

1/abc

Interred 11 October 1948
N 14 98 Ft. McKinley

DISINTERMENT DIRECTIVE

Caremark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6910 00018

DATE
15 01 48
DAY MONTH YEAR

NAME
293 UNKNOWNX-000037

SERIAL NUMBER
RANK
ARM

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BRITISH GUINEA USAF FINSCHAFFEN NO 10

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
504 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-1821 (MAUSOLEUM)
UNK X-000037 (Finsch #2)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
17 May 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
USN

RELIGION

IDENTIFICATION VERIFIED BY
GERARD A. BRICK
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Form #1
Report of Interment
Unknown X-37

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 17 May 48 BY GERARD A. BRICK
CASKET SEALED BY
GERARD A. BRICK

EMBALMER (Signature)
Gerard A. Brick
GERARD A. BRICK

CASKET BOXED AND MARKED
DATE 17 May 48 BY PLACIDO M. CASTILLO

SHIPPING ADDRESS VERIFIED BY
AGUSTIN LIQUIGAN, 2nd Lt., FA

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

Agustin Liquigan
AGUSTIN LIQUIGAN, 2nd Lt., FA
SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

Gravel

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AFRS Remains Depot		TO Supt. Memorial Cemetery P.T.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. BULAWAN, Capt., Cav.	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Camerasmark</i>	DATE 11 OCT 1949

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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ADMINISTRATIVE ORDER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 204 4TH CAVALRY		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

CSH
FORM NUMBER NO. 295 - UN: New Guinea X-37 (Finschhafen #1)

INDEX SHEET

LETTER

SYNOPSIS

2/1/47/1/1

1 Apr 47

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

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 295 - UN: (Misc) (Finschhafen #1) New Guinea

js

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1821 (Formerly Unk X-37 Finschhafen No. 1)				2. DATE OF REPORT 5 May 1949	
3. NAME OF CEMETERY MENS MAUSOLEUM, MARINE S G B	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	H	2630	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
----------------------------	----------------------------	--------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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


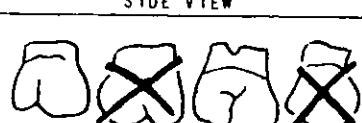






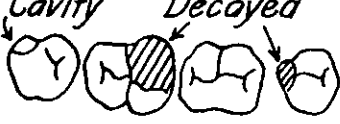

NONE

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)

NONE

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

TOOTH CHART

<p>18. MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p><i>Tooth Missing</i></p>	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown</i>, <i>Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i>, <i>Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i>, <i>Decayed</i></p> 	

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

19. 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."

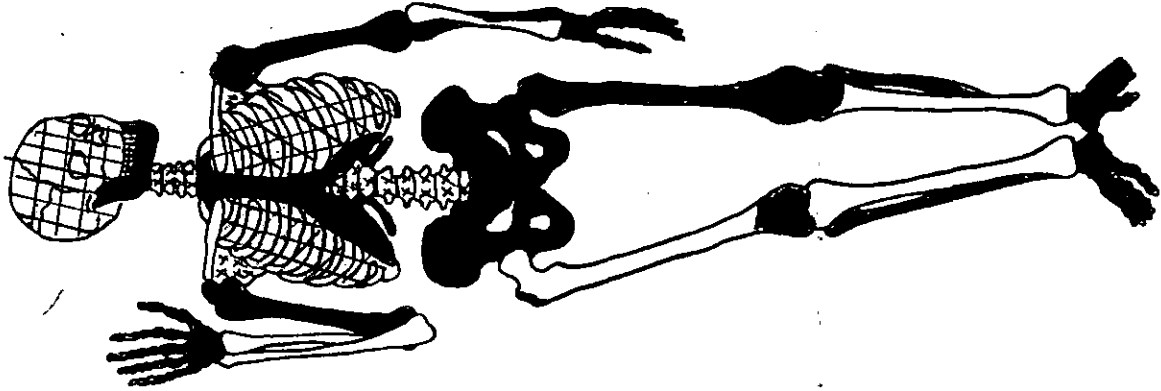
No loose teeth present with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, GIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



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.

"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

5 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-37, Plot _____,
Row _____, Grave 504, 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, QMG
Chief, Records Branch

Attech: Form 1044

Received 2 June / 49 OQMG
Information from
the non presently
available 2 June / 49

X-1821

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.

UNKNOWN X-1821 (Formerly UNK X-57
USAF Gem #1, Finschhafen, N.G.)

21 Nov 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

BTB Air Force

BTB Navy

Kulangi Area, ^{UNIT} Kavieng,
New Ireland

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

HANGER

BAY

CRYPI

STORAGE
Maxilla missing

RIGHT 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 LEFT

UPPER TEETH

TYPE																	TYPE
LOCATION																	LOCATION
















INSIDE — LOOKING OUT
Mandible missing

RIGHT 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16 LEFT

LOWER TEETH

TYPE																	TYPE
LOCATION																	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</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>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p> <p></p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</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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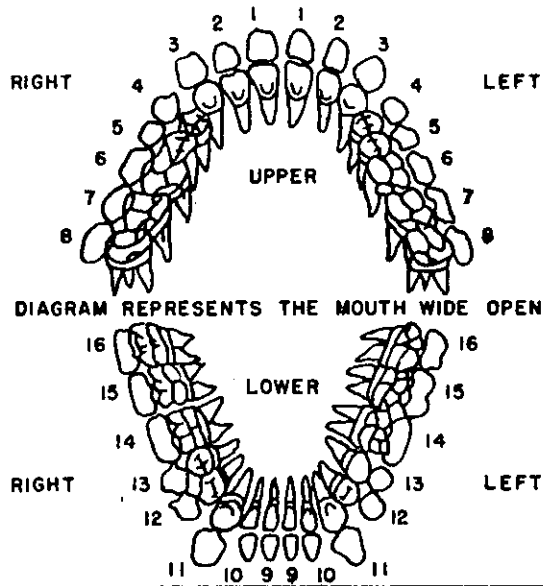
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

No loose teeth found with remains.

e/ Clifford Ingroville,
SIGNATURE OF PERSON WHO PREPARED CHART

p/ CLIFFORD INGROVILLE
NAME AND RANK TYPED OR PRINTED

AGRS Mausoleum, Manila, P.I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

s/ John H. Bennett Jr.
VERIFIED BY GRS OFFICER

p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED

21 Nov 47

DATE

CERTIFIED TRUE COPY:

George T. Gamboa
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-37 USAF)
Unknown X -1821 (Cem #1, Finsch., N.G.)
Cemetery AGRS Mausoleum, Manila, P.I.
Plot 810 4ANGER HEAV CRYP Grave 2630
ROW

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 21 Nov 47
(Hour) (Date)
2. Place of death Kulangi Area, Kavieng, New Ireland
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains recovered or disinterred by AGRS Det #2, Finschhafen N.G.
(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	(Type) /		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/	N	
Sweater	/	ON E	
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 N
O

Web Equipment (type) N
E

(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 - Chart attached.**

Age / Height UTD Weight UTD Description of wounds UTD

Bandages or dressings Scars (Length, width, location)

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

Outstanding moles, ^Uwarts or birthmarks (Yes-no; description, location)

^DSunburn 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 (Length, heavy)

(Color, setting, shape) (Color, size, shape)

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, ^U ^T 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 ID tags, personal effects or physical characteristics found
to warrant identification. ROI bottle found with remains. 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/ Clifford Ingroville
(Officer's Name)

Embalmer AGRS
Rank Service

OIP, AGRS Mausoleum, Manila, P.I.
(Organization)

CERTIFIED TRUE COPY:

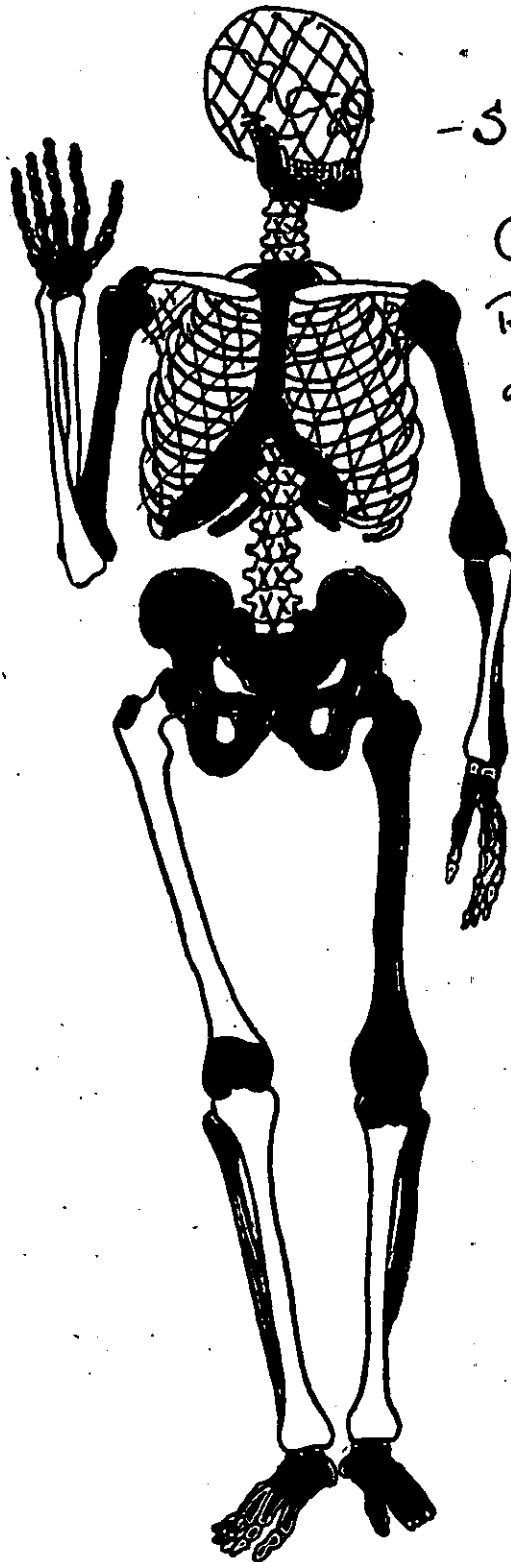
George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

21 Nov 47

SKELETAL CHART

X-1821

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- Skull fractured

Cervical Vert. fractured

Ribs fractured

Thoracic fractured

Lumbar Vert. fractured

I.R.

CHART "A"

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

N 6060

RA
UNKNOWN X-37

(Believed to be USNAF)

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

KULANGI AREA, Kavieng, New Ireland

Plane Crash

(Place of death)

(Date of death)

(Cause of death)

1500 hrs 17 Oct. 46

USAF Cemetery No 1, Finschhafen, New Guinea

(Time and date of burial)

(Name of cemetery)

(Name or co-ordinates of location)

504

(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 ()

Religion

None, Remains recovered from isolated plane crash

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

Burial container with copy WD QMC Form 1042

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

Body buried on **RIGHT NUMKENA, George P.**

20 845 859

S/Sgt.

Co F. 158 Inf.

505

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on **LEFT WINKLER, Henry B.**

20 211 386

Sgt.

Co E. 108 Inf.

503

(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**

Dice 3

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 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.:

REMARKS:

Tooth Chart impossible due to complete absence of teeth.

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

Robert T. Smith
 Robert T. Smith, T/Sgt. QMC-GRS
 (Signature of officer or other person reporting burial)

George N. Skene
 GEORGE N. SKENE, 1st Lt. Inf. QMC-GRO
 (Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

20 FEB 1947

4

3

2

1

THUMB

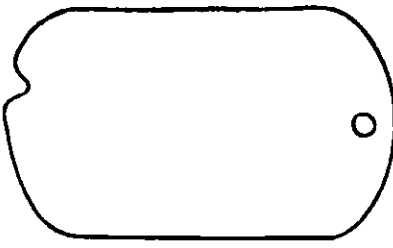
RIGHT HAND

WD OMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT
24 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-1821 (Formerly UNK X-57 USAF Cemetery #1, Finschhafen, New Guinea)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION BTB Air Force	BRANCH OF SERVICE BTB Navy
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Kulangi Area, Kavieng, New Ireland	CAUSE OF DEATH Plane Crash	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 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 23 Nov 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT NO. / RANGER 810	ROW NO. / BAY H	GRAVE NO. / GRYPT 2630
--	--------------	---	------------------------------	--------------------------	--------------------	---------------------------

WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Finschhafen, New Guinea	PLOT NO. 504	ROW NO. 504	GRAVE NO. 504
--	--	-----------------	----------------	------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>filed F. W. ... 2/27/48 JAC</i>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes STORER	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORER UNKNOWN X-1823	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 2632
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORER UNKNOWN X-1819-C	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 2628

SIGNATURE OF PERSON PREPARING REPORT
R. R. Acierito
R. R. ACIERITO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT
D. S. Panopio
D. S. PANOPIO, 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.

Incl 969

MAR 1 - 1948

Section 1. 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.

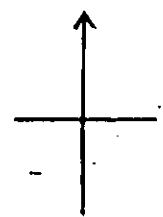
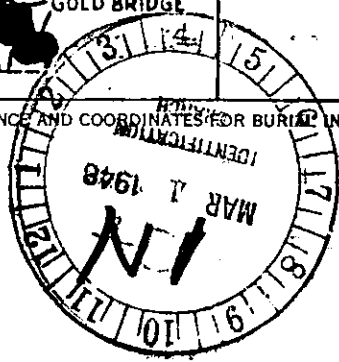
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p>	
LEFT RING FINGER		
LEFT MIDDLE FINGER	<p>CAVITIES</p>	
LEFT INDEX FINGER	<p>MISSING TEETH</p>	
LEFT THUMB	<p>CROWNED TEETH</p>	
RIGHT THUMB	<p>BRIDGE WORK</p>	
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		
RIGHT RING FINGER		
RIGHT LITTLE FINGER		

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



REMARKS:

Identification Check List and Dental Chart accomplished.

20 JAN 1948