

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 UNK. FOSSVOGUR, X-6

SUBJECT

GMC FORM 1121
1 Aug 45

51 12256

RECEIPT OF REMAINS

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
DISTRIBUTION CENTER #1, AGRS
1st AVENUE & 58th 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-6

FOSSVOGUR

FOR INTERMENT IN YOUR CEMETERY.

ESCORT IS CPL HARRY D. JENSEN, RA 38754453, AAF

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

THIS 1 DAY OF June, 1947

3. J. Jensen
WITNESS (Escort)

[Signature]
CONSIGNEE

DISINTERMENT DIRECTIVE

POST SECTION

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4820 X-6

17 7 47 DAY MONTH YEAR

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

CEMETERY FOSSVOGUR 293 2nd - 7-6 Iceland (Fossvogur) DISPOSITION OF REMAINS 2321 01 CODE DIST. PT.

CAUSE OF DEATH PLOT 31 SEC C ROW 1 GRAVE 16 COUNTRY ICELAND

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 X-6 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED 21 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 BLANKET, IN CASKET CONDITION OF REMAINS BADLY DECOMPOSED

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 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.S. ROFF, WD. CIV. SHIPPING ADDRESS VERIFIED BY T.C. MEAGHER, OMC, 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., OMC

SIGNATURE OF GRS INSPECTOR

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

File NAT 3330my dated 3 Sept 1948 R.P. Parker

RECORD OF CUSTODIAL TRANSFER

FROM		TO		1. SHIPPED	
ARGENTIA, NEWFOUNDLAND	TRUCK	USAT JOSEPH V. CONNOLLY			
SIGNATURE OF SHIPPER	JAMES H. PARKER CAPT	SIGNATURE OF RECEIVER	<i>[Signature]</i>	DATE	16 1944
KIND OF CONVEYANCE		NAME OF CONVOYER			
FROM		TO		2. SHIPPED	
JOSEPH V. CONNOLLY	NWPC				
SIGNATURE OF SHIPPER	<i>[Signature]</i>	SIGNATURE OF RECEIVER	<i>[Signature]</i>	DATE	27 OCT 1947
KIND OF CONVEYANCE	ZFC	NAME OF CONVOYER			
FROM		TO		3. SHIPPED	
NWPC	<i>[Signature]</i>	D.C.F-1			
SIGNATURE OF SHIPPER	<i>[Signature]</i>	SIGNATURE OF RECEIVER	<i>[Signature]</i>	DATE	10-29-47
KIND OF CONVEYANCE		NAME OF CONVOYER			
FROM		TO		4. SHIPPED	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	03 OCT 47
KIND OF CONVEYANCE		NAME OF CONVOYER			
FROM		TO		5. SHIPPED	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
KIND OF CONVEYANCE		NAME OF CONVOYER			
FROM		TO		6. SHIPPED	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
KIND OF CONVEYANCE		NAME OF CONVOYER			
FROM		TO		7. SHIPPED	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
KIND OF CONVEYANCE		NAME OF CONVOYER			
FROM		TO		8. SHIPPED	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
KIND OF CONVEYANCE		NAME OF CONVOYER			
FROM		TO		9. SHIPPED	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
KIND OF CONVEYANCE		NAME OF CONVOYER			
FROM		TO		10. SHIPPED	

4021

27 OCT 1947

03 OCT 47

H. Coe

10-29-47

NWPC

16 1944

16 OCT 1944

USAT JOSEPH V. CONNOLLY

16 1944

16 OCT 1944

JAMES H. PARKER CAPT

16 1944

16 OCT 1944

USAT JOSEPH V. CONNOLLY

16 1944

16 OCT 1944

JAMES H. PARKER CAPT

CGMS MEMORIAL DIVISION

REPATRIATION RECORDS

HICKEY

5198

CG NYPS BROOKLYN NY ATTN AGR DIVISION

THE FOLLOWING LIST OF UNKNOWN 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

PORT MCANDREW	FOSSVOGUR	ISOLATED FURUFJODUR	X-1	PORT 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 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 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 NYPS

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

*File
30 Oct 47
B check*

*X 293
Mark X 6 (for...)
Hickman*

293 Unit U.S.A X-6-(7000000000) Long Island Nat'l Cen

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

N.J. SLOANE
Capt QMC

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-6			2. DATE OF REPORT 14 July 1947		
3. NAME OF CEMETERY Fossvogur, Iceland	4. PLOT 31-C	5. ROW 1	6. GRAVE 16	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 200 lbs.	9. ESTIMATED HEIGHT 6' 2"	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?

 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)

Pair of heavy black Knot socks.

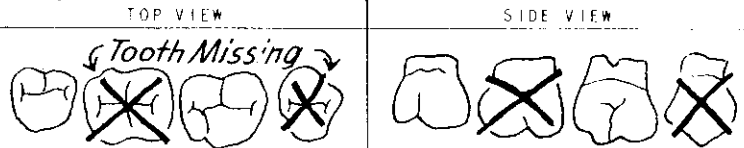
Heavy cotton ribbed underwear, tops and bottoms.

Small fragment of cotton shirt (J.C. PENNY MAKE) Trade Mark - "SUPER --BIG-- MAC"
Size 15 $\frac{1}{2}$ possibly.Wool knit sweater, dark color, long-sleeved, zipper front, 2 pockets, Tag on
inside marked "MADE IN USA - JANTZER - SEATTLE ----". Size 42.Left leather shoe, brown, house shoe type. Soft low-quarter leather sole,
rubber heel, zipper down toward toe of shoe. Size 8C.

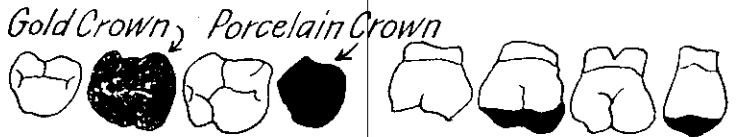
Portion of white webbing material.

TOOTH CHART

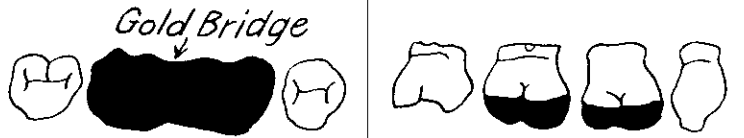
MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THIS:



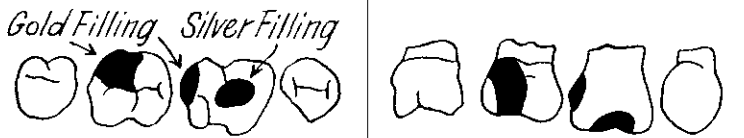
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THIS:



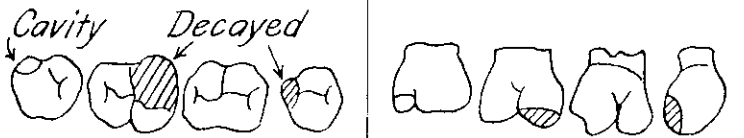
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THIS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THIS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THIS:

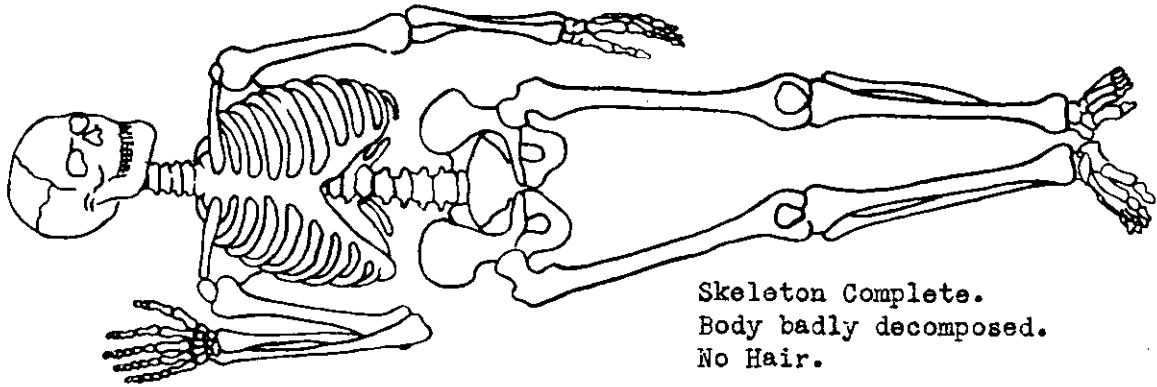


RIGHT								①	LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X	X	A/A GM/OD	X	Ⓟ	S F			Ⓜ	Ⓣ	S F			A/O Ⓣ	X	Ⓜ	
Side Views																Side Views
UPPER																
LOWER																
Side Views																Side Views
		A DOM	X	A/A F/100						A F	X	A M				
16	15	14	13	12	11	10	9	9	10	11	12	13	14	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."

Cavities reported in L-1 (m), L-6 and L-8 could have been fillings that have dropped out.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

JOHN G. FOULKES JR., Capt, QMC.

SIGNATURE

ANNEX # 1

Unknown X- 6

Cemetery: Kossyogur

Plot 31-C Row 1, Grave 16

Case No. Nfld. - 070

SKELETAL MEASUREMENTS

CRANIAL LENGTH	182		
CRANIAL BREADTH	147		
CRANIAL HEIGHT			
1. Basic-Bregmatic	133		
2. Auricular	117		
CRANIAL SUTURES	Open		
SUTURE CONTOURS	Flat Arc		
FACE HEIGHT (UPPER)	78		
FACE TOTAL	126		
FACE BREADTH	135		
NASAL HEIGHT	56		
NASAL BREADTH	26		
NASAL MARGIN (LOWER)	Smooth		
ORBITAL HEIGHT	34		
ORBITAL BREADTH	40		
ORBITAL OPENING	Angular		
HUMERUS LENGTH	352		
FEMORAL LENGTH			

REMARKS:

MOBILE IDENTIFICATION UNIT
HEADQUARTERS AMERICAN ZONE
AMERICAN GRAVES REGISTRATION SERVICE

DATE 14 July 1947

IDENTIFICATION CHECK LIST

CASE NO Nf1d-070

UNKNOWN X -6

CEMETERY Fossvogur, Iceland

PLOT 31 ROW 1 GRAVE 16
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 _____ Indicate unusual Sizes markings, color, wear, tear.

ITEM

Pair of Heavy black Knot socks
Heavy cotton ribbed underwear, tops and bottoms
Small fragment of cotton shirt (J.C.PENNY MAKE) Trade mark _____
"SUPER --BIG-- MAC" size 15 1/2 possibly
Wool knit sweater dark color long sleeved, zipper front 2 pockets
tag on inside marked MADE IN USA - JANTZER - SEATTLE ----" Sz.42
Left leather (brown) shoe house shoe type soft low quarter leather
solerubber heel zipper down toward toe of shoe size 8c
Portion of white webbing material.

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 14 July 1947

IDENTIFICATION 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 14 July 1947

IDENTIFICATION CHECK LIST

HERNIA PLASTY _____
(yes - no: location)

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

FEET _____
(size, corns, callouses, flat)

TOES _____
(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 INFORMATION WAS NOT AVAILABLE

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.O.)
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 14 July 1947

CASE NO. Nfld-070

UNKNOWN X - 6

CEMESTERY: Fossvogur, Iceland

PLOT: 31 Sec. C.


ROW: 1

GRAVE: 16

1. PHYSICAL PROCESSING See attached check list.

Findings _____


Remarks: _____

Sgd _____ 

2. FINGERPRINTING.

Findings Negative


Remarks: _____

Sgd _____ 

3. FLUOROSCOPING.

Findings Negative

Remarks: _____

Sgd _____ 

4. GENERAL REMARKS: _____

Sgd _____

N-070

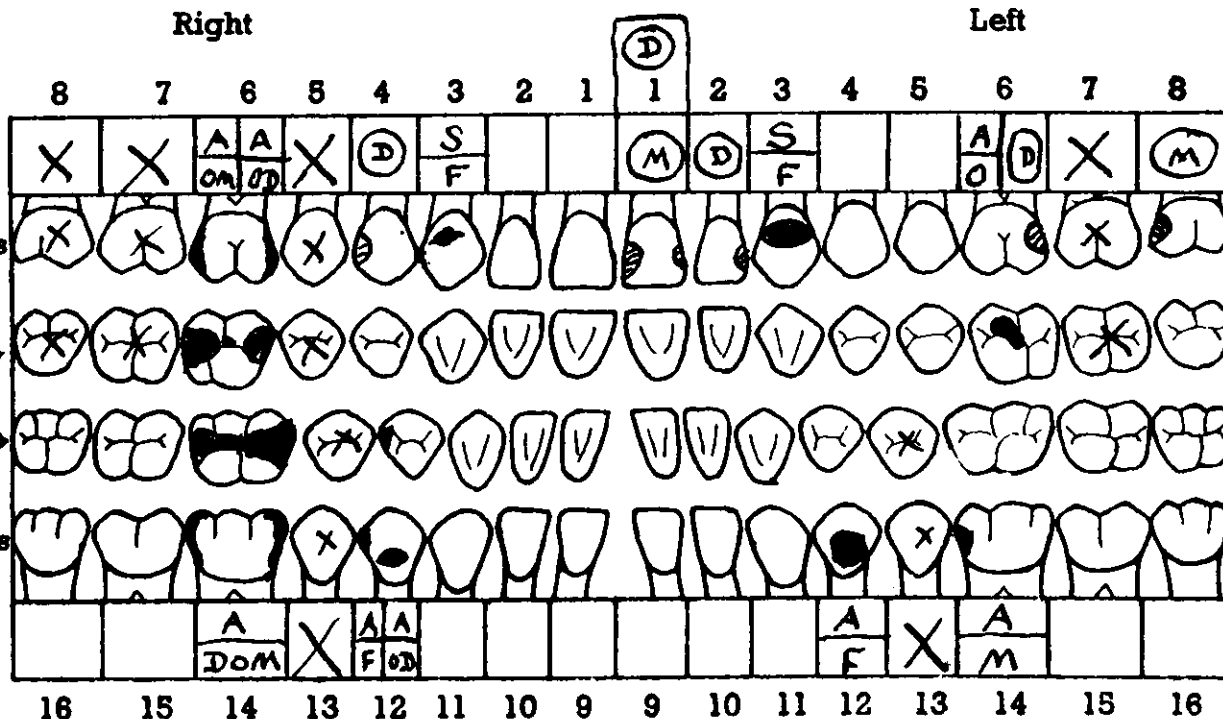
Case No. Nfld-070
 Unknown X-6
 Cemetery Fossvogur Iceland
 Plot 31 Sec. C. Row 1 Grave 16

TOOTH CHART

14 July 47
 Date

_____	_____	_____	_____	_____
Last Name	First	Initial	Rank	Serial No.
_____			_____	
Unit			Organization	

Place of Death _____ Date of Death _____ Cause of Death _____



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.

* Remarks

Robert M. [Signature]
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

Restorations reported in L1(m), L6 and L8 could have been fillings that have dropped out.

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>CARIES (CAVITIES). Outline location and size of cavity, shade in thus :</p>
		<p>FILLINGS. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>
		<p>BRIDGE WORK. Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>
		<p>CROWNED TEETH. Block in solid the crown of tooth (label gold, porcelain, silver or gold and porcelain), thus :</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>

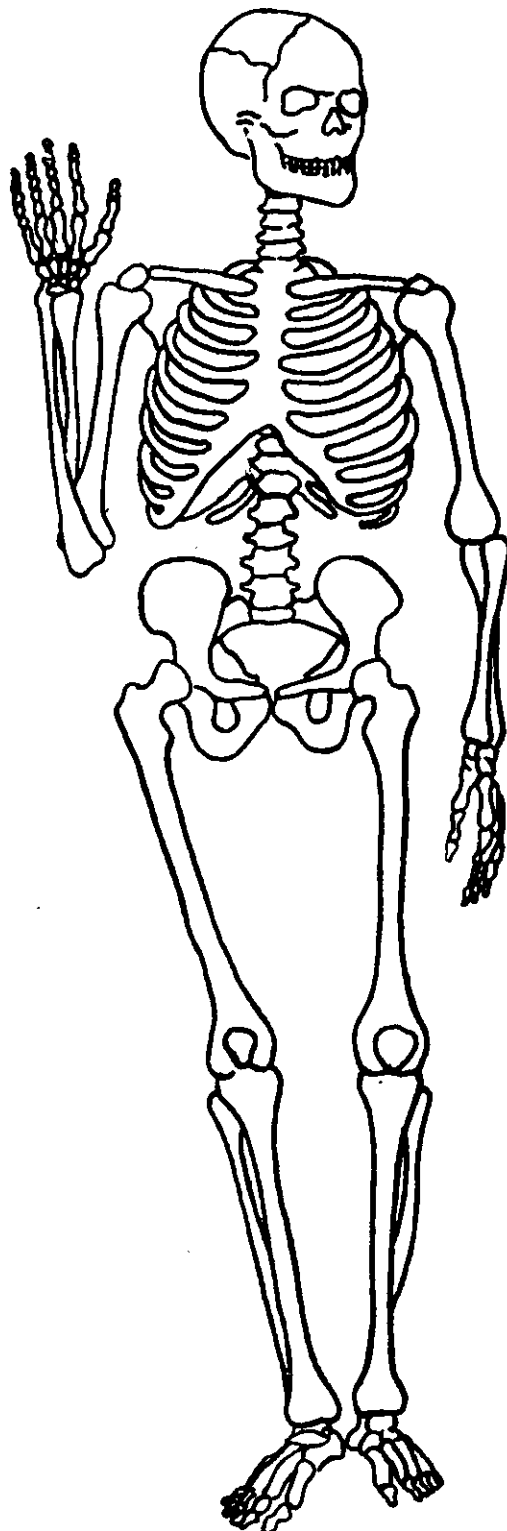
Case No. Nfld-070
Unknown X-6
Cemetery Fossvogur Iceland
Plot 31 Sec. C. Row 1 Grave 16

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

Body badly decomposed

Skeleton complete
no hair



Case No. Nfld-070
 Unknown X-6
 Cemetery Fossvogur
 Plot 31 Sec. C. Row 1
 Grave 16

ANNEX # 1

CHECK LIST OF UNKNOWN

SKELETAL REPORT

CRANIAL LENGTH	182		
CRANIAL BREADTH	147		
CRANIAL HEIGHT			
1. Basio-Bregmatic	138		
2. Auricular	117		
CRANIAL SUTURES	Open		
SUTURE CONTOURS	Flat Arc		
FACE HEIGHT (UPPER)	78		
FACE TOTAL	126		
FACE BREADTH	135		
NASAL HEIGHT	56		
NASAL BREADTH	26		
NASAL MARGIN (LOWER)	Smooth		
ORBITAL HEIGHT	34		
ORBITAL BREADTH	40		
ORBITAL OPENING	Angular		
HUMERUS LENGTH	352		
FEMORAL LENGTH			

REMARKS

Phillip A. Gates
 PHILLIP A. GATES
 Capt. MC

OFFICE OF THE QUARTERMASTER
Graves Registration Service
CHECK LIST FOR BURIALS

Date 5 May, 1943

Name of Deceased -- Unidentified

ASN Unknown

Name of Organization American Merchant Seaman

Rank Unknown

Reported by Sgt Westbrook 5 May, 1943

(1) Notify Colonel Matthew H. Jones and Mr. Jesse W. 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 R. 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. 10:00 hours, 11 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. Row # 3, 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. #18

(9) Order two M.P. from 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 and Certificate of Death forwarded to American Legation. No identification tags

MOBILE IDENTIFICATION UNIT
HEADQUARTERS AMERICAN ZONE
AMERICAN GRAVES REGISTRATION SERVICE

PROCESSING REPORT

Date July 7 1957

CASE NO. N-070

UNKNOWN X X-6

CEMETERY: Fawcett

PLOT:

ROW:

GRAVE:

1. PHYSICAL PROCESSING _____

Findings _____

Remarks: _____

Sgd _____

2. FINGERPRINTING. _____

Findings _____

Remarks: _____

Sgd _____

3. FLUOROSCOPING. _____

Findings Meq

Remarks: _____

Sgd F. H. Felt Sgt

4. GENERAL REMARKS: _____

Sgd _____

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.
















		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE		X	X	A	A	X	(D)	S		(M)	(D)	S			A	(D)	X	(M)	TYPE		
LOCATION				M	D			F				F			O			LOCATION			

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE				A	X	A	A						A	X	A			TYPE	
LOCATION				DOM		D	F						F		M			LOCATION	

★ 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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

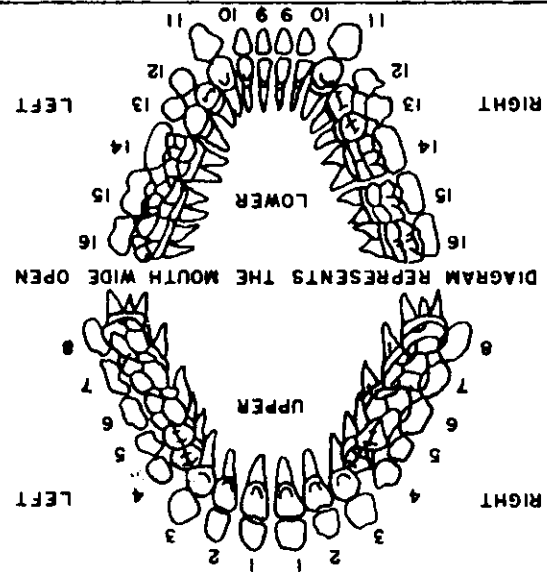
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Correction reported in L 1 (m), L 6 and L 8 could have been filling that dropped out.

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

CHECK LIST OF UNKNOWN'S

ANNEX # 1

SKELETAL REPORT

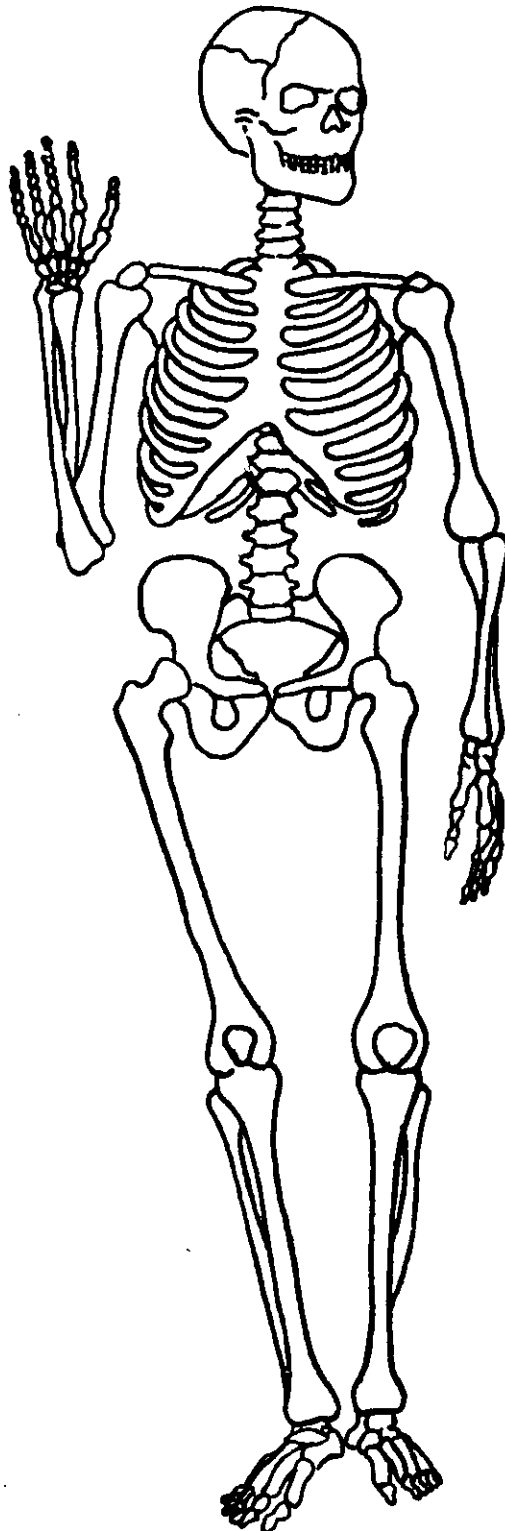
N-373

CRANIAL LENGTH	182		
CRANIAL BREADTH	147		
CRANIAL HEIGHT			
1. Basic-Bregmatic	128		
2. Auricular	119		
CRANIAL SUTURES	OPEN		
SUTURE CONTOURS	SM. ARC		
FACE HEIGHT (UPPER)	78		
FACE TOTAL	126		
FACE BREADTH	135		
NASAL HEIGHT	56		
NASAL BREADTH	40		
NASAL MARGIN (LOWER)	54.5TH		
ORBITAL HEIGHT	34		
ORBITAL BREADTH	70		
ORBITAL OPENING	ANGULAR		
HUMERUS LENGTH	352		
FEMORAL LENGTH			

REMARKS

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



V-01

no skull
body mostly
J...
G...
H...

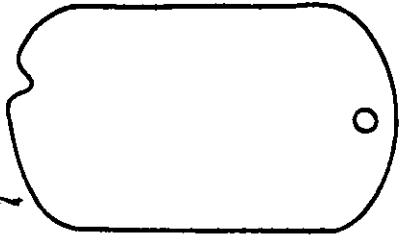
RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(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)		SERIAL No.
UNIDENTIFIED		None
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown		U.S.M.M.
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH 293 Wake USA X-6 (Fossvogur) Long Island Rail Road	CAUSE OF DEATH Unknown	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)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None
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 11 May 43	HO R	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. Sec. C 31	ROW No. 1	GRAVE No. 16
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WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

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)	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
A copy is prepared in Hq, American Zone/Plans & Operations Division

STATION FILE

file 10-15-46

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 2.—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.

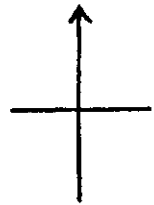
WEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

~~CONFIDENTIAL~~
CLASSIFICATION REMOVE BY
(Par. 21d - 10-000)

(To be submitted through the Office of the Chief of Staff, General, Washington, D.C.)

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

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

1100 Hours, 11 May, 1943 Fossvogur 23.25-05 Reykjavik-Hafnarfjordur 1/25000 sheet

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

293 *unk* *USA X-6 (Fossvogur)* *along Iceland coast*
16 1 31 Section C Cross Buried with body None
Attached to marker Yes

(Grave No.) (Row No.) (Plot No.) (Kind of Grave Marker) (Identification Tags)

When found this body was in a bad state of decomposition. It was wearing one (1) combination rubber and leather, boat, one (1) wool sock, one (1) web belt w/brass buckle and a small piece of underwear. So many teeth had fallen out that a dental chart could not be obtained.

Buried in Metal Casket.

Other 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 local next of kin)

Fingerprints (right hand) if missing furnish prints of left hand
 (Required when positively identified, but otherwise to be established) (Par. 25e (2))
 TM 10-630

Place X Mark
 below when
 prints are of
 left hand



		NOT OBTAINABLE.			
	Thumb	1	2	3	4

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 Unidentified. U.S.M.A. Grave #15

On Left Unidentified. U.S.M.A. Grave #17.

Ralph W. Rogers
 RALPH W. ROGERS, Chaplain

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

Signature of Officer or other person reporting Burial. Verified by Army G.R.S. Officer /to the QMG.

Prepare in triplicate - 1 copy to Army GRS Officer - 1 copy to Chief, GRS - Original

OFFICE OF THE QUARTERMASTER
Base Graves Registration Service
Iceland Base Command

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

Grave No.	Name	Rank	Serial No.	Organisation	Date of Death	Date of Burial	Disposition of Effects	Effects if any	Emergency Address Or Nearest of Kin
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	1121 Carroll Street Baltimore, Maryland Social Security No. 218-07-3908 Consul. 30 April 1943
	Unidentified	Unknown	None	U.S.M.M.	Unknown	4 May 1943	American Legation	Yes same as above	Unknown See QMC Form No. 1-GRS 1943
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 POSSVOGUR 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, ALLIEL MERCHANT SEAMAN, DIED 1 JUNE, 1943.

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

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

CERTIFICATE OF DEATH

FROM 168TH STATION HOSPITAL APO #860, C/O POSTMASTER, NEW YORK, NEW YORK

TO WHOM IT MAY CONCERN

1. NAME UNIDENTIFIED BODK - MERCHANT MARINE RANK &/OR RATE

2. BORN Unknown DATE Unknown

3. NATIONALITY (Place) White - Unknown RELIGION Unknown

4. DESCRIPTION: EYES HAIR COMPLEXION HEIGHT WEIGHT Est. 250 Pounds MARKS, SCARS ETC

Fingerprint (State which finger) UNOBTAINABLE

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

6. NAME OF HOSPITAL 168TH STATION HOSPITAL LENGTH OF STAY DEAD ON ARRIVAL

7. DATE OF ADMISSION 5 MAY 1943 ADMITTED FROM

8. DIED AT SEA DATE Unknown HOUR Unknown (Place)

9. CAUSE OF DEATH: PRINCIPAL Drowning CONTRIBUTORY

10. DEATH THE RESULT OF OWN MISCONDUCT AND IN THE LINE OF DUTY

11. DISPOSITION OF REMAINS Interred Locally, Forestburg Cemetery, APO #860. Grave #16, Row #1, Section C

12. SUMMARY OF FACTS RELATIVE TO THE DEATH: Unknown

(Use reverse side for additional data)

DATE SIGNED 10 MAY 1943

PLACE SIGNED 168TH STATION HOSPITAL APO #860 C/O POSTMASTER NEW YORK CITY, NEW YORK

SIGNED [Signature]

H. W. WAGGONER (Name typed) CAPTAIN, MEDICAL CORPS (Rank) (Organization) REGISTRAR (Official Capacity)