

QMGM 293
GRS Far East

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

X-4918

X-5041

X-4914

X-5042

~~X-3112~~

X-3120

X-5040

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, QMC
Memorial Division





IDENTIFICATION BRANCH
NOV 16 1950

NOV 16 1950

NOV 16 1950

NOV 16 1950

NOV 16 1950

NOV 16 1950

NOV 16 1950

NOV 16 1950

NOV 16 1950

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

20 MAY 1949

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 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-3112
" X-3120
" X-4675
" X-4677
" X-4678
" X-4679
" X-4680
" X-4690

UNKNOWN X-4821
" X-4914
" X-4918
" X-5014
" X-5018
" X-5040
" X-5041
" X-5042

2. Forwarded herewith, for your consideration, are new QMC Forms 1055 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

16 Incls.

QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

/mrl

LC
Cane

interred 2 June 1949
H88 3 63 Ft. McKinley

1

R. Carelmark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6911 00258

DATE

15 01 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000045

Q

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

BRITISH GUINEA USAF FINSCHAFFEN NO 20

7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

2466 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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN X-45
UNKNOWN X-3112 (Maus)

22 Sept. '48

IDENTIFICATION TAG ON

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
ROBERT F. STEVENSON
Embalmer

NAME AND TITLE

REMAINS
 MARKER

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

2 tags Mausoleum UNKNOWN X-3112

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept. '48

BY

ROBERT F. STEVENSON

CASKET SEALED BY

ROBERT F. STEVENSON

EMBALMER (Signature)

Robert F. Stevenson
ROBERT F. STEVENSON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 22 Sept '48 BY HORACE L. ALLISON, Sgt. INF

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.

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

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

5 AUG 1949
REPATRIATION
BRANCH
MOR. DIV.

NAN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort. McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mack</i>	DATE 27 JUN 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 <i>UNKNOWN</i>	DATE	SIGNATURE OF RECEIVER	DATE

RECEIVED
 JUL 20 9 51 AM '49
 REPAIRS BRANCH
 RECORDS BRANCH

5. SHIPPED

FROM (BY ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>UNKNOWN</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 5402 WALK GATEWAY		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

GSQM 293

1st Ind

HEADQUARTERS, USASOS, APO 501

30 Jul 1944

TO: The Quartermaster General, Washington, D.C.
THRU: Commanding General, USAFFE, APO 501

The Unknown X-50 is interred in Grave 261 of USAF Cemetery
Soputa No.1 New Guinea and Unknown X-51 is interred in grave 284
of USAF Cemetery Spputa No.1 New Guinea.

For the Commanding General:

J.J.JONES, Capt. AGD,
Asst. AG

C
O
P
Y

GSQMA 293

1st Ind

HEADQUARTERS, USASOS, APO 501

30 Jul 1944

TO: The Quartermaster General, Washington, D.C.
THRU: Commanding General, USAFFE, APO 501

The Unknown X-50 is interred in Grave 261 of USAF Cemetery
Soputa No.1 New Guinea and Unknown X-51 is interred in grave 234
of USAF Cemetery Spputa No.1 New Guinea.

For the Commanding General:

J.J.JONES, Capt. AGD,
Asst. AG

C
O
P
Y

SPQYG 293
Unknown X-51, 1807, 2276, Southwest Pacific

17 June 1944

SUBJECT: Proper Assignment of X-Number.

TO: Headquarters, APO 501, c/o Postmaster,
San Francisco, California.

ATTENTION: Chief Quartermaster.

1. Reports of internment have been received for two Unknowns, both marked X-51, interred in the U.S.A.F. Cemetery, Soputa No. 1, Soputa, New Guinea as follows:

(a) X-51 - buried (no day) July 1943 in Grave 284, Row 21.

(b) X-51 - buried 24 May 1943 in Grave 261.

2. This office should be advised of the correct (X) number for these Unknowns.

For The Quartermaster General:

MAYO A. DARLING,
Lt. Colonel, Q. M. C.,
Assistant.

R E S T R I C T E D

XXXXXXXXXXXX

Subj. & To

17 June 1944

SPQYG 293 (Unknown X-51, 1807, 2276, Southwest Pacific)

Proper Assignment of X-Number.

Headquarters, APO 501, c/o Postmaster,

San Francisco, California.

MEMORIAL DIVISION
XXXXXXXXXXXXXXXXXXXX

XXXXXXX

XXXXXXXXXXXX

R E S T R I C T E D

SPQYO 293
Unknown X-51, 1807, 2276, Southwest Pacific

16 June 1944

SUBJECT: Proper Assignment of X-Number.

TO: Headquarters, APO 601, c/o Postmaster,
San Francisco, California.

ATTENTION: Chief Quartermaster.

1. Attention is invited to Reports of Burial in USAF Cemetery
Soputa No. 1, Soputa, New Guinea.

(a) Unidentified American Soldier X-51 buried 24 May 1943
in Grave 261.

(b) Unknown X-51 buried July 1943 (no day of month given)
in Grave 284, Row 21.

2. Information is requested concerning proper designation of
X-number in order to avoid confusion.

For The Quartermaster General:

MAYO A. DARLING,
Lt. Colonel, Q. M. C.,
Assistant.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

9 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 45, Plot _____,
Row _____, Grave 2466, USMC Finschhafen #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. McEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 2 June 1949 OQMG
Not identifiable from
information presently
available

Ball 22 June 49

Ind. # 1'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3112 (Formerly UNK X-45 Finsch #2)				2. DATE OF REPORT 9 May 49	
3. NAME OF CEMETERY AGNES WINDSIBLEUM, WINDSIBLEUM, N.Y.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	B	398	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

U T D

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

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"

Encls. # 1/2

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>		
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
MANDIBLE								MISSING							
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."

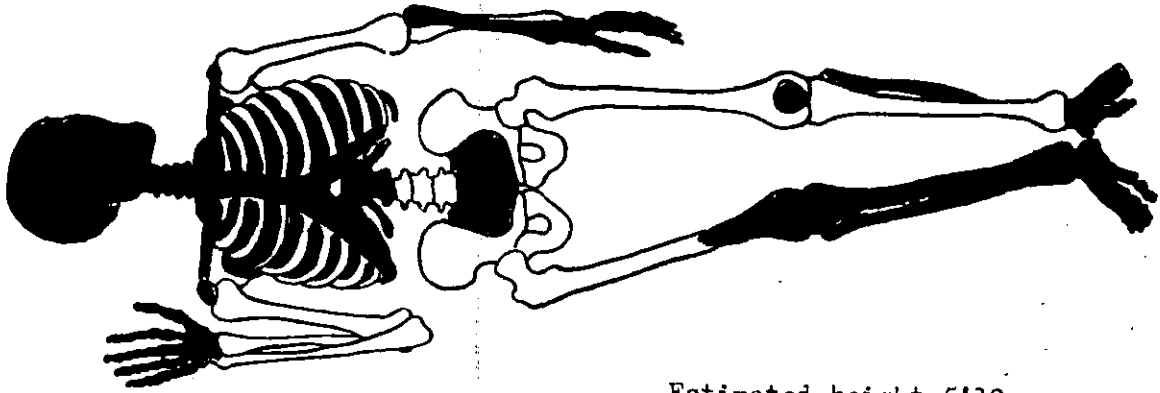
No loose teeth present with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height 5'10

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, Ident. 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

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3112 (Formerly UNK X-45, USAF Cem Finschhafen #2, N.G.)				2. DATE OF REPORT 20 Dec 47	
3. NAME OF CEMETERY AGRS Mausoleum, Nichols Field, Manila, P.I.		4. PLOT WANGER 813	5. ROW BAY B	6. GRAVE CRYPT 398	7. DATE OF DISINTERMENT 9 Oct 47
				DATE OF REINTERMENT STORAGE 29 Dec 47	

PHYSICAL DESCRIPTION

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

NONE -- Skeletal Chart attached

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
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15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
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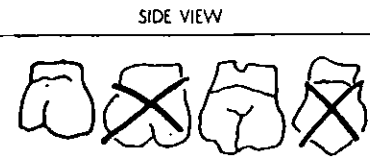
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

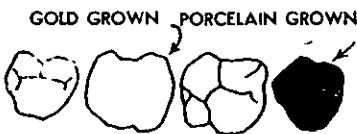
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

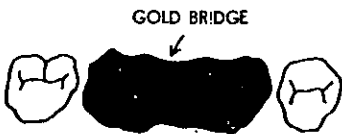
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRAGTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



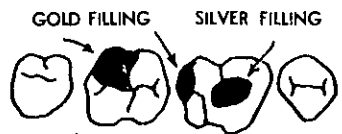
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



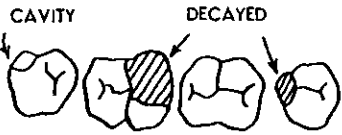
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
→ MISSING ←															
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
UPPER								UPPER							
LOWER								LOWER							
SIDE VIEWS								SIDE VIEWS							
→ MISSING ←															
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."

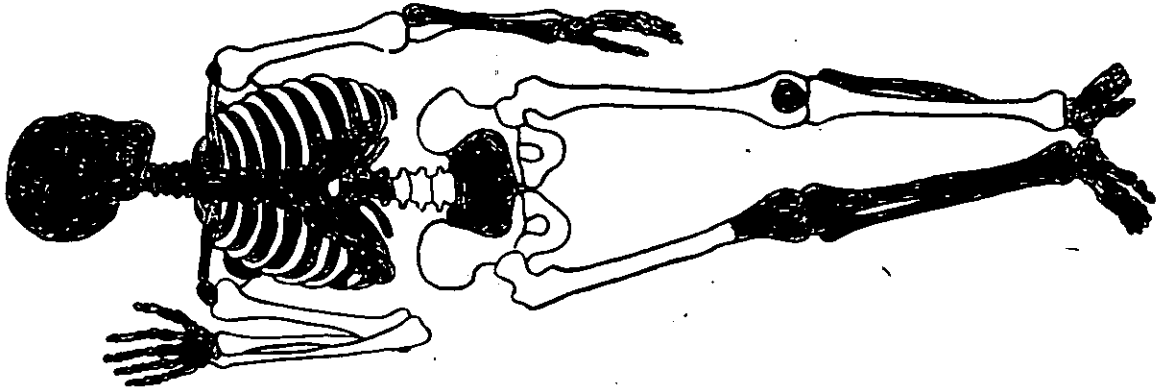
Maxilla and mandible missing. No loose teeth found with remains.

A CERTIFIED TRUE COPY:

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

/s/ John H. Bennett Jr

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI bottle, I.D. tags, personal effects, or other means of identification received with remains. Estimated weight 4 lbs. Physical height is approximately 5'10". No skull and teeth received.

A 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/ CLEMENT G. SWAN, EMBALMER SR UNG.
C-064862, CIP, LABORATORY, MANILA, P.I.

SIGNATURE

/s/ Clement G. Swan

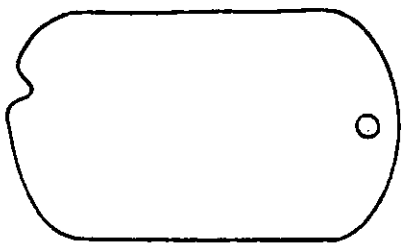
/aam

APR 5 - 1948

2276
RESTRICTED

2276

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 23 Jan 48
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-3112 (Formerly UNK X-45, USAF Cemetery #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 Sanananda, Rd. N. G.	CAUSE OF DEATH KIA	DATE OF DEATH Unknown
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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 29 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. VANGER 813	ROW No. BAY B	GRAVE No. CRYPT 398
--	--------------	---	------------------------------	---------------------------	---------------------	---------------------------

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 #2, Finschhafen, New Guinea	PLOT No.	ROW No.	GRAVE No. 2466
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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-3114	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 400
--	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-3110	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 396
---	------	------------	--------------	---------------------------

SIGNATURE OF PERSON PREPARING REPORT V C AQUINO, T/5 QMC	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.

Incl 1557

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


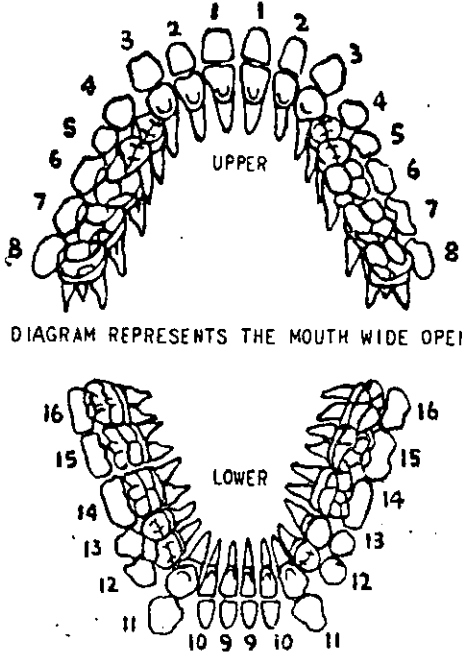



INSTRUCTIONS:

(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.

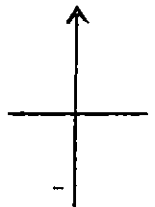
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB			
RIGHT INDEX FINGER			
RIGHT MIDDLE FINGER			
RIGHT RING FINGER			
RIGHT LITTLE FINGER			

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



REMARKS:

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

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

2276

UNKNOWN X 45
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Sanananda Rd NG KIA
(Place of death) (Date of death) (Cause of death)

1000 hrs 30 March 1945 USAF CEMETERY No. 2 FINSCHHAFEN, NG
(Time and date of burial) Reburial (Name of cemetery) (Name or co-ordinates of location)

Disinterred from Grave 261 USAF CEMETERY SOPUTA No. 1, NG, as Unknown X-50

~~2464~~ 2466 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

Religion

CERTIFIED TRUE COPY:

Paul J. Penn

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

P. J. PENN
Capt., QMC

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

Body buried on RIGHT AREVALO, Sautnino 38 089 110 Pfc Co. E 163 Inf 2465
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT GENTHER, Adam 39 679 134 Pvt Co. B 163 Inf 2465
(Name) (Serial number) (Rank) (Organization) (Grave number)

/// (Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
auth Genther file

List only personal effects FOUND ON BODY and disposition of same: none-reinterment *also*

(21) 1032

RESTRICTED *Binnis G.V. 2464*

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.

GEO. A. ROSS, M/SGT., GRS. QMC.
(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

RESTRICTED

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

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

2276
2276

UNKNOWN X 45
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Sanananda Rd NG KIA
(Place of death) (Date of death) (Cause of death)

1000 hrs 30 March 1945 USAF CEMETERY #2 FINSCHHAFEN, NG
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)
reburial

Disinterred from grave 261 USAF CEMETERY SOPUTA #1 NG as Unknown 1-50

2466 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?)

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

Body buried on RIGHT AREVALO, Sautnino 38 089 140 Pfc Co E 163 Inf 2467
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT GENTHER, Adam 39 679 134 Pvt Co B 165 Inf 2465
(Name) (Serial number) (Rank) (Organization) (Grave number)

1035 (Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
auth Genther file

List only personal effects FOUND ON BODY and disposition of same: none-reinterment

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.

Geo A Ross
GEO. A. ROSS, M/SGT., GRS. OMC.

(Signature of officer or other person reporting burial)

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

(Verified by Army Ordnance Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
MAY 1945
SERIAL 1945

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

CONFIDENTIAL NOV 30 1943 2276

UNIDENTIFIED AMERICAN SOLDIER X-51 Soputa Cemetery No. 1

(Last name) (First) (Initial) X-50 (Serial number) (Rank) (Organization)

Sanananda Road, New Guinea

K. I. A.

(Place of death)

(Date of death)

(Cause of death)

24 May 1943

U S.A.F. Cemetery Soputa No. 1, Soputa, N.G.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

261

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

Skeleton found in foxhole 500 yds to right of Sanananda Trail at junction of Killerton Road. (If no identification tags, what means of identification were buried with the body?) Unidentified "American Soldier" stamped on cross and mess kit stamped and buried with body.

Religion

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

Body buried on **RIGHT** Unidentified American Soldier 262
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** Unidentified American Soldier 260
(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

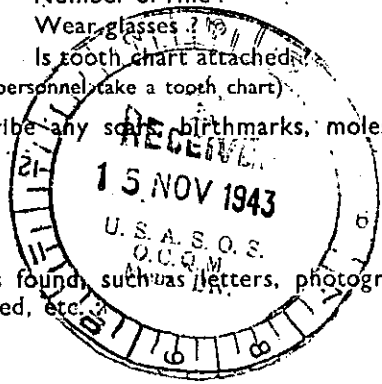
TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
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. R.A. Seaton GRS

(Signature of officer or other person reporting burial)

JAMES M. WALTON,
Capt., OMC, Acting GRO

LEFT HAND

THUMB

RIGHT HAND

THUMB

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

2276

NOV 30 1945

CONFIDENTIAL

UNIDENTIFIED AMERICAN SOLDIER UNKNOWN X 51, Soputa Cemetery #1,
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Sanananda Road, New Guinea KIA
(Place of death) (Date of death) (Cause of death)

24 May, 1943 U.S.A.F. Cemetery Soputa #1, Soputa, N.G.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

261 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

Skeleton found in foxhole 500 yds to right of Sanananda Trail at junction of
(If no identification tags, what means of identification are buried with the body?)

Killerton Road. "Unidentified American Soldier" stamped on cross and mess kit
stamped and buried with body. Religion
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Unidentified American Soldier 262
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Unidentified American Soldier 260
(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

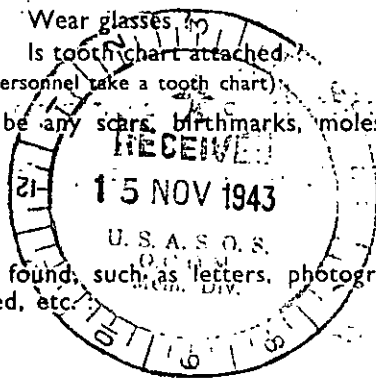
TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able :

Height : Apparent nationality :
Weight : Laundry marks :
Color of eyes : Number of rifle :
Color of hair : Wear glasses :
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. R.A. Seaton GRS

(Signature of officer or other person reporting burial)

James M. Wlaton
JAMES M. WLATON

U.S. Army (Verified by Army) GRS

LEFT HAND

THUMB

RIGHT HAND

THUMB