

QMNT 293  
GMS Far East

19 May 1949

SUBJECT: Resolution of Unidentified Remains

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

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

X-1432 (FORMERLY X-65, USAF Com, FINSCH. #2, N.G.)

2. Subject case has been reviewed and this Office approves the classification of the above listed Unknown as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

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

REB

R.Little:lrc  
Salser  
JW

NJS

cc--Administrative Section





NOV 26 1950  
KENTON, KY

NOV 26 1950  
KENTON, KY

NOV 26 1950

CSGR 293.9

SUBJECT: Unidentifiable Remains

22 APR 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 reason of lack of sufficient identifying data:

Unknown X-640	Unknown X-2556
X-1327	X-2572
X-1432	X-2578
X-2043	X-2586
X-2392	X-2904

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

FOR THE COMMANDING GENERAL:

FRANK O. CALOHAN, JR.  
CWO USA  
ASST ADJ GEN

10 Incls:  
QMC Forms 1044 with  
Certificates of Unidentifiability

1. FILE UNDER NO. 293 - Unk. P. I. 1 X-1432 (1/1/1/ Manila) #1

### SYNOPSIS

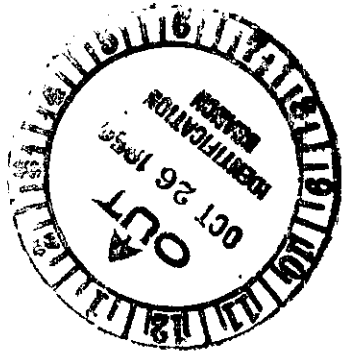
2. TYPE OF DOCUMENT: Letter 3. DATE: 10 Dec. 1948  
4. FROM: Hdqtrs., Philippines Command, APO 707  
5. TO: TAG, Dept of the Army, Wash., D. C.  
6. SUBJECT: Identification of Unknowns.

7. DOCUMENT FILED  
UNDER NO. 293 - Unk. P. I. (Misc.) (Misc. Manila) (X-4268, X-4338 thru X-4340)

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.



/fms 1		Interred. 17 Oct 1949 B 15 12, Ft. McKinley <i>Carl R. Bates</i> CARL R. BATES Cemetery Superintendent SECTION A		DISINTERMENT DIRECTIVE		DIRECTIVE NUMBER 6911 00239		DATE 15 01 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER UNKNOWNX-000065		RANK		ARM 1		DATE OF DEATH DAY MONTH YEAR	
CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		CAUSE OF DEATH 6					
PLOT	ROW	GRAVE	COUNTRY						
		2221	NEW GUINEA						

## 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-65 UNK X-1432 (Iaus.) UNK X-25		SERIAL NUMBER		RANK		DATE OF DEATH Dec. 1942		DATE DISTINTERRED 21 Sept 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION 126 IIF  USAGF		RELIGION		IDENTIFICATION VERIFIED BY GEORGE SINCHEAU Imbalmer 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

Two (2) Identification Tags show UNK X-1432 Iausoleum.  
One (1) One (1) BMB Tag shows UNK X-25.

## REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 1948		BY GEORGE SINCHEAU	
CASKET SEALED BY GEORGE SINCHEAU		EMBALMER (Signature <i>George Sincneau</i> ) GEORGE SINCHEAU	
CASKET BOXED AND MARKED DATE 21 Sept 48 BY HORACE L. ALLISON Sgt Inf.		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*  
CHARLES R. BATES, 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 <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER <i>[Handwritten]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i>	DATE <b>17 OCT 1949</b>

## 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 <b>(BY ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>MANILA PHILIPPINE ISLANDS</b>	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

2 April 1949

Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X 1432, Hangar 812, Bay H; Crypt 2500, AGRS Mausoleum, Manila, P.I., 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. McENEMAR*  
H. B. McENEMAR  
Capt., QMC

Received May 9, 1949 OQMG  
Not identifiable from  
information presently  
available 12 May 49  
*Letts*

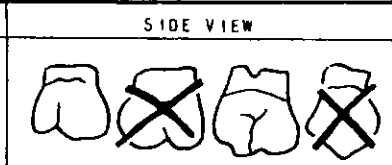
*Incl. #31*



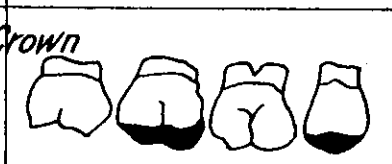
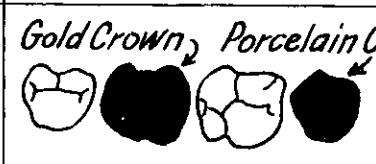
**IDENTIFICATION DATA**

REMAINS OF UNKNOWN UNKNOWN X-1432 ( Formerly Unk X-65 Finsch # 2 )				2. DATE OF REPORT 2 April 49	
3. NAME OF CEMETERY  AGRS MUSEUM, MANILA, P. I.		4. PLOT	5. ROW	6. GRAVE	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					
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  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  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					
<p><b>"UNIDENTIFIABLE"</b></p> <p><b>"BY REASON OF LACK OF SUFFICIENT IDENTIFYING EVIDENCE"</b></p>					
<p><i>Incl. #32</i></p>					

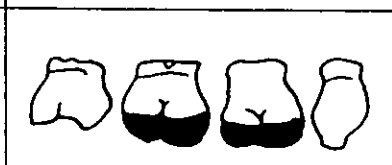
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



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



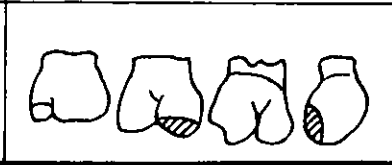
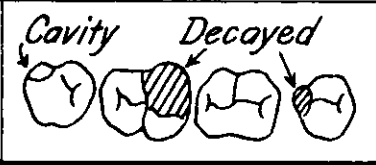
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
M A X I L L A								M I S S I N G							
<del>Side Views</del>															
<del>UPPER</del>															
<del>LOWER</del>															
<del>Side Views</del>															
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"**

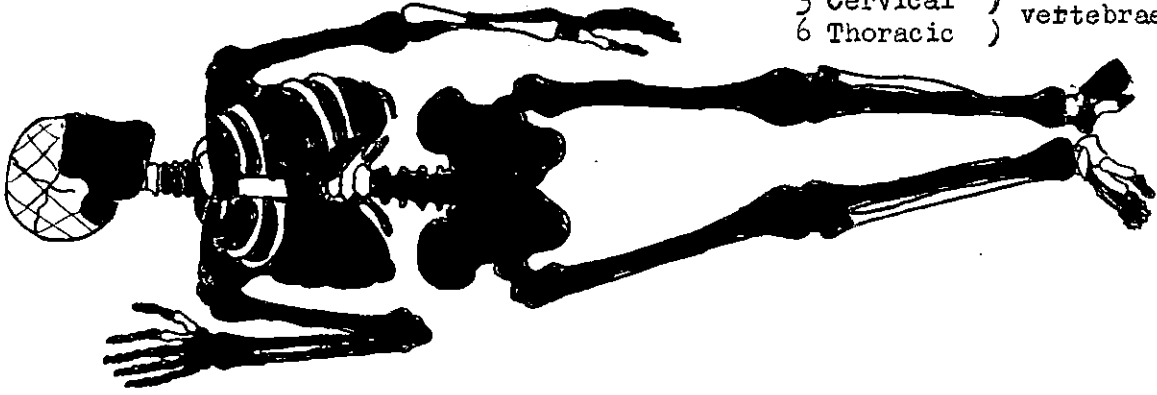
*J. J. McDermott*  
J. J. McDERMOTT

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Laboratory Officer, CIP

19. BLANK OUT PARTS OF BODY NOT RECOVERED

Received:

7 Ribs  
3 Cervical ) vertebrae  
6 Thoracic )



20.

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

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags or personal effects found with remains.

Estimated weight of remains - 1½ lbs.

**"UNIDENTIFIABLE"**  
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-1432 (Formerly UNK X-65  
 USAF Cem #2, Finschhafen, N.G.)  
~~UNKNOWN X-1432~~

Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 RANGER BAY CRPT  
 Row H Grave 2500

AGRS CIP Mausoleum, Manila, P.I.

1. Arrived at cemetery 3 Nov 47  
(Hour) (Date)

2. Place of death Soputa Killerton Track  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by CMT #1

(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 _____	<small>(Type)</small>		
Raincoat _____			
Overcoat _____			
Jacket, Field _____			
Jacket, Combat _____			
Mackinaw _____			
Sweater _____			
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 ..... N O .....

Web Equipment ..... (type) N E .....

(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 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 ..... U T 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 ..... (Length, heavy)

(Color, setting, shape) (Color, size, shape)

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      Skull fragments (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)

U  
T  
D

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

Fingers ..... (Unusual characteristics of fingernails)

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

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

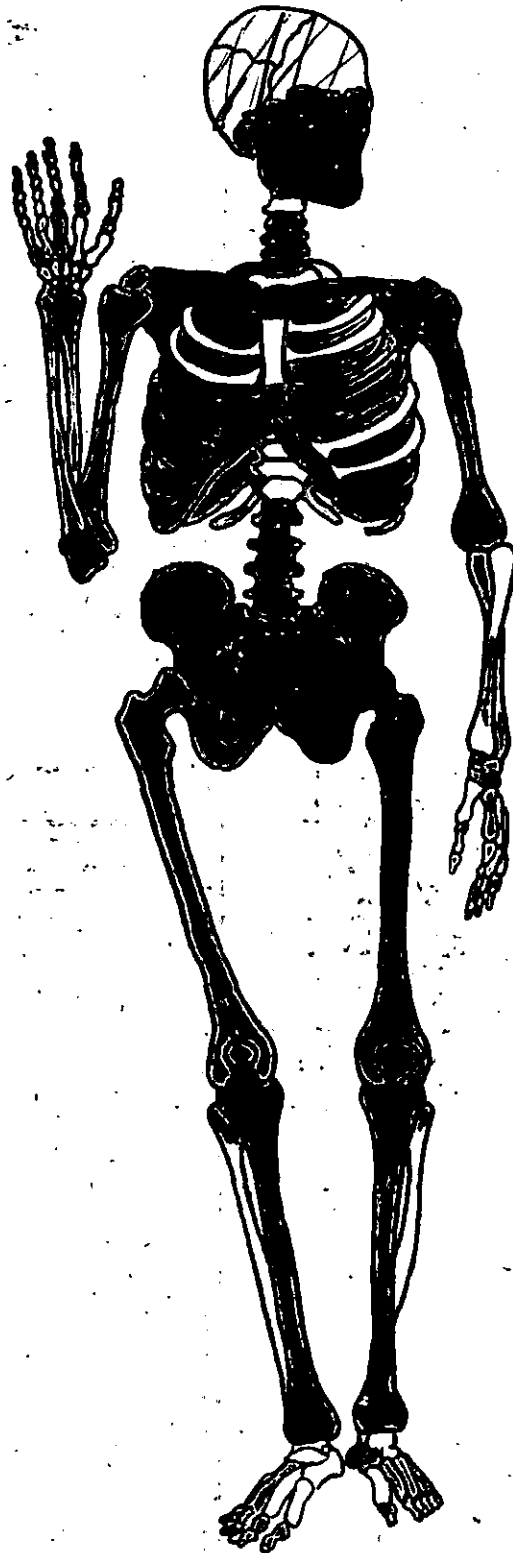
Evidence of healed fractures ..... (Nose, arms, legs, etc.)

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



# SKELETAL CHART X-1432

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Received

7-Ribs

3-Cervical

6-Thoracic

No Lumbar

} Verteb.



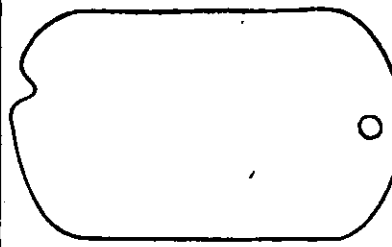
WE GMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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) <b>UNKNOWN X-1432 (Formerly UNK X-65, USAF Cem #2, Finschhafen, N.G.)</b>		SERIAL NO. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>126 Inf</b>	BRANCH OF SERVICE <b>Army</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Soputa Killerton Track</b>	CAUSE OF DEATH <b>GSW KIA</b>	DATE OF DEATH <b>Dec 1942</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>See remarks</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>	

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 <b>6 Nov 47</b>	HOUR <b>0830</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT NO. <b>812</b>	ROW NO. <b>B44 H</b>	GRAVE NO. <b>CR-7P 2500</b>
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WAS THIS A REBURIAL? (Yes or no) RESTORED <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery #2, Finschhafen, New Guinea</b>	PLOT No.	ROW No.	GRAVE No. <b>2281</b>
---	---	----------	---------	--------------------------

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 <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
--	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN X-1467</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. <b>CRYP 2502</b>
---	------	------------	--------------	-------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN X-1304</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. <b>CRYP 2498</b>
--	------	------------	--------------	-------------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>Wm R. GILBERT, Adm. Asst.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>I S PANCIPIO 2d Lt., Inf</b>
--	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allies 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 252

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


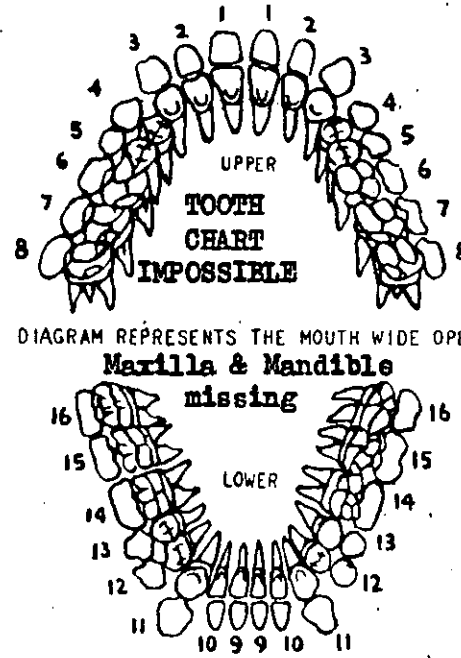


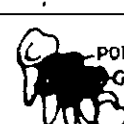


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

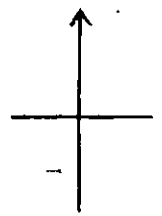
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN <b>Maxilla &amp; Mandible missing</b></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>	
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	

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



**REMARKS:** UNKNOWN X-1432 AGRS Mausoleum, Manila, P.I., (Formerly UNK X-65 USAF Cemetery #2, Finschhafen, New Guinea. According to Tag on cross Cemetery #2, grave #2221 bears name-UNKNOWN X-25 but on ROI grave #2221 bears UNKNOWN X-65. Identification Check List accomplished.

23 DEC 1947

A TRUE COPY:

*George D. Redden*

GEORGE D. REDDEN, JR.  
1st Lt., Infantry

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

# REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN X-65

126 Inf

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

Soputa Killerton Track

Dec 1942

GSW KIA

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

1345 hrs 3 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG

(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

Disinterred from grave 148 USAF CEMETERY SOPUTA #1 NG

*As M. ... 23*

2221

(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

(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** UNKNOWN X-66 (Name) (Serial number) (Rank) (Organization) 2222 (Grave number)

Body buried on **LEFT** Beginning of the row. (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

*file 88-17-46*  
*W.F. ...*

**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/t/ GEO. A. ROSS, M/SGT. GRS,

(Signature of officer or other person reporting burial)

/s/t/ CHARLES R. MYERS, LT, QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

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

1501

280

UNKNOWN X-65

126 Inf

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Soputa Killerton Track			Dec 1942	GSW KIA	
(Place of death)			(Date of death)		(Cause of death)

1345 hrs 3 April 1945	USAF Cem #2 Finschhafen, NG	
(Time and date of burial)	reburial	(Name of cemetery)
		(Name or co-ordinates of location)

Disinterred from grave 148 USAF Cem Soputa #1 NG as Unknown X-23

2221			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

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

*Paul J. Tonn*  
P. J. TONN, CAPT., GMC

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

Body buried on RIGHT	Unknown X-66				2222
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

Body buried on LEFT	Beginning of the row.				
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

111  
(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

(21)

998

RESTRICTED



**RESTRICTED**

RE-

**REPORT OF INTERMENT**

(TM 10-630 AND AF 30-1815)

1501

1501

UNKNOWN X - 65 126 Inf  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa Killerton Track Dec 1942 GSW KIA  
(Place of death) (Date of death) (Cause of death)

1345 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 148 USAF CEMETERY SOPUTA #1 NG *as Unknown X-23*

2221 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 UNKNOWN X 66 2222  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Beginning of the row.  
(Name) (Serial number) (Rank) (Organization) (Grave number)

1001

(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

**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., QMC, GRS.

(Signature of officer or other person reporting burial)

*Charles R Myers*  
CHARLES R. MYERS, L., QMC.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

THUMB

4

3

2

1

THUMB

RIGHT HAND

RECEIVED  
8 MAY 1945



REPORT OF INTERMENT

CONFIDENTIAL 501

(TM 10-630 AND AR 30-1815)

UNKNOWN X 23 Soputa No. 1A 126 Inf. *049210*  
 Soputa Killerton Track (Initial) (Serial number) (Rank) (Organization)  
 3 3/4 Mi. No. Soputa December 1942 G.S.W., K.I.A.  
 (Place of death) (Date of death) (Cause of death)  
 1400 Hrs. April 26, 1943 U.S.T.C. No. 1, Soputa, N.G.  
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

148 11 Temp. Grave Marker  
 (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 at map reference 17.5-26.28 Gona Locality revised,  
 Scale 4" - 1 mile, Dec. 1942. On April 26, 1943, only identification

possible - Shoe Size 10E, Hair Red.  
 (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 149  
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** SZAWICKI, Louis Pvt., 37139323 A.T.Co. 126 Inf. 147  
 (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



# REPORT OF INTERMENT

*Cards  
made 1501  
K.C.*

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

*293* Gen - Guinea (Unknown) (Par. 21c TM 10-630)

**UNIDENTIFIED AMERICAN SOLDIER**

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

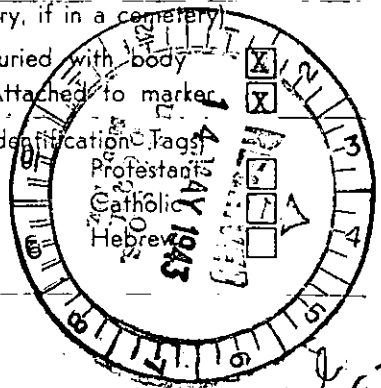
Soputa-Killerton Track

3 3/4 Mi. No. Soputa December 1942 G.S.W., K.I.A.  
(Place of Death) (Date of Death) (Cause of Death)

1400 Hrs. April 26, 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)

148 11 Temp. Gr. Mark. Aluminum Disc Attached to marker.  
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Skeleton found at map reference 17.5 - 26.28 Gona Locality  
Revised, Scale 4" - 1 Mile, Dec. 1942.) on April 26, 1943. Only  
identification possible - Show Size 10E, Hair Red.



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

Unknown *X 293 Gen - Guinea (Unknown)* *72  
6843  
6 1/2*  
(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. 25a (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 #149

On Left— SZAWICKI, Louis. Pvt. 37139323 Anti Tank Co. 126 Inf. Grave #147

S/Sgt. LeRoy Turner

Signature of Officer or other person reporting Burial.

*James T. McConnaughey*  
JAMES T. McCONNAUGHEY  
Verified by Army G.R.S. Officer.  
2nd Lt., Q.M.G.

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