

FILE IDENTIFICATION TOPPER

FILE NUMBER
293. UNK. GUADALCANAL, S.I. X-311
SUBJECT

QMC FORM 1121
1 Aug 45

51 12256

NATIONAL BUREAU OF HEALTH SERVICE
OF THE PACIFIC

Interred 1 February 1949 **DISINTERMENT DIRECTIVE**

C 1425

Alvan C. Baker

-Cemetery Superintendent

ALVAN C. BAKER DIRECTIVE NUMBER

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

8730 00000

DATE
26 09 47
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

~~UNKNOWN X-000311~~

8

DISPOSITION OF REMAINS

CEMETERY

~~GUADALCANAL~~

0492 64
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

C174

2

SOLOMON ISLANDS

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-311

SERIAL NUMBER

Unk

RANK

Unk

DATE OF DEATH

Unk

DATE DISTINTERRED

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

Unk

RELIGION

Unk

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Casket

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Grave markers

FILE

18 MAY 1949

MINOR DISCREPANCIES /

REPRODUCTION

None

REMAINS PREPARED AND PLACED IN CASKET

DATE

1 July 1948

BY

ROBERT W RALSTON, EMBALMER

CASKET SEALED BY

IRA J. VONK

EMBALMER (Signature)

R. W. RALSTON

CASKET BOXED AND MARKED

DATE

7/1/48

BY

IRA J. VONK

SHIPPING ADDRESS VERIFIED BY

A. J. ROBERTSON

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

J. L. Murphy

J. L. MURPHY, CAPT., QMC

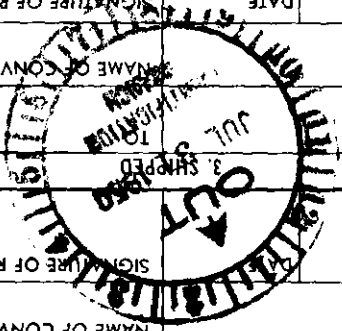
SIGNATURE OF GRS INSPECTOR

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

20/1/48
Incl 78

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		2. SHIPPED		3. SHIPPED		4. SHIPPED		5. SHIPPED		6. SHIPPED		7. SHIPPED	
FROM	U S ARMY MAUS NO 3	FROM		FROM		FROM		FROM		FROM		FROM	
KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER	John L. North Capt. OMO 01555844	SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE	19 JAN 1949	DATE		DATE		DATE		DATE		DATE		DATE	
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER	James B. Harris Capt. OMO 19	SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
DATE	19 JAN 1949	DATE		DATE		DATE		DATE		DATE		DATE	



HAWN DIST CENTER
 TO
 NAME OF CONVOYER
 SIGNATURE OF RECEIVER
 DATE

U S ARMY MAUS NO 3
 TRUCK
 JOHN L. NORTH
 CAPT. OMO 01555844
 DATE
 NAME OF CONVOYER
 SIGNATURE OF SHIPPER
 DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-311 Guadalcanal				2. DATE OF REPORT 16 February 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 1 Guadalcanal		4. PLOT C	5. ROW A 174	6. GRAVE 50 2	7. DATE OF DISINTERMENT REINTERMENT 13 Feb '48 16 Feb '48

PHYSICAL DESCRIPTION **Age 20 to 21 years**

8. ESTIMATED WEIGHT 145 - 150 lbs	9. ESTIMATED HEIGHT 181-71.26"-5'11$\frac{1}{4}$"	10. COLOR OF HAIR U. T. D.	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
**One embossed plate on casket reads: Unknown X-311, Plot-C, Row-174, Grave-2.
 One embossed plate in casket reads: Unknown X-311, Plot-C, Row-174, Grave-2.**

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

None

IDENTIFYING DATA
April 6. Disney 30 Dec 1948

14. 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? Skull, ribs, upper extremities, hip bones & vertebrae are fractured.
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
**Extra facets on ankles indicate habit of squatting.
 Left humerus has perforation in olecranon fossa.**

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

Incl. 27

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

UNKNOWN X-311



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Guadalcanal



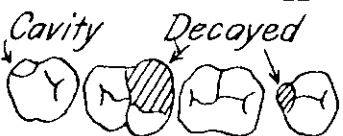
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



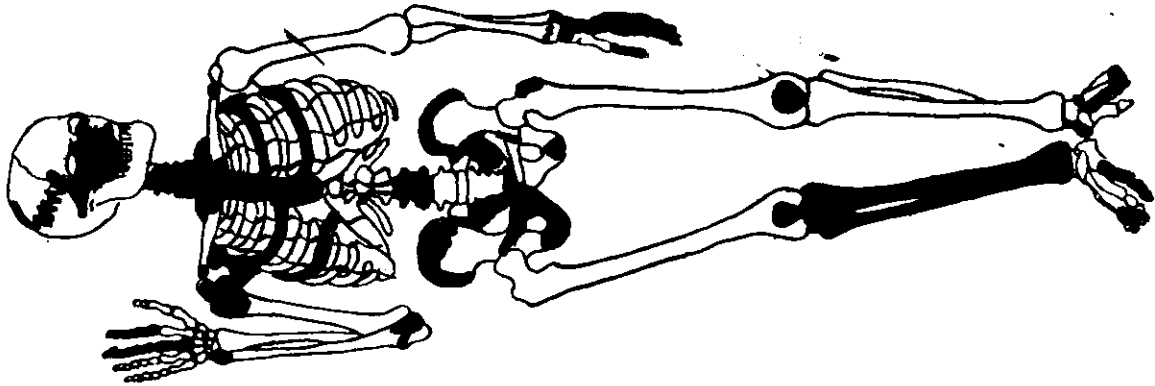
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SEE								REMARKS							
Side Views															
Top Views															
Side Views															
Section of mandible and teeth missing															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
														# OF IMP.	

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."

Remarks:

- L-4 is present with an A-4 and R-5 is present with an occlusal distal facial cavity. Two upper left molars present. The rest of the maxilla and teeth are missing. R-15 might have been extracted instead of R-16.

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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

Chas. E. Snow

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologist

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall slender youth 20 - 21 years of age.
 The skull is rather small and has pentagonoid outline with prominent parietal bosses.
 The vault is relatively high. The backhead has a small amount of projection.
 The forehead is quite narrow and presents a sloping surface and rather large brow ridges.
 The face is relatively narrow with flat sides. The lower jaw is very small and rather delicate.

Fluoroscopical examination negative. Teeth charted.

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

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		1	51.4	Multiple fractures - most of face missing except mandible. Fragment of left side of maxilla, left malar bone.
VERTEBRAE	CERVICAL	0		All missing.
	THORACIC	9		3 missing - all fractured.
	LUMBAR	3		#2 and #3 missing.
SACRUM		1		Multiple fractures.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	" "
	LEFT	1		" "
RIBS		18		Multiple fractures of all ribs.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1		Fractured - both ends missing.
	LEFT	1		" " " "
SCAPULAE	RIGHT	1		Only small fragment is present.
	LEFT	1		Fractured.
HUMERI	RIGHT	1		Fractured - head missing.
	LEFT	1		Fractured - in midshaft.
RADII	RIGHT	1		Fractured - head missing.
	LEFT	1	25.3	Fractured.
ULNAE	RIGHT	1		Head fractured and inferior end missing.
	LEFT	1		Fractured-Inferior end missing.
HANDS	RIGHT	1		All missing except 1st metacarpal.
	LEFT	1		All missing except 2nd metacarpal.
FEMORA	RIGHT	1	50.5	
	LEFT	1	50.4	Fractured.
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1	41.6	
FIBULAE	RIGHT	0		Missing
	LEFT	1		Fractured - inferior end missing.
FEET	RIGHT	1		All parts present except 1st metatarsal & several phalanges.
	LEFT	1		All parts present except 2nd metatarsal talus 1st, 2nd & 3rd cuneiform and cuboid and several phalanges.

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT 181-71.26-5'11 $\frac{1}{4}$ "	AGE	20-21	YEARS
ESTIMATED WEIGHT 145 - 150		LEG-HIP BR RATIO	

Chas E. Snow

ENCLOSURE TO: Unknown X-311 Guadalcanal

Charles E. Snow
ANTHROPOLOGIST

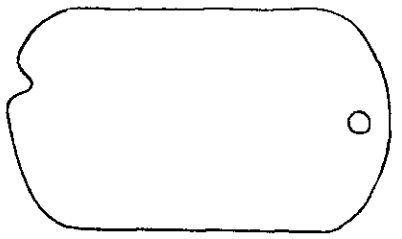
WD OMC FORM 1042
 Rev. 1 February 1945
 (Supersedes form dated
 3 Jan. 1945. Existing stocks
 may be used until exhausted.)

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

IDENTIFICATION SECTION
 REPATRIATION RECORDS BRANCH
 MEMORIAL DIVISION

CATEGORY III CASE
 NO CLUES
 IDENTIFICATION IMPOSSIBLE
 AT PRESENT TIME

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)

Unknown X-311

RANK
Unknown

SERIAL NUMBER
Unknown

Unknown

ORGANIZATION
Unknown

BRANCH
Unknown

RACE
Unknown

RELIGION
Unknown

DATE OF DEATH
Unknown

PLACE OF DEATH

Guadalcanal BSI

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.

Probably the body of a man killed
 in action in 1942. No tooth Chart
 could be taken.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.

No personal effects found.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.

Army Navy Marine Cemetery Guadalcanal BSI

DATE OF BURIAL
 Reburial
 12 Oct 1945

HOUR
1400

PLOT NO.
C

ROW NO.
174

GRAVE NO.
2

GRAVE MARKER
Wooden Cross

TYPE OF RELIGIOUS CEREMONY

Catholic, Protestant, & Jewish.

PERSON REPORTING BURIAL

/s/ T/5 William H. Tussey

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)

Unknown X-310

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

1

BODY ON RIGHT, NAME (Last, First, Middle Initial)

Unknown X-312

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

3

PERSON CONDUCTING BURIAL RITES

Chaplain Juluis Kravetz
 Chaplain Franklin H. Board
 Chaplain John P. Morrissey

VERIFIED BY G. R. S. OFFICER

/s/ Raymond T. Manuel, 1st Lt., OMC
 /t/ FOR 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]


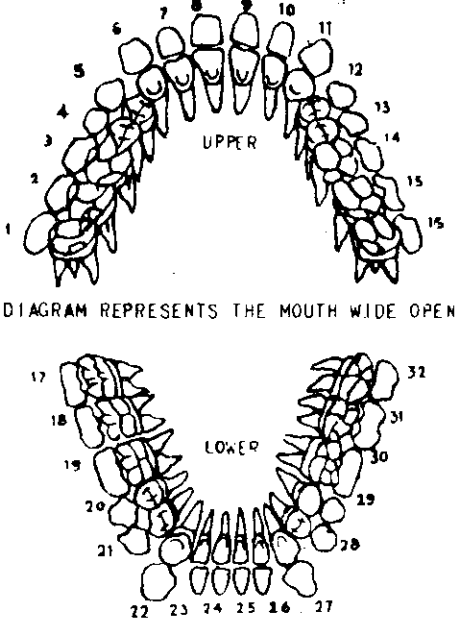




1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE: Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent 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 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.

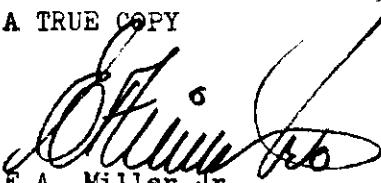
3. PERSONAL EFFECTS: List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.

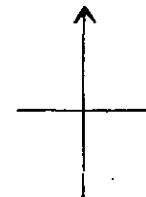
The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

FILLINGS 	 <p style="text-align: center;">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES 	
MISSING TEETH 	
CROWNED TEETH 	
BRIDGE WORK 	

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.

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

WD OMC FORM 1082
 Rev. 1 February 1945
 (Supersedes form dated
 3 Jan. 1945. Existing stocks
 may be used until exhausted.)

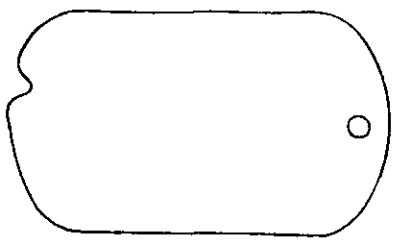
REPORT OF INTERMENT
 (TM 10-630 and AR 30-1815)

DATE REPORT FILLED OUT

15 Nov 1945

For Imprint of Identification Tag

NAME (Last, First, Middle Initial)



Unknown X-311

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

PLACE OF DEATH	CAUSE OF DEATH
Guadalcanal B.S.I.	Unknown

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	Initials R.B.T. found on Helmet Liner, also a Catholic Crucifix.
---	--

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.

Probably the body of a man killed in action in 1942. No tooth chart could be taken.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.

No personal effects found.

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	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
12 Oct. 45	1400	C	174	2	Wooden Cross.

TYPE OF BURIAL CEREMONY	PERSON REPORTING BURIAL
Catholic, Protestant & Jewish.	T-5 William N. Ensey

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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Unknown X-310	Unknown	Unknown	28th Dep Repair Sq.	1
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Unknown X-312	Unknown	Unknown	Unknown	3

PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. S. OFFICER
Chaplain Julius Kravetz Chaplain Franklin H. Board Chaplain John P. Morrissey.	Raymond J. Marrett 1st Lt OMC for 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 IAL






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:

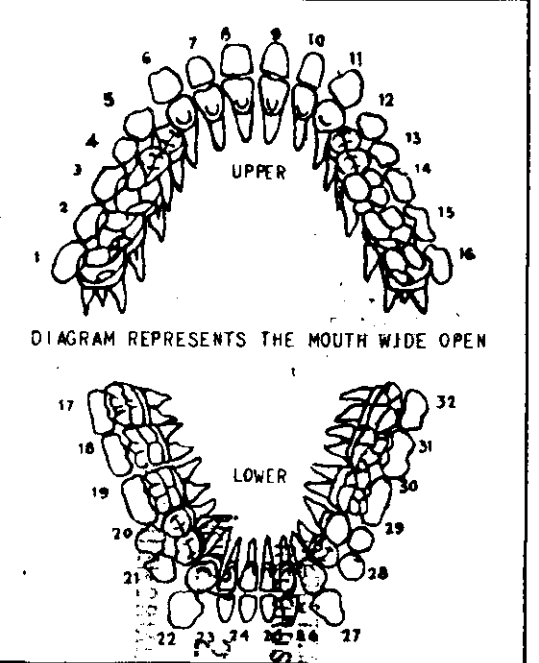
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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 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>

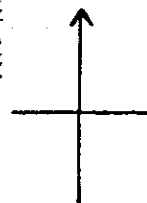


SKETCH AND MAP REFERENCE

02 PM '45

SECTION

REGISTRATION AND
BRANCH



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	