

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293

AFPO 707

SUBJECT: Assignment of CIL Numbers

9 May 49

TO: The Quartermaster General
Department of the Army
Washington 25, D.C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMP 293, dated 2 April 1948, subject: Disinterment Discrepancies, the following Unknowns, presently stored at AGRS Mausoleum, Manila, P.I., have been assigned CIL numbers as indicated below:

a. Unknown X-4974, AGRS Mausoleum, Manila, P.I., assigned CIL #285.

b. Unknown X-4973, AGRS Mausoleum, Manila, P.I., assigned CIL #286.

c. Unknown X-4967, AGRS Mausoleum, Manila, P.I., assigned CIL #287.

d. Unknown X-5006, AGRS Mausoleum, Manila, P.I., assigned CIL #288.

e. Unknown X-5016, AGRS Mausoleum, Manila, P.I., assigned CIL #289.

f. Unknown X-3097 (formerly Unknown X-107, USAF Cemetery Finschhafen #2), assigned CIL #290.

g. Unknown X-5015, AGRS Mausoleum, Manila, P.I., Assigned CIL #291.

2. It is requested that all pertinent records your office be amended to indicate that the above-mentioned Unknowns have been assigned CIL Numbers.

FOR THE COMMANDING GENERAL:

/s/ M.O. BILLEE
/t/ M.O. BILLEE
Capt., A.G.D.
Asst Adj Gen

1

H811
R/K
F69

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00228

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		UNK X-000107		Q	
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF FINSCHAFFEN NO 20					7701 80 DAY MONTH YEAR
PLOT	ROW	GRAVE	COUNTRY	CODE	DIST. PT.
		2017	NEW GUINEA		
					CAUSE OF DEATH
					6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-000107				
UNK X-3097 - Maus. No.				22 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		GEORGE SIMONEAU Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
SHELTER HALF	SKLETAL
OTHER MEANS OF IDENTIFICATION	
GR 2017	<i>Consolidated - Helitax</i>

MINOR DISCREPANCIES 1
Two (2) Identification tags show UNK X-3097 - Maus. No.

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept 48 BY GEORGE SIMONEAU

CASKET SEALED BY GEORGE SIMONEAU
EMBALMER (Signature) *George Simoneau*
GEORGE SIMONEAU

CASKET BOXED AND MARKED
SHIPPING ADDRESS VERIFIED BY
DATE 22 Sept 48 BY HORACE L. ALLISON, Sgt, Inf. CHARLES R. BATES, 1st Lt., USAFR.

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

*Records
Kerscher
J. P.*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>[Handwritten]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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 <i>(EA VDHKIBIKVIAE OMER)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>PHILIP A BRITISH 10 WAD2</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM SOIA NEW GAINOV		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>GAINOV CON</i>	DATE <i>12 01 80</i>	SIGNATURE OF RECEIVER <i>MD 50 2201</i>	DATE <i>12 01 80</i>

FROM <i>QUANON SHIPPED 00105</i>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>00550 12 01 80</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

MAY 20 1949

RESTRICTED

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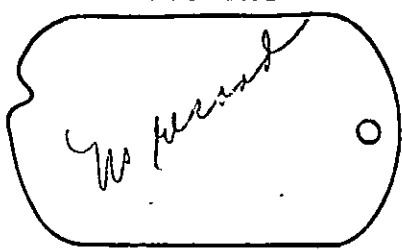
/acm

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

STORAGE


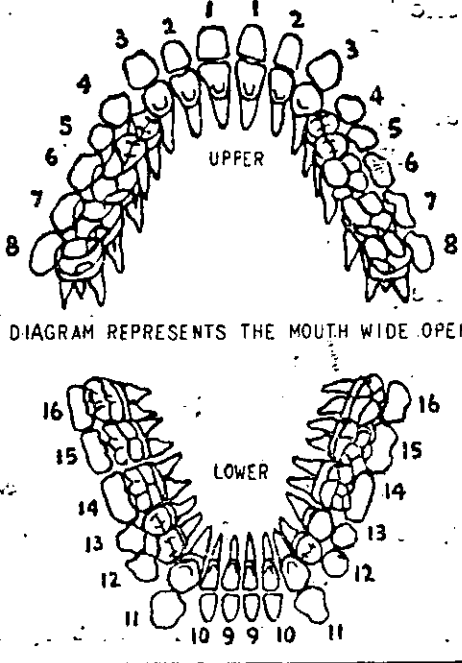





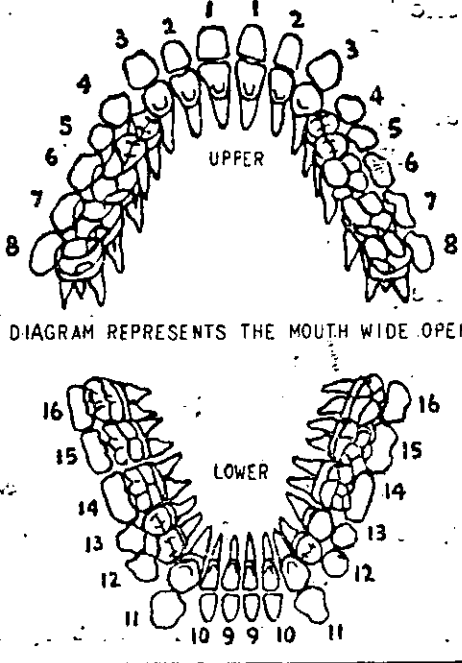





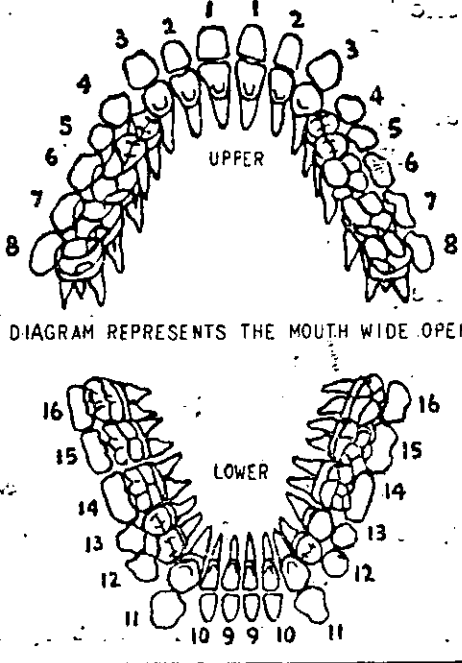




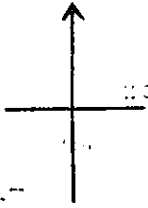
DATE OF REPORT

2 Jan 48

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.			SERIAL NO.		
		NAME (Last, first, middle initial) UNKNOWN X-3097 (Formerly UNK X-107 USAF Cemetery Finschhafen #2, New Guinea)			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 Unknown		CAUSE OF DEATH Unknown			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) CANCEL—Assigned CIL#290 per ltr Philcen 9 May 49, Subj: Assignment of CIL R _e mains.					
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 ACRS MAUSOLEUM, MANILA, P. I.							
DATE OF BURIAL 22 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. A	GRAVE No. 6	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Finschhafen # 2, New Guinea			PLOT No.	ROW No.	GRAVE No. 2017	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) UNKNOWN X-3101			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-3095-A			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT	
SIGNATURE OF PERSON PREPARING REPORT R. R. Acierto, Pvt.			SIGNATURE OF GRS OFFICER VERIFYING REPORT I. 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.							

RESTRICTED

Incl 717

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.																
LEFT RING FINGER	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.																
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES														
LEFT INDEX FINGER	6'2"																
LEFT THUMB	WEAPON AND SERIAL NO.		BIRTHMARKS, SCARS, OR TATTOOS														
RIGHT THUMB	LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND														
RIGHT RING FINGER	OTHER IDENTIFICATION CLUES																
RIGHT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> <tr> <td colspan="3"> FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY </td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
FILLINGS				 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN												
CAVITIES				 CAVITY DECAYED													
MISSING TEETH				 TOOTH MISSING													
CROWNED TEETH				 PORCELAIN CROWN GOLD CROWN													
BRIDGE WORK				 GOLD BRIDGE													
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY																	
RIGHT INDEX FINGER	REMARKS: QMC Form 1044, 1044-A and 1044-B accomplished.																
RIGHT MIDDLE FINGER				31 MAR 1948													
RIGHT RING FINGER																	
RIGHT MIDDLE FINGER										(This row is merged with the previous one for the diagram)							
RIGHT RING FINGER													(This row is merged with the previous one)				
RIGHT LITTLE FINGER																(This row is merged with the previous one)	

IDENTIFICATION DATA

1. REMAINS OF LINKNOWN UNKNOWN X-3097 (Formerly UNK X-107 USAF Cemetery Finschhafen #2, New Guinea)				2. DATE OF REPORT 19 Dec 1947	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW A	6. GRAVE 6	7. DATE OF DISINTERMENT 23 Oct 47
				REINTERMENT 22 Dec 47	STORAGE
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 6'2"		10. COLOR OF HAIR UTD	
11. RACE UTD					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">N O N E</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">N O N E</p>					
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 type="checkbox"/> NO		TO WHAT EXTENT ?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">N O N E</p>					
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) <p style="text-align: center;">N O N E</p>					

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

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
→ MISSING ←																	
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
→ 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."

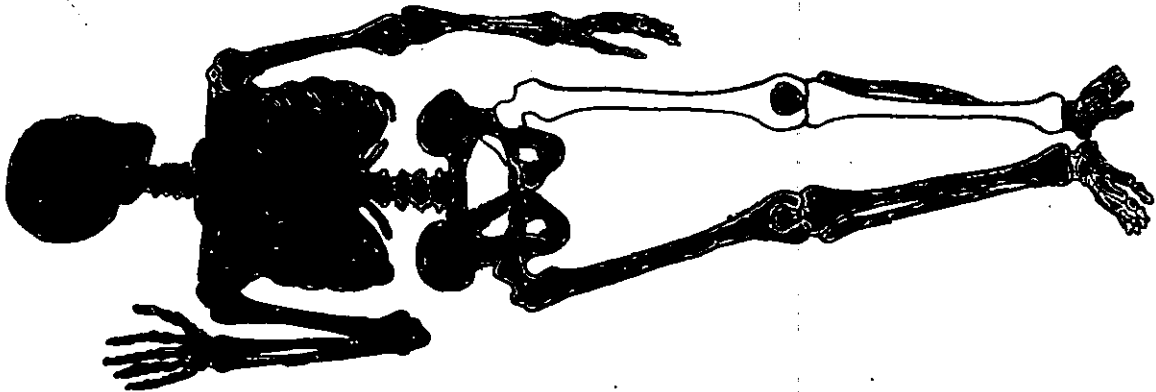
Maxilla and mandible missing. No loose teeth found with remains.

CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA, 2d Lt., MSO

s/ James J. McDermott
Laboratory Officer

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

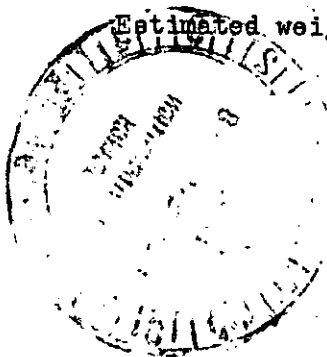
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, burial bottle, personal effects, or other means of identification.

Circumference of the skull cannot be determined due to condition of remains.

Estimated weight of remains two (2) lbs.



CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA
2d Lt., MSC

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

EDWARD F. MORIARTY, D-23447

Emb Sr CIP Laboratory, Manila, P.I.

SIGNATURE

s/ Edward F. Moriarty

TOP SECRET - SECURITY INFORMATION

CONFIDENTIAL



TOP SECRET - SECURITY INFORMATION

CONFIDENTIAL

TOP SECRET - SECURITY INFORMATION

CONFIDENTIAL

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

RESTRICTED
V 390

UNKNOWN X-107

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

1000 Hrs 18 Apr 45 USAF CEMETERY, FINSCHAFEN #2 N. G.

(Time and date of burial)

reburial

(Name of Cemetery)

(Name of coordinates)

Graves X-13

Disinterred from grave 7 row 6 plot 2 USAF Cemetery, Lorengau #1, Manus, AI.

2017

(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 identify definitely established, give particulars)

Stu Det CRIC

Body buried on **RIGHT STALNICK, Robert**

(Name)

33 591 617

(Serial number)

Cpl

(Rank)

360 Serv Gp 2018

(Organization)

(Grave number)

Body buried on **LEFT LONG, Gilbert F., Jr.**

(Name)

01 287 729

(Serial number)

2nd Lt

(Rank)

503 PIR

(Organization)

2018

(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:

Doc E 1009

RESTRICTED

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:

Garth H. Smith
Garth H. Smith, S/Bgt. OMC-GRS

(Signature of officer or other person reporting burial)

J. O. Rakovec
J. O. RAKOVEC, Capt., IC

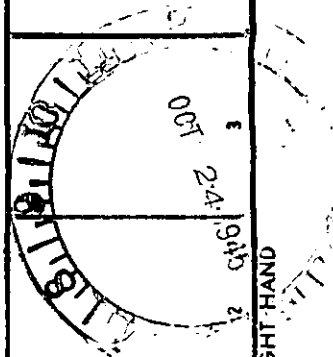
(Verified by Army GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB



REPORT OF INTERMENT

U390

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

RESTRICTED Par 21d - TM 10-630

Unknown			Unknown	Unknown	Unknown
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
Unknown			Unknown	Unknown	
(Place of Death)			(Date of Death)	(Cause of Death)	
12 November 1944, USAF Cemetery No. 1, Lorengau, Manus Island, Admiralty Islands					
(Time and Date of Burial)			(Place of Burial - Name and No. of Cemetery, if in a cemetery)		
7	6	2	Regulation Cross	Buried with body	<input type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	Attached to marker	<input type="checkbox"/>

Religion Unknown

Other pertinent data to enable grave to be located
(Where necessary sketch to locate grave should be furnished)

UNKNOWN

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

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Fingerprints (right hand) if right hand missing furnish prints of left hand

(Required when positive identity cannot otherwise be established)

(Part 5e (2))

TM 10-630

Place X-mark
below when
prints are of
left hand



Thumb

1

2

3

4

List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side:)

On Right- HORTON, Harold Lee 656-33-94 GM2c USNR Grave 8

On Left- Unknown X-12 Grave 6

W. M. Nichols
W. M. Nichols, Cox, USN, 279-77-57

Lloyd S. Charters
Lloyd S. Charters, Lt. ChC USNR

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

Prepare in triplicate - 1 copy to Army G.R.S. Officer - 1 copy to Chief, G.R.S. - Original to the Q.M.G.