

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-306

SUBJECT

Interred APR 27 1949

CRJ

USMC FLORENCE

H 2 33
Walter E. Thomas
WALTER E. THOMAS
Capt. CMP. Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 04761

DATE

15 10 48
DAY MONTH YEAR

NAME

UNKNOWN X-000306

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0 0 6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

2K

ROW

85

GRAVE

4903

DISPOSITION OF REMAINS

5201 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FLORENCE, ITALY

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELETAL

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

FILE
19 MAY 1949

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

NONE

REGISTRATION
BRANCH
MEMORIAL

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 October 1948

BY

CLYDE B. ROSEBOON (EMBALMER)

CASKET SEALED BY

EMBALMER (Signature)

CLYDE B. ROSEBOON (EMBALMER)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Oct. 48

BY

CLERK RECORDER

THOMAS COX

Thomas P. Pullia
THOMAS P. PULLIA, CRPT 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
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

new
1905

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	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPL ROBERT S. HUFF	
SIGNATURE OF SHIPPER KENNETH D. MC FEELY, 1ST LT TC	DATE 11 March 1949	SIGNATURE OF RECEIVER JESS H. CARNAL, 1ST LT QMC	DATE 11 March 1949

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 (BY ADMINISTRATIVE DECISION)

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

To be used only when disinterment is made prior to receipt of (QMC Form 1102 (Disinterment Location Directive))

203

AGRS - MZ WORK SHEET DISINTERMENT

Date 18 August 1948 No.

SECTION A: Information obtained from Zone Hq Record

NAME	SERIAL NO.	RANK	ARM
Unknown American X-306	Unk.	Unk.	Unk.
COUNTRY	RACE		
Castelfiorentino			
PLOT	ROW	GRAVE	COUNTRY
2K	85	4903	Italy

*SECTION C: DISINTERMENT AND IDENT. (Info obtained from Remains &/or Grave marker)

NAME	SERIAL NO.	RANK	DATE DISINTERRED
UNKNOWN AMERICAN	X-306	UNK	17 SEPT 48
IDENTIFICATION TAG ON	QMC FORM #1042	RELIGION	IDENTIFICATION VERIFIED BY
Remains	with Remains	UNK	<i>JH Carnal</i>
Marker	YES (Yes or No)		JH CARNAL 1 LT QMC.
<input type="checkbox"/>	<input type="checkbox"/>		Name & Title

SECTION D: PREPARATION OF REMAINS FOR STORAGE

NATURE OF BURIAL	CONDITION OF REMAINS
SHROUD	SKELETAL
OTHER MEANS OF IDENTIFICATION	
BURIAL REPORT	
MINOR DISCREPANCIES	
NONE	
REMAINS PREPARED AND PLACED IN CASKET	
Date 27 OCTOBER 1948	By CLYDE B. ROSEBOOM (EMBALMER)
CASKET SEALED BY	EMBALMER (Signature)
CLYDE B. ROSEBOOM (EMBALMER)	<i>Clyde B. Roseboom</i>
IDENTIFICATION PLATE PLACED ON CASKET	
Date 27 OCTOBER 1948	Name THOMAS COX Title
CLERK-RECORDER	

REMARKS

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
Grade and Organization

*Section "B" Omitted

CUSTODIAL TRANSFER

FROM
USMC CASTELFIORENTINO ITALY
CONVEYANCE
TRUCK
SHIPPER
N R HALLY 1 22 FA

TO
LEGHORN PORT MORGUE
CONVOYER
R L OROCKE 02 22 QMC
DATE
22 Sept 48

RECEIVER :

DATE :

THOMAS P. MULLIAN, CAPT, QMC 22 Sept. 48

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-306				2. DATE OF REPORT 19 October 1948	
3. NAME OF CEMETERY USMC Castelfiorentino Italy	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	2K	85	4903	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Unk.	9. ESTIMATED HEIGHT 5'9 3/8"	10. COLOR OF HAIR Unknown	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None
"Non-Identifiable by reason of lack of sufficient identifying data"

T.C. Anderson
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 NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

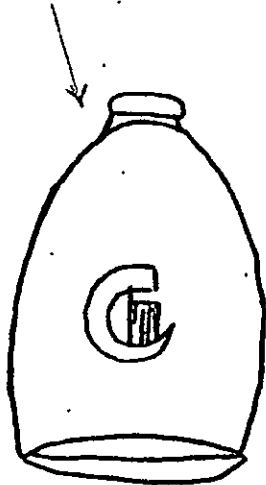
YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

One steel helmet.
 One canteen and canteen cup.

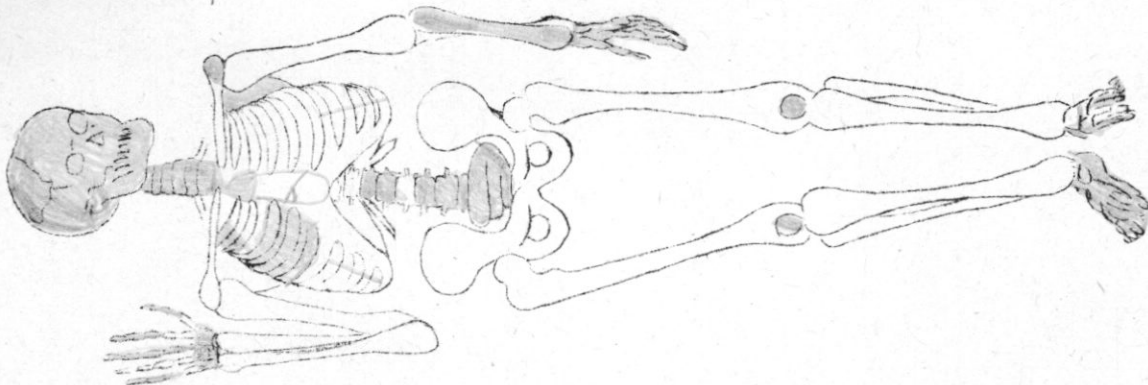


*T.L. 3 Feb 49 "Remains
 U.S. Deceased, "Unid"*

Received 24 Feb 49 OQMG

**Not identifiable from
 information presently
 available** *V. Gier*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

MASS BURIAL CERTIFICATE (If applicable)
 (Wherein segregation in whole or parts is impossible)

I certify that the Group remains consist of parts of _____ (Number)
 decedents based on the presence of one or more of the following anatomical
 parts.

 (Signature of Medical Officer)

21. REMARKS AND ADDITIONAL INFORMATION

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

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

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

Typed Name, Grade, Arm or Service and Organization

SIGNATURE

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

Signed

HEADQUARTERS
9107 TSU - QMC
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 704 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-503

Date of Investigation 19 Oct. 1948

Unknown American X- 306

Am. Mil. Cem. Castelfiorentino - Italy: Plot 2K Row No. 85 Grave 4903

Place of Death Mt. Altuzzo, Italy Date of Death Unk.

Map Reference Q-91.3-98.3 Sheet 98 Map of Italy 1/100,000

Other American Dead Found in Same Area Unknown X-303, ~~304, 305~~, 307, 308
309, 310, 311, and 312.

Cause of Death KIA

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.)

AGRS-MZ Form 203-15 dtd 28-11-47

23. Skeletal Data

HEAD Skull missing

TOOTH CHIT Impossible

TRUNK Present are: R scapula; R & L clavicles; sternum; 8 dorsal and 1 lumbar vertebrae; 20 ribs and the R & L pelvic bones.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus 34.1 cm L Humerus 33.9 cm

R Ulna 26.2 cm L Ulna Head missing

R Radius 24.6 cm L Radius Missing

Carpels, Metacarpels, Phalanges Partly present

LOWER EXTREMITIES (Give measurements of long bones).

R Femur 48.7 cm L Femur 47.6 cm

R Tibia 39.3 cm L Tibia 38.6 cm

R Fibula Malleolus missing L Fibula 38.8 cm

Calcanea, Tarsals, Patellae, Metatarsals, Phalanges

Partly present. Both patellae are missing

24. AGE ESTIMATED AT Between 20 and 27 years
BASED ON Degree of closure of the epiphyses of the long bones,
clavicles and pelvis.

25. SUMMARY OF FINDINGS: Tooth Chart - Impossible
Height Estimation - 5' 9 3/8"
Age estimation - Between 20 and 27 years.

26. RECOMMENDATIONS

PROCESSED BY:

EVERT A. JOHNSON
Pfc. 17173881
CIP Technician

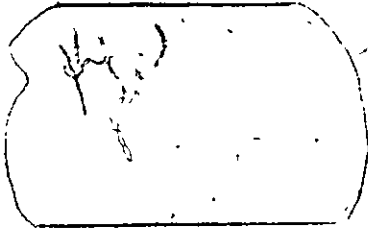
S & T/ Mack G. Holt
(Signature of Officer)
1st Lt. QMC
CIP Officer

-3-

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


AUG 12 18

RESTRICTED

QMC Form 1042		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 18th May 1948		
Fingerprint Identification Tag if Possible		Section 1. - IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL NO.		
		Unknown American Soldier X-306		Unknown		
		GRADE		ORGANIZATION		BRANCH OF SERVICE
Unknown		Unknown		Army		
RACE		RELIGION		IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY		
Unknown		Unknown		USA		
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH		
Mt. Altuzzo Italy (Q 91.3-98.3) Sh 98 Map of Italy 1/100,000		KIA		Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)			IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)			
None			-			
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)			COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO			
No			NO			
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
None						
Section 2. - BURIAL. If other than established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
U.S. Military Cemetery Castelfiorentino (Q 547-507) Italy						
DATE OF BURIAL	HOUR	BURIED IN (Should, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
18 May 1948	1500	Wooden Casket	Wooden Cross	2K	85	4903
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, PREVIOUS CEMETERY, AND LOCATION OF GRAVE			COORDINATES OF PLOT ROW GRAVE		
No	-			No.	No.	No.
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY.			
General	-		QMC Form 1042 sealed in glass container and buried with body QMC Form 1042 sealed in glass container and buried one foot below grave marker			
IDENTIFICATION TAG BURIED WITH BODY (Yes or No)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or No)					
No	No					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
Unknown American Soldier X-305	Unk	Unk	Unk	4902		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
Unknown American Soldier X-307	Unk	Unk	Unk	4904		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
Serafino A. Cocucci, DAC			Edward Bayer, 1st Lt. Inf.			
DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the QMC through Hdq GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

60650

LEFT LITTLE FINGER	Section 3.- UNIDENTIFIED REMAINS.														
LEFT RING FINGER	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 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 MIDDLE FINGER	<table border="1"> <tr> <td>HEIGHT</td> <td>WEIGHT</td> <td>COLOR OF EYES</td> <td>COLOR OF HAIR</td> <td>BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td>5' 9 1/4" Estimated</td> <td>-</td> <td>- -</td> <td>- -</td> <td>-</td> </tr> </table>					HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	5' 9 1/4" Estimated	-	- -	- -	-
HEIGHT						WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS						
5' 9 1/4" Estimated	-	- -	- -	-											
LEFT INDEX FINGER	<table border="1"> <tr> <td>WEAPON AND SERIAL No.</td> <td>LAUNDRY MARKS</td> <td>"HERE BODY" WAS BUPIED OR FOUND *</td> </tr> <tr> <td>- -</td> <td>- -</td> <td></td> </tr> </table>					WEAPON AND SERIAL No.	LAUNDRY MARKS	"HERE BODY" WAS BUPIED OR FOUND *	- -	- -					
WEAPON AND SERIAL No.	LAUNDRY MARKS	"HERE BODY" WAS BUPIED OR FOUND *													
- -	- -														
LEFT THUMB	OTHER IDENTIFICATION CLUES * Mt Altuzzo, Italy, (Q 91.3-98.3) Sh 98 Map of Italy 1/100,000														
RIGHT THUMB															
RIGHT INDEX FINGER															
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATPS FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY														
RIGHT RING FINGER															
RIGHT LITTLE FINGER	REMARKS: None														

Fingerprints not possible, remains in skeletal state.

RESTRICTED

HEADQUARTERS
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 10/4 and 10/4b
Paragraph 18 - Identification Dental Chart

C.I.F. Case No. 4

Date of Investigation 18 May 1948

Unknown American X-306

Am. Mil. Cem. Castelfiorentino Italy: Plot 2K Row No. 85 Grave 1903

Place of Death Mt. Altizzo Date of Death Unknown

Map Reference Q 91.3 - 98.3 Sheet 98 Map of Italy 1/100,000

Other American Dead Found in Same Area Unknowns X-303, 304, 305, 307, 308, 309,
310, 311, 312

Cause of Death Unknown

22. Description of Remains

Skeletal state.

(If the remains have not been decomposed, attach to this form QMC Form 10L2,
completely filled out as to physical characteristics.)

23. Skeletal Data

HEAD Missing

TOOTH CHART Impossible

TRUNK Right scapula, left & right clavicle, sternum, 1 cervicle vertebra
8 dorsal vertebrae, 1 lumbar vertebra, approx. 21 ribs

UPPER EXTREMITIES. (Give measurements of long bones.)

R Humerus 34.2 L Humerus 34.0

R Ulna 26.7 L Ulna Lower portion missing

R Radius 25.2 L Radius missing

Carpels, Metacarpels, Phalanges _____

LOWER EXTREMITIES. (Give measurements of long bones.)

R Femur 48.8 L Femur 47.7

R Tibia 39.3 L Tibia 38.7

R Fibula Lower portion missing L Fibula 38.9

Calcanea, Tarsals, Patellae, Metatarsals, Phalanges _____

8 metatarsals, 1 tarsal


24. AGE ESTIMATED AT Over 20 years

BASED ON Epiphysial lines of long bones are closed

25. SUMMARY OF FINDINGS:

1. Remains were found in a skeletal state.
2. The remains consist of the representative parts of one (1) body only.
3. No personal effects were found.
4. A tooth chart was impossible.
5. The age was estimated at over 20 years, the height at 5' 9 1/4"

26. RECOMMENDATIONS:


EDWARD HAYER 1st Lt. INF.
(Signature of Officer)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X - 306				2. DATE OF REPORT May, 18, 1948	
3. NAME OF CEMETERY CASTELFIORENTINO	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	2K	85	4903	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Unknown	9. ESTIMATED HEIGHT 5' 9 1/4"	10. COLOR OF HAIR Unknown	11. RACE Unknown
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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. Remains were in skeletal state.

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?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

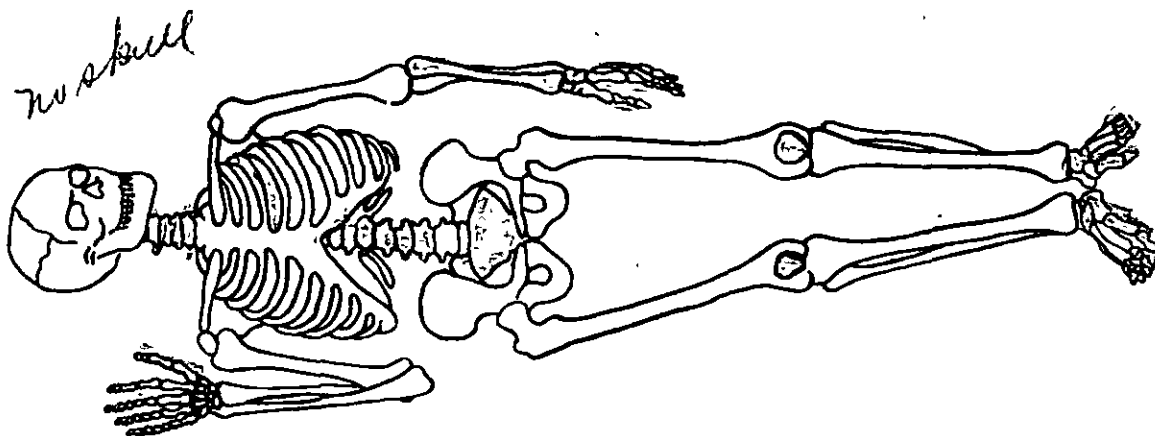
None

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

1 Steel Helmet, green triangle was on front of helmet.
1 canteen with following mark " C "
1 canteen cup
1 pistol belt
1 B.A.R. cartridge belt

60850

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

Not applicable

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

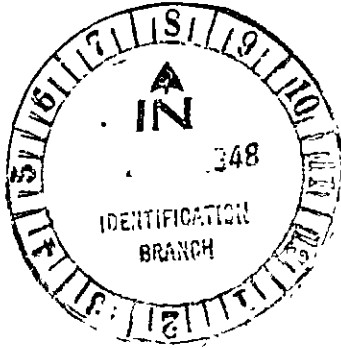
None

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

ROBERT S. HUFF Pfc. 16216004

SIGNATURE



1000

1 00 20 10 17 36 1 51 2007