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	SECTION A —	Charter	(```	DIRECTIVE NUME	JER .		DATE	
L-4.	NAME AND BURIAL LOCA	ATION OF DECEASED $^{ m ALVAN}$	I C _{r.} BA	87 <i>30</i>	00000) .	26 10	
NAME		177.	SERIAL NU	MBER	RANK	ARM		ONTH YEAR
		UNKNOWN	X-0	00282		a		1
CEMETERY		· · · · · · · · · · · · · · · · · · ·	I		<u>.l</u> .	1		ONTH YEAR
GUADAL	CANAL				,		0492	
PLOT ROW	GRAVE COUNTR	RY				<u> </u>	CODE CAUSE OF D	DIST, PT. EATH
E146	1 50	DLOMON IS	LAN	D S	ر س		6	
		SECTION B — CON	· · · · · · · · · · · · · · · · · · ·	·· · · · · · · · · · · · · · · · · · ·				-
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	OF HAWAII			•				,
(BY ADMIN	ISTRATIVE OF	RDER)						
4		SECTION C — DISINTE	RMENT ANI	DIDENTIFICATION	<u> </u>			
NAME		SERIAL NUMBER	RANK	DATE OF DEATH		DAT	E DISTINTERREC)
	n X-282	Unk	Unk	U _{nk}		24	Novemb	er 47
IDENTIFICATION TAG	ON ORGANIZATION			RELIGION	IDENTIFICATIO			
MARKER	Unk			Unk	George	IVI.	CIBIK, [NF name a	ND TITLE
NATURE OF BURIAL		SECTION D PREPARATE		AINS FOR SHIPME N OF REMAINS				
	7	•	CONDING					
OTHER MEANS OF IDE	Casket			Skelet	Bl			
1	Grave Marker.	l Mortuary Tag	ξ .					
MINOR DISCREPANCIES	\$ <i>1</i>		<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	None							
				<u></u>				
REMAINS PREPARED AN				•	* i			ť
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	G. D. MEEK			LAWRI		NS		
CASKET BOXED AND M	AARKED		SHIPPING .	ADDRESS VERIFIED	BY ₹ ;* *g •g-	uĒ	1949	
DATE 7-4-1948	BY G. D. MEET	C		T. P.	MADINE	IRIA	HOM SE	ń.
I hereby a and that the re	ertify that all the for port above is correct	egoing operations we	re conduc	ted and accom	plished und	(IDY)	immediaje s	ppervision .
	e e	·		1m	9	:		1.0
			WILLIA	A. MCMANA	MY	7		
	.				F GRS INSPECTO	R		
ı Prepare Discr	epancy Report QMC	Form 1194a for major	discrepan	ecies.				
		•					Zn	
enc form 11	94					T.		/
Set to man 40	#22			N	LN	⊅	LIUI.	60

2HIPPED RECORD OF CUSTODIAL TRANSFER

NAME OF CONVOYER

SIGNATURE OF RECEIVER **DATE** DATE SIGNATURE OF SHIPPER KIND OF CONVEYANCE 3. SHIPPED **DATE** SIGNATURE OF SHIPPER **BYTE** NAME OF CONVOYER S. SHIPPED SIGNATURE OF SHIPPER TOTAL L. SIGNATURE OF RECEIVER

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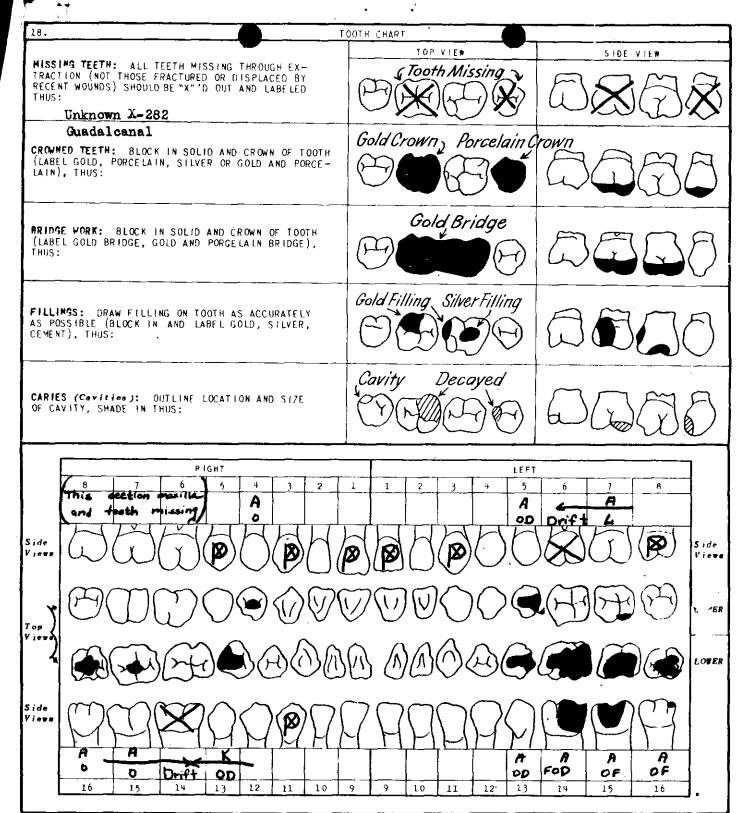
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		ب ر ا					
	9 1	DENTIFICA	TION D	ATA		· · · · · · · · · · · · · · · · · · ·	
1. REMAINS OF UNKNOW	Guadalcan	al				2. DATE OF REP 26 March 1	
3. NAME OF CEMETERY			4. PLOT	5. ROW	6. GRAVE	7. DAT	E OF
U. S. Army Man	isoleum No. 1		<u> </u>	Box	153	DISINTERMENT	REINTERMENT
Formerly of G	madalcanal		B	146	1		26 Mar 48
		PHYSICAL D	ESCRIPTIO	N Age 25	- 25 ye	ers	
8. ESTIMATED WEIGHT 150 1bs	9. ESTIMATED HE		1	T. D.		White	
One (1) embos One (1) embos	sed plate on caske sed plate with rem sed plate with rem	ains reads:	Unide	wn X-28 ontified	2 64	· · · · · · · · · · · · · · · · · · ·	
CYR	DY REASON OF	LACK OF	SUFF	ICIEN.	T IDEN	TIFYING	DATA
LST.	Lt., FA 0-1167		16. L	Jim	ey	20 Jan 1	1949
T YES 🚍) NO	V					
	? TO WHAT EXTENTS	?					
None	E OF HEALED FRACTURES A						
SERVICE, ETC. (OF CLOTHING, EQUIPMENT If toundry marks are in emination when faciliti	distinct such r	notation a	hould be	made and s	PE, COLOR, SIZE pecimen forward	E, MARKINGS, Sed through

2nol. 45

ONC FORM PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



DENTURES (PINTER): 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."

REMARKS:

- 1. The original chart may show R-16 extracted instead of R-14.
- 2. Erosion on L-14, L-12, R-12 and R-13.

No extra parts.

Paul L. Gravenon SIGNATURE OF MEDICAL OFFICE Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture an individual approximately 22 to 24 years of age and of average size and body build.

The skull is average in size and is of the round oval type with prominent parietal bosses. The forehead is upright and narrow. The nasal root is low. The nasal bridge is very high. The nose is slightly skewed to the right and probably prominent. The lower jaw is very light in structure with prominent gonial flare. The chin is rather deep median in type. Left side of jaw being much larger than the right.

Fluoroscopical examination unnecessary. 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

OPE WHAMEREENWOODS CAPERVICEMEND ORGANIZATION

STONATURE

CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957

Owgreenwood

			£	BONE LIST
NAME	SIDE	NO	BONE LENG	THS REMARKS
N AME	SIDE	NU	IN CM	1 · · · · · · · · · · · · · · · · · · ·
				Erosion on right side of face, causing loss of right maxilla, right malor and
SKUŁL		1	53.5	right palate.
	CERVICAL	7		
VERTEBRAE	THORACIC	9		Nos 1, 5, 7 missing.
<u> </u>	LUMBAR	5		
SACRUM		1		Badly eroded.
INNOMINATES	RIGHT	1	BI-ILIAC D	IAM
	LEFT	1	U. T.	
RIBS		22		2 missing (#2 right and #4 left.)
STERNUM		1		
	RIGHT	1	15.3	
CLAV IC LES	LEFT	1	15.4	
	RIGHT	1		
SCAPULAE	LEFT	1		
	RIGHT	0		Missing.
HUMERI	LEFT	1	32.5	
	RIGHT	ō		Missing.
RAD I I	LEFT	1	24.4	
	RIGHT	1	25.4	
ULNAE	LEFT	1	25.6	
HANDS	RIGHT	1		* s 2 and 4 metacarpals present.
	LEFT	1		#'s 3,4, & 5 metacarpals present.
FEMORA	RIGHT	1	47.5	
	LEFT	1		Fractured through head.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		n
TIBIAE	RIGHT	1	38.5	
	LEFT	1	38.7	
FIBULAE	RIGHT	1		Eroded at head.
	LEFT	1		calcaneus, #4 and 5 metatarsal and one (
FEET	RIGHT	1		phalange present.
· - -	LEFT	1		Calcaneus, talus, 1st cuneiform present.
HUMERO-CLAVICULA	70 € €			A PPROX I MATE
172.0 6 ESTIMATED HEIGHT			AGE	23 to 25 YEARS
ESTIMATED WEIGHT	150 lbs.			LEG-HIP BR RATIOU. T. D. Paul L. Gravenor
	· Unknown	X-283	ebada S	

- AGRS 2 1

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80 0KC Form 1042 Rev. 1 November 1942 REPORT OF INTERMENT (GRS 1, dated 11 May 1942 27, Sept: 1945 (TM 10-639 and AR 30-1815) may be used until exhausted) FOR IMPRINT OF IDENTIFICATION TAG NAME (Last, First, Middle Initial) Unknown X-282 SERIAL NUMBER RANK COUNTRY Unknown. Unknown Unknown BRANCH ORGANIZATION Unknown Unknown RELIGION DATE OF DEATH Unknown Unknown Unknown. CAUSE OF DEATH PLACE OF DEATH Tulagi, B.S.I Unknown. IDENTIFICATION TAGS FOUND ON BODY IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.) ____ 2 DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE FINGER PRINT CHART OF BOTH HANDS ON REVERSE COMPLETE TOOTH CHART ON REVERSE T YES NO. 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 Unkinown IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE ROW NO. GRAVE NO. GRAVE MARKER DATE PLOT NO. 1517 #E# 146 1 Wooden Gross-~ 24 Sept 45 Army Navy Marine Cemetery Guadalcanal B.S.I (Hamriali) PERSON REPORTING BURIAL. TYPE OF RELIGIOUS CEREMONY Previous Service: Unknown. DENTIFICATION 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) RANK SERIAL NO. ORGANIZATION Heginning of Row. BODY ON RIGHT, NAME (Last, First, Middle Initial)

Gench, John F. RANK SERIAL NO. ORGANIZATION USS NASHVILLE-USME Gpl. 291403 VERIFIED BY G. R. S. OFFICER PERSON CONDUCTING BURIAL RITES JOHN R. NOLAN Unknown Ist. Lt., QMC INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC 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 SERVICE. 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 REGISTRA-

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

· · · · · · · · · · · · · · · · · · ·	INSTRUCTIONS FOR BUBLAL	
-	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF TRAVE BER OF THE MEDICAL DETACHMENT AND ATTACH EMT S2D. REMOVE AN BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAY MASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS ENTIFYING DATA IN DUPLICATE ON FORM: PLACE IN BURIAL BOTTLE	LL PERSONAL PROPERTY. DRESS VE TO DEPTH OF FIVE FEETS IN F BODY OR LOSS OF IDENTITY. TAG AND ATTACH TO GRAVE MARKER. S PRESENT, MAKE A HOTATION OF 10 , CANTEEN, SPENT SHELL OR OTMER
N	AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ON WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORIOF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH MANDS OF THE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:	ARÝ MAME PEG AND PLACE AT MEAD MARKER. WHER PEGS ARE NOT A- GRAYE AS A MILITARY DURIAL. IF
	E HE IGHT WE IGHT COLOR OF EYES COLOR OF HAIR BIRT	THMARKS, SCARS OR TATTOGS
	MEAPON AND SERIAL NUMBER LAUNDRY MARKS WHE	RE BODY WAS BURIED
<u>ω</u>	2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLISHED GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURI. VIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES. FERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AN	ALS PREPARE SKETCH IN SPACE TRO- OR BY REFERENCE TO PROMINERT E, COMPLETE. STAND AT FOOT OF O RIGHT.
•	PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS TAKE PORT. FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF ADORESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN MANDKERCHIEF, ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT COLLECTING POINT. THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE	OMER, ORGANIZATION, EMERGENCY TOKEL, OR OTHER AVAILABLE MAT- WITH REPORT OF DEATH. GOVERN- IS TO BE TURNED INTO SALVAGE
THUMB	FILLINGS Silver fillings Silver fillings #1,2,3,4,5,13, 17, 18, 19, 29, 20, 17, 18, 19, 29, 21, 22, 22, 23, 24, 25, 27, 28, 28, 29, 29, 29, 29, 29, 29, 29, 29, 29, 29	REPRESENTS THE HOUTH WIDE OPEN
THOM THOM THOM	None None Nissing teeth Missing #16	UPPER NO.
•	CROWNED TEETH PORCELAIN CROWN NOBE TO THE PORCELAIN CROWN TO THE PORCELAIN	LOME TO SERVICE TO SER
W	BRIDGE WORK None Signature None	
	SKETCH AND MAP REFERENCE	
N		
	<u> </u>	
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DATE REPORT FILLED OUT WD OMC FORM 1042 REPORT OF INTERMENT Rev. 1 February 1945 (Supersedes form dated 27 Sept 1945 3 Jan. 1945. Existing stocks (TM 10-630 and AR 30-1815) may be used until exhausted. 1 For Imprint of Identification Tel NAME (Lest, First, Middle Initial) Unknown X-282 SERIAL NUMBER Unknown COUNTRY Unknown Unknown \bigcirc ORGANIZATION BRANCH Unknown linknown DATE OF DEATH RACE RELIGION Unknown Unknown Unknown PLACE OF DEATH CAUSE OF DEATH Tulagi. B.S.I. Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Carda, Letters, etc.) ____ 2 NONE DISPOSITION OF SUBSTITUTE TAGS, IF MADE COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE COMPLETE TOOTH CHART ON REVERSE TYES TY NO TXX YES [NO 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. 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 BURNAL 24 Sept 45 (Reburial) PLOT NO. ROW NO. GRAVE NO. GRAVE MARKER 性斑性 146 1 Wooden Cross RELIGIOUS CEREMONY PERSON REPORTING BURIAL Previous Service Unknown. /s/:S/Sgt. Richard J. Mover IDENTIFICATION TAGS BURIED WITH BODY YES- XX NO ATTACHED TO MARKER TYES. TY 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) SERIAL NO. ORGANIZATION GRAVE NO. RANK Beginning of Row. BODY ON RIGHT, NAME (Last, First, Middle Initial) RANK SERIAL NO. ORG AN 1 ZAT 10N GRAVE NO Gench, John E. Cpl. 291403 USS NASHVILLE-USMC PERSON CONDUCTING BURLAL RITES VERIFIED BY G. R. S. OFFICER /s/ John R. Nolan

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE
INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY

/t/ JOHN R. NOLAN lst Lt.. QMC

Unknown

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: PREPARE IN QUADRUPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF 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 Previously buries as X-39 in Grave 98, Row 5, Plot B. USN & USNC Cometery, Tulagi

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 ···	Ε.	1			INSTR	RUCTI	ONS F	OR B)AL	` `	
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		7	by a member o Dress body w	fthe me hen pro	dical detac ctical and	hment burv	omdot incesu	tach EMI: itable shi	52b. Hemove a roud. Dia ar	ll personal property. ave to depth of five	
	Finger		feet; in has	ty buri	als, to suf	ficie	nt depti	h_to preve	ent destructi	on of body or loss of	
	₩.	İ	grave marker	. Leav	e other tag	on b	ody in	protected	position.	tion tog and attach to I If no tag is present	
	נגי	₹								nburial bottle, can- ains and the other one,	
•	ing.	en	(1) foot bel	om dias	e marker.	When	marking	the grave	e, fasten ider	ntification tag to tem- e, write identifying	
	g Fi	uni	data on mark	er. Wh	en pegs are	not a	vailabl	e, use oti	ner suitable :	means to unmistakably	
	Ring Finger	den								ake fingerprints of ill out tooth chart	
	4	[#	if possible.			-		_			
	Z.	Ti.	HBIGHT W	BIGHT	COLOR OF B	TES	COLOR	OF HAIR	BIRTHMARKS,	SCARS OR TATTOOS	
	Middle Finger	ļ.						l			
	le Fi		MRA DON AND	TOD 3 AT	IMMD PD	I t APPA	DDV MAD		WILD BARY	AC DUDTED	
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	ē	thumb				ł					
		~ ₹	α 2. LOC	ATION	OF GRAVE:	Report	t buria	s in esto	ablished ceme	teries by plot, row.	
	Index Finger	B	and grave nu	ber (o:	r show on c	emete	ry nacep).	For all	other buria	ls prepare sketch in s, or by reference to	
	× 5	. L	prominent per	moment	landmarks.	Info	ormation	nust be s	specific, accu	rate, complete, Stand	
	, inc	, In	at foot of a	rπve for	cing head to	o dete	ermine b	odies bur	ried to the le	eft and right.	
	jer	er	3. PE	LA MORA	EFFECTS:	List	only pe	rsonal ef	fects token f	rom body on the Bur- owner, organization	
		-Pri	emergency od	iressee	in persono	ıleff	ects ba	g. or wroop	in hondkerch	ief, towel, or other	
	_	inta	port of Deat	n. Gov	and turn ov ernment pro	ver to operty	is not	to be inc.	ion Service P luded in pers	ersonnel, with Re- onal effects but is	
	Thumb	0	to be turned	into s	alvage coll	ectio	n point	•			
	g	5		The condition of each and every tooth will be indicated on the tooth chart, in accordance with diagram.							
		ot th	FILLINGS		. SII VED	FILLI					
		Ⅎᢑ	Silver fi		GOLD				, , ,	^ 10 11	
		and		5,13,			1		095		
	Thumb	. S	$\begin{bmatrix} 17,18,19,\\ 30.31. \text{ an} \end{bmatrix}$		 				CONTRACTO	MM20, "	
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į	F.a		#16	4				DIAGRAM		THE MOUTH WIDE OPEN	
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		-lib	CROWNED TEE	Н _				" [EBE	27 0031	
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	dl e	fill	None	U	1000	CROW	7	19	10%	E 275750	
	Middle Finger	-	0.00		VURX)			•		1,200	
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	le Fi		45. A. l	ille	•						
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WD QMC Form 1042 Rev. 1 November 1942 (GRS 1, dated 11 May 1942	2 8			
(GRS 1, dated 11 may 1942	REPORT OF	== ==		TOATE REPORT FILLED OUT
may be used until exhausted)	(1M 10-039 and	AR 30-1615)	•	15 4 pril 1945
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, M	iddle Initial)		
		*****	,	
\	UNIDENTIFIED	BODY	X-39	COUNTRY
	IRANK Unknown	SERIAL NUMBER	Unknown	
O NO TAGS	ORGANIZATION		BRANCH	Unknown
(Unkr	ı ∩w n		Unknown
	RACE	RELIGION		DATE OF DEATH
	Unknown		Jnknown	Unknown
PLACE OF DEATH		CAUSE OF DEAT	ГН	
Tulagi, B.S	S.T.	ļ	Unkn	
IDENTIFICATION TAGS FOUND ON BODY) + L +	IE NO IDENTIE		OWIL THER MEANS USED TO IDENTIFY
1 2	D. ◆ ✓ NONE	BODY (Identit	ication Cards,	Letters, etc.
DISPOSITION OF SUBSTITUTE TAGS, IF				
COMPLETE FINGER PRINT CHART OF BOTH	HANDS ON REVERSE	COMPLETE TOOT	TH CHART ON REVE	RSE
YES	DCX NO	DO (NTO GANUOT DE	TES YES	□ NO
LIST ANATOMICAL CHARACTERISTICS AND	OTHER DATA IF FINGER	PRINTS CANNOT BE	TAREN	•
LIST OF PERSONAL EFFECTS FOUND ON E	RODY AND DISPOSITION O	F SAME		
THE TERRORING CITEGOS TOURS ON E	3401 AND DIG! 00 11 14 14	,		
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100	personal effect	s ioung.		
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NAME OF EMERGENCY ADDRESSEE		ADDRESS OF E	MERGENCY ADDRESS	EE
		ADDRESS OF ER	Taknown	EE
Unknown IF BURIAL OTHER THAN IN	I ESTABLISHED CEMETERY		Unknown	
Unknown IF BURIAL OTHER THAN IN	PLOT NO. ROW NO.	FURNISH SKETCH /	Unknown WO MAP REFERENC GRAVE MARKER	ES ON REVERSE
Unknown IF BURIAL OTHER THAN IN DATE HOUR 21 Dec. 1944 0930	PLOT NO. ROW NO.	FURNISH SKETCH /	Unknown HO HAP REFERENC GRAVE MARKER Wooden C	ES ON REVERSE
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"IDENTIFICATION SECTION
"ATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME