

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMBLND  
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- 461, Plot BE,  
Row 10, Grave 193, 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  
9/10/48  
Hess  
6 Dec 48

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1st Lt            Q.C.  
Actg Asst Adj Gen

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available.

Incl # 36

Interred 6 January 1949  
E-16-50 USMC, St. Laurent

DISINTERMENT DIRECTIVE

DOUGLAS A. MAC KENZIE *Douglas MacKenzie*  
Capt. Inf. Cemetery Superintendent

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 3539 00000	DATE 15 10 47 DAY MONTH YEAR
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NAME <u>UNKNOWN</u>	SERIAL NUMBER X-000461	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY <u>LA CAMBE ISIGNY</u>				DISPOSITION OF REMAINS 3505 80 CODE DIST. PT.
PLOT <u>BE</u>	ROW <u>10</u>	GRAVE <u>193</u>	COUNTRY <u>FRANCE</u>	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <u>ST. LAURENT, FRANCE</u>  <u>(BY ADMINISTRATIVE ORDER)</u>	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <u>Unknown X-461</u>	SERIAL NUMBER <u>Utd</u>	RANK <u>Utd</u>	DATE OF DEATH <u>Utd</u>	DATE DISTINTERRED <u>5 Nov 47</u>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <u>UNKNOWN</u>	RELIGION <u>Utd</u>	IDENTIFICATION VERIFIED BY <u>JOHNH. CIARK 2d LT QMC</u> NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <u>Mattress Cover &amp; O.D. Blanket</u>	CONDITION OF REMAINS <u>Adv. Decomposition</u>
--	---

OTHER MEANS OF IDENTIFICATION  
None

MINOR DISCREPANCIES *1*  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Nov 47 BY H. Cantrell

CASKET SEALED BY <u>H. Cantrell</u>	EMBALMER (Signature) <i>Henry Cantrell</i>
--	---

CASKET BOXED AND MARKED DATE <u>21 Nov 47</u> BY <u>H.B. Albert</u>	SHIPPING ADDRESS VERIFIED BY <i>Alfred J. Marching at home</i> for <u>JAMES A. HOOVLER 1st LT, INF</u>
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Alfred J. Marching at home*  
for JAMES A. HOOVLER 1st LT, INF  
SIGNATURE OF GRS INSPECTOR

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

RECORDS ANNOTATED  
DATE MAY 6 1948  
BY WIMBERLY

# RECORD OF CUSTODIAL TRANSFER

10 15 68  
MINNESOTA  
D  
NOV 15 1968  
ST. JAMES

## 1. SHIPPED

FROM USMC La Cambé		TO Casketing Pt. B	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pic. Bert Kimmel	
SIGNATURE OF SHIPPER <i>W. Dailey</i> W.T. DAILEY, CAPT. QMC	DATE 20 Nov 47	SIGNATURE OF RECEIVER <i>H.F. Hill</i> H.F. HILL, CAPT. QMC	DATE 20 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 <i>W. Dailey</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. JAMES' EVANCE	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM ST. JAMES' EVANCE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. Dailey</i>	DATE 15 NOV	SIGNATURE OF RECEIVER <i>Bert Kimmel</i>	DATE 0 3702

RECEIVED SHIPPED 0000

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. Dailey</i>	DATE	SIGNATURE OF RECEIVER	DATE

RECEIVED SHIPPED 0000

ST. JAMES' EVANCE

## IDENTIFICATION CHECK LIST

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

Unknown X - 461  
Cemetery La Cambre, France  
Plot EE Row 10 Grave 193

1. Arrived at cemetery Date reinterred: 14 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 Carehtan, 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>Remnants of</u>		

Belt, web Remnants of

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, cotton None

\* Shoes 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 :

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

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

Jaw **UTD** Circumference of head in inches **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.

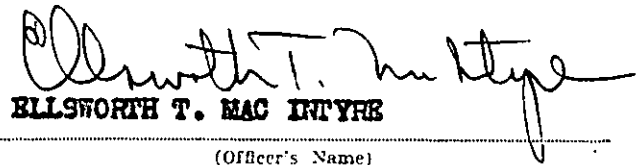
7. Have finger prints been placed on Report of Interment? **No** (Yes-no)

If not, explain **Hands missing**

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

9. Remarks **Remains received in advanced stage of decomposition. Clothing was found on remains, no clothing marks found. Burial Report states, identified as American by uniform. Body washed ashore at OMAHA beach on October 1944. Fluoroscopic Examination; Negative. Estimated weight of remains; 45 Lbs. Remains "UNKNOWN". 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**

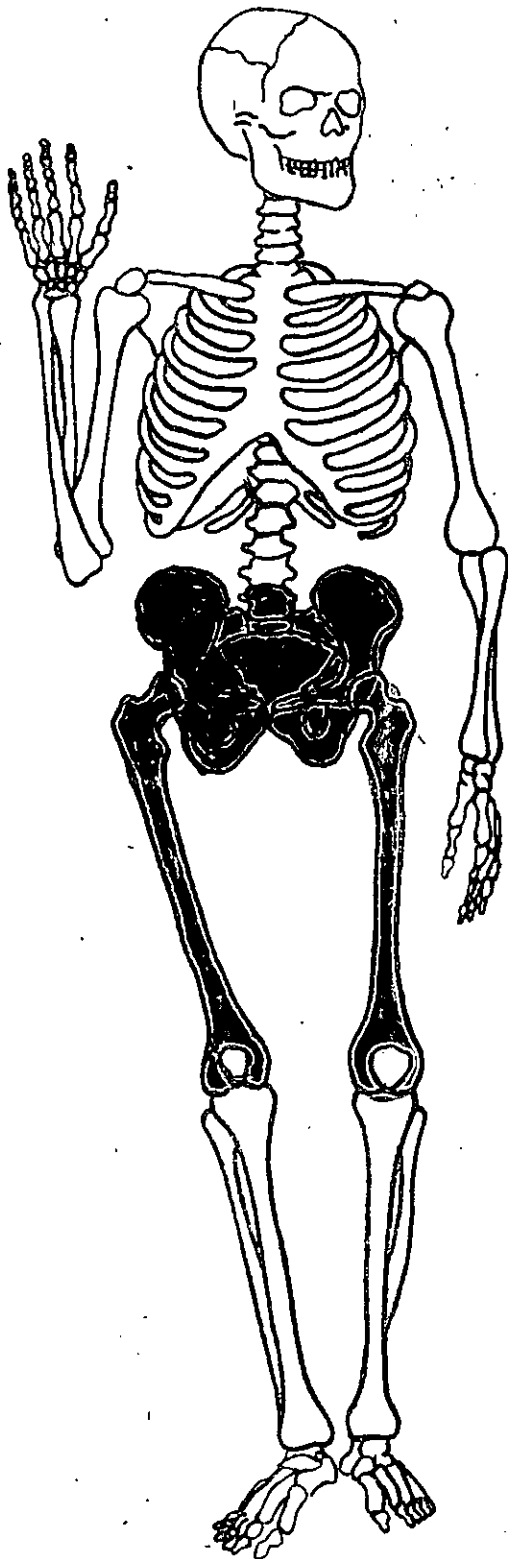
(Organization)



# SKELETAL CHART

X-461  
La Cambre, France  
Plot BE, Row 10, Grave 199

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



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

22912  
 5 Oct. 1944  
 Date

Unknown -- X-461		Unk.	Unk.
Last Name	First	Initial	Serial No.
Unk.		American Army	Unk.
Unit		Organization	
Omaha Beach		Unk.	Unk.
Place of Death		Date of Death	Cause of Death
1300 hrs. 5 Oct. 1944		Ia Cambe	558-881
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
193 10		BE	Temp. Wooden Cross
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 One GRS Ident. Tag One GRS Ident. Tag  
 How were remains identified?  
 Identified as American by Uniform.

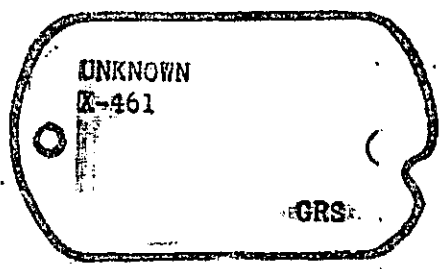
What means of identification were buried with the body?  
 One GRS Ident. Tag. Body washed ashore at Omaha Beach on 5 Oct. 1944.

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

Who is buried on:

Deceased's Right:	Robert Schmukal	Serial No. 32739186	Rank Cpl	Organization Unk.	Grave No. 192
Deceased's Left:	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 Unk. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Religion Unk.

List only Personal Effects Found on Body and disposition of same:

No Personal Effects.

65

Signature of Officer or other person reporting burial  
*Lynford G. Chase*  
 Verified by G.R.S. Office  
 LYNFORD G. CHASE, 1st Lt., QMC

# 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.

Left Hand

Impossible to Obtain

One set Ident. Tak

Identified as a Person by Unknown

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

One set Ident. Tak

Thumb

Impossible to Obtain

One set Ident. Tak

One set Ident. Tak

One set Ident. Tak

One set Ident. Tak

Right Hand

Impossible to Obtain

Thumb

## TOOTH CHART

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.

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

One set Ident. Tak

One set Ident. Tak