

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

28 February 1949

293 Unknown France X-148 / (Blosville)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 148 , Plot Y ,
Row 5 , Grave 91 , 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 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

QOMG

Unidentifiable from
information presently
available

NATV
22/3/49
J.C.

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- 148, Plot Y,
Row 5, Grave 91, 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 F. Price, Jr.

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

Ernest C. Oglesby

1/Lt Ernest C. OGLESBY, O-449004 Cav

Received 22 MAR 1949 OQMG
Not identifiable from
information presently
available

c1 #11

1

Interred 5 April 1949
A-12-17-USMC St Laurent
C.H. Hiemstra
C.H. HIEMSTRA
1/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 UNKNOWN X-000148

SERIAL NUMBER RANK ARM DATE OF DEATH
Q

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS
0 3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
Y 5 91 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED
UNKNOWN X-000148 Utd Utd 29 Jan 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOW N Utd John H Clark, 2 Lt OMC
 MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Mattress cover

CONDITION OF REMAINS
Advanced decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

JAN 24 10 06 AM '49
REPAIR BRANCH
MCM. DIV.

REMAINS PREPARED AND PLACED IN CASKET
DATE 10 Feb 48 BY Robert R. Johnson

EMBALMER (Signature)
Robert R. Johnson

CASKET BOXED AND MARKED
DATE 10 Feb 48 BY Robert Kreil

SHIPPING ADDRESS VERIFIED BY
Charles J. Missigman

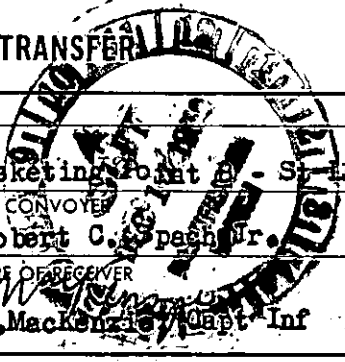
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

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

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

NLIV

RECORD OF CUSTODIAL TRANSFER



1. SHIPPED

FROM USMC: Hiosville		TO Casketing Point B - St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Robert C. Spash Jr.	
SIGNATURE OF SHIPPER <i>Jim F. Randall</i> Jim F. Randall, Capt USMC	DATE 10 Feb 48	SIGNATURE OF RECEIVER <i>E.A. Mackenzie</i> E.A. Mackenzie, Capt Inf	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 (3A VEHICLE LICENSE (M DE))		NAME OF CONVOYER	
SIGNATURE OF SHIPPER PLT FARMER'S SERVICE	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

CHECK LIST OF UNKNOWNNS

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

Unknown X - 148
Cemetery Bloisville (France)
Plot Y Row 5 Grave 91

1. ~~Subordinate Identification Point~~ **Reprocessed 30 October 1946**
(hour) (date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by **Subordinate Identification Point, Carentan (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 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.} **5'9 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 **Sea 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 **utd** (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) aist **utd** (size of navel, appendectomy, amount)

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

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

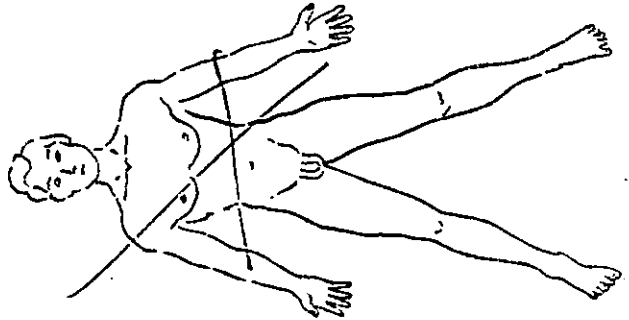
Legs **utd** (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet utd
(size, corns, callouses, flat)

Toes utd
(slender, straight, crooked, overlap)

Evidence of healed 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 no hands

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

12. Remarks : **Body received in mattress cover, no clothing, badly decomposed. Burial
bottle found in grave. Bone measurements. Taken and height estimated at 5'9 1/2".
Est. weight of remains recovered 40 lbs. Nothing found to warrant chemical labo-
ratory 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.

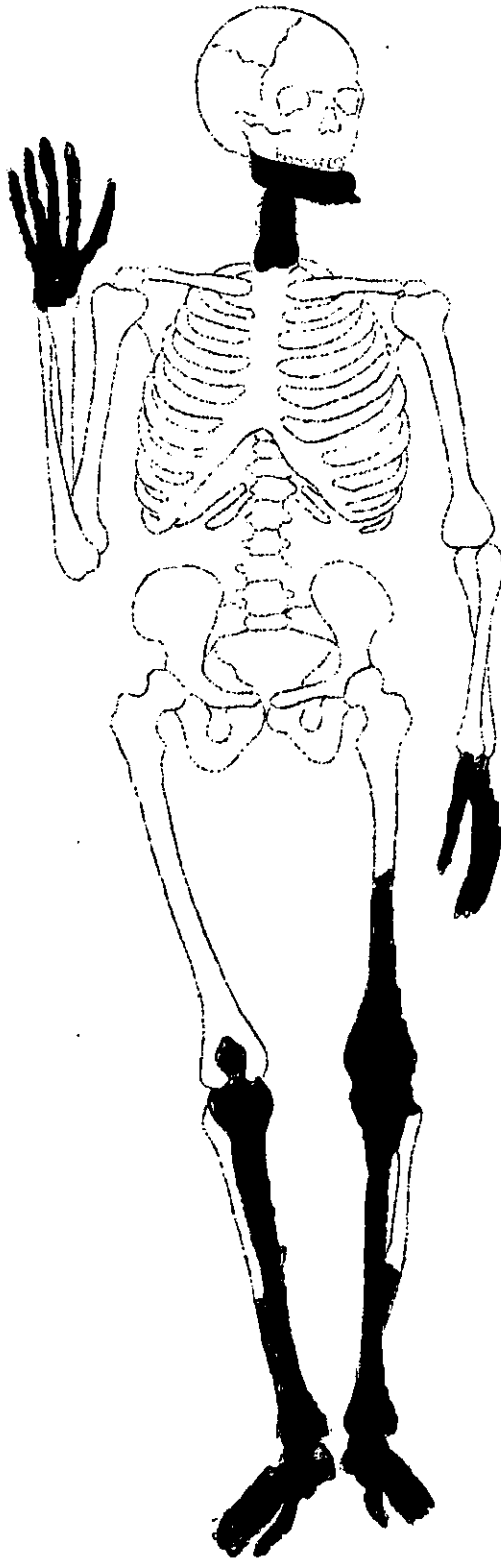
Robert A. Salvador

Robert A. Salvador *W.W.*
Officer's Name

Captain Inf.
Rank Service

Central Identification Point
Organization

X 148
Blossville Cemetery
Plot Y Row 5 Grave 91



TOOTH CHART

October 30, 1946

Date

UNKNOWN X - 148 Elosville Cemetery (France)

Last Name Plot Y Row 5 Grave 91 Initial Rank Serial No.

Unit Organization

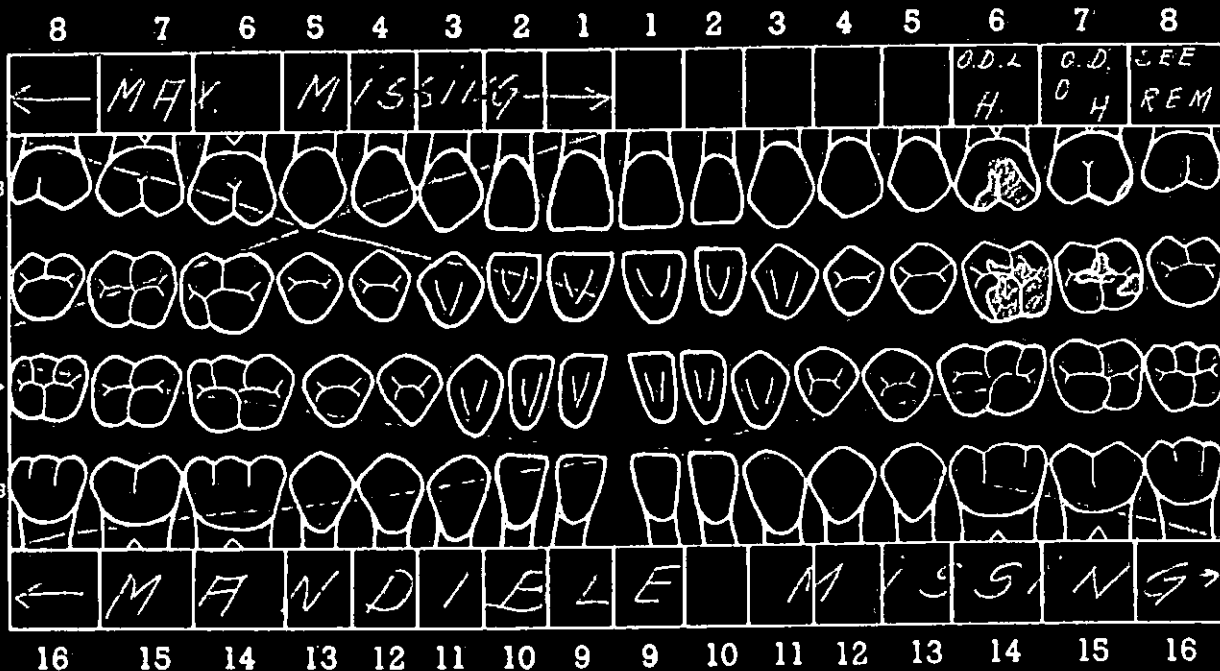
Place of Death

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.

Lourence H. Shaw No. 9

Signature of Officer or other person who prepared Tooth chart

Robert A. Salvador

Verified by G. R. S. Officer

Robert A. Salvador, Captain Inf. U.I.P. No. 4

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



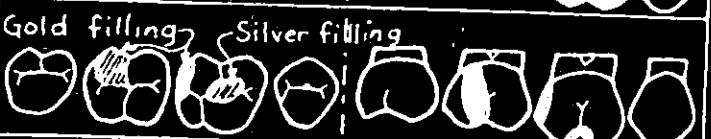
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



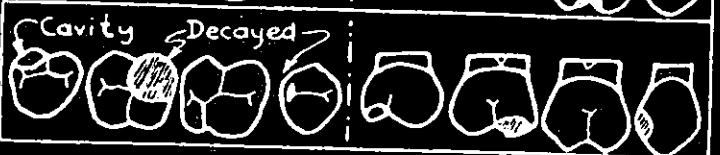
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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 a clean white color. Teeth are straight and well aligned.
L 8 is a wisdom tooth just breaking through the gum line.

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

22 11 7
7 October 1944
Date

UNKNOWN X-148		Unk.	Unk.
Last Name	First	Rank	Serial No.
Unk.		Unk.	
Unit	Organization	KIA	
Utah Beach, France	Unk.		
Place of Death	Date of Death	Cause of Death	
1300 7 October 1944	Blosville, France		
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location	
01	Y	Cross	
Grave Number	Plot Number	Type of Marker	
5			
Row Number			

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.

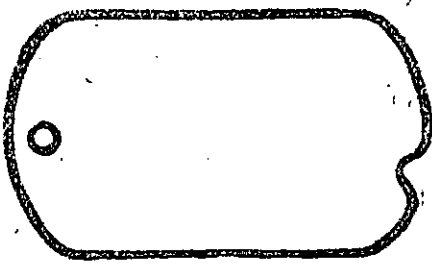
What means of identification were buried with the body?

G.R. Form No. 1.

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

Who is buried on:	Unknown X-149				92
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Unknown X-147				90
	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 _____ 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. Pugh
HASKELL B. PUGH
2nd Lt., QMC

Verified by G.R.S. Officer

IF DECEASED UNIDENTIFIED

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

2

1

Thumb

Right Hand

2

1

Thumb

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.