

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

293 Unknown France (La Cambre) X-469

DOE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief Ident Br Mem Div	Navy Liaison Officer Mem Div Att: Mr. Brooke	8 Sept 1949	<p>1. Report of Burial and Identification Check List for <u>Unknown X-469, USMC La Cambre, France</u>, are forwarded herewith for possible association with an unresolved Naval casualty.</p> <p>2. In the event an association is possible, it is requested that this office be notified.</p> <p>2 Att: R/B - X-469 C/L - "</p> <p style="text-align: right;"><i>[Signature]</i> METZ 74059</p> <p style="text-align: right;"><i>[Signature]</i> BARRY 2462</p>
2	Navy Liaison Section Mem. Div.	Chief Ident Br. Mem. Div.	26 Oct 1949	<p>1. Reference comment no. 1, paragraph 1.</p> <p>2. Subject Unknown cannot be associated with any Navy, Marine or Coast Guard Casualty from information on attached burial report.</p> <p>2 Incls n/c</p> <p style="text-align: right;"><i>[Signature]</i> HARSDEN 73880 76304</p>

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.

LF

1. The records pertaining to Unknown X- 469, Plot BE,
Row 9, Grave 162, 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

Handwritten:
NAN
File
G. L. Freeman
1st Lt. QMC
Actg Asst Adj Gen

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1st Lt Q.C.
Actg Asst Adj Gen

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Incl # 38

1	Interred 8 Jan 1949 Ea7-15- USMC. St Laurent		DISINTERMENT DIRECTIVE	
	DOUGLAS A. MAC KENZIE <i>Douglas A Mac Kenzie</i> Capt. Inf. Cemetery Superintendent		DIRECTIVE NUMBER 3539 00000	DATE 15 10 47 DAY MONTH YEAR
SECTION A — NAME AND BURIAL LOCATION OF DECEASED		SERIAL NUMBER UNKNOWNX-000469		ARM K
NAME		SERIAL NUMBER		DATE OF DEATH
CEMETERY LA CANBE ISIGNY		RANK		DISPOSITION OF REMAINS 0 3505 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
BE	S	162	FRANCE	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-469		SERIAL NUMBER Utd	RANK Utd	DATE OF DEATH Utd
DATE DISTINTERRED 5 Nov 47		IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		
ORGANIZATION U S NAVY		RELIGION Utd	IDENTIFICATION VERIFIED BY JOHN H. CLARK 2d LT QMC NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL Unclothed		CONDITION OF REMAINS Badly Decomposed		
OTHER MEANS OF IDENTIFICATION None				
MINOR DISCREPANCIES ? None				
REMAINS PREPARED AND PLACED IN CASKET				
DATE	BY			
21 Nov 47	John A. Brickley			
CASKET SEALED BY John A. Brickley		EMBALMER (Signature) <i>John A. Brickley</i>		
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY		
DATE	BY			
21 Nov 47	R.J. Hodge		JAMES A. HOOVLER 1st LT, INF	
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.				
			<i>James A. Hoovler</i> JAMES A. HOOVLER 1st LT, INF SIGNATURE OF GRS INSPECTOR	
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.				

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC La Cambe		TO Caske ting Pt. B	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc. Bert Kimmel	
SIGNATURE OF SHIPPER <i>W.T. 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 02 KVA	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM (BA VENTHOLIVIAE OIDE)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 02 FVNDAL EBAVCE	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 02 0 105 EBAVCE		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 02 0 105 EBAVCE	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 - 469
 Cemetery La Cambe, France.
 Plot BE Row 9 Grave 168

1. ~~XXXXXXXXXX~~ **Date reprocessed: 14 April 1947**

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	none		
	(Type)		
Raincoat	none		
Overcoat	none		
Jacket, Field	none		
Jacket, Combat	none		
Mackinaw	none		
Sweater	Remnants of wool knit non-regulation		
Jacket, HBT	none		
* Shirt, Wool OD	none		
Undershirt, Wool	none		
Undershirt, Cotton	Remnants of,		
Trousers, HBT	none		
* Trousers, Wool OD	Remnants of suntan		

Belt, web **none**

Drawers, wool **none**

Drawers, cotton **Remnants of OD.**

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: **Est.**

Age **Utd** Height **5'2 1/8"** 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, 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 **See Tooth Chart**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **Utd** Circumference of head in inches **20 7/8"**
 (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)

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 **Light brown**
 (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 **decomposed**

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

9. Remarks **Remains received intact, with great amount of decomposed flesh. No burial report found. Clothing was removed from remains. (Cotton shorts marked: "KNA 993")**

Estimated weight of remains recovered: 55 lbs.

Fluoroscopic Examination: Negative.

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. MacIntyre

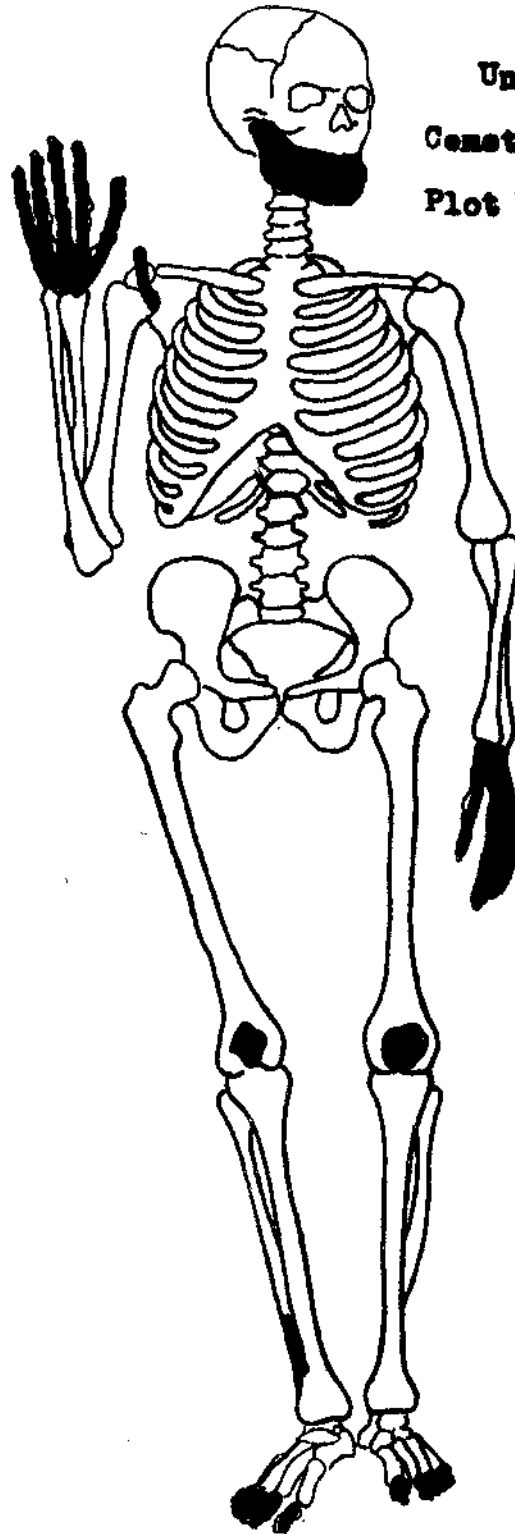
(Officer's Name)
ELLSWORTH T. MAC INTYRE
Captain MO.

Rank Service
Central Identification Point

(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Unknown X-469
Cemetery La Casse, France.
Plot BE, Row 9, Grave 162.

TOOTH CHART

14 April 1947
Date

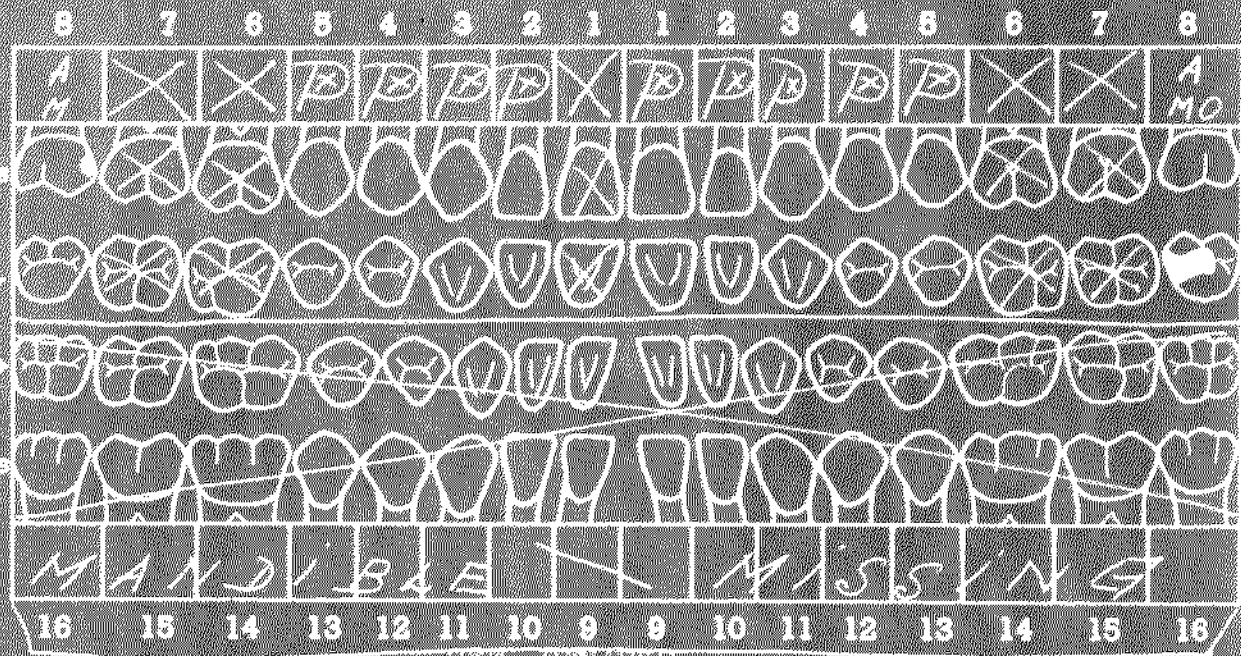
Unknown I-469

Last Name: _____ First: _____ Initial: _____ Race: _____ Social No.: _____
Sex: _____ Organization: _____

Place of Death: _____ Date of Death: _____ Cause of Death: _____

Right

Left



- SEE REMARKS -

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Edward Sebastian MD

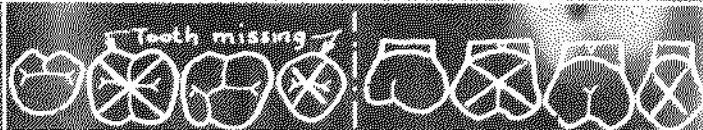
Signature of Officer or other person who prepared tooth chart

Ellsworth T. MacIntyre

Verified by G. R. E. Officer

ELLSWORTH T. MACINTYRE
Captain OMC. C.I.P.

MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" d out and labeled, thus :



CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS . . . Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES) . . . Outline location and size of cavity, shade in thus :



DENTURES (PLATES) . . . Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Posthumously missing: R-2, 3, 4, 5, and L-1, 2, 3, 4, 5.
 Spaces: L-1-R-2, 7mm (est.); R-5-R-8, 8mm (est.)
 L-5-L-8, 9mm (est.)
 Mesial version R-3 and L-8
 Maxilla, small
 Small ivory colored teeth.

761

REPORT OF BURIAL

TM 10-430 AND AR 30-1815

23091
9 Oct. 1944
Date

Unknown X-469 Unk. Unk.
Last Name First Initial Rank Serial No.
U.S. Navy or Merchant Marine
Unit Organization
Unk. Unk. Unk.
Place of Death Date of Death Cause of Death
1000 hrs. 9 October 1944 La Cambe 558-881
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
162 9 EE 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?

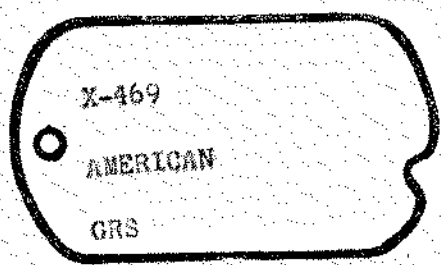
Remains clothed in blue fatigues. No markings.

What means of identification were buried with the body?
One GRS Ident. Tag. Body washed ashore at Grandcamp-les-Bains, 9 Oct. 1944.

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

Who is buried on:	<u>Jackson</u>				
Deceased's Right:	<u>Owens</u>	<u>34518355</u>	<u>Pvt.</u>	<u>Unk.</u>	<u>163</u>
	<small>Name</small>	<small>Serial No.</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>
Deceased's Left:	<u>X-468</u>	<u>Unk.</u>	<u>Unk.</u>	<u>Unk.</u>	<u>161</u>
	<small>Name</small>	<small>Serial No.</small>	<small>Rank</small>	<small>Organization</small>	<small>Grave No.</small>

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 C. Chase
 Verified by G.R.S. Officer
LYNFORDE C. 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.)

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

IMPOSSIBLE TO OBTAIN.

IMPOSSIBLE TO OBTAIN.

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by C; 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.