

RESTRICTED

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

REPORT OF ~~IDENTIFICATION~~ STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

NOV 30 1950

Imprint Identification Tag If Possible.
DO NOT TYPE

Plotted X-30
Finsch #1

Section 1.—IDENTIFICATION. *243 unk. Finschallen #2*
NAME (Last, first, middle initial)
UNKNOWN X-30, USAF Cem #1, Finsch, N. G.
(Manila Maus X-576)

SERIAL NO. *X-30*
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
Nobonob, New Guinea

CAUSE OF DEATH
Executed after capture by
enemy -- Beheaded

DATE OF DEATH
Approx.
April 44

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
U. S. ARMY MAUSOLEUM, AGRS - PAZ

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	BOOK	BOOK	BOOK
3 Nov 50		Final Type Casket		Manila	Section	202

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	BOOK	BOOK	BOOK
Yes	AGRS Mausoleum, Manila, P. I.	801	C	736

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to	--	--	--	--

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
manner of storing caskets	--	--	--	--

SIGNATURE OF PERSON PREPARING REPORT
Leroy F. Turner
LEROY F. TURNER, Adm. Asst.


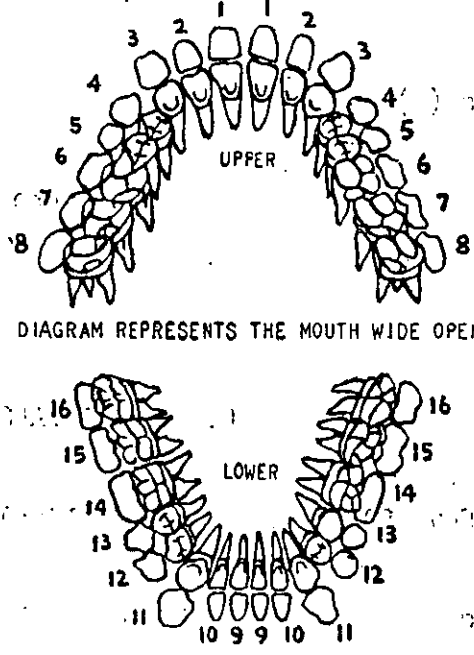




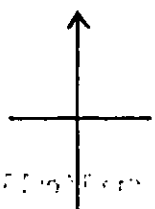
SIGNATURE OF GRS OFFICER VERIFYING REPORT
Stanley E. May
STANLEY E. MAY, Major, QMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

243 unk Finschallen X-576

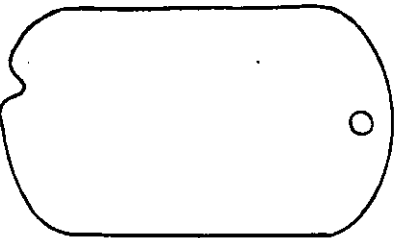
RESTRICTED

LEFT LITTLE FINGER	Section 2—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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
	REMARKS:			
	IDENTIFICATION SECTION DEC 5 1950			

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

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

DATE OF REPORT
NOV 30 1950

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-30, USAF Cem #1, Finsch, N. G. (Manila Maus X-576)		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 Hobonob, New Guinea	CAUSE OF DEATH Executed after capture by enemy -- Beheaded		DATE OF DEATH Approx. April 44

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)	


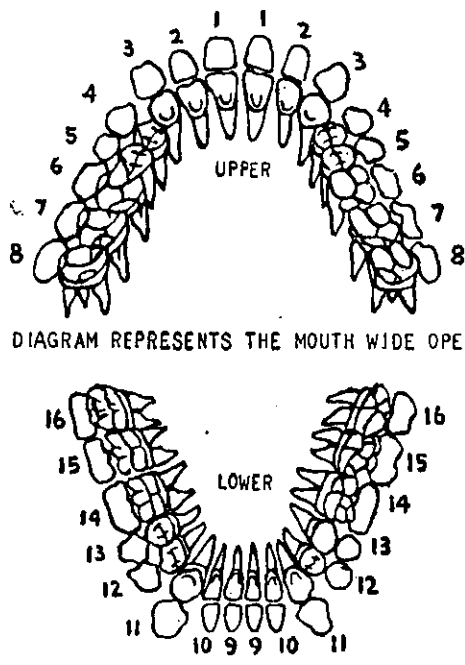




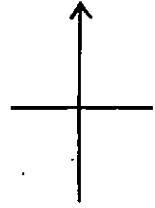
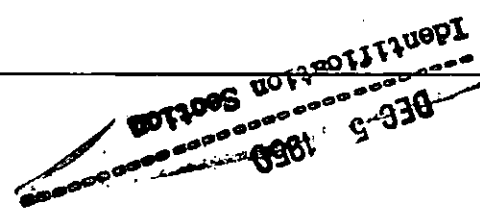
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. ARMY MAUSOLEUM, AGRS - PAZ					
DATE OF BURIAL 3 Nov 50	HOUR	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER	MARKER Manila Section	MARKER 202
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.			MARKER 801	MARKER C
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) --	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
SIGNATURE OF PERSON PREPARING REPORT LEROY F. TURNER, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT STANLEY E. MAY, Major, QMC		

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 62

LEFT LITTLE FINGER	Section 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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
	BRIDGE WORK  GOLD BRIDGE			
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT RING FINGER	REMARKS: <div style="text-align:right; margin-top: 20px;">  </div> <div style="text-align:right; margin-top: 20px;">  </div>			
RIGHT LITTLE FINGER				

AIRMAIL

SECRET 202
G-6 Far East

5 April 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philippines
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-35, 7th Div. Com (1 Okinawa, Unit 2, Page 1
"	X-68 " " " " " " " 2, " 1
"	X-279, Okinawa Island Com. Com. " 2, " 3
"	X-280 " " " " " " " 2, " 3
"	X-1545, (form. unk. X-36 Pinesch (K), Unit 2, Page 27
"	X-1548, (" " X-72 " "), " 2, " 27
"	X-2175, (" " X-169 Leyte (1), " 2, " 12
"	X-2695, (" " X-35, Pinesch (2), " 2, " 27
"	X-2696, (" " X-41, " "), " 2, " 27
"	X-2707, (" " X-29, " "), " 2, " 26
"	X-2711, (" " X-20, " "), " 2, " 26
243	X-4038, AGRS Maus. Manila, P.I., Unit 2, Page 23
"	X-4032, " " " " " " " 2, " 23
"	X-4035, " " " " " " " 2, " 23

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

FOR THE QUARTERMASTER GENERAL:

J. Miller:iro
Major
Jr
cc--Administrative Section
cc--Cinefe

T. H. DAVIS
Lt. Colonel, GSC
Memorial Division



JAN
YES

AIRMAIL

AIRMAIL

SECRET 203
GPO for East

3 April 1950

SUBJECT: Identification of World War II Deceased

To: Commanding Officer
American Graves Registration Service
Philippines 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-35	Yth Div. Com (I Okinawa, Unit 2, Page 1
"	X-58	" " " " " " " 2, " 1
"	X-275	Okinawa Island Com. Com. " 2, " 3
"	X-280	" " " " " " " 2, " 3
"	X-1545	(form. Unit. X-26 Pinesch (K), Unit 2, Page 27
"	X-1548	(" " X-79 " "), " 2, " 27
"	X-2375	(" " X-169 Coyte (I), " 2, " 12
"	X-2695	(" " X-35, Pinesch (K), " 2, " 27
"	X-2698	(" " X-41, " "), " 2, " 27
"	X-2707	(" " X-29, " "), " 2, " 26
"	X-2711	(" " X-20, " "), " 2, " 26
293	X-4032	AGRS Maus. Manila, P.I., Unit 2, Page 23
"	X-4033	" " " " " " " 2, " 23
"	X-4035	" " " " " " " 2, " 23

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

FOR THE QUARTERMASTER GENERAL:

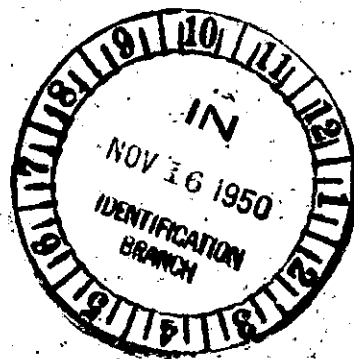
J. Miller:iro
Major
Jr
cc--Administrative Section
cc--Cinops

T. H. DUTTS
Lt. Colonel, GSC
Memorial Division



JAN
YES

Handwritten signature



1-2-3-4-5-6-7-8-9-10-11-12

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

4 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- 30, Plot _____,
Row _____, Grave 1405, 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


A. B. McNEMAR
Captain, QMG
Chief, Records Branch

Received 24 Mar 50 OQMG
Not identifiable from J. Miller's Report Dec
information presently 29 Mar 50
available

Incl # 12

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-2711 (Formerly X-30 Finsch #2)			2. DATE OF REPORT 4 March 1950		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION AGE: 22-27

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 11 5/8"	10. COLOR OF HAIR U T D	11. RACE WHITE
------------------------------	-----------------------------------	----------------------------	-------------------

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Nose has been broken anteriorly as indicated by the nasal bones.

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

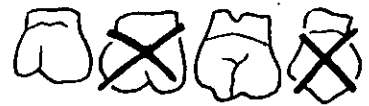
REPRODUCED FROM THE ORIGINAL RECORDS
BY REASON OF THE UNRELIABLE IDENTIFICATION DATA

Incl# 12⁴

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

TOP VIEW

SIDE VIEW



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Gold Crown, Porcelain Crown



BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed

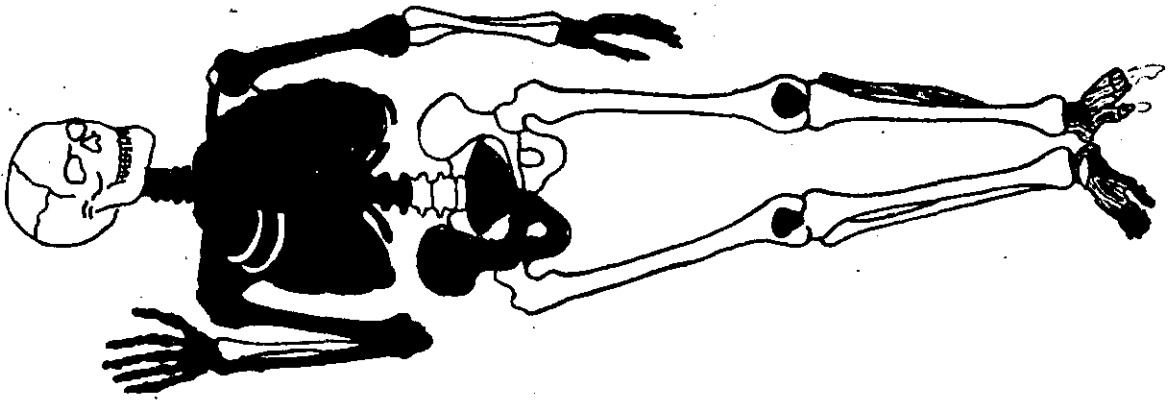


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
⊗	×	×	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	×	⊗	×	×
Side Views															Side Views
UPPER															
LOWER															
2 0 f	2 0 f	×	×	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	×	×	2 0 f
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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.

RECEIVED
BY [illegible]
[illegible]

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-2711

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-2711 (Formerly Unk X-30)
USAF Cem #2, Finschhafen NG)

6 Dec 47

DATE

LAST NAME FIRST INITIAL

Unknown

RANK

Unknown

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Sanananda Track

Manila, P.I.

802

F

1877

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

INDEXER

DAY

CRIP

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	P	X	P	P	P	P	P	P	P	P	P	P	P	X	A	X	TYPE
LOCATION																	o		LOCATION

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		A	A	X	X	P	P	P	P	P	P	P	P	P	X	X	A	TYPE	
LOCATION		of	odly													of		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		OCCLUSAL (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)

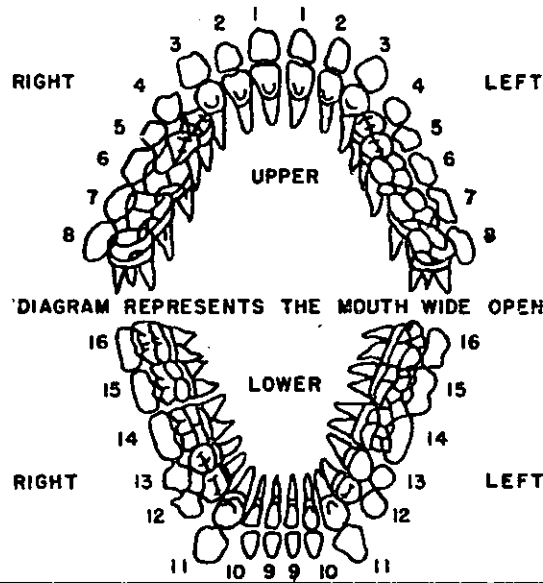
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS: Maxilla and mandible with remains but mostly of teeth are P or X.

/s/ Cirilo R. Sario
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Melvin S. Mittenthal
VERIFIED BY GRS OFFICER

/p/ CIRILO R. SARIO S-8-A
NAME AND RANK TYPED OR PRINTED

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

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

6 Dec 47
DATE

CERTIFIED TRUE COPY:
G. T. Gamboa
G.T.GAMBOA
2d Lt MAC

Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____
 * Shoes _____ (type) _____
 Overshoes _____ N
 Web Equipment _____ N (type) _____
 (Other item) _____ E
 (Other item) _____
 • If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or _____
 Insignia _____ (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch _____

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

6. Description of Remains: Skeleton only. Chart attached.

Age / _____ Est. Height 5' 10 3/4" Weight _____ 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 (Large, fat, thin, muscular)
 Hair _____ T (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
 Hair _____ D (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 / / (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

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

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

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

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

Jaw / / (Large, small, normal) Circumference of ^{skull} ~~head~~ in inches 20" (Hat band)

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

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

Hands

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 T (Size of navel, appendectomy, amount, quantity, and color of hair)

Back (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

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

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

Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Due to condition of remains.

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

9. Remarks No personal effects, no ROI bottle nor I.D. tags found
with remains.

Estimated weight of remains 6 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/ Henry P. Smith
(Officer's Name)

SP-6 C-063102 Fez-AGRS
Rank Service

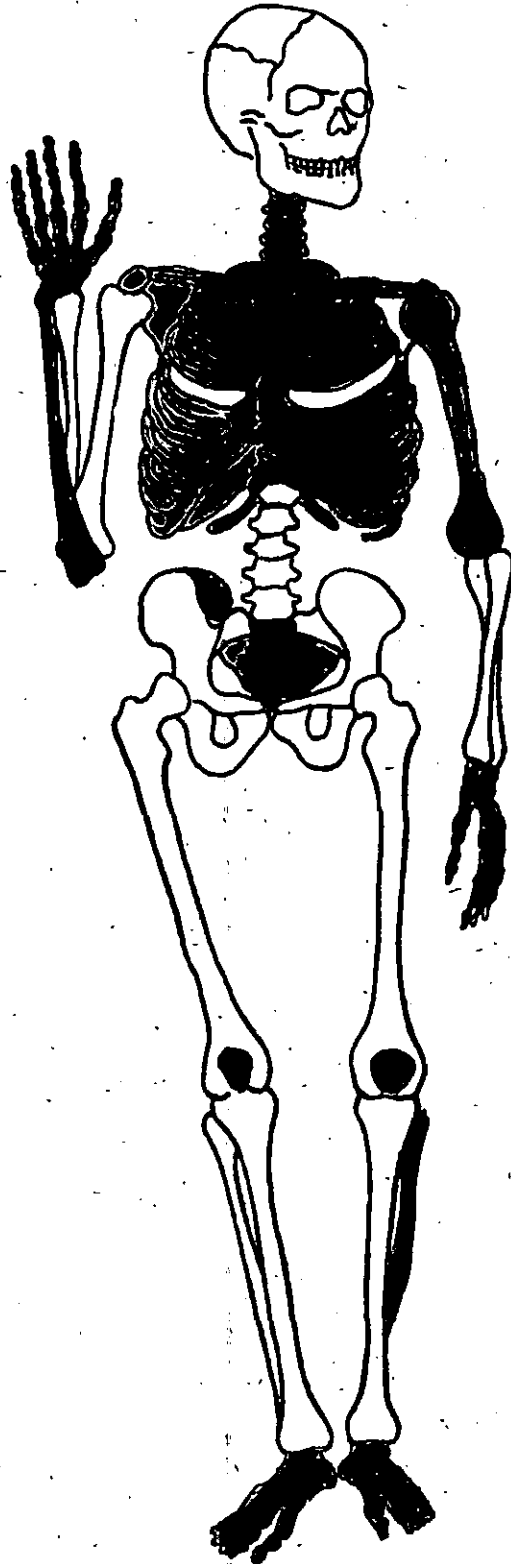
CIP LAB., Manila, P.I.
(Organization)

6 Dec 47

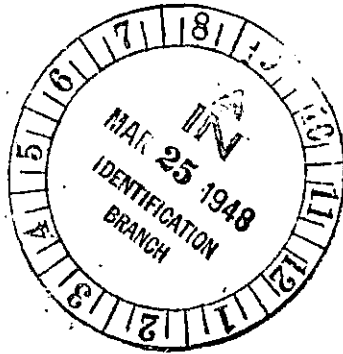
SKELETAL CHART



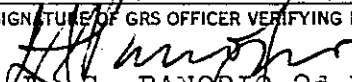
X-2711

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



2-Ribs present
4-lumbar Vert. present



WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		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-2711 (Formerly Unk X-30 USAF Cem #2, Finschhafen NG)			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 Sanananda Track		CAUSE OF DEATH KIA			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 GRS MAUSOLEUM, MANILA, P						
DATE OF BURIAL STORAGE 8 Dec 47	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED basket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. F	GRAVE No. CRYPT 1877
WAS THIS A REBURIAL? (Yes or no) RESTORE Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #2, Finschhafen N.G.					
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 UNKNOWN X-2713-A			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1879
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2709			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1875
SIGNATURE OF PERSON PREPARING REPORT  R. R. ACIERTO Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT  U.S. PANOPLO 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

Section UNIDENTIFIED REMAINS

INSTRUCTIONS:


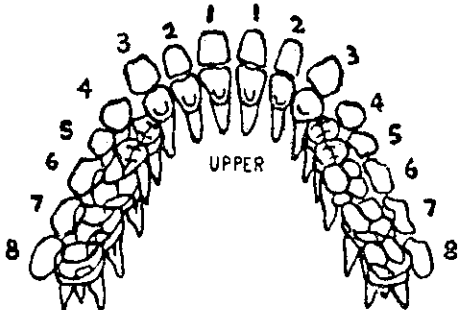




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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.

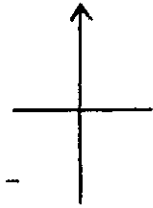
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

Identification Check List and Dental Chart
accomplished.

10 FEB 1947

Car

1

Interred 14 March 1950
L 4 117 Ft. McKinley

DISINTERMENT DIRECTIVE

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

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6911 00203

DATE

15 01 48
DAY MONTH YEAR

NAME

UNKNOWN X-000030

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

1405 NEW GUINEA

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

X-2711 (Mausoleum)
X-000030(Finsch #2)

19 May '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

GERARD A. BRICK
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half

Skeletal

OTHER MEANS OF IDENTIFICATION

Marker - Unknown X-30

Grave 1405

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 May '48

BY

GERARD A. BRICK

CASKET SEALED BY

EMBALMER (Signature)

GERARD A. BRICK

GERARD A. BRICK

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 19 May '48 PLACIDO M CASTILLO

AGUSTIN C. LIQUIGAN, 2nd Lt., FA

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

Agustin C. Liquigan
AGUSTIN C. LIQUIGAN

SIGNATURE OF GRS INSPECTOR

DATE

NAME

AGUSTIN C. LIQUIGAN, 2nd Lt., FA
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>[Signature]</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>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 1402 WEN COUNTY		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

7. SHIPPED

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

~~CONFIDENTIAL~~
RE *Changed to*

4970

Restricted 4970
Per Auth AR 30-1815.8 epm

UNKNOWN X-30

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

Sanananda Track

KIA

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

1000 hrs. 10 March 1945 USAF CELETARY, FINSCHHAFEN #2, N.G.

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

Disinterred from Grave #274 USAF Cemetery, Soputa #10, N.G. *Unknown X-3*

1405

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 GLOVER, J. G. 38 590 177 Pvt. Bty B, 101 CA Bn 1406
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT MC GUE, James E. 35 520 867 S/Sgt. 90 Bomb Gp 1404
(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:

111

179

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., GRS.

(Signature of officer or other person reporting burial)

Charles R Myers
.....
CHARLES R. MYERS, 1st Lt., OMC.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED
18 MAY 1947

Changed to Restricted
~~CONFIDENTIAL~~

Rest. Auth AR 30-1815 JHM.

OCT 2 1944
4970

Graves Registration
Form No. 1
(Revised May 11, 1943)

~~CONFIDENTIAL~~ REPORT OF INTERMENT REINTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN X 3, Soputa # 1C.

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

Sanananda Track. Buna, New Guinea

KIA.

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

0900hrs. 29 Aug. 1944. USAF Cemetery Soputa # 1C, New Guinea.

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

reburial

274

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 isolated grave located near American Machine Gun Post, on Sanananda Track. Grid Cord. (192-2695) Map Ref. Gona Rev., 4" = 1 mile. American meat can cover with the inscription "VOCE" was found with Remains. (If no identification tags what means of identification are buried with the body?) Current Casualty Reports do not carry a "VOCE" as missing. Religion

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

Body buried on RIGHT TOLLENAAR, Gleen E. 20 946 031 T/5 Bty B 167 FA Bn. 275

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HEMINGER, Francis R. 37 096 496 Pvt Co H 127 Inf. 273

(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 :

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? <input type="checkbox"/>
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.

Alger G. Johnson
T/4 William V. ~~Garzo~~ GRS.

(Signed by officer or other person reporting burial)

Alger G. Johnson
ALGER G. JOHNSON, 1st Lt. QMC.

(Verified by Army GRS Office)

LEFT HAND

THUMB

RIGHT HAND

THUMB

RECEIVED
12 SEP 1943