

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

17 Nov. 1948
Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 93 64, Plot 24,
Row 3, Grave 44, 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.

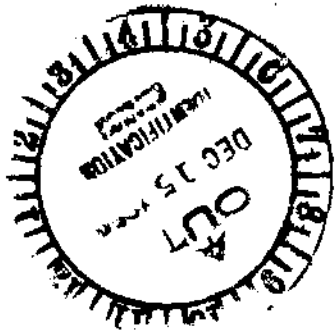
2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2392, dated 13/8/47. No
further information is available.

FOR THE COMMANDING GENERAL:

1/s/
t/ George L. Freeman

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

FILE 23 NOV 1948
S. H. H. H.
S. H. H. H.
S. H. H. H.



100

100

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EUROPEAN AREA
APO 58 US ARMY

17 NOV 1948
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SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A- 64, Plot G,
Row 3, Grave 44, 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 :

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

RECEIVED
NOV 23 1948
Not identifiable from
information presently
available
00MG

Incl # 29



1

Interred 2 December 1948
1-10-30-USMC, St Laurent
DOUGLAS A. MAC KENZIE *Douglas 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 X-000064

SERIAL NUMBER
X-000064

RANK
ARM
8

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
ST LAURENT BAVEUX

DISPOSITION OF REMAINS
3505 80
CODE DIST. PT.

PLOT
G

ROW
3

GRAVE
44

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 X-000064

SERIAL NUMBER
Utd

RANK
Utd

DATE OF DEATH
6 June 1944

DATE DISTINTERRED
2 Oct 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
Utd

RELIGION
Utd

IDENTIFICATION VERIFIED BY
JOHN H. CLARK
2nd Lt. QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Clothed and wrapped in O.D. blanket

CONDITION OF REMAINS
Disarticulate skeleton

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES / Arm of service corrected-Authority 355 (Hq, AGRC)
None

NAV
FILE
RECORDS ANNOTATED
DATE APR 10 1948
NAME A MATTHEWS
SER. MEM. DIV.

REMAINS PREPARED AND PLACED IN CASKET
DATE 8 October 1947

BY James L. Smith

CASKET SEALED BY
James L. Smith

EMBALMER (Signature)
James L. Smith

CASKET BOXED AND MARKED
DATE 8 Oct 47 BY W. M. Ray

SHIPPING ADDRESS VERIFIED BY
DONALD MURRAY

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

Donald Murray
DONALD MURRAY, 2nd Lt. QMC

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 ST LAURENT USMC FRANCE	
KIND OF CONVEYANCE Hand		NAME OF CONVOYER JOHN W. SHARP, 1st Lt. Inf.	
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

IDENTIFICATION CHECK LIST

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

Unknown X - 64
Cemetery St. Laurent - France
Plot G Row 3 Grave 44

1. ~~Amputation~~ **Date reprocessed: 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~~ disinterred by Subordinate Identification Point Garentan, 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>Remnants of one (1)</u>		
Trousers, HBT	<u>none</u>		
* Trousers, Wool OD	<u>none</u>		

Belt, web **none**

Drawers, wool **none**

Drawers, cotton **none**

Leggings, ~~xxx~~ **canvas, Remnants of one (1)**

Socks, cotton **Remnants of one (1) pair**

* Shoes **none** (type)

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?
Ground Force

6. Description of Remains :

Age **Utd** Height **Utd** 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, poeks, 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)

Gaiter **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 **fractured**
 (Large, small, normal) (Flat hand)

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, 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.

See attached chart.

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

If not, explain hands missing

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

9. Remarks Remains consists of only fragments of charred and fractured bones. Impossible to determine height. No GRS Tag found. Original Burial Report found. Clothing found in debris, too badly deteriorated to reveal markings.
Estimated weight of remains recovered: 7 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
(Officer's Name)

ERNEST C. GADDY
CWO USA

Rank Service

Central Identification Point

(Organization)

Unknown X-64
Cemetery St. Laurent-France
Plot C, Row 3, Grave 44

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

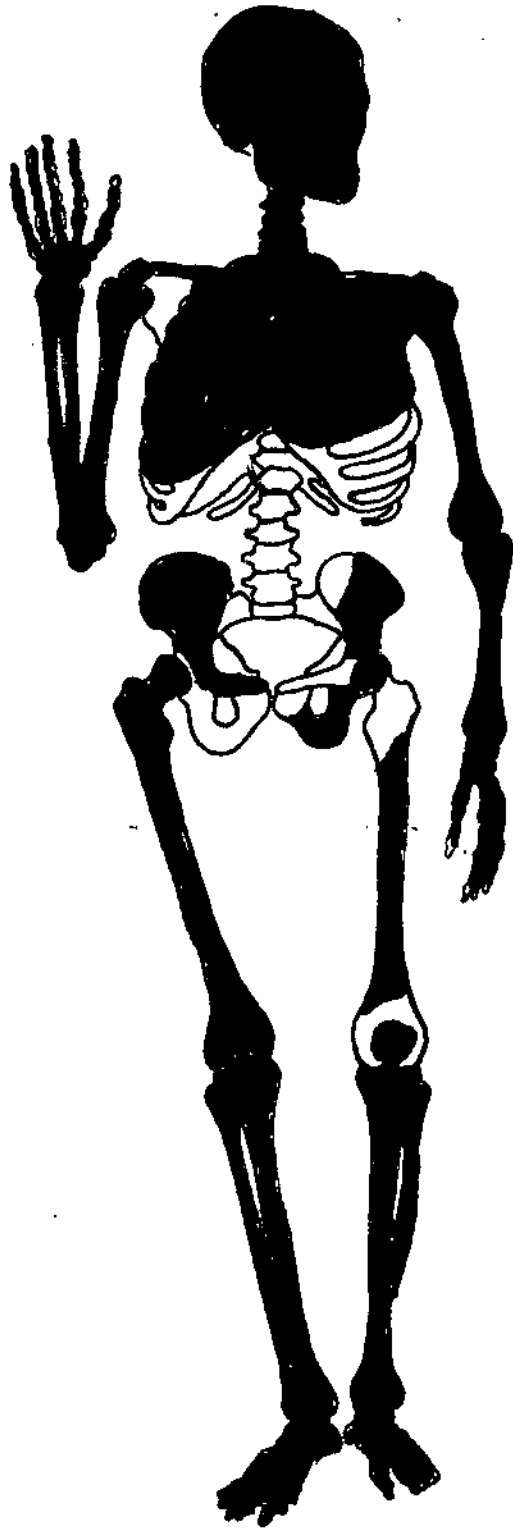


CHART "A"

RESTRICTED
REPORT OF BURIAL

27144

23 July 1944
Date

TM 10-630 AND AR 30-1815

Unknown

~~IDENTIFIED~~ X-64 (American)

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Normandy, France

6 June 1944 (Est)

KIA

Place of Death

Date of Death

Cause of Death

2100 hrs, 21 June 1944

St Laurent Sur Mer #1

675-896

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

14

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 and tooth chart impossible

What means of identification were buried with the body?

GRS Form #1 in 50 Cal Shell Casing

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

Who is buried on:

Deceased's Right:

Unidentified X-65 (American Exp)

Name

Serial No.

Rank

Organization

45
Grave No.

Deceased's Left:

Walker, Gordon F.

32110999

Name

Serial No.

Rank

Organization

13
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

Signature of Officer or other person reporting burial

[Handwritten Signature]

Verified by G.I.S. Officer

ROBERT E. BERKY

1st Lt. QMC

Graves Registration Officer

73

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

Thumb			

TOOTH CHART

	Deceased's Right								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 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.