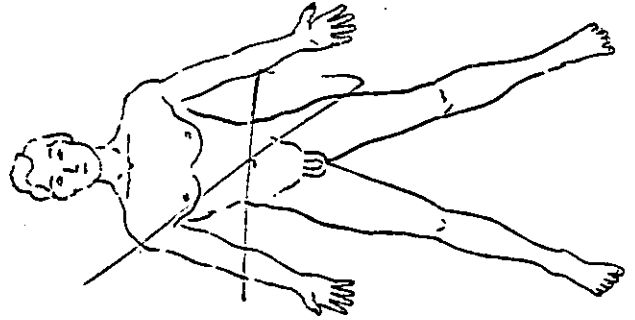
Hernioplasty ..... **Utd**  
(yes-no; location)

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

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

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

9. Black out parts of body not received at cemetery : **See attached sheet**



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

If not, explain Too decomposed

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

**Head Missing**

12. Remarks : **Remains recovered in burley bag and mattress cover. Burial bottle found, report states "remains recovered near Cherbourg, France Body badly decomposed. Impossible to make identification". Remains intact, considerable amount of decomposed tissue present. Est. weight of remains now 75 lbs. 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 A. Salvador*

**Robert A. SALVADOR** *m.l*  
Officer's Name

**Captain Inf.**  
Rank Service

**Central Identification Point.**  
Organization

X-141

Elosville  
Plot Y Row 2 Grave 32

