

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-246

SUBJECT

1

*Walter E. Thomas*  
WALTER E. THOMAS  
Capt. CMP Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER <b>5217 00097</b>	DATE <b>15</b> DAY <b>06</b> MONTH <b>48</b> YEAR
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NAME <b>UNKNOWNX-000246</b>	SERIAL NUMBER	RANK	ARM <b>B</b>	DATE OF DEATH DAY MONTH YEAR
CEMETERY <b>CASTELFLORENTINO</b>	DISPOSITION OF REMAINS <b>0</b> <b>5201</b> CODE <b>80</b> DIST PT			CAUSE OF DEATH <b>6</b>
PLOT <b>2H</b>	ROW <b>96</b>	GRAVE <b>4746</b>	COUNTRY <b>ITALY</b>	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>FLORENCE, ITALY</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN</b>	SERIAL NUMBER <b>X-246</b>	RANK <b>UNK</b>	DATE OF DEATH	DATE DISINTERRED <b>11 SEPT 48</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION <b>UNK</b>	IDENTIFICATION VERIFIED BY <i>Fred H. Boerner</i> <b>L G BORRES 2 LT COL</b> NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>SHROUD</b>	CONDITION OF REMAINS <b>SKELETAL</b>
OTHER MEANS OF IDENTIFICATION <b>BURIAL REPORT</b>	
MINOR DISCREPANCIES <b>NONE</b>	

REMAINS PREPARED AND PLACED IN CASKET DATE <b>23 SEPTEMBER 1948</b>	BY <b>HOMER J. LESLIE (EMBALMER)</b>
CASKET SEALED BY <b>HOMER J. LESLIE (EMBALMER)</b>	EMBALMER (Signature) <i>Homer Leslie</i>
CASKET BOXED AND MARKED DATE <b>23 SEPT. 48</b> BY <b>MAURICE J. VALENTINO</b>	CLERK RECORDER SHIPPING ADDRESS VERIFIED BY <b>FRED H. BOERNER W/O USA</b>

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

*Fred H. Boerner*  
FRED H. BOERNER W/O USA

SIGNATURE OF GRS INSPECTOR

REPAIRS  
RECORDS DIVISION  
APR 29 1 43 PM '49  
FILE  
RECORDS ANNOTATED  
DATE **11 MAY 1949**  
R & R BR.

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

*Wnk*

## RECORD OF CUSTODIAL TRANSFER

### 1 SHIPPED

FROM <b>USMC CASTELFIORENTINO ITALY</b>		TO <b>LEGHORN PORT MORGUE</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>L CROCKER, 2 LT QMC</b>	
SIGNATURE OF SHIPPER N R <i>[Signature]</i>	DATE <b>16 Sept 48</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>KENNETH D. MC FEELY 1ST LT TC</b>	DATE <b>16 SEPT 48</b>

### 2 SHIPPED

FROM <b>LEGHORN PORT MORGUE</b>		TO <b>USMC FLORENCE, ITALY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>PATRICK J. KENNEY CAPT QMC</b>	
SIGNATURE OF SHIPPER <b>K D MC FEELY 1ST LT TC</b>	DATE <b>22 Mar 49</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>WALTER E. THOMAS CAPT CMC</b>	DATE <b>22 Mar 49</b>

### 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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
MEDITERRANEAN THEATER SEPARATE ZONE COMMAND-AMCUSA  
APO 794 US APPLY

*L*  
*293* *Unk. X-246 Italy (Castelfiorentino)*  
RB 200.2 *CL: 27 9-60*  
18 September 1946

SUBJECT: Identification of Unknown American ~~X-246~~  
(Castelfiorentino).

TO : The Quartermaster General  
Washington 25, D.C.  
Attention: Memorial Division.

1. The remains of Unknown American X-246 were found on the side of the mountain near Azzano, Italy, Grid Coords: U-9.9-9.9, 1/200,000 Map of Italy, and were interred in U.S. Military Cemetery, Castelfiorentino, plot 2-H, row 96, grave 4746, on 23 April 1946.
2. The listings for unrecovered casualties for this area have been processed to eliminate all casualties from units which were not in the vicinity of Azzano.
3. Records are on file this headquarters for all casualties sustained by the 92nd Division from October 1944 to April 1945, these dates being based on identified casualties from the same Division.
4. Remains recovered from side of mountain. No clothing found with body. Physical characteristics:
  - a. Remains of black curly hair.
  - b. Toothchart available.
5. In an effort to establish identity of X-246, a list of unrecovered casualties for February 1945 is submitted. It is requested that toothchart of Unknown American X-246, on file War Department, be compared with toothcharts of the following deceased reported to have been casualties in the same area and from the same Division:

✓ Brown, Albert	Fvt	3 306 561
✓ Savoid, Robert C.	Fvt	34 310 569
✓ Wheat, Rubin J.	S Sgt	38 218 623
Baker, Richard T.	Sgt	33 189 816,
Black, George W.	Tec 4	35 780 986
✓ Johnson, Rudolph	Fvt	38 505 683
✓ Warren, James E.	Fvt	34 873 850

RECORDS BRANCH  
11 10 11 11

✓  
NA 11  
File  
30 Oct 46  
Unk

REGISTRATION AND  
RECORDS BRANCH

SEP 27 11 10 AM '46

MEMORIAL DIVISION

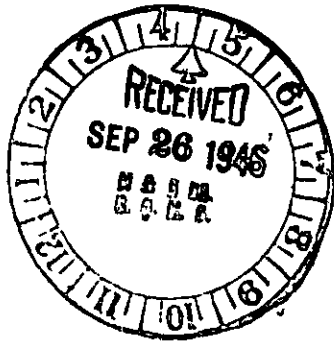
Ltr: OQIG "Identification of Unknown American X-246 (Castelfiorentino)",  
18 September 1946

Benoit, Wilson	S Sgt	38 080 811
✓Graham, Richard	Pvt	34 816 141
✓Harris, Sammie	Pvt	34 512 810
✓Lopez, Jose A.	Pvt	33 450 074
✓Mayfield, Walter C.	Pvt	39 292 567
✓McQueen, Eddie H.	Pfc	34 677 314
✓Williams, Robert	Pfc	33 096 770
✓Davis, Benjamin	Pvt	32 099 893
✓Lambert, William B.	Pvt	34 108 439
✓Owens, Evans	Pvt	34 510 586
✓Thompson, Ira L.	Pfc	34 513 220

6. It is further requested that a report of findings be made to this office upon completion thereof.

FOR THE COMMANDING OFFICER:

  
SAMUEL F. FRITZ  
Captain QMC  
S-1



IDENTIFICATION DATA			
1. REMAINS OF UNKNOWN  X-246	:	2. DATE OF REPORT  23 September 1948	:
3. NAME OF CEMETERY  U S Military Cemetery Castelfiorentino, Italy	:	4. PLOT:5.ROW :6.GRAVE  2H : 96 : 4746	:
		7. DATE OF DISIN- TERMENT  14 Sept 48	:
		REIN- TERMENT	
PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT  Impossible	:	9. ESTIMATED HEIGHT  5' 9 1/2"	:
		10. COLOR OF HAIR  Unk.	:
		11. RACE  (White)	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Non-identifiable by reason of lack of sufficient identification.			
None		T. A. ROBERSON Major OMC	<i>B/R states None, w/ spec on 11 Feb 49</i>
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES.  None			
14. WAS BODY BURIED? : TO WHAT EXTENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
15. WAS BODY EMERGED? : TO WHAT EXTENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURE AND BONE MALFORMATIONS Complete ankylosis of the fifth lumbar vertebra with the sacrum.			
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SPECIFYING 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			

*T/2 - 21 Feb 49*  
 Received Dist H.S. Dec 1948 OOMG  
 Not identifiable from *27/1/49*  
 information presently available  
*2 Mar 49*



18.

TOOTH CHART

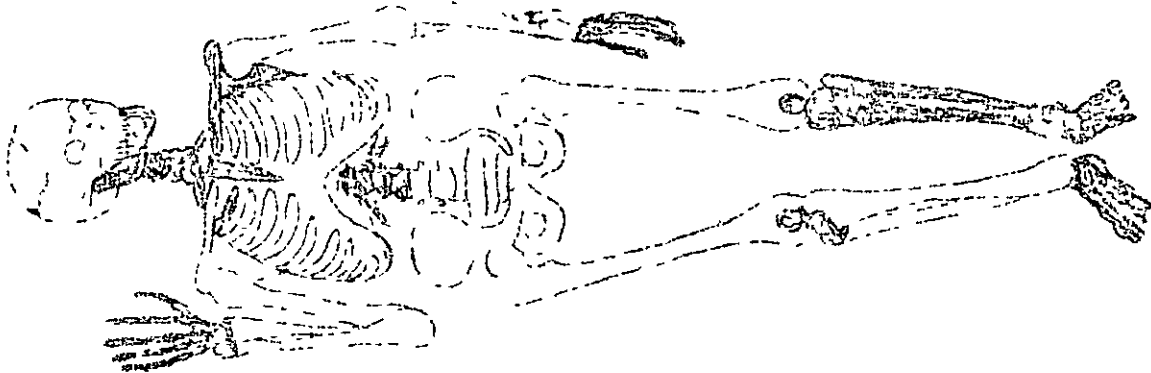


Dentures (Plates):

The fillings illustrated above are of average quality.

Tooth 2-R is bent lingually.

19. BLACK OUT PARTS OF BODY FOR RECORDING



20. THIS SKETCH, UNLESS OTHERWISE SPECIFIED (If applicable)  
 (The main segregation in whole or parts is impossible)

I certify that the Group remains consist of parts of \_\_\_\_\_ (Number)  
 accidents has a on the presence of one or more of the following anatomical  
 parts.

(Signature of Medical Officer)

21. REMARKS AND ADDITIONAL INFORMATION

In the opinion of the undersigned, the  
 representative parts of a human remains graphically  
 represented in par 19 are those of one and the  
 same individual.

s/Dr. Alexander Tardy  
 Dr. ALEXANDER TARDY  
 M.D., D.A. (Anthropology),  
 G.S.D., O.S.D.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF THE DECEASED AND THAT  
 ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.

Typed name, Grade, Arm or Service and Organization

SIGNATURE

JOHN L. JACKS, Jr., Capt. QMC  
 9107 TSU-QMC, AGRS/MZ

signed

QMC FOR 10116 IS 10127

HEADQUARTERS  
9107 TSU - QMC  
AMERICAN GRAVES REGISTRATION SERVICE  
MEDITERRANEAN ZONE  
APO 704 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data QMC Form 1044 & 1044b  
Paragraph 18 - Identification Dental Part

G.I.P. Case No. L-277

Date of Investigation 23 Sept 48

Unknown American X- 246

Am. Mil. Com. Castelfiorentino Italy: Plot 2H Row No. 96 Grave 4746

Place of Death Near Azzano, Italy Date of Death Est. Feb 45

Map Reference U (9.9-9.9) Sheet II Map of Italy 1/200,000

Other American head found in same area Unknown American X-245

Cause of Death Unknown.

22. Description of Remains

Skeletal state.

(If the remains have not decomposed, attach to this form QMC  
Form 1042 completely filled out to physical characteristics.)

23. Skeletal Data

HEAD Mandible missing.

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TOOTH CHEW Accomplished.

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TRUNK Present are: 16 ribs; 1 dorsal and 3 lumbar vertebrae; R scapula;  
R clavicle; R and L pelvic bones; and sacrum.

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UPPER EXTREMITIES (Give measurements of long bones).

R Humerus 34.6 L Humerus 34.2

R Ulna Lower extremity missing L Ulna 28.8

R Radius Lower extremity missing. Radius 26.8

Carpals, Metacarpals, Phalanges \_\_\_\_\_

1 L metacarpel is present.

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LOWER EXTREMITIES (Give measurements of long bones).

R Femur 46.0 L Femur 45.8

R Tibia Head missing L Tibia Missing

R Fibula Head missing L Fibula Missing

Calcanea, Tarsals, Patallae, Metatarsals, Phalanges \_\_\_\_\_

Missing.

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24. AGE ESTIMATED AT Between 26 and 30 years  
BASED ON Degree of closure of sutures of the skull.  
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25. SUMMARY OF FINDINGS.  
Age estimation - Between 26 and 30 years.  
Tooth chart - Accomplished.  
Height estimation - 5' 9½".

26. RECOMMENDATIONS

PROCESSED BY:

s/ D. E. Henry  
DALE E. HENRY  
Pfc. 16210847  
CIP Technician

s/Dr1 Alexander Tardy  
Dr. ALEXANDER TARDY  
M.D., D.A.(Antropology) G.S.D., O.S.D.

signed  
-----  
(Signature of Officer)

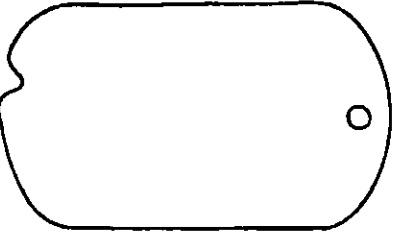
JOHN L. JACKS Jr.  
Capt. QMC  
CIP Officer

**RESTRICTED**

WD QMC FORM 1042  
(Rev 1 Apr 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
**23 April 1946**

Imprint Identification Tag If Possible DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No
	UNKNOWN AMERICAN SOLDIER X-246		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Army	
RACE	RELIGION	IF OTHER THAN U S DEAD GIVE NAME OF COUNTRY	
Colored	Unknown	U.S.A.	
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH	
Near Azzano Italy, Coord U(9.9-9.9) 1/200,000 Map of Italy	KIA	Est February 1945	

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
No	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**None**

**Section 2—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse

NAME NUMBER COORDINATES AND LOCATION OF CEMETERY  
**U.S. Military Cemetery at Castelfiorentino, Italy (Q-549-507)**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No	ROW No	GRAVE No
23 April 1946	1100	Shroud	Wooden Cross	2-H	96	4746

WAS THIS A REBURIAL? (Yes or no) YES	IF A REBURIAL INDICATE NAME NUMBER COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE	PLOT No	ROW No	GRAVE No
	Isolated grave Coord: U(9.9-9.9) 1/200,000 Sh.11	-	-	-

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
General	-	

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
No	No

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No	ORGANIZATION	GRAVE No
Unknown American Soldier X-245	Unk.	Unk.	Unk.	4745

BODY BURIED ON DECEASED RIGHT NAME (Last, first, middle initial)	RANK	SERIAL No	ORGANIZATION	GRAVE No
GARRETT, Joseph (NMI)	Pfc.	34041830	(226 Eng) 1092Div.	4747


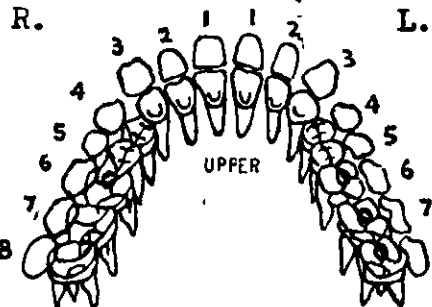
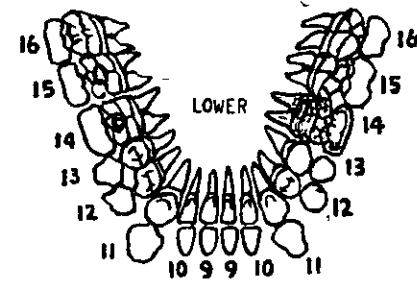




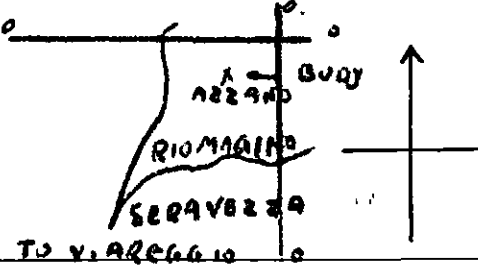

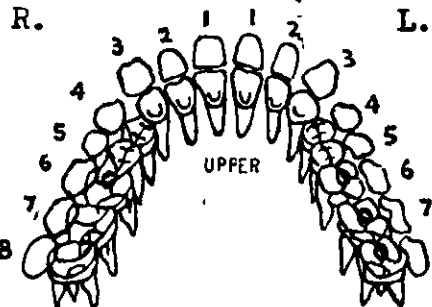
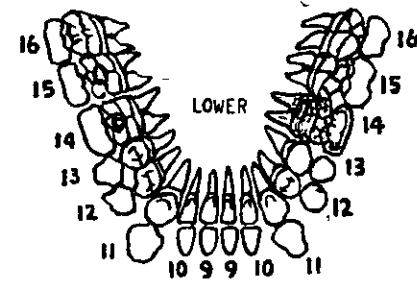




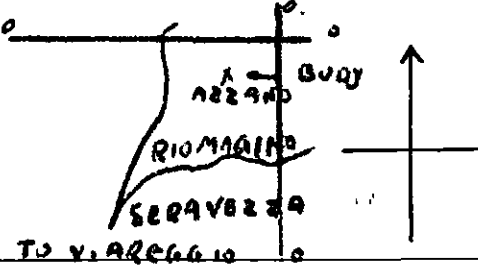

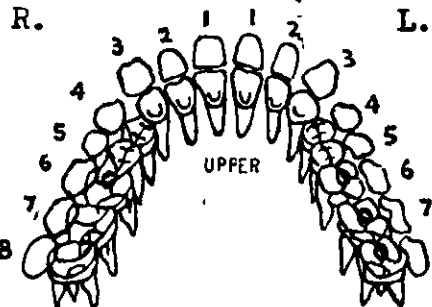
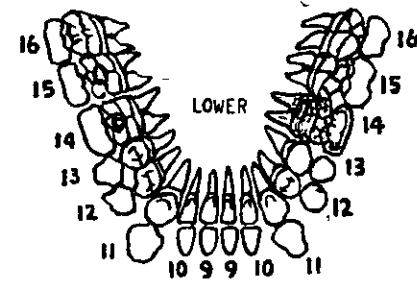




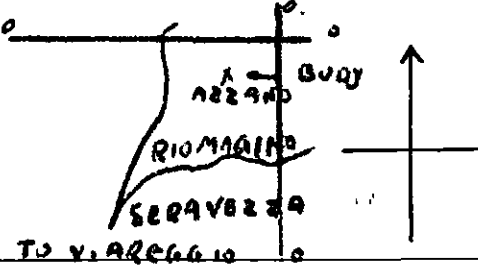
SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Frank L. Malocu</i> Frank L. Malocu S/Sgt.	<i>Charles O. Provow</i> Charles O. Provow 1st Lt, Inf.

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

59861

**RESTRICTED**

**RESTRICTED**

LITTLE FINGER LEFT	Section 3 - UNIDENTIFIED REMAINS.																
RING FINGER LEFT	<b>INSTRUCTIONS</b> (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.																
MIDDLE FINGER LEFT	HEIGHT -	WEIGHT -	COLOR OF EYES -														
INDEX FINGER LEFT	WEAPON AND SERIAL NO. -	LAUNDRY MARKS None	COLOR OF HAIR Black														
THUMB LEFT	BIRTHMARKS, SCARS, OR TATTOOS -																
RING FINGER RIGHT	WHERE BODY WAS BURIED OR FOUND Near Azzano, Italy																
MIDDLE FINGER RIGHT	OTHER IDENTIFICATION CLUES R-2 tooth set back not in line with other teeth																
INDEX FINGER RIGHT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <b>FILLINGS</b>                      R-6, 14, 15.                      L-6, 7, 8, 15.                 </td> <td style="width:30%;">                      SILVER FILLING                      GOLD FILLING                 </td> <td rowspan="6" style="width:40%; vertical-align: top;">                     R. L.                       UPPER                      DIAGRAM REPRESENTS THE MOUTH WIDE OPEN                       LOWER                      Tooth chart taken by S/Pgt. Maloch                 </td> </tr> <tr> <td> <b>CAVITIES</b> </td> <td>                      CAVITY                      DECAYED                 </td> </tr> <tr> <td> <b>MISSING TEETH after death</b>                      R-5.                 </td> <td>                      TOOTH MISSING                 </td> </tr> <tr> <td> <b>CROWNED TEETH</b> </td> <td>                      PORCELAIN CROWN                      GOLD CROWN                 </td> </tr> <tr> <td> <b>BRIDGE WORK</b> </td> <td>                      GOLD BRIDGE                 </td> </tr> <tr> <td colspan="2">                     FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY                      Body was recovered from the surface of the earth near Azzano, Italy.                      Coord: U(9.9-9.9) Map Ref: 1/200,000 Sheet 11 Map of Italy.                 </td> <td>  </td> </tr> </table>			<b>FILLINGS</b> R-6, 14, 15. L-6, 7, 8, 15.	 SILVER FILLING GOLD FILLING	R. L.  UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER Tooth chart taken by S/Pgt. Maloch	<b>CAVITIES</b>	 CAVITY DECAYED	<b>MISSING TEETH after death</b> R-5.	 TOOTH MISSING	<b>CROWNED TEETH</b>	 PORCELAIN CROWN GOLD CROWN	<b>BRIDGE WORK</b>	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY Body was recovered from the surface of the earth near Azzano, Italy. Coord: U(9.9-9.9) Map Ref: 1/200,000 Sheet 11 Map of Italy.		
<b>FILLINGS</b> R-6, 14, 15. L-6, 7, 8, 15.	 SILVER FILLING GOLD FILLING	R. L.  UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER Tooth chart taken by S/Pgt. Maloch															
<b>CAVITIES</b>	 CAVITY DECAYED																
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<b>BRIDGE WORK</b>	 GOLD BRIDGE																
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THUMB RIGHT	REMARKS: No clothing found with body remains of black curls																
INDEX FINGER RIGHT																	
MIDDLE FINGER RIGHT																	
LITTLE FINGER RIGHT																	

AMERICAN GRAVES REGISTRATION SERVICE  
CASTELFIORENTINO, ITALY  
APO 790, U.S. ARMY

23 April 1946

SUBJECT: Report of Disinterment

TO : Commanding Officer  
AMERICAN GRAVES REG. SERVICE  
APO 790, U.S. ARMY

1. Submitted herewith is a field report of investigation of this office covering Unknown American Soldier X-246 who was picked up from the surface of the ground in the vicinity of Azzano, Italy Map Ref. U-9999 sb. 111 Map of Italy 1:200,000.

2. FACTS:

Investigation team lead by Pfc LEBBON R. JONES of this unit went a mountain in the vicinity of Azzano, Italy, and picked up the remains referred to in par 1.

3. FINDINGS:


- A. Body was found on the side of mountain on the surface of the ground.
- B. No identification tags were found.
- C. Tooth chart was taken, fingerprints impossible due to decomposition of body.
- D. No clothing was found, remains of black curly hair was found.

4. RECOMMENDATIONS:

- 1. Tooth chart be checked for possible identification.

5. CONCLUSIONS:

Unknown American Soldier X-246 is now interred in U.S. Military Cemetery, Castelfiorentino, Italy in Plot 2H, row 96, grave 4786, and GRS #2 prepared and will be forwarded to your headquarters.

  
CHARLES O. FROYEN  
1st Lt, Inf.  
Commanding



# 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.

23 April 1946  
DATE

Unknown American Soldier X-246  
LAST NAME FIRST INITIAL

Unknown Unknown  
RANK SERIAL NO

Unknown

Unknown

UNIT

ORGANIZATION

Near Azzano, Italy

Castelfiorentino

2-H

96

4746

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO

Coord: U(9.9-9.9) Sh.11

Map ref. 1/200,000

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE				A	⊗										A	A	A	TYPE	
LOCATION				O	I										O	O	O	LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
		LOWER TEETH																	
TYPE			A	A											⊗	A		TYPE	
LOCATION			O	O												O		LOCATION	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">⊗</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">○</div> <p>CAVITY INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 50px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px; display: flex; align-items: center; justify-content: center;">⊗</div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 50px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px; display: flex; align-items: center; justify-content: center;">⊗</div> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">⊗</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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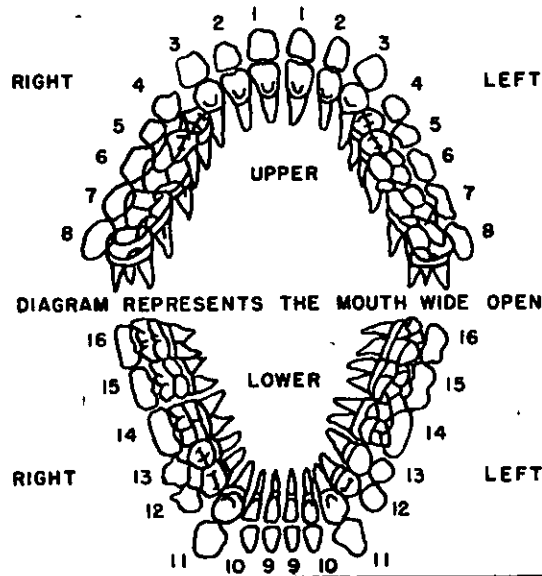
**INSTRUCTIONS:**

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 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  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

R-2 Tooth set back not in line with other teeth.

Frank L. Malocu  
SIGNATURE OF PERSON WHO PREPARED CHART

Frank L. Malocu S/Sgt.  
NAME AND RANK TYPED OR PRINTED

Castelfiorentino, Italy  
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

Charles O. Prowow  
VERIFIED BY GRS OFFICER

Charles O. Prowow 1st Lt., Inf.  
NAME AND RANK TYPED OR PRINTED

23 April 1946  
DATE