

COPY

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

*293 GRS Europeau*

RRE 311.6

30 December 1948

SUBJECT: (CIL Remains)

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

1. The following Unknowns have been eliminated from the records of this office by assigning them CIL numbers.

X-55	Hlosville	Plot Q	Row 4	Grave 61
X-56	"	" Q	" 4	" 62
X-134	"	" X	" 8	" 160
X-463	"	Held in Unknown Repository		
X-531	La Cambe	Plot BC	Row 2	Grave 24
X-530	" "	" BC	" 2	" 23
X-529	" "	" BC	" 2	" 22
X-528	" "	" BC	" 2	" 21
X-456	" "	" BE	" 5	" 96
X-455 D	" "	" BC	" 6	" 114
X-455 C	" "	" BC	" 6	" 113
X-455 B	" "	" BC	" 6	" 112
X-455 A	" "	" BE	" 5	" 94
X-454	" "	" BE	" 5	" 93
X-452	" "	" BE	" 5	" 91
X-451	" "	" BE	" 5	" 90
X-450	" "	" BE	" 5	" 89
X-167	St. Laurent	" BB	" 2	" 33
X-169	" "	" BB	" 2	" 34
X-170	" "	" BB	" 2	" 35
X-171	" "	" BB	" 2	" 36
X-172	" "	" BB	" 2	" 37
X-173	" "	" BB	" 2	" 38
X-70	" "	" BB	" 2	" 22

2. The records at this Headquarters indicate that these remains cannot be associated with any casualty now buried in this theater.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman  
1/Lt. QMC  
Actg Asst Adj Gen

*Class as: 293 - unk France (St. Laurent)  
assigned CIL # 2007*

*FILE  
30 Dec 50  
K...  
S...  
S...*

C O P Y

QCIGBT 293  
314.6 GRS European Area  
SUBJECT: CIL Remains

1st Ind

Department of the Army, OCMG, Washington 25, D. C. 4 March 1949

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

1. Reference is made to basic communication.
2. This Office concurs in the assignment of CIL numbers to all unknowns listed thereon with the exception of Unknowns X-450, X-451, X-452, X-454 and X-456, USIC La Cambe.
3. In view of the fact that Reprocessing Reports indicate the presence of teeth in each of these cases, it is requested that elimination by the assignment of CIL numbers be suspended and that these Unknowns be declared unidentifiable instead.
4. Request that Certificates of Unidentifiability be forwarded to this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

6

FBJ *mm*

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

*3102 0000*

DATE

*13 11 40*

DAY MONTH YEAR

NAME

*UNKNOWN - 000173*

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

*ST LAURENT FRANCE*

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

*3102 00*

CODE DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

*ST. LAURENT, FRANCE*

NAME AND ADDRESS OF NEXT OF KIN

*(BY ADMINISTRATIVE DECISION)*

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

*UNKNOWN*

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

- REMAINS
- MARKER

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

*Deleted*

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

REMAINS PREPARED AND PLACED IN CASKET

DATE  
CASKET SEALED BY

BY

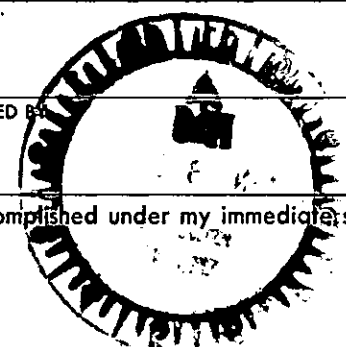
EMBALMER (*Signature*)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE  
BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.



SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

# DISINTERMENT DIRECTIVE

# 6

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**3582 00000**

DATE  
**15 12 48**  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
<b>UNKNOWN</b>	<b>000173</b>		<b>0</b>	<b>0</b>	<b>E</b>

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
<b>ST LAURENT FRANCE</b>	<b>BA</b>	<b>2</b>	<b>38</b>	<b>3505 80</b> CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**ST. LAURENT, FRANCE**

NAME AND ADDRESS OF NEXT OF KIN  
**(BY ADMINISTRATIVE DECISION)**

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE	

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
	<b>Deleted</b>
OTHER MEANS OF IDENTIFICATION	

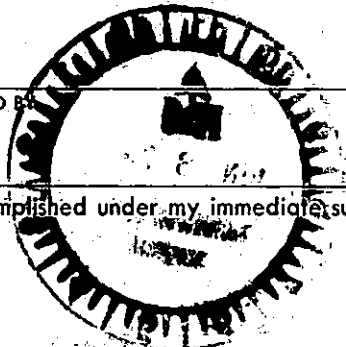
MINOR DISCREPANCIES: (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.



SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

OFFICE OF THE SECRETARY OF DEFENSE



Form with multiple sections and fields, containing faint text and lines. The form is mostly illegible due to low contrast and bleed-through. Visible fragments of text include 'OFFICE OF THE SECRETARY OF DEFENSE' at the top, 'RECEIVED JUN 8 1946' in the stamp, and various headings and sub-headings throughout the form structure. The form appears to be a standard administrative or reporting document from the mid-20th century.

DISINTERMENT DIRECTIVE

97  
6

SECTION A NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 100-100000	DATE 27-2-20
---	--------------------------------	-----------------

NAME U.S. Army	SERIAL NUMBER 100-100000	GRADE	ARMY	RACE	RELIGION
-------------------	-----------------------------	-------	------	------	----------

CEMETERY ST. LAURENT, FRANCE	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS CODE	DIST. CTR.
---------------------------------	------	-----	-------	--------------------------------	------------

SECTION B - CONSIGNEE (AND NEXT OF KIN)

NAME AND ADDRESS OF CONSIGNEE ST. LAURENT, FRANCE	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
------	----	----------------------

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

95 CWJ

6

## DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER <b>5532 00000</b>	DATE <b>15 10 48</b> DAY MONTH YEAR
---	---------------------------------------	---

NAME <b>UNKNOWN</b>	SERIAL NUMBER <b>X-000173</b>	GRADE	ARM <b>0</b>	RACE <b>0</b>	RELIGION <b>6</b>
------------------------	----------------------------------	-------	-----------------	------------------	----------------------

CEMETERY <b>ST LAURENT FRANCE</b>	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS <b>3505 40</b> CODE DIST. CTR.
--------------------------------------	------	-----	-------	---

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>ST. LAURENT, FRANCE</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
---	--

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES. (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
------	----

CASKET SEALED BY	EMBALMER (Signature)
------------------	----------------------

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
-------------------------	------------------------------

DATE	BY
------	----

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

\_\_\_\_\_  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

# REPORT OF BURIAL

7 September 1948  
Date

UNKNOWN X-173 Last Name First Initial Rank Serial No. Unknown Unknown

Unknown Unit Organization

France Place of Death Unknown Date of Death Unknown Cause of Death

1400, 7 September 1948 Time and Date of Burial USMC St Laurent, France Name of Cemetery Name or Coordinates of Location

38 Grave Number 2 Row Number BB Plot Number Cross 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? Remains consist of extra skull with maxilla and mandible found with remains of Richard C. Phillips, 36561523, Plot U, Row 6, Grave 118 USMC St Laurent.

What means of identification were buried with the body?

GRS Tags and mortuary plates

*Accepted from per letter from field dated 30 Dec 48 Subject: GSK Remains*

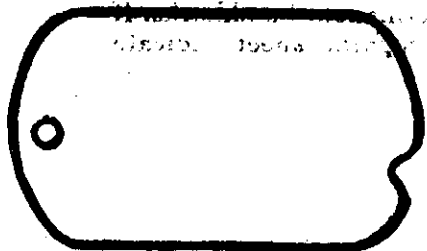
To determine Right or Left use Deceased's Right and Left:

Who is buried on :

Deceased's Right : Empty Grave Name Serial No. Rank Organization Grave No. 39

Deceased's Left : Unknown X-172 Name Serial No. Rank Organization Grave No. 37

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 bellow :

Emergency Addressee Unknown Name

Address

Religion Unknown

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

NONE

*W. H. Hubbell*

W. H. HUBBELL, DA Civilian Signature of Officer or other person reporting burial

JAMES E. NABORS, Major, Inf. Hq 7856 AGRC Verified by G.R.S. Officer Zone # 2



# 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								Deceased's Right							
		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 ⊖; filling 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

1 March 1948

TM 10-630 AND AR 30-1815

Date

*W*  
*112*

UNKNOWN X-173      Unknown      Unknown  
Last Name      First      Initial      Rank      Serial No.

Unknown      Unknown  
Unit      Organization

Unknown      Unknown      Unknown  
Place of Death      Date of Death      Cause of Death

Remains being held in Unknown Repository, USMC St Laurent, France  
Time and Date of Burial      Name of Cemetery      Name of Coordinates of Location

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?      Remains consist of extra skull, mandible & maxilla, found with remains of Richard D. Phillips, 36561523, previously buried in Plot U, Row 6, Grave 118, USMC St Laurent

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	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:

None

*W. H. Hubbell*  
W. H. HUBBELL, US DA Civilian  
Signature of Officer or other person reporting burial

*James F. Nabors*  
JAMES F. NABORS, Major, Inf.  
Hq Second Zone, AGRG. Officer



# TOOTH CHART

27 February 1948

Date

UNKNOWN X-173 (ST LAURENT)

Last Name	First	Initial	Grade	Serial No.
Previously buried with remains of Richard C. Phillips, 36561523				
Plot U, Row 6, Grave 118			Organization	

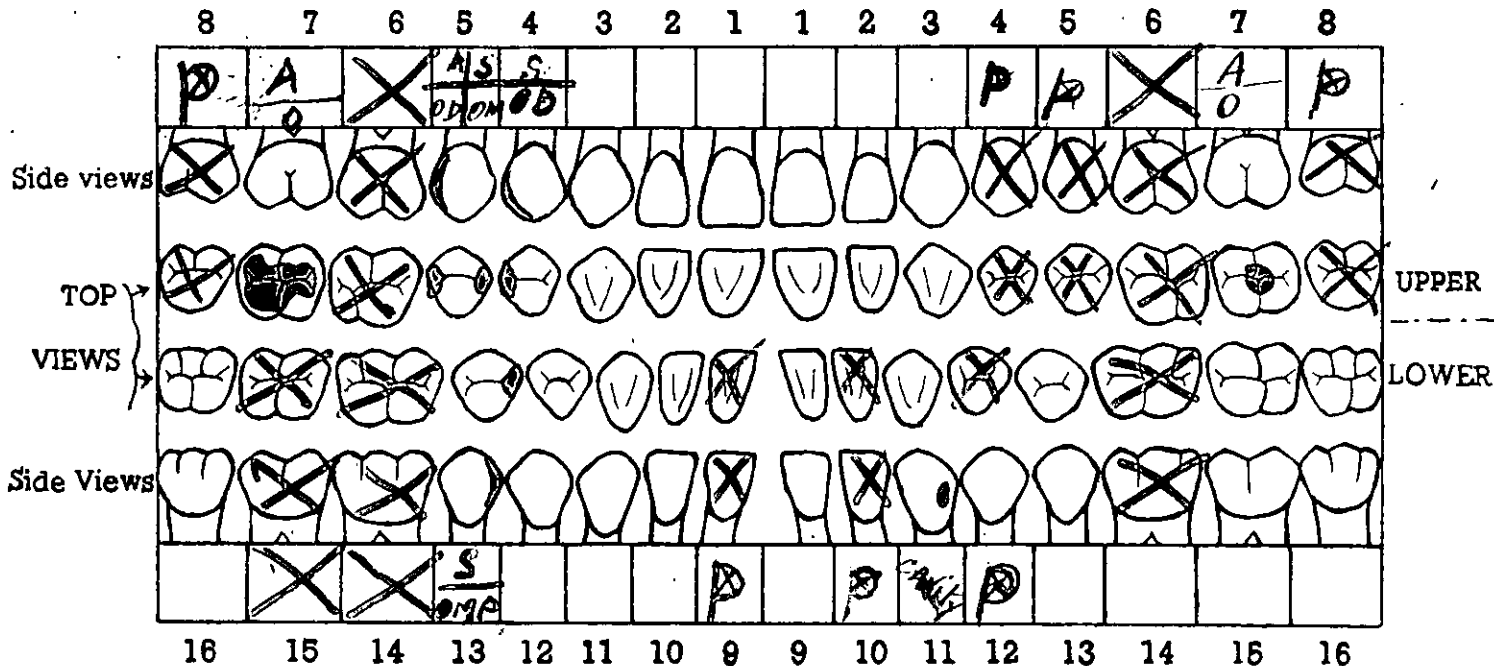
Place of Death

Date of Death

Cause 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), 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.

**Remarks:**

Teeth white, good alignment.

**A CERTIFIED TRUE COPY:**

W.H. HUBBELL, US DA Civilian

Signature of Officer or other person who prepared Tooth chart  
Hq Second Zone, AGRC

Verified by G. R. C. Officer

*Robert A. SALVADOR*  
Robert A. SALVADOR  
Capt. 1-173

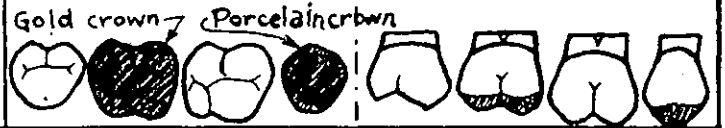
ET FORM 1-22 (29 AUG. 46)

(OLD GRAVE REGISTRATION FORM 1-A)

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



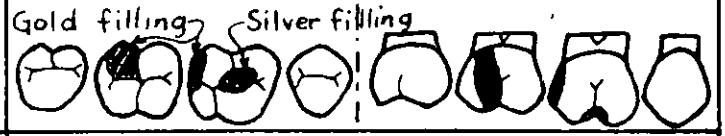
**CROWNED TEETH...** Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



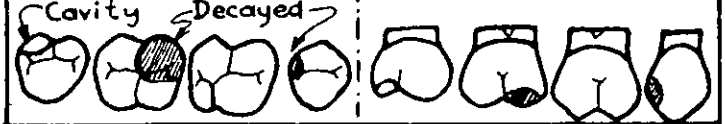
**BRIDGE WORK...** Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**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**

