

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

3 March 1949  
Date

193 Unk, France X 94 (St. Laurent)  
SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 94, Plot F,  
Row 5, Grave 88, 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. 2384, dated 13 August 1947. No  
further information is available.

FOR THE COMMANDING GENERAL:

/s/ Capt Stanley C. Tyrrell  
/t/ 1st Lt Edward E. Stout  
1st Lt Ernest J. Oglesby

Received 24 MAR 1949 QQMG  
Not identifiable from  
information presently  
available

NAT  
filed 24 Mar 49  
M. Blawie  
ident. Bu.



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RFE 293

3 March 1949  
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- 94, Plot F,  
Row 5, Grave 88, USIC ST. LAURENT, FRANCE,  
have been reviewed and it is the opinion of this Office that sufficient  
evidence is not available at the present time to establish the identity  
of the deceased concerned. The remains concerned should be classified  
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office  
by Transmittal Ltr. No. 2384, dated 13 August 1947

Case reviewed by undersigned Members of the Board of Review:

*Stanley C. Tyrrell*  
-----  
Capt. Jack C. HAYES, O-1577297 OMC Capt Stanley C. TYRRELL, O-1304296 Inf

*Edward E. Stout*  
-----  
Capt. Edward F. PRICE, Jr., O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

*Ernest J. Oglesey*  
-----  
1/Lt Ernest J. OGLESBY, O-449004 Cav

Received 24 MAR 1949 OQMG  
Not identifiable from  
information presently  
available

CI #18

1

Interred 22 November 1948

I-19-8. USMC St Laurent.

DOUGLAS A, MAC KENZIE

Capt Inf. Cemetery Superintendent

DISINTERMENT DIRECTIVE

P. B. Curston

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3582 00000

DATE

10 09 47  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000094

g

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

ST LAURENT BAVEUX

3505 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

F 5 88 FRANCE

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

ST. LAURENT, FRANCE

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

Unknown X-94 (American)

6 June 1944

22 September 1947

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

WALTER H. MAC GUIRE  
CWO

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

W/D Buried in 2 mattress covers.

Adv. Decomposition

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 24 September 1947

BY

C. J. Missigman

CASKET SEALED BY

EMBALMER (Signature)

C. J. Missigman

C. J. Missigman

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 24 Sep 47 BY Marvin H. Noyes

JOHN W. SHARP

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

FILE  
RECORDS ANNOTATED  
DATE MAR 28 1948

R & R BR.

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<br>(BY ADMINISTRATIVE ORDER) |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER<br>S. J. GARNETT           | 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 - 94

Cemetery St. Laurent, France

Plot F Row 5 Grave 88

### Date reprocessed:

1. ~~Arrived at cemetery~~ 1 July 1947  
 (Hour) (Date)

2. Place of death \_\_\_\_\_  
 (Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~removed~~ 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<br>Markings     | Sizes | Indicate unusual markings<br>color, wear, tear, repairs, etc. |
|---------------------|--------------------------|-------|---|
| * Headgear          | NONE                     |       |   |
|                     | (Type)                   |       |   |
| Raincoat            | NONE                     |       |   |
| Overcoat            | NONE                     |       |   |
| Jacket, Field       | NONE                     |       |   |
| Jacket, Combat      |                          | NONE  |   |
| Mackinaw            |                          | NONE  |   |
| Sweater             |                          | NONE  |   |
| Jacket, HBT         |                          |       | NONE  |
| * Shirt, Wool OD    |                          |       | NONE  |
| Undershirt, Wool    |                          |       | NONE  |
| Undershirt, Cotton  |                          |       | NONE  |
| Trousers, HBT       |                          |       | NONE  |
| * Trousers, Wool OD | Remnants of one (1) pair |       |   |

Belt, web Remnants of one (1) with buckle

Drawers, wool Remnants of one (1) pair

Drawers, cotton Remnants of one (1) pair size 36 (See remarks)

Leggings, ~~wool~~ <sup>canvas</sup> Remnants of one (1) pair (canvas)

Socks, ~~cotton~~ <sup>wool</sup> Remnants of one (1) pair

\* Shoes One (1) pair size (type) 7 1/2-E Service

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: FEMUR 45,8 HUMERUS 34,5  
TIBIA 37,0 ULNA 25,6  
FIBULA 36,8 RADIUS 24,6  
Age UTD Height Est. 5'6 7/8" 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 ..... **See Tooth Chart**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... **UTD**  
(Prominent, receding, pointed, dimples, double)

Jaw ..... **UTD** ..... Circumference of head in inches ..... **20 1/4"**  
(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)

..... **UTD** .....

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 Too decomposed

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

9. Remarks Remains received in wool OD blanket. Clothing found on  
remains.  
No burial report found. No GRS tag found.  
Fluoroscopic examination negative.  
Estimated weight of remains: 80 Lbs.  
Chemical Laboratory Examination made on remnants of  
cotton drawers revealed the findings:  
Positively N 10  
N 10  
Case remains "UNKNOWN".

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.

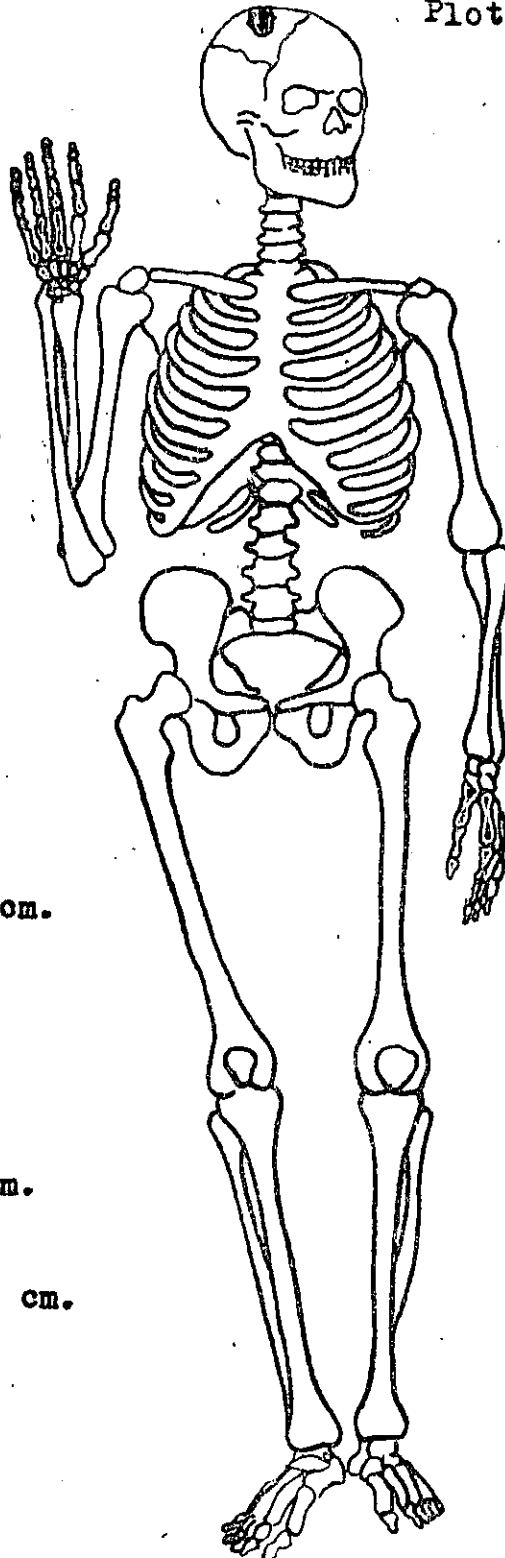
*Ernest Gaddy*  
(Officer's Name)  
ERNEST C. GADDY  
C.W.O. U.S.A.  
Rank Service

CENTRAL IDENTIFICATION POINT  
(Organization)

**SKELETAL CHART** St. Laurent Cemetery  
France

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Plot F, Row 5, Grave 88



HUMERUS 34,5cm

RADIUS 24,6 cm

ULNA 25,6 cm.

FEMUR 45,8 cm.

TIBIA 37,0 cm.

FIBULA 36,8 cm.

Estimated Height:

5' 6 7/8"

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X-94

# TOOTH CHART

Laurence Cemetery  
France  
Plot F, Row 5, Grave 66  
1 July 1947  
Date

UNKNOWN X-94  
Last Name

First

Initial

Rank

Serial No.

Unit

Organization

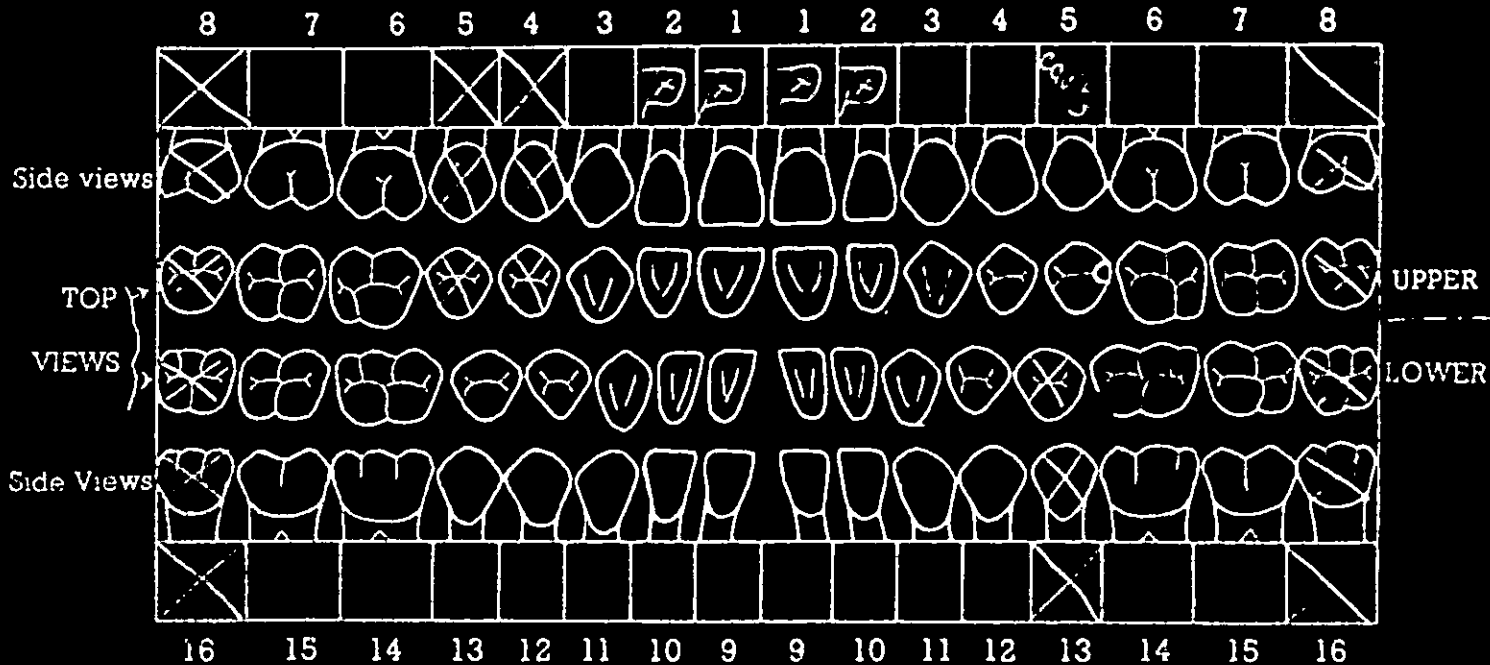
Place of Death

Date of Death

Cause of Death

Right

Left



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 E. Egan*

Signature of Officer or other person who prepared Tooth chart

*Ernest Egan*

Verified by C. R. S. Officer

ERNEST G. GATLY  
CWO USN C.I.P.

29

X-94

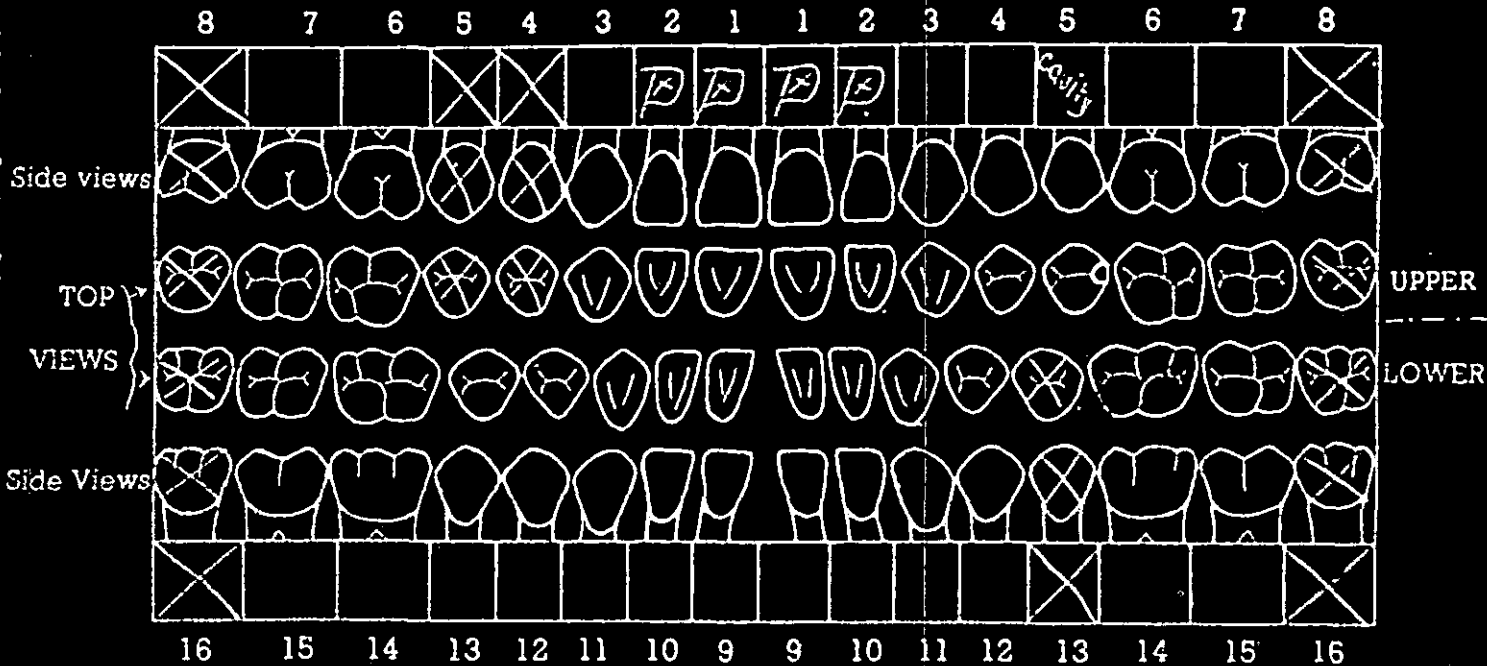
Laurent Cemetery  
France  
Plot E, Row 5, Grave 88  
1 July 1947  
Date

**TOOTH CHART**

UNKNOWN X-94  
Last Name First Initial Rank Serial No.  
Unit Organization  
Place of Death Date of Death Cause of Death

Right

Left



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* *K. J.*

Signature of Officer or other person who prepared Tooth chart

*Ernest C. Gaddy*  
Verified by G. R. S. Officer  
ERNEST C. GADDY  
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 :



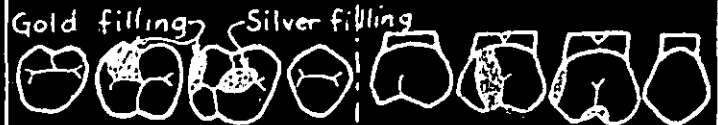
**CROWNED TEETH** . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



**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**

Posthumously missing, R 1, 2 and L 1, 2.

Spaces: R 3-6, 10 mm; R 12-13, 2mm; L 12-14, 8mm.

Rotated distally 1/8 turn, R 3.

There is a shallow socket between R 12-R 13 and R 13-R 14, possibly, a deciduous molar had remained for some time after all permanent teeth had erupted, with the exception of R 15.

No fillings in teeth present.

Medium sized ivory colored teeth are in fair alignment.

45

RESTRICTED  
REPORT OF BURIAL

TM 10-630 AND, AR 30-1815

22192

22 July 44  
Date

*Unknown*

UNIDENT. X 94

(AMERICAN)

M 4902

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Normandy, France

6 June 44

KIA

Place of Death

Date of Death

Cause of Death

1100- 9 June 44.

ST. LAURENT SUR MER # 1

675-896

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

88

5

F

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 Impossible and also tooth chart impossible.  
Laundry Marks on Clothing. M-4902 ← M E Kinney Harry P. 14164902 KIA 12 Feb 44

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:

George E. Thayer 32847068

Pvt.

89

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Paul S. Rodstrom 39178436

87

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*

ROBERT E. BERRY

1st Lt OMC

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

Right Hand

Thumb

Thumb

## TOOTH CHART

|       |                  | Deceased's Left |   |   |   |   |   |   |   |
|-------|------------------|-----------------|---|---|---|---|---|---|---|
|       |                  | 8               | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| Upper | Deceased's Right | 8               | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
|       | Lower            | 8               | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

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.