

COPY

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

20 August 1948
Date

243 9000 France 7-54 (Freeman)
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 54, Plot B,
Row 21, Grave 245, USMC Lynes, 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. 2432, dated 28 August 1947. No
further information is available.

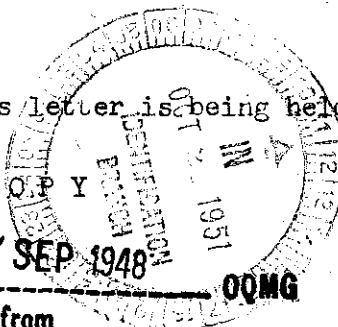
FOR THE COMMANDING GENERAL:

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

For record only: The original of this letter is being held in Identification Section.

COPY

Received 17 SEP 1948
Not identifiable from
information presently
available



FILE 23 SEP 1948
Melanson
Ident. Sec.

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AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
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FOR THE COMMANDING GENERAL:

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

Received 17 SEP 1948 OQMG
Not identifiable from
information presently
available

- Incl #1

Interred 22 September 1948
C-8-16, Draguignan
John L. Boyd
JOHN L. BOYD
1st Lt FA

Ri : UNKNOWN x-57

DISINTERMENT DIRECTIVE

Left : Davenport Harry Pfc
20112414

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3551 00000

DATE
15 07 48
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X0000054

RANK

ARM
J

DATE OF DEATH
DISPOSITION OF REMAINS
0 3501 80
CODE DIST. PT.

CEMETERY
LUYNES AIX-EN-PROVENCE

PLOT ROW GRAVE COUNTRY
B 21 245 FRANCE

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
DRAGUIGNAN, FRANCE

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN

SERIAL NUMBER
X-54

RANK
Utd

DATE OF DEATH
Utd

DATE DISINTERRED
19 February 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
Esmond C. Lyons Emb
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
AAF Uniform

CONDITION OF REMAINS
**Adv Decomposition disjointed
incomplete lacks Mandible & Maxilla, Humeru/
R & Ulna / R & Pelvis**

OTHER MEANS OF IDENTIFICATION
NONE

MINOR DISCREPANCIES
NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE **24 February 1948**

BY **Esmond C. Lyons**

CASKET SEALED BY
Esmond C. Lyons

EMBALMER (Signature)
Esmond C. Lyons

CASKET BOXED AND MARKED
DATE **24 Feb '48** BY **W.G. Straube**

SHIPPING ADDRESS VERIFIED BY all markings, Tags &
plates verified by
Joseph A. Peacock Capt Inf

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

Joseph A. Peacock
Joseph A. Peacock Capt Inf

SIGNATURE OF GRS INSPECTOR

**R&R
FILES
RECORDS ASSOCIATED
DATE 4/30/48
NAME [Signature]
R & R BR.**

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293.9 (IB)

1 September 1948

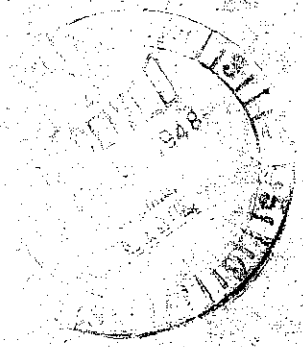
SUBJECT: Request for Information

TO: The Quartermaster General
Washington 25 D. C.

1. Records, this headquarters, associate X-54 (Lynes) with Second Lieutenant James P. Williams, O 824 595.
2. It is requested that FPDI Form or complete dental information be forwarded on the above, to assist the identification.

FOR THE COMMANDING GENERAL:

R. E. DEPPE
Major QMC
Actg Asst Adj Gen



IDENTIFICATION CHECK LIST

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

Unknown X 54

Cemetery Luynes, FRANCE

Plot B Row 21 Grave 245

Date Reprocessed : 31 JULY 1947

1. ~~Anticipated date of death~~ _____
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by Subordinate Identification Point #1, Luynes, 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)

| Item | Clothing Markings | Sizes | Indicate unusual markings color, wear, tear, repairs, etc. |
|---------------------|-------------------|-------|--|
| * 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

Leggings, wool NONE

Socks, cotton NONE

* Shoes NONE (type) NONE

Overshoes NONE

Web Equipment NONE (type) NONE

(Other item) One Mae West. Remnants of summer flying suit, type A6

(Other item) Remnants of parachute and parachute harness, Remnants of OD towel

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

Chevrons or Insignia Remnants of electrically heated flying suit, type "F1"
NONE
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch NONE

Does clothing indicate that deceased was a member of the Air, ~~Ground or Naval Force~~ YES. A.A.F.

| | | | | | |
|-------|------|---------|------|--------|------|
| Femur | 48.8 | Humerus | 35.2 | Radius | 26.0 |
| Tibia | 40.7 | Fibula | 39.0 | Ulna | 27.8 |

6. Description of Remains: Est.

Age UTD Height 5'11 1/2" Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD
(Length, width, location)

UTD Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks UTD
(Yes-no; description, location)

Sunburn or tan, other than hand and face UTD

Complexion UTD
(Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD
(Large, fat, thin, muscular)

Hair None found
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair NONE
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns NONE Mustache NONE Beard or NONE
(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, extracts)

Chin UTD
(Prominent, receding, pointed, dimples, double)

Jaw UTD Circumference of head in inches 21 1/2"
(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, extent and quantity of hair)

Hands Missing

Fingers Missing
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

UTD
(Unusual characteristics of fingernails)

Chest UTD
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist UTD
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back UTD Circumcision UTD Pubic Hair None found
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD
(Yes-no; location)

Legs UTD
(Inscam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet UTD Toes UTD
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures None found
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

" See attached Chart "

7. Have finger prints been placed on Report of Interment? NO
(Yes-no)

If not, explain Fingers missing

8. Has tooth chart been prepared? YES If not, explain
(Yes-no)

9. Remarks Remains received wrapped in a mattress cover in skeletal form. Little
flesh. Estimated weight of remains 16 lbs. Clothing found on remains. No clothing
marks found. Report of burial found. No G.R.S. Tag found. Fluoroscopic
Examination Negative. 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.

Ernest C. Gaddy
(Officer's Name)
ERNEST C. GADDY

CWO

USA

Rank

Service

Central Identification Point
(Organization)

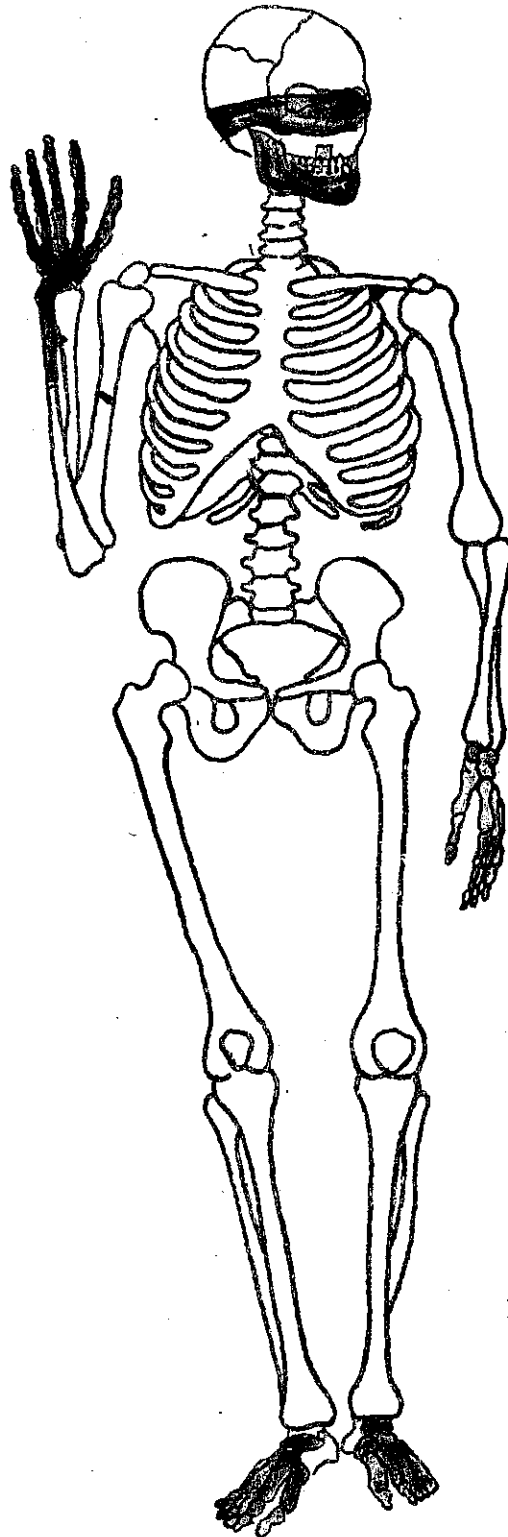
X - 54

Luynes, FRANCE

SKELETAL CHART

Plot: B Row: 21 Grave: 245

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Humerus 35.2

Radius 26.0

Ulna 27.8

Femur 48.8

Tibia 40.7

Fibula 39.9

CHART "A"

Estimated Height 5'11 $\frac{1}{4}$ "

TOOTH CHART

Plot: B Row: 21 Grave:

245

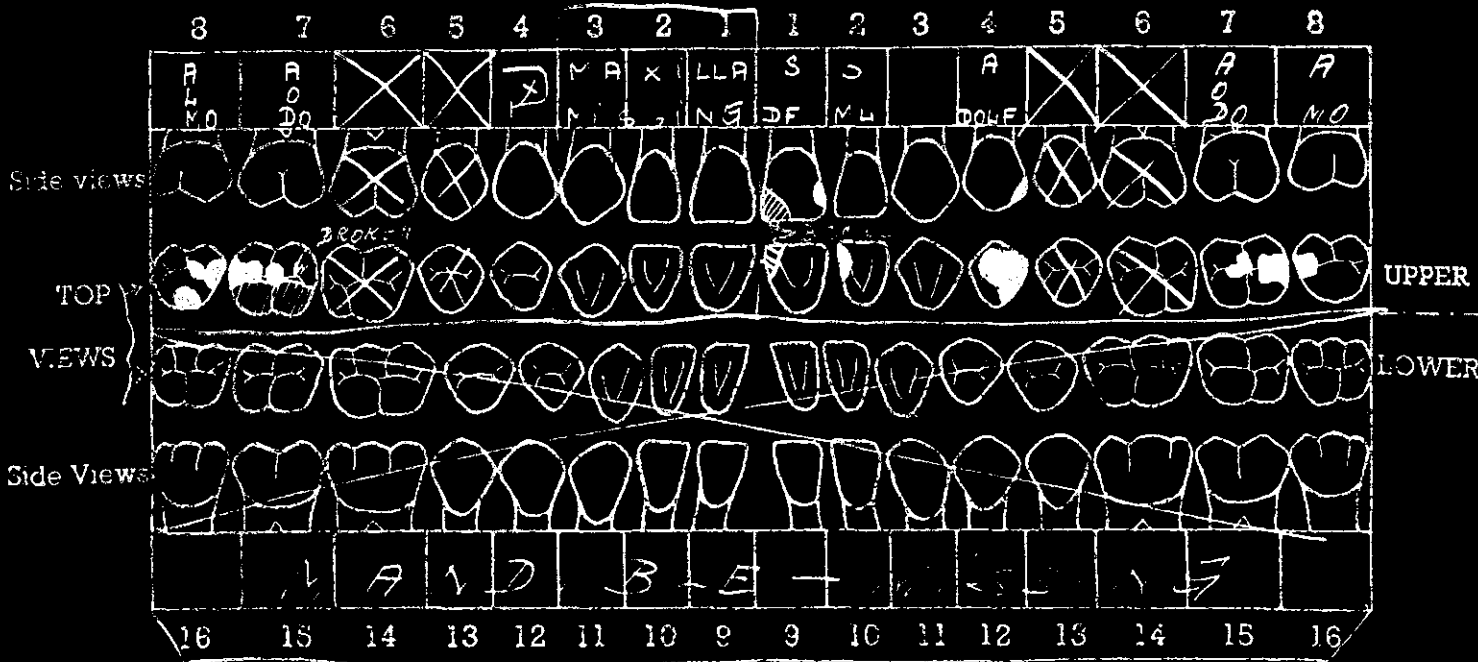
31 JULY 1947
 Date

UNY 10 11 Y-54

Last Name First Initial Rank Serial No.
 Unit Organization
 Place of Death Date of Death Cause of Death

Right

Left



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 or decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Edward Johnston
 Signature of Officer or other person who prepared Tooth chart

Ernest C. Gaddy
 Verified by G. R. S. Officer
 ERNEST C. GADDY
 CWO USN 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 :



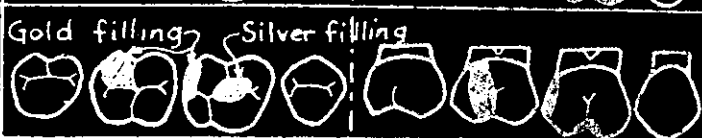
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Posthuroously missing, R 4
 Spaces: R 4-7, 3 mm. (est), L 2-3, 1mm., L 3-4, 1mm., L 4-7, 5 mm.
 Distal version, L 3, 4.
 Mesial version, R 7 and L 7.
 Teeth broken off as indicated by shading.
 A filling probably had been on the mesial surface of L 1.
 Medium sized bro - stained teeth are in good alignment.

RESTRICTED

Q.M.C. Form 1 - GRS

SOS NATOUSA

July 1943

REPORT OF BURIAL

AR 30-1815 & TM 10-630

6 December 1944

Date Report Filled Out

Unknown American X-54 (S8122) Unknown White

(Last Name) (First Name) (Middle Initial) (Serial No.) (Race)

Unknown Unknown Air Corp USA

(Rank) (Organization) (Branch) (Country)

Vic. Saline De Giraud, France. Unknown Plane Crash Unknown

(Place of Death) (S8122) (Date of Death) (Cause of Death) (Religion : P, C. H. etc.)

(Braches-du-Rhone)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (O).

If no identification tags, other means used to identify body (identification card, letters, etc.) : None

Complete fingerprint chart of both hands on reverse side if body cannot be identified. (OVER)

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified, give circumstances : None

List of Personal Effects found on Body and disposition of Same :

(Name of Emergency Addressee)

(Address of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

Shroud) 1015 Hrs. 5 December 1944 US Military Cemetery, Luynes, France.

(Time and Date of Burial)

(Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

B. 21 245 Wooden Cross Gen Ser.

(Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)

Identification Tag buried with body (O) ; Identification Tag attached to marker (O).

If identification Tags not present, what other identification data were buried with the body and in what kind of

container ? QMC Form 1-CRS in sealed container buried with body and one

Bodies buried on either side (See paragraph 4 on reverse side this form. buried 1 ft below marker.

Right side : Mitchell, James D. T/5 16111333 9609 D. 244

(Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : Grave 246 open at time of burial. 246

(Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Person Reporting Burial)

(Verified by G.R.S. Officer (4th Plt.))

H.J. WENDT, 1st Lt., 48th GN GR CO.

INSTRUCTIONS FOR FILLING OUT BURIAL, REPORT: Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

59
Incl # 3

RESTRICTED

H.Q. - 160-c - 12-43 - 250.000