

FILE IDENTIFICATION TOPPER

FILE NUMBER

93 work for [unclear] Island X5.

SUBJECT

RECEIPT OF REMAINS

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
DISTRIBUTION CENTER #1, AGPS
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 UNKNOWN X-5

FOR INTERMENT IN YOUR CEMETERY.

ESCORT IS SGT. EDWARD R. WRIGHT. 382135 USMC

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

THIS 12 DAY OF December, 19 47

Sgt Edward R. Wright
WITNESS (Escort)

John R. [Signature]
CONSIGNEE
H. [Signature]

1

DISINTERMENT DIRECTIVE

POST SECTION

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4820 X 5

DATE 17 7 47 DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER RANK ARM 5 DATE OF DEATH DAY MONTH YEAR

CEMETERY FOSSVOGUR 243rd St - 7-5 - Island (Fossvogur) DISPOSITION OF REMAINS 2321 01 CODE DIST. PT. 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 - 5 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED 20 May 47 IDENTIFICATION TAG ON 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 Partially decomposed.

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 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 Sep 47 BY S.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, CAPT., QMC. SIGNATURE OF GRS INSPECTOR

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

File NAT 333/10/47 3 Sep 47 R. J. Parker

7203

RECORD OF CUSTODIAL TRANSFER

FROM ARGENTIA, NEWFOUNDLAND		TO USAF JOSEPH V. CONNOLLY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>James R. Parker</i>		SIGNATURE OF RECEIVER <i>Joseph V. Connolly</i>	
DATE OCT 16 1947		DATE OCT 16 1947	
2. SHIPPED			
FROM JOSEPH V. CONNOLLY		TO <i>NY PC</i>	
KIND OF CONVEYANCE ZFC		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Re Mr James Connolly</i>		SIGNATURE OF RECEIVER <i>William</i>	
DATE OCT 27 1947		DATE	
3. SHIPPED			
FROM <i>NY PC</i>		TO <i>D.C. #1</i>	
KIND OF CONVEYANCE <i>Tractor</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

DATE OCT 29 1947

SIGNATURE OF RECEIVER *J.W. Bennett*

DATE 10-20-47

SIGNATURE OF SHIPPER *NY PC*

SIGNATURE OF RECEIVER *William*

SIGNATURE OF SHIPPER *Re Mr James Connolly*

SIGNATURE OF RECEIVER *NY PC*

SIGNATURE OF SHIPPER *JOSEPH V. CONNOLLY*

SIGNATURE OF RECEIVER *James R. Parker*

SIGNATURE OF SHIPPER *James R. Parker*

SIGNATURE OF RECEIVER *USAF JOSEPH V. CONNOLLY*

SIGNATURE OF SHIPPER *James R. Parker*

DATE

DATE

RECEIVED
OR FINISH MEAN TIME (Z)
Nov 19 21 46 1947

SIGNAL CENTER
BROOKLYN, BKLYN, NY

R

NY 2-794 GA WLS

NY 2-794 V WA 285 NR 24/19 2132Z

FROM LARKIN CIG WASH DC

TO CG NYSE BROOKLYN NY

ATTN COLONEL G H BANE

DISREGARD TX DATED 24 OCTOBER AND TX DATED 28 OCTOBER PD REFERENCE
UNKNOWN RETAINS AMERICAN HOME CVA ALL UNKNOWNNS EXCEPT THE FOLLOWING
ARE TO BE INTERRED IN LONG ISLAND NATIONAL CEMETERY

FOSSVOGUR	FORT PEPPERRELL	FORT MC ANDREW
X-1	X-5	X-6
X-3	X-1 OF 18	X-12
X-5	X-5 OF 18	X-16
	X-8 OF 18	X-21
	X-9 OF 18	X-26
	X-10 OF 18	X-38
	X-15 OF 18	X-40
	X-17 OF 18	X-46
	X-18 OF 18	X-58
		X-61

REFERENCE TELEPHONE CONVERSATION THIS DATE LT COL HICKY LIEU COL
BANE CVA DISINTERRING DIRECTIVES DISPATCHED THIS DATE ON UNKNOWN
X-10 OF 18 FORT PEPPERRELL IDENTIFIED AS S1/C GERALD FRANCIS FERGUSON,
UNKNOWN X-46 FORT MC ANDREW IDENTIFIED AS A/S ANDRE JOSEPH LANDRY, UNKNOWN
X-17 OF 18 FORT PEPPERRELL IDENTIFIED AS S1/C CHARLES HARRILL AND 24/19 HICKEY
2137Z

RECEIVED
GREENWICH MEAN TIME (Z)
DEC 9 16 49 1947

WU21 GOVT PD DLY CHGS STEED

TDN WUX LONG ISLAND NATIONAL CEMETERY FARLINGDALE NY DEC 9 1130A

N Y P E

58 ST & FIRST AVE BROOKLYN NY

REQUEST THE FOLLOWING REMAINS BE DELIVERED THIS FACILITY

AT 1:00 PM 12 DECEMBER 1947 UNKNOWN X-3 UNKNOWN X-5

FOSSVOGUR TONOLI ERNEST P 31118441 CROZIER JOHN THOMAS

2253289 MERRILL HARRY OTIS 05628061 MOORE CONLEY L

8363864 STEWART WILLIAM P 4063327

BOENDER SUPERINTENDENT

1147A

1:00 PM 12 1947 X-3 X-5 P 31118441 2253289 05628061 8363864

P 4063327.

1947 DEC 8 16 41

AGR DIVISION

SUPERINTENDENT

LONG ISLAND NATIONAL CEMETERY

FARMINGDALE, NEW YORK

TELEGRAPH OFFICE
BROOKLYN BASE, NYPE

REQUEST YOU SCHEDULE FOLLOWING INTERMENTS AS SOON AS POSSIBLE. UNKNOWN X-3
FOSSVOGUR AND UNKNOWN X-5 FOSSVOGUR.

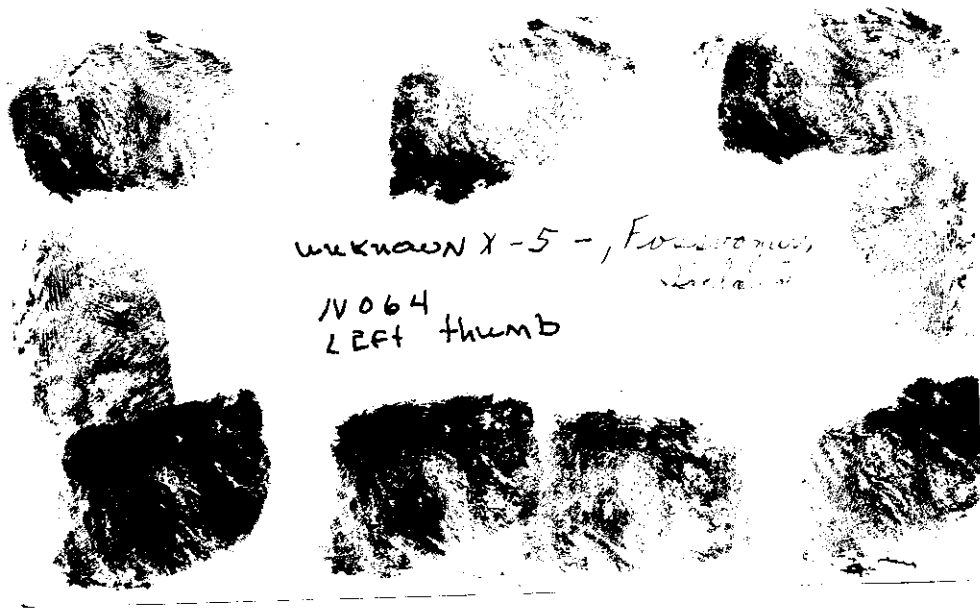
COMMANDING OFFICER DISTRIBUTION CENTER NUMBER ONE NEW YORK PORT OF EMBARKATION

081545(Z)Dec

IDENTIFICATION DATA

CEMETERY						2. DATE OF REPORT	
. Fossvogur, Iceland						11 July 1947	
4. PLOT				5. ROW		6. GRAVE	
31-C				1		15	
7. DATE OF						DISINTERMENT	
						REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR		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?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED?		TO WHAT EXTENT?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)							
No clothing or personal effects found.							

NAT
 18 89
 IDB



UNKNOWN X-5 - , FORDSON,

11064
LEFT thumb

QMG MEMORIAL DIVISION

REPATRIATION RECORDS

HICKEY

5198

CG NYPE BROOKLYN NY ATTN COLONEL G H BARE

DISREGARD TWX DATED 24 OCTOBER AND TWX DATED 28 OCTOBER PERIOD REFERENCE UNKNOWN REMAINS AMERICAN ZONE CMA ALL UNKNOWNNS EXCEPT THE FOLLOWING ARE TO BE INTERRED IN LONG ISLAND NATIONAL CEMETERY

FOSSVOGUR	FORT PEPPERRELL	FOR MCANDREW
X-1	X-5	X-6
X-3	X-1 OF 18	X-12
X-5	X-5 OF 18	X-16
	X-8 OF 18	X-21
	X-9 OF 18	X-26
	X-10 OF 18	X-38
	X-15 OF 18	X-40
	X-17 OF 18	X-46
	X-18 OF 18	X-58
		X-61

REFERENCE TELEPHONE CONVERSATION THIS DATE LT COL HICKEY WITH COL BARE CMA
 DISINTERMENT DIRECTIVES DISPATCHED THIS DATE ON UNKNOWN X-10 OF 18 FORT
 PEPPERRELL IDENTIFIED AS S 1/C GERALD FRANCIS FERGUSON CMA UNKNOWN X-46 FORT
 MCANDREW IDENTIFIED AS A/S ANDRE JOSEPH LANDRY CMA UNKNOWN X-17 OF 18 FORT
 PEPPERRELL IDENTIFIED AS S1/C OMAR RAY HARRILL
 END QMGMM HICKEY

19 NOVEMBER 1947 - 1530 HOURS

QMGMM 293 - NYPE

R. M. BAUKNIGHT, LT. COL. QMC

Memorial Division

X 293
 Nov 1-5 - [unclear]
 [unclear]

File
 21 Nov 47
 O'Clock

1. FILE UNDER NO. 293 - Unk Iceland Fossvogur X-5

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind 3. DATE: 13 Nov 47
4. FROM: AGO
5. TO: QMG
6. SUBJECT: Fingerprint Comparison

7. DOCUMENT FILED UNDER NO. 293 - Unk Iceland, Fossvogur X-1

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

OQMG MEMORIAL DIVISION

REPATRIATION RECORDS

HICKEY

5198

CG NYPE BROOKLYN NY ATTN AGR DIVISION

THE FOLLOWING LIST OF UNKNOWNNS BY DISINTERMENT DIRECTIVE ~~WERE~~ DUE TO ARRIVE NEW YORK PORT 26 OCTOBER FROM ARGENTIA NEWFOUNDLAND HAVE EITHER BEEN IDENTIFIED OR ARE NOW UNDER INVESTIGATION PERIOD THESE REMAINS WILL NOT REPEAT WILL NOT BE INTERRED IN LONG ISLAND NATIONAL CEMETERY PERIOD CORRECTED DISINTERMENT DIRECTIVES OR ADDITIONAL INSTRUCTIONS WILL BE FURNISHED AT A LATER DATE

FORT MCANDREW	FOSSVOGUR	ISOLATED FURUFJODUR	X-1	FORT PEPPERRELL
7215 X-1	4820 X-1	ISOLATED FURUFJODUR	X-2	7217 X-4
7215 X-2	4820 X-2	ISOLATED FURUFJODUR	X-3	7217 X-5
7215 X-12	4820 X-3	ISOLATED FURUFJODUR	X-4	7217 X-1 OF 18
7215 X-16	4820 X-4	ISOLATED FURUFJODUR	X-5	7217 X-5 OF 18
7215 X-27	4820 X-5	ISOLATED ISAFJORDUR	X-1	7217 X-8 OF 18
7215 X-28	4820 X-6	ISOLATED ISAFJORDUR	X-2	7217 X-15 OF 18
7215 X-40	4820 X-7			7217 X-17 OF 18
7215 X-46		ISOLATED GRAND MANAN	X-1	7217 X-18 OF 18
7215 X-55				
7215 X-57				
7215 X-58				
7215 X-61				

REQUEST AMERICAN ZONE HEADQUARTERS BE NOTIFIED OF ABOVE INFORMATION

END QMGMM HICKEY

LARKIN

24 OCTOBER 1947 1600 Hours

QMGMM 293 NYPE

R. M. Bauknight, Lt. Col., QMC
Memorial Division

*File
in 293
D. Clark*

*293
Zm L 1-5
(For company) ...*

FILE NUMBER NO. 293 - **Unk. Iceland X-5 (Passvoger)**

INDEX

SYNOPSIS

DATE

18 Oct. 1947

TO

FROM

**The Adjutant Gen., Wash., D. C.
ATTN: Status Review & Determination Sub-Section, Casualty
Section, Personnel Actions Branch, AGO, SE 777, The Pentagon**

RE

Identification of Unknown Deceased

FILE NUMBER NO. 293 - **Unk. Iceland (Misc.) (Passvoger) (X-2, X-3, X-5)**

nfs

293 Wake USA X-5 (Foreigner) Long Island
N.Y. 11701



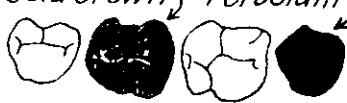







"Non-identifiable by reason of lack of sufficient identifying data."

N. J. SLOANE
Capt QMC

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN I-5				2. DATE OF REPORT 11 July 1947	
3. NAME OF CEMETERY Fossvogur, Iceland	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	31-C	1	15	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR		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?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
15. WAS BODY MANGLED?		TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)					
No clothing or personal effects found.					

18. TOOTH CHART

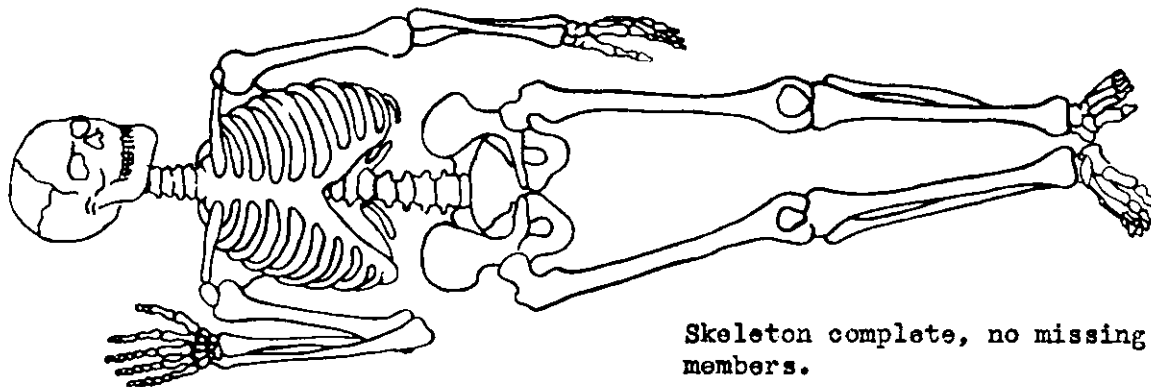
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown</i> <i>Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i> <i>Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i> <i>Decayed</i></p> 	

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

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."

R-2, L-2, are not present and either were never present or extracted at an early age as all teeth are in perfect alinement with no gaps whatsoever.
 R-15, L-16, and 1-8 - undeveloped.

19. BLACK OUT PARTS OF BODY NOT COVERED



Skeleton complete, no missing members.

Body in advance stages of Decomposition.

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

Prints made of left thumb, index finger and middle finger. Card showing prints obtained and attached hereto.

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

JOHN G. FOULKES JR., Capt, QMC.

MOBILE IDENTIFICATION UNIT
HEADQUARTERS AMERICAN ZONE
AMERICAN GRAVES REGISTRATION SERVICE

PROCESSING REPORT

Date 11 July 1947

CASE NO. 864

UNKNOWN X 5

CEMETERY: Fossberg Cem

PLOT:

ROW:

GRAVE:

1. PHYSICAL PROCESSING - No - Clothing

Findings _____

Remarks: _____

Sgd RL

2. FINGERPRINTING.

Findings - Left hand to right wrist

Remarks: Left hand to right wrist

Sgd RL

3. FLUOROSCOPING.

Findings _____

Remarks: _____

Sgd _____

4. GENERAL REMARKS: _____

Sgd _____

N-064

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

DATE _____

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE			A				☆	P		☆							TYPE
LOCATION	X		O														LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		A				P		P	P	P	P				A		TYPE
LOCATION		O													O		LOCATION

☆ SEE REMARKS

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY. INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

DM

CHECK LIST OF MEASUREMENTS

ANNEX # 1

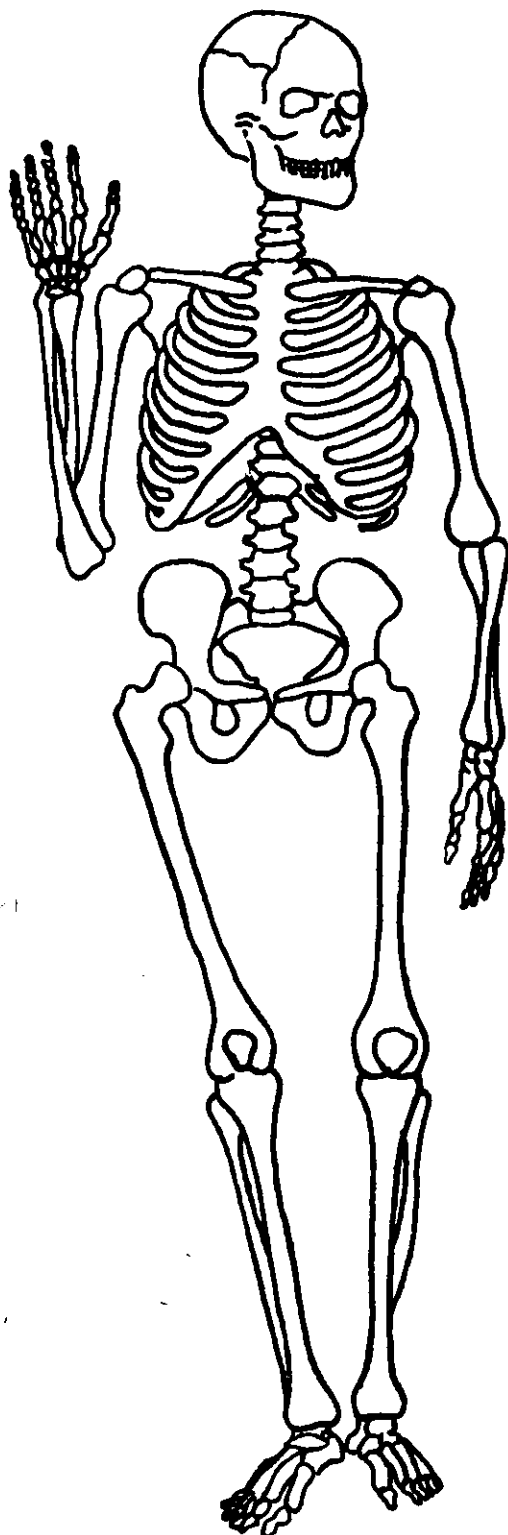
SKELETAL REPORT

CRANIAL LENGTH			
CRANIAL BREADTH			
CRANIAL HEIGHT			
1. Basio-Bregmatic			
2. Auricular			
CRANIAL SUTURES			
SUTURE CONTOURS			
FACE HEIGHT (UPPER)			
FACE TOTAL			
FACE BREADTH			
NASAL HEIGHT			
NASAL BREADTH			
NASAL MARGIN (LOWER)			
ORBITAL HEIGHT			
ORBITAL BREADTH			
ORBITAL OPENING			
HUMERUS LENGTH			
FEMORAL LENGTH			

REMARKS

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



MOBILE IDENTIFICATION UNIT
HEADQUARTERS AMERICAN ZONE
AMERICAN GRAVES REGISTRATION SERVICE

PAGE 1

DATE 11 July 1947

IDENTIFICATION CHECK LIST

CASE NO Nf1d-064

UNKNOWN X-5

CEMETERY Fossvogur, Iceland

PLOT 31 ROW 1 GRAVE 15

Sec. C.

PLACE OF DEATH At Sea

name of nearest town

coordinates and maps

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

Clothing
markings

Sizes

Indicate unusual
markings, color, wear, tear.

ITEM

No clothing

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 47IDENTIFICATION CHECK LIST

SUNBURN OR TAN, OTHER THAN HANDS & FACE _____

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

BUILD _____
(large, fat, thin, muscular)

HAIR _____
(color, length, quantity, curly, wavy, straight, whorls or def. part)

HAIR _____
(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 _____ WAIST _____
(quantity and extent of hair) (size of navel, appendectomy,

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

DATE 11 July 19 47

IDENTIFICATION CHECK LIST

HERNIA PLASTY _____
(yes - no: location)

LEGS _____
(inseam, muscular, knock-kneed, bowed, normal, qu:n, 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 (Pals)
JOHN G. FOULKES JR
Officer's name

CAPT. QMC
Rank Service

AMERICAN ZONE. AGRS
Organization

MOBILE IDENTIFICATION UNIT
 HEADQUARTERS AMERICAN ZONE
 AMERICAN GRAVES REGISTRATION SERVICE

PROCESSING REPORT

Date _____ 19____

CASE NO. Nfld-064

UNKNOWN X -5

CEMETERY: Fossvogur, Iceland

PLOT: 31 ROW: 1 GRAVE: Grave 15

1. PHYSICAL PROCESSING Negative no clothing

Findings _____

Remarks: _____

Sgd _____

2. FINGERPRINTING.

Findings Prints made of Left thumb, index finger and middle finger

Remarks: card showing prints obtained attached hereto

Sgd _____

3. FLUOROSCOPING.

Findings Negative

Remarks: _____

Sgd _____

4. GENERAL REMARKS: _____

Sgd _____

N-064

TOOTH CHART

Case No. Nfld-064
 Unknown X-5
 Cemetery Fossvogur
 Plot 31 Row 1 Grave 15
Sec. C.

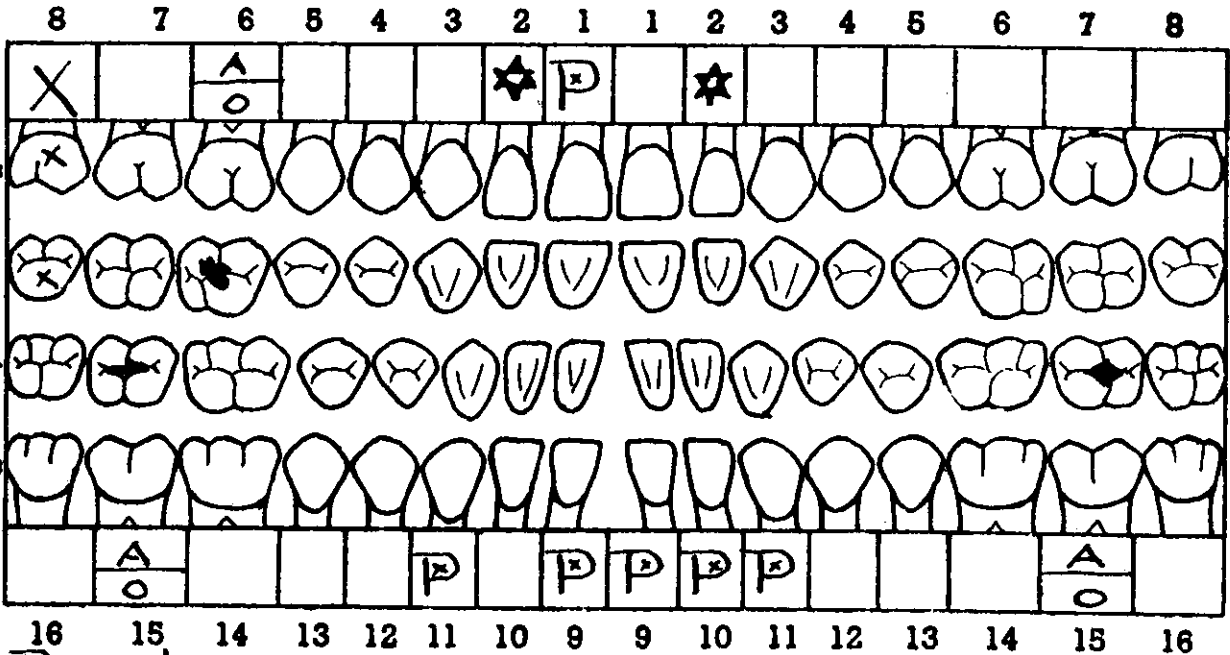
11 July 1947
 Date

Last Name	First	Initial	Rank	Serial No.
Unit		Organisation		

Place of Death Date of Death Cause of Death

Right

Left



★ See Remarks

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), bicuspids (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.

Robert M. ... 1216 Qm6

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

ANNEX #2

[Handwritten signature]

R 16, L 16, L 8 = undeveloped
 alignment with no gaps whatsoever
 or extracted at an early age on all teeth even present
 R 2, L 2, one not present and others were never present

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>Teeth 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>
<p>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>		

CHECK LIST OF UNKNOWN

ANNEX # 1

SKELETAL REPORT

7/16-064
Unknown X-5.
Prosecutor's Office

CRANIAL LENGTH			
CRANIAL BREADTH			
CRANIAL HEIGHT 1. Basio-Bregmatic 2. Auricular			
CRANIAL SUTURES			
SUTURE CONTOURS			
FACE HEIGHT (UPPER)			
FACE TOTAL			
FACE BREADTH			
NASAL HEIGHT			NO FINDINGS
NASAL BREADTH			
NASAL MARGIN (LOWER)			
ORBITAL HEIGHT			NO FINDINGS
ORBITAL BREADTH			
ORBITAL OPENING			NO FINDINGS
HUMERUS LENGTH			
FIBULAR LENGTH			

REMARKS

Case No. Nfld-064

Unknown X-5

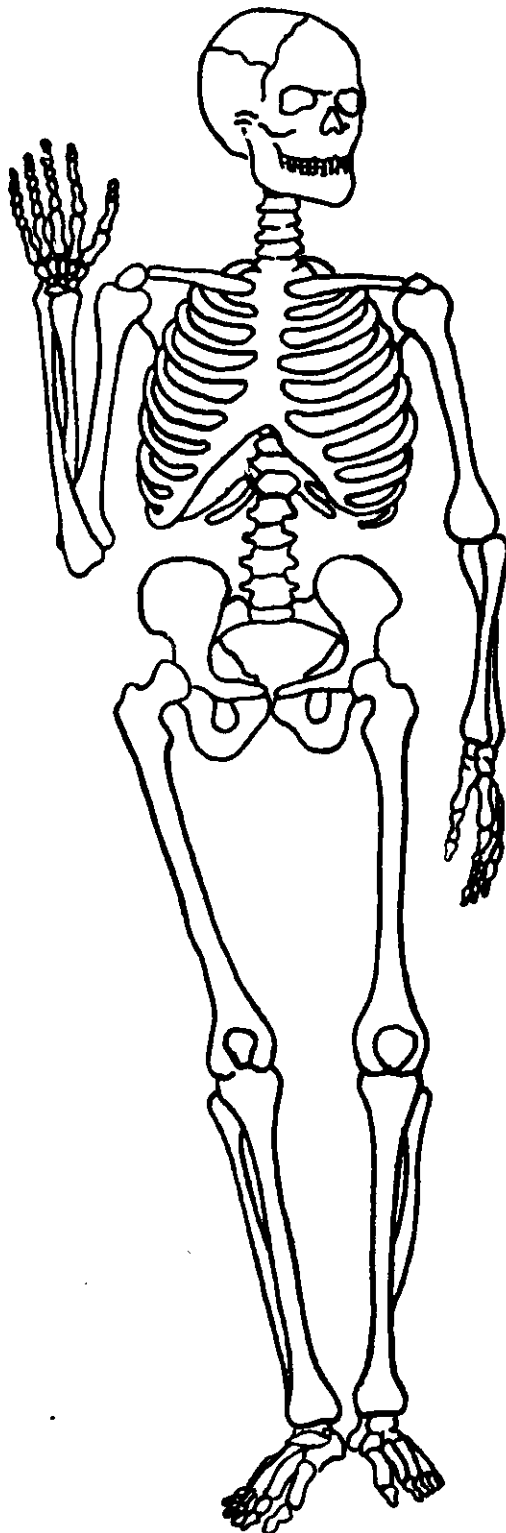
Cemetery Fossvogur Iceland

Plot 31 Row 1 Grave 15

Section C.

SKELTAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

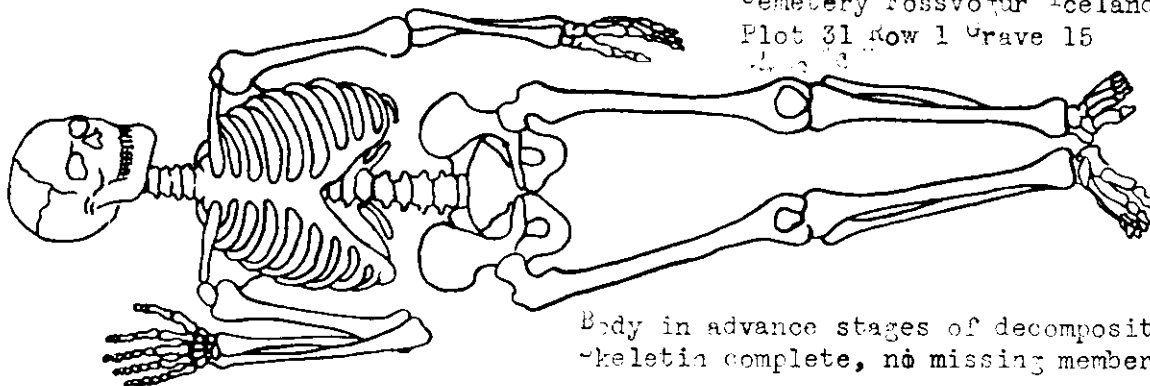


Body in advance stages
of decomposition

Skeleton complete, no
missing members

19. BLACK OUT PARTS OF BODY NOT COVERED

Case No Nfld - 064
Unknown A-5
Cemetery Fossvotur Iceland
Plot 31 Row 1 Grave 15



Body in advance stages of decomposition
-skeleton complete, no missing members

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

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

Name of Deceased Unidentified Date Unknown
ASN None
Name of Organization U. S. M. M. Rank Unknown

✓(1) Notify Colonel Matthew H. Jones and Mr. Jesse H. 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 QM, Kansas City QM Depot, Kansas City, Mo.

Name of Burial Officer Colonel P. W. Rogers Phone 19

Name of the Organization Base Chaplain

(3) Request the CO of the organization to which deceased belonged to identify the remains and sign five (5) copies of QMC Form No. 1-GRS 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. 100 Hours, 4 May, 1943

✓(5) Contact superintendent of Fossvogur 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 15, Row # 3, 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 Beasley about an ambulance for use as a hearse. #16

✓(9) Order two M.P. fro, Tripoli #147 to direct traffic at cemetery.

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

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

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

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

Unidentified
A. M. S.

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

✓(15) Place "GRS" tag on grave marker when registration is complete.

*Copies of QMC Form No. 1-GRS & Certificate of Death
forwarded to American Legation.*

No further information available at present.

Unidentified
Seaman

Deceased reported from the mortuary by Sgt Seabrook
at 1620 hours, 30 April, 1945

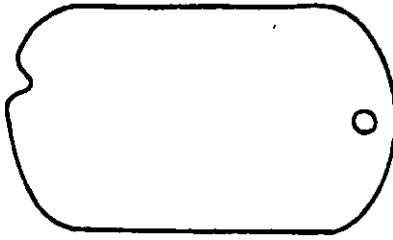
RESTRICTED

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

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

DATE OF REPORT

Impress Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNIDENTIFIED

SERIAL NO.

None

GRADE

Unknown

ORGANIZATION

BRANCH OF SERVICE

U.S.M.M.

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

293 Unk U.S.A x-5 (Forsvoger) Long Island
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown See QMC Form No. 1-GRS
DATE OF DEATH UNKNOWN
Island
com

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)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Yes - Turned to US Vice Consul May 1943

Disposition: American Legation

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Fossvogur Cemetery, Iceland

DATE OF BURIAL

HO R

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

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

4 May 43

Sec. C

31

1

15

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)

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

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

R NK

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

This copy/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:


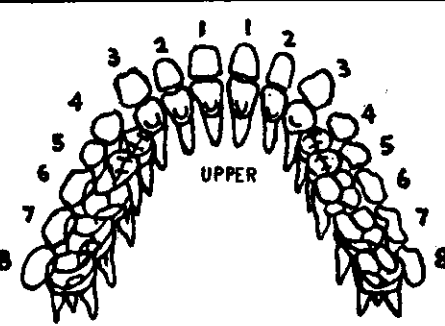




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

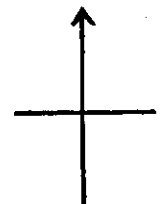
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

OFFICE OF THE QUARTERMASTER
Base Graves Registration Service
Iceland Base Command

Consolidated Report: Plot - 31 - Section - C - Row # 1 Fossvogur Cemetery Iceland

Grave No.	Name	Rank	Serial No.	Organization	Date of Death	Date of Burial	Disposition of Effects	Effects if any	Emergency Address
14.	Howard S. Rivet	Oiler	None	U.S.M.M.	5 July 1942	4 May 1943	American Legation to US VICE	Yes Turned to US VICE	Baltimore, Maryland Social Security No. 218-07-3908
	Unidentified	Unknown	None	U.S.M.M.	Unknown	4 May 1943	American Legation	Yes same as above May, 1943	See OMC Form No. 1-GRS
16.	Unidentified	Unknown	None	U.S.M.M.	Unknown	11 May 1943	American Legation	None	Unknown
17.	Unidentified	Unknown	None	U.S.M.M.	Unknown	11 May 1943	American Legation	None	Unknown

THE FOLLOWING SEAMAN BURIED IN FOSSVOGUR CEMETERY, OTHER THAN NAME WE HAVE NOTHING ON OUR FILES AT THIS STATION. THIS STATION ERECTED A CROSS STATING THE FOLLOWING INFORMATION
ARABI HAMAD SALEH ADEN, ALLIED MERCHANT SEAMAN, DIED 1 JUNE, 1943.

Arabi Hamed Saleh Aden Oiler None Allied M. Seaman 1/6/43 Unknown American Legation at this station
None Known Not known at this station.

* See original photostat filed in 293 - Rivet, Howard S.

(Lap advised)
Q.C. Form
No. 1-GRS

(To be submitted through ~~channels to the Chief of Naval Personnel, Washington, D.C.~~)
(Form 218 - 10-630)

~~CONFIDENTIAL~~
~~CLASSIFICATION REMOVED~~

~~Unidentified~~ (Last Name) (First) (Initial) ~~Unknown~~ (Serial No.) ~~Unknown~~ (Rank) ~~U.S.N.M.~~ (Organization)

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

293 *100 Hours 4 May 1943* *Passenger SS-25-05-5 Reykjavik-Hafnarfjörður 1/25000 sheet*
~~(Time and Date of Burial)~~ ~~(Place of Burial - Name & No. of Cemetery, if in a~~ *Long Island Hill Cem*
~~cemetery)~~

15 1 B1 Section C Cross Buried with body None
(Grave No.) (Row No.) (Plot No.) (Kind of Grave Marker) (Attached to Marker) (Identification Tags)

Body found at Grotto, Iceland.

Buried in a casket.

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

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

Fingerprints (right hand) if right hand missing furnish prints of left hand.
 (Required when positive identity cannot otherwise be established) (Par. 25e (2))
 TT: 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

- 1 Combination pencil and pen "Remington"
 - 1 "Ingersoll" pocket watch.
- Turned over to the American Legation at Reykjavik, Iceland.

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

On Right Howard S. Ryst, Oiler, U.S. Merchant Marine. Grave #14

On Left Empty Grave Space (Grave #16 not yet used)

Ralph W. Rogers
 R. W. ROGERS, Chaplain

Robert L. Houghtalin
 ROBERT L. HOUGHTALIN, 1st Lieut., OMC

Signature of Officer or other person reporting Burial. Verified by Army G.R.S. Officer

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

CERTIFICATE OF DEATH

FROM 149th STATION HOSPITAL, APO 960, C/O FORTMADISON, NEW YORK, NEW YORK.
TO WALKER BY RAY GARDNER.

1. NAME IDENTIFIED BODY RANK &/OR RATE CIVILIAN MEMBER
2. BORN (Place) DATE
3. NATIONALITY (Place) RELIGION

4. DESCRIPTION:
EYES HAIR COMPLEXION
HEIGHT WEIGHT
MARKS, SCARS ETC

Fingerprint
(State which finger)
UNRECOVERABLE

5. RELATION, NAME AND ADDRESS OF NEXT OF KIN OR FRIEND

6. NAME OF HOSPITAL 149th STATION HOSPITAL LENGTH OF STAY
7. DATE OF ADMISSION 24 April 1943 ADMITTED FROM HEAD IN ARRIVAL
8. DIED 24 APR 1943 (Place) DATE 24 APR 1943 HOUR 0800

9. CAUSE OF DEATH:
PRINCIPAL Drowning
CONTRIBUTORY

10. DEATH THE RESULT OF OWN MISCONDUCT AND IN THE LINE OF DUTY
11. DISPOSITION OF REMAINS Burial locality: Fort Madsen, APO 960.

12. SUMMARY OF FACTS RELATIVE TO THE DEATH: How, when and where regarding cause of death.

STATION FILE

(Use reverse side for additional data)

DATE SIGNED 20 April 1943
PLACE SIGNED 149th Station Hospital
APO 960 C/O FortMadsen
New York City New York

SIGNED [Signature]
E. H. WALKER
(Name typed)
Captain, Medical Corps
(Rank) (Organization)
(Official Capacity)

OFFICE OF THE QUARTERMASTER
Base Graves Registration Service
U. S. Army Forces in Iceland

5 May, 1943

The following listed items were found on the remains of an Unidentified man found at Grotto, Iceland. It is assumed that the remains are of an American Merchant Seaman.

- 1 Combination pencil and pen "Remington"
- 1 "Ingersoll" pocket watch.

C E R T I F I C A T E

I certify that I have this date, May, 1943, received from ROBERT L. HOUGHTALIN, 1st Lieut., QMC, all property and effects of an Unidentified American Merchant Seaman, as listed above for safe keeping and/or disposal as directed.

A Goodman

A. G. HELTBERG
AMERICAN VICE CONSUL