

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-221

SUBJECT

Inter MAY 6 1949

CRJ

D 10 23 USMC FLORENCE

1

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

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5217 00067

DATE -
15 06 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-221	UNK	Q	
CEMETERY					DISPOSITION OF REMAINS
CASTELFIORENTINO					5201 80 CODE DIST PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
2G	95	4585	ITALY	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN	X-221	UNK		14 SEPT 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN	UNK	<i>K. W. FISHER</i> NAME AND TITLE	

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 HOMER J. LESLIE (EMBALMER)

CASKET BOXED AND MARKED (CLERK RECORDER)

DATE 10 Nov 48 BY MORTON LITTEN

EMBALMER (Signature) *Homer J. Leslie*

SHIPPING ADDRESS VERIFIED BY 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 ANNOTATED

DATE *Jan 49*

NAME *W. B. Bell*

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 HAILE <i>[Signature]</i>	DATE 16 Sept 48	SIGNATURE OF RECEIVER <i>[Signature]</i> THOMAS P. PULLIAM CAPT QMC	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 CAPT. QMC	DATE 11 MARCH 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> JESS H. GARNAL, 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
 BRANCH
 11 MAR 49
 11 MAR 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center; font-size: 1.2em;">X-221</p>				2. DATE OF REPORT <p style="text-align: center; font-size: 1.2em;">3 Nov. 1948</p>	
3. NAME OF CEMETERY <p style="text-align: center; font-size: 1.2em;">USMC Castelfiorentino, Italy</p>	4. PLOT <p style="text-align: center; font-size: 1.2em;">2-G</p>	5. ROW <p style="text-align: center; font-size: 1.2em;">95</p>	6. GRAVE <p style="text-align: center; font-size: 1.2em;">4585</p>	7. DATE OF	
			DISINTERMENT		REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center; font-size: 1.2em;">Impossible</p>	9. ESTIMATED HEIGHT <p style="text-align: center; font-size: 1.2em;">5' 8½"</p>	10. COLOR OF HAIR <p style="text-align: center; font-size: 1.2em;">Unk.</p>	11. RACE <p style="text-align: center; font-size: 1.2em;">White</p>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

T.C. ANDERSON
T.C. Anderson

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

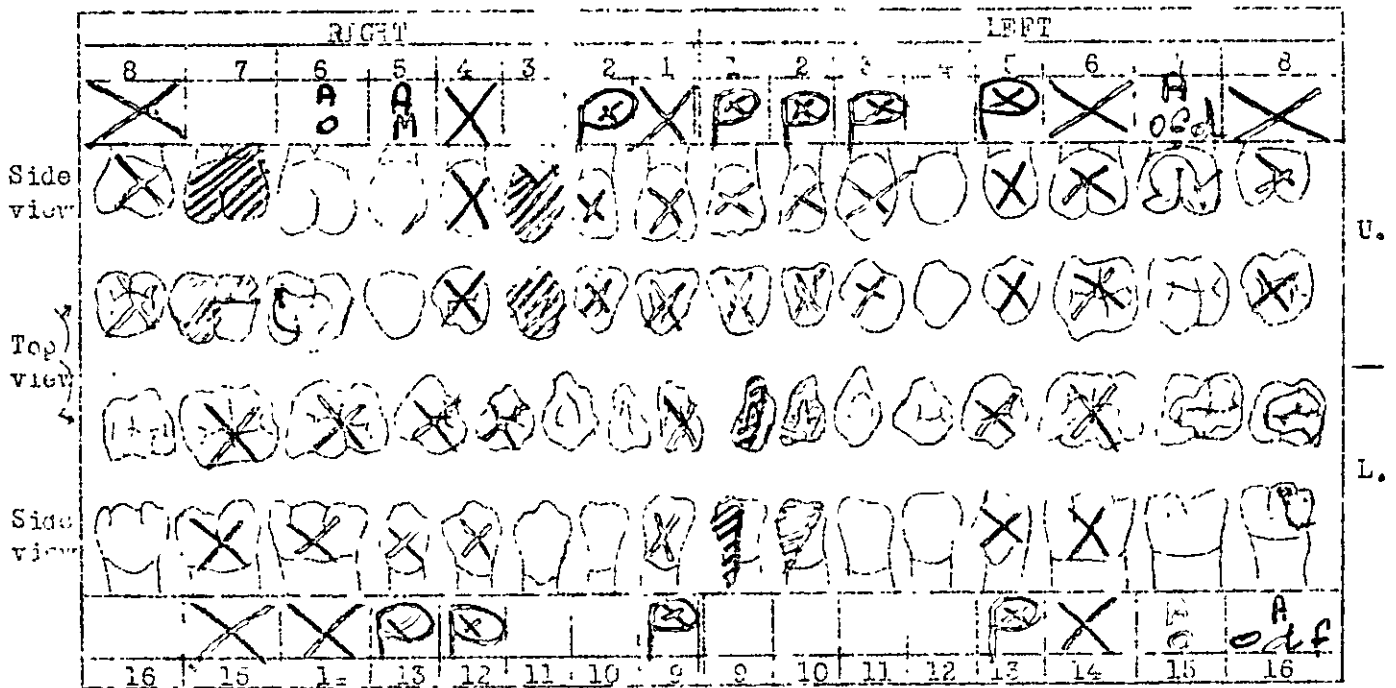
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

1 pair combat boots. Size 8½-D

T/L - 27 Feb 49
Sgt. U.S. Marine Corps
OQMG

Received
Not identifiable from
information presently
available

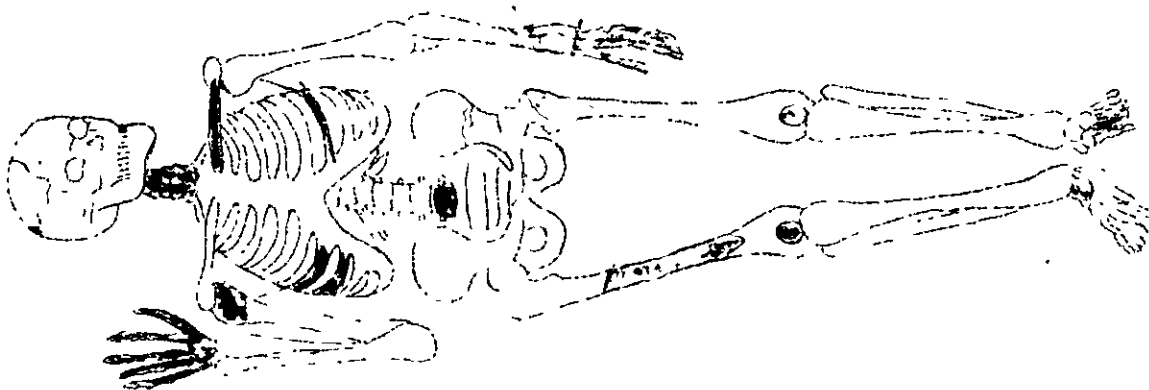
E. Flora
8 Mar 49



Dentures (Plugs):

The illustrated fillings are of average quality
 Shaded areas denote parts chipped

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. DECEASED 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 IDENTIFICATION

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 INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

Typed name, Grade, Arm or Service and Organization
MACK C. HOLT, 1st Lt., QMC, 9107 TSU-QMC, AGRS/MZ

SIGNATURE
(Signed)

HEADQUARTERS
9107 TSU - OLC
AMERICAN CASUAL REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 794 - US ARMY

CENTRAL 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-708

Date of Investigation 3 Nov. 48

Unknown American X- 221

Am. Mil. Com. Castelfiorentino Italy: Plot 2-G Row No. 95 Grave 4585

Place of Death See map reference Date of Death Unk.

Map Reference L 941-328 Sheet 87-II Map of Italy 1/50,000

Other American Dead 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

TOOTH CHART Accomplished

TRUNK Complete except for: L clavicle, 7 cervical, 8 dorsal, 1 lumbar vertebrae and 3 ribs

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Head missing L Humerus 32.5

R Ulna 26.8 L Ulna 26.6

R Radius 25.1 L Radius 25.0

Carpels, Metacarpels, Phalanges Missing

LOWER EXTREMITIES. (Give measurements of long bones).

R Femur Portion of shaft missing L Femur Head missing

R Tibia 38.7 L Tibia 38.2

R Fibula 38.3 L Fibula 38.1

Calcanea, Tarsals, Patallae, Metatarsals, Phalanges

partly present

24. AGE ESTIMATED, AT between 24-26 years
BASED ON Degree of closure of skull sutures and epiphyseal lines of long bones.

25. SUMMARY OF FINDINGS: Age estimation: 24-26 years
 Height estimation: 5' 8 $\frac{1}{2}$ "
 Tooth chart: accomplished

26. RECOMMENDATIONS

PROCESSED BY:

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

s/t/ Dr. Alexander Tardy
MD, DA, (Anthropology)
GSD, OSD.

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 1943

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

8 September 1945

Date Report Filled Out

UNKNOWN AMERICAN X-221 (L941-328) Unknown White
 (Last Name) (First Name) (Middle Initial) (Serial No) (Race)

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

Coord: (L941-328)
 Sheet 87-II
 Map of Italy 1/50,000

Unknown Unknown KIA Unknown
 (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, 602 QM (GR) Co.

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

Shroud 1530 hrs. 5 September 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 95 4585 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 : BEGINNING OF ROW
 (Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : UNKNOWN AMERICAN X-222 Unknown (L950-328) 4586
 (Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Person Reporting Burial)

George C. Holland
 (Verified by G.R.S. Officer)

GEORGE C. HOLLAND, 2nd Lt. Inf.

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.

58838

RESTRICTED

Part 2
 Hq. PBS 8-44 - 200,000

#10

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 deceased was evacuated from the top of the ground at Coords (L941-328), Sheet 87-II, Map of Italy 1/50,000 by a detail of the 1st Platoon, 602 QM (GR) Co. on 30 August 1945.

TOOTH-CHART

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

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

R1, R2, R5, R12, R15, L6, L8, L14 missing before death. R6 silver filling mesial. R7 silver filling occlusal. L7 silver filling occlusal, facial. L15, L16, silver fillings occlusal.

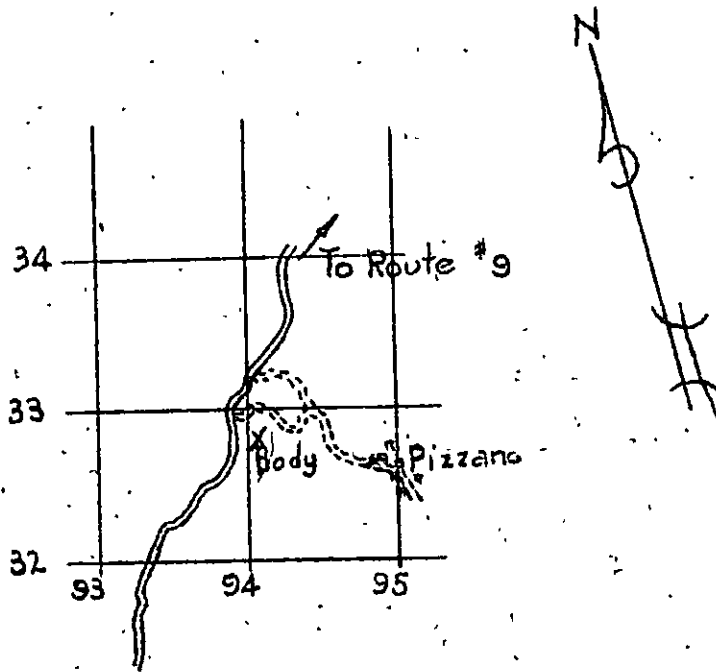
FINGERPRINTS IMPOSSIBLE DUE TO DECOMPOSITION

When unidentified, take thumb and fingerprints of both hands

If this not possible, fill in tooth chart

Left

Right



Map ref. Sheet 87II 1:50,000
Coord: L941328.

58838