

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

29 3  
293  
28 February 1949  
Date

Unknown France X-52 (Bloisville)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 52, Plot 0, Row 2, Grave 27, USMC Bloisville, 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.

~~XXXXXXXXXXXXXXXXXXXX~~

Case reviewed by undersigned Members of the Board of Review:

/s/ [Signature]

- /s/ Capt Stanley C. Tyrrell, O-1304296 Inf
- /s/ 1st Lt Edward E. Stout, O-1594512 GE
- /s/ 1st Lt Ernest J. Oglesby, O-449004 Cav

Received 22 MAR 1949 OQMG  
Information presently  
available

*AT*  
*file 3/22/49*  
*C. Smith*  
*Ident Br*

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- 52, Plot 0,  
Row 2, Grave 27, U.S.C. 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. December 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. Oglesby*  
-----  
1/Lt Ernest J. OGLESBY, O-149004 Cav

Received 22 MAR 1949 OQMG  
Not identifiable from  
information presently  
available

Incl # 3

1

Interred 2 Apr 1949  
B-21-3 USMC St Laurent  
*C. H. Hiemstra*  
C. H. HIEMSTRA  
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-000052

RANK  
0

DATE OF DEATH  
DAY | MONTH | YEAR

CEMETERY  
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS  
0 3505 | 80  
CODE | DIST. PT.

PLOT ROW GRAVE COUNTRY  
0 2 27 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-52

RANK  
UTD

DATE OF DEATH  
UTD

DATE DISTINTERRED  
2 December 1947

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
UTD

IDENTIFICATION VERIFIED BY  
WILLIAM J. SMITH  
1st Lt, CE  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Uniform

CONDITION OF REMAINS  
Advanced decomposition

OTHER MEANS OF IDENTIFICATION  
None.

MINOR DISCREPANCIES  
None.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 7 January 1948 BY H. F. Pergande

EMBALMER (Signature)  
*H. F. Pergande*

CASKET SEALED BY  
H. F. Pergande

SHIPPING ADDRESS VERIFIED BY  
*H. F. Pergande*

CASKET BOXED AND MARKED  
DATE 7 Jan 48 BY H. B. Ryder Jr.

JOHN PALYOK JR, 1st Lt, FA

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

*John Palyok Jr*  
JOHN PALYOK JR, 1st Lt, FA  
SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM USMC Blosville, France		TO Casketing Poin t A, Cherbourg, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt O. L. McAllister	
SIGNATURE OF SHIPPER <i>W. T. Bailey</i> W. T. DALLEY, Capt, OMC	DATE 19 Dec 47	SIGNATURE OF RECEIVER <i>John Palyok, Jr</i> JOHN PALYOK JR, 1st Lt, FA	DATE 19 Dec 47

### 2. SHIPPED

FROM Casketing Point A, Cherbourg, France		TO USMC St. Laurent, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John Palyok, Jr</i> JOHN PALYOK JR, 1st Lt, FA	DATE	SIGNATURE OF RECEIVER <i>Chester L. Coleman</i> Chester L. Coleman	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 <i>C. H. Hill</i> C. H. HILL	DATE	SIGNATURE OF RECEIVER	DATE

1-51-50 (Rev. 1-1-47)  
ISSUED BY THE

# CHECK LIST OF UNKNOWNNS

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

Unknown X - **52**  
Cemetery **BLOSVILLE - France -**  
Plot **0** Row **2** Grave **27**

1. ~~XXXXXXXXXXXX~~ **Reprocessed Oct. 29, 1946**  
(hour) (date)

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

(Sheet, scale and serials used)

3. Remains ~~XXXXXXXX~~ 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 **Remnants of,**

Undershirt, Wool **Remnants of,**

Undershirt, Cotton **none**

Trousers HBT **none**

\*Trousers, Wool OD **Remnants of, marked: G-9908 (?) (Seems to be)**

Belt, Web **NONE**

Drawers, Wool **NONE**

Drawers, Cotton **NONE**

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

Socks, ~~wool~~ wool, One (1) pair ✓

\*Shoes **One** (type) **Jump boot, size 9-D**

Overshoes **NONE**

Web Equipment (Type) **NONE**

(Other item) **Remnants of Coveralls Parachute. One (1) compass**

(Other item) **engraved: USOE.**

\*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** Height **Est. 5'11 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, poxes, 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 **See Tooth Chart**  
 (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) (that 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)

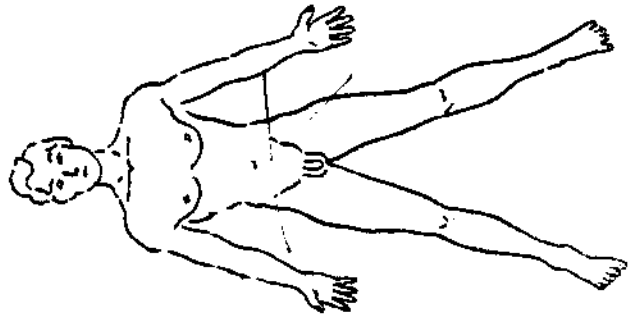
Legs **Utd**  
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet Utd Toes Utd  
(size, corns, callouses, flat) (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 yes If not, explain  
(yes-no)

12. Remarks : **Body received in mattress cover and parachute.**  
**Burial bottle states death occurred in plane crash.**  
**Est. weight of remains recovered 40 lbs.**

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*

Officer's Name

**ROBERT A. SALVADOR** *h.l.*

**Captain** **Inf.**

Rank Service

**Central Identification Point**

Organization



X-52

Cemetery BLOSVILLE - France -  
Plot 0, Row 2, Grave 27.



X-52

# TOOTH CHART

Oct. 29, 1946

Date

UNKNOWN X-52 - BLOSVILLE - France -

Plot 0, Row 2, Grave 27.      Unit      Organization

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

	MSG						MSG									MSG
Side views																
TOP VIEWS																
Side Views																
	SEE REM.	O. A.	O.D. A.	SEE REMARKS								O.F. A.	O. A.	MAND MSG		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

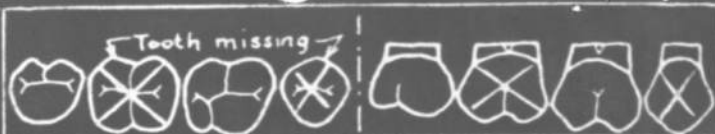
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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



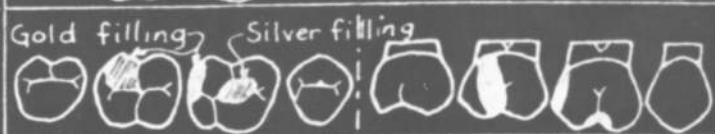
**CROWNED TEETH** . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



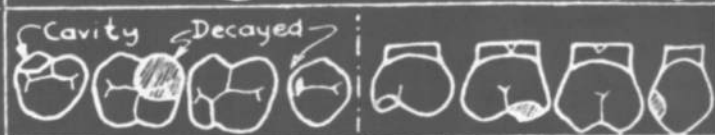
**BRIDGE WORK** . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



**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**

Teeth are fairly large and a dull white color.  
 Top teeth are fairly well aligned. Lower teeth are exceptionally out of alignment, starting from R-13 all the way around to L-12.  
 L-13 sets back of L-14 and L-12 about 1/3 of an inch.  
 L-10 sets back of L-11 and L-9 about 1/4 of an inch.  
 R-9 and R-10 sets back of L-9 + R-11 about 1/4 of an inch.  
 R-12 sets forward facially of R-11 and R-13 about 1/4 of an inch.  
 Lower teeth are very crowded from R-13 all the way around to L-12

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

2187-9  
16 July 1944  
Date

UNKNOWN X - 52		UNK.	Unknown
Last Name	First	Rank	Serial No.
Unknown		Unknown	
Unit		Organization	
France	Unknown	KIA	
Place of Death	Date of Death	Cause of Death	
1700 13 July 1944	Blossville	France	
Time and Date of Burial		Name or Coordinates of Location	
27	2	Peg.	
Grave Number	Row Number	Type of Marker	
		0	
		Plot Number	

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

**If No Identification Tags**

How were remains identified?

No identification available  
Airplane Crash

What means of identification were buried with the body?

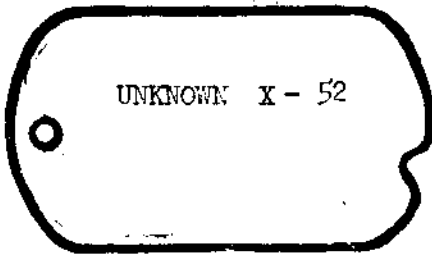
GRS Form #1

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

Who is buried on:

Deceased's Right:	Unknown	Unknown	Unk.	Unknown	28
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Unknown	Unknown	Unk.	Unknown	26
	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

Signature of Officer or other person reporting burial

F. A. GREULICH  
Capt., 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:	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														
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		Deceased's Right														
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	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 C; 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.

# REPORT OF BURIAL

102  
27 July 1944  
Date

Correction made as to  
Right and Left of Deceased

TM 10-630 AND AR 30-1815

Unknown X - 52  
Last Name First Initial Rank Serial No.  
Unknown Unknown

Unit Organization

France Unknown  
Place of Death Date of Death Cause of Death MIA

19 July 1944 1700  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
Blosville, France

27 2 0  
Grave Number Row Number Plot Number Type of Marker Cross

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

If No Identification Tags  
How were remains identified?

No Identification Available Air Plane Crash

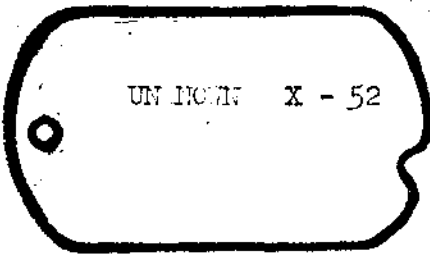
What means of identification were buried with the body?

GRS Form I

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

Who is buried on:  
Deceased's Right: Unknown X <sup>51</sup> ~~53~~ Unknown Unknown Unknown 28  
Name Serial No. Rank Organization Grave No.  
Deceased's Left: Unknown X ~~53~~ Unknown Unknown Unknown 26  
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  
Unknown Address  
Religion Unknown

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

NONE

87

*F. A. Greulich*  
Signature of Officer or other person reporting burial  
F. A. GREULICH  
Capt., JMC Verified by G.R.S. Officer

91: 15 154

## 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.:

Left Hand

3			
2			
1			
Thumb			

Right Hand

3			
2			
1			
Thumb			

### TOOTH CHART

		Deceased's Left															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	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 C; 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.