

QHGMT 293 GRS Pacific lst Ind. SUBJECT: Resolution of Unidentified Remains

Department of the Army, OQMG, Washington 25, D. C. 15 April 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

- 1. Reference is made to basic communication and inclosures, withdrawn.
- 2. Subject cases have been reviewed and this Office approves the classification of the following Unknowns as unidentifiable: Unknowns X-8, E-12, X-14, X-16, X-19, X-25, X-27, X-32, X-33, X-35, X-40, X-41, X-52, X-53, X-54, X-61, X-90, X-914, X-918, X-64, X-104, X-117, X-177, X-182, X-183, X-190, X-195, X-217, X-219, X-220, X-225, X-226, X-236, X-237, X-242, X-243, X-244, X-245, X-247, X-249, X-250, X-255, X-277, X-281, X-262, X-265, X-287, X-288, X-290, X-291, X-293, X-295, X-296, X-297, X-298, X-301, X-304, X-308, X-323, X-324, X-344, formerly Guadalcanal; X-743, X-744, X-563, X-872, X-873, X-874, X-875, X-893, X-902, formerly Shanghai Remains Depot; X-7, formerly Emmylabegan; X-30, formerly Kumming; X-125, X-146, X-1484, X-149 B X-149 C, X-150 A, X-150 B, X-233, X-238, formerly Barrackpore.
- 3. Further reference is made to inclosures 22 and 83, Unknowns X-3154, and X-315 B, formerly Barrackpore. Subject cases are suspended for further investigation.

FOR THE QUARTERMASTER GENERAL:

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T. H. METZ Lt. Colonel, QMC Memorial Division 293 link Solor war Ela le

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CUBJECT: Resolution of Unidoutified Romains

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The Quartermater General Department of the Army Washington 25, D. C.

- 1. Inclosed here ith eighty-three (83) QMC Forms 10th for Kurning, Shanghei, Remains Depot, Gundelcanal, Barrackpore, Shanghei and Employeem Cometeries, stamped and signed in accordance with letter, DA CQLO, QEEEU 283 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Decessed, dated 22 September 1948.
 - 2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

Horaco Mara s/HORACE MAUN Captain, OMC Chief, RR Div

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1. CCC Form 1044-1044a-1044b-

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2. QMC Form 1066-1044n-1044b-

Bone 15st X-12-Guefalcomal

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4. QMC Form 1044-1044a-1044b-Bens List-X-16-Candalcamal

5. QEV Forms 1041-1044c-1044b-Bons List-K-i9 Gradalcanal

6. QMC Form 1044-1044a-1044b-Bono List-K-25 Guadalcanal

7. CMC Form 1044-10440-2044b-Bone List-X-27 Guadaloanal

8. OMC Form 1046-10440-1044b-Bone List-N-52 Graduloanel P. 380 255

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- III Possa 1004-1000m-10446-3ome List
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- 13 QKO Form 1004-1044a-1044b- Bome List L-30 Gundicarel
- . OMC Form 1044-1044a-1045b-Bone List-Thurrescopical Findings I-41 Gundalcanal
- Y QMC Form 104451044a-10445-Bone List Z-52-Sundalcanal
 - 1.299 Form 1064-1044a-1044a-Bomo List 1-58-Comdalogral
- 2 Qm Form 1044-1044a-1044b-Bone List X-54 Gundalcarel
- 16 OM Form 1044-1064a-1044b-Bone List I-61 Gundalcanal
- 17,QMC Form 1044-10442-1044b: Bone List X-90 Gundaloanal
- 18 QMC Form 1044-1044s-1046b-Bono List I-91 "A" Guadalesmal
- 19.QMC Form 1044-1044a-1044b-Bone List I-91 "B" Guadalcanal
- 20.QMC Form 1044-1044a-1044b-Bone List X-104 Gundalcanal
- 21.QMC Form 1044-106/2-1044b-Bone List X-117-Guadalcanal
- 22.QMC Form 1044-1044a-1044b-Bone List X-177 Gundalcanal
- 23.QMC Form 1044-1044c-1044b-Bono List X-182-Gundalcanni
- 24.QMC Form 1044-1044a-1044b-Bone List L-183 Gundalcaral
- 25.QMC Form 1044-1044a-1044b-Bone List I-190 Guadaloanal
- 25.QMC Form 1044-1064a-1066b-Bone List X-195 GuaZaloanal
- 27. QMC Form 1044-1044a-1044b-Bone List X-94 Gundelcamal
- 28.OMC Form 1044-10442-1044b- Bone List X-217 Guadaloanal
- 29.QHC Form 1044-1044a-1044b-Bone List X-219-Gundalcanal
- 30.QMC Form 1044-1044c-1044b-Bone List I-220 Guadaloanal
- 31.QMC Form 1044-1044c-1044c-Bons Lis to I-225 Gundalcamal

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- 32. QHC Form 1044-1044a-1044b-Bone List-I-226-Guadalcaral
- 33. QMC Form 1044-1044e-1044b-Sono List-I-235-Guadalcanal
- 34. QMC Form 1044-1044c-1044b-Bono List-X-287-Guadalcanal
- 35. QMC Rorm 1044-1044a-1044b-Bono Mast-X-242- Guadalcanal
- 36. QMC Form 1044-1044e-1044b-Bozo Idat-X-243-Gundalcanal
- S7. QMC Form 1044-1044a-1044b-Bone List-X-244-Gundaloanal
- 38. QLC Form 1044-1044a-1044b-Bono List-X-245-Guadalosmal
- 39. QEC Form 1044-1044a-1044b-Sone List-X-247-Guadaloanal
- 40. QUE Form 1044-1044a-1044b-Bomo List-I-249-Gundalounal
- 41. QMC Form 1044-1044a-1044b-Bono List~ X-250-Cundalcanal
- 42. QMC Form 1044-1044a-1044b-Bone List-X-255-Guadaloamal
- 43, QMD Form 1044-10446-10446-Bone List-X-277-Gmdelcamal
- 44. QMC Form 1024-10442-10446-Bone List-L-281-Gundalomal
- 45. QMC Form 1044-10446-1044b-2020 List-X-282-Gundalemmi
- 46. QMC Form 1046-1044a-1044b-Bone Linto Z-285-Guadaloamal
- 47. QEC Form 1044-1044a-1044b-Bone Liet-X-287-Gundalcomal
- 48. QMC Form 1026-1046e-1044b-Bone Lister X-238-Gundalcanel
- 499 QMC Form 1044-1044a-1044b-Bone Liste X-290-Gundaloanal
- 50. QMC Form 1044-1044e-1044b-Bons List-N-291-Sundalcanal
- 51. QMC Form 1044-1044a-1044b-Bono List-I-295- Guadalcamal
- 52. QMC Form 1044-1044c-1044b-Bono Mist-Z-295-Guadelcanai
- 53. QMC Form: 1044-1044a-1044b-Boxe List-L-296-Guadalcanel

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- 56. QMC Form 1044-1044n-1044b-Boro List-X-501-Guadaleanal
- 57. QMC Form 1044-1044a-1044b-Bono Liet-X-304-Guadualcomal
- 68. QMC Form 1044-1044e-1044b-Bono List-X-308-Gundalconel
- 59. QNC Form 1044-1044e-1044b-Bone List-X-323-Guadaloanel
- 60. QMC Form 1044-1044a-1044b-Bone List-X-324-Gundelcanal
- 61. QEV Form 1044-1044s-1044b-Bomo List-L-344-Guadalcanal
- 62. QMC Form 1044-1044c-1044c-Bone List-L-743 Romains Depot
- 63. QMC Form 1044-1044a-1044ba-Bone List-I-744-Remains Depot
- 65. QMC Form 1044-1044a-1064b-Bone List-X-368-Remains Depot
- 65. QMC Form 1044-1044e-1044b-Bors List-X-872-Remains Depot
- 66. QMC Form 1044-1044a-1044b-Sone List-X-673-Remains Depot
- 67. QMC Form 1044-1044a-1044b-Bone List-I-674-Remains Depot
- 68. QMC Form 1044-1044c-1044b-Bone List-X-875-Remains Depot
- 69. QMC Form 1044-1044b-Done List X-902-Remains Depot.
- 70. QMC Form 1044-10462-1046b-Bone List-X-7-Annlabegan
- 71. QMC Form 1044-1044a-1044ia-Bone List-I-30 Kumming
- 72. QMC Form 1044-1044c-1044b-Bone List. I-893 Shanghei
- 73. QEC Form 1064-1044a-1044b-Bone List-X-125-Barrackporo
- 74. QMC Form 1064-1044a-1044b-Home List-Z-148-Engacepore
- 75. QMC FORE WILLIAM DONE Hist X-149-"A" Barrackpore.

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- 77. QMC Form 1044-1044b-Bone List X-149 "C"Barrackpore
- 78. CMC Form 1044-1044b-Bone List X-150 "A" Exrmackpord
- 79. QHC Form 1044-10448-1044b-Bone List-X-160 "B" Palicokpore
- 80. QMC Form 1044-1044-10446-Bono List-L-233 Berrackpore
- 81. QMC Form 1044-1044a-1044b- Bons Lictor X-238-Barrackpore
- 82. QMC Form 1044-10440-Bone List X-315 "A" Barrackpore
- 85. QMC Form 1044-10448-Bone List X-815 "B" Barrackpore

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| DATE CASKET SEALED BY | | | BY The | FARALME | R (Signature) | | | | |
| | | | | | | | | tion, in the sign of the sign | |
| CASKET BOXED ANI | D MARKED | | | SHIRPING | ADDRESS VERIFIED | BÝ | | | |
| DÂTE | BY - | | | 7. 7. 7. 3. | | | | | i mi |
| I hereby | tellily the | ot all the foreg | omg operations we | rie conduc | ted and accom | plished unde | r my imme | liate superv | ision |
| | | | | | | | | | 4 |
| | 4 | | | (P. 1) | SIGNATURE OF | PIDE MICAECT | 45. 00 S | | |
| l Prepare Di | ocrepanicy l | Report GMC Fe | rai (1940 for olaf) | 77- | | · DRO PINTEC! | | | |
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| DISPOSITION OF REMAINS CODE DIST. PT | | | | **** | AFOR | - 10 m |
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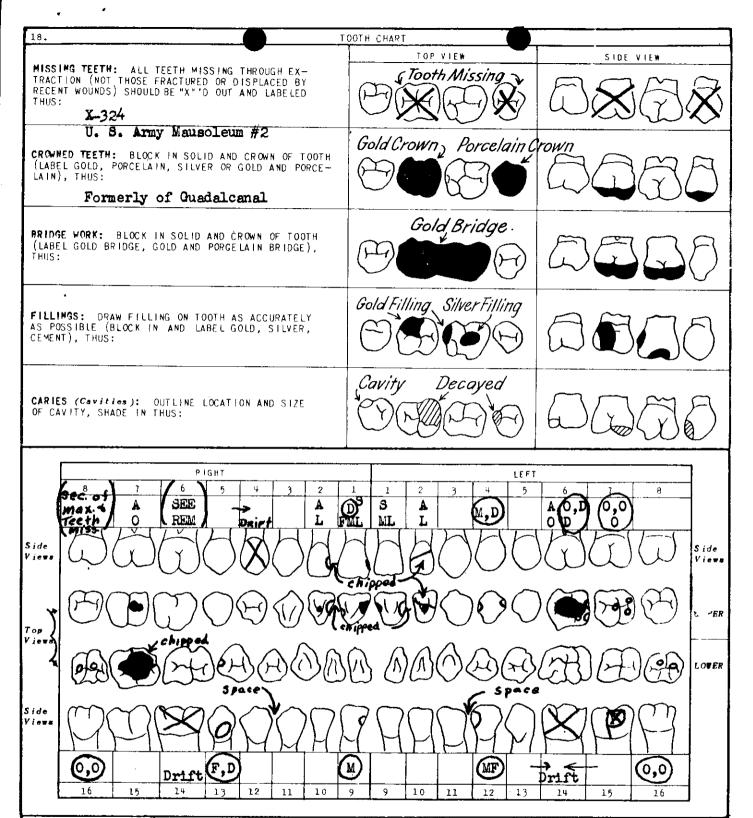
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and that the report

Pregate Discrepance Report OMC Form ILDice for minist discrepancies

Choyo is correct.

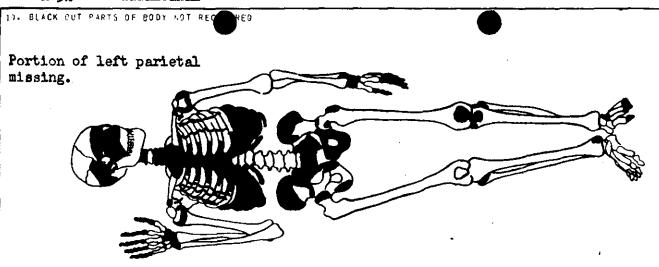
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|------|---|--|-------------------------|-------------|-------------|----------|-----------|---|------------------------------------|----------------------------------|
| | | DISCREPANCY | | IDENTI | FICATI | ON DA | TA | | | |
| 1. | remains o X-324 | F UNKNOWN Guadalca | nal | ÷ | | | | | 2. DATE OF RE | |
| | NAME OF C U.S. I Former: Guadalo | Army Mausole ly of | um #2 | | 4. | PLOT 5 | L 199 | 6. GRAVE 6 | | e OF REINTERMENT 28 Jul 48 |
| _ | | | | PHY | SICAL DESC | CRIPTION | | | vears. | |
| | estimated 160 to | WEIGHT 165 lbs. | 9. ESTIMATE 180 - 70 | HEIGHT | 10 | . COLOR | OF HAIR | | 11. RACE Probably | White |
| 12.0 | IVE DESCI | RIPTION OF ANY | FFICIAL IDE | NTIFICATION | FOUND WIT | H REMAIN | IS | | | |
| | | | | | | | | | | |
| | None. | R PTION OF TATT | | ,,, | | | E Carre | | | |
| | | · (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | AL DE | | CF () | FFICH | ENT II | DENTI | FYING DA | .TA |
| | | Lat. Lt., I | A U-LLSY | 39E De | will | 6 1 | ru -ae | 1 2 | Jan 19 | 09 |
| 14. | WAS BODY | BURNED? | TO WHAT EXT | | | | | 7 | 7 | 7/ |
| | YE: | | | | | | | , <u>, , , , , , , , , , , , , , , , , , </u> | , | |
| 15. | | | TO WHAT EXT | | _ | | | | | |
| | Y E : | | | ive eros | | <u>.</u> | | | | |
| 10. | DESCRIBE | EVIDENCE OF HEA | LED FRACIUR | ES AND BONE | MALFORMAI | IONS | | | | |
| | None. | | ٠ | | | | | | | |
| 17. | SERVICE, | RY ITEM OF CLOTE ETC. (If launde for examination | y marka ase | indistinct | *uch nota | tion wh | ould be m | NG THE TYP | PE, COLOR, SIZE pecimen forward | , MARKINGS, led through |
| | None. | | | | | | | | | |
| | | | | | | | - | | | |
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| | | | | | | | | | | |



DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

REMARKS:

- 1. R-6 section is too broken to say anything definite. The tooth is missing.
- 2. Guttapercha filling on R-15.
- 3. Wear on the incisal edges of the lower anteriors.
- 4. L-12 and L-13 are in a slight torsi version.



NASS 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:

No extra parts.

/s/ M. Trotter
M. TROTTER SIGNATURE OF MEDICAL OFFICE ANTHROPOLOGIST

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a tall man 21 to 23 years of age (estimate based on dental condition) of average muscularity weighing between 160 and 165 lbs.

The skull is evoid in shape. The vault is average height.

The forehead is sloping. The backhead is rounded. The palate is deep and "U" shaped.

The mandible is average in structure with slight gonial flare.

The chin is deep and rounded slightly protruding with narrow bilateral eminences and gives the appearance of having been a cleft chin.

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

O.W. GREEN WOOD, CAPT., OMC
CENTRAL IDENTIFICATION LABORATORY

/s/ O. W. GREENWOOD
O. W. GREENWOOD

AND MAUSOLEUM. APO 957.

| NAME | SIDE | NO | BONE LEN | | | REMARKS TURED, LIST PARTS AND LOCATION) |
|-------------------------|---------------------|--------------|--------------|-------------|---|---|
| SKULL | | 1 | | | Fractured. Port and left parieta temporal, maxill | ion of the occipital right l, frontal right and left a, all of the nasal missir |
| | CERVICAL | 4 | | | 3 missing (4, 6 | and 7.) |
| VERTEBRAE | THORACIC | 12 | | | Fragments only. | |
| | LUMB AR | 5 | | | Fragments only. | |
| SACRUM | | 1 | | _ | Portion of body present only. | and portion of left wing |
| INNOMINATES | RIGHT | 1 | BI-ILIAC | DIAH | Fragments only. | |
| THROMINA 1ES | LEFT | 1 | | | 71 11 | |
| RIBS | | 12 | | | Fragments, 12 mi | ssing. |
| STERNUM | | 0 | ļ | | Missing. | |
| | RIGHT | 1 | | | Distal and stern | al end eroded. |
| CLAV ICLES | LEFT | ı | | | и и и | 11 11 |
| | RIGHT | 1 | | | Body eroded. | |
| SCAPULAE | LEFT | ī | | | H H | |
| | RIGHT | ī | approx. | 33.7 | Proximal head er | oded. |
| HUMERI | LEFT | 1 | | | | |
| | RIGHT | 1 | 26. | 5 | | |
| RADII | LEFT | ı | 26. | 3 | | |
| ULNAE | RIGHT | 1 | | | Distal end missi | ng. |
| UERAC | LEFT | 1 | approx. | 27.3 | 11 11 11 | |
| HANDS | RIGHT | 1 | | | 2 carpals & 5 me | tacarpals present only. |
| | LEFT | 1 | | | 5 metacarpals pro | esent only. |
| FEHORA | RIGHT | 1 | \ | | Head missing. | |
| | LEFT | 1 | 48. | 7 | Head eroded, great | ater trochanter missing. |
| PATELLAE | RIGHT | 1 | | | | |
| | LEFT | 0 | | | Missing. | 4 |
| TIBIAE | RIGHT | 1 | 39. | | Proximal end erode | |
| | LEFT | | 27. | <u>~</u> | | |
| FIBULAE | RIGHT | 1 | <u> </u> | | Proximal head min | _ |
| | LEFT | | | | Proximal end miss | sing. |
| FEET | RIGHT | 1 | | | (3) | |
| | LEFT | 1 | ļ | | (3) tarsals miss | ing. |
| HUMERO-CLAY ICULA | R RATIO U.T. | D. | | | MATE AGE (in years) 1 to 23 | |
| 180 ESTIMATED HEIGHT | - 70.87 51 10 3/ | /48 | | | BR RATIO U.T.D. | |
| | | 5 lbs | 1 1 | | • | |

09 - AGRS 21

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(Supermedes OP-AGRS 21, 29 Sep 47, which may be used)

| WD CMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | REPORT OF (AR 30-1810 ar | INTERMENT ad AR 30-18 | X STORACE 15) | DATE | of REPORT 28 Oct | 1948 | |
|---|---|--------------------------|--------------------------------------|--------------------------------|-------------------|-------------|--|
| Imprint Identification Tag If Possible. | Section 1.—IDENTIFICATION. | · | | | | | |
| DO NOT TYPE | NAME (Last, first, middle initial) | | | SERIA | SERIAL NO. | | |
| $\begin{pmatrix} 1' & 1 \end{pmatrix}$ | UNKNOWN X-324 | | Dudenski, J. | | Unknown | | |
| REINTERMEN | GRADE | ORGANIZATION | | BKAN | BRANCH OF SERVICE | | |
| / KEIN LEKMEN | Unknown | Unknown | | 11 | nknown | | |
| Corrected Repert | RACE | RELIGION | | IF OTHER THAN U. S. DEAD, GIVE | | | |
| | Probably | Unknow | n | NAME OF C | DUNTRY | | |
| BLACE OF DEATH | White | Otheriow | | DATE | OF DEATH | | |
| PLACE OF DEATH | | | | | | | |
| Gavutu, B. S. I. | Unknown | | | | Unknown | | |
| EMERGENCY ADDRESSEE (Name, relationship, of | and address) | | | | | | |
| Unknown | | | | _ | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) | IF NO TAGS FOUND ON BODY, I | DESCRIBE MEANS O | FIDENTIFICATION (A | f unidentified, fi | U in section 3 | on reverse) | |
| None | See OQMG Ltr, | QNGMR 293 | , Dudenski, | J.G., Lo | ckett, | G.R., | |
| WERE SUBSTITUTE TAGS PROVIDED? (Yes or no | (Guadalcanal) | B. S. I., | 12 Cct 48, | Subj: B | urial | - | |
| | Information. | | | | | | |
| Yes | | | | | | | |
| LIST PERSONAL EFFECTS FOUND ON BODY AN | ID DISPOSITION OF SAME | | | | | | |
| | Mon e | | | | | | |
| i | Hone | | | | | | |
| | | | | | | | |
| | | <u></u> | | | | | |
| Section 2.—BURIAL. If other than in esta | blished cemetery, furnish sketc | h and map coord. | inates on reverse. | | | | |
| NAME, NUMBER, COORDINATES, AND LOCATION | ON OF CEMETERY | | | | | | |
| U.S. Army Mausoleum | , Schofield Barrack | s, T.H. | | | C | asket | |
| DATE OF BURIAL HOUR | BURIED IN (Shroud, blanket, or n | ame of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE, No. | |
| 14 Jan 1948 | Netal Lined Ca | | | | K | 6 | |
| WAS THIS A REBURIAL? IF A REBURIAL (Yes or no) | , INDICATE NAME, NUMBER, COORI | DINATES OF PREVIO | OUS CEMETERY, AND I | | | Lanus Na | |
| | Navy, Marine Cemet | omr Guede | leanel | PLOT No. | 199 | GRAVE No. | |
| | ICTING BURIAL RITES | LE IDENTIFICATI | ON TAGS NOT USED, URIED WITH BODY | | | | |
| TYPE OF RELIGIOUS PERSON CONDI CEREMONY | SCHING DOMAL MILES | CONTAINERS B | URIED WITH BODY | | | | |
| | | | | | | | |
| | NTIFICATION TAG ATTACHED TO ARKER (Yes or 110) | | | | | | |
| | | <u> </u> | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (La | st, first, middle initial) | RANK | SERIAL No. | ORGANIZATI | ON GRAV | Æ No. | |
| | | | | | , | | |
| Not applicable du | | RANK | SERIAL NO. | ORGANIZATI | ON GRAV | /E No. | |
| BODY BURIED ON DECEASED RIGHT, NAME () | Aus, Jura, midaje indial) | i suit | 30 | | | · | |
| of storing ca | skets. | | | | | | |
| SIGNA ORE OF PERSON-PREPARING REPORT | | SIGNATURE 4 | GRS OFFICER VERIFY | NG REPORT | | | |
| Carling your | \mathcal{L}_{i} | TOTALOT | TACK | | | | |
| EARL B. MANCK, CHO, | YEA. | HCIACE | MANN, Capt, | WILL. | | | |

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.

Incl 3'

| | Section S. UNIDENTIFIE | REMAINS. | | | | | | |
|------------------------|--|--|---|---|----------------------------|--|--|--|
| LEFT LITTLE FINGER | INSTRUCTIONS: (a) Great care will mains. Fill in anatom social security number; planes, vehicles, and ta (b) A fingerprint, chart at left, or as man | be taken to record ical characteristics position of body fo nks. or prints, are the m y as possible. If n | the most minute clues below, and any other und in airplanes, vehic ost valuable of all clue o fingerprint or prints (| te clues for the future identity of unidentified re- y other clues under "Other," such as shoe size, s, vehicles, and tanks; and serial numbers of air- all clues. Imprint all fingers and thumbs in the prints can be secured, the condition of each and nce with diagram below. Tooth chart will not be | | | | |
| LEFT RING FINGER | every tooth will be indic accomplished if one or HEIGHT WEIGHT | cated on the tooth c more fingerprints at COLOR OF EYES | hart in accordance with e secured. | diagram below. Toot | | | | |
| GER | WEAPON AND SERIAL NO. | LAUNDR' | / MADI/C | WHERE BODY WAS BURI | 50 00 FOUND | | | |
| WIDOLE | TOTAL ON AND SERVAL NO. | LAUNDA | I MAGNO | WHERE BODY WAS BORI | ED OR FOUND | | | |
| LEFT MIDDLE FINGER | OTHER IDENTIFICATION CL | UES | | | ; :· | | | |
| LEFT . INDEX FINGER | FILLINGS | | | | | | | |
| SER. | | SILVER FILL | ING VG | 30000 |)3 | | | |
| THUMB | CAVITIES | CAVIT DECAN | YED 5 6 7 7 8 8 6 | UPPER | 5 506 7 70018 | | | |
| RIGHT THUMB | MISSING TEETH | TOOTH MISSI | | REPRESENTS THE MOU | TH WIDE OPEN | | | |
| RIGHT INDEX FINGER | BRIDGE WORK | PORCELAIN CONTROL CONTROL | 15 \ 14 13 | LOWER | (2) 15 (3) 14 (3) 13 | | | |
| - | 6 | STATE OUT | BRIDGE | |) | | | |
| RIGHT RIGDLE FINGER | FURNISH SKETCH AND MAP | REFERENCE AND COC | RDINATES FOR BURIAL IN | OTHER THAN ESTABLISHE | D CEMETERY | | | |
| RIGHT RING FINGER | REMARKS: | | · | · · · | | | | |
| HIGHT | | | | · · · · · · · · · · · · · · · · · · · | | | | |

WD QMC FORM 1042 DATE OF REPORT REPORT OF INTERMENT STORAGE (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) (AR 30-1810 and AR 30-1815) 28 Oct 1948 Imprint Identification Tag If Possible. Section 1.--IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL No. UNKNOWN X-324 (Formerly Dudenski, J.H.) Unknown REINTERMENT GRADE ORGANIZATION BRANCH OF SERVICE Unknown Unknows Unknown Corrected Report RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY Probably Unknown PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Gavetu, B. S. I. Unknown Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reserse) (1, 2, or none) See OQMG Ltr, QMGMR 293, Dudenski, J.G., Lockett, G.R., (Guadalcanal) B. S. I., 12 Oct 48, Subj: Burial Hone WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Information. Tes LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME **Hone** Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY V. S. Army Mausoleum, Schofield Barracks, T.H. NO. DATE OF BURIAL HOUR BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE MARKER PLOT No. ROW No. 14 Jan 1948 Metal Lined Casket WAS THIS A REBURIAL? IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PLOT No. ROW No. GRAVE No. Tes Army, Navy, Marine Cometery, Guadalcanal 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 710) BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No. Het applieable due to manner GRAVE No. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION of storing caskets. SIGNATURE OF PERSON PROPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.

Acl 32

| | Section | UNIDENTIFIED | REMAINS | <u> </u> | | | | | | | |
|------------------------|-------------|---|----------------|-------------------------|--------------------------|--------------|-----------------|---|-------|--|--|
| LEFT LITTLE FINGER | | eat care will I in anatomi ity number; icles and tar | | | | | | entity of unidentified ther," such as shoe and serial numbers of ngers and thumbs in the condition of each Tooth chart will no | | | |
| 콘 | every tooth | will be indic ed if one or r | ated on the | ne tooth cherprints ar | art in acc e secured. | ordance with | diagram below. | Tooth chart will no | ot be | | |
| LEFT RING FINGER | HEIGHT | WEIGHT | COLOR O | | COLOR OF | | | ARS, OR TATTOOS | | | |
| | WEAPON AND | SERIAL No. | <u> </u> | LAUNDRY | MARKS | | WHERE BODY WA | AS BURIED OR FOUND | | | |
| Mici | | | | | | | | | į | | |
| LEFT MIDDLE FINGER | OTHER IDENT | IFICATION CLL | IFS | <u> </u> | | | | | | | |
| NGER | | | | | | | • | | | | |
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| IND | | | | | | | | | | | |
| LEFT INDEX FINGER | F-111110 | | | | | | <u></u> | - | | | |
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| _ | - CONTEST | | " " | · | | 5 A | CANARA | 1920° | | | |
| THUMB | CAVITIES |) | C | DECAY | r ED | ه کی | UPPER | 1226 | ļ | | |
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| | MISSING | TEETH | , ((4 | رزا | | 8 0 | | a Color | | | |
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| THUMB | | ì | THE | ۲ | | DIAGRAM | REPRESENTS TH | E MOUTH WIDE OPEN | | | |
| . . | CROWNED | TEETH | | | | 16/8 | ETE. | FA 16 | | | |
| | - | 4 | POF | CELAIN C | ROWN | 15 | EUE, | ₹ 72 7 715 | | | |
| INDEX | | U | Vally |) | | 14 | LOWER | 14 | | | |
| X FINGER | BRIDGE | WORK | | | | 13 | THE MANAGER | N (20 13 | | | |
| SER | | 6 | S | CGOLD B | RIDGE | ı | | 100012 | | | |
| | - | | ATTY | _ | | | 11 0 000 | 10 11 | | | |
| RIGHT RIDDLE FINGER | FURNISH SKE | TCH AND MAP | REFERENCI | E AND COOL | RDINATES F | OR BURIAL IN | OTHER THAN ESTA | ABLISHED CEMETERY | ~ | | |
| E FIN | | | | | | | | • | | | |
| GER | | | | | | | | 1 | | | |
| | -[| | | | | 17 m = 19 | | † | | | |
| RIGHT RING FINGER | | 4. | ** | | | | | | | | |
| FING | | | | | | | | | | | |
| ER | REMARKS: | | | | | | | | | | |
| - : | - | | | | | • | | | | | |
| RIGHT LITTLE FINGER | | | | | | | | | | | |
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| QMC FORM 1942 | | 050007 | | | | _ |
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| v. 1 February 1945 upersedes form dated_ | | REPORT | ÜF | INTE | KMEN | I |
| dan lous Evication starts | / | | | | | _ |

DATE REPORT FILLED OUT

| 3 Jan. 1945. Existing stocks may be used until exhausted.) | (TM 10-630 and AR 30-1815) | | | | 18 | 18 October 1945 | | | |
|---|------------------------------------|---------------------------------------|--|-----------------------------|------------------------|-----------------|------|---------------|--|
| For Imprint of Identification Ta | NAME (Last, First, Middle Initial) | | | | | ı, | | | |
| | Dudens | Dudenski, J. H. | | | | | | | |
| \ <u>\</u> | RANK | · Unknown Unknow | | | rial number Unknown | | | COUNTRY | |
| | | | | | | | | USA | |
| | ORGANIZATIO Unknown | Unknown | | BRANCI | | known RE | | · | |
| | RACE Unknow | n | RELIGION | nown | ် တာ | 9 · | | F DEATH | |
| PLACE OF DEATH | T chiaton | | CAUSE OF DE | | <u> </u> | (V)2- | Unk | nown | |
| Gavutu, B. S. I. | | | Unkno | | • | œ <i>≕≀</i> | | | |
| | | | UTIKITO |) AA I I | <u> </u> | 72 | | | |
| IDENTIFICATION TAGS FOUND ON BODY | ′ | | IF NO IDENTIFICATION TAGS, THE TANK USED TO IDENTIFY | | | | | | |
| 1 | X NONE | | BODY (Identification Cards Letter etc.) | | | | | | |
| DISPOSITION OF SUBSTITUTE TAGS, | F MADE | | Identified from name on cross marking | | | | | | |
| COMPLETE FINGERPRINT CHART OF BOT | H HANDS ON DE | V COCK | the grav | 'θ., Στι <u>τού (</u> 0) | ON DEVES | | | | |
| ☐ YES | X NO | TENSE | COMPLETE | VIII CHARI | ON REVER | | - NA | | |
| LIST ANATOMICAL CHARACTERISTICS | | IE EINGEDE | DINTS CANNOT | DE TAVES | | LA | □ NO | | |
| | THE VINER DAY | I I I I I I I I I I I I I I I I I I I | KINIS CANOL | DE TAKER | • | | | | |
| LIST OF PERSONAL EFFECTS FOUND OF | L BODY AND DIG | DOCLT LOW OF | | | | | | | |
| CIST OF FERSONAL EFFECTS FOUND OF | BOUT AND DIS | NOZILION OF | SAME. | | | | | | |
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| | No so | manna a | ffects fou | | | | | 1 | |
| | wo ber | LOOHALL CI | rreces fou | na. | | | | | |
| | . ` | | | | | | | | |
| | | | | | | | | | |
| NAME OF EMERGENCY ADDRESSEE | | | ADDRESS OF EMERGENCY ADDRESSEE | | | | | | |
| Unknown | | | Unknown | | | | | | |
| NAME, NUMBER AND LOCATION OF CEME | | _ | | | | | | | |
| Army Navy Marine Cemete | ery, Guadal | | [| | | | | | |
| Heburial | · | ROW NO. | GRAVE NO. | ļ | GRAVE MAR | | | | |
| TB Sep 45 0740 | F | 199 | 9 1 Wooden Cross | | | | | | |
| Previous service unknow | , m | | T-5 William V. Turay | | | | | | |
| IDENTIFICATION TAGS BURIED WITH B | ODA L AES | - [] NO | | | | | | | |
| IF IDENTIFICATION TAGS NOT PRESEN | T, WHAT OTHER | IDENTIFICA | TION DATA BUR | RIED WITH | BODY AND | IN WHAT | | F CONTAINERS. | |
| | | | | | | | | | |
| Embossed plate bearing | name and s | erial no | buried w | with bo | ody. | | | | |
| 80 | DIES BURIED E | THER SIDE | | · | | | | | |
| BODY ON LEFT, NAME (Last, First, | Middle Initia | 1) | RANK | SERIAL N | o. \ | ORG AN IZA | TION | GRAVE NO. | |
| Beginning of row. BODY ON RIGHT, NAME (Last, First, | M: 431 - T-:A: | | DANK | CERLAL N | | 00C AN 1 74 | TION | CDAVE NO | |
| Clarke, Irwin R. | | | _ | SERIAL N | 1 | DRG AN IZA | IJUN | GRAVE NO. | |
| PERSON CONDUCTING BURIAL RITES | | | CAM 242-50-12 USN 2 VERIFFE BY G. R. S. OFFICER | | | | | | |
| and the second second | | | | | | | | | |
| OHMIONI | | | JOHN R. NOLAN | | | | | | |
| | lst Lt., QMC | | | | | | | | |
| IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE | | | | | | | | | |
| INSTRUCTIONS DID SITTING OUT BURLET PERSON. | | | | | | | | | |

INSTRUCTIONS FOR FILLING OUT DURIAL 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. 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

1.0162

| E | 1 | INSTRUCTIONS FOR INTERIOR | \Box | | | | | | | | |
|---------------|----------|--|--------|--|--|--|--|--|--|--|--|
| ttle Finger | Left | 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: | | | | | | | | | |
| Ring Finger M | Left | | | | | | | | | | |
| Middle Finger | Left | HEIGHT WEIGHT COLOR OF BYES COLOR OF HAIR BIRTHMARKS, SCARS OR TATTOOS WEAPON AND SERIAL NUMBER LAUNDRY MARKS WHERE BODY WAS BURIED | | | | | | | | | |
| nger | - 11 | | | | | | | | | | |
| Index Finger | | 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, Standat 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 Purious and the control of th | 0 1 | | | | | | | | |
| т Пъить | | ial 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 SILVER FILLING | _ | | | | | | | | |
| Thumb | | CAVITIES CAVITY DECAYED 3 UPPER 14 | | | | | | | | | |
| Index Finger | Right | MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN | | | | | | | | | |
| Middle Finger | Right | CROWNED TEETH PORCELAIN CROWN GOLD CROWN 19 LOWER 20 ANALY 2 | | | | | | | | | |
| | \dashv | 0 0000 0 22 23 24 25 26 27 | | | | | | | | | |
| Ring Finger | Right | SKETCH AND MAP REFERENCE | | | | | | | | | |
| Little Finger | Right | | | | | | | | | | |

_COPY by EHC >

| WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | REPORT OF (AR 30-1810 a | | | DATE | DATE OF REPORT | | | |
|---|---|--|---|--|--------------------|------------------|-------------|--|--|
| | | · · · · · · · · · · · · · · · · · · · | nu AR 50-1 | -1815) 18 Oct 1945 | | | | | |
| Imprint Identification DO NOT T | | Section 1.—IDENTIFICATION | ction 1.—IDENTIFICATION. | | | | | | |
| 20 1101 1 | 77.2 | NAME (Last, first, middle initial) |) | | SERI | AL No. | | | |
| l / | | | | | İ | | | | |
| 1 (| ' | Dudenski, J. H. | | | ŀ | | | | |
| l > | | GRADE | ORGANIZATIO | NI | DDAN | ICU OF CCDU | | | |
| [(| 0 | 1 5.5.52 | ONGANIZATIO | 14 | BRAI | NCH OF SERV | ICE | | |
| 11 | O | 11 | | | | | | | |
| 1 \ | | / Unknown | <u>Unknown</u> | <u> </u> | l Ţ | JSA | | | |
| 1 \ | / | / RACE | RELIGION | | IF OTHER TH | HAN U.S. DEA | AD, GIVE | | |
| | | | | | NAME OF C | OUNTRY | | | |
| | | | | | | | | | |
| PLACE OF DEATH | | CAUSE OF DEATH | 1 | | DATE | OF DEATH | | | |
| | | | | | DATE | OF DEATH | | | |
| | | | | | | | | | |
| Gavutu, B. S. | | Unknown | | | | | | | |
| EMERGENCY ADDRESSEE (N | ame, relationship, | and address) | | | | | | | |
| Í | | | | | | | | | |
| | | | | | | | | | |
| Inches and the second | | | <u> </u> | | | | | | |
| IDENTIFICATION TAGS FOUR (1, 2, or none) | AD ON BODA | IF NO TAGS FOUND ON BODY, | DESCRIBE MEANS | OF IDENTIFICATION (| f unidentified, fi | ll in section \$ | on reverse) | | |
| (1, 0, 0, 1,010) | | | | | | | | | |
| Y | | Identified from | | | | | | | |
| WERE SUBSTITUTE TAGS PRO | OVIDED?(Yes or 1 | Identified from | i name on | crass marking | the gra | .vo. | | | |
| | , | | | | | | | | |
| | | 1 | | | | | | | |
| | | <u> </u> | | | | | | | |
| LIST PERSONAL EFFECTS FO | UND ON BODY A | IND DISPOSITION OF SAME | | | | | | | |
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| | ***** | | ·-· | | | | | | |
| Section 2.—BURIAL. If of | her than in est | ablished cemetery, furnish sketc | h and map coor | dinates on reverse. | | | | | |
| NAME, NUMBER, COORDINAT | ES, AND LOCATI | ON OF CEMETERY | | · · · · | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 1 | | | | | | | | |
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or n | ame of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. | | |
| Reburial | | | | MARINER | | | | | |
| 18 Sep 45 | 0740 | | | 107 3 0 | | | <u>-</u> | | |
| WAS THIS A REBURIAL? | | I INDICATE NAME NUMBER COOR | Wooden Cross RDINATES OF PREVIOUS CEMETERY, AND LOCAT | | | RATION OF GRAVE | | | |
| (Yes or no) | II A NEOUNIA | E, MOIGHTE MAME, NOMBER, COOKE | MAILO OF FREE | 1005 CERETERT, AND E | | TAVE | | | |
| | | | | | PLOT No. | ROW No. | GRAVE No. | | |
| | | | | | | | | | |
| TYPE OF RELIGIOUS | PERSON COND | UCTING BURIAL RITES | IF IDENTIFICAT | TION TAGS NOT USED, | DESCRIBE IDE | NTIFICATION | DATA AND | | |
| CEREMONY | | | CONTAINERS | BURIED WITH BODY | | | | | |
| | | | | | | | | | |
| | <u> </u> | | Embos | sed plate bea | ring name | e and s | erial | | |
| IDENTIFICATION TAG BURIE BODY (Yes or no) | | INTIFICATION TAG ATTACHED TO ARKER (Yes or no) | | uried with bo | | | | | |
| 2021 (2000) | " | | | | ~ , . | | | | |
| | | | | | | | | | |
| BODY BURIED ON DECEASED | LEFT NAME (La | ust first middle initial) | RANK | SERIAL No. | ORGANIZATIO | N GRAVE | F No | | |
| | | January Treatment Control of the Con | I I I I I I I I I I I I I I I I I I I | SCRIAL NO. | Chantizatio | GIVAN | L NO. | | |
| Beginning of p | row. | | | | | | | | |
| | | | | | ļ |] | | | |
| BODY BURIED ON DECEASED | RIGHT, NAME (| Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATIO | N GRAVI | E No. | | |
| | | | | | i | | | | |
| | | 1 | |] _ | | | | | |
| Clarke, Irwin SIGNATURE OF PERSON PREI | CMM 242-50-12 USN 2 | | | | | | | | |
| SIGNATURE OF PERSON PRE | SIGNATURE OF GRS OFFICER VERTFYING REPORT | | | | | | | | |
| Unknown John R. Nolan 1st Lt., QMC | | | | | | | | | |
| | | | | AL 1104 | | nee willer | | | |
| DISTRIBUTION OF DEDOR | T: S/4===* | limal for II. C. and allind days. | tond side 1 | .d | | | 46 | | |
| through Headquarters G | RS Officer. Co. | inal for U.S. and allied dead, signifies for retention in theater as p | gueu original an orescribed by th | eater copy for enemy eater commander. | ueau, to the (| ,uartermasi | rer General | | |
| | | | <u>-</u> | | | | | | |

| | Section 3.—UNIDENT | IFIED REMAINS | | | | |
|-------------------------|---|---|--|---|---------------------|----------------------------------|
| LEFT LITTLE FINGER R | mains. Fill in and social security num planes, vehicles, an | e will be taken to atomical charactober; position of and tanks. | for the future identity clues under "Other," es, and tanks; and se s. Imprint all fingers an be secured, the coadingram below. Too | 'such as shoe size, 'rial numbers of air- | | |
| LEFT RING FINGER | HEIGHT WEIGH | | | COLOR OF HAIR | BIRTHMARKS, SCARS, | |
| MIDDL | WEAPON AND SERIAL | No. | LAUNDRY | MARKS | WHERE BODY WAS BUI | RIED OR FOUND |
| LEFT MIDDLE FINGER | OTHER IDENTIFICATION | ON CLUES | | | | |
| LEFT INDEX FINGER | FILLINGS | , SI | LVER FILLI | NG | 1 1 | |
| | | GG | LVER FILLI | 4 5 / | | 03 |
| THUMB | CAVITIES | | CAVITY DECAVE | ′ 1 . (| UPPER | 1006 1007 |
| R(GHT THUMB | MISSING TEETH | PR | OOTH MISSIN | ig W | REPRESENTS THE MO | OUTH WIDE OPEN |
| RIGHT INDEX FINGER | BRIDGE WORK | POF | COLD B | 15 \ 14 | LOWER S | 15 (1) 14 (1) 13 (1) 12 |
| RIGHT MIDDLE FINGER | FURNISH SKETCH AN | D MAP REFERENCE | E AND COOF | RDINATES FOR BURIAL IN | OTHER THAN ESTABLIS | HED CEMETERY |
| RIGHT RING FINGER | REMARKS: | | | | | |
| RIGHT LITTLE FINGER | | | | | | |