

QUEST 293
AGRS Far East

22 August 1949

SUBJECT: Approval of Unidentifiability

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

ATTN: AGRS, PHILIPPINE ZONE

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

Unknown X-612,	AGRS Mausoleum Manila,	formerly X-123,	USAF Gen.,	Manila #2
" X-681,	"	"	" X-195,	"
" X-2445,	"	"	" X-3074,	"
" X-2446,	"	"	" X-3075,	"
" X-2406,	"	"	" X-3097,	"
" X-1318,	"	"	" X-3619,	"
" X-442,	"	"	" X-295,	"
" X-447,	"	"	" X-300,	"
" X-803,	"	"	" X-318,	"
" X-2423,	"	"	" X-3060,	"
" X-1977,	"	"	" X-3272,	"

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE ACTING THE QUARTERMASTER GENERAL:

J. W. Lewis
L. M. White
J. Windsor

F. H. MEY
Lt. Colonel, QMC
Memorial Division

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

AFD 707
1 AUG 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-246	AGRS	Mslm	UNKNOWN	X-2406	AGRS	Mslm
"	X-317	"	"	"	X-2445	"	"
"	X-329	"	"	"	X-2446	"	"
"	X-612	"	"	"	X-3325	"	"
"	X-681	"	"	"	X-4114	Manila	#2
"	X-1318	"	"	"	X-4119	Manila	#2
"	X-1487	"	"				

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

JOHN M. WESTON JR.
1st Lt AGD
Asst. Adj Gen

13 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

1

Interred 28 Sept 1948
N 3:19 Ft. McKinley
Carvermark
CARL P. H. MARK

DISINTERMENT DIRECTIVE

Cemeter, Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02803

DATE
15 05 48
DAY MONTH YEAR

NAME
UNKNOWN X-000123

SERIAL NUMBER RANK ARM
0

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
F12 3 272 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FT. MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-000123
UNKNOWN X-612 (TAGS)

SERIAL NUMBER RANK

DATE OF DEATH

DATE DISTINTERRED
22 Sept 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
JOSEPH ... OWEN
embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
Remains tags - UNKNOWN X-612 (AGRS TAGS NUMBER)

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 1948 BY JOSEPH H. OWEN
CASKET SEALED BY
JOSEPH H. OWEN

EMBALMER (Signature)
JOSEPH H. OWEN

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY
LUCIO S. PANCIPIC, 1st Lt., INF

DATE 22 Sep 48 BY HORACE L ALLISON, Sgt, 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. Pancipic
LUCIO S. PANCIPIC, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

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

15 AUG 1948
REPATRIATION
BRANCH

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

15 July 1949
Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster General
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 123, Plot 2,
Row 3, Grave 272, USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McNemar
H. B. McNEMAR
Captain, QMC
Chief, Records Branch
CQMG

Attach: Form 1044

Received 8/5/49
Not identifiable from
information presently
available

Incl. #4

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-612 (Formerly Unk X-123 Manila #2)			2. DATE OF REPORT 21 July 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	801	D	920	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 125 lbs.	9. ESTIMATED HEIGHT 5'3"	10. COLOR OF HAIR UTD	11. RACE Unknown
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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

UTD

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 IDENTIFYING DATA"

Incl. # 42

1B. 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>SIDE VIEW</p>
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity Decayed</p>

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
X					B												
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
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 RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

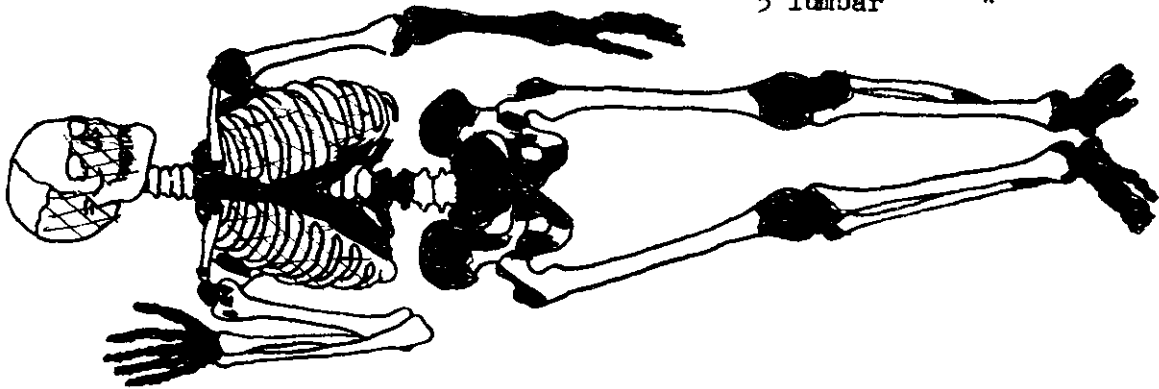
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McLaughlin
 Laboratory Officer, CI

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present: 5 Cervical vertebrae
10 dorsal " "
5 lumbar " "



Estimated height: 5'3"

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 effects found with remains.

Estimated weight of remains - 7 lbs.

Circumference of skull - 21 inches.

"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

James J. McDermott

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.

(See only 1042-113)

(Don't see name in, P.O.) Unknown

DATE
Unknown

LAST NAME Unknown	FIRST Unknown	INITIAL Unknown	RANK Unknown	SERIAL NO. Unknown
UNIT Commander		ORGANIZATION Unknown		
PLACE OF DEATH Island, P.O.		PLACE OF BURIAL Islands, P.O.		GRAVE-NO. CRYPT 220

	8	7	6	RIGHT	5	4	3	UPPER TEETH	2	1	1	2	3	4	5	LEFT	6	7	8	
TYPE																				TYPE
LOCATION																				LOCATION

Missing (under teeth 6, 7, 8)

Missing (under tooth 2)

Missing (under tooth 1)

Missing (under tooth 1)

Missing (under tooth 2)

Missing (under tooth 3)

Missing (under tooth 4)

Missing (under tooth 5)

Missing (under tooth 6)

Missing (under tooth 7)

Missing (under tooth 8)

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	LOWER TEETH	10	9	9	10	11	12	13	LEFT	14	15	16	
TYPE																				TYPE
LOCATION																				LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

(Previously WH X-123)

Unknown X- 612 (6011 Com Manila #2)

Cemetery AGRS BATSOLAN, MANILA, P.I.

Plot 601 Row D Grave 920

AGRS BATSOLAN, MANILA, P.I.

1. Arrived at cemetery 7 Oct 47
(Hour) (Date)

2. Place of death Corregidor Island, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by S. S. P. #1
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	M		
Sweater	C		
Jacket, HBT	3		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) Ears (Size, set close to or far from head)

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double)

Jaw (Large, small, normal) Circumference of head in inches 21 inches (Hat band)

Neck (Size, length, short/normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

Back (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

Legs (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

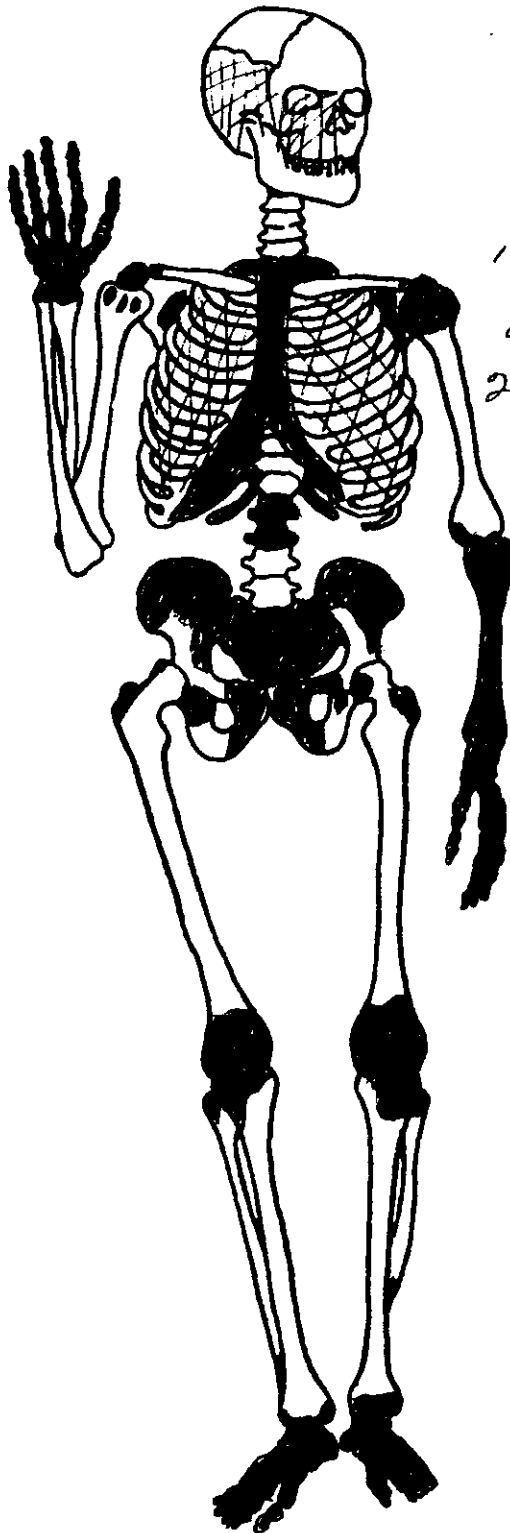
Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

SKELETAL CHART

X-612

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 5- Cervical vertebrae
- 10- Dorsal vertebrae (broken)
- 2- Lumbar vertebrae
- 23- Rib fragments
- small ~~of~~ bone fragments

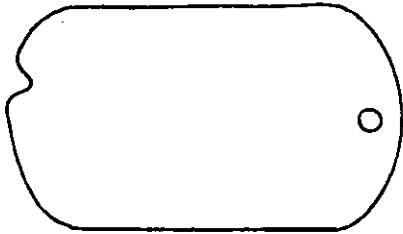
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

11 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

Walter G. ... (Last, first, middle initial)
Walter G. ... , Luzon, P.I.

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Corregidor
Island, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL
STORAGE
2 Oct 47

HOUR

1:00

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

STORED

TYPE OF GRAVE MARKER

None

PLOT No. HANGER

1

ROW No. BAY

3

GRAVE No. CRYPT

220

WAS THIS A REBURIAL?
(Yes or no) RESTORED

Yes

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

Walter G. ... , Luzon, P.I.

PLOT No.

2

ROW No.

3

GRAVE No.

220

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) STORED

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

STORED

WALTER G. ...

RANK

SERIAL No.

ORGANIZATION

GRAVE No. CRYPT

220

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

STORED

WALTER G. ...

RANK

SERIAL No.

ORGANIZATION

GRAVE No. CRYPT

210

SIGNATURE OF PERSON PREPARING REPORT

Walter G. ...

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Walter G. ...

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.

REPRODUCTION RECORDS BRANCH
DEC 22 2 50 PM '47
MEMORIAL DIVISION

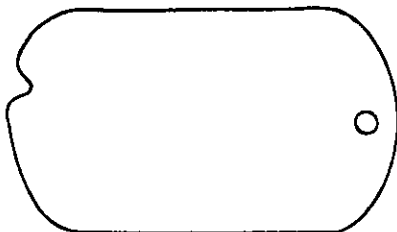
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

24 Nov. 45

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-123 (Com. Manila #2)		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Corregidor, P.I.		

EMERGENCY ADDRESSEE (Name, relationship, and address)

None

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)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
19 Nov. 45	1600	Shelter half	Cross	2	3	272

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.
Yes	American Cemetery Corregidor Island, P.I.	C	5	36
	345.5-406.5			

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		No record of burial in original burial records.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-122 (Com. Manila #2)			4th Marines	271

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BURTON, William A.	T/5	36488133	MC.	273

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
R. C. BARRETT, Cpl., GRS.	D. L. ARMSTRONG, Capt., MC.

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.

764

SEARCHED INDEXED
SERIALIZED FILED
FBI - MEMPHIS
MAY 11 1968

2 204 1047

(Organization)

Service

Rank

(Officer's Name)

/s/ C. C. [unclear]

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.

Remarks: No I.D. tag, not an other identification material found with remains. Total weight of remains 7 lbs.

8. Has tooth chart been prepared? Yes No. If not, explain

Due to condition of remains.

7. Have finger prints been placed on Report of Interment? Yes No

<p>INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identification 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.</p>		<p>HEIGHT</p> <p>WEIGHT</p> <p>COLOR OF EYES</p> <p>COLOR OF HAIR</p> <p>BIRTHMARKS, SCARS, OR TATTOOS</p>	<p>WEAPON AND SERIAL NO.</p> <p>LAUNDRY MARKS</p> <p>WHERE BODY WAS BURIED OR FOUND</p>	<p>OTHER IDENTIFICATION CLUES</p>	<p>FILLINGS</p> <p>CAVITIES</p> <p>MISSING TEETH</p> <p>CROWNED TEETH</p>	<p>SILVER FILLING</p> <p>CAVITY DECAYED</p> <p>TOOTH MISSING</p> <p>PORCELAIN CROWN</p> <p>GOLD BRIDGE</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>	<p>REMARKS:</p> <p>Identified + on Chart List and Dental Chart</p> <p>Completed.</p>	<p>LEFT LITTLE FINGER</p> <p>LEFT RING FINGER</p> <p>LEFT MIDDLE FINGER</p> <p>LEFT INDEX FINGER</p> <p>LEFT THUMB</p> <p>RIGHT THUMB</p> <p>RIGHT INDEX FINGER</p> <p>RIGHT MIDDLE FINGER</p> <p>RIGHT RING FINGER</p> <p>RIGHT LITTLE FINGER</p>
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18 NOV 1947