

FILE IDENTIFICATION TOPPER

FILE NUMBER

243 Unk Lette #1

X-201

SUBJECT

also maps Manila

X-3360

Formerly San Jose #1

X-9

No B/R. for Mausoleum  
present.

QM QM 293  
GRS Far East

27 April 1949

**SUBJECT: Unidentifiable Remains**

**TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOB SORE**

1. Reference is made to following Unknown remains now stored at AGRS Mausoleum, Manila, Philippine Islands:

X-4960	(Formerly Vendrak, Gordon, Leyte #1, P.I.)	)
X-3787	(Formerly X-104, Leyte #1, P.I.)	)
X-3312	(Formerly X-189, Leyte #1, P.I.)	)
X-3234	(Formerly X-70, Santa Barbara #1, P.I.)	)
X-3236	(Formerly X-72, Santa Barbara #1, P.I.)	)
X-3360	(Formerly X-201, Leyte #1, P.I.)	)
X-3761	(Formerly X-543, Leyte #1, P.I.)	)

2. Subject cases have been reviewed, and this Office approves the classification of the above listed Unknowns as unidentifiable.

**FOR THE QUARTERMASTER GENERAL:**

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

cc-Administrative Section  
J. Tinberg: lrc  
Salser  
JW

REB

HJS

AIRMAIL

QMOMS 293

1st Ind

Unknown I - 201 P.I.

(Leyte #1)

SUBJECT: Request for Information

Dept. of the Army, OQMG, Washington 25, D. C., 17 December 1948

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster,  
San Francisco, California, Att: AGRS PHILCOM Zone

In compliance with request made in basic communication, a thorough search of records, this office reveals that laundry mark "N 5801", cannot be associated with any known casualty.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Col. QMG  
Memorial Division

*SMH*  
SMH

JOM

jab/wl

*leg*

*(Handwritten signature/initials)*

*(Faint circular stamp)*

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293

APC 707

SUBJECT: Request for Information

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

1. Report of Re-interment for Unknown X-201, USAF Cemetery Leyte No. 1, P. I. (formerly Unknown X-9, USAF Cemetery San Jose No. 1, Leyte Island, P. I., and currently designated as Unknown X-3360, AGRS Mausoleum, Manila, P. I.), indicates that laundry mark N-5801 was found on the waist band of trousers of the subject Unknown. Records indicate the original date of interment to be 17 November 1944 at USAF Cemetery San Jose No. 1, Leyte Island, P. I.

2. It is requested that an attempt be made to determine to whom the above laundry mark was assigned, and information forwarded to this office with OQMG Form 371 and any additional information that may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

NORMAN L. JONES  
CWO, USA  
Quartermaster

RECEIVED  
MEMORIAL DIVISION  
1944

nfm

Interred 11 October 1948  
B 15 2 Ft. McKinley

**DISINTERMENT DIRECTIVE**

1  
/gyc

*Carroll Mark*

CARL R. H. MARK  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00218

DATE  
15 05 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
<i>UNKNOWN</i>		X-000201		0	0	DAY	MONTH
CEMETERY		DISPOSITION OF REMAINS		YEAR			
USAF CEMETERY LEYTE NO 1.		7701		80			
CODE	DIST. PT.		CAUSE OF DEATH				
	6						

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS  (BY ADMINISTRATIVE ORDER)	

**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-201 ( <sup>ma</sup> aus) UNKNOWN X-3360				27 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		PERRY E WHITE Embalmer NAME AND TITLE	

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES 1  
Two (2) identification tags read (Mausoleum) UNK X-3360

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept 48 BY PERRY E WHITE

CASKET SEALED BY	EMBALMER (Signature)
PERRY E WHITE	<i>Perry E White</i> PERRY E WHITE
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 27 Sept 48 BY HORACE L ALLISON, Sgt, Inf	LUCIO S PANOPIO, 1st Lt, Inf

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

*Lucio S Panopio*  
LUCIO S PANOPIO, 1st Lt, Inf

SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

*gyc*

**RECORD OF CUSTODIAL TRANSFER**

<b>1. SHIPPED</b>			
	TO		
FROM		THIS IS A RECORD	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		<i>Donald Stewart</i>	11 08 94
<b>2. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>3. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>4. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>5. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>6. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
<b>7. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-3360 (Formerly Unk X-201 USAF Cemetery Leyte #1, P. I.)			2. DATE OF REPORT 25 March 49		
3. NAME OF CEMETERY  AC	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7 1/2"	10. COLOR OF HAIR U T D	11. RACE Unknown
------------------------------	----------------------------------	----------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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

None

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)

None

"UNIDENTIFIABLE"

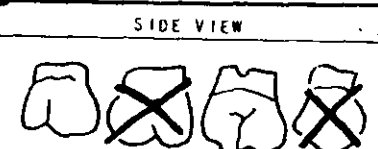
"BY REASON OF LACK OF SUFFICIENT IDENTIFICATION"

Received 27 Apr 49 OQMG  
 Not identifiable from  
 information presently  
 available 27 Apr 49 - V. Timberg

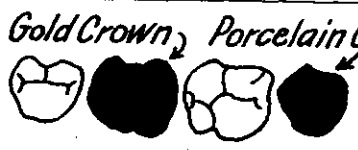
Serial #7



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



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



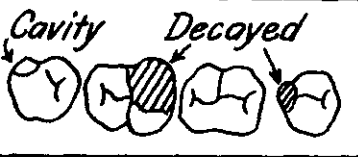
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
<del>Side Views</del>															
<del>UPPER</del>															
<del>Top Views</del>															
<del>LOWER</del>															
<del>Side Views</del>															
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

No loose teeth found with remains.

**"UNIDENTIFIABLE"**

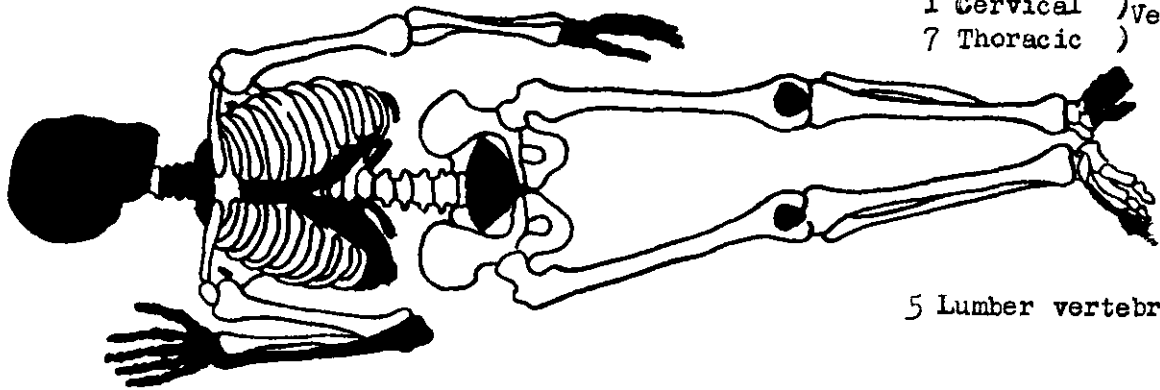
*J. J. McDermott*  
J. J. McDERMOTT

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA" Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received:

18 Ribs  
1 Cervical ) Vertebrae  
7 Thoracic )



5 Lumber vertebrae

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

No ROI, identification tags or personal  
found with remains.  
Estimated weight of remains is 6 1/2 lbs.

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

# IDENTIFICATION DENTAL CHART

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

14 November 1946  
DATE

Unknown X - 201

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT	ORGANIZATION			
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
	USAF Cem. Leyte #1, P.I.			4924

	8	7	6	RIGHT				UPPER TEETH				LEFT				
TYPE																TYPE
LOCATION																LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT				
TYPE																TYPE
LOCATION																LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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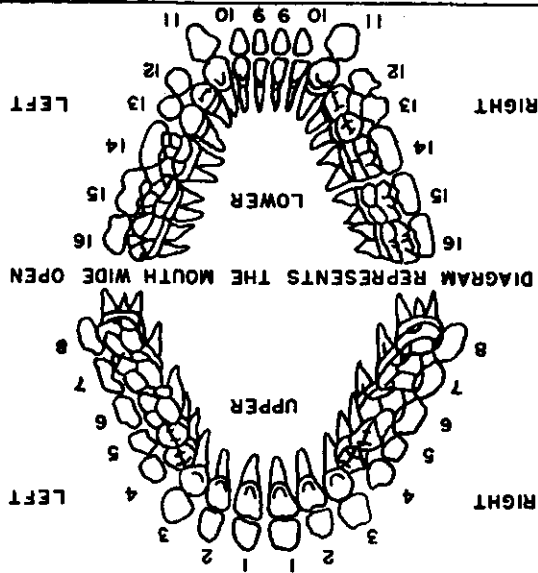
**INSTRUCTIONS:**

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, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

*Paul R. Nichols*

NAME AND RANK TYPED OR PRINTED

Paul R. Nichols, Embalmer

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

USAF Cemetery Leyte #1

NAME AND RANK TYPED OR PRINTED

JOSEPH M. HEBELAN, Capt., GAG

DATE

17 November 1946

VERIFIED BY GRS OFFICER

*Joseph M. Hebelan*

HHB RESTRICTED

RE

U-18

QMC Form  
No. 1, GRS

## REPORT OF INTERMENT

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

(Par. 21d - TM 10-630)

UNKNOWN X-201

(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
-------------	---------	-----------	--------------	--------	----------------

(Place of Death)

(Date of Death)

(Cause of Death)

1400 hrs 20 Aug 1945

USAF Cemetery Leyte # 1, P. I.

(Time and Date of Burial)

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

4924

Reg Cross

Buried with body

Attached to marker

(Grave No.)

(Row No.)

(Plot No.)

(Kind Grave Marker)

(Identification Tags)

Metal tag buried with remains and attached to Marker.

Disinterred from Grave 249, USAF Cemetery San Jose # 1,

Other pertinent data to enable grave to be located.

(Where necessary sketch to locate grave should be furnished)

N-5801 found in waist band of pants.

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

(7)

72

Received  
 Not identification  
 information available  
 27 Apr 47  
 RESTRICTED

Fingerprints, (right hand) if right hand missing furnish prints of left hand.  
(Required when positive identity cannot otherwise be established) (Par. 25e (2)  
TM 10-630)

Place X mark  
below when  
prints are of  
left hand



Impossible to take tooth chart on disinterment.

Thumb

1

2

3

4

List of personal effects and disposition of same  
NONE

(Name, rank, serial number, organization, grave numbers of bodies buried on either side):

On Right— MORLAND, Bruce B. 36 674 203 Pvt 1c1 Co L 382 Inf 4925

On Left— MOUNCE, William M. 35 131 129 Pvt Co K 17 Inf 4923

*John E. Bobis*  
S/Sgt John E. Bobis, GRS

*Francis M. Simon*  
FRANCIS M. SIMON, 1st Lt., QMC

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer.

Prepare in triplicate—I copy to Army G.R.S. Officer—I copy to Chief, G.R.S.—Original to the Q.M.G.

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

17 Mar 45

U 18

**CONFIDENTIAL**

Unknown X-9

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

1500 - 11/17/44 USAF Cemetery, San Jose #1, Leyte Island, P.I.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

249 10 1 V-Shape  
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Burial Bottle

(If no identification tags, what means of identification are buried with the body?)

Body too badly decomposed for identification

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Mounce, William M. 35131129 Pvt. Co. K 17 Inf 250  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Morland, Bruce B. 36674203 Pfc. Co. L 382 Inf 248  
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

None

414

List only personal effects FOUND ON BODY and disposition of same:

7411



IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cr. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:  
 Weight:  
 Color of eyes:  
 Color of hair:  
 Race:  
 Apparent nationality:  
 Laundry marks:  
 Number of ribs:  
 Wear glasses?  
 Is tooth chart attached?  
 (If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-

MARKS. WILLIAM A. KATINS, S/SGT AND

ROBERT G. NEE

2D LT., INF.

G. R. O.

8075 65A

(Verified by Army GRS O)

(Signature of officer or other person reporting burial)

*Robert C. Nee*

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

SOFT