

FILE IDENTIFICATION TOPPER

FILE NUMBER 293- SUBJECT	unt-	2rd Mar	Dim	Saigan X.	-36-
					16-03202-1 GPO

QMC FORM 1121

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ED BY PHILCOM DISINTERMENT DIRECTIVE DATE DIRECTIVE NUMBER 10 SECTION A -6360 81391 NAME AND BURIAL LOCATION OF DECEASED MONTH YEAR RELIGION SERIAL NUMBER GRADE ARM RACE NAME THENOUS DISPOSITION OF REMAINS ROW GRAVE PLOT CEMETERY 7701 2ND MARINE DIVISION CEMETERY, SAIPAN CODE DIST. CTR. SECTION B CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY (BY ADMINISTRATIVE DECISION) FT. WM. MCKINLEY, P. I. SECTION C - DISINTERMENT AND IDENTIFICATION DATE DISTINTERRED GRADE DATE OF DEATH SERIAL NUMBER NAME IDENTIFICATION VERIFIED BY RELIGION ORGANIZATION IDENTIFICATION TAG ON REMAINS NAME AND TITLE MARKER SECTION D - PREPARATION OF REMAINS FOR SHIPMENT CONDITION OF REMAINS NATURE OF BURIAL 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 SHIPPING ADDRESS VERIFIED BY CASKET BOXED AND MARKED 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 REMARKS AND SPECIAL INSTRUCTIONS

OMC FORM 1194

Incl # 225

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HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

30 MAR 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, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Wnknown 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-16 Isolated Buriel, Iwo Jima
" X-27 2nd Mar. Div. Saipan

" X-36 2nd " " " "

" X-38 2nd " " "

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

FOR THE COMMANDING OFFICER:

4 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ Harry C. Thornsvard
/t/ HARRY C. THORNSVARD
WOJG, USA
Assitatnt Adjutant

0 P

V

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

APO 900

28 March 1950 (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-36, Plot E, Row 7, Grave 22, USMC 2nd Marine Div. Saipan, 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 B. B. McNEMAR Captain, CMC Chief, Records Branch

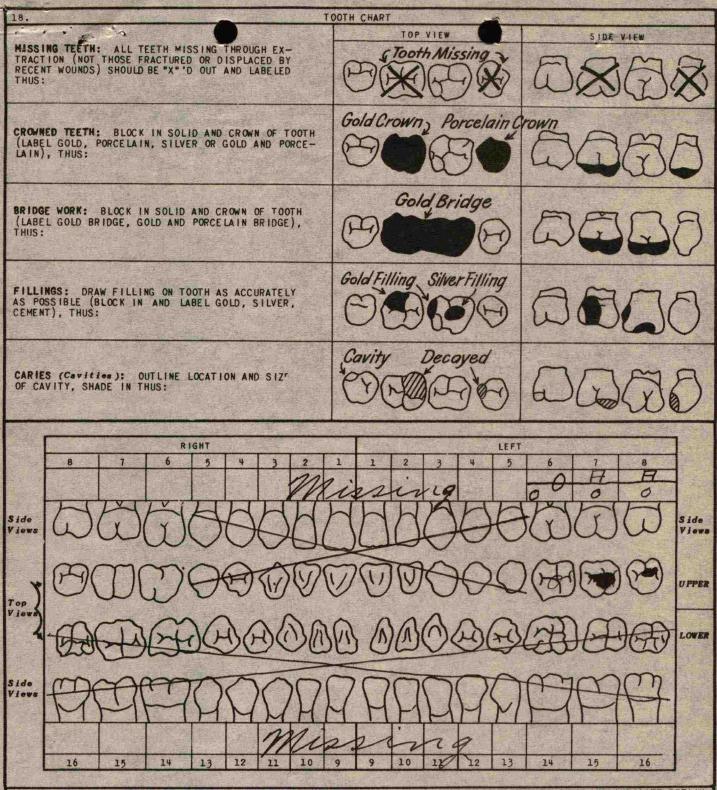
Received 12 April 19500000 Not identifiable from information presently 190 april 1950 available Ea Kary

June 3'

1	IDENTIFI	CATION D	ATA			
1. REMAINS OF UNKNOWN					2. DATE OF RE	
UNKNOWN X-36					28 March	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DA	TE OF REINTERMENT
2nd Marine Div. Saipan E 7 22						
COMMENDED TO SERVICE STATES		AL DESCRIPTIO				
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR			11. RACE	
12.GIVE DESCRIPTION OF ANY	STATE OF THE PROPERTY OF THE PARTY OF THE PARTY.		rown		Unl	
	NONE					
13.GIVE DESCRIPTION OF TATT	OOS OR SCARS ON BODY AND/O	R SUCH INFORM	ATION OBTA	INED FROM	OTHER SOURCES	
14. WAS BODY BURNED?	TO WHAT EXTENT?					
TES TO NO						
15. WAS BODY MANGLED?	TO WHAT EXTENT?					图 通讯员
YES TO NO						
	NONE					
17. LIST EVERY ITEM OF CLOT SERVICE, ETC. (If laund channels for examination	HING, EQUIPMENT AND PERSON ry marke are indistinct au n when facilities are not	ch notation s	hould be i	ING THE TY	PE, COLOR, SIZ pecimen forwar	E, MARKINGS, ded through
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				77		

QMC FORM REV 18 MAR 47 1044

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



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."

REMARKS:

PAUL R. NICHOLS Chief, Ident. Section

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief. Ident. Section

SIGNATURE

Yaul R. Michals

OMC FORM 1044b

Eighth Army Printing Plant Boonjude

BASIO: Ltr, ASF, COMO, Wash., D. C. SPONG 293, MIDPAC, 21 March 19h6, Subject: Identification.

MPYOM 293 (21 Mar h6)

Hoadquarters United States Army Forces, Middle Pacific, APO 958, 17 May 19h6

TO: Commanding General, Western Pacific Base Command, APO 2hh.

1. Your attention is invited to par 3 of basic communication.

2. It is directed that the remains be exhaused and CMC Forms 10hh and 10h5 be completed in quadruplicate and forwarded to this headquarters. Corrected Reports of Interment are desired, also in quadruplicate, for graves listed in basic communication.

BY COMMAND OF MAJOR GENERAL MOCKS:

2 Inclst Incl 1 - QMC Forms 10ki Incl 2 - QMC Forms 10ki H. S. THATCHER Lt Colonel, AGD Amst Adjutant General

E (QN)
HEADQUARTERS, WESTERN PACIFIC BASE CORMAND, SATPAN (AFO 2hk), 10 July 1946

TO: Commanding General, Headquarters United States Army Forces, Middle Pacific, Fort Shafter (APO 958)

Basic communication complied with,

FOR THE COMMANDING GENERALS

2 Incls:
Nithdrawn 2 Incls-Incls 1 and 2
Added 32 Incls:
1 through 13 - OMC Form 10Mm,
Report of Disinterment
through 23 - OMC Form 10Mm,
14 Identification Dental Chart
24 through 32 - Report of Interment,
Form ND OMC 10M2

AMOY SHIVICE FORCES OFFICE OF THE QUARTER/ASTER GENERAL WASHINGTON 25, D. C. SPOYG 293 - MIDPAC 21 Warch 1946 SUBJECT: Identification. TO * Commanding Coneral Army Forces, Mid-Pacific Area APO 958, c/o Postmaster San Francisco, California FOR: Chief, American Graves Registration Service

1. The following names appeared on a map and a list of burials submitted for the Second Marine Division Cometery, Saipan Telende

Namo	Grave Harker	ASM	Plot	Row	Crave
BRENAMAN .	Unknown	Unknown	B	n	24
CHANCE, A. S.	Unknown	Unionown	C	9	10
IE RIGGER, W. I.	Unknown 5	Unknown	B	2	8
FRAZIER, J.R. HARTBOLL, A.H.	Unknown Unknown	Unknown		3	2
HODES, R. E.	HOBBS, R. E.	Unknown			R
HC COLLAR, J. G.	Unknown	Unlangun	E	7	24
MC CURDY	Unknown	Unknown	A	9	9
MELCHIOR, M. A.	Unknown	Unknown	F	5	4
SMITH, C. F. STRONG, D.	SMITH, CHARLES F. Unknown	883816 Unknown	B	4	5

- 2. H. E. Hobbs, USHC, and Charles F. Smith, 883816, USHC, are alive, Mone of the above names can be identified as casualties of the Amy, Mavy, Marine Corps, or Coast Guard.
- 3. It is requested that each burial be changed to an Unknown, the remains disinterred, and the enclosed QMC Form 10kk, Report of Disinterment for Identification, GMC Form 1005, Identification Dental Chart, and a corrected Report of Interment be completed and forwarded to this office.

FOR THE QUARTERMASTER GENERAL:

/s/ J. H. Schwarz for H. V. TURNER Colonel, CMC Assistant

2 Inclas

(1) 22 CMC Form 10hb

(2) 22 ONG Form LONS

0 P =

11 January 1946

SUBJECT: Identification of Unknown Deceased.

TO * Commanding Officer, U. S. Maval Operating Base, Navy #3215 c/o FPO, San Francisco, California

Reference: Letter, Hq Bureau of Medicine and Surgery, Washington, BUMED-C-JKW, CM20/P6-1, subject: "Burials (unidentified) in Second Marine Division Cemetery, Salpan Island, Marianas Group," 18 December 1945.

1. The specific graves listed in reference letter were thoroughly investigated and compared with information found on the grave markers and records of this organization and the following information was revealed:

NAME	GRAVE MARKER	ASN	PLOT	ROL	CRAVE
BEENAHAN	UNKNOWN	UNKHAYN			24
CHANCE, A.S.	UNKNOWN	UNKNOWN	C	9	10
DE RICGER, W.I.	UNKNOWN ALL	UNKNOWN	E	2	8
FRAZIER, J.R.	UNKNOWN	UNKNOWN	T .	5	5
HARTBOLL, A.H.	UNIONOWN	UNKNOWN	P	0	6
HOBBS, R.B.	HOBBS, R.E.	UNKNOWN	7	8	8
MC COLLOH, J.Q.	UNENCAM	UNKNOWN	B		211
MC CURDY	UNENCHA	UNKNOWN		9	9
IMIGHIOR, M.A.	UNICHON	UNICHCEVIN	P	5	4
SMITH, G.P.	SMITH, CHAMIAS F.	883 816	E	1	22
STRONG, D.	UNKNOWN	UNKNOWN	B	- 4	5

2. It is requested that an information copy of correspondence concorning your answer to the Bureau of Medicine and Surgery, be forwarded to this headquarters. No action will be taken until Bureau of Medicine and Surgery or the Quartermaster General instructs your headquarters as to the correct information, so that this office may change the records to agree with these on file in Washington.

> /s/ William M. Brewster WILLIAM M. BREWSTER, 2nd Lt., GMC, Commanding

Mavy No. 3215 c/o Fleet Post Office San Francisco, Calif. U. S. NAVAL OPERATING BASE SAIPAN, M. I. 0

CNGD/P6-1 FLR/rbr

Serial:

Promi

Commandant. Chief of the Bureau Medicine and Surgery Washington, D. C.

Subject:

Burials (unidentified) in Second Marine Division Cemetery, Saipan, M. I.

Reference:

Bulled Ltr QW20/P6-1.

1. The graves listed in reference latter were thoroughly investigated and compared with information on the grave markers and with the records of 604th CM Graves Registration Company, AFO 244 and the following information was noted:

NAME	GRAVE MARIGER	ASW	PLOT	ROW	GRAVE
DIRENAMAN	UMMONR	UNGOWN	B		24
CHANCE, A.S.	UNKNOWN	UNKNOWN	- 6	9	10
IM RICCER, W.I.	UNKNOWN	UNKNOWN	工	2	
FRAZIER, J.R.	UNIXIVA	UNICION	POR	5	5
HARTBOLL, A.H.	UNKNOWN	UNKNOWN	ľ	-8	6
HOEBS, R.E.	UMKNOWN	UNKNAMA	7	18 P. M	8
MC COLLOH, J.G.	UNIONAL	UNICHOWN	B	176.5	24
HC CURDY	UNKNOWN	UMENCANN	A	2	2
MEICHIOR, M.A.	UNIONOMI	UNKNOWN	7	5	4
SHITH, C.F.	SMITH, CHARLES F.		B		22
STRONG, D.	UNDOWN	UNICIONN	B	4	5

2. It is requested that this command be advised as to what action is required in the case of reference letter.

J. G. HAMMOCK Chief of Staff.

Copy of Letter From Euroau of Madicine and Surgery Dated 18 December 1915

Bunnd-G-Jin GN2O/P6-1

18 December 1945

To: Subj: Island Commander, Navy #3245. Burials (unidentified) in Second Marine Division Cometery, Saipan Tsland, Marianas Croup.

1. The following names appeared on a map and a list of burials for the Second Marine Division Cometery, Salpan Island, submitted by Graves Registration Administrative Group, Second Marine Division, PMF.

Succession of the succession o	Name	Rank	Grave	Row	Plot
	BRENAMAN CHANCE, A.S. DE RIGGER, W.I. PRASISH, J. R. HARTSOIL, A.H. HCRES, R.E. EC COLION, J.G. UC CURIX (This man with the HELCHICR, M.A. SITTH, C.F. STRONN, D.	Sgt Pre Berial musbe	24 10 8 8 20 9 21 9 512537 is al	H920000079 57-4	B C B P P R A

2. These names could not be identified as Jumy, Navy, Marine Corps or Coast Guard Personnel.

If no other information is available to aid in establishing identity of any of the above, it is requested that they be changed to unknowns, your records and grave markers corrected accordingly, and a Report of Burial for each unknown be forwarded to this bureau or the Office of the Guarternaster General, giving all available information that may aid in establishing identification at a later date.

By direction of the Chief, Bulled:

/s/ W. S. DOUGLASS Civilian Assistant

On Remains:

None (reinterred in wooden dasket)

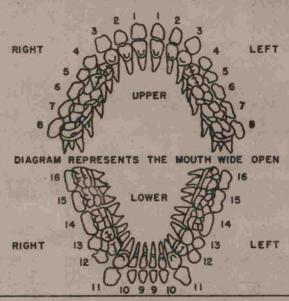
Signature of officer supervising Disinterment and Reinterment:

/s/ WILLIAM M. BREWSTER, 1st Lt. QMC

IDENTIFICATION DENTAL CHART TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON. AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED. 24 June 1946 DATE Smith, - Charles-F- Unknown LAST NAME INITIAL SERIAL NO. UNIT ORGANIZATION 2d Mar Div Cem. Saipan, M.I. GRAVE NO. PLACE OF DEATH PLACE OF BURIAL PLOT ROW RIGHT UPPER TEETH LEFT 6 LOCATION **OCATION** INSIDE - LOOKING OUT LOWER TEETH RIGHT 11 16 15 14 11 10 10 12 13 13 TYPE TYPE LOCATION FMO DO DO FO LOCATION KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS TYPE OF FILLING LOCATION OF FILLING IN IN IN LOWER HALF OF BOX UPPER HALF OF BOX WHOLE BOX AMALGAM MESIAL EXTRACTED (SILVER) (BETWEEN-TOWARD FRONT) m CAVITY INDICATE OCCLUSAL GOLD LOCATION (BITING SURFACE BACK TEETH) SILICATE OR DISTAL FIXED BRIDGE (INCL. ABUTMENTS) PORCELAIN (BETWEEN - TOWARD BACK) TEETH REPLACED 0 OXYPHOSPATE LINGUAL BY DENTURE (CEMENT) (TOWARD TONGUE) POSTHUMOUSLY MISSING FACIAL (TOWARD CHEEK) (LOST AFTER DEATH)

INSTRUCTIONS:

- I. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
- 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
 - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

/s/ WILLIAM M. BREWSTER, 1st Lt., QMC NAME AND RANK TYPED OR PRINTED

60hth OM Graves Registration Co.

VERIFIED BY GRS OFFICER

/s/ WILLIAM M. BREWSTER, 1st Lt., CMC

24 June 1946

DATE

DATE 8 Mar48 EXHUMATION RECORD CEMETERY OPERATIONS A. NAME AND BURTAL LOCATION OF DECEASED Serial No. Rault Date of death Arm UNKNOWN Country Demetery Grame MARIANAS IS. DISINTERMENT AND IDENTIFICATION Date of Death Date Disinterre C ganization Religion Identification verified by: Identification Tag on Remains (0) Ma or (0) -- /s/ J. D. ST

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial Condition of remains /s/ J. D. ST JOHN Trench burial in poncho; uncasketed skeletal - incomplete Other means of identification Mortuary plate - surface Minor Discrepancies (Prepare 1194a for Major Discrepancies) D. REVAINS PREPARED AND PLACED IN CASKET Embalmer (Signature) /s/ J. D. ST JOHN Checker (Signature) Casket Marked S/CICERO SAMSON_ REMARKS: Mortuary plate on Surface shows: Buried on Left: RAU, Donald Andrew Buried on Right: MALLICK, Clarence F. SMITH, Charles F. USMC, SN 883816 17 Jun 444

I hereby certify that all the fore cing operations were conducted and accomplished under my immediate supervision and that the report above is correct. /s/ WILLIAM J. GREENWELL, Capt, QMC Signature of GRS Inspector (Cemetery) PROCESSING OPPRATIONS Serial No. Date processed Rank Identification to on Identification verified by: Casket () Remains () Other means of identification Minor Discrepancies (Prepare 1194a for Major Discrepancies) Embalmer (Signature) Casket sealed by Checker (Signature) Casket marked I hereby certify that all the foregoing prevations were conducted and accomplished under my immediate supervision and that the report above is correct.

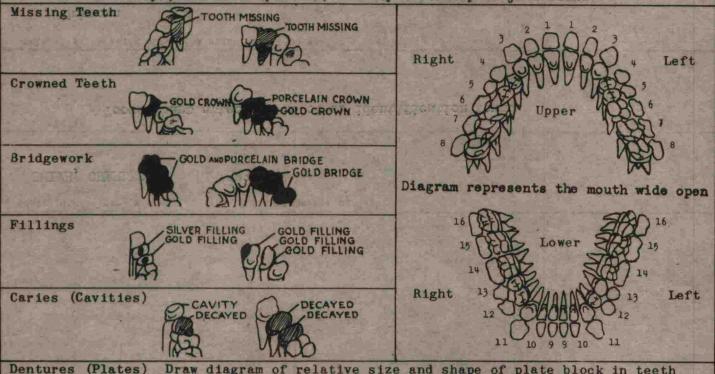
FORM S#9105TSU No. 2

GRS Inspector (Processing Point)

Incl 5

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.



Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

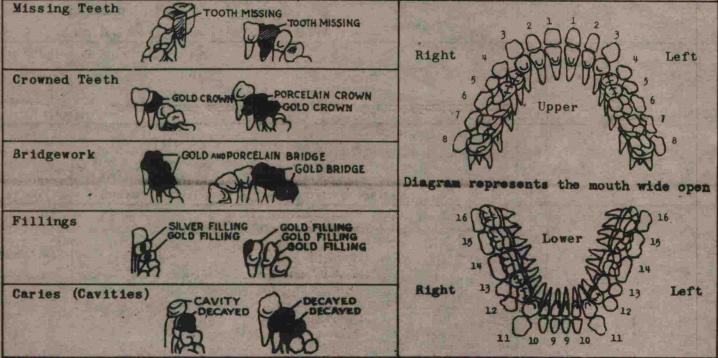
Remarks

Time feet deep. Completely decomposed.

OM2 1 1044 Rev. 7 Apr. 1945	0	RESTRICTED	(DE		
	DISINTERMENT FO	R IDENTIFICATION	2	4 June 19	16
1. REMAINS OF (Name)	CHARLES F.		SERIAL NUMBE	883816	
GRADE	ORGANIZATION	USID			
NAME, NUMBER AND LOC 2d Marine Divisi		pan, Marianas Islands.	PLOT	ROW 7	GRAVE NO.
2. DATE OF DISINTERMENT 24 June 1946		DATE OF REINTERM 24 June			
W. WHAT IDENTIFICATION SMITH, CHARLES		NTERMENT: ON MARKER			
ON REMAINS Tooth	Chart attached;	no other identification	n found.		
WHAT IDENTIFICATION Unknown	USED UPON REINTERMENT	ON MARKER			
ON REMAINS None (reintern	ed in wooden cas	lat)			
5. SIGNATURE OF OFFICER	WILLIAM M.	MENT AND REINTERMENT. Security States Security	4		+ 37
Quel 5"		RESTRICTED			

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.



Dentures (Plates)

Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

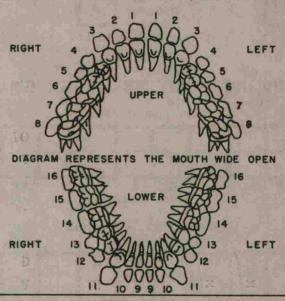
Remarks

IDENTIFICATION DENTAL CHART TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON. AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED. 24 June 1946 DATE Smith, Charles F. FIRST INITIAL SERIAL NO. UNIT ORGANIZATION Saipan, M. I. 2d Mar. Div. Cem. PLACE OF DEATH PLACE OF BURIAL RIGHT UPPER TEETH 7 6 3 3 6 TYPE LOCATION OCATION INSIDE - LOOKING OUT LOWER TEETH 15 11 10 10 11 TYPE TYPE LOCATION LOCATION FO DO DO KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS TYPE OF FILLING LOCATION OF FILLING WHOLE BOX UPPER HALF OF BOX LOWER HALF OF BOX AMALGAM MESIAL EXTRACTED (SILVER) (BETWEEN-TOWARD FRONT) CAVITY. INDICATE G OCCLUSAL GOLD LOCATION (BITING SURFACE BACK TEETH) 0 DISTAL FIXED BRIDGE SILICATE OR (INCL. ABUTMENTS) PORCELAIN (BETWEEN - TOWARD BACK) TEETH REPLACED 0 OXYPHOSPATE LINGUAL BY DENTURE (CEMENT) (TOWARD TONGUE) POSTHUMOUSLY MISSING FACIAL (LOST AFTER DEATH) (TOWARD CHEEK) QHC FORM 1045 5 FEB 46

Incl 15

INSTRUCTIONS:

- L ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
- 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
 - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

None

SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER

1st Lt NAME AND RANK TYPED OR PRINTED

604th QM Graves Registration Co.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER WILLIAM M. BREWSTER

1st Lt

NAME AND RANK TYPED OR PRINTED

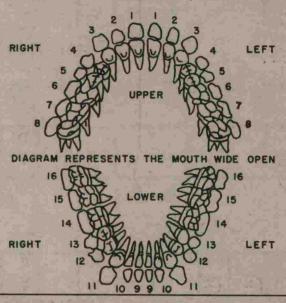
24 June 1946

Smith, Charles F. LAST NAME FIRST INITIAL RANK SERIAL NO. UNIT ORGANIZATION	
Smith, Charles F. LAST NAME FIRST INITIAL RANK SERIAL NO. UNIT ORGANIZATION	
UNIT ORGANIZATION	
	LATER OF PARTIES
Saipan, M. I. 2d Mar. Div. Cam. R 7 22	
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.	
RIGHT UPPER TEETH LEFT 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7	8
TYPE VA X X S S D X A A	TYP
OCATION D M D T O O	LOCAT
INSIDE — LOOKING OUT	
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15	16
TYPE A A A A	A TYP
DOCATION FO PMO DO DO	FO LOCAT
文学表现在1960年的《大学》的《大学》的《大学》的《大学》的《大学》的《大学》的《大学》的《大学》	
KEY OF SYMBOLS TO BE USED ON ABOVE CHART	
SYMBOLS TYPE OF FILLING LOCATION OF FILLING	
WHOLE BOX UPPER HALF OF BOX LOWER HALF OF BOX	
EXTRACTED A AMALGAM MESIAL	
(SILVER) M (BETWEEN-TOWARD I	RONT)
CAVITY INDICATE G GOLD OCCLUSAL	
LOCATION O (BITING SURFACE BAC	(IEEIH)
FIXED BRIDGE S SILICATE OR DISTAL (BETWEEN - TOWARD	BACK)
TEETH REPLACED O OXYPHOSPATE LINGUAL (TOWARD TONGUE)	
POSTHUMOUSLY MISSING (LOST AFTER DEATH) FACIAL (TOWARD CHEEK)	
OHC FORM 1045 5 FEB 46 REVERSE SIDE FOR INSTRUCTION	

Ince 15-2

INSTRUCTIONS:

- L ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
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 - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

None

SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER 1st Lt

NAME AND RANK TYPED OR PRINTED

604th CM Graves Registration Co.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

OFFICER

WILLIAM M. BREESTER

1st Lt

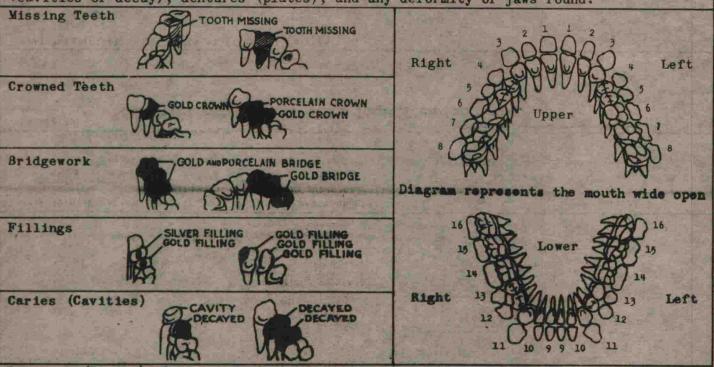
NAME AND RANK TYPED OR PRINTED

24 June 1946

QNS FORM TONK	STRICTED	E T			
.Rev. 7 Apr. 1945_	W 200	24 June 1946			
REPORT OF DISINTERMENT FOR IDENT	TIFICATION				
1. REMAINS OF (Name)	第一次,多 章	SERIAL NUMBER			
SMITH, CHARLES P.	1. No. 4.6 图 1.1		883816		
GRADE ORGANIZATION					
NAME, NUMBER AND LOCATION OF CEMETERY		PLOT	ROW	GRAVE NO.	
2d Marine Division Cometery, Salpan, H	arianes Islands.	-	7	22	
2. DATE OF DISINTERMENT	DATE OF REINTERNEN				
24 June 1946	24 June	1946			
3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDIT		RMENT.			
Buried five feet deep. Completely dec	omposed.				
	1 1 1 1 1 1	and l			
Smith, C.	F. alun	14	1		
fruit, C.		ron			
		AND THE RESERVE			
L. 在	· · · · · · · · · · · · · · · · · · ·	13/14			
. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT	ON WARKED				
	A TOTAL STATE OF THE STATE OF T			TO SHOW	
SMITH, CHARLES F. 883816					
· · · · · · · · · · · · · · · · · · ·				w. A.	
ON REMAINS Tooth Chart attached; no ot	her identification	found.			
WHAT IDENTIFICATION USED UPON REINTERMENT: ON MAR	KER				
Unknown					
是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一					
ON REMAINS	And the World Street	at 11 killing	1 基础 查证		
None (reinterred in wooden easket)	第一个主义的				
多种的人类型的工作的类型的		To the			
5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND			MATERIAL SECTION AND ADDRESS OF THE PARTY OF		
William !	n. Brewst	Promi			
. WILLIAM M. BREWS				7 3 5 7 1	
Incl 5° RE	STRICTED				

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

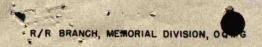
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Dentures (Plates)

Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks

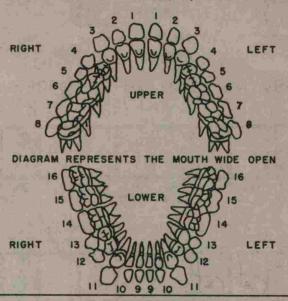


IDENTIFICA TO BE USED WITH QMC FOR AND TO BE ATTACHED TO AN	MS NOS	. 1042	3 1044	IN PLA	CE OF	CHART	THERE	ON,			
							_2	4 Jun	194 TE	6	
Smith, Charles F.	ITIAL			RANK			CEC	MIAL NO			
				NANK			SER	IML IN			
UNIT					ORG	ANIZAT	ION				
PLACE OF DEATH	l Mar.	PLACE O	F BURIA	\L	- 1 P	LOT	7 ROW	GF	RAVE NO	<u>. </u>	
8 7 6 5 4 3	2	UPPER	TEETH	2	3	LE 4	FT 5	6	7	8	
TYPE A A	8	s		(X)	(2)			A	A	V	TYP
LOCATION	12	D			T			0	0	X	LOCAT
	ISIDE	— L	OOKIN	G OU	T						
RIGHT		LOWER				LE					
16 15 14 13 12 11	10	9	9	10	-11	12	13	14	15	16	
TYPE A A A A							X	X	A	A	TYP
LOCATION FQ FINO DO DO									PO	20	LOCAT
VEY OF SYMBOLS	TO	DE	Hes		NA 1	1001	IE (LIAE			
KEY OF SYMBOLS		OF FIL		ט נ)N /						
IN WHOLE BOX		IN					ON OF F				
EXTRACTED	A		GAM					M	ESIAL		
CATHOLES	基果	(SILV	ER)			m	(BETW	EEN-T	OWARD	FRONT)
CAVITY INDICATE	G	GOLD					/81711		CLUSA AGE BA		
						0	(BITTA			UN IEE	
FIXED BRIDGE (INGL. ABUTMENTS)	S		ELAIN			d	(BETW		STAL TOWARD	BACK)	
TEETH REPLACED	0	OXYP	HOSPAT	E				LINGUA			
BY DENTURE			EMENT)			1	E. J. 300 S.T.	RD TO			
POSTHUMOUSLY MISSING							AUGUST STORY	FAGIAL			
(LOST AFTER DEATH)						f	(TOWA	RD CH			

Incl 15

INSTRUCTIONS:

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 - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER let Lt

NAME AND RANK TYPED OR PRINTED

604th (M Graves Registration Co.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

uns VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER

let Lt

NAME AND RANK TYPED OR PRINTED

24 June 1946 DATE COPY

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	COL	RRECTED REPORT OF		BREADUREND IN IN IN INCIDENT	DATE	OF REPORT	
(Supersedes GRS Form 1)		(AR 30-1810 a	nd AR 30-	1815)		eli Jun	1946
Imprint Identification							
	12	NAME (Last, first, middle initial) X-36			SERIA	AL No.	
1	1	UNKNOWN/ (Former	ly Smith,	Charles F.)			
>		GRADE	ORGANIZATIO		BRAN	ICH OF SERV	ICE
	0						
		RACE	RELIGION		LIE OTHER TH	- IN II S DE	AD COVE
		/ NACE	RELIGION		IF OTHER TH	OUNTRY	AD, GIVE
			-1-1				A second
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
Saipan, M.I.		KIA			1	7 Jun L	4
EMERGENCY ADDRESSEE (N	ame, relationship	o, and address)			PART OF THE		
IDENT!FICATION TAGS FOUN	ND ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEAN	NS OF IDENTIFICATION	(If unidentified, f	II in section S	on reperse)
(1, 2, or none)						To the second	+= 1
None		Unidentified					
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or	no)					
No	對外表演						
LIST PERSONAL EFFECTS FO	UND ON BODY	AND DISPOSITION OF SAME		THE RESERVE			
None							
mes de la companya d				THE BY LETTER			
Cartina 2 RIIDIAI 76 of		stablished cometery, furnish sketc					T. Bush
NAME, NUMBER, COORDINAT			on and map co	ord:nates on reverse.			
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	etery, Saipan, M.I.					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or s	name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
Unknown		None		Corss	E	7	22
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIA	AL, INDICATE NAME, NUMBER, COOR	DINATES OF PRI				
					PLOT No.	ROW No.	GRAVE No.
No TYPE OF RELIGIOUS	PERSON CON	DUCTING BURIAL RITES	LIF IDENTIFIC	TATION TAGS NOT USE	DESCRIBE IDE	NTIFICATIO	N DATA AND
CEREMONY			CONTAINER	CATION TAGS NOT USED S BURIED WITH BODY			
Unknown				f Report of I	nterment	buried	one
IDENTIFICATION TAG BURIE BODY (Yes or no)	D WITH ID	DENTIFICATION TAG ATTACHED TO MARKER (Yes or no)		nder marker.		海 爾	
No		NO					
BODY BURIED ON DECEASED	LEFT, NAME ()		RANK	SERIAL No.	ORGANIZATIO	ON GRAV	/E No.
Mallida OF				220726			
Mallick, C.F. BODY BURIED ON DECEASED	RIGHT NAME	(Last first middle initial)	Cpl	339176	ORGANIZATIO		1
	Survey letters and a series	(Little) Janos, Heterato Statestary	TO THE REAL PROPERTY.	JANUAR NO.	Onomitant	The state of the s	IE NO
				在在14.55年15日,沙里的是			VE No.
Rau, D.A.			Pfc	521560	USMC	2	VE No.
Rau, D.A.	PARING REPORT		SIGNATURE C	OF GRS OFFICER VERIFY	ING REPORT	2	
	PARING REPOR	T T	SIGNATURE C		ING REPORT	2	

RESTRICTED

	RES	RICTED	· 图图 11年 11年 11年 11年 11年 11年 11年 11年 11年
	Section 3. AIDENTIFIED REMAINS	to be about the	The state of the second of the
LEFT RING FIN	planes, vehicles, and tanks. (b) A fingerprint, or prints, a	t body found in airplanes, vehi ire the most valuable of all clu ble. If no fingerprint or prints he tooth chart in accordance with exprints are secured.	s for the future identity of unidentified re- clues under "Other," such as shoe size, cles, and tanks; and serial numbers of air- es. Imprint all fingers and thumbs in the can be secured, the condition of each and th diagram below. Tooth chart will not be
INGER TANK A PROOF OF			(31.84.50.18.75
	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
MINING TO THE MIDDLE		RIKARROSAUN	Name of the Party
MIDDLE FINGER	OTHER IDENTIFICATION CLUES	LANGE THE	The second of th
THE RESERVE	· · · · · · · · · · · · · · · · · · ·		
Lenon or a march of the Morex	AND WOLFE SET THE PROPERTY OF THE		Total ma alkuni seya yesi Diviniya
LEFT INDEX FINGER	FILLINGS	LVER FILLING	**************************************
THUMB	CAVITIES	CAVITY 6	UPPER UPPER 7
RIGHT	CROWNED TEETH	16[REPRESENTS THE MOUTH WIDE OPEN
RIGER FOR STATE OF ST	Door	RCELAIN CROWN OLD CROWN 15	LOWER 15
X PINGER	BRIDGE WORK	GOLD BRIDGE	" O 0000 O
MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE	E AND COORDINATES FOR BURIAL	IN OTHER THAN ESTABLISHED CEMETERY
RIGHT RING FINGER	REMARKS:		
LITTLE FINGER			Charles of the contract of

6537

y - 1		RESIR	HULED				
WD QMC Form 1042 Rev. 1 Apr. 1945	CORRECT	REPORT OF	INTERM	Date of Report			
(Supersedes GRS Form	1).	(AR 30-1810 at	nd AR 30-1815	i)	1	24 June	1946
Imprint Identificat		SECTION 1. IDENTIFIC	CATION				
		Name (Last, First, Middle Ini		Serial Number			
		UNKNOWN (formerly	Smith, C	charles F.)		•	
>		Grade	Organization		Bra	nch of Serv	ice
	C						
		Race	Religion			an U. S. De	
Place of Death		Cause of Death			Dat	te of Death	
Saipan, M. I.		KIA			17	Jun 44	
Emergency Addressee (1	Name, Relati	onship and Address)					
Identification Tags Four (1, 2, or None)	d on Body	If No Tags Found on Body, Fill in Section 3 on Reverse	Describe Mean	s of Identification. If I	Unidentified,		
None		Unidentifie	d				
Were Substitute Tags P (Yes or No)	rovided						
No							
List Personal Effects Fo	und on Body	and Disposition of Same					
None							
Name, Number, Coordin		han in established cemetery fu	rnish sketch	and map coordinate	s on revers		
		etery, Saipan, M. I.					
Date of Burial	Hour	Buried in (Shroud, Blanket	, or name	Type of Grave Marker	Plot No.	Row No.	Grave No.
		of other)		marker			
Unknown		None		Cross	E	7	22
Was This a Re-Burial (Yes or No)	If a Re-Bu	urial, Indicate Name, Number, Coo	rdinates of Pre	vious Cemetery, and L	-	Row No.	Grave Ne.
No					Plot No.	HOW NO.	Grave No.
Type of Religious Ceremony	Person Co	enducting Burial Rites	If Identificat	tion Tags Not Used, D	escribe Ident Body	tification	
Unknown				Report of In		buried	one
Identification Tag Burie	d	Identification Tag Attached	foot un	der marker.			
With Body (Yes or No)		to Marker (Yes or No)					
No	12	No		I partition to I	0	lon I d	Innya Na
		ne (Last, First, Middle Initial)	Rank	Serial Number	Organizat		irave No.
Mallick, C. F.			Cpl	339176	USMC		21
Body Buried on Decease	ed Right, Na	me (Last, First, Middle Initial)	Rank	Serial Number	Organizat	ion G	irave No.
Rau, D. A.			Pfc	521560	USMC		23
Signature of Person Pre	paring Repor	nt Telder Vision	Signature	GRE Officer Verifyin	o Reportus	4	

WILLIAM M. BREWSTER

1st Lt., QMC

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

RESTRICTED

	RESTRICTED	
	SECTIO UNIDENTIFIED REMAINS	The state of the s
Left Little Finger	unidentified remains. Fill in anatomical cha "Other" such as shoe size, social security numbers and tanks; and serial numbers of airplanes, vel	
Left Ring Finger	thumbs in the chart at left, or as many as poss the condition of each and every tooth will be i	t valuable of all clues. Imprint all fingers and sible. If no fingerprints or prints can be secured, indicated on the tooth chart in accordance with plished if one or more fingerprints are secured.
ft inger	Height Weight Color of Eyes Color of	Hair Birthmarks, Scars or Tattoos
Left Middle Finger	Weapon and Serial Number Laundry Mark	Where Body Was Buried or Found
ft Finger	Other Identification Clues	
Left Index Finger		
Inger	Fillings Silver Filling Gold Filling	2 1 1 2
Left Thumb	Cavities	Upper Upper
Right Thumb	Missing Teeth Tooth Missing	8 Diagram Represents the Mouth Wide Open
Right Index Finger	Crowned Teeth Porcelain Crown Gold Crown Bridge Work	16 Lower 15 15 14 14 13 13 12
Middle	Gold Bridge	11 10 9 9 10' 11
, Right Middle Finger	Furnish Sketch and Map Reference and Coordinates fo	or Burial in Other Than Established Cemetery
Ring Finger	artake so	do los de la compania del compania de la compania del compania de la compania del compania de la compania del compania de la compania del la compania del compania de
Right Little Finger	Rémarks Collain Sala	

ev. 1 Apr. 1945 Supersedes GRS Form	CORRECTE	REPORT OF				te of Report	
THE TAX DESCRIPTION OF THE PARTY.		(AR 30–1810 a		5)	1	24 June	1946
Imprint Identificat Possible, DO NO		SECTION 1. IDENTIFICATION Name (Last, First, Middle In			Ser	ial Number	
		UNKNOWN (formerly		Charles F.)			
		Grade	Organizatio		Bra	nch of Serv	ice
	0						
		Race	Religion		If Other th	nan U. S. De	ad,
					Give Nam	e of Country	,
lace of Death		Cause of Death			Da	te of Death	
					1.1		
aipan, M. I.	Name Relations	thin and Address)			L	Jun 44	
entification Tags Foun (2, or None) None ere Substitute Tags P		If No Tags Found on Body, Fill in Section 3 on Reverse Unidentifie		ns of Identification. If	Unidentified,		
No No							
None		d Disposition of Same	urnish sketch	and map coordinat	es on revers	se.	
None ECTION 2. BURIAL ame, Number, Coordin	L If other than	n in established cemetery fo	urnish sketch	and map coordinat	es on revers	56.	
None ECTION 2. BURIAL ame, Number, Coordin d Marine Divis	L If other than	n in established cemetery from of Cemetery		and map coordinat Type of Grave Marker	es on revers	Se.	Grave
None ECTION 2. BURIAL ame, Number, Coordin d Marine Divis ate of Burial	If other than ates and Location Come to	n in established cemetery from of Cemetery ery, Saipan, M. I. Buried in (Shroud, Blanke		Type of Grave			
None ECTION 2. BURIAL ame, Number, Coordin derine Divis ate of Burial Unknown	L If other than ates and Location Cometo	n in established cemetery from of Cemetery ery, Saipen, M. I. Buried in (Shroud, Blanke of other)	t, or name	Type of Grave Marker	Plot No.	Row No.	22
None ECTION 2. BURIAL ame, Number, Coordin d Marine Divis ate of Burial Vas This a Re-Burial Ves or No) No ype of Religious	Lif other than lates and Location Sion Come to Hour	n in established cemetery from of Cemetery ery, Saipan, M. I. Buried in (Shroud, Blanke of other)	or name	Type of Grave Marker	Plot No. Location of G Plot No.	Row No.	22
None ECTION 2. BURIAL ame, Number, Coordin derine Divis ate of Burial Unknown (as This a Re-Burial Yes or No) No ype of Religious eremony	Lif other than lates and Location Sion Come to Hour	n in established cemetery from of Cemetery ery, Saipan, M. I. Buried in (Shroud, Blanke of other) None I, Indicate Name, Number, Co.	ordinates of Pro	Type of Grave Marker Cross evious Cemetery, and tion Tags Not Used, I ontainers Buried with	Plot No. Location of G Plot No. Describe Iden Body	Row No.	Grave
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		NTIFIED REMAIN	S	
Left Little Finger	unidentified rema "Other" such as sl and tanks; and ser	ins. Fill in anato noe size, social secu- rial numbers of airp	mical characteristics rity number; position lanes, vehicles and ta	
Left Ring Finger	thumbs in the cha	rt at left, or as man	ny as possible. If no fi will be indicated on	of all clues. Imprint all fingers and ingerprints or prints can be secured, the tooth chart in accordance with the or more fingerprints are secured.
Anger	Height Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos
Lett Middle Finger	Weapon and Serial Nun	ber Laundry I	Mark	Where Body Was Buried or Found
Pinger	Other Identification Clu	es		
Left Index Finger				
nger	Fillings	Silver Filling Gold Filling		3 2 0 0 2 3
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Finger	Furnish Sketch and Ma	p Reference and Coo	dinates for Burial in O	Other Than Established Cemetery
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(Supersedes GRS Form	1)	REPORT OF				24 June	Aspr
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Imprint Identificat Possible. DO NO	TTYPE	SECTION 1. IDENTIFI Name (Last, First, Middle In			Ser	ial Number	
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Place of Death		Cause of Death			Da	te of Death	
Saipan, M. I.		KIA			17	Jun 44	
Emergency Addressee (Identification Tags Foul		If No Tags Found on Body,		ns of Identification. If	Unidentified,		
(1, 2, or None)		Fill in Section 3 on Reverse					
Were Substitute Tags P (Yes or No)	Provided						
None							
SECTION 2. BURIA Name, Number, Coordin 2d Marine Divis	nates and Loca	tery, Saipan, M. I.					
SECTION 2. BURIA Name, Number, Coordin	nates and Loca	tion of Cemetery		and map coordinate	es on revers	Row No.	Grave No
SECTION 2. BURIA Name, Number, Coordir 2d Marine Divis	nates and Loca	tion of Cemetery tery, Saipan, M. I. Buried in (Shroud, Blanke)		Type of Grave			Grave No
SECTION 2. BURIAN Name, Number, Coordin 2d Marine Division Date of Burian Unknown	Hour	Buried in (Shroud, Blanker of other)	t, or name	Type of Grave Marker	Plot No.	Row No.	Grave No
SECTION 2. BURIAN Name, Number, Coordin 2d Marine Divis Date of Burian	Hour	Buried in (Shroud, Blanker of other)	t, or name	Type of Grave Marker	Plot No.	Row No.	Grave No
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Lett Little Finger	"Other" and tan	ified remai 'such as sh ks; and ser	ins. Fill in ar oe size, social a ial numbers of	atomical ch security num airplanes, ve	aracteristics ber; position hicles and ta	s below, and an n of body found i nks.	e future identity of y other clues under n airplanes, vehicles
Ring Finger	thumbs the con	in the char dition of ea	rt at left, or as ich and every t	many as pos	sible. If no f indicated on	ingerprints or pr the tooth chart	rint all fingers and rints can be secured, in accordance with prints are secured.
inger	Height	Weight	Color of Eyes	Color of	Hair	Birthmarks, Sca	irs or Tattoos
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inger							^
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