

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. FOSSVOGUR, X-2

SUBJECT

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4820 X-2

DATE
17 7 47
DAY MONTH YEAR

NAME
UNKNOWN X-2 - *Farmingdale*

SERIAL NUMBER

RANK

ARM
2
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
FOSSVOGUR

DISPOSITION OF REMAINS
2321 01
CODE DIST. PT.

PLOT
42C

ROW
1

GRAVE
4

COUNTRY
ICELAND
CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
LONG ISLAND NATIONAL CEMETERY
FARMINGDALE, NEW YORK

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-2

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
17 May 47

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY
T.C. LEAR, EMBALMER
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
CASKET, IN BLANKET

CONDITION OF REMAINS
VERY BADLY DECOMPOSED

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET
DATE 17 May 47

BY T. C. LEAR, EMBALMER

CASKET SEALED BY
T.C. LEAR, EMBALMER

EMBALMER (Signature)
Thomas C. Lear

CASKET BOXED AND MARKED
DATE 13 Sept. 47 BY S. ROFF, WD. CIV.

SHIPPING ADDRESS VERIFIED BY
T.C. MEAGHER, CWO, USA

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

James R. Parker
JAMES R. PARKER, CAPT., QMC

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

12 SEP

FILE
NAVY SECTION
C. J. MO...

*File
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RECEIPT OF REMAINS

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
DISTRIBUTION CENTER #1, AGRS
1st AVENUE & 18th STREET
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:

Superintendent,
Long Island National Cemetery
Farmingdale, New York

THERE ARE BEING TRANSMITTED THE REMAINS OF THE LATE 301 UNKNOWN

X-2 FOSSVOGUR 4820 FOR INTERMENT IN YOUR CEMETERY.

ESCORT IS PFC ERNEST G THOMPSON RA 12242168 HQS CO 504th PIR

ESCORT: PFC ERNEST G THOMPSON RA 12242168
HQS CO 504th PIR

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 17 DAY OF SEP, 1947

Ernest G Thompson
WITNESS (Escort)

[Signature]
CONSIGNEE

FILE
NAVY SECTION
C. J. MOYER

SEP

CG NYPE BROOKLYN NY ATTN AGR DIVISION

THE FOLLOWING LIST OF UNKNOWN'S BY DISINTERMENT DIRECTIVE NBR DUE TO
ARRIVE NEW YORK PORT 26 OCTOBER FROM ARSENTIA NEWFOUNDLAND HAVE EITHER BEEN
IDENTIFIED OR ARE NOW UNDER INVESTIGATION PERIOD THESE REMAINS WILL NOT
REPEAT WILL NOT BE INTERRED IN LONG ISLAND NATIONAL CEMETRY PERIOD CONNECTED
DISINTERMENT DIRECTIVES OR ADDITIONAL INSTRUCTIONS WILL BE FURNISHED AT A
LATER DATE

PORT ANDREW	POESVOGUR	ISOLATED FURUFJODUR X-1	PORT PEPPERBELL
		ISOLATED FURUFJODUR X-2	
7215 X-1	4820 X-1	ISOLATED FURUFJODUR X-3	7217 X-4
7215 X-2	4820 X-2	ISOLATED FURUFJODUR X-4	7217 X-5
7215 X-12	4820 X-3	ISOLATED FURUFJODUR X-5	7217 X-1 OF 18
7215 X-16	4820 X-4		7217 X-5 OF 18
7215 X-27	4820 X-5	ISOLATED ISAFJODUR X-1	7217 X-8 OF 18
7215 X-28	4820 X-6	ISOLATED ISAFJODUR X-2	7217 X-15 OF 18
7215 X-40	4820 X-7		7217 X-17 OF 18
7215 X-46		ISOLATED GRAND LAMAN X-1	7217 X-18 OF 18
7215 X-55			
7215 X-57			
7215 X-58			
7215 X-61			

Changed by NY Ht 19 Nov 47

REQUEST AMERICAN ZONE HEADQUARTERS BE NOTIFIED OF ABOVE INFORMATION

END QMOM HICKEY

LARKIN

24 OCTOBER 1947 1600 Hours

QMOM 293 NYPE

F. W. BAUMWIGHT, LT. COL., QMC
Memorial Division

FILE
19 SEP 1947
NAVY SECTION
C. J. MOYER

X 29 2
X-2
18

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-2			2. DATE OF REPORT 11 July 1947		
3. NAME OF CEMETERY Fossvogur, Iceland	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	42-C	1	4	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 50-55 lbs	9. ESTIMATED HEIGHT 6'2"	10. COLOR OF HAIR Black	11. RACE
---	------------------------------------	-----------------------------------	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

14. WAS BODY BURNED? TO WHAT EXTENT?

 YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

 YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

Life preserver, Navy type.

Foul weather jacket.

Portion of Blue Denim trousers.

Top part of underwear.

Heavy, long-sleeved, knit wool sweater, probably green in color.

FILE
NAVY SECTION
G. J. MOYER

12 SEP

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>		<p>TOOTH MISSING</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:</p>		<p>GOLD CROWN, PORCELAIN CROWN</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p>GOLD BRIDGE</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p>GOLD FILLING, SILVER FILLING</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p>CAVITY, DECAYED</p>	

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
			⊗		⊗	⊗	⊗										
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	X			⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗		⊗			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

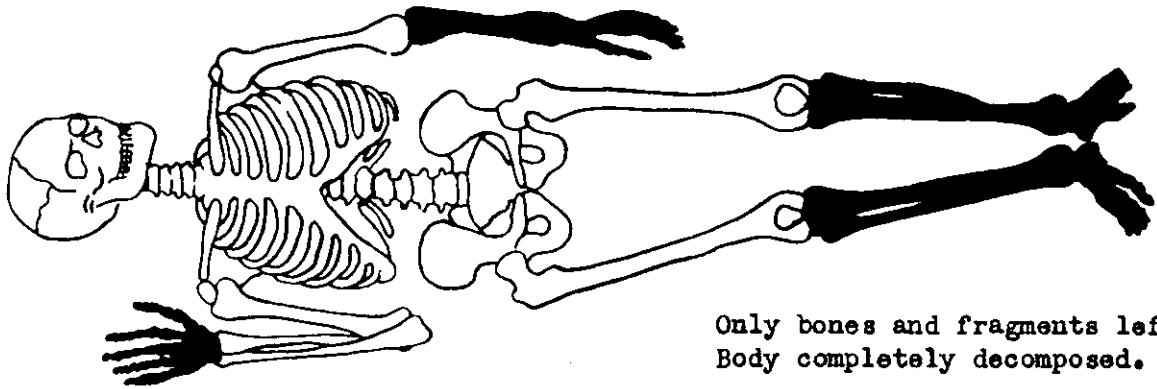
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No denture. R-8, L-8, L-18, not exposed, uncut.

FILE
NAVY SECTION
C. J. MOYER

12 SEP 1947

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Only bones and fragments left.
Body completely decomposed.

20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

FILE
NAVY SECTION
SEP 1947

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

JOHN G. FOULKES JR., Capt, QMC.

SIGNATURE

ANNEX # 1

Unknown X- 2

Cemetery: Fossvogur

Plot 42-C, Row 1, Grave 4

Case No. Nfld. - -063

SKELETAL MEASUREMENTS

CRANIAL LENGTH	136		
CRANIAL BREADTH	139		
CRANIAL HEIGHT	140		
1. Basic-Bregmatic			
2. Auricular	118		
CRANIAL SUTURES	Open		
SUTURE CONTOURS	Arc		
FACE HEIGHT (UPPER)	67		
FACE TOTAL	111		
FACE BREADTH	112		
NASAL HEIGHT	51		
NASAL BREADTH	29		
NASAL MARGIN (LOWER)	Smooth		
ORBITAL HEIGHT	31		
ORBITAL BREADTH	37		
ORBITAL OPENING	Rectangular		
HUMERUS LENGTH	333		
FEMORAL LENGTH	Broca 454	Total 467	

REMARKS:

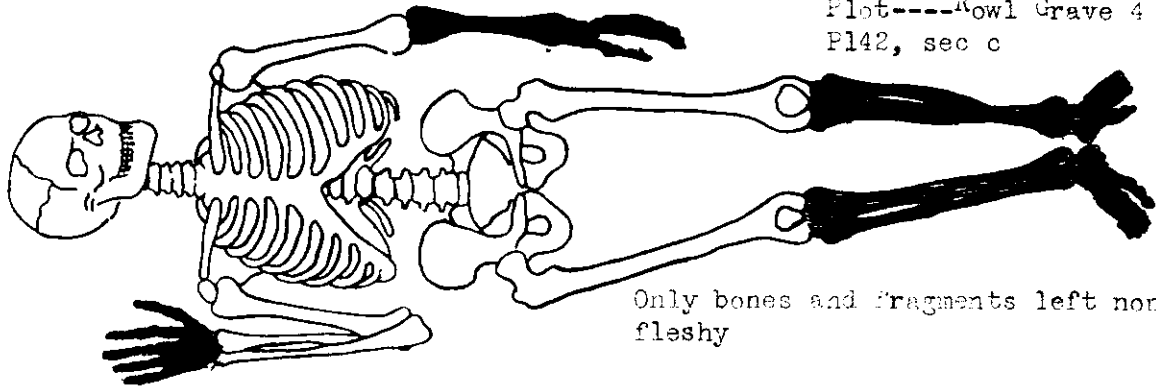
*6 1/2
30-25 yrs.*

FILE
NAVY SECTION
C. J. MOYER

12 SEP

19. BLACK OUT PARTS OF BODY NOT COVERED

Case No "fld-063
Unknown A-2
Cemetery Fossvogur, Iceland
Plot----"owl Grave 4
Pl42, sec c



Only bones and fragments left none fleshy

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

SIGNATURE

FILE
NAVY SECTION
C. J. MOYER

MOBILE IDENTIFICATION UNIT
HEADQUARTERS AMERICAN ZONE
AMERICAN GRAVES REGISTRATION SERVICE

PROCESSING REPORT

Date 11 July 19 47

CASE NO. N-063

UNKNOWN X X-2

CEMETERY: Fort Belvoir, Denver, Colorado

PLOT:

ROW:

GRAVE:

1. PHYSICAL PROCESSING None

Findings None

Remarks: None

Hair - Black

Sgd [Signature]

2. FINGERPRINTING.

Findings Negative

Remarks: None

Sgd [Signature]

3. FLUOROSCOPING.

Findings None

Remarks: None

Sgd [Signature]

4. GENERAL REMARKS: None

Sgd [Signature]

AMERICAN GRAVES REGISTRATION SERVICE
UNIT

CHECK LIST OF UNKNOWN

ANNEX # 1

SKELETAL REPORT

N-63

CRANIAL LENGTH	186		
CRANIAL BREADTH	139		
CRANIAL HEIGHT			
1. Basion-Bregmatic	140		
2. Auricular	118		
CRANIAL SUTURES	open		
SUTURE CONTOURS	open		
FACE HEIGHT (UPPER)	67		
FACE TOTAL	111		
FACE BREADTH	112		
NASAL HEIGHT	51		
NASAL BREADTH	29		
NASAL MARGIN (LOWER)	Smooth		
ORBITAL HEIGHT	51		
ORBITAL BREADTH	37		
ORBITAL OPENING	Rectangular		
HUMERUS LENGTH	193		
FEMORAL LENGTH	144	144	

REMARKS

FILE
 COPY SECTION
 L. J. MOYER

18 SEP 1950

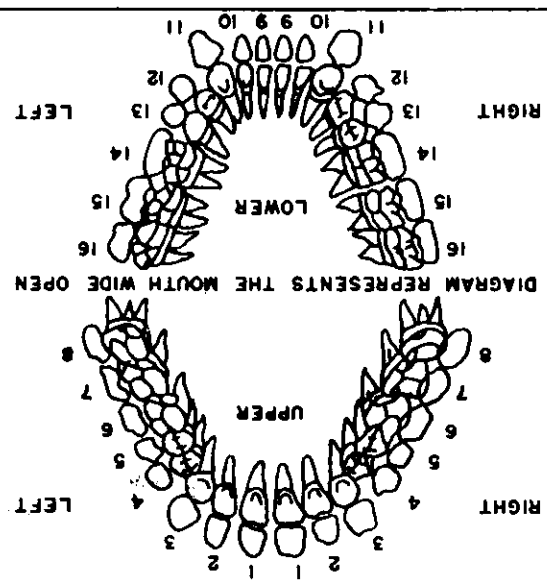
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

*No dentures
28, 28, 16, = not prepared, uncut*

SIGNATURE OF PERSON WHO PREPARED CHART

VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

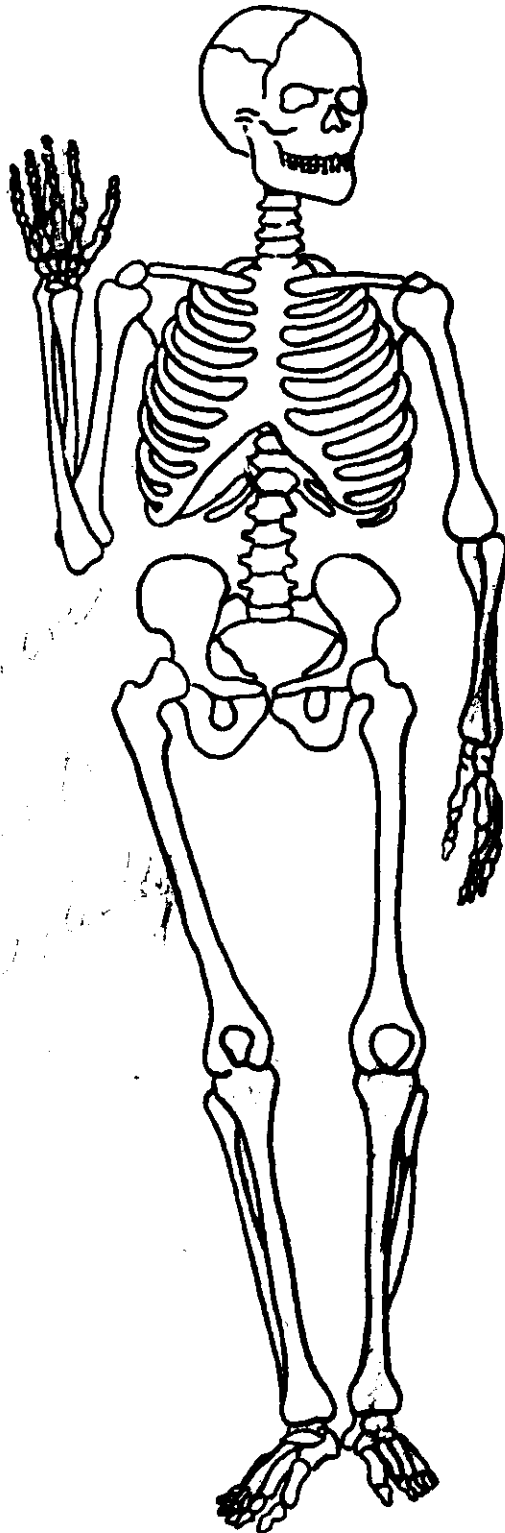
NAME AND RANK TYPED OR PRINTED

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Body of [unclear] 4/10/64
of [unclear] - 200 [unclear]*

N-63

FILE
NAVY SECTION
G. J. MOYER

CHART "A"

19 SEP 64

MOBILE IDENTIFICATION UNIT
HEADQUARTERS AMERICAN ZONE
AMERICAN GRAVES REGISTRATION SERVICE

PAGE 1

DATE 11 July 1947

IDENTIFICATION CHECK LIST

CASE NO Nfld-063

UNKNOWN X -2

CEMETERY Fossvogur, Iceland

PLOT ----- ROW 1 GRAVE 4 P142, Sec.C.

PLACE OF DEATH Iceland Waters

name of nearest town

coordinates and maps

DESCRIPTION OF CLOTHING AND EQUIPMENT: (If clothes do not fit obtain size from measurements)

Clothing
markings

Indicate unusual
Sizes markings, color, wear, tear.

ITEM

Life Preserver, Navy type

Foul weather Jacket

Portion of Blue denims

Top part of underwear.

CHEVRONS OR INSIGNIA

(type & location: shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground, Naval Forces or Merchant Marine?

DESCRIPTION OF REMAINS:

AGE HEIGHT WEIGHT

DESCRIPTION OF WOUNDS

BANDAGES OR DRESSINGS

SCARS

TATTOOS

(number, location - illustrate on sep. page.)

Outstanding warts or birth marks

Yes; no: description, location

DATE 11 July 19 47

IDENTIFICATION CHECK LIST

SUNBURN OR TAN, OTHER THAN HANDS & FACE _____

COMPLEXION _____
(light, med., dark, clear, pimples, pocks, freckles)

BUILD _____
(large, fat, thin, muscular)

H.A.I.R. Black _____
(color, length, quantity, curly, wavy, straight, whorls or def. part)

H.A.I.R. _____
(baldness, widows peak, distinctive cutting or other characteristics)

SIDEBURNS _____ MUSTACHE _____ BEARD OR _____
COLOR-SETTING-SHAPE COLOR-SIZE-SHAPE LENGTH - HEAVY

GOATEE _____
LIGHT COLOR-EXTENT

EYES _____ EYEBROWS _____
(color-setting-shape) (color-bushiness, extent ac/nose)

NOSE _____ EARS _____
(size-shape-straight) (size-set close to or far from head)

MOUTH _____ LIPS _____
(large-medium-small) (small-large-full)

TEETH _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extract.)

CHIN _____
(prominent, receding, pointed, dimple, double)

JAW _____ CIRCUMFERENCE OF HEAD IN INCHES _____
(large-small-normal) (hat band)

NECK _____ LARYNX _____
(size, length, short, normal, wrinkled) (prominent, normal)

SHOULDERS _____ ARMS _____
(broad, straight, small, rounded) (length, muscular, color)

_____ (extent and quantity of hair)

HANDS _____

FINGERS _____
(short, thick, long, slender, size of knuckles, missing fingers)

_____ (missing joints) (unusual characteristics of fingernails)

CHEST _____
(size of nipples, color, quantity and extent of hair, large, small, normal)

BACK _____ Navel _____
(quantity and extent of hair) (size of navel, appendectomy,

_____ amount, quantity and color of hair) _____ CIRCUMCISION _____ PUBIC HAIR _____
(yes-no) (color)

DATE 11 July 1947

IDENTIFICATION CHECK LIST

HERNIA PLASTY _____
(yes - no: location)

LEGS _____
(inseam, muscular, knock-kneed, bowed, normal, quan, color & extent of hair)

FEET _____ TOES _____
(size, corns, callouses, flat) (slender-straight-crooked-overlap)

EVIDENCE OF HEALED FRACTURES _____
(nose, arms, legs, etc.)

HAS TOOTH CHART BEEN PREPARED Yes IF NOT EXPLAIN _____
(yes - no)

REMARKS RED LINE IS MARKED WHERE NO INFORMATION WAS OBTAINED.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF SUBJECT DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

John G. Foulkes, Jr (P.A.)
JOHN G. FOULKES JR

Officer's name
CAPT. QMC OIC

Rank 18 Service

American Zone AGRS
Organization

MOBILE IDENTIFICATION UNIT
HEADQUARTERS AMERICAN ZONE
AMERICAN GRAVES REGISTRATION SERVICE

PROCESSING REPORT

Date 11 July 1947

CASE NO. Nfld-063

UNKNOWN X -2

CEMESTERY: Fossvogur, Iceland

PLOT: P1 42 Sec. C.

ROW: 1

GRAVE: 4

1. PHYSICAL PROCESSING See attached check list.

Findings _____

Remarks: _____

Sgd _____ *[Signature]*

2. FINGERPRINTING.

Findings Negative

Remarks: _____

Sgd _____ *[Signature]*

3. FLUOROSCOPING.

Findings Negative

Remarks: _____

Sgd _____ *[Signature]*

4. GENERAL REMARKS: _____

Sgd _____

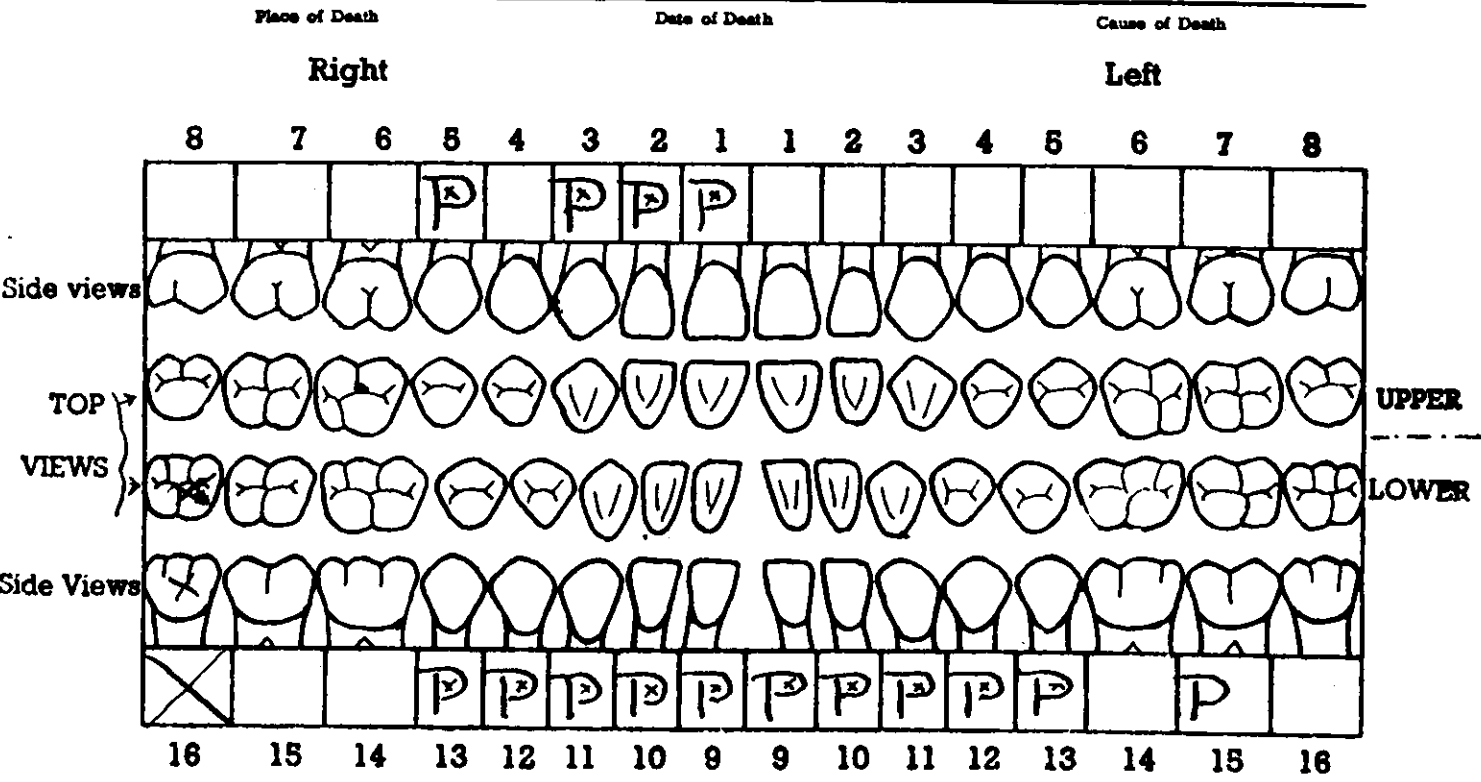
[Stamp]
AYA
SITE

TOOTH CHART

N. 63

11 July 1947
 Date

Last Name	First	Initial	Rank	Serial No.
Unit			Organization	



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer



No dentures
28, 28, 18 = max spread, uncut

ADDITIONAL SPACE FOR FURTHER REMARKS

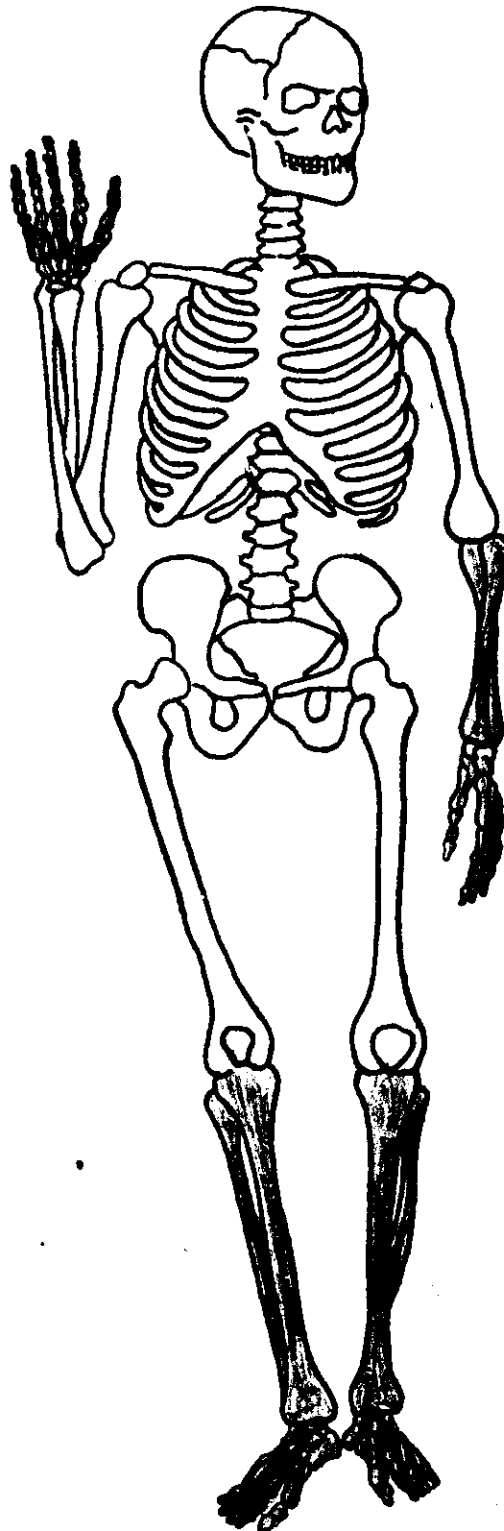
DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

<p>Tooth missing</p>		<p>MISSING TEETH.. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>
<p>Gold crown, Porcelain crown</p>		<p>CROWNED TEETH.. Block in solid the crown of tooth (label gold, porcelain, silver or gold and porcelain), thus :</p>
<p>Gold bridge</p>		<p>BRIDGE WORK.. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>
<p>Gold filling, Silver filling</p>		<p>FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>
<p>Cavity, Decayed</p>		<p>CARIES (CAVITIES).. Outline location and size of cavity, shade in thus :</p>

Case No. Nf1d-063
Unknown X-2
Fossvogur Cemetery
Row 1, Grave 4
Pl. 42 Sec. C

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Only bones and
Fragments left
None fleshy

FILE
NAVY SECTION
C. J. MOYER

CHART "A"

12 07 22

CHECK LIST OF UNKNOWNNS

CASE NO Nf1d-063
 Unknown X-2
 Cemetery Fossvogur
 Row 1, Grave 4
 Pl 42, Sec.C.

ANNEX # 1

SKELETAL REPORT

CRANIAL LENGTH	186		
CRANIAL BREADTH	139		
CRANIAL HEIGHT	140		
1. Basio-Bregmatic			
2. Auricular	118		
CRANIAL SUTURES	open		
SUTURE CONTOURS	Arc		
FACE HEIGHT (UPPER)	67		
FACE TOTAL	111		
FACE BREADTH	112		
NASAL HEIGHT	51		
NASAL BREADTH	29		
NASAL MARGIN (LOWER)	Smooth		
ORBITAL HEIGHT	31		
ORBITAL BREADTH	37		
ORBITAL OPENING	Rectangular		
HUMERUS LENGTH	333		
FEMORAL LENGTH	Broca 454	Total 467	

REMARKS

FILE
 NAVY SECTION
 C. J. MOYER

Phillip A. Gates
 Phillip A. Gates
 Capt. MC
 1822

OFFICE OF THE QUARTERMASTER
Base Graves Registration Service
CHECK LIST FOR BURIALS

Date June 1943

Name of Deceased Unknown

ASN Unknown

Name of Organization U.S. Navy

Rank Unknown

Reported by Sgt Seabrook at 2125 Hours

(1) Notify Colonel Matthew H. Jones and Mr. Jesse T. Kirk, immediately, when notified of a death.

(2) Secure the name of the burial officer for further contact and inform him of any changes in burial plans. Make sure CO or burial officer is notified of procedure regarding personal effects of the deceased, shipped to Effects Co, Kansas City QM Depot, Kansas City, Mo.

Name of Burial Officer Commander V.B. Hodgkins

Phone None

Name of the Organization Chaplain

(3) Request the CO of the organization to which deceased belonged to identify the remains and sign five (5) copies of QM Form No. 1-GR at the mortuary.

(4) Secure the time and date of the funeral at least 24 hours prior to the actual time requested for funeral arrangements. 00 hours, 4 June, 1943

(5) Contact superintendent of Postvegar Cemetery:
4678 between 11 & 12 3678 between 2 & 3
Make arrangements to have grave opened, state grave number, plot number, and row number. Have interpreter make the call. Grave #4, Row #1, 42 Section C

(6) Notify the 50th QM (Graves Registration) at Camp Bradford of the date and time of the funeral; have detail at the cemetery. #184.

(7) Notify the base Chaplain #19 of the time and date of the funeral.

(8) Call Colonel Hessler about an ambulance for use as a hearse. #10 O R m of [unclear]

(9) Order two U.S. Tro, Tripoli #147 to direct traffic at cemetery.

(10) Check to make sure grave is opened before the time for the funeral. IMPERANT.

(11) Have continuous contact with the mortuary and make arrangements for the grave marker.

(12) Check QM Form No. 1-GRS, Certificate of Death, and the inscription on the grave marker for discrepancies in any of the entries. IMPERANT that all entries are identical.

(13) The inscription on the cross should read as follows:

Unknown
U.S.N.

(14) Notify Photo Laboratory of the time of the funeral if pictures are desired. #145

(15) Place "GMS" tag on grave marker when registration is completed. #145

FILE
NAVY SECTION
G. J. MOYER

Found 1 June, 1943, in the vicinity of KIRK JUKLETT JR, Iceland. Located in Hafnir region of Iceland known as "Hafnir Bay" by U.S. Army Forces about 1 1/2 miles from Camp Hopkins. Found by member of 410th Infantry. Brought to mortuary by St. Lowell Fetter, 1st Lt; 11th Inf. (Fields)

Captain Morris, 11th Infantry¹ phoned that a body will be delivered to Laugarnes Mortuary at about 2000 hours on 1 June, 1943. No identification has been made as yet. Body found on the beach and will be delivered from Keflavik.

N.O.B. notified to visit mortuary on 2 June, 1943 and see if any identification can be made. Sgt Seabrook notified N.O.B.

Deceased found on shore of Hafnir Bay $1\frac{1}{2}$ miles
from Camp Hopkins at 1730 hours on 1 June, 1943, by a
member of the 10th Infantry.

Body was brought to the mortuary by Lt Lowell Tuttler
11th Infantry, residing at Camp Fields.

SPQYO 314.6 (European Theater of Operations)

1st Ind.

War Department, A.S.F., O.Q.M.G., Washington, D.C.

25 June 1943.

TO: Chief Quartermaster, Headquarters, A.S.F., A.P.O. 871, c/o Postmaster, New York.

1. Inclosures mentioned in basic communication received.

For The Quartermaster General:

/s/ W. F. DICKERSON,
1st Lt., Q. M. C.,
Assistant.

Incls: W/d

FILE
NAVY SECTION
G. J. MOYER

12 0000

CONFIDENTIAL

(S: 10 July 43)

QM 314.6 Q-GRS

25 June 1943

SUBJECT: Transmittal of Reports of Burial.

TO : U. S. Naval Dispensary, United States Fleet, United States Naval Forces in Europe, APO 887, U. S. Navy.

1. Inclosed are two (2) Reports of Burial which are forwarded for your files.
2. Request acknowledgement of receipt by indorsement hereon.

J. K. STACY,
Lt. Colonel, Q.M.C.,
Chief, Graves Registration Service.

2 Incls:

1. JORDAN, Walter W.

Ordinary Seaman
Unknown

H.S.N. Z-28522
Unknown

2a. UNIDENTIFIED

b. (Certificate of Death) ✓

W. M. Anderson

First Endorsement

U.S. Naval Dispensary
London, England.
28 June, 1943

From: Staff Medical Officer.
TO: Headquarters, Service of Supply, ETO, USA, APO 887

1. Receipt acknowledged.

/s/ W. M. ANDERSON
Captain, (MC), U.S.N.

FILE
NAVY SECTION
C. J. MOYER

(Improvised)

QIC Form

No. 1-GRS

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

~~CONFIDENTIAL~~

REPORT OF INCIDENT

(Par. 21d - E. 10-630)

Unidentified Navy X-2	(Unknown)	(Unknown)	U. S. Navy
(Last Name) (First) (Initial)	(Serial No.)	(Rank)	(Organization)

At Sea	(Unknown)	Drowning
(Place of Death)	(Date of Death)	(Cause of Death)

1100 hours, 4 June, 1943 Fossvogur 23.25-05.5 Reykjavik-Hafnarfjordur 1/25000 sheet

(Time and Date of Burial)	(Place of Burial - Name & No. of Cemetery, if in a /cemetery)
---------------------------	---

Buried with body None

<u>4</u>	<u>1</u>	<u>42 Section C</u>	<u>Cross</u>	<u>Attached to marker</u>	<u>Yes</u>
(Grave No.)	(Row No.)	(Plot No.)	(Kind of Grave marker)	(Identification Tags)	

This body was found in the vicinity of Kirkjuklettur, Iceland, on 31 May, 1943. It was badly decomposed with no possible means of identification. The only flesh was in the area adjacent to the pelvis. Body was dressed in a U.S. Navy foul weather jacket and a U.S. Navy life jacket. It was impossible to obtain fingerprints or a tooth chart due to the condition of body. Due to the foul weather jacket and life preserver it was assumed that this deceased been a member of the U.S. Navy, pertinent data to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)

(Unknown)

(Unknown)

(Name and address of Emergency Addressee)	(Name and address of legal next of kin)
---	---

(Unproviced)

QLS Form

No. 1-GRS

CONFIDENTIAL

REPORT OF INCIDENT

Comp 742

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

70293 *unproviced* (Par. 21d - TL 10-630)

Unidentified

(Unknown)

(Unknown)

U. S. Navy

(Last Name) (First) (Initial)

(Serial No.)

(Rank)

(Organization)

At Sea

(Unknown)

Drowning

(Place of Death)

(Date of Death)

(Cause of Death)

1100 hours, 4 June, 1943 Fossvogur 23.25-05.5 Reykjavik-Hafnarfjordur 1/25000 sheet

(Time and Date of Burial)

(Place of Burial - Name & No. of Cemetery, if in a

/cemetery)

4

1

42 Section C

Cross

Buried with body

None

(Grave No.)

(Row No.)

(Plot No.)

(Kind of Grave marker)

Attached to marker

Yes

(Identification Tags)

This body was found in the vicinity of Kirkjuklettur, Iceland, on 31 May, 1943. It was badly decomposed with no possible means of identification. The only flesh was in the area adjacent to the pelvis. Body was dressed in a U.S. Navy foul weather jacket and a U.S. Navy life jacket. It was impossible to obtain fingerprints or a tooth chart due to the condition of the body. Due to the foul weather jacket and life preserver it was assumed that this deceased had been a member of the U.S. Navy to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)

(unknown)

(Unknown)

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

70292

Fingerprints (right hand) in right hand space, furthest prints of left hand.

(Required when positive identity cannot otherwise be established) (Per. 23e) (2)

TI 10-630

Place X Mark
below when
prints are of
left hand



Thumb	1	2	3	4	

NOT OBTAINABLE

List of personal effects and disposition of same

No effects accompanied body when turned over to the Quartermaster.

(Name, rank, serial no., organization, grave numbers of bodies buried on either side)

On Right Robert Reid, F lc., 706-11-76, U. S. N. R.

Grave #3

On Left Empty Grave Space (Grave #5 not yet used)

Signature of Officer or other person
reporting Burial.

ROBERT L. HOUGHTALIN, 1st Lieut., QMC
Verified by Army G.R.S. Officer

Prepare in triplicate - 1 copy to Army GRS Officer - 1 copy to Chief, GRS - Original
/to the QMC.

(Improvised)

DD Form
No. 1-GRS

CONFIDENTIAL

REPORT OF INVESTIGATION

(To be submitted through channels to the Quartermaster General, Washington, D.C.)
(Par. 21d - R 10-830)

Unidentified	(Unknown)	(Unknown)	U. S. Navy
(Last Name) (First) (Initial)	(Serial No.)	(Rank)	(Organization)
At Sea	(Unknown)	Drowning	
(Place of Death)	(Date of Death)	(Cause of Death)	

1100 hours, 4 June, 1943 Fossvogur 23.25-05.6 Reykjavik-Hafnarfjordur 1/25000 sheet

(Time and Date of Burial)	(Place of Burial - name & no. of Cemetery, if in a /cemetery)
---------------------------	---

4	1	42 Section C	Cross	Period with body Attached to marker	None Yes
(Grave No.)	(Row No.)	(Plot No.)	(Kind of Grave Marker)	(Identification Tags)	

This body was found in the vicinity of Kirkjuklettur, Iceland, on 31 May, 1943. It was badly decomposed with no possible means of identification. The only flesh was in the area adjacent to the pelvis. Body was dressed in a U.S. Navy foul weather jacket and a U.S. Navy life jacket. It was impossible to obtain fingerprints or a tooth chart due to the condition of the body. Due to the foul weather jacket and life preserver it was assumed that this deceased had been a member of the U.S. Navy to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)

(unknown)

(Unknown)

(Name and address of Emergency Addressee)	(Name and address of legal next of kin)
---	---

Fingerprints (right hand) if right hand missing. Print of prints of left hand.

(Required when positive identity cannot otherwise be established) (Par. 25a (2))

TM 10-630

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4

NOT OBTAINABLE

List of personal effects and disposition of same
No effects accompanied body when turned over to the Quartermaster.

(Name, rank, serial no., organization, grave numbers of bodies buried on either side)

On Right Robert Reid, Pfc., 706-11-78, U. S. N. R.

Grave #3

On Left Empty Grave Space (Grave #5 not yet used)

Walter Lee Hopkins

Signature of Officer or other person
reporting Burial.

Robert L. Moughtalin
ROBERT L. MOUGHTALIN, 1st Lieut., QMC

Verified by Army G.R.S. Officer

Prepare intricate - 1 copy to Army GRS Officer - 1 copy to Chief, GRS - Original

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 4 June 1943

COPY OF IDENTIFICATION TAG		NAME X-2 <i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
FILE OR SERVICE NO. Unknown		RANK OR RATE Unknown		BRANCH OF SERVICE U.S. Navy
CORPS OR RESERVE CLASSIFICATION Unknown		RACE Unknown		

CAUSE OF DEATH Drowning	PLACE OF DEATH At sea
-----------------------------------	---------------------------------

NAME OF NEXT OF KIN <i>(If known)</i> Unknown	ADDRESS OF NEXT OF KIN <i>(If known)</i> Unknown
---	--

DATE OF DEATH Unknown	DATE OF BURIAL Unknown
---------------------------------	----------------------------------

NAME OF CEMETERY Fossvogur	LOCATION OF CEMETERY Reykjavik - Hafnarfjordur
--------------------------------------	--

GRAVE MARKER TYPE Cross	PLOT No. 42 Section C	ROW NO. 1	GRAVE NO. 4
-----------------------------------	---------------------------------	---------------------	-----------------------

BURIED AT SEA <i>(Date)</i>	AREA
-----------------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED Unknown
----------------------------	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY <i>(Identification cards, letters, etc.)</i>
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
No effects accompanied body when turned over to the Quartermaster.

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME <i>(Last, first, middle)</i> Empty grave space	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 5
BODY ON RIGHT, NAME <i>(Last, first, middle)</i> Robert Reid	Flc	706 11 76	2

PERSON REPORTING BURIAL <i>(Name)</i> C. J. ROYER	<i>(Rank or rate)</i>	PERSON CONDUCTING BURIAL RITES
---	-----------------------	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED H.M. GOLDS TEIN, Lieutenant, MC, USNR <i>(Name)</i> <i>(Rank)</i> <i>(Title)</i>
---	--

FILE
NAVY SECTION
C. J. ROYER

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
Unknown	Unknown	Unknown	Unknown

BIRTHMARKS, SCARS, OR TATTOOS

Unknown

LAUNDRY MARKS

None

WEAPON AND SERIAL No.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. 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.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

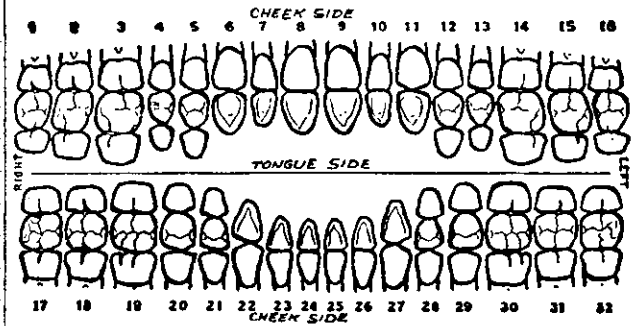
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

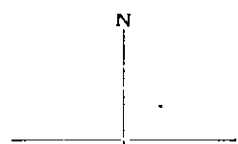
Remarks _____



COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) _____ (Rank or rate) _____



NAVY SECTION
NAVY SECTION

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening spaces. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

REPORT OF BURIAL

NAV/MED-801 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 4 June 1943

COPY OF IDENTIFICATION TAG	NAME λ-2	(Last)	(First)	(Middle)
	Unknown	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	Unknown	Unknown	Unknown	U.S. Navy
	CORPS OR RESERVE CLASSIFICATION		RACE	Unknown

CAUSE OF DEATH Drowning	PLACE OF DEATH At sea
-----------------------------------	---------------------------------

NAME OF NEXT OF KIN (If known) Unknown	ADDRESS OF NEXT OF KIN (If known) Unknown
--	---

DATE OF DEATH Unknown	DATE OF BURIAL Unknown
---------------------------------	----------------------------------

NAME OF CEMETERY Fossvogur	LOCATION OF CEMETERY Reykjavik - Hafnarfjordur
--------------------------------------	--

GRAVE MARKER TYPE Cross	PLOT No. 42 Section C	ROW No. 1	GRAVE No. 4
-----------------------------------	---------------------------------	---------------------	-----------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED Unknown
----------------------------	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
No effects accompanied body when turned over to the Quartermaster.

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle) Empty grave space	RANK OR RATE	FILE OR SERVICE NO.	GRAVE No. 5
BODY ON RIGHT. NAME (Last, first, middle) Robert Reid	F1c	706 11 76	2

PERSON REPORTING BURIAL (Name) FILE	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
---	----------------	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL OUT 7 1943	VERIFIED AND FORWARDED H.M. GOLDS TEIN, Lieutenant, MC, USNR
--	--

(Name) (Rank) (Title)

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT Unknown	ESTIMATED WEIGHT Unknown	COLOR OF EYES Unknown	COLOR OF HAIR Unknown
------------------------------------	------------------------------------	---------------------------------	---------------------------------

BIRTHMARKS, SCARS, OR TATTOOS

Unknown

LAUNDRY MARKS

None

WEAPON AND SERIAL NO.

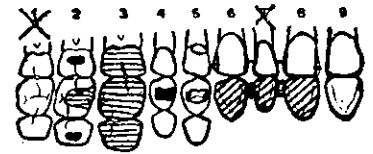
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

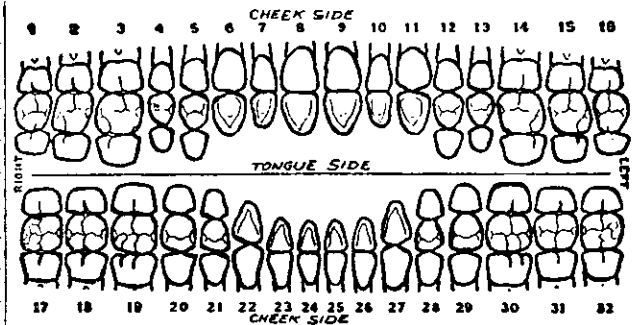
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Teeth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____
 Occlusion (Type of) _____
 Malposed teeth (Describe) _____
 Removable appliances _____
 Other defects _____
 Remarks _____



COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

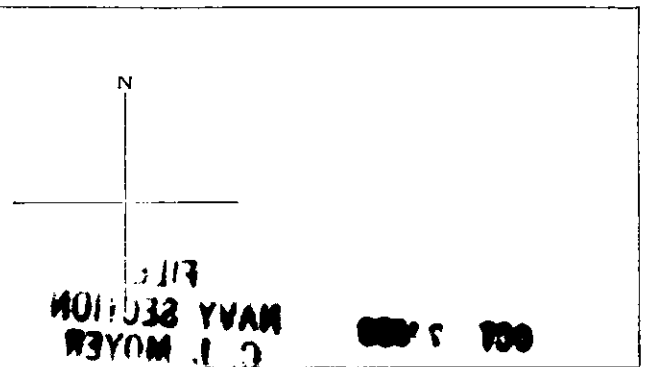
POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)

When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening spaces. Do not overfill. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB	
L. INDEX	
L. MIDDLE	
L. RING	
L. LITTLE	
R. THUMB	
R. INDEX	
R. MIDDLE	
R. RING	
R. LITTLE	



REPORT OF BURIAL

NAVMED-601 (3-45)

746

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 4 June 1943

COPY OF IDENTIFICATION TAG	NAME <u>X-2</u> <u>Unknown</u>		
	FILE OR SERVICE NO. <u>Unknown</u>	RANK OR RATE <u>Unknown</u>	BRANCH OF SERVICE <u>U.S. Navy</u>
	CORPS OR RESERVE CLASSIFICATION		RACE <u>Unknown</u>

CAUSE OF DEATH <u>Drowning</u>	PLACE OF DEATH <u>At sea</u>
-----------------------------------	---------------------------------

NAME OF NEXT OF KIN (If known) <u>Unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>Unknown</u>
--	---

DATE OF DEATH <u>Unknown</u>	DATE OF BURIAL <u>Unknown</u>
---------------------------------	----------------------------------

NAME OF CEMETERY <u>Fossvogur</u>	LOCATION OF CEMETERY <u>Reykjavik - Hafnarfjordur</u>
--------------------------------------	--

GRAVE MARKER TYPE <u>Cross</u>	PLOT No. <u>42 Section C</u>	ROW NO. <u>1</u>	GRAVE NO. <u>4</u>
-----------------------------------	---------------------------------	---------------------	-----------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED <u>Unknown</u>
----------------------------	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
No effects accompanied body when turned over to the Quartermaster.

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle) <u>Empty grave space</u>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <u>5</u>
BODY ON RIGHT. NAME (Last, first, middle) <u>Robert Reid</u>	<u>Flc</u>	<u>706 11 76</u>	<u>2</u>

PERSON REPORTING BURIAL (Name) <u>C. J. MOYER</u>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
--	----------------	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <u>H.M. Goldstein</u> <u>H.M. GOLDS TEIN, Lieutenant, MC, USNR</u> (Name) (Rank) (Title)
---	--

FILE NAVY SECTION C. J. MOYER

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
Unknown	Unknown	Unknown	Unknown

BIRTHMARKS, SCARS, OR TATTOOS

Unknown

LAUNDRY MARKS

None

WEAPON AND SERIAL No.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

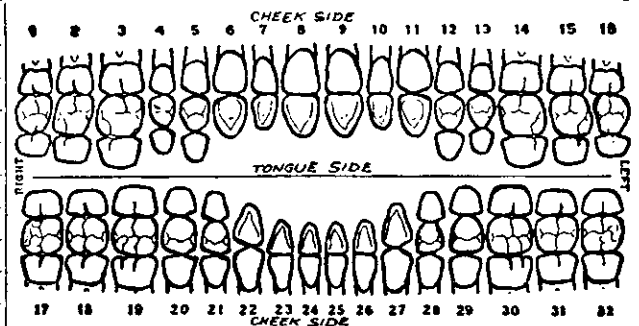
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & 2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
 Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____
 Occlusion (Type of) _____
 Malposed teeth (Describe) _____
 Removable appliances _____
 Other defects _____
 Remarks _____

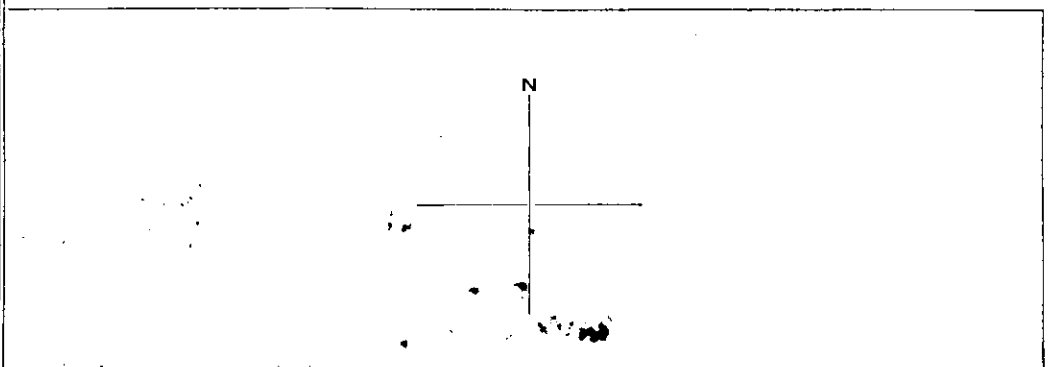


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB _____
 L. INDEX _____
 L. MIDDLE _____
 L. RING _____
 L. LITTLE _____
 R. THUMB _____
 R. INDEX _____
 R. MIDDLE _____
 R. RING _____
 R. LITTLE _____

CONFIDENTIAL

REPORT OF INVESTIGATION

Submitted through channels to the Quartermaster General, Washington, D.C.
(Par. 21d - 10-650)

(Name) (Initial) (Service No.) (Rank) (Organization)
(Unknown) (Unknown) U. S. Navy

(Date of Death) (Cause of Death)
(Unknown) Drowning

Date of Burial: 4 June, 1945 Place of Burial: 22.28-06.6 Reykjavik-Hafnarfjörður 1/25000 sheet
(Place of Burial - name & No. of Cemetery, if in a cemetery)

Section: 42 Section C Cross Attached to: None
(Plot No.) (Kind of Grave Marker) (Identification Tags)

The body was found in the vicinity of Kirkjubættur, Iceland, on 31 May, 1945. It was badly decomposed and no means of identification. The only flash was in the area adjacent to the body and dressed in a U.S. Navy foul weather jacket and a U.S. Navy life preserver. It was impossible to obtain fingerprints or a tooth chart due to the condition of the body. It was assumed that this deceased had pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

(Name and address of Emergency Addressee) (Name and address of legal next of kin)
(Unknown)

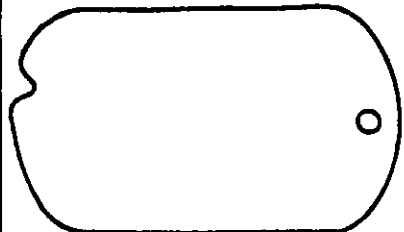
RESTRICTED

WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNIDENTIFIED NAVY-X-2

SERIAL No.

(Unknown)

GRADE

Unknown

ORGANIZATION

U.S. Navy

BRANCH OF SERVICE

Navy

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

At Sea

CAUSE OF DEATH

Drowning

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

This body was found in the vicinity of Kirkjuklettur, Iceland on 31 May, 1943. It was badly decomposed with no possible means of identification. The only flesh was in the area adjacent to the peivis. Body was dressed in a U.S. Navy foul weather jacket and a U.S. Navy life jacket. It was impossible

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME (continue)

to obtain fingerprints or a tooth chart due to the condition of the body. Due to the foul weather jacket and life preserver it was assumed that this deceased had been a member of the U.S. Navy.

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Fossvogur 23.25.05.5 Reykjavik - Hafnarfjordur 1/25000 sheet

DATE OF BURIAL

4 June 43

HOUR

1100

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE MARKER

Cross

PLOT No.

Sec. C
42

ROW No.

1

GRAVE No.

4

WAS THIS A REBURIAL?
(Yes or no)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.

ROW No.

GRAVE No.

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)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

FILE
NAVY SECTION
E. J. MOYER

This copy is prepared in Hq. American Zone/Plans & Operations Division.

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.

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

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.

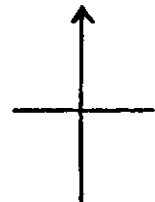
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS

[Handwritten marks and scribbles in the remarks section]

CERTIFICATE OF DEATH

From: U.S. NAVAL OPERATING BASE, ICELAND

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter B-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name UNKNOWN (Burial record number 37) Rank or rate Unknown

2. Born: Place Unknown Date Unknown

3. Nationality Unknown Religion Unknown
(White-U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Unknown Hair Unknown Complexion Unknown Height Unknown Weight Unknown

5. Marks, scars, etc. (noted in health record) Unknown

FINGERPRINT

None

State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend Unknown

7. Original admission: Place Not admitted Date - -
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Unknown Date Unknown Hour Unknown

9. Cause of death { Principal Drowning Key Letter "D"
Contributory _____

10. Death IS NOT the result of own misconduct and IS in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains Local interment, Fossvogur Cemetery, Reykjavik, Iceland.
Plot 42, Section C, Row #1, Grave #4.

12. Summary of facts relative to the death:
A partial skeleton devoid of most tissue was found in Hofner Bay, Iceland on May 31, 1943. No identification tag was found. No skin was left on the body and all but 3 or 4 teeth had fallen out. The only articles of clothing on the body were a U.S. Navy type life jacket and a U.S. Navy foul weather jacket. No letters or identification card were found.
The remains were tentatively identified as U.S. Navy personnel because the articles of clothing were evidently U.S. Navy issue.

FILE
NAVY SECTION
G. J. MOYER

Sub: 2

U.S. NAVAL OPERATING AREA, IOWA

Approved: _____ (Rank) Captain, U.S. Navy

Approved: _____ (Rank) Captain, M.O. U.S. Navy

Approved: _____ (Rank) Captain, U.S. Navy

Approved: _____ (Rank) Captain, U.S. Navy

Approved: _____ (Rank) Captain, U.S. Navy

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Approved: _____ (Rank) Captain, U.S. Navy

Approved: _____ (Rank) Captain, U.S. Navy

NAVY SECTION
C. J. MOYER
FILE

Summary of facts—Continued

The remains were tentatively identified as U.S. Navy personnel because the articles of clothing were evidently U.S. Navy issue.

and were found.

Navy type life jacket and a U.S. Navy type weather jacket. No features of identification

on a teeth had fallen out. The only articles of clothing on the body were a U.S.

partial skeleton devoid of most bones was found in Hornes Bay, Iceland on May 22,

1942 AS, Section 5, Box 41, Grave 44.

In the opinion of the Board of Inquiry, the remains were those of a U.S. Navy

personnel. The remains were found in the vicinity of the wreck of the U.S.S. *Thetis*.

U.S.S. *Thetis*, 1942 AS, Section 5, Box 41, Grave 44.

U.S.S. *Thetis*, 1942 AS, Section 5, Box 41, Grave 44.

U.S.S. *Thetis*, 1942 AS, Section 5, Box 41, Grave 44.

U.S.S. *Thetis*, 1942 AS, Section 5, Box 41, Grave 44.

U.S.S. *Thetis*, 1942 AS, Section 5, Box 41, Grave 44.

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To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter B-6, Appendix B, Manual of the Medical Department, for instructions.)

- 1. Name UNKNOWN (Burial record number 37) X-2 Rank or rate Unknown
- 2. Born: Place Unknown Date Unknown
- 3. Nationality Unknown Religion Unknown
(White—U. S., Colored, Samoan, etc.) (Denomination)
- 4. Eyes Unknown Hair Unknown Complexion Unknown Height Unknown Weight Unknown
- 5. Marks, scars, etc. (noted in health record) Unknown

FINGERPRINT

None

State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend Unknown

7. Original admission: Place Not admitted Date -----
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Unknown Date Unknown Hour Unknown

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Contributory _____

10. Death is not the result of own misconduct and is in the line of duty.
(Is or is not) (Is or is not)

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**FILE
NAVY SECTION
C. J. MOYER**

CONTINUATION OF REPORT

16-11000 U. S. GOVERNMENT PRINTING OFFICE

Approved: Court of Inquiry or Board of Investigation WILL NOT be held (All or will not) H. F. REDFIELD (Rank) Captain U. S. Navy (Commanding officer)

Medical officer F. W. JOHNSON (Rank) Captain U. S. Navy (Medical officer)

1. Name of vessel: ... 2. Date of departure: ... 3. Date of arrival: ... 4. Name of commanding officer: ... 5. Name of medical officer: ...

6. Name of patient: ... 7. Date of onset of illness: ... 8. Name of attending physician: ... 9. Name of hospital: ...

10. Name of ship: ... 11. Date of departure: ... 12. Date of arrival: ... 13. Name of commanding officer: ...

14. Name of patient: ... 15. Date of onset of illness: ... 16. Name of attending physician: ...

17. Name of ship: ... 18. Date of departure: ... 19. Date of arrival: ... 20. Name of commanding officer: ...

21. Name of patient: ... 22. Date of onset of illness: ... 23. Name of attending physician: ...

24. Name of ship: ... 25. Date of departure: ... 26. Date of arrival: ... 27. Name of commanding officer: ...

NAVY SECTION C. T. MOYER

Summary of facts—Continued