

FILE IDENTIFICATION TOPPER

FILE NUMBER

293

Unknown, Castelfiorentino, X-196

SUBJECT

Interred APR 9 1948

MM

E 5 9 USMC FLORENCE

### DISINTERMENT DIRECTIVE

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

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00047

DATE

15 06 48  
DAY MONTH YEAR

NAME

UNKNOWN X-000196

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

Q  
DAY MONTH YEAR

CEMETERY

CASTELFIORENTINO

DISPOSITION OF REMAINS

O 5201 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
2G 89 4519 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

UNKNOWN

X-196

UNK

14 SEPT 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

UNK

*K. V. Fisher*  
NAME AND TITLE

### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

SHROUD

SKELETAL

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

MINOR DISCREPANCIES 1

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 23 SEPTEMBER 1948

BY

HOMER J. LESLIE (EMBALMER)

CASKET SEALED BY

HOMER J. LESLIE (EMBALMER)

EMBALMER (Signature)

CASKET BOXED AND MARKED

CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY

DATE 23 SEPT. 48 BY MAURICE J. VALENTINO

FRED H. BOERNER W/O USA

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

*Fred H. Boerner*  
FRED H. BOERNER W/O USA

SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM USMC CASTELTORENTINO ITALY		TO LEGHORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER L C ROCKER 2 LT. ICS	
SIGNATURE OF SHIPPER R N R HANNAN FA	DATE 16 Sept 48	SIGNATURE OF RECEIVER KENNETH D. MC FEELY 1ST LT. TC	DATE 16 SEP. 48

### 2. SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE ITALY	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER ROBERT S. GUFF	
SIGNATURE OF SHIPPER KENNETH D. MC FEELY 1ST LT. ICS	DATE MARCH	SIGNATURE OF RECEIVER JESS H. CAENAL, 1ST LT. QMC	DATE 1949

### 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

OCT 19 1948  
RECEIVED  
RECORDS BRANCH

OCT 19 1948  
RECEIVED  
RECORDS BRANCH

OCT 17 1948  
RECEIVED  
RECORDS BRANCH

REPATRIATION RECORDS BRANCH  
 MAY 6 9 45 AM '49  
 MEMORIAL DIVISION

*the*

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

RB 200.2

CLM/rg S-60  
28 September 1946

SUBJECT: Identification of Unknown American  
X-196 (Castelfiorentino)

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

1. The body of Unknown American X-196 was found on the surface of the earth in the vicinity of Strettoia, Italy, Grid Coords, U-947-968, and interred in U.S. Military Cemetery, Castelfiorentino, Italy, plot 2G, row 89, grave 4519, on 7 August 1945.

2. Date of Death of X-196 is Unknown. Troops of the 92nd Division were engaged in combat activities in this area from October 1944, to April 1945, these dates being based on recovered casualties from the same Division and area.

3. The listings for unrecovered casualties for this area have been processed to eliminate all casualties from units which were not in the vicinity of Strettoia, Italy.

4. A toothchart was accomplished. Fingerprints were impossible due to the advanced stage of decomposition. The following clothing was found on deceased:

- B/R shows 33*
- a. Shoe size 10EE
  - b. O.D. pants 22 - 31
  - c. 2 wool drawers
  - d. 2 shirts size 15 $\frac{1}{2}$  - 33, 15 - 34
  - e. New type field jacket
  - f. 2 wool undershirts

5. In an effort to aid in the identification of Unknown X-196, a list of unrecovered casualties for February 1945 is submitted.

<u>NAME</u>	<u>RANK</u>	<u>ASN</u>	<u>DATE OF DEATH</u>
XBrown, Albert	Pvt	33 065 614	5 February 1945
XSavold, Robert C.	Pvt	34 310 569	
XWheat, Rubin J.	S Sgt	38 218 623	
XJohnson, Rudolph	Pvt	38 505 633	6 February 1945

*293  
Unk X 196  
Italy  
Castelfiorentino*

LTR: OQMG "Identification of Unknown American X-196 (Castelfiorentino)  
28 September 1946

Warren, James E.	Pvt	34 873 850	
†Dent, Lemuel Jr. ✓	Pfc	33 088 767	8 February 1945
*Graham, Richard	Pvt	34 816 141	
11McQueen, Eddie M. ✓	Pfc	34 677 314	
8Lopez, Jose A. ✓	Pvt	33 450 074	
10Mayfield, Walter C. ✓	Pvt	39 292 567	
15Williams, Robert ✓	Pfc	33 096 770	
3Davis, Benjamin Jr. ✓	Pvt	32 099 893	9 February 1945
7Lambert, William B. ✓	Pvt	34 108 439	
14Owens, Evans ✓	Pvt	34 510 586	
XThompson, Ira	Pfc	34 513 202	
XBlanchet, Lawrence V.	Sgt	16 174 513	10 February 1945
1Burrus, Remulus V.	Pfc	34 463 205	
12Byers, Amos ✓	Pvt	34 461 959	
13Cobbs, James H.	S Sgt	33 216 301	
5Eichelberger, L.B.C.	Pfc	18 217 466	
XFleming, Ernest	S Sgt	34 006 760	
XFranks, Penn Jr ✓	Pvt	38 457 760	
9Matishany, Manuel	Sgt	32 087 985	
11McFadden, William T.	Pvt	33 730 828	
12Melton Wesley ✓	Pvt	36 794 961	
14Moses, John E.	Pfc	32 416 639	
15Slaughter, A. Jr.	Pvt	34 556 442	
16Taylor, William A.	Sgt	33 451 477	
XWalker, Maceo A.	Pfc	32 987 895	
XTaylor, Herbert	Pvt	33 378 918	11 February 1945
17Scott, Montroit	Pvt	38 499 023	15 February 1945
XFlynn, Robert	Pvt	35 672 762	17 February 1945
XGreen, Joe	Pfc	33 029 775	23 February 1945
XJones, Henry E.	Sgt	33 468 786	
XKing, Oliver J.	T Sgt	33 384 128	

6. It is requested that toothchart accomplished on burial report for Unknown American X-196 be compared with those on file, War Department, for the above listed casualties with a report of findings forwarded this headquarters upon completion thereof.

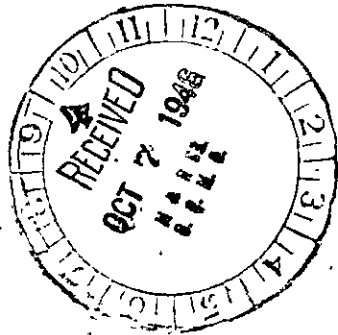
FOR THE COMMANDING OFFICER:

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

REGISTRATION AND  
RECORDS BRANCH

OCT 7 2 27 PM '46

MEMORIAL DIVISION



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN				2. DATE OF REPORT			
X-196				23 September 1948			
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
US Military Cemetery Castelfiorentino, Italy		2G	89	4519	DISINTERMENT		REINTERMENT
					14 Sept 48		

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Unk.	6' 3/8"	Unk.	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 QAC

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     NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES     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)

Combat boots - Size 10 E E

*1 Feb 49.*  
*Subject Remains, U.S.*  
*Deceased Unidentifiable*

Received \_\_\_\_\_ **QACMG**

Not identifiable from information presently available *Karlens*

18.

TOOTH CHART

**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

TOP VIEW

SIDE VIEW



**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Gold Crown, Porcelain Crown



**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

Gold Bridge



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



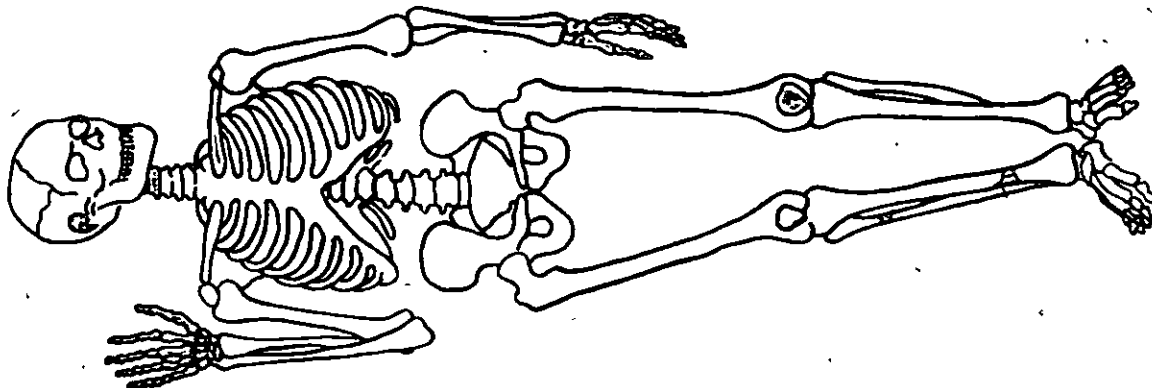
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
A o	A o	A o	X	X		X	X	X	X	X	X	X	A o	A o	A o	
Side Views																Side Views
Top Views																UPPER
Side Views																LOWER
	A o m				X	X		X	X			A o d	X		A o	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

The fillings illustrated above are very neat and well finished  
 Shaded portion indicates part of tooth missing



19. BLACK OUT PARTS OF BODY NOT IDENTIFIED



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

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

*Alexander Tardy*  
**Dr. ALEXANDER TARDY**  
M.D., D.A. (Antrpology), G S D., O.S.D.

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

JOHN L. JACKS Jr. Captain QMC  
9107 TSU-QMC, AGRS/MZ

SIGNATURE

*John L. Jacks Jr.*

HEADQUARTERS  
8107 Tenth Avenue  
AMERICAN RED CROSS COMMISSION SERVICE  
OF DETROIT AND MIAMI  
APO 794  
RECEIVED

CENTRAL IDENTIFICATION BOARD

REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data OMC 1044 and 1044b,  
Paragraph 18 - Identification Report

C.I.P. Case No. L-273

Date of Investigation 23 Sept. 48

Unknown American X-196

Am. Mil. Cem. Castelfiorentino Italy: Bloc 2G Pow No. 89 Grave 4516 <sup>RE-19</sup>

Place of Death Vicinity Strettoia, Italy Date of Death Unk.

Map Reference U 947968 Sheet 11 Map of Italy 1/200,000

Other American Dead Found in Same Area

None listed on original Burial Report

Cause of Death Unknown

22. Description of Remains

Skeletal State

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

23. Skeletal Data

HEAD Right temporal shattered

TOOTH CHART Accomplished

TRUNK Complete except for: L clavicle, 4 cervical, 1 dorsal vertebrae

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus	<u>35,4 cm.</u>	L Humerus	<u>35,3 cm.</u>
R Ulna	<u>29,2 cm.</u>	L Ulna	<u>29,0 cm.</u>
R Radius	<u>26,9 cm.</u>	L Radius	<u>26,8 cm.</u>
Carpels, Metacarpels, Phalanges	<u>missing</u>		

LOWER EXTREMITIES (Give measurements of long bones).

R Femur	<u>49,0cm.</u>	L Femur	<u>49,0 cm.</u>
R Tibia	<u>Piece of shaft missing</u>	L Tibia	<u>41,0 cm.</u>
R Fibula	<u>" " "</u>	L Fibula	<u>40,4 cm.</u>
Calcanea, Tarsals, Patallae, Metatarsals, Phalanges	<u>Feet complete - L. patella missing</u>		

24. AGE ESTIMATED AT 20 - 22 years

BASED ON Degree of closure of epiphyseal lines and skull sutures

25. SUMMARY OF FINDINGS:

- 1. Tooth Chart : Accomplished
- 2. Age estimate : 20 - 22 years
- 3. Height estimate : 6' 3/8"
- 4. Other findings : One pr. Combat boots size 10 E E

26. RECOMMENDATIONS:

PROCESSED BY:

*DALE E. HENRY*  
 DALE E. HENRY  
 Pfc 16210847  
 CIP Technician

*(Signature of Officer)*

JOHN L. JACKS Jr.  
 Captain GAC  
 Officer in Charge

- 3 - Casketing Instructions Section

*Alexander Tardy*  
 Dr. ALEXANDER TARDY  
 M.D., D.A. (Antrpology), G.S.D., O.S.D.

RESTRICTED

Q M C. FORM 1 - GRS  
SOS NATOUSA  
July 1945

REPORT OF BURIAL  
AR 30-1815 & TM 10 630

14 August 1945

Date Report Filled Out

Unk American X-196 (U947968) Unk Unk  
 (Last Name) (First Name) (Middle Initial) (Serial No) (Race)

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

U-947968  
 (Rank)

Vic. Strattoia, Italy Unk Unk Unk  
 (Place of Death) (Date of Death) (Cause of Death) (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.) 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/S, 602nd QM (CR) Co.  
 (Signing (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 Castelflorentino, 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 89 4519 Wood Cross General  
 (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 or other identification data were buried with the body and in what kind of container? Copy QM Form #1-GRS sealed in bottle and buried one foot below grave marker  
 Copy QMC Form #-IGRS 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-195 Unk 4518  
 (Name) (Rank) (ASN) (Organization) (Grave No)

Left side Unk American X-197 Unk 4520  
 (Name) (Rank) (ASN) (Organization) (Grave No)

(Signature of Person Reporting Burial)

(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

58708

RESTRICTED

Hq. PBS 8-44 - 200,000

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 Collecting Point.

SKETCH AND MAP REFERENCE

Recovered from Coords:  
U-947968  
Vic Strettola, Italy

Clothing

- Shoe size, LORE
- OD Pants, 33-31
- 2 wool drawers
- 2 Shirts, 15 1/2-33, 15-34
- New type field jacket
- 2 Wool undershirts

TOOTH-CHART

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

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

Characteristics **R1 missing since death, R5 Med silver filling, I6 Occl silver filling, R7 Occl Dis silver crown, R8 Occl silver filling, I6 Occl silver filling, Occl Dis, I7 Occl silver filling, I8 Occl silver R5 Occl silver filling, I3 Occl dis silver filling, I16 Occl silver filling.**

Decomposed. Fingerprints impossible

If this not possible, fill in tooth chart

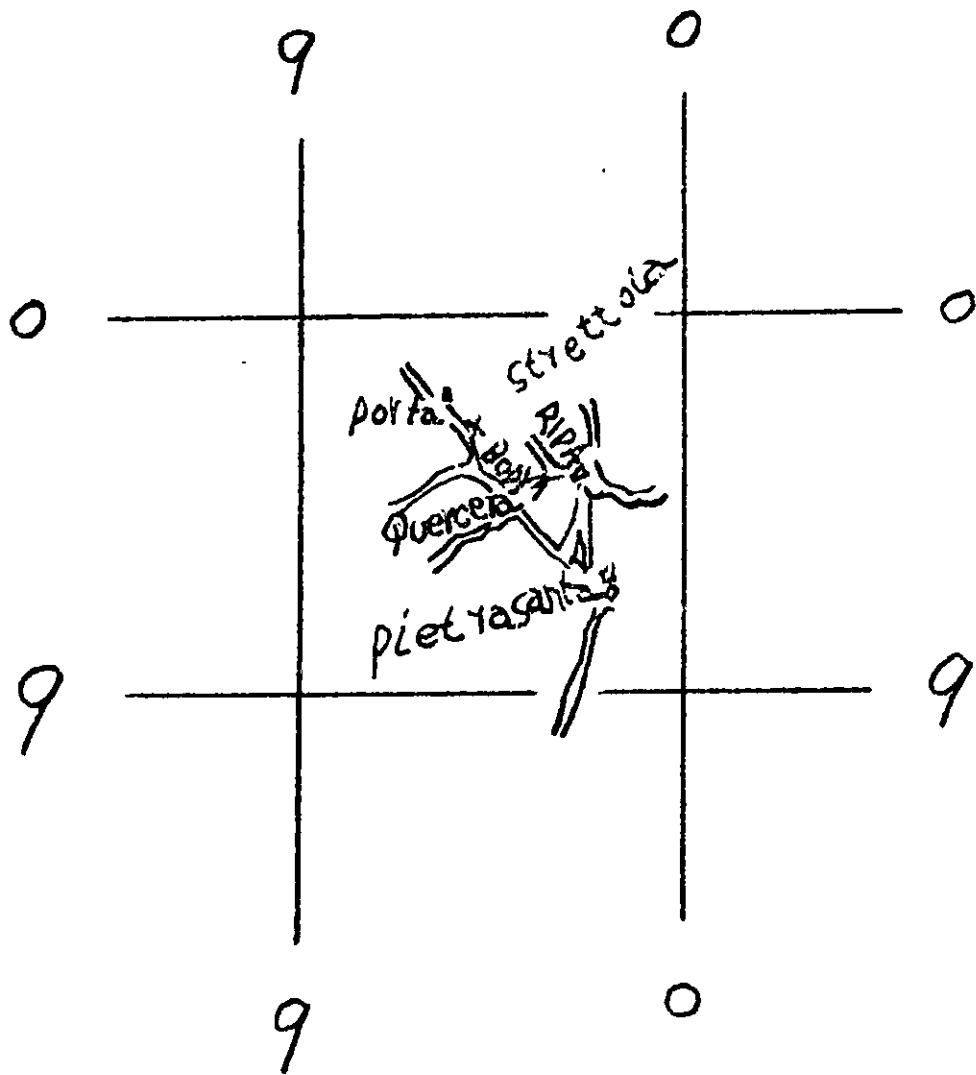
When unidentified, take thumb and fingerprints of both hands

Left

Thumb

Thumb

Right



Italy 1:200,000

Unknown American

Sheet 11

X-196  
U9.47968