

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Carano, X-72

SUBJECT

Interred 14 Dec. 48

J.H.K.H

1

E-14 48 USA 10

DISINTERMENT DIRECTIVE

WILLARD
Major OMC, Cemetery Superintendent

P.B. Dickerson

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 5215 00005

DATE 15 09 48
DAY MONTH YEAR

NAME: UNKNOWNX - 000072 SERIAL NUMBER: GRADE: ARM: 8 RACE: 0 RELIGION: 6

CEMETERY: CARANO ITALY PLOT: J ROW: 30 GRAVE: 1222 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 DISTINTERRED:
IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: 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 OMC 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: Wm J. Spurlin

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: NAT FILE RECORDS ANNOTATED DATE FEB 11 1949 NAME Wimberly B & B RR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM NAPLES PORT MORGUE LITE	TO USMC ANZIO, ITALY
KIND OF CONVEYANCE TRAIN	NAME OF CONVOYER GERALD J RYAN H/SOP
SIGNATURE OF SHIPPER A F HUBBARD LT COL AF	DATE 13 DEC. 1948
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 13 DEC. 1948

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

13 USA A. 210

DISINTERMENT DIRECTIVE

WILLARD EDGERTON

Major QMC, Cemetery Superintendent

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

DAY MONTH YEAR

DISPOSITION OF REMAINS

CODE DIST. PT

CAUSE OF DEATH

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X- 0000 72		B	
CEMETERY					DISPOSITION OF REMAINS
					CODE DIST. PT
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
J	30	1222	CARANO 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 DISTINTERRED
UNKNOWN	X-72	UNK		13 Jul 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
	UNK	UNK	NORMAN R HALEY 1LT FA NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
UNIFORM	SKELETAL
OTHER MEANS OF IDENTIFICATION	
REBURIAL REPORTS	
MINOR DISCREPANCIES	
NONE	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 9 SEPT 48	BY HARRY W. SANDERS, EMBALMER
CASKET SEALED BY	EMBALMER (Signature)
HARRY W. SANDERS, EMBALMER	<i>Harry W. Sanders</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 9 SEPT 48 BY HARRY W. SANDERS	

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

JOSEPH T. ZIELINSKI

JOSEPH T. ZIELINSKI 1 LT ORD

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

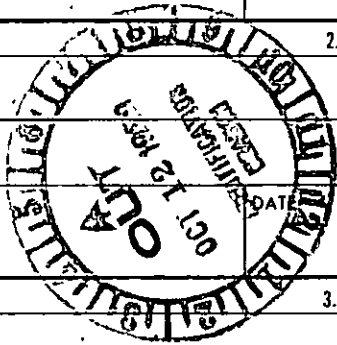
RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC CARANO ITALY		TO NAPLES PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER R L CROCKER 2 LT QMC	
SIGNATURE OF SHIPPER P C CRAIG CAPT QMC	DATE 15 July 48	SIGNATURE OF RECEIVER FRANK A WILSON CAPT QMC	DATE 15 JULY 48

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

DEPARTMENT OF THE ARMY

~~CONFIDENTIAL~~

QCQD 882.3
Kansas City

11 June 1948

SUBJECT: Unidentified Decedents

TO: Commanding Officer
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City 1, Missouri
ATTENTION: Effects Quartermaster

1. Reference is made to recent correspondence, your Bureau, requesting information regarding identification of Unknown decedents. In this connection, Identification Branch, Memorial Division, QCQD, has advised:

a. Unknowns X-72, Carano, Italy, and X-211, Nettuno, Italy, have not been identified due to a lack of sufficient data.

b. Report of Burial for Unknown X-54, Carano, Italy, has not been received in this office.

2. When identity of the above mentioned Unknowns has been established, your Bureau will be so advised.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl:
KCQD correspondence a/s

GUY B. KEGLEY
Major, QMC
Field Service Division

QCQD 293
Unknown X-72 Carano, Italy

293 unk. Italy 4-72 (Carano)

QMGOD 293, Unknown X-72

1st Ind

WD, QMGD, Washington 25, D. C. 23 June 1947

TO: Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Ave.,
Kansas City 1, Missouri. ATTENTION: Effects Quartermaster

Due to lack of satisfactory clues it is not possible at this time to
identify Unknown X-72.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl:
n/c

GUY B. KEGLEY
Major, QMG
Field Service Division

R

JUN 23 1 21 PM '47

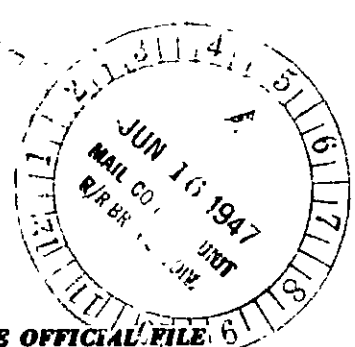
O. G. M. G.
MAIL & RECORDS BRANCH

INTEROFFICE REFERENCE SHEET

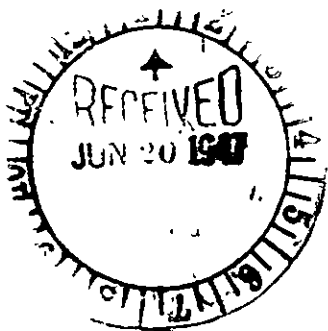
DUE, HOUR AND DATE 13 JUNE 1947

1 No.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	FIELD SERVICE Dep Opr Effects	MEMORIAL R & R BR Identi- fication Section	13 JN	<p>For information upon which to base a reply.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p><i>Keckley</i> KECKLEY 3821</p>
2	Chief, R R Br Memorial Division	Field Service Dep Opr Effects Section	19 June 47	<p>The following information is submitted upon which to base a reply:</p> <p>X-72, Carano, Italy cannot be cleared at this time due to lack of clues as to identity.</p> <p><i>B</i> BAUKNIGHT 71955</p> <p><i>gem</i></p>

MEMORIAL DIVISION
JUN 10 1947



X-12, OASD, Dept of Defense, Wash DC



JUN 15 10 25 AM '47
MEMORIAL DIVISION





ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO ~~QMDKG~~ 50284

PUM/ELR/fm
10 June 1947

SUBJECT: Disposal of Effects

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

1. Attention is invited to inclosed copy WD AGO Form 54, covering transmittal of one souvenir ring received here as personal effects found on the remains of Unknown decedent X-72, interred in U. S. Cemotory, Carno, Italy, Plot J, Row 30, Grave 1222.

2. Bureau inspection of the ring failed to reveal any dates or initials which would be of assistance in establishing identity of the Unknown decedent.

3. It is requested that the records of your office be checked and this Bureau informed whether Unknown decedent X-72 has officially been identified. In the event sufficient information is not available at your office to establish identity, information as to the present status of this case will be appreciated.

FOR THE COMMANDING OFFICER:

1 Incl
1. WD AGO Fm. 54.

P. U. MAXEY
Lt Col, QMC
Effects Quartermaster

QMGOD 382.3
Kansas City

11 August 1949

SUBJECT: Report on Certain Unknowns

TO: Commanding Officer
Quartermaster Activities
Kansas City Records Center (AGO)
Kansas City, Missouri
ATTENTION: Effects Quartermaster

1. Reference your inquiry concerning present status of the following named Unknowns, you are advised that these Unknowns have been declared unidentifiable:

X-899	Margraten, Holland
X-72	Carano, Italy
X-177	Castelfiorentino, Italy
X-211	Nettuno, Italy
X-487	" "
X-648	" "
X-348	Shanghai, China

2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL MIDDLEBART:

1 Incl:
Correspondence

E. W. DOWNARD
Lt. Colonel, QMC
Field Service Division

QMGOD 295, UNKNOWN X-72 CARANO, ITALY

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 50284

HOC/AID/mjo'o
6 July 1949

DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-72

Plot J, Row 30, Grave 1222, USMC Carano,

Italy have been held at this Bureau as of 22 May 1945

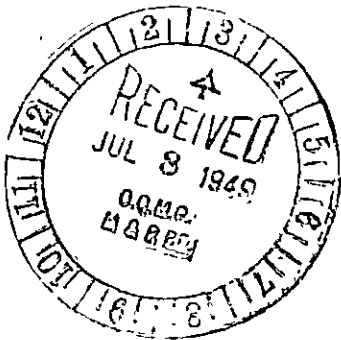
2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 Ring (hand made)

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



m
253
Wade
X-72
Carano (Italy)

IDENTIFICATION DATA						
1. REMAINS OF UNKNOWN			2. DATE OF REPORT			
UNKNOWN X-72			9 September 1948			
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
USMC, Carano, Italy	J	30	1222	DISIN- RELI-		
				INTERMENT INTERMENT		
				13 July 1948		
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR		11. RACE		
	5' 9 1/4"					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS						
Non-Identifiable by reason of lack of sufficient identifying data						
T.C. ANDERSON, Major OMC						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES.						
14. WAS BODY BURIED? TO WHAT EXTENT?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
15. WAS BODY MUTILATED? TO WHAT EXTENT?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
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).						
Pieces of woolen OD Shirt, woolen OD underwear, woolen OD trousers, and woolen socks. Scraps of combat jacket. One combat pack belt. No sizes or markings were found.						

46C FORM 1044
15V 18 MAR 47

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

Trans file. Dtd 23 Oct 48
Subj: Korean, US Armed, Unident.
5 20 48Received _____ OQMG
Not identifiable from
information presently
available *PLB*

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D 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
	X	A O F	A O F	X	X	X	X	X	X	X	X	X	X	X	X	X
Side Views																
Top Views																
UPPER																
LOWER																
Side Views																
		A O F	A O F	A O F	A O F							X	X	A O F	A O F	A O F
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

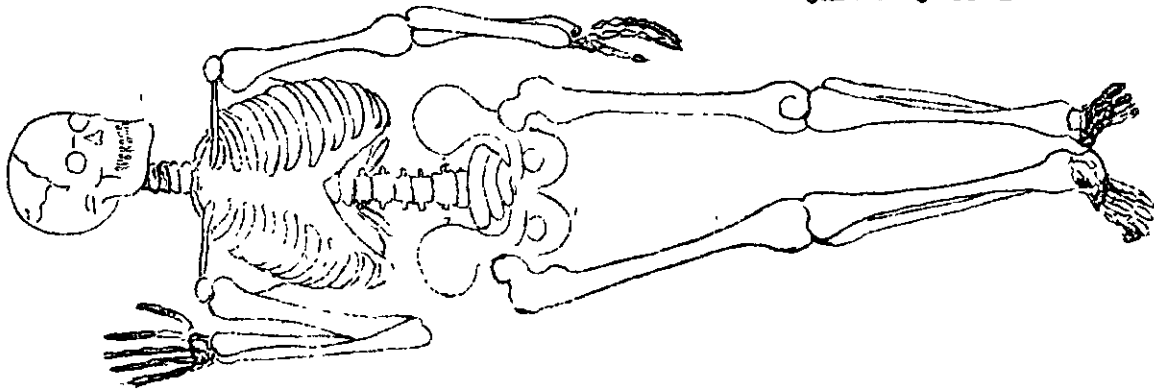
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Tooth 10-R is twisted distally approx. 25°
 Tooth 12-R has a pin point distal cavity
 Tooth 13-R has a pin point mesial cavity
 Tooth 16-R has a distal cavity
 Tooth 16-R has a facial cavity which probably once contained a filling.

Tooth 5-L and 7-L are broken off
 Tooth 9-L is twisted mesially approx. 45°
 Tooth 13-L is leaning distally filling the position of tooth 14-L which was previously extracted.

19. Black out parts of body not recovered

Carano J-30-1222



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.

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 and Organization SIGNATURE

t/ MYRON C FULLER
1st Lt QMC

(Signed)

HEADQUARTERS
9107 TSU - QMC
American Graves Registration Service
Mediterranean Zone
APO 791 US Army

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

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

C.I.P. Case No. _____

Date of Investigation 9 Sept 48

~~Unknown to the Command~~ UNKNOWN X-72

Am. Mil. Cem. Carano Italy: Plot J Row No. 30 Grave 1222

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 1044, completely filled out to physical characteristics)

23. Skeletal Data

HEAD _____ Complete _____

TOOTH CHART _____ Accomplished _____

TRUNK Complete except for 5 cervical and 1 dorsal vertebrae _____

UPPER EXTREMITIES. (Give measurements of long bones).

R Humerus 34.6 cm _____ L Humerus 34.5 cm _____

R Ulna 27.4 cm _____ L Ulna 27.7 cm _____

R Radius 25.6 cm _____ L Radius 25.8 cm _____

Carpals, Metacarpals, Phalanges _____

3 6 2

LOWER EXTREMITIES. (Give measurements of long bones).

R Femur 46.6 cm _____ L Femur 47.0 cm _____

R Tibia 38.4 cm _____ L Tibia 38.1 cm _____

R Fibula 37.7 cm _____ L Fibula 37.1 cm _____

Calcanei, Tarsals, Metatarsals, Phalanges _____

1 4 2 7 6

24. AGE ESTIMATED AT 26-30

BASED ON Epiphyseal lines of the long bones are closed. Sagittal, coronal, and lambdoidal sutures of the skull have started to close. The sphenofrontal suture is partially closed.

225. SUMMARY OF FINDINGS

Tooth chart - accomplished
 Age estimate - 26-30
 Height estimate - 5' 9 $\frac{1}{4}$ "
 Remains of one and the same individual

26. RECOMMENDATIONS

All available identification data pertaining to unrecovered casualties in Cassino area have been checked against those of the remains represented in this report, without effecting association. These remains are therefore declared "Non-Identifiable".

T.C. ANDERSON
 Major QMC

/s & t/ MYRON C. FULLER

(Signature of Officer)
 1st Lt QMC
 CIP Officer

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-72				2. DATE OF REPORT 9 September 1948	
3. NAME OF CEMETERY USMC Carano, Italy	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	J	30	1222	DISINTERMENT	REINTERMENT
13 July 1948					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT 5' 9 1/4"	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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	

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)

Pieces of woolen OD shirt, woolen OD underwear, woolen OD trousers, and woolen socks. Scraps of combat jacket. One combat pack belt.

No sizes or markings were found.

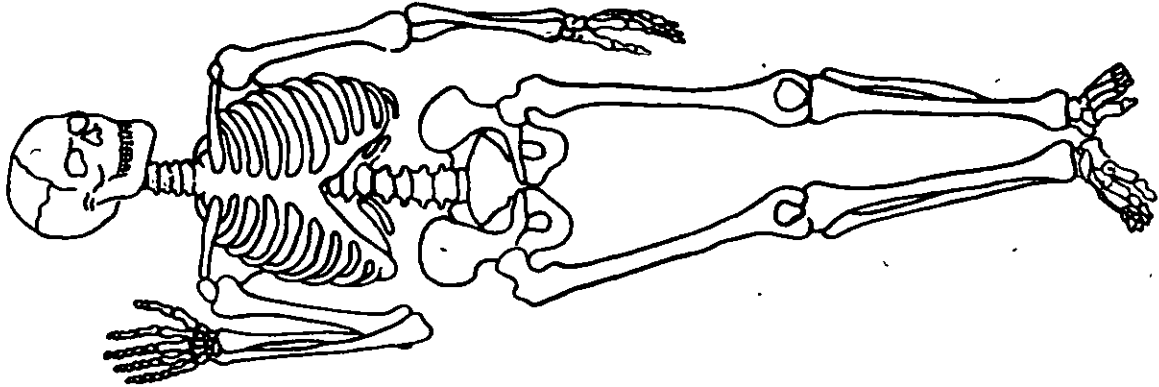
18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE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

- Tooth 10-R is twisted distally approx. 25°.
- Tooth 12-R has a pin point distal cavity.
- Tooth 13-R has a pin point mesial cavity.
- Tooth 16-R has a distal cavity.
- Tooth 16-R has a facial cavity which probably one contained a filling.
- Tooth 5-L and 7-L are broken off.
- Tooth 9-L is twisted mesially approx. 45°
- Tooth 13-L is leaning distally filling the position of tooth 14-L which was previously extracted.

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

 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.

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

MYRON C. FULLER
1st Lt. QMC

SIGNATURE

/s/ Myron C Fuller.

HEADQUARTERS
9107 TSU - QMC
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 704 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraphs 1-17 and 30-31, Identification Data QMC 1044 and 1044b
Paragraph 18 - Identification Detail Chart

C.I.P. Case No. _____

Date of Investigation 9 Sept 48

Unknown American X- UNKNOWN X-72

Am. Mil. Cem. Carano Italy: Plot J Row 30 Grave 1222

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 1042 completely filled out to physical characteristics).

3. Skeletal Data

HEAD Complete

TOOTH CHART Accomplished

TRUNK Complete except for 5 cervical and 1 dorsal vertebrae

UPPER EXTREMITIES. (Give measurements of long bones).

R Humerus 34.6 cm L Humerus 34.5 cm

R Ulna 27.4 cm L Ulna 27.7 cm

R Radius 25.6 cm L Radius 25.8 cm

Carpels, Metacarpels, Phalanges

3 6 2

UPPER EXTREMITIES. (Give measurements of long bones).

R Femur 46.6 cm L Femur 47.0 cm

R Tibia 38.4 cm L Tibia 38.1 cm

R Fibula 37.7 cm L Fibula 37.1 cm

Calcanea, Tarsals, Patallae, Metatarsals, Phalanges

1 4 2 7 6

24. AGE ESTIMATED AT 26 - 30

BASED ON Epiphyseal lines of the long bones are closed. Sagittal, coronal and lambdoidal sutures of the skull have started to close. The spheno-frontal suture is partially closed.

25. SUMMARY OF FINDINGS

Tooth chart - accomplished
Age estimate - 26 - 30
Height estimate - 5' 9 1/4"
Remains of one and the same individual

26. RECOMMENDATIONS

/s/ Myron C Fuller

(Signature of Officer)

MYRON C FULLER
1st Lt. QMC
CIP Officer

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME



RESTRICTED

REPORT OF ~~UNKNOWN~~ REBURIAL
AR 30-1815 & IM 10-630

29 November 1944

Date Report Filled Out

UNKNOWN AMERICAN X - 72 (Last Name)	X (First Name)	72 (Middle Initial)	Unknown (Serial No.)	Unknown (Race)
Unknown (Rank)	Unknown (Organization)	U.S. Army (Branch)	U.S.A. (Country)	
Unknown (Place of Death)	Unknown (Date of Death)	Unknown (Cause of Death)	Unknown (Religion P C H etc)	

MEANS OF IDENTIFICATION

Identification Tags found on body Yes (), No (O)

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

Body wore American Uniform, Tooth Chart on reverse side.

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: 1 Ring (hand made) sent to Personal Effects Warehouse, PBS.

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, 29 Nov 1944	U.S. Cemetery, Carano, 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

J.	30	1222	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?

Q.M.C Form #1-GRS sealed in GRS bottle and buried with body.

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

Right side	Unknown American X-71	Unk.	Unk.	Unknown	1221
	(Name)	(Rank)	(ASN)	(Organization)	(Grave No)
Left side	Gibson, Fred E.	Unk.	39903660	Unknown	1223
	(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 0-1305761
 3rd Bldg. 3044th QM GR Co

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: Make out Q.M.C Form #1-GRS in quadruplicate for US 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

RESTRICTED

