

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown, Castelfiorentino, X-309

SUBJECT

Interred APR 27 1949

LH

H 5-33 USMC F ENCE

DISINTERMENT DIRECTIVE

WALTER E THOMAS
Capt CMP Cemetery Superintendent

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5217 04752

DATE

15 09 48
DAY MONTH YEAR

NAME

~~UNKNOWN X-000309~~

SERIAL NUMBER

GRADE

ARM

0

RACE

0

RELIGION

6

CEMETERY

CASTELFIORENTINO ITALY

PLOT

2K

ROW

85

GRAVE

4906

DISPOSITION OF REMAINS

5201 80

CODE

DIST CTR

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FLORENCE, ITALY

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

SHROUD

CONDITION OF REMAINS

SKELETAL

MAY 1949
REPARATION

OTHER MEANS OF IDENTIFICATION

BURIAL REPORT

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

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 October 1948

BY

CLYDE B. ROSEBOON (EMBALMER)

CASKET SEALED BY

EMBALMER (Signature)

CLYDE B. ROSEBOON (EMBALMER)

CASKET BOXED AND MARKED

CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY

DATE 27 Oct. 48

BY

THOMAS COX

THOMAS P. PULLIAM, CAPT QMC

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

MACK C. HOLT, 1ST LT QMC

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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 LEGHORN PORT MORGUE		TO USMC FLORENCE, ITALY	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER CPL ROBERT S. WITT	
SIGNATURE OF SHIPPER KENNETH D. MC FEELY, IST LT TC	DATE 11 March 1949	SIGNATURE OF RECEIVER <i>Jess H. Carnal</i> JESS H. CARNAL, IST LT QMC	DATE 11 March 1949

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 FLORENCE		TO (USMC FLORENCE, ITALY)	
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

To be used only when disinterment is made prior to receipt of (O' C Form 110) (Disinterment Directive)

Remains Storage Point Location

206

AGRS - MZ WOPK SHEET DISINTERMENT

Date 18 August 1948 No

SECTION A Information obtained from Zone Hq Record

NAME: Unknown American X-309
 SERIAL NO: Unk.
 RANK: Unk.
 GRADE: Unk.

CITY: Castelfiorentino
 STATE: ITALY

PLOT: 2K
 ROW: 85
 GRAVE: 4906
 COUNTRY: Italy
 RELIGION:

*SECTION C DISINTERMENT AND IDENT (Info obtained from Remains &/or Grave marker)

NAME: UNKNOWN AMERICAN
 SERIAL NO: X309
 RANK: UNK
 DATE DISINTERRED: 17 SEPT 48

IDENTIFICATION TAG ON: O' C FORM # 1042 with Remains
 RELIGION: UNK
 IDENTIFICATION VERIFIED BY: JH Carnal

Remains: Marker: YES (Yes or No)
 UNK
 JH CARNAL 1 IQMC.

Name & Title

SECTION D PREPARATION OF REMAINS FOR STORAGE

NATURE OF BURIAL: SHROUD
 CONDITION OF REMAINS: SKELETAL

OTHER MEANS OF IDENTIFICATION: BURIAL REPORT

MINOR DISCREPANCIES: NONE

REMAINS PREPARED AND PLACED IN CASKET

Date: 27 OCTOBER 1948 By: CLYDE B. ROSEBOOM (EMBALMER)

CASKET SEALED BY: CLYDE B. ROSEBOOM (EMBALMER)
 EMBALMER (Signature): *Clyde B. Roseboom*

IDENTIFICATION PLATE PLACED ON CASKET: CLERK RECORDER
 Date: 27 OCTOBER 1948 Name: THOMAS COX Title: CLERK RECORDER

REMARKS:

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

MACK C. HOLT, 1ST LT, TC

Mack C. Holt

Signature of CPS Inspector
 Grade and Organization

*Section "B" Omitted

CUSTODIAL TRANSFER

FROM
USMC CASTELFIORENTINO ITALY
CONVEYANCE

SHIPPER *McKay*
N R HALL 1 MI FA

TRUCK

TO
LEGHORN PORT MORGUE
CONVOYER
R L GLOCKER
DATE *R L Crocker*
22 Sept 48

REPATRIATION
RECORDS BRANCH
SEP 6 9 47 AM '48
MEMORIAL DIVISION

IDENTIFICATION DATA

1 REMAINS OF UNKNOWN X-309				2 DATE OF REPORT 19 October 1948	
3 NAME OF CEMETERY USAC Castelflorentino Italy		4 PLOT 2K	5 ROW 85	6 GRAVE 4906	7 DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8 ESTIMATED WEIGHT Unknown	9 ESTIMATED HEIGHT 5' 5 1/8"	10 COLOR OF HAIR Unknown	11 RACE Unknown
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12 GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

"Non-identifiable by reason of lack of sufficient identifying data"
(None)

T.C. Anderson
T.C. ANDERSON

13 GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14 WAS BODY BURNED? TO WHAT EXTENT

YES NO

15 WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16 DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

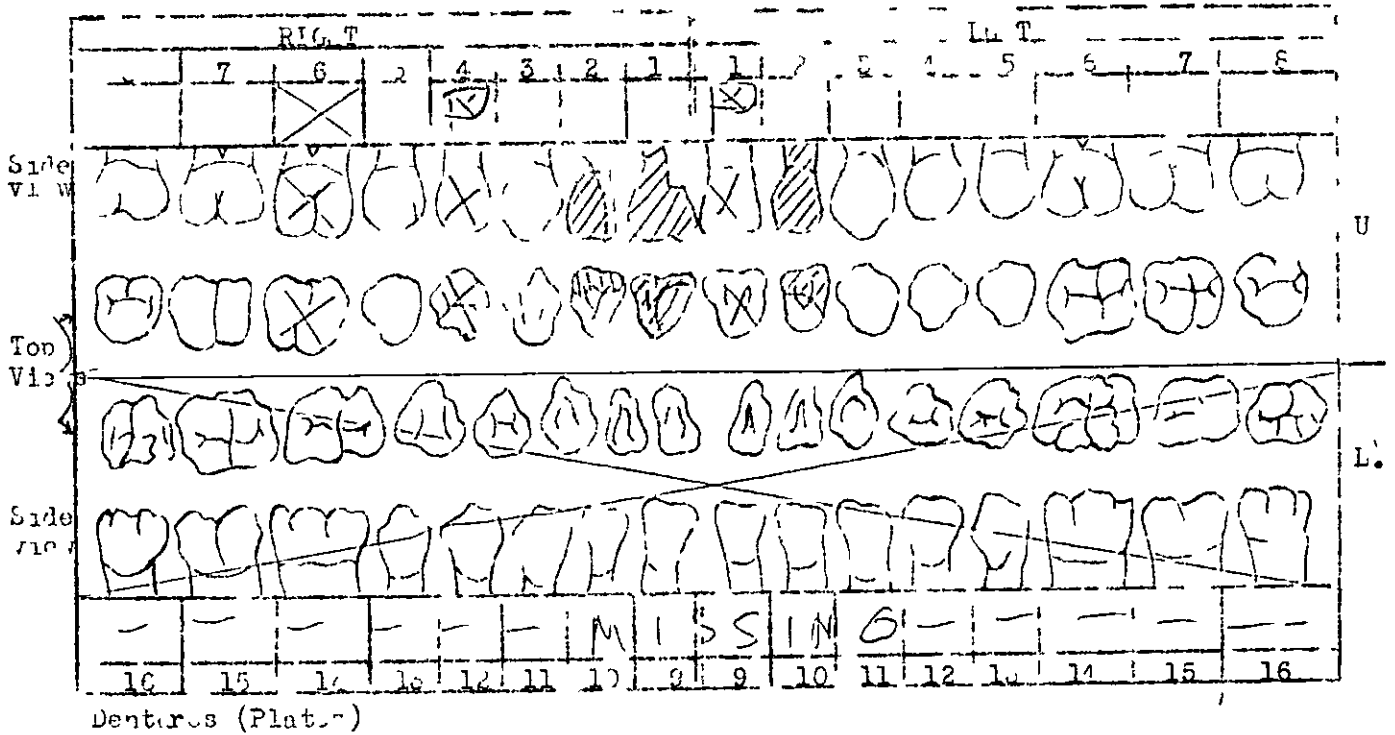
17 LIST EVERY ITEM OF CLOTHING EQUIPMENT AND PERSONAL EFFECTS FOUND SHOWING THE TYPE COLOR SIZE MARKINGS SERVICE ETC (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**One liner helmet
"CD" printed in red on helmet liner**

*T.L. 3 Feb 49, "Remains
U S Accessed, Unid".
Received 24 Feb 49 OQMG
Not identifiable from
information presently
available *Verna Gier**

18.

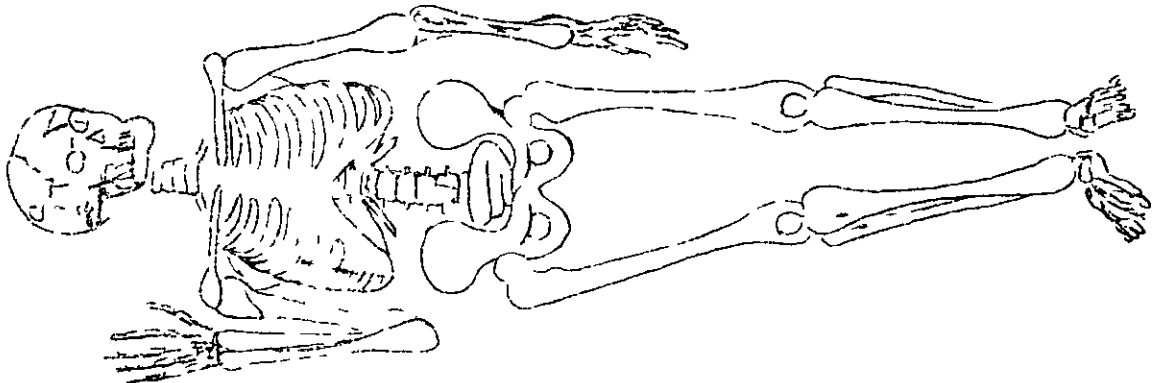
PROF CHART



Shaded area denotes teeth chipped or broken

QC Form 1044 a
10 March 1917

19 BL/C. OUP PA 18 04 1947. 107 REC'DV LD



20.

CLASSIFICATION (if applicable)
(Therein segregation in whole or parts is impossible)

I certify that the Group remains consist of parts of _____ (Number)
decedents based on the presence of one or more of the following anatomical
parts.

(Signature of Medical Officer)

21. REFERENCE TO OTHER IDENTIFICATION

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
MD, DA (Anthropology) GSD, OSD

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE PARTS OF THE DECEASED AND THAT
ALL RESULTING IDENTIFICATION IS BEING RECORDED TO THE BEST OF MY KNOWLEDGE.

Typed Name, Grade, rank or Service and Organization SIGNATURE

HACK. C. HOLT, 1st Lt., QMC 9107 TSU-QMC, AGRS/MZ. (Signed)

QC 1011b 18 Mar 47

HEADQUARTERS
2107 1st - CAC
CENTRAL IDENTIFICATION SERVICE
1111 11th AVENUE
APO 794 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraph 1-17 and 19-21, Identification Data OVC 1044 and 1044b
Paragraph 18 - Identification Dental Chart

C I P. Case No. I-506

Date of Investigation 19 Oct. 1948

Unknown American X- 309

Air Mil. Cem. Castelfiorentino Italy Plot 2K Row No. 85 Grave 4906

Place of Death Mt. Altuzzo, Italy Date of Death Unknown

Map Reference Q.91.3-98.3 Sheet 98 Map of Italy 1/100,000

Other American Dead Found in Same Area Unknown X-303, 304, 305, 306, 307, 308,
310, 311 and 312

Cause of Death KIA

22. Description of Remains

Skeletal state

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

23 Skeletal Data

HEAD Shattered Partly present

TOOTH PART Accomplished

THEY Present are: Pieces of R & L scapulae, sternum, R & L clavicles,
5 vertebrae, 11 dorsal vertebrae, 22 ribs, and R & L pelvic bones.

UPPER EXTREMITIES (Gave measurements of long bones).

R Humerus	46.8 cm	L Humerus	31.9 cm
R Ulna	25.5 cm	L Ulna	Piece of shaft missing
R radius	23.3 cm	L radius	Missing
Carpals, Metacarpals, Phalanges Partly present			

LOWER EXTREMITIES. (Gave measurements of long bones).

R Femur	46.8 cm	L Femur	Piece of medial condyle missing
R Tibia	Missing	L Tibia	36.7 cm
R Fibula	Missing	L Fibula	36.7
Calcanei, Tarsals, Metatarsals, Phalanges			
Partly present. Left patella missing			

24. AGE ESTIMATION Between 26 and 35
BASED ON Degree of closure of the epiphyses of the long bones,
clavicles, and pelvis.

25. SUMMARY FINDINGS
Tooth Chart - Accomplished
Height Estimation - 5' 5 1/8"
Age estimation - Between 26 and 35 years

26. RECOMMENDATIONS

PROCESSED BY:

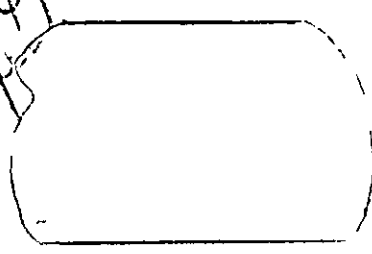
s/ Evert A. Johnson
Pfc 17173881
CIP Technician

S & T/ Mack C. Holt
(Signature of Officer)
1stLT QMC
CIP Officer

s/ Dr. Alexander Tardy
MD DA (Anthropology) GSD, OSD

AUG 6 1948

RESTRICTED

QMC Form 1042		REPORT OF INTERMENT (AR 30-2610 and DA 30-2825)		DATE OF REPORT 18 May 1948		
Fingerprint Identification Tag if Possible 	Section 1 IDENTIFICATION					
	NAME (Last, first, middle initial) Unknown American Soldier X-309			SERIAL NO Unknown		
	GRADE Unknown		ORGANIZATION Unknown	BRANCH OF SERVICE Army		
	RACE Unknown		RELIGION Unknown	IF OTHER THAN U S DEAD, GIVE NAME OF COUNTRY USA		
PLACE OF DEATH Mt Altuzzo Italy (Q 91.3-98.3) Sh 98 Map of Italy 1/100,000		CAUSE OF DEATH KIA		DATE OF DEATH Unknown		
AGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in sec- tion 3 on reverse) - -				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) No		COMPLETE BIRTH CERT ON QMC FORM 1045 ATTACHED HERETO YES <input checked="" type="checkbox"/> See C.I.P. Report				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2 - BURIAL If other than established cemetery, furnish sketch and map coordinates on reverse						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S. Military Cemetery Castelfiorentino (Q 547-507) Italy						
DATE OF BURIAL 18 May 1948	HOUR 1500	BURIED IN (Should, blanket, or name of other) Wooden Casket	TYPE OF GRAVE MARKER Wooden Cross	PLOT, ROW No. No. No. 2K 05 4906	GRAVE No. 4906	
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, PREVIOUS CEMETERY, AND LOCATION OF GRAVE			COORDINATES OF PLOT, ROW, GRAVE No. No. No. - - -		
TYPE OF RELIGIOUS CEREMONY General	PERSON CONDUCTING BURIAL RITES - -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY. QMC Form 1042 sealed in glass container and buried with body QMC Form 1042 sealed in glass container and buried one foot below grave marker			
IDENTIFICATION TAG SUPPLIED WITH BODY (Yes or No) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or No) No					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Unknown American Soldier X-308			RANK Unk	SERIAL No	OF ORGANIZATION Unk	
GRAVE 4905						
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown American Soldier X-310			RANK Unk	SERIAL No	OF ORGANIZATION Unk	
GRAVE 4907						
SIGNATURE OF PERSON PREPARING REPORT Serafino A. Cocucci, DAC			SIGNATURE OF GHS OFFICER VERIFYING REPORT Edward Meyer 1st Lt Inf			
DISTRIBUTION OF REPORT Signed original for U S and allied dead, signed original and one copy for enemy dead, to the QMG through Hdq (PS Officer Copies or reten- tion in theater as prescribed by theater commander						

RESTRICTED

60553

Section 3.- UNIDENTIFIED REMAINS						
LEFT LITTLE FINGER	<p>INSTRUCTIONS</p> <p>(a) Great care will be taken to record the most minute clues for the future identify 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</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Impart 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 the diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured</p>					
LEFT RING FINGER						
LEFT MIDDLE FINGER						
Fingerprints not possible, remains in skeletal state.	LEFT INDEX FINGER	HEIGHT 5' 6 7/8" Estimated	WEIGHT - -	COLOR OF EYES - -	COLOR OF HAIR - -	BIRTH MARKS, SCARS, OR TATTOOS -
	LEFT THUMB	WEAPON AND SERIAL No. - -		LAUNDRY MARKS - -	WHERE BODY WAS BURIED OR FOUND *	
RIGHT THUMB	OTHER IDENTIFICATION CLUES					* Mt Altuzzo, Italy, (Q 91.3-98.3) Sh 98 Map of Italy 1/100,000
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
RIGHT RING FINGER	- -					↑
RIGHT LITTLE FINGER	REMARKS None					

RESTRICTED

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
MEDITERRANEAN ZONE
APO 794 US ARMY

CENTRAL IDENTIFICATION POINT

REPORT OF INVESTIGATION

Paragraphs 1-17 and 19-21, Identification Data QIC 1044 and 1044b
Paragraph 18 - Identification Dental Chart

C.I.P. Case No. _____

Date of Investigation 18 May 1948

Unknown American X- 309

Am. Mil. Cem. Castelfiorentino Italy Plot 2K Row No. 85 Grave 1906

Place of Death Mt. Altuzzo, Italy Date of Death Unknown

Map Reference Q 91.3 - 98.3 Sheet 98 Map of Italy _____

Other American Dead Found in Same Area Unknowns X-303-304-305-306-307-308-310-311-

312

Cause of Death KIA

22. Description of Remains

Skeletal state

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

23. Skeletal Data

HEAD Skull shattered. Mandible missing.

TOOTH CHART Accomplished

TRUNK Left & right clavicle, left & right scapula, sternum, 5 cervical vertebrae, 10 dorsal vertebrae, portion of 1 lumbar vertebra, approximately 2 1/2 ribs, left & right pelvis.

UPPER EXTREMITIES. (Give measurements of long bones.)

R Humerus	<u>head missing</u>	L Humerus	<u>31.9</u>
R Ulna	<u>25.6</u>	L Ulna	<u>portion of shaft missing</u>
R Radius	<u>23.4</u>	L Radius	<u>missing</u>
Carpels, Metacarpels, Phalanges <u>missing</u>			

LOWER EXTREMITIES. (Give measurements of long bones.)

R Femur	<u>46.8</u>	L Femur	<u>46.2</u>
R Tibia	<u>39.4</u>	L Tibia	<u>missing</u>
R Fibula	<u>38.3</u>	L Fibula	<u>missing</u>
Calcanea, Tarsals, Patellae, Metatarsals, Phalanges <u>1, patella, 2 tarsals, 1, metatarsals</u>			

24. AGE ESTIMATED AT Over 20 years

BASED ON Epiphysial lines on long bones are closed.

25. SUMMARY OF FINDINGS.

1. The remains were found in a skeletal state.
2. The remains consist of the representative parts of one (1) body only.
3. No personal effects were found.
4. A tooth chart was accomplished.
5. The age was estimated at over 20 years, the height at 5' 6 7/8"

26. RECOMMENDATIONS. None


EDWARD BAYER 1st Lt. Inf.
(Signature of Officer)

IDENTIFICATION DATA

1 REMAINS OF UNKNOWN X-309				2 DATE OF REPORT May, 18, 1948	
3 NAME OF CEMETERY CASTELFIORENTINO	4 PLOT 2K	5 ROW 85	6 GRAVE 4906	7 DATE OF	
			DISINTERMENT		REINTERMENT

PHYSICAL DESCRIPTION

8 ESTIMATED WEIGHT Unknown	9 ESTIMATED HEIGHT 5' 6 7/8"	10 COLOR OF HAIR Unknown	11 RACE Unknown
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12 GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) helmet liner with "CD" and "B07" was found with the remains.

13 GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None. Remains in skeletal state.

14 WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

15 WAS BODY MANGLED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16 DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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)

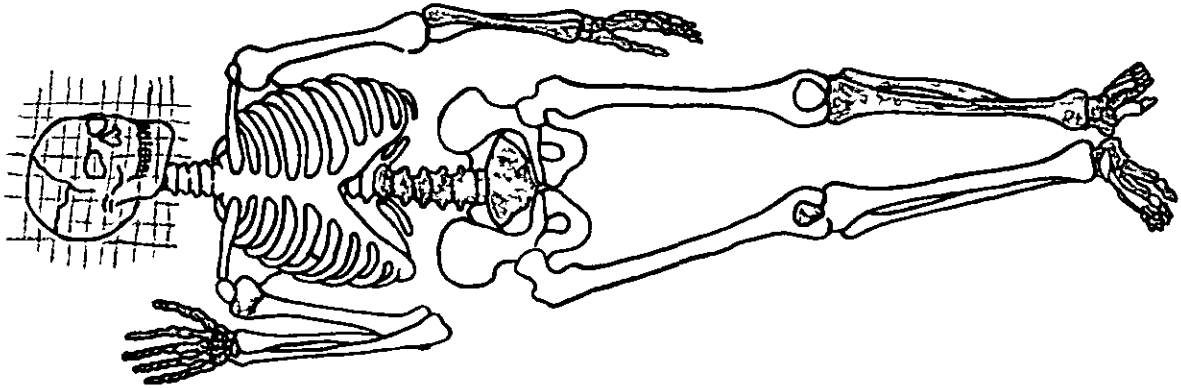
1 Helmet liner, with "CD" on right side, also B07 scratched on front

1 Combination knife & cork screw.

RUI

U9653

flattened



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 OF THE FOLLOWING ANATOMICAL PARTS NUMBER

Not applicable.

SIGNATURE OF MEDICAL OFFICER

21 REMARKS AND ADDITIONAL INFORMATION


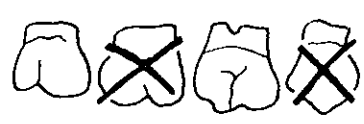



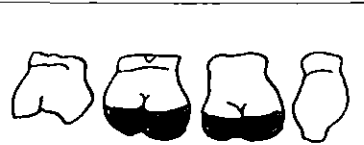


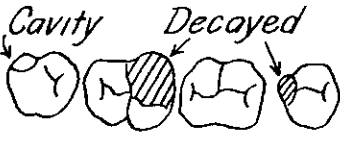

None

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

ROBERT S. HUFF Pfc, 16216004

SIGNATURE

	TOP VIEW	SIDE VIEW
MISSING TEETH ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE X'D OUT AND LABELED THUS		
CROWNED TEETH BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN) THUS		
BRIDGE WORK BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE GOLD AND PORCELAIN BRIDGE) THUS		
FILLINGS DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD SILVER CEMENT) THUS		
CARIES (Cavities) OUTLINE LOCATION AND SIZE OF CAVITY SHADE IN THUS		

		RIGHT								LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
				X		P		*	*	P	*						
Side Views																	
Top Views	UPPER																
	LOWER																
Side Views																	
						MISSING											
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

- 2 Left = crown missing.
- 1 Right = only mesial & lingual portion remains.
- 2 Right = Only mesial & lingual portion remains.