

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-308

SUBJECT

into rad APR 25 1949

LH

B & 21 USM⁷ FLORENCE

Walter E Thomas

DISINTERMENT DIRECTIVE

WALTER E THOMAS

Cap CMP Cemetary Superintendent

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 04751

DATE

15 09 48
DAY MONTH YEAR

NAME

UNKNOWN X-000308

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0

0

6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

2K 85 4905

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

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

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 October 1948

BY

CLYDE B. ROSEBOON (EMBALMER)

CASKET SEALED BY

EMBALMER (Signature)

CLYDE B. ROSEBOON (EMBALMER)

CASKET BOXED AND MARKED CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY

DATE 27 Oct. 48 BY THOMAS COX

Thomas P. Pulliam
THOMAS P. PULLIAM CAPT QMC

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

MACK C. HOLT, 1ST LT QMC

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

u77
10/27

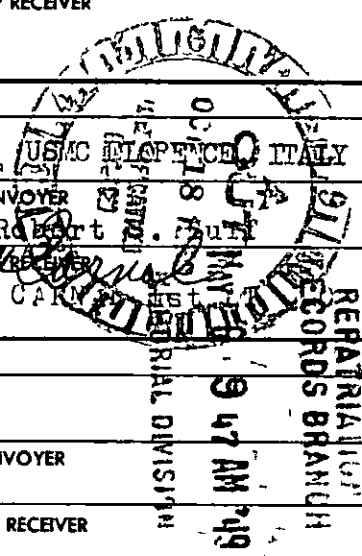
RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

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

2 SHIPPED

FROM LECHOR V PORT MORGUE		TO	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER Cpl Robert [unclear]	
SIGNATURE OF SHIPPER KENNETH D. MC FEELY, 1ST LT T.C.	DATE 11 March 1949	SIGNATURE OF RECEIVER JESSE H. CANNON	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

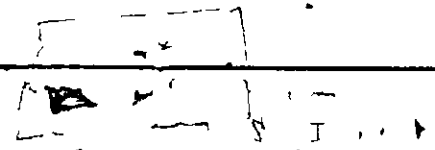
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6 SHIPPED

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



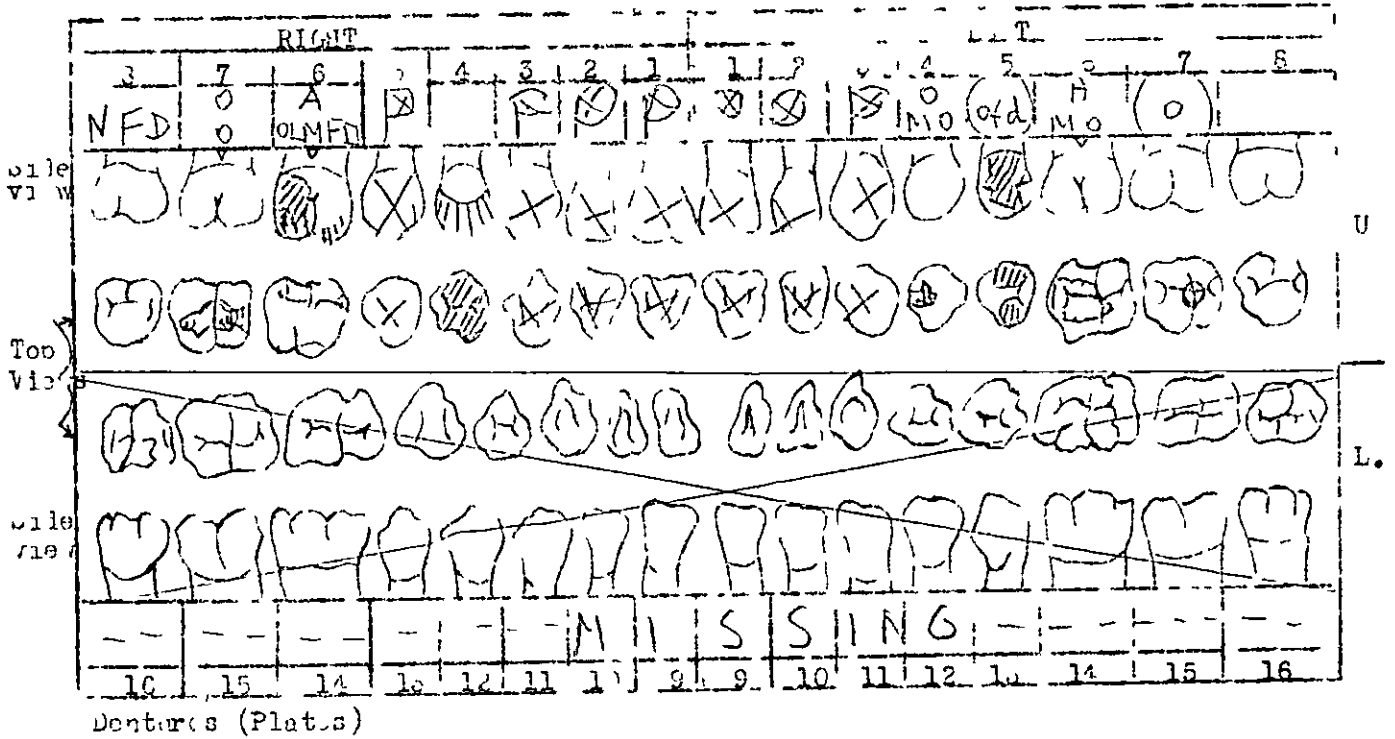
IDENTIFICATION NO. D L	
1. R FINS OR U : X-308	2. DATE OF REPORT 18 October 1948
3. NAME OF CLINIC : USMC Castelfiorentino, Italy	4. FLOOR 5. POST 6. GRADE 7. D L OF DISTRICT 2K : 85 : 4905 DISTRICT : LEVEL
PHYSICAL DESCRIPTION:	
8. HAIR COLOR Unknown	9. HAIR LENGTH 5' 10 7/8"
10. COLOR OF EYES Unknown	11. RACE Unknown
12. GIVE DESCRIPTION OF OTHER IDENTIFYING INFORMATION IDENTIFIED "Non-identifiable by reason of lack of sufficient identifying data". None <i>T. C. Anderson</i> T. C. ANDERSON, Major, OMC.	
13. GIVE DESCRIPTION OF OTHER IDENTIFYING INFORMATION IDENTIFIED None	
14. IS BODY IDENTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS IDENTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>
15. IS BODY IDENTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS IDENTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>
16. DESCRIBE EVIDENCE OF IDENTIFICATION FOUND BEFORE THIS Skull is unusually square shaped. The facial region is flat and the forehead is almost at a right angle to the rood of the skull.	
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT, DEVICES, IDENTIFIERS, SIGNATURES, TYPE, COLOR, SIZE, WEIGHT, MAKE, ETC. (If laundry marks are indistinct, such notations could be made and shown for identification through chemical examination when facilities are not available in the area). One steel helmet.	

T. L. 3 Feb 49, "Remains
u & deceased, "used"

QPC FOR 1044
RLV 18 or 17

PREVIOUS EDITIONS OF THIS
FOR THE OBOLITE

Received 24 Feb 49 OQMG
Not identifiable from
information presently
available *Rema Geer*

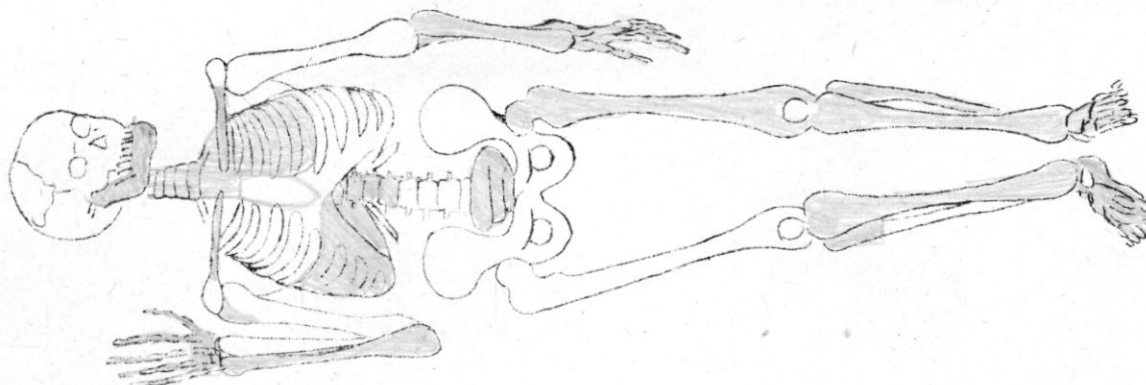


Dentures (Plates)

Not fully developed.
 The shaded areas indicate teeth chipped or broken off
 The fillings are of a poor quality.

Q (born 1941 a
 18 March 1947

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 par. 19 are those of one and the
same individual.

s/ 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. QMC, 9107 TSU -QMC, 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-505

Date of Investigation 18 Oct 48

Unknown American X- 308

Am. Mil. Com. Castelfiorentino Italy: Plot 2K Row No. 85 Grave 4905

Place of Death Mt. Altuzzo, Italy 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 Unknown X-303, 304, 305, 306, 307,
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.)

23. Skeletal Data

HEAD Mandible missing

TOOTH CHART Accomplished

TRUNK Present are: R&L scapulae; piece of sternum; piece of one cervical, 4 dorsal and 4 lumbar vertebrae; 10 ribs and the R & L pelvis.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus Piece of head missing humerus 35.7 cm

R Ulna missing L Ulna Missing

R Radius 25.7 cm L Radius Missing

Carpals, Metacarpals, Phalanges One metacarpal present.

LOWER EXTREMITIES (Give measurements of long bones).

R Femur 48.8 cm L Femur Missing

R Tibia Missing L Tibia Missing

R Fibula Upper extremity missing fibula Missing

Calcanea, Tarsals, Patellae, Metatarsals, Phalanges
Piece of 1 tarsal present. Both patellae are present.

24. AGE ESTIMATED AT Between 19 and 20 years

BASED ON Degree of closure of the epiphyses of the crest of the
illum.

25. SUMMARY OF FINDINGS:

Tooth chart - accomplished
Height estimation - 5' 10 7/8"
Age estimation - Between 19 and 20 years

26. RECOMMENDATIONS:

PROCESSED BY:

EVERT A. JOHNSON
Pfc 17173881
CIP Technician

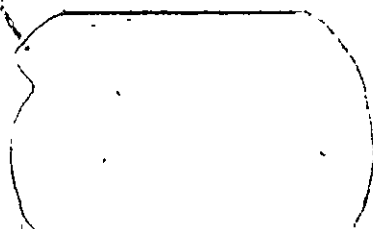
(signed)

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

DR. ALEXANDER TARDY
M.D., D.A., (Antropology) G.S.D., O.S.D.

AUG 6 1948

RESTRICTED

QMC Form 1042		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 18 May 1948		
Imprint Identification Tag if Possible 	Section 1. --IDENTIFICATION.					
	NAME (Last, first, middle initial)		SERIAL NO.			
	Unknown American Soldier X-308		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 Mt Altuzzo, Italy (Q 91.3-98.3) Sh 98 Map of Italy 1/100,000	CAUSE OF DEATH KIA		DATE OF DEATH Unknown			
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		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO YES NO See C.I.P. Report				
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 (Shoulder, 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	4905
WAS THIS A REBURIAL? (Yes or no) No	IF REBURIAL, INDICATE NAME, NUMBER, PREVIOUS CEMETERY, AND LOCATION OF GRAVE			COORDINATES OF PLOT	ROW	GRAVE
				No.	No.	No.
TYPE OF RELIGIOUS CEREMONY General	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or No) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or No) No		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			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown American Soldier X-307	RANK	SERIAL	ORGANIZATION	GRAVE		
	Unk	Unk	Unk	No 4904		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown American Soldier X-309	RANK	SERIAL	ORGANIZATION	GRAVE		
	Unk	Unk	Unk	No 4906		
SIGNATURE OF PERSON PREPARING REPORT Serafino A. Cocucci, DAC			SIGNATURE OF GUN OFFICER VERIFYING REPORT Edward Bayer 1st Lt USA			
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

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Section 3.- UNIDENTIFIED REMAINS.												
LEFT LITTLE 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 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 RING FINGER												
LEFT MIDDLE FINGER												
Fingerprints not possible, remains in skeletal state.	LEFT INDEX FINGER	<table border="1"> <tr> <th>HEIGHT</th> <th>WEIGHT</th> <th>COLOR OF EYES</th> <th>COLOR OF HAIR</th> <th>SCARS, TATTOOS,</th> </tr> <tr> <td>5' 10 3/4" Estimated</td> <td>- -</td> <td>- -</td> <td>- -</td> <td>- -</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, TATTOOS,	5' 10 3/4" Estimated	- -	- -	- -	- -
	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, TATTOOS,							
5' 10 3/4" Estimated	- -	- -	- -	- -								
	LEFT THUMB	<table border="1"> <tr> <th>WEAPON AND SERIAL No.</th> <th>LAUNDRY MARKS</th> <th>WHERE BODY WAS BURIED OR FOUND *</th> </tr> <tr> <td>- -</td> <td>- -</td> <td>- -</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND *	- -	- -	- -				
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND *										
- -	- -	- -										
RIGHT MIDDLE FINGER	OTHER IDENTIFICATION CLUES <p style="text-align: right;">* Mt Altuzzo, Italy (Q91.3-98.3) Sh 98; Map of Italy 1/100,000</p>											
RIGHT RING FINGER												
RIGHT INDEX FINGER												
RIGHT MIDDLE FINGER												
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center;"> </div>											
RIGHT LITTLE FINGER	REMARKS: <p style="text-align: center;">None</p>											

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 1044 and 1044b
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. _____

Date of Investigation 18 May 1948

Unknown American X- 308

Am. Mil. Cem. Castelfiorentino Italy: Plot 2K Row No. 85 Grave 1905

Place of Death Mt. Altizzo, Italy 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, 306, 307,

309, 310, 311, 312

Cause of Death KIA

22. Description of Remains

Skeletal state.

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

23. Skeletal Data

HEAD Skull present, mandible missing

TOOTH CHART Accomplished

TRUNK Left and right scapula, sternum, 4 dorsal vertebrae, 4 lumbar vertebrae
left and right pelvis, 10 ribs, portion of one cervical vertebra

UPPER EXTREMITIES. (Give measurements of long bones.)

R Humerus <u>head partly missing</u>	L Humerus <u>35.6</u>
R Ulna <u>Missing</u>	L Ulna <u>Missing</u>
R Radius <u>25.9</u>	L Radius <u>Missing</u>
Carpels, Metacarpels, Phalanges <u>Missing</u>	

LOWER EXTREMITIES. (Give measurements of long bones.)

R Femur <u>18.9</u>	L Femur <u>Missing</u>
R Tibia <u>Missing</u>	L Tibia <u>Missing</u>
R Fibula <u>Missing</u>	L Fibula <u>Missing</u>

Calcanea, Tarsals, Patellae, Metatarsals, Phalanges .

1 tarsal, 1 metatarsal

24. AGE ESTIMATED AT 20 - 22 years

BASED ON Epiphysial lines on long bones are closed, crest of the ilium
shows signs of being open. Sagital suture is still open

25. SUMMARY OF FINDINGS:

1. The remains were found to be 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 accomplished.
5. The age was estimated at 20-22 years, the height at 5' 10 3/4".

26. RECOMMENDATIONS: None.


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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X - 308				2. DATE OF REPORT May 18, 1948	
3. NAME OF CEMETERY CASTELFIORENTINO	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	2K	85	4905	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Unknown	9. ESTIMATED HEIGHT 5' 10 3/4"	10. COLOR OF HAIR Unknown	11. RACE Unknown
---------------------------------------	--	-------------------------------------	----------------------------

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 in skeletal state.

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

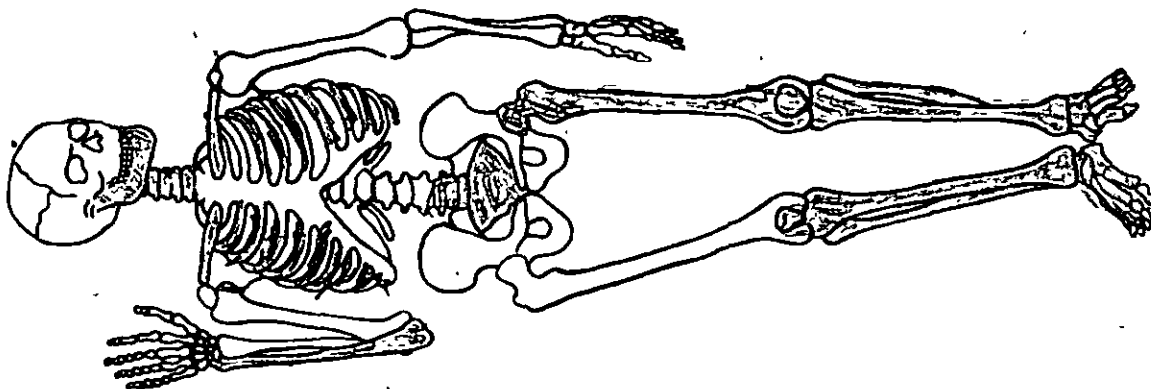
None

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)

1 Steel helmet
1 Camouflage net for helmet
No markings visible.

60652

19. BLACK OUT PARTS OF BODY NOT F ERRED



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

18.

TOOTH CHART

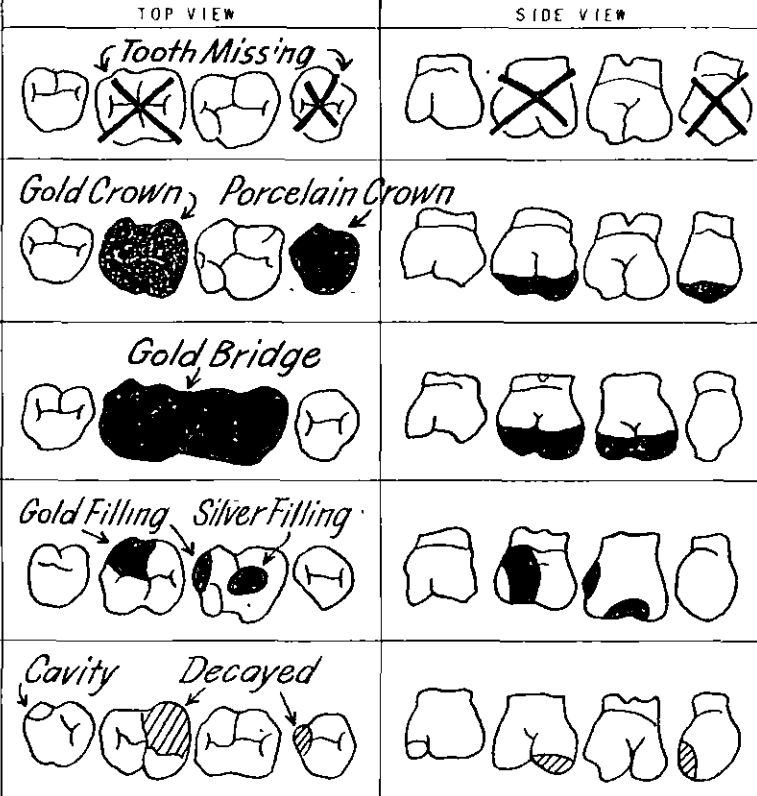
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS.

CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS

BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	*	A* OH		*	P	P	P	P	P	P	P	S OH	A* OH	A OH	O	
Side Views	[Side view drawings of teeth]															Side Views
Top Views	[Top view drawings of teeth]															
	[Lower top view drawings of teeth]															
Side Views	[Side view drawings of teeth]															
M A N D I B L E								M I S S I N G								
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."

- 7 R Cement occlusal filling & is chipped mesialy
- 6 R Chipped distally (after death)
- 4 R Chipped occlusally facially & mesially (after death)
- 5 L Chipped facially