

QMGMT 293
GRS Far East

29 August 1949

SUBJECT: Identification of World War II Deceased

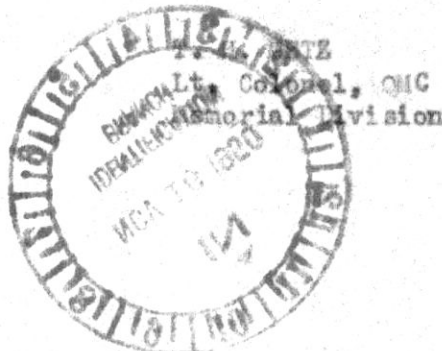
TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

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

Unknown	X-250	
"	X-400	
"	X-1466	(formerly Unk. X-69, Finsch. #2)
"	X-1476	(formerly Unk. X-51, Finsch. #2)
"	X-1489	(formerly Unk. X-47, Finsch. #2)
"	X-85	(formerly Unk. X-226, Finsch. #5)
"	X-2248	(formerly Unk. X-614, Leyte #1)
"	X-3777	(formerly Unk. X-357, Leyte #1)
"	X-3778	(formerly Unk. X-359, Leyte #1)

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

FOR THE ACTING THE QUARTERMASTER GENERAL:





G. GR 293.9

SUBJECT: Unidentifiable Remains

1 JUN 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-250	Unknown X-4088,	Manila #2 (formerly X-3578-B,	AGRS Maus.
" X-400	" X-4089	" "	" "
" X-1329	" X-4090	" "	" "
" X-1466	" X-5134	" "	" "
" X-1476	" X-5137	" "	" "
" X-1489	" X-5139	" "	" "

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

FOR THE COMMANDING GENERAL:

12 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A MARZSAL
1st Lt. AGD
Asst Adj Gen

62-5LU

bpm
1

Interred 18 49
D. 15 1949 Ft. McKinley
Carl H. Mark
CARL H. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00201

DATE
15 01 48
DAY MONTH YEAR

NAME
Mark
UNKNOWNX-000051

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
1324 NEW GUINEA

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UFK X-51
UFK X-1476 (Haus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
21 Sept 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
GEORGE SIMONEAU
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /
Two (2) Identification Tags show UFK X-1476 (Haus)

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept 1948 BY GEORGE SIMONEAU

CASKET SEALED BY
GEORGE SIMONEAU

EMBALMER (Signature)
George Simoneau
GEORGE SIMONEAU

CASKET BOXED AND MARKED
DATE 21 Sept 48 BY Sgt. HORACE L. ALISON

SHIPPING ADDRESS VERIFIED BY
CHARLES R. BATES, 1st Lt. USAFR

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

Charles R. Bates
NOV 1948
CHARLES R. BATES, 1st Lt. USAFR
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>[Faint illegible text]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mack</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 <i>DMKACMIL</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>(BY GENERAL CHRYSLER ORDER) WVITV BHPITBYINE TEGVWDS</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 1254 WBA CRISTV		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>CRISTV GENV</i>	DATE <i>11</i>	SIGNATURE OF RECEIVER <i>10 10 1949</i>	DATE <i>10</i>

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>00 301 12 01 43</i>	
SIGNATURE OF SHIPPER <i>00 301 12 01 43</i>	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

18 May 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-51, Plot _____,
Row _____, Grave 1324, 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:


R. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 23 Aug 49 OQMG
Information from _____
information presently
available M. Durvan 24 Aug 49

encl # 5

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1476 (formerly UNK X-51 Finsch # 2)				2. DATE OF REPORT 18 May 1949	
3. NAME OF CEMETERY AGRS METECOLEUM, MANILA, P.I		4. PLOT 812	5. ROW H	6. GRAVE 2512	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

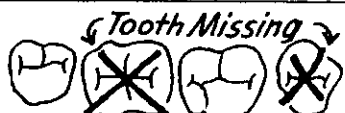









"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl # 5-a

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</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
M A X I L L A								M I S S I N G							
Side Views															
UPPER															
LOWER															
M A N D I B L E								M I S S I N G							
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"

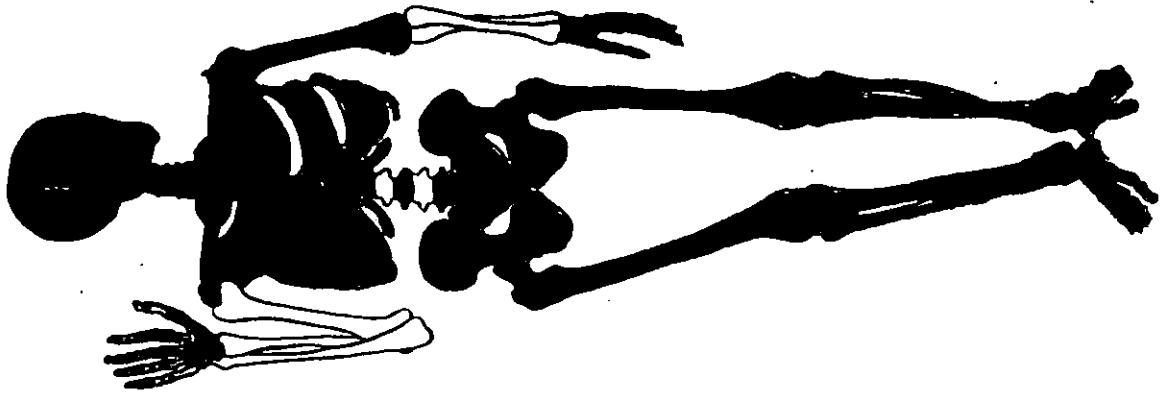
J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received

3 Ribs



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 - 2 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-51 USAF Cem
 Unknown X 1476 (Finschhafen #2, New Guinea
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{DANGER BAY} Row H ^{CRYPT} Grave 2512

CIP, AGRS Mausoleum
 Manila, P.I.

1. Arrived at cemetery 4 Nov 47
(Hour) (Date)
2. Place of death Sanananando Road, New Guinea
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by USAF Cem Finschhafen #2, New Guinea
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear /	(Type)		
Raincoat /			
Overcoat /			
Jacket, Field /			
Jacket, Combat N			
Mackinaw O			
Sweater E			
Jacket, HBT /			
* Shirt, Wool OD /			
Undershirt, Wool /			
Undershirt, Cotton /			
Trousers, HBT /			
* Trousers, Wool OD /			

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or
 Insignia (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: ~~Skeleton only-~~ ~~Skeletal attached~~

Age / / Height UTD Weight UTD Description of wounds
 Bandages or dressings Scars (Length, width, location)
 Tattoos
 (Number, location — illustrate on separate page)
 Outstanding moles, warts or birthmarks (Yes-no; description, location)
 Sunburn or tan, other than hand and face
 Complexion U T (Light, medium, dark, clear, pimples, pocks, freckles)
 Build D (Large, fat, thin, muscular)
 Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
 Hair (Baldness, widows peak, distinctive cutting or other characteristics)
 Sideburns Mustache Beard or
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

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

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

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

Teeth **No teeth received** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of ^{skull} head in inches **No skull received** (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 **D** (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (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 (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 the condition of remains

8. Has tooth chart been prepared? No If not, explain No teeth received or skull
(Yes-no)

9. Remarks No ROI bottle found with remains. No personal effects or other
means of identification. Estimated weight of remains two (2) lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ Edward H. Marshall
(Officer's Name)

SP-8 C-062874
Rank Service

AGRS Mausoleum, Manila, P.I.
(Organization)

4 Nov 47

CERTIFIED TRUE COPY

George T. Gamboa
GEORGE T GAMBOA
2d Lt., MAC

SKELETAL CHART

X-1476

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)




fragments of ribs

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

APR 5 1948

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

DATE OF REPORT
7 Nov 47

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-1476 (Formerly UNK X-51 USAF Cem Finschhafen #2, New Guinea)		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 Sanananando Road, New Guinea	CAUSE OF DEATH Unknown	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
AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 6 Nov 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 812	ROW No. BAY H	GRAVE No. CRYPT 2512
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Finschhafen #2, New Guinea	PLOT No.	ROW No.	GRAVE No. 1324
---	---	----------	---------	-------------------

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-1438	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2514
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-1452	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2510
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SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio</i> LUCIO S PANOPIO 1st 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.

File 701

Section 5.—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.

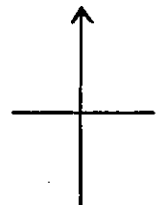
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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 TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>NO SKULL</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 accomplished.

31 DEC 1947

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

1332

UNKNOWN X-16, Soputa No. 1.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

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

April 7, 1943, 1100 am. U.S.T.C. No. 1, Soputa, N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

94 7 Temp Cross.
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Remains of Unidentified American Soldier were disinterred from Grave No. 61
U.S.T.C. No. 2, Soputa N.G.
(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 Unidentified American Soldier 95
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Unidentified American Soldier 93
(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
8 No. 1247.

Certified a true copy:

222 B 2301

CONFIDENTIAL

Paul J. Tonn
PAUL J. TONN, 1st Lt. *AMC*

(TM 10-630 AND AR 30-1815)

UNKNOWN X 16, Soputa No. 1

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Sanananda Road, New Guinea

(Place of death)

(Date of death)

(Cause of death)

April 7, 1943, 11:00 a.m.

U.S.T.C. No. 1 Soputa, N.G.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

94

(Grave number)

7

(Row number)

(Plot number)

Temp. Cross

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

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

Remains of Unidentified American Soldier were disinterred from
Grave No. 61, US.S.T.C. No. 2, Soputa, N.G.

(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** Unidentified American Soldier

(Name)

(Serial number)

(Rank)

(Organization)

95

(Grave number)

Body buried on **LEFT** Unidentified American Soldier

(Name)

(Serial number)

(Rank)

(Organization)

93

(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

RESTRICTED

RE-

REPORT OF INTERMENT

1332

1332

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

(TM 10-630 AND AR 30-1B15)

UNKNOWN

X - 51

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

Sanananando Rd NG

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

1000 hrs 2 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG

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

Disinterred from grave 94 USAF CEMETERY SOPUTA #1 NG

as Unknown X-16

1324

Cross, Regulation

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

Disposition of identification tags: Buried with body Yes [X] No [] Attached to marker Yes [X] 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 ROMBACH, Wilbur E. 35 047 285 Pvt Co E 127 Inf 1325 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT EVANS, Gordon B. 0 440 747 Maj Hd Inter Sec 1323 (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

(9) No. 1247

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., OMC, GRS.
(Signature of officer or other person reporting burial)

Charles R. Myers
CHARLES R. MYERS, OMC.
(Verified by Army GRS Officer)

LEFT HAND

3

2

1

THUMB

RIGHT HAND

3

2

1

THUMB

RECEIVED
11 MAY 1945

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

Unknown **X-51**
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Sanarando Rd. NG.
 (Place of death) (Date of death) (Cause of death)

1000 hrs 2 April 1945 USAF Cemetery #2 Finschhafen, N.G.
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Reburial
 (Name of cemetery)

Disinterred from grave 94 USAF Cemetery Soputa #1 NG. AS Unknown X-16
 (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. Romm
 P. J. ROMM, 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** **Rombach, Wilbur E.** **35047285** **Pvt. Co. E 127 Inf.** **1325**
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** **Evans, Gordon B.** **0-440747** **Maj. Hq. Inter Sec.** **1323**
 (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 :
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., QMC., GRS.
(Signature of officer or other person reporting burial)

CHARLES E. MYERS, Lt., QMC.
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

(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)

293
Sanananda Road, New Guinea (Place of Death) *(Underwood)* (Date of Death) (Cause of Death)

April 7, 1943, 11:00 A.M.

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)

94 7 Temp. cross Buried with body

Attached to marker

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

Remains of Unidentified American Soldier were disinterred from
Grave # 61, U.S.T.C.#2, Soputa, N.G.

Protestant
Catholic
Hebrew

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

CONFIDENTIAL
293
1943
27

(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) (Par. 25e (2)
TM 10-630)

Place X mark
below when
prints are of
left hand



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

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

On Right— Unidentified American Soldier

Grave # 95.

On Left— Unidentified American Soldier

Grave # 93

S/Sgt. Winsor, G.R.S.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer.

Stewart W. Abel
STEWART W. ABEL
1st Lt.
49th QM. Co. GRS.

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

UNKNOWN X-16 Grave 94, Soputa 1.

It was impossible to complete Med. Dep. Form 79 as both maxilla and mandible were missing. A mechanical pencil with the advertisement "Jimmy Jones, Frederick Okla., City Service" was found buried with the remains and may prove significant in identifying this Unknown American Soldier.

REPORT OF INTERMENT

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

CONFIDENTIAL 1332

(Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER

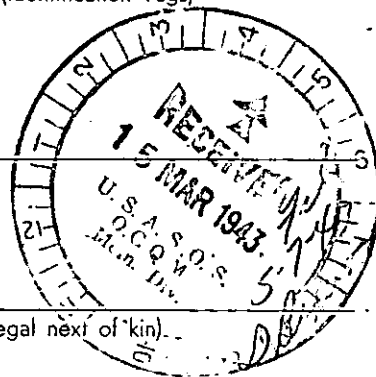
(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

293
Sanananda Road, New Guinea (Place of Death) (Unknown) (Date of Death) (Cause of Death)

Feb. 25, 1943, 10:10 A.M. (Time and Date of Burial) U.S.T.C. #2, Soputa, N.G. (Place of Burial - Name and No. of Cemetery, if in a cemetery)

61 (Grave No.) 5 (Row No.) Cross (Kind Grave Marker) Buried with body
Attached to marker

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) (P. 5e (2)
T. 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- UNIDENTIFIED AMERICAN SOLDIER

Grave # 62 row 5

On Left- UNIDENTIFIED AMERICAN SOLDIER

Grave # 60 row 5

A/Sgt. L.G. Brady 163 Inf.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

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

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

Graves Reg. Officer