

APPENDIX H

EXAMPLE OF A KNOWN REMAINS CASE

H-1. General

The case history of a known remains is never closed. The case history contains the records compiled when the field investigation was underway, but other records may be added if new evidence appears or results from review, analysis, or further research by the US Army Casualty and Memorial Affairs Directorate, TAGO.

H-2. Sequence of Material

Material given in this appendix as an example of a

known remains case follows the sequence found in a case history folder. All cases in this category are not necessarily limited to the material shown in the example.

H-3. Field Investigation Records

a. DA Form 2773-R (Statement of Identification). DA Form 2773-R is prepared for each remains when there is any question of a decedent's identity (fig H-1).

STATEMENT OF IDENTIFICATION (AR 638-40)		
<p>INSTRUCTIONS: 1. Prepare in triplicate and distribute as follows:</p> <p style="margin-left: 20px;">a. Original to Director, Memorial Affairs Directorate, ATTN: DAAG-MED</p> <p style="margin-left: 20px;">b. Copy to Army Command</p> <p style="margin-left: 20px;">c. Copy retained at preparing installation</p> <p>2. This statement will be supplemented by signed copies of appropriate Records of Identification Processing (DD Forms 890 through 894).</p>		
<p>NAME OF DECEASED (Last, First, Middle) WRIGHT, Morris J.</p>	<p>GRADE PVT</p>	<p>SERVICE NUMBER 164 90 2110</p>
<p>BRANCH OF SERVICE Army</p>	<p>ORGANIZATION AND BASE Co B, 66th Inf Bn, 15th Inf Div</p>	
<p>DATE OF DEATH 20 Sep 19 __</p>	<p>PLACE OF DEATH Jerseyville, Erewhon CT243146</p>	
<p>CONDITION OF REMAINS (Describe Briefly in Remarks)</p>		
<input checked="" type="checkbox"/>	Recognizable	<input type="checkbox"/>
<input type="checkbox"/>	Not Recognizable	<input type="checkbox"/>
<input type="checkbox"/>	Commingled	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<p>MEANS OF IDENTIFICATION (Check all Appropriate Boxes and Indicate Appropriate Inclosures. Specify Supporting Data in Remarks)</p>		
<input checked="" type="checkbox"/>	Identification Tags	<input type="checkbox"/>
		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Personal Effects	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Dental Comparison	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Skeletal & Anatomical Comparison	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Fingerprints	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Visual Recognition	<input type="checkbox"/>
		<input type="checkbox"/>
<p>REMARKS (If additional space is required, continue on separate sheet)</p> <p><u>Circumstances:</u> Witness statements by SP4 Daniel Magnone and PVT Frank T. Jones of Co B, 66th Inf Bn, 15th Inf Div, show that PVT Wright received a direct hit in the chest while engaged with the enemy on 20 September 19__ in the vicinity of Jerseyville, Erewhon, when his vehicle received a direct hit and caught fire. PVT Wright was evacuated directly to the cemetery by a team from his unit.</p> <p><u>Condition of Remains:</u> Remains of PVT Wright was intact and recognizable with third degree burns on both hands. A bullet wound in the thorax appears to be the cause of death.</p> <p><u>Basis for Identification:</u> Identification of this remains as PVT Wright is based upon the following observations:</p> <p style="margin-left: 40px;">Race--Caucasian (PVT Wright was Caucasian)</p> <p style="margin-left: 40px;">Estimated height 72" (PVT Wright was 72" tall)</p> <p style="margin-left: 40px;">Hair--Dark brown (PVT Wright had brown hair)</p> <p>Fingerprints were unobtainable because both hands had 3rd degree burns. The tooth chart prepared for this remains agrees with the dental records of PVT Wright and contradicts the records of the associated casualty. ID tags--found around the neck. Clothing on the remains--Jacket, cotton, size 40R; Trousers, field, cotton OD; Belt, web, waist; Trousers, cotton, size 36/34; Socks, wool; Undershirt, cotton OD, with marking w2110; Drawers, cotton OD, size 36.</p> <p>To the best of my knowledge & belief, the statements made herein are correct & true.</p>		
	<p>TYPED NAME, GRADE, AND TITLE OF IDENTIFYING OFFICER</p>	
<p>22 Sep __ (Date)</p>	<p>KEVIN HALL, 1LT, IDENTIFICATION OFFICER</p>	
	<p>SIGNATURE OF IDENTIFYING OFFICER</p> <p><i>Kevin Hall</i></p>	
<p>NAME AND ADDRESS OF INSTALLATION ALLIED CEMETERY, EREWHON APO 96006</p>		
<p>DA FORM 2773-R, 1 Mar 65 Replaces DA Form 2773, 1 Feb 64, which may be used.</p>		

Figure H-1. DA Form 2773-R (Statement of Identification).

FOR USE OF IDENTIFICATION SPECIALISTS ONLY	
<p>SUMMARY</p> <p>Dental anatomy of the remains agrees favorably with recorded data for PVT Wright, as do the physical characteristics of race, height, hair, eyes, weight, and age. Two witnesses who knew PVT Wright saw him get hit, and he was later evacuated directly to this cemetery by a team from his unit.</p>	
<p>REMARKS</p> <p>There is no contradictory evidence to be considered in this case.</p>	
<p>RECOMMENDATIONS</p> <p>After considering all the evidence, it is recommended that the remains be declared officially identified as PVT Morris J. Wright, 164 90 2110, US Army.</p>	
RECOMMENDATIONS PRESENTED	
<p>22 Sep _____ (Date)</p>	<p>TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST Kevin Hall 1LT Identification Officer</p>
	<p>SIGNATURE OF IDENTIFICATION SPECIALIST <i>Kevin Hall</i></p>
<p>NAME AND ADDRESS OF INSTALLATION ALLIED CEMETERY MORTUARY, EREWION APO 96006</p>	
RECOMMENDATIONS ACCEPTED	
<p>22 Sep _____ (Date)</p>	<p>TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER William Walsh, CPT, QMC Cemetery Officer</p>
	<p>SIGNATURE OF ACCEPTING OFFICER <i>William Walsh</i></p>
<p>NAME AND ADDRESS OF INSTALLATION ALLIED CEMETERY MORTUARY, EREWION APO 96006</p>	

Figure H-1. — Continued

b. DD Form 898 (Record Data (Deceased and Missing Personnel)). Data on DD Form 898 and attached DA Form 1155 (Witness Statement on Individual) and SF 603 (Health Record-Dental)

are used in the recovery of a remains, if necessary, or in the verification of the identity (fig H-2, H-3, and H-4).

RECORD DATA (DECEASED AND MISSING PERSONNEL)		CHECK ONE <input checked="" type="checkbox"/> DEAD <input type="checkbox"/> MISSING	DATE 20 Sep 19__
STATUS			
LAST NAME - FIRST NAME - MIDDLE INITIAL WRIGHT, Morris J.		GRADE PVT	SERVICE NUMBER 164 90 2110
ORGANIZATION Co B, 66th Inf Bn, 15th Inf Div		FORMER SERVICE NUMBERS None	
DATE OF DEATH - MISSING STATUS 20 Sep 19__	CAUSE OF DEATH KIA	PLACE OF DEATH - OR LAST SEEN IF MISSING Jerseyville, Erewhon CT151052	
DATE OF BIRTH 14 Jun 19__			
PHYSICAL CHARACTERISTICS			
RACE Caucasian	CREED Lutheran	HEIGHT 72 inches	WEIGHT 172 lb
COLOR EYES Brown	COLOR HAIR D. Brown	SHOE SIZE 8 1/2 EE	BLOOD TYPE O Neg
FRACTURES AND/OR BREAKS None of record		TATTOOS AND SCARS None of record	
RECORD INCLOSURES			
DENTAL DATA <input type="checkbox"/> NONE OF RECORD <input checked="" type="checkbox"/> INCLOSED (Itemize by Form Number and Date of Record) SF 603 dated 12 Sep 19__			
CASUALTY DATA <input checked="" type="checkbox"/> CASUALTY REPORT <input checked="" type="checkbox"/> STATEMENTS OF WITNESSES <input type="checkbox"/> MISSING PERSONS SUPPLEMENTARY REPORT (AF Form 484) <input type="checkbox"/> OTHER (Specify)			
DA Form 1155 dated 20 Sep 19__			
ADDITIONAL DATA			
Interred in Allied Cemetery, Erewhon.			

DD FORM 898

REPLACES OCMG FORM 871, 24 JAN 51, WHICH IS OBSOLETE.

Figure H-2. DD Form 898 (Record Data (Deceased and Missing Personnel)).

WITNESS STATEMENT ON INDIVIDUAL (AR 600-10)			CHECK APPLICABLE BOX			
			<input type="checkbox"/> MIS	<input type="checkbox"/> MIA	<input type="checkbox"/> CAP	<input type="checkbox"/> DET
			<input checked="" type="checkbox"/> DEAD (Remains not recovered)			
1. LAST NAME - FIRST NAME - MIDDLE NAME WRIGHT, Morris J				2. SERVICE NO. 164 90 2110		
3. GRADE Private		4. DATE OF DEATH OR WHEN LAST SEEN 20 Sep				
5. ORGANIZATION Co B, 66th Inf Bn, 15th Inf Div			6. GEOGRAPHICAL LOCATION (Include grid coordinates and nearby town) Jerseyville CT 243146			
7. IF ITEMS 1 AND 2 ARE UNKNOWN OR NOT POSITIVE, COMPLETE ITEMS LISTED BELOW:						
AGE 21	WEIGHT 172 lb	HEIGHT 6' 0''	HAIR D Brown	EYES Brown	RACE Cau	
HOME TOWN Green Bay, Wis		CIVILIAN OCCUPATION Musician		NICKNAME None		
WAS HE MARRIED? (If so, give wife's name if known) Not Known			DID HE HAVE ANY CHILDREN? (If so, give names if known) Not Known			
OTHER IDENTIFYING MARKS (such as tattoos or birthmarks) Unknown		OTHER PERSONS WHO MAY HAVE WITNESSED THIS INCIDENT OR HAVE FURTHER INFORMATION PVT Frank T. Jones, Co B, 66th Inf Bn, 15th Inf Div				

DA FORM 1155, 1 Jun 66

REPLACES EDITION OF 1 JUN 61, WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED.

8. CIRCUMSTANCES SURROUNDING INCIDENT (If known, include cause of death or condition when last seen, and how identified)		
<p>Private Wright received a direct hit in the chest while engaged with the enemy on 20 September 19__ in vicinity of Jeresyville, Erewhon</p>		
9. NAME OF PERSON MAKING STATEMENT Daniel Magnone		10. SERVICE NO. 516 88 3219
		11. UNIT Co B, 66th Inf Bn, 15th Inf Div
12. DATE 20 Sep __	13. SIGNATURE <i>Daniel Magnone</i>	

* U.S. GOVERNMENT PRINTING OFFICE : 1966 O-222-626

Figure H-3. DA Form 1155 (Witness Statement on Individual):

Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A-52 (Rev.)

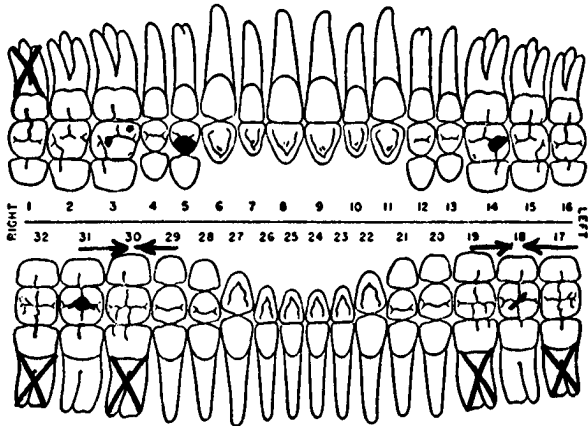
HEALTH RECORD

DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION						
INITIAL	SEPARATION	OTHER (Specify)	1	2	X	3	4	1	2	X	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

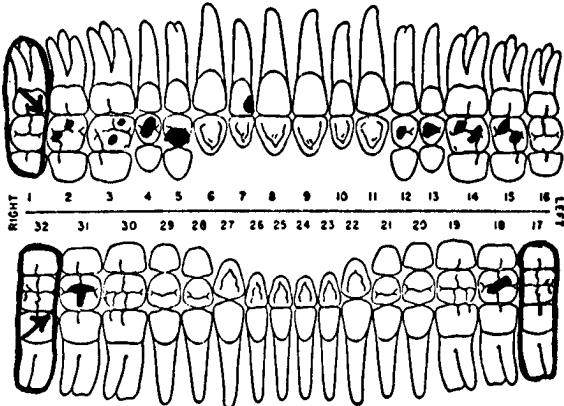


REMARKS

PLACE OF EXAMINATION: Ft. Blank, California
DATE: 5 Sep

SIGNATURE OF DENTIST COMPLETING THIS SECTION: *Robert B. Keeter*

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS
X SLIGHT MODERATE HEAVY

B. PERIODONTOCLASIA
LOCAL GENERAL
INCIPIENT MODERATE SEVERE

C. STOMATITIS (Specify)
GINGIVITIS VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after indicated extractions)
FULL PARTIAL
U L U L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

X	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS	OTHER (Specify)
DATE: 11 Sep		PLACE OF EXAMINATION: Ft. Blank, California		
SIGNATURE OF DENTIST COMPLETING THIS SECTION: <i>Orville P. Love</i>				

SECTION II. PATIENT DATA

6. SEX: M	7. RACE: W	8. GRADE, RATING, OR POSITION: PVT	9. ORGANIZATION UNIT: 66th Inf Bn	10. COMPONENT OR BRANCH: Infantry	11. SERVICE, DEPT., OR AGENCY: Army
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: WRIGHT, MORRIS J.			13. DATE OF BIRTH (DAY-MONTH-YEAR): 14 Jun	14. IDENTIFICATION NO.: 164 90 2110	

DENTAL
Standard Form 608
603-102

Figure H-4—Continued

c. DD Form 551 (Record of Interment).DD
 Form 551 is shown in figure H-5.

RECORD OF INTERMENT				DATE		
				20 Sep __		
TYPE OF RECORD <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL (Reason)						
IDENTIFICATION						
IMPRINT OF IDENTIFICATION TAG <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content;"> WRIGHT MORRIS J O- 164 90 2110 PRESBYTERIAN </div>		LAST NAME - FIRST NAME - MIDDLE INITIAL Wright, Morris J.		SERVICE NUMBER 164 90 2110		
		GRADE PVT	ORGANIZATION Co B, 66th Inf Bn, 15th Inf Div	BRANCH OF SERVICE Infantry		
		RACE W	RELIGION Presbyterian	COUNTRY (if not U.S.) Erewhon		
DATE OF DEATH 20 Sep 19__		CAUSE OF DEATH Bullet wound in chest	PLACE OF DEATH Jerseyville, Erewhon	WHERE REMAINS WERE FOUND (Give Grid Coordinates) CT 243146		
IDENTIFICATION TAGS FOUND ON REMAINS <input type="checkbox"/> ONE <input checked="" type="checkbox"/> TWO <input type="checkbox"/> NONE		MEANS OF IDENTIFICATION (other than Identification Tag) Comparison of dental structure, physical characteristics, and blood type.				
WERE SUBSTITUTE TAGS FURNISHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
PERSONAL EFFECTS FOUND ON REMAINS AND DISPOSITION OF SAME						
1 Wallet		1 Ring		1 Bible		
1 Watch		1 Cigarette Case		1 Goodluck Charm		
Pictures		2 Address Books		3 Foreign Coins		
INTERMENT (Prepare overlay and attach if other than established cemetery)						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Allied Cemetery, Erewhon CT151052						
DATE OF INTERMENT 20 Sep __	HOUR 1835	INTERRED IN A SHROUD, BLANKET, OR OTHER (Specify) Shroud	TYPE OF GRAVE MARKER Cross	PLOT D	ROW 12	GRAVE 575
IS THIS A REINTERMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAME, NUMBER, COORDINATES AND LOCATION OF PREVIOUS CEMETERY IF A REINTERMENT			PLOT	ROW	GRAVE
TYPE OF RELIGIOUS CEREMONY Protestant	PERSON CONDUCTING CEREMONY Anthony Meggs CPT, CH		IDENTIFICATION DATA AND TYPE OF CONTAINER PLACED WITH REMAINS IF IDENTIFICATION TAG NOT USED NA			
IDENTIFICATION TAG PLACED WITH REMAINS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IDENTIFICATION TAG ATTACHED TO GRAVE MARKER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
REMAINS INTERRED IN GRAVE TO LEFT (When viewed from foot of grave) NAME-LAST-FIRST-MIDDLE INITIAL Brown, Jay V.		GRADE PVT	SERVICE NUMBER 554297759	ORGANIZATION 66th Inf Bn	GRAVE NO. 574	
REMAINS INTERRED IN GRAVE TO RIGHT (Name) Smith, Neal N.		GRADE SGT	SERVICE NUMBER 876459008	ORGANIZATION 66th Inf Bn	GRAVE NO. 576	
PREPARED BY (Typed Name and Signature) Harold G. Wells HAROLD G. WELLS, SGT.			VERIFIED BY (Typed Name and Signature) Leonard R. Hanson LEONARD R. HANSON, 1LT, QMC			

DD FORM 551

EDITION OF 1 JUL 51 IS OBSOLETE.

GPO 822364

Figure H-5. DD Form 551 (Record of Interment).

d. DD Forms 890, 891, 893, and 894 (Records of Identification Processing). Detailed identifying

media found in processing the remains are shown in figures H-6 through H-9.

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			DATE		
LAST NAME - FIRST NAME - MIDDLE INITIAL (Or unknown number)			GRADE	SERVICE NO./SSAN	CIL CASE NUMBER (If applicable)
WRIGHT, Morris J.			PVT	164 90 2110	NA
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER			PLOT	ROW	GRAVE
Allied Cemetery, Erewhon Evac No. NA			D	12	575
RECEIVED FROM			IMPRINT OF IDENTIFICATION TAG		
Co B, 66th Inf Bn, 15th Inf Div					
OFFICIAL IDENTIFICATION FOUND WITH REMAINS (Include personal effects aiding identification)					
Two identification tags found around the neck of the remains.					
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS (Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM 10-286)					
Clothing found on remains: Jacket, cotton, size 40R Trousers, field, cotton OD Belt, web, waist Trousers, cotton, size 36/34 Socks, wool Undershirt, cotton OD, with marking W2110 Drawers, cotton OD, size 36					
FINGERPRINTS TAKEN		X-RAYS MADE		FLUOROSCOPE STATEMENT ATTACHED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHOTOGRAPHS TAKEN		ANTHROPOLOGICAL STATEMENT MADE		CHEMICAL STATEMENT ATTACHED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICAL DESCRIPTION					
ESTIMATED HEIGHT	MUSCULARITY	COLOR OF HAIR	RACE OR NATIVITY		
6'0" (tbl meas)	Small	Dark Brown	Cau		
TATTOOS, SCARS OR MARKS ON BODY					
None					
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS					
None					
WOUNDS OR INJURIES					
Gunshot wound to right chest exiting through right back. Third degree burns on both hands.					
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE.					
NAME, GRADE, AND ORGANIZATION			SIGNATURE		
CLARENCE O. REESE, 1LT, QMC, Allied Cemetery, Erewhon					
DD FORM 890 1 JAN 56			PREVIOUS EDITION OF THIS FORM IS OBSOLETE.		
			GPO : 1955 O-348851		

Figure H-6. DD Form 890 (Record of Identification Processing (Effects and Physical Data)).

RECORD OF IDENTIFICATION PROCESSING DENTAL CHART																															
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)										GRADE		SERVICE NO./SOCIAL SECURITY ACCT NO.																			
Wright, Morris J.										PVT		164 90 2110																			
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER										PLOT		ROW		GRAVE																	
Allied Cemetery, Erehon CIL,										D		12		575																	
MARKING ABBREVIATIONS:																															
F-Facial		O-Occlusal		D-Distal		AM-Amalgam		-Fill-Filling		Porc-Porcelain		Back-Backing																			
L-Lingual		M-Mesial		I-Incinal		CR-Crown		Plas-Plastic		Sil-Silicate		Fac-Facing																			
CARIES															CARIES																
RESTORATIONS															RESTORATIONS																
	O-AM O-AM		O-AM O-AM		O-AM MODL-AM		FMI-PROC LMD- SIL				O-AM OO-AM		O-AM O-AM			O-AM O-AM															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">5</td> <td style="width: 10%; text-align: center;">6</td> <td style="width: 10%; text-align: center;">7</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 10%; text-align: center;">9</td> <td style="width: 10%; text-align: center;">10</td> <td style="width: 10%; text-align: center;">11</td> <td style="width: 10%; text-align: center;">12</td> <td style="width: 10%; text-align: center;">13</td> <td style="width: 10%; text-align: center;">14</td> <td style="width: 10%; text-align: center;">15</td> <td style="width: 10%; text-align: center;">16</td> </tr> </table>																	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																
UPPER RIGHT															UPPER LEFT																
<p style="margin-left: 100px;">→ DRIFT ←</p> <p style="margin-left: 300px;">← DRIFT →</p>																															
LOWER RIGHT															LOWER LEFT																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">31</td> <td style="width: 10%; text-align: center;">30</td> <td style="width: 10%; text-align: center;">29</td> <td style="width: 10%; text-align: center;">28</td> <td style="width: 10%; text-align: center;">27</td> <td style="width: 10%; text-align: center;">26</td> <td style="width: 10%; text-align: center;">25</td> <td style="width: 10%; text-align: center;">24</td> <td style="width: 10%; text-align: center;">23</td> <td style="width: 10%; text-align: center;">22</td> <td style="width: 10%; text-align: center;">21</td> <td style="width: 10%; text-align: center;">20</td> <td style="width: 10%; text-align: center;">19</td> <td style="width: 10%; text-align: center;">18</td> <td style="width: 10%; text-align: center;">17</td> </tr> </table>																	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																
RESTORATIONS															RESTORATIONS																
	O-AM															O-AM															
CARIES															CARIES																
THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section)																															
MOTTLED ENAMEL				ROTATION				FRACTURED ENAMEL				IRREGULARITY OF ALIGNMENT																			
ENAMEL HYPOPLASIA				UNERUPTED TEETH				FRACTURES OF TEETH				UNUSUAL RESTORATIONS																			
EROSION				MALOCCLUSION				RETAINED DECIDUOUS TEETH				UNUSUAL APPLIANCES																			
ABRASION				SUPERNUMERARY TEETH				ABNORMAL INTERDENTAL SPACES				MALPOSED TEETH																			
PREPARED BY (Typed Name and Signature) <i>T. C. Wright</i> SP4, Memorial T. C. WRIGHT, Activities Specialist								VERIFIED BY (Typed Name and Signature) <i>Clarence O. Reese</i> CLARENCE O. REESE, 1LT, QMC, Iden. Off.																							

DD FORM 891 1 FEB 50 **REPLACES DD FORM 889, 1 SEP 51, WHICH IS OBSOLETE (for Army use only).**

Figure H-7. DD Form 891 (Record of Identification Processing—Dental Chart).

DENTURES (Plates): DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower Acrylic Partial Denture with Lingual Bar, replacing Teeth nos. 17, 18, 19, 30, 31, 32. Clasp on natural teeth nos. 20 and 29) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

REMARKS (If no abnormalities are found make notation to that effect)

1. Teeth present found intact.
2. Teeth Nos. 12 and 13 rotated.
3. Maxilla fractured between Nos. 5 and 6 and between Nos. 11 and 12.
4. Mandible fractured in the area of No. 30.
5. Wear on the anteriors.

EXAMPLE METHOD OF PREPARATION

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
UPPER RIGHT																
	1. O-AM	2. DOL-AM; F-AM	3. MOD GOLD FILL	4. F-GOLD FILL; ML-AM	5. MO-AM	6. ML-GOLD FILL	7. 3/4 GOLD CR	8. O-PORC FILL	9. PORC-CR	10. F-PORC FILL; L-AM	11. MF-PORC FILL	12. PX-POSTHUMOUSLY MISSING	13. GOLD-CH	14. MISSING	15. MO-AM; L-AM	16. MODL-AM

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 371899

Figure H-7—Continued

RECORD OF IDENTIFICATION PROCESSING ANATOMICAL CHART						
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) <u>Wright, Morris J.</u>				GRADE PVT		SERVICE NUMBER 164 90 2110
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO. Allied Cemetery, Erehon Evac No. NA			PLOT D	ROW 12	GRAVE 575	ESTIMATED AGE (Yrs) 22
						ESTIMATED HEIGHT 6'0"
BLACK OUT PORTIONS NOT RECOVERED						
RIGHT	LEFT			LEFT	RIGHT	
<p>Gunshot Wound Entry</p> <p>Burn 3d degree</p> <p>Burn 3d degree</p> <p style="text-align: center;">ANTERIOR</p>			<p>Gunshot Wound Exit</p> <p>Burn 3d degree</p> <p>Burn 3d degree</p> <p style="text-align: center;">POSTERIOR</p>			
CONDITION OF REMAINS (Check pertinent blocks)						
<input type="checkbox"/> SEMI-SKELETAL			<input checked="" type="checkbox"/> INTACT		<input checked="" type="checkbox"/> DECOMPOSED	
<input type="checkbox"/> FLESH COVERED			<input checked="" type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input checked="" type="checkbox"/> 3d)			
REMARKS (Continue on reverse if additional space is required)						
<p>Current remains with 3d degree burns to both hands making fingerprints unobtainable. Gunshot wound to chest exiting through back. Height: 6'0". Hair: brown. Eyes: brown. Race: cau. No distinguishing marks.</p>						
NAME OF PREPARING OFFICIAL (Print or type) ROBERT A. KLINE, SFC, Identification Supv				SIGNATURE <i>Robert A. Kline</i>		
DD FORM 1 FEB 56 893				U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 311993		

Figure H-8. DD Form 893 (Record of Identification Processing—Anatomical Chart).

RECORD OF IDENTIFICATION PROCESSING FINGERPRINT CHART				
LAST NAME-FIRST NAME-MIDDLE INITIAL (or unknown number)			GRADE	SERVICE NUMBER SSAN
Wright, Morris J.			PVT	164 90 2110
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER			PLOT	ROW GRAVE
Allied Cemetery, Erehon			D	12 575
LEFT HAND			RIGHT HAND	
	10. LITTLE FINGER	NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS, AND/OR DERMIS IN APPROPRIATE BLOCK Fingerprints unobtainable due to third degree burns on both hands.	9. LITTLE FINGER	
	9. RING FINGER		8. RING FINGER	
	8. MIDDLE FINGER		7. MIDDLE FINGER	
	7. INDEX FINGER		6. INDEX FINGER	
	6. THUMB		5. THUMB	
			IMPORTANT ATTACH DD FORM 2A (Identification Card) TO THIS FORM IF AVAILABLE N/A	
		IMPRESSIONS TAKEN BY (Name)		
		Robert A. Kline, SFC Identification Supv		
FOR FEDERAL BUREAU OF INVESTIGATION USE ONLY				
IDENTIFIED BY FINGERPRINT COMPARISON AS: LAST-NAME-FIRST NAME-MIDDLE INITIAL			SERVICE NUMBER	
OFFICIAL APPROVING FINGERPRINT COMPARISON (Name)			DATE	

DD FORM 894
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Figure H-9. DD Form 894 (Record of Identification Processing—Fingerprint Chart).

e. DD Form 897 (Physical and Dental Comparison Charts). Physical and dental records for Private Wright and those of a found remains are compared on DD Form 897 (fig H-10). The remains

of Private Wright with those of Private Woolsey, an associated casualty, are compared on a second DD Form 897 (fig H-11).

PHYSICAL AND DENTAL COMPARISON CHART	
REMAINS OF	NAME
WRIGHT, Morris J. 164 90 2110	WRIGHT, Morris J. 164 90 2110
1 X	1 X
2 O-AM O-AM	2 O-A O-AM
3 O-AM O-AM	3 O-AM O-AM
4 O-AM Chipped	4 O-AM
5 MODL-AM	5 MOD-AM
6	6
7 FML-S11	7 ML-S11
8	8
9	9
10	10
11	11
12 O-AM	12 O-AM
13 O-AM	13 O-AM
14 O-AM O-AM	14 O-AM O-AM
15 O-AM O-AM	15 O-AM O-AM
16	16
17 X	17 X
18 O-AM	18 O-AM
19 X	19 X
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30 X	30 X
31 O-AM	31 O-AM
32 X	32 X
ESTIMATED HEIGHT 5' 11 1/2"	HEIGHT 6' 0"
ESTIMATED WEIGHT 170	WEIGHT 172 lb
ESTIMATED AGE 22	AGE 21 yr 3 mo 6 days
HAIR Dark Brown	HAIR Dark Brown
REMARKS	
Blood Type: O Neg	Blood Type: O Neg
Eyes: Brown	Eyes: Brown

DD Form 897, 1 Feb 56 Replaces OQMG Form 1961, 23 Feb 51, which is obsolete.

Figure H-10. DD Form 897 (Physical and Dental Comparison Chart) (Wright).

PHYSICAL AND DENTAL COMPARISON CHART											
REMAINS OF WRIGHT, Morris J. 164 90 2110					NAME WOOLSEY, Harold D. 145 36 8840						
1	X				1		X		X	X	
2	O-AM	O-AM			2						
3	O-AM	O-AM			3				O	DO-AM	
4	O-AM	Chipped			4						
5	MODI-AM				5						
6					6						
7	PML-S11				7						
8					8			O			
9					9			O			
10					10			O			
11					11						
12	O-AM				12						
13	O-AM				13						
14	O-AM	O-AM			14		O	O			
15	O-AM	O-AM			15						
16					16						
17	X				17			O			
18	O-AM				18						
19	X				19	X		O	X	X	X
20					20						
21					21						
22					22						
23					23						
24					24						
25					25						
26					26						
27					27						
28					28						
29					29						
30	X				30	X	X	X	X	X	X
31	O-AM				31					O	
32	X				32			O			
ESTIMATED HEIGHT					HEIGHT						
					Chart 2/49 Chart 10/41 Chart 9/45 Chart 10/45 Chart 11/49 Chart 1/50						
ESTIMATED WEIGHT					WEIGHT						
ESTIMATED AGE					AGE						
HAIR					HAIR						
REMARKS											

DD Form 897, 1 Feb 56 Replaces OQMG Form 1961, 23 Feb 51, which is obsolete.

Figure H-11. DD Form 897 (Physical and Dental Comparison Chart) (Woolsey).

H-4. Action by US Army Casualty and Memorial Affairs Directorate, TAGO
The US Army Casualty and Memorial Affairs

Directorate, TAGO, provides review and further research, as applicable, for adequacy of identification.