

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-185

SUBJECT

INT. SEC. MAY 17 1949

GWA

B 7 35 USARV REFERENCE

Walter E. Thomas
WALTER E. THOMAS
Capt. CMP. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 5217 00037	DATE 15 06 48 DAY MONTH YEAR
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NAME <i>243 UNKNOWNX - 000185</i>	SERIAL NUMBER	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
--------------------------------------	---------------	------	----------	---------------------------------

CEMETERY <u>CASTELFIORENTINO</u>	DISPOSITION OF REMAINS O 5201 80 CODE DIST. PT
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PLOT- ROW GRAVE COUNTRY 20 85 4471 ITALY	CAUSE OF DEATH 6
---	---------------------

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-185	RANK UNK	DATE OF DEATH	DATE DISINTERRED 11 SEPT 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION UNK	IDENTIFICATION VERIFIED BY <i>J. W. Fisher</i> NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL SHROUD	CONDITION OF REMAINS SKELETAL
----------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION
NONE

MINOR DISCREPANCIES
NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE 23 DECEMBER 1948 BY HOMER J. LESLIE (EMBALMER)

CASKET SEALED BY HOMER J. LESLIE (EMBALMER)	EMBALMER (Signature) <i>Homer J. Leslie</i>
--	--

CASKET BOXED AND MARKED EUGENE E. CASTELLARIN EMBALMER	SHIPPING ADDRESS VERIFIED BY JOHN B. RANKIN, CAPT QMC
--	--

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

John B. Rankin
JOHN B. RANKIN, CAPT QMC

SIGNATURE OF GRS INSPECTOR
FILE

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

23 JUN 1949
REPATRIATION BRANCH
BRM 1301

nm

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC CASTELFIDENTINO ITALY ITALY		TO LEGHORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER R L CROCKER 2 LT QMC	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 16 Sept 48	SIGNATURE OF RECEIVER THOMAS P. PULLIAM, CAPT Q.C	DATE 16 Sept 1948

2. SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE, ITALY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PASQUALE BESCIGLIA M/Sgt	
SIGNATURE OF SHIPPER THOMAS P PULLIAM CAPT QMC	DATE 13 May 49	SIGNATURE OF RECEIVER WALTER E. THOMAS CAPT CMP	DATE 13 May 49

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 <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER E. GORRICE 1 LT QMC	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 21 EV 11 AE DEC 13 1011

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

X 2993 (Name) X-185
no further information study 26-85-4971

1/2 314.6 221 Medet
Secret Secret

QHQRR DEPT OF ARMY WASH DC CAPT ROGERS EXT

UNCLASSIFIED

AGRS HZ ROME ITALY

PRIORITY

X

W C F 27991

CHARGE GRAVLS NW 11

FROM QHQRR

REQUEST FOLLOWING DISINTERMENT DIRECTIVES BE SUSPENDED PENDING
FURTHER NOTIFICATION FROM THIS OFFICE C/M DISINTERMENT DIRECTIVE FIVE
TWO ONE ZERO DASH ZERO TWO TWO SIX SIX ON STAFF SGT ROBERT VICTOR WILES
ONE SIX ZERO SIX NINE SIX THREE ONE C/M DISINTERMENT DIRECTIVE FIVE TWO
FIVE TWO DASH ZERO ZERO FOUR ONE THREE ON STAFF SGT VERNON ITEM BENDER
THREE FIVE ONE THREE NINE ZERO SEVEN FOUR C/M DISINTERMENT DIRECTIVE
FIVE TWO FIVE TWO DASH ZERO ONE ZERO ZERO ONE ON FIRST LT WALTON NINE
LIGON ZERO SEVEN FIVE FIVE NINE SEVEN FOUR C/M DISINTERMENT DIRECTIVE
FIVE TWO ZERO FIVE DASH ZERO ZERO ONE ONE ZERO ON SECOND LT JAMES
CHARLIE CARLON ZERO ONE ZERO ONE THREE THREE SIX ONE C/M DISINTERMENT
DIRECTIVE FIVE TWO ZERO FIVE DASH ZERO ZERO SIX TWO NINE ON TEC FOURTH
GRADE LEWIS EAST SHERWIN THREE TWO ONE ZERO ZERO FIVE THREE SIX C/M
DISINTERMENT DIRECTIVE FIVE TWO FIVE EIGHT DASH ZERO ONE THREE FOUR FIVE
ON CPL ROBERT SUGAR QUIRK THREE X TWO TWO SIX FIVE EIGHT SEVEN THREE C/M
DISINTERMENT DIRECTIVE FIVE TWO ONE ZERO DASH ZERO TWO TWO FIVE ONE ON
STAFF SGT SAMUEL LOVE WHITLOW ONE THREE ZERO THREE SIX ZERO FOUR ZERO

72212

MSGNR DEPT OF ARMY WASH DC CAPT ROGERS LXT

CMA DISINTERMENT DIRECTIVE FIVE TWO ONE ZERO DASH ZERO ZERO SEVEN FIVE
FOUR ON SECOND LT DOUGLAS TARE FLOWERS ZERO SEVEN ONE ONE ZERO SIX TWO

CMA DISINTERMENT DIRECTIVE FIVE TWO ONE ZERO DASH ZERO ZERO THREE SIX
THREE ON STAFF SGT EDGAR GEORGE CARNY THREE ONE TWO NINE SIX FOUR

FOUR EIGHT CMA DISINTERMENT DIRECTIVE FIVE TWO ONE ZERO DASH ZERO ZERO
FOUR FIVE NINE ON SECOND LT ROBERT WAR CONWAY ZERO ONE ZERO FOUR SEVEN

ZERO SEVEN SEVEN CMA DISINTERMENT DIRECTIVE FIVE TWO ZERO FIVE DASH
ZERO ZERO SEVEN FIVE ONE ON PFC LOUIS JIG ZALKA THREE SIX ONE TWO EIGHT

FOUR ONE THREE CMA DISINTERMENT DIRECTIVE FIVE TWO ONE SEVEN DASH ZERO
ZERO ZERO THREE SEVEN ON UNKNOWN KHAY ONE EIGHT FIVE IN PLOT TWO GEORGE

NOW EIGHT FIVE GRAVE FOUR FOUR SEVEN ONE PD CASES UNDER INVESTIGATION PD
RADIO CONFIRMATION AS TO WHETHER OR NOT ABOVE REQUEST CAN BE COMPLIED

WITH

PR

MJG

MH

JOH

UNCLASSIFIED

MSGNR 293 GRS NZ

901000Z
DEC 40

O. J. MURRAY MAJ GMC MEN DIV

2 2

QMGMR 293
Scott, Montroit
ASN 38 499-023

17 March 1947

SUBJECT: Identification of Unknown Deceased

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

1. Reference is made to 1st Indorsement this office, dated 7 November 1946, copy inclosed, to which no reply has been received.

2. It is requested that this office be informed of the status of the communication referred to in the preceding paragraph.

FOR THE QUARTERMASTER GENERAL:

Incl:
Cy 1st Ind dtd 7 Nov 46

JAMES B. COLSON
Colonel, QMC
Memorial Division

293 1st Ind.
HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE, MEDITERRANEAN THEATER
SEPARATE ZONE COMMAND, APO 794, c/o Postmaster, New York, New York, 1
April 1947

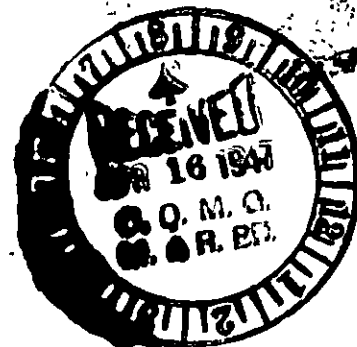
TO: Office of the Quartermaster General, Washington -25- DC
(Attention: MEMORIAL DIVISION)

Subject toothchart is furnished herewith.

FOR THE COMMANDING OFFICER:

ENNIS N. HAYES
Major Inf
S-1

Incls:
Cy 1st Ind dtd 7 Nov 46 n/o
QMG Form 1045 (X-185) added



X 293 Ind dtd 7 Nov 46
X-185 (tooth chart)
293 Scott, Montroit
ASN 38 499-023

MCYG 293 Scott, Montroit 1st Ind.
38499025

WD, OQMG, Washington 25, D. C., 7 November 1946

TO: Commanding General, Mediterranean Theater of Operations, ATTENTION:
Theater Graves Registration Officer, APO 794, c/o Postmaster, New
York, New York

1. Request that a copy of tooth chart referred to in paragraph 4,
basic communication, be forwarded to this office.

2. A tooth chart was not accomplished for Unknown X-185 at the
time of interment.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMG
Assistant

C
O
P
Y

Office of the Chief Graves Registration Officer
Mediterranean Theater of Operation
APO 794, U.S. Army

58935
58912

243 unk. Italy 4-185 (Castelfiorentino) 3 December 1945

SUBJECT: Unknowns X-185 and X-186.

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

1. Reference is made to reports of interment for Unknown American Soldiers X-185 (U-969966) and X-186 (U-946967) interred in plot 2G, row 85, graves 4471 and 4472, respectively, U.S. Military Cemetery, Castelfiorentino, Italy. Reports were forwarded to the Office of The Quartermaster General by transmittal letter dated 4 October 1945.

2. Information available at this headquarters indicates Pvt. Timothy Watkins, 36177855, and Pvt. Montroit Scott, 38499023, both of Company C, 371st Infantry, were reported killed on 15 February 1945 in the vicinity of Unknown American X-185 at grid coordinates U-965966.

3. It is requested tooth chart made part of report of interment for Unknown American Soldier X-185 be checked against those on file the War Department for Pvt. Timothy Watkins and Pvt. Montroit Scott and this headquarters be advised of findings.

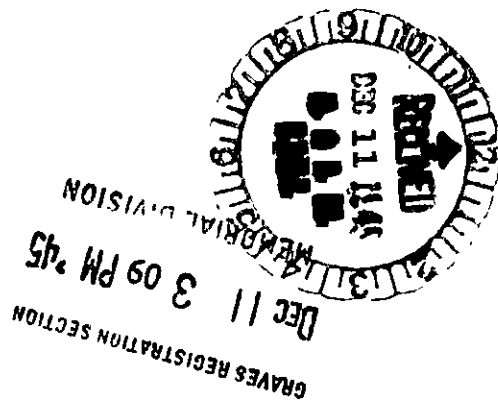
E. B. Wadsworth
E. B. WADSWORTH,
Colonel, QMC,
Theater GRO.

~~243 unk. Italy 4-186 (Castelfiorentino)~~

RECEIVED
MAY 11 1946
FILED
MAY 29 1946
MAY 29 1946
MAY 29 1946



MEMORIAL DIVISION
DEC 11 2 21 PM '45



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN THEATER SEPARATE ZONE COMMAND-MTOUSA
APO 794 US ARMY

CLM: rm S-60
11 October 1946

RB 200.2

SUBJECT: Identification of Unknown American X-185
(Castelfiorentino).

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

It is requested that correction be made in reference to letter dated 28 September 1946, referring to subject deceased. Unknown American X-185, did not have a toothchart as head was not present.

FOR THE COMMANDING OFFICER:

Samuel F. Fritz
SAMUEL F. FRITZ
Captain QMC
S-1

293
Wale
X185
attending
Castelfiorentino

RECORDED
OCT 11 1946
SECOND OFFICE

RECEIVED
OCT 21 1945
RECORDS BRANCH
MEMORIAL DIVISION
OCT 21 4 24 PM '45

Office of the Chief Graves Registration Officer
APO 794, U.S. Army

17 November 1945

SUBJECT: Supplement to Interment Report.

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

1. Attached correspondence is forwarded in supplement to interment report for Unknown American X-208 interred in grave 4583, row 93, plot 2G, U.S. Military Cemetery, Castelfiorentino, Italy.

2. It is requested tooth chart made part of report be checked against those on file in the Office of The Quartermaster General for Pvt. Timothy Watkins, 36617785 and Pvt. Curtis C. Rencher, 36793407, and this headquarters advised if positive identity is determined.

3. It is further requested attached correspondence be reviewed for possible association of remains interred in grave 4471, Castelfiorentino as Unknown American X-185 with Pvt. Rencher and/or Pvt. Watkins.

E. B. WADSWORTH,
Colonel, QMC,
Theater GRO.

1 Incl: Ltr, MFOUSA, dtd 3 July
1945, w/6 Incls & 4 Incls.



293
1293
Timothy Watkins, Curtis C (Out)
Curtis C. Rencher, Timothy (Out)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-185	:	2. DATE OF REPORT 7 October 1948
3. NAME OF CEMETERY US Military Cemetery Castelfiorentino, Italy	:	4. PLOT : 5. ROW : 6. GRAVE : 7. DATE OF DISIN- REIN- TERRMENT TREATMENT
	:	20 : 85 : 4471

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Impossible	:	9. ESTIMATED HEIGHT 5'3"	:	10. COLOR OF HAIR Unknown	:	11. RACE White
--	---	------------------------------------	---	-------------------------------------	---	--------------------------

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

None

T.C. Anderson
T.C. ANDERSON, Major QMC

13. GIVE DESCRIPTION OF TENDS OF SCARS OR WOUNDS AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES.

None

14. WAS BODY BURNED? : TO WHAT EXTENT?

YES NO

15. WAS BODY PA. WOUND? : TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND WOUNDS WITH LOCATIONS

Fracture of the L femur - region of the neck, between the head and the Greater Trochanter. Also fracture of the Acetabulum of the L pelvis prohibiting abduction of the L leg; this fracture occurred minimum 5 years prior to death. Also, this femur was approx. 2 cm. shorter than the other, and might possibly have caused the man to limp.

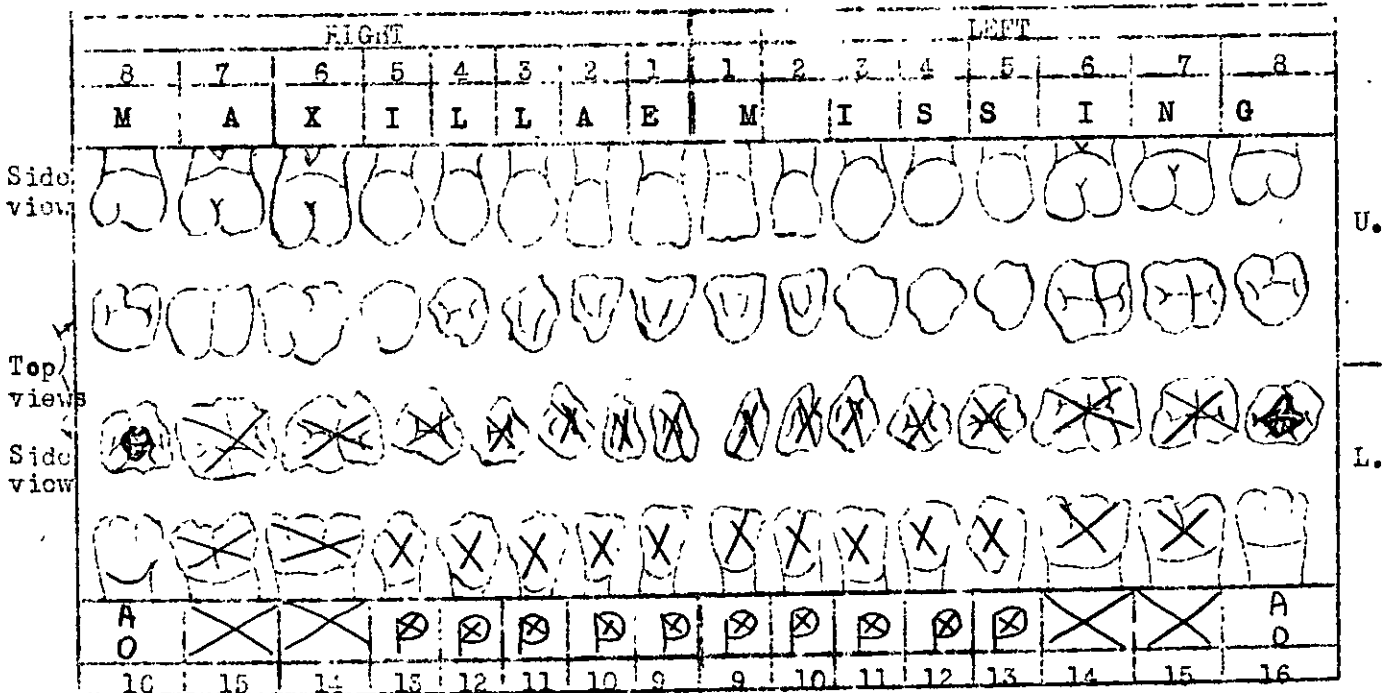
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when such facilities are not available in the area).

None

QTC FORM 10-1
REV 13 Mar 47

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

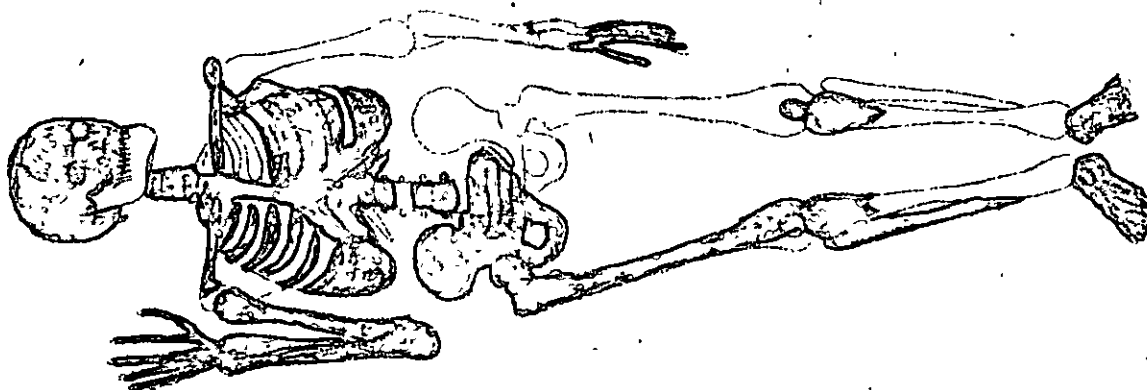
Ret - 25 Feb 49
Received *Sgt. H.S. McIndustrious*
Not identifiable from information presently available
Flora
6 Apr 49
OQMG



Dentures (Plates):

Teeth 14-L and 15-L were extracted possibly within 5 or 6 months prior to death.
 The fillings illustrated above are of average quality.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

(Signature of Medical Officer)

21. REMARKS AND ADDITIONAL INFORMATION

In the opinion of the undersigned,
the representative parts of a human remains
graphically represented in par 19 are those
of one and the same individual.

Dr. Alexander Tardy
M.D., D.A. (Anthropology), G.S.D., O.S.D.

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

Typed name, Grade, Arm or Service and Organization

SIGNATURE

MACK C. HOLT, 1st Lt. QMC
9107 TSU-QMC, AGRS/MZ

s/ Mack C. HOLT

HEADQUARTERS
9107 TSU - 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 Form 1044 & 1044b
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. L-370

Date of Investigation 7 October 1948

Unknown American X- 185

Am. Mil. Com. Castelfiorentino Italy: Plot 2^G Row No. 85 Grave 4471

Place of Death U 969-966 Date of Death Unknown

Map Reference U 969-966 Sheet 104-IV NE Map of Italy -----

Other American Lead Found in Same Area _____

Cause of Death Unknown

22. Description of Remains

Skeletal state.

(If the remains have not decomposed, attach to this form QMC
Form 1042 completely filled out to physical characteristics.)

23. Skeletal Data

HEAD Mandible only is present.

TOOTH CHEW Accomplished

TRUNK Present are: 2 Lumbar vertebrae; 13 ribs; R scapula and L pelvic bone

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Missing L Humerus 31.7

R Ulna Missing L Ulna 24.7

R Radius Missing L Radius 22.7

Carpals, Metacarpals, Phalanges Missing

LOWER EXTREMITIES (Give measurements of long bones).

R Femur 44.4 L Femur Portion of condyle present

R Tibia _____ L Tibia Upper extremity missing

R Fibula Missing L Fibula 36.7

Calcanea, Tarsals, Patellae, Metatarsals, Phalanges Missing. Both patellae missing.

24. AGE ESTIMATED AS Between 20 and 30 years

BASED ON Degree of closure of the epiphyses of the long bones and Pelvis.

25. SUMMARY OF FINDINGS:

Age estimation - Between 20 and 30 years,
Tooth chart - Accomplished
Height estimation - 5'3"

26. RECOMMENDATIONS:

PROCESSED BY:

Evert A. Johnson /s/
Pfc 17173881
CIP Technician

s/ Mack C. HOLT

(Signature of Officer)

MACK C. HOLT
1st Lt QMC
CIP Officer

Dr. Alexander Tardy s/ - 3 -
M.D., D.A. (Anthropology), G.S.D., O.S.D.

ENNIS N. HAYES
Major Inf

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.















UNKNOWN AMERICAN X-185			UNKNOWN		UNKNOWN	
LAST NAME FIRST INITIAL			RANK		SERIAL NO.	
UNKNOWN			UNKNOWN			
UNIT			ORGANIZATION			
U-969966-IV NE			USMC CASTELFIORENTINO		2-G	85 4471
PLACE OF DEATH			PLACE OF BURIAL		PLOT	ROW GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	RIGHT UPPER TEETH LEFT																
TYPE	MAXILLA MISSING																TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT LOWER TEETH LEFT																
TYPE	Filling Type Unk X X P P P BROKEN P P P P P P X X Filling Type Unk																TYPE
LOCATION																	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

INSTRUCTIONS:

ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY** THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4 FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW

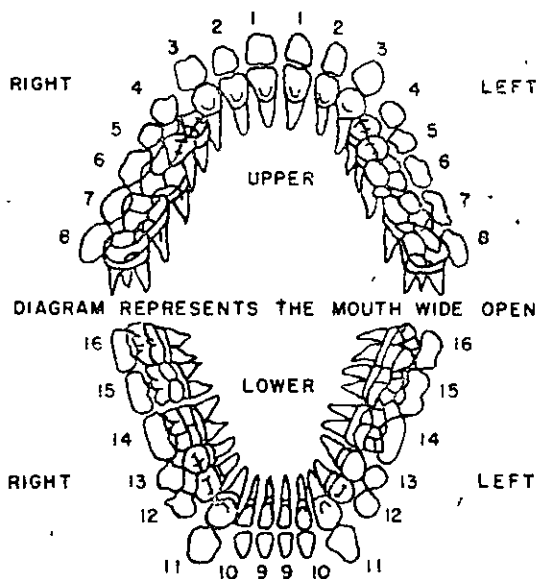


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS: 13, 12, 11, 9 R 9, 10, 11, 12, 13 L MISSING AFTER DEATH
10 R BROKEN

TOOTH CHART TAKEN BY

SIGNATURE OF PERSON WHO PREPARED CHART
S/SGT MALOCU
2621 GRU

NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

DATE

IDENTIFICATION SECTION
EPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

Q.M.C. FORM 1 - GRS
SOS MATOUSA
July 1943

REPORT OF BURIAL
AR 30-1815 & TM 10-630

11 August 1945

Date Report Filled Out

UNKNOWN AMERICAN SOLDIER X-185 (Last Name)	(U-969966) (First Name)	Unknown (Middle Initial)	Unknown (Serial No)	Unknown (Race)
Unknown (Rank)	Unknown (Organization)	Unknown (Branch)	U S A (Country)	
U-969966 Sheet 104-IV NE (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 (0).

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

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)

T/5 George Gregory, 602nd G.I. (GR) Company

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

SHROUD 1400 hours 9 August 1945 US MIL CEM., at Castelfiorentino, Italy (Q549507)

(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

2 G (Plot No)	85 (Row No)	4471 (Grave No)	Wooden Cross (King Grave Markers)	General (Type of Religious Ceremony)
------------------	----------------	--------------------	--------------------------------------	---

Identification Tag buried with body (0) , Identification Tag attached to marker (0) .

If identification Tags not present, what other identification data were buried with the body and in what kind of container?

Copy QMC Form #1-GRS sealed in bottle and buried with body

Bodies buried on either side (See paragraph 4 on reverse side this form)
Believed to be
Copy QMC Form #1-GRS sealed in bottle and buried one foot below grave marker.

Right side	THORAN, Thomas J. (Name)	Fvt. (Rank)	31108018 (ASN)	Co. "A", 473rd Inf. Regt. (Organization)	4470 (Grave No.)
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Left side	UNKNOWN AMERICAN SOLDIER X-186 (Name)	(Rank)	(ASN)	(U-946967) (Organization)	Unknown (Grave No.)
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(Signature of Person Reporting Burial)

Meyer Brown
(Verified by GRS Officer)

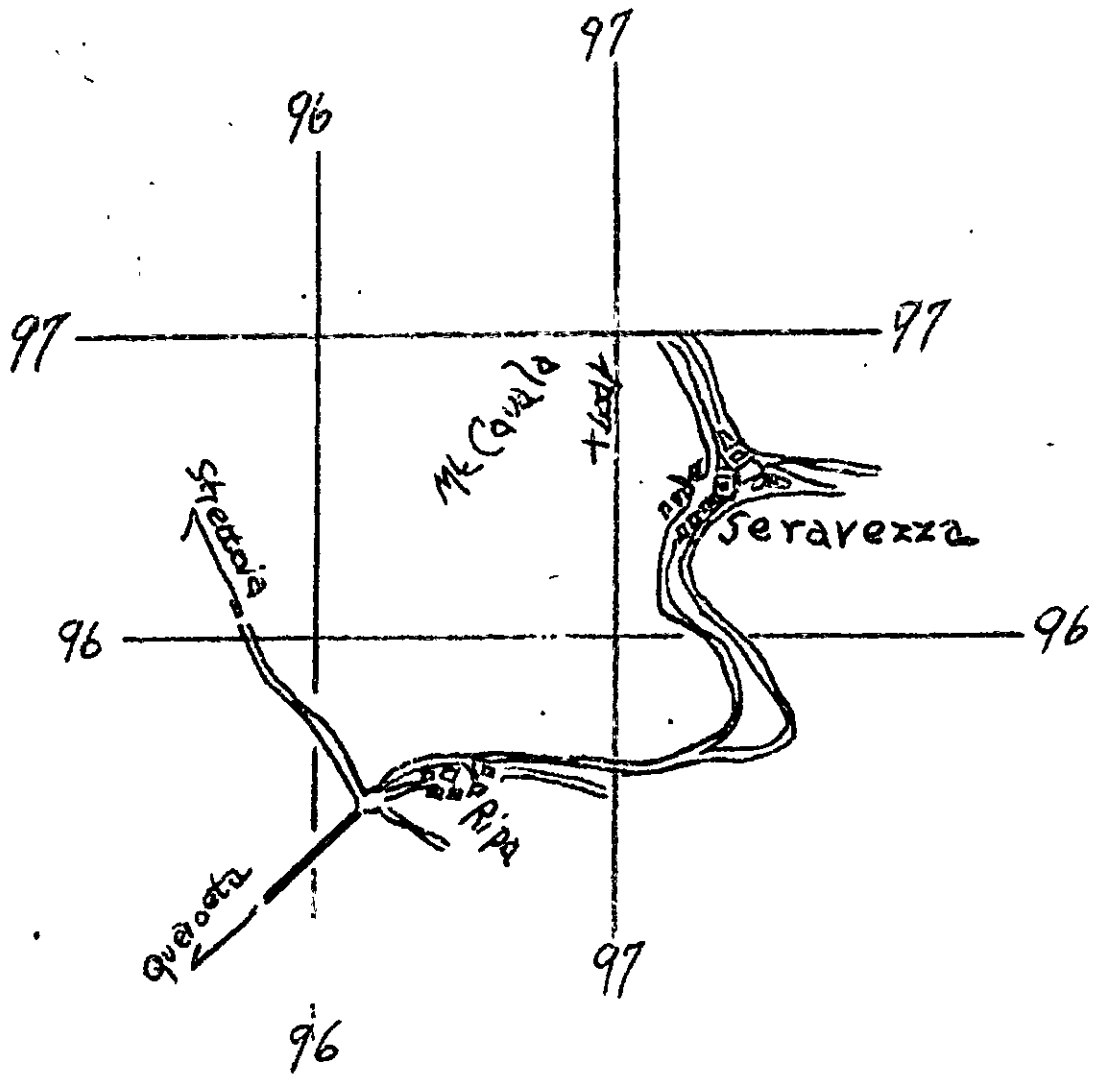
MEYER BROWN, 1st Lt., QMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT. Make out QMC 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 the Section Graves Registration Service Officer OVER FOR BURIAL INSTRUCTIONS.

935

RESTRICTED

Hq. PBS 8-



Scale 1:25000
Sheet 104-1 NW

UNKNOWN AMERICAN X 185

U-969966

HEADQUARTERS
MEDITERRANEAN THEATER OF OPERATIONS
UNITED STATES ARMY

APO 512
Office of the Chief Quartermaster

In reply
refer to

293

1 September 1945

SUBJECT: Report of Internment.

To : The Quartermaster,
Peninsular Base Section,
APO 782, U. S. Army.

1. Reference is made to report of internment for Unknown American X-185, interred in grave 4471, row 89, plot 26, U. S. Military Cemetery at Castel-fiorentino, Italy.

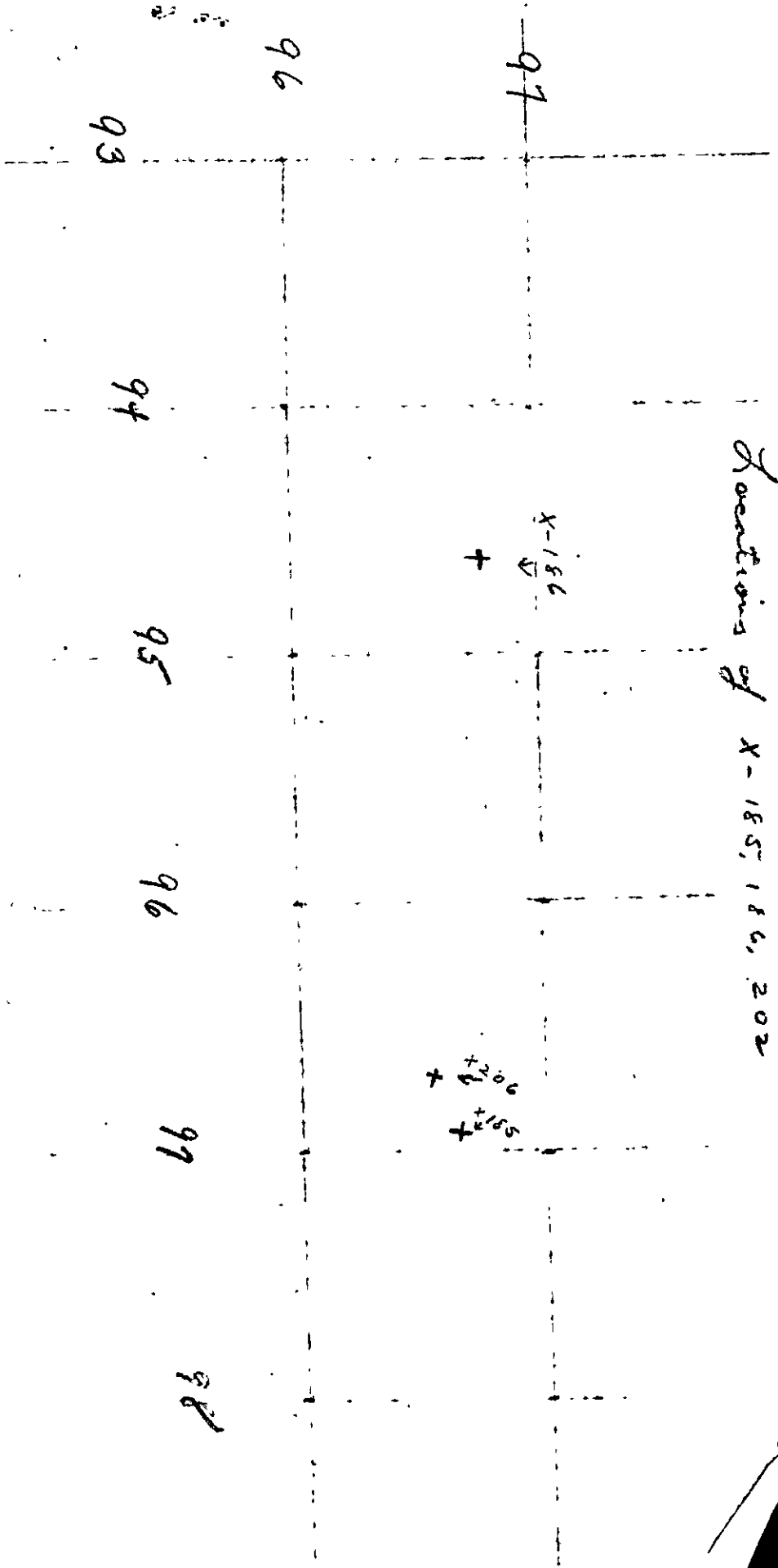
2. It is requested that above referenced report be reviewed and that any information now available to Pen Base bearing upon identity of deceased be furnished this headquarters.

FOR THE CHIEF QUARTERMASTER:

B. B. WAINSWORTH,
Lt. Col., GEC,
Theater GPO.

1935

Locations of X-155, 156, 202



97

96

93

94

95

96

97

98

X-156
+

X-206
+
X-155
+