

FILE IDENTIFICATION TOPPER

FILE NUMBER

X-211

GUADALCANAL

SUBJECT

SOLOMON ISLANDS

Interred 1 February 1949 **DISINTERMENT DIRECTIVE**

B 984

- Cemetery Superintendent

SECTION A - **ALVAN C. [unclear]**  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**8730 00000**

DATE  
**26 09 47**  
DAY MONTH YEAR

NAME  
**UNKNOWN X-000211**

SERIAL NUMBER  
**UNKNOWN X-000211**

RANK

ARM  
**8**

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
**GUADALCANAL**

DISPOSITION OF REMAINS  
**0492 64**  
CODE DIST. PT.

PLOT  
**E 142**

ROW

GRAVE

COUNTRY  
**4. SOLOMON ISLANDS**

CAUSE OF DEATH  
**6**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII  
(BY ADMINISTRATIVE ORDER)**

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
**UNKNOWN X-211**

SERIAL NUMBER  
**UNK**

RANK  
**UNK**

DATE OF DEATH  
**UNK**

DATE DISINTERRED  
**UNK**

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
**Unk**

RELIGION  
**UNK**

IDENTIFICATION VERIFIED BY  
**UNK**  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
**CASKET**

CONDITION OF REMAINS  
**SKELETON**

OTHER MEANS OF IDENTIFICATION  
**EMBOSSSED TAG READS: UNKNOWN X-211, GUADALCANAL**

MINOR DISCREPANCIES  
**NONE**  
**18 MAY 49**

REMAINS PREPARED AND PLACED IN CASKET  
DATE **1 July 1948** BY **N.R. JOYNES, EMBALMER**

CASKET SEALED BY  
**E. E. BRAYBOY**

EMBALMER (Signature)  
**N. R. JOYNES** *N. R. Joynes*

CASKET BOXED AND MARKED  
DATE **1 July 48** BY **E. E. BRAYBOY**

SHIPPING ADDRESS VERIFIED BY  
**A. D. MACFIE**

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

**LLOYD G. ORMES**

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM U.S. ARMY MAUS		TO ARMY CENTER	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER James B. Harris JAMES B HARRIS CAPTAIN, Q.M.S.	DATE

## 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 (MILITARY TRUCK)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER (MILITARY CENTER)	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 DATA**

1. REMAINS OF UNKNOWN Unknown X-211 (Guadalcanal),				2. DATE OF REPORT 13 February 1948	
3. NAME OF CEMETERY Guadalcanal U. S. Army Mausoleum No. 2	4. PLOT E	5. ROW 142 B	6. GRAVE 4 32	7. DATE OF DISINTERMENT 13 Feb. 48	
					REINTERMENT 13 Feb. 48

PHYSICAL DESCRIPTION **Approx. Age 19 yrs.**

8. ESTIMATED WEIGHT 140-150 lbs.	9. ESTIMATED HEIGHT 5' 9 1/4"	10. COLOR OF HAIR U.T.D.	11. RACE Probably White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate reading: Unknown X-211, Plot E, Row 142, Grave 4.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

**U N I D E N T I F I A B L E**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY  
1st. Lt., FA 0-1167395 *Cyril C. Disney* *4 Jan 1949*

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

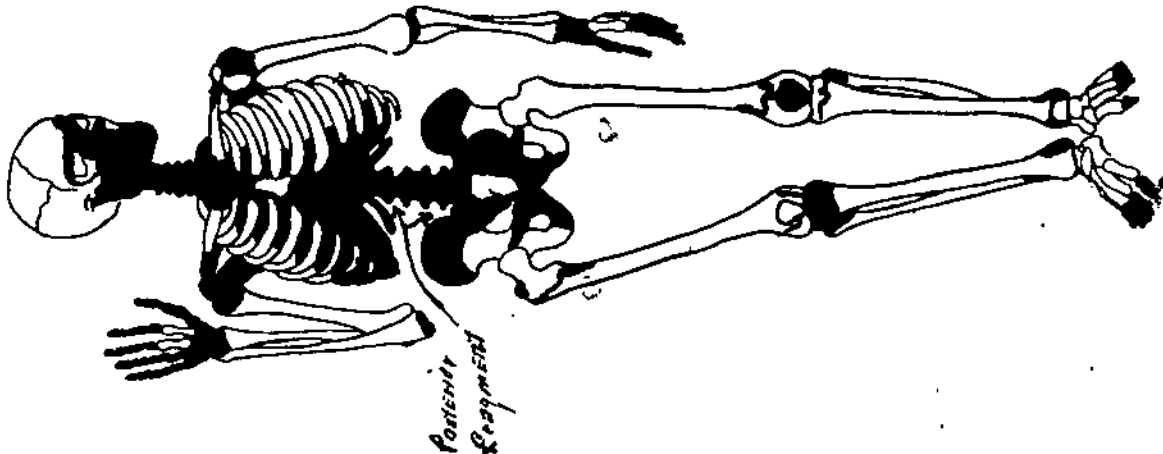
Osteoporosis of skull vault.  
Arthritic lipping throughout entire body.  
Exostosis of small trochanter of femurs.

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)

None

*Sheet 4*

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

No extra parts.

Charles E. Snow

SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average-sized young man of average body build. Although the femoral condylar and humeral head epiphysis are still open. There is evidence of arthritis in sacro-iliac and ankle foot joints and exostosis of small trochanter and initial closer of sagittal suture. The skull is a small average in size and elliptical in shape. The occipital is projecting, possibly there was a small external occipital protuberance and was probably palpable. The forehead is broad and upright. The cheek bones suggest a flat sided face. It cannot be demonstrated that the skull goes with the post cranial body because of its fragmentary condition.

No teeth or jaws present. Fluoroscopic examination negative.

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

SIGNATURE

O. W. GREENWOOD, CAPT., QMC  
CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957

CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.6	Fractured-mandible missing.
VERTEBRAE	CERVICAL	2		Eroded.
	THORACIC	9		"
	LUMBAR	2		"
SACRUM		1		Fragments and eroded.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	" "
	LEFT	1		" "
RIBS		16		" "
STERNUM		1		" "
CLAVICLES	RIGHT	1		" "
	LEFT	1	(15.0)	" "
SCAPULAE	RIGHT	1		" "
	LEFT	1		" "
HUMERI	RIGHT	1		" "
	LEFT	1		" "
RADII	RIGHT	1	(25.0)	" "
	LEFT	1	(25.0)	" "
ULNAE	RIGHT	1	(26.2)	" "
	LEFT	1	(26.5)	" "
HANDS	RIGHT	1		Metacarpals #2-3 present. Eroded.
	LEFT	1		" #2-3-4-5 "
FEMORA	RIGHT	1		" "
	LEFT	1	(48.5)	" "
PATELLAE	RIGHT	1		" "
	LEFT	0		
TIBIAE	RIGHT	1	(38.5)	" "
	LEFT	1	(38.5)	" "
FIBULAE	RIGHT	1		" "
	LEFT	1		" "
FEET	RIGHT	1		Terminal phalanges missing. "
	LEFT	1		" " " "

NUMERO-CLAVICULAR RATIO	---	APPROXIMATE	
ESTIMATED HEIGHT	176-69.29-5'9 $\frac{1}{4}$ "	AGE	19 YEARS ✓
ESTIMATED WEIGHT	140-150 lbs.	LEG-HIP BR. RATIO	---

*Chas E. Snow*  
Charles E. Snow  
ANTHROPOLOGIST

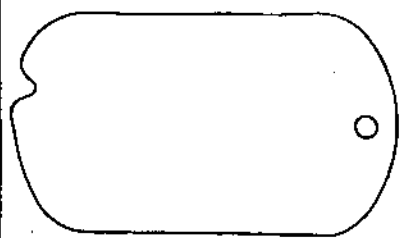
ENCLOSURE TO: X-211 (Guadalcanal)

W. FORM 1042  
Rev. February 1945  
(Supersedes form dated  
3 Jan. 1945. Existing stocks  
may be used until exhausted.)

REPORT OF INTERMENT  
(TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT  
25 Sept 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-211

RANK	Unknown	SERIAL NUMBER	Unknown	COUNTRY	Unknown
ORGANIZATION	Unknown		BRANCH	Unknown	
RACE	Unknown	RELIGION	Unknown	DATE OF DEATH	Unknown

PLACE OF DEATH  
Guadalcanal, B.S.I.

CAUSE OF DEATH  
Unknown

IDENTIFICATION TAGS FOUND ON BODY  
 1  2  NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY  
BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE  
 YES  NO

COMPLETE TOOTH CHART ON REVERSE  
 YES  NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.  
Body found on hill approximately 1 mile inland from Pt. Cruz. No Identification found. Probably the body of a man that was killed in Action in that area in 1942

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.  
No personal effects found. No tooth Chart could be taken. Only the skeleton remained.

NAME OF EMERGENCY ADDRESSEE  
Unknown

ADDRESS OF EMERGENCY ADDRESSEE  
Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.  
Army Navy Marine Cemetery Guadalcanal B.S.I.

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
10 Sept 45	1500	"E"	142	4	Wooden Cross.

TYPE OF RELIGIOUS CEREMONY  
Catholic, Protestant and Jewish.

PERSON REPORTING BURIAL  
/s/ S/Sgt. Richard J. Moyer

IDENTIFICATION TAGS BURIED WITH BODY  YES  NO

ATTACHED TO MARKER  YES  NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Stern, H. L.	Lt.	Unknown	USAAP	

BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Williamson, Donald R.	Cpl.	290531	Mar Rdr Bn,	1st Mar D. v.

PERSON CONDUCTING BURIAL RITES  
Chaplain Cox, US Army  
Chaplain Zimmerer US Army  
Chaplain Kravetz US Army

VERIFIED BY G. R. S. OFFICER  
/s/ John R. Nolan  
/t/ JOHN R. NOLAN  
1st Lt. OMC

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPPLICATE 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

## INSTRUCTIONS FOR [REDACTED]






**1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one, (1) foot below grave marker. When marking the grave, fasten identification tag to temporary nose peg and place at head of grave, if no tag is available, write identifying data on marker. Then pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

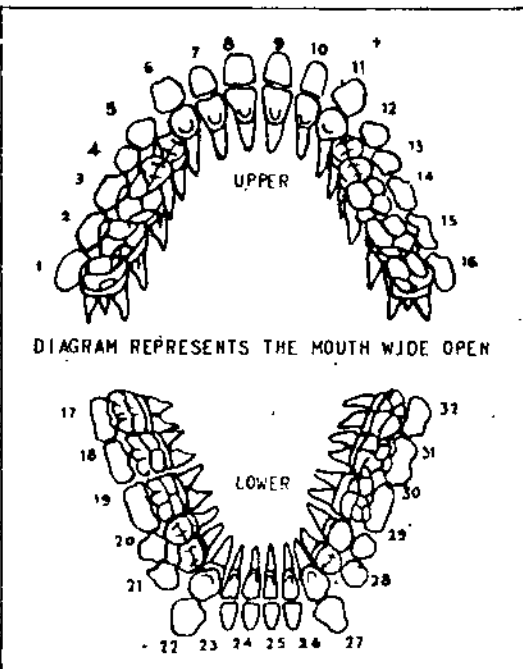
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**2. 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.

**3. 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 Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.


*The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.*


FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



SKETCH AND MAP REFERENCE

A TRUE COPY

  
 E. A. Miller, Jr.  
 1st Lt., QMC



When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.


Left Little Finger  
 Left Ring Finger  
 Left Middle Finger  
 Left Index Finger  
 Left Thumb  
 Right Thumb  
 Right Index Finger  
 Right Middle Finger  
 Right Ring Finger  
 Right Little Finger



DD Form 1042  
 Rev. 1 November 1942  
 (GRS 1, dated 11 May 1942  
 may be used until exhausted)

**REPORT OF INTERMENT**  
 (TM 10-630 and AR 30-1815)

+ 9215  
 DATE REPORT FILLED OUT  
 25 Sept. 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-211		
	RANK	SERIAL NUMBER	COUNTRY	Unknown		
	ORGANIZATION		BRANCH	Unknown		
	RACE	RELIGION	DATE OF DEATH	Unknown		

PLACE OF DEATH Guadalcanal, B.S.I.	CAUSE OF DEATH Unknown
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
---	--

DISPOSITION OF SUBSTITUTE TAGS, IF MADE	
---	--

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN	Body found on hill approximately 1 mile in land from Pt. Cruz. No identification
--	--

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME	found. Probably the body of arman that was killed in action in that area in 1942. No tooth Chart could be taken. Only the skeleton remained.
--	--

NAME OF EMERGENCY ADDRESSEE Unknown	ADDRESS OF EMERGENCY ADDRESSEE Unknown
--	---

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE 10 Sept 45	HOUR 1500	PLOT NO. E 142	ROW NO. 4	GRAVE NO. 4	GRAVE MARKER Wooden Cross.
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TYPE OF RELIGIOUS CEREMONY Catholic, Protestant and Jewish.	PERSON REPORTING BURIAL Sgt. Richard J. Meyer
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IDENTIFICATION TAGS BURIED WITH BODY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ATTACHED TO MARKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Stern, H. L.	RANK Lt.	SERIAL NO. Unknown	ORGANIZATION USAAF
BODY ON RIGHT, NAME (Last, First, Middle Initial) Williamson, Donald R.	RANK Cpl.	SERIAL NO. 290531	ORGANIZATION USMC Mar Rdr Bn, 1st Mar Div.

PERSON CONDUCTING BURIAL RITES Chaplain Cox, US Army Chaplain Zimmerman US Army Chaplain Kravetz, US Army	VERIFIED BY G. R. S. OFFICER John R. Nolan 1st. Lt., QMC
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INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 1, GRS IN QUADRUPPLICATE 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

## INSTRUCTIONS FOR BURIAL

**1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE:** HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52B. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**2. 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.

**3. 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 GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

**THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.**






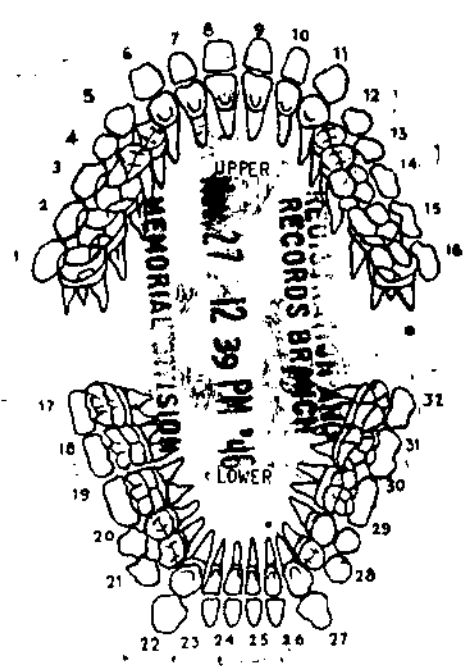
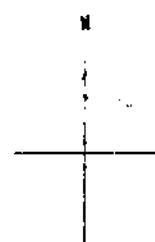
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



**SKETCH AND MAP REFERENCE**



WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

LEFT THUMB

RIGHT THUMB