

FILE IDENTIFICATION TOPPER

FILE NUMBER

73 Capt. Lenschaffer # 1 X-11

SUBJECT

QMC FORM 1121
1 Aug 45

293 **AIRMAIL** *Handwritten*
 X-527 X-930 X-931 X-71
 X-4168 X-4171 X-4177 X-4181
 X-5026 X-5028

Subject: Identification of aircraft involved

To: Commanding Officer
 American Overseas Registration Service
 1150 Broadway
 San Francisco, California

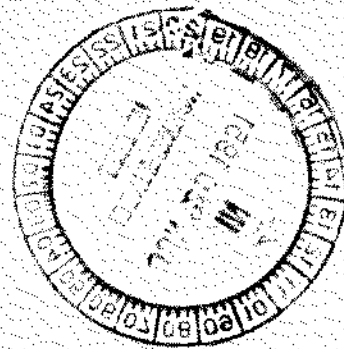
1. Reference is made to the following aircraft remains now stored at the American Overseas Registration Service:

- Aircraft #11 (formerly #11, Finsen #1)
- * X-627 * X-87 * *
- * X-630 * X-82 * *
- * X-631 * X-86 * *
- * X-71 * X-227 * # 5
- * X-4168 * American Overseas Registration Service
- * X-4171 * * * *
- * X-4177 * * * *
- * X-4181 * * * *
- * X-4182 * * * *
- * X-5026 * * * *
- * X-6163 (formerly #104) * American Overseas Registration Service

2. Subject cases have been reviewed and this Office approves the classification of the above listed aircraft as identifiable.

1. Miller, J. R.
 Major
 Administrative Section
 Incls

2. [Name]
 Major
 Memorial Division



AIRMAIL

[Handwritten notes and markings along the right margin, including a vertical line and some illegible text.]

/bpa ✓		Interr- 6 March 1950 H&A C 7 Ft. McKinley R/X #100 SEARCHED CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE					
		SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6910 00007		DATE 15 01 48 DAY MONTH YEAR			
NAME		SERIAL NUMBER UNKNOWNX-000011		RANK		ARM 0		DATE OF DEATH DAY MONTH YEAR	
CEMETERY		BRITISH GUINEA USAF FINSCHAFFEN NO 10		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		CAUSE OF DEATH 6			
PLOT		ROW		GRAVE		COUNTRY			
				294		NEW GUINEA			
SECTION B - CONSIGNEE AND NEXT OF KIN									
NAME AND ADDRESS OF CONSIGNEE MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)					NAME AND ADDRESS OF NEXT OF KIN				
SECTION C - DISINTERMENT AND IDENTIFICATION									
NAME		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED	
Unknown X-000011 (Maus) Unknown X-513								22 Sept'48	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY			
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		UNKNOWN				CLIFFORD INGROVILLE Embalmer NAME AND TITLE			
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT									
NATURE OF BURIAL					CONDITION OF REMAINS				
Shelter Half					Skeletal				
OTHER MEANS OF IDENTIFICATION									
MINOR DISCREPANCIES 1									
2 Identification tags Maus.- Unknown X-513									
REMAINS PREPARED AND PLACED IN CASKET									
DATE		BY							
22 Sept'48		CLIFFORD INGROVILLE							
CASKET SEALED BY				EMBALMER (Signature)					
CLIFFORD INGROVILLE				CLIFFORD INGROVILLE <i>Clifford Ingroville</i>					
CASKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY					
DATE 22 Sept'48 by HORACE L. ALLISON, Sgt. INF.				TEOFILO M. AMUTAN, 1st Lt., INF.					
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.									
<i>Teofilo M. Amutan</i> TEOFILO M. AMUTAN, 1st Lt., INF. SIGNATURE OF GRS INSPECTOR									
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.									

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE MAR 6 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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 <i>(UNKNOWN)</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>(ALL VEHICLES MUST BE...)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>(UNRECORDED SIGNATURE)</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
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

HEADQUARTERS
PH. JOHN 207E
AMERICAN GRAVES REGISTRATION SERVICE

19 Dec 1949

Date

SUBJECT: Unidentifiable Remains


TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X-11, Plot _____,
Row _____, Grave 294, USMC USAF Cem. Finsch #1 have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


H. B. MCNEMAR
Captain, QM1C
Chief, Records Branch

Attach: Form 1044

Received Jan 20 1950 
Not identifiable from
information presently
available *Robert W. Mulky*

2015

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-513 (Formerly UNK X-11 Finsch #1)				2. DATE OF REPORT 28 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 801	5. ROW B	6. GRAVE 384	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'11"	10. COLOR OF HAIR U T D	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

N O N E

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)

N O N E

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

MISSING TEETH: ALL TEETH MISSING THROUGH EX-
TRACTION (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 PORCE-
LAIN), THUS:



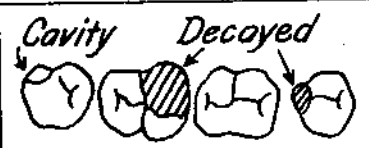
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH
(LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE),
THUS:



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
0	0					P	P	P	P						0
Side Views															
UPPER															
LOWER															
Side Views															
A	A					P	P	P	P	P	P			A	A
0	0					P	P	P	P	P	P			0	0
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 RETAIN-
ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

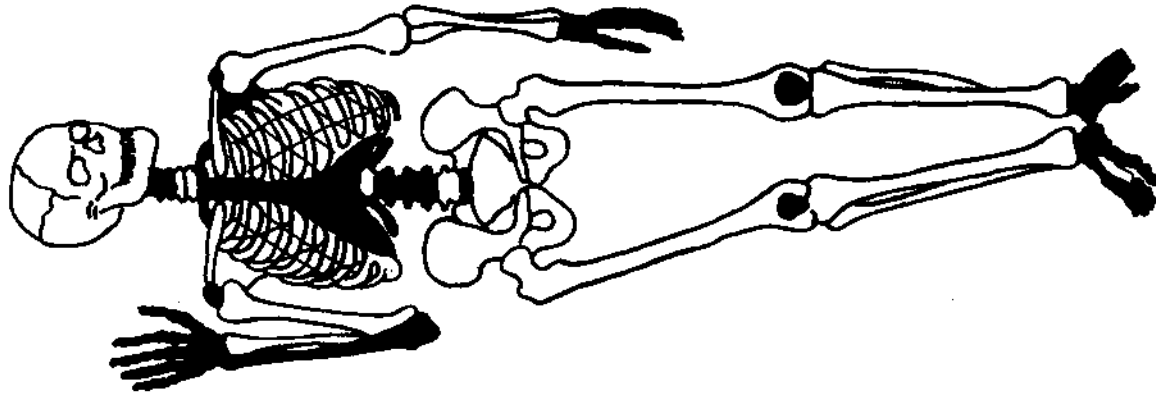
"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 14 lbs.

Circumference of skull - 21½ inches.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

IDENTIFICATION DENTAL CHART

TO BE USED WITH GMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-513 (Formerly Unk X-11, USAF)

4 Oct 47

DATE

Cemetery No. 1, Finschhafen, N.G.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Oba Village near Madang, N.G.

801

B

384

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER BAY
















CRYPT

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE		○	○					⊗	S	S	⊗							○	TYPE
LOCATION		L	L						M	M								O	LOCATION

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
		LOWER TEETH																	
TYPE		A	A				⊗			⊗	⊗	⊗			⊗	A	A	TYPE	
LOCATION		Fo	Fo													Fo	Fo	LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

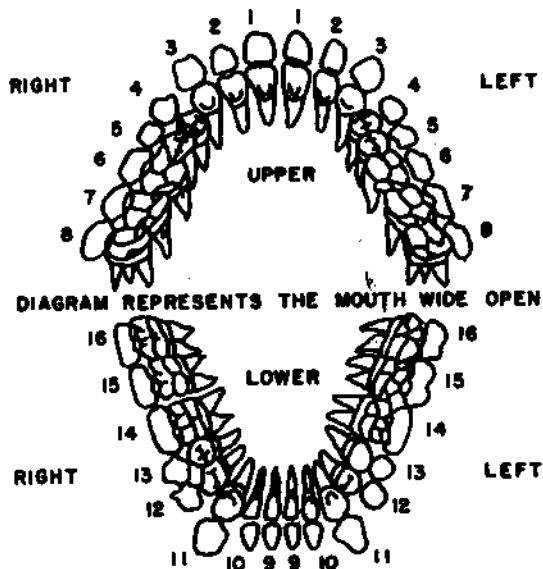
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Severe over bite; over jet anterior teeth, occlusion good posterior teeth.

/s/ O D Bernardo
SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ F Glass, Capt DC
VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

4 Oct 47

DATE

A CERTIFIED TRUE COPY:

George T Gamba
GEORGE T GAMBA
2d Lt MAJ

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

(Formerly UNK X-11, USAF
 Unknown X-513 (Cem #1, Finschhafen, N.G.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 ^{LANGER BAY} _{CRYPT} Row B Grave 384

- CIP, AGRS M1m
1. Arrived at cemetery 23 Sept 47
(Date)
 2. Place of death Oba Village near Madang, New Guinea
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by American Graves Reg. Det #2
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings /	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	_____ <small>(Type)</small>	_____	_____
Raincoat	_____	_____	_____
Overcoat	_____	_____	_____
Jacket, Field	_____	_____	_____
Jacket, Combat	_____	_____	_____
Mackinaw	_____	_____	_____
Sweater	_____	_____	_____
Jacket, HBT	_____	_____	_____
* Shirt, Wool OD	_____	_____	_____
Undershirt, Wool	_____	_____	_____
Undershirt, Cotton	_____	_____	_____
Trousers, HBT	_____	_____	_____
* Trousers, Wool OD	_____	_____	_____

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia _____
 (Type & location; shirt, jacket/coat, helmet)

Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only. Skeletal Chart attached.

Age UTD Height Est 5'11" Weight UTD Description of wounds _____

Bandages or dressings _____ Scars _____
 (Length, width, location)

Tattoos _____
 (Number, location -- illustrate on separate page)

Outstanding moles, warts or birthmarks _____
 (Yes-no; description, location)

Sunburn or tan, other than hand and face _____

Complexion _____
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____
 (Large, fat, thin, muscular)

Hair _____
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair _____
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache _____ Beard or _____
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) Ears (Size, set close to or far from head)

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth **Dental chart attached.**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double)

Jaw (Large, small, normal) Circumference of head in inches **21½"** (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands
Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

Back (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

Legs (Inscam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)
If not, explain Remains interred 16 Sept 44 USAF Cem Finschhafen, New Guinea

8. Has tooth chart been prepared? Yes If not, explain _____
(Yes-no)

9. Remarks Contents of ROI bottle cannot be read, due to water in bottle.
No I.D. tags nor personal effects found with remains. Estimated
weight of remains 14 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

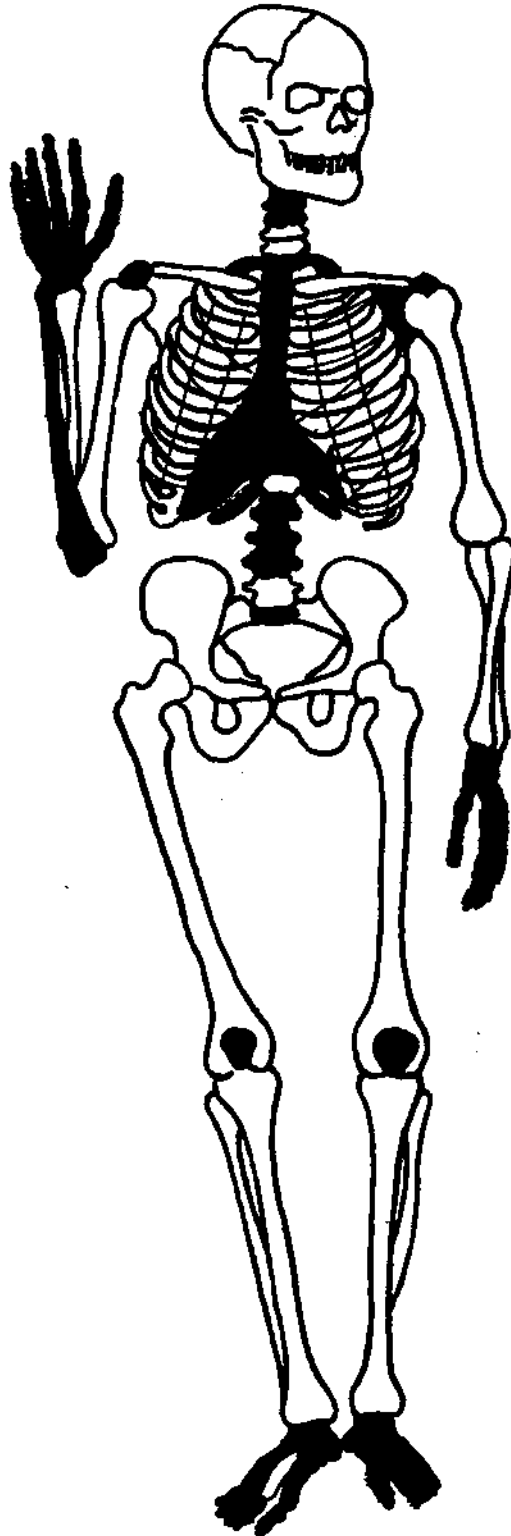
/s/ E.F. Moriarty
(Officer's Name)
SP-6
Rank Service
A G R S
(Organization)

A CERTIFIED TRUE COPY:
George T Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

X-513

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



18 Ribs received
1 Thoracic } vertebrae
1 Lumbar }

FIFTH AIR FORCE

FLIERS DENTAL IDENTIFICATION RECORD

USAF Cemetery *Saidor No. 1, N.G.* **TE** 4783
 Grave # 164

UNKNOWN X-21

(1) SURNAME (2) CHRISTIAN NAME SERIAL NO.

(3) RANK *S/SGT* (4) COMPANY (5) REGIMENT OR STAFF CORPS

(6) AGE, YEARS (7) RACE *White* (8) NATIVITY (9) SERVICE, YEARS

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

LEGEND

- RED = GOLD
- BLUE = SILVER
- INK = PORCELAIN
- X = MISSING TEETH
- () = FIXED BRIDGE
- [] = REMOVABLE DENTURE

DATE *6-7-44* SIGNATURE AND RANK OF DENTAL OFFICER *E. H. Shapiro, Capt.*

RESTRICTED

1651

/bam

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

7 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-513 (Formerly UNK X-11, USAF Com #1, Finschhafen, N.G.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Oba Village near Madang, N.G.	CAUSE OF DEATH Remains badly decomposed, probably from parachute fall, KIA	DATE OF DEATH About 1 Feb 1944
--	--	--------------------------------------

EMERGENCY 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 section 2 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

MEMORIAL
 Dec 22 2 42 PM '47
 RECORDS BRANCH

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRA CEMETERY, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
6 Oct 47	0830	Casket	None	801	B	384

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Finschhafen, New Guinea	PLOT No.	ROW No.	GRAVE No. 294
---	--	----------	---------	------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-516	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 386
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-514	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 382

SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S. PANOFIQ, Jr, 2d Lt., Inf
---	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

100 513

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


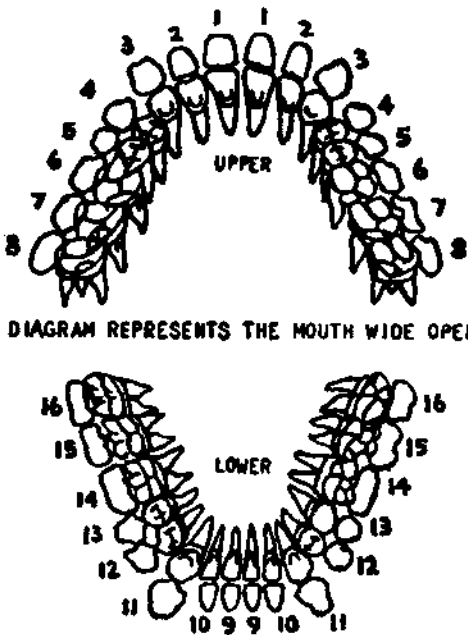




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint 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 diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

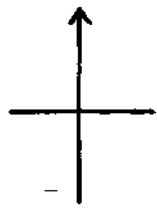
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Identification Check List and Dental Chart accomplished.

11 NOV 1947

CONFIDENTIAL
REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

4783

UNKNOWN X-11
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
About Remains badly decomposed; KIA;
Oba Village near Madang, N.G. 1 Feb. 1944 prob. from parachute fall.
(Place of death) (Date of death) (Cause of death)
1500 hrs 16 Sept. 1944 USAF CEMETERY, FINSCHHAFFEN #1, N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)
Disinterred as Unknown X-21; USAF Cem., Saidor #1, N.G. Grave #164

294
(Grave number) (Row number) (Plot number) Cross-regulation w/plate
(Type of marker—Regulation V-shaped or other)
Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Identification disc bearing Unknown X-11; one with body; one on marker.
(If no identification tags, what means of identification are buried with the body?)

Religion
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT UNKNOWN X-12 (Name) (Serial number) (Rank) (Organization) (Grave number) 295
Body buried on LEFT UNKNOWN X-10 (Name) (Serial number) (Rank) (Organization) (Grave number) 293

///
(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
List only personal effects FOUND ON BODY and disposition of same: none

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43).
 If unable to obtain a complete set of fingerprints, TAKE THOSE YOU
 CAN, and fill in as many of the following as you are able:

Height:	Apparent Nationality:
Weight:	Laundry marks:
Colour of eyes:	Number of rifle:
Colour of hair:	Wear glasses?
Race:	Is Tooth chart attached?

(if possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles,
 deformities, etc.:

Note below any identifying clues found, such as letters, photographs,
 probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE
 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Geo. A. Ross
 GEO. A. ROSS, T/Sgt. OMC-GRS

(Signature of officer or other person reporting burial)

Charles R. Myers
 CHARLES R. MYERS, 2nd OMC

(Verified by Army GRS officer)

TYPE LOC
 UNIDENTIFIED
 7

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

2

1

THUMB

COPY

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

2736
11/3/44

Unknown X-21

S/Sgt.

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Oba Village, near Madang, N.G. About 1 February/44. KIA Probably sustained from fall
(Place of death) (Date of death) in parachute. Remains badly decomposed

1530 7 July/44

U.S.A.F. Cemetery Saifor No. 1, N.G.

(Name of coordinates of location)

(Time and date of burial)

(Name of Cemetery)

164

Cross

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Bottle containing all information buried with body. Tag bearing Unknown X-21 attached to marker

(If no identification tags, what means of identification are buried with the body?)

Religion Unknown

(If no identification tags, but identity definitely established, give particulars)

Unknown X-22

165

Body buried on RIGHT

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT Reichenbacher, Charles F. 31133204 T/4 Co "C", 593d E.B.A.S. Regt 163

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Unknown

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: N one found

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43).
 If unable to obtain a complete set of fingerprints, TAKE THOSE YOU
 CAN, and fill in as many of the following as you are able:

Height: **About 6 ft.** Apparent Nationality:
 Weight: **(Rather large)** Laundry marks:
 Colour of eyes: Number of rifle:
 Colour of hair: **Black** Wear glasses?
 Race: **White** Is Tooth chart attached? **Yes**
 (If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles,
 deformities, etc.:

Note below any identifying clues found, such as letters, photographs,
 probable organization of deceased, etc.:

Natives related that this man died over 5 months ago.
Body found in parachute. No trace of plane

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE
 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

/s/ **Walter B. Brown**

/t/ **SGT. WALTER B. BROWN**

(Signature of officer or other person reporting burial)

/s/ **James S. Bryan**

/t/ **JAMES S. BRYAN**

(Verified by Army GRs Officer)

LEFT HAND

RIGHT HAND

THUMB

THUMB

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

4783

OCT 2 1944

Unknown X-21 (Last name) (First) (Initial) (Serial number) S/O-1 (Rank) (Organization)

Old Village, near Madras, N.S. (Place of death) About 1 February/44 (Date of death) M.I.A. (Cause of death) Probably sustained from fall in parachute. Remains badly decomposed.

1530 7 JULY/44 (Time and date of burial) F.S.A.F. Cemetery Station No. 1, N.S. (Name of cemetery) (Name or coordinates of location)

164

Cross

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Bottle containing all information buried with body. Tag bearing Unknown X-21 attached to marker.

(If no identification tags, what means of identification are buried with the body?)

RELIGION

Unknown

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Unknown Z-22 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Reichenbacher, Charles F. 31133204 (Name) (Serial number) (Rank) (Organization) (Grave number) 163

Unknown (Name and address of EMERGENCY ADDRESSEE)

List only personal effects FOUND ON BODY and disposition of same: None found.

(Name and address of LEGAL NEXT OF KIN)

South 1/2

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height : About 6 ft.	Apparent nationality :
Weight : (Rather large)	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair : Black	Wear glasses ?
Race : White	Is tooth chart attached ? Yes.
(If possible, have medical personnel take a tooth chart)	

In space below, locate and describe any scars, birthmarks, moles deformities, etc. :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

Natives related that this man died over 3 months ago. Body found in parachute. No trace of plane.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Walter B. Brown
 Capt. Walter B. Brown
 (Signature of officer or other person reporting burial)

James S. Brown
 James S. Brown, 1st Lt.
 Verified by Army GRS Officer)

LEFT HAND

THUMB

4
3
2
1

RIGHT HAND

THUMB

4
3
2
1

