

QMGT 293
GRS Far East

5 July 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.:

X-2696 (formerly X-54 Finschhafen #2, N. G.)
X-2717 (formerly X-62 Finschhafen #2, N. G.)

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

3. As the Report of Storage for Unknown X-4925 AGRS Mausoleum, Manila, P.I., classified as unidentifiable by your headquarters, cannot be located in this Office, it is requested that Form 1042 be forwarded.

FOR THE QUARTERMASTER GENERAL:

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

D.M.Degen:lrc
Salser
JW

REB

NJS

cc--Administrative Section





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OR 293.9

AGO 707
15 JUNE 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 QMGNO 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-304, Finschhafen #2 (Formerly Unk X-1493-B, AGRS Mausoleum, Manila, P.I.)	
" X-2696	UNKNOWN X-3171
" X-2717	" X-4822
" X-3152	" X-4926
" X-3157	

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

FOR THE QUARTERMASTER GENERAL:

8 Incls:
QIC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARZAL
1st Lt., ACD
Asst Adj Gen

OR 293.9

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" X-2717	" X-4832
" X-3152	" X-4925
" X-3157	

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8 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARZAL
1st Lt., ACD
Asst Adj Gen

RL

1

Interred 12 October 1949
N 9 34 Ft. McKinley

DISINTERMENT DIRECTIVE

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

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00216

DATE
15 01 48
DAY MONTH YEAR

NAME
29
UNKNOWN

SERIAL NUMBER
X-000062

RANK
2nd Lt.

ARM
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
1750 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 UNK X-000062 (Finsch #2)
UNK X-2717 (Maus)

SERIAL NUMBER
UNKNOWN

RANK

DATE OF DEATH

DATE DISINTERRED
19 May 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY
FRAZIER OLIVER
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Formerly Unk X-62 USAF Cem Finsch #2, NG. Grave: 1750

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET
DATE 19 May '48 BY

FRAZIER OLIVER

CASKET SEALED BY
FRAZIER OLIVER

EMBALMER (Signature)
F. Oliver
FRAZIER OLIVER

CASKET BOXED AND MARKED
DATE 19 May '48 PLACIDO M. CASTILLO

SHIPPING ADDRESS VERIFIED BY
CAMERON P. WILEY, 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.

Cameron P. Wiley
CAMERON P. WILEY
1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS REMAINS DEPOT		TO Supt. Memorial Cemetery, P.I.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. BULAWAN, Capt. Cav.	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 12 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>[Signature]</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
APO 900

2 June 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 62, Plot _____,
Row _____, Grave 1750, 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. McNEEMAR
H. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 27 June 1949 OQMG
Not identifiable from
information presently
available

29 June 49

Incl #3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2717 (Formerly UNK X-62 Finsch # 2)				2. DATE OF REPORT 2 June 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
	802	F	1890		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR U. T. D.	11. RACE UNKNOWN
--	--	--------------------------------------	----------------------------

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





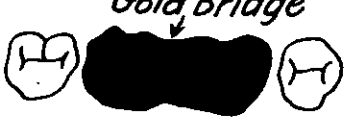



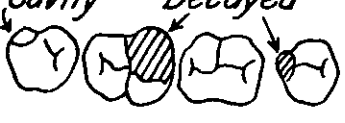

N O N E

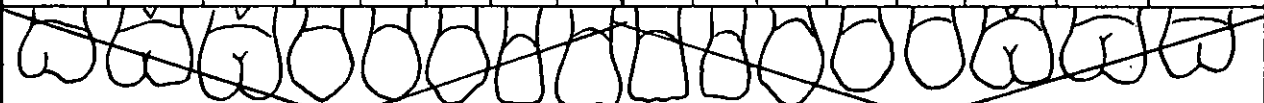


17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

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

Incl # 32

<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							
															
															
															
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."

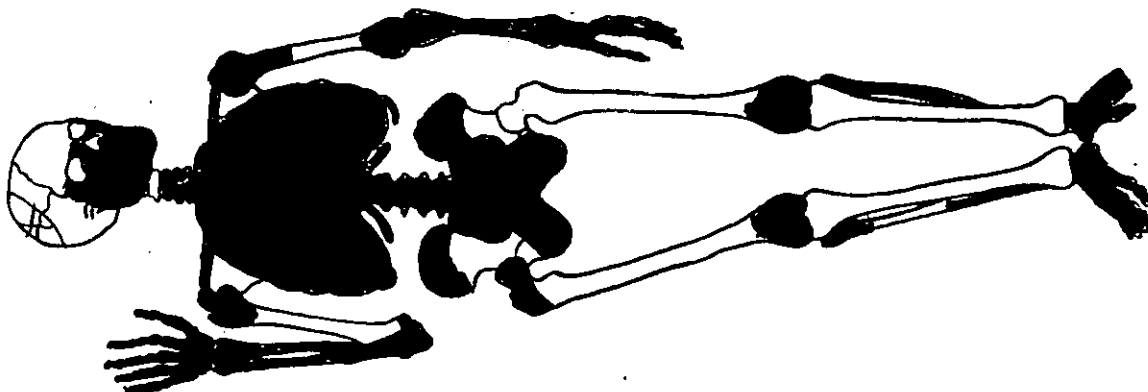
No loose teeth present with remains.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

J. J. Mc Dermott
 G. G. MODERMOTT
 Laboratory Officer, CIP

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, identification tags or personal effects found with remains.

Estimated weight of remains - 4 lbs.

Circumference of skull - 20 inches.

"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)

UNKNOWN X-2717, (Formerly
 Unknown X-62, USAF Cem Finsch #2, N.G.)
~~Cemetery~~ AGRS Mausoleum, Manila, P.I.
 Plot 802 ^{HANGER} Row ^F ^{SAV} Grave ^{URY} 1890

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 6 Dec '47
(Hour) (Date)

2. Place of death Awala Ujava Track, N.G.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by AGRS Det #2, Finschhafen, 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		N	
Jacket, HBT		E	
* 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 - (Chart attached)

Age Height Weight Description of wounds
 Bandages or dressings Scars (Length, width, location)
 Tattoos (Number, location - illustrate on separate page)
 Outstanding moles, warts or birthmarks (Yes-no; description, location)
 Sunburn or tan, other than hand and face
 Complexion (Light, medium, dark, clear, pimples, pocks, freckles)
 Build (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 (Size, shape, straight) Ears (Size, set close to or far from head)

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

Teeth (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of skull head in inches 20" (Hat band)

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

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

Hands (Unusual characteristics of fingernails)

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

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

Back (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 condition of remains

8. Has tooth chart been prepared? No If not, explain Tooth Chart impossible
(Yes-no)
(No maxilla & mandible found).

9. Remarks No I.D. tags, personal effects, burial bottle found with remains.
Estimated weight of remains - 4 lbs.

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

/s/ Charles Feeney
(Officer's Name)

SP-6 C-063090
Rank Service

CIP LABORATORY, MANILA, P.I.
(Organization)
6 Dec '47

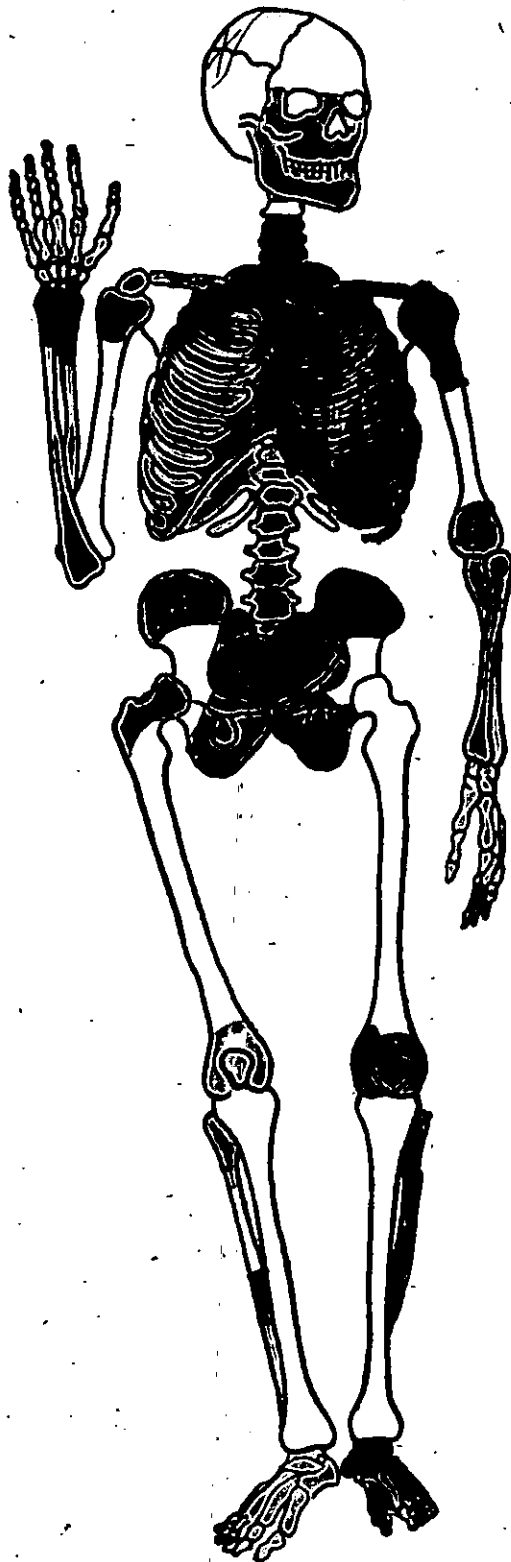
A CERTIFIED TRUE COPY:

G. S. Gamba
G S GAMBGA
2d Lt MAC

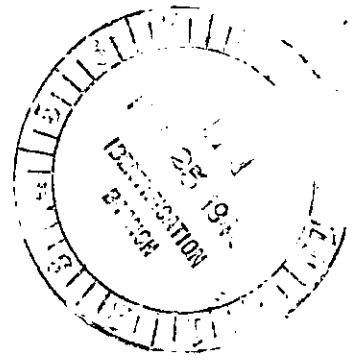
SKELETAL CHART

X-2717

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



AMS
CHART "A"



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

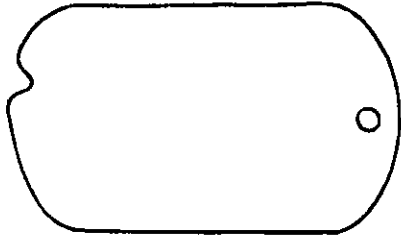
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

18 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-2717 (Formerly UNK X-62, USAF
Cem Finschhafen #2, 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
Awala Ujava Track, N.G.

CAUSE OF DEATH
Murdered by Natives

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, MANILA, P.

DATE OF BURIAL STORAGE 8 Dec 47	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 802	ROW No. BAY F	GRAVE No. CRYPT 1890
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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, N.G.	PLOT No.	ROW No.	GRAVE No. 1750
---	---	----------	---------	-------------------

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2719	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1892
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2715	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1888
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT
R R ACIERTO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT
L S PANOPIO, 2d Lt Inf

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

100 1000

MAR 25 1948

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


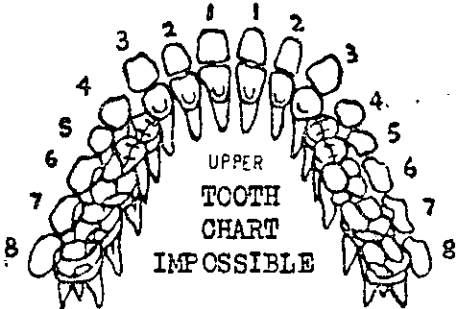
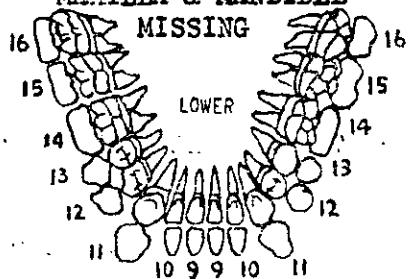

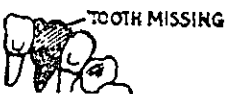


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

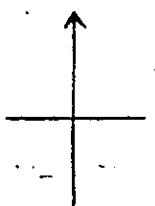
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 <p align="center">UPPER TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN MAXILLA & MANDIBLE</p>  <p align="center">MISSING LOWER</p>
LEFT RING FINGER	CAVITIES  CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK  GOLD BRIDGE	
RIGHT LITTLE FINGER		

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



REMARKS:

Identification Check List accomplished.

10 FEB 1948

RIGHT
LITTLE FINGER

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

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

UNKNOWN X-62

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Awala Ujaya Track,	NG		Unknown	Murdered by Natives	
(Place of death)			(Date of death)	(Cause of death)	
1500 hrs 5 April 45	USAF Cem 2,	Finschhafen, NG			
(Time and date of burial)	(Name of cemetery)	(Name or co-ordinates of location)			
Disinterred from grave 250	USAF Cem 1,	Soputa NG as Unknown X-42			
1750			Cross, Temporary		
(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. Town (If no identification tags, what means of identification are buried with the body?)

P. J. TOWN, Capt., QMC

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

Body buried on RIGHT	Kean, Jack R.	20654401	Cpl	Co C 126 Inf	1751
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Petrey, Elmer	57150260	Pvt	Co B 128 Inf	1749
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

Paul J. Town
(Name and address of EMERGENCY ADDRESSEE)

524 E. Sawyer St., Kalama, Wash.
(Name and address of LEGAL NEXT OF KIN)

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 :
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 R. MYERS, QMC
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RESTRICTED

RE-
REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1522

1522

UNKNOWN X 62

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

Awala Ujava Track, NG Unknown Murdered by Native s

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

1300 hrs 3 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG

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

Disinterred from grave 250 USAF CEMETERY #1 Soputa NG *as Unknown x 42*

1750

(Grave number) (Row number) (Plot number) *Cross, Temporary*
(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** KEAN, Jack R 20 634 401 Cpl Co C 126 Inf 1751
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** PETREY, Elmer 37 130 260 Pvt Co B 128 Inf 1749
(Name) (Serial number) (Rank) (Organization) (Grave number)

Paul Kean, 324 N Edward St., Kalamazoo Michigan
(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

1009

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., QMC. GRS.

(Signature of officer or other person reporting burial)

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

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED
8 MAY 1945

UNKNOWN X 12, Soputa No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Awala-Ujava Track, N.G. Unknown Murdered by Natives
(Place of death) (Date of death) (Cause of death)

1630 Hours May 8, 1943 U.S.T.C. No. 1, Soputa, N.G.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

Details of death on note in can and buried with body.

250 18 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
Body disinterred from Higaturu District Office Station, NG. Plane crashed about 2 mile from Ujava-Waseda Area, near Usog. Airman wounded, being taken toward Kokoda, was met by unfriendly natives and murdered. Natives apprehended and standing trial for murder. (Higaturu District Prison Camp NG) All information obtained from natives from Capt. Moy, Higaturu District Officer.

Religion

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

Body buried on RIGHT UNIDENTIFIED AMERICAN AIRMAN 251
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT WHERMAYER, Henry (NMI) Pvt., 20634602, Co. D. 126 Inf. 249
(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

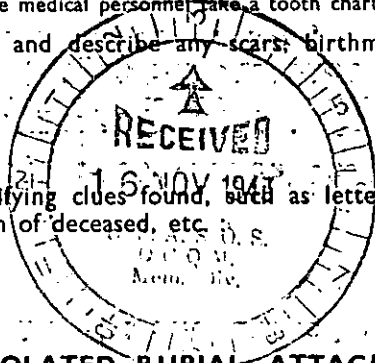
TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

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 make 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.

Lt. Sulzbacher,

(Signature of officer or other person reporting burial)

Stewart W. Able
STEWART W. ABLE

1S (Verified by Army, GRS Officer)

Adv. Base. GRO

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RE
REPORT OF INTERMENT

1522

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

#293 *New Haven (Unknown)*
(Par. 218, TM 10-630)

UNIDENTIFIED AMERICAN AIRMAN

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

Awala-Ujava Track, N. G.

Unknown

Murdered by Natives.

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

1630 Hours May 8, 1943

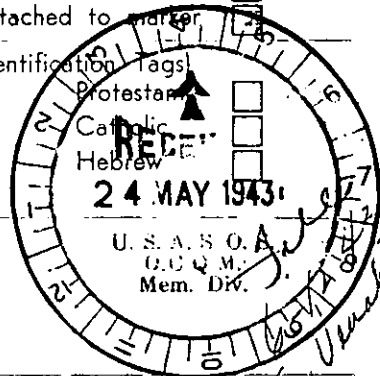
U.S.T.C. # 1, Soputa, N. G.

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

Details of death on note in c an and -Buried with body

250 18. Temp Cross DiscAttached to marker

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



Body Disinterred from Higaturu District Office Station, N. G.

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 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— UNIDENTIFIED AMERICAN AIRMAN, Grave 251.

On Left— WEHRMEYER, Henry (NMI), Pvt., 20634602, Co D, 126 Inf., Grave 249.

Lt. SULZBACHER

Signature of Officer, or other person reporting Burial.

Stewart W. Abel
STEWART W. ABEL

Verified by Army G.R.S. Officer.
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.

REPORT OF INTERMENT

CONFIDENTIAL

1522

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

293 New Guinea Unknown (Par. 21d-1M 10-630)

UNIDENTIFIED AMERICAN AIRMAN

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

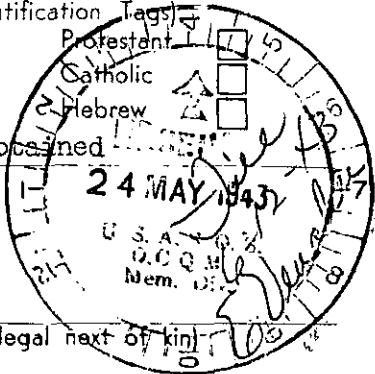
Awala-Ujava Track, N. G. Unknown Murdered by Natives.
(Place of Death) (Date of Death) (Cause of Death)

Unknown Higaturu District Office Station, N. G.
(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

Isolated Temp Cross. Buried with body
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) Attached to marker
(Identification Tags)

Plane crashed about 2 mile from Ujava--Waseda Area, Near Usog.
Airman wounded, being taken toward Kokoda, was met by unfriendly
natives and murdered. Natives apprehended and standing trial for
murder. (Higaturu District Prison Camp, N. G.) All information obtained
from natives from Capt. Mory Higaturu District Officer

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 where 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—

On Left—

Lt. SULZBACHER

Signature of Officer or other person reporting Burial.

Stewart W. Abel
STEWART W. ABEL

Verified by Army G.R.S. Officer.

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.