

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. CASTELFIORENTINO, X-274

SUBJECT

Interred MAY 18 1949

FBJ

C 8 29

USMC FLORENCE

1

WALTER E THOMAS

DISINTERMENT DIRECTIVE

Capt CMP Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00115

DATE

15 12 48

DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-000274

GRADE

ARM

1

RACE

0

RELIGION

6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

2J

ROW

92

GRAVE

4843

DISPOSITION OF REMAINS

5201 80

CODE DIST CTR

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

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

THOMAS P. PULLIAM CAPT QMC

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

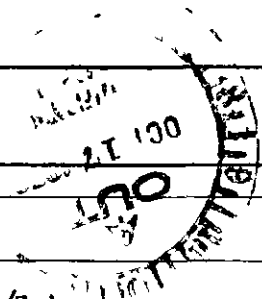
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
 27 JUN 1949
 REPATRIATION
 BRANCH
 MEM DIV

1879

RECORD OF CUSTODIAL TRANSFER



1 SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE, ITALY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PASQUALE BESCIGLIA M/Sgt	
SIGNATURE OF SHIPPER THOMAS P PULLIAM CAPT QMC	DATE 13 May 49	SIGNATURE OF RECEIVER WALTER E. THOMAS CAPT CMP	DATE 13 May 49

2 SHIPPED

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

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

1

174

DISINTERMENT OPERATIONS RECORD

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

RACE RELIGION

NAME

SERIAL NUMBER

GRADE

ARM

UNKNOWN X-000274

1

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

CASTELFIORENTINO ITALY

2J

92

4843

CODE

DIST CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN

X-274

UNK

16 SEPT 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS MARKER

UNKNOWN

UNK

M G BORRES 2 LT OMC 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 (Prepare Discrepancy Report OMC Form 1194a for major discrepancies)

NONE

REMAINS PREPARED AND PLACED IN CASKET

26 Oct 48

HOMER J. LESLIE (EMBALMER)

DATE BY

CASKET SEALED BY

HOMER J. LESLIE (EMBALMER)

EMBALMER (Signature)

Signature of Homer J. Leslie

CASKET BOXED AND MARKED (CLERK RECORDER)

26 Oct 48 ROBERT L. ROONEY

SHIPPING ADDRESS VERIFIED BY

DATE BY

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 OMC

Signature of Mack C. Holt

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

CUSTODIAL TRANSFER

FROM
USMC CASTELFIORENTINO ITALY
CONVEYANCE
TRUCK
SHIPPER *Handwritten signature*
N R HALEY 1 LFA

TO
LEGHORN PORT MORGUE
CONVOYER
R L CROCKER 2 LT QMC
DATE
22 Sept 48

DATE: 22 SEPT 48

RECEIVER: THOMAS P. PULLIAM
CAPT QMC

[Faint, mostly illegible text and markings, possibly bleed-through or secondary document content]

IDENTIFICATION DATA

1. REMAINS OR BODY :		2. DATE OF REPORT	
X-274		14 October 1948	
3. WHERE FOUND :		4. REPORT NUMBER :	
5. NAME OF PLACE :		6. GRADE :	
7. DISTRICT :		8. DISTRICT :	
9. COUNTY :		10. COLOR OF HAIR :	
11. RACE :		12. GIVE DESCRIPTION OF ANY OTHER IDENTIFIERS FOUND WITH REMAINS :	
UblC Castelfiorentino, Italy		2-J : 92 : 4843	
PHYSICAL DESCRIPTION			
13. HAIR COLOR :		14. COLOR OF HAIR :	
15. BUILD :		16. RACE :	
Unk		Impossible	
17. GIVE DESCRIPTION OF FEATURES OF SCULPTURE BY F.P.D./OR SUBJECT PHOTO IDENTIFIED :		18. COLOR OF HAIR :	
None		None	
19. WAS BODY BURIED? :		20. WAS IDENTIFIED? :	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. WAS IDENTIFIED BY? :		22. WAS IDENTIFIED? :	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
23. DESCRIBE EVIDENCE OR RELATED INFORMATION AND LOCATION OF REMAINS			
None			
24. LIST EVERY PART OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING IDENTIFIER, COLOR, SIZE, TYPE, SERVICE, ETC. (If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when such facilities are not available in the area).			
None			

W. Anderson
 W. C. ANDERSON
 Major

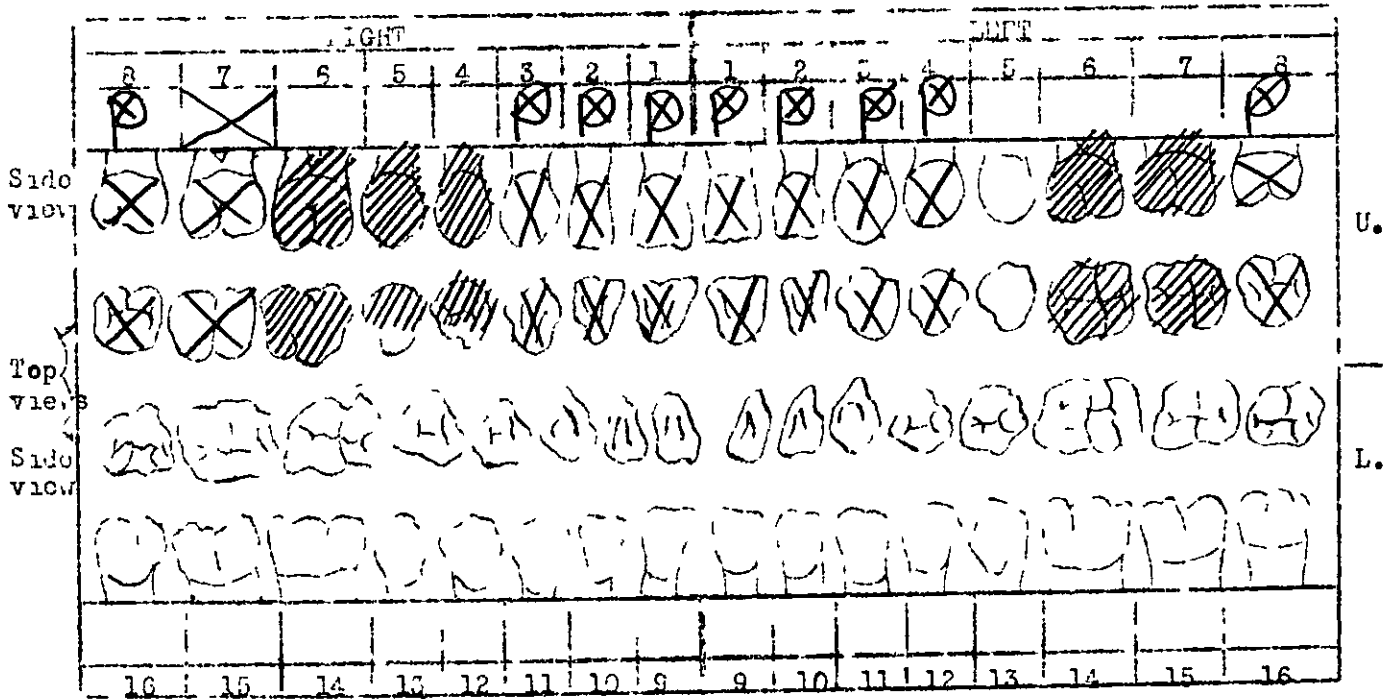
QAC FOR 1014
 REV 18 APR 47

VARIOUS EDITIONS OF THIS
 FORM ARE OBSOLETE

At 11 Oct 49
 Received *Remains 215* OOMG
 Not identifiable from *Decent*
 information presently *resident*
 available *Ru*

18.

TOOTH CHART

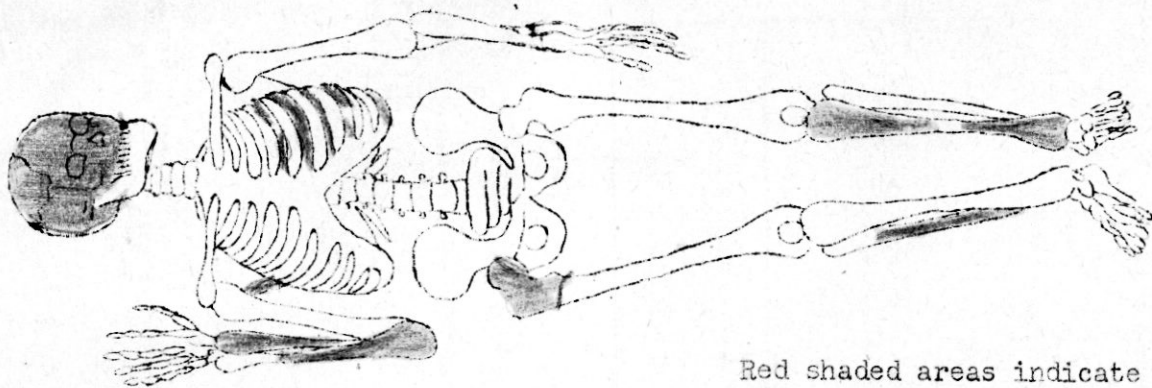


Dentures (Plates)

The shaded areas indicate teeth broken or chipped.

QC POP 1044 a
18 March 1948

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Red shaded areas indicate parts present.

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.

t/s/ Dr ALEXANDER TARDY
MD, DA (Anthropology)
G.S.D., O.S.D.

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

SIGNATURE

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

(signed)

HEADQUARTERS
1207 "J" - O C
MEDICAL INVESTIGATION SERVICE
DEFENSE ZONE
10794 US PIY

CIVIL 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. I-166

Date of Investigation 14 Oct 48

Unknown American X- 274

Mr. Mil. Cem. Castelfiorentino Italy Plot 21 Row No. 92 Grave 1843

Place of Death Mt Canala Vic Serravezza, Italy Date of Death Est October 1944

Map Reference 964-971 Sheet 104 Scale of Italy 1/100,000

Other American Dead Found in Same Area _____

Unknown American X-273

Cause of Death Unknown

22. Description of Remains

Skeletal state.

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

23 Skeletal Data

HEAD Mandible missing

TOOTH PART Accomplished

TRUNK Present are, 7 pieces of ribs.

UPPER LIMBS (Give measurements of long bones).

R Humerus	Missing	L Humerus	Missing
Portion of olecranon			
R Ulna and head	are missing	L Ulna	"
R Radius	Missing	L Radius	"
Carpels, Metacarpals, Phalanges			
Missing			

LOWER LIMBS (Give measurements of long bones).

head and trochanter			
R Femur	present	L Femur	Missing
R Tibia	Missing	L Tibia	Head missing
R Fibula	Missing	L Fibula	Piece of shaft present
Calcanea, Tarsals, Patellae, Metatarsals, Phalanges			
Missing. Both patellae are missing.			

24. AGE ESTIMATED AS Between 19 and 22 years
BASED ON Degree of closure of the epiphyses of the long bones and sutures
of the skull.
25. SUMMARY OF FINDINGS.
Tooth chart - accomplished
Height estimation - impossible
Age estimation - Between 19 and 22 years.
26. X-RAY FINDINGS

PROCESSED BY:

t/s/ EVERETT A. JOHNSON
Pfc , 1717381
CIP Technician

t/s/ Dr ALEXANDER TARDY
MD, DA (Anthropology)
G.S.D., O S D

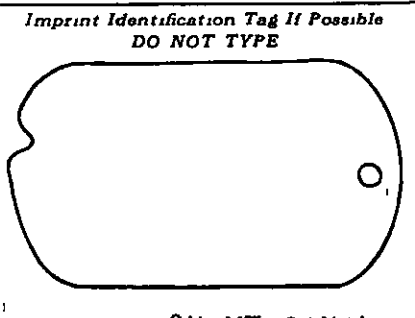
t/s/ MACK C. HOLT
(Signature of Officer)
1st Lt., CMC
CIP Officer

RESTRICTED

WD QMC FORM 1042
(Rev 1 Apr 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
JULY 9, 1946



Section 1—IDENTIFICATION		
NAME (Last first middle initial)		SERIAL NO
UNKNOWN AMERICAN SOLDIER X-274		UNK.
GRADE	ORGANIZATION	BRANCH OF SERVICE
UNK.	92ND DIV.	ARMY
RACE	RELIGION	IF OTHER THAN U S DEAD GIVE NAME OF COUNTRY
COLORED	UNK.	U.S.A.

PLACE OF DEATH **ON MT. CANALA,
VIC. SERAVEZZA, ITALY
(96.4-97.1) MAP REF.
1/100 000 SH. 104**

CAUSE OF DEATH	DATE OF DEATH
KIA	FPR. EST. OCT. 1945

EMERGENCY ADDRESSEE (Name relationship and address)
UNKNOWN

IDENTIFICATION TAGS FOUND ON BODY (1 2 or none)	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse)
NONE.	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
NO.	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
NONE.

Section 2.—BURIAL *If other than in established cemetery furnish sketch and map coordinates on reverse*

NAME, NUMBER COORDINATES AND LOCATION OF CEMETERY

U.S. MILITARY CEMETERY, CASTELFIORENTINO, ITALY Q(549-507)

DATE OF BURIAL	HOUR	BURIED IN (Shroud blanket or name of other)	TYPE OF GRAVE MARKER	PLOT NO	ROW NO	GRAVE NO
9 JULY 1946	1500	WOODEN CASKET.	WOODEN CROSS	2-J	92	4843

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME NUMBER COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE
NO	

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
GENERAL	LOCAL CHAPLAIN	QMC FORM-1-GRS SEALED IN CONTAINER AND BURIED WITH BODY. QMC FORM-1-GRS, SEALED IN CONTAINER AND BURIED ONE FOOT BELOW GRAVE MARKER.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
NO	NO	

BODY BURIED ON DECEASED LEFT NAME (Last first middle initial)	RANK	SERIAL NO	ORGANIZATION	GRAVE No.
UNKNOWN AMERICAN SOLDIER X-273	UNK.	UNK.	92ND DIV.	4842

BODY BURIED ON DECEASED RIGHT NAME (Last first middle initial)	RANK	SERIAL NO	ORGANIZATION	GRAVE No.
SUMNER, NEAL E.	UNK.	34374001	UNK.	4844


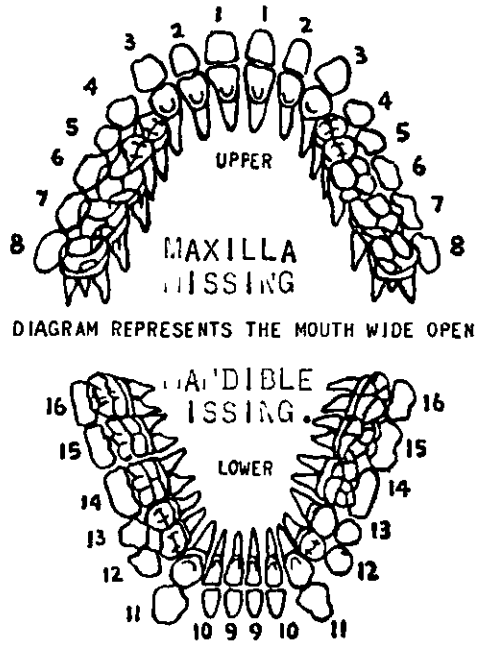




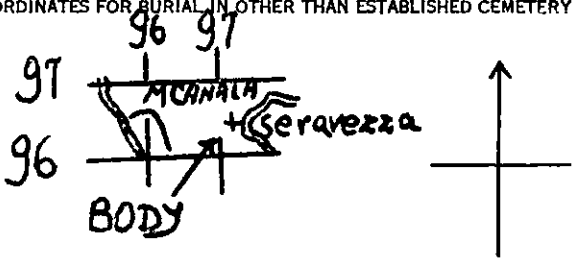
SIGNATURE OF PERSON PREPARING REPORT <i>Frank L. Malocu</i> FRANK L. MALOCU, S/SGT.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles O. Provow</i> CHARLES O. PROVOW, 1ST LT. INF.
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DISTRIBUTION OF REPORT *Signed original for U S and allied dead signed original and one copy for enemy dead to the Quartermaster General through Headquarters GRS Officer Copies for retention in theater as prescribed by theater commander*

50007

RESTRICTED

RESTRICTED

	Section - UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	INSTRUCTIONS (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below and any other clues under Other such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks, and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint or prints are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	EST. 5'9"	EST. 185	- -	BLACK CURLY
LEFT MIDDLE FINGER	WEAPON AND SERIAL No		LAUNDRY MARKS	
	- -		- NONE -	
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES NO. 2			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER MAXILLA MISSING MANDIBLE MISSING LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY ON I.T. CANALA VIC. OF SERAVEZZA, ITALY (S.G. 4-97.1) MAP REF. 1/100,000 SH. 104.			
	 96 97 CANALA Seravezza BODY			
	REMARKS NONE.			

SURFACE OF A DRIED OUT
 WATERFALL, ON I.T. CANALA
 VIC. OF SERAVEZZA, ITALY
 (S.G. 4-97.1) MAP. REF.
 1/100,000 SH. 104.

Submitted herewith is a list of unrecovered deceased for possible association with Unknowns X-272, X-279, and X-274, interred in Plot 2-J, Row 92, Graves 4841, 4842, and 4843, respectively, in U.S. Military Cemetery, Castelfiorentino.

Elliott, Hubert L.	33125303	371 Inf	92nd Div.	KIA 10 Feb. 45
Frank, Penn Jr.	38457760	371 Inf.	92nd Div	KIA 10 Feb 45
Gorham, Henry	34462307	370 Inf	92nd Div	KIA 7 Apr 45
Lockett, A. D.	34482566	370 Inf	92nd Div	KIA 11 Oct. 44
McFadden, William T.	33730828	371 Inf	92nd Div	KIA 10 Feb 45
Nixon, Morris	34467637	370th	92nd Div	KIA 5 Apr 45
Powell, Samuel E.	33103318	370 Inf	92nd Div	KIA 6 Apr 45
Sablow, Hubert	34843451	370 Inf	92nd Div	KIA 5 Apr 45
Singolton, James P.	34646626	370 Inf	92nd Div	KIA 5 Apr 45 Ident
Stark, Ernie				

It is requested tooth-chart accomplished on report of interment for Unknown American X-272 be compared against those on file the War Department for the above named deceased and this headquarters advised if identity can be determined.

SAMUEL F. FRITZ
Capt. QMC

Martan, Antonio