

Interred 19 January 1949
 J-18-25- QMC, St Laurent
 C.H. HIEMSTRA
 1/LT Inf, Interring Officer

DISINTERMENT DIRECTIVE

SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3539 00000

DATE

15 10 47
 DAY MONTH YEAR

NAME

UNKNOWN X-000418

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

0
 DAY MONTH YEAR

CEMETERY

LA CAMBE ISIGNY

DISPOSITION OF REMAINS

0 3505 80
 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

AF 6 103 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 X-418

SERIAL NUMBER

Utd

RANK

Utd

DATE OF DEATH

Utd

DATE DISINTERRED

28 Oct 47

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

Utd

RELIGION

Utd

IDENTIFICATION VERIFIED BY

JOHN H. CLARK, 2ndLt., QMC
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

US Blanket

CONDITION OF REMAINS

Advanced decomposition

OTHER MEANS OF IDENTIFICATION

GRS Tag on remains

MINOR DISCREPANCIES /

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 5 Nov 47

BY JOHN PASLEY

CASKET SEALED BY

H. F. Pergande

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 18 Dec 47 BY R. Anderson

JAMES F. NABORS, Maj, 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 F. NABORS, Maj, Inf.

SIGNATURE OF GRS INSPECTOR

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

FILE
 RECORDS NOTATED
 DL MAY 6 1949
 EMBALMER
 B A B BR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC LA CAMBE		TO USMC ST. LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER JOSEPH GAINNEY, CPL.	
SIGNATURE OF SHIPPER <i>Hadley H. Keathley</i> HADLEY H. KEATHLEY	DATE 3 Nov 47	SIGNATURE OF RECEIVER <i>C. L. Coleman</i> CHESTER L. COLEMAN	DATE 3 Nov 47

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 <i>W. VONHILF (LOVE, AL. SUDAN)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. VONHILF (LOVE, AL. SUDAN)</i>	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

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- 418, Plot AF,
Row 6, Grave 103, 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 QMC
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not identifiable from
information presently
available

NAN
File
W. H. B. B. B.
G. H. B. B. B.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COI AND
EUROPEAN AREA
APO 58 US ARMY


22 NOV 1948
Date

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

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FOR THE COMMANDING GENERAL :


GEORGE C. FRIEDMAN
1st Lt Q.C.
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG
Not Identifiable from
information presently
available

Incl #17

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR 30-1815

27002

1 August 1944
Date

Unknown

~~UNIDENTIFIED~~ X-118 (American)

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

St Lo, France

Unknown

KIA

Place of Death

Date of Death

Cause of Death

11:30 hrs, 7 August 1944

LaCambe

558-881

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

103

6

AF

Temp

Grave Number

Row Number

Plot Number

Type of Marker

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 or take tooth chart.

What means of identification were buried with the body?

Embossed Plate showing "Unidentified"

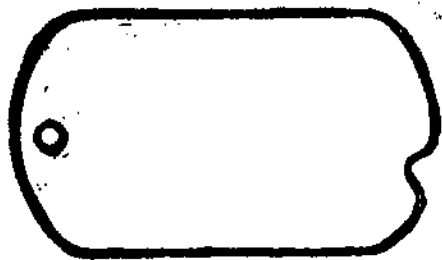
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	Unidentified X-119				104
	Name	Serial No.	Rank	Organization	Grave No.

Deceased's Left:	Unidentified X-117				102
	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

Verified by G.R.S. Officer

LL, Q.M.C.

Graves Registration 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.:

4	
3	
2	
1	
Thumb	

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

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
		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.

IDENTIFICATION CHECK LIST

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

Unknown X-418

Cemetery La Gambe, France

Plot AF Row 6 Grave 103

Date reprocessed

1. ~~Arrived at cemetery~~ 8 April 1947
(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, Carentan,
(Name and organization) France.

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>		
	(Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Remnants of</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>Remnants of</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>Remnants of</u>		

Belt, web Remnants of

Drawers, wool None

Drawers, cotton Remnants of

Leggings, wool None

Socks, cotton None

* Shoes None (type)

Overshoes None

Web Equipment _____ (type) Remnants of pistol belt

(Other item) Remnants of white handkerchief

(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?
Ground Forces

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) (Flat head)

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 **Utd**

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

.....
 (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**
 (Inseam, 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 **Utd**
 (Nose, arms, legs, etc.)

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


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 teeth missing
(Yes-no)

9. Remarks Remains recovered in blanket in a charred fractured skeletal form. Clothing found in debris. Estimated weight of remains; 5 Lbs. All major bones fractured. Unable to estimate height. Fluoroscopic Examination; negative. 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. MAC INTYRE
(Officer's Name)

Captain QMC
Rank Service

Central Identification Point.
(Organization)

Sax-418

La Cambe, France.

Plot AF Row 6 Grave 101

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

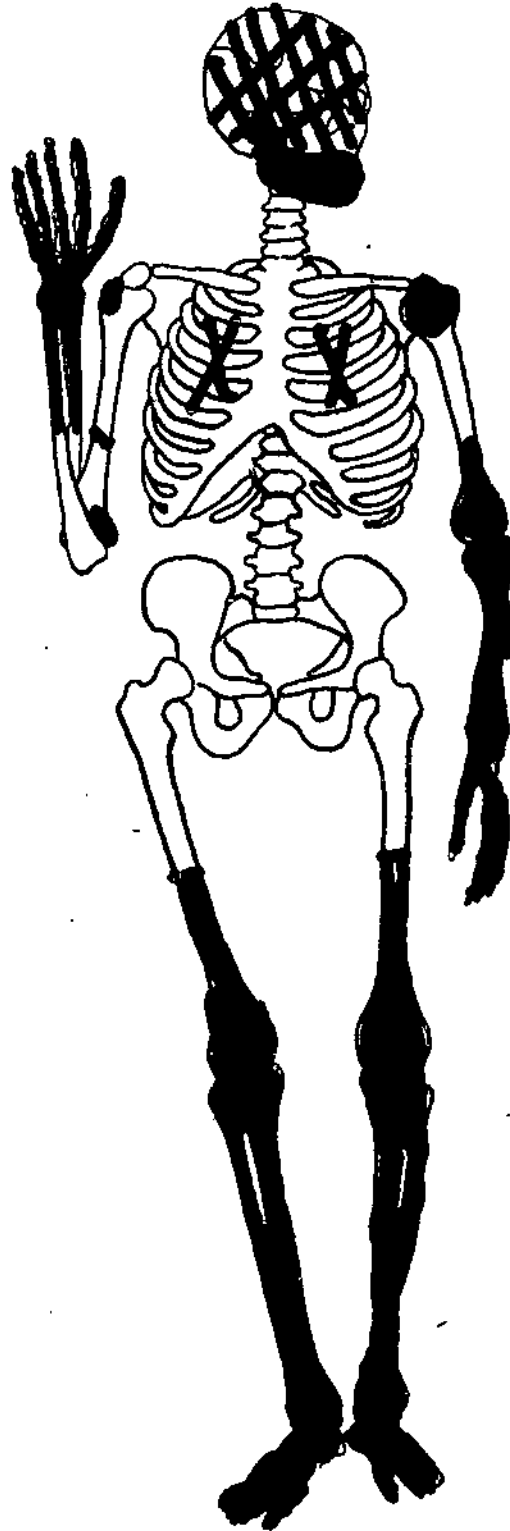


CHART "A"