

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- 420, Plot AF,  
Row 6, Grave 105, 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 CMC  
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

*NAN  
File  
placement  
about 70  
6700 10*

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Actg Asst Adj Gen

1 DEC 1948

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available

Incl #19

1

Interred 20 January 1949

J-23-9 USMC St Laurent

DISINTERMENT DIRECTIVE

C.H. HIEMSTRA

1/LT Inf, Interring Officer

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3539 00000

DATE  
15 10 47  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-000420

RANK  
Q

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
LA CAMBE ISIGNY

DISPOSITION OF REMAINS  
3505 80  
CODE DIST. PT.

PLOT ROW GRAVE  
AF 6 105

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME  
Unknown X-420

SERIAL NUMBER  
Utd

RANK  
Utd

DATE OF DEATH  
Utd

DATE DISINTERRED  
31 Oct 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION

RELIGION  
Utd

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
No Clothing

CONDITION OF REMAINS  
Skeleton Form

OTHER MEANS OF IDENTIFICATION  
None

MINOR DISCREPANCIES  
None

RECORDED  
15 MAY - 3 1949  
LAME D A MATTEWS  
REG. MCM. DIV.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 4 Nov. 47 BY C.R. Tompkins

CASKET SEALED BY  
H. F. Pergande

EMBALMER (Signature)  
*C R Tompkins*

CASKET BOXED AND MARKED  
DATE 18 Dec 47 by R. Anderson

SHIPPING ADDRESS VERIFIED BY  
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*  
JAMES F. NABORS, Maj, Inf.  
SIGNATURE OF GRS INSPECTOR

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

*mlm*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

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

### 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

# IDENTIFICATION CHECK LIST

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

Unknown X-420

Cemetery La Cambe, France

Plot AF Row 6 Grave 105

### 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~~ 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)

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

\* Headgear NO CLOTHING FOUND.  
(Type)

Raincoat \_\_\_\_\_

Overcoat \_\_\_\_\_

Jacket, Field \_\_\_\_\_

Jacket, Combat \_\_\_\_\_

Mackinaw \_\_\_\_\_

Sweater \_\_\_\_\_

Jacket, HBT \_\_\_\_\_

\* Shirt, Wool OD \_\_\_\_\_

Undershirt, Wool \_\_\_\_\_

Undershirt, Cotton \_\_\_\_\_

Trousers, HBT \_\_\_\_\_

\* Trousers, Wool OD \_\_\_\_\_

Belt, web NO CLOTHING FOUND

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) \_\_\_\_\_

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

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

Chevrons or  
Insignia \_\_\_\_\_  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

**Utd**

6. Description of Remains :

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 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, hushiness, 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 None found  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Utd Circumference of head in inches Head missing  
 (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 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 None found.  
 (Nose, arms, legs, etc.)

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

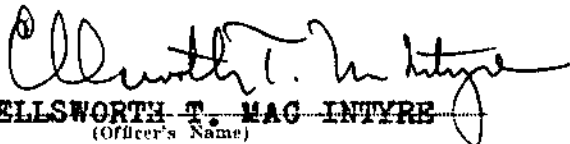
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain hands missing

8. Has tooth chart been prepared? No If not, explain None found  
(Yes-no)

9. Remarks Remains recovered in skeletal form, with only a few bones left. They were badly charred and fractured. A few small bone fragments were impossible to identify. No clothing found. A small piece of metal was found in the debris. Fluoroscopic Report Negative. Estimated weight 2 Lbs. Remains unknown. No burial report 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  
Rank

QMC  
Service

Central Identification Point.  
(Organization)



X-420

La Combe, France

Plot AF Row 6 Grave 106

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

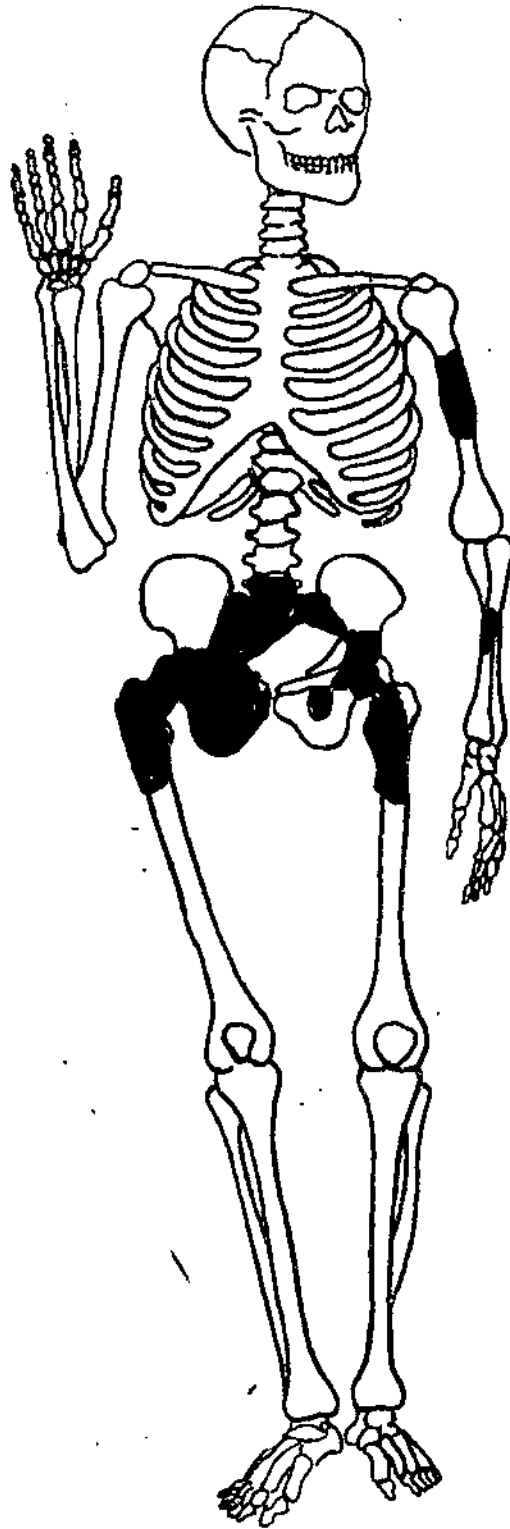


CHART "A"

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

22004  
11 August 1944  
Date

*Unknown*

~~IDENTIFIED~~ X-420 (American)  
Last Name First Initial Rank Serial No.

Unit: St Lo, France Organization: Unknown KIA

Place of Death: St Lo, France Date of Death: 1130 hrs, 7 August 1944 Cause of Death: 558-881

Time and Date of Burial: 105 Name of Cemetery: LaSambe Name or Coordinates of Location: Temp  
Grave 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 or take tooth chart.

What means of identification were buried with the body?

Embossed plate

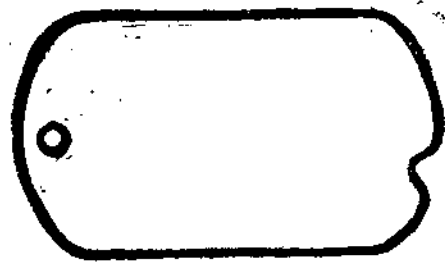
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Unidentified X-421 Name Serial No. Rank Organization Grave No. 106

Deceased's Left: Unidentified X-419 Name Serial No. Rank Organization Grave No. 104

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  
1 Lt., Q.M.C.  
Graves Registration Officer

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.:

Thumb			
1			
2			
3			
Left Hand			

1			
2			
3			
Right Hand			

### TOOTH CHART

		Deceased's Left								Deceased's Right										
8	8																			
7	7																			
6	6																			
5	5																			
4	4																			
3	3																			
2	2																			
1	1																			
1	1																			
8	8																			
7	7																			
6	6																			
5	5																			
4	4																			
3	3																			
2	2																			
1	1																			
8	8																			
7	7																			
6	6																			
5	5																			
4	4																			
3	3																			
2	2																			
1	1																			
8	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.