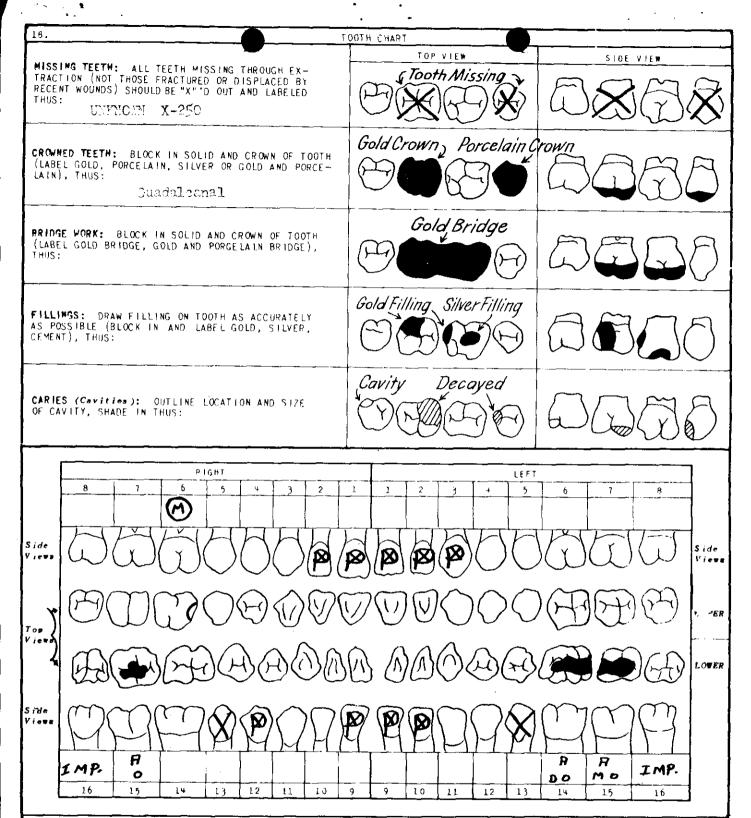


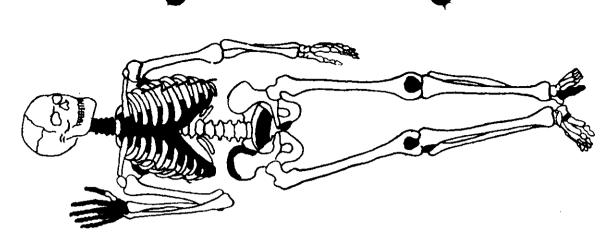
	 								
RECORD	OF CUST	ODIAL TRANSFER							
	1. SH	PPED							
U. S. ARMY MAUSOLEUM NO. 3	(PAC)	Chief Hawn D C							
KIND OF CONVEYANCE TRUCK	E 30	NAME OF CONVOYER							
SIGNATURE OF SHIPPER JOHN L. MURPHY Som f- Morphy Capt., QNC 01585944	DATE SH	SIGNATURE OF RECEIVER JAMES E HAR	TULL DATE						
	2. SH	IPPED CARRAGE AND A HAZ	215						
FROM		10							
KIND OF CONVEYANCE		NAME OF CONVOYER							
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE						
	DAIL	SIGNATURE OF RECLIVER	PAIE						
	3. SHI	PPED							
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KIND OF CONVEYANCE OF THE AMELIA (BY ACIK)	IMERISANI	NAME OF CONYOYER							
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE						
	6. SH	losen							
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KIND OF CONVEYANCE		NAME OF CONVOYER							
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE						
	7. SHI	poen							
FROM	7. 301	10							
KIND OF CONVEYANCE		NAME OF CONVOYER							
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE						

IDENTIFIC	CATION DATA
. REMAINS OF UNKNOWN Unknown X-250 Guadalcanal . NAME OF CEMETERY Guadalcanal U. S. Army Mausoleum # 1 PHYSICA PHYSICA 145 - 155 lbs 2.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUr One (1) embossed plate reading: Uniden	2. DATE OF REPORT 18 February 1948 4. PLOT 5. ROW 6. GRAVE 7. DATE OF E 152 4 DISINTERMENT REINTERMENT A 93. 18 Feb '48 18 Feb '48 AL DESCRIPTION Approx age 26 - 28 10. COLOR OF HAIR Medium brown - med. texture wayy IND WITH REMAINS SECTION APPROX AGE 26 - 28 White
Ist. Lt., FA 0-1187595 Cyrumus Body Burned? To WHAT EXTENT? The state of the state	SUCH INFORMATION OBTAINED FROM OTHER SOURCES FOR THE COUNTY BY Jan 1949
6. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MAL Initial arthritis of vertebral column; Spondylolysis of 5th lumbar vertebrae. Possible healed fracture of nose. Osteoporosis of skull.	AL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, ch notation should be made and specimen forwarded through
None	

GPO-0-47 - 754879



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



20 •

MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible)

! CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

One (1) left humerus.

One (1) left radius.

One (1) left ulna.

Charles E. Snow SIGNATURE OF MEDICAL OFFICER Anthropologis

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average sized rather heavy set man of 26 to 28 years with medium brown hair.

The vault is of average size, has a long oval outline with marked left asymmetry. The backhead is projecting and there is a palpable external occipital protuberance which is displaced noticeably to the right side.

The forehead is noticeably sloping and browridges very large.

The face has average proportions.

The nose appears to have been broken and is skewed to the right.

The face is upright, the nose convex and chin prominent.

The lower jaw is shallow and forms a narrow slightly bilateral eminence.

The extra parts are catalogued as Unknown CIL 582.

Fluoroscopical examination Negative. Teeth charted.

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

SISMAIDKI

O. W. GREENWOOD, CAPT., QMC

THE LABORATORY

AND MAUSULLEM, ATO 957

Owlsenwood

SIDE NO				BONE LENGTHS		REMARKS
1 53.9	NAME	SIDE	NO		(IF MISSING OR FRACTE	
VERTEBRAE	SKULL		,	57.0		
THORACIC 9		CERVICAL	<u> </u>	00.5		· · · · · · · · · · · · · · · · · · ·
SACRUM	VEDTE BDA C			 		
THEORIMATES	VERIEDRAE					
RIBS	SACRUM					
RIBS	IMMOMINATES	RIGHT	1	BI-ILIAC DIAM		
CLAVICLES		LEFT	1			
CLAVICLES RIGHT 1 16.0	RIBS	_	24			
LEFT 1	STERNUM		0			
RIGHT 1	CLAVICIES	RIGHT	1	16.0		
REFT 1		LEFT	1			
HUMER LEFT 1	SCAPIII AE	RIGHT	1			
RADII		LEFT	1			
RADII	MINE DI	RIGHT	1	35.3		
RADII	HUMERI	LEFT	1			
LEFT 1 26.0	RADII	RIGHT	1	26.0		
HANDS		LEFT	1	26.0		
HANDS	ULNAE		1	28.0		
HANDS		LEFT	_	27.9	<u> </u>	
RIGHT 1 46.0	HANDS		" "		T	
PATELLAE			i		# 1. 3. 4. 5. meta	carpals only.
PATELLAE	FEMORA		-			
TIBIAE			 -	40.0		
RIGHT 1 38.0	PATELLAE					
RIGHT 1 38.0			1	38.0		
FIBULAE RIGHT 1 38.1 LEFT 1 38.1 RIGHT 1 All present except cuboid, #2&3 cuneiforms All present except cuboid, 2&3 cuneiforms and #1 and 5 metatarsals. HUMERO-CLAVICULAR RATIO APPROXIMATE	TIBIAE		1		-	
FIBULAE LEFT 1 38.1 RIGHT 1 All present except cuboid, #2&3 cuneiforms All present except cuboid, 2&3 cuneiforms, and #1 and 5 metatarsals. HUMERO-CLAVICULAR RATIO APPROXIMATE		RIGHT	1	1		· · · · · · · · · · · · · · · · · · ·
All present except cuboid, 2%3 cuneiforms, and #1 and 5 metatarsals. HUMERO-CLAVICULAR RATIO APPROXIMATE	FIBULAE	LEFT	1			
All present except cuboid, 2%3 cuneiforms, and #1 and 5 metatarsals. HUMERO-CLAVICULAR RATIO APPROXIMATE			f -		All present exce t	cuboid, #2%3 cuneiforms.
HUMERO-CLAVICULAR RATIO APPROXIMATE	FEET	LEFT	1		All present except	cuboid, 2%3 cuneiforms,
EST INATED HEIGHT 72 67 71 ELZ E/ORGE 26 26 26 YEARS	HUMERO-CLAVICULA			A PPRO		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	ESTIMATED HEIGHT	172-67-71-5	17 5/8	# AGE 26	- 28 YEARS	Chas. G. Snow

ENCLOSURE To: Unknown X-250 Guadalcanal

Charles E. Snow ANTHROPOLOGIST

WD QUC FORM 1042 DATE REPORT 1 November 1942 REPORT OF INTERMENT (GRS 1, dated 11 May 1942 (TM 10-639 and AR 30-1815) may be used until exhausted) 29 Sept 1945 FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial) Unknown X=250 COUNTRY SERIAL NUMBER RANK Unknown Unknown Unknown ORGANIZATION BRANCH Unknown Unknown DATE OF DEATH RACE RELIGION Unknown Unknown Unknown CAUSE OF DEATH PLACE OF DEATH Unknown Tulegi, B.S.J. IDENTIFICATION TAGS FOUND ON BODY IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.) DISPOSITION OF SUBSTITUTE TAGS. IF MADE COMPLETE FINGER PRINT CHART OF BOTH HANDS ON REVERSE COMPLETE TOOTH CHART ON REVERSE T YES ☐ NO DE NO TE YES LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME No personal effects found. ADDRESS OF EMERGENCY ADDRESSEE NAME OF EMERGENCY ADDRESSEE Unknown .. Unknown IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE PLOT NO. ROW NO. GRAVE NO. GRAVE MARKER 17 Sept. 45 0825 152 Wooden Cross. Army Navy Marine Cemetery Guadalcanal B.S.I. '* (Reburial) PERSON REPORTING BURIAL TYPE OF RELIGIOUS CEREMONY Previous Service Unknown ATTACHE TO MARKER IDENTIFICATION TAGS BURIED WITH BODY TYES TO 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) SER IAL NO. 36303074 BODY ON LEFT: NAME (Last, First, Middle Initial)
Schulte. Francis H. ORGANIZATION US Army Hq Go 165th Inf Reg. ORGANIZATION USN. SERIAL NO. BODY ON RIGHT, HAME (Last, First, Middle Initial) PhM 3a Med. Facilities 3827844 Staddon, Kenneth B. VERIFIED BY G. R. S. OFFICER . PERSON CONDUCTING BURIAL RITES JOHN R. NOLAN Unknown 1st. Lt. QMC INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT QMC FORM 11 GRS IN QUADRUPLICATE FOR IL 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 CASHALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRA-

Pregiously buried in Plot *B* Row 4 Grave 84 as Unknown X-32

of the USN & USMC Cemetery #1. Tulegi. B.S.I.

TION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

2381

•	INSTRUCTIONS FOR AND IAL	
	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOVE ALL PERSONAL PROPERTY. DEBODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET: HASTY BURIALS. TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTIFY PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE I LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATIE ENTIFYING DATA IN DUPLICATE ON FORM: PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OF	RESS : IN TY. MARKER. ON OF ID
2	AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MY WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BUR BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS.	ARKER. THEAD NOTA- IAL. IF
	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOO	S
	WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED	
ω	2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPAN VIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMISE PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOR GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.	ĆE PRO- NENT
	9. PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURING PORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGED ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABING ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. COMMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SAID COLLECTING POINT.	GENCY LE MAT - GOVERN- LYAGE
<u> </u>	중 With Diagram.	
LEFT	FILLINGS Silver fillings. Silver filling #18, #30 and #31)E OPEN
	CAVITIES CAVITY	.,
R I GHT	None DECAYED 3 UPPER 2	, , , ,
B →	#20 and #29	3 0.
* ·	CROWNED TEETH PORCELAIN CROWN NOISE NOISE SOLD CROWN 18	
	19 LOWER	
ω .	BRIDGE WORK GOLD BRIDGE 21 OOD 22 23 24 25 16 27	
	SKETCH AND MAP REFERENCE	
	HART	
2		
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L	! i	

REPORT OF INTERMENT TO JUNKNOWN X-250 UNKNOWN X-250 JUNKNOWN PLACE OF DEATH TULNGI, B.S.I. JOSSIFICATION TASS FOUND ON BODY AND THE STATE OF TH	NO QMC FORM 1042	0.50		**********			DATER	EPORT F	ILLED OUT
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RANK Unknown SERIAL NUMBER UNKNOWN UNKNOWN PLACE OF DEATH TUTES, B.S.I. CONSECUTION BRANCH UNKNOWN Unknown									
Unknown Unknown Unknown Unknown Unknown Unknown	\			· · · · · · · · · · · · · · · · · · ·					
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PLACE OF DEATH Tulagi, B.S.I. CAUSE OF DEATH Tulagi, B.S.I. Unknown Unknown Unknown	/		known		J DK A	MCD	Unkno	מהשת	
CAUSE OF DEATH TUREOUT BAS.I. DERTIFICATION TASS FOUND ON BODY 1		RACE		RELIGION	<u> </u>				F DEATH
TULAGI, B.S.I. Unknown		Unknown	l 	t	Jnknow	n		Un	known.
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DISPOSITION OF SUBSTITUTE TAGS. IF MADE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE TES TON REVERSE TEST NO REVERSE TEST NO REVERSE TEST NO REVERSE TEST NO REVERSE REAL NO. LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN. LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. NAME OF EMERGENCY ADDRESSEE Unknown NAME. NUMBER AND LOCATION OF CEMETERY. ATMY Navy Marine Cemetery Guadalcanal B.S.I. THE OF SUBSTITUTE TAGS. TYPE OF RELIGIOUS CEREMONY PREVIOUS SERVICE UNKnown TO FRELIGIOUS CEREMONY PREVIOUS SERVICE UNKnown TO FRELIGIOUS CEREMONY PREVIOUS SERVICE UNKnown TO FRELIGIOUS CEREMONY PROVINGS SERVICE UNKnown TO FILIFICATION TAGS BURIED WITH BODY TYES TO SEX NO ATTACHED TO MARKER BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse) BODIES BURIED EITHER SIDE (See Paragraph 2 on Reverse) BODY ON LIFT, NAME (Last, First, Middle Initial) Schalte, Francis H. Sgt. 36503074 Ho CO 185th Inf Reg. BODY ON RIGHT, NAME (Last, First, Middle Initial) Schaldon, Kenneth B. PERSON CONDUCTING BURIAL RITES VERIFIED BY G. R. S. OFFICER JOHN R. NOLAN LIT. ONC IF BURIAL OTHER THAN IN ESTABLISHED CHMETERY FURBLES SERVED AND HAP PERFERENCES ON REVERSE PERSON CONDUCTING BURIAL RITES VERIFIED BY G. R. S. OFFICER JOHN R. NOLAN LIT. L. ONC IF BURIAL OTHER THAN IN ESTABLISHED CHMETERY FURBLES SERVED AND HAP PERFERENCES ON REVERSE CRAYES REGISTRATION SERVICE WILL FORWARD THE CONTOL THE REPORT TO BERNEST SERVED FOR PARABOLAL COPY FOR ALLIELD HAPPER AND ALL COPIES SUBMIT FEROR TO CHERSES FOR FOR PARABOLAL COPY FOR ALLIELD HAPPER AND ALL COPIES SUBMIT END THE CHERT TO BERNEST SERVED FOR THE CORN FILE BY THE CRAYLES THE RELIGIOUS CERTOR TON THE ROBING THE PROPERTY OF THE PROPERTY			_	IF NO IDENTE	FICATIO	N TAGS, OT	HER MEAN	S USED T	O IDENTIFY
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of the USN & USMC Cemetery #1, Tulagi, B.S.I.

E.	П	INSTRUCTIONS FOR . IAL
Left Left ttle Finger Ring Fin	When unid	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, camteen, 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:
Left Middle Finger	fied, take thu	HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED
Left Index Finger	nd l	a 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
Left Thumb	rints of both	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 tobe 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 SILVER FILLING
Right Thumb	hands - if thi	CAVITIES CAVITY DECAYED CAVITY Tooth
Right Index Finger	S 1 S	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 17 (CHAPT) On Original 17 (CHAPT) 32
Right Middle Finger	in to	PORCELAIN CROWN GOLD CROWN 18 LOWER 20 20 20 20 20 20 20 20 20 2
Ring Finger	oth o	SKETCH AND MAP REFERENCE A TRUE COPY
Right Little Finger		E. A. Miller, Or. 1st Lt., QMC

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WD, QMC Form 1042 : Rev. 1 November 1942 : (GRS 1, dated 11 May 1942	REPORT OF IN			DATE REPORT FILLED OUT					
may be used until exhausted)	12 April 1945								
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Mid	dle Initial)							
	UNIDENTIF	IED BODY	X- 32						
\		RANK SERIAL NUMBER COUNTRY							
\	Unknown	Unknown							
O NO TAGS	ORGANIZATION		known Branch	- Williams					
1	Unkr	iown		Unknown					
	RACE	RELIGION		DATE OF DEATH					
	Unknown	Un Un	known	Unknown					
PLACE OF DEATH		CAUSE OF DEATH		i					
	_		_	_					
Tulagi, B.S.	<u> </u>			known					
IDENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFIC	CATION TAGS, OTHER Cation Cards, Lett	MEANS USED TO IDENTIFY ers. etc.					
1 2	BHON E	-							
DISPOSITION OF SUBSTITUTE TAGS, IF	MAUL								
COMPLETE FINGER PRINT CHART OF BOTH	HANDS ON DEVEDSE	COMPLETE TOOTH	CHART ON REVERSE						
YES	DEDE NO	- 1	TE YES	□□ NO					
LIST ANATOMICAL CHARACTERISTICS AND									
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF	SAME		!					
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	No perso	onal effects	found.						
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF EME	RGENCY ADDRESSEE						
ļ									
Unknown			Unknown	W Sevende					
	N ESTABLISHED CEMETERY F	URNISH SKETCH AND	D MAP REPERENCES U	M KEAERZE					
DATE HOUR	B ROW NO.	GRAVE NO. GI	RAVE MARKER Wooden Cross						
19 Dec. 1944 1430	USN & USMC CEM		GI. B.S.I.						
(Reburial) TYPE OF RELIGIOUS CEREMONY	ODIV & ODINO OTHIS	PERSON REPORT I		,					
		7 404	lican	2 1 Barrell					
Previous Service Unknow		ATTACHED TO MA		YES DE NO					
IDENTIFICATION TAGS BURIED WITH BO IF IDENTIFICATION TAGS NOT PRESENT	DY YES XX NO			·					
IF IDENTIFICATION TAGS NOT PRESENT	, WHAT DIREK IDENTIFICA	TON DATA BORTED	#1111 500 1 And 111 .	1					
ROD	IES BURIED EITHER SIDE	See Paragraph 4	on Reverse)						
BODY ON LEFT, NAME (Last, First, M		RANK	SERIAL NO.	ORGANIZAT 10H					
WHITCHER, Relph H.	.00 /6 //// // //	5 2/c	Unknown	USN					
BODY ON RIGHT, NAME (Last, First, I	Middle Initial)	RANK	SERIAL NO.	ORGAN I ZAT I ON					
SPLAWN, Charles M.	•	Unknown	393-44-39	USN USN					
PERSON CONDUCTING BURIAL RITES		VERIFIED BY G.		Dul					
			fe	Mr. Molan					
Unknown			J SOI	in R. Nolan					
·				t. Lt. QMC					
INSTRUCTIONS FOR FILLING OUT TIONAL COPY FOR ALLIED AND ENEMY D VICE. GRAVES REGISTRATION SERVICE HEADQUARTERS (TO BE CHECKED AGAINS TION OFFICER OF THAT HEADQUARTERS	EAD. SIGN ALL COPIES. WILL FORWARD THE ORIGIN T CASUALTY REPORTS AND I	SUBMIT REPORT TO NAL AND TWO COPIE ALLIED PAPERS AND	S THROUGH AT LEAST ALL COPIES VERIF	ONE HIGHER ADMINISTRATIVE					
OVER FOR BURIAL INSTRUCTIONS									

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				INS	TRUCT	ONS	FOR	B	AL				
-	HAS PL	R OF THE P DY WHEN P STY BURIA ACE ONLY	REPARATION OF MEDICAL DETAINANT AND SUFFI ONE BODY IN	CHMENT AM O BURY IN ICIENT DEF A GRAVE.	ID ATTACI A SUITAI PTH TO PI REMOVE	H EMT 5 BLE SHE REVENT ONE II	52b. ROUD. DESTA DENTIA	REMOV DIG RUCTIO	E ALL I GRAVE T N OF BO ON TAG	ERSONAL O DEPTH DDY OR L AND ATT	PROPEI OF FIV OSS OF ACH TO	RTY. DRÉ VE FEET; IDENTITY GRAVE MA	SS IN
	ENT	ITIFYING D	TAG ON BODY ATA IN DUPLI ONTAINER; BL	CATE ON F	ORN: PL	ACE IN	BURIA	L BOT	TLE, CA	NTEEN,	SPENT S	SHELL OR	OTHER
2	OF VA BOO	IEN MARKINO GRAVE, II LILABLE, UI DY IS UNII	G THE GRAVE, F NO TAG IS SE OTHER SUI DENTIFIED, T LE, FILL OUT	, FASTEN I AVA-ILABLE ITABLE MEA 'AKE FINGE	IDENTIFIC I, WRITE INS TO DI IRPRINTS	CATION IDENTI NMISTAI OF BOT	TAG 1 IFYINC KABLY TH HAN	TO TEM DATA IDENT NDS OR	PORARÝ ON MAR IFY GRA THOSE	NAME PE RKER, W LVE AS A	G AND 1 HEN PEC MILITA	PLACE AT SS ARE NO ARY BURIA	HEAD TA-
	E HE	IGHT I	WE IGHT	COLOR OF	EYES	COLOR	OF HA	AIR	B IRTHMA	IRKS, SC	ARS OR	TATTOOS	
	DE WE	APON AND	SERIAL NUMBE	Î.R	LAUNDRY	MARKS			WHERE E	BODY WAS	BUR 1E	0	
ω	VIC ⇒ PEF	AVE NUMBEI DED BELOW RMANENT L	DCATION OF C R (OR SHOW C ; AND GIVE I ANDMARKS. I G HEAD TO DE	N CEMETER OCATION E INFORMATION	PY MAP). By Means Dn Must 6	FOR A OF MAR SESPEC	ALL OT P REFE CIFIC,	THER B ERENCE , ACCL	URIALS S, OR E RATE, C	PREPARE LY REFER COMPLETÉ	SKETCI ENCE T	H INSPACE O PROMINE	.PRO-[
•	ADC ER MEI	ORT FORM. ORESSEE ! IAL AND T NT PROPER PLLECTING	ON OF EACH A	WITH INF FFECTS BA GRAVE REG BE INCLL	ORMATION G, OR WE SISTRATION JOED IN I	N AS TO RAP IN ON SERV PERSONA	O IDER HANDI VICE I AL EFF	NT ITY KERCHI PERSON FECTS	OF OWNE EF, TOW NEL WIT BUT IS	R, ORGA /EL, OR 'H REPOR TO BE T	NIZATION OTHER AT OF DE URNED	ON,EMERGE AVAILABLE EATH. GO INTO SALV	NCY MAT - OVERN-
-	S WIT	TH DIAGRAM	H				1				<u> </u>		
THUMB	PR INTS	12211103			LVER FILL PLO FILLII			D I AG	RAM REP	RESENTS	THE MO	OUTH WIDE	OPEN
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