

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

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

height estimate by humerus only:

21. REMARKS AND ADDITIONAL INFORMATION

hollet: 165 65.96 5'5" Krogman: 172 67.72 5'7.5/8" Pearson: 165 64.96 5'5"

FLUOROSCUPIC BABINATION UNNECESSARY.

TEATH CHARTED.

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

ISUL LUM APO 9-7

SIGNATURE

C. W. KELLEY, CAPT., CAC CENTRAL IDENTIFICATION LABORATORY

C.W. Kelley

OMC FORM 10446