

QMGMT 293
GRS Far East

1 November 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
Philippine Air Command
APO 74, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

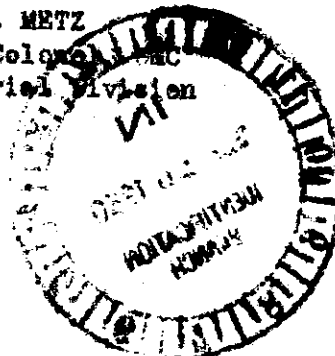
1. Reference is made to the following Unknown remains now stored at the AGRS Mausoleum, Manila, P.I.:

Unknown X-1493	(formerly Unk X-52,	USAF Cemetery #2, Finschhafen)
" X-1566	(" " X-76,	" " " ")
" X-2323	(" " X-619,	" " #1, Leyte)
" X-3127	(" " X-44,	" " #2, Finschhafen)
" X-3130	(" " X-133,	" " " ")
" X-3233	(" " X-69,	" " #1, Santa Barbara)
" X-3235	(" " X-71,	" " " ")
" X-3401	(" " X-335,	" " " " Leyte)
" X-3403	(" " X-337,	" " " ")
" X-3430	(" " X-331,	" " " ")

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

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel
Memorial Division



GSGR 293.9

AGO 707
12 OCT 1949

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

UNKNOWN	X-136, Island Com.	UNKNOWN	X-3401	AGRS	Mslm
	X-700	AGRS	Mslm	X-3403	" "
	X-1167	" "	X-3430	" "	
	X-1887	" "	X-3956	" "	
	X-1245	" "	X-4132	" "	
	X-1493	" "	X-4133	" "	
	X-1565	" "	X-4134	" "	
	X-2323	" "	X-4427	" "	
	X-3127	" "	X-4676	" "	
	X-3130	" "	X-4799	" "	
	X-3233	" "	X-4603	" "	
	X-3235	" "			

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

FOR THE COMMANDING GENERAL:

23 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

C. H. LIEURANGE
2nd Lt., AGD
Asst. Adj. Gen

att

AIRMAIL

293 Unknown X-44 (Finschhafen #2)

CRYPT 293

Unknown X-3127

AGRS Mausoleum, Manila, P.I.

8 September 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

1. Proceedings of the Field Board of Review recommending that the remains of Unknown X-3127, AGRS Mausoleum, Manila, P.I., Hanger 813, Bay D, Crypt 1072, (formerly Unknown X-44, USAF Cemetery, Finschhafen #2, N.G.) be identified as Pvt. Ambrosio Garcia, 38070287, are returned herewith disapproved for the following reasons:

a. Due to the number of casualties at or near Buna, New Guinea and the number of Unknowns recovered from that area, the dental information and documentary evidence is too inconclusive to warrant an identification.

b. Records on file in this Office indicate that several Unknown remains for which dental charts could not be accomplished were recovered from same area as Unknown X-3127.

2. In view of the above it is requested that further investigation be conducted by your headquarters and findings forwarded upon completion thereof.

FOR THE ACTING CHIEF QUARTERMASTER GENERAL:

1 Incl
Ed P. ... (Garcia)

T. H. METZ
Lt. Colonel, QMC
Memorial Division

REB
REB
TEC

J.M.
J. Miller:lp
Ball
JW
cc--Administrative Section
cc--Cincfe

SEP 9 1 50 PM '49
COMC MGR BR

293 Garcia, Ambrosio 38070287

CMB LC

Interred 18 Oct 49
D 11 79 Ft. McKinley

DISINTERMENT DIRECTIVE

Carroll Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6911 00257

DATE

15 01 48
DAY MONTH YEAR

/add

NAME

992

UNKNOWNX-000044

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

Q

DAY MONTH YEAR

CEMETERY

BRITISH GUINEA USAF FINSCHAFFEN NO 20

DISPOSITION OF REMAINS

770.1 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

2462 NEW GUINEA

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

MANILA #2, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

Unk X - 44
Unk X - 3127 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

29 Oct 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

RICHARD HOYT
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

Unk X - 3127 Maus.

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Oct 48

BY RICHARD HOYT

CASKET SEALED BY

RICHARD HOYT

EMBALMER (Signature)

s/ Richard Hoyt

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 29 Oct 48
BY WEYMAN L McGUIRE
Sgt., MC

HONORIO V AURELIO, 1st Lt., Inf

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

s/ Honorio V Aurelio, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

[Handwritten signature]
REPATRIATION
BRANCH

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll</i>	DATE 18 OCT 1949

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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. H. ...</i>	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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

27 Sept 1949

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X-44, Flot _____,
Row _____, Grave 2462, USMC USAF Cem. Finsch. #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McNemar

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

Atch: Form 1044

Received 25 Oct. 49 OQMG
Not identifiable from
information presently
available *T. A. Fields, EP*
27 Oct. 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3127 (Formerly UNK X-44 Finsch #2)				2. DATE OF REPORT 29 Sept 49	
3. NAME OF CEMETERY AGRS, Mausoleum, Manila, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	D	1072	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'4"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
----------------------------	-----------------------------	--------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

NONE

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)

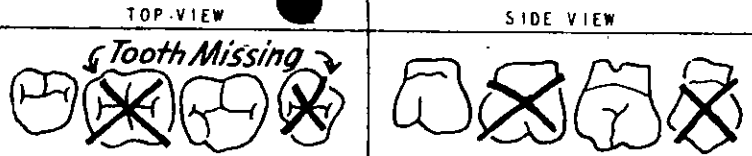
NONE

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

18.

TOOTH CHART

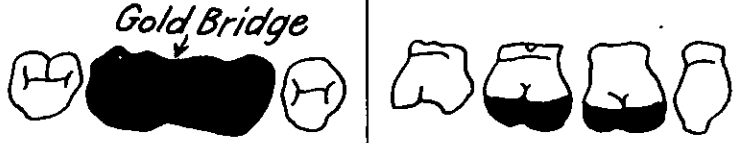
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



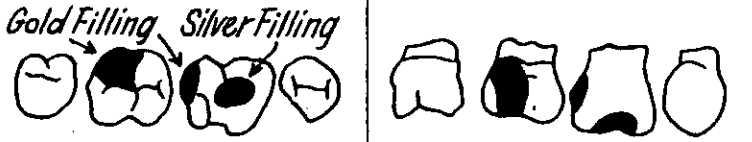
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



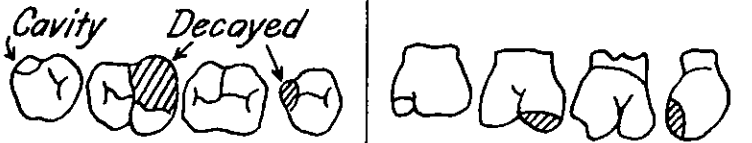
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
partially impacted	A		A	A	S	P	P	P	P	P	ew	A	A	A	partially impacted
OL			od	od	dl						m	od	o	o	
Side Views	[Tooth diagrams in side view]														Side Views
Top Views	[Tooth diagrams in top view]														UPPER
Side Views	[Tooth diagrams in side view]														LOWER
fully impacted	H	A	H	P	P	P	P	P	P	P	H		H	A	fully impacted
	o	mod	od								do		mod	o	
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."

R8 and L8 are partially impacted.
R16 and L16 are fully impacted.

Paul R. Nichols

"UNIDENTIFIABLE"

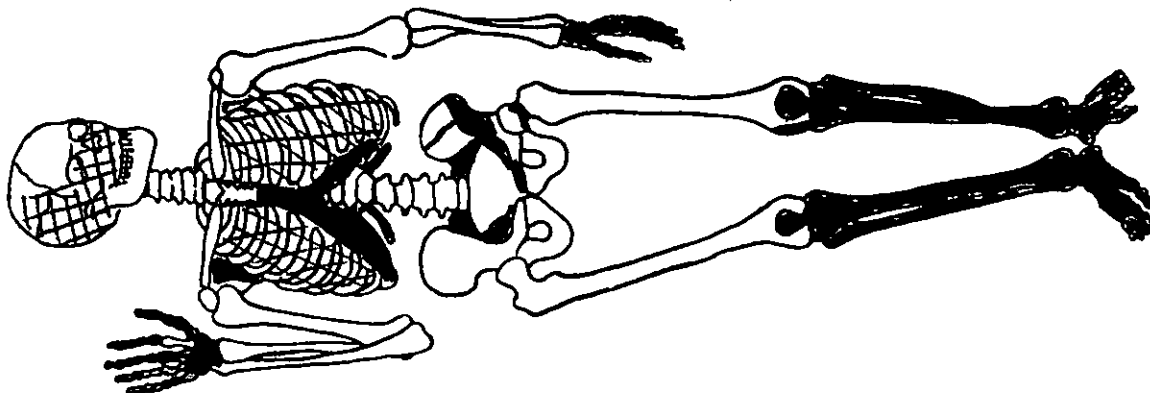
PAUL R. NICHOLS

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED

5 cervical vertebrae
7 thoracic "
4 lumbar "



Est. height: 5'4"

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 ROI, identification tags or personal effects found with remains.
Estimated weight of remains- 4 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

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.

9 Oct 17
DATE

UNKNOWN X 44

 LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT USAF CEMETERY-2 ORGANIZATION
 Cape Killerton Area, N.G. Finschhafen N.G. 2462

 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

impacted RIGHT UPPER TEETH LEFT *impacted*
















	8/	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8/	
TYPE	/	A		A	A		A	A	A	A			A				
LOCATION		01		od	od								od				

impacted RIGHT LOWER TEETH LEFT *impacted*

INSIDE — LOOKING OUT

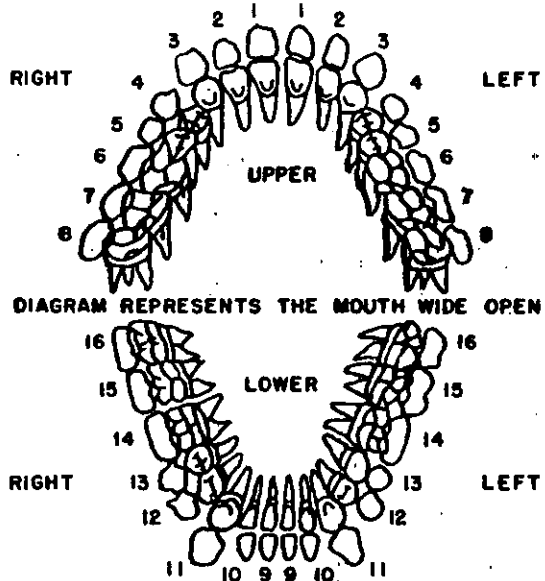
	16/	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE	/	A	A	A	A	A	A	A	A	A	A	A		A	A	/	
LOCATION		0	od	od										od	0		

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	 OXYPHOSPATE (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:

Andrew Morgan
 SIGNATURE OF PERSON WHO PREPARED CHART
ANDREW L MORGAN Capt. MC
 Assistant Embalmer
 NAME AND RANK TYPED OR PRINTED

Celestino E. Adellar
 VERIFIED BY GRS OFFICER
C. CRISTINO E. ADELLAR 2nd Lt PA
 NAME AND RANK TYPED OR PRINTED

USAF CEMETERY-2 Pinschhafen U.S.
 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

9 Oct /47
 DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3127 (Formerly UNK X-44 USAF Cem #2, Finschhafen, New Guinea)				2. DATE OF REPORT 5 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.		4. PLOT HANGER 813	5. ROW BAY D	6. GRAVE BEYOND -1072	7. DATE OF DISINTERMENT 9 Oct 47 REINTERMENT STORAGE 6 Jan 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'4"		10. COLOR OF HAIR UTD	
11. RACE					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Burial bottle is found with remains, but the contents is so wet and cannot be taken out at the container. No ID tags.					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD					
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 None					
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) No clothing nor any personal effects found with remains.					

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

RIGHT										LEFT						
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Partially Impacted	A		A	A	S	R	R	R	R	R	Car. m	A	A	A	Partially Impacted	
	o		od	od	dt							o	o			
Side Views																
UPPER																
LOWER																
Side Views																
fully impacted	A	A	A	R	R	R	R	R	R	R	A		A	A	fully impacted	
	o	mod	od								o		mod	o		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

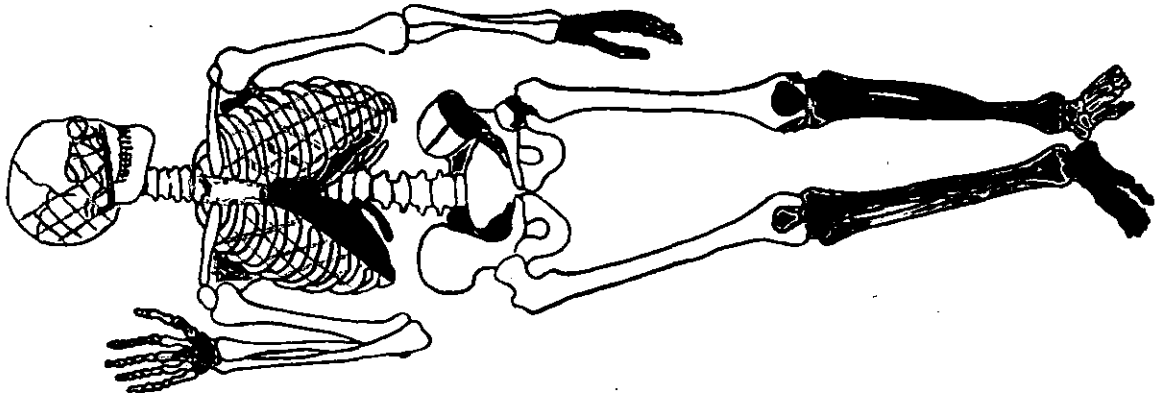
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R 8 and L 8 are partially impacted.
 R 16 and L 16 are fully impacted.

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

/s/ Edward F Moriarty

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

5 Cervical Vertebrae
7 Thoracic Vertebrae
4 Lumbar Vertebrae
Skull broken

Estimated weight of remains 4 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
2d Lt MSC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
/p/ EDWARD F MORIARTY
Emb Sup
CIP, Laboratory, Manila, P.I.

SIGNATURE
/s/ Edward F Moriarty



APR 28 1948
IDENTIFICATION

J. Miller
Investigator

DISAPPROVAL OF FIELD BOARD FINDINGS

Field Board Findings received recommending the individual identification of Unknown X-3127 as Garcia, Ambrosio, Pvt., 38070287.

Pvt. Ambrosio Garcia, 38070287, of Company "I", 126th Infantry, 32nd Infantry Division, was killed in action in Cape Killerton Area, N.G., 16 Dec 1942.

The remains of Unknown X-3127, AGRS Mausoleum, Manila were originally interred in USTC #3, Sanananda Road, N.G., in Grave 9 (renumbered Grave 13). Subject remains were transferred to and interred in USAF Cemetery Finschhafen #2, N.G., Grave 2462, as Unknown X-44 and is now stored at the AGRS Mausoleum, Manila, P.I., as Unknown X-3127.

Records on file in this Office reveal that Unknowns X-30, X-44, X-48, X-51, X-60, X-61, X-66, X-67, X-69, X-70, X-71, X-72, X-74, X-75, X-77, X-78, X-79 and X-80, USAF Cemetery #2, Finschhafen, N.G., were recovered from the area from which the remains of Pvt. Garcia should have been found.

The dental and physical data for Unknowns X-30, X-44, X-66, X-70, X-71, X-72, X-78, X-79 and X-80 compare negatively with that for Pvt. Garcia.

Unknowns X-48, X-51, X-60, X-61, X-67, X-69, X-74 and X-75 have been declared unidentifiable by reason of lack of identifying data.

No dental chart could be accomplished for Unknown X-77.

Even though the dental and physical data for Unknown X-3127 is not contradictory with that listed on Army records of Pvt. Garcia, due to the numerous unknown remains recovered from area for which dental and physical information is not available, the evidence is not conclusive enough to warrant an identification.

In view of the above, it is recommended that the identification of Unknown X-3127, as proposed by the Field, be disapproved.

ok

UNKNOWN X-29 Grave 216, Soputa #1

A canteen cup was found buried in this grave inscribed with the initials "K.D.", also stamped on this cup was "Unid. Amer". A tooth chart has been made of the deceased

REGISTER OF DENTAL PATIENTS AT

Unknown X-29 Grave 216

(1) SURNAME

(2) CHRISTIAN NAME

Sepulta

(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.

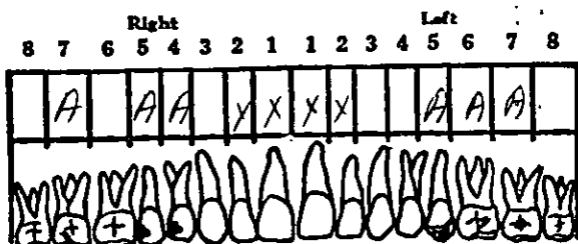
(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

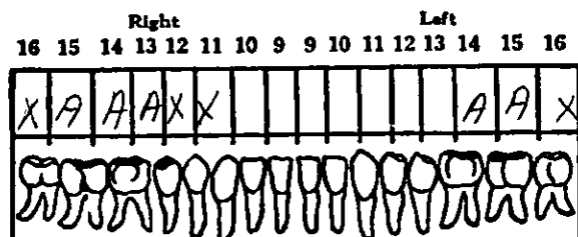
Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

R16, L16 Impacted

R1, 2, 11, 12, L1, 2 Missing Not Extracted

Date Sept 16, 1944

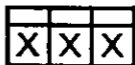
W. B. Butler
Dental Corps, U. S. A.

*Restorable carious teeth by O

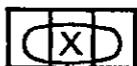
Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture
(horizontal line)

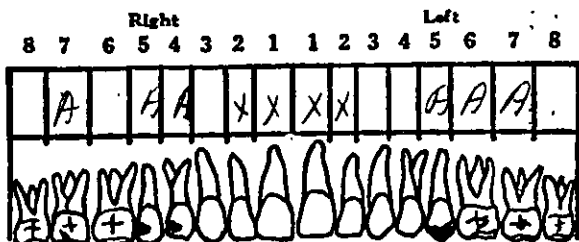


Teeth replaced by fixed bridge
(oval to include abutments)

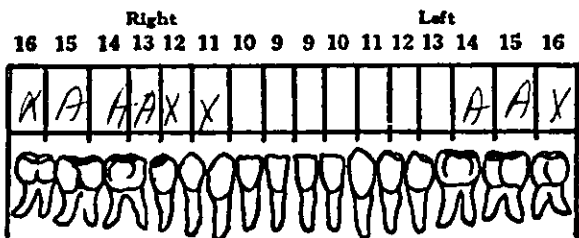


***REPORT OF DENTAL SURVEY**

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

R16, L16 Impacted

R1, 2, 11, 12, L1, 2 Missing, Not Extracted

Date *Sept 16*, 19*44*

W. H. Burton & Lator
SPS **Dental Corps, U. S. A.**

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

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



/amr

APR 29 1948

RESTRICTED

1200

WE 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
8 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3127 (Formerly UNIK X-44
USAF Cem #2, Finschhafen, 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

Cape Killerton Area
N.G.

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, HANAU, A. F.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
STORAGE 6 Jan 48	1000	STORED Casket	None	TANGER 813	BAY D	CRYPT 1072

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT NO.	ROW NO.	GRAVE NO.
RESTORED Yes	USAF Cemetery #2, Finschhafen, New Guinea			2462

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)
STORED Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-3130				CRYPT 1074

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-3076				CRYPT 1070

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>[Signature]</i> R R ACIERTO, Pfc	<i>[Signature]</i> I 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.

Incl 186

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


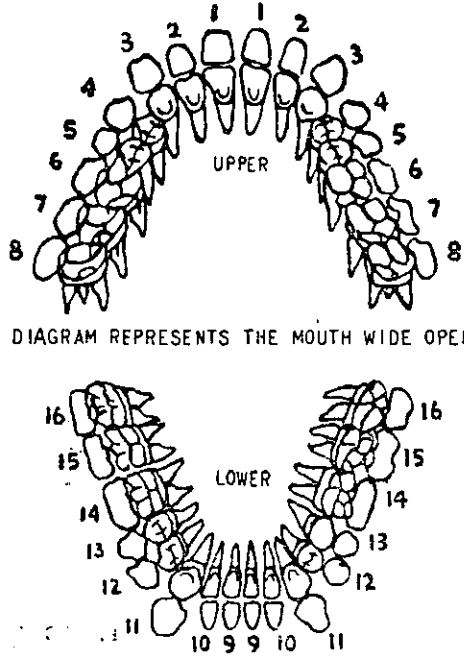




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

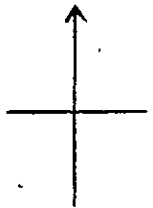
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>					 <p>UPPER</p> <p>LOWER</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>									

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



REMARKS: QMC Form 1044, 1044-A and 1044-B accomplished.

2 MAR 1949

RE-
REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1200
1200

UNKNOWN X 44

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

Cape Killerton Area, NG

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

0900 hrs 30 March 1945 USAF CEMETERY FINSCHHAFEN #2 NG

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

Disinterred from grave 216 USAF CEMETERY SOPUTA #1 NG

Gr. Unknown X-29

2468

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

(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 FRANKLIN, Obert 37 029 826 Sgt 2463
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT DARTING, Raymond F. 37 111 391 Pfc Co I 126 Inf 2461
(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

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 OMC-GRS

(Signature of officer or other person reporting burial)

Char. R. Myers
CHARLES R. MYERS Lt., OMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED
8 MAY 1945
CAMP ANAM B

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

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

UNKNOWN		X	44				
(Last name)		(First)	(Initial)	(Serial number)	(Rank)	(Organization)	
Cape Killerton Area, NG							
(Place of death)		(Date of death)			(Cause of death)		
0900 hrs 30 March 1945		USAF CEMETERY FINSCHHAFEN 2 NG					
(Time and date of burial)		reburial			(Name or co-ordinates of location)		
		Disinterred from grave 216 USAF CEMETERY SOPUTA 1 NG					
2462				Cross-Regulation			
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)				
Disposition of identification tags: Buried with body		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Attached to marker		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Religion: CERTIFIED TRUE COPY							
P. J. TOWN							
Capt QMC							
(If no identification tags, what means of identification are buried with the body?)							
(If no identification tags, but identity definitely established, give particulars)							
Body buried on RIGHT		FRANKLIN, Obert	37 029 826	Sgt		2463	
		(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	
Body buried on LEFT		DARTING, Raymond F.	37 111 391	Pfc	Co I 126 Inf	2461	
		(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	
List only personal effects FOUND ON BODY and disposition of same:				(Name and address of LEGAL NEXT OF KIN)			
FOUND ON BODY				none-reinterment			
SFB				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 :
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.

George A. Ross M/Sgt QMC-GRS

(Signature of officer or other person reporting burial)

CHARLES R. MYERS Lt QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

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

1200

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

UNKNOWN X-29, Soputa No. 1a
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Capo Killerton Area N.G. Unknown
(Place of death) (Date of death) (Cause of death)

1600 hours May 4, 1943. U.S.T.C. No. 1, Soputa, N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

Unidentified stamped on canteen and temp. cross

216 16
(Grave number) (Row number) (Plot number) (Type of marker, Response to Special Order)

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

Disinterred from U.S.T.C. No. 3, Sanananda, N.G. Grave 13, Formerly Grave 9

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

Paul J. Tonn
PAUL J. TONN, Religion
1st Lt., QMC. (If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT LaFAUNCE, W.A. Sgt., 20635754, Co. K, 126 Inf. 217
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT MAY, George L. Sgt., 36155253, Co. I, 126 Inf. 216
(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
8 No. 1247

~~CONFIDENTIAL~~

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.

REPORT NO. 10 IN S/Sgt. Johanning

(Signature of officer or other person reporting burial)

STEWART W. ABEL,
1st Lt. OMC., Adv. Base GRO.

(Verified by Army GRS Officer)

LEFT HAND

3

2

THUMB

RIGHT HAND

3

2

THUMB

4

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

~~CONFIDENTIAL~~
NOV 30 1943
1200
b. 1049

UNKNOWN X 29, Soputa No. 1A
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Cape Killarion Area, N.G. Unknown
(Place of death) (Date of death) (Cause of death)

1600 hours May 4, 1943 U.S.T.C. No. 1, Soputa, N.G.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

Unidentified stamped on canteen and temp. cross

216 16 Temp. cross - inscribed
(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

Disinterred from U.S.T.C. No. 3, Sanananda, N.G. Grave 13,
(Formerly Grave 9)
(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 LaFAUNCE, W.A. Sgt., 20635754, Co.K. 126 Inf. 217
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT MAY, George L. Sgt., 36155253, Co.I. 126 Inf. 215
(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~~

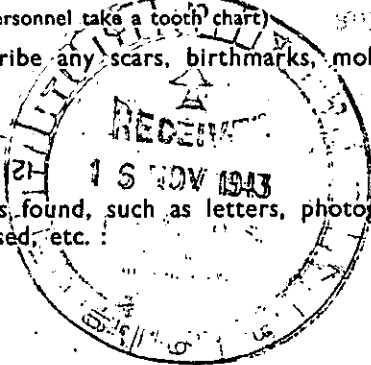
IF DECEASED UNIDENTIFIED

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. Johanning

(Signature of officer or other person reporting burial)

STEWART W. A. L.

1st (Verified by Army IGRS Officer)

Adv. Base GRO

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RE
REPORT OF INTERMENT

1200

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

(Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER.

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Cape Killerton Area, N. G. Unknown Unknown

(Place of Death) (Date of Death) (Cause of Death)

1000 Hours May 4, 1943 U.S.T.C. # 1, Soputa, N. G.

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

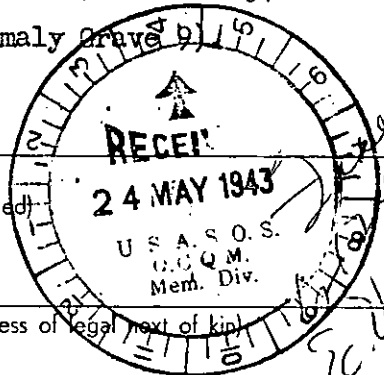
Unidentified stamped on canteen Buried with body

216. 16. Temp Cross Attached to marker Cross inscribed

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Disinterred from U.S.T.C. # 3, Sanananda, N. G. Grave 13. (Formerly Grave 1)

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



(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand
(Required when identity cannot otherwise be established)

2 (2)
TM 10-530

Place X mark
below when
prints are of
left hand

Thumb	1	2	3	4
-------	---	---	---	---

List of personal effects and disposition of same

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

On Right- LaFAUNCE, W. A., Sgt., 20635754, Co K, 126 Inf. Grave 217.

On Left- MAY, George L., Sgt., 36155253, Co I, 126 Inf. Grave 215.

S/Sgt. JOHANNING

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

Stewart W. Abel
STEWART W. ABEL
1st Lt., QMC.
Adv. Base GRO.

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

Correct - - REPORT OF INTERMENT

1200

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

(Par. 21d-TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Cape Killerton Area, N. G. Unknown Unknown
(Place of Death) (Date of Death) (Cause of Death)

May 10, 1943 U.S.T.C. # 3, Sanananda Road, N. G.
(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

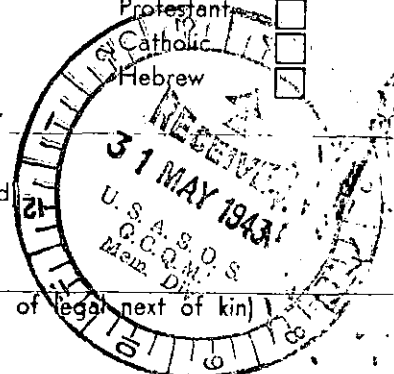
13 2 Trmp Cross Buried with body
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) Attached to marker

Cemetery was renumbered and this grave was formally No 9.

Protestant
Catholic
Hebrew

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

(Name and address of Emergency Addressee) (Name and address of legal next of kin)



OSQM REC'D AM 11:00 30 May 1943

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

(Required when positive identity cannot otherwise be established) (Par. 25e (2)

TM 10-630)

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4
-------	---	---	---	---

List of personal effects and disposition of same

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

On Right— RUSCIANO, Anthony P., Pvt., 36229475, Co I, 126 Inf., Grave 14.

On Left— GEATER, March E., 37111146, Pvt., Co I, 126 Inf., Grave 12.

S/Sgt. WINSOR

Signature of Officer or other person reporting Burial.

Stewart W. Abel
STEWART W. ABEL

Verified by 1st Lt. G.R.S. Officer.
Adv. Base GRO, Acting.

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

REPORT OF INTERMENT

C5082

1200

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

(Par. 21d - TM 10-630)

~~CONFIDENTIAL~~

UNIDENTIFIED AMERICAN SOLDIER

UNKNOWN

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Cape Killerton area, New Guinea

(Unknown)

Unknown

(Place of Death) (Date of Death) (Cause of Death)

Jan. 15, 1943, 2 pm.

U.S.T.C. #3, Sanananda Road, N.G.

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

9

2

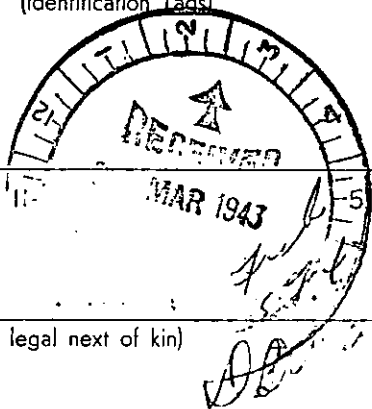
Temp. cross

Buried with body

Attached to marker

(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

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



(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

Fingerprints (right hand) if right hand missing furnish prints of left hand
(Required when positive identity cannot otherwise be established) (Part 2)
TM 10-530

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4
-------	---	---	---	---

List of personal effects and disposition of same

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

On Right- RUSCIANO, Anthony P., Pvt., 36229575, Co. I 126 Inf. Grave # 10 row 2

On Left- Beginning of row.

Pfc., Dochian, G. R. S.
Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

James T. McConnaughey
JAMES T. MCCONNAUGHEY
2nd. Lt. QMC.

Graves Reg. Officer

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