

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-UNK-~~MSFE~~ CEM. GUAM #1-X-13

SUBJECT

QMC FORM 1121  
1 Aug 45

51 12256

AIR MAIL

AGCIN 293  
GHS, Far East

MAR - 3 1950

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file USPZ 293, dated 20 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-13, X-18, X-19, X-21, X-27, X-29, X-30, X-31, X-33, X-36 and X-40, Asan Guam Cemetery #1, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt Colonel, GSC  
Memorial Division

CC: CINCPAC

AGCIN 293 Unk X-13, Asan Guam Cem. #1

AIR MAIL

3

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 6530 81897 DATE 17 02 50 DAY MONTH YEAR

NAME UNKNOWN T-13 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY GUAM NO. 1, ASAN PLOT 1 ROW 2 GRAVE 26 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN (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 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 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

**RECORD OF CUSTODIAL TRANSFER**

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>1. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>2. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>3. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>4. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>5. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>6. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>7. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
SIGNATURE OF SHIPPER			
DATE			
SIGNATURE OF RECEIVER			
DATE			
KIND OF CONVEYANCE			
NAME OF CONVOYER			
FROM			
TO			

/ebc

1

Interred 1 March 1950  
C 13 60 Ft. McKinley

*care of mark*

CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

DIRECTIVE NUMBER

6320 81087

DATE

17 02 50  
DAY MONTH YEAR

NAME

UNKNOWN I - 13

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY GUAM NO. 1, ASAN

PLOT

ROW

GRAVE

1

2

26

DISPOSITION OF REMAINS

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

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

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-13

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

21 Feb 1950

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

PAUL R NICHOLS  
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Feb 1950

BY

PAUL R NICHOLS

CASKET SEALED BY

PAUL R NICHOLS

EMBALMER (Signature)

*Paul R. Nichols*

PAUL R NICHOLS

CASKET BOXED AND MARKED

DATE 21 Feb 50

BY RAYMOND H TANGUAY  
Sgt lc, RA

SHIPPING ADDRESS VERIFIED BY

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

*Embraves*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLBUM	TO	U S MILITARY CEMETERY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	<i>Carroll</i>	DATE	MAR 1 1950
2. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION SERVICE  
 PHILCOM ZONE

APO 900  
 20 January 1950

GRPZ 293

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-13	Asan	Guam	Cem.	#1	UNKNOWN X-31	Asan	Guam	Cem.	#1
" X-18	"	"	"	"	" X-35	"	"	"	"
" X-19	"	"	"	"	" X-36	"	"	"	"
" X-21	"	"	"	"	" X-40	"	"	"	"
" X-27	"	"	"	"	" X-45	"	"	"	"
" X-29	"	"	"	"	" X-46	"	"	"	"
" X-30	"	"	"	"	" X-48	"	"	"	"

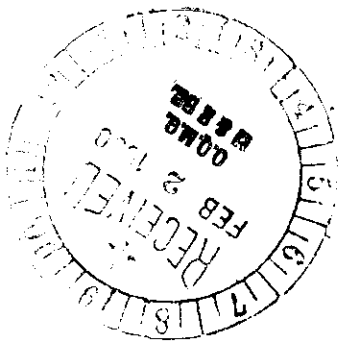
2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

14 Incls  
 QMC Forms 1044 w/Certificates  
 of Unidentifiability

*John Shypula*  
 JOHN SHYPULA  
 1st Lt., Infantry  
 Adjutant

293 HGR Far East



3942



HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

20 January 1950

Date

SUBJECT: Unidentifiable Remains


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

The records pertaining to Unknown X- 13, Plot 1,  
Row 2, Grave 26, USMC Guam, Asan, Cem #1, 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.

**APPROVED UNIDENTIFIABLE**

FOR THE COMMANDING OFFICER:

**FEB 23 1950**

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

Atch: Form 1044

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-13			2. DATE OF REPORT 20 January 1950		
3. NAME OF CEMETERY GUAM, Asan Cem. #1	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	2	26	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

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

TOOTH CHART

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

TOP VIEW

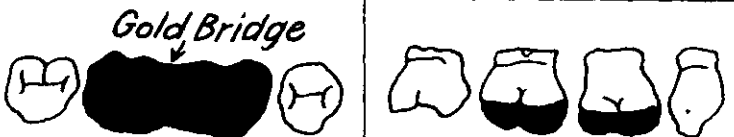
SIDE VIEW



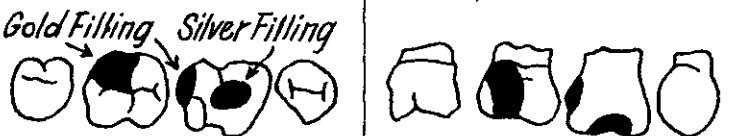
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



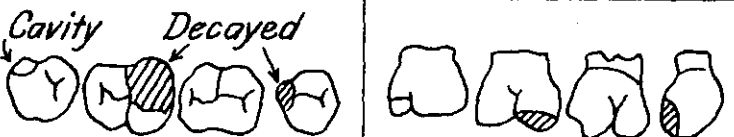
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



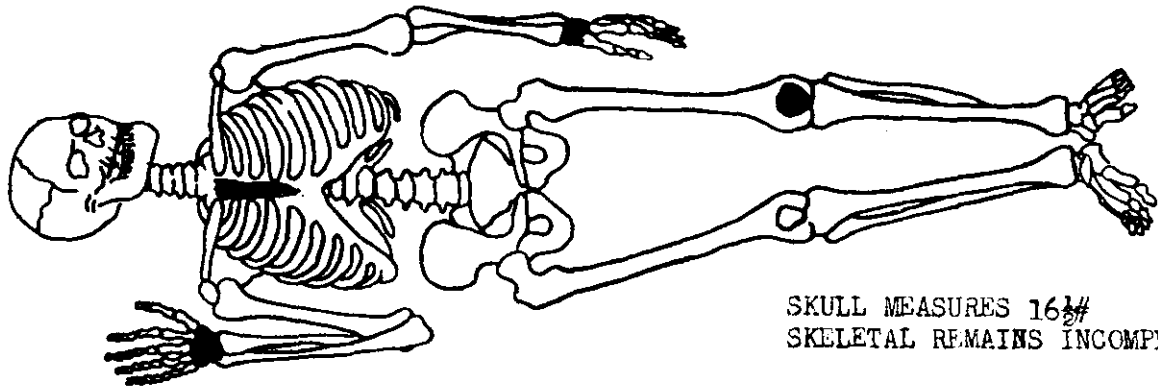
fractured								fracture of							
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MISSING							β				β		A	MISSING	
Side Views	[Side view drawings of teeth 1-8 on both sides]														Side Views
Top Views	[Top view drawings of teeth 1-8 on both sides]														
	[Top view drawings of teeth 1-8 on both sides]														
Side Views	[Side view drawings of teeth 1-8 on both sides]														Side Views
	X	X											X	A	X
	16	15	14	13	12	11	10	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."

REMARKS: Maxilla fractured, parts missing.

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



SKULL MEASURES 16 1/2"  
SKELETAL REMAINS INCOMPLETE

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 identification tags, burial bottle, personal effects, or other means of identification found with remains.

RECEIVED  
FEB 15 1947  
U.S. ARMY  
MEDICAL DEPARTMENT  
WASHINGTON, D.C.

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 Sec.

SIGNATURE

*Paul R. Nichols*

JAB JEW

# DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	6320 00000	15 10 48 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	UNKNOWNX-000013		0	0	6
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
GUAM NO 1 MARIANAS IS	1	2	26	7701	80 CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	(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	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		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	BY	DATE
CASKET SEALED BY	EMBALMER (Signature)	
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	BY	

# CANCELLED

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

1194  
SEP 1 1948

16

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED		FROM					
		KIND OF CONVEYANCE					
		SIGNATURE OF SHIPPER					
DATE							
		NAME OF CONVOYER					
		SIGNATURE OF RECEIVER					
DATE							
2. SHIPPED		FROM					
		KIND OF CONVEYANCE					
		SIGNATURE OF SHIPPER					
DATE							
		NAME OF CONVOYER					
		SIGNATURE OF RECEIVER					
DATE							
3. SHIPPED		FROM					
		KIND OF CONVEYANCE					
		SIGNATURE OF SHIPPER					
DATE							
		NAME OF CONVOYER					
		SIGNATURE OF RECEIVER					
DATE							
4. SHIPPED		FROM					
		KIND OF CONVEYANCE					
		SIGNATURE OF SHIPPER					
DATE							
		NAME OF CONVOYER					
		SIGNATURE OF RECEIVER					
DATE							
5. SHIPPED		FROM					
		KIND OF CONVEYANCE					
		SIGNATURE OF SHIPPER					
DATE							
		NAME OF CONVOYER					
		SIGNATURE OF RECEIVER					
DATE							
6. SHIPPED		FROM					
		KIND OF CONVEYANCE					
		SIGNATURE OF SHIPPER					
DATE							
		NAME OF CONVOYER					
		SIGNATURE OF RECEIVER					
DATE							
7. SHIPPED		FROM					
		KIND OF CONVEYANCE					
		SIGNATURE OF SHIPPER					
DATE							
		NAME OF CONVOYER					
		SIGNATURE OF RECEIVER					
DATE							

HEADQUARTERS UNITED STATES ARMY FORCES, MIDDLE PACIFIC  
OFFICE OF THE COMMANDING GENERAL  
APO 958

In reply refer to: MPYQM 210.86 ("L") ( ) 30 January 1947

SUBJECT: Verification of Burial Data in the Case of First Lieutenant  
Harold Norton Le Vine, O20118, USMGR

TO : Commanding General  
Marianas-Bonins Command  
APO 249

Forwarded for compliance with preceding indorsement and  
return of correspondence to this Headquarters.

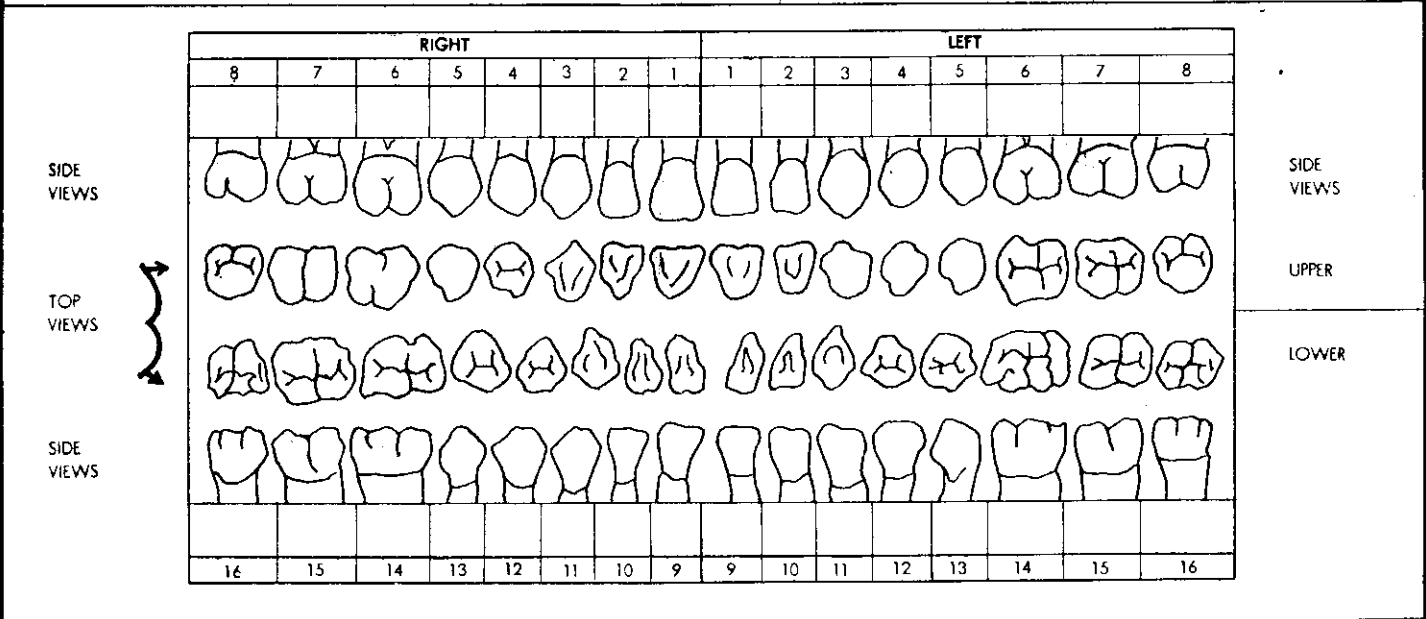
FOR THE COMMANDING GENERAL:

4 Incls

1. Ltr, BuMed, 24 Jul 46 w/2 Inds
2. Ltr, Bu Med, 15 Oct 46 w/1 Ind
3. 4th Ind, OQMG, 10 Jan 47
4. Dental Records, 7 Cy

W.A.ANDERSON  
Major, AGD  
Asst Adj Gen

IDENTIFICATION DENTAL CHART				DATE		
NAME (Last, First, Middle Initial) <b>UNIDENTIFIED #13</b>		RANK		SERIAL NUMBER		
UNIT	ORGANIZATION <b>USC</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>21 July 44</b>			
PLACE OF DEATH <b>Guam</b>	PLACE OF BURIAL <b>Cemetery #1 Asan, Guam</b>		PLOT <b>A</b>	ROW <b>2</b>	GRAVE <b>26</b>	
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			TOP VIEW		SIDE VIEW	
			TOOTH MISSING 			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			GOLD CROWN, PORCELAIN CROWN 			
			GOLD BRIDGE 			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			GOLD FILLING, SILVER FILLING 			
			GOLD FILLING, SILVER FILLING 			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			CAVITY, DECAYED 			
			CAVITY, DECAYED 			



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

**Remarks: Portion containing L-7 & L-8 missing.  
Portion containing R-7 & R-8 missing.**

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART <i>L. Ho</i> <b>L. HO, Capt., D.C.</b>	VERIFIED BY GRS OFFICER <i>E. S. Zapico</i> <b>E. S. ZAPICO, 2nd Lt., Inf.</b>
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# 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.

13 February 1947

DATE

UNKNOWN # 13

--

-----

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

USMC

-----

UNIT

ORGANIZATION

GUAM, M. I.

Cemetery #1, Asan, Guam

1

2

26

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

	8	7	6	RIGHT	5	4	3	2	1	1	2	3	LEFT	4	5	6	7	8	
TYPE	X		X												X	A	X	TYPE	
LOCATION																mo		LOCATION	

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	9	10	11	LEFT	12	13	14	15	16	
TYPE	X	O	X												X	A	X	TYPE	
LOCATION		mo														o		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 (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)

Inel 6

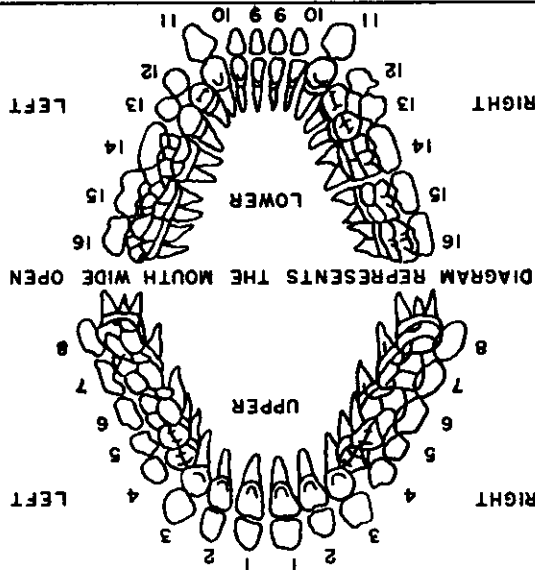
**INSTRUCTIONS:**

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, eg, 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:**

Dental Chart made does not check with charts sent to this Headquarters.

SIGNATURE OF PERSON WHO PREPARED CHART

H. O. COALE, LT. (JG) DC

NAME AND RANK TYPED OR PRINTED

Queen, Northern Islands

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

ROBERT J. HARRISON, Capt., GRC

NAME AND RANK TYPED OR PRINTED

13 February 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.

13 February 1947

DATE

**UNKNOWN # 13**

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LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
	<b>USMC</b>		-----	
UNIT			ORGANIZATION	
<b>GUAM, M. I.</b>			<b>Cemetery #1, Asan, Guam</b>	<b>1 2 26</b>
PLACE OF DEATH			LOT	GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																																	
	RIGHT																UPPER TEETH																LEFT																
TYPE																																																	TYPE
LOCATION	X		X											X	A	X	LOCATION																																

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																																	
	RIGHT																LOWER TEETH																LEFT																
TYPE																																																	TYPE
LOCATION	X	O	X											X	A	X	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: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; display: flex; justify-content: space-between;"> <span style="border: 1px solid black; width: 10px; height: 10px; text-align: center;">X</span> </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; display: flex; justify-content: space-between;"> <span style="border: 1px solid black; width: 10px; height: 10px; text-align: center;">X</span> </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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Lud 6'

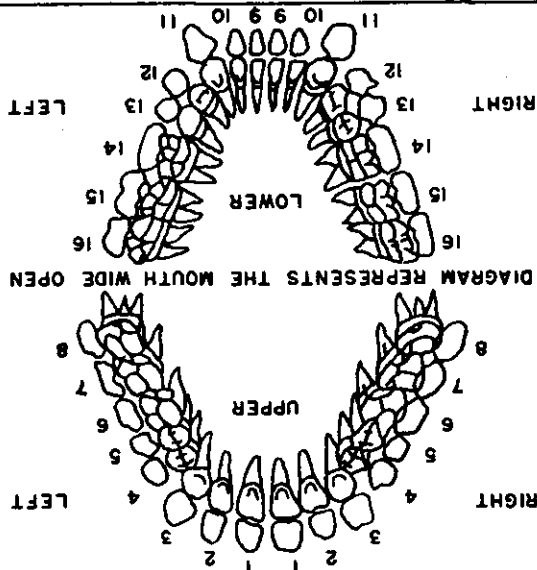
**INSTRUCTIONS:**

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, eg, 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:**

Dental Chart made does not check with charts sent to this Headquarters.

SIGNATURE OF PERSON WHO PREPARED CHART

H. O. GOALE, LT. (JG) DC

NAME AND RANK TYPED OR PRINTED

Guam, Marianas Islands

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

ROBERT J. MERRON, Capt., GRC

NAME AND RANK TYPED OR PRINTED

13 February 1947

DATE

Ship or Station  
 Attached at Time of Death

Date Report  
 Filled Out 15 April 1946

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED #13		
	File or Service No.	Rate or Rank	Branch of Service
			USMC
	Corps or Reserve Classification		Race

Cause of Death	Place of Death
GSW-KIA	Guam
Name of Next of Kin (If Known)	Address of Next of Kin (If Known)

Date of Death	Date of Burial
7/21/44	7/23/44

Name of Cemetery	Location of Cemetery
Army Navy Marine Cemetery #1	Asan, Guam

Grave Marker Type	Plot No.	Row No.	Grave No.
Cross	1	2	26

Buried at Sea (Date)	Area
----------------------	------

Type of Religious Ceremony	Religion of Deceased
Military Honors	

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 ___ Yes   ___ No	
Complete Fingerprint Chart of both Hands on Reverse <input type="checkbox"/> Yes <input checked="" 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 Yes   No
---	---

If Identification Tags not present, what other Identification Data buried and in What Kind of Container

Information extracted from Cemetery Records  
 IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Body on Left, Name (Last, first, middle)	Rank or Rate	File or Service No.	Grave
Krizanic, A.	PFC	510 117	27
Body on Right, Name (Last, first, middle)	Rank or Rate	File or Service No.	Grave
McCullough, D. O.	P/Sgt	297 853	25

Person Reporting Burial (Name) (Rate or Rank)	Person Conducting Burial Rites
R. L. RIDOLFI, 2nd Lt., USMCR	

In Reburial, Give Location of Previous Burial	Verified and Forwarded
	L. N. UTZ Col., USMC Ass't Chief of Staff (Name) (Rank) (Title)

**RESTRICTED**

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

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

DATE OF REPORT

**12 Nov 47**

Imprint Identification Tag If Possible.  
DO NOT TYPE

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

**UNIDENTIFIED #13**

*Box #198*

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

**USMC**

**USMC**

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

**Guam**

**Unknown**

**21 July 44**

EMERGENCY ADDRESSEE (Name, relationship, and address)

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)

**APPROVED UNIDENTIFIABLE**  
**FEB 23 1950**

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 #1 Asan, Guam**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>23 July 44</b>				1	2	26

WAS THIS A REBURIAL?  
(Yes or no)

**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)

**Krizanie, Albert**

RANK

**Pre7**

SERIAL No.

**510117**

ORGANIZATION

**USMC**

GRAVE No.

**27**

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

**McCullough, Duell Q.**

RANK

**P/Sg5**

SERIAL No.

**297853**

ORGANIZATION

**USMC**

GRAVE No.

**25**

SIGNATURE OF PERSON PREPARING REPORT

**TEODORICO J. ESPITAL**

SIGNATURE OF GRS OFFICER VERIFYING REPORT

**EMILIO S. ZAPICO, 2nd Lt., Inf.**

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.

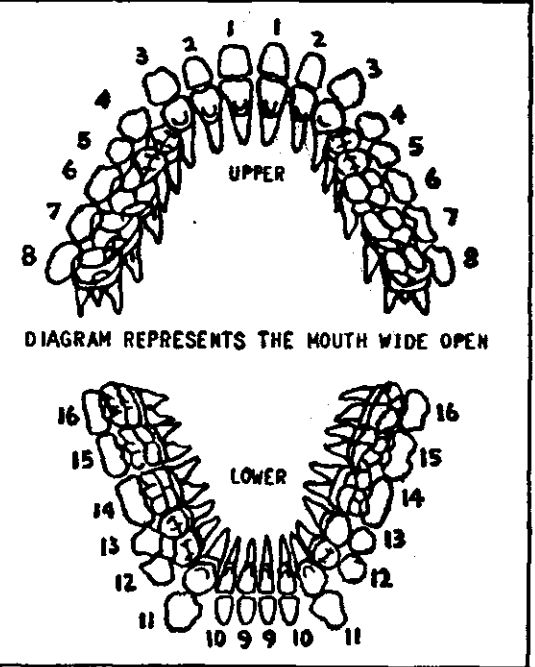
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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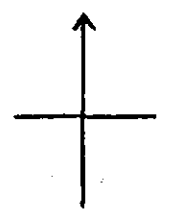
OTHER IDENTIFICATION CLUES

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

FILLINGS: GOLD FILLING	
CAVITIES	CAVITY DECAYED 
MISSING TEETH	TOOTH MISSING 
CROWNED TEETH	PORCELAIN CROWN GOLD CROWN 
BRIDGE WORK	GOLD BRIDGE 



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



REMARKS: **Condition of Remains: Maxilla detached from skull.**

**NOTE: Blanket wrapped remains. Body buried 4 feet away from the cross.**

**REPORT OF BURIAL**

NAVMED-801 (3-45)

**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 **15 April 1946.**

COPY OF IDENTIFICATION TAG	NAME (Last) <b>UNIDENTIFIED #13</b> (First) _____ (Middle) _____	
FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE <b>USMC</b>
CORPS OR RESERVE CLASSIFICATION	RACE	

CAUSE OF DEATH <b>GSW-XIA</b>	PLACE OF DEATH <b>Guam</b>
----------------------------------	-------------------------------

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

DATE OF DEATH <b>7/21/44</b>	DATE OF BURIAL <b>7/23/44</b>
---------------------------------	----------------------------------

NAME OF CEMETERY <b>Army Navy Marine Cemetery #1.</b>	LOCATION OF CEMETERY <b>Asan Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT No. <b>A</b>	ROW No. <b>2</b>	GRAVE No. <b>26</b>
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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.)  <b>APPROVED UNIDENTIFIABLE</b> <b>FEB 23 1950</b>
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>Krizanic, A.</b>	RANK OR RATE <b>PFC</b>	FILE OR SERVICE NO. <b>510117</b>	GRAVE NO. <b>27</b>
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BODY ON RIGHT. NAME (Last, first, middle) <b>McCullough, D.Q.</b>	RANK OR RATE <b>P/Sgt.</b>	FILE OR SERVICE NO. <b>297853</b>	GRAVE NO. <b>25</b>
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PERSON REPORTING BURIAL (Name) <b>R.I. RIDOLFI 2dLt., USMCR.</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <b>R.I. Ridolfi</b>
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IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.N. UTZ Col., USMC-Ass't Chief of Staff G-1</b> (Name) (Rank)
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**JAMES H. LANE**  
MAJOR U.S. MARINE CORPS  
Chief of Staff G-1



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.

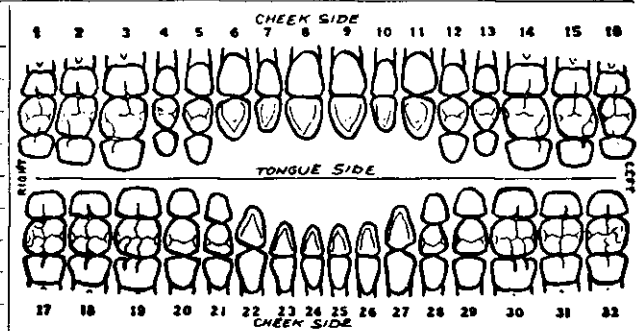
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. 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).



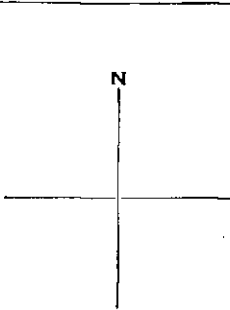
Missing teeth Nos. \_\_\_\_\_
Occlusion (Type of) \_\_\_\_\_
Malposed teeth (Describe) \_\_\_\_\_
Removable appliances \_\_\_\_\_
Other defects \_\_\_\_\_
Remarks \_\_\_\_\_



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. Change 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



REPORT OF INTERMENT

UNIDENTIFIED # 13

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

A N & M #1

Guam Island

(Place of death)

(Name of Cemetery) (Name or coordinates of location)

26

(Grave Number)

2

(Row Number)

1

(Plot Number)

(Religion, if known)

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

**APPROVED UNIDENTIFIABLE**

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

FEB 23 1950

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

BODY BURIED ON RIGHT

(Name)

(Ser. No.)

(Rank)

(Org) (Grave No.)

BODY BURIED ON LEFT

(Name)

(Ser. No.)

(Rank)

(Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT:

WEIGHT:

COLOR OF EYES:                      NUMBER OF RIFLE:

COLOR OF HAIR:                      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 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or person reporting burial.)

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB