

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-194

SUBJECT

Interred

USA FLORENCE

WAV 1004

1

WALTER E. THOMAS  
Capt. CMP. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00045

DATE

15 06 48  
DAY MONTH YEAR

NAME

293  
UNKNOWN

SERIAL NUMBER

X-000194

RANK

ARM

0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

CASTELFIORENTINO

DISPOSITION OF REMAINS

0 5201 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

20 89 4517

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-194

RANK

UNK

DATE OF DEATH

14 SEPT 48

DATE DISINTERRED

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

K W FISHER 1 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 10 Nov 48

BY HOMER J. LESLIE ( EMBALMER )

CASKET SEALED BY

HOMER J. LESLIE ( EMBALMER )

EMBALMER (Signature)

*Homer J. Leslie*

CASKET BOXED AND MARKED

( CLERK RECORDER )

SHIPPING ADDRESS VERIFIED BY

MACK C. HOLT 1ST LT QMC

DATE 10 Nov 48 BY MORTON LITTON

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

MACK C. HOLT 1ST LT QMC

*Mack C. Holt*

SIGNATURE OF GRS INSPECTOR

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

NAT  
FILE  
RECORDS ANNOTATED  
DATE 21 May 49  
NAME *SMITH*  
R & R BR.

NLN

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC CASTELFIORENTINO ITALY		TO LEGHORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER L CROCKER "2 LT QMC	
SIGNATURE OF SHIPPER N R HALLEY <i>N R Halley</i>	DATE 16 Sept 48	SIGNATURE OF RECEIVER THOMAS P. PULLIAM <i>Thomas P. Pulliam</i>	DATE 16 Sept 48

## 2 SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE ITALY	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPL. ROBERT S. HUFF	
SIGNATURE OF SHIPPER THOMAS P. PULLIAM 1ST LT. CAPT. QMC	DATE 11 MARCH 1949	SIGNATURE OF RECEIVER <i>Jess H. Carnal</i> JESS H. CARNAL, 1ST LT. QMC	DATE 11 MAR. 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	DATE	SIGNATURE OF RECEIVER	DATE

## 5 SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER (A VEHICLE ALIVE (MOTOR))	
SIGNATURE OF SHIPPER E. P. ...	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

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

RB 200.2

CLM: rm  
1 October 1946

SUBJECT: Unknown American X-194 (Castelfiorentino).

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

Supplementing letter of 20 September 1946, subject: "Identification of Unknown American X-194", on page 2, the name Judson, Rudolph should be corrected to Johnson, Rudolph, pvt, 38 505 633.

FOR THE COMMANDING OFFICER:

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

1 Incl: Cpy ltr dtd 20 September 46.

*293 Work X-194*  
*Castelfiorentino*

RECEIVED  
OCT 24 1946

RECEIVED  
OCT 9 1946  
REGISTRATION AND  
RECORDS BRANCH  
OCT 9 4 00 PM '46  
MEMORIA DIVISION

be

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
MEDITERRANEAN THEATER SEPARATE ZONE COMMAND, APOUSA  
APO 794 US ARMY

RB 200.2

CLM: rm S-60  
20 September 1946

SUBJECT: Identification of Unknown American X-194  
(Castelfiorentino).

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

1. The remains of Unknown American X-194 were found on the surface of the earth, south of Massa, Italy, Grid Coords: U-907-956, Sheet 104-IV, 1/25,000 Map of Italy, and interred in U.S. Military Cemetery, Castelfiorentino, Italy, plot 2-G, row 89, grave 4517, on 7 August 1945.

2. The listings of unrecovered casualties for this area have been processed to eliminate all casualties which were not in the vicinity of Massa, Italy.

3. Records on file this headquarters indicate that casualties were sustained by the 92nd and 88th Divisions from October 1944 to April 1945, these dates being based on recovered identified casualties in the same area and from the same Division.

4. Body decomposed and fingerprints impossible. Toothchart available. Height approximately 5'9".

Clothing found on deceased:

- a. OD shirt 15  $\frac{1}{2}$  - 32.
- b. OD pants 32-33.
- c. Wool underwear.
- d. Wool sweater.
- e. Field jacket.

5. In an effort to establish identification of Unknown American X-194, a list of unrecovered casualties for February 1945 from the 92nd Division is submitted. It is requested that toothchart of X-194 on file, War Department, be compared with toothcharts of the following deceased reported to have been casualties in this area:

Brown, Albert	Pvt	33 065 614
Savold, Robert C.	Pvt	34 310 569
Wheat, Rubin J.	S Sgt	38 218 623
Baker, Richard T.	Sgt	33 189 816
Black, George W.	Tec 4	35 789 986

314.6

Graves Registration

Production

Ltr: OQ122 Identification of Unknown American X-194 (Castelfiorentino)",  
20 September 1946

*Johnson*

<del>Ludsen</del> , Rudolph	Pvt	38 505 633
Warren, James E.	Pvt	34 873 850
Benoit, Wilson	S Sgt	38 080 811
Dent, Lemuel Jr.	Pfc	33 088 767
Graham, Richard	Pvt	34 816 141
Harris, Sammie	Pvt	34 512 810
McQueen, Eddie M.	Pfc	34 677 314
Lopez, Jose A.	Pvt	33 450 074
Rayfield, Walter C.	Pvt	39 292 567
Walters, Edison	Tec 4	33 097 867
West, Everett	Sgt	33 065 640
Williams, Robert	Pfc	33 096 770
Davis, Benjamin Jr.	Pvt	32 099 893
Lambert, William B.	Pvt	34 108 439
Owens, Evans	Pvt	34 510 586
Thompson, Ira	Pfc	34 513 202
Vesley, Ernest	Pfc	33 098 047
Blanchet, Lawrence	Sgt	16 174 513
Burrus, Remulus V.	Pfc	34 463 205
Byers; Amos X-195 <i>Ident</i>	Pvt	34 461 959
Cobbs, James H. <i>Ident X-181</i>	S Sgt	32 216 301
Eichelberger L.E.C.	Pfc	18 217 466
Fleming, Ernest	S Sgt	34 006 760
Franks, Penn Jr.	Pvt	38 457 760
Maristany, Manuel <i>Ident X-232</i>	Sgt	32 087 985
McFadden, William T.	Pvt	33 730 828
Melton, Wesley	Pvt	36 794 961

6. It is further requested that a report of findings be sent to this headquarters upon completion thereof:

FOR THE COMMANDING OFFICER:

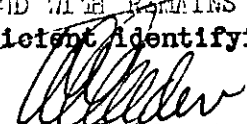
*Samuel F. Fritz*  
SAMUEL F. FRITZ  
Captain OTC  
S-1

25 30 3 05 08 48  
ВЕСОВО? РВУИОН  
150 4 710



REGISTRATION AND  
RECORDS BRANCH  
SEP 30 9 48 AM '46  
MEMORIAL DIVISION



IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN		2. DATE OF REPORT	
X-194		3 Nov 1948	
3. NAME OF CEMETERY		4. PLOT	5. ROW
U S Military Cemetery		2G	89
Castelflorentino, Italy			
		6. GRAVE	7. DATE OF
		4517	DISIN- REIN- TERMENT TERMENT
PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT	
Impossible		5' 10 3/4"	
		10. COLOR OF HAIR	
		Unk.	
		11. RACE	
		Unk.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS			
Declared non-identifiable by reason of lack of sufficient identifying data:			
 T. C. ANDERSON, MAJ, QMC			
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES.			
None			
14. WAS BODY BURNED?		TO WHAT EXTENT?	
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
15. WAS BODY LAMINATED?		TO WHAT EXTENT?	
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
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).			
1 scabbard for trench knife.			

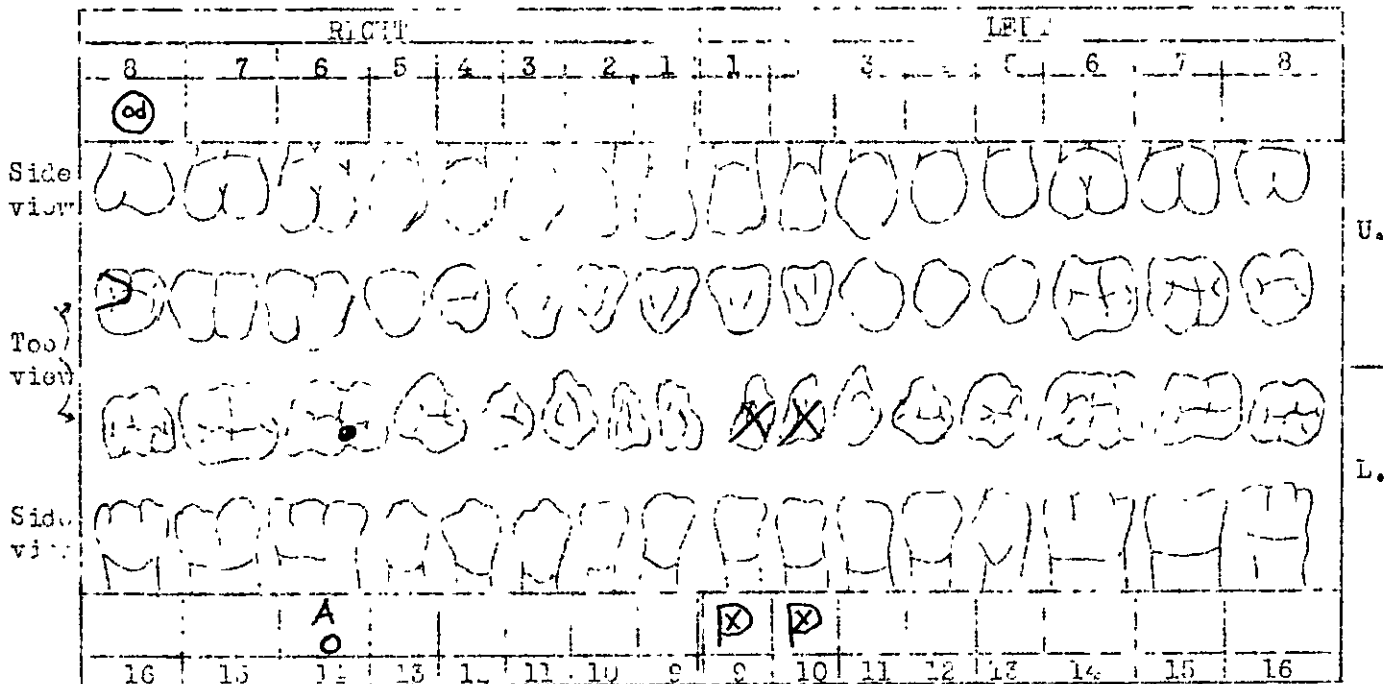
QMC FORM 1044  
REV 18 Mar 47

PREVIOUS EDITIONS OF THIS  
FORM ARE OBSOLETE.

7/4-18 Feb 49  
Received Sub-115 Dec 1948  
Not identifiable from information presently available  
E. Flora  
8 Mar 49  
OQMG

13.

TOOTH CHART



Dentures (Plates):

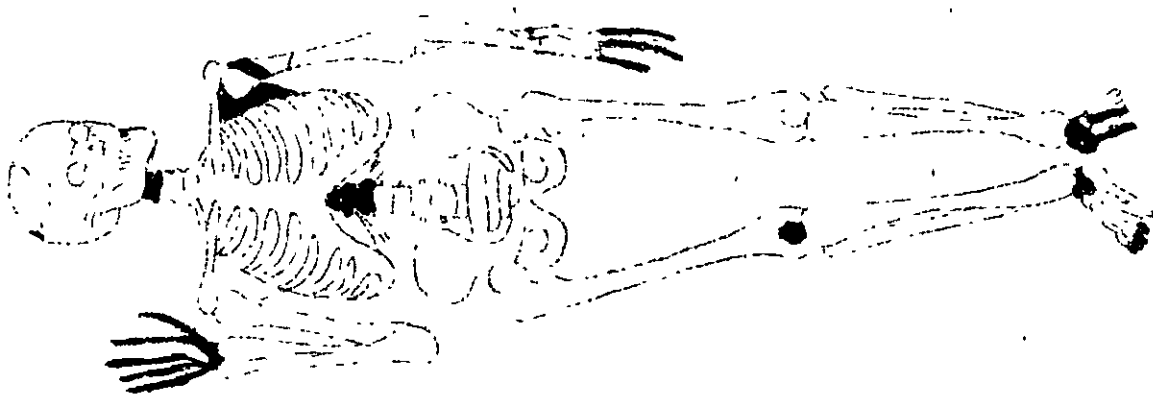
Teeth 16-L and 16-R are impacted mesially.

Tooth 9-R has a cavity which was probably previously filled.

Teeth 2-L and 2-R are very small in comparison with other teeth. The fillings are well made.

18 March 1947

19. BLACK OUT PARTS OF BODY FOR RECORD



20. MISSING BONES CERTIFICATE (if applicable)  
 (If re-identification 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. REMAINS 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.

s/ Alexander Tardy  
 t/ DR ALEXANDER TARDY  
 M.D., D.A. (Antropology), G.S.D.,  
 O.S.D.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF THE DECEDENT AND THAT  
 ALL RELEVANT 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-682

Date of Investigation 3 Nov 48

Unknown American X- 194

Am. Mil. Com. Castelfiorentino Italy: Plot 2G Row No. 89 Grave 4517

Place of Death See Map reference Date of Death Unk.

Map Reference U 907 956 Sheet 104-IV Map of Italy ---

Other American Dead 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 Intact

TOOTH CHEST Accomplished.

TRUNK Complete except for: L scapula, 1 cervical and 4 dorsal vertebrae.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus	<u>33.8</u>	L Humerus	<u>Head shattered partly missing</u>
R Ulna	<u>28.5</u>	L Ulna	<u>28.0</u>
R Radius	<u>26.6</u>	L Radius	<u>25.9</u>
Carpals, Metacarpals, Phalanges	<u>Missing.</u>		

LOWER EXTREMITIES (Give measurements of long bones).

R Femur	<u>48.2</u>	L Femur	<u>48.6</u>
R Tibia	<u>39.0</u>	L Tibia	<u>38.9</u>
R Fibula	<u>39.6</u>	L Fibula	<u>39.8</u>
Calcanea, Tarsals, Patallae, Metatarsals, Phalanges	<u>Partly present. R patella missing.</u>		

24. AGE ESTIMATED AT Between 20 and 24 years.  
BASED ON Degree of closure of skull sutures and epiphyseal lines of bones.

25. SUMMARY OF FINDINGS:  
Age estimation - Between 20 and 24 years.  
Tooth chart - Accomplished.  
Height estimation - 5' 10 3/4".

26. RECOMMENDATIONS

PROCESSED BY:  
s/ Curtiss D. Paye  
t/ CURTISS D. PAYE  
Pfc. 15216985  
CIL Technician

s/ Alexnader Tardy  
t/ DR ALEXANDER TARDY  
M.D., D.A. (Antropology), G.S.D., O.S.D.

s/ Mack C Holt  
(Signature of Officer)  
t/ MACK C HOLT  
1st Lt QMC  
CIL Officer

RESTRICTED

Q.M.C. FORM 1 - GRS  
EOS NA10USA  
July 1943

REPORT OF BURIAL  
AR 30-1815 3 TM 10 630

14 August 1945

Date Report Filled Out

Unk American X-194 (U-907956) Unk Unk  
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)

Unk Unk Army U.S.A.  
 (Rank) (Organization) (Branch) (Country)

U-907956 Unk Unk Unk  
 (Place of Death) (Date of Death) (Cause of Death) (Religion, P. C. H., etc.)

Sheet 104-IVNE

MEANS OF IDENTIFICATION

Identification Tags found on body . Yes ( ) , No (  )  
 If no identification tags, other means used to identify body (identification card, letters, etc.): **None**

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**

Unk Unk  
 (Name of Emergency Addressee) (Address of Emergency Addressee)

George Gregory, T/5 602nd QM (GR) Co.  
 (Signature (or Name) of Person furnishing above data when other than the Officer reporting burial)

Shroud 1400 hours 7 Aug. 1945 U.S. Mil Cem at Castelfiorentino, Italy (0549507)  
 (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 C 89 4517 Wood Cross General  
 (Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)

Identification Tag buried with body (  ); Identification Tag attached to marker (  )  
 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 one foot below grave marker  
 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)

Right side: Unk American X-193 Unk 4516  
 (Name) (Rank) (ASN) (Organization) (Grave No.)

Left side: Unk American X-195 Unk 4518  
 (Name) (Rank) (ASN) (Organization) (Grave No.)

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 Base Section Graves Registration Service Officer OVER FOR BURIAL INSTRUCTIONS

58707

RESTRICTED

Doc-3

# INSTRUCTIONS FOR BURIAL

1 PREPARATION OF BODY : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b) Remove all personal property, remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands, if this not possible, fill out tooth chart and note height, weight, color of eyes and hair, tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress-cover, or blanket when available.

2 BURIAL . Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body) *Place only one body in a grave!* Dig graves side by side, row behind row.

3 MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4 LOCATION OF GRAVE Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map) For all other burials prepare sketch in space provided below, and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5 PERSONAL EFFECTS List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

SKETCH AND MAP REFERENCE

TOOTH CHART

When unidentified, take thumb and fingerprints of both hands

Decomposed, No fingerprints possible.

If this not possible, fill in tooth chart

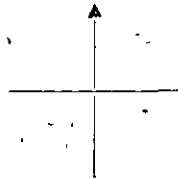
**CLOTHING**

- O.D. Shirt, 15A-32
- O.D. Pants, 32-33
- Wool Underwear
- Wool Sweater
- Field Jacket

Recovered from:

D-907956  
Sheet 104-IVNE

Approximate height, 5'9"

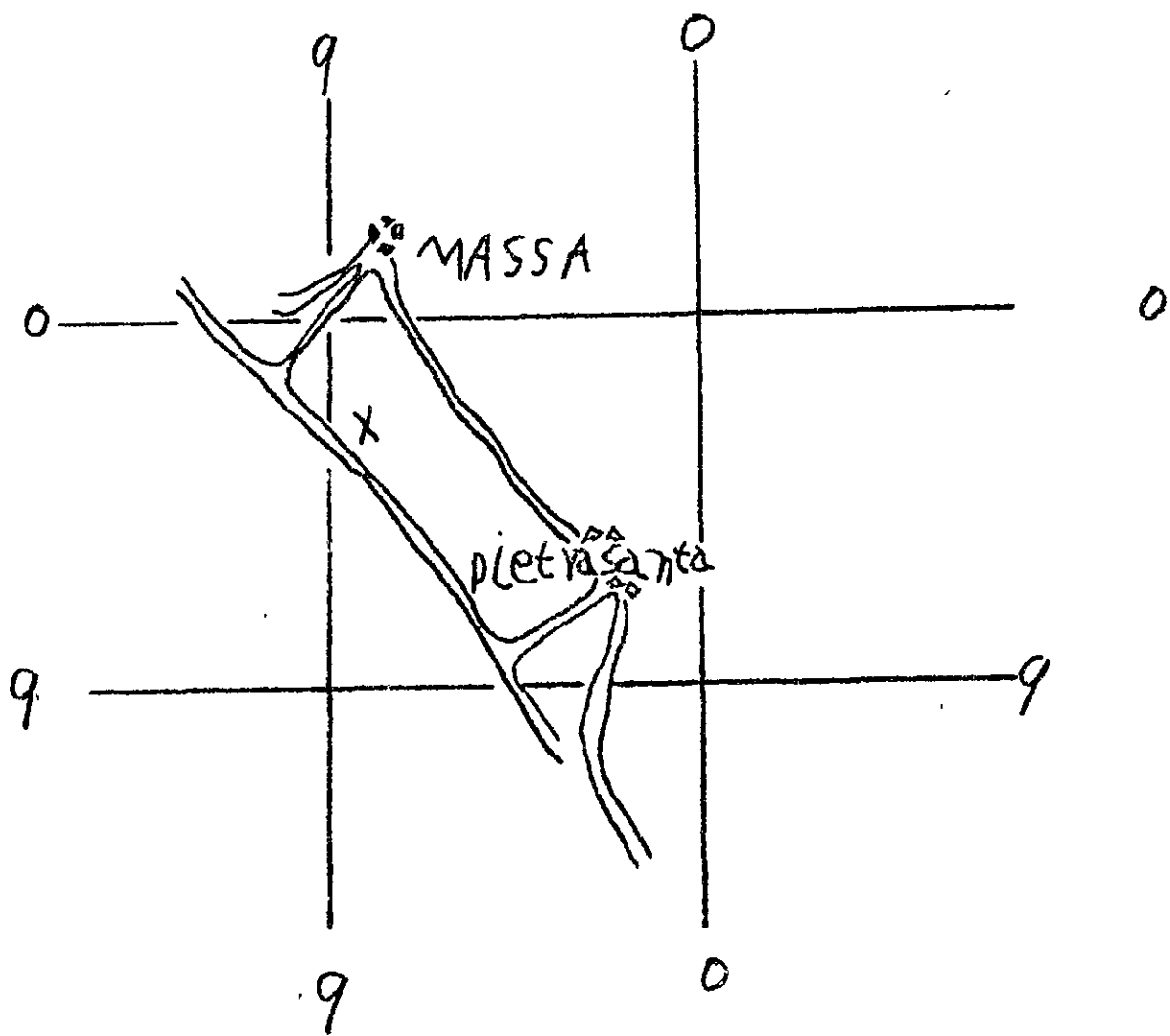


	(Left)																
(Right)	8	7	6	5	4	3	2	1	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	1	1
16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	1	1

Indicate missing natural teeth by X, crowns by O, fillings by □ ; bridges by ○ linkings anchor teeth; replacements by denture (horizontal line)

Characteristics **R** upper p.l. filling tooth  
**R** lower #14 small silver filling  
 Other Data **Both #16 lying flat.**





55707

Italy 1:200,000  
Sheet 11

Unknown American XI 94  
U907956