

**AIRMAIL**

QMGM 293  
GRS Far East

*Ident*

20 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 Mausoleum, Manila, P. I.:

- UNKNOWN X-15 USMC 77th Div. Cem. Okinawa, Unit 2, Page 1.
- " X-16 USMC Is. Comm. Cem. Okinawa, Unit w, Page 2.
- " X-1494 (formerly X-35 Finsch #2) Unit 2, Page 27.
- " X-2694 (formerly X-3 Finsch #2) Unit 2, Page 28.
- " X-5190 ~~AGRS Mausoleum, Manila, Unit 2, Page 25.~~

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

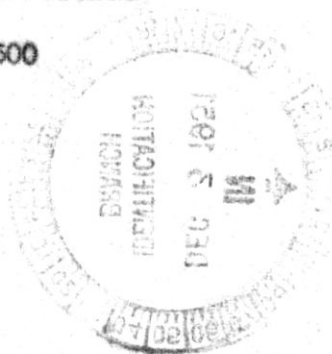
**FOR THE QUARTERMASTER GENERAL:**

THOMAS E. COX  
Capt QMG  
Memorial Division

J. Miller:lek  
G. Saleer

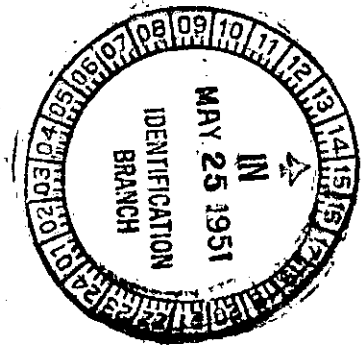
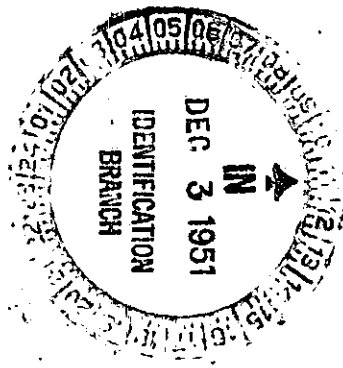
cc: Administrative Section

cc: CINGFB, APO 500



*293 Unit 191 X-2694*  
*JW*  
*JMH*

**AIRMAIL**



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 203

APO 900  
24 Mar 1950

SUBJECT: Unidentifiable Remains

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 QMGMU 293, GRS (Far East), dated 17 September 1948, subject; Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS ausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-228	AGRS Mslm	UNKNOWN X-3451	AGRS Mslm
" X-490	" "	" X-4320	" "
" X-1445	" "	" X-5190	" "
" X- 2694"	" "		

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

7 Incls  
QMC Forms 1044 w/ certificates  
of Unidentifiability.

HARRY C. THORNSVARD  
WOJG, USA  
Assistant Adjutant

Interred 23 March 1950  
L-6 71 F McKinley

DISINTERMENT DIRECTIVE

*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6911 00047	DATE 15 02 48 DAY MONTH YEAR
---	--------------------------------	------------------------------------

NAME <i>UNKNOWN</i>	SERIAL NUMBER X-000003	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY BRITISH GUINEA USAF FINSCHAFFED NO 20				DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	
		347	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- 2694 (Maus) UNKNOWN X- 000003 (Finsch #2)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 18 May '48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY ROBERT L. LENNON Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET  
DATE 18 May '48 BY ROBERT L. LENNON

CASKET SEALED BY ROBERT L. LENNON	EMBALMER (Signature) ROBERT L. LENNON
--------------------------------------	--

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

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

*Johns*

# 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>Carl R. Mark</i>	DATE MAR 23 1951

## 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 (KIND OF CONVEYANCE & TRAILER ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER MILITARY BRITISH ISLANDS	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM		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

ok

2-26

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

AFPO 900

20 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- 3, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 347, USMC Finsch #2, N. G., have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
decedent, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

*[Signature]*  
H. B. McNEEMAR  
Captain, CMC  
Chief, Records Branch

Received 17 Apr 50 0000

Not identifiable from  
information presently available  
*J. Miller Ident Sec.*  
*2 Apr 50*

Incl 4'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-2694 (Formerly X-3 Finsch #2)</b>				2. DATE OF REPORT <b>20 March 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>802</b>	5. ROW <b>E</b>	6. GRAVE <b>1661</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 7-3/8"</b>	10. COLOR OF HAIR <b>Dark brown</b>	11. RACE <b>White</b>
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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

**N O N E**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Skull broken</b>
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

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

**N O N E**

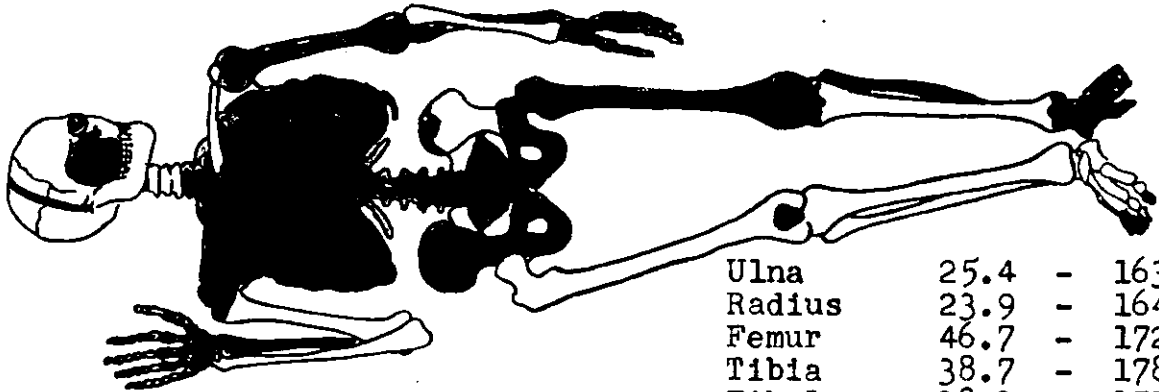
**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Incl #2*





19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height @ 5' 7-3/8"

170-4/5

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

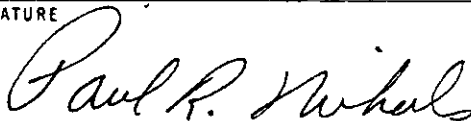
No identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 5 1/2 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  
**PAUL R NICHOLS**  
 Chief, Identification Section

SIGNATURE  


X-2694

# 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-2694 (Formerly UNK X-3  
USAF Cem Finsch. #2, N. G. )

15 Dec 47

Unknown

DATE  
Unknown.

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

Unknown

802 E 1661

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT  
NUMBER

ROW  
NO.

GRAVE NO.  
MARKER















*missing*

	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	
	RIGHT							UPPER TEETH			LEFT					
TYPE								o	⊗	⊗	SA	o	⊗	A	o	⊗
LOCATION								m			m/d	m		m/d	d/d	

*rotated* INSIDE — LOOKING OUT  
*see remarks*

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	RIGHT				LOWER TEETH				LEFT							
TYPE	⊗	A	⊗	o	⊗	⊗	⊗	⊗	⊗	⊗	⊗	A	o	⊗	A	⊗
LOCATION		o		o/d								m/d			o	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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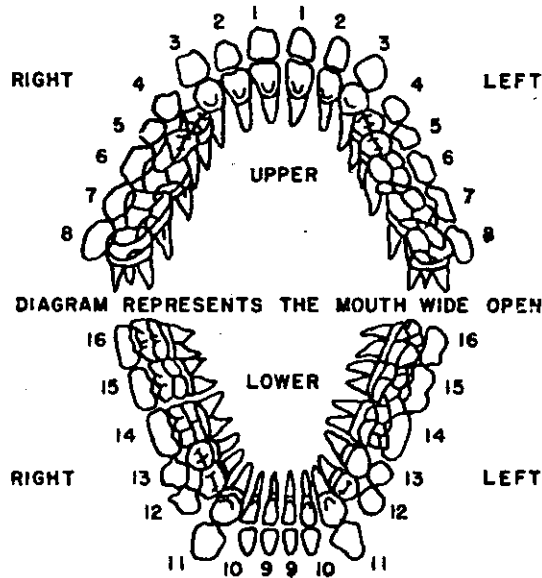
**INSTRUCTIONS:**

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:**

One loose tooth found with remains and tentatively identified as R-1. Only a very small piece of root tip of R 12 found with remains.

/s/ John J. Connors  
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ JOHN J. CONNORS  
NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

CIP, Laboratory, Manila, P.I.

15 Dec 47

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. 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-3  
 (USAF Cem Finsch. #2,  
 (N. G.)

Unknown X-2694

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 802 HANGER E BAY GRIP Grave 1661

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 5 Dec 47  
(Hour) (Date)
2. Place of death Unknown  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or 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	
* Shirt, Wool OD		E	
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

\* Shoes One right Service Shoe with number 374.  
(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 attached.

Age ..... Est. Height 5' 7" Est. Weight 160 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 ..... U  
T (Light, medium, dark, clear, pimples, poeks, freckles)

Build ..... D  
(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 .....  
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee .....  
 (Light, color, extent)

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

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

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

Teeth .....  
**See tooth chart attached.**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... Circumference of head in inches .....  
 (Large, small, normal) (Hat band)

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

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

Hands .....  
 U  
 D

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 .....  
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty .....  
 (Yes-no; location)

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

Feet ..... Toes .....  
 (Size, corns, callouses, flat) (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 the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain:

(Yes-no)

9. Remarks No ROI bottle, identification dog tags, no personal effects found with remains. One right service shoe found, with No. 374 on it, size impossible. Shoe enclosed with casket. Estimated weight of remains 4 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.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA  
2d Lt., MAC

/s/ Clement G. Swan

(Officer's Name)

Emb. Sr. Ung. C-064862

Rank

Service

CIP, Laboratory, Manila, P.I.

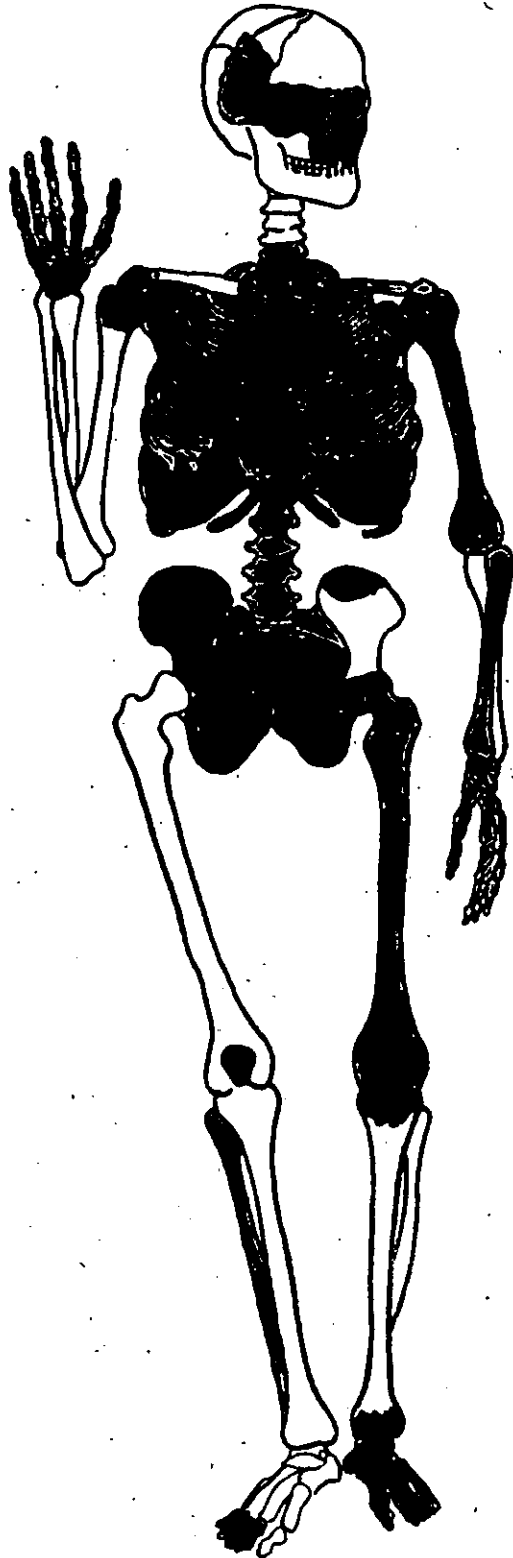
(Organization)

5 Dec 47

# SKELETAL CHART

X-2694

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



3-cervical vertebrae

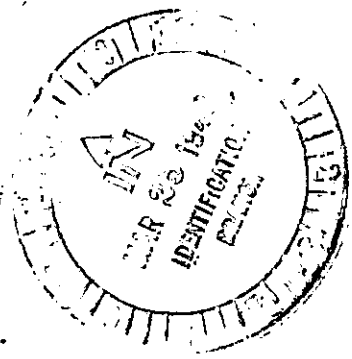
*DM*

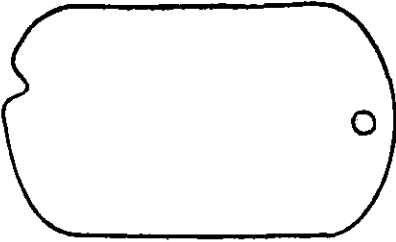


CHART "A"



21

INVESTIGATION



WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 15 Dec 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-2694 (Formerly UNK X-3 USAF Cemetery Finsch #2, N. G. )				
		SERIAL NO. Unknown		BRANCH OF SERVICE Unknown		
GRADE Unknown		ORGANIZATION 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 6 March 1944	
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						
<b>Section 2.—BURIAL.</b> 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. RANGER 802	ROW No. BAY E	GRAVE No. CRYPT 1661
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. 347	
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) UNKNOWN X-2696			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1663
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2692			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1659
SIGNATURE OF PERSON PREPARING REPORT  R. R. ACIERTO, Pvt.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. 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.						

MAR 25 1948

RESTRICTED

**Section 3.—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.


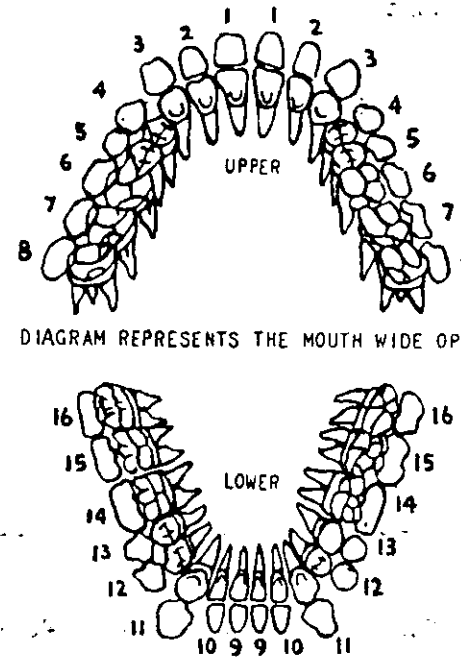




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

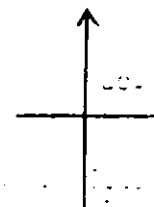
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

**One (1) right Service Shoe with No. 374**

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>	



REMARKS:

Identification Check List and Dental Chart accomplished.

**10 FEB 1948**

~~CONFIDENTIAL~~  
**REPORT OF INTERMENT (CORRECTED)**

*changed to Restricted*  
(TM 10-630 AND AR 30-1815) *per Auth AR 30-1815 J.M.*

*4316*  
**4316**

**UNKNOWN X-3**

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

**6 March 1944**

(Place of death)

(Date of death)

(Cause of death)

**1000 hrs 3 Feb. 1945**

**USAF CEMETERY, FINSCHHAFEN #2, N. G.**

(Time and date of Burial)

(Name of Cemetery)

(Name of coordinates of location)

**Disinterred, Grave 73; USAF CEMETERY, Los Negros #1, Admir. Is. X-2**

**347**

(Grave number)

(Row number)

(Plot number)

**Cross-regulation w/plate**

(Type of marker—Regulation Y-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)

Body buried on **RIGHT WALKNEY, Joseph E.** **33 265 876** **Cpl** **Hq Co 592** **Eng S & B** **348**  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT A MM, Fred J.** **32 690 431** **Pvt.** **F.A. Bn.** **346**  
(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**

**Restricted per Auth AR-30-1815 J.M.**



**REPORT OF INTERMENT**

4316

UNKNOWN AMERICAN SOLDIER

*Changed to* (TM 10-630 AND AR 30-1815)

*Restricted* *per Auth AR 30-1815* *4316*

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

6 March 1944

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

1000 hrs 3 Feb. 1945

USAF CEMETERY, FINSCHHAFEN #2 N.G.

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

Disinterred from Grave 75; USAF Cemetery, Los Negros #1, Admiralty Islands

347 (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 identity definitely established, give particulars)

Body buried on RIGHT WALKNEY, Joseph E. 33 265 876 Cpl. Hq Co 592 Eng S & B 348  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT AMM, Fred J. 32 690 431 Pvt. F. A. Bn. 346  
(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:

*changed to* none-reinterment  
*Restricted*  
*per Auth AR 30-1815* *435*

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*  
GEO. A. ROSS, M/SGT., OMC-GRS

(Signature of officer or other person reporting burial)

*Charles R. Myers*  
CHARLES R. MYERS, OMC

(Verified by Army GRS Officer)

LEFT HAND

2

1

THUMB

3

4

RIGHT HAND

2

1

THUMB

3

4

RECEIVED  
10 FEB 1945

~~CONFIDENTIAL~~ *changed or restricted*  
REPORT OF INTERMENT *auth* **4316**  
(TM 10-630 AND AR 30-1815) *AR 30-1815 J.M.*

Unknown (American Soldier) X-2

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

6 Mar '44

(Place of death)

(Date of death)

(Cause of death)

1600 Mar 44 USAF Los Negros Cem No 1, Los Negros I, Admiralty Is

(Time and date of burial)

(Name of Cemetery)

(Name of coordinates of location)

73

(Grave number)

6

(Row number)

1

(Plot number)

Cross

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body

Yes

No

Attached to marker

Yes

No

Certified True Copy

Embossed tag buried with body & affixed to Cross

*Paul J. Tonn* of no identification tags, what means of identification are buried with the body?

Paul J. Tonn,

1st Lt. Q.M.C.

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

Religion

Body buried on RIGHT

None

Unable to excavate

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT

Fred J. Amm, 32690431 Pvt Btry A, 99th FA Bn

72

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

2

(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

*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.

Cpl. H. A. HAMANN,

(Signature of officer or other person reporting burial)

T. A. DANNER,  
2nd Lt. Q.M.C. GRS.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED  
5 AUG 1944

## EXPLANATION X 2:

Body Buried by Chaplain Trent before arrival of Graves  
Registration personnel to supervise burials.