

Interred 5 May 49

D 10 w 2 USMC FLORENCE  
*Walter E Thomas* DISINTERMENT DIRECTIVE  
WALTER E. THOMAS  
Capt. CMP, Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5225 00013

DATE

15 DAY 08 MONTH 48 YEAR

NAME

~~UNKNOWN~~ X-90

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

Q

O

6

CEMETERY

FOLLONICA ITALY

PLOT

L123

ROW

GRAVE

1469

DISPOSITION OF REMAINS

5201 CODE

80 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

UNKNOWN

SERIAL NUMBER

X-90

GRADE

UNK

DATE OF DEATH

DATE DISTINTERRED

1 OCT 48

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

*M G Borres*  
M G BORRES 2 TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELTAL

OTHER MEANS OF IDENTIFICATION

NONE

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

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 12 Nov 48

BY HOMER J. LESLIE (EMBALMER)

CASKET SEALED BY

HOMER J. LESLIE (EMBALMER)

EMBALMER (Signature)

*Homer J. Leslie*

CASKET BOXED AND MARKED (C MARK NUMBER)

DATE 12 Nov 48

BY MORTON LITTE

SHIPPING ADDRESS VERIFIED BY

MAK 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.

MAK C. HOLT 1ST LT QMC

*Mack C. Holt*

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NAT  
FILE  
RECORDS ANNOTATED  
DATE 31 May 49  
NAME *Mell*  
R & R BR.

**RECORD OF CUSTODIAL TRANSFER**

FROM		USMC FOLLONICA ITALY		TO		LEGHORN PORT MORGUE	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER		R L CROCKER 2 LT OMC	
SIGNATURE OF SHIPPER		<i>W E McNeill 2 LT OMC</i>		SIGNATURE OF RECEIVER		<i>Thomas P. Williams</i>	
DATE		7 Oct 48		DATE		11 MAR 49	
FROM		LEGHORN PORT MORGUE		TO		USMC FLORENCE ITALY	
KIND OF CONVEYANCE		RAIL		NAME OF CONVOYER		CPL. ROBERT S. HUFF	
SIGNATURE OF SHIPPER		THOMAS P. WILLIAMS CAPT. OMC		SIGNATURE OF RECEIVER		<i>Thomas P. Williams</i>	
DATE		11 MARCH 1949		DATE		11 MAR 49	
FROM		LEGHORN PORT MORGUE		TO		USMC FLORENCE ITALY	
KIND OF CONVEYANCE		RAIL		NAME OF CONVOYER		CPL. ROBERT S. HUFF	
SIGNATURE OF SHIPPER		THOMAS P. WILLIAMS CAPT. OMC		SIGNATURE OF RECEIVER		<i>Thomas P. Williams</i>	
DATE		11 MARCH 1949		DATE		11 MAR 49	
FROM		LEGHORN PORT MORGUE		TO		USMC FLORENCE ITALY	
KIND OF CONVEYANCE		RAIL		NAME OF CONVOYER		CPL. ROBERT S. HUFF	
SIGNATURE OF SHIPPER		THOMAS P. WILLIAMS CAPT. OMC		SIGNATURE OF RECEIVER		<i>Thomas P. Williams</i>	
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SIGNATURE OF SHIPPER		THOMAS P. WILLIAMS CAPT. OMC		SIGNATURE OF RECEIVER		<i>Thomas P. Williams</i>	
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KIND OF CONVEYANCE		RAIL		NAME OF CONVOYER		CPL. ROBERT S. HUFF	
SIGNATURE OF SHIPPER		THOMAS P. WILLIAMS CAPT. OMC		SIGNATURE OF RECEIVER		<i>Thomas P. Williams</i>	
DATE		11 MARCH 1949		DATE		11 MAR 49	

REPATRIATION  
RECORDS BRANCH  
SEP 1948

1904 4/10/48

IDENTIFICATION DATA

1. NUMBER OF REMAINS :	2. DATE OF REPORT
X-90 :	5 Nov. 48
3. NAME OF CAMP/POST :	4. REG'T : 5. SQ. : 6. GRAVE :
US Military Cemetery, Follonica, Italy :	7. DATE OF DISIN- REIN- TERMENT : THINGS
:	L : 123 : 1469 :

PHYSICAL DESCRIPTION

8. ESTIM. HGT. : 9. ESTIM. WT. :	10. COLOR OF HAIR :	11. RACE :
Impossible :	Impossible :	Unknown :
:	:	White :

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 DESCRIPTIONS OF MARKS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM THE SUBJECTS.  
 None

14. WAS BODY WOUNDED? : TO WHAT EXTENT?  
 YES  NO

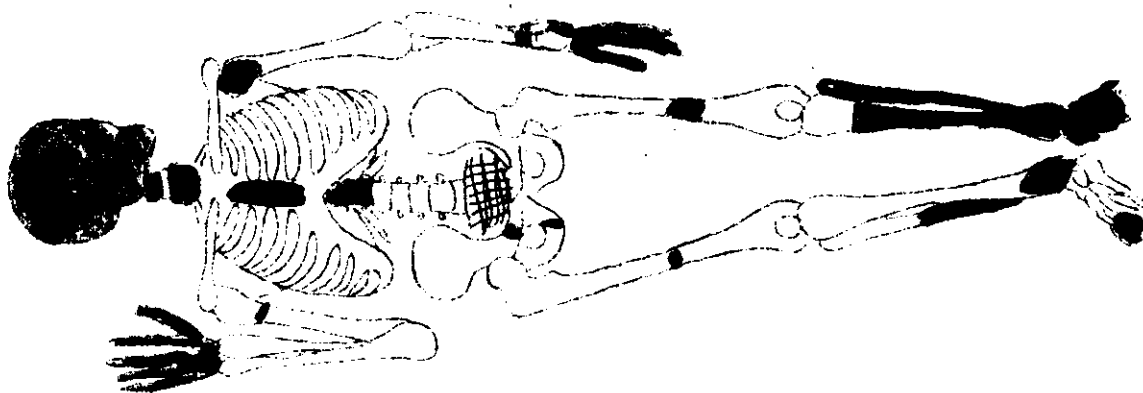
15. WAS BODY PARALYZED? : TO WHAT EXTENT?  
 YES  NO

16. DESCRIBE EVIDENCE OF WEAPONS OR PROJECTILES AND OTHER WEAPON REMAINS  
 None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING FOR NUMBER, COLOR, SIZE, MATERIAL, SERVICE, ETC. (if laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when such facilities are not available in the area).  
 1 R service shoe 10 1/2-C

*trans the Oct 11 Feb 49*  
*Sgt. Romain dS Decand. Underent*  
 Received 22 Feb 49 OOMG  
 Not identifiable from information presently available  
*PKB*

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/t/ DR. ALEXANDER TARDY  
M.D.,D.A. (Antropology) 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  
2107 NSU - OMC  
AMERICAN REGISTRATION SERVICE  
MEDITERRANEAN ZONE  
APO 794 US ARMY

CENTRAL IDENTIFICATION POINT

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 732  
Date of Investigation 5 Nov. 48

Unknown American X- 90

Am. Mil. Cem. FOLLONICA Italy: Plot I Row No. 123 Grave 1469  
Place of Death Vic. of S. Marinella, Italy Date of Death March or April 1944  
(Civitavecchia)  
Map Reference F 837-244 Sheet 142-II Map of Italy 1/50,000  
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 this form OMC Form 1042,  
completely filled out to physical characteristics).

23 Skeletal Data

HEAD Skull missing

TOOTH CHART Impossible

TRUNK Complete except for: Sternum, 6 cervical, 2 dorsal vertebrae

UPPER EXTREMITIES (also measurements of long bones).

R Humerus Broken

L Humerus Head missing

R Ulna

"

L Ulna

Lower 1/3 missing

R Radius

"

L Radius

Styloid process and portion of shaft missing

Carpals, Metacarpals, Phalanges

Missing

LOWER EXTREMITIES. (also measurements of long bones).

R Femur

Portion of shaft missing

L Femur

R Tibia

Lower 1/6 present

L Tibia

Head present

R Fibula

Lower 2/3 missing

L Fibula

Missing

Calcaneus, Tarsals, Patellae, Metatarsals, Phalanges

R foot present mostly

24. AGE ESTIMATED AT Over 20 yrs.

BASED ON Degree of closure of epiphyseal lines of the bones

25. SUMMARY OF FINDINGS:  
Age estimation: Over 20 yrs.  
Height estimation: Impossible  
Tooth Chart: Impossible  
1 R service shoe, size: 10 $\frac{1}{2}$ -C

26. RECOMMENDATIONS:

PROCESSED BY:

/s/t/ Curtiss D. PAYE  
Pfc. 15216985  
CIL Technician

/s/t/ MACK C. HOIT  
1st Lt., OMC  
CIL Officer

\_\_\_\_\_  
(Signature of Officer)

/s/t/ DR. ALEXANDER TARDY,  
H.D., D.A. (Antropology) GSD-OSD - 3 -

IDENTIFICATION SECTION  
REPARATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME



CONFIDENTIAL

91

REPORT OF BURIAL  
AR 30-1815 & 1816

31 January 1945

Date Report Filled Out

UNIDENTIFIED AMERICAN (X-90)

Unknown

White

(Last Name)

(First Name)

(Middle Initial)

(Serial No.)

(Race)

Unknown

Unknown

Probably Navy or Merchant Marine

U.S.A.

(Rank)

(Organization)

(Branch)

(Country)

Vic. of S. Marinella, Coord:

March or April 1944

Unknown

Unknown

F 837244, Sheet 142-II -

(Place of Death)

(Date of Death)

(Cause of Death)

(Religion : P, C, H, etc.)

Civitavecchia, Map of  
Italy, 1/50,000

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.) :

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 : See reverse side.

List of Personal Effects found on Body and disposition of Same : None

Unknown

Unknown

(Name of Emergency Addressee)

(Address of Emergency Addressee)

John W. Potosky, Sgt., QMC

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

Shroud 1500 hours 31 January 1945 U.S. Military Cemetery at Follonica, Italy

(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

L

123

1469

Temp. Marker

General Service

(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 of QMC Form 1-GRS sealed in bottle and buried one foot below grave marker. Copy sealed in bottle and buried with body.

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

Right side : Garcia, Luis, Unk., 32811303

Unknown

1468

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side : Believed to be; Roll, George, S/Sgt., Unk.

Unknown

1470

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

(Signature of Officer Reporting Burial)

(Verified by unit G.R.S. Officer)

JEAN V. BIRDENER, 1st Lt., QMC

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.

CONFIDENTIAL

Encl. 8

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# 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 is 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 Graves 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 from  
Coord: F 837244, Sheet 142-II -  
Civitavecchia, Map of Italy,  
1/50,000 by the 1st Plat., 602nd  
QM (GR) Co. on 27 January 1945.



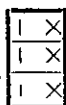
Remnants of blue dungaree pants, O.D. G.I. belt, and an American rough finish G.I. shoe (Approx. size - 10) were the only clothing found on the remains. This body washed ashore in the latter part of March or early in April 1944 and was originally buried by Tentini Secondo of Santa Marinella.

Reinterred in Plot L, Row 123, Grave 1469, U.S. Military Cemetery at Follonica, Italy by the 1st Plat., 602nd QM (GR) Co. on 31 January 1945.

### TOOTH-CHART

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

Indicate : missing natural teeth by X; crowns by O; fillings by □ ; bridges by ( ) linkings anchor teeth; replacements by denture (horizontal line.)



Characteristics: Impossible to take tooth chart due to decapitation.  
Other Data :

Impossible to take fingerprints due to advanced state of decomposition.

When unidentified, take thumb and fingerprints of both hands.

If this is not possible, fill in tooth-chart.

4	
3	
2	
1	
Thumb	
Left	
Right	
Thumb	
1	
2	
3	
4	