

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMBAND  
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- 482, Plot BD,  
Row 3, Grave 47, 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. 2320, dated 3 June 1947. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman  
/t/ GEORGE L. FREEMAN  
1st Lt JMC  
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

*Handwritten:*  
X-482  
File  
Approved  
Must be  
checked

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

22 NOV 1948

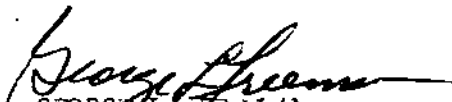
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1st Lt QAC  
Actg Asst Adj Gen

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Incl #44

B. 1111

Interred 5 February 1949  
J-2-21 USMC. St Laurent  
*C.H. HIEMSTRA*  
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-000482

SERIAL NUMBER  
X-000482

RANK

ARM  
J

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
LA CAMBE ISIGNY

DISPOSITION OF REMAINS  
3505 80  
CODE DIST. PT.

PLOT ROW GRAVE  
BD 3 47

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

SERIAL NUMBER  
X-482

RANK  
Utd

DATE OF DEATH  
Utd

DATE DISINTERRED  
13 Nov, 1947

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Utd

IDENTIFICATION VERIFIED BY  
JOHN H. CLARK  
2nd Lt, QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Wrapped in Mattress Cover

CONDITION OF REMAINS  
Badly Decomposed

OTHER MEANS OF IDENTIFICATION  
Nothing found on remains: Burial bottle and report found in debris

MINOR DISCREPANCIES /  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 25 November, 1947 BY

John A. Brickley

CASKET SEALED BY  
John A. Brickley

EMBALMER (Signature)  
*John A. Brickley*

CASKET BOXED AND MARKED  
DATE 25 Nov 47 BY R. J. Hodge

SHIPPING ADDRESS VERIFIED BY  
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.

*James A. Hoovler*  
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 <b>US MC La Cambe</b>		TO <b>Casketing Point "B"-St Laurent</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <b>Pfc Bertis H. Kimmel</b>	
SIGNATURE OF SHIPPER <i>W T Dailey</i> <b>W. T. DAILEY, Captain, QMC</b>	DATE <b>24</b> <b>Nov 47</b>	SIGNATURE OF RECEIVER <i>H. F. Hill</i> <b>H. F. HILL, Captain, QMC</b>	DATE <b>24</b> <b>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 X-482  
Cemetery La Cambe, France  
Plot BD Row 3 Grave 47

1. **Date reprocessed** 15 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,  
(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>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>Remnants of, size 30-31</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web Remnants of.  
 Drawers, wool None  
 Drawers, cotton None  
 Leggings, wool None  
 Socks, cotton Remnants of wool.  
 \* Shoes G.I. (right) (type) Service, size 6 1/2 C  
 Overshoes None  
 Web Equipment Remnants of (type) field pack harness  
 (Other item) Canteen cup, Remnants of canteen cover.

(Other item) \_\_\_\_\_  
 \* 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 :

Age Utd <sup>Est.</sup> Height 5' 5 3/8" 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, pocks, freckles)

Build Utd  
 (Large, fat, thin, muscular)

Hair Reddish brown Utd  
 (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 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 Utd  
 (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 received in skeletal form. Clothing found on body.  
No clothing marks found. Fluoroscopic report negative. Remains unknown.  
Estimated weight 10 Lbs.  
Burial report found which states: "Name "Beeves" found on canteen cover.  
Rifle belt, Waist part of trousers and underwear had no marking. All  
other clothing and equipment missing.  
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-482  
La Crosse, France  
Plot ED Row 3 Grave 47.

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

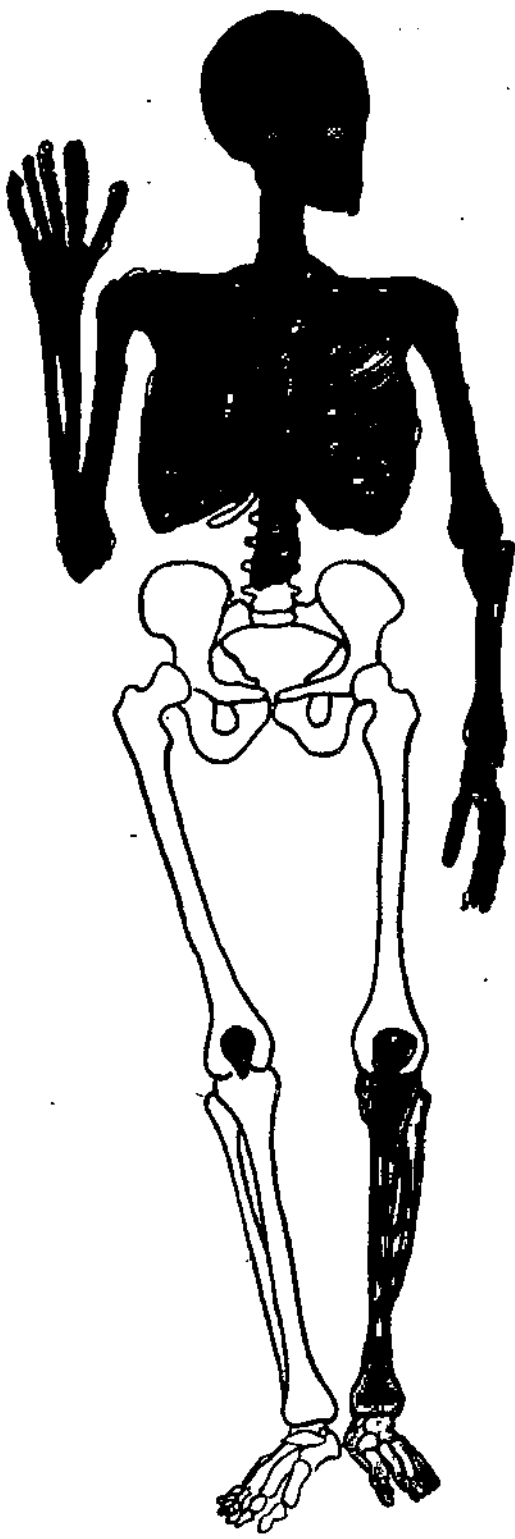


CHART "A"

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

*Completed  
for "Beane"  
in my records  
in 2nd of 5.*

CATEGORY III CASE  
NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

*APX*

## 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: None
Weight: ?	Number of Rifle: ?
Color of Eyes: ?	Wear Glasses? ?
Color of Hair: ?	Is Tooth Chart Attached? No
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.

**Body in advance stage of decomposition. No scars, birthmarks, etc. found. Head and hands missing.**

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

Left Hand

Thumb			
1			
2			
3			

Impossible to obtain

Right Hand

Thumb			
1			
2			
3			

Impossible to obtain.

### 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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙; linking anchor teeth; replacements by artificial teeth X

Characteristics: Head Missing

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.

