

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc (misc) St. Arnold

X-1588 X-6108 X-6137 X-6150 X-6297

SYNOPSIS AND DATES

X-6387-A X-6387-B X-6387-C X-6457

misc filed

NEW CLASSIFICATION 293 Misc (St. Arnold) X-1588

RECLASSIFICATION SHEET

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St Avold, France		TO OIC Nouville, Belgium	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl Vincent P Matozzo, 32707218	
SIGNATURE OF SHIPPER <i>[Signature]</i> FRANK D CALVAGNINI, 1st Lt PA	DATE 2 Nov 48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

1

**SECTION A —
NAME AND BURIAL LOCATION OF DECEASED**

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

UNKNOWN X-6387 A B (C)

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

St. Avold, France

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

3 X

6

62

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

These remains are unidentifiable and are to be permanently interred. (Hq. AGRC-15 Dec 49)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

UNKNOWN X- 6387 A B (C)

3 Aug 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER **EMB**

Anthony J Martin, Embalmer
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Mattress cover

CONDITION OF REMAINS Fragments of L/radius, ulna, humerus, and parts of pelvic bone.

OTHER MEANS OF IDENTIFICATION

None

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

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 Oct 48

BY

Anthony J Martin, Embalmer

CASKET SEALED BY

Anthony J Martin, Embalmer

EMBALMER (Signature)

Anthony J Martin

CASKET BOXED AND MARKED

DATE 10 Nov 48 BY Anthony J Martin

~~ALL MARKINGS, TAGS AND PLATES VERIFIED BY~~ All markings, tags and plates verified by *Rafael T Ruiz*
Rafael T Ruiz, 1st Lt FA

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

Rafael T Ruiz
Rafael T Ruiz, 1st Lt FA, 7857 AGRC Zone 3 Hq
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy number 4 of this Disinterment Directive which contains the signatures of the persons whose names ~~are~~ are typed hereon.

Frank B Callaghan
Frank B Callaghan, 1st Lt FA

incl 23

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

AIRMAIL

293 Nick - France (misc) St. Avoird

QMR 293
QMR European
(St. Avoird, France)

X-6108 X-6137 X-6150 X-6297 X-6387 ABC X-6457 X-6150

9 February 1950

SUBJECT: Certificates of Unidentifiability of Remains

**TO: Chief, Registration Division
7857 Graves Registration Detachment
APO 58, c/o Postmaster
New York, New York**

1. Reference is made to your Transmittal Letters, Numbers 4628, 4630, 4674 and 4556, dated December 1949 and January 1950, forwarding Certificates of Unidentifiability.

2. This Office approves the classification of the following Unknowns in USMC St. Avoird, France as Unidentifiable:

<u>Unknown</u>	<u>Floc</u>	<u>Row</u>	<u>Grave</u>
X-1588	SSB	2	24
X-6108	Y	6	51
X-6137	Y	12	35
X-6150	AAAA	4	49
X-6297	DEEC	9	102
X-6387 A	EHKE	8	90
X-6387 B	IXL	6	51
X-6387 C	IXX	6	62
X-6457	KEEE	11	129

FOR THE QUARTERMASTER GENERAL:

**T. H. METZ
Lt Colonel, GMC
Memorial Division**

Schrothardt
Clements
RIS

AIRMAIL

293 - Nick. R - 6387 (C) [unclear] [unclear]

AIRMAIL

QMGMP 293

1st Ind

GRS European

SUBJECT: Certificates of Unidentifiability of Remains
Transmittal Letter #4556

Dept. of the Army, OQMG, Washington 25, D. C., 31 January 1950

TO: Chief, Registration Division, 7887 Graves Registration
Detachment, APO 56, c/o Postmaster, New York, New York

1. This Office approves the classification of Unknown X-6306,
listed on basic communication, as Unidentifiable.

2. Unknown X-3215 was suspended to your headquarters by let-
ter dated 19 January 1950.

3. It is recommended that all action in connection with other
Unknowns listed be suspended pending further notification from this
Office.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

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

Rice/id

Foy

REB

Cy furnished: Adm Sect

Handwritten: 314.6
T/C 4556
H

REB

TEC

Vertical handwritten: X 293 Unk Remains X-6306 C. ST H. VOLB

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

30 Nov 1949

(Date)

193 Unk - France X-6387-C (St. Avold) *dl*

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X- 6387 C ; Plot XXX ;
Row 6 ; Grave 62 ; USMC St. Avold, France ;
have been reviewed and it is the opinion of the Board of Review; this
headquarters, that sufficient evidence is not available to establish
the identity of the deceased concerned, therefore, these remains should
be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office
of The Quartermaster General by Transmittal Letter No. 3297 ; dated
15-12-48 .

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

COL H P HENRY, O-12589
LT COL E D MULVANITY, O-359598
CAPT EDWARD F . PRICE, JR., O-1588236

3 Feb 50
Not identifiable from
information presently
available **QQMG**

*NAN
file 3 Feb 50
Schmitt
9/1/50*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293

30 November 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

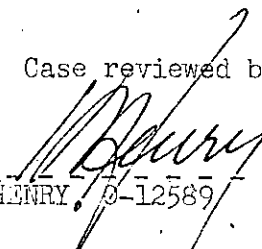
1. The records pertaining to Unknown X- X-6387 G Plot XXX, Row 6, Grave 62, USMC ST. AVOLD, France, have been reviewed and it is the opinion of the Board of Review, this headquarters, that sufficient evidence is not available to establish the identity of the deceased concerned, therefore, these remains should be classified as unidentifiable.

2. Report of Reprocessing of remains was forwarded to the Office of The Quartermaster General by Transmittal Letter No. 3297, dated 15-12-48.

3. Remarks:

See Case History attached.


Case reviewed by undersigned Members of the Board of Review:


Col. H. P. HENRY, O-12589 JMC


Lt. Col. E. D. MULVANITY, O-359598 JMC

Maj. Charles REYNOLDS, O-182639 TC

Maj. Gerald SWARTHOUT, Sr., O-267451 CE


Capt. Edward F. PRICE, Jr., O-1888236 JMC

1st Lt. Frederick S. DAVID, O-1826041 CAV

Received 3 Feb 50 **DDMG**

Not identifiable from
CWO Frank G. information presently available

USA Capt. Jack C. HAYES, O-1577297 JMC

Incl #6

CASE HISTORY

UNKNOWN X-6387 A, B & C,
X-6297 & X-6457

U.S. MILITARY CEMETERY St. Avold, France

1. The remains of the five unknown decedents shown above were recovered from the village church-yard at HIENHEIM, Germany. These cases are associated with the two deceased crew members, 1st Lt Daniel W. BOWMAN and S/Sgt. Warren C. LAWRENCE, of A/C #42-100266 which crashed 25 February 1944. All other crew members of the subject aircraft are listed as RTD. This association was established through the presence of a flying boot bearing the marking "Lt D. W. BOWMAN" that was found amongst the mass burial of Unknowns X-6387 A, B & C. Due to a lack of identifying data it could not be determined which of the five remains are those of 1st Lt BOWMAN and S/Sgt. LAWRENCE.

2. Since a statement (See attached) made by a resident of Hienheim, one Johann HAUSSNER, implies that an American four-motored bomber crashed at Hienheim on 25 April 1945, a thorough check of MACR files was made in an effort to tie in an aircraft with the area concerned, however, this action proved negative. Captured German dulag records were not of any value to the investigation of this case, since dulag records were not maintained after the month of MARCH 1945. The tooth chart contained in the case of Unknown X-6387 A was checked against all available dental data on unresolved casualties within the Germany M-49 area with negative results. An effort was made to associate another aircraft that crashed around the 25th February 1944; however, only the aircraft of which Lt BOWMAN and Sgt. LAWRENCE were crew members could be associated with the HIENHEIM area.

3. In view of the foregoing it is recommended that these cases be declared Unidentifiable.

JB

Jad

JAB IRR



DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	3374 00000	13 03 49

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	000307		0	0	0

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
ST AVOLD FRANCE	XXX	0	62-	2503 00
				CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ST. AVOLD, FRANCE	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

IDENTIFICATION CHECK LIST

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

E.O.# 783

Unknown X - 6387 A.B.(C)

Cemetery St. Avold, France

Plot XXX Row 6 Grave 62

1. ~~Revised at~~ **R processed :** 30 Aug 1948
~~30 Aug 1948~~ (Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered and~~ **reprocessed by Mobile Team #1, CIP**
(Name and organization)

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>None</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>None</u>		
Undershirt, Wool	<u>None</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>None</u>		

Belt, web Remnants

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ~~wool~~ Remnants of white

*~~Shoes~~ Boots Remnants of 3 (type) Fleece lined, flying

Overshoes None

Web Equipment None (type)

(Other item) Remnants of parachute harness, insert for electrically heated flying suit.

(Other item) Electrically heated flying glove.

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

Chevrons or Insignia None
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

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

6. Description of Remains: All major bones missing and/or fractured.

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings None Scars UTD
(Length, width, location)

UTD Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face UTD

Complexion UTD
(Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD
(Large, fat, thin, muscular)

Hair Dark brown, 1 1/2" long, straight
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD
(Baldness, widow's peak, distinctive-cutting or other characteristics)

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

Goatee **UTD**
(Light, color, extent)

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

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

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

Teeth ~~See tooth chart with case "A"~~
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **UTD** Circumference of head in inches **Part of fractured skull**
(Large, small, normal) **found (Hat band) with remains**
(skull shown on case "A"
skeletal chart).

Neck **UTD** Larynx **UTD**
(Size, length, short, normal, wrinkled) (Prominent, normal)

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

Hands **Missing**

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

.....
(Unusual characteristics of fingernails)

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

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

Back **UTD** Circumcision **UTD** Pubic Hair **None**
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty **UTD**
(Yes-no; location)

Legs **UTD**
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

Evidence of healed fractures **None**
(Nose, arms, legs, etc.)

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

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

If not, explain Fingers missing

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

Remains processed as per E.O. # 783

9. Remarks Remains received in skeletal form; small amount of decomposed flesh.

Report of Burial found; no GPS tags. Teeth found with remains. Estimated weight of reprocessed remains : 1/2 pound. Estimated height : UTD, all major bones missing and/or fractured. No evidence of previous fractures or amputations. Parts of

three remains found. (see narrative of segregation). Remains segregated into

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.


case A, and B, and G.

/s/ George J SCHWADERER
(Officer's Name)

Ungraded Mobile Team #1 CIP
Rank Service

AGRC ZONE ONE
(Organization)

A CERTIFIED TRUE COPY


CLYDE V CARLSON
WOJG USA

X - 6387 A,B(C)
St. Avoild
Plot XXX, Row 6, Grave 62

SKELETAL CHART

(BLACK 'OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



Est. height : UTD

CHART "A"

NARRATIVE OF SEGREGATION

CONCERNING CASE X-6387 A, B and C.

Upon processing case X-6387, as per E. O. # 783, parts of three remains, having bones necessary for life of a person, were found case X-6387 was changed to case X-6387 A, B and C. Segregation was possible because of difference in size and structure of the bones.

The temporary wooden cross had " X-6387" marked three times, indicating that three remains were known to be buried.

The teeth, clothing and parts of a fractured skull were found among the remains and could belong to either case; teeth, clothing and the fractured skull were placed with case A. The fractured skull is shown on case A skeletal chart.

The remains of case "A" were wrapped separately, placed in one burial box and assigned to grave from which disinterred, that is :

Plot : EEEE, Row 8, Grave 90.

Case B : Plot XXX, Row 6, Grave 61

Case : C, Plot XXX, Row 6, Grave 62.

A CERTIFIED TRUE COPY

/s/ & /t/ CLYDE V CARLSON

WOJG USA

REPORT OF BURIAL

30 Aug 1948

Last Name: _____ First: _____ Initial: _____
 Unit: _____
 Place of Death: _____ Date of Death: _____ Cause of Death: _____
 Time and Date of Burial: _____ Name of Cemetery: _____ Name or Coordinates of Location: _____
 Grave Number: _____ Row Number: _____ Column Number: _____ Type of Marker: _____

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags
How were remains identified? _____

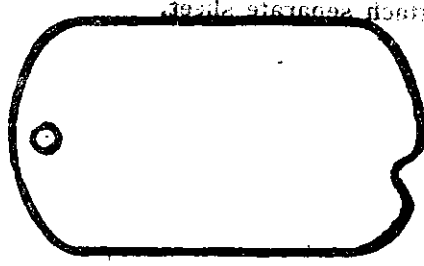
What means of identification were buried with the body? _____

A copy of _____ placed in a casket with the remains.

To determine Right or Left use Deceased's Right and Left.

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.

Signature of Officer or other person reporting burial: _____



If print of identification tag is not affixed fill in below

Emergency Addressee: _____ Name: _____
 Address: _____
 Religion: _____

List only Personal Effects Found on Body and disposition of same:

Signature of Officer or other person reporting burial: _____

Handwritten signature

Verified by G. R. S. Officer: _____

REPORT ON BURIAL

30 Aug 1948

Date: _____
Serial No.: _____

Unknown X - 6387 A, B, (C)
Last Name: _____
First: _____ Initial: _____
Unit: _____

Heinheim, Landkreis Kehl, Germany
Place of Death: _____
Time and Date of Burial: 29 June 1946

1100 62
Grave Number: _____
Row Number: _____

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

No Identification Tags Processing revealed parts of three remains. Remains were segregated. Case X-6387 was changed to X - 6387 A, B and C.

What means of identification were buried with the remains? _____

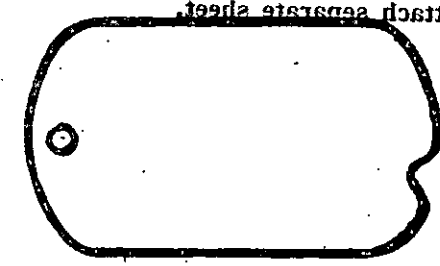
One copy of GRS Form #1 placed in a burial bottle and put with the remains.

To determine Right or Left use Deceased's Right and Left.

Who is buried on: Deceased's Right: X - 6533 B Unk Unk Unk 63

Deceased's Left: X - 6387 B Unk Unk AAF 61

If this is an isolated burial, make a sketch of the _____



List only Personal Effects Found on Body and disposition of same: None

Remains previously buried in same cemetery
Plot: EEEE
Row: 8
Grave: 90

A CERTIFIED TRUE COPY
YDE V CARLSON
USA
#3

Emergency Addressee: _____
Address: _____
Religion: _____
Signature of Officer or other person reporting burial: /s/ Albert G. RICHARDSON
Verified by G. R. S. Officer: /s/ Jesse R. WARD

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Upper Power

Handwritten signature

Left Hand

Right Hand

Deceased's Left

Deceased's Right

IDENTIFIED INDIVIDUAL

DRIVER REGISTRATION FORM NO. 1 (Revised 1 Sept. 1943)

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Tooth Chart Attached? _____
 Race: _____
 (If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below, locate, and describe any scars, birthmarks, moles, deformities, etc.)

Left Hand

Right Hand

Attached to Marker: No Yes
 Buried with body: No Yes
 How were remains identified? _____
 No identification tags _____
 What means of identification were buried with the body? _____
 Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

To determine Right or Left use Deceased's Right and Left:
 Deceased's Right: _____
 Deceased's Left: _____

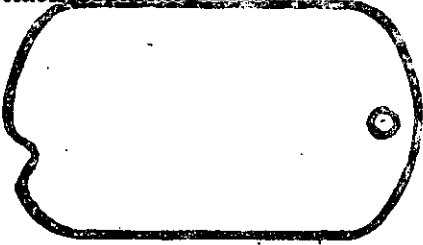
TOOTH CHART

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet.

Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Deceased's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by X; crown by O; fillings by □; Bridges by ▢; missing anchor teeth; replacements by artificial teeth X.

Characteristics: _____
 Date: _____
 Signature of Officer: _____
 Address: _____
 Religion: _____
 Emergency Address: _____



List only Personal Effects Found on Body and disposition of same:

S. & C. 75728 - 300 M - 12-44