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IF DECEASED UNIDENTIFIED Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following: Height: Laundry Marks: Weight: Number of Rifle: Color of Eyes: Wear Glasses? Color of Hair: Is Tooth Chart Attached? Race: (If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc. Hand Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.; TOOTH CHART If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If Indicate: missing natural teeth by X; crowns by O; fillings by \square ; Bridges by O linking another teeth; replacements by artificial teeth \overline{X} more space needed attach separate sheet. Indicate North. Deceased's Left 9 9 LO. 40 m es. c. N cv. CΝ Deceased's Right 92 4 4 £2 * Characteristics မ 9 76992 - 887 M - 3-45 P-

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This dental chart is very important and should be filled in with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

See remarks on reverse

CERTIFIED TRUE COPY	
The Treem	s/t C.J Missigman
GEORGE L. FREEMAN	DA Civilien
lst Lt QMC	Signature of Officer or other person who prepared Tooth chart

Verfield by G. R.C. Officer

MISSING TEETH. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:	MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:	Gold crown - Porcelaincrown Gold Crown - Por
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	Gold bridge
FILLINGS Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:	Gold filling, Silver filling
CARIES (CAVITIES). Outline location and size of cavity, shade in thus:	Cavity Pecayed 5

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"

ADDITIONAL SPACE FOR FURTHER REMARKS

REMARKS: Boot pocket of L-9 has filled in lingually the space of R-9 which was extracted. Position of this root pocket L-9, indicates the alignment of the incisors of the mandible to be irregular.

Unusually deep occlusial surfaces on the molars.

Condition of the restorative bone in the mandible indicates that R-16 and L-16 were not current extractions.

Curvature of the mandible -- Normal.

Color of teeth -- Ivory

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eptember 1948 Last Name First Rank Initial Unknown Organization Unknown Unknown France Date of Death Place of Death Cause of Death 1400, 7 September 1948 ... USMC Le Chene Guerin. France Time and Date of Burial Name of Cemetery Name or Coordinates of Location Type of Marker Grave Number Disposition of Identification Tags : Buried with body Yes D No. Attached to Marker Yes D No. If No Identification Tags How were remains identified? Remains consist of extra mandible found with the remains of S/Sgt Harry J. Becker, 36076898, previously buried in Plot E, Row 6, Grave 112, Le Chene Guerin, France. What means of identification were buried with the body? GRS tags and mortuary plates To determine Right on Left use Deceased's Right and Left, Who is buried on : Empty grave Deceased's Right : Grave No. End of Deceased's Left: Serial No. Rank Organization Grave No. Signature or Nama, Hank and il possible Organization of person furnishing above Data when other than officer reporting banks. If print of identification tag is not affixed fill in bellow : Unknown Emergency Addressee. Address Unknown List only Personal Effects Found on Body disposition of same: NONE **Civilian** or other person reporting burial F. NABORS. Major. Verified by G.R.S. Officer Zone #2 HQ 7856 AGRC

Incl # 8

Take, Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following: Height: Laundry Marks: Weight: Nûmber of Rifle; Color of Eyes: Wear Glasses? Is Tooth Chart Attached ? Color of Hair 5 (If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a touth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc. Left Hand Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.;

		нтоот	CHART
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j.	7	7	Indicate: missing natural teeth by X; crowns by O; fillings by []; Bridges by O injuing anchor teeth; replacements by artificial teeth X Chagacteris ics
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If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



S. at Cl. 76992 - 887 M - 3-45

TOOTH CHART

27 August 1948 Date (USMC Le Chene Guerin) Unknown X- 199 Initial Grade Serial No. List Name Organization Unit Date of Death Cause of Death Place of Death Left Right 8 6 3 7 Side views TOP **VIEWS** Side Views 13 15 16 15 13 12 11 10 9 9 10 11 12 16

This dental chart is very important and should be filled in with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

CERTIFIED TRUE COPY

GEORGE L. FREEMAN 1st Lt. OMC Alignment - Good Teeth - Ivory

/s/ J. S.J. MISSIGMAN

Signature of Officer or other person who prepared Tooth chart

US DA CIVILIAN

/s/ John BROWN

Verfield by G. R.C. Officer

MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:	Cooth missing OSOS
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:	Gold crown - Porcelaincrown Gold Crown - Por
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	Gold bridge
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;	Cavity Decayed 5

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"

ADDITIONAL SPACE FOR FURTHER REMARKS

DISINTERMENT DIRECTIVE DIRECTIVE NUMBER DATE SECTION A-3543 01204 1 NAME AND BURIAL LOCATION OF DECEASED DAY HTHOM YEAR SERIAL NUMBER GRADE RELIGION RACE UNINCHANCED I - 9 (1) 17 DISPOSITION OF REMAINS CEMETERY PLOT ROW GRAVE Ĭ ~ O COARED PERACE J - 13 4 DIST. CTR. SECTION B - CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE ST. JAMES, FRANCE (BY ADMINISTRATIVE DECISION) SECTION C - DISINTERMENT AND IDENTIFICATION NAME DATE DISTINTERRED SERIAL NUMBER GRADE DATE OF DEATH IDENTIFICATION TAG ON IDENTIFICATION VERIFIED BY ORGANIZATION REMAINS UNKNOWN NAME AND TITLE MARKER SECTION D - PREPARATION OF REMAINS FOR SHIPMENT NATURE OF BURIAL CONDITIONIOF REMAINS OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) REMAINS PREPARED AND PLACED IN CASKET CASKET SEALED BY EMBALMER (Signature)

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(Digitatore)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

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

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REMARKS AND SPECIAL INSTRUCTIONS

MC FORM 1194