

QMGOD 332.3  
Kansas City

17 November 1949

SUBJECT: Report on Certain Unknowns

TO: Commanding Officer  
Quartermaster Activities  
Kansas City Records Center (AGO)  
Kansas City, Missouri  
ATTENTION: Effects Quartermaster

1. Reference your inquiry concerning present status of the following named Unknowns, you are advised that these Unknowns have been declared unidentifiable:

X-74	Marzanello Nuovo, Italy
X-200	Castelfiorentino, Italy
X-217	" " "
X-71	Hanna, Luxembourg
X-172	" "
X-69	LaCambe, France #3
X-1050	Manila #2, P. I.

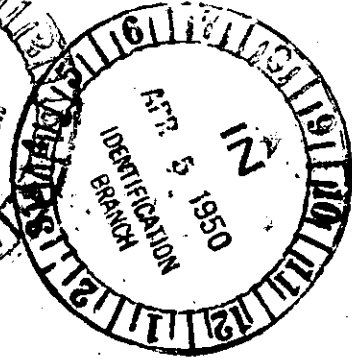
2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:  
Correspondence

W. M. MURPHY, JR.  
Lt. Colonel, QMC  
Field Service Division

X QMGOD 293, Unknown X-69, France (LaCambe #3)



DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

S-28 November 1949

HOC/LL/vlm

28 September 1949

DATE

IN REPLY REFER TO QMDKG 50222

SUBJECT: Disposal of Personal Effects

TO: The Quartermaster General  
Memorial Division  
Washington 25, D. C.

1. Personal effects found on remains interred as Unknown X -89

Plot Unk E, Row 7, Grave 123, USMC LaGambe, France #3

have been held at this Bureau as of 26 October 1944

2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 Ring  
1 Cigarette Lighter

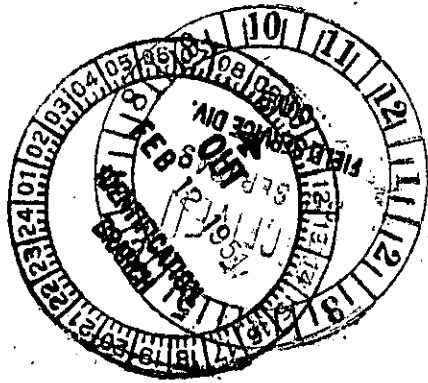
3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL  
Effects Quartermaster



293 Trade x 69 France (La Gambe)



Base  
MMM

1

Interred 4 February 1949  
F-2-3- USMC, St Laurent  
*C. H. HEMSTRA*  
C. H. HEMSTRA  
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  
  
SERIAL NUMBER  
UNKNOWNX-000069

RANK  
  
ARM  
Q

DATE OF DEATH  
  
DAY MONTH YEAR

CEMETERY  
LA CAMBE ISIGNY

DISPOSITION OF REMAINS  
0 3505 80  
CODE DIST. PT.

LOT ROW GRAVE COUNTRY  
E 7 123 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-000069

RANK  
Utd

DATE OF DEATH  
Utd

DATE DISTINTERRED  
6 Nov, 1947

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Utd

IDENTIFICATION VERIFIED BY  
WILLIAM J. SMITH  
1st Lieut CE NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Mattress Cover

CONDITION OF REMAINS  
Advanced Decomposition

OTHER MEANS OF IDENTIFICATION  
None

MINOR DISCREPANCIES  
None

FILE  
12 NOV 1949

REMAINS PREPARED AND PLACED IN CASKET  
DATE 16 Dec, 1947 BY John Pasley

CASKET SEALED BY  
~~XXXXXXXXXX~~ H. F. Pergande

EMBALMER (Signature)  
*John Pasley*

CASKET BOXED AND MARKED  
DATE 16 Dec 47 BY ~~XXXX~~ H. F. Pergande

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

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

11214

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM US MC La Cambé		TO Casqueting Point: "B"-St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Sgt Gregorio Augustino	
SIGNATURE OF SHIPPER W. T. DAILEY, Capt, QMC	DATE 14Nov47	SIGNATURE OF RECEIVER H. F. HILL, Capt, QMC	DATE 14Nov47

### 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 (LA ADMINISTRATIVE CODE)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER PL. F. ROSEN, EDVANCE	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

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 <sup>243</sup>X-69, Plot E,  
Row 7, Grave 123, USMC La Cambé, 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  
Revised  
9/11/48  
6 Dec 48

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 A- 69, Flot. E.  
Row 7, Grave 123, 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 :

*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt            QMG  
Actg Asst Adj Gen

Received 1 DEC 1948 OQMG  
Not identifiable from  
information presently  
available

Incl #4



DEPARTMENT OF THE ARMY

XXXXXXXXXXXXXXXXXXXX

QMGOD 332.3  
Kansas City

24 May 1948

SUBJECT: Unidentified Unknown Decedents

TO: Commanding Officer  
Kansas City Quartermaster Depot  
601 Hardesty Avenue  
Kansas City 1, Missouri  
ATTENTION: Effects Quartermaster

1. Reference is made to recent correspondence from your Bureau regarding the disposal of personal effects of Unknown decedents interred in LaCambe, France, listed as follows:

Unknown X-69  
Unknown X-92  
Unknown X-196.

2. Unknown decedents above listed are under investigation in this office. Upon completion thereof, your Bureau will be advised.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl:  
KCQMD correspondence a/s

WM. T. BROWN  
Lt. Colonel, QMC  
Field Service Division

QMGOD 293 Unknown X-69 LaCambe #3, France

DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 50222

HOC/BLR/mjo'o

14 May 1948

DATE

SUBJECT: Disposal of Personal Effects

TO: The Quartermaster General  
Memorial Division  
Washington 25, D. C.

1. Personal effects found on remains interred as Unknown X-69

Plot Unk, Row Unk, Grave Unk, USMC #3, LaCambe, France  
\_\_\_\_\_ have been held at this Bureau as of 26 October 1944.

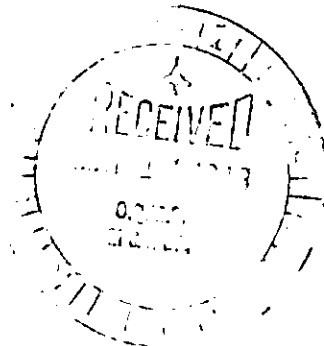
2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 Ring  
1 Cigarette Lighter

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL  
Effects Quartermaster



*Handwritten notes on the right margin:*  
92  
No 7  
H. O. Caldwell



QMGCD 293, Unknown X-69 *France 1st Ind La Cambe*

WD, OCMG, Washington 25, D. C. 12 December 1946

TO: Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Avenue,  
Kansas City 1, Missouri. ATTENTION: Effects Quartermaster

The Identification Section of the Memorial Division has advised that  
Unknown X-69, USMC, La Cambe, France, has not yet been identified.

FOR THE QUARTERMASTER GENERAL:

2 Incls  
n/c

GUY B. KEGLEY  
Major, OMC  
Assistant

M&R: COPIES OF INCLOSURES NOT NEC. FOR FILES OF THIS OFFICE.

COPY OF BASIC COMMUNICATION IS WITH THE 293 FILE FOR UNKNOWN X-69

R

DEC 13 3 55 PM '46

U. S. M. C.  
MAIL & RECORDS BRANCH

*33*

QMGOD 293, Unknown X-69

*France* 1st Ind *La Cambe*

WD, CQMG, Washington 25, D. C. 12 December 1946

TO: Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Avenue,  
Kansas City 1, Missouri. ATTENTION: Effects Quartermaster

The Identification Section of the Memorial Division has advised that  
Unknown X-69, USMC, La Cambe, France, has not yet been identified.

FOR THE QUARTERMASTER GENERAL:

2 Incls  
n/c

GUY B. KEGLEY  
Major, QMG  
Assistant

M&R: COPIES OF INCLOSURES NOT NEC. FOR FILES OF THIS OFFICE.

COPY OF BASIC COMMUNICATION IS WITH THE 293 FILE FOR UNKNOWN X-69

R

DEC 13 3 55 PM '46

D. U. M. C.  
& RECORDS BRANCH

*W*

KANSAS CITY QUARTERMASTER DEPOT  
Army Effects Bureau  
601 Hardesty Ave.,  
Kansas City 1, Mo.

PUM/ELR/kw  
16 October 1946

In Reply Refer to QMDKG 50222

SUBJECT: Disposal of Unidentified Personal Effects

TO: The Quartermaster General  
Memorial Division  
Washington 25, D. C.

1. The Army Effects Bureau is in receipt of personal effects of Unknown decedent X-69 buried in LaCambe Cemetery #3; no other information concerning burial location is available here. Inclosed is the original Graves Registration label and relevant overseas inventory covering transmittal of these effects.

2. Bureau examination of the ring and cigarette lighter has been made and the following description of these items is furnished for your information and file reference:

1 Ring, light metal, large Indian head emblem, no number, no initials. No additional information.

1 Cigarette Lighter, black, no initials or numbers; about 1½" x 2". No additional information.

3. It will be appreciated if the records of your office are checked and this Bureau informed if Unknown decedent X-69 has been officially identified. In the event sufficient information is not available at your office to establish identify of Unknown decedent, it is requested that this Bureau be informed in order that disposal may be made of personal effects received here.

FOR THE COMMANDING OFFICER:

/s/P. U. MAXEY  
Lt. Col., QMC  
Effects Quartermaster

2 Incls

1. GR label
2. Overseas inventory

COPY

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

**INTEROFFICE REFERENCE SHEET**

SEE REVERSE SIDE FOR INSTRUCTIONS IN THE USE OF THIS FORM

DUE HOUR & DATE 22 October 1946

1 NO.	2 FROM	3 TO	4 DATE	5 MESSAGE
1	Effects Section Op Br Field Service	Identifi- cation Section R & R Br Memorial Division	22Oct	For information upon which to base a reply.  For the Director:  <i>Keyley</i> KEYLEY 3881
2	Identifi- cation Section Memorial Division RR Branch	Field Service Opr Br Effects Section	11 Dec	The following is submitted upon which to base a reply:  <u>X-69</u> , USMC, La Cambe, France - Case not identified.  <i>MacFarland</i> MacFARLAND 2462  <i>RECORDED</i> <i>DEC 15 5 16 66</i> <i>RECORDED</i> <i>DEC 15 1946</i>

INSTRUCTIONS

OCT 22 1 33 PM '46  
GENERAL ADMINISTRATIVE SERVICES DIVISION

RECORDED  
OCT 22 2 16 PM '46  
GENERAL ADMINISTRATIVE SERVICES DIVISION

1. This is the only transmittal form authorized for use among the several elements of the Office of The Quartermaster General. As of 1 September, 1946, all similar forms, i.e., slips of various sizes, colors and shapes, were discontinued; remaining supplies of old forms will be turned in to the Chief, General Administrative Services Division, for disposal.
2. Copies will NOT accompany original.
3. Messages addressed to The Quartermaster General will be signed by the Division Chief IN PERSON unless he is absent in which case the signature of his executive assistant will be accepted.
4. Due hours and dates as entered by the Chief, General Administrative Services Division covering action on incoming correspondence, or as used by TQMG or Division Chiefs for deadline purposes, will be met in all cases.
5. Use of columns of form: Column 1, "No.", originator enters the number "1" as his entry; subsequent messages are numbered serially in column 1. Column 2, "From", enter Division identification (abbreviated) or, within Division enter Division identification PLUS branch or section. Column 3, "To", same instruction as for column 2 - name of officer or civilian may be added where desirable. Column 4, "Date", spell out month, e.g. 6 Sept. 46. Column 5, "Message", present succinctly and accurately whatever you wish to say. Use full width of sheet when message goes far enough down sheet to clear entries in columns 1, 2, 3 & 4. Use one side of sheet only. Sign surname at end of "message", enter phone extensions under name, then, immediately below, draw line completely across sheet.
6. Use of typewriter is NOT required.
7. Division chief forwarding lengthy papers to TQMG will brief background action in concise manner in his "message" so that TQMG will not be forced to waste time reading non-essential information.
8. Questions as to use of this form and related matters will be directed to the Executive Officer, Office of TQMG.





ARMY SERVICE FORCES  
 KANSAS CITY QUARTERMASTER DEPOT  
 601 HARDESTY AVENUE  
 KANSAS CITY 1, MISSOURI

PUN/ELR/kw  
 16 October 1946

IN REPLY REFER TO QMDKG 50222

**SUBJECT:** Disposal of Unidentified Personal Effects  
**TO:** The Quartermaster General  
 Memorial Division  
 Washington 25, D.C.

1. The Army Effects Bureau is in receipt of personal effects of Unknown decedent X-69 buried in LaSalle Cemetery #3; no other information concerning burial location is available here. Inclosed is the original Graves Registration label and relevant overseas inventory covering transmittal of these effects.

2. Bureau examination of the ring and cigarette lighter has been made and the following description of these items is furnished for your information and file reference:

- 1 Ring, light metal, large Indian head emblem, no number, no initials. No additional information.
- 1 Cigarette Lighter, black, no initials or numbers; about 1 1/2" x 2". No additional information.

3. It will be appreciated if the records of your office are checked and this Bureau informed if Unknown decedent X-69 has been officially identified. In the event sufficient information is not available at your office to establish identity of Unknown decedent, it is requested that this Bureau be informed in order that disposal may be made of personal effects received here.

FOR THE COMMANDING OFFICER:

- 2 Incls
- 1. GR label
- 2. Overseas inventory

P. U. MAXBY  
 Lt Col, QMC  
 Effects Quartermaster



293 Unknown, X-69 (Frank P)

# IDENTIFICATION CHECK LIST

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

Unknown X - 69

Cemetery La Cambe, France

Plot B Row 7 Grave 123

1. Arrived at cemetery Date reprocessed, 18 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 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

Jacket, HBT None

\* Shirt, Wool OD Remnants of

Undershirt, Wool Remnants of

Undershirt, Cotton None

Trousers, HBT None

\* Trousers, Wool OD None

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) Remnants of wool gloves OD.  
(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, 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 inches**  
(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 ..... **Blonde**  
(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? **Yes** (Yes-no) If not, explain

9. Remarks **Remains received in skeletal form, wrapped in mattress cover. Clothing found in debris. No clothing marks found. No burial Report found. Estimated weight of remains: 11 Lbs. Measurements were impossible, all long bones fractured. Fluoroscopic Examination, Negative. 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. MacIntyre*  
**ELLSWORTH T. MAC INTYRE**

(Officer's Name)

**Captain**

**QID.**

Rank

Service

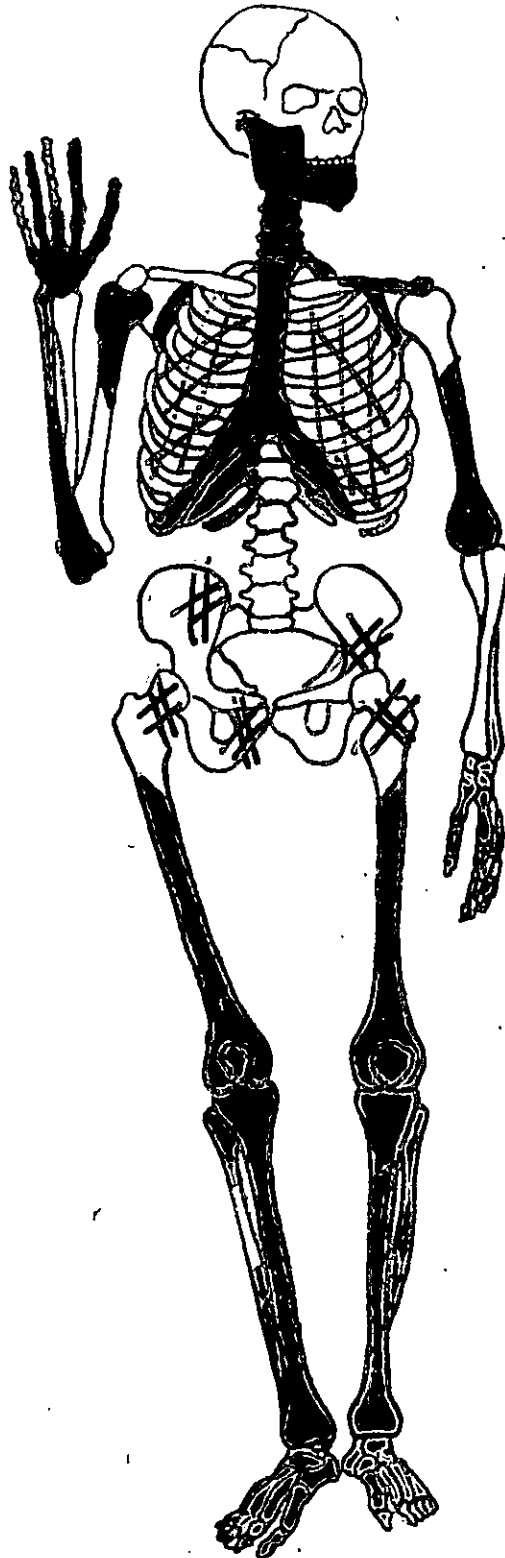
**Central Identification Point**

(Organization)

# SKELETAL CHART

X-69  
La Canbe, France  
Plot 8, Row 7, Grave 123

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
HQ. COM. ZONE, ETOUSA

X-69  
La Cambe, France  
Plot E, Row 7, Grave 123

# TOOTH CHART

18 April 1947

Date

X-69

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
Place of Death	Date of Death	Cause of Death		

	Right								Left							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	MAXILLA								S	S					A	X
	MISSING								FM	LM					O	
Side views	[Dental drawings of upper teeth in side view]															
TOP VIEWS	[Dental drawings of upper teeth in top view]															
Side Views	[Dental drawings of lower teeth in side view]															
	MANDIBLE															X
	MISSING															
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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), bicuspid (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.

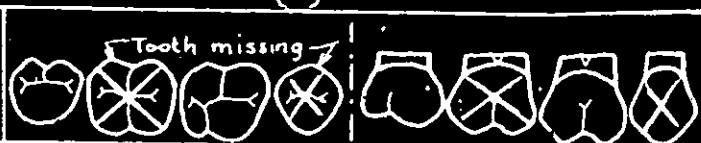
*Edward Sebastian*  
Signature of Officer or other person who prepared Tooth chart

ELLSWORTH T. MAC INTYRE, Captain QMC. C.I.P.

Verified by G. R. S. Officer

*Ellsworth T. McIntyre*

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



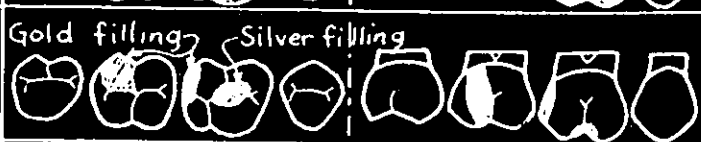
**CROWNED TEETH...** Block in solid the crown of both (label gold, porcelain, Silver or gold and porcelain), thus :



**BRIDGE WORK...** Block in solid the crown of both (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 :



**CAVITIES (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, R3,9 and L9.

Space, L13-15, 6mm.

Mesial version, L15.

L1 overlaps R1 slightly.

Broken off as indicated by shading, L10.

Medium sized, clean, white teeth in good alignment.



# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

21952  
21 June 44  
Date

Unknown		X- 69			
Last Name		First		Serial No.	
France		Unknown		Plane Crash	
Place of Death		Date of Death		Cause of Death	
0900 hrs		21 June 44		La Cambe F	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
123		E		Stake	
Grave Number		Plot Number		Type of Marker	
7					

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

Body burned beyond recognition. He was wearing jacket with fur lined Collar Regular G.I. clothes. No teeth. Unable to obtain additional information from body.

What means of identification were buried with the body?

GRS Form #1

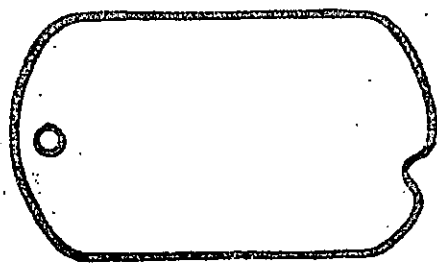
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Carter E.N. 0-1697065 124  
Name Serial No. Rank Organization Grave No.

Deceased's Left: Hester H. 35489395 122  
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 Unknown  
Name

Address

Religion

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

Lighter  
Ring

65

Signature of Officer or other person reporting burial  
[Signature]  
Verified by G.A.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: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Color of Eyes: \_\_\_\_\_
- Color of Hair: \_\_\_\_\_
- Race: \_\_\_\_\_
- Laundry Marks: \_\_\_\_\_
- Number of Rifle: \_\_\_\_\_
- Wear Glasses? \_\_\_\_\_
- Is Tooth Chart Attached? \_\_\_\_\_

(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

Thumb


Right Hand

Thumb


## TOOTH CHART

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

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.