

FILE IDENTIFICATION TOPPER

FILE NUMBER

*75 East Lincoln Ave #1 X-32*

SUBJECT

QMC FORM 1121  
1 Aug 45

# AIRMAIL

293 Dub - P.I. (misc) Maus. Manila

Post X-513 X-527 X-930 February 1950

Subject: Identification of World War II aircraft

X-931 X-71 X-4168 X-4171 X-4177  
X-4181 X-4182 X-5028 X-5163

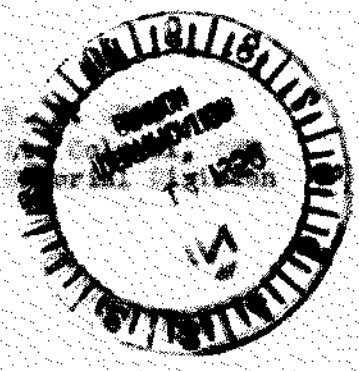
American Overseas Registration Service  
P.O. Box 1000, c/o Postmaster  
San Francisco, California

1. Reference is made to the following aircraft remains now stored at the ...

- aircraft X-518 (formerly X-11, Pirsch 1)
- " X-527 " X-27 " "
- " X-530 " X-32 " "
- " X-531 " X-36 " "
- " X-71 " X-227 " # 5
- " X-4168 " " " "
- " X-4171 " " " "
- " X-4177 " " " "
- " X-4181 " " " "
- " X-4182 " " " "
- " X-5028 " " " "
- " X-5163 (formerly X-194-1, ...)

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

cc - Administrative Section  
cc - info



# AIRMAIL

/frv

RHS

MMM

1	/drs Interred 16 January 1950 H 151 Ft. McKinley <i>Catermark</i> <b>CARL R. H. MARK</b> Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		<b>DISINTERMENT DIRECTIVE</b>	
	DIRECTIVE NUMBER <b>6910 00024</b>		DATE <b>15 01 48</b> <small>DAY MONTH YEAR</small>	

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
		<b>UNKNOWNX-000032</b>			<b>0</b>	DAY	MONTH	YEAR
CEMETERY						DISPOSITION OF REMAINS		
<b>BRITISH GUINEA USAF (FINSCHAFFEN NO 10)</b>						<b>7701</b>	<b>80</b>	
						<small>CODE</small>	<small>DIST. PT.</small>	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH			
		<b>611</b>	<b>NEW GUINEA</b>		<b>6</b>			

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE <b>MANILA, PHILIPPINE ISLANDS</b>  <b>(BY ADMINISTRATIVE ORDER)</b>	NAME AND ADDRESS OF NEXT OF KIN
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**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME Unknown X - 930 (Maus) Unknown X - 32	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED <b>21 Sept '48</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY <b>GEORGE SIMONEAU</b> Embalmer NAME AND TITLE	

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL  Shelter half	CONDITION OF REMAINS  Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

2 Identification tags show - Unk. X - 930 Maus. No.

REMAINS PREPARED AND PLACED IN CASKET

DATE <b>21 Sept '48</b>	BY <b>GEORGE SIMONEAU</b>
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CASKET SEALED BY  <b>GEORGE SIMONEAU</b>	EMBALMER (Signature) <i>George Simoneau</i> <b>GEORGE SIMONEAU</b>
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CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY  <b>CHARLES R. BATES, 1st Lt., USAFR</b>
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Charles R. Bates*  
**CHARLES R. BATES, 1st Lt., USAFR**  
 SIGNATURE OF GRS INSPECTOR

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

NAT FILE RECORDED INDEXED  
 DATE *15 Feb 48*  
 NAME *Butler*  
**R & R ER.**



~~SECRET~~

HEADQUARTERS US FORCES  
APO 705  
OFFICE OF THE QUARTERMASTER

27 June 1944

SUBJECT: Physical description of Unknown X-1.

TO : OG, Hqs, Alamo Force, APO 712.

1. A detailed interrogation of a Javanese prisoner disclosed that the flyer had discarded all equipment except a notebook and a small knife and was wearing only a pair of trousers, belt and socks when he swam ashore. He was described by the prisoner as being in good physical condition, well-built, approximately 23 years old, approximately six feet tall, weighing approximately 185 pounds, long blonde or light brown hair, no identifications or birth marks on his body and cleanly shaven.

2. Interrogation 14 May 1944 of Javanese PW (Samak PW No. 1112), captured vicinity, Serra, New Guinea, by U.S. Troops, on 13 May 1944.

Q. When was the American captured?


A. At 9 o'clock in the morning, approximately 30 days prior to the Tadji landing (23 March 1944).

Q. Can you describe any insignia the American was wearing?

A. When he swam ashore he only had a pair of pants, a pair of socks, a notebook and a small knife. Someone took the knife right away, also the notebook. PW could give no idea of flier's rank, but stated a Jap told him he was a Bombardier of a four engine airplane. PW described heavy build, a little hair on chest.

Q. Can you give any further description of the American? How old was he and how much did he weigh?

A. He was about 22-23 years old, and weighed about 180 pounds. He didn't have any mustache. There were no birthmarks or moles on his body. He was well built, PW mentioned several times that he had long hair, light brown or blonde.

  
MAXWELL EMERSON  
Lt Col., QMC  
Force Quartermaster

*Serial # 19-*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-930 (Formerly UNK X-32 Finsch #1)</b>				2. DATE OF REPORT <b>28 Dec 1949</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>812</b>	5. ROW <b>C</b>	6. GRAVE <b>811</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>155 lbs</b>	9. ESTIMATED HEIGHT <b>5'9"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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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"**

	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:		

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>P</i>		<i>a</i> <i>o</i>		X							<i>a</i> <i>mod</i>	<i>P</i>	<i>a</i> <i>mod</i>		
Side Views								Side Views							
broken & missing															
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
Mandible								Missing							
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 RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**REMARKS:** No loose mandibular teeth present with remains.

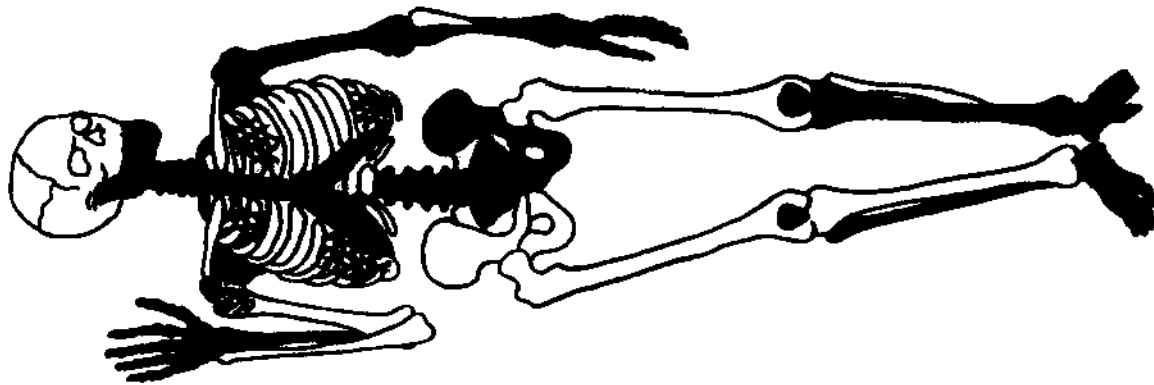
*Paul R. Nichols*

PAUL R NICHOLS  
Chief Ident. Section

**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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 - 3 lbs.

Circumference of skull - 21½ inches.

"UNIDENTIFIED REMAINS"

NO IDENTIFICATION TAGS OR PERSONAL EFFECTS FOUND

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

*Paul R. Nichols*



HEADQUARTERS  
PHILOGM ZONE  
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- 32 , Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 611 , 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. McNEELAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received Jan 20 1950 0000  
Not identifiable from  
information presently  
available Robert W. Miller

# IDENTIFICATION DENTAL CHART

FORMS TO BE USED: WITH THESE FORMS NOS. 1042 & 1044 IN PURGE BROCHURE THEREON, SHIPLED AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

(Formerly) **UNK X-38 USAF** 18 Oct 47  
DATE  
**UNKNOWN X-930 ( Cem #1, Finschhafen, N.G.) Unknown** Unknown  
SERIAL NO.  
 LAST NAME FIRST INITIAL RANK

**Unknown** **Unknown**  
ORGANIZATION  
**Near Leming Village, AGRS Mausoleum** **812 C 811**  
**Aitape Area, N.G. Manila, P.I.** **812 C 811**  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.  
 STORAGE RANGER BAY CRYPT

*Maxilla missing*

RIGHT																LEFT															
UPPER TEETH																UPPER TEETH															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE																TYPE															
LOCATION																LOCATION															

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

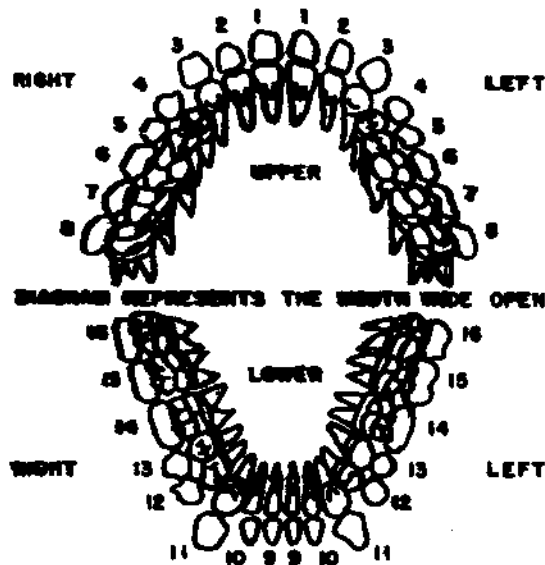
**INSTRUCTIONS:**

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:**

/s/ Edwin Gregurek  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ EDWIN GREGUREK  
NAME AND RANK TYPED OR PRINTED

CIP, Lab, Manila, P.I.  
PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

/s/ Edward H. Marshall  
VERIFIED BY DRS OFFICER

/p/ EDWARD H. MARSHALL SP-8  
NAME AND RANK TYPED OR PRINTED

18 Oct 47  
DATE

CERTIFIED TRUE COPY

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



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 <sup>Est.</sup> 5'9" Weight <sup>Est.</sup> 155 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, widow's 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 Tooth Chart attached ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of skull ~~head~~ in inches 21 1/2 ..... (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 fingers/nails)

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 ..... (Luscious, 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 burial bottle. No personal effects. Nothing else found to warrant identification. Estimated weight of remains 3 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, Manila, P.I.  
(Organization)

18 Oct 47

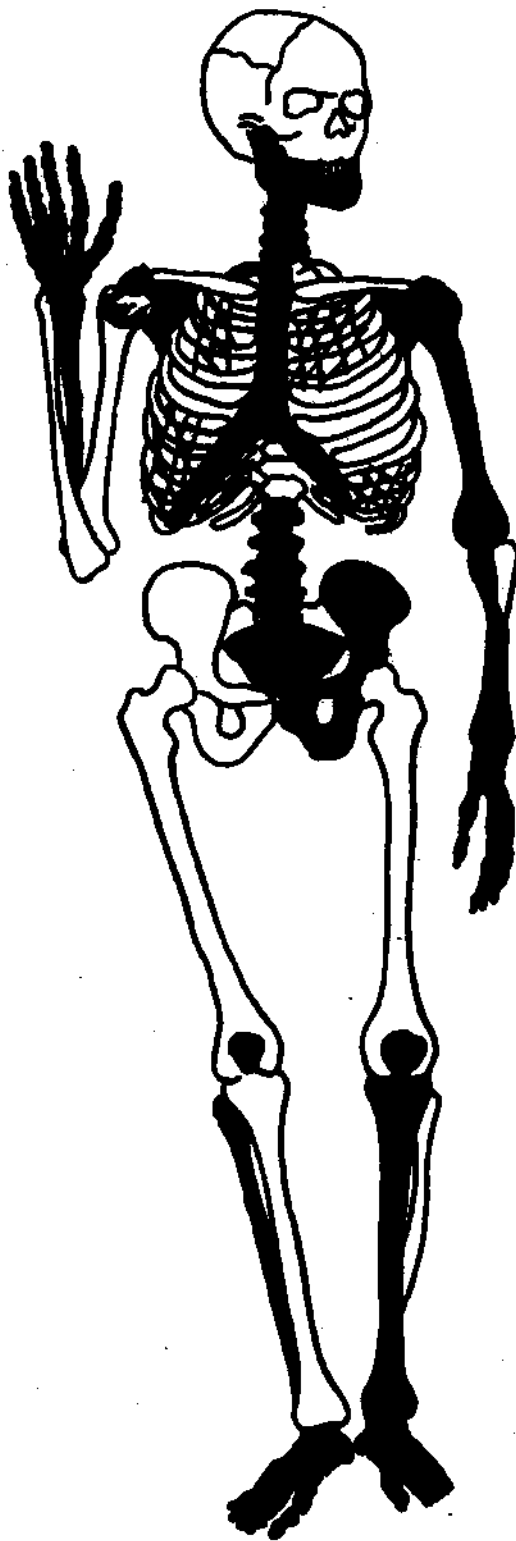
CERTIFIED TRUE COPY

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

**SKELETAL CHART**

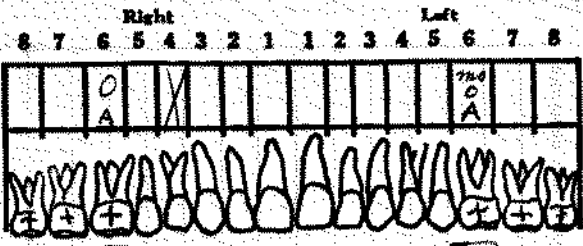
X-930

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

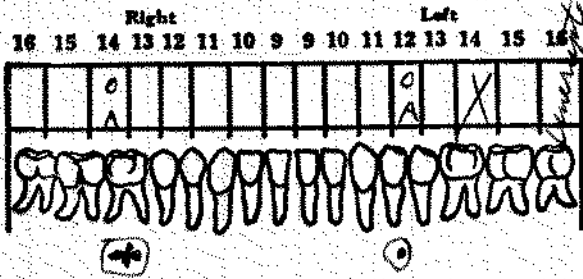




UPPER TEETH



LOWER TEETH



CLASS \_\_\_\_\_

Occlusion \_\_\_\_\_ : Calculus: Slight, Medium, Heavy  
 Periodontoclasia \_\_\_\_\_  
 Dental foci suspected:      Yes                  No  
 Other conditions \_\_\_\_\_

Date 14 May, 19 44

Charles E. Roush  
 Dental Corps, U. S. A.  
 Major

\*Restorable carious teeth by O  
 Nonrestorable carious teeth by /  
 Missing natural teeth by X

Teeth replaced by denture (horizontal line) 

X	X	X
---	---	---

Teeth replaced by fixed bridge (oval to include abutments) 

○	X	○
---	---	---

Copy # 182

APR 5 - 1948

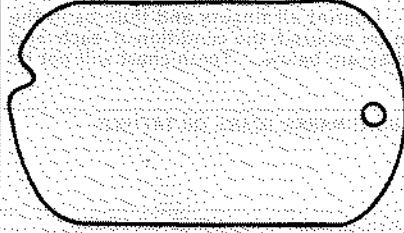

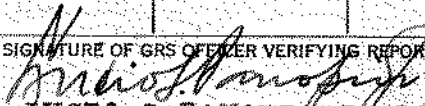
RESTRICTED

U 4292

WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT STORAGE  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

22 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.		SERIAL No.		
		NAME (Last, first, middle initial) UNKNOWN X-930 (Formerly UNK X-32 USAF Cem #1, Finschhafen, N.G.)		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 Near Lemieng Village, Aitape Area, N.G.		CAUSE OF DEATH KIA- decapitated		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)						
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 20 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 812	ROW No. BAY C	GRAVE No. CRYPT 811
WAS THIS A REBURIAL? (Yes or no) <del>NO</del> <b>YES</b>	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. 811
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) <b>STORAGE</b> Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-920		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 813	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-936		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 809	
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.						

RESTRICTED

Incl 585

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


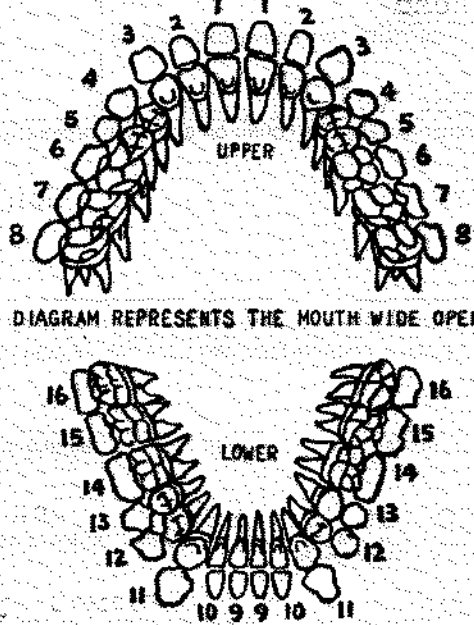




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

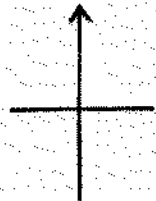
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

17 DEC 1947

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

4292

UNKNOWN X-32

Near Lemfeng Village, (First)

(Initial)

(Serial number)

(Rank)

(Organization)

Aitape Area, N.G.

(Place of death)

(Date of death)

KIA-decapitated

(Cause of death)

1600 hrs 15 Jan, 1945

(Time and date of burial)

USAF Cemetery, Finschhafen #1, N. G.

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from Grave 23; USAF Cemetery, Aitape #1, N. G.

611

(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

(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 MUNIZ, Jose V.

(Name)

37 351 012

(Serial number)

Pvt. Infantry

(Rank)

Co B., 128

(Organization)

612

(Grave number)

Body buried on LEFT HUSBY, Edwin D.

(Name)

37 259 834

(Serial number)

Pfc Infantry

(Rank)

Co B., 128

(Organization)

610

(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



REPORT OF INTERMENT

CONFIDENTIAL

1292  
X-830

UNKNOWN X-1

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

NEAR LEMING VILLAGES, AITAPE AREA, N.G. UNKNOWN

(Place of death)

(Date of death)

KIA, DECAPITATED

(Cause of death)

1430 15 MAY 1944

(Time and date of burial)

USAF CEMETERY AITAPE #1, N.G.

(Name of cemetery)

(Name or coordinates of location)

23

(Grave number)

3

(Row number)

(Plot number)

CROSS

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

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

EMBOSSSED IDENTIFICATION TAG SHOWING UNKNOWN X-1 BURIED IN BOTTLE AT HEAD OF GRAVE. ALSO ON MARKER. TOOTH CHART BURIED WITH BODY.

(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 KAZANEK, EDWARD D.

(Name)

35320701

(Serial number)

PVT

(Rank)

OO \*C\* 127TH

INF REGT.

24

OO \*A\* 126TH

(Grave number)

Body buried on LEFT WILKENS, CLARENCE E.

(Name)

37111140

(Serial number)

OPL

(Rank)

INF REGT.

(Organization)

22

(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 ON BODY

**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 ? |

(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.**

*James C. Lyons*  
 (Signature of person reporting burial)  
*Woodruff Thomas*  
 (Signature of official)  
 WOODRUFF T. THOMAS, CAPT, QMC.  
 Tenth Army 510

LEFT HAND

4
3
2
1
THUMB

RECEIVED  
15 AUG 1944

RIGHT HAND

4
3
2
1
THUMB

~~CONFIDENTIAL~~ RE-  
REPORT OF INTERMENT

4292

(TM 10-630 AND AR 30-1815)

UNKNOWN X-1

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

AITAPE AREA, N.G.

(Place of death) (Date of death) AITAPE (Cause of death)

1430 13 MAY 1944

USAF CEMETERY PRO. MISSION NO. 1, N.G.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

23

3

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

(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	KAZANEK, EDWARD D.	35320771	Pvt	Co. #C 127th	
	(Name)	(Serial number)	(Rank)	Inf Regt.	24
				Co. #C 126th	(Grave number)
Body buried on LEFT	WILKENS, CLARENCE E.	37111140	Cpl	Inf Regt.	22
	(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 found on body.

~~CONFIDENTIAL~~



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 ?  
(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.

/S/ Pfc Vernon D. Gooch  
~~Pfc Vernon D. Gooch~~ (reporting burial)

/S/ JOHN FRUNAK  
JOHN FRUNAK, 1st Lt. QMC

RECEIVED  
15 AUG 1944

LEFT HAND

4  
3  
2  
1  
THUMB

RIGHT HAND

4  
3  
1  
THUMB

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

4292

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN X-1

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

AITAPE AREA, NEAR MOUTH OF NIGIA RIVER, N.G.

(Place of death)

(Date of death)

(Cause of death)

ISOLATED

05.5-46.6, provisional map, aitape east.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

1

(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

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

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

Body buried on RIGHT NONE

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT NONE

(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 :

*found on 5/28*

**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 ?

(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.**

(Signature of officer or other person reporting burial)

*John J. ...*  
Verified by Army GRS Officer  
*1st Lt AMC*

RECEIVED  
15 AUG 1944

LEFT HAND

4

3

2

1

THUMB

4

3

1

THUMB

RIGHT HAND