

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-296

SUBJECT

Interred 21 April 1949

211 GWA

D 12 3 USA FLORENCE

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

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00129

DATE

15 06 48  
DAY MONTH YEAR

NAME

UNKNOWNX-000296

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

2J 96 4886 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

UNKNOWN

SERIAL NUMBER

X-296

RANK

UNK

DATE OF DEATH

16 SEPT 48

DATE DISINTERRED

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

*H G Borres*  
H G BORRES 2 LT CMC  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELETAL

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 8 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 8 Nov 48

BY

ROBERT L. ROONEY

MACK C HOLT 1ST LT CMC

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 CMC

*Mack C Holt*

SIGNATURE OF GRS INSPECTOR

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

FILE  
RECORDS ASSOCIATED  
DATE 11 MAY 1949  
NAME *Rooney*  
R & R BR.

## RECORD OF CUSTODIAL TRANSFER

### 1 SHIPPED

FROM <b>USMC CASTELFIORENTINO ITALY</b>		TO <b>LEGHORN PORT MORGUE</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>R. L. CROCKER 2 LP QMC</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <b>22 Sept 48</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>22 Sept 48</b>
SIGNATURE OF SHIPPER <b>THOMAS P. PULLIAM CAPT QMC</b>		SIGNATURE OF RECEIVER <b>THOMAS P. PULLIAM CAPT QMC</b>	

### 2. SHIPPED

FROM <b>LEGHORN PORT MORGUE</b>		TO <b>USMC FLORENCE, ITALY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>PATRICK J. KENNEY CAPT QMC</b>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <b>22 Mar 49</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>22 Mar 49</b>
SIGNATURE OF SHIPPER <b>THOMAS P. PULLIAM CAPT QMC</b>		SIGNATURE OF RECEIVER <b>WALTER E. THOMAS CAPT CMP</b>	

### 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 <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	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

**MESSAGEFORM**  
 HEADQUARTERS  
 MEDITERRANEAN THEATER OF OPERATIONS  
 U. S. ARMY, APO 512

70

FILE NO

Date 15 January 1947

Office of origin

AG Casualty Branch, LTOUSA

Address

APO 794, U. S. Army

To:

The Adjutant General  
 Washington 25, D. C.

(Attn: Casualty Branch)

WIRE OR RADIO	PRECEDENCE
URGENT	ESSENTIAL MILITARY MAIL
PRIORITY	AIR MAIL
ROUTINE	SECURE DELIVERY
DEFERRED	ORDINARY
WEEK END	REGISTERED
ANY MESSAGE NOT YET FOR	INITIAL
PRECEDENCE WILL BE SENT DEFERRED	REG/tp

1. The inclosed Report of Interment for unknown American soldier X-296, is forwarded for possible identification.
2. It is requested that this headquarters be informed if such identification is accomplished.

FOR THE THEATER COMMANDER:

*Robert E. Gambill*  
 ROBT. E. GAMBRILL  
 Major, AGD  
 Asst. Adj. General

AGPO-CR 704 (15 Jan 47)

1st Ind.

SFW/mmh/1E471a

WD, AGO, Washington 25, D. C., 5 February 1947

TO: The Quartermaster General, Washington 25, D. C., Attention: Chief, Identification Section, Repatriation Records Branch, Room 2320, Temporary Building B.

Basic communication and inclosure concerning Unknown X-296 Castelfiorentino forwarded for your information.

FOR THE ADJUTANT GENERAL:

*Earle E. Ewing*  
 EARLE E. EWING  
 Lt. Colonel, AGD  
 Acting Officer in Charge  
 Casualty Section, PA Branch, AGO

1 Incl. n/c

RECEIVED  
 15 FEB 1947

File  
 10 Feb 1947

293  
 211-0  
 X-296  
 8-2-47

RECEIVED  
FEB 6 1947  
MEMORIAL DIVISION

RECEIVED  
FEB 11 1947  
MEMORIAL DIVISION

43 AGO  
29 JAN 1947  
Rec'd

5 AGO  
5 FEB 1947  
MAIL ROOM  
DISPATCHED  
CASUALTY BRANCH

FEB 2 1947  
IDENTIFICATION SECTION

RECEIVED  
29 JAN 1947  
STATIS REVIEW  
IDENTIFICATION SECTION

DISPATCHED  
5 FEB 1947  
STATIS REVIEW AND  
IDENTIFICATION SECTION

OUT  
FEB 11 1947  
IDENTIFICATION SECTION

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN : 2. DATE OF REPORT  
 : :  
**X-296** : **29 October 1948**  
 : :  
 : :  
 3. NAME OF CEMETERY : 4. PLOT : 5. ROW : 6. GRAVE : 7. DATE OF  
 : : : : DISIN- REIN-  
 - U S Military Cemetery : : : : TERNANT TERNANT  
 Castelfiorentino, Italy : **2J** : **96** : **4886** : :  
 : : : :  
 : : : :

PHYSICAL DESCRIPTION

8. NOTIFIED : 9. ESTIMATED : 10. COLOR OF HAIR : 11. RACE  
 WEIGHT : HEIGHT : :  
**Impossible** : **5' 7 3/4"** : **Unknown** : **Unknown**  
 : : : :

12. GIVE DESCRIPTION OF ANY OTHER IDENTIFICATION FOUND WITH REMAINS  
**Non-identifiable by reason of lack of sufficient identifying data.**

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

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

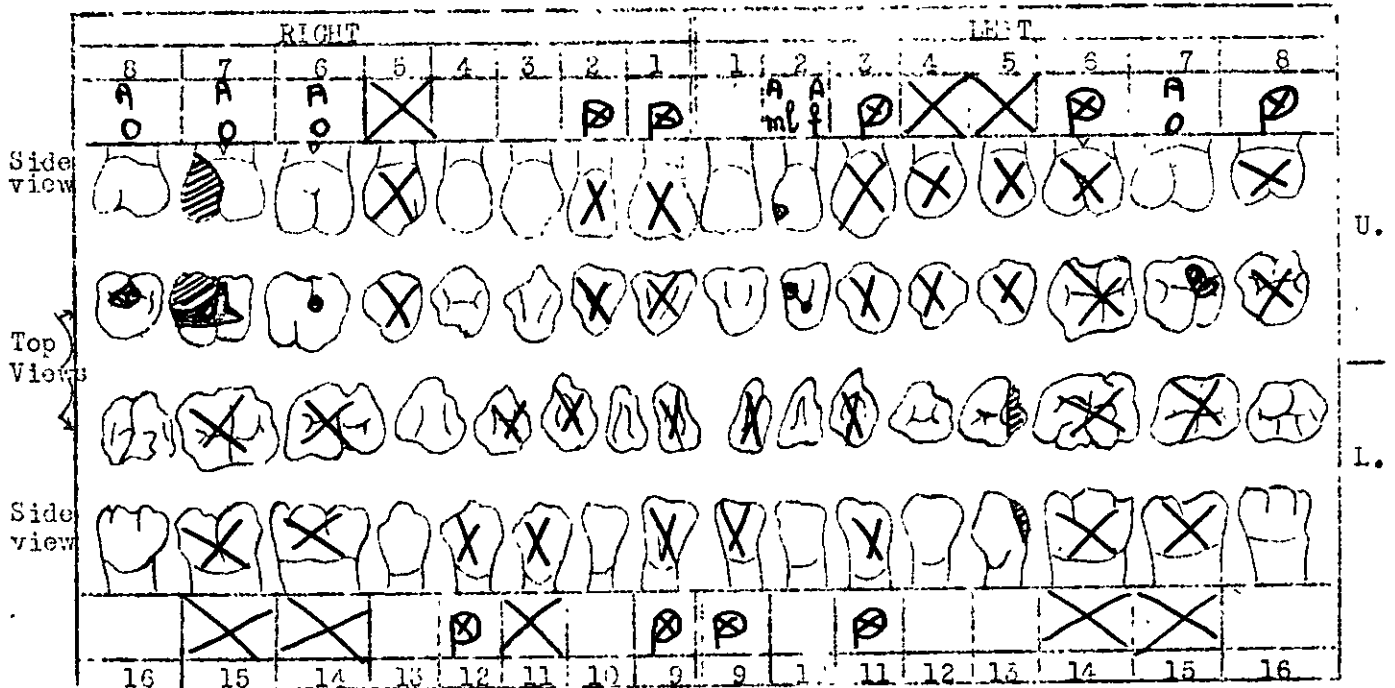
14. WAS BODY BURIED? : TO WHAT EXTENT?  
 YES  NO   
 : :  
 : :

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

16. DESCRIBE EVIDENCE OF REMOVAL OF CLOTHING AND BONES OR DISPOSITIONS  
**None**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MAKE, SEWING, 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**

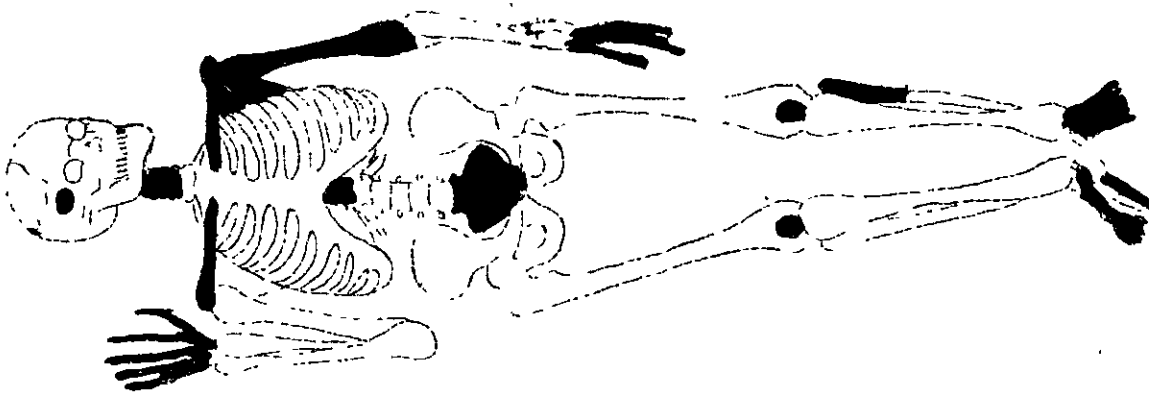
*1/2 - 8 Feb 49*  
*Sub Lt S. J. ...*  
**QMG**  
*E. J. ...*



Dentures (Plates):

Tooth 13-L appears to have had an O.D. filling, but due to the chipped portion it is impossible to be sure. The illustrated fillings are of average quality.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

LESS 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.

Dr. Alexander Tardy /s/  
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 RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

Typed name, Grade, rank or service and Organization

SIGNATURE

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

s/ Mack C. HOLT



HEADQUARTERS  
9107 TSU - QMC  
AMERICAN GRAVES REGISTRATION SERVICE  
MEDITERRANEAN ZONE  
APO 791 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-580

Date of Investigation 29 Oct 48

Unknown American X- 296

Am. Mil. Com. Castelfiorentino Italy: Plot 2J Row No. 96 Grave 4886

Hospital (Army Med. Aid Station)

Place of Death Citta' della Pieve, Italy Date of Death 14 June 1944

Map Reference 37 85 Sheet 130 Map of Italy 1/100,000

Other American Dead Found in Same Area None

Cause of Death Unknown

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 A large hole was found in L and R temporals.

TOOTH CHEST Accomplished

TRUNK Present are: R scapula; 4 cervical, 2 dorsal and 4 lumbar vertebrae;  
L and R pelvis; approx. 24 ribs.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus	<u>32.8</u>	L Humerus	<u>Missing</u>
R Ulna	<u>27.2</u>	L Ulna	<u>26.8</u>
R Radius	<u>25.1</u>	L Radius	<u>Styloid process missing</u>
Carpals, Metacarpals, Phalanges <u>Missing</u>			

LOWER EXTREMITIES (Give measurements of long bones).

R Femur	<u>46.8</u>	L Femur	<u>47.0</u>
R Tibia	<u>37.3</u>	L Tibia	<u>37.3</u>
R Fibula	<u>37.5</u>	L Fibula	<u>Upper third missing</u>
Calcanea, Tarsals, Patellae, Metatarsals, Phalanges <u>Partly present. Both patellae missing.</u>			

24. AGE ESTIMATED AT Between 20 and 21 years.  
BASED ON Epiphyseal lines of long bones are closed. All the sutures of the skull are still open.

25. SUMMARY OF FINDINGS:  
Age estimation - Between 20 and 21 years  
Tooth chart - Accomplished  
Height estimation - 5' 7 3/4"

26. RECOMMENDATIONS:

PROCESSED BY:

Curtiss D. Paye /s/  
Pfc 15216985  
CIP Technician

s/ Mack C. HOLT  
(Signature of Officer)  
MACK C. HOLT  
1st Lt QMC  
CIP Officer

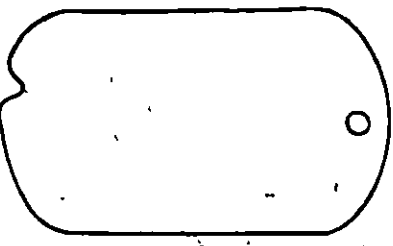
Dr. Alexander Tardy /s/  
MD.D.A. (Anthropology) G.S.D., O.S.D. - 3 -

Cat III

RESTRICTED

Duplicate






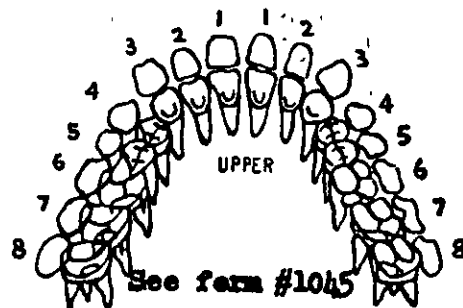
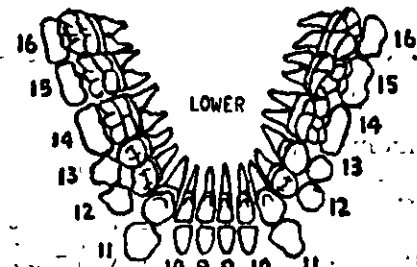
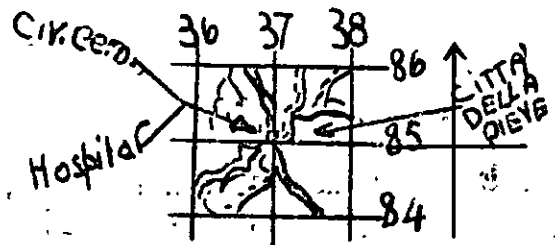
RY-40

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT <b>3 January 1947</b>
Impress Identification Tag If Possible DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <b>Unknown American Soldier X-296</b>			SERIAL No. <b>Unk.</b>	
GRADE <b>Unk.</b>		ORGANIZATION <b>Unk.</b>		BRANCH OF SERVICE <b>Unk.</b>		
RACE <b>Unk.</b>		RELIGION <b>Unk.</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY <b>U.S.A.</b>		
PLACE OF DEATH <b>Hospital (Army Med. Aid Station) Citta della Pieve, Italy Coord: (97-85) Sh: 130. 1/100,000</b>		CAUSE OF DEATH <b>Unk.</b>		DATE OF DEATH <b>14 June 1944</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>See attached correspondence</b>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>No</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>U. S. Military Cemetery at Castelfierentine, Italy Q(549-507)</b>						
DATE OF BURIAL <b>3 January 1947</b>	HOUR <b>1500</b>	BURIED IN (Shroud, blanket, or name of other) <b>Coffin</b>	TYPE OF GRAVE MARKER <b>Wooden Cross</b>	PLOT NO <b>2-J</b>	ROW NO <b>96</b>	GRAVE NO <b>4886</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Civilian Cemetery at Citta della Pieve, Italy Coord: (37-85) Sh: 130, Map Ref: 1/100,000.</b>			PLOT NO <b>-</b>	ROW No <b>-</b>	GRAVE NO <b>-</b>
TYPE OF RELIGIOUS CEREMONY <b>General</b>	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>QMC form #1042 sealed in glass container and buried one foot below grave marker. QMC form #1042 sealed in glass container and buried with body.</b>			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>No</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>"B.T.E." one of the following: SINGER, Saul (Ref. to GRS, grave #4885)</b>		RANK <b>Sgt. Unk.</b>	SERIAL No. <b>12042086</b>	ORGANIZATION <b>62 TR. PAR Unk.</b>	GRAVE No. <b>4885</b>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Empty at time of report</b>		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT <b>Frank L. Malecu S/Sgt.</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>Spencer M. Records Capt., Inf.</b>			
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						

50297 incl 2

RESTRICTED

**RESTRICTED**

LEFT LITTLE FINGER	Sect. <b>—UNIDENTIFIED REMAINS.</b>  <b>INSTRUCTIONS:</b> (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	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	-	-	-	-	-
LEFT INDEX FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT THUMB	-		None		<b>Civ. Cem. at Citta della Pieve, Italy Coord: 37-85 Sh: 130. Map 1/100,000</b>
RIGHT THUMB	OTHER IDENTIFICATION CLUES				
RIGHT INDEX FINGER	None				
RIGHT MIDDLE FINGER	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p>  <p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p>  <p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p>  <p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p>  <p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p>  </div> <div style="width: 50%;">  <p align="center">UPPER</p> <p align="center">See form #1045</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p> </div> </div>				
RIGHT RING FINGER					
RIGHT LITTLE FINGER					
RIGHT MIDDLE FINGER					
RIGHT INDEX FINGER					
RIGHT LITTLE FINGER					
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <b>Map Reference Citta della Pieve, Italy</b> <b>Coord: 37-85 Sh: 130</b> <b>Map of Italy 1/100,000.</b>				
RIGHT LITTLE FINGER					
RIGHT LITTLE FINGER	REMARKS: <b>None</b>				

**FINGERPRINTS IMPOSSIBLE BODY IN SERRA STUVA FORA.**

# IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

3 January 1947  
DATE

Unknown American Soldier X-290  
LAST NAME FIRST INITIAL

Unk.  
RANK

Unknown  
SERIAL NO

Unknown

Unknown  
ORGANIZATION

Hospital (Army Med. Aid Station)

Citta della Pieve, Italy

(37-85) PLACE OF DEATH 1/100,000 PLACE OF BURIAL Castelflorentino 2-J 90 4880 GRAVE NO

		RIGHT								UPPER TEETH		LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		A	A	A		X		A			AA		X	X	AA	A			
LOCATION		0	0	0		X		i			mi		X	X	00	0			

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH						LEFT			
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE			X	X		⊗	X			⊗				⊗	X	X	
LOCATION			X	X		⊗	X			⊗				⊗	X	X	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">○</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">C</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> </div> <p>FIXED BRIDGE (INCL ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">X</div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">⊗</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">o</div> <p>OCCLUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
--	--	--

/s/  
/r/

**INSTRUCTIONS:**

**ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY** THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, eg. PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW

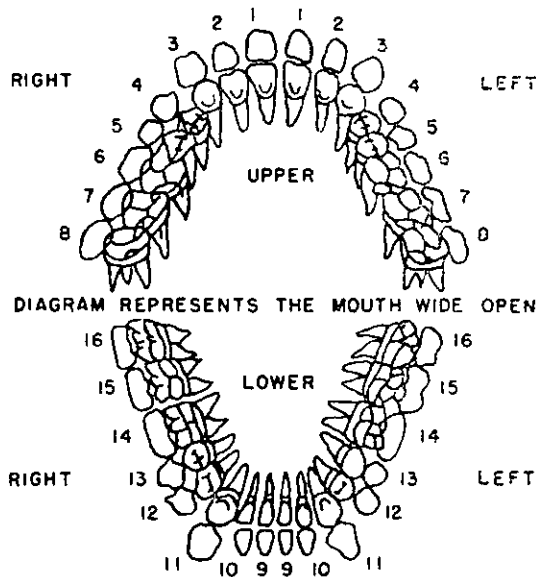


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

R-4 missing or perhaps R-5, only 1 bicispid present - no space for other.  
R-2 amalgam lingual.  
L-4, L-5 missing .

SIGNATURE OF PERSON WHO PREPARED CHART

/s/

Frank L. Malocu S/Sgt.  
NAME AND RANK TYPED OR PRINTED  
U.S. Military Cemetery at  
Castelfiorentino, Italy  
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

/s/ Spencer M. Records  
VERIFIED BY GRS OFFICER

/t/ Spencer M. Records Capt., Inf.  
NAME AND RANK TYPED OR PRINTED

3 January 1947  
DATE

U. S. Military Cemetery at Castelfiorentino  
Field Sector Unit #2, ACRS-MTZ  
APO 782 (Florence) U.S. Army

3 January 1947

SUBJECT: Report of Investigation.

TO : Commanding Officer  
Headquarters, F.S.U. #2, ACRS-MTZ  
APO 782 (Florence) U.S. Army

1. Submitted herewith is report of investigation concerning the remains designated as Unknown X-296, recovered from the Civilian Cemetery of Citta della Pieve, coordinates 37-85, sheet 130, Map of Italy 1/100,000.

2. Investigation was initiated on basis of an Enemy Casualty Form (copy attached) which placed date of death as 14 June 1944 at Army Medical Aid Station, Citta della Pieve. The card also bears notation "inf. on card".

3. Excerpt from report submitted by Pvt. Weishuhn who led the investigation team is as follows:

"The cemetery caretaker told us he had been in charge of the cemetery only a short time and that he could not find any information as to details concerning delivery and burial of the remains except that the Germans had delivered it and that it had come from the hospital.

We next went to the hospital and asked the nurses and doctors for information. All they could tell us was that some of them remembered having as a patient an American soldier but no one remembered when or why the soldier died. The hospital was then under the control of the Germans who when leaving took with them all their records. During that period the Italian hospital kept no records at all".

The grave marker was marked:

E I N U N B E K  
one bunk  
Abgestürzt  
-crashed- Amer. Flieger  
13.6.44  
Gosterben  
Vied  
15.6.44 15/6/44

(On reverse side).

"HAUPTVERBANDPLATZ"

Med. Coll. Staff

80297



4. Data compiled upon examination of remains before reinterment is on attached sheet, Inclosure #2.

5. Remains have been reinterred as K-296, Plot 2-I, Row 96, Grave 4886, U. S. Military Cemetery at Castelfiorentino and report of reinterment will be forwarded with weekly report of 29 December 1946 to 4 January 1947.

Spencer W. Records  
Capt., Inf.

3 - Incls:  
Incl 1 Enemy Casualty Forms  
Incl 2 List of Remains Recovered  
Incl 3 Statement by Antonio Colale'

	<u>RIGHT</u>	<u>LEFT</u>	<u>COMMENTS</u>
Feet (2)	Toe bones missing	nearly complete	
Tibia (2)	37.8 cm	38 cm	
Fibula (2)	37.2 cm	37.6 cm	
Tenur (2)	47 cm	47.2 cm	
Patella (2)	present	present	
Sacrum (1)	present		
Ilium (2)	present	present	
Vertebrae			
Lumbar (5)	5		
Dorsal (12)	11		
Cervical (7)	7		
Sternum (1)	present		
RIBS (12)	12	12	
Cleivicle (2)	14.2 cm	14.4 cm	
Scapula (2)	present	missing	
Humerus (2)	32.7 cm	missing	
Radius (2)	24.3 cm	25 cm	
Ulna (2)	26.8 cm	27 cm	
Hands (2)	present	present	
Skull (1)	53 cm		

CLOTHING AND EQUIPMENT


Strip of adhesive tape across right side of forehead above hair line  
 Hair, light brown  
 Pubic hair, blonde or reddish  
 Remains in skeletal stage decomposition complete  
 No clothing or equipment present  
 Tooth chart was accomplished

STATEMENT

Date di morte : 14? Giugno 1944  
Posto di morte : Ospedale Citta' della Pieve (Perugia)  
Causa di morte : --- --- ---  
Altre note : Non ho curato personalmente il detto militare inquanto l'ospedale era requisito dai medici tedeschi - Pero' ho visto il militare in oggetto che aveva ustioni diffuse a tutto il corpo e ritengo che queste lesioni abbiano procurato la morte.

/firmato/ Antonio Colale'  
Direttore  
Ospedale, Citta' della Pieve

The above is  
a true copy.

  
Spencer M. Records  
Capt., Inf.

TRANSLATION

Date of death : 14? June 1944  
Place of death : Hospital, Citta' della Pieve (Perugia)  
Cause of death : --- --- ---  
Other notes : I did not cure the subject soldier personally as the Hospital had been requisitioned by the German Doctors - but i saw the soldier who had been badly burned, and I think that this was the cause of his death.

/signed/ Antonio Colale'  
Director  
Hospital, Citta' della Pieve.

IDENTIFICATION SECTION  
PATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

---

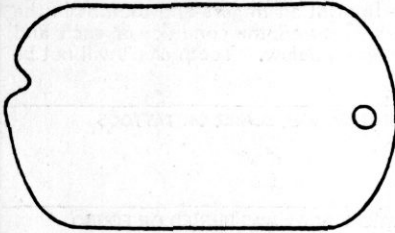
**RESTRICTED**

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

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

Unknown American Soldier X-296

SERIAL No.

Unk.

GRADE

Unk.

ORGANIZATION

Unk.

BRANCH OF SERVICE

Unk.

RACE

Unk.

RELIGION

Unk.

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

U.S.A.

PLACE OF DEATH Hospital (Army  
Med. Aid Station) Citta  
della Pieve, Italy Coords:  
(37-85) Sh: 130, 1/100,000

CAUSE OF DEATH

Unk.

DATE OF DEATH

14 June 1944

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

No

See attached correspondence

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 at 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.
3 January 1947	1500	Coffin	Wooden Cross	2-J	96	4886

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Civilian Cemetery at Citta della Pieve, Italy  
Coord: (37-85) Sh: 130, Map Ref: 1/100,000.

PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY

General

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

QMC form #1042 sealed in glass container and buried one foot below grave marker.  
QMC form #1042 sealed in glass container and buried with body.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

No

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

No

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

"B.T.B" one of the following: SINGER, Saul (Ref. to G.S. grave #4885)

RANK

Unk.

SERIAL No.

12042086

ORGANIZATION

Unk.

GRAVE No.

4885

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Empty at time of report

SIGNATURE OF PERSON PREPARING REPORT

Frank L. Malocu S/S-t.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Spencer A. Records Capt., Inf.

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.

**RESTRICTED**

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**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  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
-	-	-	-	-

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-	None	Civ. Cem. at Citta della Pieve, Italy Coord: 37-85 Sh: 130, Map 1/100,000

OTHER IDENTIFICATION CLUES  
None

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>See form #1045</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

Map Reference Citta della Pieve, Italy  
Coord: 37-85 Sh: 130  
Map of Italy 1/100,000.



REMARKS: None

**IDENTIFICATION DENTAL CHART**

To be used with GMC Forms Nos. 1042 & 1044 in place of chart thereon and to be attached to **REBURIAL** with these forms.

3 January 1947

**Unknown American Soldier X-296**

**Unk.**

**Unknown**

Last Name First Initial

Rank

Social No.

Unknown

Unknown

Hospital (Army Med. Aid Station)

Organization

Citta della Pieve, Italy Coord: Castelfiorentine

2-J

96

4886

(37-85)

Place of assembly

1/100,000.

Place of burial

Plot

Row

Grave No.

		RIGHT					UPPER TEETH					LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	Type	Location
Type		A	A	A		X		A			AA	X	X	X	AA	A			
Location		D	O	O		X		C			mi	X	X	X	OO	O			

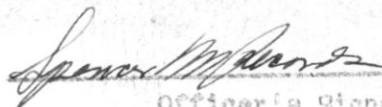
INSIDE - LOOKING OUT

		RIGHT					LOWER TEETH					LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	Type	Location
Type		X	X	X		OP	X			P				X	X	X			
Location		X	X	X		OP	X			P				X	X	X			

REMARKS:

R-4 missing or perhaps R-5, only 1 bicispid present - no space for other.  
 R-2 amalgam lincual.  
 L-4, L-5 missing.

Signature



Officer's Signature

**Frank L. Malcom /Sgt.**

**Spencer M. Records Capt., Inf.**

Name & Rank Typed

Name & Rank Typed

**U. S. Military Cemetery at  
Castelfiorentine, Italy**

**3 January 1947**

Place of Hq. where this Form accomplished

Date

U. S. Military Cemetery at Castelfiorentino  
Field Sector Unit #2, AGRS-MTZ  
APO 782 (Florence) U.S. Army

3 January 1947

SUBJECT: Report of Investigation.

TO : Commanding Officer  
Headquarters, F.S.U. #2, AGRS-MTZ  
APO 782 (Florence) U.S. Army

1. Submitted herewith is report of investigation concerning the remains designated as Unknown X-296, recovered from the Civilian Cemetery of Citta della Pieve, coordinates 37-85, sheet 130, Map of Italy 1/100,000.

2. Investigation was initiated on basis of an Enemy Casualty Form (copy attached) which placed date of death as 14 June 1944 at Army Medical Aid Station, Citta della Pieve. The card also bears notation "inf. on card".

3. Excerpt from report submitted by Pvt. Weishuhn who led the investigation team is as follows:

"The cemetery caretaker told us he had been in charge of the cemetery only a short time and that he could not find any information as to details concerning delivery and burial of the remains except that the Germans had delivered it and that it had come from the hospital.

We next went to the hospital and asked the nurses and doctors for information. All they could tell us was that some of them remembered having as a patient an American soldier but no one remembered when or why the soldier died. The hospital was then under the control of the Germans who when leaving took with them all their records. During that period the Italian hospital kept no records at all".

The grave marker was marked:

FIN UNBEK

*Caught -*  
Ange /uhit  
Aogefurzt

*own*  
Amer. Flieger

*Costenben - Dick*

13.6.44

15.6.44

(On reverse side)

"HAUPT DER BAND PLATZ"

*Main Dressing Station*



4. Data compiled upon examination of remains before reinterment is on attached sheet, Inclosure #2.

5. Remains have been reinterred as X-296, Plot 2-J, Row 96, Grave 4886, U. S. Military Cemetery at Castelfiorentino and report of reinterment will be forwarded with weekly report of 29 December 1946 to 4 January 1947.

Spencer M. Records  
Capt., Inf.

3 - Incls:  
Incl 1 Enemy Casualty Forms  
Incl 2 List of Remains Recovered  
Incl 3 Statement by Antonio Colale'



	<u>RIGHT</u>	<u>LEFT</u>	<u>COMMENTS</u>
Feet (2)	Toe bones missing	nearly complete	
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Fibula (2)	37.2 cm	37.6 cm	
Femur (2)	47 cm	47.2 cm	
Patella (2)	present	present	
Sacrum (1)	present		
Ilium (2)	present	present	
Vertebrae			
Lumbar (5)	5		
Dorsal (12)	11		
Cervical (7)	7		
Sternum	present		
Ribs (2)	12	12	
Clavicle (2)	14.2 cm	14.4 cm	
Scapula (2)	present	missing	
Humerus (2)	32.7 cm	missing	
Radius (2)	24.3 cm	25 cm	
Ulna (2)	26.8 cm	27 cm	
Hande (2)	present	present	
Skull (1)	53 cm		

CLOTHING AND EQUIPMENT

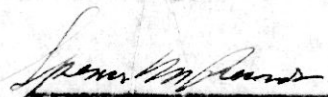
Strip of adhesive tape across right side of forehead above hair line  
 Hair, light brown  
 Pubic hair, blonde or reddish  
 Remains in skeletal stage decomposition complete.  
 No clothing or equipment present  
 Tooth chart was accomplished

STATEMENT

Data di morte : 14? Giugno 1944  
- Posto di morte : Ospedale Citta' della Pieve (Perugia)  
- Causa di morte : --- --- ---  
- Altre note : Non ho curato personalmente il detto militare in quanto l'ospedale era requisito dai medici tedeschi - Fero' ho visto il militare in oggetto che aveva ustioni diffuse a tutto il corpo e ritengo che queste lesioni abbiano procurato la morte.

/firmato/ Antonio Colale'  
Direttore  
Ospedale, Citta' della Pieve

The above is  
a true copy.

  
Spencer M. Records  
Capt., Inf.

TRANSLATION

Date of death : 14? June 1944  
- Place of death : Hospital, Citta' della Pieve (Perugia)  
- Cause of death : --- --- ---  
- Other notes : I did not cure the subject soldier personally as the Hospital had been requisitioned by the German Doctors - but I saw the soldier who had been badly burned, and I think that this was the cause of his death.

/signed/ Antonio Colale'  
Director  
Hospital, Citta' della Pieve.