

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

3 March 1949  
Date

*293 Unknown, France X-49 (St. Laurent)*

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 49, Plot D, Row 2, Grave 28, 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. 2384, dated 6 August 1947. No further information is available.

FOR THE COMMANDING GENERAL:

/s/ Capt Stanley C. Tyrrell  
/t/ 1st Lt Edward E. Stout  
1st Lt Ernest J. Oglesby

Received 22 MAR 1949  
Not identifiable from  
information presently  
available

*NAT  
File 22 Mar 49  
M. Blom  
Ident. B.V.*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 293

3 March 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X-49, Plot D,  
Row 2, Grave 28, USIC 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. 2384, dated 6 August 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 E. Stout*  
Capt. Edward F. PRICE, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

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

Received 22 MAR 1949 OQMG  
Not identifiable from  
information presently  
available

Incl #8

line JS



Interred 2 Dec 1948  
I-3-19-USMC St Laurent  
DOUGLAS A. MAC KENZIE *Douglas A MacKenzie*  
Capt. Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER 3582 00000  
DATE 10 09 47  
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-000049 RANK ARM 8  
DATE OF DEATH DAY MONTH YEAR

CEMETERY ST LAURENT BAVEUX  
DISPOSITION OF REMAINS 3505 80  
CODE DIST. PT.

PLOT D ROW 2 GRAVE 28 COUNTRY 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-000049 RANK Utd DATE OF DEATH 6 June 1944 DATE DISINTERRED 7 Oct 47

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION RELIGION Utd IDENTIFICATION VERIFIED BY WILLIAM J. SMITH 1st Lt. C.E. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Processed C.I.P. wrapped in mattress cover CONDITION OF REMAINS Intact and decomposed

OTHER MEANS OF IDENTIFICATION None

MINOR DISCREPANCIES 1 Arm of service corrected-Authority 355 (Hq, AGRC)  
NAT FILE

REMAINS PREPARED AND PLACED IN CASKET DATE 7 October 1947 BY John A. Brickley RECORDS ANNOTATED APR 10 1948 NAME D A MATTHEW 3

CASKET SEALED BY John A. Brickley EMBALMER (Signature) John A. Brickley

CASKET BOXED AND MARKED DATE 7 Oct 47 BY R. J. Hodge 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.  
SIGNATURE OF GRS INSPECTOR

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

# 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-49  
Cemetery saint Laurent, France  
Plot D Row 2 Grave 28

### Date Reprocessed;

1. ~~XXXXXXXXXX~~ 3 July 1947  
(Hour) (Date)

2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~XXXXXX~~ disinterred by subordinate Identification Point, Carentan,  
(Name and organization) 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	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>Remnants of one (1) pair.</u>		

Belt, web None  
 Drawers, wool None  
 Drawers, cotton Remnants of one (1) (O.D.)  
 Leggings, wool None  
 Socks, cotton None  
 \* Shoes Remnants of one (1) (type) pair (size 7 1/2 D) service  
 Overshoes None  
 Web Equipment None (type)

(Other item) Remnants of one (1) rubber gas mask container (A/B issue)

(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?

**Femur: 45.4 Tibia: 36.5 Fibula: 35.6**

6. Description of Remains:

Age UTD Height Estimated; 5'5 3/8" 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 None found  
(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 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, flut) (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.  
**see attached anatomical chart.**

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 Missing  
(Yes-no)

9. Remarks Partial remains received wrapped in mattress cover and wool O.D. Blanket.  
Clothing removed from remains. No clothing marks found.  
Estimated weight of remains; 35 Lbs.  
Fluoroscopic examination; Negative.  
No burial report found.  
No G.R.S. Tag found.  
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 Gaddy*  
(Officer's Name)

ERNEST C. GADDY  
C.W.O. U.S.A.  
Rank Service

CENTRAL IDENTIFICATION POINT  
(Organization)

Unknown X-49  
Saint Laurent Cemetery,  
(France)

# SKELETAL CHART

Plot: D, Row: 2, Grave: 28

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

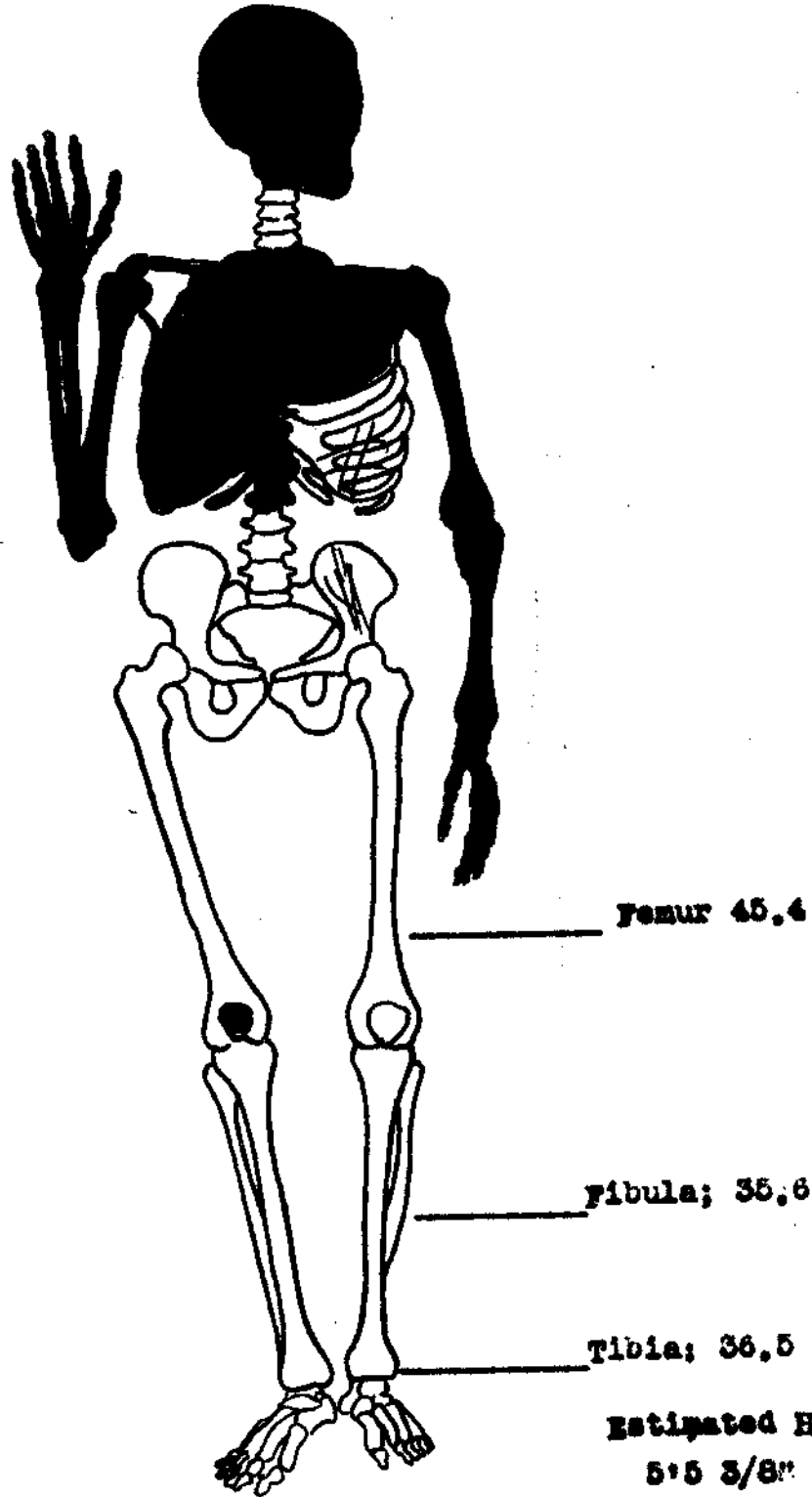


CHART "A"



*Unknown*

**UNIDENT. I 49 (AMERICAN)**

Last Name	First	Initial	Rank	Serial No.
Unit <span style="float: right;">Organization</span>				
Normandy France		6 June 44		KIA
<small>Place of Death</small>		<small>Date of Death</small>		<small>Cause of Death</small>
1700- 12 June 44		ST. LAURENT SUR MER # 1		675-896
<small>Time and Date of Burial</small>		<small>Name of Cemetery</small>		<small>Name or Coordinates of Location</small>
28	2	D		Temp
<small>Grave Number</small>	<small>Row Number</small>	<small>Plot Number</small>		<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?

Only part of body was found. Fingerprints and tooth chart impossible. Laundry mark of Pvt. Lorenzo was found on shelter-half which covered body. Man's name only laundry mark found.  
What means of identification were buried with the body?

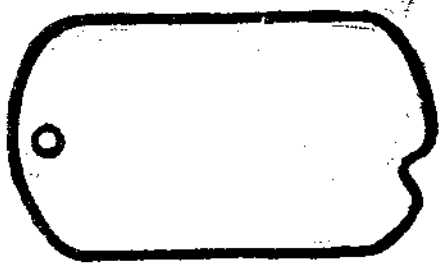
**GR. FORM # 1 in shell case.**

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

Who is buried on:

Deceased's Right:	Jared, Harold M.	33695718	Organization	29
	<small>Name</small>	<small>Serial No.</small>	<small>Rank</small>	<small>Grave No.</small>
Deceased's Left:	Austin L. Bassett	35749127	Organization	27
	<small>Name</small>	<small>Serial No.</small>	<small>Rank</small>	<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.**

Signature of Officer or other person reporting burial  
*Robert E. Berry*  
Verified by G.R.S. Officer **ROBERT E. BERRY**  
1st Lt. OMC  
Graves Registration Officer