

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. FOSSVOGUR, X-7

SUBJECT

# RECEIPT OF REMAINS

HEADQUARTERS  
NEW YORK PORT OF EMPARKATION  
DISTRIBUTION CENTER #1, AGRS  
1st AVENUE & 58th STREET  
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

*Frank Deland (Fossvogur) X-7*

ROUTINE

REMAINS CONSIGNED TO:

Superintendent,

LONG ISLAND

National Cemetery

FARMINGDALE, NEW YORK

THERE ARE BEING TRANSMITTED THE REMAINS OF THE LATE UNKNOWN X-7

FOSSVOGUR

FOR INTERMENT IN YOUR CEMETERY.

ESCORT IS CPL WILLIAM O. KUBIK, RA 18304811, E CO 504th PIR

*Handwritten notes and signatures in the right margin.*

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 1 DAY OF December, 1947

DAY MONTH

*William O. Kubik*

WITNESS (Escort)

*Handwritten signature of the consignee.*

CONSIGNEE

1

DISINTERMENT DIRECTIVE

SECTION

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4820 X-7

DATE 17 7 47 DAY MONTH YEAR

NAME UNKNOWN

SERIAL NUMBER 700000

RANK

ARM 5 DATE OF DEATH

CEMETERY FOSSVOGUR

DISPOSITION OF REMAINS 2321 01 CODE DIST. PT.

PLOT 31 SEC C ROW 1 GRAVE 17 COUNTRY ICELAND

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE LONG ISLAND NATIONAL CEMETERY FARMINGDALE, NEW YORK

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-7

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED 20 May 47

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY T.C. LEAR, EMBALMER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CASKET, IN BLANKET

CONDITION OF REMAINS VERY BADLY DECOMPOSED

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET DATE 20 May 47 BY T.C. LEAR, EMBALMER

EMBALMER (Signature) Thomas C. Lear

CASKET SEALED BY T.C. LEAR, EMBALMER

SHIPPING ADDRESS VERIFIED BY T.C. MEAGHER, CWO, USA.

CASKET BOXED AND MARKED DATE 13 Sept 47 BY S.S. ROFF, WD, CIV.

SHIPPING ADDRESS VERIFIED BY T.C. MEAGHER, CWO, USA.

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

JAMES R. PARKER, CAPT., QMC.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

File Nat 833 Amsted 13 Feb 1948 P. J. O'Rourke Exp. P. R.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
1. SHIPPED		ARGENTIA, NEWFOUNDLAND	TRUCK	<i>James B. Parker</i>	OCT 16 1947	USAT JOSEPH V. CONNOLLY	USAT JOSEPH V. CONNOLLY	<i>James B. Parker</i>	OCT 16 1947
2. SHIPPED		FROM	JOSEPH V. CONNOLLY	Z E C	OCT 27 1947	TO	N Y P C	<i>Rev. Patrick</i>	OCT 27 1947
3. SHIPPED		FROM	N Y P C	<i>Tractor</i>	10-29-47	TO	D. C. #1	<i>J. G. Smith</i>	OCT 29 1947
4. SHIPPED		FROM	N Y P C	<i>Tractor</i>	10-29-47	TO	D. C. #1	<i>J. G. Smith</i>	OCT 29 1947
5. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
6. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
7. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
8. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
9. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE

CG TYPE BROOKLYN NY ATTN AGE DIVISION

THE FOLLOWING LIST OF UNKNOWN BY DISINTERMENT DIRECTIVE WERE DUE TO ARRIVE NEW YORK PORT 26 OCTOBER FROM ARGENTIA NEWFOUNDLAND HAVE EITHER BEEN IDENTIFIED OR ARE NOW UNDER INVESTIGATION PERIOD THESE REMAINS WILL NOT BE REPEAT WILL NOT BE INTERRED IN LONG ISLAND NATIONAL CEMETERY PERIOD CORRECTED DISINTERMENT DIRECTIVES OR ADDITIONAL INSTRUCTIONS WILL BE FURNISHED AT A LATER DATE

FORT MCANDREW		FOSSVOOR		ISOLATED FURUFJODUR		PORT PEPPERELL	
7215	X-1	4520	X-1	ISOLATED FURUFJODUR	X-1	7217	X-4
7215	X-2	4520	X-2	ISOLATED FURUFJODUR	X-2	7217	X-5
7215	X-12	4520	X-3	ISOLATED FURUFJODUR	X-3	7217	X-1 OF 18
7215	X-16	4520	X-4	ISOLATED FURUFJODUR	X-4	7217	X-2 OF 18
7215	X-27	4520	X-5	ISOLATED FURUFJODUR	X-5	7217	X-3 OF 18
7215	X-28	4520	X-6	ISOLATED ISAFJODUR	X-1	7217	X-4 OF 18
7215	X-40	4520	X-6	ISOLATED ISAFJODUR	X-2	7217	X-5 OF 18
7215	X-45	4520	X-7	ISOLATED GRAND MANAN	X-1	7217	X-17 OF 18
7215	X-56					7217	X-18 OF 18
7215	X-57						
7215	X-59						
7215	X-61						

REQUEST AMERICAN ZONE HEADQUARTERS BE NOTIFIED OF ABOVE INFORMATION

END OGMM HICKEY

LARKIN

24 OCTOBER 1947 1800 Hours

OGMM 293 NYSE

*File  
30 Oct 47  
A. Clark*

R. N. Newkight, Lt. Col., GMC  
Memorial Division

*X 293  
Unit 1-7  
(Presumably fallen)*

"Non-identifiable by reason of lack of sufficient identifying data."

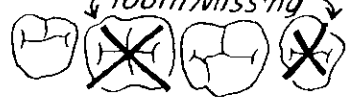









N. J. SIGANE  
Capt QMC


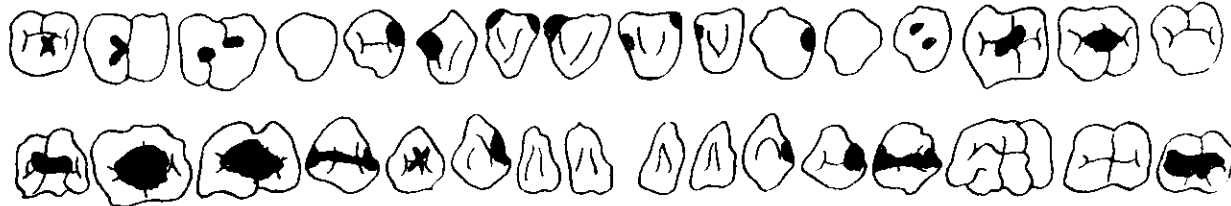

293 *Leak* U.S.A X-7 (Foreigner) *Long Island*  
*Mail Com*

*Am*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-7</b>				2. DATE OF REPORT <b>11 July 1947</b>			
3. NAME OF CEMETERY <b>Fossvogur, Iceland</b>			4. PLOT <b>31-C</b>	5. ROW <b>1</b>	6. GRAVE <b>17</b>	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR <b>Light Brown, 2" long.</b>		11. RACE	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES							
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS							
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)							
<p><b>Foul weather cap</b>  <b>Fragments of heavy cotton underwear (bottoms and shirt)</b>  <b>Knit wool gloves - dark color</b>  <b>Fragments of rubberized material</b>  <b>Corduroy jacket, fleece-lined in fragments.</b></p>							

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THIS:</p>	<p>TOP VIEW</p> <p>← Tooth Missing →</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THIS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THIS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THIS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THIS:</p>	<p>Cavity, Decayed</p> 	

RIGHT												LEFT												
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8									
X	A	AA	X	3	A	S	S	S	S	S	AA	AA	AA	AA	X									
	O	O		OM	OD	MD	D	M	D	M	MOD													
Side Views																	Side Views							
Top Views																	Top Views							
Side Views																	Side Views							
	A	A	A	A	A	X	A	S	X	X			S	A	A	A	X	X	A					
	F	O	O	O	MOD		L	F					D	M	OD	MOD			O					
	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE ATTACHING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

There was only one lower right bicuspid which touched both adjoining teeth, rendering it impossible to determine whether extracted tooth was R-12 or R-13.





ANNEX # 1

Unknown X- 7

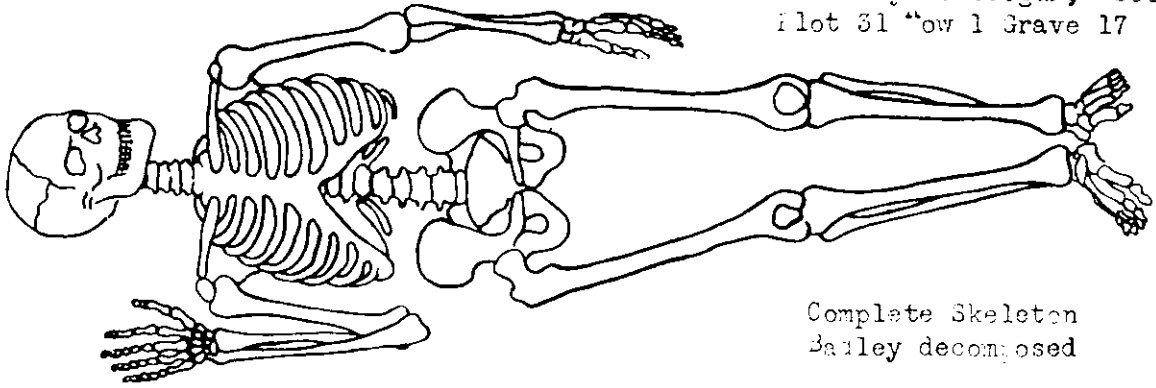
Cemetery: FOSHVOGUR, IcelandPlot 31-C Row 1, Grave 17Case No. Nfld. - 065SKELETAL MEASUREMENTS

CRANIAL LENGTH	197		
CRANIAL BREADTH	151		
CRANIAL HEIGHT			
1. Basic-Bregmatic	137		
2. Auricular	118		
CRANIAL SUTURES	Open		
SUTURE CONTOURS	Arc		
FACE HEIGHT (UPPER)	79		
FACE TOTAL	135		
FACE BREADTH	137		
NASAL HEIGHT	56		
NASAL BREADTH	29		
NASAL MARGIN (LOWER)	Smooth		
ORBITAL HEIGHT	35		
ORBITAL BREADTH	40		
ORBITAL OPENING	Ovoid		
HUMERUS LENGTH	343		
FEMORAL LENGTH	Broca	484	Total 493

REMARKS: Bony projection - left parital region approximately 1 cm  
mid line. Malformed pariton- occipital junction.

19. BLACK OUT PARTS OF BODY NOT RECORDED

Case No. 214,065  
Unknown X-7  
Cemetery Fossvogur, Iceland  
Plot 31 Row 1 Grave 17



Complete Skeleton  
Bailey decomposed

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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



DATE 11 July 19 47

IDENTIFICATION CHECK LIST

SUNBURN OR TAN, OTHER THAN HANDS & FACE \_\_\_\_\_

COMPLEXION \_\_\_\_\_  
(light, med., dark, clear, pimples, pocks, freckles)

BUILD \_\_\_\_\_  
(large, fat, thin, muscular)

HAIR Light Brown 2 " long  
(color, length, quantity, curly, wavy, straight, whorls or def. part)

HAIR \_\_\_\_\_  
(baldness, widows peak, distinctive cutting or other characteristics)

SIDEBURNS \_\_\_\_\_ MUSTACHE \_\_\_\_\_ BEARD OR \_\_\_\_\_  
COLOR-SETTING-SHAPE COLOR-SIZE-SHAPE LENGTH - HEAVY

GOATEE \_\_\_\_\_  
LIGHT COLOR-EXTENT

EYES \_\_\_\_\_ EYEBROWS \_\_\_\_\_  
(color-setting-shape) (color-bushiness, extent ac/nose)

NOSE \_\_\_\_\_ EARS \_\_\_\_\_  
(size-shape-straight) (size-set close to or far from head)

MOUTH \_\_\_\_\_ LIPS \_\_\_\_\_  
(large-medium-small) (small-large-full)

TEETH \_\_\_\_\_  
(white, size, unevenness spacing, noticeable crowns, fillings, extract.)

CHIN \_\_\_\_\_  
(prominent, receding, pointed, dimple, double)

JAW \_\_\_\_\_ CIRCUMFERENCE OF HEAD IN INCHES \_\_\_\_\_  
(large-small-normal) (hat band)

NECK \_\_\_\_\_ LARYNX \_\_\_\_\_  
(size, length, short, normal, wrinkled) (prominent, normal)

SHOULDERS \_\_\_\_\_ ARMS \_\_\_\_\_  
(broad, straight, small, rounded) (length, muscular, color)

\_\_\_\_\_ (extent and quantity of hair)

HANDS \_\_\_\_\_

FINGERS \_\_\_\_\_  
(short, thick, long, slender, size of knuckles, missing fingers)

\_\_\_\_\_ (missing joints) (unusual characteristics of fingernails)

CHEST \_\_\_\_\_  
(size of nipples, color, quantity and extent of hair, large, small, normal)

BACK \_\_\_\_\_ BELLY \_\_\_\_\_  
(quantity and extent of hair) (size of navel, appendectomy,

\_\_\_\_\_ CIRCUMCISION \_\_\_\_\_ PUBIC HAIR \_\_\_\_\_  
amount, quantity and color of hair) (yes-no) (color)

DATE 11 July 19 47

IDENTIFICATION CHECK LIST

HERNIA PLASTY	<hr/>	
	(yes - no: location)	
LEGS	<hr/>	
	(inseam, muscular, knock-kneed, bowed, normal, quan, color & extent of hair)	
FEET	<hr/>	TOES
	(size, corns, callouses, flat)	(slender-straight-crooked-overlap)
EVIDENCE OF HEALED FRACTURES	<hr/>	
	(nose, arms, legs, etc.)	
HAS TOOTH CHART BEEN PREPARED	<u>Yes</u>	IF NOT EXPLAIN <hr/>
	(yes - no)	

REMARKS RED LINE IS MARKED WHERE NO INFORMATION WAS OBTAINED.

**SKULL HAD SOME INTERESTING ANOMALIES.**

There was a bony projection on the skull approximately 1 cm in height, and 75 x 125 mm in diameter - this was located about 1 cm from the midline, on posterior portion, Right Parietal bone Skull inside was smooth There was a malformation of the occipital parietal junction with marked indentation Photographs were attempted.

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.

*John G. Foulkes, Jr (Pak)*  
JOHN G. FOULKES JR

Officer's name

Capt.  
Rank

QMC  
Service

American Zone AGRS  
Organization

MOBILE IDENTIFICATION UNIT  
HEADQUARTERS AMERICAN ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

PROCESSING REPORT

Date 11 July 1947

CASE NO. Nfld-065

UNKNOWN X-7

CEMETERY: Fossvogur Cemetery

PLOT: 31 Sec C.

ROW: 1

GRAVE: 17

1. PHYSICAL PROCESSING See attached check list

Findings \_\_\_\_\_

Remarks: \_\_\_\_\_

Sgd 

2. FINGERPRINTING.

Findings Negative

Remarks: \_\_\_\_\_

Sgd 

3. FLUOROSCOPING.

Findings Negative

Remarks: \_\_\_\_\_

Sgd 

4. GENERAL REMARKS: \_\_\_\_\_

Sgd \_\_\_\_\_

# TOOTH CHART

N-C 65

11 July 1947

Date

Last Name	First	Initial	Rank	Serial No.
Unk		Organization		

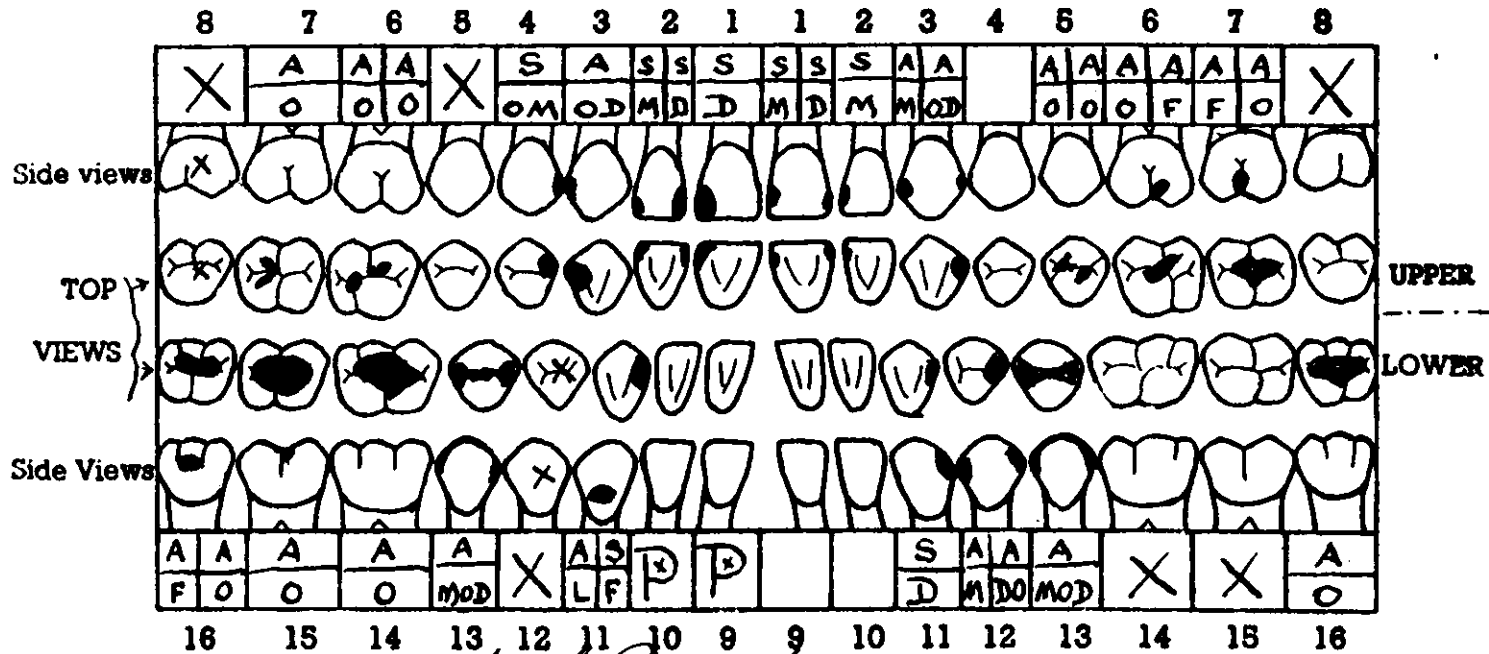
Place of Death

Date of Death

Cause of Death

Right

Left



*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.

*Robert M. ...*  
Signature of Officer or other person who prepared Tooth chart

Verified by G. E. S. Officer

*awka*



Case No. Nf1d-065  
Unknown X-7  
Cemetery Fossvogur  
Plot 31 Row one  
Sec. C Grave 17

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

COMPLETE SKELETON

BADLY DECOMPOSED

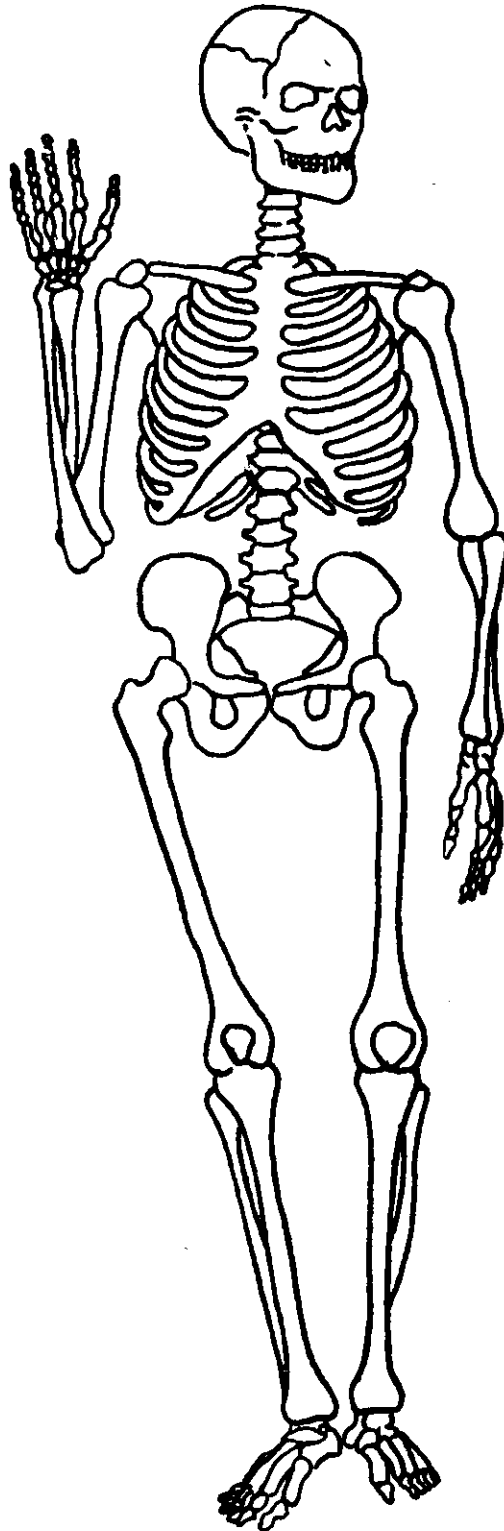


CHART "A"

## CHECK LIST OF UNKNOWN

Case No. Nfld-065  
 Unknown X-7  
 Cemetery Fossvogur  
 Plot 31 Row one  
 Sec. C Grave 17

ANNEX # 1

## SKELETAL REPORT

CRANIAL LENGTH	197		
CRANIAL BREADTH	151		
CRANIAL HEIGHT			
1. Basio-Bregmatic	137		
2. Auricular	118		
CRANIAL SUTURES	open		
SUTURE CONTOURS	Arc		
FACE HEIGHT (UPPER)	79		
FACE TOTAL	135		
FACE BREADTH	137		
NASAL HEIGHT	56		
NASAL BREADTH	29		
NASAL MARGIN (LOWER)	Smooth		
ORBITAL HEIGHT	35		
ORBITAL BREADTH	40		
ORBITAL OPENING	OVOID		
HUMERUS LENGTH	343		
FEMORAL LENGTH	Broca 484	Total 493	

REMARKS Bony projection -- left parital region approximately 1 cm  
 from mid line malformed parito - occipital junction  
 photographs attempted.

*Phillip A. Gates*  
 PHILLIP A. GATES  
 Captain M.C.

OFFICE OF THE QUARTERMASTER  
Base Graves Registration Service  
CHECK LIST FOR BURIALS

Date 6 May, 1943

Name of Deceased -- Unidentified

ASN Unknown

Name of Organization American Merchant Seaman

Rank Unknown

Reported by Sgt Seabrook 6 May 1943

(1) Notify Colonel Matthew H. Jones and Mr. Jesse H. Kirk, immediately, when notified of a death.

(2) Secure the name of the burial officer for further contact and inform him of any changes in burial plans. Make sure CO or burial officer is notified of procedure regarding personal effects of the deceased, shipped to Effects QM, Kansas City QM Depot, Kansas City, Mo.

Name of Burial Officer Colonel R. H. Rogers Phone 19

Name of the Organization Base Chaplain

(3) Request the CO of the organization to which deceased belonged to identify the remains and sign five (5) copies of QMC Form No. 1-GRS at the Mortuary.

(4) Secure the time and date of the funeral at least 24 hours prior to the actual time requested for funeral arrangements. 100 hours 11 May, 1943

(5) Contact superintendent of Fossvogur Cemetery:  
4678 between 11 & 12      3678 between 2 & 3  
Make arrangements to have grave opened, state grave number, plot number, and row number. Have interpreter make the call. Grave #17, Row #1, Section C

(6) Notify the 50th QM (Graves Registration) at Camp Bradford of the date and time of the funeral; have detail at the cemetery. #184

(7) Notify the Base Chaplain #19 of the time and date of the funeral.

(8) Call Colonel Beasley about an ambulance for use as a hearse. #16

(9) Order two M.P. from Tripoli #147 to direct traffic at cemetery.

(10) Check to make sure grave is opened before the time for the funeral. IMPORTANT.

(11) Have continuous contact with the mortuary and make arrangements for the grave marker.

(12) Check QMC Form No. 1-GRS, Certificate of Death, and the inscription on the grave marker for discrepancies in any of the entries. IMPORTANT that all entries are identical.

(13) The inscription on the cross should read as follows:

Unidentified  
A. M. S.

(14) Notify Photo Laboratory of the time of the funeral if pictures are desired. #145

(15) Place "GRS" tag on grave marker when registration is complete.

Copies of QMC Form No. 1-GRS and Certificate of Death forwarded to American Legation.  
No identification tags.

MOBILE IDENTIFICATION UNIT  
HEADQUARTERS AMERICAN ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

PROCESSING REPORT

Date 11 July 1947

CASE NO. N-065

UNKNOWN X X-7

CEMETERY: Fosvognen Cem.

PLOT:

ROW:

GRAVE:

1. PHYSICAL PROCESSING - Foul Weather cap stolen

Findings Underwear (tops) -- socks, gloves  
Underlined jacket - 4 Regiment. of - cloth

Remarks:

Right Brown Hair - 2" long

Sgd \_\_\_\_\_

2. FINGERPRINTING.

Findings

None

Remarks:

Sgd TCL

3. FLUOROSCOPING.

Findings

Remarks:

Sgd \_\_\_\_\_

GENERAL REMARKS:

Sgd \_\_\_\_\_

N-065

# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

DATE \_\_\_\_\_

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8										
TYPE		X	A	AA	X	S	A	SS	S	SS	S	S	S	AA		A	AA	AA	AA	TYPE							
LOCATION			O	OO		OM	OD	MD	D	MD	M	MOD			O	O	O	F	F	O	LOCATION						

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16										
TYPE		A	A	A	A	A	X	A	S	P	P			S	A	A	A	X	X	A	TYPE						
LOCATION		F	O	O	O	MOD		L	F	P	P			D	M	O	MOD			O	LOCATION						

★ See Remarks

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY. INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

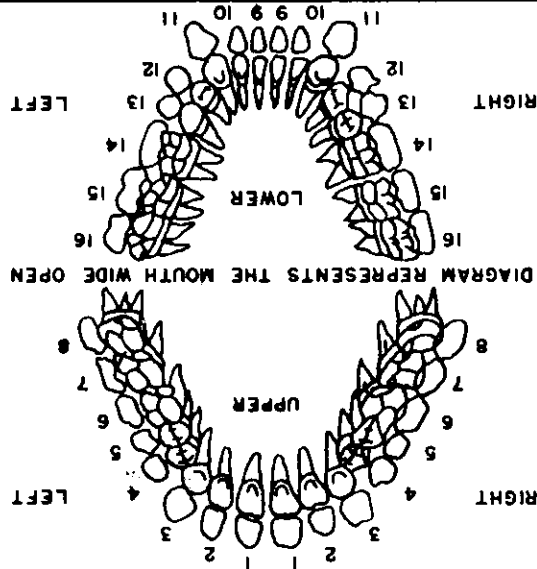
**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

There were only one lower night brace pad which touched both adjoining teeth rendering it impossible to determine whether the extracted tooth was D12 or D13.

SIGNATURE OF PERSON WHO PREPARED CHART

*[Handwritten Signature]*

VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

# SKELETAL CHART

N65

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

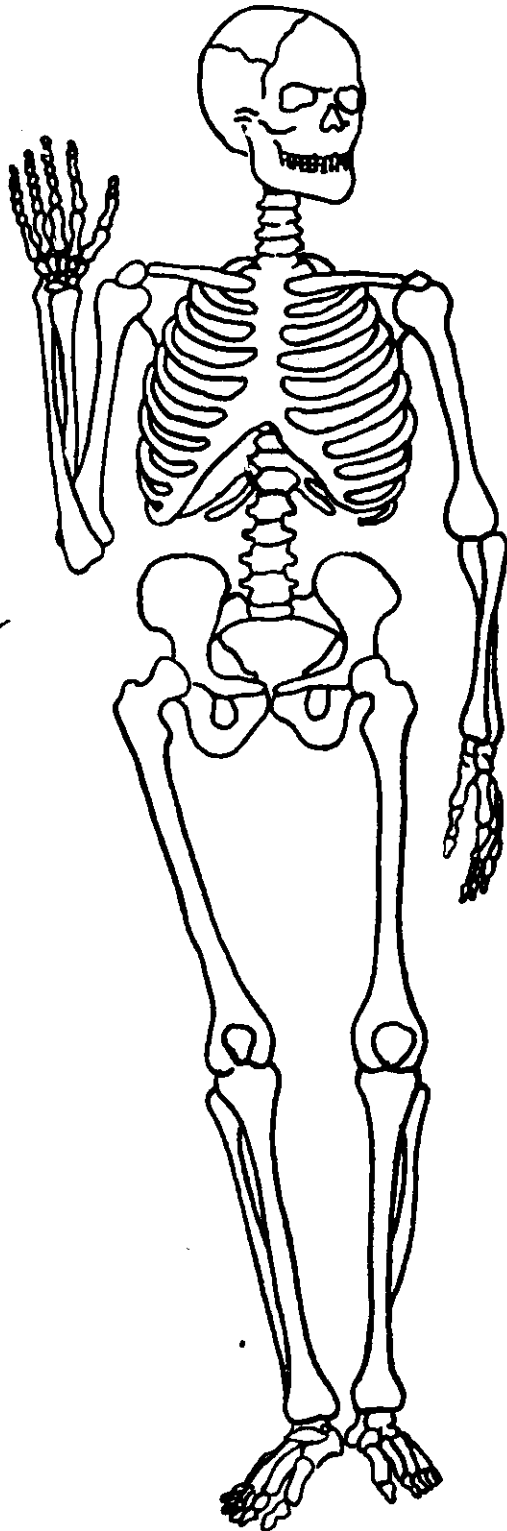


CHART "A"

CHECK LIST OF UNKNOWN

165

ANNEX # 1

SKELETAL REPORT

CRANIAL LENGTH	177		
CRANIAL BREADTH	141		
CRANIAL HEIGHT			
1. Basio-Bregmatic			
2. Auricular			
CRANIAL SUTURES			
SUTURE CONTOURS			
FACE HEIGHT (UPPER)	72		
FACE TOTAL			
FACE BREADTH			
NASAL HEIGHT			
NASAL BREADTH			
NASAL MARGIN (LOWER)			
ORBITAL HEIGHT			
ORBITAL BREADTH			
ORBITAL OPENING			
HUMERUS LENGTH	142		
FEMORAL LENGTH	141		

REMARKS: Long parietal left parietal parieto-occipital



RESTRICTED

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

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

DATE OF REPORT

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNIDENTIFIED

SERIAL No.

None

GRADE

Unknown

ORGANIZATION

BRANCH OF SERVICE

U.S.M.M.

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

293 Tank U.S.A X-7 (Evrosogur long)

CAUSE OF DEATH

DATE OF DEATH

Island Hill  
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 2 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Disposition: American Legation

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Fossvogur Cemetery, Iceland

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
11 May 43				Sec. C 31	1	17

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.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT: This copy is prepared in Hq, American Zone

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Plans & Operations Division

file  
10-15  
46  
92

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 Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

**Section 2.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


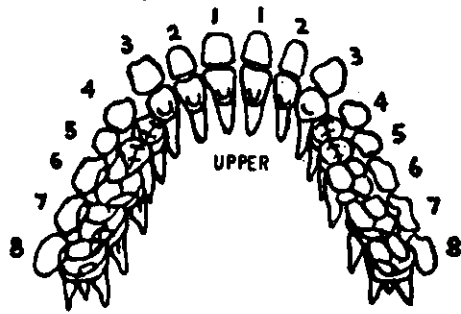




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

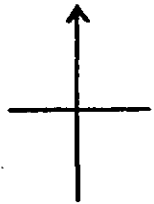
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

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

(Unprovoked)  
OAC Form No. 1-CRS

~~CONFIDENTIAL~~  
~~CLASSIFICATION REMOVED~~

(To be submitted through channels to the Superintendent General, Washington, D.C.)  
(Part 21d - TM 10-630)

Unidentified	(Unknown)	(Unknown)	U.S.N.M.
(Last name) (First) (Initial)	(Serial No.)	(Rank)	(Organization)

At Sea	(Unknown)	Drowning
(Place of Death)	(Date of Death)	(Cause of Death)

1100 Hours, 11 May, 1943 Fossvogur 23.25-05.5 Reykjavik-Hafnarfjordur 1/26000 sheet

(Time & Date of Burial)	(Place of Burial - Name & No. of Cemetery, if in a cemetery)	(Buried with body)	(Attached to marker)
293	Unk USA X-7 (Fossvogur) Long Island City Cemetery	None	Yes
17	1 31 Section C	Cross	Yes
(Grave No.)	(Row No.) (Plot No.)	(Kind of Grave Marker)	(Identification Tags)

Deceased was wearing a wristwatch with a metal band inscribed "N. A. H. 9-18-42".

Buried in casket.

Other pertinent data to enable grave to be located.  
(where necessary sketch to locate grave should be furnished)

STATION FILE

(Unknown)	(Unknown)
(Name and address of Emergency Addressee)	(Name and address of local next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand  
(Required when positive identity cannot otherwise be established) (Par. 25e (2))

FM 10-630

Place X mark  
below when  
prints are of  
left hand



		NOT OBTAINABLE.		
Thumb	1	2	3	4

List of personal effects and disposition of same

1 Elastic belt

1 Wristwatch with metal band inscribed "N. A. H. 9-18-42"

Above effects turned over to the American Legation at Reykjavik, Iceland.

(Name, rank, serial no., organization, grave numbers of bodies buried on either side)

On Right

Unidentified.

U.S.M.M.

Grave #16

On Left

Empty Grave Space (Grave #18 not yet used)

*Ralph W. Rogers*  
RALPH W. ROGERS, Chaplain.

*Robert L. Houghtalin*  
ROBERT L. HOUGHTALIN, 1st Lieut., QMG

Signature of Officer or other person reporting  
Burial.

Verified by Army G.R.S. Officer  
/to the QMG.

Prepare in triplicate - 1 copy to Army GRS Officer - 1 copy to Chief, GRS - Original

OFFICE OF THE QUARTERMASTER  
Base Graves Registration Service  
U. S. Army Forces in Iceland

12 May, 1943

The following listed items were found on the remains of an Unidentified man found on the shore in Iceland. It is assumed that the remains are of an American Merchant Seaman.

- 1 Elastic belt.
- 1 Wristwatch with metal band inscribed "N. A. H. 9-18-42"

C E R T I F I C A T E

I certify that I have this date, May, 1943, received from ROBERT L. HOUGHTALIN, 1st Lieut., QMC, all property and effects of an Unidentified American Merchant Seaman, as listed above for safe keeping and/or disposal as directed.

*A Goodman*

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A. G. HELTBERG  
AMERICAN VICE CONSUL

OFFICE OF THE QUARTERMASTER  
Base Graves Registration Service  
Iceland Base Command  
Consolidated Report: Plot - 51 - Section - C - Row # 1      Fossvogur Cemetery Iceland

Grave No.	Name	Rank	Serial No.	Organization	Date of Death	Date of Burial	Disposition of Effects	Effects if any	Emergency Or Hearst of Kin	Address
14.	Howard S. Rivet	Oiler	None	U.S.M.M.	5 July 1942	4 May 1945	American Legation to US VICE	Yes Turned to US VICE	1121 Carroll Street Baltimore, Maryland	
1	Unidentified	Unknown	None	U.S.M.M.	Unknown	4 May 1945	American Legation	Yes same as above May, 1945	Unknown	See OMC Form No. 1-GRS
16.	Unidentified	Unknown	None	U.S.M.M.	Unknown	11 May 1945	American Legation	None	Unknown	
17.	Unidentified	Unknown	None	U.S.M.M.	Unknown	11 May 1945	American Legation	None	Unknown	

THE FOLLOWING SEAMAN BURIED IN FOSVOGUR CEMETERY, OTHER THAN NAME WE HAVE NOTHING ON OUR FILES AT THIS STATION. THIS STATION ERECTED A CROSS STATING THE FOLLOWING INFORMATION  
ARABI HAMAD SALEH ADEN, ALLIED MERCHANT SEAMAN, DIED 1 JUNE, 1945.

Arabi Hamad Saleh Aden      Oiler      None      Allied M. Seaman 1/6/45      Unknown American Legation at this station      None Known      Not known at this station.

\* See original photostat filed in 295 - Rivet, Howard S.

