

ALLIED

REPORT OF INTERMENT

DATE OF REPORT

12 April 54

TYPE OF REPORT

☐ INITIAL ☒ SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)Imprint Identification Tag If Possible.
DO NOT TYPEGREAT BRITAIN
No ID tags found
on remains.

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)

SERVICE NUMBER

GRADE

ORGANIZATION

BRANCH OF SERVICE

Pte

RACE

RELIGION

COUNTRY (If not U.S.)

Caucasian

Unk

GREAT BRITAIN

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

CT 134 163 Korea

Undetermined

Est Nov 52

IDENTIFICATION TAGS FOUND ON
BODY (1, 2, or none)IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified
fill in section 3 on reverse)

None

Attached CIU allied case report #414

WERE SUBSTITUTE TAGS PROVIDED?

Three ☒ YES 3 ☐ NO

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE
AND WRITER. GIVE OWNER OF WALLET, ETC.

Previously reported

SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

UNMC TANGGOK, KOREA BP 089868

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name
of other)TYPE OF GRAVE
MARKER

PLOT NO.

ROW NO.

GRAVE NO.

12 April 54

0930

Canvas Square

Cross

70

4

7777

WAS THIS A REBURIAL?

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE.

☐ YES ☒ NORemains formerly stored in Mausoleum Zone Hqs
AGRSG 8204th AUAPQ 3

PLOT NO.

ROW NO.

GRAVE NO.

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICA-
TION DATA AND CONTAINER BURIED WITH BODY

General

PAJ ARCH
Rev C.F.One (1) copy of this form buried in
burial bottle eighteen (18) inches below
grave marker at head of grave.IDENTIFICATION TAG BURIED
WITH BODYIDENTIFICATION TAG ATTACHED
TO MARKERTwo ☒ YES 2 ☐ NOOne ☒ YES 1 ☐ NOREMAINS BURIED IN GRAVE TO LEFT (When viewed from foot
of grave), NAME (Last, First, Middle Initial)

GRADE

SERVICE NUMBER

ORGANIZATION

GRAVE NO.

BEGINNING OF ROW

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot
of grave), NAME (Last, First, Middle Initial)

GRADE

SERVICE NUMBER

ORGANIZATION

GRAVE NO.

PRENTICE M.

1st Bn Royal

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

JAMES L. WILKINSON

ROBERT S. ROBBINS

DD FORM 551

REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

BENCE, D.M.

22606861

37230-Army-AG Admin Cen-FEC-2/53-61M

SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT Utd	WEIGHT Utd	COLOR OF EYES Utd	COLOR OF HAIR Brown	WHERE BODY WAS FOUND (Grid Coordinates) Utd 134-183 Korea
BIRTHMARKS, SCARS, OR TATTOOS None noted			LAUNDRY MARKS Previously reported	
WEAPON(S) WITH SERIAL NUMBER(S)				

OTHER IDENTIFICATION CLUES (Including other remains recovered or associated with this remains).

Previously reported

REMARKS

1. Remains Rec from Zone Hqs, AGRSG 8204th AU APO 3
2. Name, SN, rank, org, POD & DOD taken from CIU allied case report # 414.

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS (or as many as possible) IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
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NOT FINGERPRINTED

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
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NOT FINGERPRINTED

DO NOT WRITE IN THIS SPACE (For FBI use only)

REMARKS

See above

ALLIED

16541-5

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT

☐ INITIAL☒ SUPPLEMENTAL (Reason)

C ADDITIONAL INFORMATION

Imprint Identification Tag If Possible.
DO NOT TYPE

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)

SERVICE NUMBER

GRADE

ORGANIZATION 28TH BRITISH

BRANCH OF SERVICE

RACE

RELIGION

COUNTRY (If not U.S.)

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

IDENTIFICATION TAGS FOUND ON
BODY (1, 2, or none)IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified
fill in section 3 on reverse) ATTACHED CIVILIAN CASE

WERE SUBSTITUTE TAGS PROVIDED?

☒ YES☐ NO

THREE (3) GRS

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE
AND WRITER. GIVE OWNER OF WALLET, ETC.

PREVIOUSLY REPORTED

SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name
of other)TYPE OF GRAVE
MARKER

PLOT NO.

ROW NO.

GRAVE NO.

WAS THIS A REBURIAL?

☐ YES☒ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

REMAINS FORMERLY STORED IN MASS GRAVE
ZONE 405, AGRSG 8204TH AD APO 3

PLOT NO.

ROW NO.

GRAVE NO.

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICA-
TION DATA AND CONTAINER BURIED WITH BODY ONE (1)
COPY OF THIS FORM BURIED IN
BURIAL BOTTLE EIGHTEEN (18) INCHES
BELOW GRAVE MARKER AT HEAD
OF GRAVE.IDENTIFICATION TAG BURIED
WITH BODY (1, 2, or none)IDENTIFICATION TAG ATTACHED
TO MARKER ONE (1)☒ YES☐ NO☒ YES☐ NOREMAINS BURIED IN GRAVE TO LEFT (When viewed from foot
of grave), NAME (Last, First, Middle Initial)

GRADE

SERVICE NUMBER

ORGANIZATION

GRAVE NO.

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot
of grave), NAME (Last, First, Middle Initial)

GRADE

SERVICE NUMBER

ORGANIZATION

GRAVE NO.

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT 5' 10"	WEIGHT 170	COLOR OF EYES BROWN	COLOR OF HAIR BROWN	WHERE BODY WAS FOUND (Grid Coordinates) CT-134-163, KOREA
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BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

NONE NOTED

PREVIOUSLY REPORTED

WEAPON(S) WITH SERIAL NUMBER(S)

OTHER IDENTIFICATION CLUES (Including other remains recovered or associated with this remains).

PREVIOUSLY REPORTED

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS (or as many as possible) IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
---------------	----------------------	-----------------------	---------------------	-----------------------

NOT FINGERPRINTED

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
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NOT FINGERPRINTED

DO NOT WRITE IN THIS SPACE (For FBI use only)

REMARKS

1) REMAINS REC. FROM ZONE HQS, AGRSG 82 04TH AN APO 3
2) NAME, SIN, RANK, ORG, POD, AND DOD TAKEN FROM CIVILIAN CASE REPORT # 414

10291-7

ALLIED

16 541-5

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN BENCE D.M. PTE 22606861			2. DATE OF REPORT 12 April 54			
3. NAME OF CEMETERY UNMC TANGGOK, KOREA		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		70	4	7777	DISINTERMENT.	REINTERMENT
					N/A	N/A
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT Utd		9. ESTIMATED HEIGHT Utd		10. COLOR OF HAIR Brown		11. RACE Caucasian
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS 1. One (1) CIU allied case report # 414 rec w/remains reads: "BENCE D.M. PTE 22606861"						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None noted						
14. WAS BODY BURNED ? ☐ YES ☒ NO		TO WHAT EXTENT ?				
15. WAS BODY MANGLED ? ☐ YES ☒ NO		TO WHAT EXTENT ?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS None noted						
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) Previously reported						

ALLIED

16541-5

IDENTIFICATION DENTAL CHART

DATE

12 April 54

NAME (Last, First, Middle Initial)

BENCE D.M.

GRADE

PTC

SERVICE NUMBER

22606861

UNIT

ORGANIZATION

See DD form 551

CAUSE OF DEATH

See DD form 551

DATE OF DEATH

Est Nov 52

PLACE OF DEATH

CT 134 163 Korea

PLACE OF BURIAL

UNMC TANGGOK, KOREA

PLOT

70

ROW

4

GRAVE

7777

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT																	LEFT

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

MARKING ABBREVIATIONS:

F - Facial O - Occlusal D - Distal Am - Amalgam FILL - Filling BACK - Backing
L - Lingual M - Mesial I - Incisal CR - Crown PORC - Porcelain FAC - Facing

CARIES													O.	O.	O.	O., L.		CARIES
RESTORATIONS		L. H M																RESTORATIONS
	1	2	~~3~~	4	5	6	7	8	9	10	11	12	13	14	15	16		
UPPER RIGHT																	UPPER LEFT	
			DRIFT	DRIFT				SPACE	CHIPPED							IMP		
LOWER RIGHT																	LOWER LEFT	
RESTORATIONS													F. O. H M		F. H M		RESTORATIONS	
CARIES		O.		F.													CARIES	

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

JAMES L. WILKINSON CPT. OMC

VERIFIED BY DENT OFFICER

ROBERT S. ROBBINS CAPTAIN OMC

DD FORM 569 1 SEP 51

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

SEE REVERSE SIDE

BENCE, D.M. 22606861

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. Clasps on natural teeth Nos. 20 and 29.) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: (Describe in detail under remarks)

MOTTLED ENAMEL	UNERUPTED TEETH	RETAINED DECIDUOUS TEETH
ENAMEL HYPOPLASIA	MALOCCLUSION	ABNORMAL INTERDENTAL SPACES
EROSION	SUPERNUMERARY TEETH	IRREGULARITY OF ALIGNMENT
ABRASION	FRACTURES OF ENAMEL	UNUSUAL RESTORATIONS
ROTATION	FRACTURES OF TEETH	UNUSUAL APPLIANCES

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

1. Teeth # 5,7,8,9, 24, 28, and 29 are rotated
2. Teeth # 16 and 32 are impacted
3. Malocclusion, general, with anteriors in a protrusive position
4. Tooth # 9 is chipped
5. Space between teeth # 4 and 5, 8 and 9, and 21 and 22.
6. Teeth # 4 and 29 are in a lingual position.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

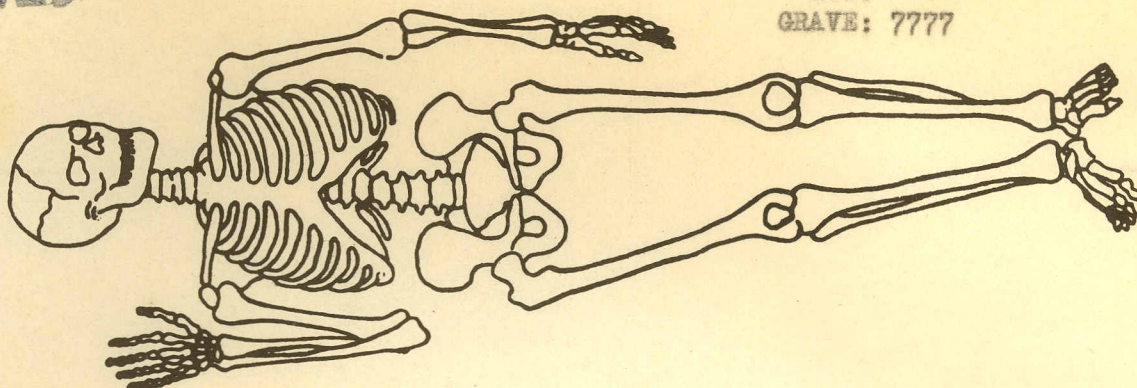
ALLIED

BENCE D.M. Pte 22606861

UNMC TANGOOK, KOREA PLOT: 70

ROW: 4

GRAVE: 7777



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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

RONALD S. CRAIL CPL QMC
114 QUARTERMASTER CO (GRREG)

SIGNATURE

Ronald S Crail Cpl

ALLIED

16541-5

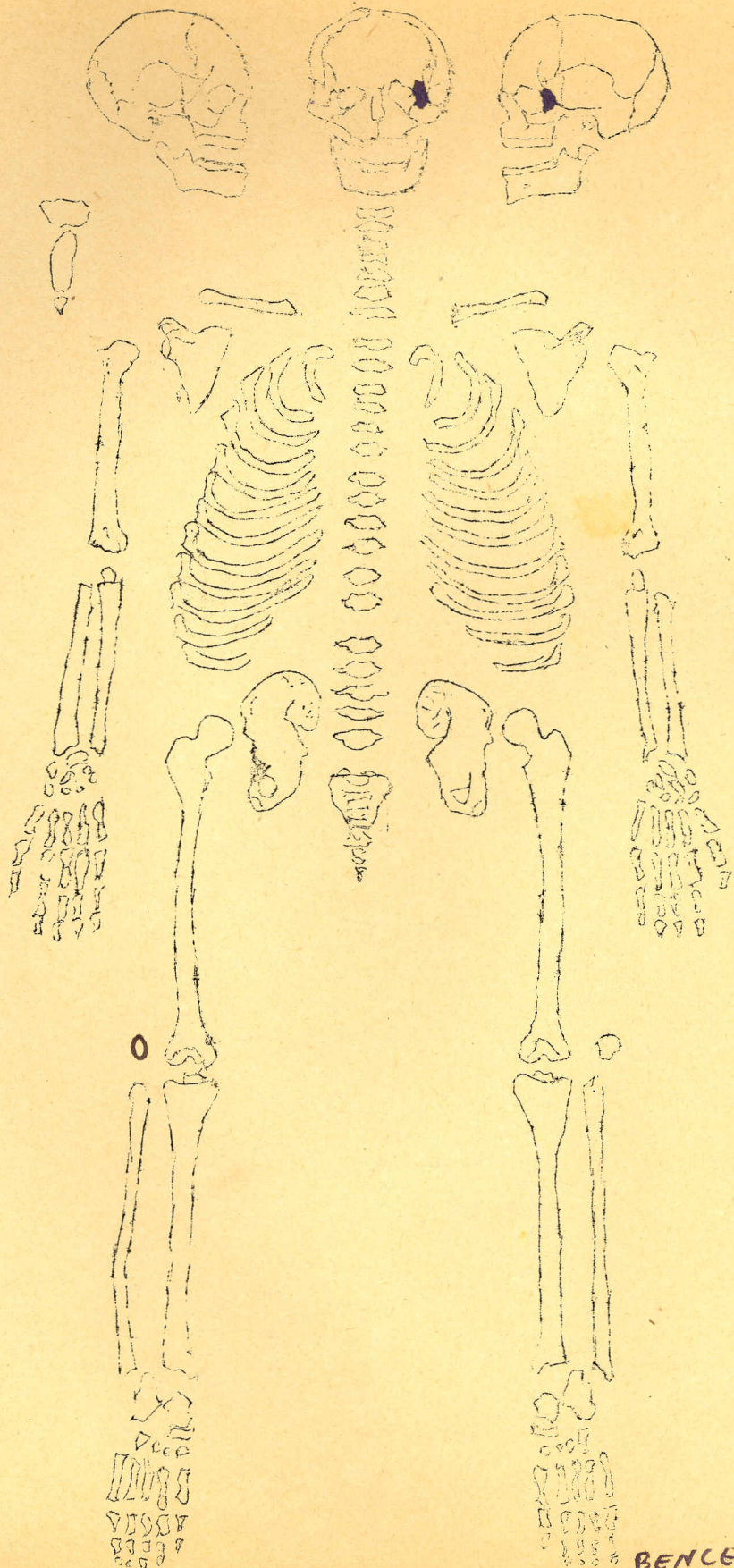
SKULL CHART

Name or Unknown No

(Black out parts of body not received)

RIGHT

LEFT



Skull

Humerus

Humerus

Ulna

Ulna

Radius

Radius

Femur

Femur

Tibia

Tibia

Fibula

Fibula

BENCE, D.M.

22606861