

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- 147, Plot Y, Row 5, Grave 90, 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.

~~XXXXXXXXXXXXXXXXXXXXXXX~~
 FOR THE COMPLAINING OFFICIAL:

Case reviewed by undersigned Members of the Board of Review:

 /s/
 /t/

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

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

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

22 MAR 1949

OQMG

Received _____
 Not identifiable from
 information presently
 available

File
 22/3/49
 Adjutant BR

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

28. February 1949

(Date)

A.

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 147, Plot Y,
Row 5, Grave 90, 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

Edward E. Stout

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

Ernest J. O'Leary

1/Lt Ernest J. O'LEARY, O-449004 Cav

Received 22 MAR 1949 OQMG

Not identifiable from
information presently
available

Incl #10

Interred 1 April 1949
C-25-9 USMC St Laurent
C. J. Hlaustra
C. J. HLAUSTRA
1st Lt, Inf, Interring Officer

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 00000

DATE
15 | 11 | 47
DAY | MONTH | YEAR

NAME: **UNKNOWN** SERIAL NUMBER: **X-000147** RANK: **Q** ARM: **Q** DATE OF DEATH: DAY | MONTH | YEAR

CEMETERY: **BLOSVILLE - CARENTAN** DISPOSITION OF REMAINS: **0** DAY | MONTH | YEAR: **3505 80**

LOT: **Y** ROW: **5** GRAVE: **90** 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-000147** RANK: **Q** DATE OF DEATH: **29 Jan 48** DATE DISTINTERRED: **29 Jan 48**

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNKNOWN** RELIGION: **UNKNOWN** IDENTIFICATION VERIFIED BY: **John H Clark, 2nd Lt SIG**

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Matress cover** CONDITION OF REMAINS: **Advanced decomposition**

OTHER MEANS OF IDENTIFICATION: **None**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET

DATE: **10 Feb 48** BY: **Jack B. Wall** ASKET SEALED BY: **Jack B. Wall** EMBALMER (Signature): *Jack B. Wall*

ASKET BOXED AND MARKED: **None** 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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE

10 JUN 1949

REPAIRATION
BRANCH
MEM. DIV.

NLN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Point B - St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Robert C. Spach Jr.	
SIGNATURE OF SHIPPER <i>Jim F. Randall</i> Jim F. Randall, Capt OMC	DATE 10 Feb 48	SIGNATURE OF RECEIVER <i>D.A. MacKenzie</i> D.A. MacKenzie, Capt MC INF 10 Feb 48	DATE 10 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 (2A VEHICULES/VEHICULES)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LT FRANKLIN BRYNE	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

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CHECK LIST OF UNKNOWNNS

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

Unknown X - 147
Cemetery Blosville (France)
Plot Y Row 5 Grave 90

- ~~1. Buried at cemetery~~ **Reprocessed 30 October 1946**
(hour) (date)
- Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)
(Sheet, scale and serials used)
- Remains ~~recovered~~ interred by 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).**

Item	Clothing	Indicate unusual markings
	Markings	Sizes 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 none

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

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

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. 5'6"** 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** 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, double)

Jaw **utd** Circumference of head in inches **20 inches**
(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** aist **utd**
(quantity & extent of hair) (size of navel, appendectomy, amount)

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

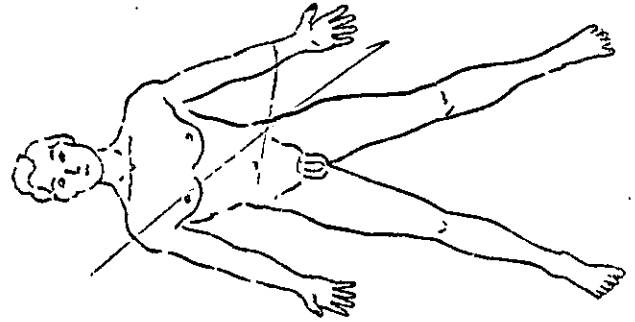
Hernioplasty **utd**
(yes-no; location)

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

Feet utd Toes utd
(size, corns, callouses, flat) (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 due to decomposition

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

12. Remarks : Est. weight of remains recovered 65 lbs. Remains in last stage of decomposition. Burial report states "K.I.A.". Utah Beach. Entire remains recovered except as noted in diagram.
Remains wrapped in mattress-cover. No clothing found. No fluoroscope examination made. 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
Officer's Name

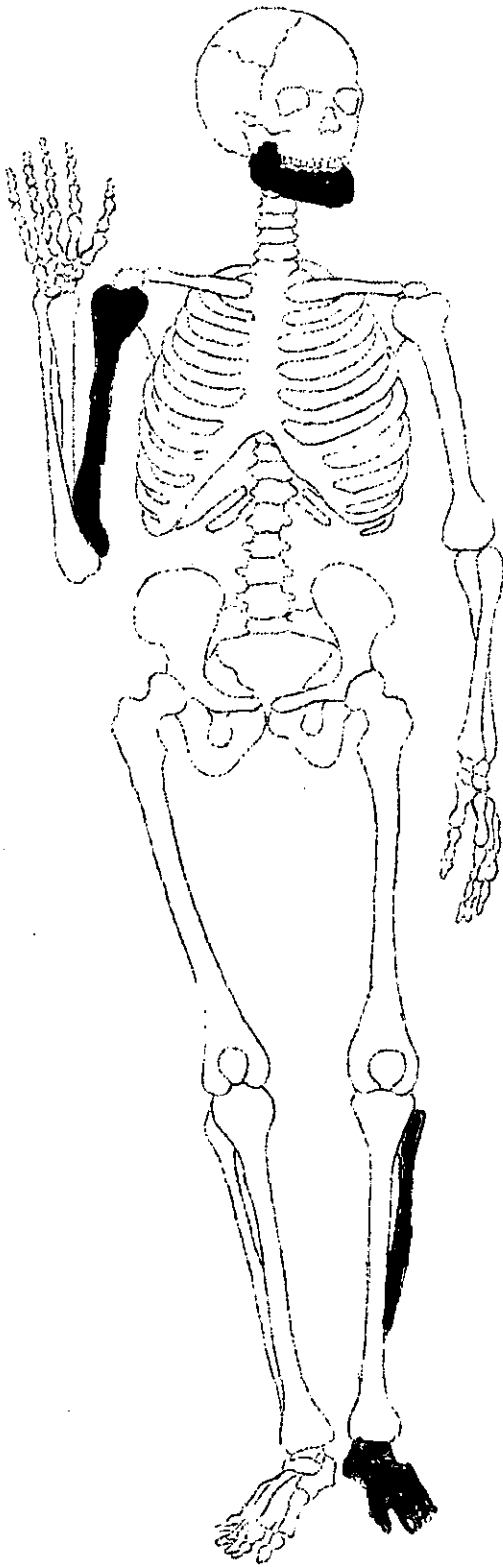
Captain Inf.

Rank Service

Central Identification Point
Organization

X = 147

Blosville Cemetery
Plot Y - Row 5 - Grave 90



TOOTH CHART

October 30, 1946

Date

UNION # X - 147, Blossville Cemetery

Last Name: lot Y, row 5, Grave 90

Rank

Serial No.

Unit

Organization

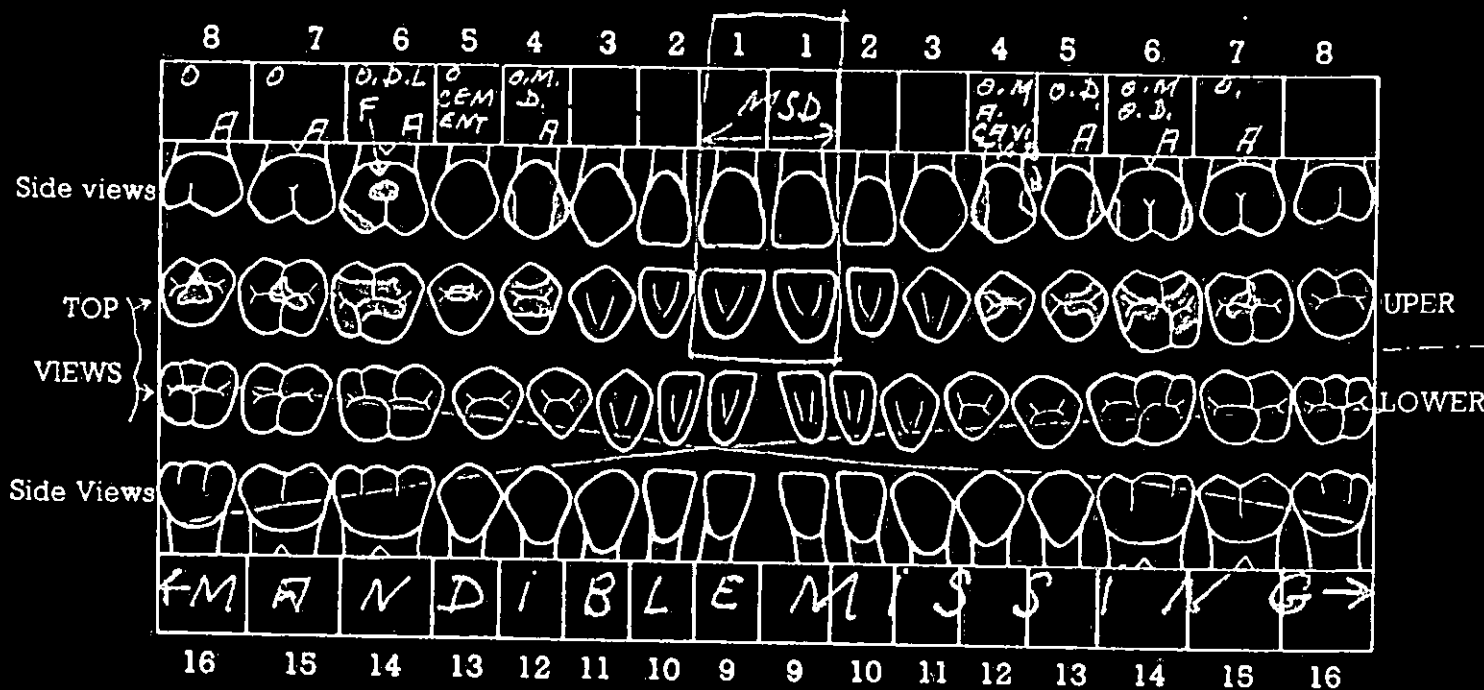
Place of Death

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), 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.

Lawrence De Shaw M.G.
Signature of Officer or other person who prepared Tooth chart

Robert A. Salvador
Verified by G. R. & S. Officer

Robert A. Salvador, Captain Inf. C.I.F.

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



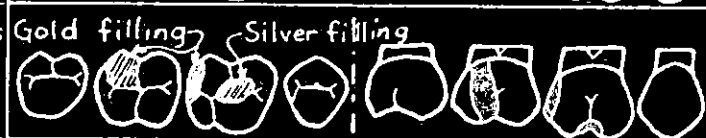
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



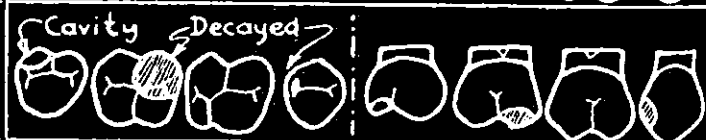
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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

Teeth are average size and color a light shade of white. They are straight and well aligned.

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

22713
7 October 1944
Date

UNKNOWN X- 147

Unk.

Unk.

Last Name First Initial Rank Serial No.

Unk.

Unk.

Unit Organization

Utah Beach, France

Unk.

KIA

Place of Death

Date of Death

Cause of Death

1300 7 October 1944

Blosville, France

Name or Coordinates of Location

Time and Date of Burial

Name of Cemetery

Cross

90

5

Y

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 completely 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:

Unknown X-148

Name

Serial No.

Rank

Organization

91
Grave No.

Deceased's Left:

Klibanoff, E.

Name

34194043

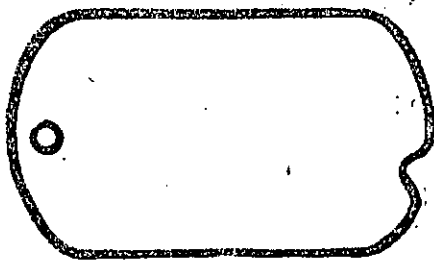
Serial No.

Rank

Organization

89
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 Address

Name

Address

Religion

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

None

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Signature of Officer or other person reporting burial

Harold B. Pugh

HAROLD B. PUGH Verified by G.R.S. Officer

2nd Lt., GIMC

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.:

Thumb	1	2	3
Index	1	2	3
Middle	1	2	3
Ring	1	2	3
Little	1	2	3

Thumb	1	2	3
Index	1	2	3
Middle	1	2	3
Ring	1	2	3
Little	1	2	3

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.