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	certify that all the foreport above is correct		ere conducted and a	ccomplished unde	er my immediate supervision	
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QMC FORM 1194

RECORD OF CUSTODIAL TRANSFER 1. SHIPPED FROM KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER 2. SHIPPED FROM TO KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE 3. SHIPPED FROM KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE 4. SHIPPED FROM TO KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER SIGNATURE OF RECEIVER DATE 5. SHIPPED FROM KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE 6. SHIPPED FROM KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE 1 7. SHIPPED FROM KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

DATE CASKET SEALED BY

HONATURE OF SIMPRER

CASKET BOXED AND MARKED

KIND OF COMPERANCE

DATE

EMBALMER (Signature)

SHIPPING ADDRESS VERIFIED BY

NAME OF COMPLOTER

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

D. E

LAME DE CONVOTER

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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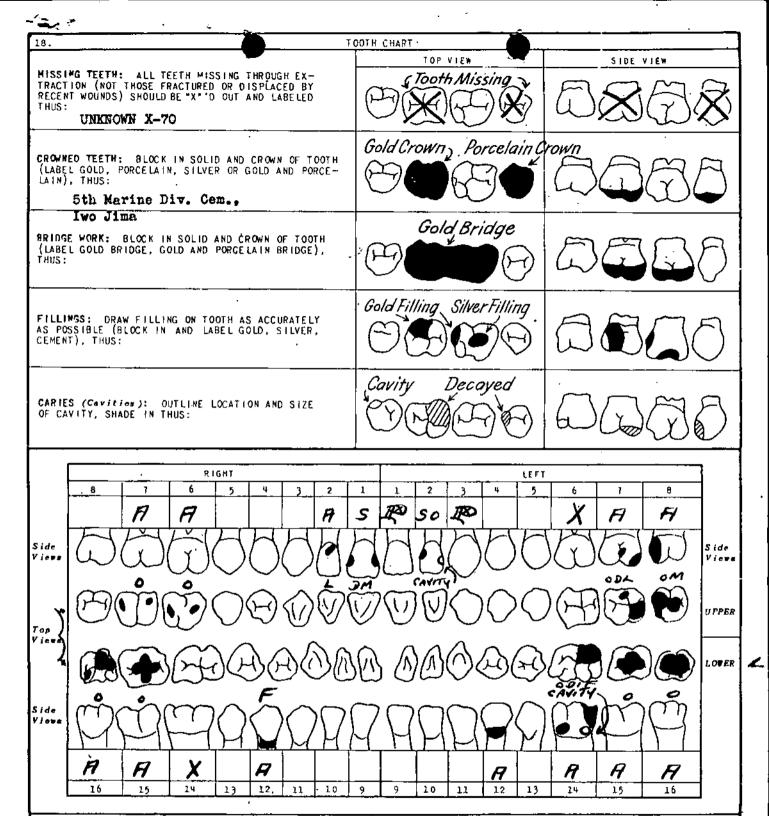
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. REMAINS OF UNKNOWN			· · · · · · · · · · · · · · · · · · ·		2. DATE OF RE	
UNKNOWN X-70			,		27 May 19	
. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DAT	E OF
5th Merine Di	ivision Cemetery				O TO THE TOTAL OF	
Iwo Jima		4	8	955	19 Aug 48	2 Feb 49
	PHYS	ICAL DESCRIPTIO	Age:	UTD		<u> </u>
B. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. 00.0		·	11. RACE	
UTD	ANY OFFICIAL IDENTIFICATION F		Brown	···	מעט	
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	INF 0336714 F TATTOOS OR SCARS ON BODY AND	OR SUCH INFORM		A INTE FORD	MAY 27	1945
		TON SOUTH THE OWN	- 1 1 ON VOI	AINCO THOM	OTHER SOURCES	
None						
			•			
		•				
14. WAS BODY BURNED?	TO WHAT EXTENT?					
YES X						
15. WAS BODY MANGLED?	TO WHAT EXTENT?					
YES 🛣						
16. DESCRIBE EVIDENCE	OF MEALED FRACTURES AND BONE M	MALFORMATIONS				
None						
Notte						
17. LIST EVERY LIEM O	F CLOTHING, EQUIPMENT AND PERSO	ONAL EFFECTS FO	IND SHOW	INC THE TY	BE CO.00 5120	WARNAME .
SERVICE, ETC. (IF	laundry marks are indistinct a	such notation e	hould be	made and z	pecimen forward	led through
CHANNELS LOS CESTA	instion when facilities are not	. avaliable in	(ne area)			
· None						
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OMC FORM 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE Just 2



DENTURES (Pietes): 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."

Tink. X-70, 5th Mar. Div. Cem., Iwo Jima 19. BLACK OUT PARTS OF BODY NOT REC MASS BURIAL CERTIFICATE (IF APPLICABLE) 20 -(Wherein segregation in whole or parts is impossible) OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION Height determined by Broca Measurements: 67" Color of heir: Light Brown 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 SISHATURE /s/ RHO

ROY H. OESTREICH, Capt. Inf.

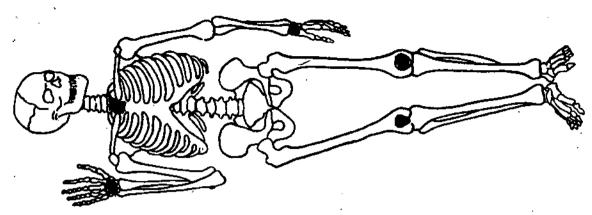
OMC FORM 10446

NAME	SIDE	NO	BONE LENGTHS IN CM	(IF MISSING OR FRACTU	REMARKS RED, LIST PARTS AND LOCATION)
SKULL		1		·	
	CERVICAL	7	·		
ur oft bos c	THORACIC	12		-	
VERTEBRAE	LUMBAR	5			
SACRUM		1			
	RIGHT	1	01 1110 010		
INNOM I NA TES	LEFT	1	BI-ILIAC DIAM		
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STERNUM				<u> </u>	***···································
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CLAV ICLES	RIGHT	1		<u> </u>	
	LEFT	1		 	
SCAPULAE	RIGHT	1		 	
	LEFT	1			
HUMERT	PIGHT	1.	· ·		
—— ₁₋₁	LEFT	1			· · · · · · · · · · · · · · · · · · ·
RADII	RIGHT	1		·	· · · · · · · · · · · · · · · · · · ·
· · · ·	- 	1			
ULNAE	RIGHT LEFT	1		<u> </u>	
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HANDS	RIGHT.		<u> </u>		
	RIGHT	1		· · · · · · · · · · · · · · · · · · ·	
FEMORA	LEFT	1			· · · · · · · · · · · · · · · · · · ·
	RIGHT	0		Missing	
PATELLAE	LEFT	0		Missing	
	RIGHT	1	*		
TIBIAE	LEFT	1			
	RIGHT	1			
FIBULAE	LEFT	1			
	RIGHT	1			
FEET	LEFT	1			
HUMERO-CLAY I CULA	<u> </u>	. *	APPROX	tMATE AGE (in years) UTD	
ESTIMATED HEIGHT	67 th		LEG-H1	IP BR RATIO UTD	
ESTINATED VEIGHT					

GP - AGRS 21

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

- ·				<u> </u>			
*		DENTIFICATION DENTAL	CHART		DATE		
NAME (Last, First, M ALLEN, D	Aiddle Initial) Darrel	W.`	RANK		SERIA	L NUMBER	
UNIT		ORGANIZATION	CAUSE OF D	ÆATH	DATE	OF DEATH	
PLACE OF DEATH		PLACE OF BURIAL			PLOT	ROW	GRAVE
 		<u> </u>		TOP VIEW		SID	
MISSING TEETH: FRACTURED OR DIS AND LABELED THUS	ISFLACED BY RECEN	ING THROUGH EXTRACTION INOT THE	OSE OUT	TOP VIEW	%		
CROWNED TEETH		NID AND CROWN OF TOOTH (LABEL PORCELAIN), THUS:	GOLD,	GOLD CROWN) PORCELAIN	1 CROW		
BRIDGE WORK : B BRIDGE, GOLD AND		AND CROWN OF TOOTH (LABEL GO	ОК	GOLD BRIDGE	9		
FILLINGS : DRAW AND LAREL GOLD,	FILLING ON TOC SRVER, CEMENTI,	OTH AS ACCURATELY AS POSSIBLE (BLC), THUS:	OCK IN	GOLD FILLING SILVER FILL) ING		300
CARIES : (Cavines) SHADE IN THUS :	2 OUTLINE LOCA	CATION AND SIZE OF CAVITY,		CAVITY DECAYED	ව		
		ALL LANGE MADE		1 bey			
SIDE VIEWS						8 1-7 1-7 1-1 0 M	SIDE VIEWS UPPER
VIEWS 3		DED CO PO	00 Ó	1648G			LOWER
SIDE VIEWS	77 4	7 X 17 11 10		10 11 12 13 74	73 /77	<u></u>	
DENTURES (Plates) : TEETH WITH THE WO	DRAW DIAGRAM	M OF RELATIVE SIZE AND SHAPE OF PL	ATE, BLOCK IN T	EETH ATTACHED AND INDICAT	E RETAIN	ING CLASPS ON	NATURAL
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	may						SC USH.
SIGNATURE OF OFF	CER OF OTHER F	PERSON WHO PREPARED DENTAL CH	HART VERIFIE	ED BY GRS OFFICER	- <u>- </u>	FIREDEN, "	10-
	.Em	felkeno	🕻	Hoy Helen	1	E No.	A9 .
C.	E. Will	kerson	l n	My/ H. Uesupay	Men,	ZZZ -	rU+ •



Skeletal Remains Incomplete.

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

- Disinterred as CARPENTER. S. E., P-7, R-8, G-1863, Reinterred as ALLEN, Darrel E. P-4, R-8, G-955.
 CARPENTER, S. E. identified as remains disinterred from P-4, R-8, G-955. CARPENTER, S. E. reinterred in P-7, R-8, G-1863.
- 2. The remains marked ALLEN' Darrel W. do not check with Dental Record of ALLEN.
- 3. Height ditermined by Broca Measurements: 67".
- 4. Color of hair: Light Brown.
- 5. The remains of DARREL W. ALLEN should be marked UNKNOWN.

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

ROY. H. WASSIT'S LANGE CON Inf.

IDENTIFICATION CHECKLIST

19 Aug. 1948

Unknown ALLEN, D. W.
Cemetery 5th M. Iwo Jima
Plot 4 Row 8 Grave 955

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reastroble estimate cannot be made, a negative answer should be given.

PART 1 Physical Description

1.	Estimated weight UTD 2. Estimated height 67"
3.	Color of hair <u>light Brown</u> 4. Race <u>UTD</u>
5.	Tattoos or scars on the body (give description) No
r- 10-w	(Information obtained from other
	sourcés
6.	"as tooth chart taken? Attached If not, explain
7.	Were fingerprints taken? <u>No</u>
8.	Cause of death <u>Unknown</u>
9	Was body burned? No To what
	extent?
10.	Are any parts of the body missing or severed? See Blackout Chart
11.	Is there any cyidence of first-aid or other modical treatment?
12.	If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Nothing found
13.	Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USEC, etc.) None

S.

LT (JG) W. ET MARSDEN, MSG-USN-MAY TO 1949

CENTRAL IDENTIFICATION POINT AMERICAN GRAVES REGISTRATION SERVICE MARBO ZONE, APO 244

293.

Date 19 Aug 48

CASE SUMMARY OF

NAME: ALLEN, Darrel W RANK: T/Sgt SERIAL NO: 418155
CEMETERY 5th Mar Iwo Jima Plot: 4 Row: 8 Grave: 955
Remains disinterred from P-4, R-8, G-955 known
as ALLEN, Darrel W T/Sgt 418155 USMC were identified
this date as the remains of CARPENTER, Sam E. Pfc 904796
and reinterred in P-7, R-8, G-1863.
Remains disinterred from P-7, R-8, G-1863 known
as CARPENTER, Sam E could not be identified as ALLEN, D W
as a favorable comparison could not be made between dental
record (OQMG Form 371) and remains.
In view of above, recommend case be sent to Board
of Officers, with view of becoming an UNKNOWN.
Identification has been changed to reflect the
identity of ALLEN, D W.
Remains disinterred from Grave 1863 were reinterred
in Grave 955.
cc: 293
(SGD) ROY H OESTRET CH
(Signature) Captain Inf
I CHIQI ILO I

A TRUE COPY:

WILLIAM J. SLOTANN
1Lt Inf
Asst Officer in Charge

-

	· · · · ·	· .			2. DATE OF REPO	DRT
ALLEN, I	arrel W.				19 Augu	st. 1948
,				6. GRAVE		TE OF
					DISINTERMENT	REINTERMENT
e.,	- -,		_			ĺ
5th Mar.	Iwo Jima	4	8	955		
FERRIS LANGUAGE AND AUGUST	9. ESTIMATED HEIGHT	YSICAL DESCRIPTION COLOR			III. RACE	
estimated weight UTD	67tl		ht Bro	מו	UT	רוי
	OFFICIAL IDENTIFICATION FOUND WIT		HO DIO	****		<u>.u</u>
_			_			
Disinterr ϵ	ed as CARPENTER, S.	. E. P-7,	R-8, G	-1863.		
mark to a	ATTIN D	THE #0 4		~~~		
Reinterred	i as ALLEN, Darrel	W. P-4,	κ− 8, (G	-955.		
	DOS OR SCARS ON BODY AND OR SUC					
	·					
No	one					
WAS BODY BURNED	TO WHAT EXTENT #			•		
	'					
YES X	NO .	•		•		
	TO WHAT EXTENT \$	•				
WAS BODY MANGLED #	NO WHAT EXTENT #					
WAS BODY MANGLED #	TO WHAT EXTENT \$	TIONS			· · ·	
WAS BODY MANGLED #	NO WHAT EXTENT #	TIONS				
WAS BODY MANGLED #	NO WHAT EXTENT \$	TIONS		·		
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WAS BODY MANGLED #	NO WHAT EXTENT \$ NO LED FRACTURES AND BONE MAUFORMA	TIONS				
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WAS BODY MANGLED F YES X DESCRIBE EVIDENCE OF HEA	NO WHAT EXTENT \$ NO LED FRACTURES AND BONE MAUFORMA	TIONS		·		
WAS BODY MANGLED F YES X DESCRIBE EVIDENCE OF HEA NOT	TO WHAT EXTENT \$ NO LED FRACTURES AND BONE MAUFORMA			· · · · · · · · · · · · · · · · · · ·	ADVINCE STOUGH	
WAS BODY MANGLED F YES X DESCRIBE EVIDENCE OF HEA NOT	TO WHAT EXTENT \$ NO LED FRACTURES AND BONE MAUFORMA 10	rs found, showing				
WAS BODY MANGLED F YES X DESCRIBE EVIDENCE OF HEA NOT	TO WHAT EXTENT \$ NO LED FRACTURES AND BONE MAUFORMA	rs found, showing				
WAS BODY MANGLED F YES X DESCRIBE EVIDENCE OF HEA NOT	TO WHAT EXTENT \$ NO LED FRACTURES AND BONE MAUFORMA 10	rs found, showing				
WAS BODY MANGLED F YES X DESCRIBE EVIDENCE OF HEA NOT	TO WHAT EXTENT \$ NO LED FRACTURES AND BONE MAUFORMA 10	rs found, showing				

None



DATE OF REPORT WD QMC FORM 1042 REPORT OF INTERMENT (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) 20 July 1949 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.-IDENTIFICATION. DO NOT TYPE ME (Seet, first, middle initial) (IWO JIMA UNKNOWN X-70 inknown ON LOBINT IF TABLE ORGANIZATION BRANCH OF SERVICE GRADE O Unknown Unknown Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RACE RELIGION Unknown Unknown DATE OF DEATH PLACE OF DEATH CAUSE OF DEATH Iwo Jima Unknown 4 Mar 45 EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (1, 2, or none) None UNIDENTIFIA BLE WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T. H. PLOT No. TYPE OF GRAVE ROW No. GRAVE No. BURIED IN (Shroud, blanket, or name of other) DATE OF BURIAL HOUR 22 June 1949 1000 Permanent Type Casket 772 Cross IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? PLOT No. ROW No. GRAVE NO. Yes 5th Marine Division Cemetery, Iwo Jima 955 IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY PERSON CONDUCTING BURIAL RITES TYPE OF RELIGIOUS -CEREMONY Catholic Eugene L.A.Fisher, Chaplain Albert F. Click, Chaplain
WITH IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no) Protestant IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes Yes ORGANIZATION GRAVE No. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL NO. Onbekent, Leon L. PVT39595287 742 GRAVE No. RANK SERIAL NO. ORGANIZATION BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT Clerk. Harris, Contain Chief James B 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. NIDENTIFIED REMAINS.	
LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most mains. Fill in anatomical characteristics below, an social security number; position of body found in air planes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valual chart at left, or as many as possible. If no fingerprint tooth will be indicated on the tooth chart in accomplished if one or more fingerprints are secured.	minute clues for the future identity of unidentified re- id any other clues under "Other," such as shoe size, planes, vehicles, and tanks; and serial humbers of air- ide of all clues. Imprint all fingers and thumbs in the intor prints can be secured, the condition of each and cordance with diagram below. Tooth chart will not be d.
RING FINGER	HEIGHT WEIGHT COLOR OF EYES COLOR O	
	WEAPON AND SERIAL NO. LAUNDRY MARKS .	WHERE BODY WAS BURIED OR FOUND
MIDOLE FINGER	OTHER IDENTIFICATION CLUES	
INDEX FINGER	FILLINGS SHLVER FILLING	1 1 ; e'
Тнимв	CAVITY DECAYED	UPPER UPPER
THUMB	MISSING TEETH TOOTH MISSING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
INDEX FINGER	PORCELAIN CROWN	15 LOWER 13 14 13 12 12 13 12 12 12 13 12 12 12 13 12 12 12 12 13 13 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES	FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY OF A COST
RING FINGER	REMARKS:	Tigen of Jordan
LITTLE FINEER	Unknown X-70,5th Marine Division Sec Q, Gr. 772	on Cemetery, Iwo Jima

DATE OF REPORT WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) REPORT OF INTERMENT 20 July 1949 (AR 30-1810 and AR 30-1815) Section 1.-IDENTIFICATION. Imprint Identification Tag If Possible. DO NOT TYPE SERIAL NO. NAME (Last, first, middle initial) AMIL OWI) UNKNOWN X-70 Unknown (UNIDENTIFIABLE) BRANCH OF SERVICE ORGANIZATION GRADE O Unimown Unknown Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RACE RELIGION Unknown Unknown PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Iwo Jima Unknown 4 Mar 45 EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse) IDENTIFICATION TAGS FOUND ON BODY (f. Z. or none) None UNIDENTIFIA BLE WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Hone Section 2 .- BURIAL If other then in established cometery, furnish exotch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cometery of the Pacific, Honolulu, T. H. BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE MARKER PLOT No. ROW No. GRAVE No. DATE OF BURIAL HOUR 23 June 1949 1000 Permanent Type Casket Greët 772 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? PLOT No. ROW No. GRAVE NO. Yes 5th Marine Division Comstery, Iwo Jima 955 TYPE OF RELIGIOUS CEREMONY IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY PERSON CONDUCTING BURIAL RITES Cathelic Rugene L.A. Fisher, Chaplair Albert F. Click, Chaplain Protestant IDENTIFICATION TAG BURIED WITH BODY (Yes or no) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Tes SERIAL No. ORGANIZATION GRAVE No. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK Onbekent, Leen L. 39595287 742 PTI BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) ORGANIZATION GRAVE No. RANK SERIAL NO. SIGNATURE OF GRS OFFICER VERIFYING REPORT SIGNATURE OF PERSON PREPARING PEPOP Chief Clerk, James B. Marris, Contain. 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.

·	Section 3 NIDENTI	FIED REMAINS.	Tame				
LEFT RINGER R	mains. Fill in anaty social security numb planes, vehicles, and (b) A fingerprin chart at left, or as may avery tooth will be in	re will be taken to record the most minute clues for the future identity of unidentified re- natomical characteristics below, and any other clues under "Other," such as shoe size, mber; position of body found in airplanes, vehicles, and tanks; and serial numbers of air-					
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF		DLOR OF HAIR	BIRTHMARKS, SCARS	, OR TATTOOS	
MIDDLE FINGER	WEAPON AND SERIAL NO	•	LAUNDRY MA	RKS	WHERE BODY WAS B	URIED OR FOUND	
LEFT (NDEX FINGER	FILLINGS	SILV	ER FILLING D FILLING		ؠؙڮؗڡؙۣۯ؞۫	2	
THUMB	CAVITIES		CAVITY	5 d	UPPER	1000°	
RIGHT THUMB	CROWNED TEETH		TH MISSING	16/	REPRESENTS THE I	NOUTH WIDE OPEN	
RIGHT INDEX FINGER	BRIDGE WORK	VIII.	GOLD BRID	15 (14)	LOWER LOWER 12 10 10 10 10 10 10 10 10 10 10 10 10 10	14 0 13 0 12	
RIGHT MIDDLE FINGER	FURNISH SKETCH AND I	MAP REFERENCE	AND COORDIN	NATES FOR BURIAL IN	OTHER THAN ESTABL	ISHED CEMETERY	
RIGHT RING FINGER	REMARKS:						
RIGHT LITILE FINGER	Unknewn X- Sea Q, Or.		rine Div	rision Camete	ery, Ivo Jim		

WD QMC FORM 1042		REPORT OF	*MTFRMSMI	STORAGE	DATE C	OF REPORT	
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		(AR 30-1810 an	-	-	20	O May 1	040
Imprint Identification To	-4 If Possible,	Section 1.—IDENTIFICATION.				J 4'4CAJ	.0-1-0
DO NOT TYP		NAME (Last, first, middle initial)		<u> </u>	SERIAL	No.	<u></u>
		UNKNOWN X-70				-	
(\ \ \	(Formerly 5th Ma				Unknown	
7	~ 1	GRADE		Allen, Darr		H OF SERVI	CE
1	0)	Unknown	Unkn			Unknown	
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\ \		RACE	RELIGION		NAME OF CO	UNTRY	D. GIVE
		Unknown	Unkn	iown			
PLACE OF DEATH		CAUSE OF DEATH	·		DATE C	OF DEATH	
Tera Ilma		Į IIm	1		,	- 45	
IWO Jima EMERGENCY ADDRESSEE (Nam	me. relationskip, and	·	known		** #	Mar 45	
		Unknown					
IDENTIFICATION TAGS FOUND	D ON BODY	IF NO TAGS FOUND ON BODY, D	PESCRIBE MEANS O	F IDENTIFICATION (1)	unidentified, fill	in section 3	~ reserve)
(1, £, or none)							PR 1002,
None		Ltr, OGMG, QMGM					ļ
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or no)	USMC dtd 28 Apr	49 Subj:	Identificati	on of Wor	old War	· II
Yes		Deceased.					
LIST PERSONAL EFFECTS FOU	IND ON BODY AND	DISPOSITION OF SAME				-	
Hall I blooming to the second	IND ON DOD.	Disrust the arms					
		None					
			•				
		•					
Section 2.—BURIAL, If oth	er than in establ	lished cemetery, furnish sketch	h and map coordi	inates on reverse.	E-8 :	<u>-</u>	
NAME, NUMBER, COORDINATE							
770 A W	- -	'	· •	•	•		
US Army M	lausoleum,	Schofield Barracks		TWO OF COAVE	PLOT No.		Caskot
DATE OF BURIAL	HOUN	BURIED IN (Shroud, blanket, or no	ime of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW No.	XGRAVE NO.
2 Feb 49		Final type caske	st I	Saipan Sect	non	ļ	4920
WAS THIS A REBURIAL?	IF A REBURIAL, II	NDICATE NAME, NUMBER, COORD		<u> </u>		AVE	;
(Yes or no) .		· · -	_		PLOT No.	ROW No.	GRAVE No.
Yes	!	larine Division Cem	 	· · · · · · · · · · · · · · · · · · ·	4	8	955
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCT	TING BURIAL RITES	IF IDENTIFICATION CONTAINERS BUT	ON TAGS NOT USED, I URIED WITH BODY	DESCRIBE IDEN	TIFICATION	DATA AND
	l .						
IDENTIFICATION TAG BURIED BODY (Yes or No)		TFICATION TAG ATTACHED TO KER (Yes or no)					
BODY BURIED ON DECEASED	LEFT. NAME (Last,	first, middle (nitial)	RANK	SERIAL No.	ORGANIZATION	GRAVE	No.
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Not applica			·	_			
BODY.BURIED ON DECEASED	RIGHT, NAME (Last	t, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE	: No.
manner of a	+	l-ata					
manner of s SIGNATURE OF PERSON PREPA		Kets.	SIGNATURE OF 6	RS OFFICER VERHFY/N	GAREPORT		· -
9. 7.12	sper		9	W Color	ancy		
ĭ. k. ush	ER - Clerk		DARI	B. YANCY, C	wo, use		
		al for U.S. and allied dead, signs for retention in theater as p			dead, to the Q	udriermest	er General
	/ 			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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	Section JUNIDENTIFIED	REMAINS.		
LEFT LITTLE FINGER	mains. Fill in anatomic: social security number; planes, vehicles, and tank	al characteristics b osition of body fou	pelow, and any other o and in airplanes, vehich	for the future identity of unidentified rectues under "Other," such as shoe size es, and tanks; and serial numbers of air. Imprint all fingers and thumbs in the
RING	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Imprint all fingers and thumbs in the an be secured, the condition of each and diagram below. Tooth chart will not be
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
	WEAPON AND SERIAL NO.	LAUNDRY	MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUE	rs		· · · · · ·
X30HI		.7	ī.	•
LEFT INDEX FINGER.	FILLINGS	SILVER FILL GOLO FILLIN	ING G'	300003
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RIGHT INDEX FINGER	BRIDGE WORK	GOLD B	15 14 14 13	LOWER 13 15 2 13 10 10 10 10 10 10 10 10 10 10 10 10 10
RIGHT MIDDLE FIRGER	FURNISH SKETCH AND MAP F	REFERENCE AND COO	ROINATES FOR BURIAL IN	OTHER THAN ESTABLISHED CEMETERY
RIGHY RING PINGER	REMARKS:			
RIGHT LITTLE FINGER		 - -	:	

QMC FORM 1042	Market Service	REPORT OF	INTERNE	NT constant	DATE	OF REPORT	
(Supersedes GRS Form 1)		(AR 30-1810 as		and the second s	2	10 May	1949
Imprint Identification		Section 1.—IDENTIFICATION.					
DO NOT T	SERIA	SERIAL No.					
(Formerly 5th Marine Cemetery, Iwo Jima							77
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		RACE	RELIGION		IF OTHER TH	AN U. S. DE DUNTRY	AD, GIVE
		Unknown	Ur	denorm			
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
Iwo Jima		U	nknown	Gy Principal management	4	Mer 45	
EMERGENCY ADDRESSEE (A	Tame, relationship, an	d address)					
		Unknown					
IDENTIFICATION TAGS FOU (1, 2, or none)	ND ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEAN	IS OF IDENTIFICATION	(If unidentified, fi	I in section !	on reverse)
Hone		Ltr. OOMG, CHEN	EP 293 AL	lon. Dorrol W	m/set a	10155	
WERE SUBSTITUTE TAGS PE	ROVIDED?(Yes or no)	USHC dtd 28 Apr	49 Subj	: Identificat	ion of Wo	rld Wat	r II
		Deceased.					
Yes							
NAME, NUMBER, COORDINA	TES, AND LOCATION			ordinates on reverse.			
THE REAL PROPERTY COLD AND ADDRESS OF THE PARTY OF THE PA	1	Schofield Barracks					Casket
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or s	name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
2 Feb 49		Pinal tone accion		g.4 g			4000
WAS THIS A REBURIAL?	IF A PERIDIAL	Final type caske		Saipan Sec		RAVE	4920
(Yes or no)	IF A KEBOKIAL,	INDICATE NAME, NUMBER, COOK	DINATES OF THE	LYTOUS CEMETERT, AITO	PLOT No.	ROW No.	GRAVE No.
Yes	5th M	arine Division Com	etery. I	so Jima	1 4	8	ENERGE 955
TYPE OF RELIGIOUS		TING BURIAL RITES	IF IDENTIFIC	ATION TAGS NOT USED	DESCRIBE IDE	NTIFICATIO	N DATA AND
CEREMONY	TEN STABILITY		CONTAINER	S BURIED WITH BODY			
IDENTIFICATION TAG BURII BODY (Yes or no)		TIFICATION TAG ATTACHED TO RKER (Yes of no)					
*****		-	A PART OF				
BODY BURIED ON DECEASE	D LEFT, NAME (Last,	, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAV	/E No.
Not applica	able due to		-ONE	-	-		,
BODY BURIED ON DECEASE	D RIGHT, NAME (Las	st, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAY	VE No.
manner of	storing cash	kets.	****	-	-		100
SIGNATURE OF PERSON PR	A THE RESIDENCE OF THE PARTY OF		SIGNATURE	GRS OFFICER VERIFY	ING REPORT	,	
I. K. USI	fader		6	arl Osy	aney		
		al for U.S. and allied dead, si			ny dead, to the	Quarterma	ster General
through Headquarters (RS Officer. Copie	es for retention in theater as p	prescribed by t	heater commander.	Sept Same		

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	Section	UNIDENTIFIED	REMAINS		•	_			
LEFT LATICE FINGER	INSTRUCT (a) Gr mains. Fil social secur planes, veh (b) A	IONS: eat care will if in anatomi rity number; icles, and tar fingerprint, c	be taken cal charac position o nks. or prints, a	to record teristics f body for are the mo	the most r below, and und in airp ost valuabl	ninute clues I any other blanes, vehicle Ie of all clues	for the future is clues under "O es, and tanks; a s. Imprint all f	dentity of unidentified ther," such as shoe s and serial numbers of lingers and thumbs in the condition of each Tooth chart will no	i re- size, air-
RANG.	chart at lef every tooth accomplish	t, or as many will be indic ed if one or r	/ as possib ated on th more finge	ole. If no ne tooth cl exprints ar	fingerprin art in acci e secured.	nt or prints c ordance with	an be secured, t diagram below	he condition of each. Tooth chart will no	and t be
LEFT RIMG FINGER	HEIGHT	WEIGHT	COLOR OF	FEYES	COLOR OF	HAIR	BIRTHMARKS, S	CARS, OR TATTOOS	
M. D. C.	WEAPON AND	SERIAL No.	<u> </u>	LAUNDRY	MARKS		WHERE BODY W.	AS BURIED OR FOUND	
LEFT MIDDLE FINGER	OTHER IDENT	TIFICATION CLU	JES	<u> </u>			<u>. </u>		
NDEX FINGER	FILLING	· · · · · · · · · · · · · · · · · · ·			· 				·
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THUMB	MISSING		The state of the s	OTH MISSII	46	DIAGRAM	REPRESENTS TH	E MOUTH WIDE OPEN	i
RIGHT INDEX FINGER	BRIDGE	<u>@</u>		CELAIN COLD CROW	/N	15 () 14	LOWE	15 14 13 13	
	FILENISH SKE	TCH AND MAP	BEEEBENCE	AND COOL	ONINATES E	OD BUDIAL IM		ABLISHED CEMETERY	
RIGHT MIDDLE FINGER						on Bottine III	VINER IRACESI.	1	
RIGHT RING FINGER	DEMANA								
RIGHT LITILE FINSER	REMARKS:								

(Rev. 1 Apr. 1945) (Superseden GRS Form 1)		REPORT OF (AR 30-1810 a.	INTERMEN		Ι,	FREPORT Aug. 48
	.			13)		
Imprint Identification • DO NOT T		The state of the s				
		NAME (Last, first, middle initial)	1 T 1)NK- x-	SERIAL	No.
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	,	GRADE	ORGANIZATION		BRANCH	OF SERVICE
[\		T/Sgt			τ	JSMC
		RACE	RELIGION		IF OTHER THAN	V U. S. DEAD, GIVE INTRY
		Unk	Ι . τ	Jnk	ļ	
PLACE OF DEATH	<u> </u>	CAUSE OF DEATH	<u> </u>	·	DATE OF	F DEATH
Unk			Unk			Unk
EMERGENCY ADDRESSEE (N	ame, relationshi	ip, and address)	41			
<u>Unk</u> o						
IDENTIFICATION TAGS FOUN (1, 2, or none)	ID ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS O	OF IDENTIFICATION (4)	snidentified, fill t	n section 5 on reverse)
None	.					
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes er	T NO)	•			
No						
LIST PERSONAL EFFECTS FO	UND ON BODY	AND DISPOSITION OF SAME	·	-		
,						
	None					
		<u></u>				
NAME, NUMBER, COORDINAT		stablished cometery, furnish sketch	h and map coord	inates on reverse.		
CTP Ma	usoleu	m, AGRS, Marbo Zo	ne. APO 2	44		
DATE OF BURIAL	HOUR	BURIED IN (Skroud, blanket, or m		TYPE OF GRAVE	PLOT No. R	OW No. GRAVE No.
19 Oct 48	1500			MARKER Card	P1-8	
WAS THIS A REBURIAL?		Temporary Cas		<u> </u>	1	WE
(Yes or no)				OU OLIMET LICE, MED EX		ROW No. GRAVE No.
Yes	'	h Mar. ^D iv. Cem.	Iwo Jima		4	8 955
TYPE OF RELIGIOUS CEREMONY	PERSON CON	NDUCTING BURIAL RITES	11F IDENTIFICATI CONTAINERS BI	ON TAGS NOT USED, URIED WITH BODY	DESCRIBE IDENT	FICATION DATA AND
IDENTIFICATION TAG BURIE)	DENTIFICATION TAG ATTACHED TO				
BODY (Yes or no)	, min "	DENTIFICATION TAG ATTACHED TO MARKER (Yes or no)				
No		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.
	7					
SIGNATURAL DE ALERSON PRE	PARING REPOR	RT /	SUSPECTURE OF G	RY OFFICEN VERIFYIN	g report	<u> </u>
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	MIVIER LE	7 -21- 2-0 DIX O	WILLIAM		V, 1st L	
through Headquarters G.	RS Officer.	riginal for U. S. and allied dead, si Copies for retention in theater as p RESTR	prescribed by the	Ter commander	EN MSG	Diffe.
		RESTR	ICTED (10	() OFFICE AND ADDRESS OF THE PARTY OF THE PA	3	NG POP

	Section 37	ONIDENTIFIED	REMAINS					
LET LITTLE FINGER	mains. I social sec planes, ve (b) / chart at / every too	Freat care will in anatomicarity number; chicles, and tar A fingerprint, o eft, or as many th will be indicated.	cal charac position o iks. r prints, a as possib ated on th	teristics life body for the the mode. If no the tooth ch	pelow, and and in airs est valuable fingerprinart in acc	I any other colanes, vehicle of all clues nt or prints can ordance with	lues under "Oth es, and tanks; an	entity of unidentified re- ner," such as shoe size, d serial numbers of air- ngers and thumbs in the e condition of each and Tooth chart will not be
LEFT RING FINGER	Accomplis HEIGHT	hed if one or r	COLOR O	rprints ar	coLor of	·		ARS, OR TATTOOS
	WEAPON AI	ID SERIAL NO.		LAUNDRY	MARKS		WHERE BODY WAS	S BURIED OR FOUND
LEFT MIDDLE FINGER	OTHER IDE	ntification clu		r. J	•		<u>,</u>	
LEFT INDEX FINGER	FILLIN	re					. 	الخدور
OF THE STATE OF TH	FILLIN	5		LVER FILL PLO FILLIN	ING IG	4		
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RIGHT MIDDLE FINGER	FURNISH SI	KETCH AND MAP	REFERENCE	E AND COO	RDINATES F	OR BURIAL IN	OTHER THAN ESTA	BLISHED CEMETERY
RIGHT RING FINGER	REMARKS:	· · · · · · · · · · · · · · · · · · ·		<u>-</u>	<u></u>		•	
RIGHT FINGER	16 m		, , <u>,</u> ,			•		•

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WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REF	PORT OF	INTERMENT		- DATE	OF REPORT	
(Supersedes GRS Form 1)			(AR 30-1810 and AR 30-1815)					
Imprint Identification T	as It Possible						Aug.	
DO NOT TY		NAME (Last, first,		. 1		SERIA	L No.	
		1	•	1			_ 1101	
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Ristatora	· ·	GRADE		ORGANIZATION	·	BRANC	CH OF SERV	TÇE
Ristatorn	ent O	11		1				
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		, rrice		RELIGION		NAME OF CO	AN U.S. DE JUNTRY	AD, GIVE
-								
PLACE OF DEATH		CAUSE OF DEATH		·		DATE	OF DEATH	
]		
FNEDGENCY ADDRESSES (N.						<u> </u>		
EMERGENCY ADDRESSEE (Na	me, reidilonanip,	and address)						
		•						
IDENTIFICATION TAGS FOUN	D ON BODY	IF NO TAGS FOUN	D ON BODY, D	ESCRIBE MEANS O	F IDENTIFICATION (I	f unidentified, fil	I in section 3	ON 1000136)
(1, %, or none)								
No		Unat	ole to	aetermin	e correct	identit	v.	
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or :	no)	_			+	<i>.</i>	
LIST PERSONAL EFFECTS FOL	JND ON BODY A	ND DISPOSITION OF SA	AME		· · · · · · · · · · · · · · · ·			
Section 2.—BURIAL If oth	or than in ost	ablished cemetery, f	urnish sketcl	and map coord	inates on reverse.			
NAME, NUMBER, COORDINATI	ES, AND LOCAT	ION OF CEMETERY		· · · · · · · · · · · · · · · · · · ·				
, 	75	***. ** ** *						
DATE OF BURIAL	<u>Marine</u> Thour	, Iwo Jima BURIED IN (Shrows	d blanket as w	ome of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
P P	IIOOK	BONIED III (BIII)	a, onaiacte, te m	and by outery	MARKER	1201 110.	1011 110.	, oracle inc.
•						4	8	955
WAS THIS A REBURIAL? (Yes or No)	IF A REBURIA	L, INDICATE NAME, NU	MBER, COORD	INATES OF PREVIO	OUS CEMETERY, AND L	OCATION OF GI	RAVE	
(1 to 01 to)	<u> </u>	h Manina T	famo Tito			PLOT No.	ROW No.	GRAVE No.
TOUR OF RELIGIOUS		h Marine, I			ON TAGS NOT USED,	1 <u>f</u>	8 NTIEICATIO	1863
CEREMONY	PERSON COM	OCTING BORIAL RITE	•	CONTAINERS B	URIED WITH BODY	DEXERIBE IDE	THEATIO	N DAIA AND
!								
IDENTIFICATION TAG BURIEL		ENTIFICATION TAG ATI	TACHED TO	ļ <i>*</i>				
BODY (Yes or no)	"							
		Yes		l nasur	Lorous	L OBOANIZATIO	at long	n' Na
BODY BURIED ON DECEASED	CEFT, NAME (I	asi, first, middle initial)		RANK	SERIAL NO.	ORGANIZATIO	IN GRAV	Æ No.
BODY BURIED ON DECEASED	RIGHT, NAME	(Last, first, middle initia	I)	RANK	SERIAL No.	ORGANIZATIO	N GRA	VE, No.
					,	İ		
				/ /	1	<u> </u>		
SIGNATURE OF PERSON PRE	PARING REPOR			SIGNATURE OF	RS OFFICER VERIFYIN	IG REPORT		
Teo		•	العرمولية	Xiy-	Oestreich	1 Cont	. Inf.	
George DISTRIBUTION OF REPOR	3 A The	eler	Hind dand of	Aned original				ater General
through Headquarters G.	RS Officer. C	opies for retention in	theater as p	prescribed by the	ater commander DC	DEN:#20	, D3M	

RESTRICTED! (16) II

		RESTRICTED	,	
	Section 3. UNIDENTIFIE	D REMAINS.		
LTTLE PINGER	INSTRUCTIONS: (a) Great care will mains. Fill in anatom social security number; planes, vehicles, and ta (b) A fingerprint, c	be taken to record the mical characteristics below; position of body found in inks.	nost minute clues ,, and any other c n airplanes, vehicle luable of all clues	for the future identity of unidentified clues under "Other," such as shoe si es, and tanks; and serial numbers of a
LEFT RING FINGER	every tooth will be indicaccomplished if one or i	y as possible. If no fing cated on the tooth chart in more fingerprints are sec	arprint or prints ca accordance with ured.	es, and tanks; and serial numbers of a limprint all fingers and thumbs in the secured, the condition of each a diagram below. Tooth chart will not
:INGER	HEIGHT	COLOR OF EYES COLO	OR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WIDDL	WEAPON AND SERIAL NO.	. LAUNDRY MARK	is I	WHERE BODY WAS BURIED OR FOUND
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLU	NEZ I		
INDE		•		
LEFT INDEX FINGER	FILLINGS	SILVER FILLING		
		R .	4	
THUMB	CAVITIES	CAVITY	, 5	UPPER TO 7
겉꼭	MISSING TEETH	TOOTH MISSING	* C	, Aggs
THUMB	CROWNED TEETH ~	MOL	DIAGRAM RE	PRESENTS THE MOUTH WIDE OPEN
INDEX.		GOLD CROWN	15 (5)	LOWER SIS
RIGHT INDEX FINGER	BRIDGE WORK	GOLD BRIDGE	13 5	SALAR SOL
MIDDLE RI	FURNISH SKETCH AND MAP RE	FERENCE AND COORDINATES	FOR BURIAL IN OTH	ER THAN ESTABLISHED CEMETERY
RIGHT MIDDLE FINGER				THAT ESTABLISHED CEMETERY
RING				
RIGHT RING FINGER	EMARKS:			
	•			
RIGHT LITUE FINGER		• • • • •		,
Con .		FETDICTES		