

**AIR MAIL**

*293 unk Guadalcanal X-254<sup>#</sup>*

*Army Navy Marine Co*

~~UNKNOWN 293~~  
~~GRS Pacific~~

**SUBJECT: Resolution of Unidentified Remains**

**TO: Commanding Officer  
American Graves Registration Service  
Pacific Zone  
APO 958, c/o Postmaster  
San Francisco, California**

19 AUG 1949

1. Reference is made to your letter, your headquarters, File RPHC 293, dated 26 April 1949, Subject: Resolution of Unidentified Remains.

2. This Office concurs in the classification of Unknown X-254A, Army, Navy, Marine Cemetery, Guadalcanal, as "Unidentifiable".

**FOR THE ACTING THE QUARTERMASTER GENERAL:**

**T. H. METZ  
Lt Colonel, CMC  
Memorial Division**

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W  
R  
E  
B*

vlb

*W*

AUG 19 3 10 PM '49  
MAIL & RECORDS BRANCH

SEARCHED INDEXED  
SERIALIZED FILED  
AUG 18 1949  
OUT  
MAIL ROOM

*293 MRS (Pacific)*

**AIR MAIL**

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

In reply refer to:  
RRREC 293

APR 26 1949

SUBJECT: Resolution of Unidentified Remains

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.

1. Forwarded herewith QMC Form 1044 for Unknown X-254 A Guadalcanal, stamped and signed in accordance with letter, DA OQMG QMGMU 293, GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948.

2. It is advised that the grave of X-254, Plot E Row 167 Grave 8, Army Navy Marine Cemetery Guadalcanal, contained the remains of two individuals, X-254 and X-254 A. Unknown X-254 has been identified as Slt William N. Cayce 356521 USN and has been permanently interred. This Headquarters has on hand a Disinterment Directive Unknown X-254 which will be amended by adding the letter "A", and will make final disposition accordingly, immediately upon receipt of your concurrence with the declaration of unidentifiability.

3. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

*Frank M. Green, Jr.*  
FRANK M. GREEN, JR.  
Major, QMC  
Chief, RR Div

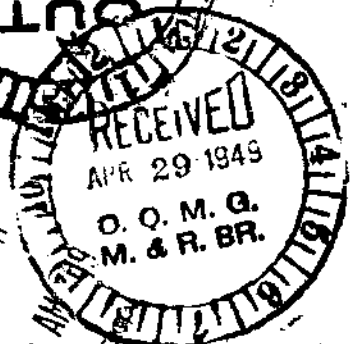
2 Incls

1. QMC Form 1042 - X-254  
(in duplicate) ✓
2. QMC Form 1044 - X-254 "A"

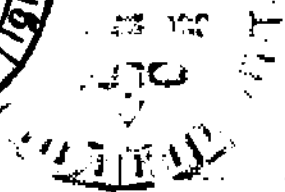
AIR MAIL

293 RR Pacific (Resolution of Cases of Unidentified Remains)

678574



REPAIRS  
RECORDS BRANCH  
MAY 3 9 01 AM  
MEMORIAL DIVISION



Beale  
CAM  
X

NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC  
Interred 17 November 1949  
P 847

DISINTERMENT DIRECTIVE

*Alton C. Baker*

-Cemetery Superintendent

1

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
8730 00000

DATE  
26 09 47  
DAY MONTH YEAR

NAME  
*772*  
UNKNOWNX-000254A

SERIAL NUMBER  
RANK

ARM  
1

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
GUADALCANAL

DISPOSITION OF REMAINS  
0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
E167 8 SOLOMON ISLANDS

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
Unknown X-254 A  
Guadalcanal

SERIAL NUMBER  
Unknown

RANK  
Unk

DATE OF DEATH  
Unknown

DATE DISINTERRED  
18 April 1949

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
Unknown

RELIGION  
Unk

IDENTIFICATION VERIFIED BY  
E. E. Brayboy  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Casket.

CONDITION OF REMAINS  
Skeletal.

OTHER MEANS OF IDENTIFICATION  
QMG Form 1044 B and Mortuary Plate.

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 9 June 1949 BY  
CASKET SEALED BY  
J. N. Robinson

E. E. Brayboy  
EMBALMER (Signature)  
*J. N. Robinson*

CASKET BOXED AND MARKED  
DATE 29 Aug '49 BY J. N. Robinson

SHIPPING ADDRESS VERIFIED BY  
R. L. Trask

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

*R. L. Trask*  
R. L. TRASK

SIGNATURE OF GRS INSPECTOR

13 July 1949  
REGISTRATION  
BRANCH  
MEM. 1114

1 Prepare Discrepancy Report QMG Form 1194a for major discrepancies.  
Inspected for identification only per paragraph 2, 1st Ind.  
QMG, file QMGMO 293 (Pacific), dated 5 May 1948.

*Incl 11*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>U.S. ARMY MAUSOLEUM</b>		TO <b>CHIEF HAWN DC</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Gilbert L. H. Wong</i> <b>GILBERT L. H. WONG, CAPT., INF.</b>	DATE <b>16 SEP 1949</b>	SIGNATURE OF RECEIVER <i>Cyril C. Disney</i> <b>CYRIL C. DISNEY</b> 1st. Lt., FA 0-1167395	DATE <b>6 SEP 1949</b>

## 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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HONOLULU NATIONAL CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <b>RIEY B 20600N 12740E</b>		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 <b>Unknown 254 "A"      Guadalcanal</b>	2. DATE OF REPORT <b>29 March 1948</b>
------------------------------------------------------------------	-------------------------------------------

3. NAME OF CEMETERY <b>U. S. Army Mausoleum #1 Formerly of Guadalcanal</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>E</b>	<b>Box 167</b>	<b>14 8</b>	DISINTERMENT	REINTERMENT
				<b>26 Mar 48</b>	<b>29 Mar 48</b>

PHYSICAL DESCRIPTION      **Age 23 - 25 yrs.**

8. ESTIMATED WEIGHT <b>150-160 (?)</b>	9. ESTIMATED HEIGHT <b>5' 8"</b>	10. COLOR OF HAIR <b>Body hair-auburn</b>	11. RACE <b>Probably White</b>
-------------------------------------------	-------------------------------------	----------------------------------------------	-----------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>None</b>	<p style="font-size: 2em; letter-spacing: 0.5em; margin: 0;"><b>U N I D E N T I F I C A B L E</b></p> <p style="font-size: 1.2em; margin: 0;"><b>BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:40%;"><b>CLARENCE B. WATTS</b></td> <td style="width:30%;"><i>Clarence Watts</i></td> <td style="width:30%;"><b>25 Apr. 49</b></td> </tr> <tr> <td><b>Capt. OMC 0358911</b></td> <td></td> <td></td> </tr> </table>	<b>CLARENCE B. WATTS</b>	<i>Clarence Watts</i>	<b>25 Apr. 49</b>	<b>Capt. OMC 0358911</b>		
<b>CLARENCE B. WATTS</b>	<i>Clarence Watts</i>	<b>25 Apr. 49</b>					
<b>Capt. OMC 0358911</b>							

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

**None**

24. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---------------------------------------------------------------------------------------------	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Most all the remains present were mangled.</b>
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------

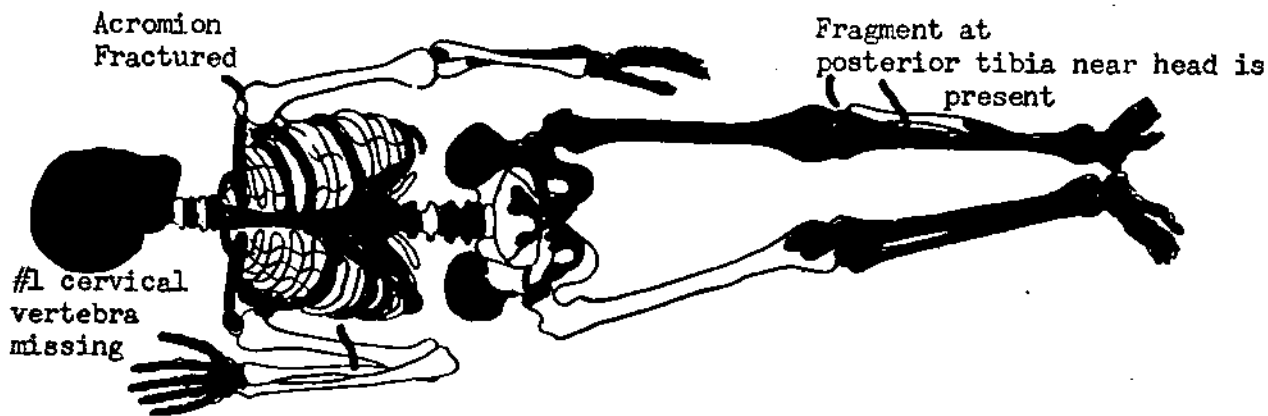
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**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)

**None**

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.

Paul L. Gravenor *Paul L. Gravenor*  
SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture an individual in his middle twenties of average height and muscularity. Due to the fragmentary condition of these remains, the estimates are crude.

The absence of skull and face parts preclude any further description.

No teeth. Fluoroscopic examination unnecessary.

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  
O. W. GREENWOOD, CAPT., QMC

SIGNATURE

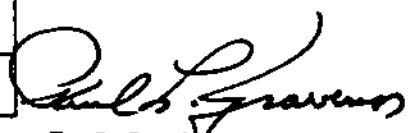
CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957

*O. W. Greenwood*

CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		No skull parts.
VERTEBRAE	CERVICAL	4		#1, 5, & 7 missing.
	THORACIC	0		Missing.
	LUMBAR	2		#1, 3 & 4 missing.
SACRUM		1		Multiple fractures and extensive erosion.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	3 small fragments present.
	LEFT	0		Missing.
RIBS		13		Multiple fractures.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1		"
	LEFT	1	33.4	
RADII	RIGHT	1	25.3	
	LEFT	1	25.2	
ULNAE	RIGHT	1	26.9	
	LEFT	1		Lower two-thirds missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1		Fractured midshaft, eroded distal & proximal ends.
	LEFT	0		Missing.
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1		Small fragment, posterior near head of tibia.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Fractured, distal end missing.
FEET	RIGHT	0		Missing.
	LEFT	0		"

NUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT	174-68.51-5' 8 1/2"	AGE	23-25 YEARS
ESTIMATED WEIGHT	150-160 (?)	LEG-HIP BR RATIO	

  
 Paul L. Gravenor  
 Lab Supervisor  
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown 254 "A"



NARRATIVE

Unknown X-252, P-E, R-169, G-4 (Box 28) }  
Unknown X-254, P-E, R-167, G-8 (Box 14) } Guadalcanal

The above mentioned cases were processed simultaneously and during the course of processing it was found that the remains of X-254 consisted of an extra partly complete articulating skeleton.

Unknown X-251, P-E, R-167, G-6 (Box 6) }  
Unknown X-255, P-E, R-157, G-4 (Box 18) } Guadalcanal

The cases listed above were checked in an effort to associate the extra partial skeleton, and the only association made was that of a right and left articulating clavicles from X-254 to X-255.

The remainder of the partial skeleton has been removed and classified as X-254 "A" after being fully processed.



**RESTRICTED**

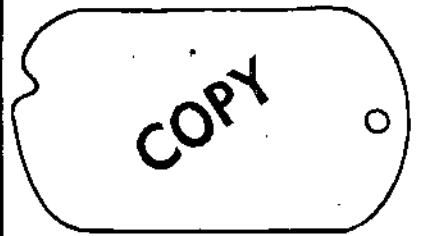
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

11 October 1945

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL No.
X-254 Unknown		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	Unknown

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Tulagi, B.S.I.	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
No	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Army Navy Marine Cemetery Guadalcanal BSI

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
9-17-45	0915		Wooden Cross	E	167	8
Reburial						

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	Previously buried as unknown X-36 USN & USMC Cemetery Tulagi, BSI	B	4	92


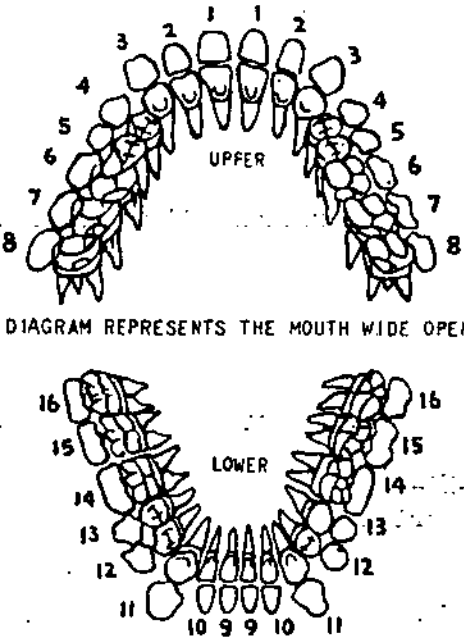




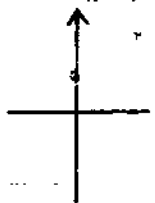
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Previous service	unknown	
unknown	unknown	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
No	No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Autry, Eddie	Cox	8607610	USN	-

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Weel, Sylvain G.	F 1/c	6028984	U.S.S. Navajo	-

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
-	/s/ JOHN R. NOIAN, 1st Lt., QMC.

**DISTRIBUTION OF REPORT:** Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>			
	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity 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 diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
	MISSING TEETH  TOOTH MISSING			
RIGHT THUMB	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	REMARKS:			

**RESTRICTED**

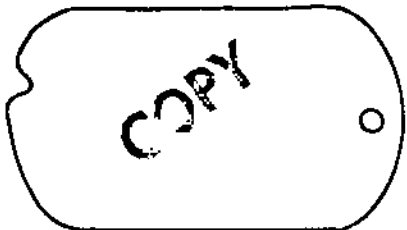
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

**11 October 1945**

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL NO.
<b>X-254 Unknown</b>		<b>Unknown</b>
GRADE	ORGANIZATION	BRANCH OF SERVICE
<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
<b>Tulagi, B.S.I.</b>	<b>Unknown</b>	<b>Unknown</b>

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
<b>None</b>	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
<b>No</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**No personal effects found.**

**Section 2.—BURIAL.** *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

**Army Navy Marine Cemetery Guadalcanal BSI**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>9-17-45</b>						
<b>Reburial</b>	<b>0915</b>		<b>Wooden Cross</b>	<b>E</b>	<b>167</b>	<b>8</b>

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
<b>Yes</b>	<b>Previously buried as unknown X-36 USN &amp; USMC Cemetery Tulagi, BSI</b>	<b>B</b>	<b>4</b>	<b>92</b>

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
<b>Previous service</b>	<b>unknown</b>	
<b>unknown</b>	<b>unknown</b>	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
<b>No</b>	<b>No</b>	


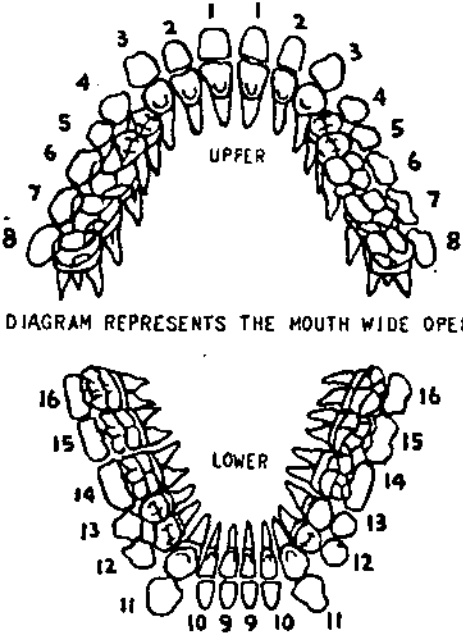




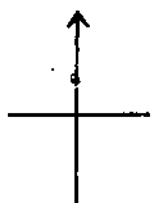
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
<b>Autry, Eddie</b>	<b>Coz</b>	<b>8607610</b>	<b>USN</b>	<b>-</b>

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
<b>Wael, Sylvain G.</b>	<b>F 1/c</b>	<b>6028984</b>	<b>U.S.S. Navajo</b>	<b>-</b>

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
	<b>/s/ JOHN R. NOLAN, 1st Lt., QMC.</b>

**DISTRIBUTION OF REPORT:** *Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.*

**RESTRICTED**

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>			
	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity 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 diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	BIRTHMARKS, SCARS, OR TATTOOS			
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT LITTLE FINGER				
	REMARKS:			