RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Tesch Jensen few #2 114, 116

SYNOPSIS AND DATES

Mise now filed

NEW CLASSIFICATION 293. Yank Funschaffen #2 Y14

10/12/50

RECLASSIFICATION SHEET

QMC Form 357 (Revised 6-27-42)

16-29400-1 U. S. GOVERNMENT PRINTING OFFICE



RECORD OF CUSTODIAL TRANSFER

	1. SHI	PPED	
FROM AGRS Mausoleum		Fort McKinley Military Ceme	tery
KIND OF CONVEYANCE	11.11	NAME OF CONVOYER	
Truck SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
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1 C + D* 10 1	2. SHI		
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11 11 fee 111	5. SHI		
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KIND OF CONVEYANCE		NAME OF CONVOYER OUTST 12 01	*(3
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
	<u> </u>		

QMGMT 293

1st Ind

Unks X-14, X-16 & X-26

(Finschhafen #2) (Mule

New Guinea

SUBJECT: Resolution of Unidentified Remains

Dept. of the Army, OQMG, Washington 25, D. C., 30 September 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

Subject cases have been reviewed and this Office approved the classification of Unknowns X-2708, X-778 and X-776, Manila Mausoleum, formerly X-14, X-16 and X-26, USAF Cemetery Finschhafen #2 respectively, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

T. H. METZ Lt. Colonel, QMC Memorial Division l-Newguine

K. Bradley:lak

V. Heffrey

J. Windsor

cc: Administrative Section

AIRMAIL

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	93 W	rk(hew	ISINTERI Fuer	MENT DIRECT	TIVE /	nschaffen)
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PLOT ROW GRA	VE COUNTR'	M GUINE	A.			CAUSE OF DEATH
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DATE BY	· ,	·				
I hereby certif and that the report	y that all the for above is correct.	egoing operations	were condu	cted and acco	mplished under	my immediate supervision
		1		•	•	
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					OF GRS INSPECTO	*
l Prepare Discrepar	ncy Report QMC	Form 1194a for ma	jor discrepa	ncies.	•	
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NC FORM REV 15 MAR 46 1194 AR

FILE UNDER NO. 293 - Unk. N. G. X-16 (Finschhafen #2)

INDEX SHEET

SYNOPSIS

Letter

13 Oct. 1947

PROMS

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TO:

Chief, Demobilized Pers. Rec. Br., Rec. Admin Center, AGO St. Louis, No.

SUEJs '

Identification of Unknown Deceased

DOCUMENT FIED UNDER NO. 293 - Unk. H. G. (Misc) (Finschhafen #2) (X-14,16,26-&

rtt

FILE UNDER NO. 293 - Unk. New Guinea X- 16 (Finchhafen #2)

INDEX SHEET

SYNOPSIS

IETTER

9/12/47

PROM TOs COMO

Chief, Demobilized Personnel Records Branchy Bldg. 105, Records Admin. Center, AGO, St. Louis 20, Mg.

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 Unks. X-14,16,26 & X-178 (Finschhafen #2) N. G. Misc.

			_	
IDENTIFICA	TION DATA			
1. REMAINS OF UNKNOWN			2. DATE OF RE	PORT
X-16 (Manila Mausoleum X-778)			30 Augus	t 1949
3. NAME OF CEMETERY	4. PLOT 5. ROW	6. GRAVE		TE OF
TIC Ammy Manual and Things Manual Man				REINTERMENT
US Army Mausoleum Final Type #96				
Formerly Finsch #2			30 Aug 49	30 Aug 49
. PHYSICAL (DESCRIPTION Age:	19 - 21	yrs.	
8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT	10. COLOR OF HAIR		11. RACE	
UTD UTD	None Found		UT	D
12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND	WITH REMAINS		1,	
Three (3) duplicate ID Tags reading: Unk. Finsch #2. One (1) Embossed Plate reading: Unknown X				x- 16,
13.GIVE DESCRIPTION OF TATTOOS OF SCARS ON BODY AND OR SU	UNFORMATION OBT	ANED FROM		h
		A		(s-s
BY REASON OF LACK OF S	UFFICIENT I	DENTI	EYING DA	TA
None CYRIL C. DISNEY			. 1.113 57	
Jost The DISNEY	70 A- 1		0.	· 🚣 :
1st. Lt., FA 0-1167395	1) reney	6	Lyn V	9
14. WAS BODY BURNED? TO WHAT EXTENT?				<u>-</u>
X YES NO Most bones present sh	ow evidence of	burning	3	
15. WAS BODY MANGLED? TO WHAT EXTENT?		-		
X YES NO Multiple Fractures				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFOR	MATIONS			
·				
Perforation of sternal body				
			•	
<u> </u>				
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL E SERVICE, ETC. (If laundry marks are indistinct such r channels for examination when facilities are not avai	notation should be	made and z	PE, COLOR, SIZI pecimen forward	E, MARKINGS, ded through
None				
			•	
	•			

mel 7

Su 1-14 for correspo

19. BLACK OUT PARTS OF BODY NOT RED #2 and .3 cervical vertebrae present MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible) this I CERTIFY THAT REFERENCE REMAINS CONSIST OF PARTS OF ___ ___ DECEDENT**S** BASED **ONIXIVEEXERCERING XOEX ONIXIVEEXERS** MEXICON REPORT OF Intermediate and no contradictory evidence at time of this examination. , PAUL L. GRAVENOR ASSESSATION REPORT AND SUPERVISOR 21. REMARKS AND ADDITIONAL INFORMATION Fluoroscopic examination unnecessary No Eeeth present 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

OMC FORM 1044B

APO 958

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION GILBERT L. H. WONG, CAPT., INF.

CENTRAL IDENTIFICATION LABORATORY

GPO-0-47-754877 PAGE 3 OF 3

Tilberty 7 Hellong

CENTRAL IDENTIFICATION LABORATORY APO 958

30 August 1949

NARRATIVE

Unknown X-16 Finschhafen #2 (Manila Mausoleum X-778) Unknown X-14 Finschhafen #2 (Manila Mausoleum X-2708) Unknown X-26 Finschhafen #2 (Manila Mausoleum X-776)

Formerly of USAF Cemetery, Los Negros #1, Admiralty Islands, were examined simultaneously this date and case papers are herewith submitted.

The 371 forms made available to this laboratory for the below named decedents:

CISNEROS, Andres	Pvt P f c	38454968 32903095	USA USA
CONTRERA, Salvatore CUMMINS, Benjamin O	Pfc	35802036	USA
GONZALES, Manuel	Pfc	38417227	USA
KING, Roger J Jr	T/5	38474862	·USA
MATHEWS, Robert E	Pvt	35607406	USA
PEARSON, Ollie E	т/5	38432476	USA
REDBIRD, Charles	Pfc	38402039	USA
RHODES, Harry K	· Pvt	6851240	USA
SAMUEL, Bruce W Jr	"Pvt	38432722	USA
SCHULTZ, George S	T/5	33789293	USA
SPADARO, Frank	T/5	32903419	USA
STINNETT, Houston S	T/4	38401331	USA
WALCH, Leroy J	T/5	36444633	USA
WILKINS, Billy W	Pvt	38466623	USA
YOUNG, Jack S	Cpl.	38432718	USA
ZACK, Kay P	T/5	39211090	UŞA

were checked against each remains with negative results. It should be noted that only one (1) of the 371 forms of the seventeen (17) made available had ages given.

Therefore, it is recommended from the information at hand, that these remains be declared unidentifiable and interred as such.

PAUL L GRAVENOR Lab Supervisor

DO NOT REMOVE FROM HEALTH RECORD

(Surпатье)

(Christian name(s))

Date

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

RECORD OF FIRST DENTAL EXAMINATION

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 13

REMARKS:

G. C. Wilson II. (DC) USNR

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS

THE BRANGE AND BREET

17 18 19 20 81 22 23 24 25 26 27 28 29 30 31 3

16-10272

DENTAL TREATMENT

Entries to cover entire period of service

Operation or treatment	Date	Signature
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REPORT OF DENTAL SURVEY																	
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WD AGO FORM 8-116

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

-20622-2

∯ GPO

AGRC FORM No. 11 Revised 16 Sept. 1948 Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

		11		•		
•			UNKNOWN X- Linknown X	-778 (Former Cem #2, Fi	ly UNK X- nschhafen	16, USA N.G.)
	- ·	i i	Cemetery	AGRS Mausol	eum, Mani	la, P.I
			Plot 812	ANGER BALL	CRUPÉ Grave	. 1 <u>4</u> 5
	AGRS Mausoleum Manila, P.I.				,	•
1.	Arrived at temetery 15 Oct 47			•		
		(Date)			•	•
. 2.	Place of death Aboard SS Don Mar		(Coord	linates and letter	Prefix, maps)	***************************************
•		# <u>i</u>			, ,	
	(Sheet, scale and serials used)		•			
. 3 .	Remains recovered or disinterred by	AGR	S Det #2			********************
			(Name and	l organization)	•	
4.	Evacuated to Cemetery by	-		•		
	and the democraty by		(Name and or	ganization)		
5.	Description of alathon and an income		1 . 6. 1.		. 1	
J.	Description of clothing and equipment	: hi clothes	do not nt, obta	lin size from b	ody measu	rements)
-	Item Clothing			Indicate un	usual marki	nas
	Markings	Sizes			, tear, repa	-
	* Headgear				•	
	(Type)	***************************************	<u> </u>	٠		
٠.	Raincoat			4)::::::::::::::::::::::::::::::::::::	**************************************	
	Overcoat			·. 	***************************************	✓ I
•	Jacket, Field	1/4				,
	Jacket, Combat	17/				,
•		1 /		·		.44., 144
	Mackinaw	107	•		**************************************	*
	Sweater	1 0		, , , , , , , , , , , , , , , , , , ,	120 \$0-6000	
	Jacket, HBT				***************************************	
	* Shirt, Wool OD		E	***************************************	***************************************	********************
-	Undershirt, Wool					
	Undershirt, Cotton		· / / . · · ·	•	•	
,	Trousers, HBT	, , , , , , , , , , , , , , , , , , ,	. /	· · · · · · · · · · · · · · · · · · ·	9993/1099974111511.4154°2447111	bleca (Metobabjehopvehope) a M
,	* Trousers, Wool OD	1 1	. 1			
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Degwara cotton	· /	,			
Drawers, cotton		f			
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30 0				•	
Socks, cotton	·			***************************************	
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(Other item)	•	······································	/***··································		
(Other item)		. /	/	-	-
				······································	(#<**++477>10.0±41+++++++++
If body is nude, sizes of these items	should be computed	by measuring the	remains		
Chevrons or			<i>' </i>		
Insignia	,	t			
insignia	(Type & loca	tion; shirt, jacket,	coat, helmet)		
			'/		-
Shoulder Patch	**************************************		····················/		
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Does clothing indicate that dec	eased was a mer	upei of the All	Ground of I	vavai i oice:	
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Description of Remains: Sk	releton only				
• •	_				
Age Height UTI	Weight	UTD Descripti	on of wounds	**************************************	
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	<i>' ,</i>	•			
Bandages or dressings	<u>'</u> ,	Scars			
Bandages or dressings			(Length,	width, 'location)	
Bandages or dressings	1,	Tattoos	(Length,	width, location)	
Bandages or dressings	(Number, 19ca		(Length,	width, location)	
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Bandages or dressings	(Number, 19ea	Tattoos . tion — illustrate of	(Length,	width, location)	
Outstanding moles, warts or bi	(Number, 19ca	Tattoos . tion — illustrate of (Yes-no	(Length, separate page) ; description, loca	wiath, location)	
Outstanding moles, warts or bi	(Number, 19ca	Tattoos tion — Hustrate on (Yes-no	(Length, separate page) ; description, loca	wiath, location)	
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Outstanding moles, warts or bi	(Number, 19ca rthmarks	Tattoos. tion — illustrate of U T D	(Length, separate page) ; description, loca	etion)	
Outstanding moles, warts or bi Sunburn or tan, other than har Complexion	(Number, Igea rthmarks and and face (Light, medium	Tattoos. tion — illustrate of U T D , dark, clear, pimpl	(Length, separate page) ; description, loca	etion)	
Outstanding moles, warts or bi Sunburn or tan, other than har Complexion	(Number, Igea rthmarks and and face (Light, medium	Tattoos. tion — illustrate of U T D	(Length, separate page) ; description, loca	etion)	
Outstanding moles, warts or bi Sunburn or tan, other than har Complexion	(Number, loca rthmarks	Tattoos tion — illustrate of U T D take, clear, pimpl	(Length, separate page) ; description, local cas, pocks, freekle	etion)	
Outstanding moles, warts or bi Sunburn or tan, other than har Complexion Build	(Number, loca rthmarks	Tattoos tion — illustrate of V (Yes-no T D), dark, clear, pimpl	(Length, separate page) ; description, local cas, pocks, freekle	etion)	
Outstanding moles, warts or bi Sunburn or tan, other than har Complexion Build Hair (Color, le	(Number, loca rthmarks and and face (Light, medium (Large, fat,	Tattoos. tion — illustrate of U T D dark, clear, pimpl thin, muscular)	(Length, a separate page) ; description, local es, pocks, freckle	etion)	
Outstanding moles, warts or bi Sunburn or tan, other than har Complexion Build Hair (Color, le	(Number, Igea rthmarks nd and face (Light, medium (Large, fat,	Tattoos tion — illustrate of U (Yes-no U T D), dark, clear, pimpl thin, muscular)	(Length, it separate page) ; description, locales, pocks, freckle.	etion)	
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Jaw		Circumference of	head inches	
(I.i	arge, small, normal)		/	(Hat band)
Neck	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lary	nx/_	
	(Size, length, short, normal,	wrinkled)	/ (Pi	ominent, normal)
Shoulders		Arm	/ /	
	(Broad, straight, small, r	ounded)	(Length, muscular, col-	or, extent and quantit
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	(Unust	ual characteristics of	fingernails)	1/1
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Chest		or, quantity and exte		,
	A Marie Carlo			<u> </u>
	- ₁ 14		nt, quantity, and color	
Waist	(Size of navel,	, appendectomy, amout	it, quantity, and color	of hair)
Waist	- ₁ 14	, appendectomy, amout	it, quantity, and color	of hair)
Waist Back	(Size of navel,	, appendectomy, amount	on	of hair)
Waist	(Size of navel,	, appendectomy, amout	on	of hair)
WaistBack Herniaplasty	(Size of navel,	Circumcisi	on (Yes-no)	bic Hair
WaistBack Herniaplasty	(Size of navel,	Circumcisi	on (Yes-no)	bic Hair
WaistBack	(Size of navel, (Quantity and extent of hair	Circumcisi	on (Yes-no) o; location) iat, quantity, color an	bic Hair (Co
WaistBack	(Size of navel, (Quantity and extent of hair	Circumcision (Yes-now-k-kneed, bowed, norn	on (Yes-no) it, quantity, and color on (Yes-no)	bic Hair (CC
Waist	(Size of navel, (Quantity and extent of hair	(Yes-no-ck-kneed, bowed, norn	on (Yes-no) Pu (Yes-no) int, quantity, color an (Slender, str	bic Hair ic (C) it extent of hair) right, crooked, overlap

		s been placed	on Report of Interr		No (Yes-no)	* 4
Ye .	1.	,	Due to conditi	ion of remains		
If not, ex	plain	·	Due to condition	ton of femalits.		
		· -	No.			
Has tooti	chart l	seen prepared !	? <u>No</u>]	it not, explain	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································
			•			`
***************************************				######################################	•	
	. No	humial haid	la Na athan ma	AF 4844-64	antian Assau	ndina ta
Kemarks	10	Durial Doct	le. No other mea	ans of identiff	.cation. Accor	raing co
	R.O.I	. this man	was killed in a	marine disaste	r at sea abor	ard SS I
			**************************************	ooriseedTellisseneeriissCharaaalisseneeteedEeleeliseeteed	•	~
	Marqu	is, 26 Sept	44. Est. weig	ht of remains 3	lbs.	
			· •	•	,	
.4	*			*		,
		. •		•		
.:	L	ve necsonally v	viewed the remains	of subject deceases	d and all resultin	a informa
I certify t	1124 L 1124		newes the remains	or oubject accesses	2 0110 011 100111111	.9
-		-	f my knowledge.			
-		-	f my knowledge.			
-		-	f my knowledge.			-
-		-	f my knowledge.			
-		-	f my knowledge.	/s/ Edward	H. Mershall	
-		-	f my knowledge.		H. Marshall	
-		-	f my knowledge.	. (0	officer's Name)	
-		-	f my knowledge.			**********************
		-	f my knowledge.	. (0	officer's Name)	Service
·-		-	f my knowledge.	SP-8	C-062874	Service
·-		-	f my knowledge.	SP-8	officer's Name)	Service

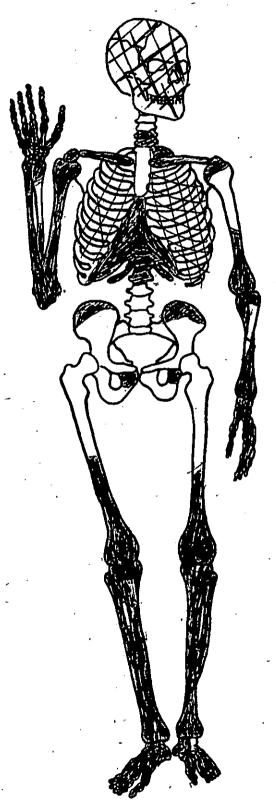
A CERTIFIED TRUE COPY:

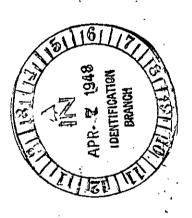
GEORGE T GAMBOA 2d Lt, MAC

X-778

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





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1 1 1 1 1 1 1

DATE OF REPORT WD QMC FORM 1042 REPORT OF INTERMENT (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) (AR 30-1810 and AR 30-1815) DEC 1 5 1949 Imprint Identification Tag II Possible. Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL No. (FINSCHHAFEN #2) UNKNOWN X-16 (UNIDENTIFIABLE) Unknown GRADE ORGANIZATION BRANCH OF SERVICE Unknown Unknown Unknown RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RACE Unknown Unknown PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Aboard SS Don Marquis KIA 26 Sep 44 EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (1, 2, or none) WONE
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) UNIDENTIFIABLE Yes LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T.H. BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE MARKER DATE OF BURIAL HOUR PLOT No. ROW No. GRAVE No. 15 Dec 1949 10:00 AM Permanent Type Casket P 624 Cross WAS THIS A REBURIAL? (Yes or no) IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PLOT No. ROW No. GRAVE No. USAF Cemetery #2, Finschhafen, N. G. Yes 673 TYPE OF RELIGIOUS CEREMONY Hebrew Protestant PERSON CONDUCTING BURIAL RITES IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Rabbi Kumin Chaplain Kirtley IDENTIFICATION TAG BURIED WITH THE TOTAL TO BODY (Yes or no) Yes BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) SERIAL No. RANK ORGANIZATION GRAVE No. 601 BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No. 647 PARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT Adm. Assit. 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 2'

		_	Section 3 IDENTIFIED REMAINS.
		LEFT LITTLE 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
	aumpigit.	RIN	(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.
,	reporter f	LEFT	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS
	11. Sep 40.	LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND OTHER IDENTIFICATION CLUES
		T INGER	OTHER IDENTIFICATION CLUES 1
		LEFT	FILLINGS SILVED FILLING
	,		GOLD FILLING
	<u> </u>	THUMB	CAVITIES CAVITY DECAYED 6 UPPER 7
		RIGHT THUMB	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN CROWNED TEETH
A02		RIGHT INDEX FINGER	BRIDGE WORK GOLD BRIDGE GOLD BRIDGE 15 LOWER 14 14 15 15 16 17 18 18 19 19 19 19 19 19 19 19
		RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.
		RIGHT RING FINGER	Identification Section
	·277 ,	RIGHT LITTLE FINGER	ENGER, MILL Co. no to.

					1 2		
WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT O	F INTERMEN	IT T	DATE	OF REPORT	
(Supersedes GRS Form 1)			and AR 30-1			DEC 1	5 1949
Imprint Identification Ta	A If Possible			- · · · · · · · · · · · · · ·	<u>.l</u>		
DO NOT TYP		Section 1.—IDENTIFICATION NAME (Last, first, middle inition			SERL	AL No.	
		The Land of the La	(Finschhaf	EN 421			
(\	UNKUOKI X-16	(UNIDENTIF		Un	known	
S	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	GRADE	ORGANIZATION			ICH OF SERV	ICE
	. 0						
]	Unknowa	Unknown		Uz	known	
\	/	RACE	RELIGION			IAN U.S. DE	AD, GIVE
	/				NAME OF C	.OUNTRY	
		Uaknoma	Unknown				
LACE OF DEATH .		CAUSE OF DEATH			DATE	OF DEATH	
Abourd SS Don M	arquis	KIA			86	Sep 44	ļ
MERGENCY ADDRESSEE (Nam	ue, relationship, and	address)		· -			
	t	Inknown				•	-
DENTIFICATION TAGS FOUND	ON BODY	IF NO TAGS FOUND ON BODY	, DESCRIBE MEANS	OF IDENTIFICATION (If unidentified, f	ill in section 3	on reverse)
(1, 2, or none)							
NOTO VERE SUBSTITUTE TAGS PROV	1DED2(V			•			
ERE SUBSTITUTE TAGS PROV	IDEDI(Yes or no)	UNIDERTH	PLADLE				
Yes							
		•					
NAME, NUMBER, COORDINATES		of cemetery	Ma Wane'in	1m 80 97			
	HOUR	BURIED IN (Shroud, blanket, o		TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE N
15 Dec 1949	10:00 AM	Permanent Type	Cestet	· Cross	P		624
	7.2	IDICATE NAME, NUMBER, COC		!	1 -	RAVE	0,24
(Yes or no)					PLOT No.	ROW No.	GRAVE N
Yes	USAF Com	story #2. Fines!	hafan, H.	3.	, , , , , ,		675
Protestant Catholic	Rabbi Ku Chaplain Chaplain		IF IDENTIFICATION CONTAINERS	TION TAGS NOT USED BURIED WITH BODY	, DESCRIBE IDE	ENTIFICATION	N DATA AM
DENTIFICATION TAG BURIED I BODY (Yes or no)		FICATION TAG ATTACHED TO (ER (Yes or no)					
Yes		Y es					
ODY BURIED ON DECEASED L	EFT, NAME (Last :	first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	E No.
		•	1	1		6	01
ODY BURIED ON DECEASED R	IGHT, NAME (Last	, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	E No.
•		- ,				6	177
				<u> </u>	<u> </u>	_ 0	47
IGNATURE DE PERSON PRE A	RING REPORT		SIGNATURE OF	GRS OFFICER VERIFYI	NG REPORT		
Leroy F TURNER	Adm	Assit.	KENNETH	S, HINO, 1s	t Lt., Il	F.	
DISTRIBUTION OF REPORT:	Signed origina Officer. Conies	I for U.S. and allied dead,	signed original an	id one copy for enem	y dead, to the	Quartermas	ter Gener
		·					
sul 22		REST	RICTED .				16-43997-1
70							

,		Section NIDENTIFIED	REMAINS.		· · · · · · · · · · · · · · · · · · ·	•
	LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will mains. Fill in anatomi social security number; planes, vehicles, and tar (b) A fingerprint, o chart at left, or as many every tooth will be indicaccomplished if one or resure.	ical characteristics position of body for nks	below, and any other ound in airplanes, vehic	cles, and tanks; and ser	such as shoe size, ial numbers of air-
, ,	LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, O	_
• • • • • • • • • • • • • • • • • • • •	LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.	·	Y MARKS	WHERE BODY WAS BURI	ED OR FOUND
, .	LEFT INDEX FINGER	FILLINGS	SILVER FIL	LING NG	30000	7 3
	LEFT THUMB	CAVITIES	CAVIT DECA	TY 5 6 7 7 7 8 8 8	AN OBLES OF	000 8
ر	RIGHT	CROWNED TEETH	TOOTH MISS	D IAGRAM	REPRESENTS THE MOU	ITH WIDE OPEN
	RIGHT INDEX FINGER	BRIDGE WORK	GOLD CRO	BRIDGE	LOWER 3	(60 /15 (7) 14 (7) 13 (7) 12
·	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP		ordinates for burial in	N OTHER THAN ESTABLISH	ED CEMETERY
	RIGHT RING FINGER	REMARKS:	Identific	ation Section		
	RIGHT LITTLE FINGER	, .	ب مرتب		•	\

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UN	IKNO"N X-TO	ö	*		*		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Last name)	(First)	(Initial)	` {Sarlel au	ımber) - (Rank)	Sea (Organization)	
Λ l	orad SSDo	n Marquis	26 Sept	1944	Killed in ma	rine disaster at	
	(Place of d	uefh}	(Date o	of death)	***************************************	(Cause of death)	
100				RY #2, FI	nschhafen. NG	· · · · · · · · · · · · · · · · · · ·	
•	(Time end date of	burtat) reburia	1 (Name o	f Cemetery)	(Name	of coordinates of tocation)	
Di	sinterred	from grave	124 R 9 P	2 USAF Ce	m Los Negros.	Is. #1, Adm Is.	
67	' 3					Reg cross	
	(Grave number)	(Row num	ber)	(Plot momber)	(Type of marker-	-Regulation Y-shaped or other)	
Dispos	ition of identific	ation tags: Buried	with body Yes	X No [Attached to ma	arker Yes 区 No 🗌	

(W. no Identification tags, but Identity definitely established, give particulars) Hq. Co., 1906

(Serial number)

buried on RIGHT Daly, Charles T. Jr. 11 052 524 Tec 5 Eng Avn (Name) (Serial number) (Rank) (Organization)

Body buried on LEFT Simpson, Robert

(Name and address of LEGAL NEXT OF KIN)

(Name and address of EMERGENCY ADDRESSEE) only personal effects FOUND ON BODY and disposition of same:

	1	IF DECEASED UNIDENTIFIED		Ī
	.	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:		
	w	Colour of hair: Wear glasses? Race: Is Tooth chart attached? (If possible, have medical personnel take a tooth chart)	May San	
		In space below, locate and describe any scars, birthmarks, motes, deformities, etc.:	्री शहा छा ।	- Q
FT HAI	N ,		(1) (2)	7 H
Ö		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:		A Rice
	-			-
	1.1	IF THIS IS AN ISOLATED BURIAL ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.		
	THU .	G. Mil Scribbing of officer of of		4CMB
•	X	DANNER, 18t LT, OMC. (Verified by Army GRS Officer)	Caran	=

[TM 10-630 AND AR 30-1815] (Serial number) (Last name) (Date of death) (Place of death) 1000 hrs 3 March 1945 USAF CEMETERY, FINSCHHAFEN #2. N. G. (Name of Cametery) (Name of Coordinatus of location) (Time and date of burial aburial Disinterred from Grave 124; USAF Cem. Los Negros #2, A. I. a & known x-/4 Cross_regulation_w/plate......
(Type of marker—Regulation V-shaped or other) (Plot number) (Grave number) Attached to marker Yes 🔽 Disposition of identification tags: Buried with body 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 DAIY, Charles T Jr 11 052 524 Tec-5 (Serial number) (Name) SIMPSON, Robert Body buried on LEFT..... (Rank) (Organization) (Grave number) (Serial number) (Name)

(Name and address of EMERGENCY ADDRESSEE) List only personal effects FOUND ON BODY and disposition of same: (Name and address of LEGAL NEXT OF KIN)

ı		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:		-
1		Height: Apparent Nationality:	7	63.1.1
		Weight: Laundry marks: Colour of eyes: Told The Number of riflet Told Told		- 1
	3	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,		
든		deformities, etc.:	9	皇
H	2	·	47 E 5	2 HAND
HAND	(1) (Note below any identifying clues found, such as letters, photographs,	TEST OF STATES	RIGHT
		probable organization of deceased, etc.:	• .	7
		ner appropriate and the second se		
	[4]	IF THIS IS AN ISOLATED BURIAL, ATTACH, A SKETCH OF THE		
	The DO C	LOCATION, ORIENTED WITH PERMANENT LANDMARKS.		
		Jep Joseph Marin Con		- :
	를 ^{하 하 -} #*	(Signature of officer or other passon reporting burial)	. ۲	HUMB
	THUMB	Man K / 2 les	***	Ē
1		CHARLES R. MYERS, CAC		
	-			1

Graves Registration CONFIDE NERGET OF INTERMENT Ruch 14 Sec 44 6509
(Revised May 11, 1943) CONFIDE NERGET OF INTERMENT 14 Sec 44 6509

(9) No. 1247

	. :				•			÷	
Unknown X,14									
, (Last name)	(First)	(Initial)	•	(Serial numb	er)	(Rank)	(Oı	rganization)	
Aboard SS Don	Marquis	26 Sept.	1944	Ki]	lled in	marine	disas	ter at	<u>s</u> ea
· (Place of deat)		*******************************	e of death)				Cause of de		
1400 30 Sept.	44	U.S.A.F	. Los	Negros	NoI		A.I.		
(Time and date of b			of Cameta		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of	coordinates	of location)	
	. •				*	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	
124	9		2						
(Grave number)	(Row num		(Plot nu	mber)	(Type o	of marker—Regu	lation V-shap	ped or other)	
Disposition of identificat	<u>, 15</u> å	with body							
P.J.T, Fall I you							יו ח		
	(If no idea	ification tags, but	identity defin	itely establish		ulars)	Kelig	ion	•••••
•			turnity usin	,			•	100	
Body buried on RIGH	T(Na	ne)	(Seri	al number)	(Rank)	(Orga	nization)	125 (Grave nu	mber)
Body buried on LEFT	Unknown X,	13					,	123	
body buries on LETT	(Nar	ne)	(Sari	(tedmun la	(Rank)	· (Organ	nization)	(Grave nu	mber)
(Name and addr.) List only personal effects	ESS OF EMERGENCY OF		 sition of s	•	ame and addre	ss of LEGAL I	NEXT OF KI	н) 	

	[IF DECEASED UNIDENTIFIED		1
		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:	•	4
Agenta de la companya	3	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)		
165		In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:		- QN
THAND	2		WED V	2 RIGHT HA
0		Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:	NOW A	RIG
		IF THIS IS AN ISOLATED BURIAL ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.		_
5	8M0H1	(Signature of officer or other person reporting buriel) Holman B Furner P (Verified by Army G fficer)		THOMB
		Edward F Ginter 2nd Lt G.R.O.	ı	•

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815) UNKNOWN X-16 (First) (laitial) (Last name) (Serial number) (Rank) (Organization)
Killed in marine disaster is 26 Sept. 1944 at sea Aboard SS Don Marquis (Date of death) (Place of death) 1000 hrs 3 March 1945 USAF CEMETERY, FINSCHHAFEN #2, N. G. (Time and date of burial) (Name of cemetery) Disinterred from Grave 124; USAF Cem. Los Negros #2, A. I. as Cakaowa X-14 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 identity definitely established, give particulars) H&S Co.,

Body buried on RIGHT DALY, Charles T Jr 11 052 524 Tec-5 1906 ENG AVN (Serial number) (Rank) Body buried on LEFT SIMPSON, Robert 35 208 334 Sgt. Ho Btry 1 FA Bn. (Grave number) (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*REINTERMENT



(21)

	if DEC	EASED UNIDENTIFIED	į .
a	3/19/43). If unable to o	OF BOTH HANDS (W. D. Cir. In brain a complete set of fingerprints, fill in as many of the following as y	TAKE
\	- Height	Apparent nationality:	A TRUE COPY:
	Weight:	Laundry marks :	1. 100 4
ω	Color of eyes:	Number of rifle:	Small Bristo
	Color of hair:	Wear glasses ?	SAMUEL B. BRISTON
	Race:	Is tooth chart attached ?	lst Lt., Q. M. C.
		medical personnel take a tooth chart)	
N	In space below, locate an formities, etc. :	d describe any scars, birthmarks, mo	les de-
N	Note below any identifyin probable organization o	g clues found, such as letters, photo f deceased, etc. :	graphs,
- .	•		
	IF THIS IS AN ISOL OF THE LOCATIO LANDMARKS.		KETCH
뒾	/s/t/ GEO. A.	HOSS, M/SGT:, QMC, GRS	!
THUM		iture of officer or other person reporting buriel)	
 4	CHARLES	R. MYERS, LT., QMC	
· · · · · ·			

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	/aam	RESTR	RICTED		U1	.759	
WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	INTERMEN	I CTO		OF REPORT	
(Supersedes GRS Form 1)		(AR 30-1810 at	nd AR 30-18	STURAGE		Oct 47),
Imprint Identification DO NOT T		Section 1.—IDENTIFICATION.					
20 1.01 1.		NAME (Last, first, middle initial) UNKNOWN X-778 (E	Panmanier II	NTV V 16 TROUGH		AL No.	
		Cemetery Finschl	ormerly o afen #2.	NK A-16, USAF N.G.)		aknown	
>	_	GRADE	ORGANIZATION		:	IÇH OF SERV	ICE
\	0/	Unknown	**************************************				
\		RACE	Unknow.	<u>n</u>		iknown	AD GIVE
					IF OTHER TH NAME OF C	OUNTRY	, 0112
PLACE OF DEATH	 ,	Unknown	Unknown		<u> </u> ,		
,		CAUSE OF DEATH			DATE	OF DEATH	
Aboard SS Don		Killed in Marine	disaster		26	Sept :	1944
EMERGENCY ADDRESSEE (N	ame, relationship, and	d address)					20 11
		Unknown					
IDENT!FICATION TAGS FOUN	ID ON BODY	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS	OF IDENTIFICATION (If	unidentified, fi		on reverse)
(1, z, or none) None		.					
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes es no)						
			`.				
Yes (2) LIST PERSONAL EFFECTS FOR							
		None	and map ocord	linates on reverse.			
NAME, NUMBER, COORDINAT		AGRS MAUSOLEUM, MA	INILA, P.I.				
		BURIED IN (Shroud, blanket, or na		TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE NO.
STORAGE 15 Oct 47	0800	Casket		None	HANGER		
WAS THIS A REBURIAL?		NDICATE NAME, NUMBER, COORDI	INATES OF PREVIO) i	1 1	A	145
(Yes of no)RESTORED Yes		, , , , ,			PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS		etery Finschhafen				<u> </u>	673
CEREMONY	PERSON CONDUCT	TING BURIAL RITES	IF IDENTIFICATI CONTAINERS B	ION TAGS NOT USED, E URIED WITH BODY	ESCRIBE IDES	YTIFICATION	DATA AND
IDENTIFICATION TAG BURIED BODY (Yes or no) STOR	ET MARK	FICATION TAG ATTACHED TO KER (Yes or no)					
Yes		Yes		,			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UKED			RANK	SERIAL NO.	ORGANIZATIO	N GRAVE	
UNKNOWN X-782							147
BODY BURIED ON DECEASED	RIGHT, NAME (Last,	, Arst, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAVI	E No.
UNKNOWN X-774	ADING DEBOOK		—A ₁ ——				143
SIGNATURE OF PERSON PREP.	ARING REPORT	·	SIGNATURE OF G	RS OFFICER VERIFYING	REPORT		
Wm R. GILBERT	Adm. Asst		LUCIO S	PANOPIO J	Lt. I	nf	. •
DISTRIBUTION OF REPORT	: Signed original	I for U.S. and allied dead, sign for retention in theater as pre-	red original and	- / (er General
	D Officer. Copies	; for retention in theater as pre	escribed by them	iter commander.			

	Section . UNIDENTIFIED REMAINS.
LEFT LITTLE 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
ii r i n.	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 RING FINGER	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS
	WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND
Middim	
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES
LEFT INDEX FINGER	
FINGE	FILLINGS SILVER FILLING COLD FILLING 2 1 1 2
	300000
	400444904
THUMB	CAVITIES CAVITY 6 UPPER 16
	TOOTH VOOTH
·	MISSING TEETH TOTAL STATE OF S
RR	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
THUMB	NO SKULL OFFICE
	CROWNED TEETH 16 PORCELAIN CROWN
I.	COLD CROWN 15 COWER 15
RIGHT INDEX FINGER	BRIDGE WORK
GER.	GOLD BRIDGE 12 CHANGO 12
,	11 01000011
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
FINGE	ı
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RIGHT RING FINGER	
SER	REMARKS:
-	*- *- *-
ANON THE	Identification Check List accomplished.
RIGHT LITTLE FINGER	