

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-300

SUBJECT

JEW

Interred JUN 15 1949

F 13 35 W. C. FLORENCE

DISINTERMENT DIRECTIVE

Walter E. Thomas
WALTER E. THOMAS

Capt. CMP. Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 00057

DATE

15 01 49
DAY MONTH YEAR

NAME

UNKNOWN X - 000300

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0

0

6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

ROW

GRAVE

2G 90 4534

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 DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

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.)

JUN 23 26 AM '49
REPAIRS RECORDS BRANCH

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

[Signature]

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

LEWIS A. MC ANTS, CAPT QMC

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

me.

1728

[Handwritten signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC FLORENCE, ITALY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER H. L. DUNCAN MAJ QMC	
SIGNATURE OF SHIPPER LEWIS A. MC ANIS CAPT QMC	DATE 14 June 49	SIGNATURE OF RECEIVER WALTER E. THOMAS CAPT QMC	DATE 14 June 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

72

DISINTERMENT OPERATIONS RECORD

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

RACE RELIGION

NAME: UNKNOWN X - 300 SERIAL NUMBER: 300 GRADE: - ARM: 8

CEMETERY: CASTELFIORENTINO ITALY PLOT: 2G ROW: 90 GRAVE: 4534

DISPOSITION OF REMAINS

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: UNKNOWN SERIAL NUMBER: X-300 GRADE: UNK DATE OF DEATH: DATE DISTINTERRED: 14 SEPT 48

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: SHROUD CONDITION OF REMAINS: SKELETAL

OTHER MEANS OF IDENTIFICATION: BURIAL REPORT

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.): NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE: 27 SEPTEMBER 1948 BY: HOMER J. LESLIE (EMBALMER)

CASKET SEALED BY: HOMER J. LESLIE (EMBALMER) EMBALMER (Signature): *Homer J. Leslie*

CASKET BOXED AND MARKED: CLERK RECORDER: MAURICE J. VALENTINO DATE: 27 SEPT. 48 BY: SHIPPING ADDRESS VERIFIED BY:

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

Fred H. Boerner
FRED H. BOERNER W/ O USA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS:

CUSTODIAL TRANSFER

FROM USMC CASTELFIORENTINO ITALY TO LEGHORN PORT MORGUE
CONVEYANCE TRUCK CONVOYER R. L. CROCKER 2 LT. QMC

SHIPPER
N. R. HALEY

(Handwritten signature)

DATE
16 Sept 48

RECEIVER 16 SEPT. 48

(Handwritten signature)
KENNETH D. MC FEELY 1ST LT TC

1-200 62 SEP 21 1948

RECEIVED... 1-200 62

RB 293
Case #59310
Castelfiorentino, Italy

1st Ind.

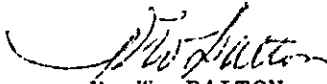
LW/iv

Hq, 9107 TSU-QMC, AGRS/MZ, APO 794, U. S. Army, 21 June 1948

TO: The Quartermaster General, Washington 25, D. C.
Attention: Memorial Division

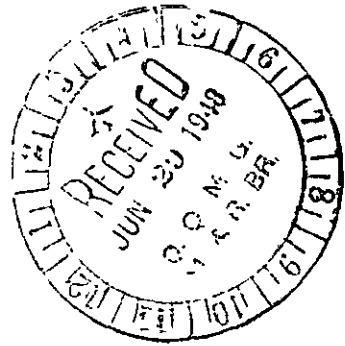
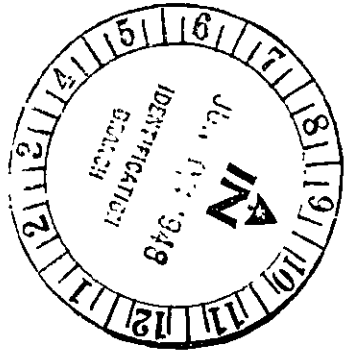
1. Basic communication has been complied with.
2. Corrected Report of Reburial for deceased interred in Plot 2G, Row 90, Grave 4534, USMC, Castelfiorentino, Italy, is inclosed.

FOR THE COMMANDING OFFICER:


K. W. DALTON
Lt Col QMC
S-1

1 Incl:
B/R

293 - #59310 - (Castelfiorentino) 22/6/48



QMCNT 293
Case #59310
(Castelfiorentino) Italy

10 June 1948

SUBJECT: Identification of Unknown Deceased

TO: Commanding Officer
American Graves Registration Service
Mediterranean Zone
APO 794, c/o Postmaster
New York, New York

1. Reference is made to Report of Reburial No. 59310, for remains designated as "Believed to be: Bristol, Stanley E." interred in USMC Castelfiorentino, Italy, Plot 28, Row 90, Grave 4534.

2. As requested in 4th Indorsement, your Headquarters, 6 September 1946, dental chart on Report of Reburial was compared with the available Army dental records for the following named deceased with negative results:

<i>X</i>	<i>273</i>	Barksdale, Joseph	33 036 085
<i>X</i>	"	Jordan, William F.	01 216 759
<i>X</i>	"	Leonard, James S.	33 035 836

3. Inasmuch as identification cannot be established at this time, it is requested that remains in Grave 4534 be redesignated as an Unknown and that corrected Report of Reburial be forwarded to this office at the earliest practicable date.

BY COMMAND OF MAJOR GENERAL LARKIN:

X293 Bristol, Stanley E.

T. H. HUNT
Lt. Colonel, QMG
Memorial Division

Gler/vmt
cc Adm Sect



Redesignated:

Unk - X-300

2
NO 5
JAN



AIR-MAIL
DEPARTMENT OF THE ARMY
WAR DEPARTMENT

4114

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QAGMT 293

Case #59310
(Castelfiorentino) Italy

10 June 1948

SUBJECT: Identification of Unknown Deceased

*2874
16 June*

TO: Commanding Officer
American Graves Registration Service
Mediterranean Zone
APO 794, c/o Postmaster
New York, New York

1. Reference is made to Report of Reburial No. 59310, for remains designated as "Believed to be: Bristol, Stanley E." interred in USMC Castelfiorentino, Italy, Plot 2G, Row 90, Grave 4534.

2. As requested in 4th Indorsement, your Headquarters, 6 September 1946, dental chart on Report of Reburial was compared with the available Army dental records for the following named deceased with negative results:

Barksdale, Joseph	33 036 085
Jordan, William P.	01 316 759
Leonard, James S.	33 035 826

3. Inasmuch as identification cannot be established at this time, it is requested that remains in Grave 4534 be redesignated as an Unknown and that corrected Report of Reburial be forwarded to this office at the earliest practicable date.

BY COMMAND OF MAJOR GENERAL LARKIN:

James E. MacFarlane
T. H. MEYER
Lt. Colonel, QMC
Memorial Division

AIR-MAIL

24
~~Army Base~~
293 Unit, (Castelfiorentina) Italy
59310

CGC 293

Form 8-7A

29 July 1946

World War II Records
Administration Center, AGO
4300 Goodfellow Blvd.
St. Louis 20, Missouri

Chief,
Identification Section
Memorial Division (CGC)
Bldg. B, Room 2426

It is requested that the inclosed forms 8-7A be completed and returned to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES G. MacFARLAND
Major, CGC
Assistant

Inc. Incls:

Incls as follows:

1. Abady, Charles I., 32874879 (X-207, 8)
2. Adams, John G., 31210545 (2-72)
3. Albavich, Julius M., 31142104 (X-1008)
4. Aiken, John M. Jr., 0-710865 (X-463)
5. Altergott, Henry 36715962 (RX-996)
6. Arann, Alfred A., 0-812529 (X-79)
7. Anderson, Bruce B., 37706629 (X-463)
8. Andrews, Ralph H., 11023951 (X-2501-2509)
9. Anderson, Ralph W., 15069898 (1267)
10. Angstead, Mahlon B., 37674996 (X-172)
11. Arnold, Homer J., Jr., 0-694643 (X-2501-2509)
12. Arndt, Arthur J. Jr., 36958355 (X-530)
13. Ash, Albert J., 37245494 (X-54L)
14. Barnett, Lloyd F., (2-72)
15. Baum, Thomas C., T-60661 (X-200, 202)
16. Behmann, Theodore S., 0-396397 (58238, 58299, 58301)
17. Biezis, Stevens V., 0-824081 (X-1082, 83, 84, 86, 92)
18. Blea, Donie 17091595 (RX-995)
19. Blizzard, Elwood S., 33606188 (57369)
20. Breitenback, John P., 17157736 (X-2501-2509)
21. Bridgers, Wilson R., 13034062 (X-6)
22. Bubnovich, Nicholas L., 0-706688 (58238, 58299, 58301)
23. Burd, Walter L., 32768530 (X-510, 11, 12, 13)
24. Burger, Herbert F., 15013321 (X-510, 11, 12, 13)
25. Busch, David 39917440 (X-2531, 32, 34)
26. Bush, Frank B., 0-735264 (X-1464, 65)
27. Butler, Robert R. Jr., 33638093 (X-467)
28. Calhoun, Jimmy L., 34395707 (X-1132)
29. Canfield, William E., 0-793729 (X-207, 8, 11, 12, 13, 14)

O. M. G.
MAIL & RECORDS BRANCH

JUL 31 10 56 AM '46

30. Canozzi, Louis J., 32314986 (X-56, 204)
31. Cellucci, Daniel A., 33585410 (X-171)
32. Chamberlain, Floyd F., 35828161 (X-1003)
33. Ciuray, Crighton P., 3146136 (57369)
34. Cobb, Dana W., 11038929 (58238, 58299, 58301)
35. Cornwell, Ann A., 36330346 (57369)
36. Cowart, Milton 18190494 (X-1082, 83, 84, 86, 92)
37. Crompton, John H., 36656922 (X-463)
38. Cross, Leroy J., 0-688742 (X-2)
39. DeJorris, Frank J., 0-792233 (58238, 58299, 58301)
40. Deen, Joy M., 0-790806 (X-207-208)
41. DeLuzosa, Salvador 39544654 (X-2164)
42. Dennis, David H. C., 31339520 (X-122)
43. Doherty, Loyola F., 0-723316 (X-463)
44. Dolan, John J., 31035541 (X-758)
45. Ludak, Daniel H., 33554238 (X-463)
46. Ewatt, Harold G., 0-685181 (2501, 2509)
47. Fackelman, Robert J., 0-823336 (X-511)
48. Fleniken, J. P., 38303575 (X-431)
49. Fowler, William C., 34162168 (57369)
50. Francis, Lewis C., T-185022 (X-463)
51. Friend, James J., 0-746080 (X-2501-2509)
52. Gatlin, James P., 0-685331 (X-1082, 83, 84, 86, 92)
53. Gardner, Robert D., 35700241 (Sofia, Bulgaria)
54. Gregory, Eugene 14019682 (46991)
55. Gutov, Irving 12138736 (X-510, 11, 12, 13)
56. Haaf, Howard S., 18081540 (X-124, 249, 70)
57. Hale, George C., 0-677489 (X-1267)
58. Harmer, Harry B., 15329315 (55081)
59. Harnish, Walter H., 0-709363 (58238, 58299, 58301)
60. Harvey, Lawrence D., 39907663 (X-2501-2509)
61. Hayworth, Carl R., 37376034 (C 432-788-3)
62. Helman, Robert J., 15171209 (X-153)
63. Hennessey, Raymond C., 32867380 (58238, 58299, 58301)
64. Herbert, Glendon M., 6990351 (X-2501-2509)
65. Herron, Frank W., 35719260 (80871)
66. Hein, George C., 32655788 (C432-788-3)
67. Hibshman, Richard I., 0-771926 (X-70, 4, 111)
68. Hill, Charles E., 14163634 (X-1132)
69. Hollopteter, Blaine H., 33574081 (X-997)
70. Hooper, Elton L., 34983580 (X-122)
71. Hudecek, Emil J., 13131434 (X-2)
72. Hughes, Paul H., Jr., 0-679522 (X-1267)
73. Huston, Clarence L., 35087910 (IX-994)
74. Jackson, Harold R., 38131435 (X-1464, 65)
75. Johnson, Herman, 33097839 (59310)
76. Kaolik, Edward W., 36286791 (X-97)
77. Keller, Edward L., 14063239 (X-124, 249, 70)
78. Kennedy, Jack W., 16195388 (X-1008)
79. Kader, Eugene I., 36559970 (X-471)
80. Koseski, Walter S., 20246045 (X-178, 79, 80, 86)
81. Lee, Henry H., 34464965 (X-431, 32)

Ident. Grave 4436, Castelfiorentino

82. Lilienthal, William C. Jr., 32317971 (X-1267)
83. Lockman, Frank C., 17157759 (X-1267)
84. Lorless, John H. Sr., 34779033 (X-1008)
85. Macurek, John 36194941 (X-282)
86. Madison, Louis B., 19200785 (X-1267)
87. Martin, Frank W., 33136334 (X-2)
88. McGee, George P., 0-720688 (X-70, 74, 111)
89. Milbrandt, John F., 35541752 (X-376)
90. Mills, Alan D., 36583470 (58238, 58299, 58301)
91. Moore, Howard R., 37436441 (X-57369)
92. Mulhollen, Donald H., 0-706893 (58238, 58299, 58301)
93. Nagy, Albert J., 0-735906 (X-235, 46, 47, 48)
94. Nalewak, Edmund J., 13048274 (80571)
95. Neary, John W., 6411640 (IX-)
96. O'Brien, David J., 0-678382 (X-2501-2509)
97. Ort, James D., (X-2501-2509)
98. Ottavio, Vincent J., 0-744210 (X-178, 79, 80, 186)
99. Patison, Merle H., 37243673 (X-172)
100. Perez, Tony 39414612 (X-3052)
101. Poindexter, Aubry D., 0-2074158 (80607-8)
102. Popowitz, John (IX-)
103. Poudrier, Edward 31007119 (57369)
104. Rath, Charles A., 0-771529 (X-463)
105. Renaud, Robert L., 0-2073215 (X-1008)
106. Rennick, James 33095040 (59310) *Ident. - Gr 4435, Castelforentino*
107. Roosa, Robert D., 35532555 (58238, 58299, 58301)
108. Roybal, Pablo 38014137 (57369)
109. Ryan, Walter C., 31199530 (57369)
110. Sanchez, Joe R., 39290993 (X-1082, 83, 84, 86, 92)
111. Sapone, Vincent D., 12096707 (X-1464, 65,)
112. Satterfield, James E., 14191351 (X-1008)
113. Schwab, Leroy P., 0-772522 (X-510, 11, 12, 13)
114. Shaver, Thomas L., 14120849 (X-124, 249, 70)
115. Shepherd, Grover C., Jr., 35870924 (X-240, 290)
116. Siegrist, Frederick W., 33522958 (57369)
117. Sinn, Carl H., 0-761260 (X-207, 208)
118. Skertic, Joseph R., 35255457 (59969)
119. Slattery, Donald J., 32377286 (57369)
120. Smith, Glen L., 36466092 (X-463)
121. Smith, Winfield C., 33499391 (X-247)
122. Snarr, Newell M., 39921259 (X1008)
123. Soper, Howard K., 35082556 (X-2501)
124. Springett, William L., 31289762 (57369)
125. Stock, Henry L., 38460975 (X470)
126. Stout, John F., 15085447 (57369)
127. Sueik, Joseph M., 37168196 (X-56, 204)
128. Toale, David A., 12226928 (X172)
129. Tellish, Joseph A., 33464806 (51557)
130. Thompson, Logan A., 15334265 (X-153)
131. Torok, Geza 33688154 (X-468)
132. Townley, John H., 0-1184317 (X-56-204)
133. Valentine, Donald L., 33682647 (51557)

KYG 293, Forms 8-A, dated 29 July 1946, continued.


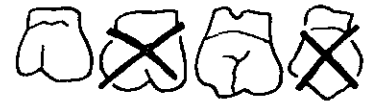








- 134. Walters, Edison H., 33077876 (59662)
- 135. Walters, Eugene A., 33768175 (X-1965)
- 136. Walters, Harry L., 6994792 (X-376(57502))
- 137. Warren, Eugene H., 39123021 (57364)
- 138. Weems, Marual H., 18053825 (X-124, 249, 70)
- 139. Walton, Paul H., 0-683360 (X-2345, 46, 47, 48)
- 140. White, John C., Jr., 14151325 (Halgaria)
- 141. Wieland, Alfred H. Jr., 33333442 (X-2345, 46, 47, 48)
- 142. Wise, Gordon W., 39905666 (X-153)
- 143. Wisniek, George 0-681529 (X-2501-2509)
- 144. Young, Wayne A., 36455880 (58238, 58299, 58301)


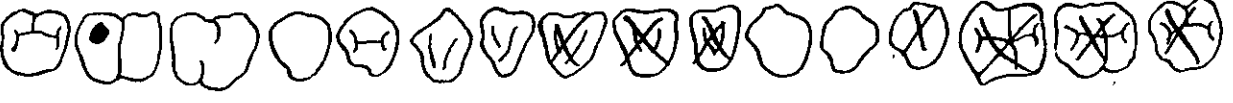
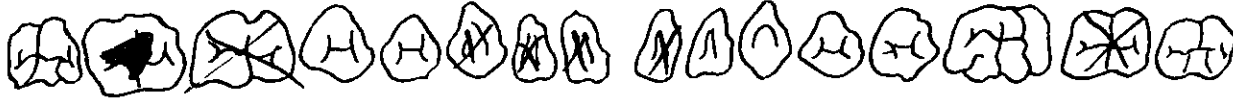

IDENTIFICATION DATA						
1. REMAINS OF UNKNOWN			2. DATE OF REPORT			
Unknown American X-300			23 Sept. 1948.			
3. NAME OF CEMETERY		4. LOT	5. ROW	6. GRAVE	7. DATE OF	
USMC Castelfiorentino		20	90	4534	DISTIN- TIONMENT	REIN- TEMENT
					14 Sept. 1948	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR		11. RACE
Impossible		6' 4 7/8"		Unk		White
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS						
Non-Identifiable for reasons of lack of sufficient identifying data.						
T.C. ANDERSON Major QMC						
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
15. WAS BODY MUTILATED?			TO WHAT EXTENT?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
16. DESCRIBE EVIDENCE OF SKULL FRACTURE AND BONE MALFORMATIONS						
NONE						
17. LIST EVERY PIECE 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						
<i>Received 12 May 49 - not letter this Office 25 Apr 49 presently available mscw</i>						

QMC FORM 1044
REV 18 Mar 47

PREVIOUS EDITIONS OF THIS
FORM ARE OBSOLETE

INCL # 10

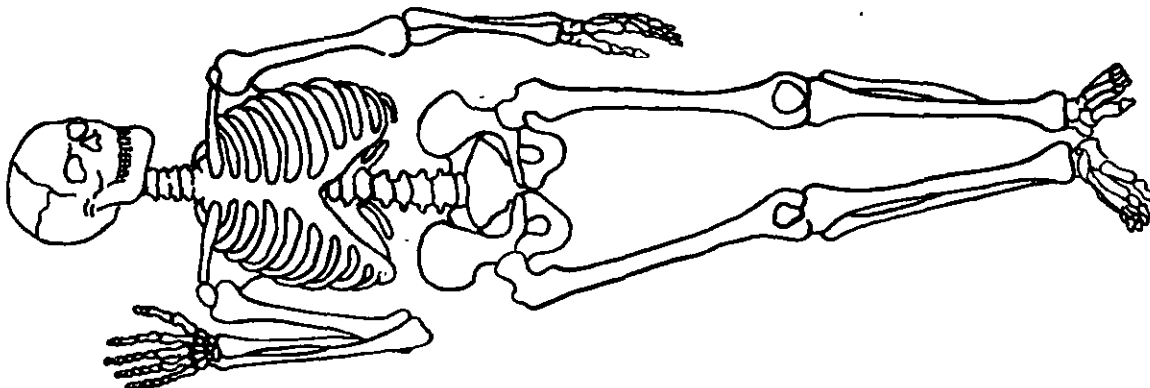
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>TOP VIEW</p> <p>Gold Crown, Porcelain Crown</p> 	<p>SIDE VIEW</p> 
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>TOP VIEW</p> <p>Gold Bridge</p> 	<p>SIDE VIEW</p> 
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>TOP VIEW</p> <p>Gold Filling, Silver Filling</p> 	<p>SIDE VIEW</p> 
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>TOP VIEW</p> <p>Cavity, Decayed</p> 	<p>SIDE VIEW</p> 

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
			A 6						P	P	P			P	X	P	P		
Side Views																		Side Views	
Top Views	UPPER																		
	LOWER																		
Side Views																			
			A 0	X					P	P	P			P			X		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

The fillings illustrated above are of average quality

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 _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

In the opinion of the undersigned, the represented parts of a human remains graphically represented in para. 19 are those of one and the same individual.

s/ Dr. Alexander Tardy
M.D., D.A. (Antropology)
G.S.D., O.S.D.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

John L. Jacks Jr. Capt. QMC
9107 TSU-QMC, AGRS/MZ

s? John L. Jacks Jr.

HEADQUARTERS
9107 TSU - QMC
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 794 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-225

Date of Investigation _____

Unknown American X- 300

Am. Mil. Com. Castelfiorentino Italy: Plot 2G Row No. 90 Grave 4534

Place of Death _____ Date of Death _____

Map Reference U-898966 Sheet 104 IVNE Map of Italy 1/25,000

Other American Dead Found in Same Area _____

Cause of Death Unknown

22. Description of Remains

Semi 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 Shattered

TOOTH CHART Accomplished

TRUNK Complete except for six cervical vertebrae.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus 36.7 cm. L Humerus 36.5 cm.

R Ulna 31.3 cm. L Ulna 31.1 cm.

R Radius Missing L Radius 28.8 cm.

Carpals, Metacarpals, Phalanges Missing

LOWER EXTREMITIES (Give measurements of long bones).

R Femur 52.3 cm. L Femur 52.2 cm.

R Tibia 43.3 cm. L Tibia 43.5 cm.

R Fibula 43.9 cm. L Fibula 43.9 cm.

Calcaneus, Carpals, Patella, Metatarsals, Phalanges

1 cuboid and left patella are present.

24. AGE ESTIMATED AT Between 25 and 26 years.

BASED ON Degree of closure of the skull sutures.

25. SUMMARY OF FINDINGS:

Age estimation - Between 25 and 26.

Tooth Chart - Accomplished.

Height estimation - 6' 4 7/8".

26. RECOMMENDATIONS:

PROCESSED BY:

s/ DALE E. HENRY
Pfc. 16210847
CIP Technician

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

s/ John L. Jacks Jr.
(Signature of Officer)

JOHN L. JACKS Jr.
Capt. Qmc
CIP Officer

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-300				2. DATE OF REPORT 23 September 1948	
3. NAME OF CEMETERY US Military Cemetery Castelfiorentino, Italy	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	2C	90	4534	DISINTERMENT	REINTERMENT
14 Sept 48					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Impossible	9. ESTIMATED HEIGHT 6' 4 7/8"	10. COLOR OF HAIR Unk.	11. RACE White
--	---	----------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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?
---	-----------------

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)

NONE

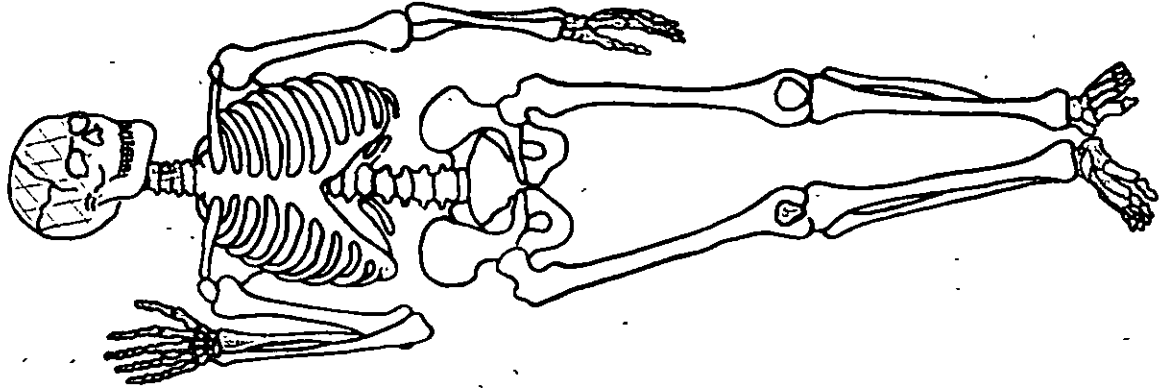
18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>			
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>		<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p>Cavity, Decayed</p>	

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A O						X	X	X			X	X	X	X		
Side Views																	Side Views
Top Views																	UPPER LOWER
Side Views																	Side Views
	A O	X			X	X	X	X						X			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

The fillings illustrated above are of average quality.

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 _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
JOHN L. JACKS Jr., Capt QMC, AGRS/MZ

SIGNATURE
John L. Jacks Jr.

HEADQUARTERS
9107 TSU - QMC
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 794 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

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

C.I.P. Case No. L-285

Date of Investigation 23 September 48

Unknown American X- 300

Am. Mil. Cem. Castelfiorentino Italy: Plot 2G Row 90 Grave 4534

Place of Death _____ Date of Death _____

Map Reference U 898966 Sheet 104 IV NE Map of Italy 1/25,000

Other American Dead Found in Same Area _____

Cause of Death Unk.

22. Description of Remains

Semi-skeletal state

(If the remains have not been decomposed, attach to this form

QMC Form 1042 completely filled out to physical characteristics).

3. Skeletal Data

HEAD Shattered

TOOTH CHART Accomplished

TRUNK Complete except for: 6 cervical vertebrae

UPPER EXTREMITIES. (Give measurements of long bones).

R Humerus	<u>36.7</u>	L Humerus	<u>36.5</u>
R Ulna	<u>31.3</u>	L Ulna	<u>31.1</u>
R Radius	<u>Missing</u>	L Radius	<u>28.8</u>
Carpels, Metacarpels, Phalanges	<u>Missing</u>		

UPPER EXTREMITIES. (Give measurements of long bones).

R Femur	<u>52.3</u>	L Femur	<u>52.2</u>
R Tibia	<u>43.3</u>	L Tibia	<u>43.5</u>
R Fibula	<u>43.9</u>	L Fibula	<u>43.9</u>

Calcanea, Tarsals, Metatarsals, Metatarsals, Phalanges _____

L cuboid and L patella are present.

24. AGE ESTIMATED AT Between 25 and 26 years.

BASED ON Degree of closure of the skull sutures.

25. SUMMARY OF FINDINGS

Age estimation - Between 25 and 28 years.

Tooth chart - Accomplished.

Height estimation - 6' 4 7/8"

26. RECOMMENDATIONS

PROCESSED BY:

DALE E. HENRY
Pfc. 16210847
CIP Technician

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

/s/ John L. Jacks Jr.
(Signature of Officer)

/t/ JOHN L. JACKS Jr.
Capt. QMC
CIP Officer

RESTRICTED

QMC FORM 1 - GRS
SOS NATOSA
July 1943

REPORT OF ~~UNKNOWN~~
AR 10 1815 & IM 10 630

REBURIAL

18 August 1945

Date Report Filled Out

BELIEVED TO BE:

BRISTOL Stanley E. 12038550 C
(Last Name) (First Name) (Middle Initial) (Serial No) (Race)

PFC Co "C" 366th Inf. Regt. Army USA
(Rank) (Organization) (Branch) (Country)

U-898966 Unknown KIA Unknown
(Place of Death) (Date of Death) (Cause of Death) (Religion - P. C. H. etc)

Sheet 104-IVNE

MEANS OF IDENTIFICATION

Identification Tags found on body . Yes () , No (0)

If no identification tags, other means used to identify body (identification card, letters, etc)

Bracelet with name S. E. Bristol

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

See Corrected Report of Reburial dated 21 June 1948, redesignating remains as Unk. American X-300

Unknown

(Name of Emergency Addressee)

Unknown

(Address of Emergency Addressee)

S/Sgt Herbert Tornero ASN 14083908 602nd QM (GR) Co

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

Shroud 0900 hrs 8 August 1945 in 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

2G 90 4534 Wood Cross General
(Plot No) (Row No) (Grave No) (King Grave Markers) (Type of Religious Ceremony)

Identification Tag buried with body (0) , Identification Tag attached to marker (0) .

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.

Bodies buried on either side (See paragraph 4 on reverse side this form)

Right side : Unknown American X-205 Unknown 4533
(Name) (Rank) (ASN) (Organization) (Grave No)

Left side : JONES, Alex J. T/4 1412930 549th Sig. H. V. Conns Co. 4535
(Name) (Rank) (ASN) (Organization) (Grave No)

(Signature of Person Reporting Burial)

(Verified by U.S. Officer)

MEYER BROWN 1st Lt QMC

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

RESTRICTED

59210
#20

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 at U.S. 898966 Sheet 104-IVNE Map of Italy. Only identification found was bracelet with the name "S. E. Bristol" inscribed on it.

Casualty records of 366th Inf Regt indicate a STANLEY (NMI) BRISTOL who was transferred to Co "E" 224th Eng Regt. Last duty status report 28 Mar 1945.

TOOTH-CHART

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

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

Characteristics R-7 occlusal silver filling
L-6 missing L-7 occlusal silver filling
Other Data R-14 missing R-15 occlusal silver filling

When unidentified, take thumb and fingerprints of both hands

If this not possible, fill in tooth chart

Finger prints impossible due to decomposed condition of body.

Left Thumb

Right Thumb

RESTRICTED

QMC Form 1042

CORRECTED REPORT OF BURIAL
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
21 June 1948

print Identification tag if Possible
DO-NOT TYPE

Section 1. IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL NO.

UNKNOWN AMERICAN X-300

Unk.

GRADE

ORGANIZATION

BRANCH OF SERVICE

Unk.

Unk.

Unk.

RACE

RELIGION

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

Unk.

Unk.

Unk.

PLACE OF DEATH
U-898966 Sheet 104-IVNE

CAUSE OF DEATH

KIA

DATE OF DEATH

Unk.

EMERGENCY ADDRESSEE (Name, relationship, and address)

None

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)

None

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

No

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO

YES

NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Unk.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

US Military Cemetery, Castelfiorentino, Italy (549507)

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other) Shroud

TYPE OF GRAVE MARKER

Wood Cross

PLOT No.

2G

ROW No.

90

GRAVE No.

4534

WAS THIS A REBURIAL? (Yes or no)

No

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

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.
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.

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)

Unknown American X-205

RANK

Unk.

SERIAL No.

Unk.

ORGANIZATION

Unk.

GRAVE No.

4533

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

Alex J. Jones

RANK

T/4

SERIAL No.

14120930

ORGANIZATION

549th Sig. H
V Cnts Co.

GRAVE No.

4535

NAME OF PERSON PREPARING REPORT

SIGNATURE OF OFFICER VERIFYING REPORT

JOHN M. NEFF, Capt. GRC

INSTRUCTIONS: Signed original for U.S. and allied dead, signed original for enemy dead, to the QMC through Hdq GRS Officer. Copies for retention as prescribed by theater commander.

RESTRICTED

59310

Section 3.-UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identify 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 the 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

OTHER IDENTIFICATION CLUES

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

REMARKS:

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