

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- ²⁴³89, Plot H,
Row 2, Grave 26, USMC St. Laurent, name 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. 2369, dated 23/7/47. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/ George L. Freeman
/t/

Received 23 Nov. 1948 OQMG
Not identifiable from
information available

FILE 23 NOV 1948
G. M. H. H. H.
G. M. H. H. H.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

17 NOV 1948

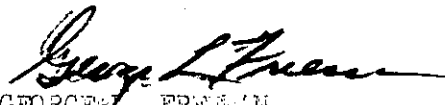
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Washington 25, D.C.

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further information is available.

FOR THE COMMANDING GENERAL :


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

Incl # 44

Received 23 Nov 1948 OQMG
Not identifiable from
information presently
available

Interred 13 December 1948
H-14-13-USMC St Laurent **DISINTERMENT DIRECTIVE**
DOUGLAS A. MAC KENZIE *Douglas A MacKenzie*
Capt. Inf. Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 3582 00000
DATE 10 09 47
DAY MONTH YEAR

NAME UNKNOWN X - 000089 RANK SERIAL NUMBER ARM DATE OF DEATH
DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
H 2 26 FRANCE 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 - 000089 SERIAL NUMBER RANK DATE OF DEATH 12 June 1944 DATE DISTINTERRED 7 October 1947
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY WALTER MCQUIRE CWO NAME AND TITLE
 REMAINS
 MARKER

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Wrapped in mattress cover CONDITION OF REMAINS Disarticulated skeleton
OTHER MEANS OF IDENTIFICATION

None

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 October 1947 BY John Pasley
CASKET SEALED BY John Pasley EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY JOHN W. SHARP 1st Lt Inf

DATE 13 Oct 47 W. WM. 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, 1st Lt. Inf.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report GRC Form 1194a for major discrepancies.

REC'D
DIRS
RECORDS
15 APR 1948
8 8 8 8

mlm

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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ST. VINCENT FINANCE	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)

Disinterment Directive No 62

Unknown X _____
- 89
Cemetery St. Laurent, France
Plot H Row 2 Grave 26

Date reprocessed:

1. ~~Arrived at cemetery~~ 3 July 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 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 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? UTD

6. Description of Remains: ULNA 27,7 RADIUS 25,6

Age UTD ^{est.} Height 5'10 1/4" 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 Medium brown 3" long, straight
(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 **See Tooth Chart**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin **UTD**
(Prominent, ~~UTD~~, pointed, dimples, double)

Jaw **UTD** Circumference of head in inches **Fractured**
(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 ~~UTD~~ 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? YES (Yes-No) If not, explain _____

9. Remarks Partial remains received, badly fractured, wrapped in a mattress cover.
No clothing found.
Estimated weight of remains: 7 Lbs.
Fluoroscopic Examination negative.
Original burial report found.
No GRS tag found.
Ulna and radius bones measured for estimated height.
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)

C.W.O. ERNEST C. GADDY U.S.A.

Rank

Service

CENTRAL IDENTIFICATION POINT
(Organization)

X-89

SKELETAL CHART St. Laurent, France

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot H, Row 2, Grave 26



ULNA 27,7

RADIUS 25,6

Estimated Height:

5' 10 1/4"

TOOTH CHART

St. Laurent, France
Plot H, Row 2, Grave 26

3 July 1947
Date

UNKNOWN X-89
Last Name

First

Initial

Rank

Serial No.

Unit

Organization

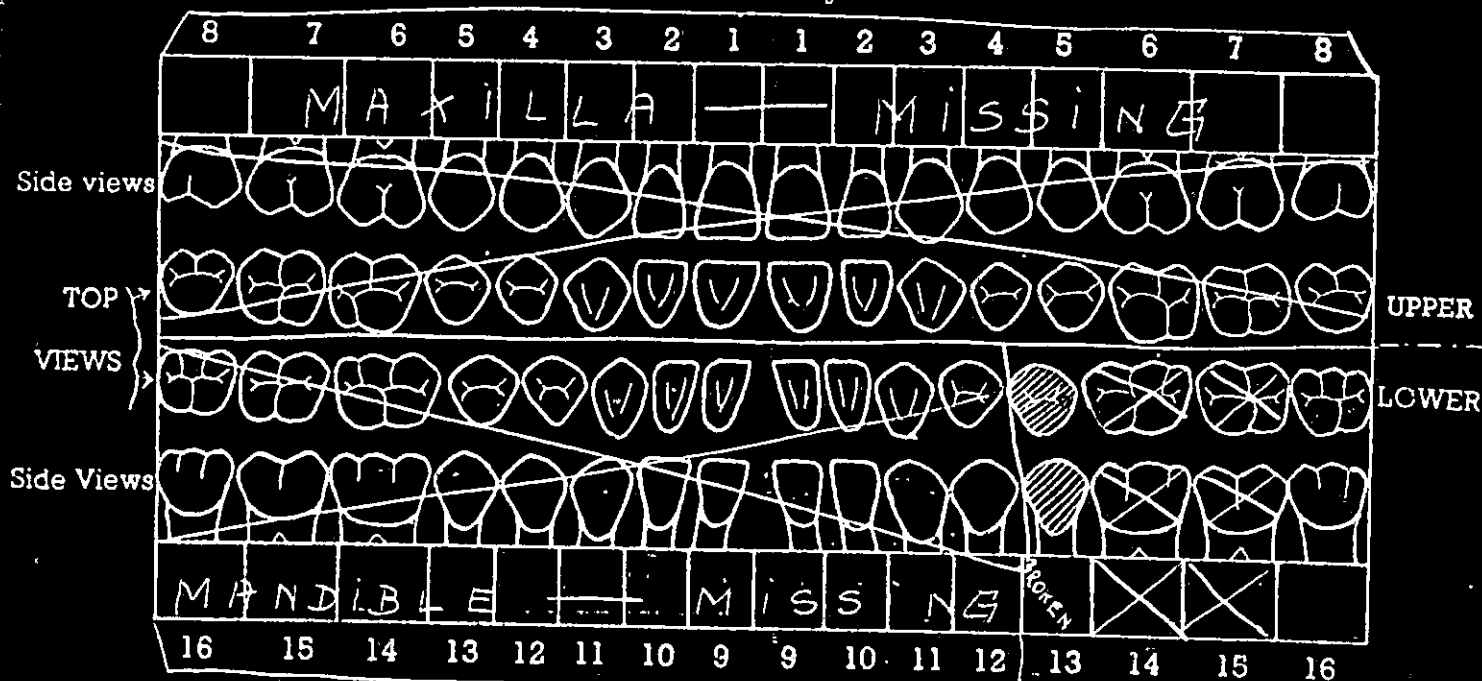
Place of Death

Date of Death

Cause of Death

Right

Left



See Remarks

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), bicuspids (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 M.D.
Signature of Officer or other person who prepared Tooth chart

Ernest Caddy
Verified by G. R. S. Officer

ERNEST C. CADDY
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

Space: L 13-16, 11 mm.

Broken off as indicated by shading L 13.

Mesial version, L 16.

Medium sized brown stained tooth.

RESTRICTED REPORT OF BURIAL

FM 10-630 AND AR 30-1815

2212
23 July 1944
Date

Unknown

UNIDENTIFIED X-89 (American)

Last Name First Initial Rank Serial No.

Unit Organization

Normandy, France

12 June 1944 (Est)

KIA

Place of Death

Date of Death

Cause of Death

1100 hrs, 24 June 1944

St Laurent Sur Mer #1

675-896

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

26

2

H

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?

Impossible to make tooth chart and fingerprints.

What means of identification were buried with the body?

GRS Form #1 in 50 Cal Shell Casing

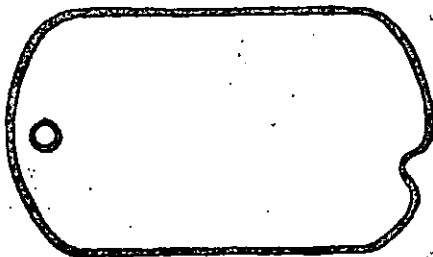
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Sorensen, Jack A. 16047778
Name Serial No. Rank Organization Grave No.

Deceased's Left: Henry, Emmet, F. 0-1285589
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. Officer

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? _____
 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	15 15

4

3

2

1

Thumb

Right Hand

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 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.