

Interred 31 January 1949 **DISINTERMENT DIRECTIVE**
B 85 Cemetery Superintendent

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

NAME **UNKNOWN** SERIAL NUMBER **X-000215** RANK **8** DATE OF DEATH **DAY MONTH YEAR**

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

PLOT **E147** ROW **4** GRAVE **4** COUNTRY **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-215** SERIAL NUMBER **UNK** RANK **UNK** DATE OF DEATH **UNK** DATE DISINTERRED **22 Nov. '47**

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION **UNK** RELIGION **UNK** IDENTIFICATION VERIFIED BY **W. A. McNamamy, Emb.**
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **CASKET** CONDITION OF REMAINS **SKELETAL**

OTHER MEANS OF IDENTIFICATION **ONE (1) MORTUARY TAG. ONE (1) GRAVE MARKER**

MINOR DISCREPANCIES **NONE** **13 MAY 1949**
REGISTRATION

REMAINS PREPARED AND PLACED IN CASKET DATE **2 July 1948** BY **L.A. JONES, EMBALMER**

CASKET SEALED BY **G. D. MEEK** EMBALMER (Signature) **L. A. JONES**

CASKET BOXED AND MARKED DATE **2 July 48** BY **G. D. MEEK** SHIPPING ADDRESS VERIFIED BY **T. P. MADINE**

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

William A. McNamamy
WILLIAM A. MCNAMAMY

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMG Form 1194a for major discrepancies.
Inspected for identification only per paragraph 2.1 of QMG, file QMGMO 293 (Pacific), dated 5 May 1948.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U S ARMY MAUS NO 8	TO LAWN DIST CENTER
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>J. E. Wilcox, Capt QMC</i>	DATE 9 JAN 1949
SIGNATURE OF RECEIVER <i>James B Harris</i>	DATE JAN 9 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE REGULATIVE ORDER	NAME OF CONVOYER
SIGNATURE OF SHIPPER OFF HAWAII HONOLULU NATIONAL CEMETERY	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

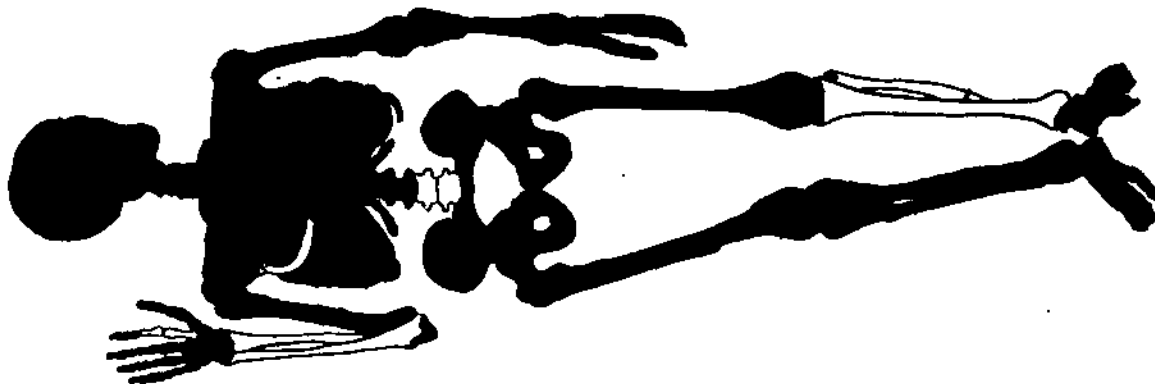
FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF RECEIVER	DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-215 Guadalcanal						2. DATE OF REPORT 25 March 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum No. 1 Formerly of Guadalcanal				4. PLOT E	5. ROW B 147	6. GRAVE 13 4	7. DATE OF DISINTERMENT REINTERMENT 25 Mar'48 25 Mar'48
PHYSICAL DESCRIPTION Age 22 to 24 years.							
8. ESTIMATED WEIGHT U.T.D.		9. ESTIMATED HEIGHT U.T.D.		10. COLOR OF HAIR U.T.D.		11. RACE U.T.D.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) embossed plate reading: Unknown X-215 - Plot E, Row 147, Gr. 4.							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None							
<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">U N I D E N T I F I A B L E</div> <p style="text-align: center; font-weight: bold;">BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</p>							
CYRIL C. DISNEY 1st. Lt., FA 0-1167395				<i>Cyril C. Disney</i> 4 Jan 1949			
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? 2 fragments of lumbar vertebrae show evidence of charring.					
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
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							

Incl 7

19. BLACK OUT PARTS OF BODY NOT REQUIRED



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 parts, it is impossible to give a clear picture, but from the bones present it appears to have been that the individual was of average build and muscularity.

The age was based on the epiphysial union of the left tibial head.

Fluoroscopic examination unnecessary. No teeth present.

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

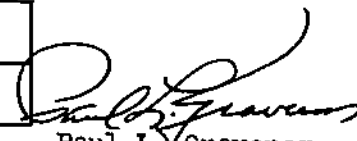
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
O. W. GREENWOOD, CAPT., QMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

SIGNATURE



**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		"
	THORACIC	0		"
	LUMBAR	2		Charred and eroded, 3 missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	0		"
RIBS		1		1 right rib present but eroded - all rest missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	1		Both ends eroded.
	LEFT	0		Missing.
ULNAE	RIGHT	1		Both ends eroded.
	LEFT	0		Missing.
HANDS	RIGHT	1		All missing except #2 metacarpal and phalange
	LEFT	0		Missing.
FEMORA	RIGHT	0		"
	LEFT	0		"
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1		Both ends eroded.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Both ends eroded.
FEET	RIGHT	0		Missing.
	LEFT	0		"

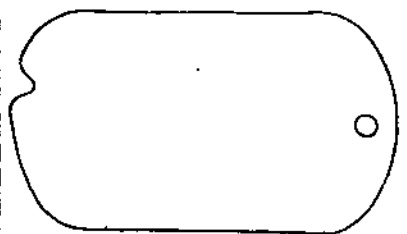
NUMERO-CLAVICULAR RATIO U.T.D.		APPROXIMATE	
ESTIMATED HEIGHT U.T.D.	AGE	22 to 24	YEARS
ESTIMATED WEIGHT U.T.D.		LEG-HIP BR RATIO U.T.D.	
ENCLOSURE TO:	X-215	Guadalcanal	 Paul L. Gravenor Lab. Supervisor ANTHROPOLOGIST

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)

DATE REPORT FILLED OUT
 27 Sept 1945

For Imprint of Identification Tag



NAME (Last, First, Middle Initial)
 Unknown X-215

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.
 Remains found on hill approx. 1 mile in land from Pt. Cruz. No identification found. Probably the remains of man killed in action in that area in 1942. No tooth chart could be made. Only the skeleton remained.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME.
 No personal effects found.

NAME OF EMERGENCY ADDRESSEE
 Unknown

ADDRESS OF EMERGENCY ADDRESSEE
 Unknown

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

DATE OF BURIAL 10 Sept 45	HOUR 1500	PLOT NO. "E"	ROW NO. 147	GRAVE NO. 4	GRAVE MARKER Wooden Cross
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TYPE OF RELIGIOUS CEREMONY
 Protestant, Catholic & Jewish.

PERSON REPORTING BURIAL
 /s/ S/Sgt. Richard J. Moyer

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 2 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial) Unknown X-283	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO.
BODY ON RIGHT, NAME (Last, First, Middle Initial) Gustafson, Milton H.	RANK Unknown	SERIAL NO. 3823501	ORGANIZATION US NAVY	GRAVE NO.

PERSON CONDUCTING BURIAL RITES
 Chaplain Cox, US Army.
 Chaplain Zimmerer, US Army.
 Chaplain Kravetz, US Army.

VERIFIED BY G. R. S. OFFICER
 /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 [REDACTED]






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:

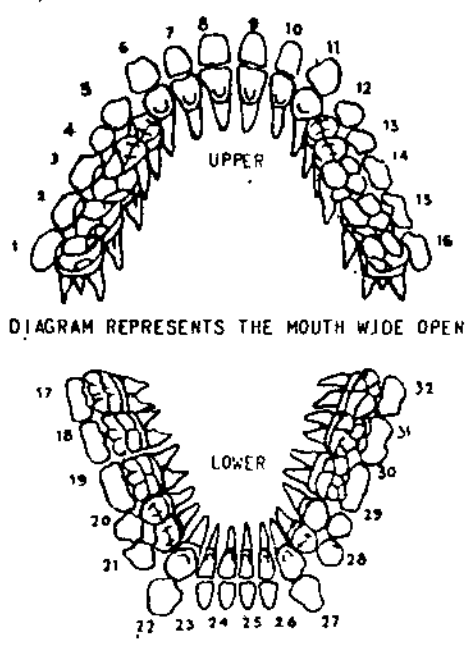
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
WEAPON AND SERIAL NUMBER		LAUNDRY MARKS		WHERE BODY WAS BURIED

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.

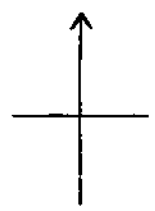
The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>CAVITY DECAYED</p>
CAVITIES	 <p>TOOTH MISSING</p>	
MISSING TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
CROWNED TEETH	 <p>GOLD BRIDGE</p>	
BRIDGE WORK		



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	

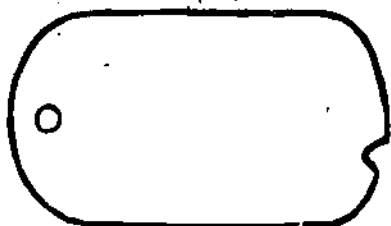
WD OMC Form 1042
Rev. 1 November 1942
(GRS 1, dated 11 May 1942
may be used until exhausted)

REPORT OF INTERMENT
(TM 10-639 and AR 30-1815)

921532
DATE REPORT FILLED OUT

27 Sept 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

Unknown X-215

RANK

Unknown

SERIAL NUMBER

Unknown

COUNTRY

Unknown

ORGANIZATION

Unknown

BRANCH

Unknown

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

Remains found on hill approx. 1 mile in land from Ft. Cruz. No identification.

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

No personal effects found.

found. Probably the remains of man killed in action in that area in 1942. No tooth chart could be made. Only the 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	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
10 Sept 45	1500	*E*	147	4	Wooden Cross.
Army Navy Marine Cemetery Guadalcanal B.S.I.					

TYPE OF RELIGIOUS CEREMONY
Protestant, Catholic & 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 2 on Reverse)

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

Unknown X-283

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

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

Gustafson, Milton H.

RANK

S/C
Unknown

SERIAL NO.

3823501

ORGANIZATION

US Navy

PERSON CONDUCTING BURIAL RITES

Chaplain Cox, US Army.
Chaplain Zimmerman, US Army.
Chaplain Kravetz, US Army

VERIFIED BY G. R. S. OFFICER

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 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 BURIAL

1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 526. 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.






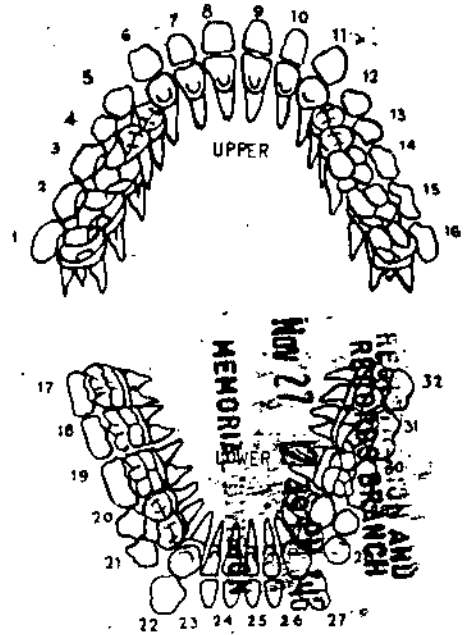
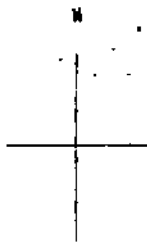
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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