

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknowns, Castelfiorentino, X-219

SUBJECT

MAY 6 1949

CRJ

B 10 26

FLORENCE

1 ✓

WALTER F. THOMAS  
Capt. C.M.P. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00071

DATE

15 06 48  
DAY MONTH YEAR

NAME

UNKNOWNX-000219

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

CASTELFIORENTINO

DISPOSITION OF REMAINS

0 5201 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

20 96 4605 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 DISINTERRED
UNKNOWN	X-219	UNK		14 SEPT 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
	UNKNOWN	UNK	K V FISHER 1 LT JTG NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
UNIFORM	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

DATE 10 Nov 48 BY MORTON LITTE

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.

FILE  
RECORDS  
DATE 31 Mar 49  
NAME  
R & R BR

## 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 HALEY <i>[Signature]</i>	DATE 16 Sept 48	SIGNATURE OF RECEIVER THOMAS P. WILLIAM CAPT QMC <i>[Signature]</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. WILLIAM CAPT. QMC	DATE 10 MAR 49	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

RECEIVED  
 COMMUNICATIONS SECTION  
 11 MAR 1949

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-219</b>				2. DATE OF REPORT <b>3 November 1948</b>	
3. NAME OF CEMETERY  <b>USMC Castelfiorantino, Italy</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>2G</b>	<b>96</b>	<b>4605</b>	DISINTERMENT	REINTERMENT

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>Impossible</b>	9. ESTIMATED HEIGHT <b>5' 3-3/4"</b>	10. COLOR OF HAIR <b>Unknown</b>	11. RACE <b>White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**None**

**"Non-identifiable by reason of lack of sufficient identifying data".**

*T.C. Anderson*  
**T.C. ANDERSON, Major, OMC**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**None**

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**

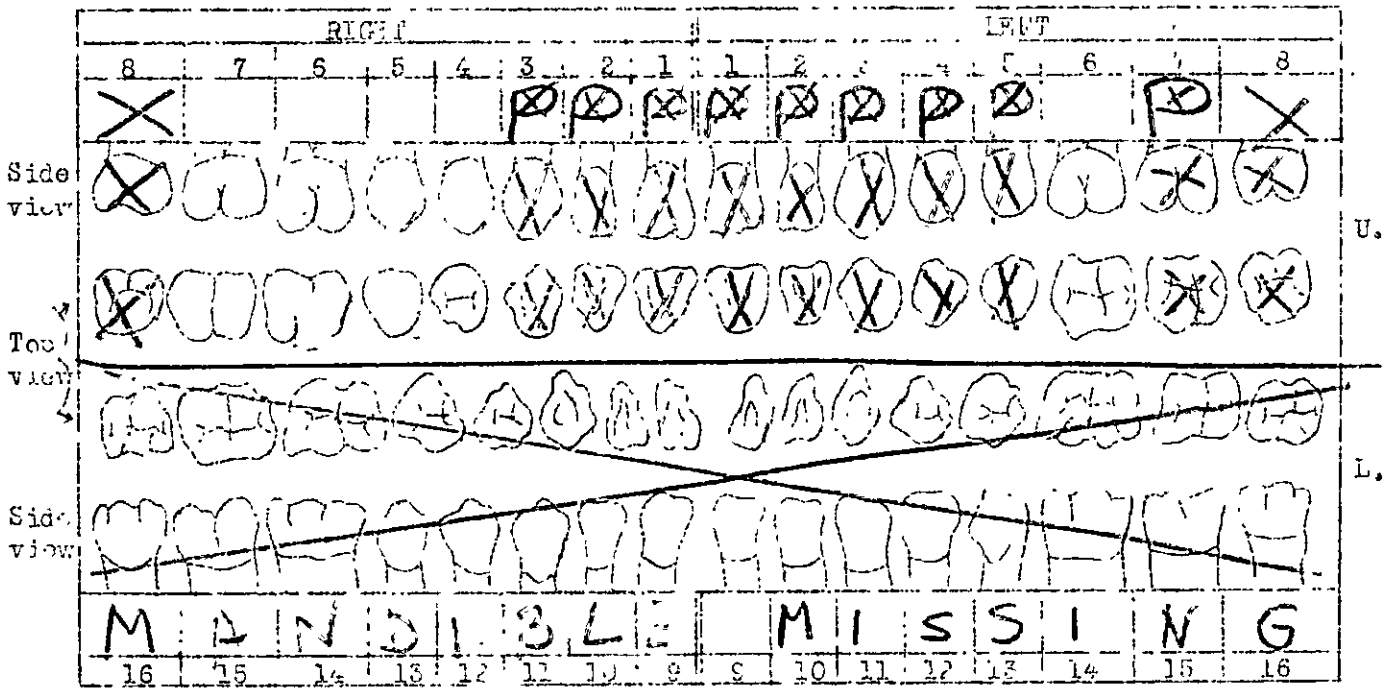
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**1 pr. combat boots, size 7-E**

*T/C - 17 Feb 49*  
 Received Sub USMC New York  
 Not identifiable from information presently available  
*E. J. ...*  
**8 Mar 49**  
**OQMG**

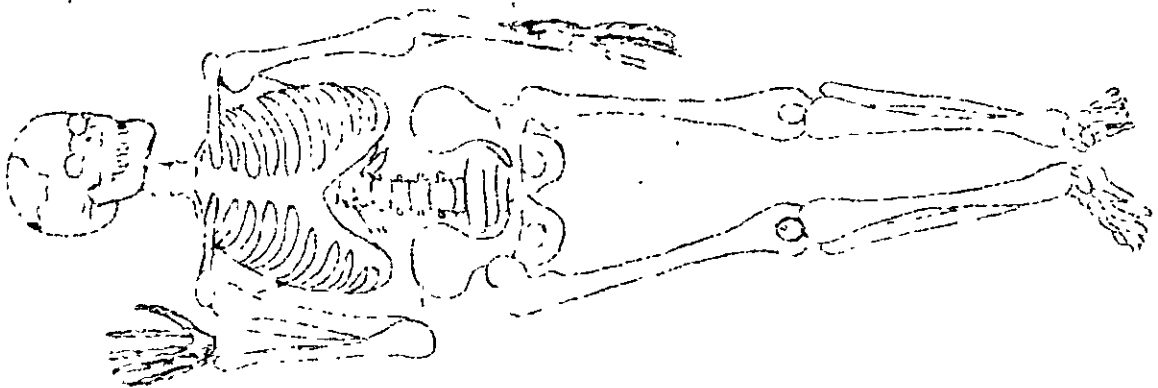
13.

KOTH CHART



Dentures (Plates):

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 \_\_\_\_\_ (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.

S/T/ Dr. Alexander Tardy  
MD, DA, (Anthropology)  
GSD, OSD.

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

Typed name, Grade, Arm or Service and Organization

SIGNATURE

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

(Signed)

HEADQUARTERS  
9107 TSP - C O  
AMERICAN Graves Registration Service  
MEDITERRANEAN ZONE  
PO BOX 794 US ARMY

C. I. P. IDENTIFICATION POINT  
REPORT OF INVESTIGATION

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

C.I.P. Case No. L 683

Date of Investigation 3 Nov. 48

Unknown American X- 219

Am. Mil. Com. Castelfiorentino Italy: Plot 2G Row No. 96 Grave 4606

Place of Death See Map reference Date of Death Unk.

Map Reference L 950 285 Sheet '98 I Map of Italy 1/50,000

Other American Lead Found in Same Area \_\_\_\_\_

Cause of Death KIA

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).

23 Skeletal Data

HEAD Skull intact, Mandible missing

TOOTH CHART Accomplished

TRUNK Complete except for: R clavicle; 6 cervical, 2 dorsal & 1 lumbar  
vertebrae; sacrum

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus	31.5	L Humerus	31.2
R Ulna	26.1	L Ulna	Missing
R Radius	23.8	L Radius	23.9
Carpals, Metacarpals, Phalanges			
<u>Missing</u>			

LOWER EXTREMITIES. (Give measurements of long bones).

R Femur	44.3	L Femur	44.5
R Tibia	35.4	L Tibia	35.3
R Fibula	35.1	L Fibula	35.3
Calcanea, Tarsals, Phalanges, Metatarsals, Phalanges			
<u>L patella present. L &amp; R feet complete</u>			



24. AGE ESTIMATED AT between 26 and 30 years

BASED ON lambdaoidal suture has begun to close and sternal portion  
of clavicles has closed.

25. SUMMARY OF FINDINGS:

Age estimation: Between 26 and 30 years  
Height estimation: 5' 3-3/4"  
Tooth chart: Accomplished  
1 pr. combat boots, size 7-E

26. RECOMMENDATIONS

PROCESSED BY:

s/t/ Curtiss D. Payne  
Pfc. 15216985  
CIL Technician

s/t/ Dr. Alexander Tardy  
MD, DA, (Anthropology)  
GSD, O.S.D.

s/t/ Mack C. Holt  
(Signature of Officer)

1st Lt., QMC  
CIL Officer

IDENTIFICATION SECTION  
REPARATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

RESTRICTED

Q M C FORM 1 GRS  
SOS NATOUSA  
July 1945

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

REBURIAL

3 September 1945

Date Report Filled Out

UNKNOWN AMERICAN X-219 (L950-285) Unknown White  
(Last Name) (First Name) (Middle Initial) (Serial No) (Race)

Unknown Unknown Army USA  
(Rank) (Organization) (Branch) (Country)

Coords: (L950-285) Sheet 98-I

Map of Italy 1/50,000 Unknown KIA Unknown  
(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) **Tooth chart on reverse.**

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)

Sgt. Munnis Queal, 602nd QM (GR) Co.

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

Shroud: 1400 hrs. 30 August 1945, U. S. 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 96 4605 Wooden 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?

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

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

Right side UNKNOWN AMERICAN X-218 Unknown (L559-203) 4604  
(Name) (Rank) (ASN) (Organization) (Grave No)

Believed To Be

Left side :BORRE, Pedro Unknown Unknown (R21-36) 4606  
(Name) (Rank) (ASN) (Organization) (Grave No)

(Signature of Person Reporting Burial)

(Verified by GRS Officer)

GEORGE C. HOLLAND, 2nd Lt. Inf.

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

RESTRICTED

58768

Hq. GRS 3-44-200,000

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 Salvage Collecting Point.

SKETCH AND MAP REFERENCE

This body was disinterred from a grave at Coord: (L950-285), Sheet 98-I, Map of Italy 1/50,000 by a detail of 602 QM (GR) Co. on 25 August 1945. Grave was located about 75 yards east of house of Poggioli, 10 yards on south side of road.

PHYSICAL:

Weight of body approximately 160 lbs.

Height 5' 7"

Hair - Brown

CLOTHING:

Field Jacket Size 34R.

Shirt Size 15 - 32

Shoes Size 7E

Helmet liner - marked "CD".

TOOTH-CHART

(Right)	8	7	6	5	4	3	2	1	10	11	12	13	14	15	16	(Left)
	X				X			X			X				X	
INDICATE missing natural teeth by X, crowns by O, fillings by □, bridges by ○, linking anchor teeth, replacements by denture.																

Characteristics: R1, R2, R3 and L1, L4, L5, missing since death. R8, L8, missing before death. Other Data: Inferior mandible missing.

FINGERPRINTING IMPOSSIBLE BECAUSE OF TOTAL DECOMPOSITION OF HANDS

When unidentified, take thumb and fingerprints of both hands

If this not possible, fill in tooth chart

Left

Thumb

Thumb

Right