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and that the re	eport o	above is correc	!.		0.6	.)		
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			SIGNATURE OF GR	S INSPECTOR		
Propare Di	ecrese ngy Report OMC Point N					

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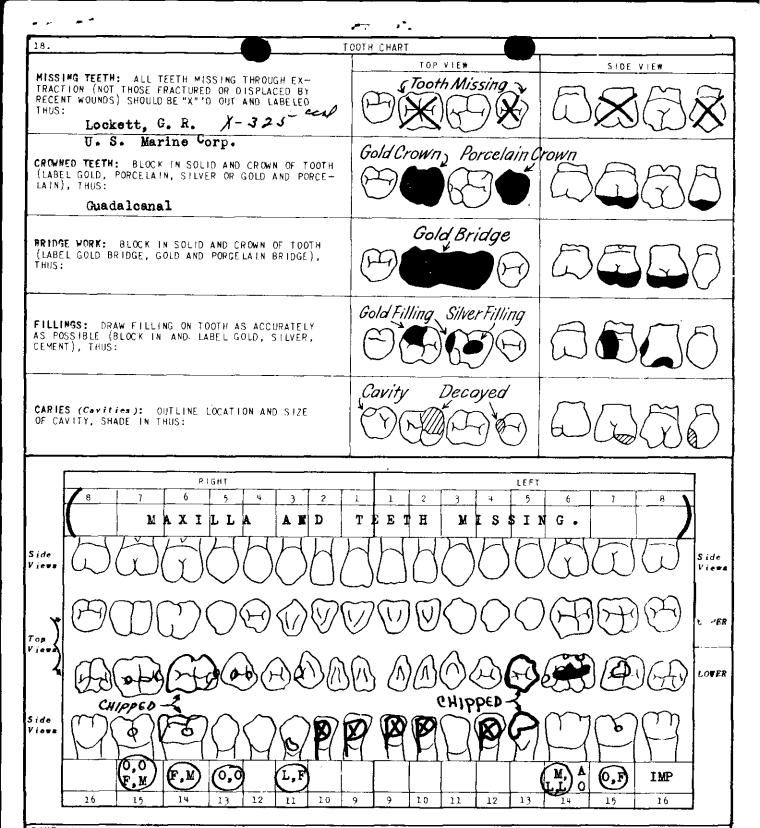
Prepare Discrepancy/Report QMC Form 1194a for major disortionacies.

ه مود بدار بو ایو د		eres a militar				٥
	IDENTIFI	CATION D	ATA			•
1. REMAINS OF UNKNOWN	W CEN				2. DATE OF R	<u>E PORT</u>
Lockett, Geroge I	R. X-325 Quadal co	anal			29 July	1948
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE		ATE OF
U. S. Army Mauso]	leum #2	<u> </u>	I	42	DISINTERMENT	REINTERMENT
Formerly of			1		29 Jul '48	3 29 Jul '48
Guadalcanal		F	197	8		
		AL DESCRIPTIO	N Age	20 to 22	2 years.	
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR	OF HAIR		11. RACE	
160 to 165 lbs.	178-70.08-5* 10*		U. T. D	•	Probabl	ly White
	OFFICIAL IDENTIFICATION FOU			7 7		
One (1) contact	plate pinned on blan	nket reads	: G. R.	Locketi	t, USMC.	
One (1) part of e	mbossed plate wrapped	1 with the	remain	s reads	: G. R. Loc	kett.
One (1) embossed	plate nailed on lid	oi casket :	reads:	Lockett,	G. R. P/F	-R/197,-G8.
One (1) embossed	plate nailed on side	of casket	reads:	Locketi	t, G. R., (Madalcanal.
						·-
13.GIVE DESCRIPTION OF TATE	TOOS OR SCARS ON BODY AND/OR	R SUCH INFORM	ATEO NOTA	LINED FROM	OTHER SOURCES	5 ·
Nama						
None					<u> </u>	X
	. 6%					
i de Tagrando de Caracteria de	Cyri	P.G. 0	rene	y 3	o Del	948
14. WAS BODY BURNED?	TO WHAT EXTENT?	· · · · · · · · · · · · · · · · · · ·			**************************************	
YES 🛣 NO				/ 		
15. WAS BODY MANGLED?	TO WHAT EXTENT?					
YES X NO						
16. DESCRIBE EVIDENCE OF HE	ALED FRACTURES AND BONE MAL	FORMATIONS				
None						
					_,	
	THING, EQUIPMENT AND PERSONA dry marks are indistinct suc					
channels for examination	on when facilities are not a	veilable in	the area)	evo enu E	berimail (01.44)	, cer im ougn

None

28

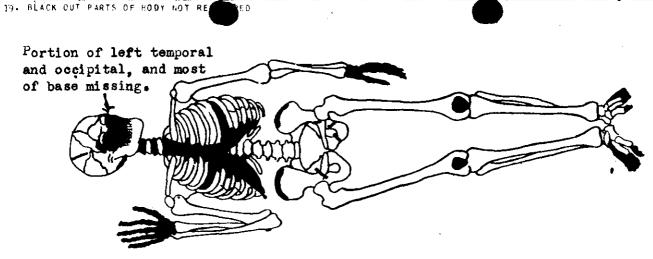
OMC FORM PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



DENTURES (Flates): 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. R-13 is in a torsi-lingual version.
- 2. R-12 is in a torsi version.
- 3. R-11 is in a torsi version.



HASS 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 NUMBER

No extra parts.

20 -

M. TROTTER SIGNATURE OF MEDICAL OFFICER ANTHROPOLOGIST

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a man 20 to 22 years of age of average height and muscularity.

The skull is pentagonal. The browridges are pronounced.

The wault is high. The glabella is depressed.

The forehead is high and sloping.

The mandible is quite wide and is of heavy structure with slight gonial flare.

The chin is rounded and rather prominent.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC

SIGNATURE

ATION LABORATORY.

augrenwood

OMC FORM 10446

	CENTRAL		NTIFICATION BONE	LABORATORY & SOLEUM
NAME	SIDE	но	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Multiple fractures. Portion of the left temporal, occipital, nasal, base and maxilla missing.
	CERVICAL	5		2 missint (#3 and 5).
VERTEBRAE	THORACIC	9		3 missing.
	LUMBAR	5		
SACRUM		1		Eroded.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Crest of ilium eroded.
	LEFT	1	approx 25.1	Crest of ilium eroded.
RIBS		22		2 missing-some fractured.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	15.7	
	LEFT	1	16.5	
SCAPULAE	RIGHT	1		Portion of body eroded.
	LEFT	1		
HUMERI	RIGHT	11	33.9	
HUNERI	LEFT	1	33.7	
RADII	RIGHT	1	25.0	
	LEFT	1_	24.9	
ULNAE	RIGHT	1	27.1	
	LEFT	1	approx 27.0	
HANDS	RIGHT	0		Missing.
	LEFT	0	46.4	
FEMORA	RIGHT	1	46.4	
	LEFT	0	46.4	Missing.
PATELLAE	LEFT	0		missing.
	RIGHT	1	38.4	Eroded.
TIBIAE	LEFT	1	38.6	2.04043
· · · · · · · · · · · · · · · · · · ·	RIGHT	1	37.9	Eroded.
FIBULAE	LEFT	1	37.7	
FEET	RIGHT	1		5 tarsals, 2 metatarsals and 1 phalange present only.
,	LEFT	1		2 tarsals, 3 metatarsals present only.
HUMERO-CLAVICULA	R RATIO 41.5		A PPROX	
178 70.08 ESTIMATED HEIGHT	5' 10"		AGE 20 to	
ESTIMATED WEIGHT	160 to 165	lbs.	LEG-H1F	9 BR RATIO 54.0
				W. Trotter

- TH - - - -

ENCLOSURE TO: Lockett, George R., Guadalcanal

M. TROTTER ANTHROPOLOGIST

مه هوه اد سرایی

WAR DEPARTMENT OFFICE OF THE QUARTEDMASTER GENERAL WASHINGTON 25, D. C.

In reply refer to: QMGMU 293 LOCKETT, G. R. (Guadalcanal) B.S.I.

22 September 1947

SUBJECT: Identification of Unknown Deceased

TO:

Commanding General

Philippine-Ryukous Command APO 707, c/o Postmaster San Francisco, California

- 1. Reference is made to Report of Interment submitted to this office for the remains of G. R. Lockett, interred in Army Navy Marine Cemetery, Guad Icanal, B. S. I., Plot F, Now 197, Grave 8.
- 2. It is requested that remains be designated an Unknown X-number as there is no record of G. R. Lockett having been a casualty in the Army Mary Marine Corps, or Coast Guard, and corrected Report of Interment submitted to this office.
- 3. In view of the fact that Dental Form QMC 1045 did not accompany Report of Interment it is requested that same be accomplished when remains are reprocessed, and forwarded together with any other information that may aid in establishing identity.

FOR THE QUARTERMASTET CYMERAL:

s & t/ JAMES C. MacFARLAND
Major, QMC
Memorial Division

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		RESTR	ICIED				
WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	INTERMENT	STORA	DATE	OF REPORT	
(Supersedes GRS Form 1)		(AR 30-1810 ar		=		28 Oct :	1948
Imprint Identification T DO NOT TY		Section 1.—IDENTIFICATION.		<u> </u>	Leen		
20 1.01 11		NAME (Last, first, middle initial)			SERI	AL No.	
CVU		UNKNOWN X-325 (Formerly 1	Lockett, G.R.)	Unknown	
2 - WITER	WFU	GRADE	ORGANIZATION		BRAN	YCH OF SERVI	ICE
REIN	WEIS	Unknown	Co. A. I	Raider En.		USMC	
Correc	ted Kepol	RACE	RELIGION		IF OTHER TH	HAN U. S. DEA	AD, GIVE
		White	Unknown	מ	NAME OF C	JOUNTRY	
PLACE OF DEATH		CAUSE OF DEATH	1	<u> </u>	DATE	E OF DEATH	
PEACE OF DEATH		CAUSE OF DEATH					
Tulagi, B.S.I.		Un!	nown		U:	nknow n	
EMERGENCY ADDRESSEE (No	me, relationship, an	d address)					
	Unknov	ir:					
IDENTIFICATION TAGS FOUN		IF NO TAGS FOUND ON BODY, I	ESCRIBE MEANS C	F IDENTIFICATION (I)	unidentified, f	fill in section 3	OR FOREFRE)
(1, 2, or nons)			\1:01#\ 004				A 51
None	MUDEDA(A	See CQMG Ltr. (Guadalcanal)					G.R.,
WERE SUBSTITUTE TAGS PRO	NIUEDI(X88 OF NO)	Information.	D. C. Lag	12 000 40, 50	.ស្ស៖ ភាព.	LIST	
Yes							
LIST PERSONAL EFFECTS FOR	JND ON BODY AND	DISPOSITION OF SAME					
		24					
ı		None					
Section 2.—BURIAL. If offi NAME, NUMBER, COORDINAT		lished cemetery, furnish sketc	h and map coord	inates on reverse.			
U.S. Arm	y Mauso leu	m, Schofield Barra	cks, T.H.			с	asket
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	STAYE No.
26 Sept 45		Metal Lined Ca	sket		1	I	42
WAS THIS A REBURIAL?	IF A REBURIAL	INDICATE NAME, NUMBER, COORI	NATES OF PREVIO	OUS CEMETERY, AND L	OCATION OF	SRAVE	
(Yes or no)	Agamar	Navy, Marine Cemet	erv. Guada	lcanel	PLOT No.	ROW No.	GRAVE No.
Yes	<u> </u>			ON TAGS NOT USED,		<u> </u>	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	TING BURIAL RITES	CONTAINERS B	URIED WITH BODY	DESCRIBE 10	ETTI ICHTIO	t ball alo
	-	-9***	ļ				
IDENTIFICATION TAG BURIE BODY (Yes or no)	D WITH IDEN	TIFICATION TAG ATTACHED TO					
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BODY BURIED ON DECEASED	LEFT, NAME (Last	, first, middle initial)	RANK	SERIAL No.	ORGANIZATI	ON GRAV	Æ No.
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NOT appl		to manner	RANK	SERIAL No.	ORGANIZATI	ION GRA	VE No.
BODY BURIED ON DECEASED						_	
		ng caskets.	CION TRUCT OF	The OFFICER MEDITION	C DEDORT -		
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EARL B. YEAR	Y CWO, US	Ĩ.	HORAGE	IANN, Capt.	, QMC		
	<del>-//</del>	<i>(</i> /		1 (	dood to the	Outstage	eter General

DISTRIBUTION OF REPORTU 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.

Auch 4'

	Section UNIDENTIFIED REMAINS.		<del></del>
LEFT LITTLE FINGER	INSTRUCTIONS:  (a) Great care will be taken to re mains. Fill in anatomical characteris social security number; position of both planes, wehicles, and tanks.		for the future identity of unidentified reclues under "Other," such as shoe size, les, and tanks; and serial numbers of airs. Imprint all fingers and thumbs in the can be secured, the condition of each and a diagram below. Tooth chart will not be
LEFT RING FINGER	every tooth will be indicated on the too accomplished if one or more fingerprin		BIRTHMARKS, SCARS, OR TATTOOS
	WEAPON AND SERIAL No. LAU	NDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES		
LEFT INDEX FINGÊR	FILLINGS SILVER	FILLING	
		A S (	
Тнимв	// 05	ECAVED 76	UPFER 100 6
RIGHT		DIAGRAM	REPRESENTS THE MOUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WORK	IN CROWN IS	LOWER 15
	FURNISH SKETCH AND MAP REFERENCE AND		12 CHOOL 12 11 COOL 12 10 9 9 10 11  OTHER THAN ESTABLISHED CEMETERY
RIGHT MIDDLE FINGER	THE PARTY OF THE P	STATE OF BUILDING	A
RIGHT RING FINGER			
	REMARKS:	,	
RIGHT LITTLE FINGER			

DATE OF REPORT WD QMC FORM 1042 REPORT OF THE PROPERTY STORAG (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) 25 Oct 1945 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL NO. REINTERMENT UNKNOWN I-325 (Formerly Lockett, G.R.) Unknown BRANCH OF SERVICE ORGANIZATION GRADE **Unknown** Co. A. Reider Ba. Corrected Report IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RACE RELIGION Thite **I**nkneun CAUSE OF DEATH DATE OF DEATH PLACE OF DEATH Talagi, B.S.I. Unknown Unknow EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) IDENTIFICATION TAGS FOUND ON BODY (1. 2. or none) See OQMG Ltr, QMGMR 293, Dedenski, J.G., Lockett, G.R., Hone (Guadalcanal) B.S.I., 12 Oct 48, Subj: Burial WERE SUBSTITUTE TAGS PROVIDED? (Yes of no) Information. Ies LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Lone Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY W. S. Army Mausolsum, Schofield Barracks, T.H. TYPE OF GRAVE MARKER PLOT No. ROW No. BURIED IN (Shroud, blanket, or name of other) HOUR DATE OF BURIAL Ī Metal Lined Casket 26 Sept 45 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) GRAVE NO PLOT No. ROW No. Army, Nevy, Marine Cometery, Guadaleanal 197 r 8 Yes IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY PERSON CONDUCTING BURIAL RITES TYPE OF RELIGIOUS IDENTIFICATION TAG ATTACHED TO MARKER (Yes of no) IDENTIFICATION TAG BURIED WITH BODY (Yes or no) GRAVE No. ORGANIZATION RANK SERIAL NO. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to manner ORGANIZATION GRAVE NO. RANK SERIAL NO. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) of storing caskets. SIGNATURE OF TRES OFFICER VERIFYING REPORT SIGNATURE OF PERSON PREPARING REPORT MMM. Capt., QMC

DISTRIBUTION OF REPORM: 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 42

	Section	UNIDENTIFIE	D REMAINS	š,				<del></del>	
LEFT LITTLE FINGER RU	planes, veh	reat care will ill in anatomi rity number; nicles, and ta fingerprint, c	; position o inks. or prints a	or boay to	ound in airp ost valuabl	planes, vehicl	eles, and tanks;	identity of unidentifice Other," such as shoe and serial numbers of fingers and thumbs the condition of each v. Tooth chart will r	of air-
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF		COLOR O			SCARS, OR TATTOOS	
LEFT MIDDLE FINGER	WEAPON AND	SERIAL NO.	UES	LAUNDRY	MARKS		WHERE BODY W	NAS BURIED OR FOUND	
LEFT	FILLING	<u> </u>	By Sil	LVER FILLIN	.ing Ju		3~20	7 2	
LEFT Thumb	CAVITIE	s		CAVIT	Y ÆD	5 7 8			
RIGHT	MISSING	8		POTH MISSII		- UM	REPRESENTS T	THE MOUTH WIDE OPE	EN .
RIGHT INDEX FINGER	BRIDGE	WORK		GOLD E	MN	15	LOWE	15 14 13 15 12 17 12 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
RIGHT MIDDLE FINGER	FURNISH SKE	TCH AND MAP	REFERENCE	E AND COO	RDINATES F	FOR BURIAL IN		TABLISHED CEMETERY	
RIGHT RING FINGER						bonn : ·			
RIGHT LITTLE FINGER	REMARKS:	• • •			,			:	

= 1, 1 .				
VD OMC Form 1042 Rev. 1 November 1942 (GRS 1, dated al May 1942 may be used until exhausted)	REPORT OF II (TH 10-639 and A			16 March 1945
FOR IMPRINT OF IDENTIFICATION TAG	NAME (Last, First, Mic	ddle Initial)	100	
/	RANK	G. F. SERIAL NUMBER	to .	COUNTRY
O NO TAGS	Unknown	Unknown		United States
10	ORGANIZATION		BRANCH	
	RACE A Reider	RELIGION	l Game	DATE OF DEATH
	White	Unknown		Unknown
PLACE OF DEATH		CAUSE OF DEATH		
Tulagi, B.S.I.			Unknown	
IDENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFIC		MEANS USED TO IDENTIFY
DISPOSITION OF SUBSTITUTE TAGS, IF	NONE			ame on cross mark-
DISPOSITION OF SUBSTITUTE TAGS, IF	MAUL	ing the gr		
COMPLETE FINGER PRINT CHART OF BOTH			CHART ON REVERSE	
LIST ANATOMICAL CHARACTERISTICS AND	NO NO		YES	C323 NO
CIST ANATONICAL CHARACTERISTICS AND	UTHER DATA IF PINGERP	KINIS CANNUI BE I	ANER	
LIST OF PERSONAL EFFECTS FOUND ON B	ODY AND DISPOSITION OF	SAME		
ло р	ersonal effects	found.		
NAME OF EMERGENCY ADDRESSEE		ADDRESS OF EME	RGENCY ADDRESSEE	
Unknown		Uink	CDO WEL	
IF BURIAL OTHER THAN IN		FURNISH SKETCH AN	D MAP REFERENCES OF	N REVERSE
4 Jan. 1945 HOUR 0930	PLOT NO. ROW NO.	GRAVE NO. G	RAVE MARKER	
(Reburial)	USIN & USING CE	METERY #1 TOI	AGI, B.S.I.	
TYPE OF RELIGIOUS CEREMONY		PERSON REPORT	NG BURIAL	
Previous Segvice Unkn		Siday.	Chichard	AND ADDRESS OF THE OWNER, AND ADDRESS OF THE OWNER, THE
IDENTIFICATION TAGS BURIED WITH BOOK	Y TES TO NO	ATTACHED TO MA	RKER -	YES NO
Embossed plate bearing			WITH BOOT AND IN T	
BODI	ES BURIED EITHER SIDE	(See Paragraph 4		1-4 W
BODY ON LEFT, NAME (Last, First, Mi	ddle Initial)	RANK	SERIAL NO.	USMCR Rdr. Ba.
BARCOMB, Charles J.  BODY ON RIGHT, NAME (Last, First, A	(iddle Initial)	Pre	337135 SERIAL NO.	ORGANIZATION
BODY ON RIGHT, NAME (Last, First, MDIOVISALVO, G.J.		Unknown	Unknown	USMC
PERSON CONDUCTING BURIAL RITES			R. S. OFFICER	hm R. Nolan
Unknown			/50	HN R. NOLAN
			18	t Lt., QMC
INSTRUCTIONS FOR FILLING OUT TIONAL COPY FOR ALLIED AND ENEMY DE VICE. GRAVES REGISTRATION SERVICE HEADQUARTERS (TO BE CHECKED AGAINSTION OFFICER OF THAT HEADQUARTERS	BURIAL REPORT: MAKE OU AD. SIGN ALL COPIES. WILL FORWARD THE ORIGI CASUALTY REPORTS AND TO BASE SECTION GRAVE	JT OMC FORM 11 GRS SUBMIT REPORT TO INAL AND TWO COPIE ALLIED PAPERS AND S REGISTRATION SE	S IN QUADRUPLICATE D NEAREST MEMBER OF S THROUGH AT LEAST D ALL COPIES VERIFIED REVICE OFFICER.	FOR L. S. DEAD, ONE ADDI- GRAVES REGISTRATION SOFTI ONE HIGHER ADMINISTRATIVE ED BY THE GRAVES REGISTRA-
OVER FOR BURIAL INSTRUCTIONS				

Incl # 69

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Tank I	•			131	
NO OMC FORM 1012 ( Sev. 1 February 1945 (Supersedes form dated 3 Jan. 1945. Ekisting stocks ray be used until exhausted.)	REPORT OF	INTERMENT	5)	DATE REPORT	oer 1945
For Imprint of Identification Tag		•			
	Lockett, G				
)	RANK Unknown	SERIAL NUMBER	Unknown	COUNT	RY A
\	1	Raider Bn	BRANCH US	.iC	
97. 9	RACE White	RELIGION Unk	nown	DATE Unko	OF DEATH
LACE OF DEATH	5	CAUSE OF DEATH	+		
Agi VB.		ט	nknown		
DENTIFICATION TAGS TOTAL ON BODY	NONE	BODY (Identifi	ICATION TAGS, OT ication Cards, L	etters, etc.)	
ISPOSITION OF SUBSTANTE TASS,	MADE LEI		ied from nar	me on cross	marking
OMPLETE FINGERPRINT CHART 6 BOT	H HANDS ON REVERSE	the gra	ve. Fichart on rever	ocr.	
YES	AXX NO	COMPLETE TOOT	T YES	_	
	effects found.	1			
name of emergency addressee Unknown		Unknown	ERGENCY ADDRESSE	. E	
NAME, NUMBER AND LOCATION OF CEMI		<b>4</b>		<del></del>	<u> </u>
Army Navy Larine Cemeter	y, Guadalcanal, B. Lot no.     Row no.	S.I [GRAVE NO.	GRAVE MAR	DKEB	
Reburial HOUR 26 Sept 45 1536	F 197	8	ooden		
TYPE OF RELIGIOUS CEREMONY  Previous service unknow	1 1	PERSON REPORT	ING BUPIAL	Turny	
IDENTIFICATION TAGS BURIED WITH E		ATTACHED TO MA		□ \\r	
IF IDENTIFICATION TAGS NOT PRESEN Embossed plate bearing n			ED WITH BODY AND	) IN WHAT KIND	OF CONTAINER
	DIES BURIED EITHER SIDE	(See Paragraph	2 on Reverse)		
	Middle Toitiel	RANK S	ERIAL NO.	ORG AN 1 Z AT 1 ON	GRAVE NO.
DDY ON LEFT, NAME (Lost, First,					GRAVE NO.
BODY ON LEFT, NAME (Lost, First,		AP1. 2/c	<u> 3858ЭШ</u>	OPCANIZATION	7
BODY ON LEFT, NAME (Lost, First, Hamilton, Charles, H.C. BODY ON RIGHT, NAME (Lost, First,		RANK S	RIAL NO.	ORGANIZATION	7 GRAVE NO.
BODY ON LEFT, NAME (Lost, First,					7

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. 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

		•
Left Little Finger	1: PREPARATION OF BODY, BURIAL, AND MARKINGS of by a member of the medical detachment and attach EMT 52b. R Dress body when practical and bury in a suitable shroud. feet; in hasty burials, to sufficient depth to prevent detached.	emove all personal property.  Dig grave to depth of five struction of body or loss of
Left Ring Finger  8 SE 186	identity. Place only one body in a grave. Remove one ide grave marker. Leave other tag on body in protected posit make a notation of identifying data in duplicate on form; teen, spent shell or other available container, bury one w (1) foot below grave marker. When marking the grave, fas porary name peg and place at head of grave, if no tag is a data on marker. When pegs are not available, use other su identify grave as a military burial. If body is unidentif both hands or those remaining-fingers. If none are available, and note:	ion. If no tag is present place in burial bottle, con- ith remains and the other one, ten identification tag to tem- wailable, write identifying itable means to unmistakably fied, take fingerprints of
Left Middle Finger		MARKS: SCARS OR TATTOOS
ft		BODY WAS BURIED
Left Index Finger	and grave number (or show on cemetery map). For all othe space provided below; and give location by means of map re prominent permanent landmarks. Information must be specif at foot of grave facing head to determine bodies buried t	r burials prepare sketch in ferences, or by reference to ic, accurate, complete, Stand o the left and right.
Left Thumb	ial Report Form. Place these with information as to identification and the information as to identification and the information are in his available material and turn over to Grave Registration So port of Death. Government property is not to be included to be turned into salvage collection point.  The condition of each and every tooth will be a	ntity of owner, organization andkerchief, towel, or other ervice Personnel, with Re- in personal effects but is
	chart, in accordance with diagram.  FILLINGS  SILVER FILLING  GOID FILLING	, , , , , , , ,
Right Thumb	CAVITIES	UPPER TO 15
Right Index Finger	MISSING TEETH TOOTH MISSING DIAGRAM REPR	RESENTS THE MOUTH WIDE OPEN
Right Middle Finger	CROWNED TEETH  PORCELAIN CROWN  18  BRIDGE WORK  17  PORCELAIN CROWN  19  20	LOWER 30 32
	GOLD BRIDGE 21	00000 2 23 24 25 26 27
Ring Finger	SKETCH AND MAP REFERENCE	<b>↑</b>
Right Little Finger		

ND QMC FORM 1042 - Rev. 1 February 1945	REPORT	OF INTERMENT		DATE REPORT	FILLED OUT	
(Supersedes form dated 3 Jan. 1945. Existing stocks may be used until exhausted.)	(TM 10-630	18 October 1945				
For Imprint of Identification Tag	NAME (Lest, Piret,	Widdle Initial)				
	Lockett, G.R.					
	RANK	SERIAL NUMBER		COUNTE	?Y	
_ \	Unknown	Unknown		USA	1	
\	ORGANIZATION		BRANCH			
\	Co. A Raider	Bn.	USMC			
/	RACE	RELIGION	<u> </u>	DATE	F DEATH	
	Massa	unknown		Unl	mown	
PLACE OF DEATH		CAUSE OF DEATH				
Tulagi, B.S.I	•	Unknown				
IDENTIFICATION TAGS FOUND ON BODY	XX NONE		CATION TAGS, OT cation Cards, L		TO IDENTIFY	
DISPOSITION OF SUBSTITUTE TAGS, IF	MADE	Identifiei	id from name	on cross n	narking	
		the grave.	•			
COMPLETE FINGERPRINT CHART OF BOTH	HANDS ON REVERSE	COMPLETE TOOTH	CHART ON REVER		·	
T YES	EXE NO		T YES	S XX NO		
LIST ANATOMICAL CHARACTERISTICS AN	ID OTHER DATA IF FIN	IGERPRINTS CANNOT BE	TAKEN.			
LIST OF PERSONAL EFFECTS FOUND ON						
No personal effects f	ound.		at un.	dy ear		
NAME OF EMERGENCY ADDRESSEE	· · · · · · · · · · · · · · · · · · ·	ADDRESS OF EME	ERGENCY ADDRESS	EE		
Unknown		Unknov	vm.			
NAME, NUMBER AND LOCATION OF CEME	ERY.	1				
Army Navy Marine Comete	ry Guadalcanal	B.S.I.				
. 15.3 . 1.3 I			GRAVE MA			
Reburial 1536	F 197	•		en Cross		
TYPE OF RELIGIOUS CEREMONY		PERSON REPORT	_			
Previous service unknown			illiam H. Tu			
IDENTIFICATION TAGS BURIED WITH BO	DDY TES. EX	NO ATTACHED TO MA	ARKER	YE		
IF IDENTIFICATION TAGS NOT PRESENT			ED WITH BODY AN	Ð IN WHAI KEND	OF CONTAINERS	
Embossed plate bearing n						
		SIDE (See Paragraph		ORG AN I ZAT ION	GRAVE NO.	
BODY ON LEFT, NAME (Last, First,	fiddle Initial)	, ,	ERFAL NO.	[		
Hamilton, Charles H.6			3858844 ERIAL NO.	USN ORGANIZATION	GRAVE NO.	
BODY ON RIGHT, NAME (Last, First,	Middle Initial)					
Mead, Harvey			8617835 . R. S. OFFICER	USS COLE	. 9	
PERSON CONDUCTING BURIAL RITES		ן זכתורובט פו ט.	J. 011 10 EN	A	EX.	

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

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.
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

<b>.</b>								
E		,	INST	RUCT	IONS FO	OR Bon I	<b>AL</b>	•
	Dress be feet; it identify grave make a liteen, spin (1) fool porary i data on identify both ham	er of the me dy when pro hasty buri . Place on trker. Leav totation of the below grav marker. Wh grave as a	edical detactical and finity one body re other tag identifying or other average marker. I place at the men pegs are a military be remaining	chment bury ficie in a on b data ilabl When lead o not a burial	and att in a sui nt depth grave. ody in p ie contai marking f grave. vailable . If bo	ach EMT: table shi to preve Remove or rotected cate on: ner, bur the grave if no tau , use oth dy is un	52b. Remove a roud. Dig grent destruction identifica position. form: place in y one with remove, fasten ider g is availabler suitable identified, t	E: Have body examined all personal property. ave to depth of five on of body or loss of tion tag and attach to If no tag is present aburial bottle, cannot be a sufficial to tag is present at the continuous and the other one, attification tag to teme, write identifying means to unmistakably ake fingerprints of ill out tooth chart
Middle Middle	нвіснт	WBIGHT	COLOR OF E	,	COLOR			SCARS OR TATTOOS
i I		AND SERIAL	NUMBER	LAUN	DRY MARK	S .	WHERE BODY W	AS BURIED
Index	space pr prominen at foot	e number (o ovided belo t permanent of grave fa PERSONAL	r show on c w; and give landmarks. cing head t EFFECTS:	emeter locar Info o dete List	ry map). tion by mornation ermine bo	For all means of a sust be a circles bur sonal ef:	other burial map references specific, accu lied to the le fects taken f	teries by plot, row, Is prepare sketch in s, or by reference to rate, complete, Stand eft and right. rom body on the Bur- owner, organization
Left Thumb	emergence available port of to be to	y addressee e material Death. Gov rned into m condition in accorda	in persona and turn over remment pro- ialvage coll n of each a ance with o	er to perty ection and ev fiagra	ects bag Grave R is not n point. very too m.	. or wrap egistrat to be inc	in hondkerch ion Service P luded in pers	ief, towel, or other ersonnel, with Re- onal effects but is ed on the tooth
Right Thumb	CAVITIE	S		AVITY		4 3 2		
Right Index Finger	MISSING	TEETH	TOOTH TOOTH	MISSIN	G	ď		THE MOUTH WIDE OPEN
Right Middle Finge	GRIDGE		Valt	AIN CR CROW!	Y	17 (1) 18 (		
Ri	<u> </u>	E COPY	sk	ETCH	AND MAP	REFEREN	22 23 24 ICE	00℃ ↑
Right Little Finger	C.M. Lt. (	ISELEY/ ol., GSC	y					

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						70.00 00000 0000		
NO OMC FORM 1042						DATE REPORT FILLED OUT		
Rev. 1 November 1942 (GRS 1, dated 11 May	19112	REPORT OF INTERMENT						
may be used until ext	austed)	(TH 10-	1 2/ 22					
may be used unit; dx.	1200100 /	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16 March 1945				
FOR IMPRINT OF IDENT	IFICATION TAG	NAME (Last,	First, Midd	le Initial)				
		,						
		LOCKE	भी <b>या</b> .	G.	R.			
/	1	RANK		SERIAL NUMBE		COUNTRY		
MO TAGS	1			1		4		
10 20 1203	1	Unknow		Unkno	BRANCH	United States		
1	STORING TERM TON							
1	)		Reider 1		USMC			
	· /	RACE		RELIGION		DATE OF DEATH		
		White		Unknow	<u> </u>	Unknown		
PLACE OF DEATH	<del></del>			CAUSE OF DEA	ATH			
Tulagi, B.	B.I.				Unknown			
IDENTIFICATION TAGS	FOUND ON BODY			IF NO IDENTI	FICATION TAGS, OTHER	MEANS USED TO IDENTIFY		
	2	NONE		BODY (Identi	ification Cards, Lett	ers, etc.		
DISPOSITION OF SUBST				I Id	entified from m	ame on cross mark-		
PISTUSTITION OF SUBST	THE PAGE IF	· · · · · · · · · · · · · · · · · · ·		ing the				
COMPLETE FINGER PRINT	CULDT OF DOT!	UANDO AN DENI	FDCF	<del></del>	OTH CHART ON REVERSE			
			LHOE	COMPLETE TO	YES	E <b>3€3</b> No		
LIST ANATOMICAL CHAR	YES	ATHER DATA	IC CIBOFORD	MIC CANNOT DE				
LIST ANATOMICAL CHAR.	ACTERISTICS AND	DIHER DATA	IF FINGERFR	INIS CANNOT DE	INNE			
LIST OF PERSONAL EFF	ECTS FOUND ON B	ODY AND DISP	OSITION OF S	SAME				
				_				
	No p	ersomal e	Ifects Id	und.				
						!		
NAME OF EMERGENCY AD	DRESSEE			ADDRESS OF	EMERGENCY ADDRESSEE			
	·							
Unknown					aknowa.			
IF BURIA	L OTHER THAN IN	ESTABLISHED	CEMETERY FL	FURNISH SKETCH AND MAP REFERENCES ON REVERSE				
	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER			
DATE Jan. 1945	0930	▲	1	23	Wooden Cross	1		
(Returnal)		USD &	USMC CEM	CERY #1 T	WLAGI, B.S.I.			
TYPE OF RELIGIOUS CE	REMONY				RTING BURTAL			
Į.				- J. J.	· Little	Marie		
	egvice Unkn			1 2 5				
IDENTIFICATION TAGS	BURIED WITH BOD	YES_	555 NO	ATTACHED TO		YES NO		
						WHAT KIND OF CONTAINERS.		
Babossed p	late bearin	g name bu	ried with	a the body	<u>,                                      </u>			
	BOD	ES BURIED EI	THER SIDE (	See Paragraph	4 on Reverse)			
BODY ON LEFT, NAME (				RANK	SERIAL NO.	ORGANIZATION 184 Mar.		
BARCOMB, C		•		Pfe	337135	USMCR Rdr. Ba.		
BODY ON RIGHT, NAME		iddle Initia	1)	RANK	SERTAL NO.	ORGANIZATION		
DIOVISALVO			,	Unknown	Unknown	USMC		
PERSON CONDUCTING BU		<del> </del>	<del></del>		G. R. S. OFFICER	1001		
FERSON CONDUCTING BU	CILIN JAIN			72.11 120 01		Mu (K. Rolan		
					Tre	DEN R. NOLAN		
Union	OWD					A TA ONC		
		<u> </u>			<u> </u>	The work		
INSTRUCTIONS FO	R FILLING OUT	SURIAL REPORT	: MAKE OUT	QMC FORM 11	GRS IN QUADRUPLICATE	FOR IL S. DEAD, ONE ADDIT		
TIMES AND CAR ALLS	TO AND PHEMY DO	TAIN SIGN AL	I CODIES :	SUBMIT REPORT	IO NEARES! MEMBER W	F GRAVES REGISTRATION SER		
VICE. GRAVES REGIST	RATION SERVICE	WILL FORWARD	THE ORIGIN	AL AND INC.CO.	TIES INKUUSE AL LEAS AND ALL COPIES VERIE	T ONE HIGHER ADMINISTRATIVE LED BY THE GRAVES REGISTRA-		
HEADQUAFTERS (TO BE   TION OFFICER OF THAT	CHECKED AGAINS	L CASUALTY RE	FURIS AND A	PEGICADATIUM	SERVICE OFFICER.	The second second		
THOR OFFICER OF THAT	HEAUQUAN LENS	, io bast Sti	I IUN UNATES	REGISORINGTION	22			
	Touct I com							
OVER FOR BURIAL INS	INUCIIUM3					•		
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Incl # 69

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	INSTRUCTIONS FOR B	AL · /
	1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GR BER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52b. REMOV BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION AND THE PROTECTED POSITION. IF NO TALENT ON THE PROTECTED POSITION.	E ALL PERSONAL PROPERTY. DRESS GRAVE TO DEPTH OF FINE FEET: IN N OF BODY OR LOSS OF IDENTITY. ON TAG AND ATTACH TO GRAVE MARKER. G IS PRESENT, MAKE A NOTATION OF ID
22	ENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOT AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEM OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA VAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENT BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOT	ONE (1) FOOT BELOW GRAVE MARKER. PORARY NAME PEG AND PLACE AT HEAD ON MARKER. WHEN PEGS ARE NOT A- IFY GRAVE AS A MILITARY BURIAL. IF THOSE REMAINING FINGERS. IF NONE
1	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR	BIRTHMARKS, SCARS OR TATTOOS
	<del></del>	WHERE BODY WAS BURIED
. ω	2. LOCATION OF GRAVE: REPORT BURIALS IN ESTABLIS  GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER B  VIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCE  PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCU	URIALS PREPARE SKETCH IN SPACE PRO- S, OR BY REFERENCE TO PROMINENT RATE, COMPLETE. STAND AT FOOT OF
<b>.</b>	PERSONAL EFFECTS: LIST ONLY PERSONAL EFFECTS  PORT FORM. PLACE THESE WITH INFORMATION AS 10 IDENTITY  ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHI  ERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSON  MENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS  COLLECTING POINT.  THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED	OF OWNER, ORGANIZATION, EMERGENCY EF, TOWEL, OR OTHER AVAILABLE MAT- NEL WITH REPORT OF DEATH. GOVERN- BUT IS TO BE TURNED INTO SALVAGE
[ ]	FILLINGS DIAGE	RAM REPRESENTS THE MOUTH WIDE OPEN
ME →	SILVER FILLING GOLD FILLING	TOPROPRIE
RI GHT	CAVITLES  CAVITY DECAYED  MISSING TEETH  TOOTH MISSING	UPPER NO.
-	CROWNED TEETH 17	M
-	POSS BE FORCELAIN CROWN GOLD CROWN	19 LOWER 30
ω	BRIDGE WORK  GOLD BRIDGE	21 0 0000 0 22 0 0000 0 27 0 0000 0 0000 0 0000 0 0000 0 0000 0 0000
	SKETCH AND MAP REFERENC	E
N	HART N	• •
<b>-</b>		

RESTRICTED COPY by EHC

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1 Rev. of 1 Apr. 45, which may	and	REPORT OF		-	DATE O	F REPORT	
		(AR 30-1810 as	na AR 30-18.	15)			
Imptint Identification DO NOT T		Section 1.—IDENTIFICATION.  NAME (Last, first, middle initial)			Lecolar	No	
		NAME (Last, first, maate initial)			SERIAL		
(		Lockett, G. R.			Un.	known	
7		GRADE	ORGANIZATION		BRANCH	OF SERVIC	E
\	0						
		Unknown RACE		Raider Bn.	USI		D 0115
		White	RELIGION		IF OTHER THAN NAME OF COL		D, GIVE
		11117 00	Unknown				
PLACE OF DEATH		CAUSE OF DEATH			DATE OF	F DEATH	
Tulagi		Unknown					
EMERGENCY ADDRESSEE (No.	·	d address)	DESCRIBE MEANS O	NE INFINITEIRATION (11)	amidentified 60 i	'a postion C	un genoate)
(1, 2, or none)	ON BOOT	IL HO TAGS FOOND ON BODY, I	DESCRIBE MEANS O	F ISENTIFICATION (1)	итастучи, ји г	n section 3	m reverse)
	None_	Identified from	name on cr	ross merking	grave		
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no)	COMPLETED TOOTH CHART O	N QMC FORM 1045	ATTACHED HERETO	<b>6</b>		
		☐ YES	□ NO				
LIST PERSONAL EFFECTS FO	LIND ON BODY AND	<u> </u>			<u>-</u>		<del> </del>
	nal effects	s found.  Iished cemetery, furnish sketc.	h and map coord.	inates on reverse.			
NAME, NUMBER, COORDINAT	ES, AND LOCATION	I OF CEMETERY		<u></u>			-
Army, Navy,	Marine Ceme	etery Guadalcanal,	B.S.I.				
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE	PLOT No.   F	ROW No.	GRAVE No.
Reburial	1536			Wooden Cross	F 1	197	8
26 Sept 45	[!]	   INDICATE NAME, NUMBER, COORE	DINATES OF BREVIO	<u> </u>			
WAS THIS A REBURIAL? (Yes or no)	IF A REPURIAL, I	INDICATE NAME, NUMBER, COOKE	SINALES OF TREATE	JOS CEMETERT, AND EC		ROW No.	GRAVE No.
TYPE OF RELIGIOUS	PERSON CARDEO	TANGE URIAL RITES	IF IDENTIFICATI	ON TAGS NOT USED, I	DESCRIBE IDENT	TIFICATION	DATA AND
Previous	1 /2 /5	• • • • • • • • • • • • • • • • • • •	1		m nome hi	.wiad	
service unk.	<del></del>	illiam H. Tussey	with the	plate bearin	r& transe o	ar r <del>e</del> a	
IDENTIFICATION TAG BURIE BODY (Yes of no)		FIFICATION TAG ATTACHED TO RKER (Yes or no)	W1011 0110	554j <b>.</b>			
BODY BURIED ON DECEASED	LEFT, NAME (Last,	, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE	E No.
Hamilton, Charles H.O.			ARM 2/c	3858844	USN	7	
		at first middle initial)	RANK	SERIAL No.	ORGANIZATION		E No.
BODY BURIED ON DECEASED	MORT, NAME (LO	se, persi, mainie initias)	thank	SEATTLE NO.	SHOURENTON		
Mead, Harvey		•	S 1/c	8617835	uss Ca	1. 9	
SIGNATURE OF PERSON PRE	PARING REPORT		SIGNATURE OF C	ERS OFFICER VERIFYING	G REPORT		———
		Unknown	/s/ (Sig	mature ølleg John R. Nolan	ible) lst <u>. lst. L</u> t	Lt. QMO	QMC
DISTRIBUTION OF REPOR	T: Signed origin	nal for U.S. and allied dead, si es for retention in theater as p	igned original and prescribed by the	i one copy for enemy ater commander.	dead, to the Qu	uartermas	ter General

	Section	NIDENTIFIED	REMAINS				4			
LEFT LITTLE FINGER	INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each an every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.									
RING	every tooth accomplishe	will be indiced if one or i	ated on the	rprints ar		th diagram below.	Tooth chart will not be			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR O	f eyes	COLOR OF HAIR	BIRTHMARKS, SC	ARS, OR TATTOOS			
	WEAPON AND	SERIAL NO.	<u> </u>	LAUNDRY	MARKS	WHERE BODY WA	S BURIED OR FOUND			
Mibati										
LEFT MIDDLE FINGER	OTHER IDENT	IFICATION CL	JES	·						
Ž										
LEFT INDEX FINGER										
, zi										
4-										
Т. Тнимв										
RIGHT Тнимв							-			
<b>W</b> ¬										
RI										
X FINGER										
RIG	FURNISH SKE	TCH AND MAI	P REFERENC	CE AND CO	ORDINATES FOR BURIA	. IN OTHER THAN ES	TABLISHED CEMETERY			
RIGHT MIDDLE FINGER					-		<b>^</b>			
RIGHT RING FINGER										
NGER	REMARKS:						1			
RIGHT LITTLE FINGER										
NGER										