

AIRMAIL

QUART 233
GIS Far East

3 April 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknown remains now stored in AGRS Manila, Manila, P.I.:

Unknown	X-35, 7th Div. Com pl Okinawa, Unit 2, Page 1
"	X-58 " " " " " " " 2, " 1
"	X-279, Okinawa Island Com. Com. " 2, " 3
"	X-280 " " " " " " " 2, " 3
"	X-1545, (form. Unk. X-36 Finsch (2), Unit 2, Page 27
"	X-1548, (" " X-79 " "), " 2, " 27
"	X-2353, (" " X-489 Leyte (1), " 2, " 12
"	X-2695, (" " X-35, Finsch (2), " 2, " 27
"	X-2696, (" " X-41, " "), " 2, " 27
"	X-2797, (" " X-29, " "), " 2, " 26
"	X-2711, (" " X-30, " "), " 2, " 26
"	X-4928, AGRS Pans. Manila, P.I., Unit 2, Page 23
"	X-4882, " " " " " " " 2, " 23
"	X-4933, " " " " " " " 2, " 23

293

2. Subject cases have been reviewed and this Office approved the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTMASTER GENERAL:



J. Miller:lrc
mlr
JH
cc--Administrative
cc--Cinefe



Y. H. HAY
Lt. Col.
Division



JHB

TEC

AIRMAIL



bpm
1
/fbp
Interred 14 March 1950
L 9 117 Ft. Kinley
Carl R. H. Mark
DISINTERMENT DIRECTIVE
CARL R. H. MARK

SECTION A - Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
6911 00180
DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWNX-000029
SERIAL NUMBER
RANK
ARM
Q
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BRITISH GUINEA USAF FINSCHAFFEN NO 20
DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
1.034 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-2707 (Maus)
UNKNOWN X-000029(Finse)
SERIAL NUMBER
RANK
DATE OF DEATH
18 May '48
DATE DISTINTERRED
IDENTIFICATION TAG ON
 REMAINS
 MARKER
ORGANIZATION
UNKNOWN
RELIGION
IDENTIFICATION VERIFIED BY
C.L. LAW
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half
CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
X-29 1034

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET
DATE 18 May '48 BY C.L. LAW

CASKET SEALED BY
C.L. LAW
EMBALMER (Signature)
C.L. Law
C.L. LAW

CASKET BOXED AND MARKED
18 May '48
DATE BY PLACIDO M. CASTILLO
SHIPPING ADDRESS VERIFIED BY
AGUSTIN LIQUIGAN
2d 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
2d Lt., FA
SIGNATURE OF GRS INSPECTOR

ANNOTATED
DATE
NAME
BR. MEM. DIV.

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS, Remains Depot		TO SUPT. Memorial Cemetery, P.I.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. BULAWAN, Capt., CAV	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carer H. Mack</i>	DATE MAR 14 1950

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 <i>PIKIMOMI</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

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

6. SHIPPED

FROM 1024 NEW COLONY		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER COLONY ADMIN	DATE	SIGNATURE OF RECEIVER	DATE

SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

3 March 1950
(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 29, Plot _____,
Row _____, Grave 1034, USMC Finschhafen #2, N.G., have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

H. B. McNEELAR
H. B. McNEELAR
Captain, QMG
Chief, Records Branch

Received 24 Mar 50 OQMG
Not identifiable from J. Miller's
information presently RA 22350
available

Incl # 5

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-29 USAF Cem. Finsch #2				2. DATE OF REPORT 3 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	HANGER	BAY	CRYPT	DISINTERMENT	REINTERMENT
	822	E	1670		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	-----------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E


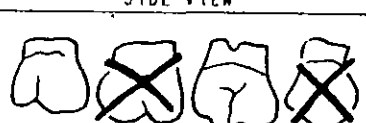








17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

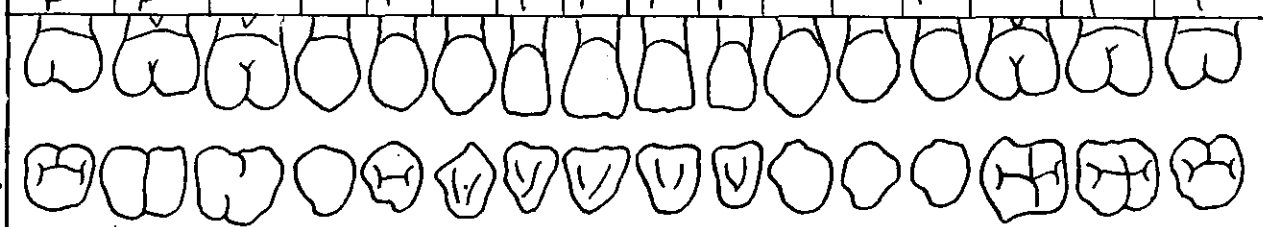

N O N E

RECEIVED AND FORWARDED TO THE
 "BY READING"

Serial # 5 A

TOOTH CHART

<p>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, 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, Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

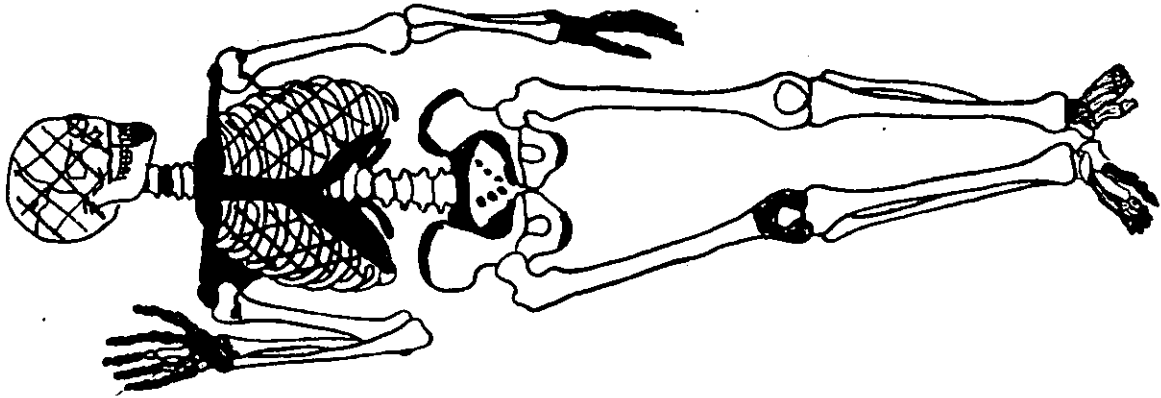
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X			X		X	X	X	X			X		X	X
<div style="display: flex; justify-content: space-between;"> Side Views Side Views </div>  <div style="display: flex; justify-content: space-between;"> UPPER UPPER </div> <div style="display: flex; justify-content: space-between;"> Top Views Top Views </div>  <div style="display: flex; justify-content: space-between;"> LOWER LOWER </div> <div style="display: flex; justify-content: space-between;"> Side Views Side Views </div>															
X	X			X		X						Missing			
16	15	14	13	12	11	10	9	9	10	11	12	13C	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."

RECEIVED...
 "BY REASON..."
 ...

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Ident. Section

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 found with remains.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Ident. Section

SIGNATURE

X-2707

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.

UNKNOWN X-2707 (Formerly Unk X-29) 6 Dec 47
 USAF Cem Finschhafen #2, N.G.) DATE
 Unknown Unknown
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown
 UNIT ORGANIZATION
 Buna, New Guinea AGRS MAUSOLEUM
 PLACE OF DEATH PLACE OF BURIAL STORAGE
 802 E 1670
 PLOT ROW GRAVE NO.
 RANGER BAY CRP

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

INSIDE — LOOKING OUT *See Remarks*

RIGHT								LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				
TYPE LOCATION																			
TYPE 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		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

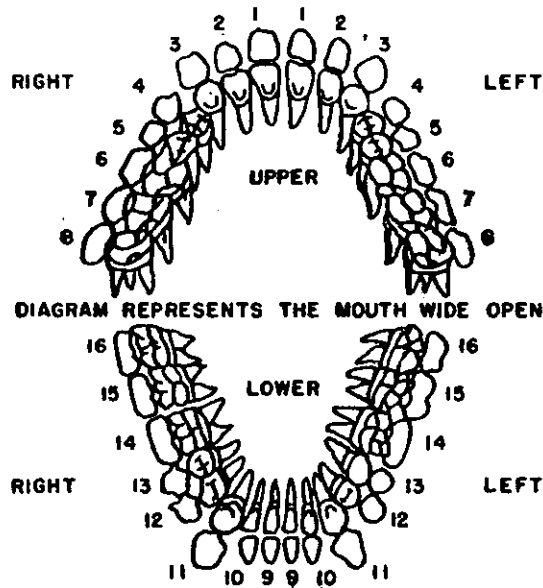
INSTRUCTIONS:

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

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



REMARKS: From L 9; thru L 16; maxilla missing unable to determine whether P X or X.

s/ Hilarion V. Castillo
SIGNATURE OF PERSON WHO PREPARED CHART

s/ Melvin S. Mittenthal
VERIFIED BY GRS OFFICER

p/ HILARION V. CASTILLO Emb's Aide
NAME AND RANK TYPED OR PRINTED

p/ MELVIN S. MITTENTHAL
NAME AND RANK TYPED OR PRINTED

CIP, Laboratory, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

6 Dec 47
DATE

CERTIFIED TRUE COPY;

G. T. Gamboa

G. T. GAMBOA
2nd Lt., MAC

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2707 (Formerly Unk X-29
 USAF Cem Finschhafen #2, N.G.)
~~XXXXXXXX~~
 Cemetery AGRS Mausoleum, Manila, P.I.
 ANSER BAY CAMP
 Plot 802 Row B Grave 1670

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~Cemetery~~ 6 Dec 47
(Hour) (Date)
2. Place of death Buna, New Guinea
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by Cem. Finsch. #2, 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	/// O		
Jacket, HBT	/// N E		
* 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 _____

Web Equipment _____ (type)

(Other item) _____

(Other item) _____

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia _____ (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only - Skeletal chart attached**

Age _____ / Est. Height 5' 7" Est. Weight 155 Description of wounds _____

Bandages or dressings _____ Scars _____ (Length, width, location)

Tattoos _____ (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks _____ (Yes-no; description, location)

Sunburn or tan, other than hand and face _____

Complexion _____ (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____ U T D (Large, fat, thin, muscular)

Hair _____ (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)

Goatee (Light, color, extent)

Eyes **U** Eyebrows (Color, bushiness, extent across nose)
 (Color, setting, shape)

Nose **D** Ears (Size, set close to or far from head)
 (Size, shape, straight)

Mouth Lips (Small, large, full)
 (Large, medium, small)

Teeth **Tooth chart attached**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw **skull** **fractured**
 (Large, small, normal) Circumference of ~~head~~ **head** in inches (Hat band)

Neck Larynx (Prominent, normal)
 (Size, length, short, normal, wrinkled)

Shoulders Arms (Length, muscular, color, extent and quantity of hair)
 (Broad, straight, small, rounded)

Hands **U**
T

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)
 (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 Circumcision Pubic Hair (Color)
 (Quantity and extent of hair) (Yes-no)

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet Toes (Slender, straight, crooked, overlap)
 (Size, corns, callouses, flat)

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 the condition of remains.

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

9. Remarks No personal effects, identification dog tags or other means of evidence found with remains; so identification impossible. Estimated weight of remains 4½ 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/ Clement G Swan
(Officer's Name)

Emb.SR. Ung. G-064862
Rank Service

CIP, Laboratory, Manila, P.I.
(Organization)

6 Dec 47

CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
2nd Lt., MAC

SKELETAL CHART

X-2707

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

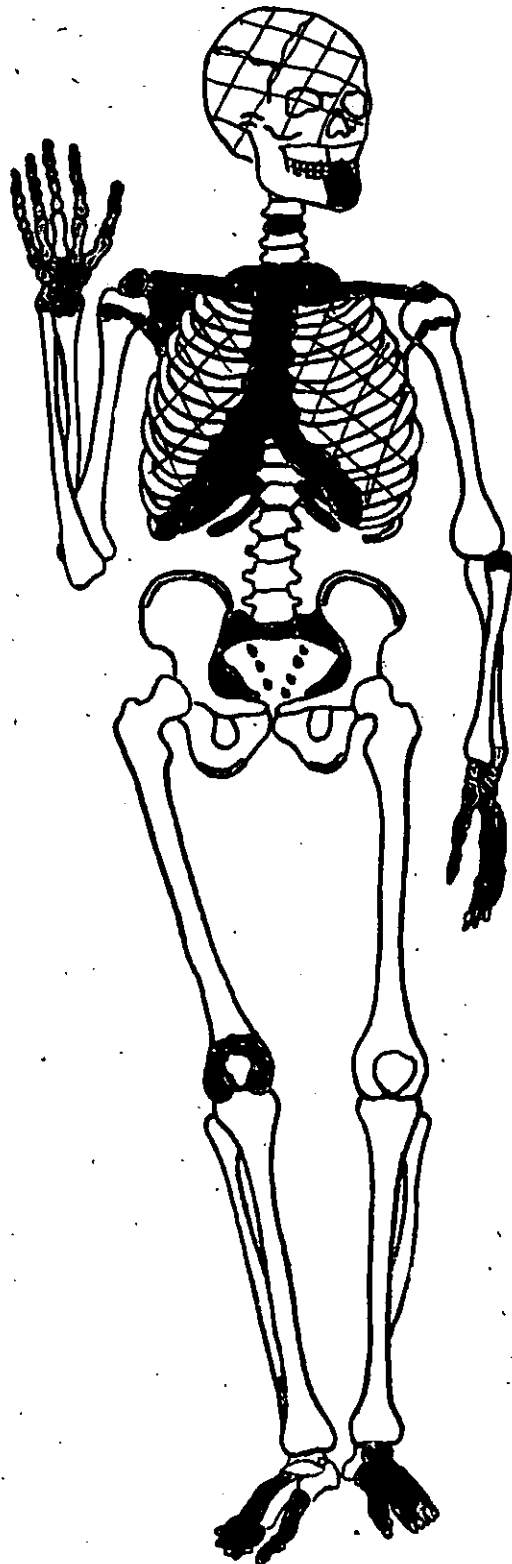
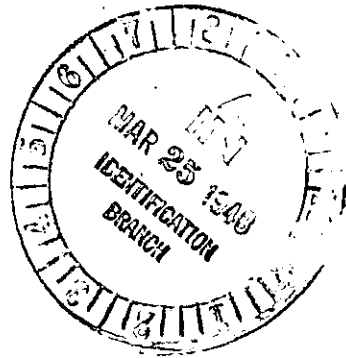


CHART "A"



47

CONFIDENTIAL

REGISTER OF DENTAL PATIENTS, AT

UNKNOWN X-2

(1) SURNAME

(2) CHRISTIAN NAME

SOPUTH # 1C

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

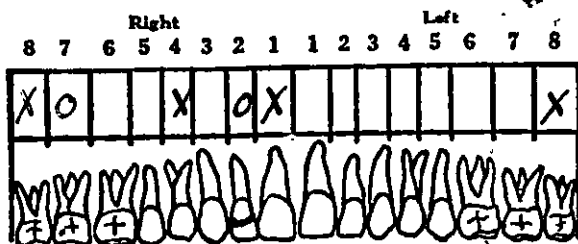
(9) SERVICE, YEARS

										(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
										(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
										(12) RESULTS AND REMARKS

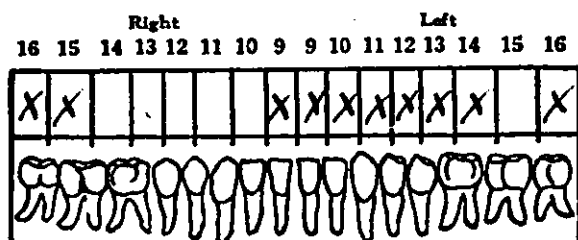
Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

R15, R14 Extracted
L9, L8, L10, L11, L12, L13, missing - not found
R16, L16 not cut thru
R9, R1, R4, R8 missing, not found
R3, R13, crooked

Date 7 August, 1944

A. J. Johnson *1st D. Q.M.C.*
 Dental Corps, U.S.A.

SEP 11 1944

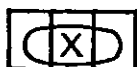
*Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

GRO

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 6)

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

STORAGE

DATE OF REPORT

18 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-2707 (Formerly Unk X-29
USAF Cem Finschhafen #2, N.G.)

SERIAL No.

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

Buna, New Guinea

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)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P

DATE OF BURIAL STORAGE 8 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. E	GRAVE No. CRYPT 1670
---------------------------------------	--------------	---	---------------------------------	-----------------	--------------	----------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Finschhafen #2, N.G.	PLOT No.	ROW No.	GRAVE No. 1034
---	---	----------	---------	-------------------

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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED WATSON, Jack V.	RANK Pfc	SERIAL No. 34106696	ORGANIZATION Co I 63rd Inf Regt	GRAVE No. CRYPT 1672
---	-------------	------------------------	---------------------------------------	----------------------------


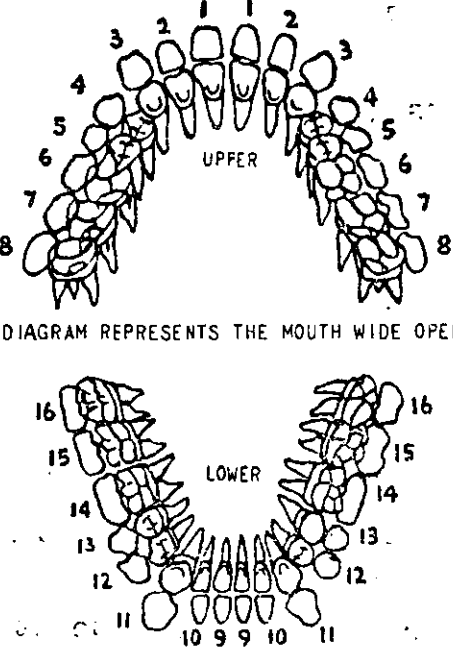





BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2703	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1668
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SIGNATURE OF PERSON PREPARING REPORT
R. R. ACIERTO, Pvt.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
L. S. PANOPIO, 2nd 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.

MAR 25 1948

LITTLE FINGER LEFT	Section UNIDENTIFIED REMAINS.			
RING FINGER LEFT	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.			
MIDDLE FINGER LEFT	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
INDEX FINGER LEFT	WEAPON AND SERIAL No.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
THUMB LEFT	OTHER IDENTIFICATION CLUES			
THUMB RIGHT	FILLINGS  SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
INDEX FINGER RIGHT	CAVITIES  CAVITY DECAYED			
MIDDLE FINGER RIGHT	MISSING TEETH  TOOTH MISSING			
RING FINGER RIGHT	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
MIDDLE FINGER RIGHT	BRIDGE WORK  GOLD BRIDGE			
LITTLE FINGER RIGHT	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
REMARKS:				
Identification Check List and Dental Chart accomplished.				

10 FEB 1948

RECEIVED
REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1012 1012

UNKNOWN X-29

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

Buna, New Guinea

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

1000 hrs. 7 March 1945 USAF CEMETERY, FINSCHHAFEN #2, N.G.

(Time and date of burial) reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from Grave # 157 USAF Cemetery Soputa #1C, N.G. X-2

1034

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?)

Religion

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

Body buried on RIGHT BUCKLEY, John F. 13 056 737 S/Sgt. Co. A, 592 EB & SR 1035
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT WOLD, Arthur C. Jr. 0 733 572 1st Lt 5th Bomb Grp 1033
(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:

Chandler - SR
AR 30-1815

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.

Geo A Ross
 George A. Ross / Sgt QMC-GRS

(Signature of officer or other person reporting burial)

Charles E Myers
 CHARLES E. MYERS Lt., QMC

(Verified by Army GRS Officer)

LEFT HAND

THUMB

RECEIVED
 JUN 2 1945

RIGHT HAND

THUMB

Changed to
~~CONFIDENTIAL~~

REPORT OF INTERMENT REINTERMENT

1012

(TM 10-630 AND AR 30-1815)
AR 30-1815

UNKNOWN, X-2 Soputa #1C
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Buna, New Guinea
(Place of death) (Date of death) (Cause of death)

1300hrs 7 Aug. 1944 USAF Cemetery Soputa #1C, New Guinea
(Time and date of ~~xxx~~) (Name of Cemetery) (Name of coordinates of location)

reburial

157 Cross Regulation
(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

Remains disinterred from grave # 278, USAF Cemetery Buna #1, New Guinea-
As Unknown X-14

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

Religion

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

Body buried on RIGHT MARINO, Mike S 35 280 232 Pvt Co B 127 Inf 158
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HOWARD, Homer L 39 201 443 Pvt Co B 187 Para. 156
(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:

Restricted

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

~~CONFIDENTIAL~~ 1012
~~CONFIDENTIAL~~
Rest. M. Life
Unknown

UNKNOWN X 14, Buna Village

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

Buna area, NewGuinea

Unknown

Unknown

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

Jan 21, 1943

Buna Village Cemetery

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

278

19

Temp. Cross

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

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

Religion

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

Body buried on RIGHT MARINO, Mike S., Pvt., 352580232, Co. B. 127 Inf. 279
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT BRALICK, George A., 2nd Lt., 0-888258, Co. B. 127 Inf. 277
(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 :

~~CONFIDENTIAL~~ - changed per AR 30-1815 JEM
per AR 30-1815 JEM

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able :

Height : Apparent nationality :
Weight : Laundry marks :
Color of eyes : Number of rifle :
Color of hair : Wear glasses ?
Race : Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

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

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



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

S/Sgt. Barnes, G. R. S.

(Signature of officer or other person reporting burial)

JAMES T. McONNAUGHEY

2nd Lt. Graves Registration Officer.

LEFT HAND

2

1

THUMB

RIGHT HAND

1

THUMB

4

3

2

1

THUMB

4

3

2

1

THUMB

REPORT OF INTERMENT **CONFIDENTIAL** 1012

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

@4509

(Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER

U^{IV} known

Unknown

(Last Name) (First) (Initial)

(Serial No.)

(Rank)

(Organization)

#293

Buna area, New Guinea (Undermined) unknown

unknown

(Place of Death)

(Date of Death)

(Cause of Death)

Jan. 21, 1943

Buna Village Cemetery, N.G.

(Time and Date of Burial)

(Place of Burial - Name and No. of Cemetery, if in a cemetery)

Buried with body

Attached to marker

278

19

Temp. cross

(Grave No.)

(Row No.)

(Plot No.)

(Kind Grave Marker)

(Identification Tags)

See map...

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



Change of Name and address of Emergency Addresser

(Name and address of legal next of kin)

AR 30-1815

CONFIDENTIAL

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

(Required when positive identity cannot otherwise be established)

(Page 2)
TM 630

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4
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List of personal effects and disposition of same

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

On Right- MARINO, Mike S., Pvt., 35280232, Co. B 127 Inf. Grave # 279 row 19

On Left- BRALICK, George A., 2nd. Lt., O-888258, Co. B 127 Inf. Grave # 277 row 19

S/Sgt. Barnes, G.R.S.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer JAMES T. MCCONNAUGHEY
2nd. Lt. OMC.

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