

UNK.

FRANCE

X-93

(BLOSVILLE)

47 en

9/24: 46-2
70A0001
10370

REFERENCE REQUEST—FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I—TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO.

70A1

AGENCY BOX NUMBER

OF

RECORDS CENTER LOCATION NUMBER

9/16/00-1

DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED

BOX

FOLDER (include file number and title)

X 93 FRANCE (Biosville)

REMARKS

NATURE OF SERVICE

FURNISH COPY OF RECORD(S) ONLY

PERMANENT WITHDRAWAL

TEMPORARY LOAN OF RECORD(S)

REVIEW

OTHER (Specify)

SECTION II—FOR USE BY RECORDS CENTER

RECORDS NOT IN CENTER CUSTODY RECORDS DESTROYED

WRONG ACCESSION NUMBER—PLEASE RECHECK

WRONG BOX NUMBER—PLEASE RECHECK

WRONG CENTER LOCATION—PLEASE RECHECK

ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED

MISSING (Neither record(s), information nor charge card found in container(s) specified)

RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS

pick up

DATE

9/15/06

SERVICE

TIME REQUIRED

SEARCHER'S INITIALS

[Signature]

SECTION III—TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER

Patricia Stator

TELEPHONE NO.

743-325-5303

FTS DATE

RECEIPT OF RECORDS

NAME AND ADDRESS OF AGENCY

Army

(Include street address, building, room no. and ZIP Code)



Requester please sign, date and return this form, for file item(s) listed above, ONLY if the block to right has been checked by the Records Center.

SIGNATURE

DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

28 February 1949
Date

293
3 Unk France X-93 (Blosville)

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X- 93, Plot T, Row 7, Grave 131, USMC Blosville, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 2105, dated 3 December 1946. No further information is available.

~~FOR THE COMMANDING GENERAL:~~

Case reviewed by undersigned Members of the Board of Review:

/s/
/t/

- /s/ Capt Stanley C. Tyrrell, O-1304296 Inf
- /s/ 1st Lt Edward E. Stout, O-1594512 CE
- /s/ 1st Lt Ernest J. Oglesby, O-449004 Cav

Received 22 MAR 1949 OQMG
Not identifiable from
information presently
available

UNAT
file 22/3/49
C Schroth
Ident B1

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

28 February 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

The records pertaining to Unknown X- ²⁴³ 93, Plot T,
Row 7, Grave 131, USIC (Blosville) France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified
as unidentifiable at the present time.

Report of Reprocessing of remains was forwarded to your Office
by Transmittal Ltr. No. 2105, dated 3. Dec. 1946.

Case reviewed by undersigned Members of the Board of Review:

Stanley C. Tyrrell

Capt. Jack C. HAYES, O-1577297 OMC Capt Stanley C. TYRRELL, O-1304296 Inf

Edward E. Stout

Capt. Edward F. PRICE, Jr. O-1588236 OMC 1/Lt. Edward E. STOUT, O-1594512 CE

Ernest G. Colesby

1/Lt Ernest G. COLESBY, O-449004 Cav

22 MAR 1949
Not identifiable from
information presently
available

Incl #6

JS

Interred 21 1949
C-28-33 USMC St Laurent
DISINTERMENT DIRECTIVE

C. H. HIEMSTRA
1st Lt, Inf, Interring Officer

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 00000

DATE
15 11 47
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWNX-000093

J

DAY MONTH YEAR

CEMETERY

BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS

0 3505 80

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

T 7 131 FRANCE

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

ST. LAURENT, FRANCE

(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

Unknown X-93

Utd

Utd

Utd

9 Dec 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

USAGF

Utd

JOHN H. CLARK 2d LT QMC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

O.D. Uniform and Mattress Cover

CONDITION OF REMAINS

Adv. Decomposition

OTHER MEANS OF IDENTIFICATION

"K-3577" found on waistband of trousers.

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 28 Jan 48

BY

Robert R. Johnson

CASKET SEALED BY

Robert R. Johnson

EMBALMER (Signature)

Robert R. Johnson

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 28 Jan 48

BY John Remy

JAMES A. HOOVIER, 1st LT, INF

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

James A. Hoovier
JAMES A. HOOVIER, 1st LT, INF

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

16 JUN 1949

REPAIRATION
BRANCH

NLN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	USMC Blossville	TO	Casketing Pt. B
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	Sgt. Augustino
SIGNATURE OF SHIPPER	W.F. DALLEY, CAPT. QMC	SIGNATURE OF RECEIVER	DOUGLAS MACKENZIE, CAPT, QMC
DATE	27 Jan 48	DATE	27 Jan 48

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE	(BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	ST. LAURENT, FRANCE	SIGNATURE OF RECEIVER	
DATE		DATE	

6. SHIPPED

FROM	1 3 131 FRANCE	TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	00000
SIGNATURE OF SHIPPER	C. H. HINDSLEY	SIGNATURE OF RECEIVER	
DATE		DATE	

X 93

AGRC
FORM No. 11
Revised 5 January 1946

CHECK LIST OF //UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
WD QMC Form 1042)

Unknown X 93
Cemetery BLOSBVILLE
Plot T Row 7 Grave 131

1. Arrived at cemetery ~~Reprocessed~~ Reprocessed 28 Oct. 1946
(hour) (date)

2. Place of death _____
(name of closest town) (coordinates and letter Prefex, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred ~~by~~ and reprocessed by Subordinate Identification
(name and organization) Point CARENTAN

4. Evacuated to Cemetery by _____
(name and organization)

5. Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).

Clothing Markings Sizes Indicate unusual markings
Color wear, tear, repairs, etc.

Item none

*Headgear none
(type)

Raincoat none

Overcoat none

Jacket, Field none

Jacket, Combat Partroopers Jump jacket, marked : H-9115

Mackinaw none

Sweater none

Jacket, HBT none

*Shirt, Wool OD one

Undershirt, Wool none

Undershirt, Cotton heavy, one

Trousers ~~HBT~~ Jump Pants , marked : H-9115

*Trousers, Wool OD One pair, marked : K-3577, Waist-30, Inseam 31

Belt, Web **one, marked : H-9115 twice**

Drawers, Wool **one pair, OD, size 30-55-D**

Drawers, Cotton **one pair, size 28**

Leggins, Wool **none** (Note unusual lacing)

Socks, Cotton **one pair**

*Shoes **1 pair** (type) **Jump boots, size 6 1/2 C**

Overshoes **none**

Web Equipment **none** (Type)

(Other item) **white cotton handkerchief**

(Other item) **none**

*If body is nude, sizes of these items should be computed by measuring the remains.

6. Chevrons or

Insignia **none** (type & location : shirt, jacket, coat, helmet)

Shoulder Patch **none**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

Ground Forces

8. Description of Remains :

Age **UTD** Height **est. 5'8 1/2"** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD** (length, width, location)

Tattoos **UTD** (Number, location — illustrate on sep, page)

Outstanding moles, warts or birthmarks **UTD** (yes-no; description, location)

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD** (light, med. dark, clear, pimples, poeks, freckles)

Build **UTD** (large, fat, thin, muscular)

Hair **Dark brown 1" long** (color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair UTD (baldness, widows peak, distinctive cutting or other characteristics).

Sideburns UTD (color, setting, shape) Mustache UTD (color, size, shape) Board or UTD (length, heavy)

Goatee UTD (light, color, extent)

Eyes UTD (color, setting, shape) Eyebrows UTD (color, bushiness, extent across nose)

Nose UTD (size, shape, straight) Ears UTD (size, set close to or far from head)

Mouth UTD (large, medium, small) Lips UTD (small large, full)

Teeth see tooth chart (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin UTD (prominent, receding, pointed, dimple, double)

Jaw UTD (large, small, normal) Circumference of head in inches skull, 20" (hat band)

Neck UTD (size, length, short, normal, wrinkled) Larynx UTD (prominent, normal)

Shoulders UTD (broad, straight, small, rounded) Arms UTD (length, muscular, color)

(extent and quantity of hair)

Hands UTD

Fingers UTD (short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest UTD (size of nipples, color, quantity & extent of hair, large, small normal)

Back UTD (quantity & extent of hair) aist UTD (size of navel, appendectomy, amount)

Circumcision UTD (yes-no) Pubic hair Brown (color)

(quantity & color of hair)

Hernioplasty UTD (yes-no; location)

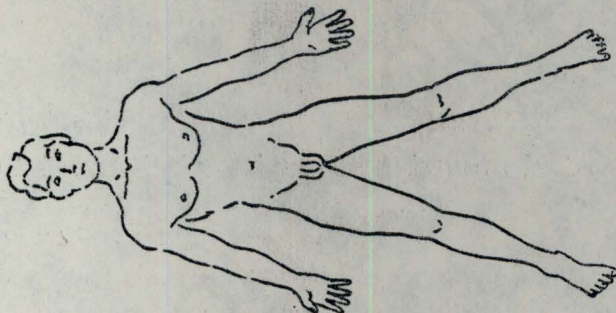
Legs UTD (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

Evidence of healed fractures UTD (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :

see attached chart



10. Have fingerprints been placed on Report of Interment no (yes-no)

If not, explain no hands

11. Has tooth chart been prepared yes (yes-no) If not, explain

12. Remarks : **Body in last stage of decomposition.**
Estimated weight of remains: 50 Lbs.
Paper in burial bottle says man was in 101 st Airborne Div.
Same clothing mark appeared four times: H-9115.
Fluorescopic examination report: negative.
Nothing found to warrant Chemical Laboratory Examination.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

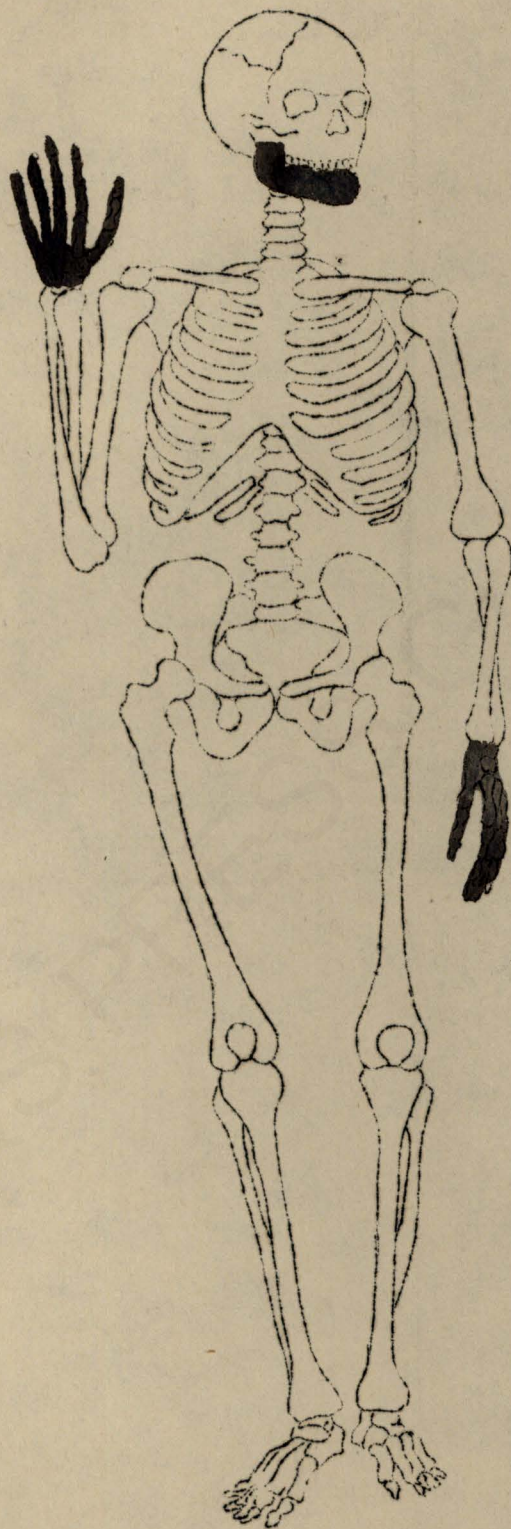
Robert A. Salvador
ROBERT A. SALVADOR
Officer's Name

CAPT. INF.
Rank Service

CENTRAL IDENTIFICATION POINT.
Organization

X-93

BLOSVILLE
Plot T - Row 7 Grave 131



X-93

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

23 October 1946

Date

UNKNOWN X-93 BLOSVILLE

Plot T Row 7 Grave 151

Initial

Rank

Serial No.

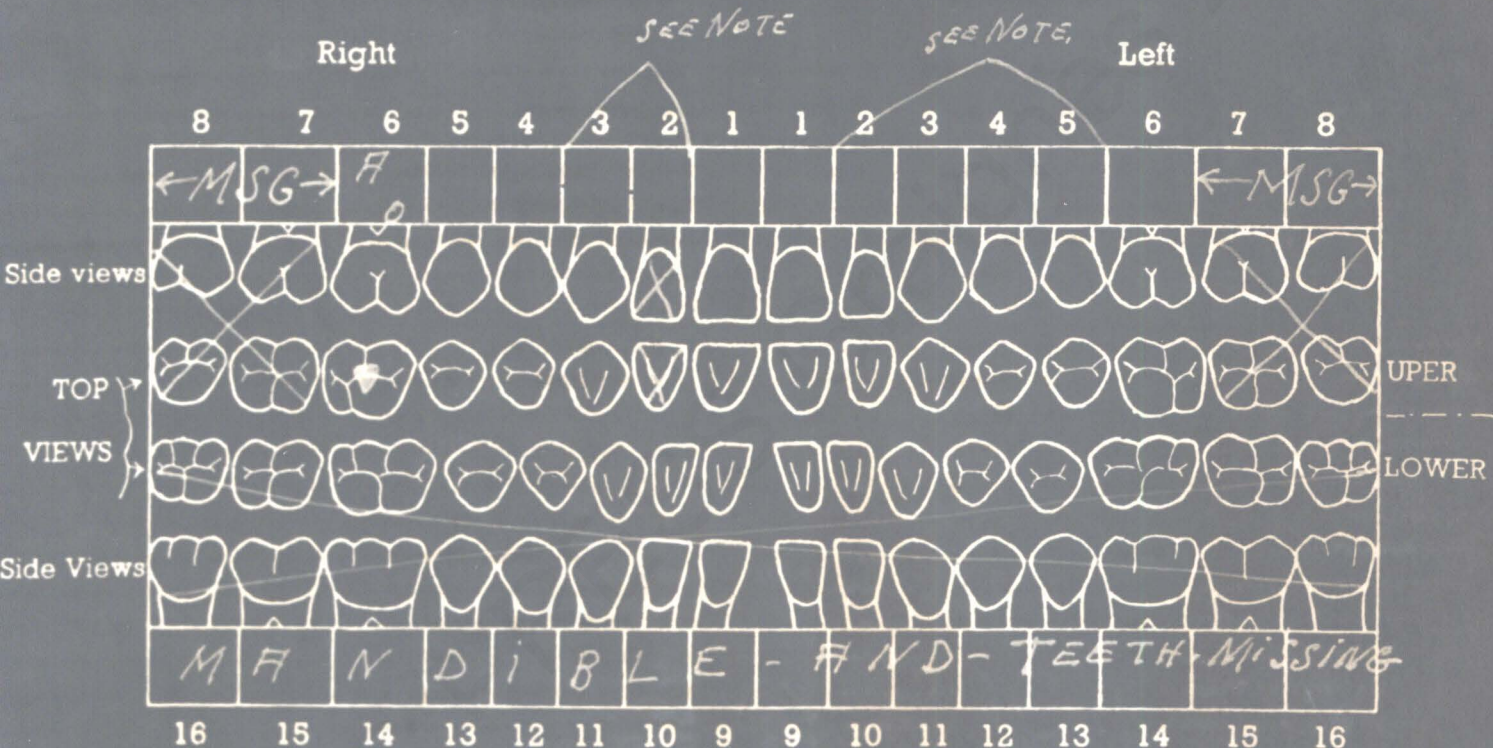
Unit

Organization

Place of Death

Date of Death

Cause of Death



see remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Raymond J. Quirk M.G.
Signature of Officer or other person who prepared Tooth chart

Robert A. Salvador
Verified by G. R. S. Officer

ROBERT A. SALVADOR
CAPT. INF. C.I.P

MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



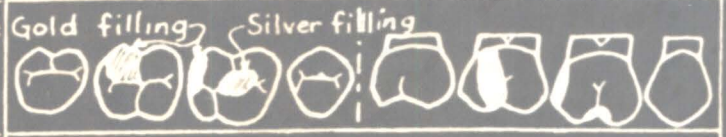
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



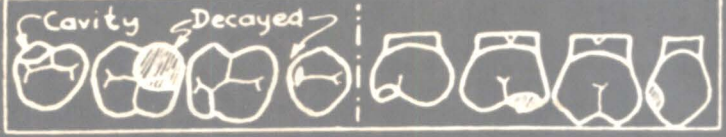
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



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:



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".

ADDITIONAL SPACE FOR FURTHER REMARKS

Teeth are very odd in their formation
R-3 - is next to R-1 and a tooth socket
(a tooth MSD) is next to R-3 - next to the socket is R-4 & R5
L-3 is next to L-1, then there are two baby teeth next to L-3.
I4 & 5 are present.
L-5 facial surface has rotated 1/4 of a turn distally
R-5 " " " " " " " " " " " " " " " "

R-L-7-8 are extracted
R4-L2 are not present.

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815
REBURIAL 148

21869
25 July 1944

UNKNOWN X-93		Unknown	Unknown
Last Name	First	Rank	Serial No.
France	Unknown	101st A/B Div	
Unit	Organization		
France	Unknown		KIA
Place of Death	Date of Death	Cause of Death	
24 July 1944	Blosville	France	
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location	
UNKNOWN 131 7	T	Cross	
Grave Number	Row Number	Plot Number	Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags
How were remains identified?

DISINTERRED FROM COORD: 422:752
NO MEANS OF IDENTIFICATION AVAILABLE: CLOTHING BORE
SHOULDER PATCH OF 101st A/B Div.

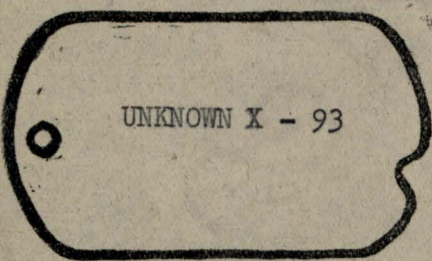
What means of identification were buried with the body?

GRS FORM # 1

To determine Right or Left use Deceased's Right and Left.

Who is buried on:	132 UNKNOWN X-94	Unknown	Unknown	Unknown	132
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	UNKNOWN X-92	Unknown	Unknown	Unknown	130
	Name	Serial No.	Rank	Organization	Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee Unknown Name

Address

Religion Unknown

List only Personal Effects Found on Body and disposition of same:

NONE

87

Signature of Officer or other person reporting burial
F. A. GREULICH *F. A. Greulich*
Capt., QMC
Verified by G.R.S. Officer

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

- | | |
|----------------|--------------------------|
| Height: | Laundry Marks: |
| Weight: | Number of Rifle: |
| Color of Eyes: | Wear Glasses? |
| Color of Hair: | Is Tooth Chart Attached? |
| Race: | |

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

4			
3			
2			
1			
Thumb			

Left Hand

Right Hand

TOOTH CHART

		Deceased's Left															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ∩ linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

