

/drs

Interred 8 Mar 1950
N 13 74 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

1

Call Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 81152

DATE

28 02 50
DAY MONTH YEAR

/add

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 6				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
4TH MARINE DIVISION CEMETERY, IWO JIMA	1	10	497	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNK X - 6				3 Mar '50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)	

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
3 Mar '50	PAUL R NICHOLS	<i>Paul R Nichols</i> PAUL R NICHOLS
CASKET SEALED BY		
PAUL R NICHOLS		

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 3 Mar '50 BY RAYMOND H TANGUAY, S Sgt lc, RA	L. W. RICHARDSON, M/Sgt, RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt, RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Johns

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE MAR 8 1958



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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

DISINTERMENT DIRECTIVE

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5531 81152

28 02 50
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION

UNKNOWN X-6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS

4TH MARINE DIVISION CEMETERY, IWO JIMA

1 10 497

7701 80
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

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

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NAT
FILE
RECORDS ANNOTATED
DATE 21 April 56
NAME R. P. Jones
BR. MEM. DIV.

RECORD OF COLLISION INVESTIGATION

mail # 572

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

REC'D BY [unclear] 1.11.11

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

293 UNK Two Jima (Grise) (4 to 1000000000)
~~X-6, X-10, X-12, X-13, X-19, X-21~~

CITE: 293
GCS Far East

FEB 8 1950

SUBJECT: Unidentifiable Remains

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to letter, your Headquarters, File GCPZ 293, dated 23 January 1950, Subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-6, X-10, X-12, X-13, X-19, and X-21, 4th Marine Division, Two Jima, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. ESTZ
Lt Colonel, CG
Memorial Division

WEM

CC: CITE

vib
~~X 293 Unk Two Jima X-6~~
~~X 293 " " " X-10~~
~~X 293 " " " X-12~~
~~X 293 " " " X-13~~
~~X 293 " " " X-19~~
~~X 293 " " " X-21~~



FEB 9 10 51 AM '50
MAIL & TELETYPE DIVISION

AIR MAIL
X 293 GRS Far East



100-100000

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 6, Plot 1,
Row 10, Grave 497, USMC 4th Mar Div Cem Iwo Jima, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

APPROVED UNIDENTIFIABLE

2 FEB 1950

Incl 1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-6			2. DATE OF REPORT 21 January 1950		
3. NAME OF CEMETERY 4th Mar Div Cem Iwo Jima	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	10	497	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'10 $\frac{1}{2}$ "	10. COLOR OF HAIR Brown		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES N O N E					
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? See skeletal chart				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E					
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) N O N E					
"UNIDENTIFIABLE" "BY REASON OF LACK OF SUFFICIENT DATA"					

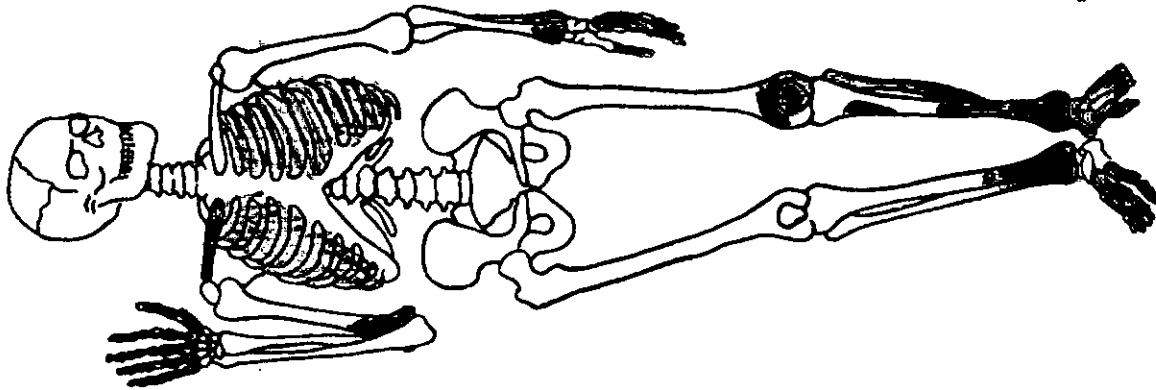
18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE 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
X		A				2	⊕	⊕	⊕	⊕	CLIPPED	A	A		X
Side Views															
UPPER															
LOWER															
Side Views															
⊖	⊖	X		⊕	⊕	⊕	⊕	⊕		⊕			A		X
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."

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

No ID tags, burial bottle, personal effects, or other means of identification found with remains.

UNIDENTIFIABLE
REMAINS OF DECEASED

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
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE
Paul R. Nichols

-30-84

MM

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 00000

DATE

15 11 47
DAY MONTH YEAR

NAME

~~UNKNOWNX-000006~~

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

0
DAY MONTH YEAR

CEMETERY

~~IWO JIMA 4TH MARINE DIV CEM~~

0

DISPOSITION OF REMAINS

0391 63
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

1 10 497 KAZAN RETTO

CAUSE OF DEATH

6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GUAM NATIONAL CEMETERY
GUAM, MARIANAS ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN

SERIAL NUMBER

X-000006

RANK

Unk

DATE OF DEATH

Unknown

DATE DISTINTERRED

Unknown

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

Unknown

IDENTIFICATION VERIFIED BY

U. E. COMERLY, Capt., TC
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Nature of shroud undetermined

CONDITION OF REMAINS

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary plate

MINOR DISCREPANCIES 1

one

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 August 48

BY J. L. SIBLEY, Emb

CASKET SEALED BY

J. L. SIBLEY, Emb

EMBALMER (Signature)

R. V. YERST

CASKET BOXED AND MARKED

DATE 13 Aug 48 BY E. KELLY

SHIPPING ADDRESS VERIFIED BY

G. D. JACABA, Clerk

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

Herschell G. GUY, 1st Lt. Inf.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. MAUSOLEUM (SAIPAN, M.I.)		TO PORT STORAGE OFFICER (SAIPAN, M.I.)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Maj., CMP	DATE 13 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF	DATE 13/8/48

2. SHIPPED

FROM .PORT AGRS (SAIPAN, M.I.)		TO Transport Commander USAT DALTON VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st INF	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Clay Nordmann</i>	DATE 6 Oct 48

3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Clay Nordmann</i> CLAY NORDMANN 1ST LT. INF	DATE 10 1948	SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt. FA	DATE 10 Oct 48

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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

UNKNOWN X-6

TOOTH CHART		
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH TRACTION (NOT THOSE FRACTURED OR DISPLACED RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABEL THUS:</p>	<p>TOOTH MISSING</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</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/O					X	X	X	X		A/O	A/O		X
Side Views																
Top Views																
Side Views																
			X		X			X						X	A/O	
	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."

STATISTICAL

Charles W. Jones

QMC FORM 1044a
18 MAR 47

(Name)

(Rank)

(Ser. No.)

(Br of Sv)



STATE 127

Skeletal remains fragment

SKELETAL CHART

X-6

DISINTERMENT DIRECTIVE

DATE _____

DIRECTIVE NO. _____

A. NAME AND BURIAL LOCATION OF DECEASED

X-6 UNKNOWN	RANK	SERIAL NUMBER	DATE OF DEATH	ARMY OR SERVICE	DISPOSITION

Cemetery 4th Marine	CAUSE OF DEATH	U.S. DISTRIBUTION POINT
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LOT 1	ROW 10	GRAVE 497	COUNTRY Iwo Jima
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B. NEXT OF KIN AND CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN	NAME AND ADDRESS OF CONSIGNEE 2/

C. DISINTERMENT AND IDENTIFICATION

NAME	RANK	SERIAL NUMBER	DATE OF DEATH	DATE DISINTERRED 8-19-47
IDENTIFICATION TAG ON ORGANIZATION { REMAINS MARKET	RELIGION	IDENTIFICATION VERIFIED BY		

D. PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITIONS OF REMAINS All bones of both legs broken and parts missing except left humerus, left femur right ulna & radius.
OTHER MEANS OF IDENTIFICATION	

MEMOR DISCREPANCIES 1/

REMAINS PREPARED AND PLACED IN CASKET

BY _____ SKET SEALED BY _____ EMBALMER (Signature)

CASKET BOXED AND MARKED _____ SHIPPING ADDRESS VERIFIED BY (Signature)

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.

gab ~~113~~ 113
Signature of GBS INSPECTOR
F.H.7

1/ Prepare discrepancy Report Form No. 1194a for major discrepancies.
2/ Consignee may be same as next of kin; is or repeat name and address.

IDENTIFICATION SECTION
REPLICATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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

new 333
unknown

printed

UNKNOWN # 6

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

20

(Place of death) (Date of death) (Cause of death)

(Time and date of burial) 4th Marine Division (Name of cemetery) Iwo Jima (Name or coordinates of location)

497 (Grave number) 10 (Row number) 1 (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

APPROVED UNIDENTIFIABLE FEB 1950

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same:

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:

Apparent nationality:

Weight:

Laundry marks:

Color of eyes:

Number of rifle:

Color of hair:

Wear glasses?

Race:

Is tooth chart attached?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

A TRUE COPY

E. A. MILLER JR. 8075 USA
1st Lt., OMC

4

3

2

1

THUMB

RIGHT HAND