

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.

*43*

1. The records pertaining to Unknown X- 421, Plot AE,  
Row 6, Grave 106, 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

*NAS  
File  
4/10/49  
New York  
6 Dec 48*

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GEORGE L. FREEMAN  
1st Lt            G.C.  
Actg Asst Adj Gen

1 DEC 1948

Received \_\_\_\_\_ OQMG  
Not identifiable from  
information presently  
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*Incl #20*

1

Interred 18 January 1949

6-14-10-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-000421

RANK

ARM  
Q

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
LA CAMBE ISIGNY

DISPOSITION OF REMAINS  
0 3505 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
AF 6 106 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-421

SERIAL NUMBER  
Utd

RANK  
Utd

DATE OF DEATH  
Utd

DATE DISINTERRED  
30 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  
No clothing - mattress cover

CONDITION OF REMAINS  
Badly decomposed

OTHER MEANS OF IDENTIFICATION  
None

NO  
FED  
RECORDS MAINTAINED  
DATE 4/26/49  
BY: J. A. BRICKLEY

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 5 Nov 47

BY JOHN A. BRICKLEY

CASKET SEALED BY  
H. F. Pergande

EMBALMER (Signature)  
John A. Brickley

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.

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## 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 GAINY, CPL.</b>	
SIGNATURE OF SHIPPER <i>Hadley H. Keathley</i> <b>HADLEY H. KEATHELEY</b>	DATE <b>3 Nov 47</b>	SIGNATURE OF RECEIVER <i>Chester L. Coleman</i> <b>CHESTER L. COLEMAN</b>	DATE <b>3 Nov 47</b>

### 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 421  
Cemetery La Cambe, France  
Plot AF Row 6 Grave 106

Date reprocessed: 8 April 1947

1. Arrived at cemetery \_\_\_\_\_  
(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, 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> (Type)		
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 None (type) \_\_\_\_\_

Overshoes None

Web Equipment None (type) \_\_\_\_\_

(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, pocks, 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)

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.

See 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 Teeth missing  
(Yes-no)

Remains received in mattress cover in fractured skeletal form and in last stage of decomposition.

9. Remarks Fluoroscopic Examination: Negative.

Estimated weight of remains: 5 lbs.

Impossible to estimate height. All major bones fractured or missing.

No clothing or 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*  
ELLSWORTH T. MAC INTYRE  
(Officer's Name)

CAPTAIN O.N.C.  
Rank Service

CENTRAL IDENTIFICATION POINT  
(Organization)



**SKELETAL CHART**

Unknown X-421  
La Cambre, France

Plot AF Row 6 Grave 106

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



CHART "A"

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

27005  
12 August 1944  
Date

*Unknown*

~~UNIDENTIFIED~~ X-421 (American)

\_\_\_\_\_  
Last Name First Initial Rank Serial No.

\_\_\_\_\_  
Unit Organization

St. Lo, France Unknown

\_\_\_\_\_  
Place of Death Date of Death Cause of Death

1430 hrs, 7 August 1944 La Carne 558-881

\_\_\_\_\_  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

106 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

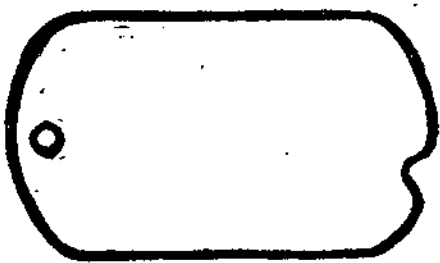
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Unidentified X-422 107

Deceased's Left: Unidentified X-420 105

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

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\_\_\_\_\_  
Signature of Officer or other person reporting burial  
NICHOLAS J. SLOANE  
1 Lt. O.M.C.

\_\_\_\_\_  
Verified by G.R.S. Officer 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.:

Left Hand

4

3

2

1

Thumb

Right Hand

4

3

2

1

Thumb

## TOOTH CHART

		Deceased's Left							
		8	7	6	5	4	3	2	1
Upper									
Lower									

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.

