

CONFIDENTIAL

Q.M.C. Form 1 - GRS
SOS NATOUSA
July 1943

REPORT OF BURIAL

AR 30-1815 & TM 10-630

3 JAN 43

Date Report Filled Out

KUTARA MASAJI NMI 30101134
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race) W
 PVT Co "B" 100TH INF BN (SEP)
 (Rank) (Organization) (Branch) (Country)
 V.C. SCAPOLI, ITALY 5 DEC 43 SARAPANEL WOUNDS
 (Place of Death) (Date of Death) (Cause of Death) (Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes () ; No (X).

If no identification tags, other means used to identify body (identification card, letters, etc.) : IDENTIFICATION

BASED ON REPORT OF MEN OF CO A WHO SAW BLAST COVER FOXHOLE

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken

If unidentified, give circumstances :

List of Personal Effects found on Body and disposition of same :

NOT EXAMINED GRAVE UNCOVERED FAR ENOUGH TO DISCLOSE FACT THAT BODY WAS THERE

MRS KAY KUTARA 4011 MARSH BLVD 2874 HONOLULU OAHU
 (Name of Emergency Addressee) (Name of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial)

22 DEC 43

SW SCAPOLI, ITALY

(Time and Date of Burial)

(Location, Name, & No. of Cemetery)

See other side

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

(Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)
 Plot

Identification Tag buried with body () ; Identification Tag attached to marker ().

If identification Tags not present, what other identification data were buried with the body and in what kind of container ? NOT KNOWN - IDENTIFICATION WRAPPED IN WAX PAPER + WIRED TO MARKER

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side : NONE
 (Name) (Rank) (ASN) (Organization) (Grave No.)
 Left side : NONE
 (Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Officer Reporting Burial)

(Verified by unit G.R.S. Officer)

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT : Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects.) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out tooth-chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc..., and other data as serial no. of weapon, laundry marks, where bodyfound, etc. Wrap body in shelter half, mattress cover, or blanket when available.

2. BURIAL : Dig grave to a depth five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body.) Place only one body in a grave. Dig graves side by side, row behind row.

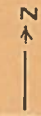
3. MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. LOCATION OF GRAVE : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. PERSONAL EFFECTS : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

SKETCH AND MAP REFERENCE :

*Map:
Italy 1/50,000
Sheet 101-IV Castel S. Vincenzo
Coordinates: 02.80 - 31.85
Compass sights
50° to Hill 184 (Peak NW of
Castelmoro)
55° to Reservoir east of
Rochetta*



TOOTH-CHART

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
(Left)	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2
(Examinee's)	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2

INDICATE : missing natural teeth by X; crowns by O;
fillings by □ ; bridges by ◯; prosthetic replacements by denture (horizontal line.)



Characteristics :

Other Data :

When unidentified, take thumb and fingerprints of both hands.

If this not possible, fill in tooth chart.

*Grave
x Donkey trail
on N side of 801 (801)
leading to Hill 900
where it hits first big*

*Fonte
Costanza*



4
3
2
1
Thumb
Left
Right
Thumb
1
2
3
4