

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

17 Nov 48
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X-62, Plot G,
Row 3, Grave 41, 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. 2392, dated 13/8/47. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/ George L. Freeman

Received 23 Nov 1948 - OCMG
Not identifiable from
information presently
available

FILE 23 NOV 1948
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FOR THE COMMANDING GENERAL :

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

Incl #27

Received 23 Nov. 1948 OQMG
Not identifiable from
information presently
available

1

Interred 2 December 1948
I-14-14-USMC. St Laurent
DOUGLAS A. MAC KENZIE *Douglas A Mac Kenzie*
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-000062	RANK	ARM 98
CEMETERY ST LAURENT BAVEUX		DATE OF DEATH		DISPOSITION OF REMAINS 3505 80 CODE DIST. PT.
PLOT G	ROW 3	GRAVE 41	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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unknown X-62	SERIAL NUMBER Utd	RANK Utd	DATE OF DEATH 6 June 1944	DATE DISTINTERRED 2 Oct 1947
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION Utd	IDENTIFICATION VERIFIED BY JOHN H. CLARK, 2d LT. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Wrapped in O.D. Blanket	CONDITION OF REMAINS Disarticulate Skeleton
OTHER MEANS OF IDENTIFICATION None	

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

NAT FILE
RECORDS ANNOTATED
DATE APR 17 1949
NAME DA MAIHEWS
BR. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET DATE 7 October 1947 BY John Pasley	EMBALMER (Signature) <i>John Pasley</i>
CASKET SEALED BY John Pasley	SHIPPING ADDRESS VERIFIED BY John W. Sharp
CASKET BOXED AND MARKED DATE 7-10-47 BY W.M. Ray	

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.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM Casketing point "B" AGRC		TO USMC-ST. LAURENT, France	
KIND OF CONVEYANCE Hand		NAME OF CONVOYER JOHN W. SHARP, 1st Lt. Inf.	
SIGNATURE OF SHIPPER JOHN W. SHARP, 1st Lt. Inf. 8 Oct 47	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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. LAURENT, FRANCE	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

TOOTH CHART Plot G, Row 3, Grave 41

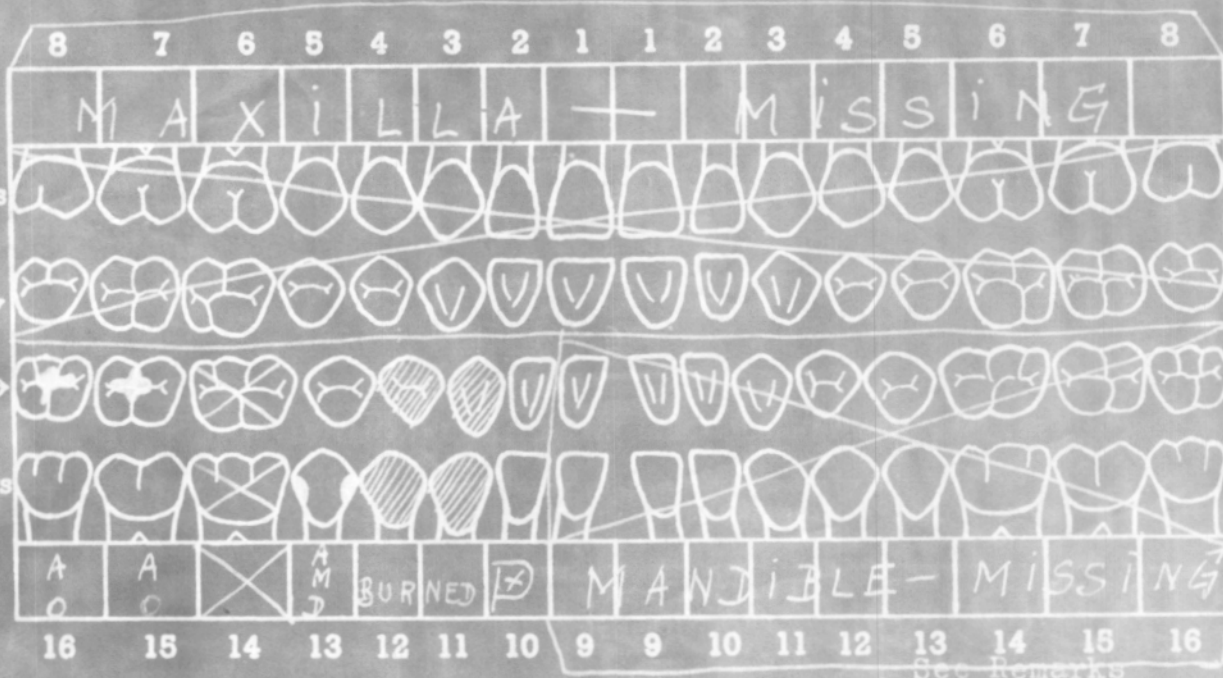
24 June 1947

Date

UNKNOWN X-62					
Last Name	First	Initial	Rank	Serial No.	
Unit			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.

Edward Sebastian MD

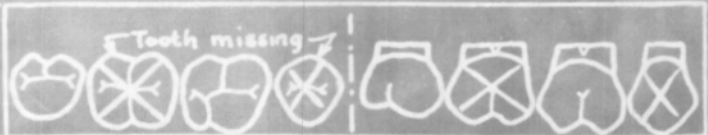
Signature of Officer or other person who prepared Tooth chart

Ernest C. Gaddy

Verified by G. R. & E. 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:



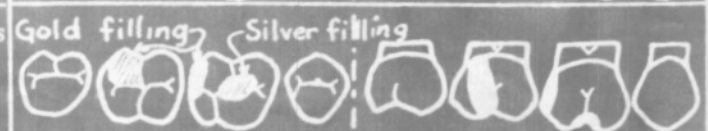
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



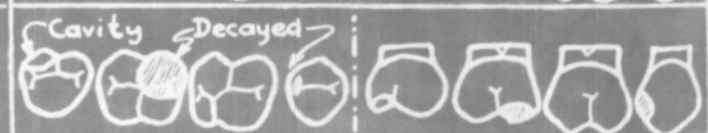
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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

Posthumously missing, R 10.

Space: R 13-15, 5mm.

Teeth turned off as indicated by shading.

Mesial version, R 15, 16.

Medium sized teeth, blackened by fire, are in good alignment.

876

IDENTIFICATION CHECK LIST

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

Unknown X - 62

Cemetery St. Laurent, France

Plot 6 Row 5 Grave 41

Date reprocessed:

1. ~~24 June 1947~~ 24 June 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 No. 1,
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? **NO**

6. Description of Remains: **No Bone measurements**

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **None found** 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, pimple, 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

(Light, color, extent)

UTD

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, extracts)

Chin

UTD

(Prominent, receding, pointed, dimples, double)

Jaw

UTD
(Large, small, normal)

Circumference of head in inches

UTD Skull missing
(Hat band)

Neck

UTD
(Size, length, short, normal, wrinkled)

Larynx

UTD
(Prominent, normal)

Shoulders

UTD
(Broad, straight, small, rounded)

Arms

UTD
(Length, muscular, color, extent and quantity of hair)

Hands

Missing

Fingers

Missing

(Short, thick, long, slender, size of knuckles, missing fingers or joints)

Missing

(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
(Quantity and extent of hair)

Circumcision

UTD
(Yes-no)

Pubic Hair

None found
(Color)

Hernioplasty

UTD

(Yes-no; location)

Legs

UTD
(Insertion, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet

MISSING
(Size, corns, callouses, flat)

Toes

MISSING
(Slender, straight, crooked, overlap)

Evidence of healed fractures

None found

(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

SEE ATTACHED CHART

7. Have finger prints been placed on Report of Interment? NO
(Yes-no)

If not, explain Hands and fingers missing

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

9. Remarks Remains received in skeletal form, badly fractured, wrapped in OD blanket.
Measurements of bones impossible.
No clothing found.
No GRS tag found. Burial Report found.
Fluoroscopic Examination negative.
Estimated weight of remains: 4 Lbs.
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
(Officer's Name)

ERNEST C. GADDY

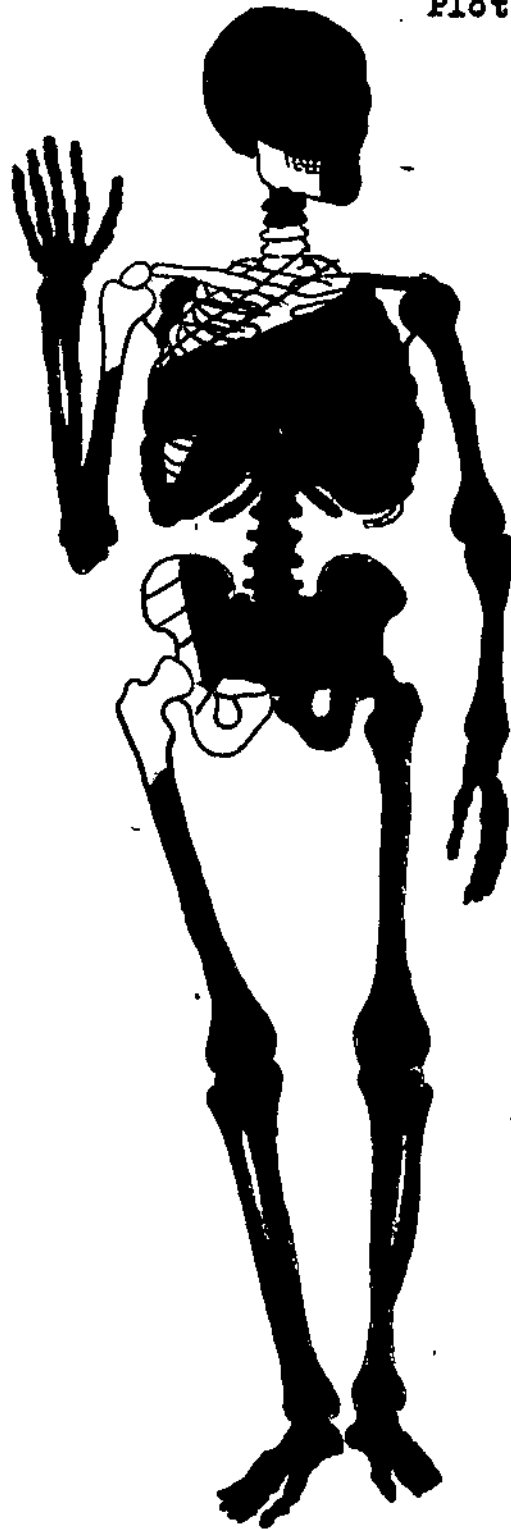
C.W.O. U.S.A.
Rank Service

CENTRAL IDENTIFICATION POINT
(Organization)

**SKELETAL CHART ST. LAURENT Cemetery
FRANCE**

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot G, Row 3, Grave 41



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

22472

22 July 44
Date

Unknown

UNIDENT. X 62 (AMERICAN)

_____ Last Name _____ First _____ Initial _____ Rank _____ Serial No.

_____ Unit _____ Organization
Normandy, France **6 June 44.** **KIA**

_____ Place of Death _____ Date of Death _____ Cause of Death
1400- 20- June 44. **ST. LAURENT SUR MER # 1** **675-896**

_____ Time and Date of Burial _____ Name of Cemetery _____ Name or Coordinates of Location
41 **3** **G** **Temp**

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?
Fingerprints impossible. Tooth chart on other side.

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: **UNIDENT. X 63** _____ _____ _____ **42**
Name Serial No. Rank Organization Grave No.
Deceased's Left: **NONE** _____ _____ _____ _____
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 _____ Name

_____ Address

Religion _____

List only Personal Effects Found on Body and disposition of same:
NONE.

73

Signature of Officer or other person reporting burial
Robert E. Berry

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

4	
3	
2	
1	
Thumb	

Right Hand

4	
3	
2	
1	
Thumb	

TOOTH CHART

		Deceased's Left														
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		○	□	×	□	□	□	□	□	□	□	□	□	□	□	□
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 ○; 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.