

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. CASTELFIORENTINO, X-204

SUBJECT

Inter MAY 6 1949

CRJ

D 19 26 USMC FLORENCE

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

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00055

DATE

15 06 48
DAY MONTH YEAR

NAME

UNKNOWN X-000204

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

DISPOSITION OF REMAINS

0 5201 80
CODE DIST. PT.

CAUSE OF DEATH

6

CEMETERY
CASTELFIORENTINO

PLOT ROW GRAVE COUNTRY
20 90 4530 ITALY

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 DISINTERRED
UNKNOWN X-204 UNK 14 SEPT 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN UNK K. W. FISHER 1. NAME AND TITLE
 MARKER

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
SHROUD 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 EMBALMER (Signature)
HOMER J. LESLIE (EMBALMER) *Homer J. Leslie*

CASKET BOXED AND MARKED (CLERK RECORDER) SHIPPING ADDRESS VERIFIED BY
DATE 10 Nov 48 BY MORTON LITTEN MACK C. HOLT 1ST LT QMC

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 31 May 49
NAME *Mack*
R & R BR.

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM USMC CASTELFIORENTINO ITALY		TO LEG ORN PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER P L CROCKER 2 LT QMC	
SIGNATURE OF SHIPPER N R HALEY 1 LT FA	DATE 16 Sept 48	SIGNATURE OF RECEIVER THOMAS P. PULLIAM CAPT QMC	DATE 16 Sept 48

2. SHIPPED

FROM LEGHORN PORT MORGUE		TO CPT ROBERT S. HUFF USMC FLORENCE ITALY	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER COL ROBERT S. HUFF	
SIGNATURE OF SHIPPER THOMAS P. PULLIAM CAPT QMC	DATE 11 MAR 1949	SIGNATURE OF RECEIVER <i>[Signature]</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

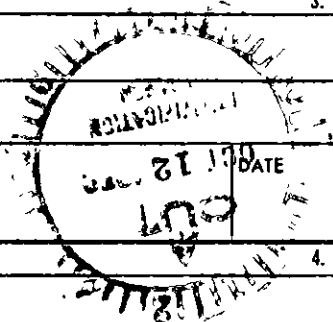
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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



RECORDS BRANCH
 LEGHORN PORT MORGUE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN : 2. DATE OF REPORT
 X - 204 : 3 November 1948

3. NAME OF CEMETERY : 4. PLOT : 5. ROW : 6. GRAVE : 7. DATE OF
 US Military Cemetery : : : : DISIN- REIN-
 Castelfiorentino, Italy : 2G : 90 : 4530 : TERMENT TERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED : 9. ESTIMATED : 10. COLOR OF HAIR : 11. RACE
 WEIGHT : HEIGHT : :
 Impossible : Impossible : Unk. : Unk.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 "Non-Identifiable by reason of lack of sufficient identifying data".
 None
 T. C. ANDERSON, Major QMG

13. GIVE DESCRIPTION OF TATTOOS OF SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES.
 None

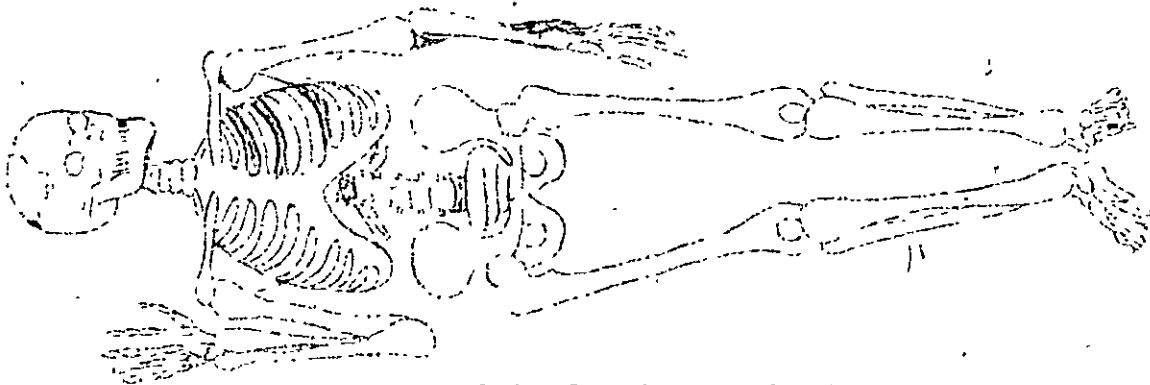
14. WAS BODY BURNED? : TO WHAT EXTENT?
 YES NO

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURE 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
 Received ^{7/16 - 17 Feb 49} Sgt - US Air Command OQMG
 Not identifiable from information presently available
 E. J. *[Signature]*
 8 Mar 49

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Red colored areas denote parts present

20.

MISSISSIPPI CERTIFICATE (If applicable)
(Marriage 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. REMAINS AND ADDITIONAL INFORMATION

In the opinion of the undersigned
the representative parts of a human remains graphi-
cally 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 RESULTS AND 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 704 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 679

Date of Investigation 3 Nov 48

Unknown American X- 240

Am. Mil. Com. Castelfiorentino Italy: Plot 2G Row No. 90 Grave 4530

Place of Death Vic. Villarona, Italy Date of Death Unk

Map Reference L 867 294 Sheet --- Map of Italy 1/25.000

Other American Dead Found in Same Area. _____

Cause of Death KIA

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 Missing

TOOTH CLAW Impossible

TRUNK Present are: 1 dorsal & 1 lumbar vertebrae; 5 ribs

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Missing L Humerus Missing

R Ulna " L Ulna 27.1

R Radius " L Radius Missing

Carpals, Metacarpals, Phalanges Missing

Missing

LOWER EXTREMITIES (Give measurements of long bones).

R Femur Missing L Femur Missing

R Tibia " L Tibia "

R Fibula " L Fibula "

Calcanea, Tarsals, Patallae, Metatarsals, Phalanges Missing

Missing

24. AGE ESTIMATED AT over 20 years
BASED ON degree of closure of epiphyseal lines of the bones

25. SUMMARY OF FINDINGS:
Age estimation : over 20 years
Height estimation : impossible
Tooth chart : impossible

26. RECOMMENDATIONS

PROCESSED BY :

s/Curtiss D. Paye
t/CURTISS D. FAYE
Pfc. 15216985
CIL Technician

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

s/ Mack C. Holt

(Signature of Officer)

MACK C. HOLT
1st Lt. QMC
CIL Officer

IDENTIFICATION SECTION
PATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

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

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

16 August 1945

Date Report Filled Out

Unk American X-204 (1867294) Unk Unk
 (Last Name) (First Name) (Middle Initial) (Serial No) (Race)

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

Vic. Villanona, Italy
 L-867294 Unk KIA 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: See ~~APPENDED~~ statement on back side.

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

Unk

(Name of Emergency Addressee)

Unk

(Address of Emergency Addressee)

James W. Davis, Capt., 350th Inf. Regt.

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

Shroud 1400 hours 8 August 1945 U.S. Mil Cem at Castelflorentino, 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

20 90 4530 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 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 : BROWN, William H., PFC 31079561 350th Inf. Regt. 4529
 (Name) (Rank) (ASN) (Organization) (Grave No)

Left side : EDEY, Eugene S., S/Sgt 32085191 366th Inf. Regt. 4531
 (Name) (Rank) (ASN) (Organization) (Grave No)

(Signature of Person Reporting Burial)

Weyer Brown
 (Verified by G.R.S. Officer)

MEYER BROWN, 1st Lt., QMC

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.

0811

RESTRICTED

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:

STATEMENT
 This body was picked up by a detail of the 350 Inf Regt at Coords. 1867294, Sheet Monchidoro, Map of Italy, 1:25,000 in the vic. of Villorona, Italy

PHY. CHARACTERISTICS

Only a few remains were found, few pieces of ribs, one piece of arm, a piece of leg and 1 hand.

CLOTHING

No clothing could be found.

EVIDENCE

Several feet from these remains was found 1 identification tag with name "George A. Nickolson, 34449782 and 1 Soldiers Paybook with same information. Identification tag and Soldiers Paybook were forwarded to CG, 34 Inf. Div. by Capt Davis 350 Inf. Regt.

(Examinee's)

8	7	6	5	4	3	2	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

TOOTH-CHART
 (Indicate missing natural teeth by X, crowns by O, fillings by □ bridges by ⊖ linkings anchor teeth, replacements by diamond (horizontal line))

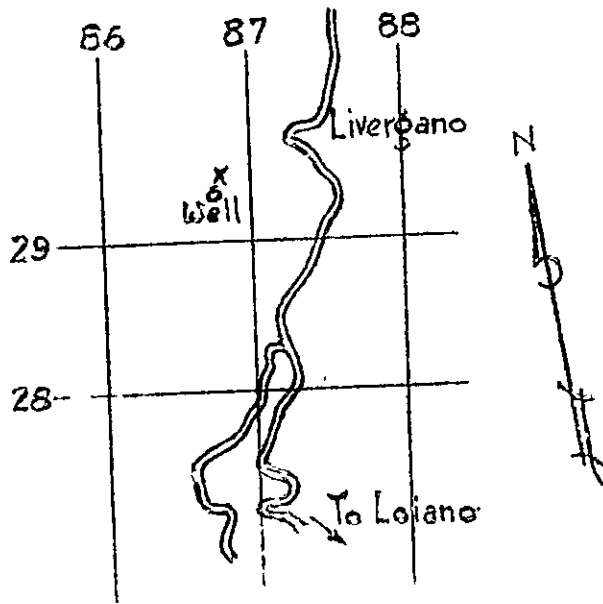
Characteristics
 Impossible to take tooth chart. Skull missing.
 Other Data

Decomposed. Fingerprints impossible

When unidentified, take thumb and fingerprints of both hands

If this not possible, fill in tooth chart

4
3
2
1
Thumb
Left
Right
Thumb



STATEMENT

15 September 1945

The remains of S/Sgt. George A. Nicholson, 34449782, are interred in Mt. Beni U.S. Military Cemetery, Pietramala, Italy, grave 700, row 11, plot E. Identification was established by two identification tags found on the body and name in prayer book.

M. W. KENWORTHY
Captain, QMC