

7887 GRAVES DETACHMENT

APO 757

293 Unk. St. James X-28 *r*

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X - 28 St James

(POC) ST JAMES

File - nan
15 Nov. 57

M. Martin

9d Av

CHECK LIST FOR DISINTERMENT OF UNKNOWN

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be stated.

UNKNOWN X- 28

CEMETERY St. James US Mil.
PLOT B ROW 7 GRAVE 160

PART I

Physical Description

1. Estimated height Unable to determine.
2. Estimated weight Unable to determine.
3. Color of eyes No eyes present.
4. Color of hair No hair present.
5. Race Undetermined.
6. Quantity and characteristics of hair on head (length, baldness, curly, etc.)
No hair present.
7. Amount and color of hair on body (arms, chest, pelvic region, legs)
No hair present.
8. Description of mustache and beard None present.
9. Length of sideburns None present.
10. Was the deceased circumsized? Unable to determine.
11. Are any tattoos or scars on the body? (Give description)
Unable to determine.
12. Is there anything unusual about the fingernail structure?
No fingernails present.
13. Is there anything unusual in the construction of the toes or feet?
No toes or feet present.
14. Was tooth chart taken? No. Were fingerprints taken? No.
15. Proximate cause of death? Unknown.
16. Was the body burned? To what extent? Burned very much.
17. Are any parts of the body missing or severed?
Head, hands and feet severed and missing.
18. Is there any evidence of first-aid or other medical treatment?
No.
19. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Careful Search made, nothing found.
20. If no clothing is found, measurements should be made of the head, neck, chest, waist, foot, leg (inseam), and arm length in order that clothing sizes may be determined. Unable to take these measurements because of missing parts and decomposed condition of the body.

Interred 20 member 1948

L-17-18- ST JAMES

DISINTERMENT DIRECTIVE

H.F. HILL, Capt QMC.

FLOTTED BY M. MANN

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3578 00003

DATE

15 07 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000028

J

.DAY MONTH YEAR

CEMETERY

ST JAMES - AVRANCHES

DISPOSITION OF REMAINS

0

3504 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

B 7 160 FRANCE

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN Flag sent 7 January 49

NAME AND ADDRESS OF CONSIGNEE

ST. JAMES, FRANCE

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-000028 UTD 27 April 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS GRS UNKNOWN UNK GARRETT J. BURKE EMB
 MARKER Emb F. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
MATTRESS COVER Advanced Decomposition Multiple Fractures. Missing: Skull and Mandible.

OTHER MEANS OF IDENTIFICATION

2 Burial Bottles with remains for X-28 GRS TAG with Remains.

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET ~~XXXX~~ Transfer Case

DATE 28 April 1948 BY GARRETT J. BURKE

CASKET SEALED BY

EMBALMER (Signature)

GARRETT J. BURKE

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY All markings tags and plates verified by

DATE 28 April 1948 H.B. ALBERT

KANEMITSU ITO, 1/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. / except casketing

I certify that the entries on this form are true copies of the entries on Copy No. 4 of the Disinterment Directive which contains the signatures

KANEMITSU ITO 1/Lt Inf
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies of the persons whose names are typed hereon.

FILE
RECORDED
DATE MAR 11 1949
DATE
R O B BR.

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		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

993 Unk. France X-28 (St. James)

~~(Basic Ltr OQMG, QMGMU 293, Unknown X-28 (St. James) dtd 8 Dec 47,
Subj: Request for Report of Burial)~~

RRE 314.6 (St. James)

1st Ind

Hq, American Graves Registration Command, European Area, APO 58, US Army,
9 January 1948

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

1. In compliance with request contained in basic communication, there are inclosed herewith copies of Report of Burial and Check List of Unknowns for Unknown X-28, USMC, St. James, France, Plot B, Row 7, Grave 160.

2. There is no Tooth Chart on file in this headquarters for subject deceased.

FOR THE COMMANDING GENERAL:

Robert A. Salvador

ROBERT A SALVADOR

Capt., *6* Inf
Actg Asst Adj Gen

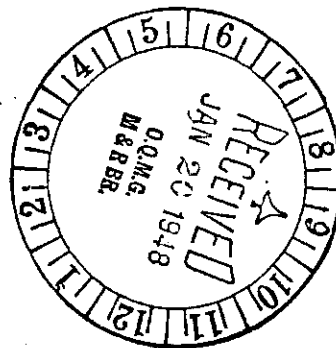
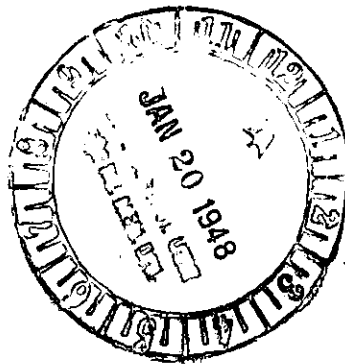
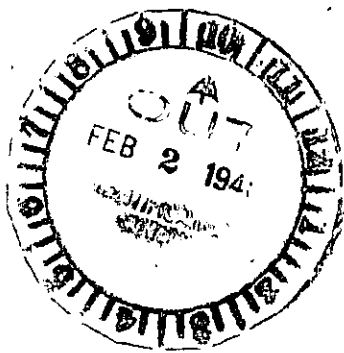
2 Incls:

- 1. Report of Burial
- 2. Check List of Unknowns

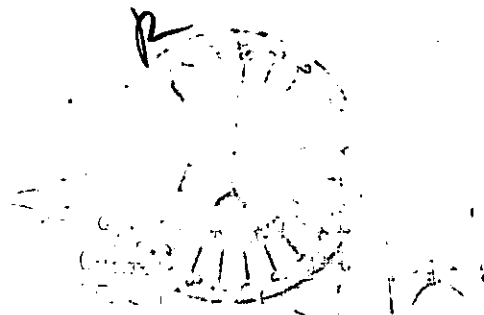
Incls. w/d

993 Unk X-28 France (St. James)

*W.A.H.
File
1-30-48
Peterson*



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DEPARTMENT OF THE ARMY
~~WAR/DEPARTMENT~~

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO

QMGU 293

Unknown X-28

St. James, France

8 December 1947

SUBJECT: Request for Report of Burial

TO: Commanding General
American Graves Registration Command
European Area, APO 58, c/o Postmaster
New York, New York

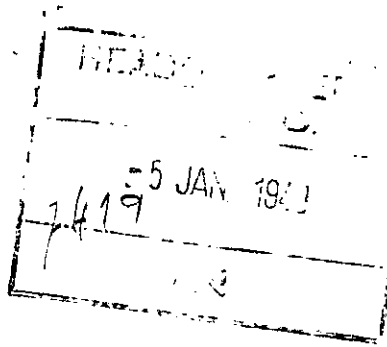
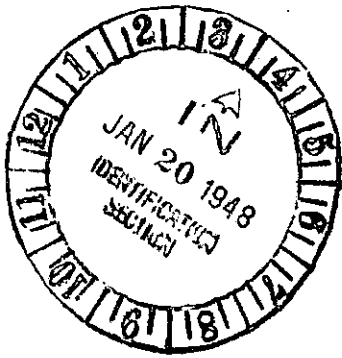
1. Reference is made to Unknown X-28, U.S. Military Cemetery
St. James, France, Plot B, Row 7, Grave 160.

2. It is requested that this office be furnished a copy of
Report of Burial, together with check list and tooth chart for subject
deceased.

FOR THE QUARTERMASTER GENERAL:

James C. MacFarland
JAMES C. MacFARLAND
Major, QMC
Memorial Division

RECEIVED
DEC 10 1947



DEC 9 3 33 PM '47
O. O. M. G.
MAIL & RECORDS BRANCH

RECEIVED
JAN 10 1948

ENCLOSURE
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[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

DEPARTMENT OF THE ARMY
////////////////////

QMCMU 293
Unknown X-28
(St. James) France

8 December 1947

SUBJECT: Request for Report of Burial

TO: Commanding General
American Graves Registration Command
European Area, APO 58, c/o Postmaster
New York, New York

1. Reference is made to Unknown X-28, U.S. Military Cemetery
St. James, France, Plot B, Row 7, Grave 160.

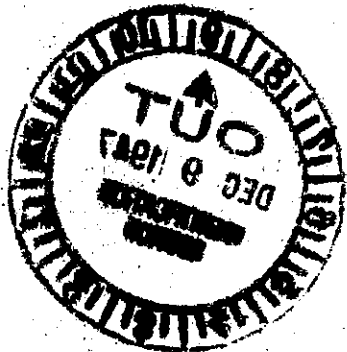
2. It is requested that this office be furnished a copy of
Report of Burial, together with check list and tooth chart for subject
deceased.

FOR THE QUARTERMASTER GENERAL:

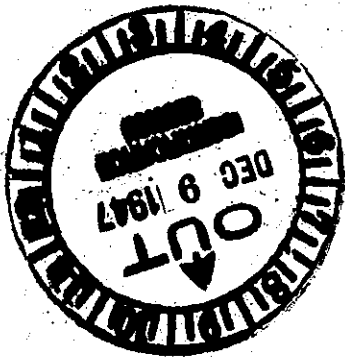
JAMES C. MacFARLAND
Major, QMC
Memorial Division

[Handwritten initials]
N.J.

cam
[Handwritten signature]
DEC 9 3 33 PM '47
MAIL & RECORDS BRANCH



DEC 9 2 14 PM '47
RECORDS BRANCH



DEC 9 3 33 PM '47
U.S. AIR FORCE
RECORDS SECTION

RECEIVED
DEC 9 1947

RECEIVED
DEC 9 1947
U.S. AIR FORCE

[Handwritten signature]

FOR THE COMMANDING GENERAL:

RECEIVED

TO THE COMMANDING GENERAL, AIR FORCE HEADQUARTERS, WASHINGTON, D.C.

FROM THE COMMANDING GENERAL, AIR FORCE HEADQUARTERS, WASHINGTON, D.C.

RE: [Illegible subject line]

FOR THE COMMANDING GENERAL,
AIR FORCE HEADQUARTERS, WASHINGTON, D.C.

BY:

[Illegible signature]

FOR THE COMMANDING GENERAL, AIR FORCE HEADQUARTERS, WASHINGTON, D.C.

RECEIVED
DEC 9 1947
U.S. AIR FORCE

9 December 1947

RECEIVED
DEC 9 1947
U.S. AIR FORCE

copy

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

393 unk France X-28 (St James) 24 JAN. 1949
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-28, Plot B,
Row 7, Grave 160, 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. 1946. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ GEORGE I. FREEMAN
/t/

18 FEB 1949
OO MG
Unidentifiable from
information presently
available

NAT
18 Feb 49
OO MG
125

HEADQUARTERS
610th QM GRAVES REGISTRATION COMPANY
APO 562 U. S. ARMY

6 February 1945

SUBJECT: Reprocessing of Unknown: X-28. (*St. James*)
TO : Commanding Officer, 1st QM Group, APO 562, U. S. Army.

1. Exhumation of subject unknown American soldier has been accomplished and the remains reprocessed.

2. The body was charred beyond possibility of any identification procedures whatsoever.

For the Commanding Officer:

Alexander K. Zeleuski
ALEXANDER K. ZELEUSKI
1st Lt., QMC
G.R.S. Officer

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

24 JAN. 1949

(Date)

SUBJECT: Unidentifiable Remains.

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

1. The records pertaining to Unknown X - 28, Plot B
Row 7, Grave 160, 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. 1946.
No further information is available.

FOR THE COMMANDING GENERAL:

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

Received 18 FEB 1949
Not identifiable from
information presently
available OQMG

Incl #6

~~IDENTIFICATION~~ CHECK LIST OF UNKNOWNNS

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

Unknown X-28

Cemetery St. James

Plot B Row 7 Grave 160

1. ~~Accreditation~~ Reprocessed 17 November 1946
(Hour) (Date)

2. Place of death
(Name of closest town) (Coordinates and letter Prefix, maps)
.....
(Sheet, scale and serials used)

3. Remains ~~removed~~ 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	<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>None</u>		

Belt, web **None**

Drawers, wool **None**

Drawers, cotton **None**

Leggings, wool **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

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?

BTB: Ground Forces

6. Description of Remains : -

Age **Utd** ^{Est.} Height **5' 7"** Weight **Utd** Description of wounds **Utd**

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

..... Tattoos **Utd**
(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 **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
(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**
(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)

..... **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 **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 **Utd**
(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 **head missing** (Yes-no)

9. Remarks **Remains recovered, wrapped in blanket and mattress cover. No remnants of clothing. Original burial bottle recovered, stating unknown from 83 Div. All flesh decomposed. Only bones remain. See skeleton chart. Est. weight now 35 lbs. No fluoroscopic necessary. 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.

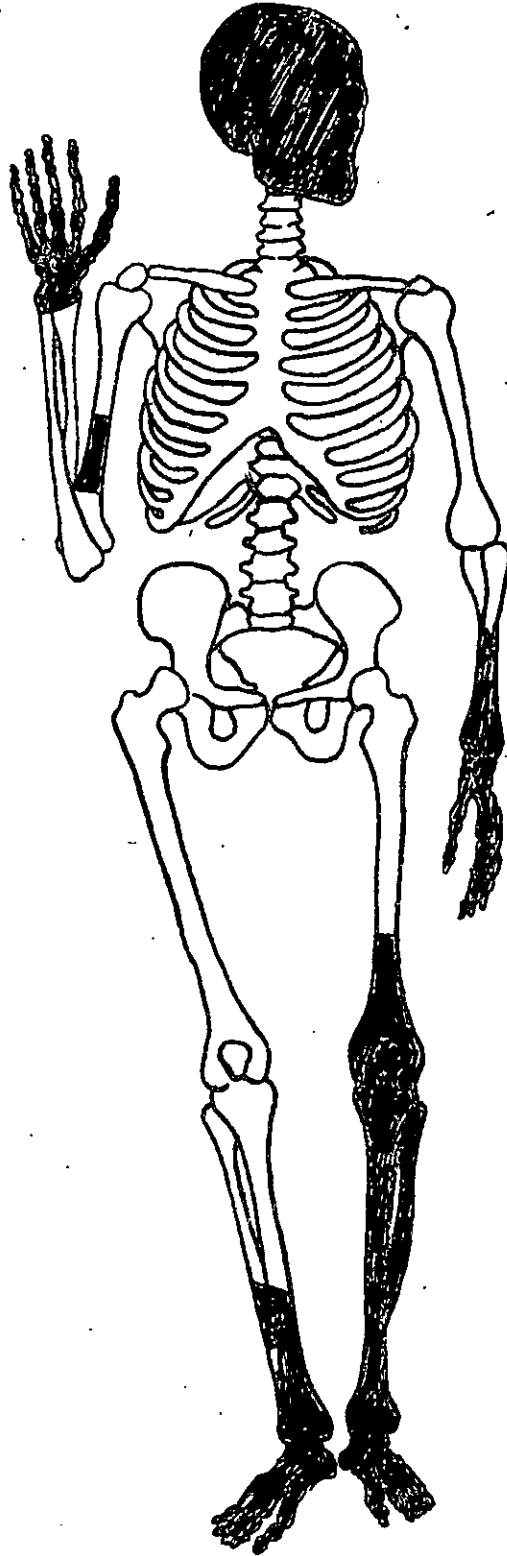
s/t/ ELLSWORTH T. MAC INTYRE
(Officer's Name)

Captain **QMC**
Rank Service

Central Identification Point
(Organization)

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



CHECK LIST OF UNKNOWNNS

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

Unknown X -28
Cemetery St. James
Plot B Row 7 Grave 160

- ~~Interment~~ **Reprocessed 17 November 1946**
(hour) (date)
- Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)
(Sheet, scale and serials used)
- Remains ~~recovered or~~ disinterred by **Subordinate Identification Point Garentan,**
(name and organization) **(France)**
- Evacuated to Cemetery by _____
(name and organization)
- Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

Clothing Indicate unusual markings
Markings Sizes Color wear, tear, repairs, etc.

Item _____

*Headgear None
(type)

Raincoat None

Overcoat None

Jacket, Field None

Jacket, Combat None

Mackinaw None

Sweater None

Jacket, HBT None

*Shirt, Wool OD None

Undershirt, Wool None

Undershirt, Cotton None

Trousers HBT None

*Trousers, Wool OD None

Belt, Web None

Drawers, Wool None

Drawers, Cotton None

Leggins, Wool None (Note unusual lacing)

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.

DTB: Ground Forces

8. Description of Remains :

Age Utd ^{Est.} Height 5'7" 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, poeks, freckles)

Build Utd
(large, fat, thin, muscular)

Hair Utd
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair (baldness, widows **UTA** distinctive cutting or other characteristics).

Sideburns (color, **UTA** cutting, shape) Mustache (size, shape) Board or (length, **UTA**)

Goatee (light, color, extent)

Eyes (color, **UTA** shape) Eyebrows (color, bushing, **UTA** extent across nose)

Nose (shape, straight) Ears (size, set close to **UTA** ear from head)

Mouth (large, **UTA**, small) Lips (small, **UTA** full)

Teeth **None** (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin (prominent, **UTA** looking, pointed, dimple, double)

Jaw (large, small, normal) Circumference of head in inches **missing** (hair **UTA**)

Neck (size, length, **UTA** short, normal, wrinkled) Larynx (**UTA**, normal)

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

..... (extent and quantity of hair)

Hands **UTA**

Fingers (short, thick, long, slender, **UTA** size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

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

Back (quantity & extent of hair) **UTA** aist (size of navel, **UTA** appendectomy, amount)

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

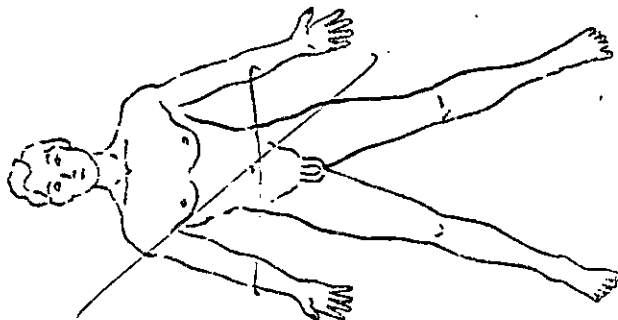
Hernioplasty **UTA** (yes-no; location)

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

Feet UTD Toes UTD
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed factures 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 Interment NO
(yes-no)

If not, explain **hands missing**

11. Has tooth chart been prepared no If not, explain **head missing**
(yes-no)

12. Remarks : **Remains recovered, wrapped in blanket and mattress cover. No remnants of clothing. Original burial bottle recovered, stating unknown from 83 Div. All flesh decomposed. Only bones remain. See skeleton chart. Est. weight now 35 lbs. No fluoroscopic necessary. 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 F. Man Intyre
ELLSWORTH OFFICER IN CHARGE INTYRE

Captain Rank **OMC** Service

Central Identification Point.
Organization

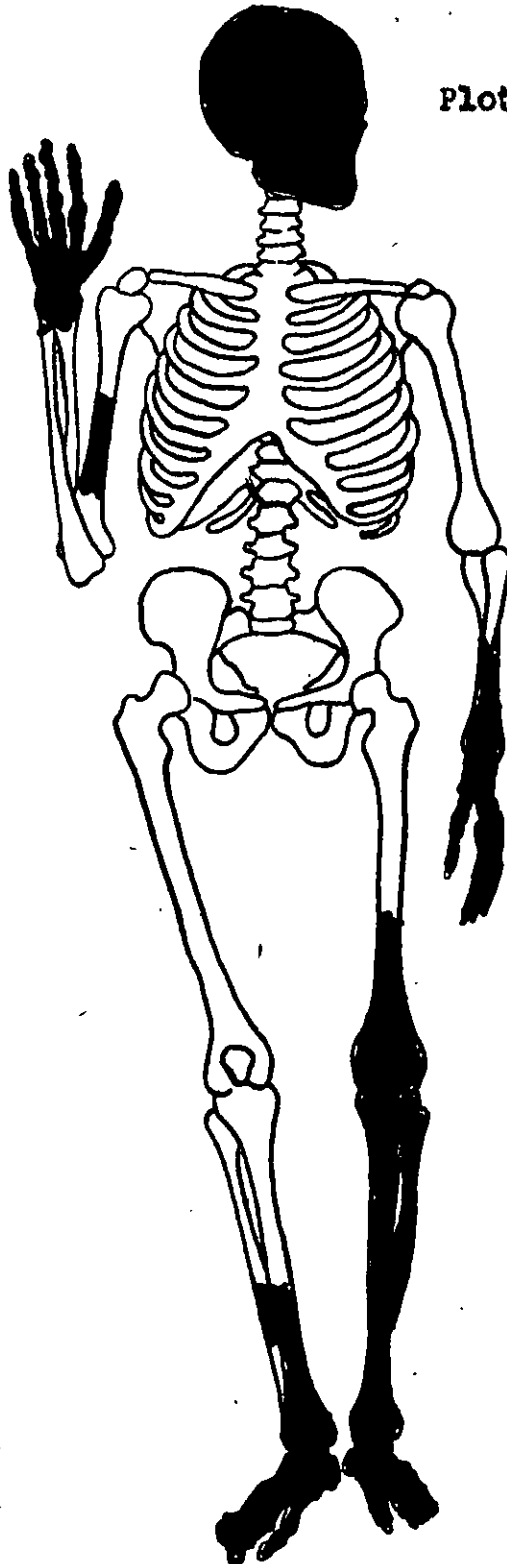
SKELETAL CHART

X-28

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

St. James, France

Plot B, Row 7, Grave 160.



CHECK LIST FOR DISINTERMENT OF UNKNOWN

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be stated.

PART I
Physical Description

UNKNOWN X- 6
CEMETERY (St. James II) Mill.
PLOT B ROW 7 GRAVE 160

- 1. Estimated height Unable to determine.
- 2. Estimated weight Unable to determine.
- 3. Color of eyes no eyes present.
- 4. Color of hair no hair present.
- 5. Race White male.
- 6. Quantity and characteristics of hair on head (length, baldness, curly, etc.)
no hair present.
- 7. Amount and color of hair on body (arms, chest, pelvic region, legs)
no hair present.
- 8. Description of mustache and beard none present.
- 9. Length of sideburns none present.
- 10. Was the deceased circumcized? no.
- 11. Are any tattoos or scars on the body? (Give description)
Unable to determine.
- 12. Is there anything unusual about the fingernail structure?
- 13. Is there anything unusual in the construction of the toes or feet?
- 14. Was tooth chart taken? no. Were fingerprints taken? no.
- 15. Proximate cause of death? no.
- 16. Was the body burned? To what extent? Burned very much.
- 17. Are any parts of the body missing or severed?
head, hands and feet severed and missing.
- 18. Is there any evidence of first-aid or other medical treatment?
no.
- 19. If the remains are badly mangled, a careful search should be made for identification tags or personal effects.
- 20. If no clothing is found, measurements should be made of the head, neck, chest, waist, foot, leg (inseam), and arm length in order that clothing sizes may be determined.
Unable to take these measurements because of missing parts and decomposed condition of the body.

CHECK LIST FOR DISINTERMENT OF UNKNOWN

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be stated.

PART I
Physical Description

UNKNOWN X-
CEMETERY (St. James P. Hill)
PLOT B ROW 7 GRAVE 100

- 1. Estimated height: Unable to determine.
2. Estimated weight: Unable to determine.
3. Color of eyes: No eyes present.
4. Color of hair: No hair present.
5. Race: Unable to determine.
6. Quantity and characteristics of hair on head (length, baldness, curly, etc.): No hair present.
7. Amount and color of hair on body (arms, chest, pelvic region, legs): No hair present.
8. Description of mustache and beard: None present.
9. Length of sideburns: None present.
10. Was the deceased circumcised? None present.
11. Are any tattoos or scars on the body? (Give description): Unable to determine.
12. Is there anything unusual about the fingernail structure?
13. Is there anything unusual in the construction of the toes or feet?
14. Was tooth chart taken? No. Were fingerprints taken? No.
15. Proximate cause of death? No.
16. Was the body burned? To what extent? Burned very much.
17. Are any parts of the body missing or severed? Head, hands and feet severed and missing.
18. Is there any evidence of first-aid or other medical treatment? No.
19. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Careful search made, nothing found.
20. If no clothing is found, measurements should be made of the head, neck, chest, waist, foot, leg (inseam), and arm length in order that clothing sizes may be determined. Unable to take these measurements because of missing parts and decomposed condition of the body.

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

22240
11 Aug 1944
Date

Unknown X-28			Unk	Unk
Last Name	First	Initial	Rank	Serial No.
330 Inf			83th Div.	
Unit			Organization	
France			Unk	KIA
Place of Death			Cause of Death	
1100 10 Aug 1944			U.S. Mil. Cem. St. James, France 308975	
Time and Date of Burial			Name or Coordinates of Location	
160 7			Wooden Cross	
Grave Number		Row Number	Plot Number	
160		7	B	
			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?

Remarks: Body burned beyond all possible recognition. No possible identification.

What means of identification were buried with the body?

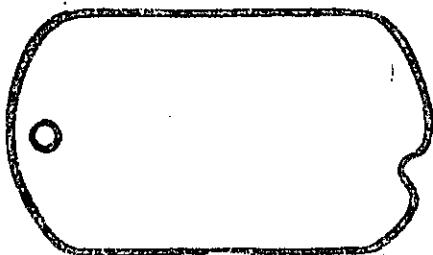
GRS Form #1 in Burial bottle.

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

Who is buried on:

Deceased's Right:	Wm. J. Gould	19322007	Pvt	330 Inf 83 Div.	159
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Unknown X-29		Unk	330 Inf 83 Div	161
	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 Address: Unk Name

Address

Religion: Unk

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

None Remains of

Unknowns X-26, X-27, X-28, and X-29, were found in burned out Pillbox in 330th Sector. As Frank A. Manna 32985451, a Medic, was seen to enter Pillbox immediately preceding shelling, and has since been MIA, one of these must be he. Info From:

William C. Phillips
1st Lt. O-1317939
329 Inf. 83rd Div.

John R Wood

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

Verified by G.R.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:	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.:

Left Hand

Right Hand

Thumbs

Thumb

TOOTH CHART

		Deceased's Left								Deceased's Right											
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.

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

11 Aug 1944
Date

Unknown X-28

Unk

Unk

Last Name		First	Initial	Rank	Serial No.
330 Inf				83th Div.	
Unit		Organization			
France		Unk			KIA
Place of Death		Date of Death		Cause of Death	
1100 10 Aug 1944		U.S. Mil. Cem. St. James, France		308975	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
160 7		B		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

How were remains identified?

Remarks: Body burned beyond all possible recognition. No possible identification.

What means of identification were buried with the body?

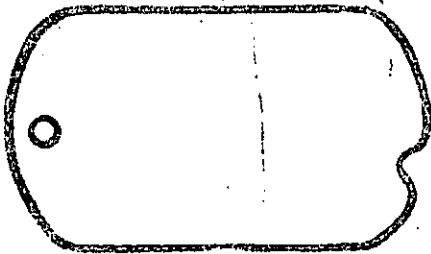
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	Name	Serial No.	Rank	Organization	Grave No.
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	Name	Serial No.	Rank	Organization	Grave No.

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:

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William C. Phillips
1st. Lt. O-1317939
329 Inf. 33rd Div.

John R Wood
JOHN R WOOD
2nd Lt. OMC

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

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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																	
		Deceased's Right								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: _____

Other Data: _____

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