

378

GWA  
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1

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC  
Entered 3 March 1949  
M 474  
Cemetery Superintendent  
ALVAN G. ORMES

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER 8730 00000  
DATE 26 09 47  
DAY MONTH YEAR

NAME UNKNOWN  
SERIAL NUMBER X-000210  
RANK  
ARM 8  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY GUADALCANAL  
DISPOSITION OF REMAINS 0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
E 141 4 SOLOMON ISLANDS  
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN  
NAME AND ADDRESS OF CONSIGNEE  
HONOLULU NATIONAL CEMETERY  
TERRITORY OF HAWAII  
(BY ADMINISTRATIVE ORDER)  
NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION  
NAME UNKNOWN X-210  
SERIAL NUMBER UNK  
RANK UNK  
DATE OF DEATH UNK  
DATE DISTINTERRED 10 Dec. '47  
IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
ORGANIZATION UNK  
RELIGION UNK  
IDENTIFICATION VERIFIED BY  
Lloyd G. Ormes  
Emb.  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT  
NATURE OF BURIAL CASKET  
CONDITION OF REMAINS SKELETON

OTHER MEANS OF IDENTIFICATION  
EMBOSSSED TAG READS: "UNKNOWN X-210"

MINOR DISCREPANCIES  
NONE

REMAINS PREPARED AND PLACED IN CASKET  
DATE 2 July 1948 BY N.R. JOYNES, EMBALMER

CASKET SEALED BY E. E. BRAYBOY  
EMBALMER (Signature) N. R. JOYNES

CASKET BOXED AND MARKED  
SHIPPING ADDRESS VERIFIED BY A. D. MACFIE

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

LLOYD G. ORMES  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
Inspected for identification only per paragraph 2, 1st Ind.  
QMG, file QMGMO 293 (Pacific), dated 5 May 1948.

QMC FORM REV 15 MAR 46 1194  
JUL 21

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>U S ARMY MAUS NO 3</b>		TO <b>HAWN DIST CENTER</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>John L. Murphy</b> <b>Capt., AMC 0158594</b>	DATE <b>JAN 1949</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>JAMES R HARRIS</b> <b>CAPTAIN</b>	DATE <b>JAN 19 1949</b>

## 2. SHIPPED

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

REPAIRING  
 RECORDS BRANCH  
 JAN 19 1949  
 9 01 AM '49  
 DIVISION

## 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 <b>(BY AIRMAIL RELATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>US MAIL</b> <b>HONOLULU NATIONAL CEMETERY</b>	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

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-210</b> <b>Guadalcanal</b>				2. DATE OF REPORT <b>24 March 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum No. 1 Guadalcanal</b>		4. PLOT <b>E</b>	5. ROW <b>141</b>	6. GRAVE <b>4</b>	7. DATE OF DISINTERMENT <b>24 Mar 48</b>	REINTERMENT <b>24 Mar 48</b>
PHYSICAL DESCRIPTION <b>Ages: 19 to 21 years</b>						
8. ESTIMATED WEIGHT <b>140 - 145 lbs</b>		9. ESTIMATED HEIGHT <b>166-65.36-5'6 3/8"</b>		10. COLOR OF HAIR <b>U. T. D.</b>		11. RACE <b>U. T. D.</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS:  
**One (1) embossed plate with remains: "Unknown X-210, Plot-E, Row-141, Grave-4."**

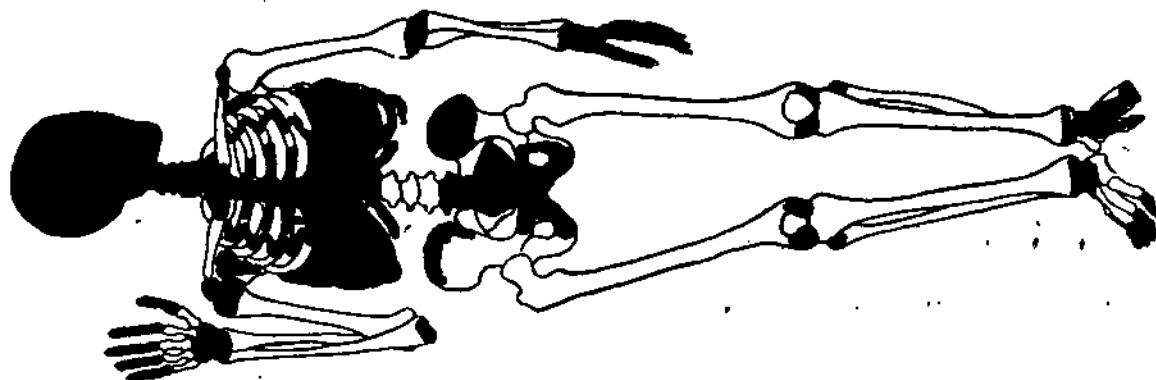
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  
UNIDENTIFIABLE  
**BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**  
**CYRIL C. DISNEY**  
**1st. Lt., FA O-1167395** *Cyril C. Disney 4 Jan 1949*

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Burned in scattered areas</b>
15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

26. 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**

*Incl. 3*



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

No extra parts

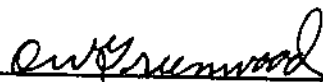
  
Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION  
Due to the absence of the skull and the extreme fragmentary and eroded condition of the remains, no description can be given beyond the statement that the man was 19 - 21 years of age, 140 - 145 lbs., in weight and 5'5" in height.

Estimated height and weight based on approximate measurements.

No teeth  
Fluoroscopic Examination, Unnecessary


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 <b>O. W. GREENWOOD, CAPT., OMC</b> <b>CENTRAL IDENTIFICATION LABORATORY</b> <b>AND MAUSOLEUM, APO 957</b>	SIGNATURE 
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**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing
VERTEBRAE	CERVICAL	2		5 Missing
	THORACIC	6		6 Missing
	LUMBAR	3		2 Missing
SACRUM		1		Small fragment
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured most of pubis and crest of ilium missing
	LEFT	1		Pubis part of ischium and ilium missing
RIBS		10		Fractured
STERNUM		0		Missing
CLAVICLES	RIGHT	1	15.0 Approx	Eroded
	LEFT	1	15.0 "	"
SCAPULAE	RIGHT	1		Axillary border and glenoid fossa present
	LEFT	1		" " " " " "
HUMERI	RIGHT	1	33.6 Approx	Proximal head missing
	LEFT	1	33.6 "	Distal end missing
RADII	RIGHT	1	23.5 "	Eroded at proximal and distal ends
	LEFT	1	23.5 "	" " " " " "
ULNAE	RIGHT	1	26.0 "	" " " " " "
	LEFT	1	26.0 "	" " " " " "
HANDS	RIGHT	1		All missing except 1,2,3,4,5 metacarpals
	LEFT	0		Missing
FEMORA	RIGHT	1		Distal ends missing
	LEFT	1		" " "
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1	38.2 Approx	Distal ends eroded
	LEFT	1		" " "
FIBULAE	RIGHT	1		Distal and proximal ends missing
	LEFT	1		" " " " "
FEET	RIGHT	1		Calcaneus #1 cuneiform 1,2,3,4,5 metatarsals present
	LEFT	1		Calcaneus #5 metatarsal present

HUMERO-CLAVICULAR RATIO	44.6		APPROXIMATE
ESTIMATED HEIGHT	166-65.36-5'5 3/8	AGE	19 - 21 YEARS
ESTIMATED WEIGHT	140 - 145		LEG-HIP BR RATIO

  
**Paul L. Gravenor**  
 Lab Supervisor

ENCLOSURE TO: **X-210 Guadalcanal**

ANTHROPOLOGIST

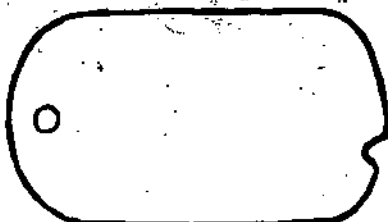
WD OMC Form 1042  
Rev. 1 November 1942  
(GRS 1, dated 11 May 1942  
may be used until exhausted)

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

9215  
DATE REPORT FILLED OUT

25 Sept 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-210

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

RACE

Unknown

RELIGION

Unknown

DATE OF DEATH

Unknown

PLACE OF DEATH

Guadalcanal, B.S.I.

CAUSE OF DEATH

Unknown

IDENTIFICATION TAGS FOUND ON BODY

1  2  NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY  
BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES  NO

COMPLETE TOOTH CHART ON REVERSE

YES  NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

Body found on side of hill approx.  
1 Mile inland from Pt. Cruz. No id-

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

entification. Probably body of man  
who was killed in action in that area  
in 1942. No tooth chart could be tak-  
en. Only skeleton remained.

NAME OF EMERGENCY ADDRESSEE

Unknown

ADDRESS OF EMERGENCY ADDRESSEE

Unknown

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

DATE

10 Sept 45

HOUR

1500

PLOT NO.

4

ROW NO.

141

GRAVE NO.

4

GRAVE MARKER

Wooden Cross

Army Navy Marine Cemetery Guadalcanal B.S.I.

TYPE OF RELIGIOUS CEREMONY

Catholic, Protestant & Jewish

PERSON REPORTING BURIAL

*Sgt. Richard J. Mayer*

IDENTIFICATION TAGS BURIED WITH BODY  YES  NO

ATTACHED TO MARKER  YES  NO

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

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)

Bowling, M. M. Jess W.

RANK

Unknown

SERIAL NO.

2626131

ORGANIZATION

USN

BODY ON RIGHT, NAME (Last, First, Middle Initial)

Rogers, J. E. Jack E

RANK

S-16

SERIAL NO.

2423430

ORGANIZATION

USN

PERSON CONDUCTING BURIAL RITES

Chaplain Cox, US Army.  
Chaplain Zimmerer, US Army.  
Chaplain Kravetz, US Army.

VERIFIED BY G. R. S. OFFICER

*John R. Nolan*  
JOHN R. NOLAN  
1st. Lt., OMC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1, GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDI-  
TIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SER-  
VICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE  
HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRA-  
TION OFFICER OF THAT HEADQUARTERS ) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

# INSTRUCTIONS FOR BURIAL


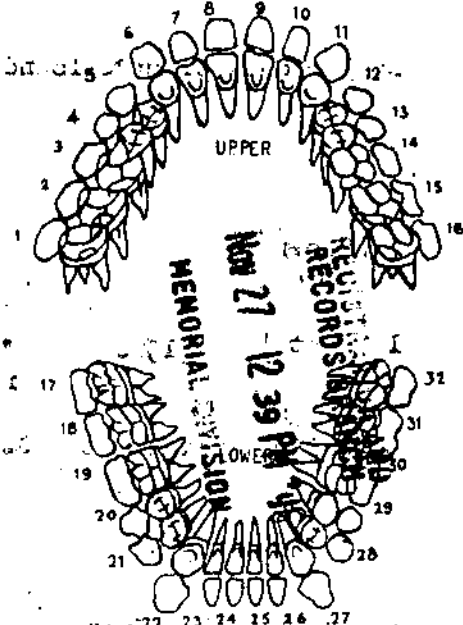




**1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE:** HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACHMENT 520. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**2. LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). 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.

**3. PERSONAL EFFECTS:** LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

FILLINGS  SILVER FILLING GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	

**SKETCH AND MAP REFERENCE**

WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS. IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

1  
2  
3  
4  
LEFT THUMB  
RIGHT THUMB  
4  
3  
2  
1

WD OMC FORM 1082  
 Rev. 1 February 1945  
 (Supersedes form dated  
 3 Jan. 1945. Existing stocks  
 may be used until exhausted.)

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

IDENTIFICATION SECTION  
 REPATRIATION RECORDS BRANCH  
 MEMORIAL DIVISION

CATEGORY III CASE  
 NO CLUES  
 IDENTIFICATION IMPOSSIBLE  
 AT PRESENT TIME

	NAME (Last, First, Middle Initial)		
	Unknown X-210		
	RANK	SERIAL NUMBER	
	Unknown	Unknown	
ORGANIZATION		BRANCH	
Unknown		Unknown	
RACE		RELIGION	DATE OF DEATH
Unknown		Unknown	Unknown

PLACE OF DEATH	CAUSE OF DEATH
Guadalcanal, B.S.I.	Unknown

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	

DISPOSITION OF SUBSTITUTE TAGS, IF MADE	COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	COMPLETE TOOTH CHART ON REVERSE
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN.	Body found on side of hill approx. 1 Mile inland from Pt. Cruz. No identification. Probably body of man who was killed in action in that area in 1942. No tooth chart could be taken. Only skeleton remained.
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LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.	No Personal effects found.
---	----------------------------

NAME OF EMERGENCY ADDRESSEE	ADDRESS OF EMERGENCY ADDRESSEE
Unknown	Unknown

NAME, NUMBER AND LOCATION OF CEMETERY.	Army Navy Marine Cemetery Guadalcanal B.S.I.
--	--

DATE OF BURIAL	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
10 Sept 45	1500	"E"	141	4	Wooden Cross

TYPE OF RELIGIOUS CEREMONY	PERSON REPORTING BURIAL
Catholic, Protestant & Jewish	/s/ S/Sgt. Richard J. Moyer

IDENTIFICATION TAGS BURIED WITH BODY	ATTACHED TO MARKER
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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

BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Bowling, Jess W.	M 2c	2626131	USN	
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Rogers, Jack E.	S 1c	2423430	USN	

PERSON CONDUCTING BURIAL RITES	VERIFIED BY G. R. S. OFFICER
Chaplain Cox, US Army. Chaplain Zimmerer, US Army. Chaplain Kravetz, US Army.	/s/ John R. Nolan /t/ John R. Nolan 1st Lt., OMC

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

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS



## INSTRUCTIONS FOR [ ]


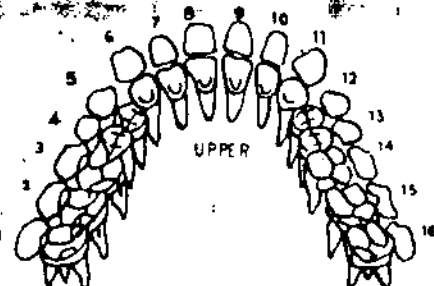




**1. PREPARATION OF BODY, BURIAL, AND MARKINGS OF GRAVE:** Have body examined by a member of the medical detachment and attach EMT 52b. Remove all personal property. Dress body when practical and bury in a suitable shroud. Dig grave to depth of five feet; in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in a grave. Remove one identification tag and attach to grave marker. Leave other tag on body in protected position. If no tag is present make a notation of identifying data in duplicate on form; place in burial bottle, canteen, spent shell or other available container, bury one with remains and the other one, (1) foot below grave marker. When marking the grave, fasten identification tag to temporary name peg and place at head of grave, if no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to unmistakably identify grave as a military burial. If body is unidentified, take fingerprints of both hands or those remaining fingers. If none are available, fill out tooth chart if possible, and note:

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

**2. LOCATION OF GRAVE:** Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). 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.

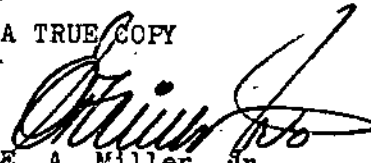
**3. PERSONAL EFFECTS:** List only personal effects taken from body on the Burial Report Form. Place these with information as to identity of owner, organization emergency addressee in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel, with Report of Death. Government property is not to be included in personal effects but is to be turned into salvage collection point.

*The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.*

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

SKETCH AND MAP REFERENCE

A TRUE COPY

  
 E. A. Miller, Jr.  
 1st Lt., QMC



When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

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				