

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-84'B, Plot BB
Row 2, Grave 25, 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. 2399, dated 14/8/47. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/

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

FILE 23 NOV 1948
7 AM
G. L. Freeman
58 BB
2d Sect.

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 "B", Plot BB .
Row 2 , Grave 25 , 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. 2399 , dated 14/8/47 . No further information is available.

FOR THE COMMANDING GENERAL :

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

Incl #42

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

JLJ Beck

Interred 23 December 1948

J-1-5 USMC. 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
15 01 48
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
B-000084

RANK

ARM
J

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
ST LAURENT BAVEUX

DISPOSITION OF REMAINS
0 3505 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
BB 2 25 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED
Unk x-84B unknown unk est 6 June 44 13 Oct 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
unk

IDENTIFICATION VERIFIED BY
Wm. J. Smith 1 Lt CE
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Processed Advanced decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES /
Embossed plates: Gasket reads C-84
Remains " XXXX C-84
Cross " B-84

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Oct 47 BY C. J. Missigman & A MATTHEWS

CASKET SEALED BY
C. J. Missigman

EMBALMER (Signature)
C. J. Missigman

CASKET BOXED AND MARKED

DATE 13 Oct 47 by George Smith SHIPPING ADDRESS VERIFIED BY
John W. Sharp 1 Lt Inf

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 1 Lt Inf
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

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

MONTANA

(BY VOLUNTARY OFFER)
SAINT LOUIS, MISSOURI

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 BB Row 2 Grave 22

1. ~~Arrived at cemetery~~ **Date reprocessed:** 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>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?
UTD

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, 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 _____
(Yes-no)

Missing

9. Remarks Estimated weight of remains: 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

Plot BB, Row 2, Grave 22

MASS BURIAL

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 ----- Missing -----	-----
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) ----- Missing -----	-----
Sacrum -----	-----
Pelvic Bone -----	The ischium and the 1/2 of sacrum Pelvic Bone ----- present
Femur ----- Lower third missing -----	Femur ----- shaft of upper third -----
Patella ----- Missing -----	Patella ----- Missing -----
Tibia ----- Missing -----	Tibia ----- Missing -----
Fibula ----- Missing -----	Fibula ----- Missing -----
Foot Bones ----- Missing -----	Foot Bones ----- Missing -----

Remarks:

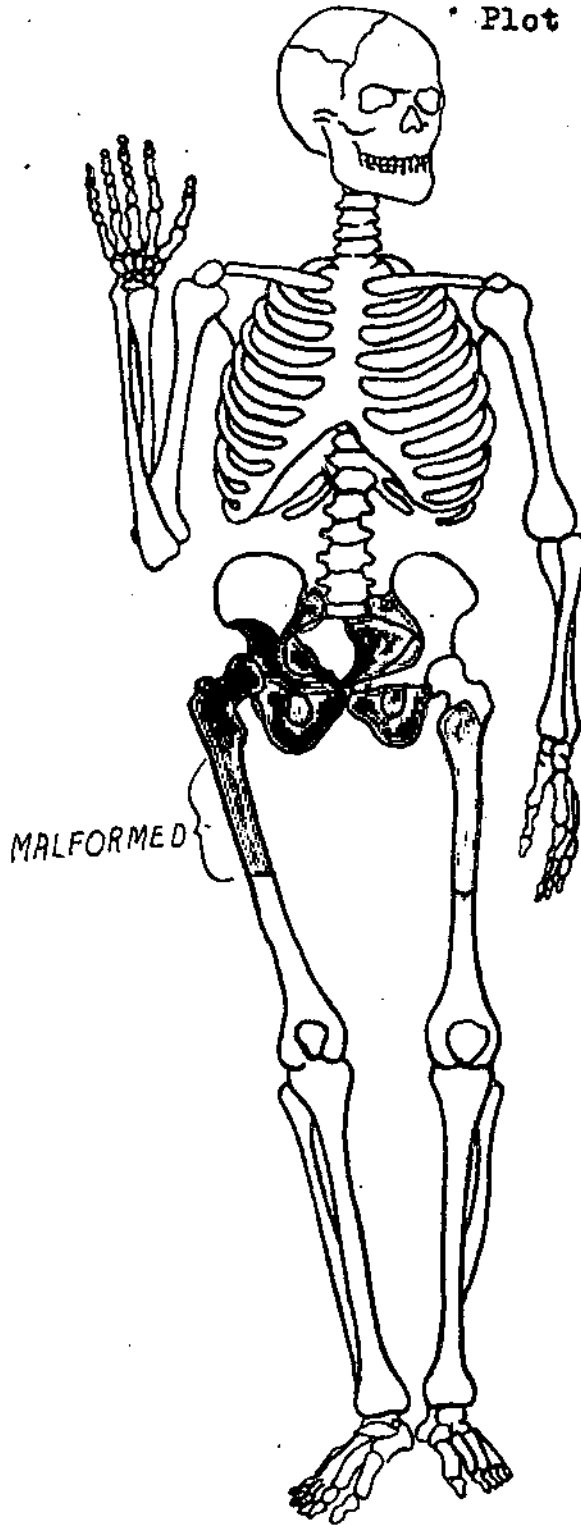
X-84 A (B) C

SKELETAL CHART

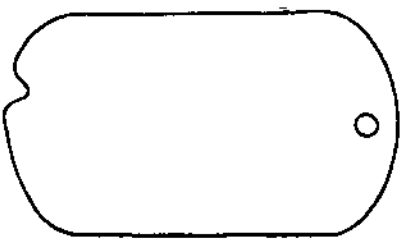
St. Laurent, France


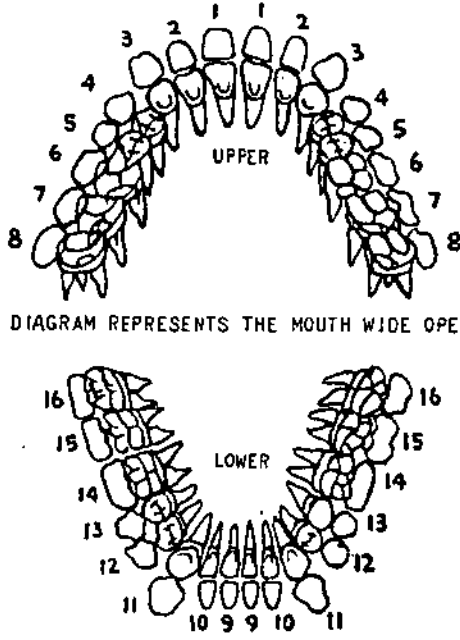




(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot BB, Row 2, Grave 22



MALFORMED

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (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.				
		NAME (Last, first, middle initial)			SERIAL No.	
		UNKNOWN X-84 B			Unknown	
GRADE		ORGANIZATION		BRANCH OF SERVICE		
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 a/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	Temp. wooden cross	23	2	25
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
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.
						26
BODY BURIED ON DECEASED RIGHT NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
						26
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF OFFICER VERIFYING REPORT			
EST 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.						

LEFT LITTLE FINGER	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.				
LEFT RING FINGER	HEIGHT UTD	WEIGHT UTD	COLOR OF EYES UTD	COLOR OF HAIR UTD	BIRTHMARKS, SCARS, OR TATTOOS UTD
LEFT MIDDLE FINGER	WEAPON AND SERIAL No. NONE		LAUNDRY MARKS NONE		WHERE BODY WAS BURIED OR FOUND Normandy, France
LEFT INDEX FINGER	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 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				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER	FINISH SKETCH AND MAP OF BRACK AND NO. OF IDENTIFICATION MARKS TO BE MADE IN SKETCH bone structure and the correct matching of 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: 2.5 Lbs				