

X-31-Hall, Harry L., Sgt  
18 129 522

1st Ind

JRF/fa

TO: Office of The Quartermaster General, Washington 25, D.C.

FROM: STATION HOSPITAL, Fort Jackson, South Carolina. 22 May 47

1. A carefull search of our files has been made and no records of subject enlisted man.

FOR THE COMMANDING OFFICER:

J. R. FREEMAN  
Capt., M.A.C.  
Adjutant



293  
Pack X-31  
Hansen

Ltr. Hq AGBS PATA, APO 707, dtd 14 June 46, file GSOM 704.5, Subj:  
Casualty Information, re: Sgt Harry L. Hall, 18129522.

MBYOM 704/742 10th Ind.

HEADQUARTERS, MARIANAS BONINS COMMAND, APO 246 (GUAM)

TO: Commanding General, Philippines Ryukus Command, APO 707

1. Your attention is invited to Inclosure 2, which is a report of investigation made by this Headquarters.

2. Inclosure 3 is the Identification Dental Chart for Unknown X-31 as referred to in paragraph 6, Inclosure 2, forwarded for identification purposes with any dental chart of Sgt. Hall that may be on file in Washington.

FOR THE COMMANDING GENERAL:

G. L. FARNSWORTH  
Colonel, AGD  
Adjutant General

3 Incls  
Incl 1 n/c  
Added  
Incl 2 Report of Investigation (trip)  
Incl 3 Dental Chart for X-31 (dupl)

GSOM 293 11th Ind. JJ/vsg

American Graves Registration Service, Far Eastern Zone, APO 707,  
25 March 1947

TO: Quartermaster General, Washington 25, D.C.

1. Your attention is invited to preceding correspondence relative to Sgt Harry L. Hall, 18129522.

2. It is requested that inclosed dental chart for Unknown X-31 interred in USAF Cemetery No. 3, Agana, Guam, Marianas be compared with War Department clinical records of subject deceased for possible identification and this headquarters be advised of the results.

JAMES A. MURPHY  
Colonel, OMC  
Commanding

3 Incls: n/c

MEMO 293  
HALL, Harry L  
Sgt - 18129522

12th Ind

WD, OQMG, Washington 25, D. C., 20 June 1947

TO: CG, Philippine-Ryukyus Command, APO 707, c/o Postmaster,  
San Francisco, California

1. In compliance with paragraph two (2) of 11th Indorsement, the dental chart of Unknown X-31 interred in USAF Cemetery No. 3, Agana, Guam, Marianas has been compared with War Department records of Sgt. Harry L. Hall, 18129522, but there is not sufficient similarity to establish identification.

2. Should additional information become available to your headquarters, it is requested that this office be advised.

FOR THE QUARTERMASTER GENERAL:

Incls 1 & 2: n/c  
Incl 3: w/d

JAMES C. MacFARLAND  
Major, OMC  
Memorial Division

cld

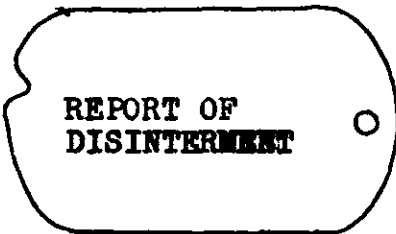
NJS

**RESTRICTED**

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

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

DATE OF REPORT  
4 Nov 47

Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH <b>Guam</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

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)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**Cemetery #3 Agana, Guam**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				<b>A</b>	<b>31</b>	<b>6</b>

WAS THIS A REBURIAL? (Yes or no) <b>No</b>	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) <b>Olsen, Kenneth C.</b>	RANK <b>Pfc</b>	SERIAL No. <b>426753</b>	ORGANIZATION <b>USMC</b>	GRAVE No. <b>7</b>
--	--------------------	-----------------------------	-----------------------------	-----------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Carter, Eugene J.</b>	RANK <b>Cpl</b>	SERIAL No. <b>487151</b>	ORGANIZATION <b>USMC</b>	GRAVE No. <b>5</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>Emilio E. Costales</i> <b>EMILIO E. COSTALES</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zatico</i> <b>EMILIO S. ZATICO, 2d Lt., Inf.</b>
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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.**


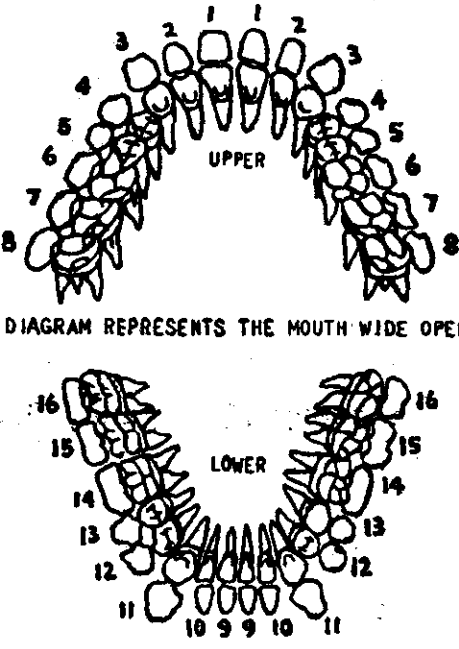




**INSTRUCTIONS:**

(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.

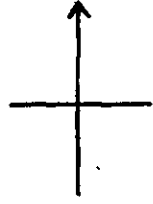
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



skull

REMARKS: Four broken scapula. Broken/and mandible, two pelvic bones, left and right femurs, one left and two right humerus one left humerus of radius and ulna, 40 ribs and broken parts of ribs, one patella, eleven vertebrae one coccyx were the bones recovered. Bones not recorded here are missing.

/sbc

Interred 30 March 1950  
F 10 4 Et. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

1

*Carl H. Mank*  
CARL H. M. MANK  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6322 81100

DATE

29 03 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	I - 31				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGANA NO. 3, GUAM	A	31	6	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
UNKNOWN	X-31			29 March 1950
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 29 March 1950	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED RAYMOND H TANGUAY	SHIPPING ADDRESS VERIFIED BY
DATE 29 Mar 50 BY Sgt.lc., R	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

NAT  
FILE  
RECORDS ANNOTATED  
DATE 26 Apr 50  
NAME *J. J. ...*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U S MILITARY CHEMISTRY

TO AGRS MAUSOLEUM

NAME OF CONVOYER

KIND OF CONVEYANCE TRUCK

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

*Brookmark*  
MAR 30 1950

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

**DISINTERMENT DIRECTIVE**

PREPARED BY PHILCOM

3

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

DIRECTIVE NUMBER

DATE

4302 2100

27 DAY 05 MONTH 50 YEAR

NAME <b>UNKNOWN I - II</b>	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY <b>USAF CEMETERY AREA NO. 3, GUAN</b>	PLOT <b>A</b>	ROW <b>II</b>	GRAVE <b>6</b>	DISPOSITION OF REMAINS <b>7702</b> CODE <b>80</b> DIST. CTR.
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**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. W. MONTELEONE, P. I.</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DESIGNATION)</b>
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**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE	

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

NATURE OF BURIAL	CONDITION OF REMAINS
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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
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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

*File Pres Names 24 May 50 Report*

*Incl # 24*



**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

1

HADB R/4 R/4 F/4 F/4

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6322 00000		DATE 15   11   47 DAY   MONTH   YEAR	
NAME			SERIAL NUMBER UNKNOWNX-000031		RANK	ARM 8	DATE OF DEATH DAY   MONTH   YEAR
CEMETERY GUAM NO 3 AGANA						DISPOSITION OF REMAINS 0	0391   63 CODE   DIST. PT.
PLOT A	ROW 31	GRAVE	COUNTRY MARIANAS		CAUSE OF DEATH 6		

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE GUAM NATIONAL CEMETERY GUAM, MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)		NAME AND ADDRESS OF NEXT OF KIN	
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000031	RANK Unk	DATE OF DEATH Unk	DATE DISTINTERRED 9 Dec 47
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USMC	RELIGION Unk	IDENTIFICATION VERIFIED BY U E CONERLY, Capt TC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Individual grave, uncasketed, nature of shroud undetermined.	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary Plate	<b>CONNELL</b>
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 13 Aug '48 CASKET SEALED BY H E CONNELL, Emb	BY H E CONNELL, Emb EMBALMER (Signature) B G MELTON <i>BGMelton</i>
DATE 13 Aug '48 CASKET BOXED AND MARKED E KELLY	SHIPPING ADDRESS VERIFIED BY F W COLEMAN, Clerk

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

**FILE**  
*F T De Groodt*  
 F T DE GROODT, Capt CMP  
 SIGNATURE OF GRS INSPECTOR

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



*293 unk. P.I. (Misc) [unclear] [unclear]*  
*All [unclear]*  
 AIRMAIL  
 8 February 1950  
 WEIGHT 293  
 GRS Far East

SUBJECT: Identification of World War II Deceased

*293 GRS Far East  
 Unident*

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

1. Reference is made to the following Unknown remains now stored at the AGRS Mausoleum, Manila, P.I.:

Unknown X-15	Asan Guam Cemetery #1
" X-48	" " " "
" X-84	Agat Guam Cemetery #2
" X-85	" " " "
" X-87	" " " "
" X-92	" " " "
" X-93	" " " "
" X-94	" " " "
" X-95	" " " "
" X-96	" " " "
" X-98	" " " "
" X-99	" " " "
" X-100	" " " "
" X-102	" " " "
" X-104	" " " "
" X-107	" " " "
" X-108	" " " "
" X-109	" " " "
" X-110	" " " "
" X-112	" " " "
" X-115	" " " "
" X-117	" " " "
" X-118	" " " "
" X-119	" " " "
" X-120	" " " "
" X-122	" " " "
" X-123	" " " "
" X-31	Agana Guam Cemetery #3

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

*T. H. Lietz*  
 T. H. LIETZ  
 Lt. Colonel, QMC  
 Memorial Division

Eustace:rvs  
 Salser  
 JW

JMH  
 TEC

*X 293 unk. Guam 7-31. (Agana #3)*

UNIT 893  
Old Far East

8 February 1950

SUBJECT: Identification of World War II Deceased

To: Commanding Officer  
American Graves Registration Service  
Palawan Camp  
APO 900, c/o Postmaster  
San Francisco, California

Re Reference is made to the following Unknown remains now stored at the AGRS Museum, Manila, P.I.:

Unknown	Serial	AGRS	Serial	Country	AGRS
"	X-15	"	"	"	"
"	X-16	"	"	"	"
"	X-17	AGRS	AGRS	Country	AGRS
"	X-18	"	"	"	"
"	X-19	"	"	"	"
"	X-20	"	"	"	"
"	X-21	"	"	"	"
"	X-22	"	"	"	"
"	X-23	"	"	"	"
"	X-24	"	"	"	"
"	X-25	"	"	"	"
"	X-26	"	"	"	"
"	X-27	"	"	"	"
"	X-28	"	"	"	"
"	X-29	"	"	"	"
"	X-30	"	"	"	"
"	X-31	"	"	"	"
"	X-32	"	"	"	"
"	X-33	"	"	"	"
"	X-34	"	"	"	"
"	X-35	"	"	"	"
"	X-36	"	"	"	"
"	X-37	"	"	"	"
"	X-38	"	"	"	"
"	X-39	"	"	"	"
"	X-40	"	"	"	"
"	X-41	"	"	"	"
"	X-42	"	"	"	"
"	X-43	"	"	"	"
"	X-44	"	"	"	"
"	X-45	"	"	"	"
"	X-46	"	"	"	"
"	X-47	"	"	"	"
"	X-48	"	"	"	"
"	X-49	"	"	"	"
"	X-50	"	"	"	"
"	X-51	AGRS	AGRS	Country	AGRS

IDENTIFICATION DENTAL CHART

DATE 4 Nov 47

NAME (Last, First, Middle Initial) <b>UNKNOWN #31</b>		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION	CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH
PLACE OF DEATH <b>Guam</b>	PLACE OF BURIAL <b>Cemetery #3 Agana, Guam</b>	PLOT <b>A</b>	ROW <b>31</b>	GRAVE <b>6</b>

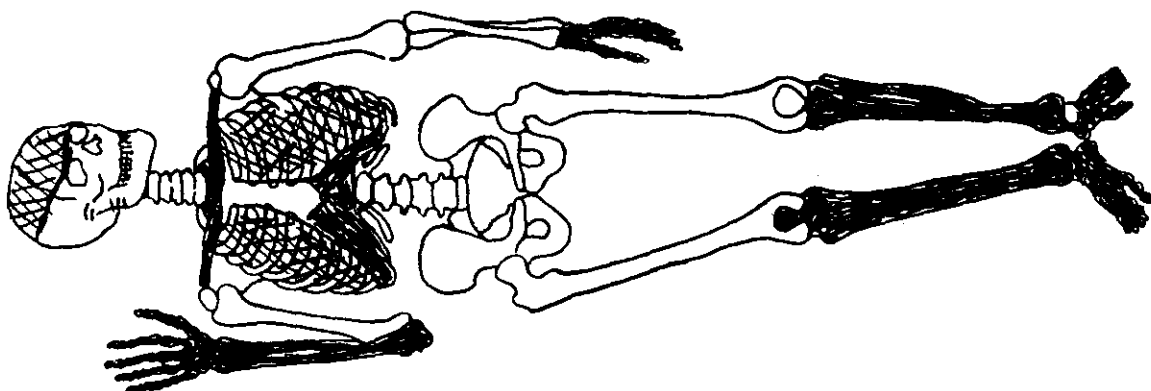
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	TOP VIEW	SIDE VIEW
	<p>TOOTH MISSING</p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD CROWN, PORCELAIN CROWN</p>	
	<p>GOLD BRIDGE</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p>	
	<p>CAVITY DECAYED</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
SIDE VIEWS																	LOWER
			A	A													
	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 <i>Lawrence Ho</i> <b>LAWRENCE HO, Capt., D.C.</b>	VERIFIED BY GRS OFFICER <i>Emilio S. Zapico</i> <b>EMILIO S. ZAPICO, 2nd Lt., Inf.</b>
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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

Body received in shelter half, all dry bones. Height determined by left and right femur, left humerus, radius and ulna. Skull fractured -- impossible to measure. Malformation of right and left femur indicates apparent previous fracture, with some evidence of bone graft. Extra right and left scapula and extra right humerus found with remains and returned to remains. Photographs of malformations taken but not yet developed. No ID tag found.

WCK

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

**ULDRIC E. COVERLY, Captain, CAC**

# 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.

4 March 1947

DATE

UNKNOWN X-31

UNKNOWN

UNKNOWN

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNKNOWN

UNKNOWN

UNIT

ORGANIZATION

GUAM, MARIANAS ISLANDS

Cemetery #3, Agana, Guam

1

31

6

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		P										A	A		TYPE					
LOCATION			O+O												M	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				P	P	P			X				TYPE	
LOCATION				M	d													LOCATION	

## 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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (UNCL. 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)

Incl 3'



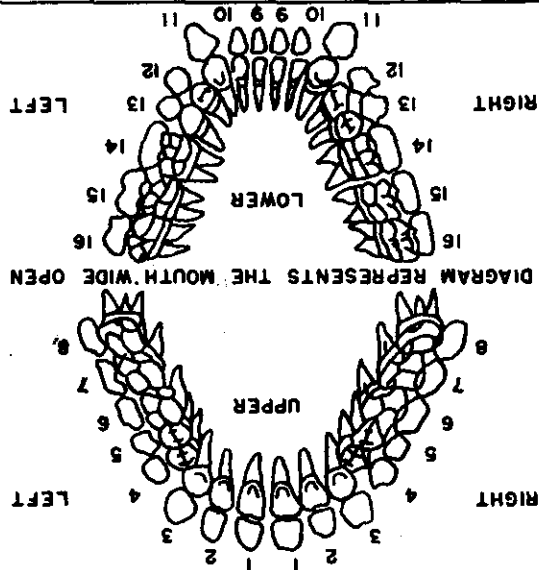
**INSTRUCTIONS:**

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:**

Space between I2 and I4 almost closed  
Fractured distal lingual cusp on I14.

SIGNATURE OF PERSON WHO PREPARED CHART

H. O. GOATE, Lt. (JG) USNR

NAME AND RANK TYPED OR PRINTED

GUAM, MARIANAS ISLANDS

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

ROBERT J. MOBBROOM, Capt., OMC

NAME AND RANK TYPED OR PRINTED

4 March 1947

DATE

# 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.

4 March 1947  
DATE

<u>UNKNOWN 1-31</u> LAST NAME	<u>                    </u> FIRST	<u>                    </u> INITIAL	<u>UNKNOWN</u> RANK	<u>UNKNOWN</u> SERIAL NO.	
<u>UNKNOWN</u> UNIT			<u>UNKNOWN</u> ORGANIZATION		
<u>GUAM, MARIANAS ISLANDS</u> PLACE OF DEATH	<u>Cemetery #3, Agaña, Guam</u> PLACE OF BURIAL		<u>1</u> PLOT	<u>31</u> ROW	<u>6</u> GRAVE NO.

	8	7	6	RIGHT				UPPER TEETH				LEFT				8		
TYPE	X	A		P												A	A	TYPE
LOCATION		oto														M	O	LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT				16	
TYPE			A	A				P	P	P					X		TYPE
LOCATION			M	d													LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">X</div> <div style="margin-left: 10px;">EXTRACTED</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">CAVITY. INDICATE LOCATION</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px;">C X C</div> <div style="margin-left: 10px;">FIXED BRIDGE (UNCL. ABUTMENTS)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px;">X X X</div> <div style="margin-left: 10px;">TEETH REPLACED BY DENTURE</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">P</div> <div style="margin-left: 10px;">POSTHUMOUSLY MISSING (LOST AFTER DEATH)</div> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">A</div> <div style="margin-left: 10px;">AMALGAM (SILVER)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">G</div> <div style="margin-left: 10px;">GOLD</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">S</div> <div style="margin-left: 10px;">SILICATE OR PORCELAIN</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">OXYPHOSPATE (CEMENT)</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;"></div> <div style="margin-left: 10px;"></div> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">m</div> <div style="margin-left: 10px;">MESIAL (BETWEEN-TOWARD FRONT)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">o</div> <div style="margin-left: 10px;">OCCLUSAL (BITING SURFACE BACK TEETH)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">d</div> <div style="margin-left: 10px;">DISTAL (BETWEEN-TOWARD BACK)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">l</div> <div style="margin-left: 10px;">LINGUAL (TOWARD TONGUE)</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">f</div> <div style="margin-left: 10px;">FACIAL (TOWARD CHEEK)</div> </div>
--	--	---

*Incl 3<sup>rd</sup>*

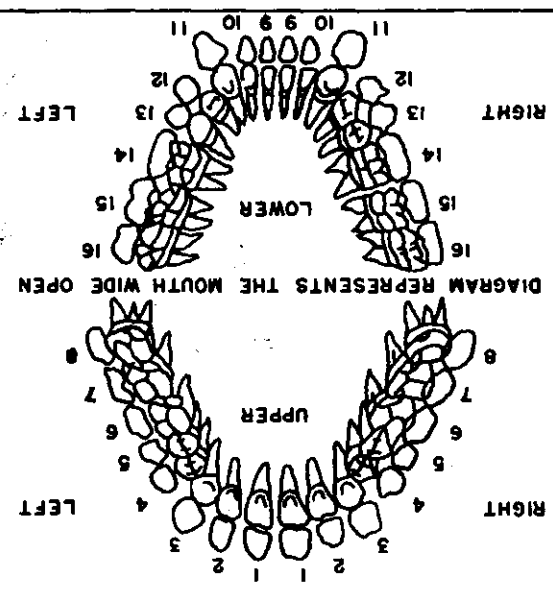
**INSTRUCTIONS:**

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

Space between 12 and 14 almost closed  
 Proximal dental fang on 14.

SIGNATURE OF PERSON WHO PREPARED CHART  
*H. O. Coate*

NAME AND RANK TYPED OR PRINTED

**H. O. COATE, Lt. (JG) USNR**

**CRAN, MARIANAS ISLANDS**

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER  
*Robert J. Marston*

NAME AND RANK TYPED OR PRINTED  
**ROBERT J. MARSTON, Capt., GMS**

4 March 1947

DATE

X-31-Hall, Harry L., Sgt  
18 129 522

1st Ind

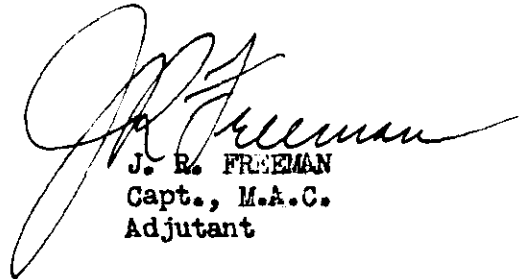
JRF/fa

TO: Office of The Quartermaster General, Washington 25, D.C.

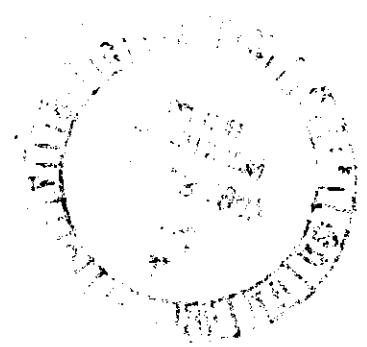
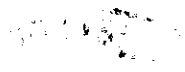
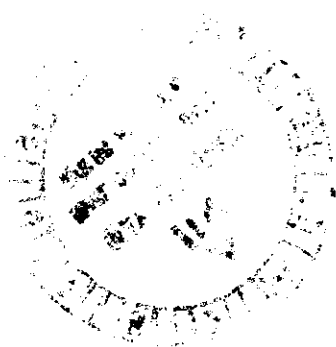
FROM: STATION HOSPITAL, Fort Jackson, South Carolina. 22 May 47

1. A carefull search of our files has been made and no records of subject enlisted man.

FOR THE COMMANDING OFFICER:

  
J. R. FREEMAN  
Capt., M.A.C.  
Adjutant

293 York X-31 Freeman



JCS 195  
GCS Far East

8 February 1950

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Enclosure  
Selsner  
JW

T. H. SETZ  
Lt. Colonel, USMC  
Memorial Division

JMS  
TSC

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION SERVICE  
 PHILCOM ZONE

GRPZ 293

APO

900

23 January 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-8	Agana	Guam	Cem	#3	UNKNOWN X-28	Agana	Guam	Cem	#3
" X-9	"	"	"	"	" X-31	"	"	"	"
" X-12	"	"	"	"	" X-33	"	"	"	"
" X-14	"	"	"	"	" X-34	"	"	"	"
" X-20	"	"	"	"					

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

9 Incls  
 QMC Forms 1044 w/Certificates  
 of Unidentifiability

JOHN SIYPULA  
 1st Lt., Infantry  
 Adjutant

AT PRESENT TIME  
IDENTIFICATION IMPOSSIBLE  
NO CLUES  
CATEGORY III CASE

MEMORIAL DIVISION  
REPAIRS RECORDS BRANCH  
IDENTIFICATION SECTION

X-31

# REPORT OF BURIAL

NAVMED-801 (3-48)

**INSTRUCTIONS.**—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION  
ATTACHED AT TIME OF DEATH

DATE REPORT  
FILLED OUT **16 April 1946.**

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	<b>UNIDENTIFIED #31</b>		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
			<b>USMC</b>
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH <b>Guam.</b>
----------------	--------------------------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL <b>17 Oct 44</b>
---------------	------------------------------------

NAME OF CEMETERY <b>Army Navy Marine Cemetery #3.</b>	LOCATION OF CEMETERY <b>Agana Guam.</b>
--	--

GRAVE MARKER TYPE <b>Cross</b>	PLOT NO. <b>A</b>	ROW NO. <b>31</b>	GRAVE NO. <b>6</b>
-----------------------------------	----------------------	----------------------	-----------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY <b>Military Honors.</b>	RELIGION OF DECEASED
---	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

## Information extracted from Cemetery Records

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

### Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle) <b>Olsen, K.E.</b>	RANK OR RATE <b>PFC</b>	FILE OR SERVICE NO. <b>U.S.M.C.</b>	GRAVE NO. <b>7</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Carter, E.J.</b>	RANK OR RATE <b>Cpl.</b>	FILE OR SERVICE NO. <b>487151</b>	GRAVE NO. <b>5</b>

PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt, USMCR</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <b>R.L. Ridolfi</b>
---	----------------	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.N. UTZ-Col., USMC-Ass't</b>	<b>J. Lane</b> JAMES R. LANE CORPS OF ENGINEERS
---	--	---

(Name) (Rank) (Title)



**INSTRUCTIONS FOR BURIAL**

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS \_\_\_\_\_

LAUNDRY MARKS	WEAPON AND SERIAL NO.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. 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.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & 2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)  
 Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. \_\_\_\_\_

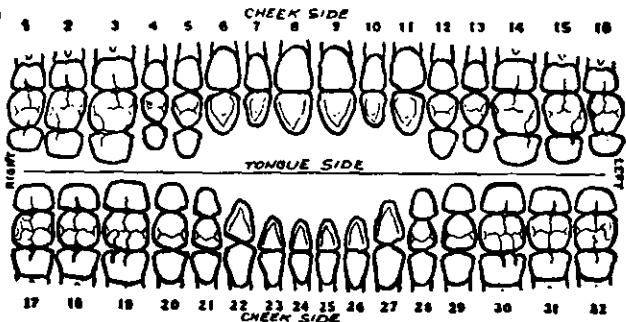
Occlusion (Type of) \_\_\_\_\_

Malposed teeth (Describe) \_\_\_\_\_

Removable appliances \_\_\_\_\_

Other defects \_\_\_\_\_

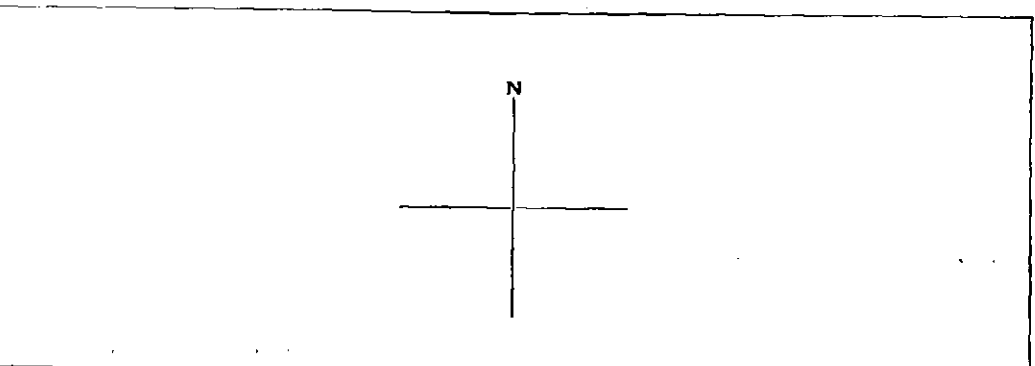
Remarks \_\_\_\_\_



COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:  
 POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB  
L. INDEX  
L. MIDDLE  
L. RING  
L. LITTLE  
R. THUMB  
R. INDEX  
R. MIDDLE  
R. RING  
R. LITTLE

WAR DEPARTMENT  
Office of The Quartermaster General  
Washington 25, D. C.

~~SECRET~~  
QMGMU 293  
X-31  
(Guam)

8 May 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding Officer, Fort Jackson, S. C.

ATTENTION: Post Surgeon

1. An investigation is being conducted by this office to determine, if possible, the identity of an Unknown American Serviceman.

2. From information received, it has been tentatively determined that the unknown is Hall, Harry L., 18129522, Sgt., who was stationed at Ft. Jackson, S. C., 16 June 43.

3. It is requested that this office be advised if available records show whether or not dental work was performed for this soldier while on duty at your station, and if so, a copy of Medical Department Form 70, be furnished with a view to definitely establishing the identity of the unknown. (Include Dental Survey)

4. In the event that the dental information requested is not available in your office, it is further requested that this correspondence be returned direct to this office.

FOR THE QUARTERMASTER GENERAL:

*James C. MacFarland*  
JAMES C. MacFARLAND  
Major, QMC  
Memorial Division

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- 31, Plot A,  
Row 31, Grave 6, USMC Cem #3, Agana, Guam, 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. McNEAR*  
H. B. McNEAR  
Captain, QAC  
Chief, Records Branch

Attch: Form 1044

X

Received ..... 2 Feb 50 ..... 0038  
Not identifiable from  
information presently  
available  
*M. Eustace*  
*ident.*

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-31</b>						2. DATE OF REPORT <b>21 January 1950</b>		
3. NAME OF CEMETERY  <b>Cem #3, Agana, Guam</b>				4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				<b>A</b>	<b>31</b>	<b>6</b>	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>5'6 7/8"</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>		
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								
<b>N O N E</b>								
14. WAS BODY BURNED?		TO WHAT EXTENT?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
15. WAS BODY MANGLED?		TO WHAT EXTENT?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS								
<b>Both right and left femurs with evidence of bone graft.</b>								
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)								
<b>N O N E</b>								

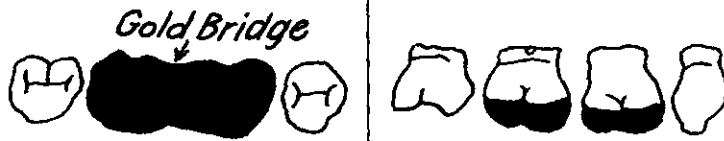
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



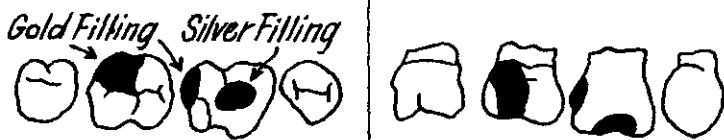
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



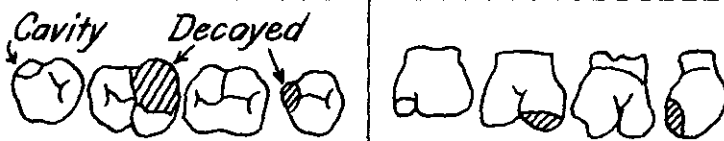
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:

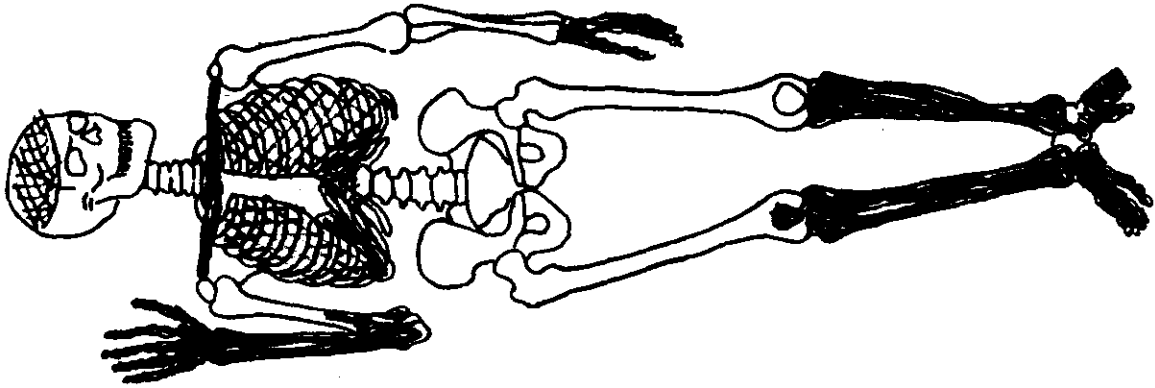


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	A		P										A	A	
Side Views															
UPPER															
LOWER															
Side Views															
		A	A										X	A	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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  
NO RECORD OF LOSS OF IDENTIFICATION

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