

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelforentino, X-58917

SUBJECT

19 Sept. 1949

JALMM

1

US. ANZIO
E 1 2
WILLARD ED
Major QMC C. T. J. Sur. 11 ndent
DISINTERMENT DIRECTIVE
Hulland Edgerton

SECTION A — NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 5217 00000
DATE 24 06 49
DAY MONTH YEAR

NAME UNKNOWN X -58917
SERIAL NUMBER
GRADE
ARM 8
RACE 2
RELIGION 6

CEMETERY (CASTELFIORENTINO) ITALY
PLOT 2-F
ROW 87
GRAVE 4345
DISPOSITION OF REMAINS 5202 80
CODE DIST CTR

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NETTUNO, 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 CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY EMBALMER (Signature)
CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
REPATRIATION
BRANCH
Graves
MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1 SHIPPED

FROM LEGHORN PORT MORGUE		TO USMC ANZIO	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER CPL RAYMOND E. WEISHUHN	
SIGNATURE OF SHIPPER LEWIS A. MC AMIS, CAPT QMC	DATE 30 June 1949	SIGNATURE OF RECEIVER <i>Willard Edgerton</i> WILLARD EDGERTON, 1st Lt QMC	DATE 30 June 1949

2 SHIPPED

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

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

1

25

DISINTERMENT OPERATIONS RECORD

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5817

DATE

DAY MONTH YEAR

NAME: UNKNOWN X - 58917 SERIAL NUMBER: 58917 GRADE: ARM: 1 RACE: RELIGION:

CEMETERY: CASTELFIORENTINO ITALY PLOT: 2F ROW: 87 GRAVE: 4345 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-58917 GRADE: UNK DATE OF DEATH: DATE DISTINTERRED: 16 SEPT 48

IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: UNK IDENTIFICATION VERIFIED BY: R. V. FISHER I 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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies): NONE

REMAINS PREPARED AND PLACED IN CASKET: 15 DECEMBER 1948 BY: HOMER J. LESLIE (EMBALMER)

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

CASKET BOXED AND MARKED: 15 DEC. 48 CLERK RECORDER: R.L. ROONEY 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

MACK C. HOLT, 1ST LT QMC

Mack C. Holt

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS:

IDENTIFICATION DATA

1. LABELS (if any) 2. DATE RECEIVED
 X-58917 4 November 1948

3. A B O C (if any) 4. PLACE OF ORIGIN 5. GRADE 6. WEIGHT 7. DETERMINATION
 USMC Castelfiorentino, Italy 2-F 87 4345 DISUN- RCIA-
 AREA "B" 16 (17)

PHYSICAL DESCRIPTION

8. LEATHER 9. COLOR 10. COLOR OF LEATHER 11. RACE
 Impossible 6' 1/2" Unk Colored

12. CIVIL DESCRIPTION OF ITEM OR IDENTIFICATION FOUND WITH REFERENCE
 Non-Identifiable by reason of lack of sufficient identifying data.
 None *T. C. Anderson*
 T. C. ANDERSON
 Major CMC

13. GIVE DESCRIPTION OF MARKS OR SCUFFS ON BODY AND/OR SUIT INFORMATION OBTAINED FROM THESE SOURCES
 None

14. WAS BODY BURIED? 10
 YES NO

15. WAS BODY IDENTIFIED? 10
 YES NO

16. DESCRIBE EVIDENCE OF FINGERPRINTS OR OTHER IDENTIFYING MARKS
 None

17. LIST EVERY FIBER OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING FIBER TYPE, COLOR, SIZE, GRADE, SERVICE, etc. (If laundry marks are indistinct, such notation should be made and specimen forwarded through S. D. [unclear] for examination when such facilities are not available. *Received 1 March 49* OQMG
 1 Pair of service shoes, size: 10-D Not identifiable from information presently available

X-58917 is Believed to Be

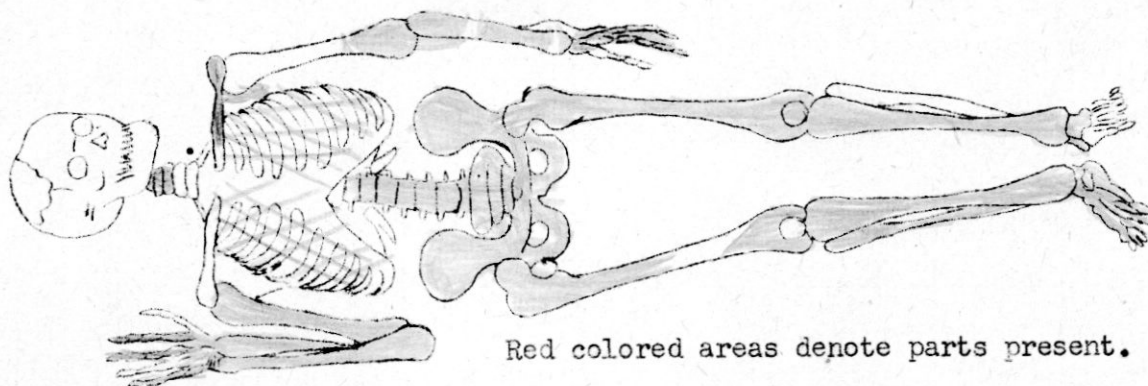
WOODS, Willie (NMI) Pfc., 34460419

01010

01010
01010
01010

01010

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.

t/s/ Dr Alexander Tardy
MD, DA (Anthropology)
G.S.D., O.S.D.

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

Typed Name, Grade, Arm or Service and Organization

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

SIGNATURE

(signed)

HEADQUARTERS
9107 TST - QMC
AMERICAN MILITARY RESTRICTION SERVICE
GERMAN ZONE
1948 US ARMY

CLASSIFICATION CENT
REPORT OF INVESTIGATION

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

C I P. Case No. L-702

Date of Investigation 4 Nov 1948

Unknown American X- 58917 (see reverse side of page one)

M. Mil. Com. CASTELFIORENTINO Italy Plot 2-F Row No. 87 Grave 1345

Place of Death Hill "X" Date of Death 5 Dec 44

Map Reference U (943-967) Sheet _____ Man of Italy _____

Other American Dead Found in Same Area _____

Cause of Death Unknown

22. Description of remains

Skeletal state.

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

3. Skeletal Data

HEAD Missing

TOOTH CHART Impossible

TRUNK Present are portion of L scapula, L clavicle (sternal portion missing), 2 cervical, 2 dorsal, 5 lumbar vertebrae, complete pelvic region, 11 pieces of shattered ribs.

UPPER EXTREMITIES (Give measurements of long bones).

R Humerus 34.9 cm L Humerus Lower 1/3 present
R Ulna 28.0 cm L Ulna 27.7 cm
R Radius 26.8 cm L radius Shaft broken, partly missing
Carpels, Metacarpels, Phalanges

Partly present

LOWER EXTREMITIES. (Give measurements of long bones).

R Femur Part of shaft missing L Femur 50.1 cm
R Tibia 42.4 cm L Tibia 41.6 cm
R Fibula 41.1 cm L Fibula Missing
Calcanea, Tarsals, Metatarsals, Phalanges

Partly present. R patella missing.

24. AGE ESTIMATED AT Between 20 and 24 years.

BASED ON Degree of closure of epiphyseal lines of bones.

25. Age estimation - Between 20 and 24 years.

TOOTH CHART - Impossible

HEIGHT ESTIMATION - 6' 1/2"

1 pair service shoes, size 10-D

26. RECOMMENDATIONS

PROCESSED BY.

s/t/ CURTIS D. PAYER
Pfc., 15216985

s/t/ Dr ALEXANDER TARDY
MD, DA (Anthropology)
G.S.D., O S D.

s/t/ MACK C. HOLT

Signature of Officer

1st Lt, QMC

CIL Officer

RESTRICTED

OMC FORM 1 CRS
SOS NATOLUSA
July 1943

REPORT OF BURIAL

AR 30 1814 & TM 10 630

12 July 1945 - Report Filed Out

Believed to be

WOODS (Last Name) Willie (First Name) (Middle Initial) 34460419 (Serial No) C (Race)

Pfc (Rank) Co B 366 Inf Regt (Organization) Army (Branch) USA (Country)

Hill "X" U-943967 (Place of Death) (est) 5 Dec 1944 (Date of Death) Unk (Cause of Death) Unk (Religion P C H etc)

MEANS OF IDENTIFICATION

Identification Tags found on body Yes () No (O)

If no identification tags other means used to identify body (identification card letters et) 0419 found on waist band of pants & M.C.R.

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 Effect found on Body and disposition of Same None

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

T/Sgt Edwin Shotland QMC (Signature or Name of Person furnishing above data when other than the Officer reporting burial)

SHROUD 1000 hrs 11 July 1945 US MIL CEM at Castelfiorentino Italy (0549507)

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

2 F (Plot No) 87 (Row No) 4345 (Grave No) Wood Cross (Kind Grave Markers) General (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

Copy QMC Form #1-CRS sealed in bottle and buried one foot below marker

Copy QMC Form #1-CRS sealed in bottle and buried with body

Bodies buried on either side (See paragraph 1 on reverse side this form)

Right side BEGINNING OF ROW (Name) (Rank) (ASN) (Organization) (Grave No)

Left side UNKNOWN AMERICAN SOL. X-163 Unk Unk (Name) (Rank) (ASN) (Organization) (Grave No)

(Signature of Person Reporting Burial)

MEYER BROWN 1st Lt QMC (Verified by Officer)

INSTRUCTIONS FOR FILING OUT BURIAL REPORT Make out QMC Form 1 CRS 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 Civil Registration Officer of that headquarters) to Base Section Graves Registration Service Officer OVER FOR BURIAL INSTRUCTIONS

58917

RESTRICTED

Hq PBS 8 44 - 200 000

III ADQUARTERS
MEDITERRANEAN THEATER OF OPERATIONS
UNITED STATES ARMY
IPO 512

Office of the Chief Quartermaster

In reply
refer to 293.

1 September 1945

SUBJECT: Reports of Interment.

TO : The Quartermaster,
Peninsular Base Section,
APO 782, U. S. Army.

1. Reference is made to reports of interment for remains identified as believed to be Pvt. Walter Paulauskas, 33939350, interred in grave 1995, Mt. Beni, U. S. Military Cemetery, Pietramala, Italy, and for remains identified believed to be Leroy Stevenson, 32065397, and believed to be Pfc, Willie Woods, interred in graves 4410, and 4345 respectively, U. S. Military Cemetery at Castelfiorentino, Italy.

2. It is requested that above referenced reports be reviewed and that any information now available to Pen Base which may tend to confirm or refute suggested identities of deceased be furnished this headquarters.

FOR THE CHIEF QUARTERMASTER:

E. B. WADSWORTH,
Lt. Col., QMC,
Theater GRO.