FILE IDENTIFICATION TOPPER

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SUBJECT		-
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OMC FORM 1121

/bpm DISINTERMENT DIRECTLY FPARED BY PHILCOM CARL R. H. MARK Cemetery Superintendent DIRECTIVE NUMBER DATE NAME AND BURIAL LOCATION OF DECEASED 29 6360 03 50 81179 NAME DAY MONTH SERIAL NUMBER GRADE ARM RACE RELIGION UNKNOWN X = 21CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS 2ND MARINE DIVISION CEMETERY, SAIPAN 7701 80 15 CODE DIST. CTR. SECTION B - CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I. (BY ADMINISTRATIVE DECISION) SECTION C - DISINTERMENT AND IDENTIFICATION NAME GRADE DATE OF DEATH SERIAL NUMBER DATE DISTINTERRED UNKNOWN X -21 30 March 1950 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY REMAINS PAUL R NICHOLS MARKER Embalmer NAME AND TITLE SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT NATURE OF BURIAL CONDITION OF REMAINS Shelter Half Skeletal OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) REMAINS PREPARED AND PLACED IN CASKET DATE 30 March 50 PAUL R NICHOLS CASKET SEALED BY EMBALMER (Signatur) PAUL R NICHOIS PAUL R NICHOLS CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE 30 Mar 50 BRAYMOND H TANGUAY, Sgt., RA L. W. RICHARDSON, M/Sgt., RA I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. W. Richardson, M/Sgt., RA SIGNATURE OF AGRS INSPECTOR REMARKS AND SPECIAL INSTRUCTIONS

WI FEB 48 1194

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### DISINTERMENT DIRECTIVEPARED BY PHILCOM DIRECTIVE NUMBER DATE SECTION A -8117 NAME AND BURIAL LOCATION OF DECEASED MONTH DAY SERIAL NUMBER NAME GRADE ARM RELIGION RACE UNKNOWN X - 21 CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS 7701 2ND MARINE DIVISION CEMETERY, SALPAN 15 CODE DIST. CTR. SECTION B - CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN UNITED STATES MILITARY CEMETERY PT. WM. MCKINLEY, P. I. (BY ADMINISTRATIVE DECISION) SECTION C - DISINTERMENT AND IDENTIFICATION SERIAL NUMBER DATE DISTINTERRED NAME GRADE DATE OF DEATH IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY REMAINS NAME AND TITLE MARKER 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 EMBALMER (Signature) CASKET SEALED BY CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE 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 en sight REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM 1194

# RECORD OF CUSTODIAL TRANSFER

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DATE			BY					
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CASKET BOXED AND	MARKED	4		SHIPPING	ADDRESS VERIFIED	ву		
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		above is correct						
1 Prepare Disc	repand	y Report QMC	Form 1194a for major	discrepa		GRS INSPECTO	R	
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HEADQUARTERS PHILOM: ZONE A ERICAN GRAVES REGISTRATION O

13 February 1950

SUBJECT: Unidentifiable Remains

TO : The Quartermaster

Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X- 21 , Plot B , Row 8, Grave 15, USMC 2ND MAR. DTV. CEM. Seipen, have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

numer B. MCNEMAR Captain, QMC

Chief, Records Branch

Attch: Form 1044

Not identifiable from information presently ( available,

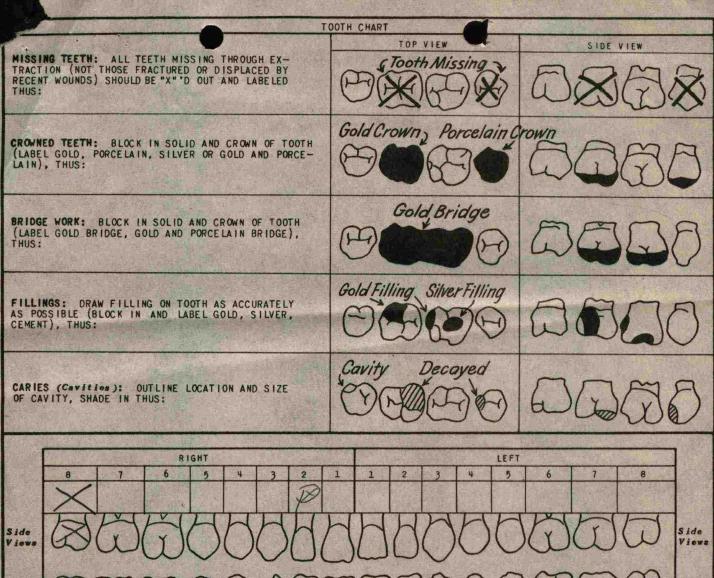
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17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

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Ind 32



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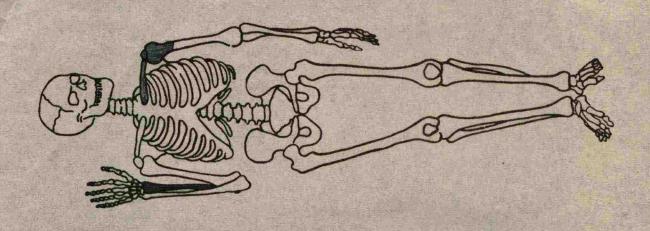
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DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

MINDENTIFIABLE

PAUL R. NICHOLS Chief, Ident. Section

OMC FORM 1044 &



20 .

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle buried, personal effects, or other means of identification found with remains.

"UMBENTIFIADIE"

"BY REASON OF LAST OF SUFFERENCE CENTRYING 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

Gaul & Mihals

OMC FORM 10446

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

## RECORD OF CUSTODIAL TRANSFER

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US MAUSOLEUM (SAIPAN MI)			1411)
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2 md. Marine, Scapan, M. I.	3	8	15	DISINTERMENT	REINTERMENT
	DESCRIPTION				
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L4. WAS BODY BURNED? TO WHAT EXTENT?					
TES NO			N. G.A.		
5. WAS BODY MANGLED? TO WHAT EXTENT?					
6. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALF	ORMATIONS				
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TEETH WITH THE WORD,	'CLASP."					
Market Street of the Street Street				COLOR DATE		

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

estruit Capt

X-21 PB R8 GR-15 - 2 mol Marine Com. incomplete Skeleten Skull-21" MASS BURIAL CERTIFICATE (IF APPLICABLE) 20. (Wherein segregation in whole or parts is impossible) Decedents Based on the Presence of One or More of the Follow-I Certify that the Group Remains Consist of Parts of NUMBER ing Anatomical Parts: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION Color of Hair - L. Brown or Bland Skull - 21" Dry Skeleten remains. Extra (1) R. alwa, removed, wrothed and replaced with the remains. 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 SIGNATURE TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

OMC FORM 1044b

DATE

GRS Inspector (Frecessing Foint)

BURIAL LOCATION OF Serial No. | Date of Death | Arm Name Rank UNKNOWN D.D. Numbe Cemetery Plot Row iGrave Marianas Is. Saipan 2nd Marine Div. 8 6360 00000 B. DISINTERMENT AND ICENTIFICATION Serial No. Date of Death Date Disinterro Name Organization Religion Lientification verified by UNKNOWN Identification Tag SHIPMENT L.K.SMITH PMB Marker I WINKNOWN UNKNOWN

G. PREPARATION OF REMAINS FOR SHIP Condition of remains Nature of Burisi SKELETALKREMAINS TRENCH BURIAL. UNCASKETED. PONCHO Other means of identification Minor Discrepancies (Prepare 1194a for Major Discrepancies) MOME REMAINS PREPARED AND PLACED IN CARVE Embainer (Signature Castot sealed by J.D.ST JOHN Casket marked (Signature) MAX CHELOFSKY CONST REE: REPARKS: GUAM NATIONAL CEMETERY LEFT-TRAUTMILLER, D. P. 6-14 G-16 RIGHT-STIVER, J. W. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the apport above is correct. Edward D. Foster Maj.QMC Signatu Date Processed Newe Identification Identification Caskotl | Remainst Cther means of Miror Discrepancies (Propare 1194a for major discrepancies) scaled by Checker . I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct,

Form S39105TSU No.2

RESTRICTED MANY									
QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, s		REPORT OF	INTERMEN		DATE	OF REPORT			
(Supersedes GRS Form 1, 18 Rev. of 1 Apr. 45, which may be	and e used.)	(AR 30-1810 an	nd AR 30-18	15)	3	0 June	48		
Imprint Identification To DO NOT TYPE					SERIA	. No			
	1	NAME (Last, first, middle initial)				L NO.			
S Report of	1	UNKNOWN X-21	COCANUZATION	ARBONE CAN	I PPAN	OF SERVI	AND THE REAL PROPERTY.		
Disintermen		GRADE	ORGANIZATION		Bithit	CH OF SERVI	CE .		
			T-FLOION.		T OTHER TH	LU C DEA	200		
		RACE	RELIGION		NAME OF CO	OUNTRY	D, GIVE		
CLASS OF DEATH		LANGE OF PEARLS	10.13		LOATE	T TOTATU	1		
PLACE OF DEATH		CAUSE OF DEATH		en esperante de la company		OF DEATH			
AND DESCRETAN	NO. 2 SEL						The Control of the Co		
EMERGENCY ADDRESSEE (Nat	me, relationship,	and address)							
IDENTIFICATION TAGS FOUND	D ON BODY	IF NO TAGS FOUND ON BODY, D	DESCRIBE MEANS	OF IDENTIFICATION (If	unidentified, fi	ll in section 3	on reverse)		
None		(1) Mortuary UNKNOWN		Plate					
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or n	P-B, R-8,	Gr-15 DN QMC FORM 1045 ATTACHED HERETO						
No		YES	□NO						
LIST PERSONAL EFFECTS FOU	JND ON BODY A	A Section of the second section of the section of the second section of the second section of the second section of the section of the second section of the							
	G. I. Sho	oes (2) Size - 91EE							
Section 2.—BURIAL. If oth	ner than in est	tablished cemetery, furnish sketch	h and map coord	finates on reverse.					
NAME, NUMBER, COORDINATE	ES, AND LOCATI	ON OF CEMETERY							
	2nd Mar.	Div. Cem. Saipan							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no	ame of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.		
					В	8	1.5		
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIA	L, INDICATE NAME, NUMBER, COORD	INATES OF PREVI	OUS CEMETERY, AND LO					
	Teylor Burlor and				PLOT No.	ROW No.	GRAVE No.		
TYPE OF RELIGIOUS CEREMONY	PERSON COND	DUCTING BURIAL RITES	IF IDENTIFICAT	TION TAGS NOT USED,	DESCRIBE IDE	NTIFICATION	N DATA AND		
	44 441 (-) 20 20 20 20 20 20 20 20 20 20 20 20 20	TRUE COPY:							
IDENTIFICATION TAG BURIED BODY (Yes or no)		ENTIFICATION TAG ATTACHED TO		1 mure	unu	M			
No		No		Captain,	MAR. QMC				
BODY BURIED ON DECEASED	LEFT, NAME (L	ast, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	/E No.		
BODY BURIED ON DECEASED	RIGHT, NAME (	Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	VE No.		
SIGNATURE OF PERSON PREP			SIGNATURE OF	GRS OFFICER VERIFYIN	G REPORT				
/s/ RHO	y G. Bake	or	/s/t/	Roy H. Oestre	ich, Car	ot., In	r.		
307 47	3		1 / / /						

DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

INCL # 16

	Section 3.	DENTIFIED	REMAINS			
LEFT FINGER	INSTRUCT (a) Gr	TIONS: reat care will	be taken	to record	the most minute clu	es for the future identity of unidentified re
INGER						es for the future identity of unidentified re er clues under "Other," such as shoe size licles, and tanks; and serial numbers of air
Algeria State of the State of t	chart at lef	t, or as many will be indiced if one or a	as possible ated on the	ole. If no ne tooth ch	fingerprint or print eart in accordance we e secured.	ues. Imprint all fingers and thumbs in the scan be secured, the condition of each anith diagram below. Tooth chart will not be
RING FINGER	HEIGHT	WEIGHT	COLOR OF		COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
20	WEAPON AND	SERIAL No.	1	LAUNDRY	MARKS	WHERE BODY WAS BURIED OR FOUND
MIDDLE			Same and			
LETT MIDDLE FINGER	OTHER IDENT	TIFICATION CLU	JES			
INDEX FINGER					2.1.0.	
GER						
	Anna India					
THUMB						
RIGHT ТНИМВ	and the standard standards					
	a total					· · · · · · · · · · · · · · · · · · ·
INDEX						
C FINGER						
2			Logi			
RIGHT MIDDLE FINGER	FURNISH SKE	ETCH AND MAP	REFERENC	E AND COO	PRDINATES FOR BURIA	L IN OTHER THAN ESTABLISHED CEMETERY
IGER						
RING						
RIGHT RING FINGER						Diversity wild be
	REMARKS:					
HTTLE FINGER		170				
NGER						

## IDENTIFICATION CHECKLIST

Unknown _	X-21	
Cometery	2nd Mar. Salpan	
Plot B	Reu E Grave L	5

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

# Physical Description

3- --

1.	Estimated weightUTD		_ 2. Estimat	ed height _	51 9 3/4"	
3.	Color of hair L. Brown	or Blond	4. Race	UTD		
5.	Tattoos or scars on the	body (give	description)_	None		
			(Inform	ation obtain	ed from oth	er
	sources)					
6.	Was tooth chart taken? _					
7.	Were fingerprints taken?					
	Cause of death	THOUSE STATE OF THE STATE OF TH				
9.	Was body burned?					
	extent?					
10.	Are there any parts of	The second second	NAME OF TAXABLE PARTY OF TAXABLE	SCHOOL SECURITY TO SEC	eletal Char	t
11.	Is there any evidence of	f first-aid	or other medi	cal treatmen	167	
		No .				
12.	If the remains are badl;	y mangled,	a careful sear	ch should be	made for	<b>以</b> 籍 电外
	identification tage or					
13.	Type of clothing found	on remains	Air Corps. Po	catroon, Ave	ored. Eave.	
	USMC, etc.)					
					-	-

Iden	tification Checklist (Cont'd)
24.	List every item of clothing and/or equipment found, showing color of each, also size and markings: G. I. shoes (2) Size 92EE
15.	If laundry marks are indistinct, such notation should be made and specimen
100	forwarded through channels for examination
16.	Evidence of healed fracturesNone
17.	Black out parts of body not received at cemetery.
The state of	
18.	REMARKS: (1) Extra right ulna
	I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.
	/s/t/ ROY H. OESTREICH Officer's name

Capt., Inf.

Rank Service

Organization

### DUPLICATE COPY RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1946)	Form 1042 A Apr. 1946) REPORT OF INTERMENT					DATE OF REPORT		
(Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)  (AR 30-1810 a			A CONTRACTOR OF THE PARTY OF TH	공항으럼 그렇게 됐으면 하다 하면 하면 하면 보면 보다 보니다.				
Imprint Identification Tag If Possible.   Section 1.—IDENTIFICATION.								
DO NOT TY	PE	NAME (Last, first, middle initial)						
REPORT	1-18-1-	T7-1 37 03	(A)					
>	MILL	Unknown X-21 GRADE	ORGANIZATION		BRANC	CH OF SERVI	CE	
OF \	10							
DISINTERME	ייי זמי	The state of the s	Mar. Ja					
DISTRIBUME		RACE	RELIGION		NAME OF CO	AN U.S. DEA	D, GIVE	
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH		
EMERGENCY ADDRESSEE (Na	me, relationship, an	d address)						
IDENTIFICATION TAGS FOUND	ON BODY	IF NO TAGS FOUND ON BODY, I	SECONDE MEANS	OF IDENTIFICATION (74	11 416 1 61			
(1, 2, or none)	ON BOD!	(1) Mortuar	y Surfac	e Plate	uniaentijiea, ju	i in section 3	on reverse)	
None		Unknown						
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or no)	COMPLETED TOOTH CHART OF	OMC FORM TO	ATTACHED HERETO				
No		YES	□ NO					
LIST PERSONAL EFFECTS FOL	IND ON BODY AND	DISPOSITION OF SAME		A TRUE COPY:				
				Mana				
				A. B. McNEMA	ne			
G. I. Shoes	(2) 810	o 01 /2PP		Captain, QMC				
NAME, NUMBER, COORDINATI		lished cemetery, furnish sketch	n and map coor	imates on reverse.				
2ND Mar. Di								
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
				A	В	8	15	
WAS THIS A REBURIAL?	IF A REBURIAL,	INDICATE NAME, NUMBER, COORE	DINATES OF PREV	IOUS CEMETERY, AND LO	CATION OF GE	RAVE		
(100 01 100)					PLOT No.	ROW No.	GRAVE No.	
TYPE OF RELIGIOUS	PERSON CONDUC	TING BURIAL RITES	IF IDENTIFICAT	TION TAGS NOT USED, I	DESCRIBE IDE	NTIFICATION	DATA AND	
CEREMONY			CONTAINERS	BURIED WITH BODY				
IDENTIFICATION TAG BURIED BODY (Yes or no)		FIFICATION TAG ATTACHED TO RKER (Yes or no)						
No		No						
BODY BURIED ON DECEASED	LEFT, NAME (Last	, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAV	E No.	
。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1								
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO. ORGANIZATION GRAVE NO.						E No.		
					415			
SIGNATURE OF PERSON PREF		SIGNATURE OF GRS OFFICER VERIFYING REPORT						
Xs/t/ Anth	ony G. B	aker	/s/t/	Roy H. Oe	streic	h, Cap	t, Inf	
7 97 411 611	VIII VI	****						

DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the Guartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

	Section 3	ED REMAINS					
LEFT LITTLE FINGER	INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.						
LEFT RING FINGER	every tooth will be ind accomplished if one or HEIGHT WEIGHT	COLOR OF EYES	re secured.  COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS			
	WEAPON AND SERIAL NO.	LAUNDR	Y MARKS	WHERE BODY WAS BURIED OR FOUND			
LEFT MIDDLE FINGER	OTHER IDENTIFICATION C	LUES					
LEFT INDEX FINGER							
THUMB	AND THE REAL PROPERTY.						
RIGHT							
RIGHT INDEX FINGER							
RIGHT MIDDLE FINGER	FURNISH SKETCH AND M.	AP REFERENCE AND CO	OORDINATES FOR BURIA	L IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT RING FINGER	REMARKS:						
RIGHT LITTLE FINGER				Anna de la constante de la con			

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)			REPORT OF	INTERMEN			OF REPORT	ive 48
Imprint Identification DO NOT T		Section 1	-IDENTIFICATION					
			first, middle initial)		21	SERIA	AL No.	
& Report Intermed	8 0	GRADE		ORGANIZATION		BRAN	ICH OF SERV	/ICE
		RACE		RELIGION		IF OTHER THE NAME OF C	IAN U.S. DE	AD, GIVE
PLACE OF DEATH		CAUSE OF D	DEATH		Miles et 25 est		OF DEATH	
EMERGENCY ADDRESSEE (A	lame, relationship,	and address)						
IDENTIFICATION TAGS FOU (1, 2, or none)  WERE SUBSTITUTE TAGS PR	COVIDED?(Yes or 1	IF NO TAGS	Mertuay .	DESCRIBE MEANS Of Surface 18, 6-15.	of Identification (1)	f unidentified, fi	U in section 3	3 on reverse)
LIST PERSONAL EFFECTS FO	OUND ON BODY A	ND DISPOSITION	I OF SAME					
Section 2.—BURIAL. II of NAME, NUMBER, COORDINA	ther than in est	ablished comet	Market Street Street Street		The Man			
2nd Ma								
DATE OF BURIAL	HOUR	BURIED IN	Shroud, blanket, or s	same of other)	TYPE OF GRAVE MARKER Surface	PLOT No.	ROW No.	GRAVE NO.
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIA	., INDICATE NAM	IE, NUMBER, COOR	DINATES OF PREVIO	DUS CEMETERY, AND L	OCATION OF G	RAVE	
						PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY	PERSON COND	UCTING BURIAL	RITES	IF IDENTIFICATI	ON TAGS NOT USED, URIED WITH BODY	DESCRIBE IDE	NTIFICATIO	N DATA AND
IDENTIFICATION TAG BURIE BODY (Yes or no)	ED WITH   IDE	NTIFICATION TA	G ATTACHED TO				e L	
BODY BURIED ON DECEASE	LEFT, NAME (L	ust, first, middle i	nitial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAY	VE No.
BODY BURYES ON DECEASE	NIGHT, NAME (	Last, first, middle	initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	VE No.
GHAT'IPE C - I CASON PRE	PARING REPORT	Balu		SIGNATURE OF S	RS OFFICER VERIFYIN	G REPORT	· ·	
DISCRIBITION OF REPOR	T Signal and	11.77.5					101	

through Readquare is GRS Officer. Copies for retention in theater as prescribed by theater commander.

		SIRICIED				
	Section 3.— DENTIFIED REM	IAINS.		Committee and the		
LITTLE FINGER RI	INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.					
RING FINGER	HEIGHT WEIGHT COL	OR OF EYES COLOR OF	F HAIR BIRTHMARKS, SCA	HAIR BIRTHMARKS, SCARS, OR TATTOOS		
MIDDLE FINGER	OTHER IDENTIFICATION CLUES	LAUNDRY MARKS	WHERE BODY WAS	BURIED OR FOUND		
INDEX FINGER	FILLINGS	SILVER FILLING	ففؤد	2003		
THUMB	CAVITIES	CAVITY	5 UPPER	100°		
RIGHT	CROWNED TEETH	PORCELAIN CROWN	DIAGRAM REPRESENTS THE	HOUTH WIDE OPEN		
RIGHT INDEX FINGER	BRIDGE WORK	GOLD BRIDGE	13 03 AAAA 12 0 0 000	13 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFE	RENCE AND COORDINATES	FOR BURIAL IN OTHER THAN ESTA	BLISHED CEMETERY		
RIGHT RING FINGER	REMARKS:					
RIGHT LITTLE FINGER						

