

1 Navy Chief, 28 Apr
Liaison Id Branch 1950
Section Id Section
Repat Br ATTN:
Mem Div Lt Windsor

SUBJECT: Unknown X-413, AGRS Mausoleum, Manila, P.I.

1. Forwarded herewith is Certificate of Unidentifiability and Burial Report with accompanying papers on subject listed unknown remains for action by your Branch.

2. Efforts by this Section to associate this Unknown with Navy, Marine Corps or Coast Guard casualty, has met with negative results based upon evidence presently contained in files.

3. Request this Section be notified when this case is resolved in order that adjustments may be made in statistical report.

MOYER
73880

2 Id Br Navy 5 May Certificate of Unidentifiability has been
Id Sec Liaison 1950 approved. Copy of letter to Field attached.
Section
Repat Br
Mem Div

2 Incls
Added 1 Incl
2. Cpy ltr dtd
5 May 50

NEFF
2462

WINDSOR
74158

*File
15 Aug 50
A. L. Tol
P. S. ...*

AIRMAIL

Alt

293unk P.I. Ft Mc Kinley X-413
Unidentifiability

QMCNT 293
Unknown X-413
AGRS Maus Manila

5 May 1960

Em

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to Certificate of Unidentifiability dated 29 March 1960 for the remains of Unknown X-413, AGRS Mausoleum, Manila, P.I., (formerly Unknown X-263, USAP Cemetery, Manila #2, P.I.), Unit 4, Page 1.

2. Recommendation for Unidentifiability has been approved by this Office. Request your records be amended accordingly.

FOR THE ACTING THE QUARTERMASTER GENERAL:

Em

293unk P.I. Maus Manila X-413

THOMAS E. COX
CAPT QMC
Memorial Division

JW
JM
JM

cc: Adm Section

J.W.L.

J. W. Lewis:dal
L. M. White:HAM



Copy furnished: CINCPAC, APO 500

MAY 9 10 25 AM '60
MAIL & TELECOMMUNICATIONS BRANCH

293 P.I. X-263 (Manila #2)

AIRMAIL



100-100000-100
MAY 8 1950
IDENTIFICATION BRANCH

3

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7747 81546

13 04 50
DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN X - 269

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO. 2, P. I.

2

10

1178

7701
CODE

80
DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

file 5-21-50
Kirkland
Repat

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

1

nfm

Interred 19 April 1950
L 8 74 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

Carl R. H. Mark

CARL R. H. MARK

Cemetery Superintendent
SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 81546

DATE
13 04 50
DAY MONTH YEAR

NAME: UNKNOWN X - 263
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: USAF CEMETERY MANILA NO. 2, P. I.
PLOT: 2 ROW: 10 GRAVE: 1178
DISPOSITION OF REMAINS: 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-263 SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: 14 April 50

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: X-413 Maus

MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE: 14 April 50 BY: PAUL R NICHOLS

CASKET SEALED BY: PAUL R NICHOLS EMBALMER (Signature): *Paul R Nichols* PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt., RA
DATE: 14 April 50 BY: Sgt 1c, RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt., RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS:
HAT
FILE
RECORDS ANNOTATED
DATE: 22 May 1950
NAME: J. Kyle
R & B BR.

RECORD OF CUSTODIAL TRANSFER

SECRET
UNCLASSIFIED
DATE 08-11-2010 BY 60322 UCBAW

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER TRC	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE APR 19 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

11 APR 1950

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 QMEMU 293, CRS (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-413 AGRS Msln	UNKNOWN X-4208 Manila #2
" X-1038 " "	" X-4748 AGRS Msln
" X-4086 Manila #2	

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

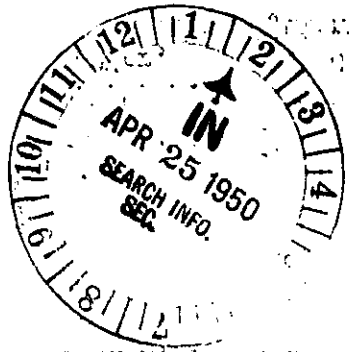
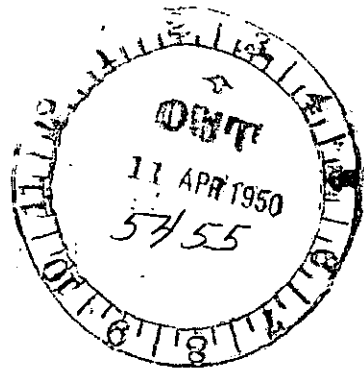
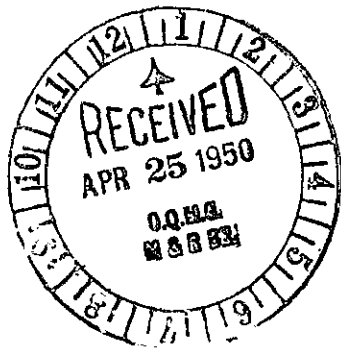
FOR THE COMMANDING OFFICER:

5 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

Frank M. Green Jr.
FRANK M. GREEN JR.
Major, QMC
Assistant Adjutant

293
Wes Far East

ADMINISTRATIVE DIVISION
APR 25 12 57 PM '50
MEMORIAL DIVISION



[Faint, mostly illegible typed text, possibly a memorandum or report body]

[Faint, mostly illegible text, possibly a signature or distribution list]

[Faint, mostly illegible text]

[Faint, mostly illegible text]

[Faint, mostly illegible text]

WJ

QMGMN 293

~~UNKNOWN X-263~~

PT Manila 2 1st Ind *en*

SUBJECT: Request for Casualty Information

Dept. of the Army, OQMG, Washington 25, D. C., 13 March 1950

TO: Commanding Officer, American Graves Registration Service, PhilCom Zone, APO 900, c/o Postmaster, San Francisco, California

1. Records of this Office indicate that the fingerprints contained on the reverse of original Report of Interment in the case of Unknown X-263, USAF Cemetery, Manila No. 2, have previously been investigated in an attempt to associate these remains with a World War II casualty with negative results. The records also indicate that a Navy Yard pass was found with these remains made out to an individual named PANNONE who is alive. Due to the condition of the pass, it was necessary to restore the faded ink by chemical means, and it is believed that the tentative identification of these remains as PANNON or FANNONG was the result of an erroneous interpretation of the name contained on the pass prior to the chemical restoration of the faded ink. Correspondence contained in the file between PANNONE and the Department of the Navy reveals that he has no knowledge of who might have come into possession of this pass.

2. Records of the Department of the Navy reveal that no casualties occurred on the APA 35 for a period of approximately one year prior to the recovery of Unknown X-263. These records also indicate that no unaccounted for casualties occurred on the AYC 15 for a period of approximately two years prior to the recovery of Unknown X-263.

3. It is felt therefore, that these remains should not be associated with either of these vessels and Forms 371 as requested in basic correspondence will not be furnished.

FOR THE QUARTERMASTER GENERAL:



T. H. METZ
Lt Colonel, QMG
Memorial Division

WEM

Mar 15 10 36 AM '50
CINCINNATI
10 36 AM '50

AIR MAIL



472

[Faint, mostly illegible typed text covering the majority of the page]

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

AFPO 900
4 January 1950

GRPZ 293

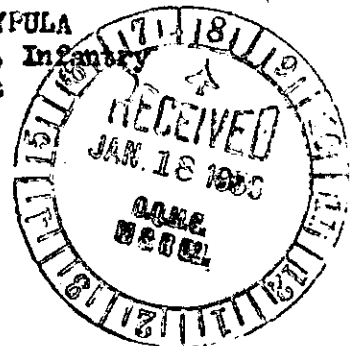
SUBJECT: Request for Casualty Information

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

1. Your attention is invited to original Report of Interment for Unknown X-263, USAF Cemetery Manila No. 2, and certificate attached thereto.
2. The original ROI indicates that the Unknown deceased was tentatively identified as SK2c FANNON. The certificate above mentioned shows tentative identity as SK2c FANNONG of the APA 35.
3. Your attention is further invited to fingerprints imprinted on reverse of initial ROI.
4. In connection with the above, it is requested that those fingerprints be compared with those of casualties from the vessel APA 35.
5. In the event that a comparison of fingerprints is not feasible due to unavailability of necessary physical records, it is requested that this Headquarters be furnished OQMG Forms 371 and NavMed Forms H-4 for the unaccounted for casualty or casualties from the APA 35.

FOR THE COMMANDING OFFICER:

JOHN SHYFOLA
1st Lt., Infantry
Adjutant



AIR MAIL

43
293
UNK
X-263
P.1. (Manila #2)

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900
4 January 1950

GRPZ 293

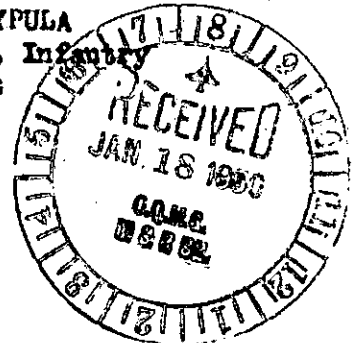
SUBJECT: Request for Casualty Information

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

1. Your attention is invited to original Report of Interment for Unknown X-263, USAF Cemetery Manila No. 2, and certificate attached thereto.
2. The original ROI indicates that the Unknown deceased was tentatively identified as SK2c FANNON. The certificate above mentioned shows tentative identity as SK2c FANNONG of the APA 35.
3. Your attention is further invited to fingerprints imprinted on reverse of initial ROI.
4. In connection with the above, it is requested that those fingerprints be compared with those of casualties from the vessel APA 35.
5. In the event that a comparison of fingerprints is not feasible due to unavailability of necessary physical records, it is requested that this Headquarters be furnished OQMO Forms 371 and NavMed Forms H-4 for the unaccounted for casualty or casualties from the APA 35.

FOR THE COMMANDING OFFICER:

JOHN SHYPULA
1st Lt., Infantry
Adjutant



43
293 UNK X-263, P.1. (Manila #2)

AIR MAIL



DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXXXXXX

PF

REGISTERED

MAIL

30 August 1949

QMGO 293, Unknown X-263, Manila #2

3821

QMG

FIELD SERVICE

DEP OPR

EFFECTS

QMGO

2nd and T. Sts., S. W., Washington 25, D. C.

1633 - B. Bldg

Commanding Officer
QM Activities
Kansas City Records Center (AGO), Mo.
ATTENTION: Effects Quartermaster

XXXX

There is inclosed money found on the remains of Unknown X-263, Manila #2, believed to be FANNON. These remains are now stored as Unknown X-413, AGRS Mausoleum, Manila, P. I.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

- 1 Incl:
- Envelope containing:
- 1 Philippine Peso
- 4 50 centavos
- 5 10 centavos
- 2 20 centavos

I. N. RIVERS
Major, QMC
Field Service Division

R

M

AUG 30 2 29 PM '49
O Q M G
MAIL & RECORDS BR 11

REGISTERED
NO 1313049

RETURN RECEIPT REQUESTED

work PF X-413 [unclear]

REGISTERED

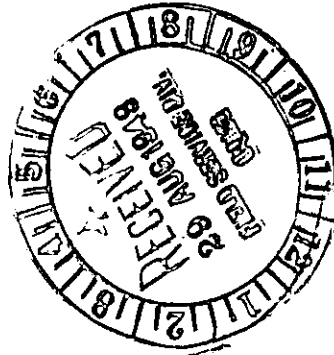
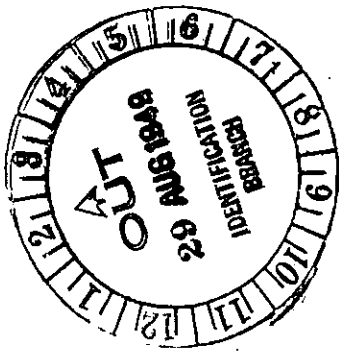
MAIL

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Navy Liaison Section Repat Br Mem Div	Ident Sec Ident Br Mem Div ATTN: Capt. Barry	24 Aug 1949	<p>1. Attached are various pieces of money found on remains of Unknown X-263, Manila #2, BTB-FANNON, now stored as X-413, AGRS Mausoleum, Manila, P. I.</p> <p>2. It is requested that Inclosure be forwarded to Effects Bureau, Kansas City, Mo.</p> <p style="text-align: right;"><i>Mell.</i> MARSDEN 73880 76304</p> <p>1 Incl. Envelope containing: 1 Philippine Peso 4 50 centavos 5 10 centavos 2 20 centavos</p>
2	Ident Sec Ident Br Mem Div	Effects Section Depot Opr Br, Fld Ser Div	29 Aug 49	<p>For necessary action.</p> <p>1 Incl n/c</p> <p style="text-align: right;"><i>M</i> METZ 74059</p> <p style="text-align: right;"><i>Barry</i> BARRY 2462</p>

66



TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]

[illegible text]

[illegible text]

[illegible text]

1 Navy
Liaison
Section
Repat Br
Mem Div

Ident Sec 24 Aug
Ident Br 1949
Mem Div
ATTN:
Capt. Barry

1. Attached are various pieces of money found on remains of Unknown X-263, Manila #2, BTB-FANNON, now stored as X-413, AGRS Mausoleum, Manila, P. I.
2. It is requested that Inclosure be forwarded to Effects Bureau, Kansas City, Mo.

MARSDEN
73880
76304

1 Incl.
Envelope containing:
1 Philippine Peso
4 50 centavos
5 10 centavos
2 20 centavos

2 Ident Sec Effects 29 Aug
Ident Br Section 49
Mem Div Depot Opr
Br, Fld Ser
Div

For necessary action.

1 Incl
n/c

WITZ
74059

BARRY
2462

cc: Adm Sec
amy:DLandes



WAR DEPARTMENT

SECURITY CLASSIFICATION (If any)

DISPOSITION FORM

FILE No. QMGMT 293 Unknown 413 SUBJECT
AGRS Mausoleum, Manila, P.I.

Fingerprint Comparison

TO The Adjutant General
SR&D Sub-Section
Casualty Section
Personnel Actions Br
5E-777, The Pentagon
Thru: Maj. Sekowski

FROM QCMG
Memorial Division

DATE 19 Jan 1949

COMMENT No. 1
METZ/74059

1. The inclosed Interment Report is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file.
2. It is requested that this office be advised of your findings, together with return of the form.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Report of Interment

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

PO-D/LMN/rmg/1B682
(22 Dec.48)

TO:
Office of the Quartermaster General
Memorial Division
ATTN: Major Sekowski
Rm. 1E624, Pentagon

From: Personnel Actions Br. AGO 14 February 1949
Rm. 5E574, The Pentagon

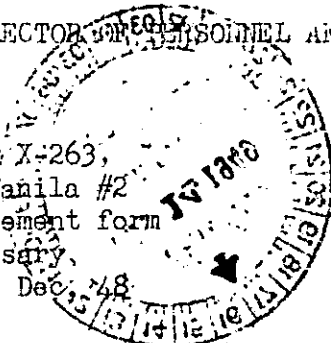
Comment # 2

Lt. Col. Meredith/ 4814

A search of the fingerprint files in the Federal Bureau of Investigation fails to disclose any military service for Unknown X-263.

FOR THE DIRECTOR OF PERSONNEL AND ADMINISTRATION:

- 3 Incl
- 1 for Unk X-263,
- 1 for Mem. Manila #2
- 1 copy statement form
- 1 copy dispensary
- 3 Ltr. dtd 22 Dec 48



M. Meredith
 Maj. F. MAGILL, COLONEL, AGO
 Chief, Personnel Actions Branch, AGO

15 FEB 1949

DIPATCHED
FEB 14 1949
DIST. CENTER
PERS. ACT. BR
2
AGO

RECEIVED
JAN 1949
B24
IDEN & CR PRIS UNIT
RECAP UNIT BR
AGD

Handwritten initials

15 FEB 1949

[Faint, mostly illegible typed text throughout the page]

PO-D/LMW/mmg/1B682
(22 Dec.48)

TO:
Office of the Quartermaster General
Memorial Division
ATTN: Major Sekowski
Rm. 1E624, Pentagon

From:
Personnel Actions Br.AGO
Rm. 5E574, The Pentagon

Comment # 2
14 February 1949

Lt. Col. Meredith/ 4814

A search of the fingerprint files in the Federal Bureau of Investigation fails to disclose any military service, for Unknown X-263.

FOR THE DIRECTOR OF PERSONNEL AND ADMINISTRATION:

RODERICK A. MEREDITH

3 Incls:

1. ROI for Unk X-263,
E, C USAF Cem. Manila #2
- 2 Cpy of statement form
USNB Dispensary
- 3 Ltr. dtd 22 Dec. 48

W. F. MAGILL, COLONEL, AGD
Chief, Personnel Actions Branch, AGO

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293

AGO 707

22 DEC 1948

SUBJECT: Request for Identification of Fingerprints

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

1. Attached Report of Interment for Unknown X-263, USAF Cemetery Manila #2, Luzon, P. I. (currently designated as Unknown X-413, AGRS Mausoleum, Manila, P. I.) reveals the fingerprints of subject Unknown.

2. If said fingerprints and additional data on attached inclosure can be associated with a casualty, it is requested that this office be furnished OQMG Form 371, together with any additional information which may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

John A. Marszal
JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

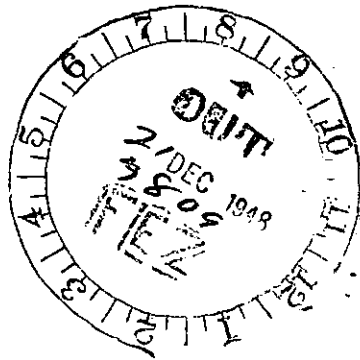
2 Incls:

1. ROI for Unk X-263,
USAF Cem. Manila #2
2. Cpy of statement from
USNB Dispensary

293 Unk X - 263 P.I. (Mausoleum #2)



John A. Marszal



... ..

... ..

... ..

... ..

... ..

... ..

UNITED STATES GOVERNMENT
WASHINGTON, D.C. 20540

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMGYG 293

Unknown X-263
(Manila No. 2)

10 October 1946

MEMORANDUM FOR IDENTIFICATION SECTION:

SUBJECT: Unknown X-263 (FANNON) Grave 1178, Row 10, Plot 2, USAF Cemetery, Manila No. 2, Luzon, P.I.

1. Inclosed are Report of Interment, Fingerprint Card and correspondence regarding the subject burial. The fingerprints have been checked by Navy Department, Marine Corps, Coast Guard and Federal Bureau of Investigation without establishing identity. Navy Department records show a Joseph Luigi Pannone, 205 88 97, SK2c, USN to have been attached to the USS APC-15, but he is now discharged and is alive and well.

2. A letter was written to Pannone requesting information regarding the pass bearing the name "PANNONE, SK2c, USNR" which was found on the remains. In his reply Pannone states that he has no recollection of ever having given this pass to any of his ship-mates, but it could have possibly been discarded and later recovered by someone, possibly a native.

J. K. Waite

J. K. WAITE
Lieut. (HC) USN
Navy Liaison Officer, AGRS.

Incls.

QMCYG 293

Unknown X-263
(Manila No. 2)

10 October 1946

MEMORANDUM FOR IDENTIFICATION SECTION:

SUBJECT: Unknown X-263 (FANNON) Grave 1178, Row 10, Plot 2, USAF
Cemetery, Manila No. 2, Luzon, P.I.

1. Inclosed are Report of Interment, Fingerprint Card and correspondence regarding the subject burial. The fingerprints have been checked by Navy Department, Marine Corps, Coast Guard and Federal Bureau of Investigation without establishing identity. Navy Department records show a Joseph Luigi Pannone, 205 86 97, SK2c, USN to have been attached to the USS APC-15, but he is now discharged and is alive and well.

2. A letter was written to Pannone requesting information regarding the pass bearing the name "PANNONE, SK2c, USNR" which was found on the remains. In his reply Pannone states that he has no recollection of ever having given this pass to any of his shipmates, but it could have possibly been discarded and later recovered by someone, possibly a native.

J. K. WAITE
Lieut. (HC) USN
Navy Liaison Officer, AGRS.

Incls.

30 September 1946

Dear Sir:

In reference to BuMed ltr.-11-JKW, QW/P6-3(2g), dated 9/27/46. I served in the Manila Bay and Subic Bay area from (approximately) 26 March 1945 to 17 November 1945, during which time I was stationed aboard the USS APC-15. I do recall that I, at one time, possessed such a pass as described in above reference. The time at which such a pass was dated could be any date within the period specified above, as it was necessary for me to pass through the gates quite often in performing my duties ashore in the Subic & Manila Bay Areas.

I honestly and sincerely do not know how subject pass ever got onto the body found, as I am positively certain that I never transferred any of my passes or papers to another person. I believe that one of two things happened whereby the pass became to be found on this body. Namely, I, either lost (by dropping or misplacing) such a pass while performing my duties ashore and some native might have appropriated it; or I might have discarded such a pass in a waste paper basket (or in an old article of clothing), and when we were possibly tied alongside the docks at either Olonopo or Manila and emptied our "trash" some native might have run through a trash pile, (as they usually do) found the pass and kept it. I make the assumption that a native found the pass because of your letter which states that the fingerprints are unidentified by our departments. If the body found, was not that of a Phillipine native I don't know how anyone else could have acquired possession of the pass. I have given you all the information I am able to and to the best of my knowledge & ability. After leaving Subic Bay on or about 17 Nov 46 I never returned to the Phillipines.

/s/ Joseph L. Pannone.

C O P Y



BUMED-C-JKW
QW20/F6-3(2g)



DO NOT ADDRESS THE SIGNER OF THIS LETTER
BUT ADDRESS YOUR REPLY TO
BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT, WASHINGTON, D. C.
AND REFER TO NO.

WASHINGTON, D. C.

27 September 1946

Mr. Joseph Luigi Pannone
178 Lester Street
Providence, Rhode Island

Dear Mr. Pannone:

This Bureau is trying to identify an unknown remains that was recovered in the Manila Bay area on 15 December 1945. This body showed evidence of burns and had been in the water for some time. The remains were clothed in Navy type dungarees which contained a pass (N-Nav 106) with the following inscription:

"USS APC-15, Pass PANNONE, SK2c, USNR through
Navy Yard Gate, (signed) Lt (jg) C.N. Butler
(over) Executive Officer."

Fingerprints obtained from the remains cannot be identified by the Navy Department, Marine Corps, War Department, Coast Guard or F. B. I.

Do you recall this pass ever having been made out to you, and if so, do you have any idea of the identity of the person who could have had it in his possession? Also the approximate date on which the pass could have been issued to you? Any other information that you can furnish will be greatly appreciated.

A self-addressed envelope, which requires no postage, is enclosed for your reply.

ROSS T. McINTIRE
Vice Admiral (MC) USN
Chief of the Bureau

W. S. DOUGLASS
Civilian Assistant






16 September 1946

MEMORANDUM FOR THE CASUALTY DIVISION:

The finger impressions appearing on the attached cards marked Grave Number 1163 have not been identified as belonging to any member of the Marine Corps.

J. A. Michener

J. A. MICHENER
Major, USMC
Statistics Division

LEFT HAND RIGHT HAND GRAVE NO. 1163	THUMB	INDEX FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER
					

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSCR 293

APO 707

SUBJECT: Request for Identification of Fingerprints

22 DEC 1946

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

1. Attached Report of Interment for Unknown X-263, USAF Cemetery Manila #2, Luzon, P. I. (currently designated as Unknown X-413, AGRS Mausoleum, Manila, P. I.) reveals the fingerprints of subject Unknown.

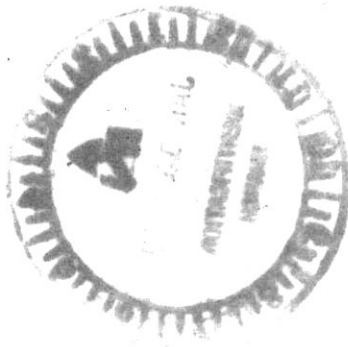
2. If said fingerprints and additional data on attached inclosure can be associated with a casualty, it is requested that this office be furnished OQMG Form 371, together with any additional information which may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

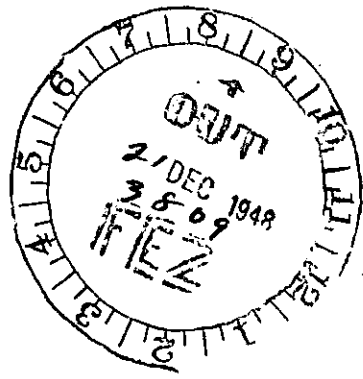
2 Incls:

1. ROI for Unk X-263,
USAF Cem. Manila #2
2. Cpy of statement from
USNB Dispensary

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen



103 444 8 - 163 P. I. (manila #2)



Faint, illegible text and markings, possibly a stamp or handwritten notes, located in the center of the page.

DKE-1079-gab

16 September 1946

MEMORANDUM FOR THE CASUALTY DIVISION:

A comparison of the finger impressions appearing on the attached Report of Interment (WD QMC Form 1042) of UNKNOWN 263 (FANNON), Grave 1178, Plot 2, Row 10, USAF Cemetery Manila #2, Luzon, P.I., with those on file in the Identification Section, fails to show them as being identical with the finger impressions of any member of the Marine Corps.

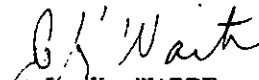


J. A. MICHENER
Major, USMC.
Statistics Division.

ARMY SERVICE FORCES
MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building) 1. Commandant, U. S. Marine Corps Casualty Section Navy Department	INITIALS	<input type="checkbox"/>	CONCURRENCE
	DATE	<input type="checkbox"/>	SIGNATURE
2. Washington 25, D. C.	<input type="checkbox"/>	<input type="checkbox"/>	NOTE AND RETURN
	<input type="checkbox"/>	<input type="checkbox"/>	NOTE AND FORWARD
3.	<input type="checkbox"/>	<input type="checkbox"/>	COMPLETE ACTION
	<input type="checkbox"/>	<input type="checkbox"/>	CIRCULATE
	<input type="checkbox"/>	<input type="checkbox"/>	INFORMATION
	<input type="checkbox"/>	<input type="checkbox"/>	FILE

It is requested that the inclosed fingerprints be checked with your Department and this office advised of the results.


 J. K. WAITE
 Lt. (HC) USN

1 Incl.
WD QMC Form 1042

FROM: (Name, organization, building)
R. R. Branch, Navy Liaison Section
Memorial Division irh

DATE
3 Sept 46
TEL.
87-73880

**ARMY SERVICE FORCES
MEMO ROUTING SLIP**

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
1. Lt. Forehand, Memorial Building B, Rm. 2203	INITIALS	<input type="checkbox"/>	CONCURRENCE
	DATE	<input type="checkbox"/>	SIGNATURE
2.		<input type="checkbox"/>	NOTE AND RETURN
		<input type="checkbox"/>	NOTE AND FORWARD
3.		<input type="checkbox"/>	COMPLETE ACTION
		<input type="checkbox"/>	CIRCULATE
		<input type="checkbox"/>	INFORMATION
		<input type="checkbox"/>	FILE

It is requested that two (2) each, both sides, photostatic copies be furnished this office of the attached Report of Burial for:

X-51 buried in Island Command Cemetery, Okinawa.

Unknown 263, buried in USAF Cemetery Manila #2, Luzon, P. I.

Unknown X-1069, buried in US Mil Cem, St. Avoird, France.

ROSENGARD
2nd Lt., QMC

jjp

FROM: (Name, organization, building)	DATE
Lt. Rosengard, Memorial, Identification Building B, Rm. 2426	1 Mar 46
	TEL.
	6817

LCI(L) PY-3
Serial 54

U. S. S. LCI(L) 773
c/o Fleet Post Office
San Francisco, California

16 December, 1945

From: The Commanding Officer.
To: CNB Manila.
Via: Port Director.
Subject: Retrieval of body, report of.

1. While proceeding through Manila Bay at 1545 on 15 December, 1945, a floating dead body was seen in Lat. 14° 26' 36" North, Long. 120° 41' 30" East. The body was taken aboard and the Port Director in Manila was radioed for instructions. A search of the area in which the body was found revealed no more bodies, wreckage, or evidence that would aid in identification.

2. The right side of the man's face was badly burned. The right arm and parts of the stomach also showed signs of burns. Rigor Mortis had set in. The dead man had on Navy type dungarees.

3. Upon orders from the Port Director this ship proceeded to LST beach between Piers 3 and 5 in South Harbor. The body was transferred to an LCVP and then to an ambulance at Pier 3.

H. L. Patterson

H. L. PATTERSON, Lt.(jg), USN

OFFICE OF PORT DIRECTOR NAVY 3142

/WGS/Cz

FIRST ENDORSEMENT to:
CO USS LCI(L) 773
Letter LCI(L) PY-3
Serial 54 dated
16 Dec. 1945

From: Port Director, Navy 3142.
To : Commander Naval Base, Navy 3142.

1. Forwarded.
2. Dispatch 160236 December refers; copy attached.

I. R. BOOTHBY

W. G. Seaver
W. G. SEAVER,
By direction.

PHILIPPINE SEA FRONTIER

Phil-87-gwb
Pl-5

Serial

2410

22 FEB 1946

From: Commander Philippine Sea Frontier.
To : Casualty Section, Bureau of Medicine and Surgery.
Subject: U. S. Army Forces Western Pacific Report of Interment
of Unknown 263.

Enclosure: (A) Subject report with complete set of fingerprints.

1. The subject report, which was received at this command on 18 February 1946, is forwarded herewith in an effort to establish the identity of the deceased unknown.

2. A brief summary of facts, which were obtained from Base Medical office and the Shore Patrol (Investigation) office at Commander Naval Base, Manila, relative to the deceased follows:

The USS LCI (L) 773 recovered the body, which was floating in Manila Bay, on 15 December 1945. Delivery was made to Naval Base, Manila where efforts to establish identity were unsuccessful. One of the pockets of the deceased's garments did contain a pass (N Nav 106) which had been made out in ink and due to the period of submersion was not legible. The pass is believed to have been made out to PANNONE, SK2c, USNR, USS APC 5 or 15 and signed by Lt (jg) C. N. BUTLER over Executive Officer.

Weight has been added to this conclusion by the fact that Fleet Records Office has reported that PANNONE was serving on the APC 15 in November 1945.

The body was taken to the 19th Medical Laboratory (Army) in Manila for further examination before interment. Reports of this examination were negligible.

3. Should identity of subject unknown be accomplished it is requested this command be so notified.

PHILIPPINE SEA FRONTIER

Phil-87-gwb
Pl-5

Serial

2410

23 FEB 1946

From: Commander Philippine Sea Frontier.
To : Casualty Section, Bureau of Medicine and Surgery.
Subject: U. S. Army Forces Western Pacific Report of Interment
of Unknown 263.

Enclosures: (A) Subject report with complete set of fingerprints.

1. The subject report, which was received at this command on 18 February 1946, is forwarded herewith in an effort to establish the identity of the deceased unknown.

2. A brief summary of facts, which were obtained from Base Medical office and the Shore Patrol (Investigation) office at Commander Naval Base, Manila, relative to the deceased follows:

The USS LCI (L) 773 recovered the body, which was floating in Manila Bay, on 15 December 1945. Delivery was made to Naval Base, Manila where efforts to establish identity were unsuccessful. One of the pockets of the deceased's garments did contain a pass (N Nav 106) which had been made out in ink and due to the period of submersion was not legible. The pass is believed to have been made out to PANNONE, SK2c, USNR, USS APC 5 or 15 and signed by Lt (jg) C. N. BUTLER over Executive Officer.

Weight has been added to this conclusion by the fact that Fleet Records Office has reported that PANNONE was serving on the APC 15 in November 1945.

The body was taken to the 19th Medical Laboratory (Army) in Manila for further examination before interment. Reports of this examination were negligible.

3. Should identity of subject unknown be accomplished it is requested this command be so notified.

BUMED-ECd-EK
QW20/P6-1

22 Apr 1946

To: BuPers (Identification Section).

Subj: Identification from fingerprints on NavMed Forms N, NavMed Forms 601 of UNKNOWN recovered from Manila Bay, 15 Dec 1945, possibly of Joseph Juigi PANNONE, SK.

Encl: 1. (HW) Ltr. of Investigation Division, Shore Patrol, C.N.B., Navy 3142, 28 Mar 1946.
2. (HW) Case record File No. A17-26(120) Case 223, 16 Dec 1946 (Office of Navy Provost Marshall, Investigations Division, Navy 3142).
3. (HW) Fingerprint reference slip, Lab. Case No. PMF 256.
4. (HW) Correspondence regarding recovered body.
5. (HW) Forms N (28 copies) with fingerprints.
6. (HW) NavMed Forms 601 (17 copies) with fingerprints.
7. (HW) BNP 680 (Photostat copy of fingerprints of Joseph Luigi Pannone).
8. Envelope containing three (3) pesos and forty-five (45) cents, property of the deceased.

1. It is requested that a check of the fingerprints on enclosures 5 and 6 be made in an effort to establish identity in this case as a member of the Naval Service. It will be noted that Encl. 3 states the fingerprints are not identical with those of PANNONE, J. L. (Encl. 7).

2. It is also requested that all enclosures be turned over to Status Unit, BuPers, if identification is established, with the exception of the NavMed Forms (Encl. 5 and 6). If no identification is established, all enclosures should be returned to BuMed.

By direction of the Chief, BuMed:

J. W. ROHRBACK
Executive Civilian Assistant
Administration Division

ED-ECd-EK

0/P6-1

May 1946

Director, Federal Bureau of Investigation, Washington, D.C.

Subject: Identification from fingerprints of UNKNOWN 263, buried on 16 December 1945 in U. S. Armed Forces Cemetery, Manila No. 2, Luzon, P.I., Plot 2, Row 10, Grave 1178.

- 1: 1. (HW) WD QMC Form 1042 (in duplicate) with complete set of fingerprints.
2. (HW) NavMed 601 (17 copies) with print of right index finger.
3. (HW) NMS Form N - Certificate of Death -(28 copies), with print of right index finger.

It will be greatly appreciated if the fingerprints on enclosures will be checked with the files of your Bureau in an effort to establish identity of the decedent UNKNOWN 263.

It is requested that all papers be returned to this Bureau with your report.

Direction of the Chief, Bureau:

J. W. ROHRBACK
Executive Civilian Assistant
Administration Division

BUMED-ECd-EK
QW20/P6-1

28 May 1946

To: Director, Federal Bureau of Investigation, Washington, D.C.

Subj: Identification from fingerprints of UNKNOWN 263, buried on 16 December 1945 in U. S. Armed Forces Cemetery, Manila No. 2, Luzon, P.I., Plot 2, Row 10, Grave 1178.

Encl: 1. (HW) WD QMC Form 1042 (in duplicate) with complete set of fingerprints.
2. (HW) NavMed 601 (17 copies) with print of right index finger.
3. (HW) NMS Form N - Certificate of Death -(28 copies), with print of right index finger.

1. It will be greatly appreciated if the fingerprints on enclosures will be checked with the files of your Bureau in an effort to establish identity of the decedent UNKNOWN 263.

2. It is requested that all papers be returned to this Bureau with your report.

By direction of the Chief, Bumed:

J. W. ROHRBACK
Executive Civilian Assistant
Administration Division

OFFICE OF THE NAVY PROVOST MARSHAL
INVESTIGATIONS DIVISION
NAVY 3142


28 March 1946

From: Investigation Division, Shore Patrol,
C.N.B., Navy 3142.
To: Bureaux of Personnel, Washington, D.C.
Subject: Body - unidentified.

Enclosures: (a) Complete file of body recovered from
Manila Bay, 15 December 1945.
(b) Envelope containing three (3) pesos and
forty-five (45) cents, property of the
deceased.
(c) One Navy Pass issued to Pannone, found
on body.

1. All attempts to identify subject body has
been unsuccessful. Entire file forwarded for identifica-
tion by fingerprints taken on Form N.

2. Request receipt be returned to this office,
also notification of identification or disposition of this
case.


RALPH C. DENTON, Lt., USNR
Investigation Officer
Shore Patrol, Navy 3142

OFFICE OF
NAVY PROVOST MARSHAL
INVESTIGATIONS DIVISION
NAVY 3142

ENCL. (E)
19 December 1945.

RECEIPT FOR PERSONAL EFFECTS:

1. Received from Lt. (jg) J.S.FELTMAN, Base Medical, Navy 3142 the following items which were found on the body of an unidentified sailor (Corps):

Three Pesos 45 Centavos Philippino Money.

One Navy Pass, navy of person & ship illegible.

Manget L. Scott
Manget L. Scott, Sp(S)2c
Investigations Div.
Shore Patrol, N. 3142

HEADQUARTERS
MANILA POLICE DEPARTMENT
CRIMINAL INVESTIGATION LABORATORY

Lab. Case No.
PMF - 256

FINGERPRINT REFERENCE SLIP

Nature of Work - 1. Field: _____ 2. Laboratory: a a. comparison
b. development
Title of Case: Verification of an unknown drowned sailor with the finger-
print record of the name, Pannone, Joseph Luigi.
Location of Crime Scene: 1 1/2 mile Southeast of Corregidor.
Date of Commission of Crime: 15 December 1945
Submitted by: S.P. William B. Laker C.I.D. Case No.: _____
Investigator on Case: S.P. William B. Laker Office: Shore Patrol Invest.
Fingerprint Expert on Case: B. Marcelo Dates: 4 March 1946
(Began: 0920 hours)
(Finished 0940 hrs.)
Evidence Available and Where Found: Postmortem fingerprints and a
fingerprint record of one Pannone, Joseph Luigi submitted by
S.P. William B. Laker for comparison purposes.

Procedure: Scientific examination and comparison.

Findings: The postmortem fingerprints of an unknown drowned sailor
found at 1 1/2 mile Southeast of Corregidor, is not identical with
the fingerprint record of Pannone, Joseph Luigi.

Opinion: _____

Trial Court Case No.: _____ Superior Court Case No.: _____

Court's Decision (If possible attach copy of Decision): _____

APPROVED BY:

Thomas M. Baty
THOMAS M. BATY
Chief, C.I. Laboratory

Finger Print Expert

Bonifacio Marcelo
BONIFACIO MARCELO
Chief, Fingerprint Section

E.C.D.
ADDRESS REPLY TO
THE COMMANDANT
REFER TO FILE: CG-(INT)

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

OW 20/PG-1
BUR W & C
JUL 31 1946

30 July, 1946

To: Chief, Bureau of Medicine and Surgery, Navy Depart., Washington, D. C.

Subj: Unknown deceased X-263, interred in grave 1178, row 10, plot 2,
U.S. Armed Forces Cemetery, Manila #2, Luzon, Philippine Islands

1. Reference is made to your letter of 15 July, 1946, file BUMED-
ECd-RTB, requesting the identification from fingerprints of the subject-
named deceased.

2. A comparison of the fingerprints with Coast Guard files fails to
disclose his identity.

By direction of the Commandant.

W.H.
S. Y. Hammond
S. Y. HAMMOND
Lt. Comdr., USCG

Incls

1. Form BNP 680
2. War Department QMC Form 1042 (in duplicate)
with complete set of fingerprints
3. NavMed Form 601 (17 copies) with print of
right index finger.
4. NMS Form N, "Certificate of Death" (28 copies)
with print of right index finger

JUL 31 11 45 AM '46

BUREAU OF
MEDICINE AND SURGERY

10th MEDICAL CENTER, U.S. ARMY
FORT BRAGG, N. C.
1950

10000000
10 70
17 000 00

LABORATORY

Preliminary Pathological Report

1. This is to certify that a postmortem examination was done on the body identified as PAUL H. C. III Co, 100th Inf., 100th Div., 100th Medical Center, U.S. Army.

2. The cause of death was determined to be due to drowning. Alcohol determination on the brain and blood were not attempted because of marked autolysis of the body which would render the tests invalid.

Sam O. Cummings
M.D., M.P.H.
Colonel, U.S.A.
Pathologist

HEADQUARTERS
19th MEDICAL GENERAL LABORATORY
PATHOLOGY DEPARTMENT
AFWESPAC

SDC:wjb

AFD 78
17 Dec 46

CERTIFICATE

Preliminary Pathological Report

1. This is to certify that a postmortem examination was done on the body identified as FANNON, G., SK 20, USNR., 15 Dec. 1945 at the 19th Medical General Laboratory.

2. The cause of death was determined to be due to drowning. Alcohol determination on the brain and blood were not attempted because of marked putrefaction of the body which would render the tests invalid.

Sam D. Cummins
SAM D. CUMMINS
Captain, M.C.
Pathologist



Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

205-0/156-1
BUR M & S
JUL 10 1946
NAVY DEPARTMENT

Date: July 9, 1946

To: Chief
Bureau of Medicine and Surgery
Navy Department, Washington 25, D. C.
Attention: Mr. J. W. Rohrback
Executive Civilian Assistant

Jat
From: J. Edgar Hoover - Director, Federal Bureau of Investigation
Administration Division

Subject: FINGERPRINTS OF UNKNOWN DECEASED

Reference is made to your letter of May 28, 1946, submitting a WD QMC Form 1042 (in duplicate) with complete set of fingerprints, plus seventeen copies of NAVMED Form 601 with print of right index finger and twenty-eight copies of NMS-Form N - Certificate of Death with print of right index finger for identification purposes, your reference BUMED-ECd-EK QW20/P6-1. *noted*

You are advised that the above-mentioned fingerprints have been searched, insofar as possible, through the fingerprint files of this Bureau without effecting an identification.

All enclosures submitted are returned herewith.

Please be assured of my desire to be of assistance in these matters.

Enclosures



15 July 1946

To: U. S. Coast Guard Headquarters, 1300 E. Street, N.W.,
Washington, D. C.

Attention: Identification Section

Subject: Identification from fingerprints in case of
UNKNOWN X-263, interred in US Armed Forces Cemetery,
Manila #2, Luzon, Philippine Islands - Grave 1178,
Row 10, Plot 2.

Enclosures: 1. (HW) Form BNP 680
2. (HW) War Department QMC Form 1042 (in duplicate)
with complete set of fingerprints.
3. (HW) NavMed Form 601 (17 copies) with print of
right index finger.
4. (HW) NMS Form H, "Certificate of Death" (28 copies)
with print of right index finger.

1. It is requested that the fingerprints on enclosures be
checked with your files in an effort to establish identity of UNKNOWN
X-263.

2. Return of all papers is also requested.

J. W. ROHRBACK
Executive Civilian Assistant
Administration Division



PASS

N. Nav. 106

U. S. S. _____

Pass _____

_____ , through
navy-yard gate

4-1205 U. S. GOVERNMENT PRINTING OFFICE

Executive Officer.



PASS

N. Nav. 106

U. S. S. *AR 5*

Pass *ANNONCE SK 7C*

75 NR 3, through
navy-yard gate

4-1206 U. S. GOVERNMENT PRINTING OFFICE

Rev. J. M. S. L.
Executive Officer.

Headquarters
Provost Marshal Manila
CRIMINAL INVESTIGATION LABORATORY

JLP/epm

LABORATORY REPORT NO. 0-249

C.I.D. Case No. _____

Agent Frank H. Sylvester S/C
U.S.N. - S.P. Ins. Dept.

NAME OF CASE:

RESTORING OF FRODOVE SAILOR

Exhibits:

One Navy Pass

Date Received: 19 December 1945

Purpose of Laboratory examination:
To restore faded ink.

----- 000 -----

I hereby certify that as a result of my laboratory examination, and after due consideration my findings are:

Chemical treatment reveals the following:

P A S S

U.S.S. A P 5

Pass PANNONE, SK 2/c ^{1/4}

USNR through

navy-yard gate.

(SGD.) Lt. (jg) C. M. Butler

Executive Officer

Remarks:

The underlined words are the restored writing.

Date: 20 December 1945

Approved by: THOMAS M. BATY
Chief, C.I. Laboratory

JOSE L. PATIENO
Chemical Engineer
C. I. Laboratory.

RPM NR 6845

171700

P/L

DEFERRED

REF COMNAVBASE MANILA 13263 PASSED BY DIRDISPERS 12 TO BUPERS FOR ACTION BY 142214 X REF COM 14 160238 NOV TO FIRST INFO ADEE X FLEET RECORDS SAN FRAN INDICATE PANNONE JOSEPH LUIGI SK 2C 2058897 ABOARD APC 15 AS OF DEC 1944 X NO FURTHER INFO

NOTE: REF 130813--REQUEST PHOTOSTATIC COPY OF FINGERPRINT RECORDS OF PANNONE, JOSEPH LUIGI SK2C 205 88 96

NOTE. REF 142214--READDRESSING OF 130813 BY DIRDISPERS 12 TO BUPERS FOR ACTION

NOTE: REF 160238--UR 130813 ABOARD USS APC 15 ON 31 DEC 1944 INFO ADEES REQUESTED ADVISE ACTION ADEE WHEREABOUTS PANNONE JOSEPH LUIGI SK2C 205 88 97 APC 15 FURNISH PHOTOSTATIC COPY FINGERPRINT RECORDS IF AVAILABLE

*AWS
APC 15
Bopers
1/18*

FROM: COM 12 (DIRDISPERS)
TO: COMNAVBASES OF MANILA
INFO: BUPERS; COM 14; CNO; APC 15

CNS;CNOB

171700

KAL *[Signature]* 49

JAN LD 8357

USUALS (A)

S.P. *[Signature]* (A)

LEGAL _____ (1)

REF 319 6845

171700

P/L

DEFERRED

REF COMNAVBASE MANILA 13763 PASSED BY DIRDISPERS 12 TO BUPERS FOR ACTION BY 142214 X REF COM 14 160238 NOV TO FIRST INFO ADEE X FLEET RECORDS SAN FRAN INDICATE PANNONE JOSEPH LUIGI SK 2C 2058897 ABOARD APC 15 AS OF DEC 1944 X NO FURTHER INFO

NOTE: REF 130813--REQUEST PHOTOSTATIC COPY OF FINGERPRINT RECORDS OF PANNONE, JOSEPH LUIGI SK2C 205 88 96

NOTE. REF 142214--READDRESSING OF 130813 BY DIRDISPERS 12 TO BUPERS FOR ACTION

NOTE: REF 160238--UR 130813 ABOARD USS APC 15 ON 31 DEC 1944 INFO ADEES REQUESTED ADVISE ACTION ADEE WHEREABOUTS PANNONE JOSEPH LUIGI SK2C 205 88 97 APC 15 FURNISH PHOTOSTATIC COPY FINGERPRINT RECORDS IF AVAILABLE

*AW'S
APC 15
Bupers
1/18*

FROM: COM 12(DIRDISPERS)
TO: COMNAVBASES OF MANILA
INFO: BUPERS; COM 14; CNO; APC 15

CNS;CNOB

171700

KAL

[Handwritten signature]

49

JAN LD 8337

USUALS (A)

S.P.

(A)

LEGAL

(1)

HEADQUARTERS

19th MEDICAL GENERAL LABORATORY

PATHOLOGY DEPARTMENT

AUTOPSY PROTOCOL

APO 75

20 DEC. 1945

Lab. No. A-2408

NAME: FANNON, G.

MIL. STATUS: SK 20

AGE: UNKNOWN

SEX: MALE

RACE: WHITE

SERVICE: USNR

AUTOPSIED: 15 DEC. 1945 AT 19th MEDICAL GENERAL LABORATORY,

APO 75, HAWAII, P.I.

CLINICAL DIAGNOSIS

DROWNING (?)

GROSS DESCRIPTION

The body is that of a white Navy personnel measuring 70 inches in height. There is marked decomposition of the body with swelling and putrefaction. The skin and hair slips easily from the body. There is no gross evidence of external laceration or wounds. The cause of death is determined to be due to drowning.

PATHOLOGICAL DIAGNOSIS

Asphyxia due to Drowning.

Sam D. Cummins
SAM D. CUMMINS
Captain, M.C.
Pathologist

HEADQUARTERS

19th MEDICAL GENERAL LABORATORY

PATHOLOGY DEPARTMENT

AUTOPSY PROTOCOL

APO 75
20 DEC. 1945
Lab. No. A-2408

NAME: FANNON, G. MIL. STATUS: SK 20
AGE: UNKNOWN SEX: MALE RACE: WHITE SERVICE: USNR
AUTOPSIED: 15 DEC. 1945 AT 19th MEDICAL GENERAL LABORATORY,
APO 75, MANILA, P.I.

CLINICAL DIAGNOSIS

DROWNING (?)

GROSS DESCRIPTION

The body is that of a white Navy personnel measuring 70 inches in height. There is marked decomposition of the body with swelling and putrefication. The skin and hair slips easily from the body. There is no gross evidence of external laceration or wounds. The cause of death is determined to be due to drowning.

PATHOLOGICAL DIAGNOSIS

Asphyxia due to Drowning.

Sam D. Cummins
SAM D. CUMMINS
Captain, M.C.
pathologist

OFFICE OF
NAVY PROVOST MARSHAL
INVESTIGATIONS DIVISION
NAVY 3142

RECEIPT FOR INVESTIGATIONS REPORT

DATE MAILED 28 March 1946

Sign and return this receipt to Investigations Div.,
Office of Navy Provost Marshal, Navy 3142. Retain copy(s)
of investigations report.

FILE NO. A17-26(120)

CASE NO. 223

NO. OF COPIES Complete File

DATE REC'D _____

ORGANIZATION _____

Signature of Receiving
Officer.

OFFICE OF
NAVY PROVOST MARSHAL
INVESTIGATIONS DIVISION
NAVY 3142

RECEIPT FOR INVESTIGATIONS REPORT

DATE MAILED 28 March 1946

Sign and return this receipt to Investigations Div.,
Office of Navy Provost Marshal, Navy 3142. Retain copy(s)
of investigations report.

FILE NO. A17-26(120)

CASE NO. 223

NO. OF COPIES Complete File

DATE REC'D _____

ORGANIZATION _____

Signature of Receiving
Officer.

Navy

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

29 Mar 50

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 263, Plot 2,
Row 10, Grave 1178, USMC USAF Cem M#2, Luzon, P.I., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

H. B. McNemar
H. B. McNEMAR
Captain, OMC
Chief, Records Branch

Received 1 May 1950 OOMG
Not identifiable from
information presently available *Lewis - JdB*

1 May 1950

2 of 1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-413 (Formerly X-263 Manila #2)				2. DATE OF REPORT 29 March 50	
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.		4. PLOT 801	5. ROW F	6. GRAVE 1584	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION Age: 27-35 years

8. ESTIMATED WEIGHT 128-150 lbs	9. ESTIMATED HEIGHT 5'5 3/8"	10. COLOR OF HAIR Brown	11. RACE White
------------------------------------	---------------------------------	----------------------------	-------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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)

N O N E

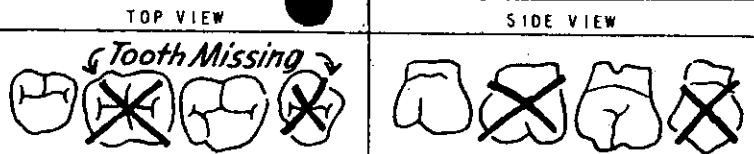
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Dr. i/l/c

18.

TOOTH CHART

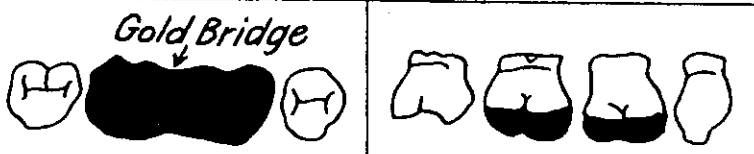
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



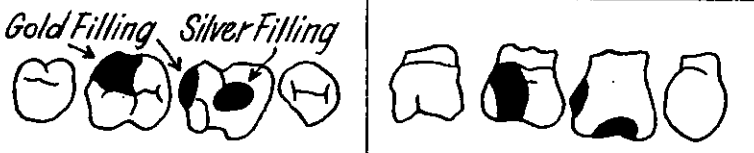
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



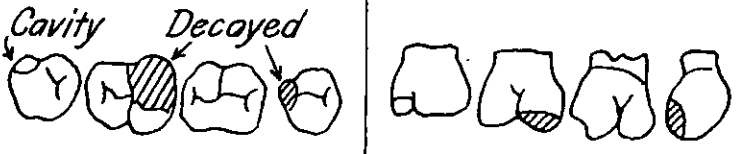
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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		
			X	a odf							X	X					
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	Side Views
	X	a o					⊕								X		
	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."

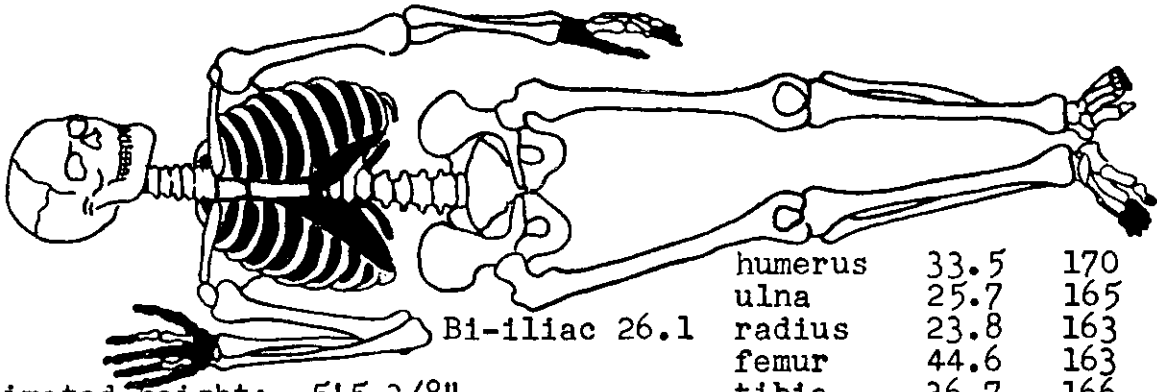
Paul R. Nichols

PAUL R NICHOLS
Chief, Ident. Section

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'5 3/8"

Bi-iliac 26.1

humerus	33.5	170
ulna	25.7	165
radius	23.8	163
femur	44.6	163
tibia	36.7	166
fibula	36.7	168
		<u>995</u> - 165 5/6

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

6

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

Male

"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

PAUL R NICHOLS
 Chief, Ident. Section

SIGNATURE

Paul R. Nichols

Quill

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.

13 Oct 47

(Formerly UNK X-263, USAF)

UNKNOWN X-413 (Cem Manila #2, Luzon, P.I.) SK 2/c

DATE
Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

USNR Navy

New Corregidor Island, AGRS Mausoleum ORGANIZATION
P.I. Manila, P.I. 801 F 1584

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

STORAGE RANGER DAY CRYPT

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT		13	12	11	LOWER TEETH		9	9	10	11	LEFT		12	13	14	15	16	
TYPE	X	A						P														X
LOCATION		DO																				

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>
--	---	--

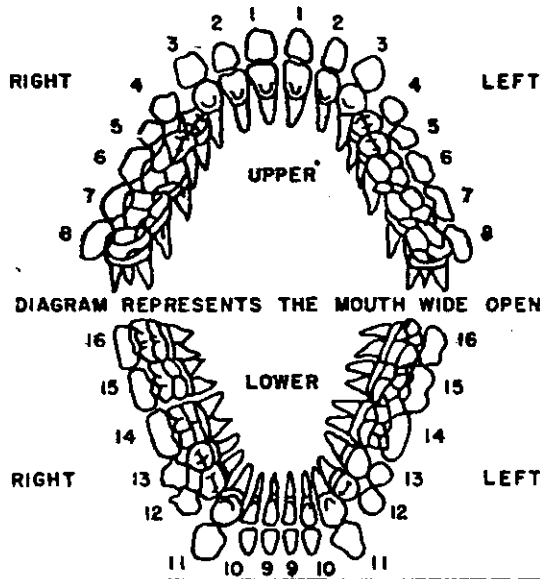
INSTRUCTIONS:

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:

/s/ John H. Barr D-234444
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Barr - D-234444
VERIFIED BY GRS OFFICER

/p/ JOHN H. BARR SP-8
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BARR SP-8
NAME AND RANK TYPED OR PRINTED

CIP, AGRS, Mslm, Nichols Field, Ma P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 Oct 1947
DATE

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt., MAC

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-263 USAI)
 Unknown X 413 (Cem Manila#2, (FANNON)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 RANGER F BAY CRYPT Grave 1584

AGRS Mausoleum,
 Manila, P.I.

1. Arrived at cemetery 13 Oct 47
(Hour) (Date)
2. Place of death New Corregidor Island, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by C M T #1 QMGR CO.
(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	/		
	/		
	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	G		
Sweater	N		
	E		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Remains are Skeleton only- (Chart attached)

Age / Est. Height 5'9" Weight Description of wounds

Bandages or dressings Scars (Length, width, location)

Tattoos (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, poeks, freckles)

Build (Large, fat, thin, muscular)

Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy)

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 **Tooth Chart attached**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in 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 U

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

..... D
 (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 (Inseam, 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.

7. Have finger prints been placed on Report of Interment? - Yes (Yes-no)

If not, explain Refer to Original ROI statement enclosed.

8. Has tooth chart been prepared? Yes (Yes-no) If not, explain

9. Remarks No I.D. tags, personal effects nor burial bottle found. According to the original ROI statement enclosed there are some other means of identification stated: (1) Contorted condition makes accurate measurements impossible. (2) State of body prevents estimate, (3) Decomposition of body prevents thorough check. No unusual characteristics. Certificate attached to its original ROI statement.

Tentatively identified as FANNON, SK 2/c, USNR. Estimated weight of deceased is 25 lbs. Remains found to have a dark brown hair very sparse, according to information of the original ROI statement attached. 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.

/s/ John H. Barr D-234444 (Officer's Name)

SP-8 AGRS Rank Service

CIP AGRS Mausoleum, Manila, P.I. (Organization)

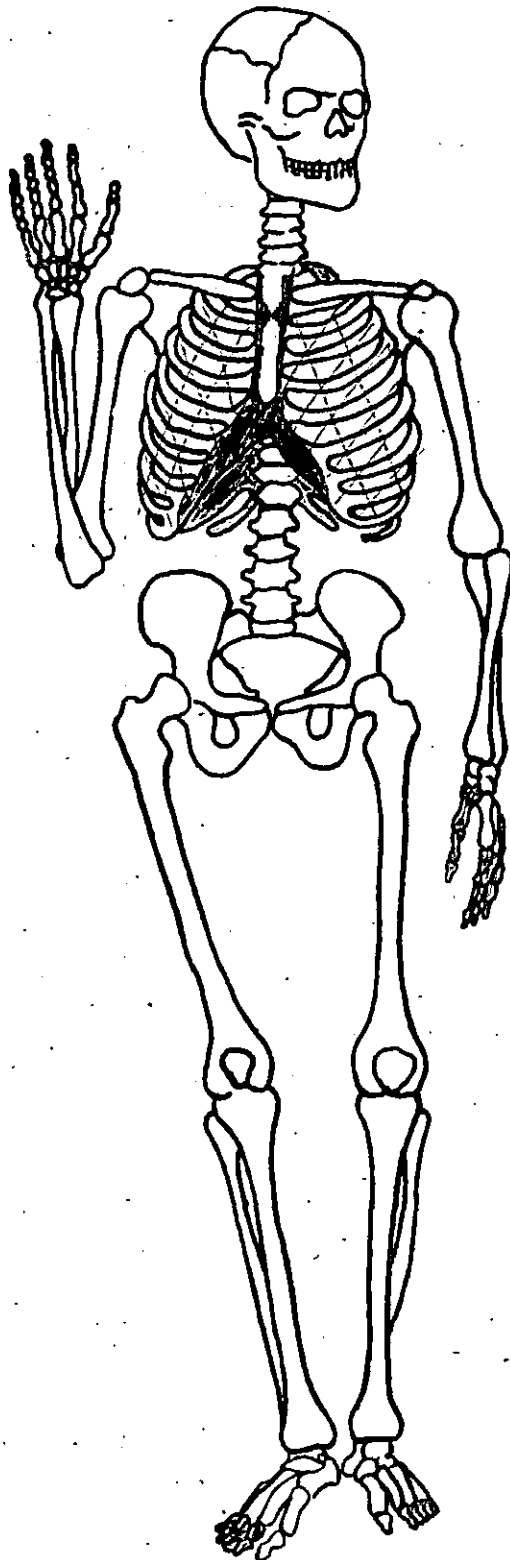
CERTIFIED TRUE COPY:

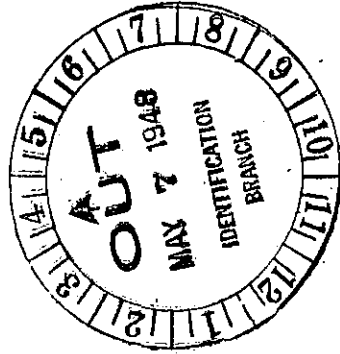
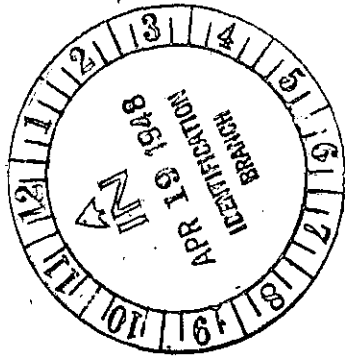
13 Oct 47

George T. Gamboa GEORGE T. GAMBOA 2d Lt., MAC

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





CERTIFICATE OF DEATH

From: _____

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter B-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name: _____ Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) _____

FINGERPRINT

State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend _____

7. Original admission: Place _____ Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
 Contributory _____

10. Death _____ the result of own misconduct and _____ in the line of duty
(Is or is not) (Is or is not)

11. Disposition of remains _____

12. Summary of facts relative to the death: _____

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 { Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....
.....

12. Summary of facts relative to the death:

.....
.....
.....

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From: _____

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name _____ Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) _____

FINGERPRINT



State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend _____

7. Original admission: Place _____ Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
Contributory _____

10. Death _____ the result of own misconduct and _____ in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains _____

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

Simon, E.

CERTIFICATE OF DEATH

From: _____

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name _____ Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) _____

FINGERPRINT



State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend _____

7. Original admission: Place _____ Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
Contributory _____

10. Death _____ the result of own misconduct and _____ in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains _____

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From: _____

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name _____ Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) _____

FINGERPRINT



State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend _____

7. Original admission: Place _____ Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { *Principal* _____ Key Letter _____
 { *Contributory* _____

10. Death _____ the result of own misconduct and _____ in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains _____

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. O., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts--Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 { Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From: _____

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name _____ Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) _____

FINGERPRINT



State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend _____

7. Original admission: Place _____ Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
Contributory _____

10. Death _____ the result of own misconduct and _____ in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains _____

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record)

.....
.....
.....

FINGERPRINT



..... State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record)

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



..... State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty,
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

.....
.....
.....

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
(See Circular Letter R-6, Appendix B, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

.....
.....
.....
.....

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record)

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

....., *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation be held.
(Will or will not)

....., *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record)

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

12. Summary of facts relative to the death:

Summary of facts—Continued

....., *M. C., U. S. Navy.*
(Medical officer) (Rank)
Approved: Court of inquiry or board of investigation be held.
(Will or will not)
....., *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. O., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height, Weight

5. Marks, scars, etc. (noted in health record).....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 Contributory

10. Death the result of own misconduct and in the line of duty.
(is or is not) (is or is not)

11. Disposition of remains

12. Summary of facts relative to the death:

Summary of facts--Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record)

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 { Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

- 1. Name Rank or rate
- 2. Born: Place Date
- 3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)
- 4. Eyes Hair Complexion Height Weight
- 5. Marks, scars, etc. (noted in health record).....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

12. Summary of facts relative to the death:

Summary of facts—Continued

[Faint, illegible text from the main body of the report, consisting of several paragraphs.]

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D; Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

[Faint, mostly illegible text from the main body of the report, including what appears to be a date and possibly a ship name.]

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From: _____

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name _____ Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) _____

FINGERPRINT



State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend _____

7. Original admission: Place _____ Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
Contributory _____

10. Death _____ the result of own misconduct and _____ in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains _____

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 Contributory

10. Death the result of own misconduct and in the line of duty.
(is or is not) (is or is not)

11. Disposition of remains

12. Summary of facts relative to the death:

Summary of facts—Continued

[Faint, illegible text covering the majority of the page, likely representing the summary of facts mentioned in the header.]

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

.....
.....
.....

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

.....
.....
.....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

.....
.....

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
 Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

.....
.....

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From:

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Rank or rate

2. Born: Place Date

3. Nationality Religion
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record).....

FINGERPRINT



State which finger
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Date
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Date Hour

9. Cause of death { Principal Key Letter
Contributory

10. Death the result of own misconduct and in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains

12. Summary of facts relative to the death:

Summary of facts—Continued

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

CERTIFICATE OF DEATH

From: _____

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name _____ Rank or rate _____

2. Born: Place _____ Date _____

3. Nationality _____ Religion _____
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes _____ Hair _____ Complexion _____ Height _____ Weight _____

5. Marks, scars, etc. (noted in health record) _____

FINGERPRINT

State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend _____

7. Original admission: Place _____ Date _____
(Ship or station to which attached when first admitted to sick list)

8. Died: Place _____ Date _____ Hour _____

9. Cause of death { Principal _____ Key Letter _____
Contributory _____

10. Death _____ the result of own misconduct and _____ in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains _____

12. Summary of facts relative to the death:

Summary of facts—Continued

[Faint, illegible text covering the majority of the page, likely representing the summary of facts mentioned in the header.]

-----, *M. C., U. S. Navy.*
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation ----- be held.
(Will or will not)

-----, *U. S. Navy.*
(Commanding officer) (Rank)

REPORT OF BURIAL

NAVMEC-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)		

INSTRUCTIONS FOR BU

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL NO.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

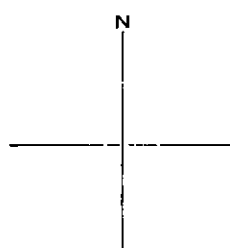
2. LOCATION OF GRAVE: Report burials in established cemeteries by plqt, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 CHEEK SIDE
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 CHEEK SIDE
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) (Rank or rate)



When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not over-ink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

27384

REPORT OF BURIAL

NAVMEC-601 (3-43)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH _____ PLACE OF DEATH _____

NAME OF NEXT OF KIN (If known) _____ ADDRESS OF NEXT OF KIN (If known) _____

DATE OF DEATH _____ DATE OF BURIAL _____

NAME OF CEMETERY _____ LOCATION OF CEMETERY _____

GRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE No.
-------------------	----------	---------	-----------

BURIED AT SEA (Date) _____ AREA _____

TYPE OF RELIGIOUS CEREMONY _____ RELIGION OF DECEASED _____

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME _____

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER _____

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)		

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT,	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
-------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL NO.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) _____ (Rank or rate) _____

N

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of lined ridges and intervening space. Do not over-ink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

REPORT OF BURIAL

NAVMED-601 (3-43)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH _____ PLACE OF DEATH _____

NAME OF NEXT OF KIN (If known) _____ ADDRESS OF NEXT OF KIN (If known) _____

DATE OF DEATH _____ DATE OF BURIAL _____

NAME OF CEMETERY _____ LOCATION OF CEMETERY _____

GRAVE MARKER TYPE _____ PLOT NO. _____ ROW NO. _____ GRAVE NO. _____

BURIED AT SEA (Date) _____ AREA _____

TYPE OF RELIGIOUS CEREMONY _____ RELIGION OF DECEASED _____

IDENTIFICATION TAGS FOUND ON BODY 1 2 NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)

COMPLETE DENTAL CHART ON REVERSE Yes No

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE Yes No

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY Yes No

IDENTIFICATION TAG ATTACHED TO MARKER Yes No

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle) _____ RANK OR RATE _____ FILE OR SERVICE NO. _____ GRAVE NO. _____

BODY ON RIGHT, NAME (Last, first, middle) _____ RANK OR RATE _____ FILE OR SERVICE NO. _____ GRAVE NO. _____

PERSON REPORTING BURIAL (Name) _____ (Rank or rate) _____ PERSON CONDUCTING BURIAL RITES _____

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL _____ VERIFIED AND FORWARDED _____

(Name) (Rank) (Title)

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL NO.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

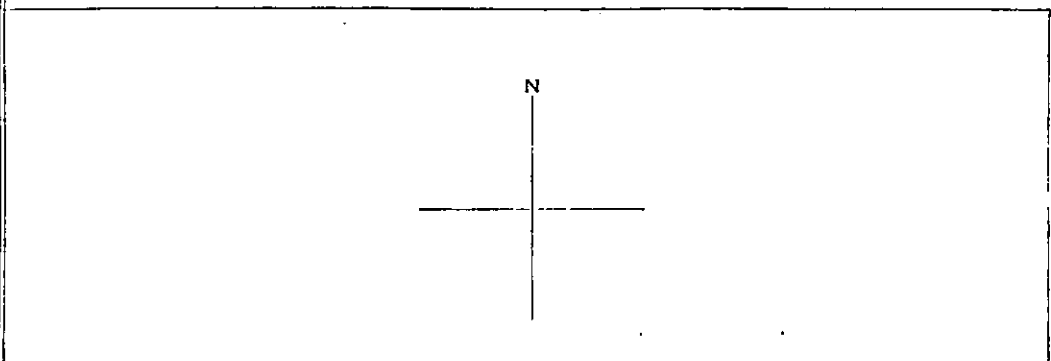
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Occlusion (Type of)	
Malposed teeth (Describe)	
Removable appliances	
Other defects	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32
Remarks	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) (Rank or rate)



When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of lined ridges and intervening spaces. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	(Name)	(Rank)	(Title)

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS _____

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

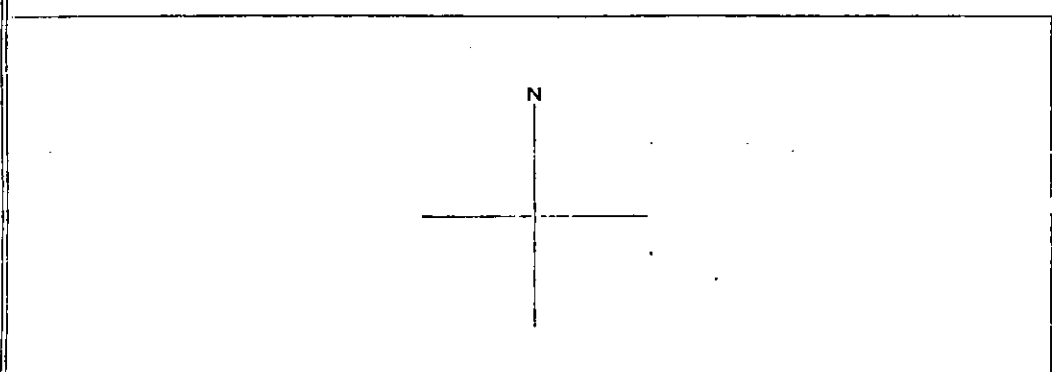
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) _____ (Rank or rate) _____



When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of linked ridges and intervening space. Cleanse fingers of all foreign matter. Do not overink. Roll finger to include crease of first joint through 180° on linked surface. Record impression of same motion without smudging.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

REPORT OF BURIAL

NAVMED-801 (3-49)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE No.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
---	--

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE No.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE No.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)		

INSTRUCTIONS FOR BU

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT,	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
-------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

WEAPON AND SERIAL No.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

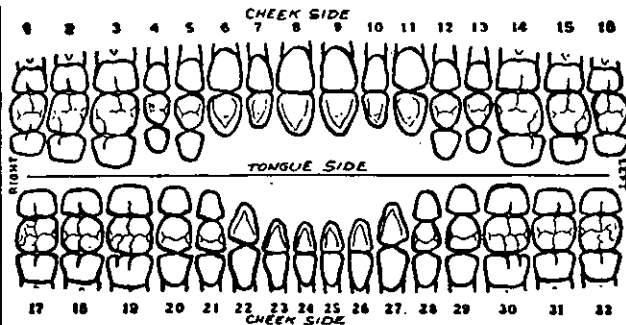
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH _____ PLACE OF DEATH _____

NAME OF NEXT OF KIN (If known) _____ ADDRESS OF NEXT OF KIN (If known) _____

DATE OF DEATH _____ DATE OF BURIAL _____

NAME OF CEMETERY _____ LOCATION OF CEMETERY _____

GRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE No.
-------------------	----------	---------	-----------

BURIED AT SEA (Date) _____ AREA _____

TYPE OF RELIGIOUS CEREMONY _____ RELIGION OF DECEASED _____

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME _____

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER _____

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	(Name)	(Rank)	(Title)

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

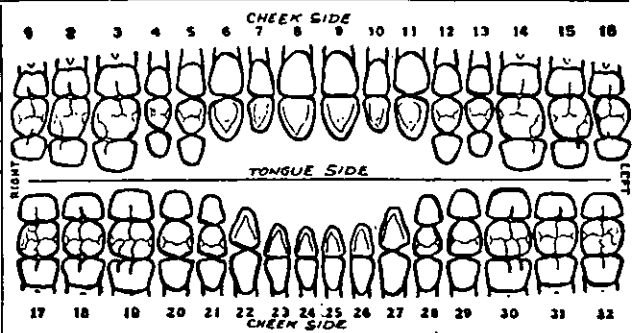
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



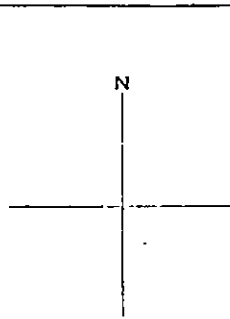
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) (Rank or rate)

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB	
L. INDEX	
L. MIDDLE	
L. RING	
L. LITTLE	
R. THUMB	
R. INDEX	
R. MIDDLE	
R. RING	
R. LITTLE	



REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
---	---

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)		

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

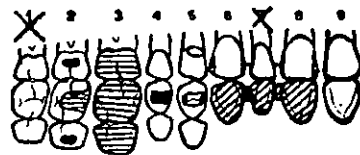
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
 Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

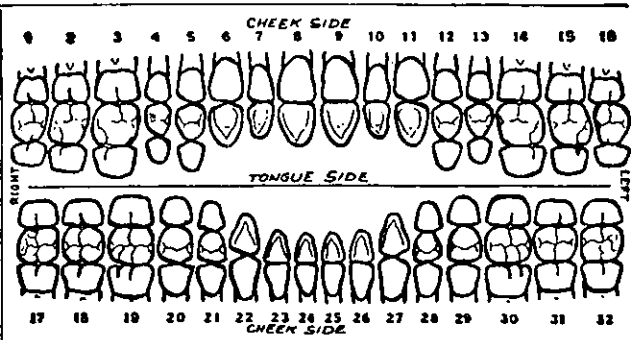
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



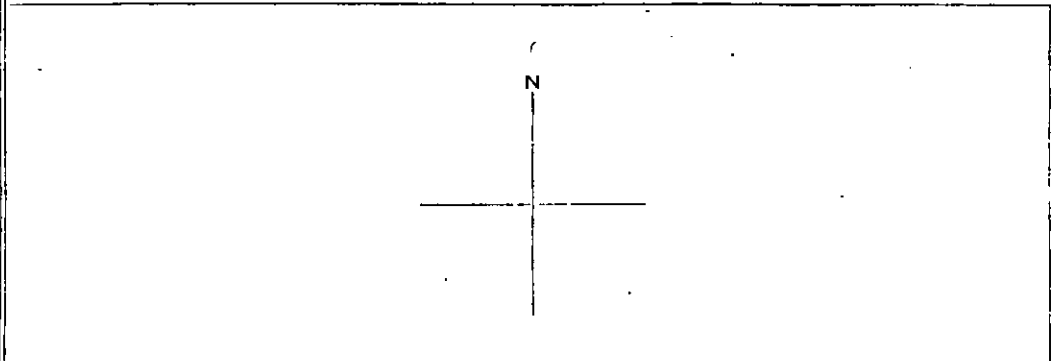
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) (Rank or rate)

When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening spaces. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion

L. THUMB	L. INDEX	L. MIDDLE	L. RING	L. LITTLE	R. THUMB	R. INDEX	R. MIDDLE	R. RING	R. LITTLE
----------	----------	-----------	---------	-----------	----------	----------	-----------	---------	-----------



REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)		

INSTRUCTIONS FOR BUR

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT,	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL NO.	

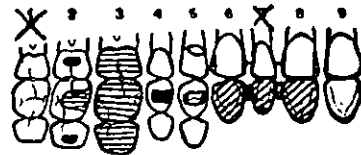
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

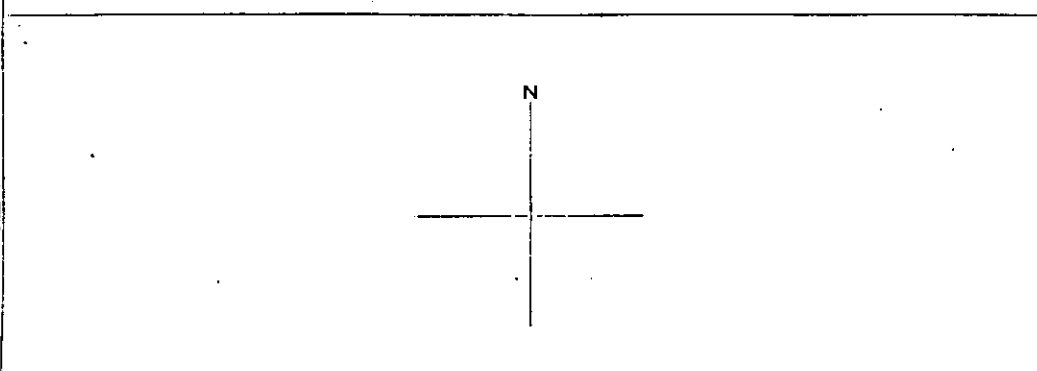
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	_____ (Signature of dental examiner) (Rank or rate)



When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening spaces. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB L. INDEX L. MIDDLE L. RING L. LITTLE R. THUMB R. INDEX R. MIDDLE R. RING R. LITTLE

REPORT OF BURIAL

NAVMED-601 (3-43)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION
ATTACHED AT TIME OF DEATH _____

DATE REPORT
FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	(Name)	(Rank)	(Title)

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT,	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
-------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

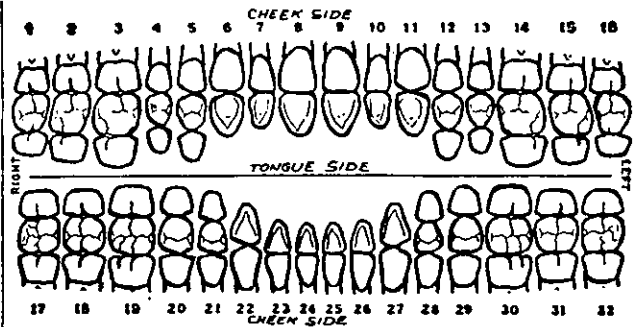
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

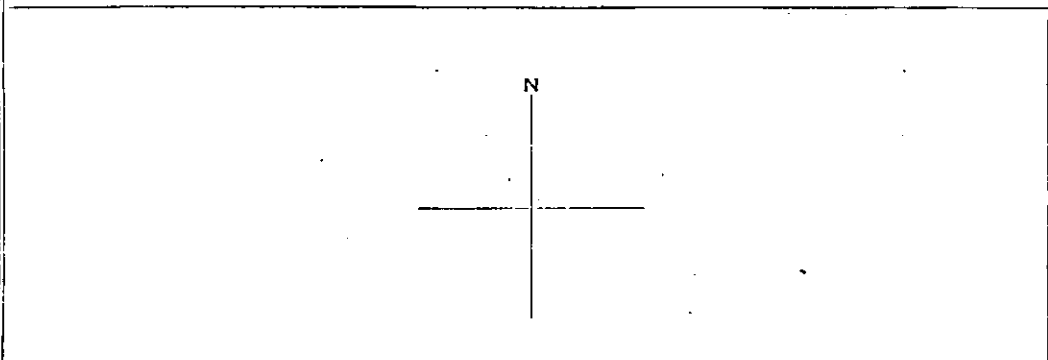
POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on linked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of linked ridges and intervening space. Do not overlink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE



REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH _____ PLACE OF DEATH _____

NAME OF NEXT OF KIN (If known) _____ ADDRESS OF NEXT OF KIN (If known) _____

DATE OF DEATH _____ DATE OF BURIAL _____

NAME OF CEMETERY _____ LOCATION OF CEMETERY _____

GRAVE MARKER TYPE _____ PLOT NO. _____ ROW NO. _____ GRAVE NO. _____

BURIED AT SEA (Date) _____ AREA _____

TYPE OF RELIGIOUS CEREMONY _____ RELIGION OF DECEASED _____

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME _____

IDENTIFICATION TAG BURIED WITH BODY Yes No IDENTIFICATION TAG ATTACHED TO MARKER Yes No

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER _____

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	(Name)	(Rank)	(Title)

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

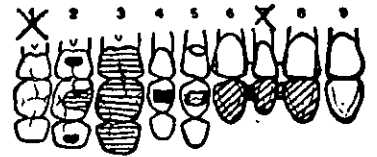
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
 Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____ Occlusion (Type of) _____ Malposed teeth (Describe) _____ Removable appliances _____ Other defects _____ Remarks _____	<p>COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:</p> <p><input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE</p> <p align="center">(Signature of dental examiner) (Rank or rate)</p>
--	--

N

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB	L. INDEX	L. MIDDLE	L. RING	L. LITTLE	R. THUMB	R. INDEX	R. MIDDLE	R. RING	R. LITTLE
----------	----------	-----------	---------	-----------	----------	----------	-----------	---------	-----------

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	(Name)	(Rank)	(Title)

INSTRUCTIONS FOR BU...

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

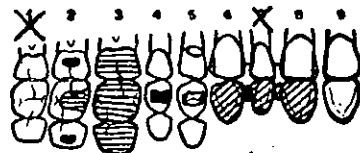
LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & .2). This must be accurate.



CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).

Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) _____ (Rank or rate) _____

Record impression of same motion

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE



REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE No.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
---	---

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)		

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT,	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
-------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____ Occlusion (Type of) _____ Malposed teeth (Describe) _____ Removable appliances _____ Other defects _____ Remarks _____	<p>COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:</p> <p><input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE</p> <p>(Signature of dental examiner) (Rank or rate)</p>
--	---

L. THUMB	When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.
L. INDEX	
L. MIDDLE	
L. RING	
L. LITTLE	
R. THUMB	
R. INDEX	
R. MIDDLE	
R. RING	
R. LITTLE	

REPORT OF BURIAL

NAVMED-801 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)		

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)
Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____ Occlusion (Type of) _____ Malposed teeth (Describe) _____ Removable appliances _____ Other defects _____ Remarks _____	<p>COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:</p> <p><input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE</p> <p>(Signature of dental examiner) (Rank or rate)</p>
--	---

N

L. THUMB	When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Cleanse fingers of all foreign matter.	
L. INDEX		
L. MIDDLE		
L. RING		
L. LITTLE		
R. THUMB		
R. INDEX		
R. MIDDLE		
R. RING		
R. LITTLE		

REPORT OF BURIAL

NAVMED-801 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
---	---

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
--	--------------	---------------------	-----------

BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
---	--------------	---------------------	-----------

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES
---	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)
---	---

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

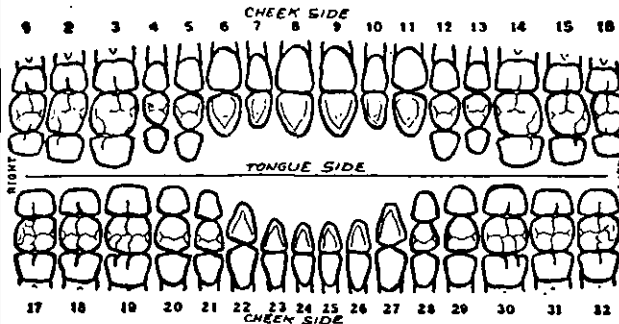
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



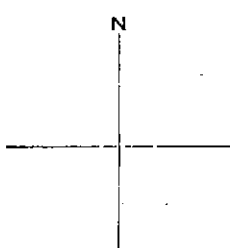
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY
 SOME RESEMBLANCE
 NO RESEMBLANCE

(Signature of dental examiner) (Rank or rate)

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of lined ridges and intervening space. Do not over-ink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE



REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH _____ PLACE OF DEATH _____

NAME OF NEXT OF KIN (If known) _____ ADDRESS OF NEXT OF KIN (If known) _____

DATE OF DEATH _____ DATE OF BURIAL _____

NAME OF CEMETERY _____ LOCATION OF CEMETERY _____

GRAVE MARKER TYPE _____ PLOT NO. _____ ROW NO. _____ GRAVE NO. _____

BURIED AT SEA (Date) _____ AREA _____

TYPE OF RELIGIOUS CEREMONY _____ RELIGION OF DECEASED _____

IDENTIFICATION TAGS FOUND ON BODY 1 2 NONE

COMPLETE DENTAL CHART ON REVERSE Yes No

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE Yes No

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME _____

IDENTIFICATION TAG BURIED WITH BODY Yes No

IDENTIFICATION TAG ATTACHED TO MARKER Yes No

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER _____

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle) _____ RANK OR RATE _____ FILE OR SERVICE NO. _____ GRAVE No. _____

BODY ON RIGHT, NAME (Last, first, middle) _____ RANK OR RATE _____ FILE OR SERVICE NO. _____ GRAVE No. _____

PERSON REPORTING BURIAL (Name) _____ (Rank or rate) _____ PERSON CONDUCTING BURIAL RITES _____

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL _____ VERIFIED AND FORWARDED _____

(Name) (Rank) (Title)

INSTRUCTIONS FOR BU

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT,	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
-------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

WEAPON AND SERIAL No.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) (Rank or rate)

N

When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

REPORT OF BURIAL

NAVMED-801 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED (Name) (Rank) (Title)		

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT,	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
-------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE
	(Signature of dental examiner) _____ (Rank or rate) _____

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening spaces. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

N

REPORT OF BURIAL

NAVMED-601 (3-43)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
----------------	----------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL
---------------	----------------

NAME OF CEMETERY	LOCATION OF CEMETERY
------------------	----------------------

GRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE No.
-------------------	----------	---------	-----------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
--	--------------	---------------------	-----------

BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
---	--------------	---------------------	-----------

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES
---	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED
---	------------------------

(Name) (Rank) (Title)

INSTRUCTIONS FOR BU

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT,	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
-------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

WEAPON AND SERIAL NO.

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

	9	8	7	6	5	4	3	2	1	10	11	12	13	14	15	16
	CHEEK SIDE															
	TONGUE SIDE															
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
	CHEEK SIDE															

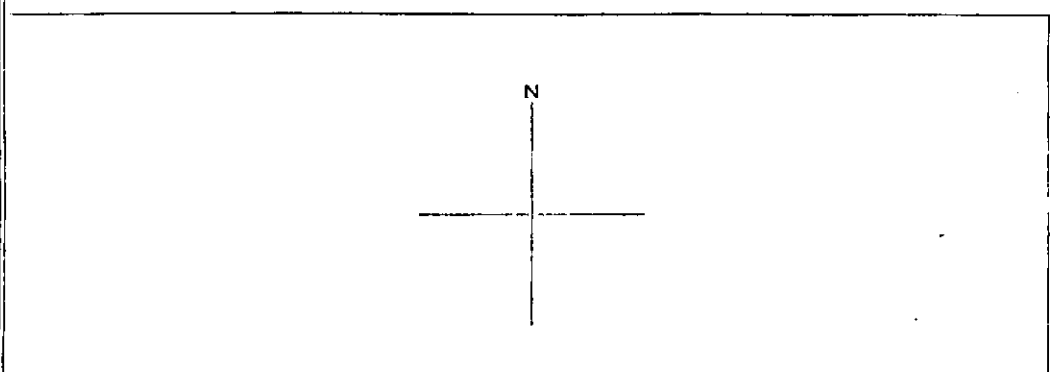
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) (Rank or rate)

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE



OFFICE OF
NAVY PROVOST MARSHAL
INVESTIGATIONS DIVISION
NAVY 3142

FILE NO.: A17-26(120) CASE 223

DATE: 16 December 1945

CRIMINAL INVESTIGATION DIVISION

Case Rec'd at: C.N.B., Navy 3142

Time and Date: 28 March 1946

Subject or Titles:

Character of Case: Death by
Drowning

Body, Drowned, Unidentified

Rec'd Via: Dispatch

Investigated by: Investigation Di-
vision, Navy 3142

Date Report Completed:

Complainant:

Investigation Period: 16 Dec. 1945.

None

Authority for Investigation:

R. C. Denton, Lt. USNR

State of Case:

PENDING

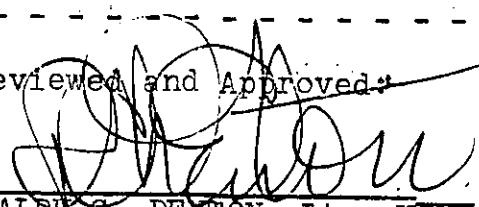
Synopsis:

Body, drowned, unidentified, recovered 15 December
1945 at latitude 14° 26' 36" N, longitude 120° 41' 30" E.
(Manila Bay)

Distribution:

None

Reviewed and Approved:


RALPH C. DENTON, Lt., USNR
Investigation Officer
Shore Patrol, Navy 3142

C O N F I D E N T I A L

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

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

DATE OF REPORT

15 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-413 (Formerly X-263
(FANON) USAF Cem Manila #2)

SERIAL No.

Unknown

GRADE

SK 2/c

ORGANIZATION

USNR

BRANCH OF SERVICE

Navy

RACE

White

RELIGION

Unknown

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

PLACE OF DEATH

New Corregidor Is-
land, P.I.

CAUSE OF DEATH

Drowning

DATE OF DEATH

12 Dec 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

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)

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

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL

STORAGE
14 Oct 47

HOUR

1500

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

STORER

Casket

TYPE OF GRAVE
MARKER

None

PLOT No.

RANGER
801

ROW No.

BAY
F

GRAVE No.

CRYPT
1584

WAS THIS A REBURIAL?
(Yes or no) RESTORED

Yes

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

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

PLOT No.

2

ROW No.

10

GRAVE No.

1178

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) STORER

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

STORER

UNKNOWN X-758

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
1586

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

STORER

UNKNOWN X-766

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
1582

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOFIO Jr. 2d Lt., INF

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.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

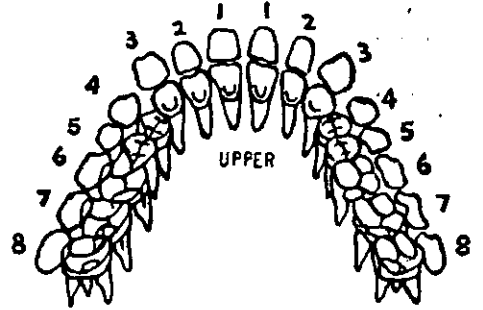
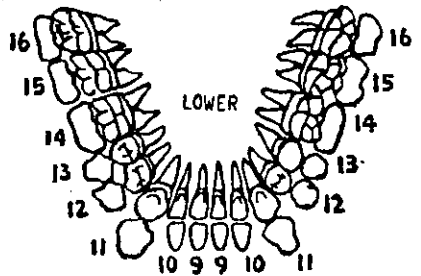
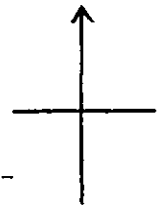


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

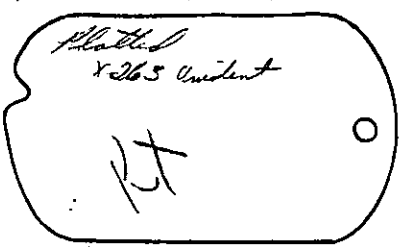
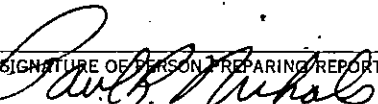



REMARKS:

Identification Check List and Dental Chart accomplished.

24 NOV 1947

RIGHT
LITTLE FINGER

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE			DATE OF REPORT 29 March 50		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-413 (Formerly X-263 USAF Cem Manila #2)			SERIAL No. Unknown		
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH New Corregidor Is- land, P.I.		CAUSE OF DEATH			DATE OF DEATH		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See remarks					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;">None</p>							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p style="text-align: center;">AGRS MAUSOLEUM, MANILA P. I.</p>							
DATE OF BURIAL 14 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. F	GRAVE No. 1584
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.						
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) Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
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  PAUL R NICHOLS, Chief Ident. Section				SIGNATURE OF GRS OFFICER VERIFYING REPORT  H. B. McNemar, Capt., QMC			
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. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

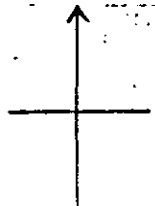
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

IDENTIFICATION SECTION
 13 MAY 1950



REMARKS: UNKNOWN X-413 (Formerly X-263 USAF Cem Manila #2) is believed to be FANON, SK 2/c, USNR, Navy, died of drowning on 12 Dec 45.

QMC Forms 1044, 1044a and 1044b accomplished.

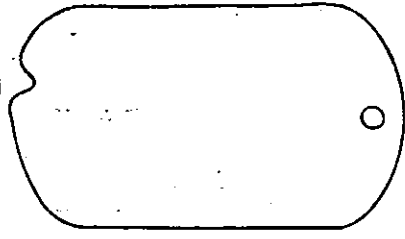
APR 14 1950

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
18 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN -263 (FANNON)		
GRADE	ORGANIZATION	BRANCH OF SERVICE
SK 2/c	USNR	Navy
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
White		

PLACE OF DEATH New Corregidor Island, P. I.	CAUSE OF DEATH Drowning	DATE OF DEATH 12 Dec. 45
---	----------------------------	-----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Certificate attached. (See remarks)
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 16 Dec. 45	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 10	GRAVE No. 1178
------------------------------	--------------	---	-------------------------------	---------------	---------------	-------------------

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY Military	PERSON CONDUCTING BURIAL RITES Chap. R. J. Gallagher Lt. Chc-USNR. CNB. Navy	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY 26726
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) TOLIVER, Howard E.	RANK T/5	SERIAL No. 32904657	ORGANIZATION 793 Engr. DE. Trk. Co.	GRAVE No. 1177
--	-------------	------------------------	---	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) OESTREICHER, Robert J.	RANK TM-3/c	SERIAL No. 8727726	ORGANIZATION Anchor Sect. USNB 3142	GRAVE No. 1179
---	----------------	-----------------------	---	-------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt. QMC.
---	--

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. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT 5' 9" (1)	WEIGHT (2)	COLOR OF EYES	COLOR OF HAIR Dark Brown very sparse	BIRTHMARKS, SCARS, OR TATTOOS None visible (3)
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

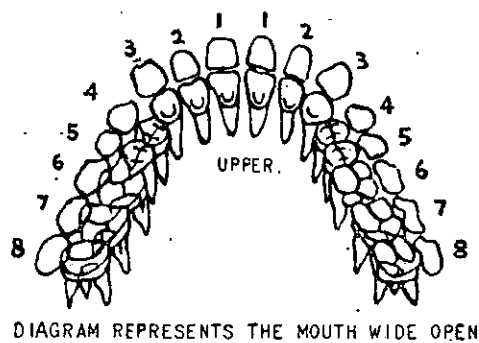
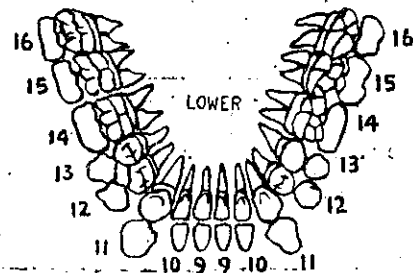
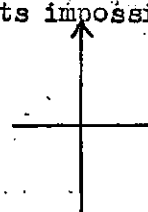


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



FINISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

- (1) - contorted condition makes accurate measurements impossible
 - (2) - state of body prevents estimate
 - (3) - decomposition of body prevents thorough check
- No unusual characteristics.



REMARKS:

Tentatively identified as FANNON SK 2/c. JUL 30 1946 *ocb*
Coast Guard Cannot Identify

6 FEB 1946

	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

When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

27 April 1950

UNKNOWN X-263
USAF Cem#2, Luzon, P. I.
Plot 2, Row 10, Grave 1178

The name FANON, FANNON, and FANNONG which appears on attached papers has been checked against Navy and Coast Guard casualties of that name with negative results.

William M. Galasso

W.M. Galasso
Navy Liaison Sec.

USNR Dispensary
Navy 3142

This is to certify that this is a body tentatively identified
as FANNONG, SK 2/c of the APA 35.

Dead on arrival

J. M. WILSON
Lt.(jg) MC USNR
MOOD

A TRUE COPY

E. M. Moore

E. M. MOORE, 1st Lt. QMC.

Note: The above statement can be found at the back
of the EMT.

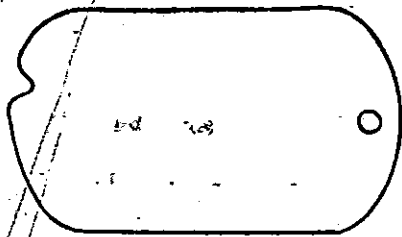
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

19 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

A. S. Unknown X-413
UNKNOWN -269 (BANNON)

SERIAL No.

GRADE

new X-413
SK 2/o

ORGANIZATION

(Maw)
USN

BRANCH OF SERVICE

NAVY

RACE

white

RELIGION

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

PLACE OF DEATH

New Corregidor Island,
P. I.

CAUSE OF DEATH

drowning

DATE OF DEATH

12 Dec. 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

none

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

Certificate attached.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

(See remarks)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

4372

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

16 Dec. 45

HOUR

1000

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

coat

TYPE OF GRAVE
MARKER

cross

PLOT No.

2

ROW No.

10

GRAVE No.

1178

WAS THIS A REBURIAL?
(Yes or no)

no

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

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS
CEREMONY

Military

PERSON CONDUCTING BURIAL RITES

Chap. R. J. Gallagher Lt.
Chc-USN, Chb-NAVY
3142

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

BOLIVER, Howard E.

RANK

T/5

SERIAL No.

32904657

ORGANIZATION GRAVE No.

793 242 D.
Ptk. Co.

1177

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

OSSTREICHER, Robert J.

RANK

PL-3/o

SERIAL No.

872726

ORGANIZATION GRAVE No.

USN 3142

1179

SIGNATURE OF PERSON PREPARING REPORT

R. O. BARRITT, 1/4 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE, 1st Lt. QMG.

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.

Incl

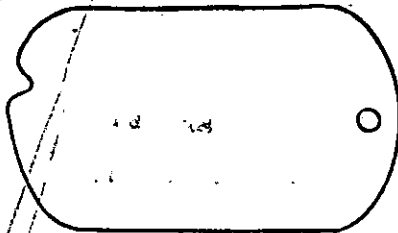
WD OMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

18 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

A. R. S. Unknown X-413

SERIAL No.

UNKNOWN -263 (PARROTT)

GRADE

SK 2/o

ORGANIZATION

USNR

BRANCH OF SERVICE

NAVY

RACE

White

RELIGION

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

PLACE OF DEATH

New Corregidor Island,
P. I.

CAUSE OF DEATH

drowning

DATE OF DEATH

12 Dec. 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

None

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

Certificates attached.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

(See Remarks)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

4372

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

16 Dec. 45

HOUR

1000

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

coffin

TYPE OF GRAVE MARKER

CROSS

PLOT No.

2

ROW No.

10

GRAVE No.

1178

WAS THIS A REBURIAL?
(Yes or no)

NO

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

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS CEREMONY

Military

PERSON CONDUCTING BURIAL RITES

Chap. R. J. Gallagher Lt.
Chc-USNR, ORN. Navy
3142.

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

FOLIVER, Howard E.

RANK

E/5

SERIAL No.

32904657

ORGANIZATION GRAVE No.

793 242.4.
Prk. Co.

1177

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

OSWALD, Robert J.

RANK

PL-3/o

SERIAL No.

8727726

ORGANIZATION GRAVE No.

USNR 3142

1179

SIGNATURE OF PERSON PREPARING REPORT

R. G. BARRITT, S/4 ORN.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE, 1st Lt. QMG.

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.

File

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:






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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT Approx 5' 9" (1)	WEIGHT (2)	COLOR OF EYES	COLOR OF HAIR Dark Brown very sparse	BIRTHMARKS, SCARS, OR TATTOOS none visible (3)
-------------------------------	---------------	---------------	--	---

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

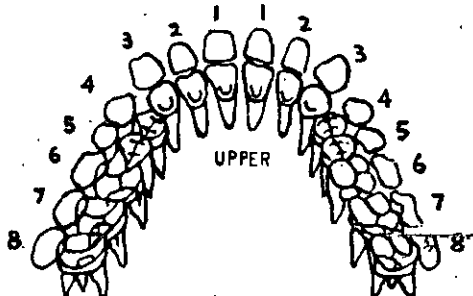
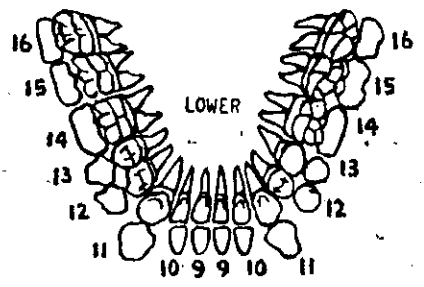
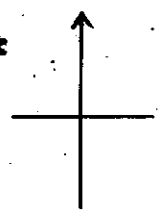


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY




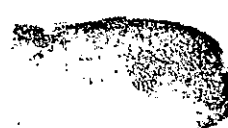




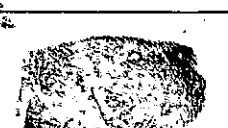
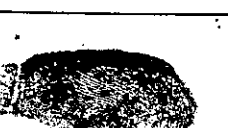
- (1) - contorted condition makes accurate measurements impossible
 - (2) - state of body prevents estimate
 - (3) - decomposition of body prevents thorough check
- No unusual characteristics.



REMARKS: tentatively identified as FANNON SR 2/c.

Not found in F.B.I.
Woodland / PA. Bur.

When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

	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

B Dispensary
Navy 3142

This is to certify that this is a body tentatively identified
as FARRINGTON, SR 2/c of the APA 35.

Dead on arrival

J. M. WILSON
Lt.(jg) MD USNR
MOOD

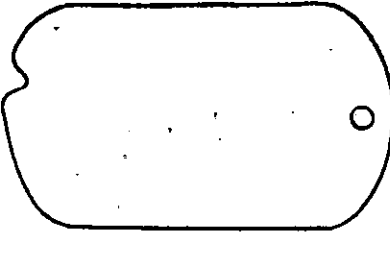
A TRUE COPY

E. M. Moore

E. M. MOORE, 1st Lt. QMC.

Note: The above statement can be found at the back
of the BMT.

Incl 2

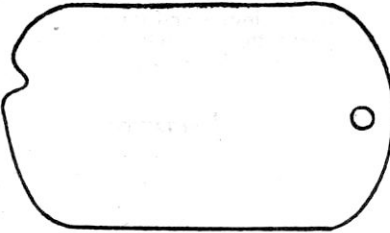
WD GRC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 18 Jan. 46		
Imprint, Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN -269 (FANNON)					
		GRADE SK 2/c		ORGANIZATION USNR	SERIAL No. 		
		RACE White	RELIGION 	BRANCH OF SERVICE NAVY			
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY 					
PLACE OF DEATH ROY CORNELIUS Island, P. I.		CAUSE OF DEATH drowning			DATE OF DEATH 12 Dec. 45		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) none		IF NO TAGS FOUND ON BODY. DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Certificate attached. (see remarks)					
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 16 Dec. 45	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) casket		TYPE OF GRAVE MARKER CROSS	PLOT No. 2	ROW No. 10	GRAVE No. 1178
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PLOT No. ROW No. GRAVE No.						
TYPE OF RELIGIOUS CEREMONY Military	PERSON CONDUCTING BURIAL RITES Chap. USNR, CMB. NAVY 9142.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) COLLIVER, Howard S.			RANK O/S	SERIAL No. 32904657	ORGANIZATION TRK.CO.	GRAVE No. 1177	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) COSTRICH, Robert J.			RANK SK-2/c	SERIAL No. 8727726	ORGANIZATION USNR 9142	GRAVE No. 1179	
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRITT, T/A ORG.			SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt. O.C.				
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.							

encl #17

(H)

RESTRICTED

N4315

WD GRC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 18 Jan. 46		
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.							
	NAME (Last, first, middle initial) UNKNOWN -263 (FARRON)				SERIAL No.			
	GRADE SK 2/c		ORGANIZATION USNR		BRANCH OF SERVICE NAVY			
	RACE white		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH New Crotched Island, P. I.		CAUSE OF DEATH drowning			DATE OF DEATH 12 Dec. 45			
EMERGENCY ADDRESSEE (Name, relationship, and address)								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) none		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Certificate attached.						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)		(see remarks)						
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 16 Dec. 45	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) coffin	TYPE OF GRAVE MARKER CROSS	PLOT No. 2	ROW No. 10	GRAVE No. 1178		
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <table border="1" style="width: 100%;"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> </table>					PLOT No.	ROW No.	GRAVE No.
PLOT No.	ROW No.	GRAVE No.						
TYPE OF RELIGIOUS CEREMONY Military	PERSON CONDUCTING BURIAL RITES Capt. R. C. Barrett, 1st Lt. USNR, CDR, NAVY 9142.		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) TOLIVER, Howard S.		RANK 1/5	SERIAL No. 32904657	ORGANIZATION Tek. Co.	GRAVE No. 1177			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) OSTRICHNER, Robert J.		RANK T1-3/c	SERIAL No. 8727726	ORGANIZATION USNS 9142	GRAVE No. 1179			
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, 1/4 CDR.			SIGNATURE OF GRS OFFICER VERIFYING REPORT S. M. MOORE, 1st Lt. USN.					
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

encl. #17

SPC (H)

Section 3.— UNIDENTIFIED REMAINS.


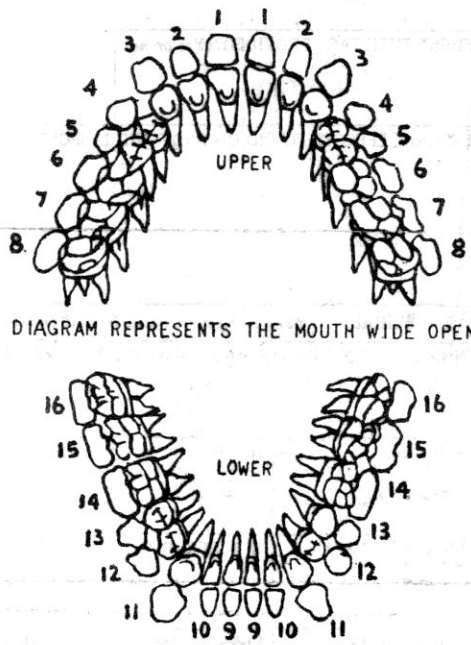




INSTRUCTIONS:

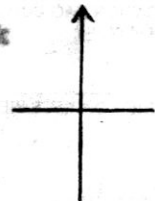
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT <i>Approx 5' 9" (2)</i>	WEIGHT <i>(2)</i>	COLOR OF EYES	COLOR OF HAIR <i>Dark Brown very sparse</i>	BIRTHMARKS, SCARS, OR TATTOOS <i>None visible (3)</i>
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND


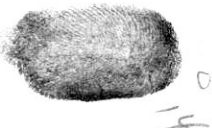

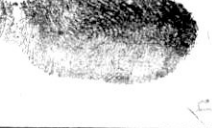



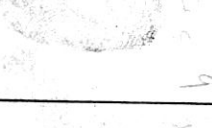


OTHER IDENTIFICATION CLUES

FILLINGS <i>S.S.</i>	 SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES <i>100</i>	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
*CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <p>(1) - contorted condition makes accurate measurements impossible</p> <p>(2) - state of body prevents estimate</p> <p>(3) - decomposition of body prevents thorough check</p> <p align="center">no unusual characteristics.</p>		



REMARKS: *tentatively identified as FABIAN SE 2/c. JUL 30 1946 OEB*
Mark to identify as Fabian
5/7/46 CS

When unidentified, take thumb and fingerprints of both hands - if this is not possible fill in tooth chart.

	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

6 FEB 1946

Dispensary
NAVY 3142

This is to certify that this is a body tentatively identified
as FANNON, SK 2/c of the APA 35.

Dead on arrival

J. M. WILSON
Lt.(jg) MC USNR
MOOD

A TRUE COPY

E. M. Moore

E. M. MOORE, 1st Lt. QMC.

Note: The above statement can be found at the back
of the ENT.