

FILE IDENTIFICATION TOPPER

FILE NUMBER

*792 Wab. Fenschaffen # 1 X-15*

SUBJECT

GMC FORM 1121  
1 Aug 45

/frv

T.M.S

RL

Interred 6 Mar 1950  
 Ft. McKinley  
*RA [Signature]*  
**DISINTERMENT DIRECTIVE**  
 R. H. MARK

1

Cemetery Superintendent  
 SECTION A -  
 NAME AND BURIAL LOCATION OF DECEASED  
 DIRECTIVE NUMBER  
**6910 00010**  
 DATE  
**15 01 48**  
DAY MONTH YEAR

NAME  
*299* **UNKNOWNX-000015**  
 SERIAL NUMBER  
 RANK  
 ARM  
**Q**  
 DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
**BRITISH GUINEA USAP FINSCHAFFEN NO 10**  
 DISPOSITION OF REMAINS  
**7701 80**  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
**301 NEW GUINEA**  
 CAUSE OF DEATH  
**6**

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  
**Unknown X-15**  
**(Maus) Unknown X-539**  
 SERIAL NUMBER  
 RANK  
 DATE OF DEATH  
**22 Sept. '48**  
 DATE DISTINTERRED  
 IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
 ORGANIZATION  
**UNKNOWN**  
 RELIGION  
 IDENTIFICATION VERIFIED BY  
**PERRY E. WHITE**  
**Embalmer**  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
**Shelter Half**  
 CONDITION OF REMAINS  
**Skeletal**

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
**One Identification tag reads Maus. - Unk. X-539**

REMAINS PREPARED AND PLACED IN CASKET

DATE **22 Sept. '48** BY **PERRY E. WHITE**  
 CASKET SEALED BY  
**PERRY E. WHITE**  
 EMBALMER (Signature)  
*[Signature]*  
**PERRY E. WHITE**

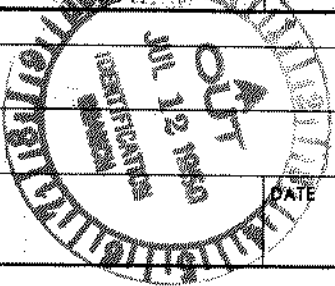
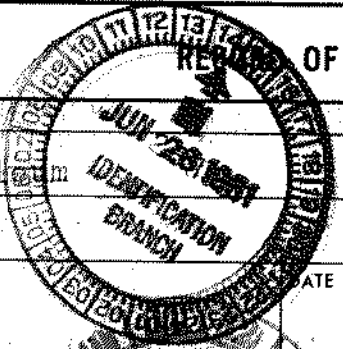
CASKET BOXED AND MARKED  
 SHIPPING ADDRESS VERIFIED BY  
 DATE **22 Sept '48**, **MORACE L. ALLISON, Sgt. INF.** **TEOFILO M. AMUTAN, 1st Lt., INF.**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*[Signature]*  
**TEOFILO M. AMUTAN, 1st Lt. INF.**  
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

OF CUSTODIAL TRANSFER



1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

FILE NUMBER NO. 293- Unk. N. G. X- 15 (Finschaffen #1)

I N D E X S H E E T

S Y N O P S I S

Letter

8 Oct. 1967

FROM: OASIS  
TO: CO, San Antonio AG Regional Records Office, San Antonio Gen. Depot,  
Texas.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk. N. G. X- 15 (Misc.) (Finschaffen #1) (Unk. X-G,  
7, 9, 18 - 17)

920  
FILES UNDER NO. 293 - **Unk. N. G. I-15 (Pinschhafen)**

**I N D E X S H E E T**

**SYNOPSIS**

Letter 6 Oct. 1947

FROM: OAS  
TO: Chief, Disabled Personnel Records Branch, St. Louis, Missouri  
SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk. N. G. (Misc.) (Pinschhafen #1) (Unk. I-15, 7, 9, 15 - 17)

FILE UNDER NO. 293 - Huk - New Guinea X-15 (Pinschhafen #1)

I N D E X   S H E E T

INDEX

SYNOPSIS

28 March 47

FROM:  
TO:

ORR  
CG, Philippine-Fynkyas Command, APO 707, San Francisco, Calif.

SUBJ:

Identification of Ulna Decensed

DOCUMENT FILED UNDER NO. 293 - Ulna (Misc) (Pinschhafen #1) New Guinea

SW

HEADQUARTERS  
FILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

17 January 1950

Date

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

The records pertaining to Unknown X-15, Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 301, USMC USAF Cem #1, Finschhafen, N. G. have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

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

Atch: Form 1044

Received 31 Jan 1950 00187

Not identifiable from  
information presently  
available

J. Miller  
13 July 1950

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN X-539 (Formerly UNK X-15, USAF Cem Firsbh #1, N.G.)				2. DATE OF REPORT 17 January 1950	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT Hanger 801	5. ROW Bay B	6. GRAVE Crypt 393	7. DATE OF DISINTERMENT <del>XXXXXXXXXX</del> 6 Oct 47	
	PHYSICAL DESCRIPTION				
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'6 7/8"	10. COLOR OF HAIR U T D		11. RACE U T D	
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
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**

NO EVIDENCE OF SUFFICIENT IDENTIFICATION



	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT). THUS:		
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

MISSING

RIGHT								LEFT							
8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	
X	SEE REMARKS	X	X	A do		P	S d	P		C	A	X	P	A U	
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
← MISSING →															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	

SEE REMARKS

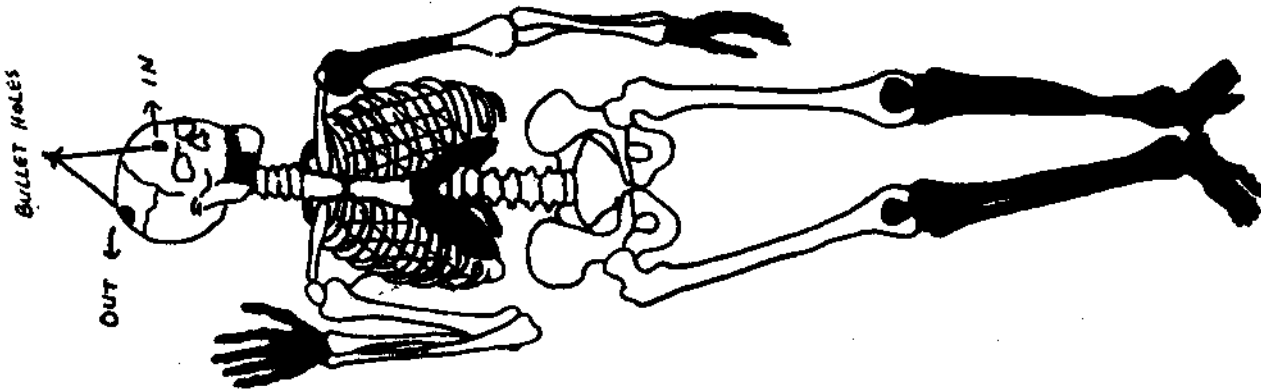
**VENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: L12 rotated toward distal, Entire crown of R7 missing due to decay.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Sec.

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 burial bottle, I.D. tags, personal effects, or other means of identification received with remains. Estimated weight 9 lbs.

**UNIDENTIFIABLE**  
 FOR REASON OF LACK OF SUPPORTING IDENTIFICATION

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, Ident. Section

SIGNATURE

*Paul R. Nichols*

X-539

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-539 (Formerly UNK X-15, USAF)  
Cem #1, Finschhafen, N.G.)

4 Oct 47

DATE

Unknown

Unknown

Unknown

Amron Mission, near  
Madang, N.G.

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT  
HANGER

ROW

GRAVE NO.  
CRYP

*Crown gone - decayed*

*missing - individual tooth*

TYPE  
LOCATION

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	O	X	X	A		X	S	S	X		A	O	X		A
				DO			M	D			MOM				O

TYPE  
LOCATION















INSIDE — LOOKING OUT

TYPE  
LOCATION

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
			A	X	X	S	X	X	X	X	X	A	X	A	X
			FOM			D						F		Mof	

TYPE  
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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

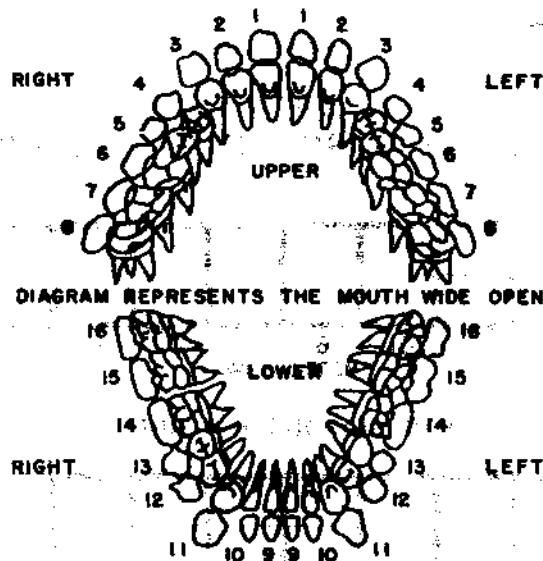
**INSTRUCTIONS:**

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:**

Moderate general alveolar closure maxilla. Severe localize R 5, 6, L 5, 6, 7 teeth PX probably due to alveolarclastic condition only moderate amount of bone and ridge remain. (See Dental Chart with Report of Disinterment)

/s/ Cesar A. Gonzaga  
SIGNATURE OF PERSON WHO PREPARED CHART

Civ Employee S-9-B  
NAME AND RANK TYPED OR PRINTED

AGRS Mausoleum  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass, Capt., DC  
VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

4 Oct 1947  
DATE

A CERTIFIED TRUE COPY:

*George T. Gamba*  
GEORGE T. GAMBOA  
2d Lt., MAC

## IDENTIFICATION CHECK LIST

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

(Formerly UNK X-15, USAF  
 Unknown X-539 (Gem #1, Finschhafen, N.G.)  
 Cemetery AGRS, Mausoleum, Manila, P.I.  
 Plot 801 Row B Grave 393  
MANGER BAY CRYPTE

AGRS Mausoleum Manila

1. Arrived at  cemetery   6 Oct 47   
(Hour) (Date)
2. Place of death  Amron Mission near, Madang, N.G.   
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by  A G R S Det #2   
(Name and organization)
4. Evacuated to Cemetery by  A G R S Det #2   
(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	(Type)		
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 \_\_\_\_\_ Height Est 5'8" Weight Est 150 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 ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of head in inches 22 inches (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 ..... (Unusual characteristics of fingernails)

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

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 ..... (Inseam, 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 Due to condition of remains

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

9. Remarks No ROI bottle found with remains. No personal effects or means of identification. Estimated weight of remains 9 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/ Edward H. Marshall  
(Officer's Name)

SP-8 C-062874  
Rank Service

AGRS, Mausoleum  
(Organization)

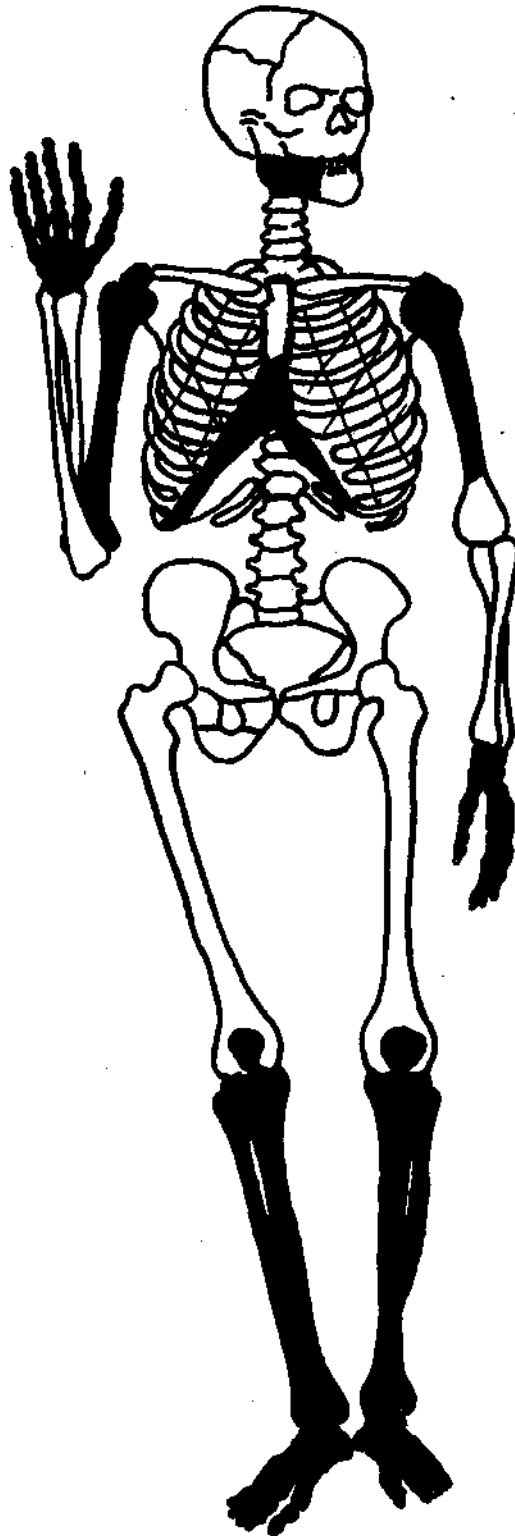
A CERTIFIED TRUE COPY:

  
GEORGE T GAMBOA  
2d Lt MAC

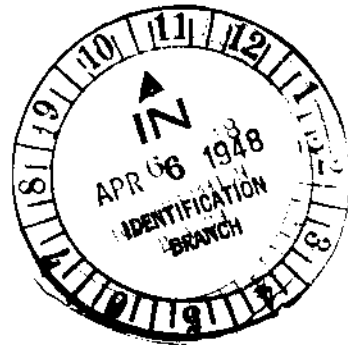


# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Received:  
20. Rib fragments*



# IDENTIFICATION DENTAL CHART

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

31 January 1947  
DATE

Unknown X-15  
LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

---

Area of Madang      USAF Com. 1, Finschhafen, N.G.  
PLACE OF DEATH      PLACE OF BURIAL      PLOT      ROW      GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	⊗	X	X	AB	OK	G	S	S	OK	OK	AA	X	X	A	X	TYPE	
LOCATION						ood		od	d	d		o-o			o		LOCATION		















*Cav-1*

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE				X	AA	X	⊗	S	⊗	⊗	⊗	⊗	A	X	X	A	X	TYPE	
LOCATION					am			d					l			ohg		LOCATION	

*only*

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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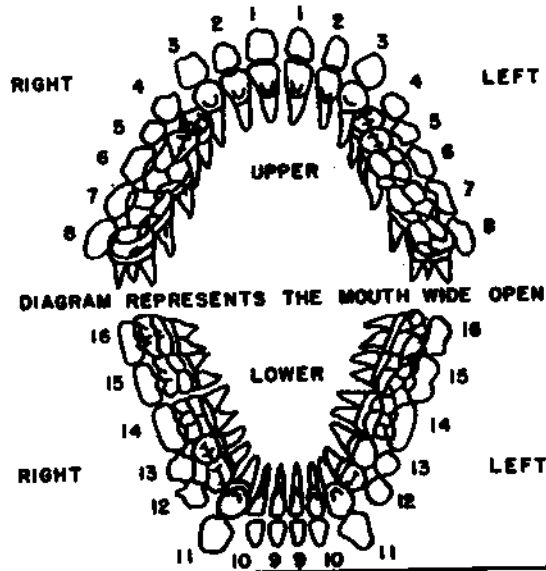
**INSTRUCTIONS:**

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:**

*Peter P. Dudiek*  
SIGNATURE OF PERSON WHO PREPARED CHART

T/5 Peter P. Dudiek GMC GRS  
NAME AND RANK TYPED OR PRINTED

Finschhafen, New Guinea  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*Leander W. O'Neill*  
VERIFIED BY GRS OFFICER

CAPT LEANDER W. O'NEILL, INF., GRO  
NAME AND RANK TYPED OR PRINTED

29 January 1947  
DATE

*dent # 44*

# FIFTH AIR FORCE

# 8

## FLIERS DENTAL IDENTIFICATION RECORD

*UNKNOWN X-10*

*SAIPOR # 1, N.G.*

4427

(1) SURNAME			(2) CHRISTIAN NAME					SERIAL No.				
(3) RANK		(4) COMPANY			(5) REGIMENT OR STAFF CORPS							
(6) AGE, YEARS		(7) RACE		(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

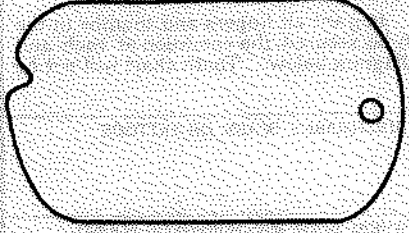


X = MISSING TEETH  
 = FIXED BRIDGE  
 = REMOVABLE DENTURE

DATE

SIGNATURE AND RANK OF DENTAL OFFICER

*6/12/44*

*E.N. Chapin, Capt*

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 8 Oct 47
Imprint Identification Tag If Possible DO NOT TYPE 		Section 1—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-539 (Formerly UNK X-15, USAF Oem #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 Amron Mission near Madang, N.G.		CAUSE OF DEATH 25 Cal. GSW thru brain, skeletal remains found; KIA			DATE OF DEATH Unknown	
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 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		MEMORIAL DIVISION DEC 22 2 42 PM '47 REPATRIATION RECORDS BRANCH				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.						
DATE OF BURIAL STORAGE 6 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY B	GRAVE No. CRYPT 393
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Oem #1, Finschhafen, New Guinea			PLOT No.	ROW No.	GRAVE No. 301
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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-538			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 395
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-536			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 391
SIGNATURE OF PERSON PREPARING REPORT  Wm R. GILBERT, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S PANOPIO, 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.						

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


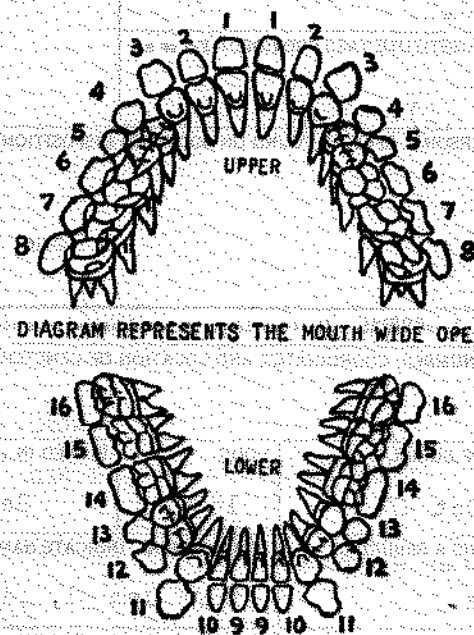




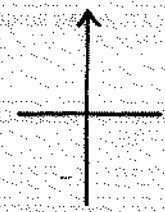
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER
<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>					 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>				
<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>									
<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>									
<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>									
<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>									
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>									

REMARKS:

Identification Check List and Dental Chart accomplished.

11 NOV 1947

# REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

4427

UNKNOWN X-15

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Amron Mission near Madang, N.G. Undetermined 25 cal. GSW thru brain; skel-  
etal remains found; KIA

(Place of death)

(Date of death)

(Cause of death)

1500 hrs 16 Sept. 1944

(Time and date of burial)

USAF CEMETERY, FINSCHHAFEN #1, N.G.

(Name of Cemetery)

(Name of coordinates of location)

Disinterred as Unknown X-10; USAF Cem., Saidor #1, N.G. Grave No. 144

301

(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 discs as Unknown X-15; 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 identify definitely established, give particulars)

6 Photo Gp.,

Body buried on RIGHT CONWAY, Barry C. 0 732 173 2-Lt. 20 G.M. Sqdn. 302

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT Cemetery Road--center of cemetery none

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

(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, 1 Sgt. OMC-GRS  
(Signature of officer or other person reporting burial)

*Charles R Myers*  
CHARLES R. MYERS, 2nd Lt. OMC  
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

NOV 13 1943  
FBI - WASHINGTON

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

4427

Graves Registration  
Form No. 1  
(Revised May 11, 1943)

Unknown X-10

(Last name) (First) (Initial) (Serial number) (Rank) (Organization) *NIA*  
Amron Mission, near Madan, P.O. 25 Cal. O.S.W. thru brain. Skeletal remains found.  
(Place of death) (Date of death) (Cause of death)  
1530 12 June/44. U.S.A.F. Cemetery Calder No. 1, N.O.  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

144

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

Information inscribed on metal strip buried with body. Tag bearing Unknown X-10 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 X-11 145  
(Name) (Serial number) (Rank) (Organization) (Grave number)  
Body buried on LEFT Unknown X-9 143  
(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: None found.

*Serial # 9*

**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 :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ? <b>Yes.</b>

(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. :

Believed to be Air Force Personnel

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

*Sgt. Walter B. Brown*

Sgt. Walter B. Brown (reporting burial)

*J. S. Brown*  
J. S. BROWN, 1st Lt. 1st CG  
12 27 44

**RECEIVED**  
**1 5 AUG 1944**

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB