

HEADQUARTERS
AMERICAN Graves REGISTRATION COMMISSION
EUROPEAN AREA
APO 58 US ARMY

ARE 293

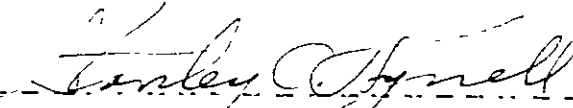
28. February 1949.
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

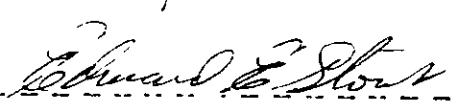
The records pertaining to Unknown X- 88, Plot T,
Row 1, Grave 5, US C Bloisville, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified
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:



Capt. Jack C. HAYES, O-1577297 O/C Capt Stanley C. TYRNELL, O-1304296 Inf



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



1/Lt Ernest J. OGLESBY, O-149004 Cav

Received 22 MAR 1949 OQMG
Unidentifiable from
information presently
available

RECORDED

Tue 1 11/1

1	Interred 2 Apr 1949 A-3-25 USMC St Laurent <i>C. H. Hiemstra</i> C. H. HIEMSTRA 1st 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			SERIAL NUMBER X-000088		RANK O		DATE OF DEATH DAY MONTH YEAR		
CEMETERY BLOSVILLE - CARENTAN						DISPOSITION OF REMAINS 0 3505 80 CODE DIST PT			
PLOT T		ROW 1		GRAVE S		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	
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unknown X-88		SERIAL NUMBER Utd		RANK Utd		DATE OF DEATH Utd		DATE DISINTERRED 15 Nov 47	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN			RELIGION Utd		IDENTIFICATION VERIFIED BY JOHN CLARK 2d LT QMC NAME AND TITLE		

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform and mattress cover		CONDITION OF REMAINS Adv. Decomposition; Cranium, 2 Tibias 5 1/2 feet missing.		
OTHER MEANS OF IDENTIFICATION None				

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 28 Jan 48 BY John A. Brickley CASKET SEALED BY John A. Brickley		EMBALMER (Signature) <i>John A. Brickley</i>	
CASKET BOXED AND MARKED DATE 28 Jan 48 BY James L. Lamm		SHIPPING ADDRESS VERIFIED BY JAMES A. HOOVLER 1st LT, INF	

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

James A. Hoovler
 JAMES A. HOOVLER 1st LT, INF
 SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC Blossville		TO Casketing Pt. B	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Sgt. Augustino	
SIGNATURE OF SHIPPER <i>W. D. Diley</i> W. T. DILEY, CAPT. QMC	DATE 27 Jan. 48	SIGNATURE OF RECEIVER <i>Douglas Mackenzie</i> DOUGLAS MACKENZIE CAPT. QMC	DATE 27 Jan 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		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	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 λ - 88
Cemetery **Blosville, France**
Plot **T** Row **1** Grave **5**

- 1 ~~Arrived at Cemetery~~ **Reprocessed October 29-46**
(hour) (date)
- 2 Place of death
(name of closest town) (coordinates and letter Prefix, maps)
- 3 Remains recovered or disinterred by **Subordinate Identification Point, Carentan, France**
(Sheet scale and serials used) (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	Indicate unusual markings
Item	Markings	Colors wear, tear, repairs etc
*Headgear none		
	(type)	
Raincoat none		
Overcoat none		
Jacket, Field none		
Jacket, Combat none		
Mackinaw none		
Sweater none		
Jacket, HBT one remnants of		
*Shirt, Wool OD one remnants of		
Undershirt, Wool one remnants of		
Undershirt, Cotton none		
Trousers HBT one remnants of		
*Trousers, Wool OD none		

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **one remnants of, size 30**

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

Socks, Cotton **none**

*Shoes (type) **none**

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **Jump trousers (Parachutists type) Mkd: L-241-(6) or (8)** *

(Other item) *** last number illegible**

*If body is nude, sizes of these items should be computed by measuring the remains

6 Chevrans 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 -

AGF

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 birthmark **utd**
(yes-no, description, location)

Scars on chin, other than hands & face **utd**

Complexion **utd**
(light, med, dark, clear, pimples, freckles)

Build **utd**
(large, fit, thin, muscular)

Hair **utd**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair **utd**
 (curliness, widow's peak, distinctly 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 **no teeth**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **utd**
 (prominent, receding, pointed, dimple, double)

Jaw **utd** Circumference of head in inches **head missing**
 (large, small, normal) (that brand)

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 **black**
 (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)

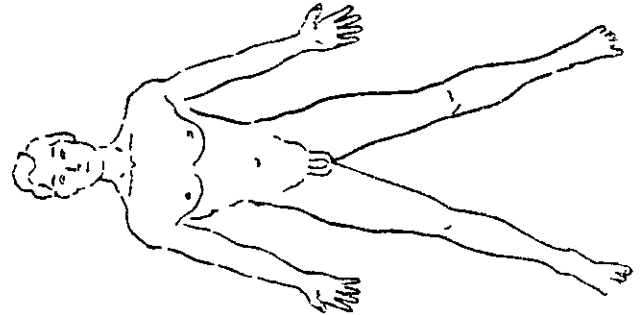
* All flesh decomposed, only bones remains. "See chart".

Feet **utd**
(size, color, calluses, flat)

Toes **utd**
(slender, straight, crooked, overlap)

Evidence of healed fractures **none**
(no 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 **decomposed**

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

head missing

12 Remarks **Est. weight of remains 18 pounds. Remains were wrapped in mattress-cover. Burial bottle enclosed. No Fluoroscopic examination necessary. Parachutists trousers Mkd "L-241 (6) or (8). Last number illegible. Nothing found to warrant Chemical Laboratory Examination.**

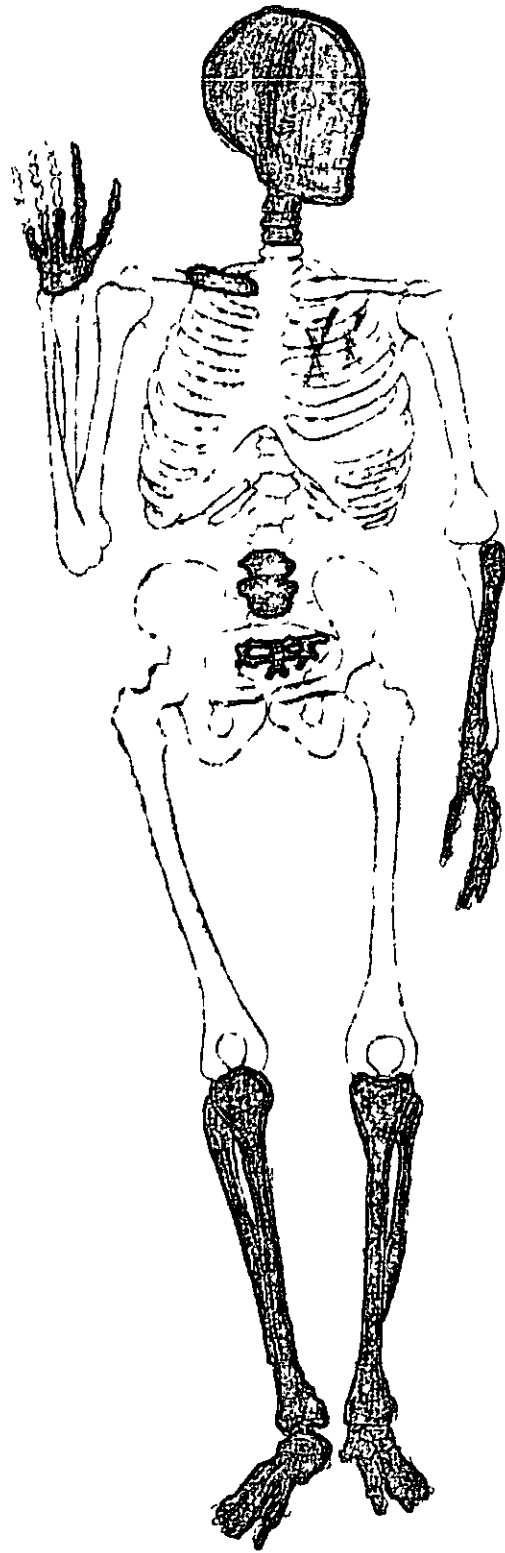
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge


Robert A. Salvador
Officer's Name

Captain Inf.
Rank Service

Central Identification Point
Organization

X 88
Cemetery Blossville
Plot T, Row 1, Grave 5



RESTRICTED **21864**

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

101 24 July 1944
Date

<u>UNKNOWN X-88</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
<small>Last Name</small>	<small>First</small>	<small>Initial</small>	<small>Date</small>
<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
<small>Unit</small>	<small>Rank</small>	<small>Serial No</small>	
<u>France</u>	<u>Unknown</u>	<u>Unknown</u>	<u>KIA</u>
<small>Place of Death</small>	<small>Date of Death</small>	<small>Cause of Death</small>	
<u>23 July 1944</u>	<u>Blosville</u>	<u>France</u>	
<small>Time and Date of Burial</small>	<small>Name of Cemetery</small>	<small>Name or Coordinates of Location</small>	
<u>5</u>	<u>T</u>	<u>Cross</u>	
<small>Grave Number</small>	<small>Row Number</small>	<small>Plot Number</small>	<small>Type of Marker</small>

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

If No Identification Tags

How were remains identified? **NO POSITIVE IDENTIFICATION AVAILABLE**

CLOTHING BORE MARKING: L-2419 ✓

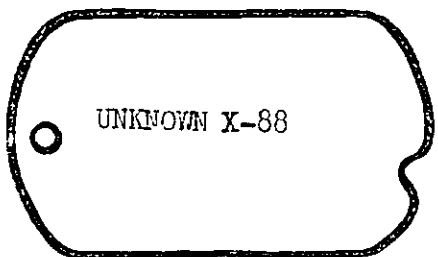
What means of identification were buried with the body?

CRS FORM # 1

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

Who is buried on	<u>Onizuk, Luke J. 33900639</u>				<u>Pvt</u>	<u>150th Inf.</u>	<u>6</u>
Deceased's Right	<small>Name</small>	<small>Serial No</small>	<small>Rank</small>	<small>Organization</small>		<small>Grave No</small>	
Deceased's Left	<u>Fortney, Donald N. 15322187</u>	<u>Pvt</u>	<u>9th Div</u>	<u>4</u>			
	<small>Name</small>	<small>Serial No</small>	<small>Rank</small>	<small>Organization</small>		<small>Grave No</small>	

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

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F. A. Greulich

Signature of Officer or other person reporting burial

F. A. GREULICH
Capt., QMC

Verified by GRS Officer