

QMGM 293

1st Ind.

JLJ/alj/rm

Unknown X-139

(R. Fratelle) Italy

Subject: Identification of World War II Deceased

Hq., 9107 TSU-QMC, AGRS/MZ, APO 794, U. S. Army, 19 May 1950

TO: The Quartermaster General, Department of the Army
Washington 25, D. C. Attention: Memorial Division

1. Remains of Unknown X-139, USMC R. Fratelle, Plot D, Row 8, Grave 87 were reprocessed simultaneously with remains of four (4) identified deceased in the cemetery on 21 October 1948.

2. As a result, the skull and maxilla formerly present in Grave 87 were removed and articulated with remains of Pvt. John F. Myers, 11003158 in Plot D, Row 8, Grave 86, USMC R. Fratelle. The remains of Pvt. Myers were shipped to the United States on 16 January 1949.

~~John L. Jacks, Jr.~~
JOHN L. JACKS, JR.
Captain, QMC
Commanding

*File
25 May 1950
D. J. ...
11/11/50*

330

AIRMAIL

[Handwritten initials]

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGT 293
Unknown X-139
(R. Fratelle) Italy

8 May 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Mediterranean Zone
APO 794, c/o Postmaster
New York, New York

1. Reference is made to CIP Reports dated 4 March and 21 October 1948 for remains interred in USMC R. Fratelle, Italy, Plot D, Row 8, Grave 87 as Unknown X-139.
2. The CIP Report of 4 March 1948 shows the skull and the maxilla present with remains. However, CIP Report of 21 October 1948 indicates the skull, including the maxilla, as missing.
3. It is desired that the above discrepancy be clarified and this Office advised which record is correct. In the event that the skull is not now present with remains, its disposition should be indicated.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

[Handwritten signature]

THOMAS E. COX
Capt QMC
Memorial Division



REC'D & CHECKED
010610

AIRMAIL

NOV 1 1950

AIRMAIL

OSGT 293
Unknown I-139
(R. Fratello) Italy

8 May 1950

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American Graves Registration Service
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BY COMMAND OF MAJOR GENERAL WIDELSWART:

THOMAS E. COX
Capt OMC
Memorial Division

Rm
R. Mack/jll
McDermott
Cy furnished: Adm. Sect.

REB

AIRMAIL

Inferred 22 Mar 1949

LH

G 73 59 USMC

1

DISINTERMENT DIRECTIVE

WILLARD EDGERTON
Major QMC, Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 5270 00006
DATE 15 09 48
DAY MONTH YEAR

NAME UNKNOWN
SERIAL NUMBER X-000139
GRADE
ARM 0
RACE 0
RELIGION 6

CEMETERY R FRATELLE ITALY
PLOT D
ROW 8
GRAVE 87
DISPOSITION OF REMAINS 5202 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
NETTUNO, ITALY
NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET
DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE BY
WILLIAM H SPURLIN
QMC
LT.

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NLT
FILE
RECORDS ANNOTATED
DATE 20 APR 49
NAME [Signature]
R & R BR.

N L N



DISINTERMENT DIRECTIVE

WILLARD EDGERTON
Major QMC, Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN

X-~~000~~139

Q

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

D 8 87 R FRATELLE ITALY

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN AMERICAN X-139

UNK

UNK

6 July 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

UNK

UNK

ROBERT S. ROBBINS AND LIEB G.M.C.

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

SEROUD

SKELETAL

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Oct 48

BY

WILLIAM L JORDON

CASKET SEALED BY

EMBALMER (Signature)

WILLIAM L JORDON

WILLIAM L JORDON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 29/10/48 BY WILLIAM L JORDON

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

LEWIS C. ELIAS, CAPT G.M.C.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

~~RESTRICTED~~

Basic: Ltr Hq Ft Army, file AG 293.9-Q, Sub: "Identification of Deceased",
dtd 12 May 45.

S: 10 Jun 45
AG-15

AG 704.5

3rd Ind

HEADQUARTERS 85TH INFANTRY DIVISION, APO #35, US Army, 3 June 1945.

TO: Commanding Officer, 338th Infantry, APO #35, US Army.

For compliance with 2nd indorsement insofar as pertains to members
of your command and return through this headquarters.

BY COMMAND OF BRIGADIER GENERAL GEROW:

Leslie Q. Beggs

LESLIE Q. BEGGS
WOJG, USA
Asst Adj Gen

3 Incls
n/c

704

4th Ind

COL/jos

UNIT PERSONNEL SECTION 338TH INFANTRY, APO 35, U. S. Army, 7 June 1945

TO: Commanding General, 85th Infantry Division, APO 35, U. S. Army

1. No definite association between casualties listed on inclosure
#8 and those listed on attached report of burial is able to be definitely
established, but statements surrounding the casualty status of personnel of
the same organization as Lt Mendler and Pvt Worthington are attached hereto
for whatever value may be derived from them.

2. As a further aid, statements outlining the circumstances surround-
ing the death of Lt Mendler and Pvt Worthington are attached hereto as in-
closures #9 and #10.

FOR THE COMMANDING OFFICER:

W. O. Richardson

W. O. RICHARDSON
1st Lt, 338th Inf
Asst Pers Officer

10 Incls

3 Incls n/c

7 Incls added

- #4 - Aff pertaining to Pfc Willie C. Cannon
- #5 - Aff pertaining to Pvt Sammie Jones
- #6 - Aff pertaining to Pfc Joe Reed
- #7 - Aff pertaining to Pfc Arthur A. Ford Jr
- #8 - Aff pertaining to Sgt Verle Shannell
- #9 - Aff pertaining to Lt Mendler
- #10 - Aff pertaining to Pvt Worthington

~~RESTRICTED~~

Basic: Ltr Hq Fifth Army, file AG 293.9-Q, Sub: "Identification of Deceased",
dtd 12 May 45.

AG 704.5

1st Ind

AG-15

HEADQUARTERS 85TH INFANTRY DIVISION, APO #85, US Army, 25 May 1945.

TO: Commanding General, Fifth Army, APO #464, US Army.

1. Basic communication complied with.
2. This headquarters is unable to establish the identity of Unknown American X-139, by application of the information as set forth on the inclosed report of burial.
3. Attached hereto as added inclosures are lists of members of this command, either MIA or KIA in the area of the coordinates stated in paragraph 1, basic communication, for whom no report of burial or notification of burial has been received.

FOR THE COMMANDING GENERAL:

B. J. Cronin

B. J. CRONIN
Captain, AGD
Asst Adj Gen

3 Incls
1 Incl n/c
2 Incls asked
Incl #2 - MIA list 337th Inf
Incl #3 - MIA & KIA list 338th Inf

AG 293.9-Q

2d Ind

JWE/JRC/aas

HQ FIFTH ARMY, APO 464, US Army, JUN 1 1945

TO: CG, 85th Inf Div, APO 85, US Army.

1. Attention is invited to the men listed on the reverse side of the report of burial as having been evacuated from the area in which subject unknown was found.
2. It is desired that a statement be made as to whether or not it is known that the casualty of any of the men on the lists inclosed in preceding indorsement is anywise associated with the casualties of the men listed on the reverse side of the report of burial.

BY COMMAND OF LIEUTENANT GENERAL PEPSCOTT:

John E. Cicero

JOHN E. CICERO
Lt Col, AGD
Asst Adjutant General

3 Incls
n/c

RESTRICTED

HEADQUARTERS FIFTH ARMY
APO 464 US ARMY

JER/JRC/ews

AG 293.9-Q

SUBJECT: Identification of Deceased

TO: Commanding General
85th Infantry Division
APO 85, US Army

MAJ

Hall Capt F. (Naples) 8-159
R. Trubille - Unknown

1. This headquarters is in receipt of a report of burial for an Unknown American X-139, copy inclosed. Remains were evacuated from Y-76.0-96.6 Italy 1/50,000, Sheet 171-I, Sessa Aurunca, Italy.

2. It is desired that the information set forth on the face and reverse side of the report of burial be applied in an effort to establish the identity of subject unknown.

3. In the event that identification cannot be established, it is desired that this headquarters be furnished a list of members of your command, either MIA or KIA in the area of the coordinates stated in the first paragraph, for whom no report or notification of burial has been received.

4. This list will be used as a limited list of possibilities for the possible identification of subject deceased.

BY COMMAND OF LIEUTENANT GENERAL TRUSCOTT:

1 Incl
a/s

John R. Cicero
JOHN R. CICERO
Major, AGD
Asst Adjutant General

RESTRICTED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-139			2. DATE OF REPORT 21 Oct 48		
3. NAME OF CEMETERY USMC R. Fratelle, Italy	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	n	8	87	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT 6' 2 3/4"	10. COLOR OF HAIR	11. RACE
---------------------	----------------------------------	-------------------	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 Non-Identifiable by reason of lack of sufficient identifying data.

[Signature]
 Major USMC

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

*Trans R. Fratelle to R. 48.
 Subj: Remains, US Decedent, USMC.*

Received 4 Jan 49 OQMG
 Not identifiable from
 information presently
 available *[Signature]*

TOOTH CHART		
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
←								→							
M								N							
←								→							
M								N							
←								→							
16								16							

Side Views

Side Views

Top Views

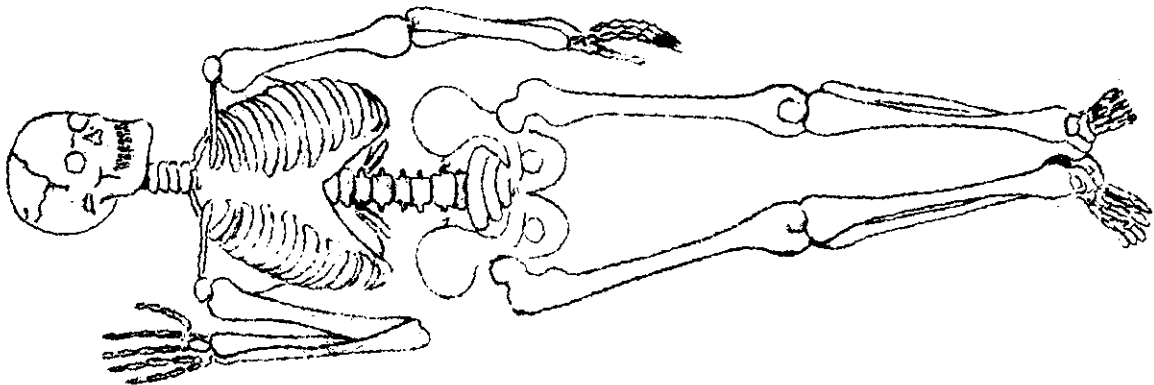
UPPER

Side Views

LOWER

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."

19. Black out parts of body not recovered



20. MASS BURIAL CERTIFICATE (if applicable)
(Wherein segregation in whole or parts is impossible)

certify that the Group remains consist of parts of _____ (Number)
precedents based on the presence of one or more of the following
anatomical parts.

(Signature of Medical Officer)

21. REMARKS AND ADDITIONAL INFORMATION

The representative parts of a human remains graphically represented
in paragraph 19 are those of one and the same individual.

A. Alexander Lenard

Dr. Alexander Lenard, MD
University of Vienna
Supervising Anthropologist

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF THE DE-
CEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE
BEST OF MY KNOWLEDGE.

Typed Name, Grade, Arm or ~~Service~~ Organization SIGNATURE
1st Lt. OMC

HEADQUARTERS
9107 BSB - QMC
American Graves Registration Service
Mediterranean Zone
APO 794 US Army

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data QMC 1044 and 1044b
Paragraph 13 - Identification Dental Chart

C.I.P. Case No. _____

UNKNOWN L-139

Date of Investigation 21 Oct 48

~~XXXXXXXXXXXXXXXXXXXX~~ _____

Am. Mil. Cem. R. Fratelle Italy: Plot p Row No. 8 Grave 87

Place of Death _____ Date of Death _____

Map Reference _____ Sheet _____ Map of Italy _____

Other American Dead Found in Same Area _____

Cause of Death _____

22. Description of Remains

Skeletal state

(If the remains have not been decomposed, attach to this form
QMC Form 1043, completely filled out to physical characteristics)

24. AGE ESTIMATED AT 19 - 20

BASED ON Epiphyseal lines of the long bones are closed. The crest of ilium is not perfectly closed and the tuberosity of the ischium is still open.

25. SUMMARY OF FINDINGS

Tooth chart - None

Height estimate - 6' 2 3/4" (based on bone measurements of the lower ex-

Age estimate - 19 - 20 tremities only)

26. RECOMMENDATIONS

None



(Signature of Officer)

MYRON C. FULLER
1st Lt. OMC
CPL OFFICER

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown American X-139			2. DATE OF REPORT 4 March 1948			
3. NAME OF CEMETERY U. S. Military Cemetery R. Fratelle, Italy		4. PLOT D	5. ROW 8	6. GRAVE 87	7. DATE OF DISINTERMENT 4 Mar 48	REINTERMENT 4 Mar 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR		11. RACE		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES						
14. WAS BODY BURNED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS						
None						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)						
None						

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE WORK: BLOCK IN SOLID AND 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:			

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	R			X	X	X	X	X	X	X		X		R			
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
← MISSING →																	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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."

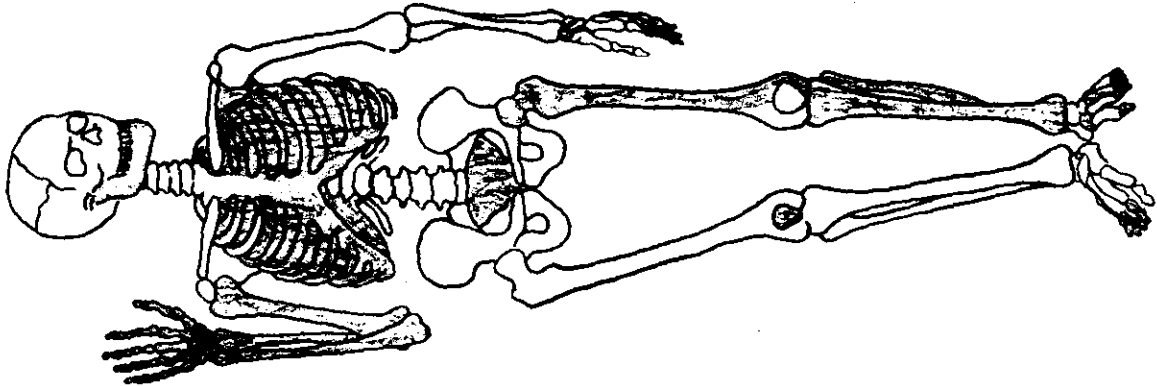
Clasp on tooth 5L

MAXILLA

Clasp on tooth 5R

Note: Tooth 8-L is growing out from the side of the maxillae, about midway between the alveolus and the malar (cheek bone).

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

1st cervical vertebrae

Right & left talus

Right & left calcanea

5 left metatarsals

2 right metatarsals

3 left metacarpels

3 left foot phalanges

left radius (25.4 cm.)

left ulna (27.4 cm.)

left tibia (40.6 cm.)

left fibula (head broken off)

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

The duplicate bones were segregated, wrapped separately, and reinterred in the same grave.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

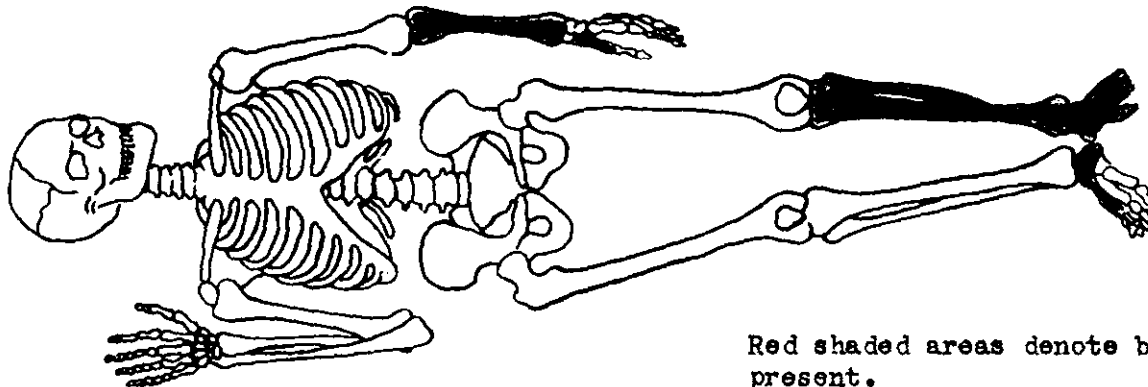
DOMINIC A. NETT

2nd Lt., QMC

9107 TSU-QMC, AGRS/MZ

SIGNATURE

19. BLACK OUT PARTS OF BODY NOT RECORDED



Red shaded areas denote bones present.

20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

The above chart represents the duplicate bones found present in the grave.
 Height estimate--5' 10 3/4"
 Age estimate--18 to 20 years
 Epiphyseal lines of long bones are not fully closed.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

DOMINIC A. NETT
 2nd Lt., QMC
 9107 TSU-QMC, AGRS/MZ

HEADQUARTERS
9107 TSB - GSC
AMERICAN GRAVES REGISTRATION SERVICE
MEDICAL DEPARTMENT
APO 794 THE ARMY

GENERAL INTERPRETATION POINT

RESULTS OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data GIC 1044 and 1044b
Paragraph 18 - Identification Dental Chart

G.I.P. Case No. 1618

Date of Investigation 4 Mar 48

Unknown American X- 139

Am. Mil. Com. R. Fratelle Italy: Plot D Row 8 Grave 87

Place of Death _____ Date of Death Unknown

Map Reference M-76.0-96.6 Sheet 171-I Map of Italy 1/50,000

Other American Dead Found in Same Area _____

Cause of Death KIA

22. Description of Remains

Skeletal state.

(If the remains have not been decomposed, attach to this form

(GIC Form 1042 completely filled out to physical characteristics)

24. AGE ESTIMATED AT 19 to 21 years

BASED ON Epiphyseal lines of long bones are almost completely
closed.

25. SUMMARY OF FINDINGS

Tooth chart--accomplished
Height estimate--6' 3" (skeleton charted on Chart "A")
Age estimate--19 to 21 years (skeleton charted on Chart "A")
The partial remains of two (2) men are present in the grave.
The remains were segregated, wrapped separately, and reinterred
in the same grave.

26. RECOMMENDATIONS

None

PROCESSED BY:
Dr. Alexander Tardy, MD
Chief Anthropologist

(Signature of Officer)

DOMINIC A. NETT
2nd Lt., QMC
C.I.P. Officer

REPORT OF BURIAL
AR 30-1815 & FM 10-637

17 April 1945

Date Report Filled Out

UNKNOWN AMERICAN X-139 (Last Name)			Unknown (Service No.)	Unknown (Race)
Unknown (Rank)	Unknown (Organization)	U. S. Army (Branch)	U. S. A. (Country)	
M.76.0-96.6 Italy 1/50,000 (Place of Death)	Sheet 171-I Sessa Aurunca, Italy (Date of Death)	Unknown (Cause of Death)	KIA	Unknown (Belonged to U. S. H. or not)

MEANS OF IDENTIFICATION

Identification Tag found on body : Yes () ; No (O)

If no identification tags, other means used to identify body (Identification card, papers, etc.)

Body wore American Uniform, No markings could be found on clothing.

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken.

If unidentified, give circumstances:

List of Personal Effects found on Body and disposition of Same: None.

Unknown (Name of Emergency Addressee)	Unknown (Address of Emergency Addressee)
--	---

(Signature or Name) of Person furnishing above data when other than the Officer reporting burial.)

Shroud	1400 hours, 17 April 1945	U. S. Cemetery, R. Fratelle, Italy
	(Time and Date of Burial)	(Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

D	8	87	Wood Cross	General Service
(Plot No.)	(Row No.)	(Grave No.)	(King Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (O) ; Identification Tag attached to marker (O).

If identification Tags not present, what other identification data were buried with the body and in what kind of container? **QMC Form #1-GRS sealed in GRS bottle and buried with body. QMC Form #1-GRS sealed in GRS bottle and buried 1 foot below grave marker.**

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side :	Myers, John F. Unk. 14003158,	Unknown	86
	(Name) (Rank) (ASN)	(Organization)	(Grave No.)
Left side :	Davis, Arthur E. Unk. 31226568,	Special Service	88
	(Name) (Rank) (ASN)	(Organization)	(Grave No.)

(Signature of Person Reporting Burial)

Robert W Goldberg

(Verified by G.R.S. Officer)

ROBERT W. GOLDBERG, 2nd Lt. Inf. O-1305761
3rd Plat, 3044th Q. G. R. Co.

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: Make out QMC Form #1-GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

56445

IDENTIFICATION SECTION
REPUTATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME