

*Mr. A  
copy*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

293 Unk (France) X-111 (St James) 9 DEC. 48  
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 111, Plot M,  
Row 1, Grave 1, USMC ST. JAMES, 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.

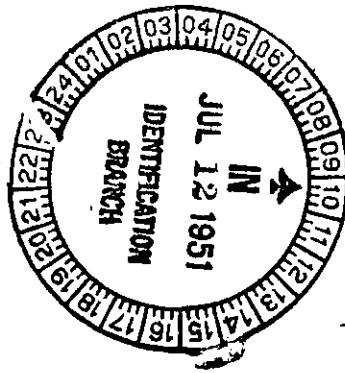
2. Report of Reprocessing was forwarded to your office by  
letter of transmittal No. 2123, dated 26 DEC. 46. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/ GEORGE L. FREEMAN  
/t/

Received  
Not identifiable from  
information presently  
available  
4 JAN 1949

*NAT  
41 Jan. 49  
C. Dewhaker  
S. G. Dr.*



[Faint, mostly illegible text, possibly a report or document, with some lines of text visible in the lower half of the page.]

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FOR THE COMMANDING GENERAL :

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

Received  
Not identifiable from  
information presently  
available  
4 JAN 1949  
OQMG

Incl # 50

P. B. Robinson RL-Combs

Reinterred 1 Dec.  
G-3-14 St. James  
H. F. HILL, CAPT., QMC  
Cem. Supt.

### DISINTERMENT DIRECTIVE

1

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3578 00027

DATE  
15 01 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN		X-000111			0	15 01 48 DAY MONTH YEAR	
CEMETERY						DISPOSITION OF REMAINS	
ST JAMES - AVRANCHES						3504 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH		
M	1	1	FRANCE		6		

#### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ST. JAMES, FRANCE  (BY ADMINISTRATIVE ORDER)	

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
Unknown	X-111			21 May 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GARRETT J. BURKE Embalmer NAME AND TITLE	

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Mattress Cover	Advanced decomposition. Skeletal form. Skull fracture.
OTHER MEANS OF IDENTIFICATION	
	Emb. plate on marker. GRS Form #1 w/remains.

MINOR DISCREPANCIES 1

NONE

REMAINS PREPARED AND PLACED IN CASNET transfer case

DATE 24 May 1948	BY GARRETT J. BURKE
CASKET SEALED BY V. K. SORENSON	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by:
DATE 22/6/48 BY H. B. MASIN	KANEMITSU ITO, 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 certify that the entries on this form are true except casketing copies of the entries on Copy No. 4 of this Disinterment Directive which contains the signatures

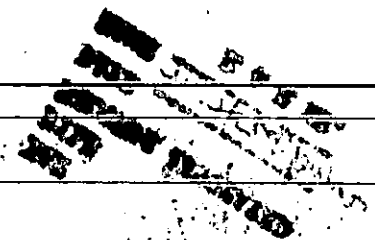
T. C. MURRAY, Capt  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report GRC Form F194a for major discrepancies.

James J. Nebeus  
Major Inf.

RECEIVED  
MAY 21 1948  
MAY 21 1948  
E. B. B.

# RECORD OF CUSTODIAL TRANSFER



## 1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 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 (12.15V.1(AE) ORDER)		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

# CHECK LIST OF UNKNOWN

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

Unknown X - 111  
Cemetery St-James, France  
Plot M Row 1 Grave 1

1. ~~Reprocessed~~ **Reprocessed 22 November 1946**  
(Hour) (date)

2. Place of death .....  
(Name of closest town) (ordinates and letter Prefex, maps)

Sheet, scale and serials used.

3. Remains ~~recovered~~ disinterred ~~by~~ **and reprocessed by Subordinate Identification Point**  
(Name and organization) **Carentan, 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	Color	Indicate unusual markings wear, tear, repairs, etc.
*Headgear	<u>none</u>			
Raincoat	<u>none</u>			
Overcoat	<u>none</u>			
Jacket, Field	<u>none</u>			
Jacket, Combat	<u>none</u>			
Mackinaw	<u>none</u>			
Sweater		<u>wool OD</u>		
Jacket, HBT			<u>none</u>	
*Shirt, Wool, OD			<u>none</u>	
Undershirt, Wool				<u>remnants of</u>
Undershirt, Cotton				<u>none</u>
Trousers HBT				<u>none</u>
*Trousers, Wool OD				<u>one pair, remnants of</u>

Belt. Web **none**

Drawers. Wool **none**

Drawers. Cotton **remnants of**

Leggings. Wool **none** (Note unusual lacing) **none**

Socks. Cotton **none**

\*Shoes (type) **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.

6. Chevrons or Insignia **none**  
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch **none**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces **utd**

8. Description of Remains **Est.**

Age **utd** Height **5'8 1/2"** Weight **utd** Description of wounds **utd**

Bandages or dressings **utd** Scars **utd**  
(Length, width, location)

Tattoos **utd**  
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks **utd**  
(yes-no; description, location)

Sunburn or tan, other than hands & face **utd**

Complexion **utd**  
(light, med, dark, clear, pimples, pocks, freckles)

Build **utd**  
(large, fat, thin, muscular)

Hair **utd**  
(color, length, quantity, curly, wavy, straight; whorls, or definite parting)

Hair **utd**  
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **utd** (color, setting, shape) Mustache **utd** (color, size, shape) Beard or Goatee **utd** (length, heavy)

**utd**  
(light, color, extent)

Eyes **utd** (color, setting, shape) Eyebrows **utd** (color, bushiness, extent across nose)

Nose **utd** (size, shape, straight) Ears **utd** (size, set close to or far from head)

Mouth **utd** (large, medium, small) Lips **utd** (small, large, full)

Teeth **See Tooth Chart**  
(white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **utd**  
(prominent, receding, pointed, dimple, double)

Jaw **utd** (large, small, normal) Circumference of head in inches **utd** (hat band)

Neck **utd** (size, length, short, normal, wrinkled) Larynx **utd** (prominent, normal)

Shoulders **utd** (broad, straight, small, rounded) Arms **utd** (length, muscular, color)

**utd**  
(extent and quantity of hair)

Hands **utd**

Fingers **utd**  
(sort, thick, long, slender, size of knuckles, missing fingers or joints)

**utd**  
(unusual characteristics of fingernails)

Chest **utd**  
(size of nipples, color, quantity & extent of hair, large, small, normal)

Back **utd** (quantity & extent of hair) Waist **utd** (size of navel, appendectomy, amount)

**utd** (quantity & color of hair) Circumcision **utd** (yes-no) Pubic hair **utd** (color)

Hernioplasty **utd**  
(yes-no, location)

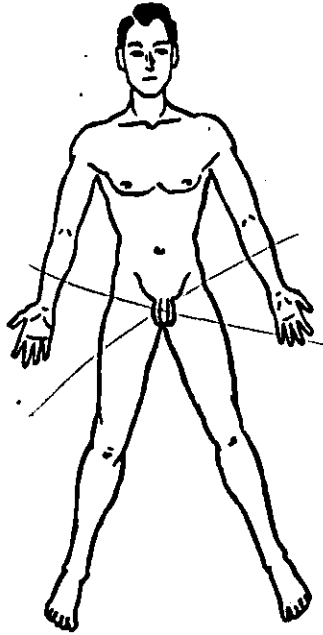
Legs **utd**  
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet **utd** (Size, corns, callouses, flat) Toes **utd** (slender, straight, crooked, overlap)

Evidence of healed fractures **utd**  
(nose, arms, legs, etc.)



9. Black out parts of body not received at cemetery: see attached chart



10. Have fingerprints been placed on Report of Internment no  
Yes-no

If not, explain hands missing

11. Has tooth chart been prepared yes If not, explain  
Yes-no

12. Remarks: Body in last stage of decomposition, some flesh. Est. weight of remains recovered 30 lbs. No clothing marks. No burial bottle found in grave. Fluoroscope 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.

*Robert A. Salvador*  
Robert A. Salvador  
Officers Name

Captain Inf.

Rank

Service

Central Identification Point

Organization

**SKELETAL CHART**

X-111.  
St-James Cemetery, France  
Plot M Row 1 Grave 1

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

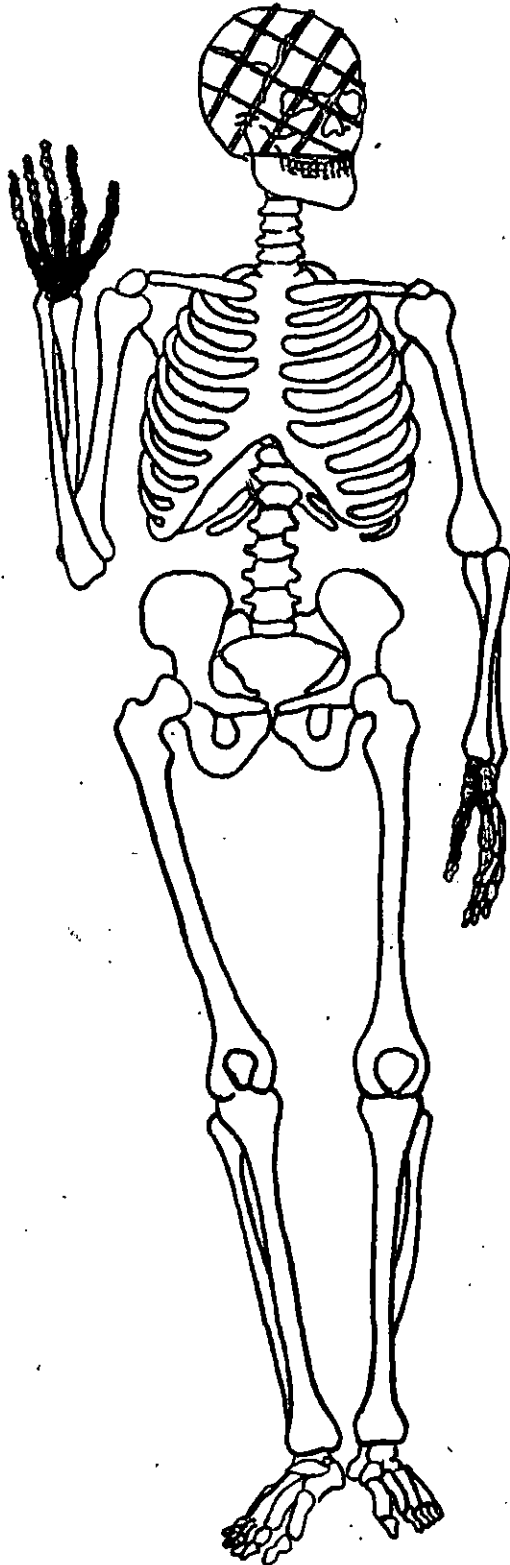


CHART "A"

X-111

# TOOTH CHART

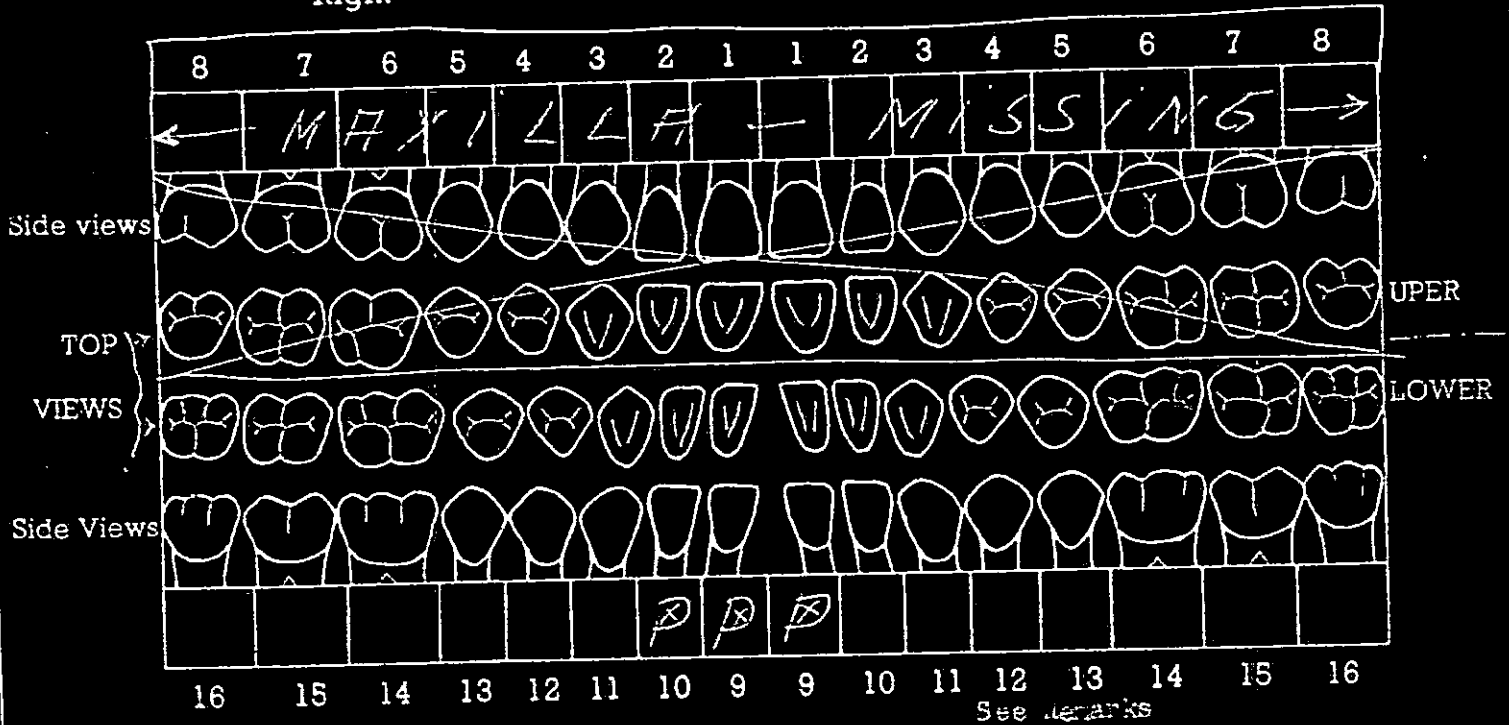
22 November 1916  
 Date

USMC WX - 111

Last Name: St-James, First: France, Initial: , Rank: , Serial No.:  
 Unit: lot M Row 1 Grave 1, Organization: , Cause of Death: ,  
 Place of Death: , Date of Death: ,

Right

Left



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.

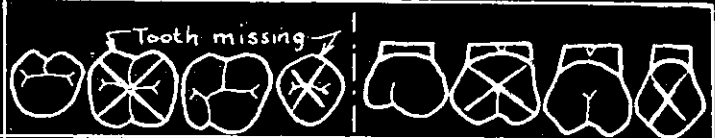
33

*Edward Sebastian* M 2  
 Signature of Officer or other person who prepared Tooth chart

*Robert A. Salvador*  
 Verified by G. R. S. Officer  
 Robert A. Salvador, Captain Inf. 371.

X-111

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



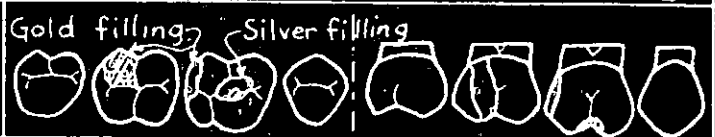
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

Maxilla with upper teeth, not found.  
Posthumously missing, sockets present, R 9, 10 and I 9.  
Impacted, unerupted before death, R 16 and L 16.  
Very heavy tartar on I 9.  
Medium sized, ivory colored teeth, in good alignment.  
No fillings in teeth found.

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

**RESTRICTED**  
20 Sept 1944

22894

<u>Unknown X-111</u>		<u>Unk</u>	<u>Unk</u>
Last Name		Rank	Serial No.
<u>Unk</u>		<u>Unk</u>	<u>Unk</u>
First		Initial	Organization
<u>739312</u>	<u>Sheet</u>	<u>Unit 3 G</u>	<u>France</u>
<u>Lannion</u>	<u>Brest, France</u>	<u>Unk</u>	<u>day of 1943</u>
Place of Death		Date of Death	Cause of Death
<u>1700</u>	<u>17 Sept 44</u>	<u>U.S. M. 11 Cem. St. James, France</u>	<u>308975</u>
Time and Date of Burial		Name of Cemetery	Name or Coordinates of Location
<u>1</u>	<u>1</u>	<u>M</u>	<u>Wooden Cross</u>
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?

No means of identification, body badly decomposed, unable to identify by any means. Unable to take fingerprints and tooth chart.

What means of identification were buried with the body?

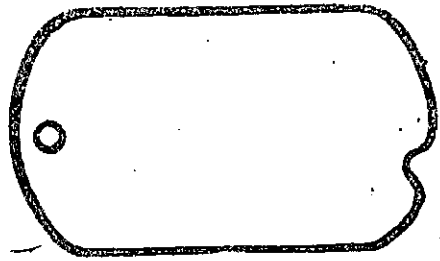
GRS Form #1 in burial bottle.

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

Who is buried on:

<b>Deceased's Right:</b>	<u>Beginning of Row.</u>			
	Name	Serial No.	Rank	Grave No.
<b>Deceased's Left:</b>	<u>E. E. Dermigny</u>	<u>20204906</u>	<u>T/4</u>	<u>Hq Btry B.</u>
	Name	Serial No.	Rank	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 Unk

Religion Unk

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

None

76 **RESTRICTED**

*John R Wood*

Signature of Officer or other person reporting burial  
JOHN R WOOD 2nd Lt. QMC 3042 Gr. Reg. Co.

Verified by G.R.S. Officer

**RESTRICTED**

