

AIRMAIL

*293 unit P.I. (Misc) Maus Manila
see list below*

QMONT 293
QMS Far East

8 May 1950

Emj

SUBJECT: Identification of World War II Deceased

**TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California**

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

Unknown X-1419,	(form. X-66 Finsch #2),	Unit 2,	Page 27
" X-1543,	(" X-255 " "),	" 2,	" 30
" X-2337,	(" X-491 Leyte #1),	" 2,	" 12
" X-3660,	(" X-46 " "),	" 2,	" 6
" X-3713,	(" X-46 " "),	" 2,	" 6
" X-4255,	AGRS Maus. Manila, P.I.,	" 2,	" 21
" X-5061,	" " " " "	" 2,	" 24
" X-5054,	" " " " "	" 2,	" 24
" X-5229,	" " " " "	" 2,	Addition
" X-5230,	" " " " "	" 2,	"

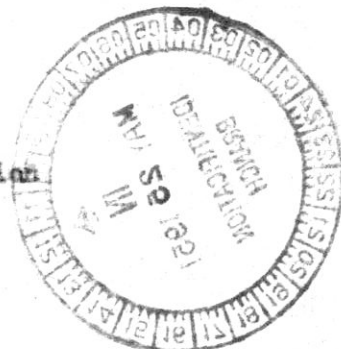
2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE ACTING QUARTERMASTER GENERAL:

W. Sustace, lrc
Salsar

THOMAS E. CO
Capt QMC
Memorial Division

cc--Administrative Section
cc--Cinofe



X 293 unit P.I. 91.5 X-66 (Finsch) #2

AIRMAIL

JAMRIA



RECEIVED

NOV 1951

NOV 1951

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

JAMRIA

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
15 MAR 1950

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 QMGHU 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-605, AGRS Malm		
"	X-1419, " "		
"	X-1543, " "		
"	X-2337, " "		
"	X-3660, " "		
"	X-3713, " "		
"	X-4198, Manila #2		
"	X-4255, AGRS, Malm		
"	X-5131, " "		

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

FOR THE COMMANDING OFFICER:

9 Incls
QMG Forms 1044 w/certificates
of Unidentifiability

/s/
/t/
John S. ...
JOHN S. ...
1st Lt. Infantry
Adjutant



COPY



/drs
1

Interred 21 March 1950
L 8 1951 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 00240

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWNX-000066		Q	
CEMETERY					DISPOSITION OF REMAINS
BRITISH GUINEA USAF FINSCHAFFEN NO 20					7701 80
PLOT					CAUSE OF DEATH
ROW	GRAVE	COUNTRY			6
	2222	NEW GUINEA			

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-66 UNK X-1419 (Iaus.)				21 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		GEORGE SINCNEAU Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /
Two (2) Identification Tags show UNK X- 1419 Iausoleum.

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

CASKET SEALED BY
GEORGE SINCNEAU
EMBALMER (Signature) *George Sincneau*
GEORGE SINCNEAU

CASKET BOXED AND MARKED
DATE 21 Sept 48 BY HORACE L. ALLISON
Sgt Inf.
SHIPPING ADDRESS VERIFIED BY
CHARLES F. BATES, 1st Lt., USAR

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

Charles F. Bates
CHARLES F. BATES, 1st Lt., USAR
SIGNATURE OF GRS INSPECTOR
RECORDED
DATE
FILE

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

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>Carl H. Mark</i>	DATE MAR 2 1950

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 (BY ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER NAVY PHILIPPINE ISLANDS	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM SSS WEN GAIYEV		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER GAIYEV	DATE	SIGNATURE OF RECEIVER	DATE

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCON ZONE

APO 900

9 March 1950

(Date)

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X- 66, Plot _____,
Row _____, Grave 2222, USMC USAF Cem. Finsch. #2, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decendent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Received 31 Mar 50 ⁰³²⁴
Not identifiable from
information presently
available

W. Eustace
Ident.

Incl 2

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-66, USAF Cem. Finsch. #2				2. DATE OF REPORT 9 March 1950	
3. NAME OF CEMETERY X-1419 AGRS MAUSOLEUM, MANILA, P. I.		4. PLOT HANGAR 812	5. ROW BAY H	6. GRAVE CRYPT 2495	7. DATE OF DISINTERMENT REINTERMENT STORAGE

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7 1/2"	10. COLOR OF HAIR U T D	11. RACE U T D
------------------------------	----------------------------------	----------------------------	-------------------

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

RECORDED & INDEXED
BY REASON OF ...

S. J. ... 2

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT

LEFT

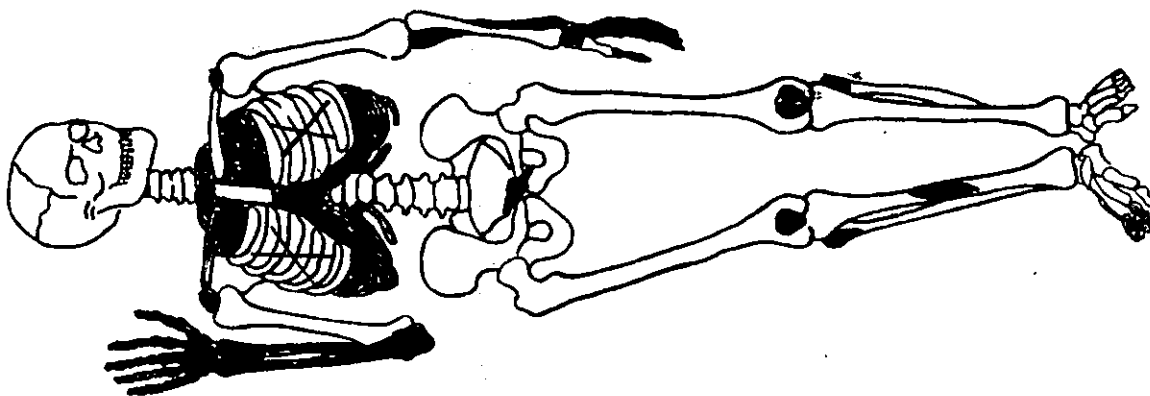
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Ⓟ	Ⓟ	Ⓟ	X	Ⓟ		Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ		X	A OL	Ⓟ F Oh	Ⓟ
Side Views	[Side view drawings of teeth corresponding to the chart above]															
Top Views	[Top view drawings of teeth corresponding to the chart above]															
Side Views	[Side view drawings of teeth corresponding to the chart above]															
	Ⓟ	X	X	X	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	Ⓟ	A F	
	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."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, burial bottle, personal effects, or other means of identification found with remains.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE
Paul R. Nichols

X-1419

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-1419 (Formerly UNK X-66
USAF Cem #2, Finschhafen, N.G.)

31 Oct 47

DATE

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Soputa Sanananda Trail,
New Guinea

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL

812

H

2495

PLOT

ROW















GRAVE NO.

STORAGE

DANGER BAY CRYP.

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE		P	P	P	X	P		P	P	P	P		X	A	A	P							
LOCATION																							
INSIDE — LOOKING OUT																							
		RIGHT						LOWER TEETH				LEFT											
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16						
TYPE		P	X	X	X	P	P	P	P	P	P	P	P	P	P	A							
LOCATION																f							

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX.</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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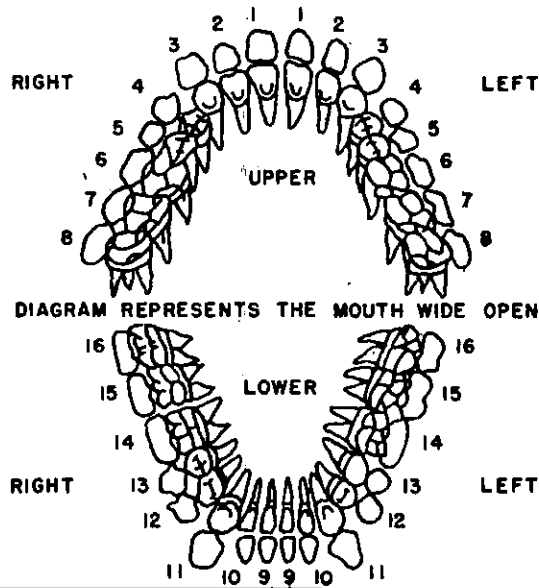
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

/s/ John H. Bennett Jr.
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr.
VERIFIED BY GRS OFFICER

/p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT JR. SP-5
NAME AND RANK TYPED OR PRINTED

CIP AGRS Mslm, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

31 Oct 47
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

UNKNOWN X-1419 (Formerly UNK
 X-66 USAF Cemetery #2,
~~UNKNOWN~~ Finschhafen, New Guinea).
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{DANGER} Row HAY ^{CRYPTS} Grave 2495

C.I.P. AGRS
 Mausoleum, Manila, P.I.

1. Arrived at ~~remexary~~ 25 Oct 47
(Date)
2. Place of death Soputa Sanananda Trail,
New Guinea
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by AGRS Det #2
(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	/	N	
Jacket, Combat	/	O	
Mackinaw	/	N	
Sweater	/	E	
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web / /

Drawers, wool / /

Drawers, cotton ^N 0

Leggings, wool ^N E

Socks, cotton / /

* Shoes 1 pair (type), service shoes size 9 1/2 D

Overshoes / /

Web Equipment (type) / /

(Other item) ^N 0

(Other item) ^N 0

* If body is nude, sizes of these items should be computed by measuring the remains ^E

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 / / Est. Height 5' 7 7/8 Weight U.T.D. 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 ^T D (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 (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy)

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? Yes If not, explain _____
(Yes-no)

9. Remarks No ROI bottle, no identification tags or personal effects found with remains. Mess kit found with the initials ALS scratched on the side and 1 canteen found with the letters AMER stamped on the side and 4 other letters UTD. Estimated weight of remains 5 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.

Canteen and Mess kit
placed in Laboratory.

/s/ Alton E. Jones
(Officer's Name)

SP-6 062812
Rank Service

CIP AGRS, Mslm, Manila, P.I.
(Organization)

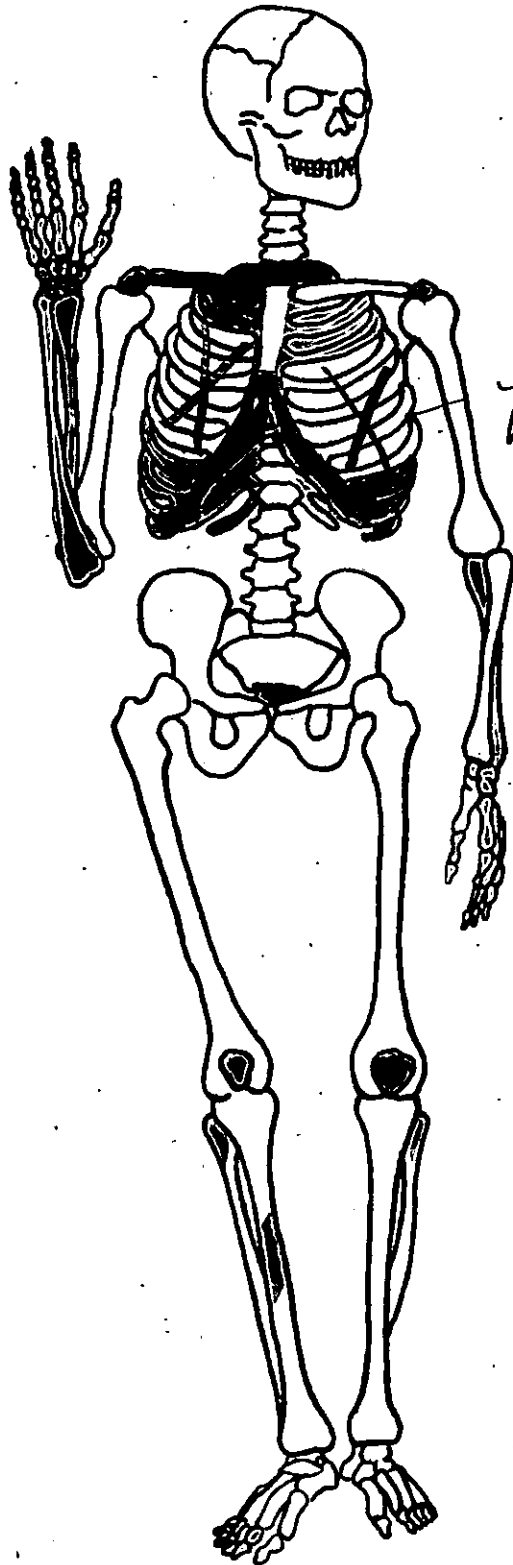
CERTIFIED TRUE COPY:


GEORGE T. GAMBOA
2d Lt., MAC

SKELETAL CHART

X-1419

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



fragments of ribs

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right										Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
X	O	A		X		X	X	X	X	X		X	A	X	X		

LOWER TEETH

Right									Left						
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	X	X	X	X	X	X	X	X	X	X	X	X	X	A	

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

R 1, 2, 4, 8, 9, 10, 11, 12, 13, 14, 15, 16 Missing Not
Extracted

L 1, 2, 3, 6, 7, 8, 9, 10, 11, 12, 13, 14 Missing Not
Extracted

Date Sept. 18, 1944

Sp. Sgt. Benton E. Lator
Dental Corps, U. S. A.

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

Teeth replaced by denture
(horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge
(oval to include abutments)

O		X	O	
---	--	---	---	--

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

REPORT OF INTERMENT STORAGE

DATE OF REPORT

APR 5 - 1948 (AR 30-1810 and AR 30-1815)

7 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-1419 (Formerly UNK X-66
USAF Cem #2, Finschhafen, N.G.)

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Soputa Sanananda Trail,
New Guinea

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse).

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 6 Nov 47	0830	STORED Casket	None	HANGER 812	BAV H	CRYPT 2495

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
RESTORED Yes	USAF Cemetery #2, Finschhafen, N. G.			2222

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
STORED Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-1449				CRYPT 2497

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-1422				CRYPT 2493

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst	<i>Lucio S Panopio</i> LUCIO S. PAÑOPIO, 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 699

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
-----------------------	---------------	--------------------------------


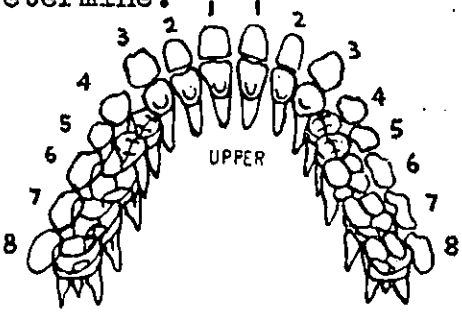




OTHER IDENTIFICATION CLUES

Found with the remains and placed in the Laboratory:

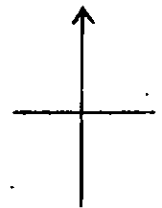
One (1) mess kit with initials AIS scratched on the side.

One (1) canteen with the letters AMER stamped on the side with four other letters unable to

determine.

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

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



REMARKS:

Identification Check List and Dental Chart accomplished.

31 DEC 1947

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

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

UNKNOWN X-66

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

Soputa Sanananda Trail, NG

(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 228 USAF CEM 1, Soputa NG as Unknown X-34

2222

(Grave number)

(Row number)

(Plot number)

Cross, Regulation

(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?)

P. J. TONN, Capt., QMC

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

Body buried on **RIGHT** Saros, Nick G. 36164112 Pfc. Co H 127 Inf 2223
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** Unknown X-65 2221
(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

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 OMC GRS

(Signature of officer or other person reporting burial)

CHARLES R. MYERS Lt. OMC
(Verified by Army GRS or)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RESTRICTED REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

1529

UNKNOWN X - 66

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

Soputa Sanananda Trail, NG

(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 of coordinates of location)
reburial

Disinterred from grave 228 USAF CEMETERY #1 Soputa NG as Unknown X-34

2222

Cross, Regulation

(Grave number) (Row number) (Plot number) (Type of marker—Regulation Y-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 SAROS, Nick G 36 164 112 Pfc Co H 127 Inf 2223
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN X 65 2221
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43).

If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent Nationality:
Weight:	Laundry marks:
Colour of eyes:	Number of rifle:
Colour of hair:	Wear glasses?
Race:	Is Tooth chart attached?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Geo A. Ross
 GEO. A. ROSS, U/Sgt., G-1, G-2.
 (Signature of officer or other person reporting burial)

Charles P. Myers
 CHARLES P. MYERS, G-1, G-2.
 (Verified by Army Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
 11/11/43
 11/11/43

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

1529

UNKNOWN X-34, Soputa No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa Sanananda Area, N.G. Unknown
(Place of death) (Date of death) (Cause of death)

1100 Hours May 5, 1943 U.S.T.C., No. 1 Soputa, N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

Unidentified stamped on canteen and disc.

228 17 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

Disinterred from U.S.T.C. No. 3, Sanananda, N.G. Grave 19

(If no identification tags, what means of identification are buried with the body?)
Skeleton found by 116 Eng. on 28 March, 1943 and buried.

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

Body buried on RIGHT BURNETT, Lousi, Jr. S/Sgt. 20636054, Co. M. 126 Inf. 229
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNIDENTIFIED AMERICAN SOLDIER 227
(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:

Serial #17

CONFIDENTIAL

Paul J. Tonn
PAUL J. TONN. 1st Lt. OMC.

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.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

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

UNKNOWN X-34 Soputa No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa)Sanananda Area, N.G. Unknown
(Place of death) (Date of death) (Cause of death)

1100 Hours May 5, 1943 USTC No. 1 Soputa, N.G.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

Unidentified stamped on canteen and disc

228 17 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

CERTIFIED TRUE COPY Disinterred from U.S.T.C. No. 3, Sanananda, N.G. Gr. 19

Paul J. Tomm
Paul J. Tomm

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

1st Lt. QMC Skeleton found by 116 Eng. on 28 March 1943 Religion
(If no identification tags, but identity definitely established, give particulars) Co M

Body buried on RIGHT BURNETT, Louis Jr S/Sgt 20636054 126 Inf. 229
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNIDENTIFIED AMERICAN SOLDIER 227
(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:
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.

S/Sgt Johanning

(Signature of officer or other person reporting burial)

STEWART W. ABEL 1st Lt. CMC Adv. Base GRO
(Verified by Army Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RE
REPORT OF INTERMENT

1529

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

293 *new burial (unknown)* (Par. 2) d - TM 10-630

UNIDENTIFIED AMERICAN SOLDIER

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

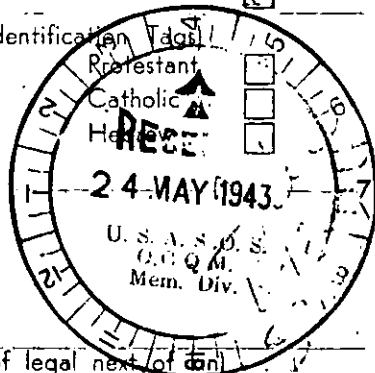
Soputa-Sanananda Area, N. G. Unknown
(Place of Death) (Date of Death) (Cause of Death)

1100 Hours May 5, 1943 US.T.C. # 1, Soputa, N. G.
(Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

228 17 Unidentified stamped on canteen and Buried with body
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tag)
Temp Cross Disc Attached to marker

Disinterred from U.S.T.C. # 3, Sanananda, N. G., Grave 19.

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) (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— BURNETT, Louis Jr., S/Sgt., 20636054, Co M, 126 Inf., Grave. 229.

On Left— UNIDENTIFIED AMERICAN SOLDIER, Grave 227.

S/Sgt. JOHANNING

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

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

293 New Guinea (Par. 2) d - TM 10-630

UNIDENTIFIED AMERICAN SOLDIER

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

Soputa-Sanananda Area, N. G. Unknown (Place of Death) (Date of Death) (Cause of Death)

March 28, 1943 U.S.T.C. # 3, Sanananda, N. G. (Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

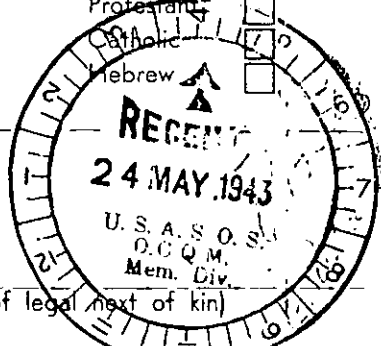
19. 3 Temp Cross (Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

Buried with body
Attached to marker

Skeleton found by 116 Eng. on 28 March, 1943 and buried.

Protestant
Catholic
Hebrew

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



(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

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

(Required when positive identity cannot otherwise be established) (Par. 25e (2), TM 40-630)

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 20.

On Left— Beginning of Row.

S/Sgt. WINSOR

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

(TM 10-630 AND AR 30-1815)

CONFIDENTIAL NOV 30 1529

UNKNOWN X 31, Soputa No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Soputa-Sanananda Area, N.G. Unknown
(Place of death) (Date of death) (Cause of death)

1100 Hours May 5, 1943 U.S.T.C. No. 1 Soputa, N.G.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

Unidentified stamped on canteen and disc

228 17 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

Disinterred from U.S.T.C. No. 3, Sanananda, N.G. Grave 19.

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

Skeleton found by 116 Eng. on 28 March, 1943 and buried.

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

Body buried on RIGHT BURNETT, Louis Jr., S/Sgt., 20636051, Co. M, 126 Inf. 229
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNIDENTIFIED AMERICAN SOLDIER 227
(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

UNKNOWN X-34 Grave 228, Soputa #1

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

1529