| 1 | Navy |
|---|----------|
| | Liaison |
| | Section |
| | Repat Br |
| | Mem Div |

Chief, 28 Apr Id Branch 1950 Id Section ATTN: Lt Windsor

SUBJECT: Unknown X-h13, AGRS Mausoleum, Manila, P.I.

- l. 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 | B2* |
|---|----|-----|
| | 40 | Sec |

Havy Liaison Section Repat Br Hem Div

5 Hay 1950

Certificate of Unidentifiability has been approved. Copy of letter to Field attached.

2 Incls Added 1 Incl 2. Opy 1tr dtd 5 May 50 NEED 2462

VINDSOR 74158

Tile 50 Letineria 1 ARMA

Alt

293 unk P.1. It Mc Kinley X-4/3 faither the fairte to the

Unknown X-415 AURS Hous Hamile

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Cortificate of Unidentifiability dated 29 March 1950 for the resains of Unknown X-413, AGRS Mausoleum, Manila, P.I., (formerly Unknown X-263, USAY Cemetery, Manila #2, P.I.), Unit 4, Page 1.

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

FOR THE ACTING THE CHARTEMARTER GENERAL:

1293 unk Pl. mans manila 7-413

THOMAS E. COX CAPT Qui Memorial Division

cc: Adm Section

J. W. Lewis:dal

L. M. White

Cpy furnished: |CINCFE, APO 500

293 P.1. X-263 Commide #2

AIRMAIL

AN SW

The second of th

- Andrew Community (1995年)。 Andrew Community (1995年))。 Andrew Community (1995年)

Andrew C

The second of the

MAY 8 1950 E

Sec. 2.32 1.32 1.32

Secure Section 1995 (1995). Section 1995

The transfer of the state of the

DISINTERMENT DIRECTIVE PARED BY PHILCOM

| | • |
|--------------|--------------|
| ري) ريا ا | |
| (رک | |
| | l |

| \odot | | | | DIRI | ECTIVE NU | MBER . | | DATE | · | - |
|---|---|---------------------------------------|-------------|-----------|-----------|--------------|-----------|------------|--------------------|---------------|
| | SECTION A NAME AND BURIAL LOCA | ATION OF DECEASED | | | 7747 | 81546 | | 13 DAY | 04 MONTH | 50 |
| AME | <u>-1</u> | | SERIA | L NUMBE | | GRADE | ARM | RACE | RELIGIO | |
| TTRIC | NOWN X - 26 | • | | | | | | | | |
| EMETERY | Motor V - SO | 2 | | PLOT | ROW | GRAVE | <u> </u> | DISPOSIT | ION OF F | REMAINS |
| • | | , | | | | | | 770 | | 80 |
| USAF CENE? | ery manila no. | 2, P. I. | , | 2 | 10 | 117 | 8 | COD | | DIST. CTR |
| · | | SECTION B | | | | | | <u>.</u> | | |
| AME AND ADDRESS | S OF CONSIGNEE | | и | AME AND | ADDRESS | OF NEXT OF K | in. | | | • |
| | STATES MILITARY MCKINLEY, P. I | | | (B) | Y ADMI | nistrati | ve dec | ision) | ٠ | |
| | | SECTION C — DI | SINTERME | II DHA TH | DENTIFICA | TION | | | | - |
| AME | | SERIAL NUMBER | GRA | ADE DA | TE OF DE | ATH | D | ATE DISTIN | ITERRED | |
| • | | | | | | • | | - | | |
| ENTIFICATION TAG | ON ORGANIZATION | <u> </u> | | REI | LIGION | · IDENTIFI | CATION VI | ERIFIED BY | _ | |
| REMAINS | | | | | | • | | | | |
| MARKER | · | _ | | | | • | - | N | AME AND | TITLE |
| | | SECTION D PREP | ARATION C | OF REMAIN | NS FOR SH | IIPMENT | | | | |
| THER MEANS OF IE | DENTIFICATION | - ··. | | | | | | | | |
| · | | | • | | | | | | | |
| INOR DISCREPANC | IES (<i>Prepare Discrepa</i> | ncy Report QMC I | form 119 | 4a for m | ajor dis | crepancies.) | | | | |
| * .*. * · · · · · · · · · · · · · · · · | | • | | | | | | | · | |
| _ | | | | | | | | | | |
| EMAINS PREPARED | AND PLACED IN CASKET | | · | | | | ····-·· | | | |
| | | | | | | | | | | |
| ATE | • • • | ВУ | | | | | | | | |
| ASKET SEALED BY | - | | EMI | BALMER (| Signatui | re) | | | | |
| | | | | | | | | | | |
| ASKET BOXED AND | MARKED | · · · · · · · · · · · · · · · · · · · | SHI | PPING AD | DRESS VE | RIFIED BY | | | | |
| • | • | | | | | • | | | | |
| ATE | BY | · · · | | | | | | | | |
| | certify that all the for report above is corre | oregoing operation ct. | ns were d | conducte | d and a | iccomplished | under m | y immed | iate sup | pervisio |
| I hereby | | | | | | | | | | |
| I hereby | • | | | | | | | | | |
| I hereby | • | | | | | | | | | |
| I hereby | | | | | SIC | SNATURE OF A | GRS INSPE | CTOR | . | |

Kirkland Repat

QMC FORM REV 11 FEB 48 1194

| RECORI | | TODIAL TRANSFER | |
|-------------------------|-------------|-----------------------|---|
| <u> </u> | 1. Sł | HIPPED | |
| FROM | | то | |
| CIND OF CONVEYANCE | • | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| interest of the product | 2. SH | 1I | |
| FROM | i | | |
| (IND OF CONVEYANCE | · | | - |
| CIND OF CONVETANCE | • | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | | | |
| ROM | 3. SH | IPPED TO | |
| | | 1.0 | |
| (IND OF CONVEYANCE | | NAME OF CONVOYER | , , , , , , , , , , , , , , , , , , , |
| IGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | | | |
| | 4. SH | IIPPED | |
| ROM | | 10 | <u> </u> |
| (IND OF CONVEYANCE | | NAME OF CONVOYER | • |
| | | NAME OF CONTOILE | |
| IGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | | | |
| 6 | 5. SH | IIPPED ; | <u> </u> |
| ROM | | 10 | |
| IND OF CONVEYANCE | | NAME OF CONVOYER | |
| | · | 1 | |
| IGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | . SH' | IPPED | <u> </u> |
| ROM | <u> </u> | TO | |
| IND OF CONVEYANCE | • | NAME OF CONVOYER | - |
| IGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATÉ |
| | | | |
| | 7. SHI | I IPPED | |
| ROM | | 10 | • |
| IND OF CONVEYANCE | | NAME OF CONVOYER | |
| or commented to | | NAME OF CONVOYER | 21.0 |
| GNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | | | |
| | <u></u> | <u> </u> | [[|

. .

| | <u> </u> | | | | | • | | | |
|---|----------------------------|-----------|---------------------|-----------|------------------------|-----------|----------------|---------------|-------------------|
| nfm Interred 19 A L 8 74 Ft. | McMaley | SINTER | RMEN | T DIR | PRF ECTIVE | REI |) BY | PHIL | COM |
| CARL R. H. MA | | | | | Cr | √ | • | 70 | |
| Cemetery Supe | rintendent | | DIRE | TIVE NU | MBER _ | | DATE | | • , |
| NAME AND BURIAL LOCA | | | | 7747 | 81546 | | 13 | 04 | 50 YEAR |
| UNKNOWN X - 263 | | SERIAL N | NUMBER | | GRADE | ARM | RACE | RELIGION | |
| CEMETERY | | PL | LOT | ROW | GRAVE | | | ON OF RE | |
| usaf cemetery manila no. | 2, P. I. | 2720 | 2 | 10 | 1178 | | 770 | ١٠ | 80 |
| | SECTION B CO | NSIGNEE. | AND NE | XT OF KII | N | 1 | CODI | <u>: DI</u> | ST. CTR. |
| NAME AND ADDRESS OF CONSIGNEE | | NAM | E AND | ADDRESS | OF NEXT OF KIN | | | | |
| United States Military Ft. WM. McKinley, P. I. | | | (B2 | ADMI | nistrative | DECI | (Mois | | |
| | SECTION C — DISINT | | | | | - 12 | | | |
| NAME TIMENOMENT V 0/0 | SERIAL NUMBER | GRADE | DAI | E OF DEA | ATH. | DA | TE DISTIN | | _ |
| UNKNOWN X-263 | | 1 | | | | | 14 | April | 50 |
| DENTIFICATION TAG ON ORGANIZATION | , <u> </u> | | RELI | GION | IDENTIFICAT | | RIFIED BY NICH | OT S | |
| REMAINS MARKER | | | | | | alme | | AWE AND T | TTI F |
| MORNES . | SECTION D — PREPARAT | TION OF F | REMAIN | FOR SH | IPMENT | | | | |
| NATURE OF BURIAL | | CONDI | TION O | F REMAIN | IS | | | | |
| Shelter Ha | lf | | ; | Skele | etal | | | | |
| OTHER MEANS OF IDENTIFICATION | <u></u> | | | | _ | | | | |
| | | 413 M | | | | | | | |
| MINOR DISCREPANCIES (Prepare Discrepar | ncy Report GMC Forn | n 1194a . | for ma | jor disc | repancies.) | | | | |
| REMAINS PREPARED AND PLACED IN CASKET | | | | | | | | | |
| DATE 14 April 50 | BY F | PAUI | -R ₂ N.: | CHOI | s · | | | | |
| CASKET SEALED BY | | EMBAT | MER (S | Bratur | my land | 7 | | | |
| PAUL R NIC | HOLS | PA | UL | NIC | HOLS | - | | | |
| CASKET BOXED AND MARKED RAYMONI | D H TANGUAY | SHIPPIN | NG ADD | RESS VER | RIFIED BY | _ | | | |
| DATE 14 April 50 Sgt lc | , RA | | | | IARDSON, I | | | | |
| I hereby certify that all the fo and that the report above is correc | regoing operations w t. | ere con | W. | R | ichor do IARDSON, I | <u>/</u> | | | rvision |
| PEMARKS AND SPECIAL INSTRUCTIONS | | | | SIG | NATURE OF AGRS | | TOR | | |
| REMARKS AND SPECIAL INSTRUCTIONS | | • | | / | / | ar Lie | | | |
| | | | | / | | _ | S Amor | TATED | |
| | | | | | DA | | 22 | Man | 190 |
| | | | | | ** | WB | 9.1 | TO. | ~ ~0 |
| | | | | | | - 0 | | G/ 100 | |

| REC | ORD OF CU | STODIAL TRANSFER | abben, |
|-----------------------------------|--|--|--------------|
| | 1. | SHIPPED OVER | |
| FROM | · · · · · · · · · · · · · · · · · · · | TO SECOLU- | A VENEDRIVES |
| AGRS MAUSOLEUM KIND OF CONVEYANCE | | US MILITARY CEMETERS NAME OF CONVOYER TOS | <u>(</u> |
| TRUCK | | NAME OF CONVOYER TOUS | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER CARRYONALK | APR 1 9 1950 |
| | 2. | SHIPPED | |
| FROM | | ТО | |
| KIND OF CONVEYANCE | <u>. </u> | NAME OF CONVOYER | |
| The or conterning | | NAME OF CONVOTER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | | <u> </u> | |
| FROM | 3. | SHIPPED TO | |
| | | | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | | eluppep. | |
| FROM | 4. | SHIPPED TO | |
| KIND OF CONVEYANCE | ····· | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | | CHIPPEN | |
| FROM | 5. | SHIPPED * | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | • |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |
| | | | |
| FROM | 0. | SHIPPED TO | · · · |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | - |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE. |
| | | | |
| FROM | 7. | SHIPPED TO | |
| KIND OF CONVEYANCE | · · | NAME OF CONVOYER | TU C & |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | |
| | | SOUTH OF RECEIVER | DATE ' |
| | | | |

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

1 1 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 QMGMU 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 ACRS Malm X-1038 "

UNKNOWN X-4208 Manila #2 X-4748 AGRS Malm

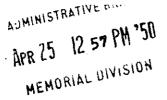
X-4086 Manila #2

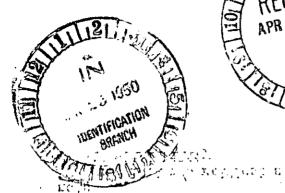
2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

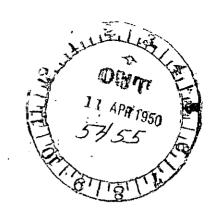
5 Incls QMC Forms 1044 w/Certificates of Unidentifiability

Major. Assistant Adjutant









4PR 25 1950

TO THE SERVICE OF THE

2. On the district field of an engine of the angle of

শালা (১০০ বিজ্ঞান কৰে জুকুটো) (১০০ চি. ১০০ বিজ্ঞান্ত কৰে হয়, কৰকুছে ইনিজিটাৰ জন্ম দিল। বিজ্ঞানিক সংগ্ৰহণ

TO STATE OF THE ST

o gravni – je se subjekti i s

The community of the co

the control of the co

化环环 网络阿尔克斯 医甲状腺

4 /

7 7 1-3

.

UNKNOWN X-263 PT Menila H2 1st Ind Th

SUBJECT: Request for Casualty Information

ر م

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 Fostmaster, 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 Mavy 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 FANNON 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 AFC 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:

CE: CINCER 15 1950
AUTACHUM
HOMARE
HOMARE

T. H. METZ Lt Colonel, Q:C Memorial Division ジモル。 Wem



and the second of the second o

Programme Commence

The Market State of the State o

the with the second control of the c

HEADQUARTERS ALERICAN GRAVES RECISTRATION SERVICE PHILCON ZONE

APO 900 4 January 1950

GRPZ 293

SUBJECT: Request for Casualty Information

TO: The Quartermester General
Department of the Army
Tashington 25, D. G.
ATTH: Memorial Division

- 1. Your attention is invited to original Report of Interment for Unknown X-263, USAF Cometery Manila No. 2, and certificate attached thereto.
- 2. The original ROI indicates that the Unknown deceased was tentatively identified as SK20 FANNON. The certificate above mentioned shows tentative identity as SK20 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 Headquerters 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:

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCON ZONE

GRPZ 293

APO 900 4 January 1950

SUBJECT: Request for Casualty Information

TO : The Quartermaster General
Department of the Army
Vashington 25, D. G.
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:



DEPARTMENT OF THE ARMY

DF REGISTERED

OMGOD 293, Unknown X-263, Manila #2

MAIL

30 August 1949

3821

OOM

FIELD SERVICE

DEP OPR

QMGOD

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:

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

I. N. RIVERS
Major, QMC
Field Service Division

REGISTERED

NO1313049

RETURN RECEIPT REQUESTED

As unk PIX-412 fores mander)

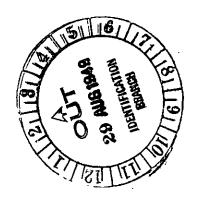
REGISTERED

MAIL

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

| | _ | | | DUE, HOUR AND DATE |
|----------|---|---|----------------|--|
| 1 NO. | FROM— | TO | DATE | MESSAGE . |
| 1 | Navy Liaison Section Repat Br Mem Div | Ident Sec Ident Br Mem Div ATTN: Capt.Barry | 24 Aug 1949 | l. 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 cantaining: 1 Philippine Peso 4 50 centavos 5 10 centavos 2 20 centavos |
| 2 | Ident Sec Ident Br Mem Div | Effects Section Depot Opr Br, Fld Sec | 29 Aug 49 | For necessary action. 1 Incl METZ BARRY 174059 2462 |
| | | | - | THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE U. S. GOVERNMENT PRINTING OFFICE 18—49850-5 |





 $\frac{y_{ij}}{y_{ij}} = \frac{y_{ij}}{y_{ij}} \frac{y_{ij}}{y_{ij}}$

10 10 4 2 0 A 2 1

The special part of the problem is the constraint of the constrai

- 27.63 17.7.63

Figure on the map of the decreasing various we derived near sound on Toron and the map with the map of the ma

1 Navy Liaison Section

24 Aug Ident Sec Ident Br

1. Attached are various pieces of money found on 1949 remains of Unknown X-263, Manila #2, BTB-FANNON, now

stored as X-413, AGRS Mausoleum, Menila, P. I.

Repat Br Mem Div

ATTN: Capt.Barry

Mem Div

2. It is requested that Inclosure be forwarded to Effects Bureau, Kansas City, Mo.

> MARSDEN 73880 76304

1 Inol.

Envelope cantaining:

1 Philippine Peso

4 50 centavos

5 10 centavos

2 20 centavos

Ident Sec Effects 29 Aug Ident Br Section 49 Mem Div Depot Opr

For necessary action.

Br, Fld Ser Div

1 Incl n/c

ARRY 2462

cc: Adm Sec smy:DLandes



DISPOSITION FORM

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

Fingerprint Comparison

The Adjutant General

FROM COMG Memorial Division DATE 19 Jan 1949

COMMENT No. 1 METZ/74059

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

- 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/LMM/mmg/1B682 (22 Dec.48)

TO:

Office of the Quartermaster General Memorial Division

ATTN: Major Sekowski Rm. 1E624, Pentagon From:

Comment # 2

Personnel Actions Fr.AGO Rm. 5E574, The Pentagon 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.

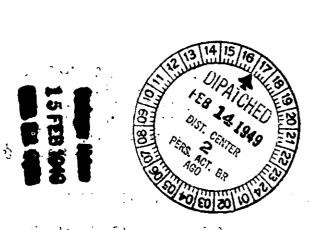
FOR THE DIRECTOR THE PERSONNEL AND ADMINISTRATION

3 Pr Unk X-263, DAFFem. Manila #2 Py statement form

Ltr. dtd 22 Dec, 48

M. F. MAGIEL, COLONEL, AGD

Chief, Personnel Actions Branch, AGO



LOUGH LE BEREIT



医肠切除性 医乳腺 医尿

and the second of the second o

Les religions of the Comment of the Comment The state of the state of

المراجعة الله المحافظ الراجي المستخدم والمناجعة المقصد فيهر المراجعة المناجعة المعادية والقيار المناط والمعاد المنا للا الركار و الاسترابين في المنظوم المنافر المنظوم المنافر التي المنافرة المنافرة المنظوم المنظوم المنظوم المنطوع

grant 141 years ma i – johnis name The second of the second of the second المراجع المراجع المتراجع المراجع المراجع 327 D 19 - 1 - 87 --

राष्ट्रा प्राप्त के दिल्ला के क

Line to any cut it is a significant

The state of the state of the state of the state of

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

T9: Office of the Quartermaster General Memorial Division ATTN: Major Sekowski Rm. 1E624, Pentagon From:

Comment # 2 14 February 1949

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

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. 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

APO 707

22 DEC 1949

.

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 CQMG 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. MARSZAK

Mars

1st Lt., AGD Asst Adj Gen

293 las 1 - H3 P. U (mariles # 2)

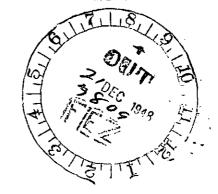
ST TO THE REAL PROPERTY OF THE PARTY OF THE

f-43

In this case of the continuous particles of the continuous f and f

2. If sold Cinjur vinte and addivision is date on attached invitorine can be associated that a carvality it is an acquaint that this ellips be fruithfied Ci.4 Form 501, tegother with any additional information thick ray add in ideaphication proceedings.

TI IST OF THE PARTY OF THE PART





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 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.

QMOYG 293 Unknown X-263 (Manila Mo. 2)

10 October 1946

MEMORANDUM FOR IDENTIFICATION SECTION:

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

- l. Inclosed are Report of Interment, Fingerprint Card and correspondence regarding the subject burial. The fingerprints have been checked by Mavy Department, Marine Corps, Coast Guard and Federal Bureau of Investigation without establishing identity. Mavy Department records show a Joseph Luigi Pannone, 205 86 97, SK2c, USN to have been attached to the USS AFC-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. (AC) USM Navy Limison Officer. AGRS.

Incls.

Rear 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, possed 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 transfered 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 firgerprints 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. Ofter leaving Sabic Bay on or about 17 Nov 46 I never returned to the Phillipines.

/s/ Joseph L. Pannone.





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, Mar Department, Coast Guard or F. B. I.

Do you recall this pass ever having been made cut 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

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
Major, USMC
Statistics Division

THUMB INDEX FINGER MIDDLE FINGER 9, RING FINGER LITTLE FINGER

HEADQUARTERS PHILIPPINES COMMAND UNITED STATES ARMY

GSCR 293

APO 707

SUBJECT: Request for Identification of Fingerprints

22 DEC 1940

MI mountouth 2

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 Cometery Manila #2, Luzon, P. I. (currently designated as Unknown X-413, ACRS 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 QMG Form 371, together with any additional information which may aid in identification proceedings.

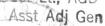
FOR THE COMMANDING GENERAL:

2 Incls:

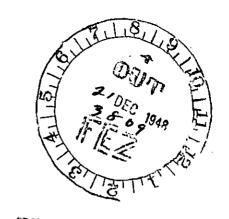
1. ROI for Unk X-263, USAF Cem. Manila #2

2. Cpy of statement from USMB Dispensary

JOHN A. MARSZAL 1st Lt., AGD









11577AL

16 September 1946

DKE-1079-gab

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 SER FORCES-MEMO ROTING SLIP



| TO THE FOLLOWING IN THE ORDER INDICA | ATED | CH | ECK ACTION |
|--|------|----|--|
| D: (Name, organization, building) Commandant, U. S. Marine Corps Casualty Section Navy Department Washington 25, D. C. | DATE | | CONCURRENCE SIGNATURE NOTE AND RETURN NOTE AND FORWARD |
| 3. | | | COMPLETE ACTION CIRCULATE INFORMATION 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

L Incl.
WD QMC Form 1042

R. R. Branch, Navy Liaison Section Memorial Division irh

3 Sept 46 TEL. 87-73880

| ARMY SERVE FORCES IEMO ROSING SLIP | |
|------------------------------------|-----|
| HE ORDER INDICATED | CHE |
| | |

| INITIALS | |
|----------|------------------|
| <u> </u> | CONCURRENCE |
| DATE | SIGNATURE |
| | NOTE AND RETURN |
| | NOTE AND FORWARD |
| | COMPLETE ACTION |
| | CIRCULATE |
| | INFORMATION |
| <u> </u> | FILE |
| | |
| | DATE |

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 Gemetery Manila #2. Luzon, P. I.

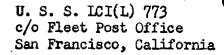
Unknown X-1069, buried in US Mil Cem, St. Avold, France.

> ROSENGARD 2nd Lt., Q&C

> > Jјр

DATEMAR 46 FROM: (Name, organization, building) Lt. Resengard, Memorial, Identification TEL. Building B. Rm. 2426 6817

ICI(L) PY-3 Serial 54



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 remealed 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 form 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, Lt.(jg), USN

OFFICE OF PORT DIRECTOR NAVY 3142

/WGS/Cz

0

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: Comm

Commander Naval Base, Navy 3142.

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

I. R. BOOTHBY

W. G. SEAVER,

By direction.

PHILIPPINE SEA FRONTIER

Phil-87-gwb Pl-5

Serial

2410

29 FFR 1046

From:

Commander Philippine Sea Frontier.

To :

Casualty Section, Bureau of Medicine and Surgery.

Subject:

Enclosure:

U. S. Army Forces mestern Pacific Report of Interment of Unknown 263.

24

(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 Famila Bay, on 15 December 1945. Delivery was made to Maval 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. BUTLET 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. Al7-26(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, Bulled:

D-ECd-EK)/P6-1 lay 1946

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

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, Pow 10, Grave 1178.

- 1. (HW) WD QMC Form 1042 (in duplicate) with complete set of fingerprints.
- 2. (HW) Naviled 601 (17 copies) with print of right index finger.
- (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 checked with the files of your Bureau in an effort to establish identity the decedent UNKNOWN 263.

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

irection of the Chief, Bumed:

BUMED-ECd-EK QW20/P6-1

28 May 1946

To:

Director, Federal Eureau 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:

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 identification by fingerprints taken on Form N.
- Request receipt be returned to this office, also notification of identification or disposition of this case.

C. DENTON, Lt., USNR Investigation Officer

Shore Patrol, Navy 3142

OFFICE OF NAVY PROVOST PARSHAL INVESTIGATIONS DIVISION NAVY 3142

ENCL. (E)
19 December 1945.

RECEIFT FOR FERSONAL AFFECTS:

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, Sp(S)2c Investigations Div.

Shore Patrol, N. 312

HEADQUARTERS MAPILA FOLICE DEPARTMENT CRIMINAL INVESTIGATION LABORATORY

Lab. Case No. PMF - 256

FINGERPRINT REFERENCE SLIP

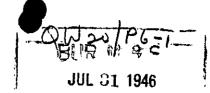
| Nature of Work - 1. Field: | _ 2. Laboratory: <u>a</u> a. comparison |
|--|--|
| Title of Case: Verification of an u | nknown drowned sailor with the finger- |
| Date of Commission of Crime: 15 De | |
| Submitted by: S.P.William B. Laker | _ C.I.D. Case No.: |
| | B. Laker Office: Shore Patrol Invest. |
| Fingerprint Expert on Case: B. Mar | celo Dates: 4 March 1946 |
| Evidence Available and Where Found: | (Finished 0940 hrs. Postmortem fingerprints and a |
| fingerprint record of one Panno | ne, Joseph Luigi submitted by |
| S.P. William B. Laker for compa | rison purposes. |
| | |
| Procedure: Scientific examination | and comparison. |
| Findings: The postmortem fingerpr | ints of an unknown drowned sailor orregidor, is not identical with |
| the fingerprint record of Panno | |
| On | |
| | , of an efficiency symmetry was for the first figure and the set for the first |
| | |
| | P - W caller, which they the copy, demonstrate for later specifical subsequent was defined from the called the subsequences after company the subsequences. |
| Trial Court Case No.: | uperior Court Case No.: |
| Court's Decision (If possible attach | |
| | |
| | |
| · | · |
| | Finger Frint Expert |
| AFFROVED BY: | B. 1 - March |
| | BONIFACIO MARCELO |
| Thomas Me Daty | Chief, Fingerprint Section |
| THOMAS M. BATY / Chief, C.I.Laboratory | |

6 L.D



UNITED STATES COAST GUARD

WASHINGTON 25, D. C.



""ONE LIEFALY"

30 July, 1946

REFER TO FILE: CG-(INT)

ADDRESS REPLY TO THE COMMANDANT

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

By direction of the Commandant.

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 346

BUREAU OF

and the second s

and the state of the second of

• == 1 1

growing and second

or Gould

1.7 70 27 now 40

C. Commandia.

Probability faithfulow fo out

A. This is an express that a contraction contribution to character as the bedy isometical or fitted. C. II so, with, is the loop is the individual captal states.

2. The order of coats are descended to be the to terming. Modici decorringtion on the board was been to be dealter food because of method subpostables of the body which wells remier the topic leavilles.

> Jam D. Laterman OC. VCCS.D. C.G. POUROSCOSCO

I SEA MEDICAL GENERAL LABORATORY FATHOLOGY DEPARTMENT APTESPAC

SDC:wjb

APO 78 17 Dec 45

CERTIFICATE

Proliminary Pathological Report

- done on the body identified as FANNON, 6. 3K 2c, USAR., 15 Dec. 1945 at the 19th Medical General Laboratory.
- ing. Alcohol determination on the brain and blood were not attempted because of marked putrefection of the bedy which would render the tests invalid.

Lam D. Lalim SAN D. CUMMINS Captain, M.C. Pathologist





Kederal Bureau of Investigation

United States Department of Justice

Mashington, D. C.

JUL 10 1946

Date: July 9, 1946

MAVY DEFARITE

To:

Chief

Bureau of Medicine and Surgery

Navy Department, Washington 25, D. C.

Attention: Mr. J. W. Rohrback

Executive Civilian Assistant

Administration Division

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

Subject: FINGERPRINTS OF UNKNOWN DECEASED

Reference is made to your letter of May 28, 1946, submitting a WD CMC 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 QW2Q/P6-1.

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

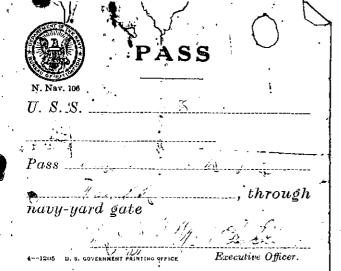
2. (HW) War Department QHC Form 1042 (in dmplicate) with complete set of fingerprints.

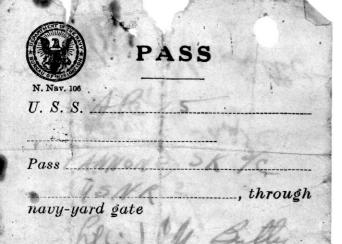
3. (HW) NavMed Form 601 (17 copies) with print of right index finger.

4. (HW) HMS Form N. "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 I-263.

2. Return of all papers is also requested.





Executive Officer.

| LABORATORY REPO | RT NO. 6-2.9 | C.I.D. Case No | |
|-----------------|----------------------|----------------|---|
| | j | Agent USN | Sylvester 3/(S.P. Inv. Dep |
| VATE OF CASE: | decentro of the | GOMA GVITON | |
| Exhibits: | | | 4 |
| | One Navy Pass | | |
| | | | · |
| | · | | |
| Date Received: | 19 December 1945 | | |
| urpose of Labo | ratory examination: | | • |
| | To restore scaled in | nk. | • |
| | | | |
| | | 000 | |

PASS

v.s.s.

PAINONN, Pass .

USMIL

through

navy-yard gate.

(SGD.)

Lt. (jg) C. M. Rutler

Executive Officer

Remarks:

The underlined words are the restored writing.

Date:

20 December 1945

Chemical Engineer C. I. Laboratory.

P/L

DEFERRED

REF COMMANDASE PANILA 1300 PASSED BY DIRDISPERS 12 TO BUPERS FOR ACTION BY 142214 X REF COM 14 160238 BOW 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 LUICI SK2C 205 88 97
APC 15 FURNISH PHOTOSTATIC COPY FINGERPRINT
RECORDS IF AVAILABLE

APC pers

FROM

COM (2(DIRDISPERS)

TOS

COMNAVBASES OF MARILA

INCO

BUPERS& COM14& CNO: APC 15

CN6 (CNOS

171700

THE TOP A 1/1 4

JAN LD 8337

USUALS (A)

.P____(

EGAL.

PIL

DEFERRED

REF COMMANDAGE PANILA 1326 PASSED BY DIRDISPERS 12 TO BUPERS FOR ACTION BY 142214 X REF COM 14 163238 NOW TO FIRST INFO ADEE X FLEET RECORDS SAN FRAN INDICATE PANNONE JOSEPH LUIGI SK 20 2058897 ABOARD APO 15 AS OF DEC 1944 X NO FURTHER INFO

NOTE: REF 139813--REQUEST PHOTOSTATIC COPY OF FINGERPRINT RECORDS OF PANNONE, JOSEPH LUIGI SK2C 295 88 96

NOTE. REF 142214--READIRESSING OF 13.813 BY DIREISPERS 12 TO BUPERS FOR ACTION

NOTE: REF 169238--UR 139813 ABOARL USS APC 15 ON 31 DEC 1944
INFO ADEES REQUESTED ADVISE ACTION ADEE
WHEREABOUTS PANNONE JOSEPH LUICI SK2C 205 88 97
APC 15 FURNISH PHOTOSTATIC COPY FINGERPRINT
RECORDS IF AVAILABLE

ANS 15 APC pers

FROM (COM (2(DIRDISPERS)

TO COMMAVBASES OF MANILA

INFO; BUPERS; COM: 43 CNO; APC 15

CNG & CNOR

171700

KAL + 15 A // 49

JAN LD 8357

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

MAME: PANHON, G.

MIL. SPATUS: SK 200

AGE: UNKNOWN

SEX: MALE

RACE: WHITE

SERVICE:

TIRER

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

APO 75, NAMILA, P.I.

CLINICAL DIAGNOSIS

DROWNING (?)

GROSS DESCRIPTION

The body is that of a white Mavy personnel measuring YO inches in height. There is marked decomposition of the body with swelling and patrification. 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

Asphyzia due to Drowning.

SAN D. COMMENS Captains M.C. Pathologias

HEADOUAR TERS

19th MEDICAL GENERAL LABORATORY

PATHOLOGY DEPARTMENT

AUTOPSY PROTOCOL

APO

75

20 DEC.

1945

Lab. No. A-2408

NAME: FANNON, G. MIL. STATUS:

SK 20

AG:: 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 putrification. 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 Captain, M.C. Pathologist

OFFICE OF NAVY PROVOST MARSHAL INVESTIGATIONS DIVISION NAVY 3142

RECEIPT FOR INVESTIGATIONS REPORT

DATE MAILED 28 March 1946

| | Sign | n a | and I | retu | rn | thi | S | rece | ipt | to | Investi | gations | Div. | |
|-----|-------|-----|-------|------|-----|-----|----|------|------|------|---------|---------|-------|----|
| Off | ice o | of | Navy | y Pr | ovo | st | Мa | rsha | l, l | Navy | 3142. | Retain | copy(| s) |
| of | inve | stj | igat: | ions | re | por | t. | | • | · | | | _ 0 . | |

| FILE NO. A17-26(120) | |
|-----------------------------|---------------------------------|
| CASE NO. 223 | |
| NO. OF COPIES Complete File | • |
| | |
| DATE REC'D | |
| ORGANIZATION | No. |
| | |
| | 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. <u>A17-26(120)</u> | | | |
|-----------------------------|-------------|-----------------------|--------------|
| CASE NO. 223 | | | · |
| NO. OF COPIES Complete | File | | |
| | | | • |
| DATE REC'D | | | |
| ORGANIZATION | | | |
| , | | | |
| | · | Signature of Officer. | of Receiving |
| | | | |

Mary D

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, USMCUSAF Cem M#2, Luzon, P.I., have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this decedent, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl: Form 1044

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

Received | Man 1950 000

information presently, available

/ May 1950

ef!

| ر د به | | |
|--|----------------------|--------------------------|
| IDENTIFICA | TION DATA | |
| 1. REMAINS OF UNKNOWN | - | 2. DATE OF REPORT |
| UNKNOWN X-413 (Formerly X-263 Man | ila #2) | 29 March 50 |
| 3. NAME OF CEMETERY | | 6. GRAVE 7. DATE OF |
| Agna sa | | DISINTERMENT REINTERMENT |
| AGRS Mausoleum | | _ |
| Manila, P.I. | 801 🗗 | 1584 |
| , PHYSICAL | DESCRIPTION | Age: 27-35 years |
| 8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT | 10. COLOR OF HAIR | LL. RACE |
| 128-150 lbs 5'5 3/8" | Brown | White |
| 12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND | WITH REMAINS | |
| | | |
| | | |
| N | ONE | |
| | • | |
| 13.GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SI | ICH INFORMATION ORTA | INED EDON OTHER COURSE |
| AND THE DESCRIPTION OF THIT DOS ON SCARS ON BODY AND FOR S | CO INFORMALION UDIA | INED LEGE OTHER STORCES |
| | | |
| | | |
| NT. | O N 13 | |
| P | ONE | |
| 14. WAS BODY BURNED? TO WHAT EXTENT? | | |
| TES A NO | | |
| 15. WAS BODY MANGLED? 10 WHAT EXTENT? | ., . | |
| T YES X NO | | |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFOI | MAT IONS | |
| | | |
| | | |
| , | | |
| | | |
| · N | ONE | |
| | | |
| 37 LIST SVEDY LIEW OF CLOTHING SOULDWENT AND DEDECORAL | | |

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 exemination when facilities are not available in the area)

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

2 ://2

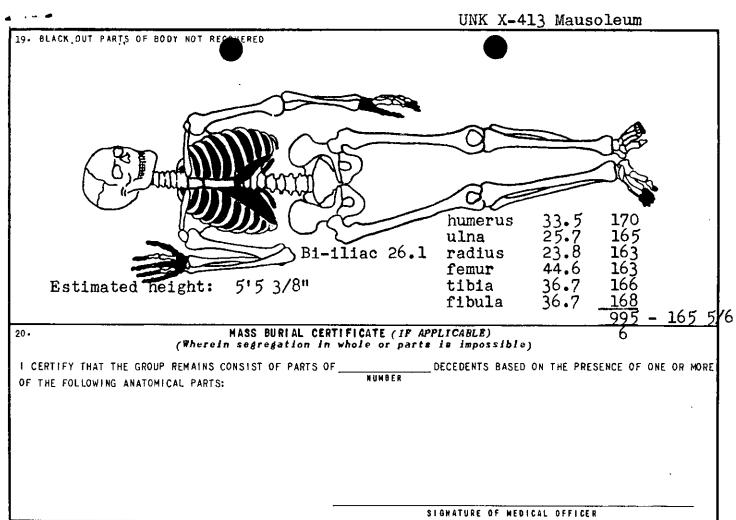
| TOPY ITEM MISSING TEETH: ALL TEETH MISSING THROUGH EX- MISSING TEETH COURS ON DISPLACED BY RECENT WOUNDS) SHOULD BE "X" TO OUT AND LABELED CROWED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL COLD. PORCELAIN, SILVER OR GOLD AND PORCEL (LAIR), THUS: BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL COLD. BRIDGE, GOLD AND PORCELAIN BRIDGE). FILLINGS: DRAW FILLING OF TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL COLD. SILVER. CHRIST). THUS: CARIES (COVIETABLE): OUTLINE LOCATION AND SIZE CAVITY Decayed OF CAVITY, SHADE IN THUS: CAVITY DECAYED SIDE VIEW SIDE VIEW SIDE VIEW SIDE VIEW SOLD SIDE V | HISSING TEETH: ALL TEETH MISSING THROUGH EX- TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" DOUT AND LABELED CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE- LAIN), THUS: BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS: FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS: CAPIES (Cavifica): OUTLINE LOCATION AND SIZE RIGHT RIGHT RIGHT SIDE VIEW SIDE VIEW | l ven ≠ | UNK X-413 | Maus. |
|--|---|--|-----------------------------|-------------|
| MISSING TRETT: ALL TEETH WIDDED AND THOSE TRACTION | MISSING TECTH: ALL TECTH MISSING THROUGH EX- TRACTION (NOT THOSE REACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" DOUT AND LABELED CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE- LAIN), THUS: BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS: CAUSE GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS: CAVITY, SHADE IN THUS: RIGHT RIGHT RIGHT RIGHT SIde View | 18. | | |
| CARLES (Corifice): DIAN FILLING ON TOOTH AS ACCURATELY OF CAVITY, SHADE IN THUS: SIde View View View View View View View Vie | CARIES (Covieso): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: CIABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN BRIDGE), FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS: CARIES (Covieso): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: CARIES (Covieso): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: Side Vieve Side Vieve | TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED | | SIDE VIEW |
| CARIES (Gevitiee): Outline Location and Size RIGHT RIGHT | CARIES (Cevities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: RIGHT | LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE- | Gold Crown, Porcelain C | rown COO |
| AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS: CARIES (Covition): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: RIGHT B T T T T T T T T T T T T | CARIES (Covition): OUTLINE LOCATION AND SIZE CARIES (Covition): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: RIGHT RIGHT RIGHT RIGHT RIGHT RIGHT RIGHT Side Vieve Side Vieve | (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), | Gold Bridge | |
| CARIES (GOVIETION STADE IN THUS: RIGHT B T Side Vieve Top Vieve Side Vie | CARIES (Cevifies): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: RIGHT B 7 6 5 4 5 6 7 8 7 6 7 8 7 8 7 8 7 8 7 8 7 8 8 | AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, | Gold Filling Silver Filling | |
| Side Views Side V | \$ 1 6 5 4 3 2 1 1 2 3 4 5 6 7 8 \$ 100 Vieve \$ 100 Vieve | CARIES (Covition): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: | Cavity Decayed | |
| | WIIII PARARARA PARARARA | \$ide. \$\frac{1}{3} \frac{2}{3} \frac{2} \frac{2}{3} \frac{2}{3} \frac{2}{3} \frac{2}{3} \frac{2}{3} \f | 1 1 2 3 4 5 X X | Side Vieve |

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

"UNIDENTIFIABLE"

PAUL R NICHOLS Chief, Ident. Section

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



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

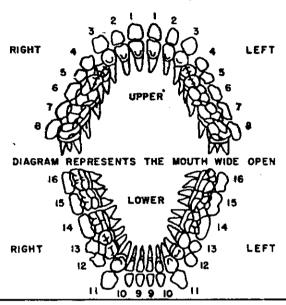
Chief, Ident. Section

Faul A. Mihal

| UNKNO | T NAME | -413 | Forn Cem | Man: | ila 7 | X X-1 #2,Li | 263, uzon | USA. P.I | E' .) S' RANK | | | Un | | n. | | |
|--------|---------------|------------------------|-------------------------|----------|-------------|----------------|-------------------------|------------------------|---------------------|-----------|-------------------------|-----------------------|-------------------------|------------------|--------------|------|
| New | Corre | NR egido E OF DE | | slan | d, | Maj | nila PLACE | auso P. P BURI | I. AL | <u>80</u> | SANIZAT | F | G | .584 RAVE N | IO. | |
| _8_ | · 7 | 6 | RIG 5 | HT 4 | 3 | 2 | UPPER I | TEETH | 2 | 3 | LE 4 | FT 5 | 6 | 7 | 8 | |
| CATION | c | | A Do | X | - | | | | | * | X | X | | | | TYPE |
| YPE / | 15 A DO | 14 | R16 13 | HT 12 | 11 780 | _ | | OOKII TEETH 9 | |)T | LE 12 | FT 13 | 14 | 15 | 16 | TYP |
| - | KE SYMB | OLS BOX | F S | YMB | | TYPE | OF FILI IN HALF O | LING F BOX ALGAM | ED (| | ABO LOCATIO LOWER | ON OF IN HALF (| FILLING OF BOX MI | i ESIAL | FRONT | |
| | | 4 | TY IND TION FIXED | BRIDGE | E MENTS) | G | | ATE OR | • | | 0 | (BITIN | O IG SURF | OCCLUS ACE BA | AL ACK TE | ETH) |

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 TLETH, 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 LOGATION 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, & g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 34), 34 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

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

CIP, AGRS, Mslm, Nichols Field, Ma-P.I. 13 Oct 1947
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ John H. Barr - D-234444

VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

DATE

CERTIFIED TRUE COPY:

GEORGE T GAMBOA 2d Lt., MAC

AGRC FORM No. II Revised 16 Sept. 1946 Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

USAI

| | (Formerly UNK X-2 |
|--|--|
| | Unknown X 413 (Cem Manila#2, (FA |
| , | Cemetery AGRS Mausoleum, Manil |
| AGRS Mausoleum, | Plot 801 HANGER FEAT CRIPT 1584 |
| Manila, P. I. Arrived at cometery 13 Oct 47 | |
| Arrived at cometery 13 Oct 47 (Hour) (Date) | |
| Place of death New Corregidor Island | ,P.I. |
| (Name of closest town) | (Coordinates and letter Prefix, maps) |
| (Sheet, scale and serials used) | unun |
| Remains recovered or disinterred by | C M T #1 OMGR CO. |
| Remains recovered or disinterred by | (Name and organization) |
| Encounted to Company has | • |
| Evacuated to Cemetery by | (Name and organization) |
| · · · · · · · · · · · · · · · · · · · | s do not lit, obtain size from body measurement |
| Item Clothing | Indicate unusual markings |
| Item Clothing Markings Size | |
| Item Clothing Markings Size * Headgear (Type) | Indicate unusual markings es color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) | Indicate unusual markings es color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat | Indicate unusual markings es color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat Overcoat Jacket, Field | Indicate unusual markings color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat | Indicate unusual markings color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat Overcoat Jacket, Field | Indicate unusual markings color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat Overcoat Jacket, Field Mackinaw N E Sweater | Indicate unusual markings color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat Overcoat Jacket, Field Mackinaw N E Sweater | Indicate unusual markings color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat Overcoat Jacket, Field N Jacket, Combat Mackinaw E | Indicate unusual markings color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat Overcoat Jacket, Field Mackinaw Sweater Jacket, HBT | Indicate unusual markings color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat Overcoat Jacket, Field N Jacket, Combat N Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool | Indicate unusual markings color, wear, tear, repairs, etc |
| Item Clothing Markings Size * Headgear (Type) Raincoat Overcoat Jacket, Field N Jacket, Combat N Sweater Jacket, HBT * Shirt, Wool OD | Indicate unusual markings color, wear, tear, repairs, etc |

| | • |
|--|--|
| n.u t / ' - | |
| Belt, web | |
| Drawers, wool | |
| Drawers, cotton | |
| Leggings, wool | |
| Socks, cotton | |
| * Shoes(type) | |
| Overshoes // | 9 |
| Web Equipment(type) | • |
| (Other item) | • • • |
| (Other item) E | |
| • If body is nude, sizes of these items should be computed by measuring the remains | *************************************** |
| Chevrons or Insignia | order or the second or the sec |
| (Type & location; shirt, jacket, coat, he | elmet) |
| Shoulder Patch | |
| Does clothing indicate that deceased was a member of the Air, Grou | and or Naval Force? |
| Description of Remains: Remains are Skeleton only-(| |
| · | Chart attached) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 519" Weight Description of | Chart attached) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 519" Weight Description of Bandages or dressings | Chart attached) wounds |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 519" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separate | Chart attached) wounds (Leugth, width, location) ate page) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 5:9" Weight Description of Bandages or dressings Scars Tattoos | Chart attached) wounds (Leugth, width, location) ate page) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 519" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separation) Outstanding moles, warts or birthmarks | Chart attached) wounds (Leugth, width, location) ste page) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 5:9" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separation) Outstanding moles, warts or birthmarks (Yes-no; description) | Chart attached) wounds (Length, width, location) ste page) iption, location) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 519" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separation) Outstanding moles, warts or birthmarks | Chart attached) wounds (Length, width, location) ste page) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 519" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separation) Outstanding moles, warts or birthmarks (Yes-no; description) Complexion U (Light medium, dark clear, plangles, neck | Chart attached) wounds (Length, width, location) ate page) iption, location) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 519" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separa Outstanding moles, warts or birthmarks (Yes-no; descri Sunburn or tan, other than hand and face Complexion U (Light, medium, dark, clear, pimples, pock T Build D (Large, fat, thin, muscular) | Chart attached) wounds (Length, width, location) ste page) iption, location) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 5:9" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separation) Outstanding moles, warts or birthmarks (Yes-no; description) Sunburn or tan, other than hand and face Complexion U (Light, medium, dark, clear, plimples, pock) Build D | Chart attached) wounds (Length, width, location) ate page) iption, location) |
| Description of Remains: Remains are Skeleton only-(Est. Age Height 5'9" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separa Outstanding moles, warts or birthmarks (Yes-no; descri Sunburn or tan, other than hand and face Complexion U (Light, medium, dark, clear, pimples, pock The Build D (Large, fat, thin, muscular) Hair (Color, length, quantity, curly, wavy, straight, whorls, of the straight) | Chart attached) wounds (Length, width, location) ate page) iption, location) ks, freckles) |
| Description of Remains: Remains are Skeleton only-(Est. Age / Height 519" Weight Description of Bandages or dressings Scars Tattoos (Number, location — illustrate on separation of the complex of th | Chart attached) wounds (Length, width, location) ate page) iption, location) ks, freckles) |

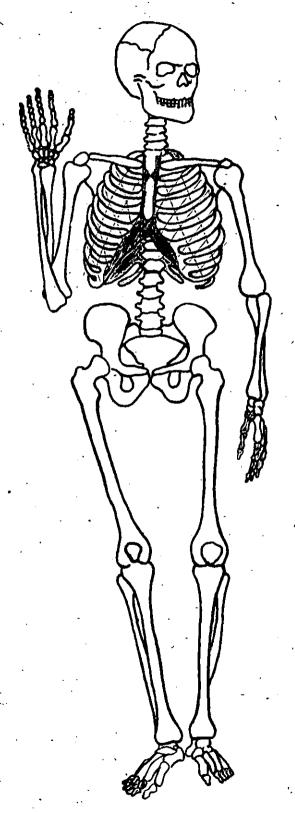
| Goatee | | | | |
|---------------|---|----------------------|---|---|
| • | (Light, color, extent) | | | . ` |
| Eyes | · / | | Evebrows | |
| _yes | *U(Color, setting, shape) | | | (Color, hushiness, extent across nose) |
| Mass | T , | | Fears | • |
| Nose | (Size,/shape, straight) | | .Dears | (Size, set close to or far from head) |
| Mouth | <i>/</i> / / / | | Line | |
| | (Large, medium, small) |) | .1100 | (Small, large, full) |
| TT 41 | Tooth Chart at | tached | | |
| 1 eetn | (White, size, | uneveness, spacing | | wns, fillings, extracts) |
| • | , | | | - |
| Chin | / | rominent, receding | nointed dimn | les double) |
| | ′/ | romment, receums | , pomed, ump | ica, woode, |
| Jaw | arge, small, normal) | Circumferen | ce of head in | inches |
| (I. | arge, small, normal) | | | (Hat band) |
| NT1- | 1 | | Lagrany | · |
| Neck | (Size, length, short, norma | d, wrinkled) | Larynx | (Prominent, normal) |
| | /, 、 | | | |
| Shoulders | | | . Arms | |
| _ | (Broad, straight, small | l, rounded) | (Length, | muscular, color, extent and quantity of hai |
| | /, | | | |
| | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 77 1 | u | 1 | • | |
| Hands | | ······ | * | |
| | . 1 | T | | |
| ringers | (Short, thi | ck, long, slender, | size of knuckles, | missing fingers or joints) |
| | . , | 1 | | |
| | | | | |
| | (Un | nusual characteristi | ics of Hugernails | s) - |
| Chest | • | 7. | | • |
| Chest | (Size of nipples, | color, quantity ar | d extent of hai | r, large, small, normal) |
| | | // | | |
| Waist | (Size of na | vel. appendectomy. | Zamouni, quantit | ty, and color of hair) |
| الم. يوني | | 1 | . / | • |
| Back | | | ımcision | Pubic Hair (Color) |
| • | (Quantity and extent of) | hair) . | · // · · · | Yes-no) (Color) |
| ** | | • | /// | |
| Herniaplasty | | | (Yes-no: location | 11) |
| | | | 17, | n) |
| Legs | , | * | / | My, color, and extent of hair) |
| · · | tiuseam, muscular, k | nock-kneed, howed | l, normal, quan | fty, color, and extent of hair) |
| · 124 | | | Toes | |
| reet | (Size, corns, cullouses, | flat) | 1068 | (Slender, straight; crooked, overlap) |
| | • | | | /, |
| Evidence of 1 | healed fractures | · | | , legs, ek.) |
| | | | (Nose, arms, | , legs, etc.) |
| | attached charte "A" | , | | · / |

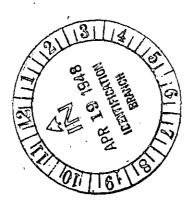
:

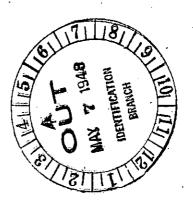
| | Have finger prints been placed on Report | of In | terment?Yos | | - |
|----|---|---------------|---|--------------------|----------------------------------|
| | | | | (Yes-no) | |
| | If not, explain Refer to Origina | al R | OI statement | enclosed. | ٠. |
| | | | | | |
| | Has tooth chart been prepared? | • | If not avalain | • | |
| | (Yes | B-BO) | If not, explain | | ******************************** |
| | | | | | |
| •• | | ************* | | • | |
| | D 1 Ma T D toma nomeons | 1 of | foots non him | | |
| | Remarks No I.D. tags, persona | 2+ | neleas nor our | 181 DOLTTO | round. Accor |
| | to the original ROI statement identification stated: (1) Co | into | ncrosan mera | are some o | ther means of |
| • | ments impossible.(2) State | of h | odv preventa | n makes acc | urare measur |
| | of body prevents thorough cl | | | | |
| | cate attached to its origination | | | cnaracter 18 | tics. Certii |
| | | | | 0/- πουσ | 700 1 da 8 a 4a 21 5 |
| | Tentatively identify | | | | |
| | weight of deceased is 25 lbs | 5. N | emains round | to have a d | ark brown na |
| | very sparce, according to in | nror | mation of the | original H | Ol statement |
| | attached have personally viewed the | remai | ns of subject deceas | ed and all resulti | ng information |
| | has been recorded to the best of my know | vledge | • | | |
| | | | | | |
| | | | | | |
| | | | | • | |
| | • | | | | • |
| | • | /s/ | John H. B | arr D-23 | 4444 |
| | • | , -, | | (Officer's Name) | |
| | | | • | | |
| | • | • | · SP-8 | AGRS | j |
| | | | Rank | | Service . |
| | • | | • | | |
| | • | • | CIP ACRS Mau | solaum Mont | lo D T |
| | • | | ATT 2000 100 100 100 100 100 100 100 100 10 | (Organization) | سىسىسىسىسىسىتىن تىلىن |
| | CERTIFIED TRUE COPY: | | 13 Oct 47 | • | • |
| | OBMITTIED THOM OUT I. | | TO 000 #1 | • | |
| | g 1 1 | | • | | • |
| | GEORGE T. GAMBOA | • | | | - |
| | | | | | |
| | 2d(Lt., MAC | | • | | x |

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)







CERTIFICATE OF DEATH

| From | | | | | | |
|--|--|--|---|----------------------|--|----------------------------|
| Γο: Bureau of Medicine | e and Surgery, N Sèc Circular Letter R.C. A | ivy Department, Wo | ishington, D. C dical Department for | instructions) | | 5. W |
| A STATE OF THE STA | | | w. Transport | | 2 (g) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A | <u> </u> |
| iv Name 11. August | | The state of the s | | Rankför råte | | |
| 2. Born: Place | الآهري. المراجع والمراجع المراجع المراج | क तुरुष् ्राह ्यके | 1 | (som¢) Date ≠ | \cdots α α | STATE |
| | | | | | | 4 |
| 3. Nationality | (White-U.S., Colore | od, Samoan, etc.) | Religion | (De | nomination) | <u>د مید</u> د. در نیرو |
| 4. Eyes | Hair | Çomplexion | | | | |
| 5. Marks, scars, etc. (| botal is badiff r | onord). | | | | |
| J. Manas sours, ever | | | See the second | | ا دورونونونونونونونونونونونونونونونونونونو | • |
| - กล่อกกิด การรูวสุด กลู่อักกรุงการกรรกรีกัก กา ก | | يعادي والمتحالية والمت | والموافق والمستحد والمتعدد | | | |
| | | | 9. P. J. W | | | |
| | | | | ~ ** E | The state of the s | |
| | | | | . 179 To a serve | and the Court | |
| | | | | State | which finger. 🛎 | preferred) |
| 6. Relation, name and | address of next | of kincordeland | | | 100 A | |
| U. 1tellation, hame and | addiess of heave | | | | | , C |
| | | | | | | |
| | | | | | | |
| 7 | 3.D1 | | | | | 1 1 1 |
| 7. Original admission: | Flace, (Ship or station | to which attached when firs | admitted to sick list) | Date | | |
| 8. Died: Place | | | Date? | | Hour | |
| Pri | ncipal | | | Kev | Letter | 7 |
| 9. Cause of death | | | | | | |
| Commence Signer Story Anna Santa | ntributory | | | | A 7 300 | |
| 0. Death (18 or 18 not) | the result of | own misconduct ar | id | in the line | of duty. | |
| 1. Disposition of rema | dinia. | | (18 or.15 not) | A 18 | A | · · |
| i. Disposition of fema | | | | | | villaria. |
| The state of the s | | و المراد و المراد ا | Tanan (1935) Santa Banasan manakan men Tanan Kabupatèn Masara | | | |
| | | | | | | |
| 2 Supplied on State of the | 1.12 | | | 2 2 2 | | Par No |

duranas og pack of this torm).

CERTIFICATE OF DEATH

| From: | <u>-</u> |
|---|-----------------------|
| To: Bureau of Medicine and Surgery, Navy Department, Washingto (See Circular Letter R-6, Appendix D, Manual of the Medical Depar | on, D. C. |
| 1. Name | |
| 2. Born: Place | Date |
| 3. Nationality | eligion(Denomination) |
| 4. Eyes Complexion | Height Weight |
| 5. Marks, scars, etc. (noted in health record) | FINGERPRINT |
| 6. Relation, name and address of next of kin or friend | |
| 7. Original admission: Place | |
| 8. Died: Place De | ate Hour |
| 9. Cause of death $\left\{ egin{array}{ll} & & & & \\ & & & & \\ & & & & \\ & & & & $ | · |
| 0. Death the result of own misconduct and | · · |
| 1. Disposition of remains | · · |
| · | · |
| | |

12. Summary of facts relative to the death:

Summary of facts-Continued

| | МС | ., U. S. Navy. |
|--|-----------------------------|-----------------|
| (Medical officer) | (Rank) | ., O. D. 14aby. |
| Approved: Court of inquiry or board of investigation | (Will or will not) be held. | |
| | | ., U. S. Navy. |
| (Commanding officer) | (Rank) | , 0.0.1.009. |

16---15556

| From: | | | |
|--|---|------------------------------|------------------|
| To: Bureau of Medicine and Surgery, Nat (See Circular Letter R-6, App | vy Department, Washi pendix D, Manual of the Medical | Demostrant for instructions) | |
| 1. Name | | | |
| 2. Born: Place | | Date | |
| 3. Nationality(White-U. S., Colored, | | Religion | (Denomination) |
| 4. Eyes Hair | Complexion | Height | Weight |
| 5. Marks, scars, etc. (noted in health red | | FINGERPRINT | ate which finger |
| 6. Relation, name and address of next of | | | |
| 7. Original admission: Place (Ship or station to | | | |
| 8. Died: Place | | | |
| 9. Cause of death | | F | • |
| 10. Death the result of o | wn misconduct and . | in the li | ne of duty. |
| 11. Disposition of remains | | | · |
| 12. Summary of facts relative to the deat | | | |

| | | . M . | C., U. S. | Nam |
|--|--------------------|-------------------------|-----------|--------|
| (Medical officer) | , | (Rank) | 0,, 0, 0, | 11409. |
| Approved: Court of inquiry or board of investigation | (Will or will not) | held. | | |
| P 22 P 7 A A A A A A A A A A A A A A A A A A | | *********************** | , U. S. | Navy. |
| (Commanding officer) | | (Dank) | • | • |

| | ne and Surgery, | Navy Department, Was | hington, D. | <i>C</i> . | | |
|-----------------------|-----------------|--------------------------------------|--------------|--------------|---------------|---------------------------------------|
| 1. Name | | . (a W | | | | · · · · · · · · · · · · · · · · · · · |
| 2. Born: Place | | . 14 th | | Date | · | |
| 3. Nationality | (White-U. S., C | Colored, Samoan, etc.) | Religion | | Denomination) | |
| | | Complexion | | | | |
| 3. Relation, name an | d address of ne | xt of kin or friend | | State | | |
| | | ation to which attached when first a | | | | |
| B. Died: Place | | | Date | - | Hour | |
| Cause of death | _ | | | | - | |
|). Death(Is or is not | the result | of own misconduct and | (Is or is no | in the line | e of duty. | |
| . Disposition of rem | | • | | | | |
| | | | | | | |
| 2. Summary of facts | • | | | | | 4 |

| *************************************** | | . M | . C., U. S. Navy. |
|---|-----------|---------|-------------------------|
| (Medical officer) | , | (Rank) | · 0., 0. 2. 2. 1. 2. 2. |
| Approved: Court of inquiry or board of investig | ation b | e held. | |
| (Commanding off) | | (Ronb) | , U. S. Navy. |

B, nounie

CERTIFICATE OF DEATH

| | | | C., U. S. Navy. |
|---|--------------------------------|----------|-----------------|
| (Medical | officer) | (Rank) | 0., 0 |
| Approved: Court of inquiry or board of in | vestigation (Will or will not) | be held. | |
| <u> </u> | | | , U. S. Navy. |
| (Oomma) | iding officer) | (Rank) | , C. 2. 1. deg. |

| From: | | | · | | | |
|---------------------------------------|-----------------|---|---|----------------------|-----------------------|---------------|
| To: B | Bureau of Medi | icine and Surgery (See Circular Letter l | , Navy Department, Was R-6, Appendix D, Manual of the Medi | hington, D. (| C. r instructions) | · V V |
| 1. N | ame | 3-7 | <u> </u> | | | |
| 2. Bo | orn: Place | · . | | | Date | <u> </u> |
| 3. N | ationality | (White-U.S., | Colored, Samoan, etc.) | Religion | (1 | Denomination) |
| 4. E | yes | Hair | Complexion | ~~~~~~~~~~~ | Height | Weight |
| | • | | th record) | | State | ` |
| | | | ext of kin or friend | ±• | | |
| 7. Or | riginal admissi | on: Place | tation to which attached when first a | dmitted to sick list | Date | |
| 8. Di | ied: Place | | | Date | | Hour |
| 9. Ca | ause of death | 4 | | | | |
| | · | • | t of own misconduct and | • | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |

| | | | C., U. S. Navy. |
|---|---------------|---------|-----------------|
| (Medical | fficer) | (Rank) | • |
| Approved: Court of inquiry or board of in | vestigation | e held. | |
| *************************************** | | -1 | , U. S. Navy. |
| (Comman | ling officer) | (Rank) | , |

| . Name | · · · · · · · · · · · · · · · · · · · | | Rank or rate | *************************************** |
|---|--|-------------------|--------------|---|
| 2. Born: Place | | : | Date | * ; * · · · |
| 3. Nationality | (White-U. S., Color | ed, Samoan, etc.) | Religion | Denomination) |
| l. Eyes | Hair | Complexion | Height | Weight |
| | | | INGERPRINT | |
| | | | | which finger |
| . Relation, name | and address of next | of kin or friend | State | |
| . Relation, name | and address of next | of kin or friend | State | |
| 7. Original admiss | and address of next of | of kin or friend | State Date | |
| . Relation, name | and address of next of the state of the stat | of kin or friend | Date | Hour |
| . Relation, name . Original admiss Died: Place | and address of next of the contributory | of kin or friend | Date | Hour |

(Continue on back of this form)

.1.

| | | | , M. C., U. S. Navy. |
|----------------|---|---------------|----------------------|
| | (Medical officer) | (Rank) | , |
| Approved: Cour | t of inquiry or board of investigation(Will or will | not) be held. | |
| | | 4 · 1 | , U. S. Navy. |
| | (Commanding officer) | (Rar | |

| om: | |
|---|--|
| Bureau of Medicine and Surgery, Navy Department, Washin (See Circular Letter R-6, Appendix D, Manual of the Medical D | |
| Name | Rank or rate |
| Born: Place | Date |
| Nationality(White-U. S., Colored, Samoan, etc.) | Religion(Denomination) |
| Eyes Complexion | Height Weight |
| Marks, scars, etc. (noted in health record) | |
| | |
| | AGERA AGERA |
| | H |
| | State which from |
| Th 1 of the state | |
| Relation, name and address of next of kin or friend | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | |
| Original admissions Place | |
| Original admission: Place(Ship or station to which attached when first admit | |
| Died: Place | Date Hour |
| Principal | Key Letter |
| Cause of death Contributory | |
| Death the result of own misconduct and | in the line of duty. |
| Disposition of remains | |
| Disposition of Tomatio | |
| | · |
| | |

| . · · | | M. C., U. S. Navy. |
|--|-----------------------------|-------------------------|
| (Medical officer) | (Rank) | , and on, or an enably. |
| Approved: Court of inquiry or board of investigation | (Will or will not) be held. | |
| | | , U. S. Navy. |
| (Commanding officer) | (Rank) | , |

| . Born: Place | | | Date | | |
|-------------------------------|--|----------------------|-------------------------|---------------------|-------------------|
| . Nationality | (White—U. S., Co | lored, Samoan, etc.) | Religion | (Denomination |) |
| . Eyes | Hair | Complexion | Heigh | t Wei | ght |
| | | record) | | = | |
| | | · | | RPR | |
| | | | -4474 | N GR | |
| | | | | 14 | 25 W. C. S |
| | | | | | |
| | | | | State which fir | nger ght index |
| Relation, name | and address of nex | · | | State which fir | |
| . Relation, name | and address of nex | t of kin or friend | | State which fir | |
| Relation, name | and address of nex | t of kin or friend | Datatited to sick list) | State which fir | |
| Relation, name Original admis | and address of nex sion: Place (Ship or state | t of kin or friend | Date | State which fir (Ri | |
| Relation, name | sion: Place (Ship or state | t of kin or friend | Date | State which fir (Ri | |
| . Relation, name | and address of nex sion: Place (Ship or state) | t of kin or friend | Date | State which fir (Ri | |

| | 950000000000000000000000000000000000000 | | , M. C., U. S. Navy. |
|-----------|--|-----------------|----------------------|
| | (Medical officer) | (Rank) | |
| Approved: | Court of inquiry or board of investigation(Will or will not) | be held. | |
| | | | , U. S. Navy. |
| | (Commanding officer) | , (| Rank) |

| Fro | om: | | | |
|-----|--|----------|--------------|--------------------------------------|
| To: | : Bureau of Medicine and Surgery, Navy Department, Wash (See Circular Letter R.6, Appendix D. Manual of the Medica | | tructions) | <u> </u> |
| 1. | Name | Ra | nk or rate . | ••• |
| 2. | Born: Place | De | ıte | <u> </u> |
| 3. | Nationality (White-U. S., Colored, Samoan, etc.) | Religion | (I | Denomination) |
| 4. | Eyes Complexion | Н | eight | Weight |
| | Marks, scars, etc. (noted in health record) | | FINGERPRINT | which finger (Right index preferred) |
| | Relation, name and address of next of kin or friend | A | | |
| | Original admission: Place(Ship or station to which attached when first admission | | | |
| 8. | Died: Place | Date | | Hour |
| 9. | Cause of death Principal | | | |
| | Death the result of own misconduct and | | | |
| | Disposition of remains | | ••••• | |

| | | M. C., U. S. Navy. |
|--|-----------------------------|--------------------|
| (Medical officer) | (Rank) | , |
| Approved: Court of inquiry or board of investigation | (Will or will not) be held. | |
| (Companding officer) | /Dank | , U. S. Navy. |

. 6

| o. Dareau oj med | icine and Surgery (See Circular Letter R | 6, Appendix D, Manual of the Medic | al Dopartment, fo | r instructions) | |
|--|---|--|---|--|--------------------|
| | | is a strong to the second | | | |
| 2. Born: Place | | - Carlo Color Carlos Color Carlos Car | | Date | |
| 3. Nationality | (White—U. S., (| Colored, Samean, etc.) | _ Religion | | (Denomination) |
| . Eyes | Hair | Complexion | | Height | Weight |
| . Marks, scars, et | tc. (noted in heal | th_record) | | To the state of th | |
| | | | | FINGERPRINT | |
| | | | | | |
| Relation, name | and address of ne | ext of kin or friend | | | |
| . Relation, name | and address of ne | ext of kin or friend | | | |
| . Relation, name | and address of ne | ext of kin or friend | dmitted to sick lis | Date | |
| . Relation, name | ion: Place (Ship or st | ext of kin or friend | dmitted to sick lis | Date | Hour Key Letter |
| . Relation, name Original admiss. Died: Place | ion: Place (Ship or st | ext of kin or friend | dmitted to sick lis Date | Date | Hour Key Letter |
| . Relation, name Original admiss. Died: Place Cause of death Death(Is or is | ion: Place (Ship or st Contributory the result | ext of kin or friend | dmitted to sick lis Date (Is or is no | Datein the | Hour Key Letter |

| | | , | , M. C., U. S. Navy. |
|-----------|---|----------|----------------------|
| | (Medical officer) | (Rank) | , o., ev 2. 1. acg. |
| Approved: | Court of inquiry or board of investigation(Will or will | be held. | |
| | · | N.A. W | , U. S. Navy. |
| | (Commanding officer) | (F | Rank) |

• 5

1.5

| Fre | om: | | * | | | | *************************************** |
|-----|-------------------|-------------------------------------|--------------------------------------|--|-----------------------|---------------------|---|
| То | : Bureau of Medi | icine and Surg (See Circular Let | ery, Navy Dep ter R-6, Appendix D | artment, Was Manual of the Medi | shington, D_{\cdot} | C. or instructions) | |
| 1. | Name | | | | | - | e |
| 2. | Born: Place | · *~* | | | - | Date | |
| 3. | Nationality | (White—U | S., Colored, Samoan | , etc.) | Religion | l | (Denomination) |
| 4. | Eyes | Hair | C | omplexion | ••• | Height | Weight |
| | Marks, scars, et | | | | | PINGERPRINT | |
| | | | | | | St | ate which finger(Right index preferred) |
| | Relation, name | and address o | f next of kin o | r friend | | | |
| | | | | | | | |
| 8. | Died: Place | | | | Date | | Hour |
| 9. | Cause of death | - | | | | | Key Letter |
| 10. | Death(Is or is | the re | sult of own mi | isconduct and | l(ls or is n | in the | line of duty. |
| 11. | Disposition of re | emains | * | ************************************** | | | · |
| | | | | | | | |
| | | | | <u></u> | | | |

| | | | M. C., U. S. Navy. |
|-----------|--|-----------------------------|----------------------|
| | (Medical officer) | (Rank) | 2. 0., 0. 0. 1. wog. |
| Approved: | Court of inquiry or board of investigation | (Will or will not) be held. | |
| | | 4.55 | , U. S. Navy. |
| | (Commanding officer) | (Rank) | , 01.0.11009. |

1.76

| Fr | om: | |
|-----|---|-----------------------|
| To | : Bureau of Medicine and Surgery, Navy Department, Washington, D. (See Circular Letter R-6, Appendix D, Manual of the Medical Department, fo | C. r instructions) |
| 1. | Name | Rank or rate |
| 2. | Born: Place | Date |
| 3. | Nationality | (Denomination) |
| 4. | Eyes Complexion | Height Weight |
| | Marks, scars, etc. (noted in health record) | State which finger |
| | Relation, name and address of next of kin or friend | |
| 7. | Original admission: Place | Date |
| 8. | Died: Place Date | Hour |
| 9. | Cause of death Principal Contributory | • |
| | Death the result of own misconduct and (Is or is no | • |
| 11. | Disposition of remains | |
| | | |

| | | M. C., U. S. Navy. |
|--|-----------------------------|--------------------|
| (Medical officer) | (Rank) | 01, 01.01.11.009. |
| Approved: Court of inquiry or board of investigation | (Will or will not) be held. | |
| | | , U. S. Navy. |
| (Commanding officer) | (Rank) | |

| 1. Name | | Rank or | rate |
|--|-------------------------------------|------------------|--|
| 2. Born: Place | *e = % | Date | |
| 3. Nationality | White—U. S., Colored, Samoan, etc.) | Religion | (Denomination) |
| t. Eyes H | air Complexion | Height | Weight |
| | ed in health record) | | <u>.</u> |
| | | | INGERR |
| | | | ALL PROPERTY OF THE PARTY OF TH |
| | · | | State which finger |
| 3. Relation, name and add | | | State which finger |
| 3. Relation, name and add | lress of next of kin or friend | | State which finger |
| 7. Original admission: Pla | lress of next of kin or friend | Date | State which finger (Right index pro |
| 7. Original admission: Place Princip Cause of death | dress of next of kin or friend | Date Date Date | State which finger (Right index pro- |
| 7. Original admission: Pla 8. Died: Place 9. Cause of death Contri | lress of next of kin or friend | Date Date Date | State which finger (Right index pro- |

and are sure and the second of the second of

| | | | | 3 | . M. C. | U. S. Navy |
|------------------|------------------------|----------------------|--------------------|----------------|-----------|--------------------|
| | | (Medical officer) | | (Rank) | , 111. 0, | 2. 0. 1. wog |
| Approved: Co | urt of inquiry or boar | d of investigation | (Will or will not) | be held. | | |
| _ | | | | · | | U. S. Navy |
| Mark Contraction | | (Commanding officer) | | ·, | (Rank) | 5 t &t 1 t 4 t 9 t |

10-15556

NAVMED-Form N (1943)

CERTIFICATE OF DEATH

| 4 | h |
|---|---|
| | , |

| From: | |
|--|------------------------|
| To: Bureau of Medicine and Surgery, Navy Department, Wasi (See Circular Letter R-6, Appendix D, Manual of the Medic | |
| 1. Name | Rank or rate |
| 2. Born: Place | Date |
| 3. Nationality | Religion(Denomination) |
| 4. Eyes Complexion | Height Weight |
| 5. Marks, scars, etc. (noted in health record) | State which finger |
| 6. Relation, name and address of next of kin or friend | |
| 7. Original admission: Place | |
| 8. Died: Place | |
| 9. Cause of death | Key Letter |
| Death the result of own misconduct and I. Disposition of remains | |
| | |
| *************************************** | |

| (Medical officer) | (Rank), M. C., U. S. N | Tavy. |
|---|------------------------------------|-------|
| approved: Court of inquiry or board of investig | gation be held. (Will or will not) | |
| (Commanding offi | (Rank) | łavy. |

16-15586

NAVMED-Form N (1943)

CERTIFICATI

| E | OF | DEATH | (|
|---|----|-------|---|
| | | | |

| From | | | •••• | | D + | | |
|-------|----------------|--------------------|--------------------------------|---|--------------|--|----|
| To: I | Bureau of Medi | | Navy Department, W | | | | |
| 1. N | Iame | | | *************************************** | Rank or rate | | |
| 2. B | Sorn: Place | | | | Date | | |
| 3. N | lationality | (White-U. S., C | olored, Samoan, etc.) | Religion | | Denomination) | ** |
| 4. E | yes | Hair | Complexion | • | Height | Weight | |
| | | ~~~~~~~~~~~ | h record) | * | PRINT | | |
| 6. R | elation, name | and address of nex | kt of kin or friend | | Stat | | |
| | | | tion to which attached when fl | | | | |
| 8. D | oied: Place | · | | Date | | Hour | |
| 9. C | ause of death | - | | | | | |
| | | | of own misconduct a | | | e of duty. | |
| | | | | | | ************************************** | |
| | | | | | | | |

| | *************************************** | | ., M. C., U. S. Navy. |
|-----------|---|---------|-----------------------|
| - | (Medical officer) | (Renk) | , ==== 4, = + 10 |
| Approved: | Court of inquiry or board of investigation(Will or will | | |
| | (Commanding officer) | (Rapic) | , V . S. Navy. |

NAVMED-Form N (1943) :

CERTIFICATE OF DEATH

| From: | | *************************************** | | | | | |
|-----------|----------------|---|-------------------|-------------|---------------------|-------------------------------|-------|
| To: Bure | au of Medicine | and Surgery, Navy I | Department, Washi | ngton, D. (|). instructions) | | • |
| 1. Name | 3 | | | | Rank or rate | | · |
| 2. Born: | : Place | | | | Date | | ••••• |
| 3. Natio | nality | (White-U. S., Colored, Sar | noan, etc.) | Religion . | (Deno | mination) | · |
| 4. Eyes | | Hair | Complexion | | Height | _ | |
| | | noted in health recor | | | FINGERPRINT | nich finger (Right inder p | |
| 6. Relati | ion, name and | address of next of ki | n or friend | | | | |
| | | Place(Ship or station to whi | | | | | |
| | | Compot station to whi | | | | ou r | |
| 9. Cause | of death | ncipaltributory | | | | | |
| | , | ns | | | | | |
| | | | | | | | |

| | (Medical officer) | (Bank) | ., M. C., U. S. Navy. |
|---|-----------------------------|-------------|-----------------------|
| Approved: Court of inquir | y or board of investigation | r will not) | |
| *************************************** | (Commanding officer) | (Rank) | , V . S. Navy. |

* ...

| 4 | |
|---|---|
| • | , |

| . Name | | | | Rank or rate | ; |
|---|--------------------------------------|------------|-------------------------|--------------|------------------------------|
| . Born: Place | · | | | Date | |
| . Nationality | (White-U. S., Colored, Samo | an, etc.) | Religion | | (Denomination) |
| . Eyes | Hair | Complexion | | Height | Weight |
| • | c. (noted in health record) | | | £. | |
| | | | | RPRIN | <u> ۽</u> |
| | | | | FINGE | ů. |
| | | | | | |
| | | · | | | |
| | | | | | ate which finger . (Right in |
| | | | <u> </u> | Sta | |
| Relation, name | | or friend | | Sta | |
| . Relation, name | and address of next of kin | or friend | | Sta | |
| . Relation, name | and address of next of kin | or friend | | Sta | |
| . Relation, name | and address of next of kin | or friend | aitted to sick lis | Sta | |
| Relation, name | and address of next of kin on: Place | or friend | aitted to sick lis Date | Date | Hour |
| . Relation, name | on: Place (Ship or station to which | or friend | nitted to sick lis | Date | Hour |
| Relation, name Original admissi Died: Place | on: Place | or friend | nitted to sick lis Date | Date | Hour |

| (Medical officer) | |
|--|----------------------|
| Approved: Court of inquiry or board of investigation | |
| (Commanding offices) | , U. S. Navy. |

NAVMED-Form N (1943)

CERTIFICATE OF DEATH

| Fro | om: |
|-----|--|
| 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 |
| 2. | Born: Place Date |
| 3. | Nationality |
| 4. | Eyes Height Weight |
| | Marks, scars, etc. (noted in health record) |
| 6. | Relation, name and address of next of kin or friend |
| 7. | Original admission: Place Date |
| | Died: Place Hour |
| 9. | Cause of death Principal Key Letter |
| 11. | Death the result of own misconduct and in the line of duty. Disposition of remains |
| | |

1.1.

| (Medical officer) | ,, M. C., U. S. Na | vy. |
|---|--------------------|--------------|
| Approved: Court of inquiry or board of investigation(Will or will | | |
| (Commanding officer) | , U. S. Na | υ y . |

NAVMED-Form N (1943) ;

CERTIFICATE OF DEATH

| Fre | om: | |
|-----|--|----------------|
| | : Bureau of Medicine and Surgery, Navy Department, Washington, D. (See Circular Letter R-5, Appendix D, Manual of the Medical Department, to | C. |
| 1. | Name | Rank or rate |
| 2. | Born: Place | Date |
| 3. | Nationality | (Denomination) |
| 4. | Eyes Complexion | Height Weight |
| | Marks, scars, etc. (noted in health record) | THE REPUBLIE |
| | | <u>-</u> |
| | Relation, name and address of next of kin or friend | |
| 7. | Original admission: Place(Ship or station to which attached when first admitted to sick lis | Date |
| 8. | Died: Place | Hour |
| 9. | Cause of death Contributory | · |
| | Death the result of own misconduct and (Is or is not) | |
| 11. | Disposition of remains | |

| | (Medical officer) | (Rank), M. C., | U. S. N | Vavy. |
|-----------|--|----------------|----------------|-------|
| Approved: | Court of inquiry or board of investigation | | | |
| | (Oommanding officer) | (Raph) | U. S. N | lavy. |

16-15554

| NAVMED-Form | N |
|-------------|---|
| (1013) | |

| From: | |
|--|------------------------|
| To: Bureau of Medicine and Surgery, Navy Department, 1 (See Circular Letter R-6, Appendix D, Manual of the | |
| 1. Name | Rank or rate |
| 2. Born: Place | Date |
| 3. Nationality(White-U.S., Colored, Samoan, etc.) | Religion(Denomination) |
| 4. Eyes Complexion | Height Weight |
| 5. Marks, scars, etc. (noted in health record) | FINGERPRINT |
| 6. Relation, name and address of next of kin or friend | |
| 7. Original admission: Place(Ship or station to which attached when it | Date |
| 8. Died: Place | |
| 9. Cause of death | Key Letter |
| 10. Death the result of own misconduct 11. Disposition of remains | |
| | |

| (Medical officer) | (Bank) | C., U. S. Navy | ٦. |
|--|--------|----------------|----|
| Approved: Court of inquiry or board of investigation | | | |
| (Commanding officer) | (Ranh) | _, U. S. Navı | j. |

NAVMED-Förm N (1943) ;

CERTIFICATE OF DEATH

| Γο: Bureau of Medicine and Surg (See Circular Lett | nery, Navy Department, Wash ter R-6, Appendix D, Manual of the Medica | ington, D. C. | |
|---|--|---------------------|--|
| 1. Name | | Rank or | rate |
| 2. Born: Place | | Date | |
| 3. Nationality(White-U. | S., Colored, Samoan, etc.) | Religion | (Denomination) |
| 4. Eyes Hair | Complexion | Height | Weight |
| 5. Marks, scars, etc. (noted in he | ealth record) | | - |
| | | | |
| | | | - Russian State St |
| | •• | | N. G. |
| | | **-**** | - |
| | , | | State which finger (Right index prefe |
| 6. Relation, name and address of | | | |
| o. Relation, name and address of | next of Am of filend | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| 7. Original admission: Place | or station to which uttached when first ad- | Date | |
| 8. Died: Place | | - | Hour |
| | | | |
| 9. Cause of death | ····· | | _ Key Letter |
| Contributory | | | |
| 0. Death the res | sult of own misconduct and | (Is or is not) in t | he line of duty. |
| (2.51.0.200) | | (10 01 10 200) | |

| | (Сотпал | ding officer) | | | , | (Rank) | , • | y . |
|----------------------------------|----------|---------------|---|---|--------|--------|----------------|----------|
| <u>-</u> | | | | | | (Rank) | , <i>W</i> _ A | S. Nami |
| Approved: Court of inqu | | | | | | | | |
| | (Medical | officer) | | | (Rank) | , M. | C., U. | S. Navy |
| ٠. | • | , | | 1 | | | | |
| | | , - | | | | | • | |
| | | | | | | | | |
| the African Constitution of the | | | | | | | | $\sim h$ |
| | | 4 | | • | | | | |
| | | | | | | | | 'بعد ' |
| | | | | | | | | |
| n gert garian i are e e e e e | | | ÷ | | ÷ | | , - 1 .y. | |
| r grettig villag it ombo | | • 195 3 | | | | | | |
| | | * | | | | - | | • |
| the contract of | | | | | | | | |
| · 我看到一种的人的主义 | | | | | ٠, | | | |
| | | | | | | | | |
| . 5 | • • • | | | | | | | |
| | • | | · | | | | | |
| | | · · · · | | | • • | | • | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| NAVMED-Form | Ν | |
|-------------|---|--|
| (1043) | | |

| rom: | | | | · *** | | |
|-------------------------|---|---|---------------------------------------|--------------|-----------------------------|---------|
| o: Bureau of M | ledicine and Surgery, (See Circular Letter R- | Navy Department, Wash 5, Appendix D; Manual of the Medic | ington, D. C. I Department, for in | istructions) | | |
| 1. Name | | | | | | |
| 2. Born: Place. | | · | I |)ate | | |
| 3. Nationality | (White—U. S., O | olored, Samoan, etc.) | Religion | 1) | Denomination) | |
| 4. Eyes | Hair | Complexion |] | Height | Weight | |
| • | | h record) | | | | |
| | | | | - | | |
| | | ·-·· | | State | which finger (Right inde | m nedan |
| • | • | at of kin or friend | | | | |
| . Origina l admi | ission: Place(Ship or star | tion to which attached when first ad | mitted to sick list) | Date | | |
| . Died: Place | | · · · · · · · · · · · · · · · · · · · | Date | | Hour | |
| . Cause of dea | \mathbf{th} | | | | | |
| • | | of own misconduct and | | | | |
| • | | *************************************** | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | |

| | (Commanding officer) | | | -; | (Rank) | , <i>U</i> | . S. Navy. |
|--|------------------------|---------|--------------|---------|--------|------------|--------------------------|
| Approved: Court of inquiry or | board of investigation | (WIII) | or will not) | e held. | | | ? 6 7 3. 7 |
| | (Medical officer) | | | (Rar | ık) | , 0 | |
| * *********************************** | | | | | | M. C., T | . S. Nam |
| | | | | | ** | ••• | |
| | | | | | | ٠ | |
| | | | | | | | |
| | | | | | • | | |
| | | | | | | | |
| | | | | | j. | | |
| | | | | | | | |
| , | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| A Marketine of the Control of the Co | | | | | | | |
| | | | | | | | |
| entralis de la companya de la compan | | | ÷ ,:. | | • | | * * * * |
| • • | | | | | : | | |
| e yana se walio | | | | | | • | • • |
| | | • | | | 1 | - | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | • • • • • • |
| • | e de la | | | | | | |

NAVMED-Form N (1943)

CERTIFICATE OF DEATH

| - (| | |
|-----|---|--|
| | ı | |

| Vashington, D. C. edical Department, for instructions) | |
|--|--|
| Rank or rate | |
| Date | |
| Religion (Denomination) | |
| Height Weight | |
| FINGERPRINT | |
| | |
| Datest admitted to sick list) | |
| Date Hour | - - |
| Key Letter | |
| | |
| ed | Rank or rate Date Religion (Denomination) Height State which finger (Right incompation) Date Date Date Date Hour |

| | | | , M. C., U. S. Navy. |
|----------------------------|---------------------------|----------|----------------------|
| | (Medical officer) | (Rank) | ., , |
| Approved: Court of inquiry | or board of investigation | be held. | |
| | | • | , U. S. Navy. |
| ************* | (Commanding officer) | (Rank) | • |

16-1555

| N۸ | VMED-Forn | ı N |
|----|-----------|-----|
| | (10/2) | |

| • | | CERTIFICATE OF | 1712ATH | | |
|-------------------|----------------------|---|----------------|--------------|-------------|
| From: | | | | | |
| To: Bureau of Mea | | Navy Department, Wash | | astructions) | |
| 1. Name | | | R | ank or rate | |
| 2. Born: Place | | | T |)ate | - |
| 3. Nationality | (White—U. S., Co | olored, Samoan, etc.) | Religion | (Der | nomination) |
| 4. Eyes | Hair | Complexion | | Height | Weight |
| 6. Relation, name | e and address of nex | t of kin or friend | | State v | |
| | | tion to which attached when first ad | | | |
| 8. Died: Place | | *************************************** | Date | I | Hour |
| 9. Cause of death | 1 | | | _ | |
| 10. Death(Is or i | the result | of own misconduct and | (Is or is not) | in the line | of duty. |

12. Summary of facts relative to the death:

11. Disposition of remains

| | | 1615556 | *** (* |
|--|---------------------------------------|--|---------------------------------------|
| (Commanding officer) | | (Ronk) | , U. S. Navy. |
| Approved: Court of inquiry or board of investigation . | (Will or will not) | eld. | |
| (Medical officer) | | (Rank) | M. C., U. S. Navy. |
| | | | |
| | | | |
| | | | |
| | | ı | |
| · | | | |
| | | | |
| | | 1 | • • • • • • • • • • • • • • • • • • • |
| | | | |
| | | | |
| | • | | |
| | | | |
| | | | · |
| ė. | | , . | |
| geter of the second | • | | |
| ergente de la companya de la company La companya de la co | | ·. • • • • • • • • • • • • • • • • • • • | |
| and the second of the second o | · · · · · · · · · · · · · · · · · · · | | |
| | | | · |
| | | | |
| tout of | | • | |

| 1. Name | | · | | Rank or rate | |
|-------------------|-------------------------|------------------------|----------------------|--------------|----------------|
| 2. Born: Place | | | · | Date | |
| 3. Nationality | (White-U. S., C | Colored, Samoan, etc.) | Religion . | | (Denomination) |
| 4. Eyes | Hair | Complexion | | Height | Weight |
| * | | th record) | | | |
| | | | | | |
| 6. Relation, name | and address of ne | xt of kin or friend | | | |
| 6. Relation, name | and address of ne | xt of kin or friend | | Date | |
| 6. Relation, name | ion: Place | xt of kin or friend | dmitted to sick list | Date | |
| 6. Relation, name | ion: Place (Ship or sta | xt of kin or friend | dmitted to sick list | Date | Hourey Letter |

| | (Medical officer) | (Bank) | , M. | C., | U.S | . Navy | • |
|-----------|---|------------|--------|------------|------|--------|---|
| Approved: | Court of inquiry or board of investigation (Will or will not) | - be held. | | | | | |
| | (Commanding officer) | | (Bank) | — , | U.S. | Navy | • |

18--- 16550

NAVMED-Form N (1943)

CERTIFICATE OF DEATH

| From: | · |
|--|--|
| To: Bureau of Medicine and Surgery, Navy Department, (See Circular Letter R-6, Appendix D, Manual of the | |
| 1. Name | Rank or rate |
| 2. Born: Place | Date |
| 3. Nationality(White-U. S., Colored, Samoan, etc.) | Religion (Denomination) |
| 4. Eyes Complexio | n |
| 5. Marks, scars, etc. (noted in health record) | State which finger (Right index preferred) |
| 7. Original admission: Place | Date |
| 8. Died: Place | |
| 9. Cause of death | Key Letter |
| 10. Death the result of own misconduct (Is or is not) 11. Disposition of remains | |
| | |

| (Medical officer) | (Rank) | , M. C., U. S. Navy. |
|---|--------------|----------------------|
| Approved: Court of inquiry or board of investigat | ion be held. | - |
| (Commanding efficer) | | (Rank) U. S. Navy. |

16-16556

| NAVMED-Form | N | |
|-------------|---|--|
| (10/2) | | |

| From: | |
|--|---|
| To: Bureau of Medicine and Surgery, Navy Depo (See Circular Letter R-5, Appendix D, 1 | partment, Washington, D. C. Manual of the Medical Department, for instructions) |
| 1. Name | Rank or rate |
| 2. Born: Place | Date |
| 3. Nationality(White-U.S., Colored, Samoan, | Religion(Denomination) |
| 4. Eyes Co | omplexion Height Weight |
| 5. Marks, scars, etc. (noted in health record) | • · · · · · · · · · · · · · · · · · · · |
| | |
| | State which forces |
| 6. Relation, name and address of next of kin or | r friend |
| | Datettached when first admitted to sick list) |
| 8. Died: Place | Date Hour |
| 9. Cause of death | Key Letter |
| 10. Death the result of own mis | isconduct and in the line of duty. |
| 1. Disposition of remains | |
| | |
| | |
| | |

| | • | | |
|--|--------------------|----------------|-----|
| | | C., U. S. Nav | 71. |
| (Medical officer) | (Rank) | 5., 6. 2. 1146 | у. |
| Approved: Court of inquiry or board of investigation | (WIII or WIII not) | | |
| *************************************** | | _, U. S. Nav | η. |
| (Commanding officer) | (Rank) | • | • |

10-15554

| NAVMED-Form | N |
|-------------|---|
| (1033) | |

| Fro | om; | | | |
|-----|---|--------------------|-------------|----------------------------------|
| То | : Bureau of Medicine and Surgery, Navy Department, Washington, I | D.C.nt, for instru | actions) | 6. |
| 1. | Name | Ran | ık or rate | |
| 2. | Born: Place | Dat | e | |
| 3. | Nationality | ion | (Denom | ination) |
| | Eyes Complexion | | • • | |
| | Marks, scars, etc. (noted in health record) | | FINGERPRINT | ch finger(Right index preferred) |
| | Relation, name and address of next of kin or friend | | | |
| | Original admission: Place (Ship or station to which attached when first admitted to sic | | | |
| | Died: Place Date | | | |
| 9. | $\textbf{Cause of death} \begin{cases} \textbf{Principal} & \dots \\ \textbf{Contributory} & \dots \end{cases}$ | | - | • |
| | Death the result of own misconduct and | | ···• | |
| | | | • | |

18-15586

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 head-quarters or activity carrying records, for checking with casualty reports.

| SHIP OR STATION ATTACHED AT TIME OF DEAT | 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 CLASSIFICAT | TION | RACE | |
| CAUSE OF DEATH | | PLACE OF DEATH | | |
| | | | · • | |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT C | F KIN (If known) | - |
| DATE OF DEATH | | DATE OF BURIAL | <u></u> | <u></u> |
| NAME OF CEMETERY | | LOCATION OF CEMET | ERY | <u> </u> |
| | * . | | | |
| GRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE N | 0. |
| BURIED AT SEA (Date) | 9 | AREA | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | SED | |
| IDENTIFICATION TAGS FOUND ON BO | DDY | IF NO IDENTIFICATIO | TAGS, OTHER MEANS U | SED TO IDENTIFY BODY |
| 1 | 2 NONE | (Identification cards, | tetters, etc.) | |
| COMPLETE DENTAL CHART ON REVE | RSE No | | | |
| COMPLETE FINGERPRINT CHART OF | BOTH HANDS ON REVERSE No | _ | | to the state of th |
| LIST OF PERSONAL EFFECTS FOUND | ON BODY AND DISPOSITION OF SAME | <u> </u> | | |
| • | • | • | | |
| IDENTIFICATION TAG BURIED WITH | BODY No No | IDENTIFICATION TAG | ATTACHED TO MARKER | No . |
| IF IDENTIFICATION TAGS NOT PRESE | ENT, WHAT OTHER IDENTIFICATION DATA | BURIED WITH BODY AN | D IN WHAT KIND OF CO | NTAINER |
| 49 | | | | |
| IF BURIAL OTHER | THAN ESTABLISHED CEMETERY, F | URNISH SKETCH ANI | MAP REFERENCES O | N REVERSE |
| | Bodies Buried | an Fither Side | | |
| BODY ON LEFT, NAME (Last, first, mi | | RANK OR RATE | FILE OR SERVICE NO | . GRAVE NO. |
| BODY ON RIGHT, NAME (Last, first, r | niddle) | RANK OR RATE | FILE OR SERVICE NO | . GRAVE NO. |
| PERSON REPORTING BURLL (Name | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | |
| IN REBURIAL, GIVE LOCATION OF P | REVIOUS BURIAL | VERIFIED AND FORW | ARDED | |
| | | | · | |
| | | (Name) | (Rank | (Title) |

| • | ר ה מ פ | When unider | 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. |
| | | impression of fingerprints. clear contrast of inked ridges | (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 grat to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Plat 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 forwal to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation will 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 gray |
| | ָר פּ | | marker. If no tag is available, write identifying data on marker. When pegs are not available, use oth 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. |
| | | matter. Roll fing not overink. | 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 sliver 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 |
| | | 9 | Malposed teeth (Describe) Removable appliances Other defects |
| | | 180° | Remarks COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEAL POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE (Signature of dental examiner) (Rank or rate) |
| | u27984 | Record impress | N |
| | <u> </u> | lon of same motion | , |

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 head-quarters or activity carrying records, for checking with casualty reports.

| SHIP OR STATION ATTACHED AT TIME OF DEATH | | DATE REPORT | | | |
|--|--------------------------------|--|----------------------|-----------------------|--|
| COPY OF IDENTIFICATION TAG | NAME | (Last) (| First) | (Middle) | |
| | FILE OR SERVICE NO. | RANK OR RATE | BRANCH OF | F SERVICE | |
| | CORPS OR RESERVE CLASSIFICA | TION | RACE | | |
| AUSE OF DEATH | | PLACE OF DEATH | | | |
| | | | i | | |
| IAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT OF | Kin (If known) | | |
| DATE OF DEATH | · | DATE OF BURIAL | <u>.</u> | | |
| NAME OF CEMETERY | . 18 | LOCATION OF CEMETER | Υ | | |
| SRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE No. | | |
| BURIED AT SEA (Date) | | AREA | | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEASED |) | | |
| DENTIFICATION TAGS FOUND ON BOD | 7 NONE | IF NO IDENTIFICATION T (Identification eards, let | AGS. OTHER MEANS USE | D TO IDENTIFY BODY | |
| COMPLETE DENTAL CHART ON REVERS | E No | | | | |
| COMPLETE FINGERPRINT CHART OF BO | TH HANDS ON REVERSE | _ | | | |
| LIST OF PERSONAL EFFECTS FOUND OF | N BODY AND DISPOSITION OF SAME | <u> </u> | | | |
| DENTIFICATION TAG BURIED WITH BO | DY Yes No | IDENTIFICATION TAG AT | | | |
| F IDENTIFICATION TAGS NOT PRESENT | | BURIED WITH BODY AND | Yes | Ne AINER | |
| • | | | | | |
| IF BURIAL OTHER 1 | HAN ESTABLISHED CEMETERY, | FURNISH SKETCH AND I | MAP REFERENCES ON | REVERSE | |
| BODY ON LEFT, NAME (Last, first, middl | | on Either Side | | | |
| SODY ON LEFT, NAME (1886, 1886, 1886) | ε) | RANK OR RATE | FILE OR SERVICE NO. | GRAVE No. | |
| BODY ON RIGHT, NAME (Last, first, mid | dle) | RANK OR RATE | FILE OR SERVICE NO. | GRAVE NO. | |
| PERSON REPORTING BURGL (Name) | (Rank or rate) | PERSON CONDUCTING B | URIAL RITES | | |
| IN REBURIAL, GIVE LOCATION OF PRE | VIOUS BURIAL | VERIFIED AND FORWAR | DED | | |
| | | | | | |
| | | (Name) | (Rank) | (Title) 16-43683-1 | |

| | L. THUMB | When unidentif | 1. IDENTIFICATION, P ISOLATED BURIALS, four (4) sets of fingerpi | Have body exa | amined to est | tablish IDEN | TITY. If b | ody is unidentified, take | |
|---------------------|---------------|---|---|---|---|--|---|---|--|
| | 8 | inident idgin g . | ESTIMATED HEIGHT | ESTIMATED WEI | | COLOR OF EYE | | COLOR OF HAIR | |
| - | | ifled, take r Obtain sh | BIRTHMARKS, SCARS, OR TA | TTOOS | | WEAPON AND | SERIAL NO. | | |
| | INDEX | olled in arp, cle | | | 111.11 | | | | |
| | - | pressi ar con | 1 | factual weight a | | | | | |
| n | L. MIDDLE | ed, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges | Wrap and tie body secuto five feet or in hasty bur only one body in grave. tag and attach to grave in to BuPers, Marine Corps pencil of identifying data container which can be me | rials, to sufficient Securely faster narker (when be on Coast Guar on form in dup | t depth to pre n one identif ody is disint rd, as indicat licate, place | event destruct ication tag to erred or prop ted). If no t in bottle, car | ion of body body. Rep perly record ag is presenteen, spent | move other identification ed, remove and forward at, make a notation with s shell or other available | |
| | ŗ | Cleanse and int | marker. If no tag is avail suitable means to identif | lable, write ident | ifying data o | n marker. W | hen pegs ar | e not available, use othe | |
| • | RING | Cleanse fingers of all foreign and intervening space. Do | 2. LOCATION OF GRA For all other burials, prep ences, or by reference to complete. Stand at foot | oare sketch in sp o prominent, pe | ace provided rmanent land | below; and g dmarks. Info | give location ormation mu | ust be specific, accurate | |
| | ב. בודדב | matter. not overin | 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) | | | | | | |
| | | Roll finger | Tooth No. 1, missing; No. 2, go crown; No. 4, cavity; No. 5, two fixed bridge supplying missing | old Inlay and two sil | ver fillings; No raryfillings; No | o. 3, full gold os. 6, 7, 8, gold | | 388 | |
| | ампн | to Include | Missing teeth Nos. | | ٠ | 14HM | (*E% 5'P\$ | 11 12 13 14 15 16 MHHHHHH | |
| | <u></u> | Include crease | Occlusion (Type of) | | | 1880e | | | |
| | я = | of first | Malposed teeth (Describe) | | | $\frac{1}{2}$ | NGUE SIDE | | |
| | N D E X | t joint through | Removable appliances | | | | 8888 | | |
| | <u> </u> | | Other defects | | 17 IB 1 | | 23 24 25 24 EEN SIDE | 27 28 29 30 31 31 | |
| | R MIC | 180° on In | Remarks | | POSITIVE | | SOME RESEMBLA | 4 (DENTAL RECORD) REVEALS | |
| | MIDDLE | Inked surface. | | | (Signature | of dental examine | r) | (Rank or rate) | |
| | ก ก | ace. Record impression | | | Z | | | | |
| | R. LITTLE | ssion of same motion | • | • | | | | | |
| REPORT OF BURIAL (E | Back) | <u> </u> | MED-601 (3-45) | | | 16 | -43693~1 ☆ u | S. GOVERNMENT PRINTING OFFICE | |

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 head-quarters 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 | BRANCH OF SERVICE | |
| | CORPS OR RESERVE CLASSIFICATI | ION | RACE | | |
| CAUSE OF DEATH | . II | PLACE OF DEATH | | | |
| | | | | | |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT OF | KIN (If known) | | |
| DATE OF DEATH | | DATE OF BURIAL | 1 1 | , | |
| NAME OF CEMETERY | | LOCATION OF CEMETER | 3 Y | | |
| | | | • | | |
| GRAVE MARKER TYPE | PLOT No. | ROW NO. | GRAVE NO. | | |
| BURIED AT SEA (Date) | | AREA | | | |
| TYPE OF RELIGIOUS CEREMONY | · · · · · · · · · · · · · · · · · · · | RELIGION OF DECEASE | D | | |
| IDENTIFICATION TAGS FOUND ON BODY | 2 NONE | IF NO IDENTIFICATION (Identification cards, le | TAGS. OTHER MEANS USED | TO IDENTIFY BODY | |
| COMPLETE DENTAL CHART ON REVERSE | Yes No | | | | |
| COMPLETE FINGERPRINT CHART, OF BOTH | HANDS ON REVERSE | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON | BODY AND DISPOSITION OF SAME | | | | |
| • | | | | | |
| IDENTIFICATION TAG BURIED WITH BODY | | IDENTIFICATION TAG A | TTACHED TO MARKER | | |
| IF IDENTIFICATION TAGS NOT PRESENT, | WHAT OTHER IDENTIFICATION DATA | BURIED WITH BODY AND | IN WHAT KIND OF CONTA | UNER No | |
| | | | | | |
| | | | | • | |
| IF BURIAL OTHER IH | AN ESTABLISHED CEMETERY, FL | JRNISH 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 BURI L (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | 1 | |
| IN REBURIAL, GIVE LOCATION OF PREVIO | DUS BURIAL. | VERIFIED AND FORWAR | RDED | | |
| | | | | | |
| | | (Name) | (Rank) | (Title) | |

16-43683-1

| , , | | < | | | <u> </u> | | | |
|-----|----------------|--|---|--|---|--|--|--|
| | Ĺ. 1 | Wr vithout | IDENTIFICATION, PREPARATIO ISOLATED BURIALS. Have body | N OF BODY, BURIAL AND | MARKINGS OF GRAVES OF | | | |
| | тнимв | ner ner | four (4) sets of fingerprints of all ava | ailable fingers. Complete the fo | llowing: | | | |
| | 0 | unident udging. | ESTIMATED HEIGHT, ESTIMATED V | | COLOR OF HAIR | | | |
| | | When unidentified, take rolled without smudging. Obtain sharp, o | BIRTHMARKS, SCARS, OR TATTOOS | <u> </u> | <u> </u> | | | |
| | · .F | ake in st | LAUNDRY MARKS | WEAPON AND SERI | AL No. | | | |
| | INDEX | rolled i | DAUNDRI MARAS | | | | | |
| | انجزر | impre: | (If actual weigh | t and height are used, delete est | imated) | | | |
| | ר אוסטרפ | impression of fingerprints. | Wrap and tie body securely in a blan to five feet or in hasty burials, to suffici only one body in grave. Securely fas tag and attach to grave marker (when to BuPers, Marine Corps, or Coast Gu pencil of identifying data on form in c | ent depth to prevent destruction of ten one identification tag to boo body is disinterred or properly uard, as indicated). If no tag is duplicate, place in bottle, cantee | of body or loss of identity. Place by. Remove other identification recorded, remove and forward s present, make a notation with n, spent shell or other available | | | |
| | Г 71 | Cleanse fi | container which can be made watertigh marker. If no tag is available, write ide suitable means to identify grave as a | entifying data on marker. When military grave. | pegs are not available, use othe | | | |
| | RING | Cleanse fingers of all foreign and intervening space. Do | 2. LOCATION OF GRAVE: Report For all other burials, prepare sketch in ences, or by reference to prominent, complete. Stand at foot of grave facing | space provided below; and give permanent landmarks. Informa | location by means of map refer tion must be specific, accurate | | | |
| | <u> </u> | foreign e. Do | If the hony is otherwise unidentified or finge | erprints unobtainable, chart the | | | | |
| | LITTLE | matter. Roll finger not overink. | 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 | | | | | |
| | | oil finger t | Tooth No. 1, missing; No. 2, gold inlay and two crown; No. 4, cavity; No. 5, two porcelain or ten fixed bridge supplying missing tooth No. 7; No. | nporary fillings; Nos. 6, 7, 8, gold 🕒 🛶 | D 鲁00。 | | | |
| | THUMB | to include o | Missing teeth Nos. | | | | | |
| | | crease o | Occlusion (Type of) | - BBBBBB | | | | |
| | я = | of first joint th | Malposed teeth (Describe) | | | | | |
| | NDEX (| | joint through 180° | Removable appliances | - ####\$\$\A(| | | |
| • | | ough 1 | Other defects | 17 18 19 20 21 22 23 1 CMEEN | 4 25 26 27 28 29 30 31 22 5/06 | | | |
| | ;¤ ≾ | | Remarks | | VMED-H-4 (DENTAL RECORD) REVEAL: E RESEMBLANCE NO RESEMBLANCE | | | |
| | MIDOLE | on inked surface. | | (Signature of dental examiner) | (Rank or rate) | | | |
| | | l un | | <u> </u> | | | | |
| | | 1 | | | | | | |
| | R. RING | Record impression of same | | N | | | | |
| | R. LITTLE | lon of same motion | | | | | | |
| | 1.7 | ~ | li . | | | | | |

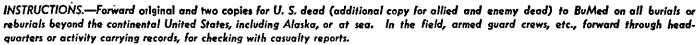
NAVMED-601 (3-45)

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 head-quarters or activity carrying records, for checking with casualty reports.

| SHIP OR STATION ATTACHED AT TIME OF DEATH. | | DATE REPORT FILLED OUT | | | | | |
|--|---------------|------------------------|---|---------------------------------------|--------------------|--|--|
| COPY OF IDENTIFICATION TAG NAME | | | (Last) | (First) | (Middle) | | |
| | FILE OR S | ERVICE No. | RANK OR RATE | BRANCH O | F SERVICE | | |
| | CORPS OR | RESERVE CLASSIFICATI | ON | RACE | | | |
| CAUSE OF DEATH | | | PLACE OF DEATH | • | | | |
| NAME OF NEXT OF KIN (If known) | · · · | | ADDRESS OF NEXT OF | F KIN (If known) | | | |
| DATE OF DEATH | | | DATE OF BURIAL | · · · · · · · · · · · · · · · · · · · | | | |
| NAME OF CEMETERY | | | LOCATION OF CEMETE | ERY | | | |
| GRAVE MARKER TYPE | PLOT No. | <u>. ".</u> | ROW NO. | GRAVE NO. | | | |
| BURIED AT SEA (Date) | ! | <u> </u> | AREA | | | | |
| TYPE OF RELIGIOUS CEREMONY | | | RELIGION OF DECEAS | ED | | | |
| IDENTIFICATION TAGS FOUND ON BODY | | NONE | IF NO IDENTIFICATION (Identification cards, | TAGS, OTHER MEANS USE | D TO IDENTIFY BODY | | |
| COMPLETE DENTAL CHART ON REVERSE | E Yes | ☐ No | | | | | |
| COMPLETE FINGERPRINT CHART OF BO | TH HANDS ON F | REVERSE No | | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON | BODY AND DIS | POSITION OF SAME | | | <u> </u> | | |
| IDENTIFICATION TAG BURIED WITH BOI | Yes | ☐ No | IDENTIFICATION TAG | ATTACHED TO MARKER Yes | No No | | |
| IF IDENTIFICATION TAGS NOT PRESENT | , WHAT OTHER | IDENTIFICATION DATA E | SURIED WITH BODY AND | IN WHAT KIND OF CONT | AINER | | |
| ., | | | | | | | |
| IF BURIAL OTHER I | HAN ESTABLE | SHED CEMETERY, FU | IRNISH SKETCH AND | MAP REFERENCES ON | REVERSE | | |
| BODY ON LEFT. NAME (Last, first, middle | *) | Bodies Buried o | n Either Side | FILE OR SERVICE NO. | GRAVE NO. | | |
| | | | | | | | |
| BODY ON RIGHT, NAME (Last, first, mide | ile) | | RANK OR RATE | FILE OR SERVICE No. | GRAVE NO. | | |
| PERSON REPORTING BURL (Name) | , | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | • | | |
| IN REBURIAL, GIVE LOCATION OF PREV | GOUS BURIAL | | VERIFIED AND FORWA | ARDED | | | |
| | - / // | | (Name) | (Rank) | (Title) | | |

| , | L. ТНИМВ | When u without smu | IDENTIFICATION, P ISOLATED BURIALS, four (4) sets of fingerp. | Have body exa | mined to es | stablish IDENT | TTY. If bo | NGS OF GRAVES OF dy is unidentified, take |
|------|-----------------|---|---|--|--|---|---|--|
| | 5 | nidenti dging. | ESTIMATED HEIGHT, | ESTIMATED WEIG | ЭНТ | COLOR OF EYE | 5 | COLOR OF HAIR |
| | | fied, take Obtain s | BIRTHMARKS, SCARS, OR TA | ATTOOS | | Luginou and a | | |
| | INDEX | rolled in sharp, cle | LAUNDRY MARKS | | | WEAPON AND S | · · · · · · · · · | |
| | | npressi | (I Wrap and tie body secu | f, actual weight a | | | | e substance – Dia aray |
| | ר. אוסטרב | When unidentified, take rolled impression of fingerprints. Without smudging. Obtain sharp, clear contrast of inked ridges | to five feet or in hasty but only one body in grave. tag and attach to grave in to BuPers, Marine Corps pencil of identifying data container which can be in | rials, to sufficient Securely fasten narker (when bo s, or Coast Guan a on form in dup | depth to prone idention one idention discrimination | event destructi fication tag to terred or prop ited). If no ta in bottle, can | on of body o body. Rem erly recorde ig is present teen, spent | r loss of identity. Plac nove other identificatio d, remove and forward, t, make a notation wit shell or other available |
| | <u> </u> | Cleanse f s and inter | marker. If no tag is avai suitable means to identif | lable, write ident fy grave as a mil | ifying data e itary grave. | on marker. W | hen pegs are | e not available, use othe |
| RING | | Cleanse fingers of all foreign and intervening space. Do | LOCATION OF GR For all other burials, prefences, or by reference to complete. Stand at foot | pare sketch in spa o prominent, per | ace provide manent lar | d below; and g ndmarks. Info | ive location rmation mu | by means of map refer st be specific, accurate |
| | L. LITTLE | reign matter. Roll finger Do not overlnk. | If the body is otherwise unidental conditions in conformit para. 2318 (b) (1) & (2))(1945) CHARTING EXAMPLE: (1) Tooth No. 1, missing; No. 2, gorovn; No. 4, cavity; No. 5, tw | y with instructions I 5 Ed. para. 2234.1 & Chart Cavities in Bt old intay and two silv | n MMD (194 .2). This mu _ACK; otherw ver fillings; t | 2, 1938-43 Ed. st be accurate. vise use RED) No. 3, full gold | | |
| | ન ઉ | 6 | fixed bridge supplying missing | tooth No. 7; No. 9. I | porcelain crov | on (outlined). | EK SIDE 10 | 11 12 13 14 15 66 |
| | ампнт | Include ci | Missing teeth Nos. | | MA C | TAAAAA | DDD | |
| | | crease of | Occlusion (Type of) Malposed teeth (Describe) | | | 38800 | WOUE SIDE | MARCHE CONTRACTOR |
| | R. INDEX | of first joint | Removable appliances | | | B880. | AAAA | 188899 |
| | × | it through | Other defects | | AAA | ##### | מַמְמָת <u>ּי</u> | |
| | ;z <u>×</u> | 180° on | Remarks | | | | NAVMED-H-4 | (DENTAL RECORD) REVEAL |
| | WIDDLE | Inked surface | | | (Signatur | s of dental examine | -) | (Rank or rate) |
| , | R. RING | ce. Record impression | | | N | | | |
| | R. LITTLE | ion of same motion | | - | | , | | |

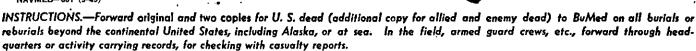
NAVMED-601 (3-45)



| SHIP OR STATION ATTACHED AT TIME OF DEATH | f | DATE REPORT FILLED OUT | | | |
|---|------------------------------------|-------------------------|---------------------------------------|--|--|
| COPY OF IDENTIFICATION TAG | NAME | (Last) | (First) | (Middle) | |
| | FILE OR SERVICE NO. | RANK OR RATE | BRANCH C | F SERVICE | |
| _ | CORPS OR RESERVE CLASSIFICAT | ION | RACE | | |
| AUSE OF DEATH | ll l | PLACE OF DEATH | | | |
| | • | | • | | |
| AME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT O | F KIN (If known) | ······································ | |
| DATE OF DEATH | | DATE OF BURIAL | | • | |
| NAME OF CEMETERY | | LOCATION OF CEMET | ERY | | |
| | | | | | |
| GRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE NO. | | |
| BURIED AT SEA (Date) | | AREA | · · · · · · · · · · · · · · · · · · · | · | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | ED . | | |
| DENTIFICATION TAGS FOUND ON BO | DY | IF NO IDENTIFICATION | TAGS, OTHER MEANS USE | D TO IDENTIFY BODY | |
| · [] 1 | 2 NONE | (The majorators corres, | · · · · · · · · · · · · · · · · · · · | | |
| COMPLETE DENTAL CHART ON REVE | RSE No | | - | • | |
| COMPLETE FINGERPRINT CHART OF | BOTH HANDS ON REVERSE Yes • No | | | | |
| LIST OF PERSONAL EFFECTS FOUND | ON BODY AND DISPOSITION OF SAME | | ··-·· | | |
| • | | , | | | |
| DENTIFICATION TAG BURIED WITH E | Yes No | IDENTIFICATION TAG | ATTACHED TO MARKER | No No | |
| F IDENTIFICATION TAGS NOT PRESE | NT, WHAT OTHER IDENTIFICATION DATA | BURIED WITH BODY AN | D IN WHAT KIND OF CONT | AINER | |
| , | | | | | |
| IF BURIAL OTHER | THAN ESTABLISHED CEMETERY, FO | URNISH SKETCH AND | MAP REFERENCES ON | REVERSE | |
| | Bodies Buried | on Either Side | | ····· | |
| BODY ON LEFT. NAME (Last, first, mid | ldle) | RANK OR RATE | FILE OR SERVICE NO. | GRAVE No. | |
| BODY ON RIGHT. NAME (Last, first, m | ûddle) | RANK OR RATE | FILE OR SERVICE NO. | GRAVE NO. | |
| PERSON REPORTING BURLAL (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | | |
| IN REBURIAL, GIVE LOCATION OF PR | EVIOUS BURIAL | VERIFIED AND FORWA | ARDED | | |
| | | (Name) | (Rank) | (Title) | |
| | | (ivame) | (nank) | 16-43083-1 | |

| , | | € | | | | |
|----------------------|-------------------|--|---|---|---|--|
| | ŗ | When without smi | 1. IDENTIFICATION, PREPARAT | ION OF BODY | , BURIAL AND | MARKINGS OF GRAVES OF |
| | ᅼ | Vhe uts | ISOLATED BURIALS. Have been | dy examined to e | stablish IDENTIT | If body is unidentified, take |
| | THUMB | מועני | four (4) sets of fingerprints of all | | | |
| | 0 | unidentified, take rolled judging. Obtain sharp, c | ESTIMATED HEIGHT, ESTIMATE | D WEIGHT | COLOR OF EYES | COLOR OF HAIR |
| | | Office | BIRTHMARKS, SCARS, OR TATTOOS | | .1 | |
| | ŗ | , take | | | | |
| | N D E X | shar, | LAUNDRY MARKS | | WEAPON AND SERI | AL NO. |
| | × | ed im | //f actual wa | i-bt and baight: | l are used, delete est | imated) |
| | | d impression of fingerprints. clear contrast of inked ridges | <u> </u> | | | |
| | ŗ | sion o | Wrap and tie body securely in a b to five feet or in hasty burials, to suf | lanket, pad cove | ring, canvas or othe | er suitable substance. Dig grave |
| | | t of the | only one body in grave. Securely | fasten one ident | tification tag to bo | dy. Remove other identification |
| | אוסטרב | n ke | tag and attach to grave marker (wh | nen body is disi | nterred or properly | y recorded, remove and forward |
| | m | d rid | to BuPers, Marine Corps, or Coast pencil of identifying data on form i | Guard, as indic n duplicate, plac | cated). If no tag i ce in bottle, cantee | s present, make a notation with n. spent shell or other available |
| | _ | ges : | container which can be made watert | tight, bury one w | ith remains and th | e other, one (1) foot below grave |
| • | _ | lean and t | marker. If no tag is available, write suitable means to identify grave as | e identifying data . a. military grave | on marker. Wher | i pegs are not available, use othe |
| | ŗ | nter | <u>[</u> | | | hunlet wave and aware number |
| • | . R | Cleanse fingers and intervening | 2. LOCATION OF GRAVE: Report For all other burials, prepare sketch | in space provide | ed below; and give | location by means of map refer |
| - | - | | lences, or by reference to prominer | nt, permanent la | indmarks. Informa | ation must be specific, accurate |
| | | space. | complete. Stand at foot of grave fa | acing nead to de | termine bodies bui | red to the left and right. |
| | Ē | foreign te. Do | If the body is otherwise unidentified or f | ingerprints unobtai | nable, chart the | ,, , , , , , , , , , , , , , , , , , , |
| | LITTLE | matter. Roll not overink. | dental conditions in conformity with instructions para, 2318 (b) (1) & (2))(1945 Ed. para, 22 | ctions in MMD (19 234.1 & .2). This m | 42, 1938–43 Ed. ust be accurate. | これをとるこれでは |
| | E. | verir | CHARTING EXAMPLE: (Chart Cavities | | <u>(</u> | |
| | | 두골 | Tooth No. 1 missing: No. 2, gold inlay and | two silver fillings: | No. 3, full gold > | |
| | _ | finger | crown; No. 4, cavity; No. 5, two porcelain or fixed bridge supplying missing tooth No. 7; | rtemporary Illings; No. 9, porcelain cro | wn (outlined). | |
| _ | | 1 8 | | | | CIDE |
| | THUMB | Include | Missing teeth Nos. | • • • • • • • • • • • • • • • • • • | 3 4 5 6 7 8 | 10 11 12 13 14 15 16 |
| | 0 | - de | | — ### C | ひななののに | |
| - | | crease | Occlusion (Tupe of) | | 7988000 | |
| e white com | _ | 윽 | Malposed teeth (Describe) | | JUU TONGL | IE SIDE |
| | , , ; | thrst ; | | | | |
| | 12 D E X | olnt | Removable appliances | @@@ | | |
| | ^ | through | Other defeate | — L1K1 | LANANAN | MUUUDDCJHH |
| | | | Other defects | 17 15 | 19 20 21 22 23 CHEEK | 24 25 26 27, 28 29 30 31 82 S/DZ |
| | ζŪ | 180° 0 | Remarks | | | VMED-H-4 (DENTAL RECORD) REVEALS |
| | MIDDLE | . <u>s</u> | | POSITI | WE IDENTITY SOM | ME RESEMBLANCE NO RESEMBLANCE |
| | DLE | Inkeds | | (Signatu | re of dental examiner) | (Rank or rate) |
| | • | surface | | <u> </u> | | |
| | | _ | | • | | |
| | 7.7 | Record | | , | N | |
| | RING | | | | | |
| | | Impression | - | | | · |
| | ·— | | | | | |
| | 'n | of sa | | | _ | |
| | | same r | | | | |
| | חדידרפּ | motion | | | | |
| | m. | ءَ ا | | | | |
| REPORT OF BURIAL (BO | zck) | NAV | MED-601 (3-45) | | 16-4365 | 33-1 X U. S. GOVERNMENT PRINTING OFFICE |

NAVMED--601 (3-45)



| SHIP OR STATION ATTACHED AT TIME OF DEATH | | | DATE REPORT FILLED OUT | | | |
|---|----------------|--------------------|-------------------------|--------------------------|---------------------------------------|--|
| COPY OF IDENTIFICATION TAG | NAME | · | (Last) | (First) | (Middle) | |
| | FILE OR SER | VICE NO. | RANK OR RATE | BRANCH (| OF SERVICE | |
| | CORPS OR RE | SERVE CLASSIFICATI | ON | · RACE | | |
| | | | | 1,7,02 | | |
| CAUSE OF DEATH | | | PLACE OF DEATH | | | |
| | | | | • | | |
| NAME OF NEXT OF KIN (If known) | | | ADDRESS OF NEXT OF | Kin (If known) | | |
| DATE OF PEATY | | | DATE OF BURIAL | | · · · · · · · · · · · · · · · · · · · | |
| DATE OF DEATH | | | DATE OF BORIAC | | | |
| NAME OF CEMETERY | ; | | LOCATION OF CEMETE | RY | | |
| | | | | | | |
| GRAVE MARKER TYPE | PLOT No. | | ROW NO. | GRAVE NO. | | |
| · (P-1) | | | | | | |
| BURIED AT SEA (Date) | | | AREA | • | • | |
| TYPE OF RELIGIOUS CEREMONY | | | RELIGION OF DECEAS | ED | | |
| IDENTIFICATION TAGS FOUND ON BODY | · | | 1 IE NO IDENTIFICATION | TAGS, OTHER MEANS USE | ED TO IDENTIFY BODY | |
| 1 | 2 | NONE | (Identification cards, | letters, etc.) | O TO IDENTIFY BODY | |
| COMPLETE DENTAL CHART ON REVERSE | | П., | | | | |
| COMPLETE FINGERPRINT CHART OF BOT | H HANDS ON REV | /ERSE | | | | |
| • | Yes | No | | | , | |
| LIST OF PERSONAL EFFECTS FOUND ON | BODY AND DISPO | SITION OF SAME | | | | |
| | • | | | | | |
| IDENTIFICATION TAG BURIED WITH BOD | | | IDENTIFICATION TAG | ATTACHED TO MARKER | | |
| IF IDENTIFICATION TAGS NOT PRESENT. | WHAT OTHER IDE | No | HIBIED WITH BODY AND | Yes VIN WHAT KIND OF COL | No No | |
| TE IDENTIFICATION TAGS NOT FREEZENT, | WHAT OTHER IDE | ENTIFICATION DATA | SURIED WITH BOUT AND | IN WHAT KIND OF CON | AINER | |
| | | · · | | - | | |
| IF BURIAL OTHER TI | HAN ESTABLISH | ED CEMETERY, FL | IRNISH SKETCH AND | MAP REFERENCES ON | REVERSE | |
| | • | Bodies Buried o | 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, midd. | le) | | RANK OR RATE | FILE OR SERVICE No. | GRAVE NO. | |
| | | | | | | |
| PERSON REPORTING BURLAL (Name) | | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | | |
| IN REBURIAL, GIVE LOCATION OF PREV | IOUS BURIAL | | VERIFIED AND FORWA | ARDED | | |
| | | | | | | |
| | | | | | | |
| | | | (Name) | (Rank) | (Title) | |

| INST | RUCTIO | ONS F | ORI | BUR |
|------|--------|-------|-----|-----|

| • | | 5 | | | | , <u> </u> | | | |
|---------------------------------------|---|--|--|--|----------------------------------|--------------------------------|---------------------------------------|---------------------------------|------------------------------|
| | ‡ | When unidentified, take rolled without smudging. Obtain sharp, o | 1. IDENTIFICATION, PI ISOLATED BURIALS. | REPARATION Have body ex | OF BODY, amined to est | BURIAL AN ablish IDEN | ID MARKII TITY. If bo | NGS OF ĠF dy is uniden | RAVES OF |
| | ТНОМВ | Sm. | four (4) sets of fingerpr | ints of all avails | able fingers. | Complete th | e following: | | |
| | © 0 | Jnidenti Jdging. | ESTIMATED HEIGHT | ESTIMATED WEI | | COLOR OF EYE | | COLOR OF H | IAIR |
| | ŗ | fied, ta Obtai | BIRTHMARKS, SCARS, OR TA | noos | | | | <u>,</u> | |
| | | 26 | LAUNDRY MARKS | | | WEAPON AND | SERIAL No. | · | |
| • | INDEX | rolled I | LAUNDRI MARKS | | | | | | |
| | | impression | (If | actual weight a | and height are | used, delete | estimated) | | |
| | Г | sion o | Wrap and tie body secu to five feet or in hasty buri | rely in a blanke ials, to sufficien | t, pad coverin t depth to pre | g, canvas or vent destruct | other suitabl ion of body o | e substance. Ir loss of iden | Dig grave itity. Place |
| | <u> </u> | of fin | only one body in grave. | Securely faster | n one identifi | cation tag to | body. Ren | nove other ic | dentification |
| | WIDDLE | Rerp | tag and attach to grave m | arker (when b | ody is disinte | erred or prop | erly recorde | ed, remove a | ind forward |
| | įπ | ngerprints. | to BuPers, Marine Corps, pencil of identifying data | or Coast Guar on form in due | rd, as indicat olicate, place | ea). It no t in bottle, car | ag is presen iteen, spent | shell or other | otation with er available |
| · · · · · · · · · · · · · · · · · · · | | ges (| container which can be ma | ade watertight, | bury one with | remains and | i the other, o | one (1) foot l | below grave |
| | | Slear | marker. If no tag is avail | able, write iden | tifying data or | marker. W | hen pegs are | e not availabl | e, use other |
| • | r | Cleanse fi s and inter | suitable means to identify | | | | | | |
| | RING | fingers ervening | 2. LOCATION OF GRA | VE: Report bu | irials in establ | lished cemete | ries by plot, | row, and gra | ive number. |
| | 6) | 28.0 | ences, or by reference to | are sketon in sp prominent, pe | rmanent land | imarks. Info | ormation mu | st be specifi | c, accurate |
| · · · · · · · · · · · · · · · · · · · | | all t | complete. Stand at foot | of grave facing | head to dete | rmine bodies | buried to th | e left and ri | ght. |
| | ŗ | g space. Do not overink. | | | | | · · · · · · · · · · · · · · · · · · · | : | - |
| • | | E | If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. | | | | | | |
| | חדורפ | tov | para, 2318 (b) (1) & (2))(1945 | Ed. para, 2234.1 8 | k .2). This must | be accurate. | 光净层 | 3HGU | nn |
| | in | erin T | CHARTING EXAMPLE: (C | hart Cavities In B | LACK; otherwis | se use RED) | 国国 | | |
| | | . ^≝ | Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown: No. 4, caylty: No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold | | | | | | |
| | 'n | finge | fixed bridge supplying missing | tooth No. 7; No. 9, | porcelain crown | (outlined). | | | |
| | | 8 | | _ | - | CA | IEEK SIDE | | |
| | THUMB | incl | Missing teeth Nos | | 4 2 3 | 4 5 6 7 HUUNH | MW L | 11 12 13 1 | 14 15 16 |
| | 9 | a e | | | | | | | |
| | | crease | Occlusion (Type of) | | (+)(+)(-) | 1QQ()\b | | HODGY. | ~)(~)(E |
| | | 9 | Malposed teeth (Describe) | | haa | 100, | NGUE SIDE | 1006 | ئمصر |
| - 1 | <u>, , , , , , , , , , , , , , , , , , , </u> | of first | Walposed teeth (Beathin) | | | 7000 | | ~ 000 | |
| | , 2 0 M X | joln | Removable appliances | | | | AAAAA | MADA | 和田田 |
| | × | 1 | | | 多均均 | 7000 | 7000 | אססר | がひひ |
| 1.00 - 2.00 T | | joint through 180° | Other defects | | 17 18 11 | 20 21 22 | 2) 24 25 24 EEN SIDE | 27 28 29 30 | 31 42 |
| | <i>)</i> 70 | 180 | Dama de | | COMPARISON | WITH DECEASE | D NAVMED-H- | DENTAL RECO | ORD) REVEALS |
| | | 9 | Remarks | | POSITIVE | IDENTITY | SOME RESEMBLA | NCE NO | RESEMBLANCE |
| - | WIDDLE | lake | | | (0) | | | (B. 1 | |
| | m | a su | | | (Signature | of dental examine | r) | (Rank or rate) | |
| | | Inked surface. | | | | | · | | |
| | _ | 1 | | | | | | | |
| | , , , | econ | | | й | | | | |
| | 2 2 0 | Ī | | | | | | | |
| | ., | Record impression | | | İ | | | | |
| | | -\ <u>\<u>\g</u></u> | | | | | | | |
| | נגָ | of sa | | | | | | | |
| | | same r | | | | | | | |
| | ロがてした | motion | | | | | | | |
| | İЛ | 3 | | | | | | | |
| | | | II | | | | | | |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 O | F SERVICE | |
| · | CORPS OR RESERVE CLASSIFICAT | ION | RACE | • | |
| AUSE OF DEATH | | PLACE OF DEATH | | | |
| | | | ì | | |
| 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 CEMETE | RY | - | |
| | | | • | | |
| GRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE No. | | |
| BURIED AT SEA (Date) | • | AREA | | <u> </u> | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | ED | | |
| DENTIFICATION TAGS FOUND ON BODY | | IF NO IDENTIFICATION | TAGS, OTHER MEANS USE | D TO IDENTIFY BODY | |
| 1 | 2 NONE | (Identification cards, l | ellers, elc.) | | |
| COMPLETE DENTAL CHART ON REVERSE | • | - | | | |
| | Yes No | | | | |
| COMPLETE FINGERPRINT CHART OF BOTH | HANDS ON REVERSE | - | | • | |
| • | Yes No | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON B | ODY AND DISPOSITION OF SAME | <u>. </u> | | | |
| | | | | | |
| DENTIFICATION TAG BURIED WITH BODY | Yes No | | ATTACHED TO MARKER Yes | ☐ No | |
| F IDENTIFICATION TAGS NOT PRESENT, V | MAT OTHER IDENTIFICATION DATA I | BURIED WITH BODY AND | IN WHAT KIND OF CONT | AINER | |
| | | | | | |
| IF BURIAL OTHER TH | N ESTABLISHED CEMETERY, FL | IRNISH 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 PREVIO | US BURIAL | VERIFIED AND FORWA | RDED | | |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | | (Name) | (Rank) | (Title) | |
| | | | | 16-43683-1 | |

| INSTRUCTIONS | FOR | BUF |
|----------------|-----|-----|
| #1211700110110 | | |

| • | ŗ, | withou | 1. IDENTIFICATION, PREPARAT | ION OF BODY, B | URIAL AND MA | RKINGS OF GRAVES OF | | |
|--------------|--|--|--|------------------------------------|---------------------------------|--|--|--|
| THUMB | When unidentified, take rolled without smudging. Obtain sharp, o | ISOLATED BURIALS. Have boo four (4) sets of fingerprints of all | available fingers. C | Dish IDENTITY. Complete the follow | ing: COLOR-OF HAIR | | | |
| | | dentif | ESTIMATED REIGHT | | | | | |
| ŗ | ied, ta Obtai | BIRTHMARKS, SCARS, OR TATTOOS | | | | | | |
| | INDEX | ke roin sha | LAUNDRY MARKS | W | EAPON AND SERIAL N | 10. | | |
| | ËX | led in | | | | | | |
| | | ar cor | - | ight and height are υ | | | | |
| | ŗ | ion of | Wrap and tie body securely in a bl to five feet or in hasty burials, to suff | ficient depth to preve | nt destruction of b | ody or loss of identity. Place | | |
| | WIDDLE | of In | 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 forwards). | | | | | |
| | Ĕ | impression of fingerprints. clear contrast of inked ridges | to BuPers, Marine Corps, or Coast pencil of identifying data on form in | Guard, as indicated | l). If no tag is pr | esent, make a notation with | | |
| | | s. CI | container which can be made waterti marker: If no tag is available, write | ight, bury one with r | remains and the otl | ner, one (1) foot below grave | | |
| | ŗ | Cleanse fingers of and intervening | marker: If no tag is available, write suitable means to identify grave as | a military grave. | narker. Whien peg | s are not available, use other | | |
| | RING | finge | 2. LOCATION OF GRAVE: Repo For all other burials, prepare sketch | ort burials in establis | hed cemeteries by | plot, row, and grave number. | | |
| | 6, | ng sp | ences, or by reference to prominen | it, permanent landm | narks. Information | must be specific, accurate, | | |
| | | of all foreign | complete. Stand-at foot of grave fa | cing head to determ | ine bodies buried | to the left and right. | | |
| | <u> </u> | Do no | If the body is otherwise unidentified or fl dental conditions in conformity with instruc | tions In MMD (1942, 19 | 938–43 Ed. 🗶 🔭 | 3 4 5 6 X 6 4 | | |
| | ĹITTLE | atter. | para. 2318 (b) (1) & (2))(1945 Ed. para. 22 | 34.1 & .2). This must be | accurate. | 層的GOOOD | | |
| | | matter. Roll finger not overlnk. | CHARTING EXAMPLE: (Chart Cavities Tooth No. 1, missing; No. 2, gold inlay and i | two silver fillings; No. 3 | i, full gold >/4_ | | | |
| | , Σ | | crown; No. 4, cavity; No. 5, two porcelain or fixed bridge supplying missing tooth No. 7; | No. 9, porcelain crown (c | outlined). | | | |
| | | 1 to 1 | Missing Apple Non | | CHEEK SID. | E 10 11 12 13 14 15 18 | | |
| | THUMB | clude | Missing teeth Nos. | ― おおげと | HUHUL | 44044年 | | |
| - | _ | to include crease | Occlusion (Type of) | | | | | |
| | Ĺ L | of first | Malposed teeth (Describe) | | TONGUE S | | | |
| | _ | | Removable appliances | | 880000 | | | |
| | NDEX | nt thro | | | SSAHUU | | | |
| | | joint through 180° | Other defects | 17 (8 19 | 20 21 22 23 24 25 CHEEN SIDE | | | |
| | , 7 | | Remarks | COMPARISON WI | | D-H-4 (DENTAL RECORD) REVEALS EMBLANCE NO RESEMBLANCE | | |
| | on Inked surface. MIDDLE | | | | | | | |
| | | d surfa | | (Signature of a | dental examiner) | (Rank or rate) | | |
| | | - ice. | | | | | | |
| | נל, זד | Reco | - | ' | • | | | |
| | RING G | d imp | | ļ | | | | |
| | | ressio | | į | | | | |
| • | یر | Record impression of same | | | | • | | |
| | ב | | | | | | | |
| | TTLE | motion | | 1 | • | | | |
| | | | 11 | | | | | |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 CLASSIFICAT | ION | RACE | | |
| CAUSE OF DEATH | | PLACE OF DEATH | | | |
| | | | • | | |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT O | F KIN (If known) | | |
| DATE OF DEATH | | DATE OF BURIAL | | | |
| NAME OF CEMETERY | | LOCATION OF CEMET | ERY | | |
| GRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE N | o. , | |
| BURIED AT SEA (Date) | | AREA | <u> </u> | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | iED | <u> </u> | |
| IDENTIFICATION TAGS FOUND ON BOD | | 15 10 100 100 100 100 100 100 100 100 10 | | | |
| · 1 | 2 NONE | (Identification cards, | N TAGS, OTHER MEANS U letters, etc.) | SED TO IDENTIFY BODY | |
| COMPLETE DENTAL CHART ON REVERS | SE Yes No | | | | |
| COMPLETE FINGERPRINT CHART OF BO | OTH HANDS ON REVERSE No | - | | | |
| LIST OF PERSONAL EFFECTS FOUND O | N BODY AND DISPOSITION OF SAME | ! | | | |
| | • | | | | |
| IDENTIFICATION TAG BURIED WITH BO | DDY No No | IDENTIFICATION TAG | ATTACHED TO MARKER | ∏ No | |
| IF IDENTIFICATION TAGS NOT PRESENT | F, WHAT OTHER IDENTIFICATION DATA | BURIED WITH BODY AN | D'IN WHAT KIND OF CO | VTAINER | |
| • | | <u> </u> | | | |
| IF BURIAL OTHER | THAN ESTABLISHED CEMETERY, FL | JRNISH SKETCH AND | MAP REFERENCES O | N REVERSE | |
| | Bodies Buried | on Either Side | | | |
| BODY ON LEFT. NAME (Last, first, midd | | RANK OR RATE | FILE OR SERVICE NO | . GRAVE NO. | |
| BODY ON RIGHT, NAME (Last, first, mic | idle) | RANK OR RATE | FILE OR SERVICE NO | . GRAVÉ NO. | |
| PERSON REPORTING BURI L (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | <u> </u> | |
| IN REBURIAL, GIVE LOCATION OF PRE | VIOUS BURIAL | VERIFIED AND FORW | ARDED | , | |
| | | - AV N | 75 · | A | |
| | | (Name) | (Rank |) (Title) 16—43683-1 | |

| | L TH | When without smu | ISOLATED BURIALS. F | lave body examined | to establish IDENTITY. | ARKINGS OF GRAVES OF If body is unidentified, take |
|------------------|-----------|---|---|--|---|--|
| | ТНОМВ | unident | four (4) sets of fingerprint | S OF ALL AVAILABLE TING | COLOR OF EYES | COLOR OF HAIR |
| | ŗ | ified, tak Obtain | BIRTHMARKS, SCARS, OR TATTO | oos | • | |
| | INDEX | e roiled sharp, c | LAUNDRY MARKS | | WEAPON AND SERIAL | No. |
| | · | mpression | | | tht are used, delete estim overing, canvas or other s | ated) suitable substance. Dig grave |
| | ר. אוסטרב | unidentified, take rolled impression of fingerprints. Cleanse fingers oudging. Obtain sharp, clear contrast of inked ridges and intervening | to five feet or in hasty burials only one body in grave. So tag and attach to grave mar to BuPers, Marine Corps, o pencil of identifying data on | s, to sufficient depth- curely fasten one ic ker (when body is o r Coast Guard, as in r form in duplicate, | to prevent destruction of dentification tag to body. disinterred or properly re ndicated). If no tag is p place in bottle, canteen, | body or loss of identity. Place Remove other identification ecorded, remove and forward present, make a notation with spent shell or other available ther, one (1) foot below grave |
| | יר ד | Cleanse fl s and inter | marker. If no tag is availab suitable means to identify g | le, write identifying d rave as a military gr | lata on marker. When porave. | egs are not available, use othe |
| - , , | RING | ngers of all foreign vening space. Do | For all other burials, prepare | sketch in space pro rominent, permanen | vided below; and give loot tandmarks. Informatic | y plot, row, and grave number cation by means of map referon must be specific, accurated to the left and right. |
| | ר טדוננ | reign matter. Roll finger to Do not overlak. | If the body is otherwise unident dental conditions in conformity will para. 2318 (b) (1) & (2))(1945 Ed CHARTING EXAMPLE: (Char Tooth No. I, missing; No. 2, gold is crown; No. 4, cavity; No. 5, two po | th Instructions In MMD, para, 2234.1 & .2). Thint Cavities In BLACK; on the control of the contr | (1942, 1938-43 Ed. is must be accurate, therwise use RED) gs; No. 3, full gold | |
| | R. THUMB | inger to include | fixed bridge supplying missing too Missing teeth Nos. | th No. 7; No. 9, porcelain | CHEEK SI | DE 10 11 12 13 14 15 16 |
| | <u>m</u> | ide crease | Occlusion (Type of) | | | |
| | ,7J = | of first | Malposed teeth (Describe) | | DOOD A | |
| | ΣEX | joint through | Removable appliances Other defects | | | |
| | , z | gh 180° on | Remarks | | | ED-H-4 (DENTAL RECORD)REVEALS |
| | MIDDLE | n inked surface. | | | nature of dental examiner) | (Rank or rate) |
| • • | • | 1 | | · | | |
| | ุ๋ส. สเพด | Record Impression of same | | | N | |
| | R. LITTLE | on of same motion | | | | |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 O | F SERVICE | |
| | CORPS OR RESERVE CLASSIFICAT | ION | RACE | | |
| CAUSE OF DEATH | 11 | PLACE OF DEATH | | | |
| | | | • | | |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT O | F KIN (If known) | · | |
| DATE OF DEATH | | DATE OF BURIAL | | | |
| NAME OF CEMETERY | | LOCATION OF CEMET | ERY | | |
| GRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE NO. | · | |
| BURIED AT SEA (Date) | | AREA | | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | SED | | |
| IDENTIFICATION TAGS FOUND ON BOT | DY NONE | IF NO IDENTIFICATION (Identification cards, | N TAGS, OTHER MEANS USE letters, etc.) | TO IDENTIFY BODY | |
| COMPLETE DENTAL CHART ON REVER | SE No | | | | |
| COMPLETE FINGERPRINT CHART OF B | OTH HANDS ON REVERSE No | | | • | |
| LIST OF PERSONAL EFFECTS FOUND (| ON BODY AND DISPOSITION OF SAME | | | : 1 | |
| DENTIFICATION TAG BURIED WITH BO | ODY No | IDENTIFICATION TAG | ATTACHED TO MARKER | | |
| IF IDENTIFICATION TAGS NOT PRESEN | T, WHAT OTHER IDENTIFICATION DATA | BURIED WITH BODY AN | D IN WHAT KIND OF CONTA | LINER | |
| | | | | | |
| IF BURIAL OTHER | THAN ESTABLISHED CEMETERY, FO | JRNISH SKETCH AND | MAP REFERENCES ON | REVERSE | |
| | Bodies Buried | on Either Side | | | |
| BODY ON LEFT. NAME (Last, first, midd | lle) | RANK OR RATE | FILE OR SERVICE NO. | GRAVE No. | |
| BODY ON RIGHT. NAME (Last, first, mi | ddle) | RANK OR RATE | FILE OR SERVICE NO. | GRAVE NO. | |
| PERSON REPORTING BURE L (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | | |
| IN REBURIAL, GIVE LOCATION OF PRE | VIOUS BURIAL | VERIFIED AND FORW | ARDED | | |
| | | | • | | |
| | | (Name) | (Rank) | (Title) | |

| INSTRUCTION | S FOR BUR | ١ |
|-------------|-----------|---|

| Ì | | 5 | | | | | | | |
|---|----------------|---|--|---|--|---|---|-------------------------|--|
| | I | When unidentified, without smudging. Obt | 1. IDENTIFICATION, ISOLATED BURIALS | . Have body exa | mined to est | ablish IDENTITY. | If body is unidentif | VES OF ied, take | |
| | THUMB | mudi nun | four (4) sets of fingers | orints of all availa | | Complete the follow | wing: COLOR OF HAI | D | |
| | w | identi ging. | ESTIMATED HEIGHT, | ESTIMATED WEI | 311 | COLON OF ETES | COZON CI TIA | | |
| | ŗ | ified, to Obta | BIRTHMARKS, SCARS, OR T | ATTOOS | I | | | | |
| | | ake n | LAUNDRY MARKS | | | WEAPON AND SERIAL | No. | | |
| | NDEX | take rolled tain sharp, c | | | | | | | |
| | , | Impression of fingerpricient contrast of inked | . (| If actual weight a | nd height are | e used, delete estima | ated) | | |
| | ŗ | slon | Wrap and tie body sec to five feet or in hasty bu | urely in a blanket | t, pad coverin | ig, canvas or other s | uitable substance. | Dig grave | |
| | 3 | of fin | only one body in grave. | Securely fasten | one identifi | cation tag to body. | Remove other idea | ntification | |
| | WIDDLE | gerpr | tag and attach to grave to BuPers, Marine Corp | marker (when bo s. or Coast Guar | ody is disinte d. as indicat | erred or properly re ed). If no tag is p | ecorded, remove and resent, make a nota | l forward ition with | |
| | | Ints. | pencil of identifying dat | a on form in dup | licate, place | in bottle, canteen, | spent shell or other | available | |
| | ·- | rints. Clear | container which can be r marker. If no tag is ava | nade watertight, l ilable, write ident | bury one with ifying data or | i remains and the o i marker. When pe | gs are not available. | use other | |
| | ŗ | inte | suitable means to identi | ify grave as a mil | litary grave. | | | | |
| | RING | finge | 2. LOCATION OF GF For all other burials, pre | RAVE: Report bu | rials in estab | lished cemeteries by | plot, row, and grave | number. | |
| | • | ng sp | ences, or by reference | to prominent, per | rmanent land | lmarks. Informatio | n must be specific, | accurate | |
| | | nse fingers of all foreign intervening space. Do | complete. Stand at foo | t of grave facing | head to dete | rmine bodies buried | to the left and righ | t. | |
| | ר ר | Do n | If the body is otherwise un | identified or fingerpr | ints unobtainat | ole, chart the | × | | |
| | רודדרפ | natte ot ove | para. 2318 (b) (1) & (2))(194 | 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. | | | | | |
| | m | erink | CHARTING EXAMPLE: | (Chart Cavities In Bl | _ACK; otherwis | se use RED) | | | |
| | | matter. Roll finger not overlak. | Tooth No. 1, missing; No. 2, g crown; No. 4, cavity; No. 5, tv fixed bridge supplying missin | vo norcelain or tempo | rary fillings; No | s. 6, 7, 8, gold 💛 🕻 🗨 | 多屬00。 | • | |
| | | ger to | Tixed Dridge supplying missing | g (000) 1 | | | | | |
| | THUMB | Incli | Missing teeth Nos | | 4 2 3 | | 7 10 11 12 13 14 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | t5 t6 | |
| | <u>0</u> | ude c | | | TICE TO THE PROPERTY OF THE PR | | | では | |
| | | Include crease | Occlusion (Type of) | | | | | | |
| | ر _ة | of firs | Malposed teeth (Describe) | | | TONGUE S | 3/08 | | |
| | _ | → | Describbe and because | · | TARK | 1880 | | | |
| | NDEX | nt th | Removable appliances _ | | | | | HH | |
| | | Joint through 180° | Other defects | | 11 19 11 مراجماندو | ~ ** ** ****************************** | 1MMMMHH 5. 24 27 24 29 30 | 31 42 | |
| | מק | 185 | Remarks | | COMPARISON | WITH DECEASED NAVMI | D-H-4 (DENTAL RECOR | D)REVEALS | |
| | <u> </u> | On in | | | POSITIVE | IDENTITY SOME RI | SEMBLANCE NO RES | EMBLANCE | |
| | אוסטרצ | ked s | | | (Signature (| of dental examiner) | (Rank or rate) | | |
| | | on inked surface. | | | | | | | |
| • | | | | | | | • | | |
| | , T | Record | ļ | | , Ņ | | • | | |
| - | ก 2 | d in | | | | | | | |
| | | resslo | | • | | • | | | |
| | | Record Impression of same motion | | - | | | | | |
| | ָ אַ | same | | | | - | | | |
| | רודדעב | moti | | | | | | | |
| | m | 5 | | | | | | | |
| | | , | | | | | | | |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 CLASSIFICAT | ion | RACE | |
| CAUSE OF DEATH | | PLACE OF DEATH | l | |
| | | | ì | |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT O | F KIN (If known) | |
| DATE OF DEATH | | DATE OF BURIAL | <u> </u> | |
| NAME OF CEMETERY | | LOCATION OF CEMETI | ERY | |
| | · · | | | • |
| GRAVE MARKER TYPE | PLOT No. | ROW NO. | GRAVE NO | |
| BURIED AT SEA (Date) | <u> </u> | AREA | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | ED | |
| IDENTIFICATION TAGS FOUND ON BODY | = | IF NO IDENTIFICATION | TAGS, OTHER MEANS US | ED TO IDENTIFY BODY |
| _ | 2 NONE | (Identification cards, | letters, etc.) | |
| COMPLETE DENTAL CHART ON REVERSE | | _ | | |
| COMPLETE FINGERPRINT CHART OF BO | Yes No | _ | | |
| | Yes No | | | |
| LIST OF PERSONAL EFFECTS FOUND ON | BODY AND DISPOSITION OF SAME | <u> </u> | | |
| | | | | |
| IDENTIFICATION TAG BURIED WITH BOD | Yes No | IDENTIFICATION TAG | ATTACHED TO MARKER | ∏ No |
| IF IDENTIFICATION TAGS NOT PRESENT. | WHAT OTHER IDENTIFICATION DATA | BURIED WITH BODY AND | D IN WHAT KIND OF CON | TAINER |
| • | | _ | | |
| IF BURIAL OTHER T | HAN ESTABLISHED CEMETERY, FO | URNISH SKETCH AND | MAP REFERENCES OF | N REVERSE |
| | Dadin David | . Ful . C. I | | |
| BODY ON LEFT. NAME (Last, first, middle | Bodies Buried | RANK OR RATE | FILE OR SERVICE NO. | GRAVE No. |
| BODY ON RIGHT, NAME (Last, first, midd | (le) | RANK OR RATE | FILE OR SERVICE No. | GRAVE NO. |
| | | | | |
| PERSON REPORTING BURLL (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | |
| IN REBURIAL, GIVE LOCATION OF PREV | IOUS BURIAL | VERIFIED AND FORWA | ARDED | <u>.</u> |
| | | | | |
| | | (Name) | (Rank | (Title) |

| | _ | wit | | | V DUDINI AND MA | DIVINOS OF OBLUES OF | |
|---|-----------------|---|---|--|---|---|--|
| | L. THUMB | When tout smu | 1. IDENTIFICATION, PREPAR ISOLATED BURIALS. Have four (4) sets of fingerprints of | body examined to | establish IDENTITY. | If body is unidentified, take | |
| | 8 | inident | | ATED WEIGHT | COLOR OF EYES | COLOR OF HAIR | |
| | | ified, ta Obtai | BIRTHMARKS, SCARS, OR TATTOOS | | ······································ | | |
| | INDEX | When unidentified, take rolled without smudging. Obtain sharp, o | LAUNDRY MARKS | | WEAPON AND SERIAL | No. | |
| | | d impression clear contras | (If actual | weight and height | are used, delete estima | ted) | |
| , | t. MIDDLE | ssion of fingerprints. Cleanse fingers on trast of inked ridges and intervening | Wrap and tie body securely in to five feet or in hasty burials, to only one body in grave. Secure tag and attach to grave marker (to BuPers, Marine Corps, or Copencil of identifying data on for | sufficient depth to ply fasten one iden (when body is dis ast Guard, as indi m in duplicate, pla | prevent destruction of b ntification tag to body. interred or properly re cated). If no tag is po ice in bottle, canteen, s | ody or loss of identity. Place Remove other identification corded, remove and forward resent, make a notation with spent shell or other available | |
| | <u> </u> | Cleanse f | container which can be made wat marker. If no tag is available, wi suitable means to identify grave | rite identifying data as a military grav | a on marker. When per e. | gs are not available, use other | |
| | RING | fingers of all for | fingers of all for | LOCATION OF GRAVE: R For all other burials, prepare ske ences, or by reference to promi complete. Stand at foot of grave | tch in space provid nent, permanent la | led below; and give loca andmarks. Information | ation by means of map refer- n must be specific, accurate |
| | ב. בודדכב | of all foreign matter. Roll finger to include crease space. Do not overink. | If the body is otherwise unidentified dental conditions in conformity with ins para. 2318 (b) (1) & (2))(1945 Ed. para CHARTING EXAMPLE: (Chart Cav Tooth No. 1, missing; No. 2, gold inlay a | structions in MMD (19 a, 2234,1 & .2). This m rities in BLACK; othe and two silver fillings; | 942, 1938-43 Ed. nust be accurate. rwise use RED) No. 3, ful! gold | | |
| | Ŗ. Ţ | Il finger to | crown; No. 4, cavity; No. 5, two porcelal fixed bridge supplying missing tooth No | n or temporary fillings; | ; Nos. 6, 7, 8, gold 💛 💓 | <u>.</u> | |
| | THUMB | Include | Missing teeth Nos. | | HHHHHH | JHNHHHHH | |
| | | | Occlusion (Type of) | | | | |
| | ر <u>ج</u> = | of first | Malposed teeth (Describe) | | TONGUE S | | |
| | XBGX | joint through 180° | Removable appliances | | | | |
| | | ough 18 | Other defects | 17 18 | 18 20 21 22 23 24 21 CHEEN SID | 26 27 28 29 30 31 32 D-H-4 (DENTAL RECORD) REVEALS | |
| - | R. Mid | O° on inked | Remarks | _ | <u></u> | SEMBLANCE NO RESEMBLANCE | |
| | MIDDLE | ked sun | | (Signati | ure of dental examiner) | (Rank or rate) | |
| | <u></u> | surface. I | | | | | |
| | R. RING | Record Impression of | | • | N | | |
| | R. LITTLE | on of same motion | | | | | |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 CLASSIFICAT | TION | RACE | | |
| AUSE OF DEATH | | PLACE OF DEATH | · | | |
| | , , | | • | | |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT O | F KIN (If known) | | |
| DATE OF DEATH | | DATE OF BURIAL | | | |
| NAME OF CEMETERY | | LOCATION OF CEMETI | ERY | | |
| · , | | | | | |
| GRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE NO | o | |
| BURIED AT SEA (Date) | | AREA | <u> </u> | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | ED | | |
| DENTIFICATION TAGS FOUND ON BODY | | IF NO IDENTIFICATION | N TAGS, OTHER MEANS US | SED TO IDENTIFY BODY | |
| COMPLETE DENTAL CHART ON REVERSE | 2 NONE | - | • | | |
| COMPLETE FINGERPRINT CHART OF BO | Yes No | _ | | | |
| · · · · · · · · · · · · · · · · · · · | Yes No | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON | BODY AND DISPOSITION OF SAME | | 1 | | |
| DENTIFICATION TAG BURIED WITH BOD | Y | IDENTIFICATION TAG | ATTACHED TO MARKER | | |
| F IDENTIFICATION TAGS NOT PRESENT, | Yes No | THE PARTY ROOM | ☐ Yeş | No No | |
| , . | | BURIED WITH BODY AN | D IN WHAT KIND OF COM | | |
| IE DUDIAL OTHER T | HAN ESTABLISHED CEMETERY, FI | IDMEN CVPTon AND | | | |
| DORIAL OTRER II | | | MAP REFERENCES OF | N REVERSE . | |
| BODY ON LEFT. NAME (Last, first, middle | Bodies Buried | on Either Side | FILE OR SERVICE NO. | GRAVE NO. | |
| BODY ON RIGHT. NAME (Last, first, midd | le) | RANK OR RATE | FILE OR SERVICE NO. | GRAVE NO. | |
| PERSON REPORTING BURI,L (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | <u> </u> | |
| N REBURIAL, GIVE LOCATION OF PREV | IOUS BURIAL | VERIFIED AND FORWA | ARDED | | |
| | | , | | | |
| | | (Name) | (Rank | (Tille) | |
| | | | | 16-43683-1 | |

| INST | RUCTIO | NS F | DR I | BUF |
|------|---------------|--------|------|------|
| 1421 | 700110 | 149 64 | V:1 | 3014 |

| | L TH | Whe without s | 1. IDENTIFICATION, ISOLATED BURIAL | S. Have body ex | amined to es | tablish IDENTITY | . If body is | OF GRAVES OF unidentified, take | |
|--|------------|---|---|--|---|---|---|---|--|
| | тнимв | n unident mudging. | four (4) sets of finger | Prints of all avai | | Complete the fol | | OR OF HAIR | |
| | ŗ Z | l, take | BIRTHMARKS, SCARS, OR | TATTOOS | | WEAPON AND SERIA | L No. | | |
| ······································ | INDEX | illed impression | | (If. actual weight | and height a | re used, delete esti | mated) | | |
| | t. MIDDLE | of fingerprints. st of inked ridges | sion of fingerprints. | Wrap and tie body se to five feet or in hasty b only one body in grave tag and attach to grave to BuPers, Marine Cor pencil of identifying da container which can be | urials, to sufficients. Securely faste marker (when I ps, or Coast Gua ta on form in du | nt depth to pr n one identi oody is disin rd, as indica plicate, place | event destruction o fication tag to bod terred or properly ted). If no tag is in bottle, canteen | f body or lossy. Remove recorded, represent, man, spent shell | s of identity. Place other identification omove and forward ake a notation with l or other available |
| , 1 | L. RING | Cleanse fingers of all foreign and intervening space. Do | marker. If no tag is av suitable means to iden 2. LOCATION OF G For all other burials, prences, or by reference complete. Stand at for | ailable, write ider tify grave as a m RAVE: Report b epare sketch in s to prominent, p | itifying data o ilitary grave. urials in estal pace provided ermanent lan | on marker. When olished cemeteries d below; and give I dmarks. Informat | pegs are not by plot, row, ocation by m tion must be | available, use othe and grave number neans of map refer s specific, accurate | |
| | ר. רודדרפ | all foreign matter. Rull finger to include crease ace. Do not overlnk. | ace. Do not overlak. | If the body is otherwise u dental conditions in conform para. 2318 (b) (1) & (2))(19 CHARTING EXAMPLE: Tooth No. 1, missing; No. 2, | nidentified or finger; hity with instructions 45 Ed. para. 2234.1 (Chart Cavities in E gold inlay and two s wo porceigin or temp | orints unobtains In MMD (194: & .2). This must stACK; otherw liver fillings; Norary fillings; N | tible, chart the 2. 1938-43 Ed. at be accurate. lise use RED) io. 3, full gold os. 6, 7, 8, gold | | |
| | R. THUMB | | Missing teeth Nos. | ng tooth No. 7; No. 9 | porcelain crow | CHEEK | | | |
| | Д Э | of first | Malposed teeth (Describe | | 000 000 | JOO TOUR | 510£ | 38996 | |
| | NOEX | Joint through 180° | Removable appliances . Other defects | | | | | | |
| | R. MIDDLE | 180° on inked surface | Remarks | | POSITIVE | WITH DECEASED NAV | MED-H-4 (DEN RESEMBLANCE | TAL RECORD) REVEALS NO RESEMBLANCE or rate) | |
| · · · · · · · · · · · · · · · · · · · | R. RING | urface. Record impression of same | | | N | | | , | |
| | R. LITTLE | ion of same motion | | | - - | | | | |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 C | OF SERVICE |
| | CORPS OR RESERVE CLASSIFICAT | ION | RACE | ······································ |
| CAUSE OF DEATH | | PLACE OF DEATH | | |
| CAUSE OF BEATH | | PEAGE OF BEATTI | ì | |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT O | F KIN (If known) | |
| DATE OF DEATH | | DATE OF BURIAL | | |
| • | · . | | • | |
| NAME OF CEMETERY | · · · · · | LOCATION OF CEMETI | ERY | |
| | | | | |
| GRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE NO. | |
| BURIED AT SEA (Date) | | AREA | <u> </u> | |
| TYPE OF RELIGIOUS CEREMONY | n | RELIGION OF DECEAS | ED | |
| IDENTIFICATION TAGS FOUND ON BOD | | | - | |
| IDENTIFICATION TAGS FOUND ON BOD | 2 NONE | (Identification cards, | n tags, other means use letters, etc.) | D TO IDENTIFY BODY |
| COMPLETE DENTAL CHART ON REVERS | E Yes No | 7 | | |
| COMPLETE FINGERPRINT CHART OF BO | OTH HANDS ON REVERSE | _ | | · |
| LIST OF PERSONAL EFFECTS FOUND OF | Yes No | | | |
| Est di Telisonal Estecis Poolis di | TO SOLI AND DISTOSTICK OF SAME | | • | |
| IDENTIFICATION TAG BURIED WITH BO | nv | T IDENTIFICATION TAG | | |
| SPERMICION THE BUILD WITH BU | Yes No | IDENTIFICATION TAG | ATTACHED TO MARKER Yes | No No |
| IF IDENTIFICATION TAGS NOT PRESENT | WHAT OTHER IDENTIFICATION DATA | BURIED WITH BODY ANI | D IN WHAT KIND OF CONT | AINER |
| £9 | | | | |
| IF BURIAL OTHER | THAN ESTABLISHED CEMETERY, F | URNISH SKETCH AND | MAP REFERENCES ON | REVERSE |
| | <u> </u> | | | - n |
| BODY ON LEFT. NAME (Last, first, middle | Bodies Buried | on Either Side | FILE OR SERVICE NO. | GRAVE No. |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | NAME OF TAXE | FILE OR SERVICE NO. | GRAVE RO. |
| BODY ON RIGHT. NAME (Last, first, mid | die) | RANK OR RATE | FILE OR SERVICE NO. | GRAVE NO. |
| PERSON REPORTING BURLAL (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | <u> </u> |
| IN REBURIAL, GIVE LOCATION OF PRE | VIOUS BURIAL | VERIFIED AND FORWA | ARDED | |
| ! | | | | |
| | | (Name) | (Rank) | (Title) |
| | | | | 16-43683-1 |

| INCTRUCTIONS | EAD | DITE |
|--------------|-----|------|
| INSTRUCTIONS | FUK | RUN |

| four (4) sets of fingerprints of all available fingers. Complete the following: Trigger Color of Eves Color of Eves Color of Eves Color of Hair | , | | 5 | | | | <u> </u> |
|--|---------------|-----------|--|--|---|--|---|
| ULUNDAY MARKS (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 to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity only one body in grave. Securely fasten one indentification tag to body. Remove other identity tag and attach to grave marker (when body is disintered or properly recorded, remove and not to surpers, Mannine Corps, or costs Goard, as indicated). If no tag is present, make a notation suitable marker. If no tag is available, write identifying data on marker. When pege are not available, use suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave ances, or by reference to prominent, permanent landmarks. Information must be specific, an ances, or by reference to prominent, permanent landmarks. Information must be specific, and ances, or by reference to prominent, permanent landmarks. Information must be specific, and ances, or by reference to prominent, permanent landmarks. If the body is interestive undestribled or fingerprints unobtainable, chart the denial conditions in centermity with instructions in MMO (1924; 1984-1986). If the body is interestive undestribled or fingerprints unobtainable, chart the denial conditions in centermity with instructions in MMO (1924; 1984-1986). If the body is interestive undestribled or fingerprints unobtainable, chart the denial conditions in centermity with instructions in MMO (1924; 1984-1986). If the body is interestive undestribled or fingerprints unobtainable, chart the denial conditions in centermity with instructions in MMO (1924; 1984-1986). If the body is understood in the promoter of the promoter of the promoter of the promoter of the promoter of the promoter of the promot | | | Wher without sr | ISOLATED BURIALS. Have b | ody examined to e | establish IDENTITY. | If body is unidentified, take |
| ULUNDAY MARKS (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 to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity only one body in grave. Securely fasten one indentification tag to body. Remove other identity tag and attach to grave marker (when body is disintered or properly recorded, remove and not to surpers, Mannine Corps, or costs Goard, as indicated). If no tag is present, make a notation suitable marker. If no tag is available, write identifying data on marker. When pege are not available, use suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave ances, or by reference to prominent, permanent landmarks. Information must be specific, an ances, or by reference to prominent, permanent landmarks. Information must be specific, and ances, or by reference to prominent, permanent landmarks. Information must be specific, and ances, or by reference to prominent, permanent landmarks. If the body is interestive undestribled or fingerprints unobtainable, chart the denial conditions in centermity with instructions in MMO (1924; 1984-1986). If the body is interestive undestribled or fingerprints unobtainable, chart the denial conditions in centermity with instructions in MMO (1924; 1984-1986). If the body is interestive undestribled or fingerprints unobtainable, chart the denial conditions in centermity with instructions in MMO (1924; 1984-1986). If the body is interestive undestribled or fingerprints unobtainable, chart the denial conditions in centermity with instructions in MMO (1924; 1984-1986). If the body is understood in the promoter of the promoter of the promoter of the promoter of the promoter of the promoter of the promot | , | Z Z | nudg | | | | |
| UNIONY MARKS (If, actual weight and height are used, dolote estimated) Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity only one body in grave. Securely fasten one identification tag to body. Remove other identification tag to body. Remove other identification tag to body. Remove other identification tag to body. Remove other identification tag to body. Remove other identification tag to body. Remove other identification tag to body. Remove other identification tag to body. Remove other identification tag to bag to the surface of properly recorded, remove and pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other marker. If no tag is available, use container which can be made watertight, bury one with remains and the other, one (1) foot below marker. If no tag is available, use suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave mecs, or by reference to prominent, permanent landmarks. Information must be specific, accomplete. 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 he desired continued to the left and right. If the body is otherwise unidentified or fingerprints unobtainable, chart he demand to the common of the common o | | | denti | LE TIEST | | | |
| marker. If no tag is available, write identifying data on marker. When pegs are not available, use suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave not recess, or by reference to prominent, permanent landmarks. Information must be specific, accomplete. Stand at foot of grave rading head to determine bodies buried to the left and right. If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) For all the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) CHARTING EXAMPLE: Chart Cavities in BLACK; otherwise use RED) Toth No. I, missing: No. 2, gold inlay and two aliver fillings; No. 3, full gold fleed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined). Missing teeth Nos. Occlusion (Type of) Malposed teeth (Describs) Removable appliances Other defects The second of the defects The second of the defects Other defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects of the defects of the second of the defects of t | • | | fied, t | BIRTHMARKS, SCARS, OR TATTOOS | | | <u> </u> |
| marker. If no tag is available, write identifying data on marker. When pegs are not available, use suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave not recess, or by reference to prominent, permanent landmarks. Information must be specific, accomplete. Stand at foot of grave rading head to determine bodies buried to the left and right. If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) For all the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) CHARTING EXAMPLE: Chart Cavities in BLACK; otherwise use RED) Toth No. I, missing: No. 2, gold inlay and two aliver fillings; No. 3, full gold fleed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined). Missing teeth Nos. Occlusion (Type of) Malposed teeth (Describs) Removable appliances Other defects The second of the defects The second of the defects Other defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects of the defects of the second of the defects of t | | | ake In si | LAUNDRY MARKS | | WEAPON AND SERIAL N | 10. |
| marker. If no tag is available, write identifying data on marker. When pegs are not available, use suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave not recess, or by reference to prominent, permanent landmarks. Information must be specific, accomplete. Stand at foot of grave rading head to determine bodies buried to the left and right. If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) For all the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) CHARTING EXAMPLE: Chart Cavities in BLACK; otherwise use RED) Toth No. I, missing: No. 2, gold inlay and two aliver fillings; No. 3, full gold fleed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined). Missing teeth Nos. Occlusion (Type of) Malposed teeth (Describs) Removable appliances Other defects The second of the defects The second of the defects Other defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects of the defects of the second of the defects of t | | DEX | rolled | EXCHANGE MARKET | | | |
| marker. If no tag is available, write identifying data on marker. When pegs are not available, use suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave not recess, or by reference to prominent, permanent landmarks. Information must be specific, accomplete. Stand at foot of grave rading head to determine bodies buried to the left and right. If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) For all the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) CHARTING EXAMPLE: Chart Cavities in BLACK; otherwise use RED) Toth No. I, missing: No. 2, gold inlay and two aliver fillings; No. 3, full gold fleed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined). Missing teeth Nos. Occlusion (Type of) Malposed teeth (Describs) Removable appliances Other defects The second of the defects The second of the defects Other defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects of the defects of the second of the defects of t | | | lmpr | (If, actual w | veight and height a | are used, delete estimat | ed) |
| marker. If no tag is available, write identifying data on marker. When pegs are not available, use suitable means to identify grave as a military grave. 2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave not recess, or by reference to prominent, permanent landmarks. Information must be specific, accomplete. Stand at foot of grave rading head to determine bodies buried to the left and right. If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) For all the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in contromity with instructions in MMO (1942, 1998-43 Ed.) CHARTING EXAMPLE: Chart Cavities in BLACK; otherwise use RED) Toth No. I, missing: No. 2, gold inlay and two aliver fillings; No. 3, full gold fleed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined). Missing teeth Nos. Occlusion (Type of) Malposed teeth (Describs) Removable appliances Other defects The second of the defects The second of the defects Other defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects The second of the defects of the defects of the second of the defects of t | | ר. אוסטרב | Cleanse fingers of all foreign and intervening space. Do | to five feet or in hasty burials, to so only one body in grave. Securely tag and attach to grave marker (v to BuPers, Marine Corps, or Coas pencil of identifying data on form | ufficient depth to p y fasten one ident when body is disi st Guard, as indic in duplicate, plac | prevent destruction of bo tification tag to body. Interred or properly rec cated). If no tag is proper te in bottle, canteen, sp | ody or loss of identity. Place Remove other identification corded, remove and forward esent, make a notation with bent shell or other available |
| ences, or by reference to prominent, permanent landmarks. Information must be specific, ac complete. Stand at foot of grave facing head to determine bodies buried to the left and right. If the body is otherwise undensified or fingerprints unobtainable, chart the dental conditions in contemity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (i) & (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. 5, 718, gold fixed bridge supplying missing tooth No. 7; No. 9, pocealan crown (outlines). Missing teeth Nos. Occlusion (Type el) Malposed teeth (Describe) Removable appliances Other defects No responsible definition of the prominent points and the program of dental crowniser? (Signature of dental crowniser) No No responsible of the prominent landmarks. Information must be specific, accomplete dental crown in the left and right. The body is otherwise undensitied or fingerprints unobtainable, chart the dental conditions in complete the dental conditions in complete the dental conditions in the left and right. CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, roll gold crown, No. 4, cavity; No. 5, 718, gold fixed bridge supplying missing tooth No. 7; No. 9, pocealan crown (outlines). Occlusion (Type el) Malposed teeth (Describe) Removable appliances Other defects No responsible and the prominent of the prominent of the left and right. No responsible and right | | | Cleanse fi | marker. If no tag is available, wri suitable means to identify grave a | te identifying data as a military grave | on marker. When peg e. | s are not available, use othe |
| dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed.) dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed.) dera, 2318 (b) (1) & (2) (1945 Ed.) para, 2234.1 & (2). This must be caucurate. CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 6, 7, 8, gold crown; No. 4, early; No. 5, two porcelain or temporary fillings; No. 6, 7, 8, gold crown; No. 4, early; No. 5, two porcelain or temporary fillings; No. 6, 7, 8, gold crown; No. 4, early; No. 5, two porcelain or temporary fillings; No. 6, 7, 8, gold crown; No. 4, early; No. 5, two porcelain or temporary fillings; No. 6, 7, 8, gold crown; No. 4, early; No. 5, two porcelain or temporary fillings; No. 6, 7, 8, gold crown; No. 4, early; No. 5, two porcelain or temporary fillings; No. 6, 7, 8, gold crown; No. 7; No. 9, porcelain crown (outlined). Missing teeth Nos. Occlusion (Type ef) Malposed teeth (Deartike) Removable appliances Other defects 11 to 19 20 21 22 26 25 20 21 22 20 30 31 30 31 32 30 32 | | | | For all other burials, prepare sketchences, or by reference to promine | ch in space provide ent, permanent la | ed below; and give loca Indmarks. Information | tion by means of map refer must be specific, accurate |
| Missing teeth Nos. Occlusion (Type of) Malposed teeth (Describe) Removable appliances Other defects Tompute Side (Signature of dental examiner) Removable appliances (Signature of dental examiner) N Removable (Signature of dental examiner) N Removable (Signature of dental examiner) | | | oreign matter. Roi Do not overlnk. | dental conditions in conformity with instr para, 2318 (b) (1) & (2))(1945 Ed. para, CHARTING EXAMPLE: (Chart Caviti | uctions in MMO (19 2234.1 & .2). This mulies in BLACK; other d two sliver fillings; | 42, 1938-43 Ed. ust be accurate. wise use RED) No. 3, full gold | |
| Cocclusion (Type of) Malposed teeth (Describe) Removable appliances Other defects If is to 20 21 22 22 22 22 22 22 22 20 31 | | | l finger to in | crown; No. 4, cavity; No. 5, two porcelain fixed bridge supplying missing tooth No. 7 | or temporary fillings ; I | Nos. 6, 7, 8, gold 🔾 🐷 | 10 11 12 13 14 15 18 |
| Cocclusion (Type of) Malposed teeth (Describe) Removable appliances Other defects If is to 20 21 22 22 22 22 22 22 22 20 31 | , | и Х | clude | Missing teeth Nos. | | HHHHHH | イエフエエディディア |
| Malposed teeth (Describe) Removable appliances Other defects Remarks COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) RE POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE NO RESEMBLANCE (Signature of dental examiner) REMARKS REM | · | | crease | Occlusion (Type of) | | TEEDOOU | |
| Removable appliances Other defects Remarks | | 20 | 9, | Malposed teeth (Describe) | | TONGUE SI | |
| POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLE (Signature of dental examiner) (Rank or rate) Record impression of sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales are sales and sales are | | INDEX | | Removable appliances | | | |
| POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLE (Signature of dental examiner) (Rank or rate) Record impression of sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales and sales are sales are sales and sales are | | | ough | Other defects | 12 18 (التحار التحار | 19 20 21 22 23 24 25 CHEEN SIDE | 26 27 28 29 30 31 32 |
| R. RING R. RIN | | | on n | Remarks | | N WITH DECEASED NAVMED | P-H-4 (DENTAL RECORD) REVEALS |
| R Record impression of sam | | סרפ | ked su | | (Signatur | re of dental examiner) | (Rank or rate) |
| of sam | <u>'</u> | | пасе. | | | · · · · · · · · · · · · · · · · · · · | |
| of sam | | | Record impress | | , , | | |
| | | | of same | | - | | |

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 head-quarters or activity carrying records, for checking with casualty reports.

| SHIP OR STATION ATTACHED AT TIME OF DEATH | | DATE REPORT | | | |
|--|---------------------------------|----------------------------|-----------------------|-----------------------|--|
| COPY OF IDENTIFICATION TAG | NAME | (Last) | (First) | (Middle) | |
| | FILE OR SERVICE NO. | RANK OR RATE | BRANCH O | F SERVICE | |
| • | CORPS OR RESERVE CLASSIFICAT | ION | 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 CEMETER | RY | | |
| GRAVE MARKER TYPE | PLOT No. | ROW No. | GRAVE NO. | | |
| BURIED AT SEA (Date) | <u></u> | AREA | ' | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEASE | 0 | | |
| COMPLETE DENTAL CHART ON REVERSE COMPLETE FINGERPRINT CHART OF BOTH COMPLETE FINGERPRINT CHART CHART OF BOTH COMPLETE FINGERPRINT CHART CHART OF BOTH COMPLETE FINGERPRINT CHART | Yes No | (Identification cards, let | TAGS, OTHER MEANS USE | D TO IDENTIFY BODY | |
| IDENTIFICATION TAG BURIED WITH BODY | · | DENTIFICATION TAG A | TTACHED TO MARKER | | |
| IF IDENTIFICATION TAGS NOT PRESENT, N | Yes No | | Yes | ☐ No | |
| · · | WAR OTHER IDENTIFICATION DATA I | | IN WHAT KIND OF CONT. | AINER . | |
| IF BURIAL OTHER TH | AN ESTABLISHED CEMETERY, FL | JRNISH SKETCH AND | MAP REFERENCES ON | REVERSE | |
| | Bodies Buried (| | | | |
| 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 BURLAL (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | <u> </u> | |
| IN REBURIAL, GIVE LOCATION OF PREVIO | US BURIAL | VERIFIED AND FORWAR | RDED | | |
| | | | | | |
| | | (Name) | (Rank) | (Title) 16-43683-1 | |

| | ŗ | Wrwithout | IDENTIFICATION, PREPARA ISOLATED BURIALS. Have be | TION OF BODY | /, BURIAL AND MA | RKINGS OF GRAVES OF |
|---|-------------------|---|---|---|--|---|
| | ВМПН | When unidentific | four (4) sets of fingerprints of all | available fingers | COLOR OF EYES | COLOR OF HAIR |
| | · | ntifled, tai | BIRTHMARKS, SCARS, OR TATTOOS | | | |
| • | INDEX | led, take rolled impression Obtain sharp, clear contra | LAUNDRY MARKS | | WEAPON AND SERIAL N | |
| i | L. MIDDLE L. RING | of fingerprints. Cleanse fingers st of inked ridges and intervening | Wrap and tie body securely in a late of five feet or in hasty burials, to su only one body in grave. Securely tag and attach to grave marker (we to BuPers, Marine Corps, or Coast pencil of identifying data on form container which can be made water marker. If no tag is available, writt suitable means to identify grave as 2. LOCATION OF GRAVE: Rep For all other burials, prepare sketch ences, or by reference to promine complete. Stand at foot of grave if | blanket, pad cover fficient depth to p fasten one ident hen body is disin t Guard, as indice in duplicate, place tight, bury one we identifying data is a military grave wort burials in esta th in space provident, permanent la | revent destruction of be dification tag to body. Interred or properly re- lated). If no tag is pro- le in bottle, canteen, so ith remains and the otton on marker. When pego. ablished cemeteries by ed below; and give local andmarks. Information | ritable substance. Dig grave ody or loss of identity. Place Remove other identification corded, remove and forward esent, make a notation with pent shell or other available ner, one (1) foot below graves are not available, use other plot, row, and grave number the stood by means of map references to must be specific, accurate |
| | L. LITTLE R. | of all foreign matter. Roll finger to space. Do not overlink. | If the body is otherwise unidentified or dental conditions in conformity with instrupara. 2318 (b) (1) & (2))(1945 Ed. para. 2 CHARTING EXAMPLE: (Chart Cavitie Tooth No. 1, missing; No. 2, gold infay and crown; No. 4, cavity; No. 5, two porcelain of fixed bridge supplying missing tooth No. 7; | fingerprints unobtain ictions in MMD (19-234.1 & .2). This must in BLACK; others it two silver fillings; if temporary fillings; if | nable, chart the 42, 1938-43 Ed. ust be accurate. wise use RED) No. 3, full gold Nos. 6, 7, 8, gold | |
| | r. THUMB | er to include crease | Missing teeth Nos. | | HHHMHM | |
| | | сгевѕе | Occlusion (Type of) | | 1880000 | |
| | д = | of first | Malposed teeth (Describe) | | TOO TONGUE S! | |
| | XDEX | Joint through | Removable appliances | | | |
| | | ough 18 | Other defects | 17 (8 | 19 20 21 22 23 24 25 CHEEN SIDE | |
| | R. MICOLE | 180° on inked | Remarks | ┌┐ | R WITH DECEASED NAVMED SOME RES | D-H-4 (DENTAL RECORD) REVEALS EMBLANCE NO RESEMBLANCE |
| | <u> </u> | ed surface. | | (Signatur | e of dental examiner) | (Rank or rate) |
| | R. RING | e. Record impression of same | | N | | |
| | R. LITTLE | on of same motion | | | | • |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 O | f SERVICE | |
| | CORPS OR RESERVE CLASSIFICATI | ION | RACE | | |
| CAUSE OF DEATH | | PLACE OF DEATH | <u>'</u> | | |
| | | | i | • | |
| 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 CEMETE | RY | | |
| | | i | | | |
| GRAVE MARKER TYPE | PLOT No. | ROW NO. | GRAVE NO. | | |
| BURIED AT SEA (Date) | | AREA | | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEASE | ED | | |
| DENTIFICATION TAGS FOUND ON BODY | | IF NO IDENTIFICATION | TAGS, OTHER MEANS USE | D TO IDENTIFY BODY | |
| □ 1 | 2 NONE | (Identification cards, le | eliera, elc.) | | |
| COMPLETE DENTAL CHART ON REVERSE | | 1 | | | |
| | Yes No | į | | | |
| COMPLETE FINGERPRINT CHART OF BOTH | HANDS ON REVERSE |] . | | | |
| * | Yes No | | | • | |
| LIST OF PERSONAL EFFECTS FOUND ON BO | DY AND DISPOSITION OF SAME | | | | |
| DENTIFICATION TAG BURIED WITH BODY | • | I DENTIFICATION TAG | ATTACHED TO MARKER | | |
| IF IDENTIFICATION TAGS NOT PRESENT, WH | Yes No | | Yes | No No | |
| · · | AT OTHER IDENTIFICATION DATA | SORIED WITH BODY AND | IN WHAT KIND OF CONT | AINER . | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| IF BURIAL OTHER THAN | ESTABLISHED CEMETERY, FU | IRNISH SKETCH AND | MAP REFERENCES ON | REVERSE | |
| | Bodies Buried o | na Fithar Sida | | | |
| BODY ON LEFT, NAME (Last, first, middle) | Doules Bonied | 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 BURLAL (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | · | |
| N REBURIAL, GIVE LOCATION OF PREVIOUS | S BURIAL | VERIFIED AND FORWA | RDED | | |
| | | | | | |
| | | (Name) | (Rank) | (Title) | |

| INSTRUC | TIONS | FOR | BUN |
|---------|--------|------|------|
| INSINUL | 110113 | 1016 | 2014 |

| • | | with | 1. IDENTIFICATION, PREPARATION | OF BODY F | RUBIAL AND M | ARKINGS OF GRAVES OF |
|--|-------------|---|---|--|--|---|
| • | . THUMB | When tout smit | ISOLATED BURIALS. Have body ex four (4) sets of fingerprints of all avail | xamined to estal | blish IDENTITY. | If body is unidentified, take |
| · | <u>\$</u> | inidentíf idging. | ESTIMATED HEIGHT, ESTIMATED WE | | OLOR OF EYES | COLOR OF HAIR |
| • | ŗ | fied, ta Obtal | BIRTHMARKS, SCARS, OR TATTOOS | · · · | | |
| | INDEX | ke roll n shari | LAUNDRY MARKS | w | EAPON AND SERIAL | No. |
| | × | ed imp | (If actual weight | and height are | used, delete estim | ated) |
| | | ression | Wrap and tie body securely in a blanke | et, pad covering | ; canvas or other s | suitable substance. Dig grave |
| | . MIDDLE | When unidentified, take rolled impression of fingerprints, without smudging. Obtain sharp, clear contrast of inked ridges | to five feet or in hasty burials, to sufficier only one body in grave. Securely faste tag and attach to grave marker (when to BuPers, Marine Corps, or Coast Gua pencil of identifying data on form in du container which can be made watertight, | en one identifica body is disinter ard, as indicated uplicate, place in | ation tag to body. red or properly red). If no tag is p n bottle, canteen, | Remove other identification ecorded, remove and forward present, make a notation with spent shell or other available |
| | ŗ | Cleanse fingers of and intervening | marker. If no tag is available, write iden suitable means to identify grave as a m | ntifying data on i | marker. When pe | egs are not available, use othe |
| | RING | fingers of all foreign prvening space. Do | 2. LOCATION OF GRAVE: Report by For all other burials, prepare sketch in s ences, or by reference to prominent, per complete. Stand at foot of grave facing | pace provided b ermanent landn | pelow; and give loo narks. Informatio | cation by means of map refer on must be specific, accurate |
| | ב. עודירב | reign matter. Do not overin | If the body is otherwise unidentified or fingery dental conditions in conformity with instructions para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & CHARTING EXAMPLE: (Chart Cavities in E | in MMD (1942, 1 & .2). This must b | 938-43 Ed. be accurate. | |
| | מק | matter. Roll finger not overink. | Tooth No. 1, missing; No. 2, gold inlay and two sicrown; No. 4, cavity; No. 5, two porcelain or temp fixed bridge supplying missing tooth No. 7; No. 9 | ilver fillings; No. : orary fillings; Nos. | 3, full gold 6, 7, 8, gold | 3 8 88 |
| | ампнт | to Include | Missing teeth Nos. | المراجرا | HHMHMI S CHEEK SI | THMHHHHH |
| | | crease | Occlusion (Type of) | | 380000 | |
| | ,7J | of first | Malposed teeth (Describe) | | TONGUE S | |
| e de la companya de l | Z DEX | joint through | Removable appliances | | | |
| | | ough 1 | Other defects | 17 18 19 | 20 21 22 23 24 2 CHEEN SIE | · – |
| | R. MID | 180° on in | Remarks | POSITIVE IDE | \Box | ED-H-4 (DENTAL RECORD) REVEALS ESEMBLANCE NO RESEMBLANCE |
| | MIDDLE | inked sur | | (Signature of | dental examiner) | (Rank or rate) |
| | | surface. | • | - | | |
| | R. RING | Record In | , | 2 | | |
| | | Impression | | | · | |
| •• | R. LITTLE | of same motion | | | | |
| REPORT OF BURIAL (Bac | k) | NAVI | MED-601 (3-42) | | 1543693-1 | 京 U. S. GOVERNMENT PRINTING OFFICE |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 O | F SERVICE | |
| | CORPS OR RESERVE CLASSIFICAT | ION | RACE | | |
| CAUSE OF DEATH | | PLACE OF DEATH | ; | | |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT O | FKIN (If known) | | |
| DATE OF DEATH | <u> </u> | DATE OF BURIAL | | | |
| NAME OF CEMETERY | | LOCATION OF CEMET | ERY | | |
| GRAVE MARKER TYPE | PLOT NG. | ROW No. | GRAVE NO. | , | |
| BURIED AT SEA (Date) | | AREA | | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | 560 | | |
| IDENTIFICATION TAGS FOUND ON BOD | Y 2 NONE | IF NO IDENTIFICATION (Identification cards, | N TAGS, OTHER MEANS USEI letters, etc.) | TO IDENTIFY BODY | |
| COMPLETE DENTAL CHART ON REVERS | Yes No | <u></u> | | | |
| COMPLETE FINGERPRINT CHART OF BO | Yes No | | | | |
| LIST OF PERSONAL EFFECTS FOUND O | N BODY AND DISPOSITION OF SAME | | | | |
| IDENTIFICATION TAG BURIED WITH BO | Yes No | | ATTACHED TO MARKER | ☐ No | |
| IF IDENTIFICATION TAGS NOT PRESENT | F, WHAY OTHER IDENTIFICATION DATA | BURIED WITH BODY AN | D IN WHAT KIND OF CONTA | NINER | |
| IF BURIAL OTHER | THAN ESTABLISHED CEMETERY, F | URNISH SKETCH AND | MAP REFERENCES ON | DEVERSE | |
| | Bodies Buried | | | | |
| BODY ON LEFT. NAME (Last, first, middle | | RANK OR RATE | FILE OR SERVICE NO. | GRAVE No. | |
| BODY ON RIGHT, NAME (Last, first, mid | dle) | RANK OR RATE | FILE OR SERVICE No | GRAVE NO. | |
| PERSON REPORTING BURLAL (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | <u> </u> | |
| IN REBURIAL, GIVE LOCATION OF PRE | | VERIFIED AND FORW | ARDED | | |
| | | /NT. | /h ··· | | |
| | | (Name) | (Rank) | (Title) | |

| INSTRUCTIONS | 200 | E 2 1 2 1 |
|--------------|-----|-----------|
| INSTRUCTIONS | run | DUR |

| | | W. | | = | | | | |
|-------------|-----------|---|--|---|--|---|--|--|
| | | When without smi | 1. IDENTIFICATION, PREPARA ISOLATED BURIALS. Have be | TION OF BODY | Y, BURIAL AND MA | RKINGS OF GRAVES OF | | |
| | ТНОМВ | smu | four (4) sets of fingerprints of all | l available fingers | s. Complete the follow | ving: | | |
| | | iniden oging. | | ED WEIGHT | COLOR OF EYES | COLOR OF HAIR | | |
| | | tified Obt | BIRTHMARKS, SCARS, OR TATTOOS | | | | | |
| | _ _ | take | | | Lucinou aun Conta | | | |
| | INDEX | rolled harp, | LAUNDRY MARKS | | WEAPON AND SERIAL | NU. | | |
| | | impre clear c | (If actual w | eight and height a | are used, delete estima | ted) | | |
| | L. MIDDLE | unidentified, take rolled impression of fingerprints. (udging. Obtain sharp, clear contrast of inked ridges | Wrap and tie body securely in a to five feet or in hasty burials, to su only one body in grave. Securely tag and attach to grave marker (w to BuPers, Marine Corps, or Coas pencil of identifying data on form | officient depth to per fasten one ident Then body is disi The Guard, as indicate, place | prevent destruction of b tification tag to body. Interred or properly re cated). If no tag is p to in bottle, canteen, s | ody or loss of identity. Place Remove other identification corded, remove and forward resent, make a notation with spent shell or other available | | |
| | | Cleanse f | container which can be made water marker. If no tag is available, writ suitable means to identify grave as | e identifying data s a military grave | on marker. When pe | gs are not available, use other | | |
| | RING | Cleanse fingers of all foreign and intervening space. Do | 2. LOCATION OF GRAVE: Rep For all other burials, prepare sketch ences, or by reference to promine complete. Stand at foot of grave to | h in space provide ent, permanent la | ed below; and give loc indmarks. Information | ation by means of map refer- n must be specific, accurate, | | |
| | רי דודגרב | matter. not overli | If the body is otherwise unidentified or dental conditions in conformity with Instrupara, 2318 (b) (1) & (2)) (1945 Ed. para, 2) CHARTING EXAMPLE: (Chart Cavitie Tooth No. 1, missing; No. 2, gold inlay and | uctions In MMD (19 2234.1 & .2). This mi es In BLACK; other ij two sliver fillings; | wise use RED) No. 3, full gold | | | |
| | R. 14 | Roll finger to I | crown; No. 4, cavity; No. 5, two porceiain of fixed bridge supplying missing tooth No. 7 | r temporary fillings; ; No. 9, porcelain cro | Nos. 6, 7, 8, gold wn (outlined). | 25 10 11 12 12 14 15 18 | | |
| | BWOHL | nclude | Missing teeth Nos. | | HHHHHH | ノエフエエアファ | | |
| | ·——— | Include crease | Occlusion (Type of) | | TO BODGE | | | |
| | œ | of firs | Malposed teeth (Describe) | | TONGUE S | | | |
| | INDEX | 1 4 1 | rst joint through 180° | 1 ~ | Removable appliances | | | |
| | | - regular | Other defects | 27 18 | 19 20 21 22 23 24 21 CHEEK SIG | 26 27 28 29 30 31 32 | | |
| | بخ ح | | Remarks | | L7 | D-H-4 (DENTAL RECORD) REVEALS SEMBLANCE NO RESEMBLANCE | | |
| | MIDOLE | inked | 7.1 | | re of dental examiner) | (Rank or rate) | | |
| | in | on inked surface | | (Digitalia) | ie of deman examiner, | (trans or rate) | | |
| | | ' | | | | - | | |
| | R. RING | Record impression | | | , | | | |
| | R. LITTLE | ion of same motion | | | | | | |
| · | <u> </u> | on . | | | · , | | | |

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 butials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through head-quarters or activity carrying records, for checking with casualty reports.

| 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 CLASSIFICAT | TION | | RACE | |
| CAUSE OF DEATH | | PLACE OF DEATH | | | |
| | | | | i | · |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT O | F KIN (] know | n) | |
| DATE OF DEATH | - | DATE OF BURIAL | | | · · · · · · · · · · · · · · · · · · |
| • | | , | | | |
| NAME OF CEMETERY | | LOCATION OF CEMET | ERY | | |
| GRAVE MARKER TYPE | PLOT No. | ROW NO. | | GRAVE NO. | |
| BURIED AT SEA (Date) | | AREA | ·- ··· · · · · · · · · · · · · · · · · | ·-· | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEAS | SED | | |
| IDENTIFICATION TAGS FOUND ON BOD | Y | IF NO IDENTIFICATION | Y TAGS, OTHER | MEANS USED | TO IDENTIFY BODY |
| 1 | 2 NONE | (Identification cards, | ieuers, eic.j | | |
| COMPLETE DENTAL CHART ON REVERS | | | | | |
| COMPLETE FINGERPRINT CHART OF BO | Yes No | _ | | | |
| COMPLETE FINGERFRINT CHART OF BC | Yes No | | | | |
| LIST OF PERSONAL EFFECTS FOUND OF | N BODY AND DISPOSITION OF SAME | <u> </u> | | | · |
| | | | | | ٠, |
| IDENTIFICATION TAG BURIED WITH BO | DY No No | IDENTIFICATION TAG | _ | MARKER | No No |
| IF IDENTIFICATION TAGS NOT PRESENT | , WHAT OTHER IDENTIFICATION DATA | BURIED WITH BODY AN | D IN WHAT KIN | D OF CONTA | INER |
| | | | , | | |
| IF BURIAL OTHER 1 | HAN ESTABLISHED CEMETERY, F | URNISH SKETCH AND | MAP REFER | ENCES ON I | REVERSE |
| | Dading Burtad | F:ul C: J | * | | |
| BODY ON LEFT, NAME (Last, first, middle | Bodies Buried | RANK OR RATE | FILE OR SE | RVICE No. | GRAVE NO. |
| | | | | | |
| BODY ON RIGHT. NAME (Last, first, mid | die) | RANK OR RATE | FILE OR SE | RVICE No. | GRAVE NO. |
| PERSON REPORTING BUR: L (Name) | (Rank or rate) | PERSON CONDUCTING | BURIAL RITES | | |
| IN REBURIAL, GIVE LOCATION OF PRE- | VIOUS BURIAL | VERIFIED AND FORW | ARDED | | |
| | | | | | |
| | | (Name) | | (Rank) | (Title) |

| | | 5 | | | <u> </u> | |
|---------------------------------------|----------|---------------------------------|---|--|--|--|
| | Ŀ | Whout: | 1. IDENTIFICATION, PRE | PARATION OF BOD | Y, BURIAL AND MAI | RKINGS OF GRAVES OF |
| | тнимв | Vhen | | | | If body is unidentified, take |
| | Z Z | 55 | four (4) sets of fingerprints | TIMATED WEIGHT | COLOR OF EYES | COLOR OF HAIR |
| | | denti ing. | | • | | |
| | | identified, ging. Obt | BIRTHMARKS, SCARS, OR TATTO | os | | |
| | <u> </u> | take rolled tain sharp, c | | | | |
| | NDEX | shar | LAUNDRY MARKS | | WEAPON AND SERIAL N | o. |
| | × | ed in | | | | , |
| | | npre: | (Ifi ac | ual weight and height | are used, delete estimat | ed) |
| | _ | impression of clear contrast | Wrap and tie body securely | in a blanket, pad cove | ering, canvas or other su | itable substance. Dig grave |
| | ₹ | st of fi | to five feet or in hasty burials only one body in grave. Se | , to sufficient depth to curely fasten one ider | prevent destruction of bo | dy or loss of identity. Place Remove other identification |
| | MIDDLE | f fingerpri of inked i | tag and attach to grave mark | er (when body is dis | interred or properly rec | orded, remove and forward |
| | m | Dr. | to BuPers, Marine Corps, or pencil of identifying data on | Coast Guard, as indi | icated). If no tag is pro- | esent, make a notation with |
| | | ints. (| container which can be made | watertight, bury one v | with remains and the oth | er, one (1) foot below grave |
| | | Clear | marker. If no tag is available | e, write identifying data | a on marker. When peg | s are not available, use othe |
| | [T | nse f | suitable means to identify go | | | |
| | RING | Cleanse fingers and intervening | 2. LOCATION OF GRAVE For all other burials, prepare | : Report burials in est | tablished cemeteries by p led below and give loca | plot, row, and grave number tion by means of map refer |
| | | 3 Sugar | ences, or by reference to pr | ominent, permanent l | andmarks. Information | must be specific, accurate |
| | | all fo | complete. Stand at foot of | grave facing head to d | etermine bodies buried t | to the left and right. |
| | ŗ | of all foreign | If the body is otherwise unident | fled or fingerorints unobta | inable, chart the | |
| | = | | dental conditions in conformity with para, 2318 (b) (1) & (2))(1945 Ed. | h Instructions in MMD (1 | 942, 1938–43 Ed. 💢 🗀 | เม่นผู้หนึ่งเม่น |
| | LITTLE | matter. Roll not overlnk. | | | $\mathcal{L}_{\mathcal{L}}$ | 層はなられて |
| | | 투공 | CHARTING EXAMPLE: (Char Tooth No. 1, missing: No. 2, gold in | lay and two sliver fillings; | No.3, full gold | |
| | | Ifinger | crown; No. 4, cavity; No. 5, two por fixed bridge supplying missing toot | celain or temporary fillings: | ; Nos. 6, 7, 8, gold 💛 🖝 🗸 | |
| | ,7J | ger to | Tixed Bridge supplying timesing | | | |
| | THUMB | | Missing teeth Nos. | | 3 4 5 6 7 8 1 | 10 11 12 13 14 15 16 |
| | ⊠ | Include | | <i> </i> | 444040n | NUCHHÜHH |
| | | crease | Occlusion (Type of) | (F)(F)(| | |
| | | 9. | Malanad Anath (Dunits) |) <u>C</u> | TONGUE SI | ~ |
| | ₽. - | first | Malposed teeth (Describe) | | Ω | |
| | INDEX | Joint | Removable appliances | | | |
| | × | # # | | | | |
| | | Joint through 180° | Other defects | 17 18 | 19 20 21 22 23 24 25 CHEEN SIDE | 26 27 28 29 30 31 42 |
| | נק | | Remarks | COMPARIS | ON WITH DECEASED NAVMED | -H-4 (DENTAL RECORD) REVEALS |
| | ĭ | 3 - | | Posn | TIVE IDENTITY SOME RESI | MBLANCE NO RESEMBLANCE |
| 9 | WIDDLE | on inked surfaçe | | (Signate | ure of dental examiner) | (Rank or rate) |
| | | Sur! | | <u> </u> | | |
| · · · · · · · · · · · · · · · · · · · | | , į | | · · · · · · · · · · · · · · · · · · · | | |
| | עּ | R | | | | • |
| | RING | ğ | | | N | |
| | ดิ | l mg | | | | |
| | | Record impression of | | | | |
| | | 9 | , | | | |
| | , , | same | | | | |
| | | e motion | | - | , | |
| | Έ | lion | | | 1 | |
| | | 1 | R | | | |

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 head-quarters or activity carrying records, for checking with casualty reports.

| 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 C | F SERVICE | |
| | CORPS OR RESERVE CLASSIFICAT | ION | RACE | | |
| CAUSE OF DEATH | | PLACE OF DEATH | | | |
| | · | | ì | | |
| 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 CEMETER | RY | | |
| | | _ | | | |
| GRAVE MARKER TYPE | PLOT NO. | ROW No. | GRAVE NO. | | |
| BURIED AT SEA (Date) | 1 | AREA | | // | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEASE | D | | |
| IDENTIFICATION TAGS FOUND ON BODY | | IF NO IDENTIFICATION | TAGS, OTHER MEANS USE | D TO IDENTIFY BODY | |
| 1 | 2 NONE | (Identification cards, let | iers, eic.) | | |
| COMPLETE DENTAL CHART ON REVERSE | ☐ Yes ☐ No | | | | |
| COMPLETE FINGERPRINT CHART OF BOTH | | - | | | |
| · · · | Yes No | | | | |
| LIST OF PERSONAL EFFECTS FOUND ON BO | DY AND DISPOSITION OF SAME | · | | | |
| | | · | | | |
| IDENTIFICATION TAG BURIED WITH BODY | Yes No | IDENTIFICATION TAG A | Yes | ☐ No | |
| IF IDENTIFICATION TAGS NOT PRESENT, W | HAT OTHER IDENTIFICATION DATA E | BURIED WITH BODY AND | IN WHAT KIND OF CONT. | AINER | |
| .4 | | | | | |
| IF BURIAL OTHER THA | N ESTABLISHED CEMETERY, FU | IRNISH SKETCH AND | MAP REFERENCES ON | REVERSE | |
| | Bodies Buried o | 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 BUR: L (Name) | (Rank or rate) | PERSON CONDUCTING B | URIAL RITES | <u> </u> | |
| IN REBURIAL, GIVE LOCATION OF PREVIOU | S BURIAL | VERIFIED AND FORWAR | DED | | |
| • | | | | • | |
| | | (Name) | (Rank) | (Title) | |

| | | Whe without s | ISOLATED BURIALS. Have body | ON OF BODY, BURIAL AND MARK examined to establish IDENTITY. If | body is unidentified, take |
|-------|-----------|---|---|---|---|
| | THUMB | n unident mudging, | four (4) sets of fingerprints of all av | railable fingers. Complete the following weight color of eyes | COLOR OF HAIR |
| | r. INDEX | When unidentified, take rolled without smudging. Obtain sharp, o | BIRTHMARKS, SCARS, OR TATTOOS LAUNDRY MARKS | WEAPON AND SERIAL NO. | , , |
| | × | d impre | (If actual weig | l ht and height are used, delete estimated | |
| | ר. אוסטרב | impression of fingerprints. Cleanse fingers of all foreign clear contrast of inked ridges and intervening space. Do | to five feet or in hasty burials, to suffic only one body in grave. Securely far tag and attach to grave marker (wher to BuPers, Marine Corps, or Coast G pencil of identifying data on form in | nket, pad covering, canvas or other suita- ient depth to prevent destruction of bod sten one identification tag to body. R n body is disinterred or properly recon- identificated, as indicated). If no tag is pres- duplicate, place in bottle, canteen, spe- | y or loss of identity. Place lemove other identification rded, remove and forward ent, make a notation with nt shell or other available |
| | L. RING | Cleanse fingers s and intervening | marker. If no tag is available, write ic suitable means to identify grave as a 2. LOCATION OF GRAVE: Report For all other burials, prepare sketch in | burials in established cemeteries by plo space provided below; and give location | are not available, use other ot, row, and grave number on by means of map refer- |
| - | | of all fo | ences, or by reference to prominent, complete. Stand at foot of grave faci | permanent landmarks. Information ring head to determine bodies buried to | nust be specific, accurate the left and right. |
| | ר. LITTLE | reign matter. Roll finger Do not overlak. | If the body is otherwise unidentified or fing dental conditions in conformity with instruction para. 2318 (b) (1) & (2))(1945 Ed. para. 2234 CHARTING EXAMPLE: (Chart Cavities in Tooth No. 1, missing: No. 2, gold inlay and two crown: No. 4, cavity: No. 5, two porcelain or te fixed bridge supplying missing tooth No. 7; No. | ons In MMD (1942, 1938-43 Ed1 & .2). This must be accurate. In BLACK; otherwise use RED) o sliver fillings; No. 3, full gold Imporary fillings; Nos. 6, 7, 8, gold | |
| | R. THUMB | ger to include crease | Missing teeth Nos. | MAHHHHHHHH | HOHHHHH |
| | | | Occlusion (Type of) | | |
| | д Z | of first j | Malposed teeth (Describe) | TONGUE SIDE | ADD COA |
| | NDEX | Joint through 180° | Removable appliances | | |
| | | ugh 180 | Other defects | 17 18 19 20 21 22 23 24 15 20 COMPARISON WITH DECEASED NAVMED-I | 6 27 28 29 30 31 12 H-4 (DENTAL RECORD) REVEALS |
| • | R. MIDDLE | | Remarks | POSITIVE IDENTITY SOME RESEME | BLANCE NO RESEMBLANCE |
| | | on Inked surface. | | (Signature of dental examiner) | (Rank or rate) |
| | R. RING | e. Record impression of | | N | |
| | R. LITTLE | sion of same motion | | | |

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:

Investigation Period: 16 Dec. 1945.

Authority for Investigation:

R. C. Denton, Lt. USNR State of Case:

Synopsis:

.....

Complainant:

None

Body, drowned, unidentified, recovered 15 December 1945 at latitude 14° 26' 36" N, longitude 120° 41' 30" E. (Manila Bay)

Distribution:

None

Reviewed and

Investigation Officer Shore Patrol, Navy 3142

| WD QMC FORM 1042 | | | | | | | |
|--|---|--|--|--|---|--|---|
| (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | REPORT OF (AR 30-1810 at | INTERMEN | TSTORAGE | | of REPORT | |
| Imprint Identification | Tad II Possible! | Section 1.—IDENTIFICATION. | | <u> </u> | | .0 000 | |
| DO NOT TY | | NAME (Last, first, middle initial) | | | SERIA | I No | |
| | | UNKNOWN X-41 | 3(Former | lv X-263 | | L 110. | |
| <i>(</i> | \ | (FANON) USAF | Cem Man | ila #2) | l u | nknow | n |
| <i>></i> | } | GRADE | ORGANIZATION | 77 - | ! | CH OF SERVI | |
|]{ | 0) | | | • | | | |
| | 1 | SK 2/c | USNR | | N | avy | |
| \ | / | RACE | RELIGION | | IF OTHER TH | <u> v</u> | AD, GIVE |
| | / | | | I | NAME OF CO | DUNTRY | |
| · | | White | Unknow | n | · | · · | |
| PLACE OF DEATH | | CAUSE OF DEATH | | | DATE | OF DEATH | |
| New Corregi | idor Is- | | | | | | •. |
| land, P.I. | | Drowning | | | _ 1 | 2 Dec | 4 <u>5</u> |
| EMERGENCY ADDRESSEE (No | ime, relationship, a | nd address) | | , | | | |
| WF 1 | | | | 1 | | | ノ |
| Unknown | The Bank | The second secon | = | <u>.</u> J | | | |
| IDENTIFICATION TAGS FOUN (1, 2, or none) | D ON BODY | IF NO TAGS FOUND ON BODY, E | DESCRIBE MEANS C | F IDENTIFICATION (If | unidentified, fil | l in section 3 | on reverse) |
| | | | | | | | |
| None were substitute tags pro | | _ | | | | | |
| WERE SUBSTITUTE THOS THO | /VIDED7(Yes or no) | | | | | | |
| tr/o\ | | | | | | | |
| Yes (2) List personal effects for | THE ON BODY AN | - DISCOULTION OF CAME | | | | | |
| LIST FERSONNE CLI LOTO , S. | ייש זעטע אט מאל |) DISPOSITION OF SAME | | | | | |
| | | None | | | | | |
| | | MOTTE | | | | | |
| | | | | | | | |
| | | | | | | | |
| Section 2.—BURIAL. If att | | | | | | | |
| | ter than in estal | blished cemetery, furnish sketch | and map coord | inates on reverse. | - . | | - |
| NAME, NUMBER, COORDINATI | | | and map coord | inates on reverse. | | | - |
| | | | and map coords | inates on reverse. | | | - |
| | | N OF CEMETERY | | | | | - |
| | | | IUM, MANILA | P.C. | PLOT No. | ROW No. | GRAVE No. |
| NAME, NUMBER, COORDINATI | ES, AND LOCATION | N OF CEMETERY AGRS MAUSOLE | IUM, MANILA | .P.C | 1 1 | | 1. |
| NAME, NUMBER, COORDINATI | ES, AND LOCATION HOUR 1500 | AGRS MAUSOLE BURIED IN (Shroud, blanket, or no STOREL Casket | UM, MANILA | P.I. TYPE OF GRAVE MARKER None | FANGER 801 | BAሦ ፑቦ | CR→PT |
| NAME, NUMBER, COORDINATI DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? | ES, AND LOCATION HOUR 1500 | AGRS MAUSCLE BURIED IN (Shroud, blanket, of no | UM, MANILA | P.I. TYPE OF GRAVE MARKER None | FANGER 801 | BAሦ ፑቦ | 1. |
| DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED | HOUR 1500 IF A REBURIAL, | AGRS MAUSCLE BURIED IN (Shroud, blanket, of no STOREL Casket INDICATE NAME, NUMBER, COORD | UM, MANILA | None | FANGER 801 | BAሦ ፑቦ | CR→PT |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes | HOUR 1500 IF A REBURIAL, USAF C | AGRS MAUSOLE BURIED IN (Shroud, blanker, or no STORCEL Casket INDICATE NAME, NUMBER, COORD Cometery Manila# | IUM, MANILA ante of other) INATES OF PREVIO | None DUS CEMETERY, AND LO | PLOT NO. | BAY FRAVE ROW NO. | CR-PT 1584 GRAVE NO. 1178 |
| DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED | HOUR 1500 IF A REBURIAL, USAF C | AGRS MAUSCLE BURIED IN (Shroud, blanket, of no STOREL Casket INDICATE NAME, NUMBER, COORD | IUM, MANILA ante of other) INATES OF PREVIO | None DUS CEMETERY, AND LO | PLOT NO. | BAY FRAVE ROW NO. | CR-PT 1584 GRAVE NO. 1178 |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS | HOUR 1500 IF A REBURIAL, USAF C | AGRS MAUSOLE BURIED IN (Shroud, blanker, or no STORCEL Casket INDICATE NAME, NUMBER, COORD Cometery Manila# | IUM, MANILA ante of other) INATES OF PREVIO | None | PLOT NO. | BAY FRAVE ROW NO. | CR-PT 1584 GRAVE NO. 1178 |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED YOS TYPE OF RELIGIOUS CEREMONY | HOUR 1500 IF A REBURIAL, USAF C PERSON CONDUC | ACRS MAUSCLE BURIED IN (Shroud; blanket; of no STOREL Casket INDICATE NAME, NUMBER, COORD Cemetery Manila# | IUM, MANILA ante of other) INATES OF PREVIO | None DUS CEMETERY, AND LO | PLOT NO. | BAY FRAVE ROW NO. | CR-PT 1584 GRAVE NO. 1178 |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS | HOUR 1500 IF A REBURIAL, USAF C PERSON CONDUC | AGRS MAUSOLE BURIED IN (Shroud, blanker, or no STORCEL Casket INDICATE NAME, NUMBER, COORD Cometery Manila# | IUM, MANILA ante of other) INATES OF PREVIO | None DUS CEMETERY, AND LO | PLOT NO. | BAY FRAVE ROW NO. | CR-PT 1584 GRAVE NO. 1178 |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED YOS TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STOREL | HOUR 1500 IF A REBURIAL, USAF C PERSON CONDUC | AGRS MAUSCLE BURIED IN (Shroud, blanker, or no STOREL Casket INDICATE NAME, NUMBER, COORD Cemetery Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yes or no) | IUM, MANILA ante of other) INATES OF PREVIO | None DUS CEMETERY, AND LO | PLOT NO. | BAY FRAVE ROW NO. | CR-PT 1584 GRAVE NO. 1178 |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STOREL Yes | HOUR 1500 IF A REBURIAL, USAF C PERSON CONDUCT WITH IDEN MAE | AGRS MAUSCLE BURIED IN (Shroud, blanket, or no STORCL Casket INDICATE NAME, NUMBER, COORD COMETERY Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yas or no) Yes | INATES OF PREVIOUS AND AUTOMATES OF PREVIOUS AND AUTOMATES OF PREVIOUS AUTOMATES OF PREVIOUS AUTOMATES OF AUT | NONE DUS CEMETERY, AND LO ON TAGS NOT USED, I | PANGER 801 EXATION OF GR PLOT NO. 2 DESCRIBE IDEN | BAY FRAVE ROW NO. LO NTIFICATION | CR-PT 1584 GRAVE NO. 1178 |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED YOS TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STOREL | HOUR 1500 IF A REBURIAL, USAF C PERSON CONDUCT WITH IDEN MAE | AGRS MAUSCLE BURIED IN (Shroud, blanket, or no STORCL Casket INDICATE NAME, NUMBER, COORD COMETERY Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yas or no) Yes | IUM, MANILA ante of other) INATES OF PREVIO | None DUS CEMETERY, AND LO | PLOT NO. | BAY FRAVE ROW NO. 10 NTIFICATION | GRAVE NO. 1178 DATA AND |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STORED Yes BODY BURIED ON DECEASED STORED | HOUR 1500 IF A REBURIAL. USAF C PERSON CONDUCT WITH IDENTIFY MARK LEFT, NAME (Last | AGRS MAUSCLE BURIED IN (Shroud, blanket, or no STORCL Casket INDICATE NAME, NUMBER, COORD COMETERY Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yas or no) Yes | INATES OF PREVIOUS AND AUTOMATES OF PREVIOUS AND AUTOMATES OF PREVIOUS AUTOMATES OF PREVIOUS AUTOMATES OF AUT | NONE DUS CEMETERY, AND LO ON TAGS NOT USED, I | PANGER 801 EXATION OF GR PLOT NO. 2 DESCRIBE IDEN | BAY FRAVE ROW NO. LO NTIFICATION GRAVE CR | GRAVE NO. 1178 DATA AND |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STOREL Yes BODY BURIED ON DECEASED LINKNOWN X-7 | HOUR 1500 IF A REBURIAL, USAF C PERSON CONDUCT WITH IDEN MAS | ACRS MAUSCLE BURIED IN (Shroud, blanket, or no STOREL Casket INDICATE NAME, NUMBER, COORD Cemetery Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yes or no) Yes In first, middle initial) | IM. MANILA TIME of other) INATES OF PREVIO LUZON IF IDENTIFICATION CONTAINERS BUT | NONE DUS CEMETERY, AND LO P. I. ON TAGS NOT USED, I URIED WITH BODY | PLOT NO. 2 DESCRIBE IDEN | BAY FRAVE ROW NO. 10 NTIFICATION GRAVE CR | GRAVE NO. 1178 DATA AND ENO. 1586 |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STORED Yes BODY BURIED ON DECEASED STORED | HOUR 1500 IF A REBURIAL, USAF C PERSON CONDUCT WITH IDEN MAS | ACRS MAUSCLE BURIED IN (Shroud, blanket, or no STOREL Casket INDICATE NAME, NUMBER, COORD Cemetery Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yes or no) Yes In first, middle initial) | INATES OF PREVIOUS AND AUTOMATES OF PREVIOUS AND AUTOMATES OF PREVIOUS AUTOMATES OF PREVIOUS AUTOMATES OF AUT | NONE DUS CEMETERY, AND LO P. I. ON TAGS NOT USED, I URIED WITH BODY | PANGER 801 EXATION OF GR PLOT NO. 2 DESCRIBE IDEN | BAY FRAVE ROW NO. 10 NTIFICATION NTIFICATION IN GRAVE CR | GRAVE NO. 1178 I DATA AND E NO. 797 586 E NO. |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED YOS TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STOREL YOS BODY BURIED ON DECEASED UNKNOWN X-7 BODY BURIED ON DECEASED | HOUR 1500 IF A REBURIAL. USAF C PERSON CONDUCT WITH IDEN- MAE LEFT, NAME (Last 58 RIGHT, NAME (Last | ACRS MAUSCLE BURIED IN (Shroud, blanket, or no STOREL Casket INDICATE NAME, NUMBER, COORD Cemetery Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yes or no) Yes In first, middle initial) | IM. MANILA TIME of other) INATES OF PREVIO LUZON IF IDENTIFICATION CONTAINERS BUT | NONE DUS CEMETERY, AND LO P. I. ON TAGS NOT USED, I URIED WITH BODY | PLOT NO. 2 DESCRIBE IDEN | RAYE ROW NO. 10 NTIFICATION N GRAVE CR 1 | GRAVE NO. 1178 I DATA AND E NO. 1276 586 E NO. 1277 |
| NAME, NUMBER, COORDINATION DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED YOS TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STORED YOS BODY BURIED ON DECEASED UNKNOWN X-7 BODY BURIED ON DECEASED UNKNOWN X-7 | HOUR 1500 IF A REBURIAL. USAF C PERSON CONDUCT WITH IDENT MAR LEFT, NAME (Last 58 RIGHT, NAME (Last | ACRS MAUSCLE BURIED IN (Shroud, blanket, or no STOREL Casket INDICATE NAME, NUMBER, COORD Cemetery Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yes or no) Yes In first, middle initial) | INATES OF PREVIOUS AND THE PREVIOUS AND | NONE NONE DUS CEMETERY, AND LO P. I. ON TAGS NOT USED, DURIED WITH BODY SERIAL NO. | PLOT NO. 2 DESCRIBE IDEN ORGANIZATION | RAYE ROW NO. 10 NTIFICATION N GRAVE CR 1 | GRAVE NO. 1178 I DATA AND E NO. 797 586 E NO. |
| DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STORED Yes BODY BURIED ON DECEASED UNKNOWN X-7 BODY BURIED ON DECEASED UNKNOWN X-7 SIGNATUBE OF PERSON PREP. | HOUR 1500 IF A REBURIAL. USAF C PERSON CONDUCT WITH IDENTIFY MAR LEFT, NAME (Last 158 RIGHT, NAME (Last 166 ARING REPORT | ACRS MAUSCLE BURIED IN (Shroud, blanket, or no STOREL Casket INDICATE NAME, NUMBER, COORD Cemetery Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yes or no) Yes In first, middle initial) | INATES OF PREVIO | NONE NONE DUS CEMETERY, AND LO P. I. ON TAGS NOT USED, I URIED WITH BODY SERIAL NO. | PLOT NO. 2 DESCRIBE IDEN ORGANIZATION | RAYE ROW NO. 10 NTIFICATION N GRAVE CR 1 | GRAVE NO. 1178 I DATA AND E NO. 1276 586 E NO. 1277 |
| DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STOREL Yes BODY BURIED ON DECEASED UNKNOWN X-7 BODY BURIED ON DECEASED UNKNOWN X-7 SIGNATURE OF PERSON PREP. | HOUR 1500 IF A REBURIAL. USAF C PERSON CONDUCT WITH IDENT MAR LEFT, NAME (Last 758 RIGHT, NAME (Last 766 PARING REPORT | AGRS MAUSCLE BURIED IN (Shroud, blanket, or no STOREL Casket INDICATE NAME, NUMBER, COORD COMETERY Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yes or no) YOS J. first, middle initial) st, first, middle initial) | INATES OF PREVIO | NONE NONE DUS CEMETERY, AND LO P. I. ON TAGS NOT USED, DURIED WITH BODY SERIAL NO. | PLOT NO. 2 DESCRIBE IDEN ORGANIZATION ORGANIZATION REPORT | RAVE ROW NO. 10 NTIFICATION GRAVE CR: 1 | GRAVE NO. 1178 DATA AND E NO. 197 586 E NO. 197 582 |
| DATE OF BURIAL STOR A GE 14 Oct 47 WAS THIS A REBURIAL? (Yes or no) RESTORED Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) STORED Yes BODY BURIED ON DECEASED UNKNOWN X-7 BODY BURIED ON DECEASED UNKNOWN X-7 SIGNATURE OF PERSON PREP. WM R GILB | HOUR 1500 IF A REBURIAL. USAF C PERSON CONDUCT WITH IDENTIFY MARK 158 RIGHT, NAME (Last 166 ARING REPORT | AGRS MAUSCLE BURIED IN (Shroud, blanket, or no STOREL Casket INDICATE NAME, NUMBER, COORD COMETERY Manila# CTING BURIAL RITES TIFICATION TAG ATTACHED TO RKER (Yes or no) YOS J. first, middle initial) st, first, middle initial) | INATES OF PREVIO | NONE NONE DUS CEMETERY, AND LO P. I. ON TAGS NOT USED, DURIED WITH BODY SERIAL NO. SERIAL NO. RESERVENCE PANOPIO J | PANGER 801 CATION OF GR PLOT NO. 2 DESCRIBE IDEN ORGANIZATION | RAY FRAVE ROW NO. 10 NTIFICATION GRAVE GRAVE GRAVE T T T T T T T T T T T T T | GRAVE NO. 1178 I DATA AND E NO. 1-7-7 586 E NO. 1-7-7 582 |

| | | Section 3.—UNID | ENTIFIED | REMAINS | ì. | | | , | | |
|--------------|---------------------------|---|---------------------|--|---------------------------|--------------------------|--------------------------------|---|-------------------------------|-----------------------------------|
| | 5 | | | | | <u>_</u> | | | | |
| • | LEFT LITTLE FINGER | INSTRUCTION (a) Great | งอ: care will | be taken | to record : | the most r | minute clues : | for the future in | lentity of unic | lentified re- |
| • | 골 | (a) Great of mains. Fill in social security in | anatomi | cal charac | teristics l | elow, and | any other o | lues under ''O | ther," such a | s shoe size, |
| | čę, | - planes vehicles | and tar | iks | | | | | | |
| | | (b) A finge | erprint, o | r prints, a | re the mo | st valuabi | le of all clues | . Imprint all f | ngers and the | umbs in the |
| • | | (b) A finge chart at left, or every tooth will accomplished if | as many be indic | as possit ated on th | oie. It no ie tooth ch | tingerprii art in acc | ncor prints ça ordance with | ın pe secured, t diagram below. | ne condition of Tooth char | or each and twill not be |
| | 22 | accomplished if | one or r | nore finge | rprints ar | e secured. | | o | | |
| | LEFT RING FINGER | HEIGHT WE | IGHT | COLOR O | F EYES | COLOR OF | F HAIR | BIRTHMARKS, SO | CARS, OR TATTO | |
| • | NGE | | | | | | | | . = | |
| | ⊅ | İ | | | | | | | | |
| | | WEAPON AND SER | IAL No. | <u>. </u> | LAUNDRY | MARKS | | WHERE BODY W | AS BURIED OR I | FOUND |
| | 3 | 3 -11 | | * . | | | | | | |
| • | LEFT Middle Finger | | | | 1 | | | | • | |
| | | OTHER IDENTIFIC | ATION CLU | JES | ! | | | ' | <u> </u> | |
| - | NGE | | | | | • | | | ; | |
| | æ | | | | | | | | | |
| | | | | | | | | | | |
| | <u> </u> | | | | | | | | | |
| | EX. | | | • | | | | • | | • |
| | LEFT INDEX FINGER | FILLINGS | | | | | | | | |
| | GER | LILLINGS | | | LVER FILL ILD FILLIN | ing G | | <u> </u> | 2 | , ji |
| | | | | 100/ | ~~ ··#6117 | ~ | | シシロロ | 3/7/3 | · · [|
| | | | | 23 | | - | 4 | | 180 L | . [] |
| , | | | | | | | 5 6 | | THAQ" | <u>.</u> · [] |
| | HUMBH | CAVITIES | | 0 | CAVIT | <u> </u> | بكري | A HPPE | , MEDQ | · ا |
| | 똛긔 | | | Fa | DECAY | - | CP | אבל "יי" | . NOSC | [] _o_ |
| , | f | | | 18 | \mathfrak{D} | | ' ()☆ | 7 (1 | MAX | ₹] |
| | | | | - IIV | <u> २१ </u> | | 8 | d . | 1733 | <i>∑</i> 2/8 |
| | | MISSING TEE | TH | | OTH MISSI | .c | 4 | U | 7/2 | ਹੈ |
| | ∃x I | | Į, | | +-III V II | · - | U IVCD YEA | DEBOCCENTO TI | V. NAMED DE | , OOE. |
| | RIGHT | | Į. | / 外海 | 2 |] | U IAGRAM | REPRESENTS TI | IE PIOUIN WIL | JE UPEN |
| | ⊞⊣ | | | | <u> </u> | | محر | T | 90 | $\gamma_{\cdot \cdot \cdot} = $ |
| , | | CROWNED TEE | TH / | <u> </u> | | | 16 | | AID | [۱۵ کے |
| , | | | Ę | | CELAIN CI OLD CROW | | 15 | | | }15 |
| • | N | | U | THE | | *** | (| FOWE | LARK " | <u>'</u> 4 |
| | RIGHT INDEX FINGER | | | ~ WX) | <u> </u> | | 141 | YOU | | . |
| , | FING | BRIDGE WORK | · | | | DIDGE |]3 | ATKNOO | 11XXX 13 | . [] |
| | Ħ | | | | VOULD B | RIDGE | 1 | | DO 15 | |
| <u></u> - | <u>-</u> | | . 🕥 | AT TI | | | | $^{\prime\prime}\mathcal{O}$, $^{\prime}\mathcal{O}$ | V,V. | • • |
| • | 3 | | | | _· | | | 10 3 3 | IV II |] |
| | RIGHT MIDDLE FINGER | FURNISH SKETCH | AND MAP | REFERENCI | E AND COOL | RDINATES F | OR BURIAL IN | OTHER THAN EST | ABLISHED CEMI | TERY |
| | HON ! | | | | | | | | | |
| | INGE | | | | | | | | ^ | |
| | æ | | | | | | | | | |
| | | | | | | | | | | |
| | $\mathbf{z}^{\mathbf{y}}$ | | | | | | • | | | i |
| | RIGHT RING FINGER | | | | | | | | | |
| | ENT GHT | | | | | | • | | - | |
| | 9 | | | | | | | | | |
| | | REMARKS: | n++f | ice+4 | on Ch | anle T | ia+ ama | Dental | (1)oc± | |
| S NOV | _ | accomp | olioh | ad auaux | OIT OII | OOK D | ⊤ar and | Dental | uart | l. |
| 2 4 QV | RIGHT LITTLE FINGER | accom | 211 | ou. | | | | | | • |
| la. | 두 | | | | | | | | ~ . | |
| >**C | išči ⊢ | | | | | | • • | : | | |
| | S | | | | | | | | | i |

| /csv | CORRECTE | RESTR | RICTED | | | : | |
|--|-----------------------|---|-------------------|-------------------------|--------------------|----------------|-------------------|
| QMC Form 1042 (Rev. 1 Apr. 1946) | | REPORT OF | INTERMENT | | | OF REPORT | , |
| (Supersedes GRS Form I Rev. of I Apr. 45, which may | , and be used.) | (AR 30-1810 at | | 10543 Da 11 600 | 29 | March | ı 50 |
| Imprint Identification (| | Section 1.—IDENTIFICATION. | | | | | |
| 11174 1 | | NAME (Last, first, middle initial) UNKNOWN X-4 | L3 (Forme: | rly X-263 | SERIAL | . No. | |
| Y 265 ander | * \ | USAF Cem Mar | | | Un | known | |
| | _ / | GRADE | ORGANIZATION | | BRANC | H OF SERVIC | Æ |
| 1 17 | 0) | | | | | | |
| 1 /21 | | RACE | RELIGION | | IF OTHER THA | N U. S. DEAI | D. GIVE |
| | | | | • | NAME OF CO | UNTRY | |
| PLACE OF DEATH | | CAUSE OF DEATH | 1 . | | DATE (| OF DEATH | |
| New Corregi | dor Is- | | | | | | |
| land, P.I. EMERGENCY ADDRESSEE (N. | | | | | | | |
| LINERGENCI ADDRESSEE (MA | ime, relationship, an | i address) | | | | | |
| Unknown | | | | | • | | |
| IDENTIFICATION TAGS FOUN (1, 2, or none) | ID ON BODY | IF NO TAGS FOUND ON BODY, D | ESCRIBE MEANS OF | FIDENTIFICATION (If | unidentified, fill | in section 3 o | m reverse) |
| None | | See remarks | | | , | | |
| WERE SUBSTITUTE TAGS PRO | OVIDED?(Yes or no) | COMPLETED TOOTH CHART ON | I QMC FORM 1045 A | TTACHED HERETO | | • - | |
| Yes (2) | · | YES | NO NO | | | | |
| LIST PERSONAL EFFECTS FO | UND ON BODY AND | DISPOSITION OF SAME | | <u> </u> | | | |
| | | | | , | | | |
| | | _ | _ | | _ | | • |
| | 4 | I. | lone | | | | |
| Section 2.—BURIAL. If of | her than in estab | ished cometery, furnish sketch | and map coordir | nates on reverse. | | | |
| NAME, NUMBER, COORDINAT | ES, AND LOCATION | OF CEMETERY | | | | | |
| | | AGRS MAUSOLE | UM, MANEL | A P. I | | | |
| DATE OF BURIAL PAGE | HOUR | BURIED IN (Shroud, blanket, or no | ıms of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| 14 Oct 47 | 1500 | Casket | | None | 801 | | 1584 |
| WAS THIS A REBURIAL? | ! - | NDICATE NAME, NUMBER, COORD | INATES OF PREVIOU | | CATION OF GR | | |
| Yes or no) PRISTORED | IIS AF Con | etery Manila #2 | Lugon | рт | PLOT No. | ROW No. | GRAVE No. 1178 |
| TYPE OF RELIGIOUS | <u>'</u> | TING BURIAL RITES | . : | ON TAGS NOT USED, | <u> </u> | | |
| CEREMONY | J | | CONTAINERS BU | RIED WITH BODY | | | |
| 1 1 | 1447711 | | | | • | | |
| IDENTIFICATION TAG BURIE BODY (Yes or no). 句句句 | | IFICATION TAG ATTACHED TO KER (Yes or no) | | ÷ | | | |
| Yes | , , , | Yes | H 15 - 1757 | 01. | • | | |
| BODY BURIED ON DECEASED | LEFT, NAME (Last, | first, middle initial) | RANK | SERIAL NOT - | ORGANIZATIO | N GRAVE | No. |
| | | • 1 | K 1834 | | | | |
| BODY BURIED ON DECEASED | RIGHT, NAME (Las | t, first, middle initial) | RANK | SERIAL No. | ORGANIZATIO | N GRAVE | No. |
| | • | • | - | | | | |
| SIGNATURE OF PERSON FRE | PARING REPORT | | SIGNATURE OF SE | es officer verifyin | REPORT | | |
| DATE O NITOT | MAKO | .A Takit - Ctt | | Manual A | Tant | — QMC | |
| PAUL R NICH | | ef . Ident. Sectional for U. S. and allied dead, sign | | | | | on Control |
| | | al for U.S. and allied dead, sig | | | asau, to the P | uar termast | er General |

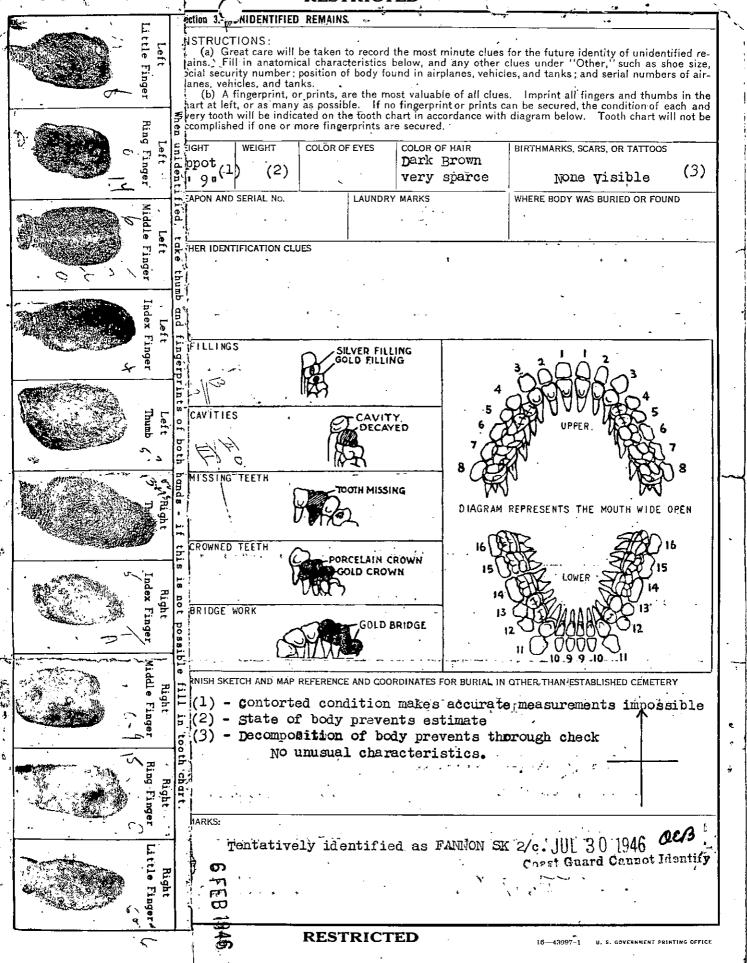
Incl 13

| | Section 3. NIDENTIFIED REM | IAINS. | | | 7 |
|--|--|----------------|---|---|---------------------|
| LEFT LITTLE FINGER | INSTRUCTIONS: | • | • | <i>,</i> · | |
| | (a) Great care will be ta mains. Fill in anatomical c | ken to record | the most minute clues below, and any other o | for the future identity clues under ''s | of unidentified re- |
| INGE | social security number; posit | ion of body fo | und in airplanes, vehicl | es, and tanks; and seri | al numbers of air- |
| 20 | planes, vehicles, and tanks. (b) A fingerprint, or print | nts, are the-m | ost valuable of all clues | s. Imprint all fingers a | and thumbs in the |
| | (b) A fingerprint, or pri chart at left, or as many as p every tooth will be indicated | ossible. If no | o fingerprint or prints d | an be secured, the con- | dition of each and |
| 근 | accomplished if one or more | fingerprints a | e-secured. | aragram below. Tool | · |
| LEFT RING FINGER | HEIGHT WEIGHT COL | OR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OI | R TATTOOS |
| NGEF | | , | | | |
| | | | | | |
| | WEAPON AND SERIAL No. | LAUNDRY | MARKS | WHERE BODY WAS BURI | ED OR FOUND |
| · - · | | | | | |
| MIDDLE FINGER | | | | <u> </u> | |
| FING | OTHER IDENTIFICATION CLUES | | | • | |
| <u> </u> | | | | | |
| | | • | | | |
| <u>.</u> | | _ | | | |
| EX. | | 1 | | • • • | , , |
| LEFT INDEX FINGER | | | | | - |
| Ħ | • | | | | |
| | | | | | |
| | | | | • | · · · |
| THUMB | * | | • | | |
| B. T. | | | | | |
| | • | | | | |
| | | | | | i |
| | | | | | |
| RIGHT | · | | · | | |
| B H | , <u> </u> | • | • | • | • |
| • | | | | | |
| and the second of the | | | | | |
| Z | | 3 | | | • |
| RIGHT DEX FINGER | to t | | • | | |
| INCE | · | • | • • • | | |
| 36 | , | _ | | _ | ' |
| | | • | , | | |
| RIGHT MIDDLE FINGER | FURNISH SKETCH AND MAP REF | ERENCE AND CO | ORDINATES FOR BURIAL | IN OTHER THAN ESTABLIS | SHED CEMETERY |
| TE RIGH | | 1 | | | |
| JAGE | | | | | ↑ ↑ ****** |
| 20 | | TOTIBOL | (138 65) | | , |
| and the second of the second o | 101100 | | A MARIAN | | . : ' |
| R Z | | nti Q Il | w was to a conjust of | _ | |
| RIGHT RING FINGER | Gegi Y | Mr o 🖎 | | | |
| NGER | | | | | |
| 0 ' | REMARKS: IINKNOWN X | _413 (F | ormerly X-26 | 3 USAF Cem N | Manila #2) |
| 5 | is believed t | | | | |
| → = = = = = = = = = = = = = = = = = = = | drowning on 1 | 2 Dec 4 | 5. | **** | , |
| PAR 1 4 (950) | | • | | | |
| EG. INGEI | QMC Form | s 1044, | 1044a and 1 | 044b accomp | lished. |
| <u>a</u> " | | í,i | | 7 | - |

970

and. 10 / Incla

16-43097-1



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. Jahren W.M. Galasso

Navy Liaison Sec.

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, 1st Lt. QMC.

| (Rev. 1 Apr. 1945) | 3 | REPORT OF | INTEDMENT | T ` >~ | . DATE | OF REPORT | • | | |
|---|--|--|---|--|--|--------------------------------------|---|--|--|
| (Supersedes GRS Form 1) | | (AR 30-1810 au | | | 19 Jan. 46 | | | | |
| Imprint Identification T | | Section 1.—IDENTIFICATION. | | | | | | | |
| 7 | | NAME (Last, first, middle initial) | -263 (PAND | ~ X — 41 | 3 SERIA | AL No. | | | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | - 0 | GRADE MONT X- | Horeanization | aus) | BRAN | ICH OF SERV | ICE | | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | SK 2/0 | | USER | | Kaaa | - | | |
| | | RACE White | RELIGION | | IF OTHER THE NAME OF C | IAN U.S. DE COUNTRY | AD, GIVE | | |
| PLACE OF DEATH # | | CAUSE OF DEATH | <u> </u> | | DATE | OF DEATH | | | |
| / New Corregidor P. I. | Zeland. | De | owning | | 1 | 12 Dec. | 45 | | |
| EMERGENCY ADDRESSEE (No | me, relationship, and | i address) | | | <u> </u> | | | | |
| • | • | / * | | - | | | | | |
| IDENTIFICATION TAGS FOUND | D ON BODY | IF NO TAGS FOUND ON BODY. I | DESCRIBE MEANS O | OF IDENTIFICATION (| ∬ unidentified, fi | ill in section 3 | on reverse) | | |
| (1, 2, or none) | | | | | , | | | | |
| WERE SUBSTITUTE TAGS PRO | VIDED2(Ver or no) | | ertificate | attached. | | | | | |
| 1 | TIDEDI(1et or no) | | | الأشار المستسيد | | • | | | |
| 763 (1 | 4) | | (Sac 1 | remarks) | | | | | |
| LIST PERSONAL EFFECTS FOU | IND ON BODY AND | DISPOSITION OF SAME | * | . • | | | | | |
| | • | • | | • | | | | | |
| برهيم والمراجع والمستحيط | ing the second s | | ا ما مدا میدارید در ایس | | يح بالمناسبين والماسا | | | | |
| | | | BERNAN AN | | | | | | |
| . · · · · · · · · · · · · · · · · · · · | <u></u> - | <u></u> | Mone | | <u>.</u> | 43 | 72 | | |
| | | ished cemetery, furnish sketc | | inates on reverse. | | 43 | 72 | | |
| Section 2.—BURIAL, If oth NAME, NUMBER, COORDINATI | | ished cemetery, furnish sketc | h and map coord | <u> </u> | x • | 43 | 72 | | |
| | | ished cometery, furnish sketc OF CEMETERY | h and map coord | P. JUZOD. P. | PLOT No. | 43 ROW No. | 72 | | |
| NAME, NUMBER, COORDINATI | ES, AND LOCATION | of Cemetery, furnish sketc. USAF Cemetery | h and map coord | . juzon, p. | | | | | |
| DATE OF BURIAL 16 200 . 45 WAS THIS A REBURIAL? | HOUR | ished cometery, furnish sketc OF CEMETERY USAF CEMETERY BURIED IN (Shroud; blankel, or n | h and map coord Vanila #2 ame of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE NO | | |
| DATE OF BURIAL | HOUR | OF CEMETERY USAF Cemetery BURIED IN (Shroud; blanket, or n | h and map coord Vanila #2 ame of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE NO | | |
| DATE OF BURIAL 16 pag 15 WAS THIS A REBURIAL? (Yes or no) | HOUR AOCO IF A REBURIAL: I | OF CEMETERY USAF CEMETERY BURIED IN (Shroud; blanket, or n | wanla #2 ame of other) DINATES OF PREVIO | TYPE OF GRAVE MARKER CPOSS DUS CEMETERY, AND I | PLOT NO. OCATION OF G PLOT NO. | ROW No. | GRAVE NO | | |
| DATE OF BURIAL 16 THO . 45 WAS THIS A REBURIAL? (Yes or no) | HOUR ACCO IF A REBURIAL: I PERSON CONDUCTORS | OF CEMETERY USAP Cemetery BURIED IN (Shroud; blankel, or n | wanla #2 ame of other) DINATES OF PREVIO | TYPE OF GRAVE MARKER OPOSS DUS CEMETERY, AND I | PLOT NO. OCATION OF G PLOT NO. | ROW No. | GRAVE NO | | |
| DATE OF BURIAL 16 100 . 45 WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY | HOUR AOCO IF A REBURIAL: I PERSON CONDUCTION | BURIED IN (Shroud; blanket, or n | wanla #2 ame of other) DINATES OF PREVIO | TYPE OF GRAVE MARKER CPOSS DUS CEMETERY, AND I | PLOT NO. OCATION OF G PLOT NO. | ROW No. | GRAVE NO | | |
| DATE OF BURIAL 16 TOG. 15 WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY | HOUR AOCO IF A REBURIAL: I PERSON CONDUCTION WITH IDENT | OF CEMETERY USAF Cemetery BURIED IN (Shroud; blankel, or n NDICATE NAME, NUMCET, COORE | wanla #2 ame of other) DINATES OF PREVIO | TYPE OF GRAVE MARKER CPOSS DUS CEMETERY, AND I | PLOT NO. OCATION OF G PLOT NO. | ROW No. | GRAVE NO | | |
| DATE OF BURIAL 16 FIG. 15 WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) | HOUR AOCO IF A REBURIAL: I PERSON CONDUCTION WITH IDENT | BURIED IN (Shroud; blankel, or n NDICATE NAME, NUMCET, COORE TING BURIAL RITES USAN, CIP. 1987 IFICATION TAG ATTACHED TO KER (Yes or no) | TRITIA #2 ame of other) IF IDENTIFICATI CONTAINERS B | TYPE OF GRAVE MARKER OPOSS DUS CEMETERY, AND I ON TAGS NOT USED, URIED WITH BODY | PLOT NO. OCATION OF G PLOT NO. | ROW NO. RAVE ROW NO. ENTIFICATION | GRAVE NO | | |
| DATE OF BURIAL 16 190 - 15 WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) BODY BURIED ON DECEASED | HOUR AOCO IF A REBURIAL: I PERSON CONDUCTION WITH IDENT | BURIED IN (Shroud; blankel, or n NDICATE NAME, NUMCET, COORE TING BURIAL RITES USAN, CIP. 1987 IFICATION TAG ATTACHED TO KER (Yes or no) | wanla #2 ame of other) DINATES OF PREVIO | TYPE OF GRAVE MARKER CPOSS DUS CEMETERY, AND I | PLOT NO. OCATION OF G PLOT NO. | ROW NO. RAVE ROW NO. ENTIFICATION | GRAVE NO | | |
| NAME, NUMBER, COORDINATION DATE OF BURIAL 16 100 15 WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) ROB BODY BURIED ON DECEASED | HOUR LEFT, NAME (Last, RIGHT, NAME (Last, | BURIED IN (Shroud; blanket, or no NOICATE NAME, NUMCER, COORD STREET, COORD STREET, CATALON TARGET, COORD STREET, MIDDLE TO THE CATALON TARGET, COORD STREET, MIDDLE TO THE CATALON TARGET, MIDLE TO TH | TAIN 118 #2 ame of other) IF IDENTIFICATI CONTAINERS B | TYPE OF GRAVE MARKER OPOSS OUS CEMETERY, AND I ON TAGS NOT USED, URIED WITH BODY SERIAL NO. | PLOT NO. COCATION OF G PLOT NO. DESCRIBE IDE | ROW NO. RAVE ROW NO. ENTIFICATION | GRAVE NO. GRAVE NO. JATA ANI E NO. 1177 | | |
| NAME, NUMBER, COORDINATION DATE OF BURIAL 16 100 15 WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) ROB BODY BURIED ON DECEASED | HOUR AOCO IF A REBURIAL: I PERSON CONDUCTOR OWITH IDENTI MAR LEFT, NAME (Last, | BURIED IN (Shroud; blanket, or no NOICATE NAME, NUMCER, COORD STREET, COORD STREET, CATALON TARGET, COORD STREET, MIDDLE TO THE CATALON TARGET, COORD STREET, MIDDLE TO THE CATALON TARGET, MIDLE TO TH | TAIN 118 #2 ame of other) IF IDENTIFICATI CONTAINERS B | TYPE OF GRAVE MARKER OUS CEMETERY, AND I ON TAGS NOT USED, URIED WITH BODY SERIAL NO. 329 04657 | PLOT NO. OCATION OF G PLOT NO. DESCRIBE IDE | ROW NO. RAVE ROW NO. ENTIFICATION | GRAVE NO. GRAVE NO. JATA ANI E NO. 1177 | | |
| NAME, NUMBER, COORDINATION DATE OF BURIAL 16 100 15 WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) ROB BODY BURIED ON DECEASED | HOUR LEFT, NAME (Last, RIGHT, NAME (Last, ROD) | BURIED IN (Shroud; blanket, or no NOICATE NAME, NUMCER, COORD STREET, COORD STREET, CATALON TARGET, COORD STREET, MIDDLE TO THE CATALON TARGET, COORD STREET, MIDDLE TO THE CATALON TARGET, MIDLE TO TH | TAIN 118 #2 ame of other) IF IDENTIFICATI CONTAINERS B | TYPE OF GRAVE MARKER GROSS DUS CEMETERY, AND I ON TAGS NOT USED, URIED WITH BODY SERIAL NO. 329 04657 SERIAL NO. 8727726 | PLOT NO. OCATION OF G PLOT NO. DESCRIBE IDE | ROW NO. RAVE ROW NO. ENTIFICATION | GRAVE NO. GRAVE NO. JATA ANI E NO. 1177 | | |
| DATE OF BURIAL 16 100 15 WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED BODY (Yes or no) BODY BURIED ON DECEASED BODY BURIED ON DECEASED SIGNATURE OF PERSON PREE | HOUR LEFT, NAME (Last, RIGHT, NAME (Last, ROD) | BURIED IN (Shroud; blanket, or no NOICATE NAME, NUMCER, COORD STREET, COORD STREET, CATALON TARGET, COORD STREET, MIDDLE TO THE CATALON TARGET, COORD STREET, MIDDLE TO THE CATALON TARGET, MIDLE TO TH | TANK RANK RANK RANK RANK | TYPE OF GRAVE MARKER OPOSS OUS CEMETERY, AND I ON TAGS NOT USED, URIED WITH BODY SERIAL NO. 32904657 SERIAL NO. 8727726 | PLOT NO. 2 OCATION OF G PLOT NO. DESCRIBE IDE ORGANIZATION ORGANIZ | ROW NO. RAVE ROW NO. ENTIFICATION | GRAVE NO. | | |

| | REST | | | wy = | * 3 | 12 | | |
|--|--|--|--|--|-----------------------------------|-------------------------------------|--|--|
| WD CMC FORM.1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | | | DATE OF REPORT | | | | |
| Imprint Identification Tag If Possible. | Section 1.—IDENTIFICATION. | ·· ··· ·· | | | | | | |
| DO NOT TYPE | NAME (Last, first, middle initial) A. B. R. S. (PARINOS) URNOWN -253 (PARINOS) | | ×-41 | 13 SERIAL NO. | | | | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | GRADE WOW X- | ORGANIZATOCHEWY) | | BRANCH OF SERVICE | | | | |
| | SK 2/0 | | USIER | _ · | HEAN | | | |
| | RACE White | RELIGION | | IF OTHER THE NAME OF C | IAN U.S. DEA COUNTRY | D, GIVE | | |
| PLACE OF DEATH | | | | <u> </u> | | | | |
| New Corregidor Teland. | CAUSE OF DEATH | oming | | 12 nec. 45 | | | | |
| EMERGENCY ADDRESSEE (Name, relationship, an | | | | <u> </u> | | | | |
| | | | • | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY | IF NO TAGS FOUND ON BODY. | DESCRIBE MEANS C | F IDENTIFICATION (| If unidentified, f | ill in section S | on reverse) | | |
| (1, 2, or none) | | ertificate | attenhes | | | | | |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) | • | kirik ményi maliky ind | er é acrómane | | | | | |
| 703 (2) | | (930 X | emarks) | | | | | |
| Section 2.—BURIAL If other than in establinamE, NUMBER, COORDINATES, AND LOCATION | lished cometery, furnish sketc. | • | | • | 43 | 72 | | |
| · | TOAF Cemetery | manila #2 | . Iuzon, P. | 3 • | | | | |
| DATE OF BURIAL HOUR | BURIED IN (Shroud, blanket, or n | TYPE OF GRAVE MARKER | | PLOT No. | ROW No. | | | |
| 16 pag. 45 - 1000 | desites: | | | | | GRAVE NO | | |
| *** ** | | | GPOSS | 2 | 20 | | | |
| | NDICATE NAME, NUMCES, COORE | DINATES OF PREVIO | | <u> </u> | | 1170 | | |
| WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IF A REBURIAL: | | : I if identificati | | LOCATION OF G | ROW No. | GRAVE NO. | | |
| WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED WITH IDEN | TING BURIAL RITES | : I if identificati | DUS CEMETERY, AND I | LOCATION OF G | ROW No. | J170 | | |
| WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED WITH BODY (Yes or no) BODY BURIED ON DECEASED LEFT, NAME (Last, | TING BURIAL RITES THE STATE OF | IF IDENTIFICATI CONTAINERS BI | OUS CEMETERY, AND I | PLOT NO. DESCRIBE IDI | ROW NO. | GRAVE NO. | | |
| WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED WITH BODY (Yes or no) BODY BURIED ON DECEASED LEFT, NAME (Last, | TING BURIAL RITES CUSAR CIR PROVIDE CONTROL OF THE CATALON TAG ATTACHED TO KER (Yes or no) First, middle initial) St., first, middle initial) | IF IDENTIFICATI CONTAINERS BI | DUS CEMETERY, AND I | PLOT NO. DESCRIBE IDI | ROW NO. ENTIFICATION ON DIGRAV | GRAVE NO. DATA AND E NO. 1177 E NO. | | |
| WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED WITH BODY (Yes or no) BODY BURIED ON DECEASED LEFT, NAME (Last, NAME) BODY BURIED ON DECEASED RIGHT, NAME (Last, NAME) | TING BURIAL RITES CUSAR CIR PROVIDE CONTROL OF THE CATALON TAG ATTACHED TO KER (Yes or no) First, middle initial) St., first, middle initial) | IF IDENTIFICATI CONTAINERS BY | ON TAGS NOT USED, URIED WITH BODY SERIAL NO. 329 04657 | PLOT NO. DESCRIBE IDI | ROW NO. ENTIFICATION ON DIGRAV | GRAVE NO. DATA AND E NO. 1177 | | |
| WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED WITH BODY (Yes or no) BODY BURIED ON DECEASED LEFT, NAME (Last, | TING BURIAL RITES CUSAR CIR PROVIDE CONTROL OF THE CATALON TAG ATTACHED TO KER (Yes or no) First, middle initial) St., first, middle initial) | IF IDENTIFICATI CONTAINERS BY RANK RANK RANK | ON TAGS NOT USED, URIED WITH BODY SERIAL NO. 32904657 SERIAL NO. 8727726 | PLOT NO. DESCRIBE IDI ORGANIZATI ROW NO. ENTIFICATION ON DIGRAV | GRAVE NO. DATA AND E NO. 1177 E NO. | | |
| WAS THIS A REBURIAL? (Yes or no) TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIED WITH BODY (Yes or no) BODY BURIED ON DECEASED LEFT, NAME (Last, NAME) BODY BURIED ON DECEASED RIGHT, NAME (Last, NAME) | TING BURIAL RITES OUSAR. CIVE. HEAVY IFICATION TAG ATTACHED TO KER (Yes or no) first, middle initial) All for U. S. and allied dead, signal and allied dead, signal all for U. S. and all for U. S. an | IF IDENTIFICATI CONTAINERS BY RANK FANK SIGNATURE: OF G | SERIAL NO. | PLOT NO. DESCRIBE IDI ORGANIZATI ORGANIZATI ORGANIZATI ORGANIZATI ORGANIZATI | ROW NO. ENTIFICATION ON DISPRAY | E No. 1177 E No. 1179 | | |

ting Plant-9-15-45-250M

This is to sortify that this is a body tentatively identified as FANNOW. ER 2/c of the APA 35.

posd on arrival

J. M. VILSON Lt.(jg) MO USIR MOOD

A TRUE COPY

E. M. moon

E. M. MOOFE, let Lt. QM.

Note: The above statement can be found at the back of the EMT.

Incl 2

| WD CMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | REPORT OF (AR 30-1810 a | | | DATE | OF REPORT | 46 | | |
|---|---|--|------------------------------|---------------------------------------|----------------------|-------------------------|---------------|--|--|
| Imprint Identification DO NOT T | | Section 1.—IDENTIFICATION | | | | | | | |
| DO NOT 1 | TPE . | NAME (Last, first, middle initial) | | | SERI | AL No. | | | |
| (| . \ | UMCHONE -269 (FAREOR) | | | | | | | |
| ٠. | 1 | GRADE | ORGANIZATION | , | BRAN | ICH OF SERV | 'ICE | | |
| | 0 | SX 2/e | | | Maaa | | | | |
| | | RACE | RELIGION | | IF OTHER TO | IAN U. S. DE COUNTRY | AD, GIVE | | |
| PLACE OF DEATH | | CAUSE OF DEATH | <u> </u> | | DATE | OF DEATH | , | | |
| nos corregidar P. I. | Toloni, | | smaine | | | 12 pec. 45 | | | |
| EMERGENCY ADDRESSEE (N | ame, relationship, a | nd address) | | | | ar there do | | | |
| | | | | `, | • | | | | |
| IDENTIFICATION TAGS FOUN | ID ON BODY | IF NO TAGS FOUND ON BODY. | DESCRIBE MEANS | OF IDENTIFICATION | (If unidentified, fi | III in section t | on reverse) | | |
| (1, 2, or none) | - | - | • | | | | | | |
| • | NADEDACE: | _ . C | artificate | s attached. | | | | | |
| WERE SUBSTITUTE TAGS PRO | | | | | | | | | |
| Z98 (| 2) | | (550) | empiks) | - | • | | | |
| g Ay (THAM). | | 1 | 7400 | | | , . | | | |
| Section 2.—BURIAL If of | her than in estab | olished cemetery, furnish sketc | h and map coor | dinates on reverse. | <u> </u> | | | | |
| NAME, NUMBER, COORDINAT | | N OF CEMETERY | • | 5. Thank b. | 7. | • | | | |
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or n | rame of other) | TYPE OF GRAVE | PLOT No. | ROW No. | GRAVE No. | | |
| 16 Dec. 15 | 3000 | (Confort) | | MARKER CPURE | 2 | 10 | 1178 | | |
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, | INDICATE NAME, NUMBER, COORD | DINATES OF PREV | TOUS CEMETERY, AND | LOCATION OF G | RAVE | | | |
| Ho | | | | <u> </u> | PLOT No: | - ROW-No. | GRAVE NO. | | |
| TYPE OF RELIGIOUS CEREMONY | PERSON COMPU | THIS BURIAL REFERENCE IS. | IF IDENTIFICATION CONTAINERS | TION TAGS NOT USE BURIED WITH BODY | D, DESCRIBE IDE | NTIFICATIO | N DATA AND | | |
| DESITIFICATION TIO MISSE | D WITH IDEN | TIFICATION TAG ATTACHED TO RKER (Yes or 110) | | ~ * | | | • | | |
| BODY (Yes or no) | ma | 708 | | | | | | | |
| BODY (Yes or no) | LEFT, NAME (Last | t, first, middle initial) | FANK | SERIAL NO. | ZOBGANIZATI | | | | |
| BODY (Yes or no) | LEFT, NAME (Las | t, first, middle initial) | RANK | SERIAL NO. 329 04657 | Trie (| | /E No. | | |
| BODY (Yea or 110) BODY BURIED ON DECEASED | LEFT, NAME (Last | l, first, middle initial) | A | 1 . | | CO. | 1177 | | |
| BODY BURIED ON DECEASED BODY BURIED ON DECEASED | RIGHT, NAME (Last Right, NAME (Last Right, NAME (Last Right)) | s, first, middle initial) | RANK PA-3/o | 329 04657 SERIAL NO. | ORGANIZATII USAN 31 | 00. 000 GRA | 1177 VE No | | |

E WC

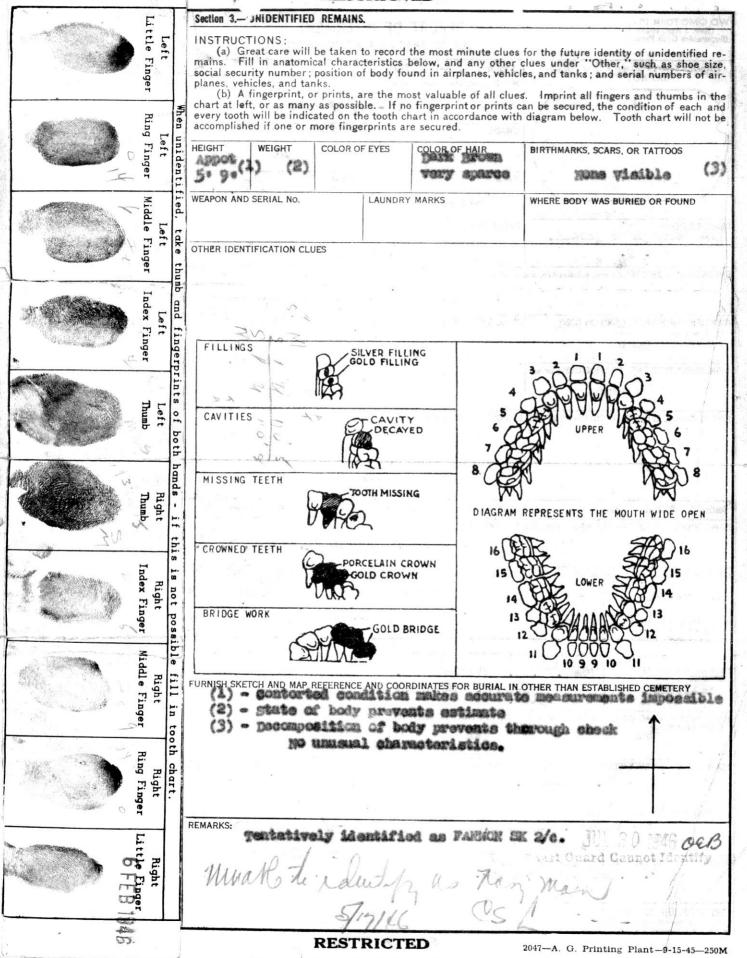
)

and Ally

| WD CMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | | | | DATE OF REPORT | | | | | |
|---|------------------------|----------|--|--|----------------------|------------------------|-----------------|-----------------------|------------------|--|--|--|
| Imprint Identification | Tag If Poss | ible. | Section 1.—IDENTIFICATION | | | 191 H | | | | | | |
| DO NOT THE | | | NAME (Last, first, middle initial) | | | SERIAL NO. | | | | | | |
| | | | DESTOR | 1 | | | | | | | | |
| | | | GRADE ORGANIZATION | | | | BRANCH OF SER | | | | | |
| | | | SE 2/0 UAR | | | nishi di | Manh | | | | | |
| | | | RACE | RELIGION | 1.000 | IF OTH | ER THAN U | S. DE/ | AD, GIVE | | | |
| PLACE OF DEATH | reland | | CAUSE OF DEATH | | , | | DATE OF D | EATH | | | | |
| P• I• | New Corregidor Taland, | | | owning | | | 12 pec. 45 | | | | | |
| EMERGENCY ADDRESSEE (| Name, relation | ship, ar | nd address) | | | | * | | | | | |
| IDENTIFICATION TAGS FOU (1, 2, or none) | IND ON BODY | | IF NO TAGS FOUND ON BODY. | DESCRIBE MEANS | OF IDENTIFICATION (| f unidenti | fied, fill in s | ection 3 | on reverse) | | | |
| Mano | | | | | | | | | | | | |
| WERE SUBSTITUTE TAGS P | ROVIDED?(Yes | or no) | • | erearigate | attached. | | | | | | | |
| Yes | (2) | | | (See reserke) | | | | | and the second | | | |
| LIST PERSONAL EFFECTS F |) (See 12) | | | | | | | | | | | |
| Cartion 2 Dispisi To | | | | arca s _{ee e} | | | | | | | | |
| NAME, NUMBER, COORDINA | | | | mana map coord | | z• | <i>y.</i> | | 2) | | | |
| DATE OF BURIAL | HOUR | | BURIED IN (Shroud, blanket, or n | ame of other) | TYPE OF GRAVE | PLOT | No. ROV | No. | GRAVE No. | | | |
| 16 pec. 45 | 2000 | | (select | | MARKER | 5 | 1 | lo | 1178 | | | |
| WAS THIS A REBURIAL? | IF A REBU | RIAL, | INDICATE NAME, NUMBER COORD | DINATES OF PREVI | OUS CEMETERY, AND I | OCATION | OF GRAVE | | 1 | | | |
| (Yes or no) | | | | | | PLOT | No. RO | W No. | GRAVE No. | | | |
| TYPE OF RELIGIOUS CEREMONY | PERSON | ОИВЦ | CING BURIAL RITES | , DESCRIBE IDENTIFICATION DATA AND | | | | | | | | |
| IDENTIFICATION TAG BURI BODY (Yes or no) | ED WITH | IDEN' | TIFICATION TAG ATTACHED TO RKER (Yes or no) | | | | | 1)) D ₂ | TOPAVE H | | | |
| BODY BURIED ON DECEASE | | | , first, middle initial) | RANK | SERIAL No. | ORGANI | ZATION D | GRAV | E No. | | | |
| SOTIA | R. Hose | and I | ŝ. | 12/5 | 329 olu657 | Ta | dr.co. | | 1177 | | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | | | | RANK | SERIAL NO. | ORGANIZATION SRAVE NO. | | | /E No. 1179 | | | |
| SIGNATURE OF PERSON PR | EPARING REP | ORI S | A GRS. | The second secon | GRS OFFICER VERIFY I | | | JR ADM | PVFCEA. TEATT | | | |

DISTRIBUTION CF 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.

1 4115



Dispensery Newy 3142

This is to certify that this is a body tentatively identified as FANNOND, SK 2/o of the APA 35.

Dead on arrival

J. M. WILSON Lt.(jg) MO USER MOOD

A TRUE COPY

E.M. mirne

R. M. MOORE, 1st It. QMO.

Note, The above statement can be found at the back of the EMT.