

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58, US ARMY

9 MAR. 1949
Date

Copy
293 Unk. France X-28 / St. Laurent / y

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-28, Plot A, Row 5, Grave 91, USMC ST. LAURENT, 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. 2369, dated 23 JULY 1947. No further information is available.

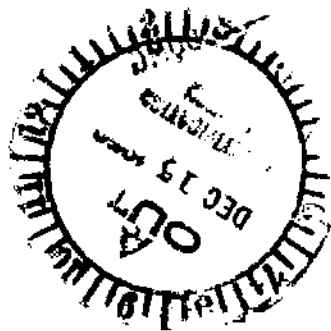
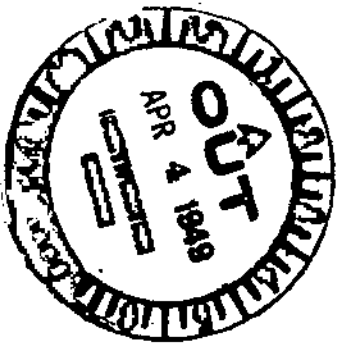
FOR THE COMMANDING GENERAL:

/s/ STANLEY C. TYRRELL
/t/ EDWARD E. STOUT
ERNEST J. OGLESBY

Received 4 APR 1949
Not identifiable from
information presently
available

ORMG

NAI
file
4 April 1949
C.E. Heustaker
Adj. Gen.



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

9 Mar 1949.
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 28, Plot A,
Row 5, Grave 91, U.S.C. St. Laurent, France,

have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2369, dated 23 July 1947

Case reviewed by undersigned Members of the Board of Review:

Stanley Tyrrell

Capt. Jack C. HAYES, O-1577297 OMC Capt Stanley C. TYRRELL, O-1304296 Inf

Edward F. Price, Jr.

Capt. Edward F. PRICE, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

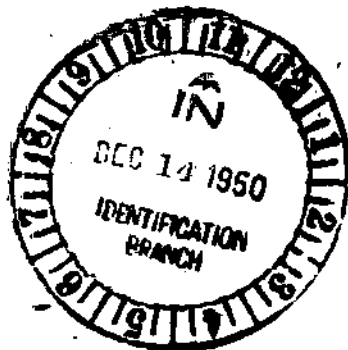
Ernest J. Cglesby

1/Lt Ernest J. CGLESBY, O-449004 Cav*

Received 4 APR 1949
Not identifiable from
information presently
available

OOMG

Incl # 23



Interred 14 Dec 1948

I-4-32-USA: C. St Laurent

DOUGLAS A. MAC KENZIE
Capt. Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

Douglas A MacKenzie

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3582 00000

DATE
10 09 47
DAY MONTH YEAR

NAME UNKNOWN		SERIAL NUMBER X-000028	RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST LAURENT BAVEUX					DISPOSITION OF REMAINS 3505 80
CODE	DIST. PT.				CAUSE OF DEATH 6
PLOT A	ROW S	GRAVE 91	COUNTRY FRANCE		

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-28	RANK Utd	DATE OF DEATH 6 June 1944	DATE DISINTERRED 30 Sept. 1947
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION Utd	IDENTIFICATION VERIFIED BY JOHN H. CLARK 2 LT. QMC. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL In mattress cover	CONDITION OF REMAINS Disarticulate skeleton.
OTHER MEANS OF IDENTIFICATION Burial report found with body.	

MINOR DISCREPANCIES: Arm of service corrected-Authority 355 (Hq, AGRC)

REMAINS PREPARED AND PLACED IN CASKET.

DATE 30 Sept. 1947	BY John A. Brickley
CASKET SEALED BY John A. Brickley	EMBALMER (Signature) <i>John A. Brickley</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY JOHN W. SHARP

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

John W. Sharp
JOHN W. SHARP
1st. LT. INF.

EXAMINATION BY M M MEM. DIV.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

W. H. M.
1944
ELFE

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 (A VEHICLE LICENSE BOOK)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ELFE	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

35

X-28

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

TOOTH CHART

2 July 1947

Date

Unknown X-28 buried at St. Laurent Cemetery, France

Last Name

First

Initial

Rank

Serial No.

Plot A, Row 5, Grave 91

Unit

Organization

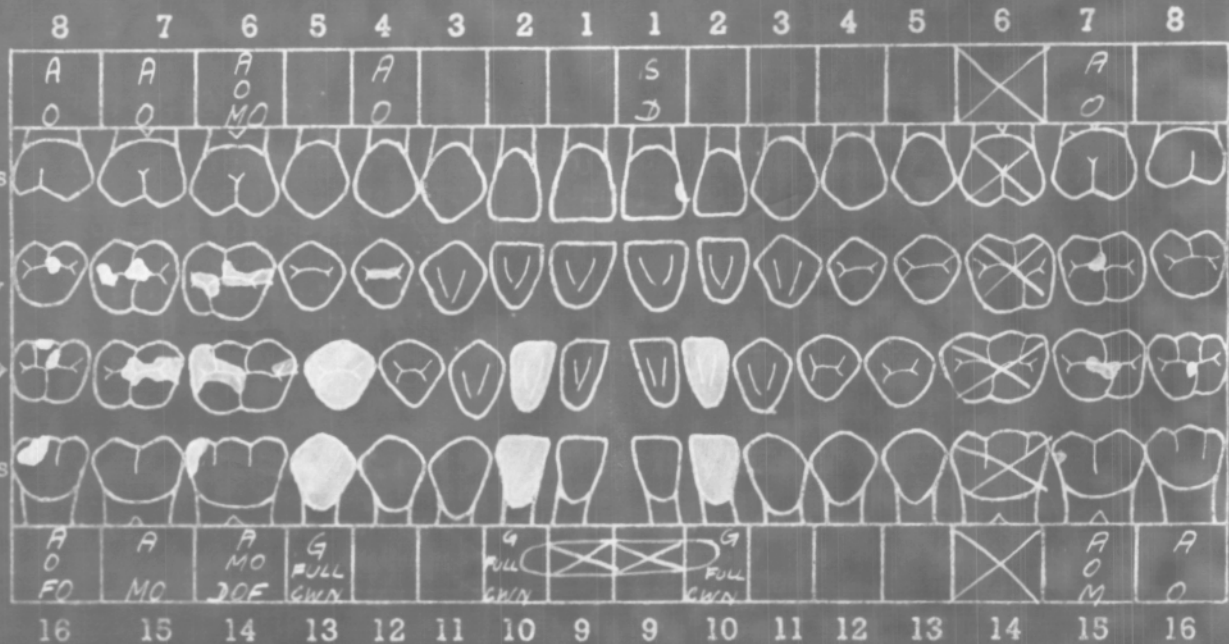
Place of Death

Date of Death

Cause of Death

Right

Left



See Remarks

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.

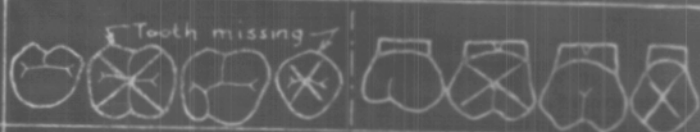
Edward Sebastian

Signature of Officer or other person who prepared Tooth chart

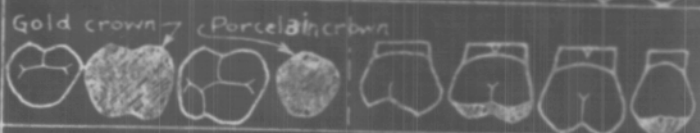
Ernest Gaddy

Verified by G. R. S. Officer
ERNEST C. GADDY
CWO USA C.I.P.

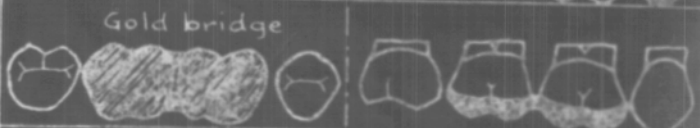
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



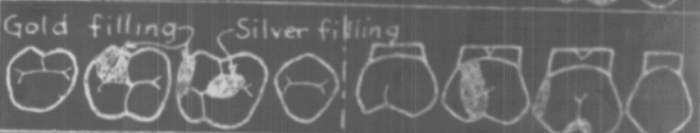
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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

Spaces R10-L10, 5mm. L5-7, none, L13-15, 7mm.
 Mesial version: L7, 8, 15.
 Facial version, R2.
 Distal version, L5.
 Rotated distally 1/8 turn, L5.
 Fixed bridge replacing R9 and L9 with only one pontic, abutted on R10 and L10 with gold full crowns.
 Medium sized clean teeth, in good alignment, have turned slightly pink.

96

IDENTIFICATION CHECK LIST

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

Disinterment Directive # 62

Unknown X-28

Cemetery St. Laurent, France

Plot A Row 5 Grave 91

Date reprocessed:

1. Arrived at cemetery 2 July 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	<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>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 Remnants of one(1)(type) size 9-E, Service

Overshoes None

Web Equipment None (type)

(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?

Utd

6. Description of Remains:
Est.

Femur 46.2 Radius 24.8 Fibula 38.1 Humerus 32.8
Ulna 26.7

Age Utd Height 5'8 1/2" 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 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 1/2"
(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 None found
(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 too decomposed

8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks Remains received, wrapped in wool OD blanket and G.I. Rain coat, in final stage of decomposition. No markings found. No other identification found. Original Burial report found. No GRS Tag found. Estimated weight of remains: 35 Lbs. Fluoroscopic Examination: 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.

Ernest C. Gaddy
ERNEST C. GADDY
(Officer's Name)

OWO

Rank

USA

Service

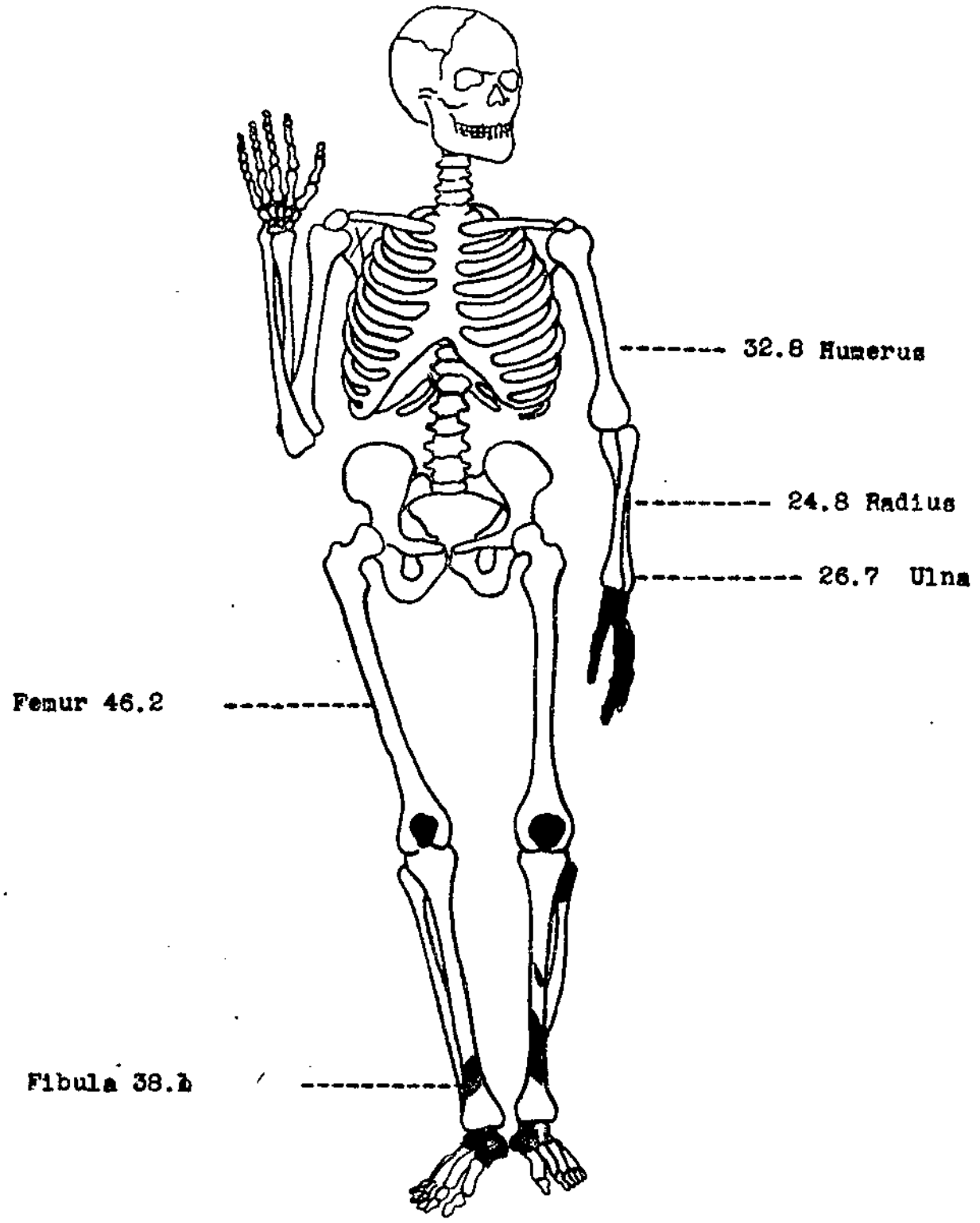
Central Identification Point.

(Organization)

X-28
St. Laurent, France
Plot A Row 5 Grave 91

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

22131
23 July 1944
Date

Unknown
UNIDENTIFIED X-28

Last Name		First	Initial	Rank	Serial No.
Unit		Organization			
Normandy, France <small>Place of Death</small>		6 June 1944 (est) <small>Date of Death</small>		KTA <small>Cause of Death</small>	
0800 hrs, 12 June 1944 <small>Time and Date of Burial</small>		St Laurent Sur Mer #1 <small>Name of Cemetery</small>		675-896 <small>Name or Coordinates of Location</small>	
91 <small>Grave Number</small>	5 <small>Row Number</small>	A <small>Plot Number</small>		Temp <small>Type of Marker</small>	

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

If No Identification Tags
How were remains identified?

Impossible to get fingerprints or tooth charts body too badly charred

What means of identification were buried with the body?
GRS Form #1 sealed in 50 Cal Shell casing

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

Who is buried on:

Deceased's Right:	Davis, Wilfred L. <small>Name</small>	725-97-51 <small>Serial No.</small>	 <small>Rank</small>	 <small>Organization</small>	92 <small>Grave No.</small>
Deceased's Left:	Puckorius, Edg <small>Name</small>	16128183 <small>Serial No.</small>	 <small>Rank</small>	 <small>Organization</small>	90 <small>Grave No.</small>

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 _____
Name

_____ Address

Religion _____

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

NONE

73

Signature of Officer or other person reporting burial
[Signature]

Verified by G.R.S. Officer **ROBERT E. BERRY**
1st Lt. QMC
Graves Registration 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

8	
7	
6	
5	
4	
3	
2	
1	
Thumb	

Right Hand

8	
7	
6	
5	
4	
3	
2	
1	
Thumb	

TOOTH CHART

		Deceased's Left							
		8	7	6	5	4	3	2	1
Upper	8								
Upper	7								
Upper	6								
Upper	5								
Upper	4								
Upper	3								
Upper	2								
Upper	1								
Lower	8								
Lower	7								
Lower	6								
Lower	5								
Lower	4								
Lower	3								
Lower	2								
Lower	1								

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C 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.