

FILE IDENTIFICATION TOPPER

FILE NUMBER

43 unk Guam # 2 X 129

SUBJECT

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

DISINTERMENT DIRECTIVE

Interred: 8 December 1949  
P 460

*Albert B. Robinson* Cemetery Superintendent

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
ADV. OF BURIAL  
6321 01500

DATE  
15 10 49  
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION  
UNKNOWN X-000129 Q 0 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS  
GUAM NO 2 MARTIANAS IS 4 45 2 0492 64  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED  
Unknown X-129 Unknown Unk 11 July 1946 Not Indicated.

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN Unk Stanley E. May  
 MARKER Captain, QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Uncasketed. Skeletal.

OTHER MEANS OF IDENTIFICATION  
QMC Form 1042 and Ltr QMGMT 293 Dated 16 May 1949.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 28 July 1949 BY E. E. Brayboy  
CASKET SEALED BY J. N. Robinson EMBALMER (Signature) *J. N. Robinson*  
J. N. Robinson

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 14 Nov '49 by J. N. Robinson G. L. H. Wong

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

*Gilbert L. H. Wong*  
GILBERT L. H. WONG, Captain, INF  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS UNIDENTIFIABLE  
REMAINS FINAL TYPE CASKETS IN MARKED ZONE  
*Graves*

RECORD OF CUSTODIAL TRANSFER

FROM U. S. ARMY MAUSOLEUM		TO CHIEF, HAWAIIAN DISTRIBUTION CENTER	
SIGNATURE OF SHIPPER <i>Gilbert T. H. Wong</i>		SIGNATURE OF RECEIVER <i>Kenneth S. Hino</i>	
DATE 28 NOV 1949		DATE 28 NOV 1949	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
FROM		TO	
1. SHIPPED		2. SHIPPED	
FROM		TO	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
FROM		TO	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
FROM		TO	
3. SHIPPED		4. SHIPPED	
FROM		TO	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
FROM		TO	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
FROM		TO	
5. SHIPPED		6. SHIPPED	
FROM		TO	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
FROM		TO	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
FROM		TO	
7. SHIPPED		8. SHIPPED	
FROM		TO	
KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

2. SHIPPED 1st Lt., Inf. 0-242002

28 NOV 1949

GILBERT T. H. WONG, CAPT., INF.

KENNETH S. HINO

**DISINTERMENT DIRECTIVE**

**6**

**SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED**

**DIRECTIVE NUMBER**

5321 01400

**DATE**

15 10 49  
DAY MONTH YEAR

**NAME**

UNANIMOUS - 000120

**SERIAL NUMBER**

**GRADE**

**ARM**

0

**RACE**

**RELIGION**

0 0

**CEMETERY**

GIAM NO - MARTANAS IS

**PLOT**

**ROW**

**GRAVE**

**DISPOSITION OF REMAINS**

0492 54  
CODE DIST. CTR.

**SECTION B — CONSIGNEE AND NEXT OF KIN**

**NAME AND ADDRESS OF CONSIGNEE**

**NATIONAL MEMORIAL CEMETERY OF THE  
PACIFIC, TERRITORY OF HAWAII**

**NAME AND ADDRESS OF NEXT OF KIN**

**(BY ADMINISTRATIVE DECISION)**

**SECTION C — DISINTERMENT AND IDENTIFICATION**

**NAME**

**SERIAL NUMBER**

**GRADE**

**DATE OF DEATH**

**DATE DISTINTERRED**

**IDENTIFICATION TAG ON**

**ORGANIZATION**

**RELIGION**

**IDENTIFICATION VERIFIED BY**

**NAME AND TITLE**

- REMAINS  
 MARKER

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

**NATURE OF BURIAL**

**CONDITION OF REMAINS**

**OTHER MEANS OF IDENTIFICATION**

**MINOR DISCREPANCIES** (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

**REMAINS PREPARED AND PLACED IN CASKET**

**DATE** \_\_\_\_\_ **BY** \_\_\_\_\_

**CASKET SEALED BY**

**EMBALMER (Signature)**

**CASKET BOXED AND MARKED**

**SHIPPING ADDRESS VERIFIED BY**

**DATE** \_\_\_\_\_ **BY** \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF AGRS INSPECTOR

**REMARKS AND SPECIAL INSTRUCTIONS**

**REMAINS UNIDENTIFIABLE**

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-129</b>				2. DATE OF REPORT <b>5 Nov 48</b>	
3. NAME OF CEMETERY <b>Cem #2, Guam</b>		4. PLOT <b>4</b>	5. ROW <b>45</b>	6. GRAVE <b>2</b>	7. DATE OF DISINTERMENT <b>15 Jul 48</b>
				REINTERMENT <b>15 Jul 48</b>	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UNK</b>	11. RACE <b>Mongoloid</b>
-----------------------------------	-----------------------------------	---------------------------------	------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**None**

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

*Arthur P. Arena*

**None**

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

**None**

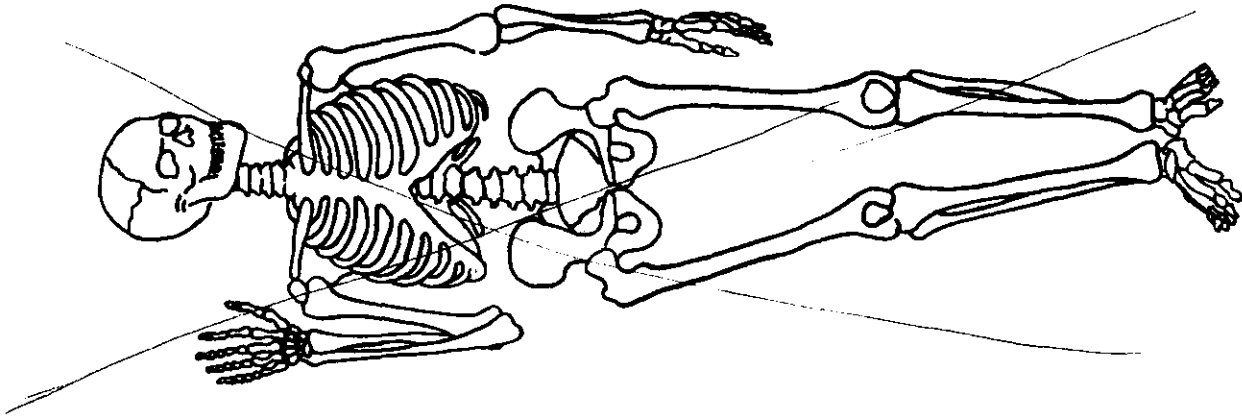
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**None**

UNKNOWN X-129

Cem #2, Guam

P-4, R-45, G-2



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

*(This area is crossed out with a large 'X')*

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

21. REMARKS AND ADDITIONAL INFORMATION

"Unknown X-129"

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>8. R. femur</li> <li>1. L. femur</li> <li>4. R. tibias</li> <li>4. L. tibias</li> <li>5. L. Innomirate</li> <li>2. R. Innomirate</li> <li>1. L. humerus</li> <li>52. ribs and fragments</li> <li>3. patellas</li> <li>29. metaterrols and phalanges</li> <li>1. R. clavici</li> </ul> | <ul style="list-style-type: none"> <li>3. R. humerus</li> <li>2. L. scapulae</li> <li>1. skull (complete)</li> <li>4. fragments of skull</li> <li>2. R. ulnae</li> <li>2. L. ulnae</li> <li>35. vertebrae</li> <li>1. fragment of radius</li> <li>11. tavsale</li> </ul> |
|--|--|

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

ROY H. OESTREICH, Capt., Inf.

SIGNATURE

# IDENTIFICATION DENTAL CHART

DATE

NAME (Last, First, Middle Initial)

UNKNOWN X-129

RANK

SERIAL NUMBER

5 Nov 48

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLACE OF BURIAL

Cem #2, Guam

PLOT

ROW

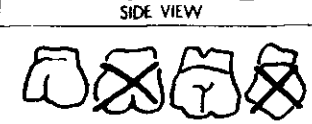
GRAVE

4

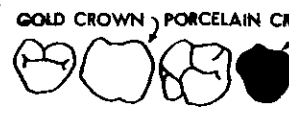
45

2

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



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



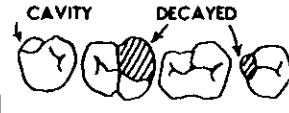
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
P			P		P	P	P	P	P	P		P			
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
IMP	P	X	P	P	P	P	P	P	P	P	P	X			IMP
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

*Gerald R. Skinner*  
**GERALD R. SKINNER, Emb.**

*Roy H. Oestreich*  
**ROY H. OESTREICH, Capt., Inf.**

CENTRAL IDENTIFICATION POINT  
AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE APO 244

15 July 48

Examination of subject remains UNKNOWN X-129 removed from grave 2, reveals the high incidence of Mongoloid characteristics in all cases.

It has been concluded that the subject remains may be racially classified as representing the Mongoloid stock.



T. W. McKERN  
Anthropologist

John Aievoli  
Ident. Consulatant

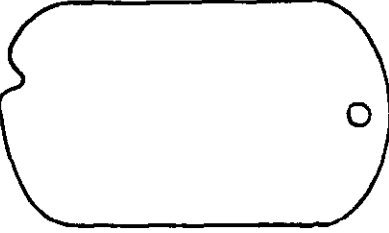


RESTRICTED

WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
26 May 1949

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial)  UNKNOWN X-129 (Formerly AGAT Cemetery #2, Guam M. I.)	
	GRADE  Unknown	SERIAL No.  Unknown
	ORGANIZATION  Unknown	BRANCH OF SERVICE  Unknown
RACE  Mongoloid	RELIGION  Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH  Guam, M. I.	CAUSE OF DEATH  Unknown	DATE OF DEATH  Unknown
-----------------------------------	-------------------------------	------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  Ltr OQIG, QMGMT 293 GRS Pacific dtd 16 May 49 Subj: Identification of World War II Deceased.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
  
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
  
US Army Mausoleum, Schofield Barracks, T. H. Casket

DATE OF BURIAL  2 Feb 49	HOUR	BURIED IN (Shroud, blanket, or name of other)  Metal lined casket	TYPE OF GRAVE MARKER  Saipan Section	PLOT No.	ROW No.	GRAVE No.  5035
--------------------------------	------	---	--	----------	---------	-----------------------

WAS THIS A REBURIAL? (Yes or no)  Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  AGAT Cemetery #2, Guam, M. I.	PLOT No. 4	ROW No. 45	GRAVE No. 2
---	--	---------------	---------------	----------------

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)  Not applicable due to	RANK  ---	SERIAL No.  ---	ORGANIZATION  ---	GRAVE No.  ---
---	-----------------	-----------------------	-------------------------	----------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  manner of storing caskets.	RANK  ---	SERIAL No.  ---	ORGANIZATION  ---	GRAVE No.  ---
---	-----------------	-----------------------	-------------------------	----------------------

SIGNATURE OF PERSON PREPARING REPORT  <i>I. K. Usher</i> I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <i>Earl B. Yancy</i> EARL B. YANCY, GRC, USA
---	--

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 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


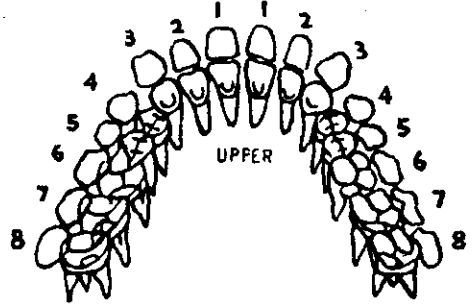




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

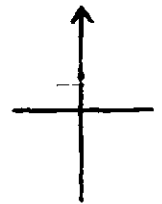
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	

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



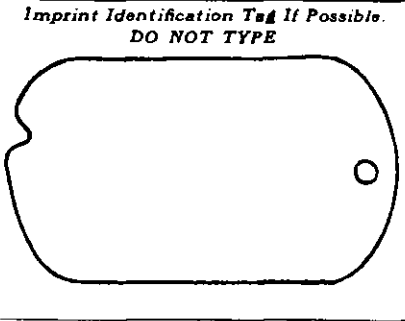
REMARKS:

RESTRICTED

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

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

DATE OF REPORT  
26 May 1949



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-129</b>		(Formerly AGAT Cemetery #2, Guam, M. I.)		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>	
RACE <b>Mongoloid</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		

PLACE OF DEATH <b>Guam, M. I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
--------------------------------------	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Ltr O-70, QMONT 293 GRS Pacific dtd 16 May 49 Subj: Identification of World War II Deceased.</b>
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**None**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**US Army Mausoleum, Schofield Barracks, T. H. Casket**

DATE OF BURIAL <b>2 Feb 49</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Metal lined casket</b>	TYPE OF GRAVE MARKER <b>Saipan Section</b>	PLOT No.	ROW No.	GRAVE No. <b>5035</b>
-----------------------------------	------	--	---	----------	---------	--------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>AGAT Cemetery #2, Guam, M. I.</b>	PLOT No. <b>4</b>	ROW No. <b>45</b>	GRAVE No. <b>2</b>
--	---	----------------------	----------------------	-----------------------

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>---</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>---</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable due to</b>	RANK <b>---</b>	SERIAL No. <b>---</b>	ORGANIZATION <b>---</b>	GRAVE No. <b>---</b>
--	--------------------	--------------------------	----------------------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets.</b>	RANK <b>---</b>	SERIAL No. <b>---</b>	ORGANIZATION <b>---</b>	GRAVE No. <b>---</b>
--	--------------------	--------------------------	----------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>I. K. Usher - Clerk</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>Earl B. Percy, CWO, USA</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 Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

ent 3'

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


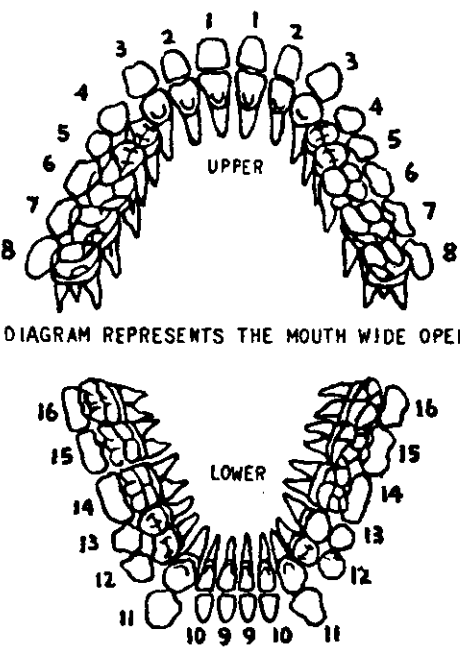




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

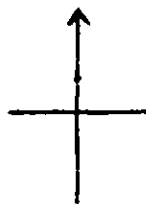
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	

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



REMARKS: