

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.

293
1. The records pertaining to Unknown X-84 "A", Plot H,
Row 8, Grave 47, USMC St. Laurent, Francis 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 2399, dated 14/8/47. No
further information is available.

FOR THE COMMANDING GENERAL:

1/s/ George L. Freeman
/t/

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

FILE 23 NOV 1948
71 AM
97
3d. Br.
3d Sect.

OUT
DEC 15 1950

IN
DEC 14 1950
IDENTIFICATION
BRANCH

FILE

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 A- 84 "A", Plot G .
Row 8 , Grave 147 , USIC 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. 2399 , dated 14/8/47 . No
further information is available.

FOR THE COMMANDING GENERAL :

George L. Friedman
GEORGE L. FRIEDMAN
1st Lt C.O.
Actg Asst Adj Gen

Incl #41

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

V

JLJ *Beane*

1

Interred 22 Dec 1948
I-2-21- USMC. St Laurent
DOUGLAS A. MAC KENZIE *Douglas A. MacKenzie*
Capt. Inf. Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 3582 00000
DATE 15 01 48
DAY MONTH YEAR

NAME UNKNOWN
SERIAL NUMBER A-000084
RANK
ARM J
DATE OF DEATH
DAY MONTH YEAR

CEMETERY ST LAURENT BAVEUX
DISPOSITION OF REMAINS
0 3505 80
CODE DIST. PT.

PLOT G ROW 8 GRAVE 147 COUNTRY FRANCE
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE SAINT LAURENT, FRANCE (BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unk x-84A
SERIAL NUMBER unknown
RANK unk
DATE OF DEATH 6 June 44
DATE DISTINTERRED 3 Oct 47
~~10xMax~~

IDENTIFICATION TAG ON REMAINS MARKER
ORGANIZATION UNKNOWN
RELIGION unk
IDENTIFICATION VERIFIED BY John H. Clark 2 Lt QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover
CONDITION OF REMAINS Advanced decomposition

OTHER MEANS OF IDENTIFICATION None

MINOR DISCREPANCIES None

REMAINS PREPARED AND PLACED IN *W/S*
DATE 3 Oct 47 BY C. H. Missigman

CASKET SEALED BY C. J. Missigman
EMBALMER (Signature) *C. J. Missigman*

CASKET BOXED AND MARKED
SHIPPING ADDRESS VERIFIED BY John W. Sharp 1 Lt Inf
FILE

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

John W. Sharp
John W. Sharp 1 Lt Inf
SIGNATURE OF GRS INSPECTOR

REPRODUCTION
BR. N. H.
MEM. DIV.

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

mt

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
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 (SIGNED BY THE SHIPPER) SIGNED BY THE 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

Em

314.6 (ORS Ensign
(Disint. Dir.)

QMS MEM DIV BR BR D/L SGT CAPT ROGERS 72262

UNCLASSIFIED

OO ADRG PARIS FRANCE

PRIORITY

42261

XXXXXXXXXX CHANGE GRAVES NO 11

FROM ADRG

REQUEST FOLLOWING DISINTEGRATION DIGESTIVES BE CANCELLED AS IDENTIFICATION
HAS BEEN ESTABLISHED OLN UNKNOWN XRAY EIGHT THREE OMA XRAY ONE ONE TWO OMA
XRAY ONE ZERO TWO OMA XRAY TWO ZERO OMA XRAY THREE FIVE OMA XRAY FOUR SIX
XRAY SEVEN ZERO OMA XRAY SEVEN EIGHT OMA XRAY EIGHT FOUR AND XRAY ONE FIVE ONE

FOR THE QUARTERMASTER GENERAL

X 2
Unknown X-84 (France) Sgt Rogers

UNCLASSIFIED

FORM 258
Graves Registration, EA

3 DEC 47
0900

G J HURRAY, MAJOR,
SAC, MEMORIAL DIVISION

IDENTIFICATION CHECK LIST

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

Unknown X - 84 (A) B.C.
Cemetery St. Laurent, France
Plot G Row B Grave 147

Date reprocessed:

1. ~~Approximate~~ 25 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 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>Remnants of one (1)</u>		
Jacket, Combat	<u>NONE</u>		
Mackinaw	<u>NONE</u>		
Sweater	<u>NONE</u>		
Jacket, HBT	<u>Remnants of one (1)</u>		
* Shirt, Wool OD	<u>Remnants of one (1)</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~~ ^{canvas} Remnants of one (1) pair

Socks, cotton NONE

* 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?

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, 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, calluses, 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? No
(Yes-no)

If not, explain Hands missing

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

Missing

9. Remarks Estimated weight of remains: 3 1/2 Lbs.
Fluoroscopic examination negative (See narrative).
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)

UNKNOWN X-84 A.B.C.

St. Laurent s/Mer No 1, France

ATTACHED SHEET TO FORM No 11 CHECK LIST

NARRATIVE

Case Unknown X-84 was received as a single body. Processing revealed parts of three (3) bodies.

Separation was made into three separate cases Unknown X-84 A, X-84 B and X-84 C.

Segregation was possible because of the difference in size of the bones and the correct matching of fractured bones.

The clothing found was a mass common among the remains. It could belong to any of the three cases. It was placed with remains of case A.

No clothing marks were found.

No teeth were recovered.

As no positive identifying clues were found, case remains "UNKNOWN".

St. Laurent, France

MASS BURIAL Plot G, Row 8, Grave 147

BONE LIST

<u>RIGHT</u>	<u>LEFT</u>
Skull ----- Missing	-----
Mandible ----- Missing	-----
Cervical vertebrae (7) ----- Missing	-----
Clavicle ----- Missing	Clavicle ----- Missing
Scapula ----- Missing	Scapula ----- Missing
Ribs - One fractured rib	-----
Sternum ----- Missing	-----
Humerus ----- Missing	Humerus ----- Missing
Radius ----- Missing	Radius ----- Missing
Ulna ----- Missing	Ulna ----- Missing
Hand Bones ----- Missing	Hand Bones ----- Missing
-----	-----
Dorsal vertebrae (12) ----- Missing	-----
Lumbar vertebrae (5) 5 (five) found	-----
Sacrum -----	-----
Pelvic Bone ----- complete	Pelvic Bone -----
Femur Proximal, end head and shaft	Femur ----- Missing from head down
Patella ----- Missing	Patella ----- Missing
Tibia ----- Missing	Tibia ----- Missing
Fibula ----- Missing	Fibula ----- Missing
Foot Bones ----- Missing	Foot Bones ----- Missing

Remarks:

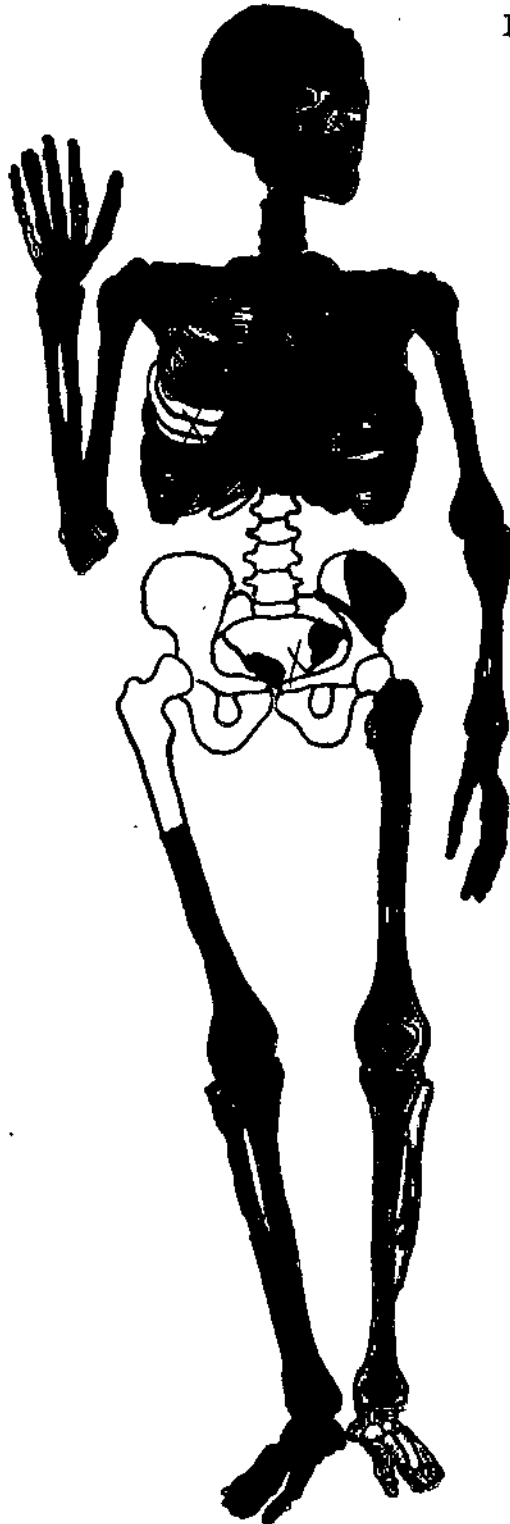
I-84 (A) B.C.

SKELETAL CHART

St. Laurent, Fr


(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot G, Row 8, Grave 147



Corrected Copy

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL NO.		
		NAME (Last, first, middle initial)			Unknown		
		GRADE		ORGANIZATION	BRANCH OF SERVICE		Unknown
		Unknown		Unknown	Unknown		Unknown
RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
Unknown		Unknown					
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH			
Normandy, France		K.I.A.		Est. 6 June 1944			
EMERGENCY ADDRESSEE (Name, relationship, and address)							
UNKNOWN							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
NONE							
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)							
YES							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME							
NONE							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY							
U.S. Military Cemetery St. Laurent s/Mer No 1, France (675896)							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
		Casket	wooden temp. cross	0	0	147	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.	
No							
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
		One copy of WD. QMC. Form No 1042 placed in burial bottle and buried with remains.					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)						
No	Yes, embossed plate						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.			
BICKELMAN, James H.	S/1st	6297606	2nd Inf Div	146			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.			
UNKNOWN X-86				148			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
VEST C. GADDY USA C.I.P.			ELLSWORTH T. MAC INTYRE CAPTAIN QMC. C.I.P.				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

16-43597-1

RESTRICTED

Section 1.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


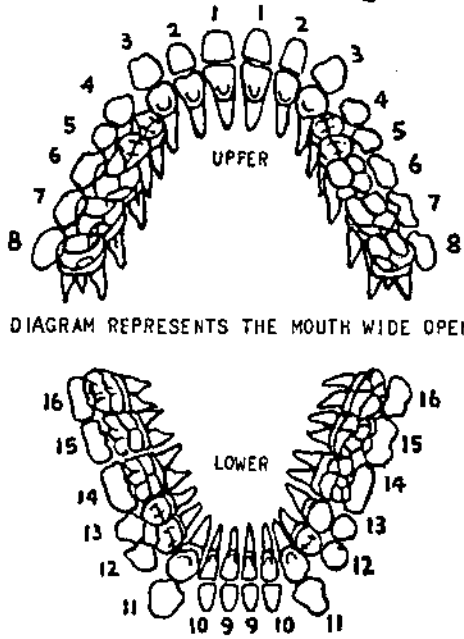




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	UTD	UTD	UTD	UTD

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
NONE	NONE	Normandy, France

OTHER IDENTIFICATION CLUES

Upon reprocessing by Subordinate Identification Point No 1 Carentan, case Unknown X-84 was found to be a mass burial of three(3) men. Separation was made into three cases, Unknown X-84 A, X-84 B and X-84 C. Segregation was possible because of the difference in bone structure and the correct matching of

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

fractured bones. The clothing found was a mass common among the remains. No clothing marks found. No teeth recovered.

As no positive identifying clues were found case remains "UNKNOWN".

REMARKS:

Form 11 Identification Check List accomplished. Unable to obtain fingerprints or Form 1 A Tooth Chart because of missing and decomposed portions. Estimated weight of remains processed: 3 1/2 Lbs.

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

22182
22 July 44
Date

Unknown

UNIDENT. X 84 (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
1800- 23 June 44 ST. LAURENT SUR MER # 1 675-896

Time and Date of Burial Name of Cemetery Name or Coordinates of Location
147 8 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?
**Body badly burned and there were no clothes left on body.
Fingerprints and tooth chart impossible.**

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 85 148
Name Serial No. Rank Organization Grave No.
Deceased's Left: James E. Nickerson 6297604 146
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
Verified by G.R.S. *G. Berry*

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? <input type="checkbox"/>
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

2

Thumb

Right Hand

2

Thumb

1

4

3

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙ linking anchor teeth; replacements by artificial teeth by 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.