

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-301

SUBJECT

Interred

APR 22 1949

CRJ

B 9 12 USMC FLORENCE

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

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 0074

DATE

15 06 48
DAY MONTH YEAR

NAME

UNKNOWNX-000301

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

2H 85 4612 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 X-301

SERIAL NUMBER

UNKNOWN

RANK

UNK

DATE OF DEATH

DATE DISTINTERRED

17 SEPT 48

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

M. G. Borres
M G BORRES 2 LT QMC
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 15 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 15 Nov 48

BY

MORTON LIPPEN

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.

REPAIRS
RECORDS
DATE 11 MAY 1949
NAME *Ray*
R & R BR.

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

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

2. SHIPPED

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

TELEPHONE INFORMATION RECORD

DATE

4/29/47

TELEPHONE NUMBER AND BRANCH CALLED

8122 252

(Mrs. Wargo)

NAME OF PERSON PLACING CALL

CASE UNDER INVESTIGATION (X of Case Number)

#- 5-9046-59232

CEMETERY

INFORMATION REQUIRED

DATE CALLED BACK

PERSON GIVING INFORMATION

INFORMATION RECEIVED

Location of (Coord: (4944-967)

Sheet 104

Map of Italy - scale 1/100,000

Pozzi, Italy

4944-967

43° 58' 35" N

10° 12' 47" E

} 1 1/2 miles N.W. of Pozzi

Scaravozza, Italy
~~distance measured~~

43° 59' 38" N

10° 13' 28" E

Distance of 1/4 mile N.E.

Pozzi

AGRS-AC 201 Johnson, James C. 1st Ind.
(28 Mar 46)

JWP/cs

WD AGO, Orgn Records Branch, Records Adm Center, 4300 Goodfellow Blvd
St Louis 20, Missouri 25 May 1946.

TO: Chief Graves Registration Officer, Mediterranean Theater of Operations,
APO 794, c/o Postmaster, New York, New York

1. Retained copy of Morning Report for Cannon Company, 370th
Infantry Regiment, dated 20 Nov 44, in the custody of this office shows
the following remark:

"01824471 Johnson, James C. 2/Lt
Dy to MIA as of 22 Oct 44"

2. Morning Report of the above named organization further shows
above named Officer from MIA to dropped from rolls of Company per VOCC
10th MRU, on morning report dated 20 Nov 44.

3. A search of the retained records of the 614th TD Bn in the
custody of this office does not indicate that subject Officer was with
that Unit.

BY ORDER OF THE SECRETARY OF WAR:

/S/ Earl W. Peck
Adjutant General

2 Incl
n/c

C
O
P
Y

Office of the Chief Graves Registration Officer
Mediterranean Theater of Operations
APO 794, U. S. Army

23 March 1946

SUBJECT: Identification of Deceased

TO : Records Administration Center, AGO
4300 Goodfellow Blvd.
St. Louis 20, Missouri

1. Reference is made to attached copies of reports of burial covering remains of 2nd Lt. James C. Johnson, O-1324471, in plot 2-H, row 90, grave 4672, U. S. Military Cemetery, Castelfiorentino, Italy, and "Believed to be" James C. Johnson, O-1824471, in plot 2-H, row 85, grave 4612, Castelfiorentino.

2. It will be noted subject deceased are indicated to be members of the 614th TD Bn., and 370th Infantry Regiment. It is requested this headquarters be advised as to whether there was a 2nd Lt. James C. Johnson (colored) in the 370th Infantry Regiment and also if there was a 2nd Lt. James C. Johnson (colored) in the 614th T.D. Bn.

/s/ E. B. WADSWORTH
Colonel QMC
Theater GRO

2 Incls: a/s

C
O
P
Y

RESTRICTED

Q.M.C Form 1 - GRS

SOS NATOUSA

July 1943

EXTRACT REPORT OF BURIAL

AR 30-1815 & TM 10-930

12 September 1945

Believed to be: **JOHNSON, James C.** **0-1824471** **Colored**
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)
2nd Lt. **Cn.Co 370th Inf. Regt.** **Army** **U.S.A.**
 (Organization) (Branch) (Country)
Coord: (U944-967) **(est) 22 Oct 1944** **KIA** **Unknown**
 (Date of Death) (Cause of Death) (Religion: P, C H etc.)
Sheet 104
Map of Italy
1/100,000

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.): **Information 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 unidentifed, give circumstances:

List of Personal Effects found on Body and disposition of Same:

1-2nd Lt. bar, 1-Infantry crossed rifles, 1-Notebook, forwarded to Effects QM., Army Bureau, Kansas City, Mo., by registered mail.

U N K N O W N

(Name of Emergency Addressee)

U N K N O W N

(Address of Emergency Addressee)

T/5 George Gregory, 602 QM (GR) Co.

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

Shroud 1430 hrs. 11 Sept. 1945 U. S. Mil.Cem. at Castelfiorentino, Italy

(Time and Date of Burial)

(Location, Name, & No. of Cemetery)

(Q549507)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

2-H**85****4612****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 **LYONS, Raymond D. Pvt. 33006576 Co E 371st Inf. Regt. 4611**
 Believed to be (Rank) (ASN) (Organization) (Grave No.)

Left side **STERN, Harold A. Pvt. 36787385 92nd Div.Cav.Recn.Tr. 4613**
 (Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Person Reporting Burial)

S/ **George C. Holland**
 T/ **GEORGE C. HOLLAND**

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

RESTRICTED

H.Q. - 160-0 - 12-43 - 250.000

INSTRUCTIONS FOR BURIAL

1. **PREPARATION OF BODY** : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects.) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out tooth-chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc.... and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

2. **BURIAL** : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). Place only 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: N
 This body was recovered at
 Coord: (U944-967) Sheet 104,
 Map of Italy 1/100,000 by
 a detail from 92nd Div. on
 4 September 1945.
 The body carried no means of
 identification but the 92nd Div.
 detail checked with its headquar-
 ters and learn that there was
 only one 2nd Lt. at this loca-
 tion, one 2nd Lt. James C. Johnson
 O-1824471, who received a direct
 hit from a mortar shell at this
 location. A notebook found on
 the deceased refers to the 370th
 Regiment and names of men in this
 Regiment.

TOOTH-CHART

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



Characteristics

Other Data :

FINGERPRINTS IMPOSSIBLE DUE TO DECOMPOSITION

When unidentified, take thumb and fingerprints of both hands.

Thumb

Thumb

If this not possible, fill in tooth chart

Left
Right

"BTP"

Inclosure #1

Johnson, James C.

4612

RIGHT

LEFT

COMMENTS

Feet (2)		<u>Missing</u>	
Tibia (2)		<u>Missing</u>	
Fibula (2)		<u>Missing</u>	
Humeri (2)		<u>Missing</u>	
Patella (2)		<u>Missing</u>	
Sacrum (1)	Missing		
Ilium (2)		<u>Missing</u>	
Vertebrae			
Cervical (7)	<u>1 Broken</u>		
Thoracic (12)	<u>2</u>		
Lumbar (5)	<u>1</u>		
Ribs (2)	<u>9</u>	<u>5</u>	
Clavicle (2)	<u>Missing</u>	<u>Present 16.6 cm</u>	
Scapula (2)	<u>Missing</u>	<u>Present, incomplete</u>	
Humerus (2)	<u>Present 34.6 cm</u>	<u>Missing</u>	
Radius (2)	<u>Missing</u>	<u>Present 26.8 cm</u>	
Ulna (2)	<u>Present, broken</u>	<u>Missing</u>	
Hands (2)		<u>Missing</u>	
Skull (1)	<u>Missing</u>		

CLOTHING AND EQUIPMENT

Only few remains present

Bdy complete skeletal stage

Remnants of: mattress cover
socks
wool undershirt
wool sweater

(see reverse side)

Tooth chart not possible as skull was missing

No identifying data obtained.

28

HEADQUARTERS
MEDITERRANEAN THEATER OF OPERATIONS
UNITED STATES ARMY
APO 512

In reply

Office of the Chief Quartermaster

refer to 293

24 October 1945

293 2nd Lt. James C. Johnson, O-1824471, United States dead interred in Italy, Castel Fiorentino X 301

SUBJECT: Report of Interment

TO : The Quartermaster General, Washington 25, D. C.

Report of interment is transmitted herewith for "Believed to be"
293 2nd Lt. James C. Johnson, O-1824471, United States dead interred in Italy.

FOR THE CHIEF QUARTERMASTER:

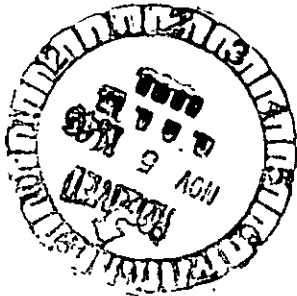
for Spencer M. Records 1st Lt
E. B. WADSWORTH,
Colonel, QMC.
Theater GRO.

1 Incl: a/s (original)

Copy filed 293 Johnson, James C O-1824471 (2nd Lt.)

NOV 5 12 31 PM '45

MEMORIAL DIVISION

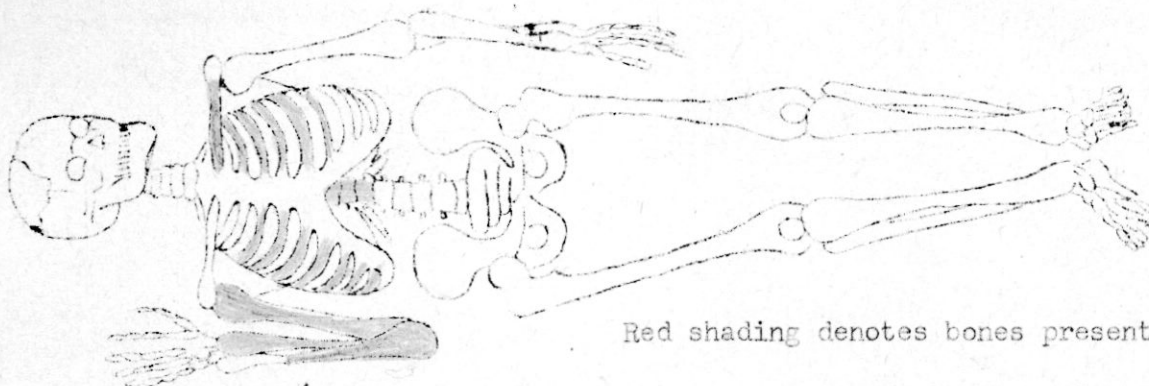


GRAVES REGISTRATION SECTION

NOV 10 2 49 PM '45

MEMORIAL DIVISION

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Red shading denotes bones 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 presented in par. 19 are those of one and the same individual.

t/s/ Dr ALEXANDER TARDY
MD, DA (Anthropology)
GSD, OSD

I CERTIFY THAT I HAVE PERSONNELLY 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., OMC, 9107 TSU-OMC, ACRS/MZ

(signed)

HEADQUARTERS
9107 TSU -- QTC
AMERICAN GRAVES REGISTRATION SERVICE
MEDICAL AREA
APO 794 US ARMY

GENERAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

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

C.I.P. Case No. L-656

Date of Investigation 2 Nov. 1948

Unknown American X- 301

Am. Mil. Com. Castelfiorentino, Italy Italy; Plot 2H Row No. 85 Grave 4612

Place of Death See Map Ref. Date of Death Unk

Map Reference U 944 967 Sheet 104 Map of Italy 1/100,000

Other American Dead Found in Same Area _____

None

Cause of Death KIA - Clinical cause unknown

22. Description of Remains

Skeletal state.

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

23. Skeletal Data

HEAD Skull totally missing

TOOTH CLERT Could not be accomplished due to the absence of maxillae and mandible.

TRUNK Present are: R clavicle, three dorsal vertebrae and one (1) rib.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus 34.5 cm L Humerus Missing

R Ulna Lower 1/4th missing L Ulna Missing

R Radius 27.1 cm L Radius Missing

Carpals, Metacarpals, Phalanges

Missing

LOWER EXTREMITIES (Give measurements of long bones).

R Femur Missing L Femur Missing

R Tibia Missing L Tibia Missing

R Fibula Missing L Fibula Missing

Calcaneus, Tarsals, Patellas, Metatarsals, Phalanges

Missing

24. AGE ESTIMATED AT 20-25 yrs

BASED ON Degree of closure of epiphyseal lines of the bones.

25. SUMMARY OF FINDINGS:

1. Tooth chart could not be accomplished (maxillae and mandible are missing)
2. Age estimated at 20 to 25 years
3. The height could not be estimated due to the absence of necessary measurements.

26. RECOMMENDATIONS

PROCESSED BY:

t.s. CURTISS D. PAYE
Pfc. 15216985
CIP Technician

t.s. Dr ALEXANDER TARDY
MD, DA (Anthropology)
GSD, OSD

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

RESTRICTED

Q.M.C. FORM 1 - GRS
SOS NATOUA
July 1913

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

CORRECTED
BURIAL REPORT

12 July 1947
Date Report Filled Out

Unknown American Soldier X-301 (Last Name) (First Name) (Middle Initial) Unk. (Serial No.) Colored (Race)
 Unk. (Rank) 4944 (Organization) Unk. (Branch) U.S.A. (Country)
 Coord: (944-967) Sh: 104. Map of (Place of Death) Unknown (Date of Death) KIA (Cause of Death) Unk. (Religion: P. C. H. etc.)
 Italy 1/100.000

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.):

Information on reverse side

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:

1 - 2nd Lt. bar, 1 - Infantry crossed rifles, 1 - Notebook, Forwarded to Effects QM., Army Effects Bureau, Kansas City, Mo., by registered Mail

Unknown (Name of Emergency Addressee) Unknown (Address of Emergency Addressee)

T/5 George Gregory, 602 QM (GR) Co. (Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

Shroud 1430 hrs. 11 September 1945, US Mil Cem Castelfiorentino, Italy (Q-549-507) (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 H (Plot No.) 85 (Row No.) 4612 (Grave No.) Wooden Cross (King Grave Markers) General Service (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? QMC Form #1-GRS sealed in bottle and buried with body
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 : LYONS, Raymond D. Pvt. 33006576 Co E 371 Inf. Regt. 4611
 (Name) (Rank) (ASN) (Organization) (Grave No.)
 Left side : STERN, Harold A. Pvt. 36787385 92nd Div. Cav Rcn Tr. 4613
 (Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Person Reporting Burial) (Verified by Q.R.S. Officer)

D. R. ANSLEY, CWO, USA

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: Make out QMC Form 1-GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

RESTRICTED

60430

REPORT OF BURIAL

AR 30-1815 & TM 10-630

Believed To Be:

12 September 1945

Date Report Filled Out

JOHNSON James C. O-1824471 Colored
(Last Name) (First Name) (Middle Initial) (Serial No.) (Race)

2nd Lt. Cn. Co. 370th Inf. Regt. Army USA
(Rank) (Organization) (Branch) (Country)

Coord: (U944-967)

Sheet 104 (Est) 22 October 1944 KIA Unknown
(Place of Death) (Date of Death) (Cause of Death) (Religion P C H etc.)

Map of Italy 1/100,000

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) Information 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

1 - 2nd Lt. bar, 1 - Infantry crossed rifles, 1 - Notebook, forwarded to Effects QM, Army Effects Bureau, Kansas City, Mo., by registered mail.

Unknown (Name of Emergency Addressee)

Unknown (Address of Emergency Addressee)

T/5 George Gregory, 602 QM (GR) Co.
(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial)

Shroud 1430 hrs. 11 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 H 85 4612 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 LYONS, Raymond D. Pvt. 33006576 Co. E. 371st Inf. Regt. 4611
(Name) (Rank) (ASN) (Organization) (Grave No.)

Left side STERN, Harold A. Pvt. 36787385 92 Div. Cav. Recon. Tr. 4613
(Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Person Reporting Burial)

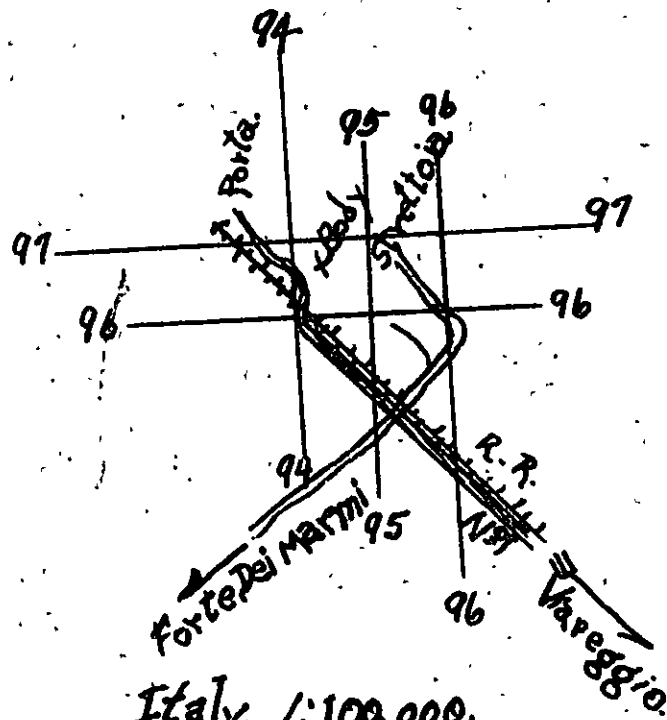
George C. Holland
(Verified by GRS Officer)

GEORGE C. HOLLAND, 2nd Lt. Inf.

INSTRUCTIONS FOR FILING OLD BURIAL REPORT Make out QMC Form 1-GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS

59046

Handwritten signature/initials



Italy. 1:100,000.
Sheet - 104.

At U-944 967 (1,700,000 (Sheet 104)) the body of an American soldier recovered.

This body is an officer. A 2nd Lt. Bar and Cross rifles was on shirt collar.

No identification was found on body.

MIA After a check in Dir. there is only one 2nd Lt. who was at this spot at this time. One 2nd Lt. C. Johnson O-1824471. James known he received a direct hit from a mortar shell at this place.

A note book taken from pocket of deceased referred to the 370th Inf. Regt. And names of men on the

370th Inf. Regt.

59046

James E. Hutchinson
Capt MC

William T. Jones
1st Lt. 2nd Lt.

Asst. Dir. G.P.O. 7th Inf.