

FILE IDENTIFICATION TOPPER

FILE NUMBER

*795 cont. Furschappen II 1 X 33*

SUBJECT

QMC FORM 1121  
1 Aug 45

1

Interred 11 October 1949  
2 Ft. 1 Inley  
Caremark  
CART. R. H. MARK

DISINTERMENT DIRECTIVE

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED  
Cemetery Superintendent  
DIRECTIVE NUMBER 6910 00026  
DATE 15 01 48  
DAY MONTH YEAR

NAME *J.P.* UNKNOWN SERIAL NUMBER X-000033 RANK *SGT.* ARM Q  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 1  
DISPOSITION OF REMAINS  
CODE 7701 DIST. PT. 80

PLOT ROW GRAVE COUNTRY  
791 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-33 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
(Maus) Unknown X-5 22 Sept. '48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN PERRY E. WHITE  
 MARKER 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  
2 Identification tags read Maus., Unk. X-5

REMAINS PREPARED AND PLACED IN CASKET  
DATE 22 Sept. '48 BY PERRY E. WHITE

CASKET SEALED BY PERRY E. WHITE EMBALMER (Signature) PERRY E. WHITE

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

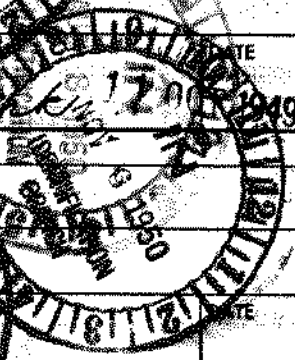
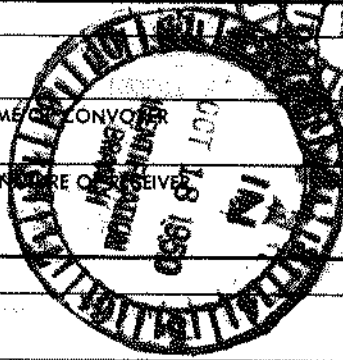
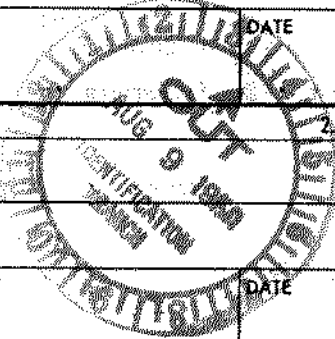
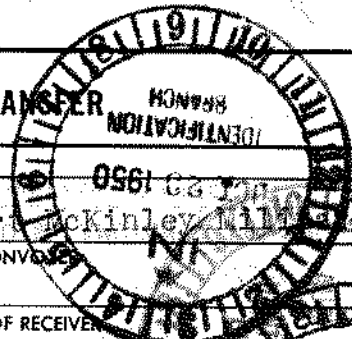
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Teofilo M. Amutan*  
TEOFILO M. AMUTAN, 1st Lt., INF.  
SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

# RECORD OF CUSTODIAL TRANSFER



### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>	TO <b>Fort McKinley Military Cemetery</b>
KIND OF CONVEYANCE <b>Truck</b>	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>Car...</i>
DATE	DATE <b>17 OCT 1949</b>

### 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 <b>(BY ADMINISTRATIVE ORDER)</b>	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>ADMINISTRATIVE ORDER</i>	SIGNATURE OF RECEIVER
DATE	DATE

### 6. SHIPPED

FROM <b>ADM OFFICE</b>	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>ADM OFFICE</i>	SIGNATURE OF RECEIVER
DATE	DATE

### 7. SHIPPED

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

FILE UNDER NO. 293 - Unk New Guinea I-33 (Finschhafen #1)

I N D E X   S H E E T

LETTER

SYNOPSIS

78/441/47

1 Apr 47

FROM: OQMG  
TO: CG, Philippine-Ryukyus Command, APO 707, San Francisco, Calif.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk (Misc) (Finschhafen #1) New Guinea

jw

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-5 (Formerly Unk X-33 Finschhafen # 1)				2. DATE OF REPORT 18 May 1949	
3. NAME OF CEMETERY AGNS MAUSOLEUM, MANILA, P. I.	4. PLOT 801	5. ROW G	6. GRAVE 1751	7. DATE OF	
				DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
-------------------------------	-------------------------------	-----------------------------	---------------------

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"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl # 12

18.

TOOTH CHART

**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

TOP VIEW

SIDE VIEW



**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Gold Crown, Porcelain Crown



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

Gold Bridge



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity Decayed



		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		X						P	P	P	P	P				X		
Side View		[Side view diagrams of teeth]																Side Views
Top View	UPPER	[Upper teeth diagrams]																
	LOWER	[Lower teeth diagrams]																
Side View		[Side view diagrams of teeth]																
		M A N D I B L E								M I S S I N G								
		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."

Mandible and mandibular teeth are missing.

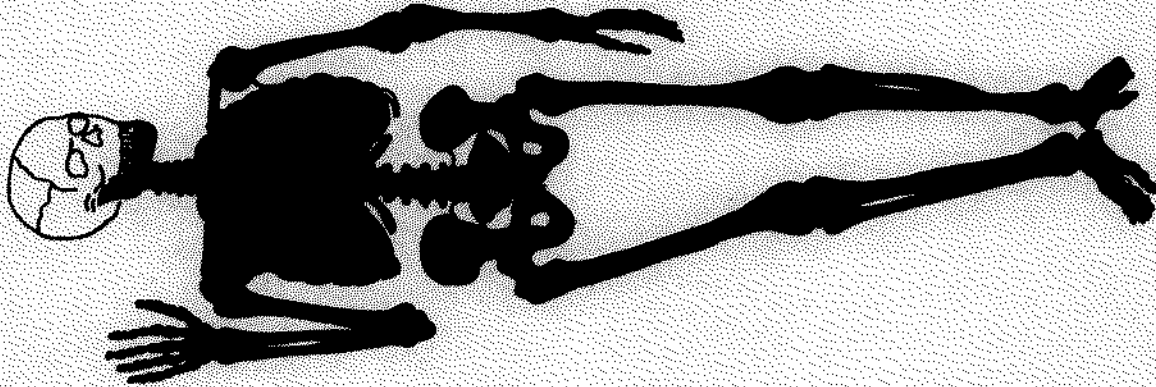
"UNIDENTIFIABLE"

J. D. McDermott  
J. D. McDERMOTT

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA, Laboratory Officer, CIP



19. BLACK OUT PARTS OF BODY NOT COVERED



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 - 1/2 lb.

**"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

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

18 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 33, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 791, USMC Finschhafen #1, 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*  
H. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 13 June 1949 OQMG  
Not identifiable from  
information presently  
available 20 June 1949  
*J. Miller, Ad Sec.*

*Incl. #1'*



# 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.

8 Sept 47  
DATE

**UNKNOWN X-5**

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT		ORGANIZATION		
Near Animo, Aitape Area, New Guinea		AGRS MUSOLEUM MANILA, P.I.		HANGER BAY CRYPT 801 G 1751
PLACE OF DEATH		PLACE OF BURIAL		PLOT ROW GRAVE NO.

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

INSIDE — LOOKING OUT

*Manila missing*

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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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.

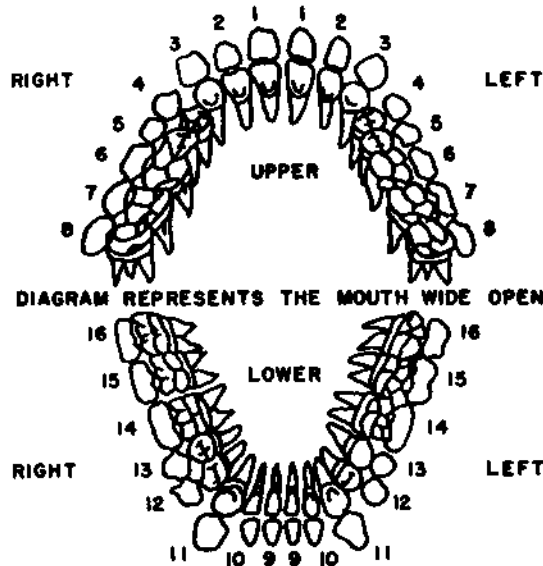


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Mandible missing. ✓  
Teeth present are in good condition.  
No extra or loose teeth.

/s/ FRANK MORRIS  
SIGNATURE OF PERSON WHO PREPARED CHART

T/5

NAME AND RANK - TYPED OR PRINTED

CIP Cem #2 Manila

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ ALTON E. JONES  
VERIFIED BY ORS OFFICER

ALTON E. JONES SP 6

NAME AND RANK - TYPED OR PRINTED

8 Sept 47

DATE

CERTIFIED TRUE COPY:

*Andrew S Robson*  
ANDREW S ROBSON  
Capt QMC

X-5  
 formerly X-53

## IDENTIFICATION CHECK LIST

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

Unknown X- 5  
 Cemetery AGRS MAUSOLEUM Manila  
 Plot 801 HANGER Row G BAY CRYPT Grave 1751

1. Arrived at cemetery 5 June 47  
(Hour) (Date) USAF Com #1 FINSCHHAFEN  
 NEW GUINEA Grave 791
2. Place of death Near Animo, Aitape Area, N.G.  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by AGRS Det #2  
(Name and organization)
4. Evacuated to Cemetery by AGRS 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	<u>Typ</u>		
Raincoat	<u>/</u>		
Overcoat	<u>/</u>		
Jacket, Field	<u>/</u>		
Jacket, Combat	<u>/</u>		
Mackinaw	<u>N</u>		
Sweater	<u>O</u>		
Jacket, HBT	<u>N</u>		
* Shirt, Wool OD	<u>/</u>		
Undershirt, Wool	<u>/</u>		
Undershirt, Cotton	<u>/</u>		
Trousers, HBT	<u>/</u>		
* Trousers, Wool OD	<u>/</u>		

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type)

Overshoes \_\_\_\_\_ N

Web Equipment \_\_\_\_\_ (type) O

(Other item) \_\_\_\_\_ E

(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 \_\_\_\_\_ Weight \_\_\_\_\_ 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 \_\_\_\_\_ N (Large, fat, thin, muscular)

Hair \_\_\_\_\_ E (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)



X-5  
Formerly X-33

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

Fingers ..... (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 ..... (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.)

N  
O  
N  
E

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 body

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

9. Remarks X-5 (Formerly X-33) ROI shows this person to have been KIA - GSW in left chest. Unable to verify this as skull is only remains. No ID tags with remains No personal articles

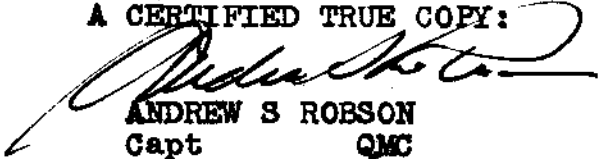
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ ALTON E. Jones  
(Officer's Name)

SP-6 062812  
Rank Service

CIP Manila  
(Organization)

A CERTIFIED TRUE COPY:

  
ANDREW S ROBSON  
Capt QMC

X-5

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



CHART "A"

1462-PHILLYCOM-4-41-40M

# 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.

5 December 1946  
DATE

Unknown X-33

LAST NAME                      FIRST                      INITIAL                      RANK                      SERIAL NO.
















UNIT                      USAF Cem. 1                      ORGANIZATION  
Anamo Village, Aitape area Finschhafen, New Guinea                      791  
PLACE OF DEATH                      PLACE OF BURIAL                      PLOT                      ROW                      GRAVE NO.

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

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	ok	ok	ok	ok	ok	PX	PX	PX	ok	ok	ok	ok	ok	ok	A	TYPE	
LOCATION																	O	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 (GEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)



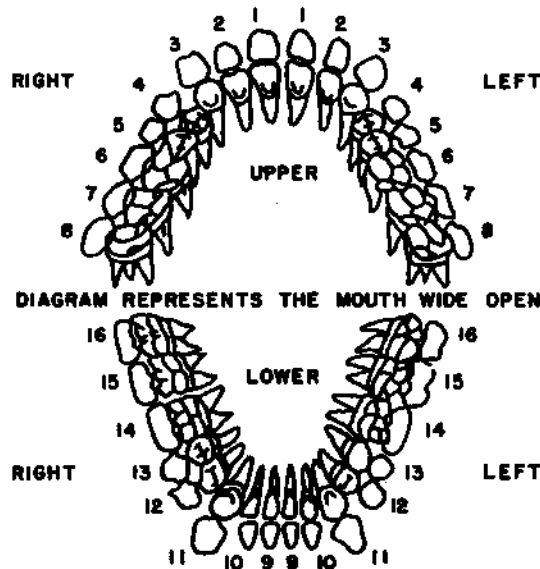
**INSTRUCTIONS:**

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:**

*Robert T. Smith*  
SIGNATURE OF PERSON WHO PREPARED CHART

T Sgt Robert T. Smith OMC GRS  
NAME AND RANK TYPED OR PRINTED

USAF Cemetery 1, Finschhafen, New Guinea  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*George N. Skene*  
VERIFIED BY GRS OFFICER

1st Lt George N. Skene Inf., GRO  
NAME AND RANK TYPED OR PRINTED

4 December 1946  
DATE

RESTRICTED

U 748

APR 1948

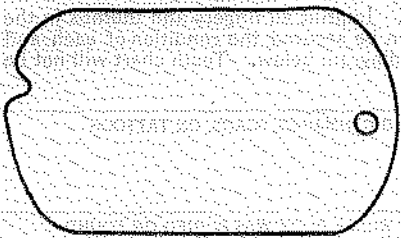
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 Sept 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNK X-5 (Formerly UNK X-33 USAF Cem #1, FINSCHHAFEN, N.G.)		SERIAL No. Unk
GRADE Unk	ORGANIZATION Unk	BRANCH OF SERVICE Unk
RACE	RELIGION Unk	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Near Animo, Aitape Area, New Guinea	CAUSE OF DEATH KIA: GSW; Left chest	DATE OF DEATH Unk
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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 NAUJALEUM, MANILA, P.I.

DATE OF BURIAL 25 Aug 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. G	GRAVE No. 1751
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem #1, FINSCHHAFEN, N. G.	PLOT No.	ROW No.	GRAVE No. 791
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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) UNK X-1 (Formerly UNK X-10B USAF Cem #1, FINSCHHAFEN, N.G.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1753
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RICHARDS, Roland C	RANK Sgt	SERIAL No. 20646322	ORGANIZATION Co C 127th Inf Regt	GRAVE No. CRYPT 1749
---	-------------	------------------------	--	----------------------------

SIGNATURE OF PERSON PREPARING REPORT WILLIAM R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT DONALD D HINDS, 2nd Lt., OMC
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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

**Section 3. IDENTIFIED 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.

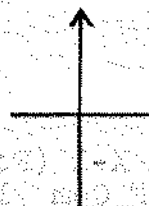
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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 Dental Chart and Identification Check List accomplished.**

**ROI in bottle included with Casket**

**16 SEP 1947**

~~CONFIDENTIAL~~

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

RE-

17 FEB 1945

5310

5310

UNKNOWN X-33  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Near Animo, Aitape Area, N.G. KIA: GSW: left chest  
(Place of death) (Date of death) (Cause of death)

1000 hrs 20 Jan. 1945 USAF CEMETERY, FINSCHHAFEN #1, N. G.  
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

reburial  
Disinterred from Grave 49; USAF Cemetery, Aitape #2, N. G. ✓

791 Cross-regulation w/plate  
(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 identify definitely established, give particulars)

Religion

Body buried on RIGHT PRINCE, Jesse G. 34 161 909 Pfc. Inf. 792  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT SAYLOR, Grady E. 37 101 442 S/Sgt. Inf. 790  
(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

Incl 319



**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.**

*[Signature]*  
 GEO. A. ROSS, M/Sgt. OMC-GRS

(Signature of officer or other person reporting burial)

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

RECEIVED  
 31 JAN 1953

~~CONFIDENTIAL~~

REPORT OF INTERMENT

(Form 10-630 AND AR 30-1815)

OCT 15 1944

5310  
10/12/44

UNKNOWN X-1

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

NEAR ANAKO, AITAPE AREA, N.G. 20 July 1944 KIA, GSW, LEFT CHEST  
(Place of death) (Date of death) (Cause of death)

1100 12 AUGUST 1944 USAF CEMETERY AITAPE #2, N.G.  
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

49 2 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   
EMBOSSED DUPLICATE IDENTIFICATION TAG SHOWING UNKNOWN X-1 AND PLACE OF DEATH BURIED  
IN BOTTLE AT HEAD OF GRAVE, ALSO ON MARKER.

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

NOT IDENTIFIED

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

Body buried on RIGHT VATASBEK, EDWARD J. 36111200 1/5 Religion UNKNOWN  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HAYDASH, HENRY J. 31022485 S/SGT  
(Name) (Serial number) (Rank) (Organization) (Grave number)

UNKNOWN

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:

8 No. 1247 NONE FOUND ON BODY

(OVER)

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:

FINGERPRINTS NOT POSSIBLE

Height: 6' 1" (Approx)      Apparent Nationality:  
 Weight: 170 (Approx)      Laundry marks: NONE  
 Colour of eyes:      Number of rifle: NONE  
 Colour of hair: Sandy      Wear glasses? NO  
 Race: White      Is Tooth chart attached? NO

(If possible have medical personnel take a tooth chart)

TOOTH CHART NOT POSSIBLE

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

NONE

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

NONE

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

PFC. JAMES G. LYONS

*Robert L. Gorman*  
 (Signature of officer or other person reporting burial)

ROBERT L. GORMAN  
Capt. Inf.

*Robert L. Gorman*  
 (Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND