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Reinterred 26 Mar 1949  
 USMC Suresnes  
 Plot D, Row 4, Grave 16  
 H. F. HILL, Capt., QMC

DISINTERMENT DIRECTIVE

Officer in Charge  
 SECTION A -  
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
 3539 00000

DATE  
 15 10 47  
 DAY MONTH YEAR

NAME  
 UNKNOWN

SERIAL NUMBER  
 X-000416

RANK  
 0

DATE OF DEATH  
 DAY MONTH YEAR

CEMETERY  
 LA CAMBE ISIGNY

DISPOSITION OF REMAINS  
 3505 80  
 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
 AF 6 101 FRANCE

CAUSE OF DEATH  
 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
 WORLD WAR I CEMETERY  
 SURESNES, 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-416 Utd Utd Utd 30 Oct 47

IDENTIFICATION TAG ON ORGANIZATION  
 REMAINS  
 MARKER

RELIGION IDENTIFICATION VERIFIED BY  
 Utd JOHN H. CLARK, 2d LT, QMC  
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
 Mattress Cover Adv. Decomposition

OTHER MEANS OF IDENTIFICATION  
 None

MINOR DISCREPANCIES /  
 Name of consignee changed  
 Authority Operations Instructions 18, Hqs AGRC of  
 1 March 1949.

REMAINS PREPARED AND PLACED IN CASKET

DATE 4 Nov. 47 BY G. Burke  
 CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
 DATE 18 Dec 47 BY R. Anderson JAMES F. NABORS, Maj, Inf. **RAF FILE**

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

JAMES F. NABORS, Maj, Inf. **R & R BR.**

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. I certify that the entries on this form are true copies of the entries on Copy no 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

N L N

*[Signature]*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>USMC La Cambe</b>		TO <b>USMC St. Laurent</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Joseph L. Gainey, Cpl.</b>	
SIGNATURE OF SHIPPER <b>Hadley H. Keithley</b>	DATE	SIGNATURE OF RECEIVER <b>Chester L. Coleman</b>	DATE

### 2. SHIPPED

FROM <b>USMC ST LAURENT</b>		TO <b>WORLD WARICEMETERY SURRENDS</b>	
KIND OF CONVEYANCE <b>truck</b>		NAME OF CONVOYER <b>SGT 1st class RICHARD ROBERTS</b>	
SIGNATURE OF SHIPPER <b>Chester L. Coleman</b>	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

REPATRIATION  
 RECORDS  
 SECTION

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 Nov 1948  
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 416, Plot AF,  
Row 6, Grave 101, USMC La Cambe, 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. 2314, dated 3 June 1947. No  
further information is available.

FOR THE COMMANDING GENERAL:

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

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

*NAN  
File  
4/11/48  
Adj Gen  
6 Dec 48*

7H  
6

DISINTERMENT DIRECTIVE

293 Unk. France x-416 (La Cambre)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3539 00000		DATE 15 10 47 DAY MONTH YEAR	
NAME UNKNOWN X-000416			SERIAL NUMBER X-000416		RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY LA CAMBRE ISIGNY						DISPOSITION OF REMAINS 0 3505 80	CAUSE OF DEATH B
PLOT AF	ROW 6	GRAVE 101	COUNTRY FRANCE				

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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	
OTHER MEANS OF IDENTIFICATION			
MINOR DISCREPANCIES 1			
REMAINS PREPARED AND PLACED IN CASKET			
DATE		BY	
CASKET SEALED BY		EMBALMER (Signature)	
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY	
DATE		BY	

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

SIGNATURE OF GRS INSPECTOR

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

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AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

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and that these remains should be classified as unidentifiable.
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by letter of transmittal No. 2314, dated 3 June, 1947 No  
further information is available.

FOR THE COMMANDING GENERAL :

  
GEORGE J. FREEMAN  
1st Lt            Q.C.  
Actg Asst Adj Gen

Received E \* 1 DEC 1948      OQMG  
Not Identifiable from  
information presently  
available

Incl #15

# IDENTIFICATION CHECK LIST

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

Unknown X - 416  
 Cemetery La Gambe, France.  
 Plot AF Row 6 Grave 101

**date reprocessed: 8 April 1947**

1. Arrived at cemetery XXXXXXXXXX (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, Garentan, 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	<u>None</u>		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **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

Chevrons or Insignia **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?

**UTD**

6. Description of Remains **All major bones fractured or missing.**

Age **UTD** Height **UTD** 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, poeks, freckles)

Build **UTD**  
(Large, fat, thin, muscular)

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

Hair **None found**  
(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 No teeth recovered  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw UTD Circumference of head in inches Fractured  
(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)

UTD

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 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  
(Muscum, 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 Left clavicle  
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.  
**See skeletal chart.**



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

If not, explain Hands missing

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

Teeth missing

9. Remarks: Remains recovered in mattress cover, in fractured skeletal form.

Estimated weight of remains: 15 lbs.

Fluoroscopic examination: Negative.

All major bones fractured or missing.

Unable to estimate height.

No burial bottle found.

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.

*Ellsworth T. McIntyre*

Ellsworth T. McIntyre  
Captain QMC

Rank Service

Central Identification Point

(Organization)

I-416  
Military Cemetery  
La Combe, France.  
Plot: 'F' Row: 6 Grave: 101

# SKELETAL CHART

(BLACK, OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

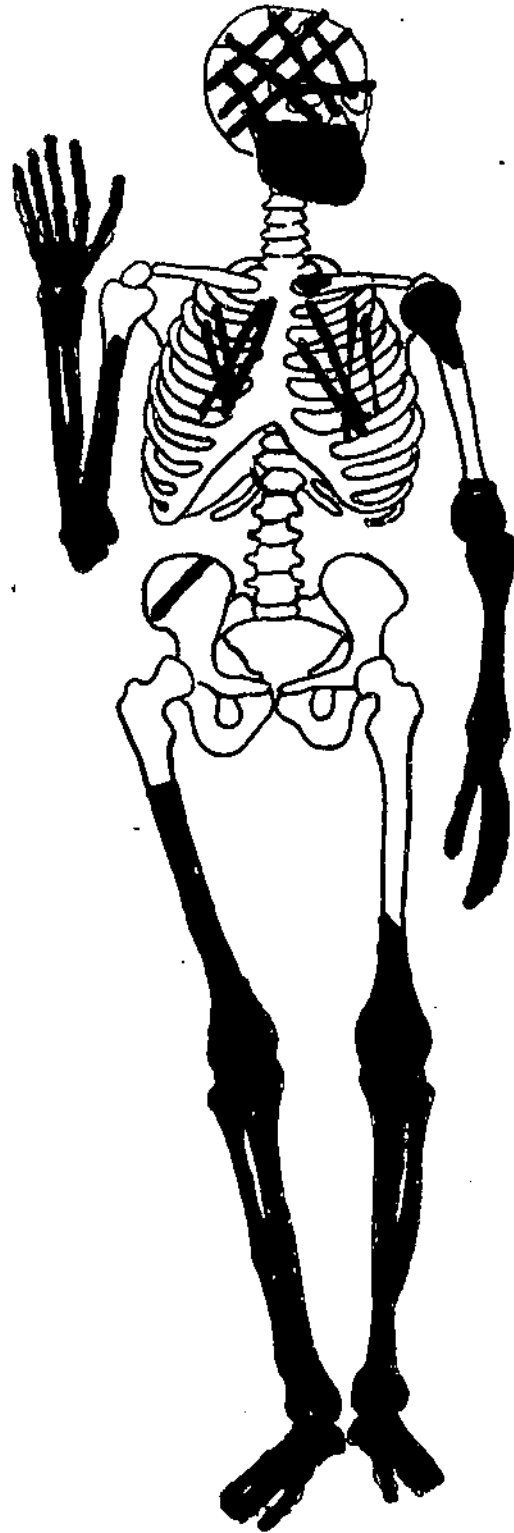


CHART "A"

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

22000

10 August 1944  
Date

Unknown  
Unidentified X-416 (American)  
Last Name First Initial Rank Serial No.

Unit: Normandy, France Organization: Unknown KIA

Place of Death: Normandy, France Date of Death: 11:00 hrs, 7 August 1944 Cause of Death: 558-881  
Name of Cemetery: La Gambe Cemetery Name or Coordinates of Location: 558-881

Grave Number: 101 Row Number: 6 Plot Number: AF Type of Marker: Temp

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

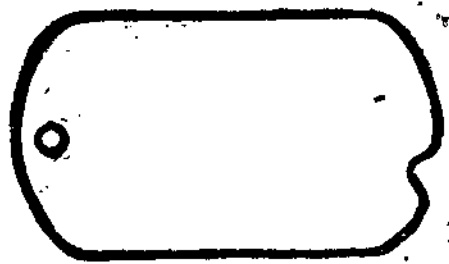
If No Identification Tags:  
How were remains identified?  
Body badly burned, Impossible to fingerprint and take tooth Charts

What means of identification were buried with the body?  
Embossed plate showing "Unidentified X-416"

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

Who is buried on:  
Deceased's Right: Unidentified X-417 Name Serial No. Rank Organization Grave No. 102  
Deceased's Left: None 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

65

Signature of Officer or other person reporting burial: Nicholas J. Sloane  
**NICHOLAS J. SLOANE**  
Lt. O.M.C.

## 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.:

Thumb			
1	2	3	4
Left Hand			

Thumb			
1	2	3	4
Right Hand			

**TOOTH CHART**

	Deceased's Right						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.