

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 ²⁴⁵ ~~X~~ ^{84" C"} Plot BB
Row 2, Grave 24, 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 J. Freeman
/t/

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

FILE 23 NOV 1948
7 AM
S. J. TAMM
S. J. TAMM
S. J. TAMM

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
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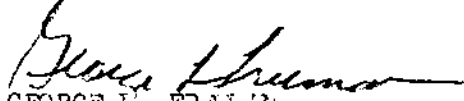
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SUBJECT : Unidentifiable Remains

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

1. The records pertaining to Unknown A- 84 "C", Flot BB .
Row 2 , Grave 24 , 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
1st Lt Q.C.
Actg Asst Adj Gen

Incl #43

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

✓
JLJ Basil

1M

Interred 22 December 1948
G-26-22 USMC. St Laurent
DOUGLAS A. MAC FENZIE
Capt. Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

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

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

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

PLOT BB ROW 2 GRAVE 24 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-84 C SERIAL NUMBER unknown RANK unk
DATE OF DEATH est. 6 June 44 DATE DISINTERRED 13 Oct 47

IDENTIFICATION TAG ON REMAINS MARKER
ORGANIZATION UNKNOWN RELIGION unk
IDENTIFICATION VERIFIED BY William Smith 1 Lt RG
NAME AND TITLE CE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover
CONDITION OF REMAINS Advanced decomposition;
partial skeleton

OTHER MEANS OF IDENTIFICATION None
MINOR DISCREPANCIES 1 None

REMAINS PREPARED AND PLACED IN CASKET
DATE 13 Oct 47 BY John Pasley

CASKET SEALED BY John Pasley
EMBALMER (Signature) John Pasley

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

DATE 13 Oct 47 BY William Ray

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

FILE
REPAV/TION
BR. H. W.
MEM. DIV.

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

LITE

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

(BY CONVICTION BY THE COURT)
SAINT LOUIS, MISSOURI

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- 84 A.B. (C)

Cemetery St. Laurent, France

Plot BB Row 2 Grave 25

Date reprocessed:

1. Arrived at cemetery ~~XXXXXXXXXX~~ 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 or disinterred by ~~XXXXXXXXXX~~ Subordinate Identification Point No 1,
(Name and organization)
Carentan, 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> <small>(Type)</small>		
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, lushness, 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)

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? 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 10 oz.
Fluoroscopic Examination negative.
Nothing found to warrant Chemical Laboratory Examination.
(See narrative)

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.F.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 25

MASS BURIALBONE 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 ----- Missing	-----
Acetabulum and part of rami Pelvic Bone ----- ischium present	Pelvic Bone ----- Missing
Femur ----- Missing	Femur ----- Missing
Patella ----- Missing	Patella ----- Missing
Tibia ----- Missing	Tibia ----- Missing
Fibula ----- Missing	Fibula ----- Missing
Foot Bones ----- Missing	Foot Bones ----- Missing

Remarks:

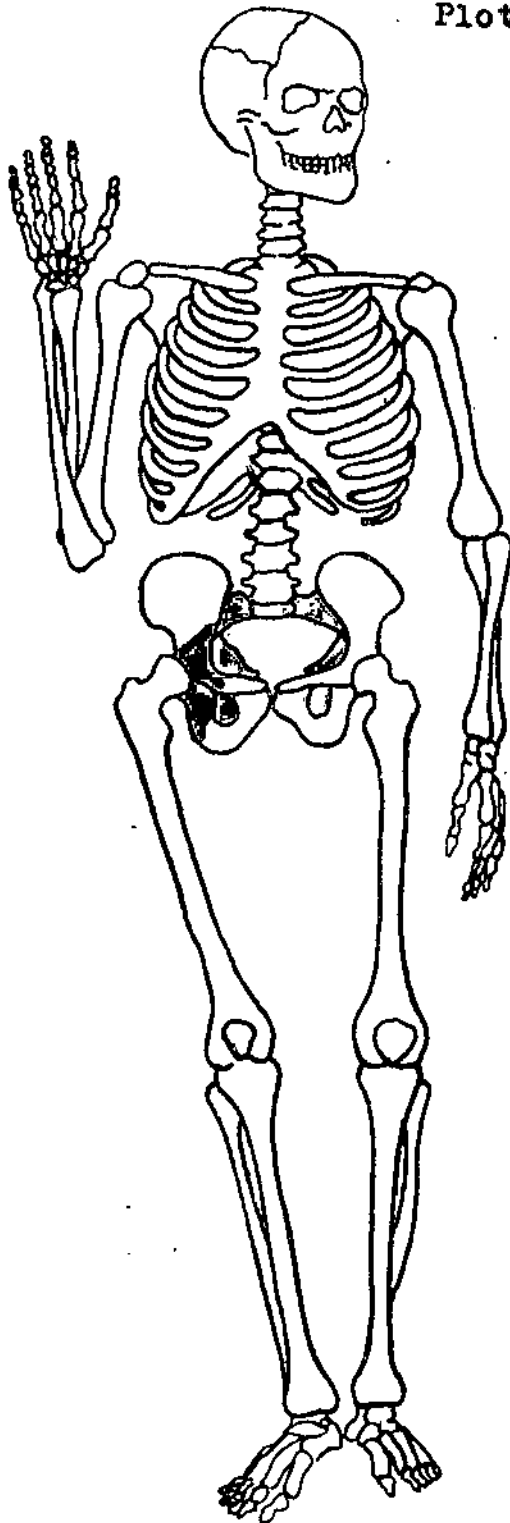
94 A.B. (0)

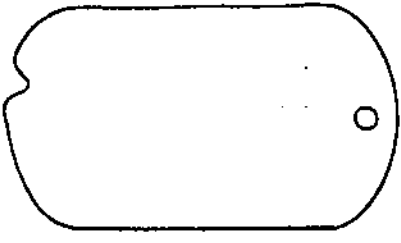
SKELETAL CHART

St. Laurent, France


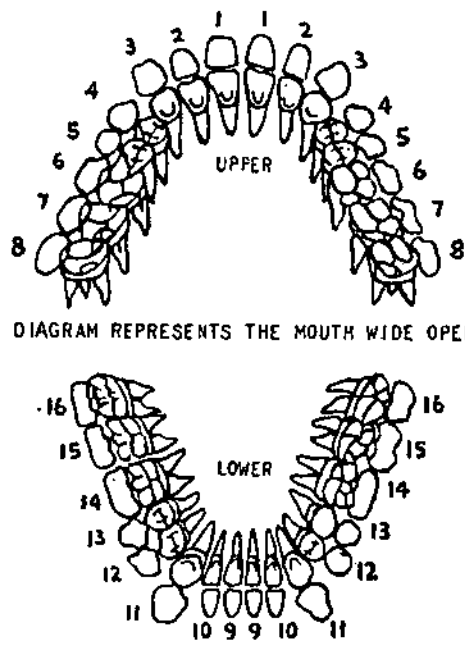




(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot BB, Row 2, Grave 25



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.					
	NAME (Last, first, middle initial)				SERIAL NO.	
	UNKNOWN X-84 C				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 2 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	03	0	24
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.	
UNKNOWN X-60-B					23	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-84-B					25	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
NEST C. GADDY USA C.I.P. Ernest Gaddy			ELLSWORTH T. MAC INTYRE CAPTAIN QMC C.I.P. [Signature]			
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 Office. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

LEFT LITTLE FINGER	Section 3 - 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	WEIGHT	COLOR OF EYES
	UTD	UTD	UTD
	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	
	UTD	UTD	
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	NONE	NONE	Normandy, France
	OTHER IDENTIFICATION CLUES		
LEFT INDEX FINGER	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 differ-		
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING	 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
	CAVITIES  CAVITY DECAYED		
RIGHT THUMB	MISSING TEETH  TOOTH MISSING		
	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE		
RIGHT MIDDLE FINGER	FURNISH CHECK AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY ence in 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.		
RIGHT RING FINGER	As no positive identifying clues were found case remains "UNKNOWN".		
RIGHT LITTLE FINGER	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: 10 oz.		

RESTRICTED