

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT *000*

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

NR

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

ACTION

INFORMATION

FROM: (Originator)

WD, OQMG, 2nd & T Sts., SW, Washington 25, D. C.

ACTION TO:

Chief, Demobilized Personnel Records Branch
 Bldg 105, Records Administration Center, AGO
 St. Louis 20, Missouri

INFORMATION TO:

SECURITY CLASSIFICATION	
ACTION	PRECEDENCE FOR INFORMATION
Immediate	
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	CLASSIFICATION

QMGMU 293
 Unknowns X-7 & X-28
 (Finschhafen #2) N. G.

8 May 1947

Information Required For Graves Registration

Request AGRAC Forms 1-380 be submitted to this office at the earliest practicable date for the following:

Chambers, Woodrow N. 38173902
 neg. Dugen, William D. 39381631

FOR THE QUARTERMASTER GENERAL:

James C MacFarland
 JAMES C. MacFARLAND
 Major, QMC
 Memorial Division

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

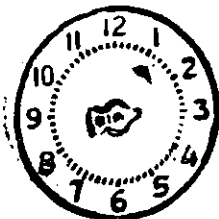
OFFICIAL TITLE

PAGE

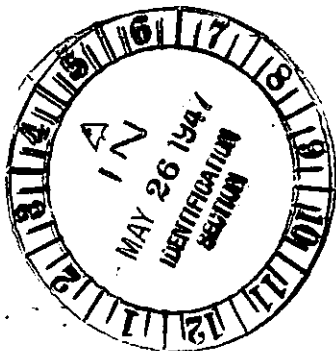
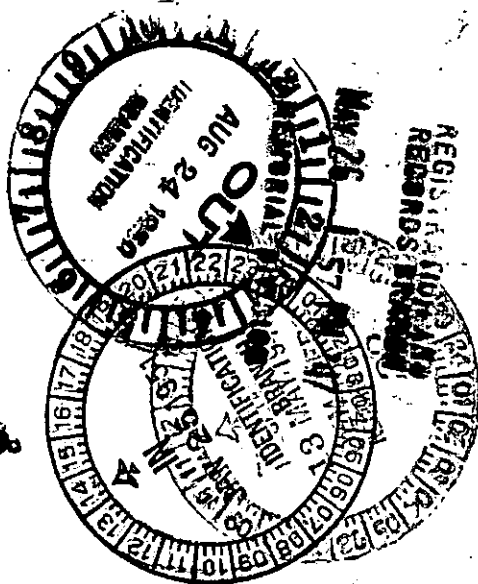
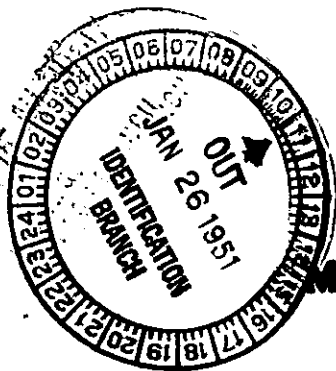
OF

293 Wm Dugen, New Guinea, X-7 & X-28 Finschhafen #2

26 MAY '47



RECEIVED
MR BR. O.O.M.G.



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILRYCOM SECTOR

CRHM/1f1

GSQMM 293

APO 707
19 April 1947

SUBJECT: Transmittal of Dental Charts

TO : Quartermaster General, Washington 25, D.C.

The inclosed QMC forms 1044 and 1045 for Unknown X-7, interred in USAF Cemetery Finschhafen No. 2, grave 934 and Unknown X-28, interred in USAF Cemetery Finschhafen No. 2, grave 1095, are forwarded herewith for your information and file.

FOR THE COMMANDING OFFICER:



E. J. BRUCHER
Major, QMC
Executive

4 Incls:
QMC forms 1044 & 1045 for:
1-2 Unknown X-7
3-4 Unknown X-28

File
27 Aug 50
Ment Sec



APR 30 4 33 PM '47
MEMORIAL DIVISION
REGISTRATION AND
RECORDS BRANCH

1. NAME
2. BIRTH
3. DEATH
4. MARRIAGE
5. DIVORCE
6. CITIZENSHIP
7. NATURALIZATION
8. DEPORTATION
9. REENTRY
10. PASSPORTS
11. VISA
12. OTHER

MEMORIAL DIVISION
REGISTRATION AND RECORDS BRANCH
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

DISINTERMENT DIRECTIVE

1

SECTION A —
 NAME AND BURIAL LOCATION OF DECEASED

 DIRECTIVE NUMBER
 6911 00001

 DATE
 24 02 50
 DAY MONTH YEAR

NAME UNKNOWN X-7	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
----------------------------	---------------	-------	----------	-----------	---------------

CEMETERY FINSCHHAFEN NO 2 NEW GUINEA	PLOT	ROW	GRAVE 934	DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.
--	------	-----	--------------	--

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
---	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		SHIPPING ADDRESS VERIFIED BY
CASKET BOXED AND MARKED		
DATE	BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

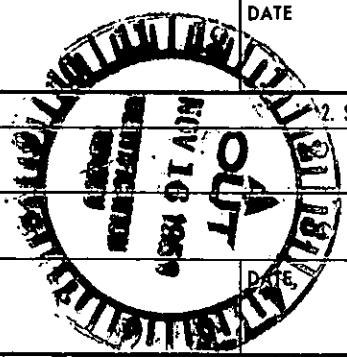
PREV. UNKNOWN X-3978
 REMAINS ARE UNIDENTIFIABLE. PERMANENTLY INTERRED IN NAT'L MEM CEM OF
 THE PACIFIC, T. H., PLOT Q, GRAVE 982.

NAT
 FILE
 SENT MAR 9 1950
 NAME [Signature]
 R & R BR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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



2. SHIPPED

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

3. SHIPPED

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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

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

6. SHIPPED

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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

AIRMAIL

293-Unknown P.I. X-7 (Ft. McKinley)

QMGME 293
GMS Pacific

1st Ind

SUBJECT: Resolution of Unidentified Remains

Dept. of the Army, OQMG, Washington 25, D. C., 12 October 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 956, c/o Postmaster, San Francisco, California

Subject case has been reviewed and this Office approves the classification of Unknown X-7, USAF Cemetery Finschhafen #2, (MN X-3978), as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:


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

Incl w/d

K. Bradley:lak
V. Jeffrey
J. Windsor

cc: Administrative Section

*Oct 13 11 59 AM '49
MAIL & RECORDS DIVISION*



B
ll
REB

TEC

293 G.R.S. Pacific

*Reclass 10/19/49
293-Unknown N. Guirner X-7 (Finschhafen)*

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
RRREC 293

SEP 14 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith one (1) QMC Form 1044 for USAF Cemetery Finschhafen #2, New Guinea, stamped and signed in accordance with letter, DA, OQMG, QMGMU 293, GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

1 Incl
QMC Form 1044-1044a-
1044b-Narrative
Unknown X-7
(MN X-3978A)

/s/ Frank M. Green, Jr.
/t/ FRANK M. GREEN, JR.
Major, QMC
Chief, RR Div

COPY:

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

CAG/vcr

GRPZ 293

FEB 9 1950

SUBJECT: Return of Disinterment Directive

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

1. Attached herewith is Disinterment Directive No. 6911 00150 dated 15 January 1948 for Unknown X-7 USAF Cemetery Finschhafen No. 2.

2. Remains of X-7 were later segregated into two (2) remains and designated Unknown X-3978 A and Unknown X-3978 B, AGRS Mausoleum, Manila. Subsequently Unknown X-3978 B was made CIL 295 and Unknown X-3978 A, with the suffix "A" dropped, was sent to AGRS, Pacific Zone, Honolulu on 21 May 1949 aboard the USAT Towle.

3. The present status of the remains of Unknown X-3978 is not known by this Headquarters and it is felt advisable to return this Disinterment Directive to your office for correct disposition.

FOR THE COMMANDING OFFICER:

1 Incl:
DD #6911 00150
(Copies 1-3)

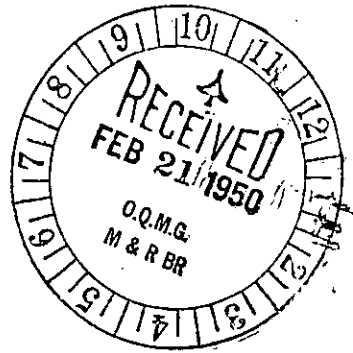
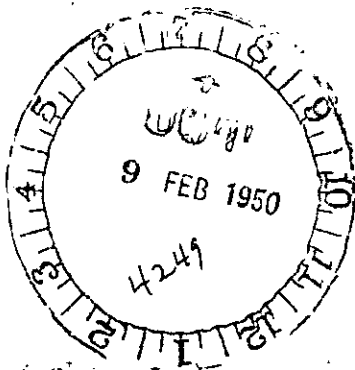
John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

293 unk M. A. X-7 (Records #2)

In accordance
with instructions
of Mr. Cullum.

NAT
FILE
FEB 24 1950
RHC
Kerachin
Hale

X 293 unk P.I. X-3978 (maus manila) Hale



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1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6911 00150	DATE 15 01 48 DAY MONTH YEAR	
NAME UNKNOWN		SERIAL NUMBER 393 UNKNOWNX-000007	RANK	ARM Q
CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20		DATE OF DEATH		DISPOSITION OF REMAINS 7701 80 DAY MONTH YEAR
PLOT	ROW	GRAVE 853	COUNTRY NEW GUINEA	CODE DIST. PT. 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
--	---------------------------------

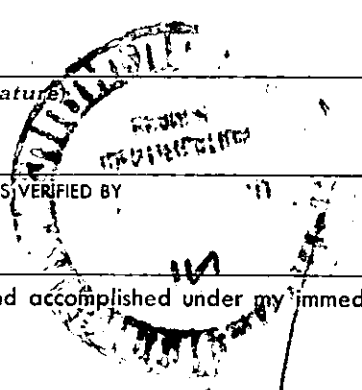
SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY [Signature]
				NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	
REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY [Signature]	EMBALMER (Signature) [Signature]
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

*Cancelled
New B.P. Memo
7/1/48
Cavalry
47-50*



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

SIGNATURE OF GRS INSPECTOR

FILE
FEB 24 1950
R. E.
F. M. [Signature]

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

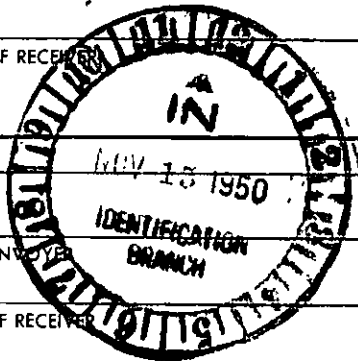
RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

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

FILE UNDER NO. 293 -

Unk. N. G. X-7

(Finschhafen #2)

INDEX SHEET

SYNOPSIS

Letter

10 Oct. 1947

FROM:

OQMG

TO:

CO, San Fran. A.G. Reg. ~~RMK~~ Rec. Off., Oakland, Calif.

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 -

Unk. N. G. (Misc) (Finschhafen #2) (X-6,7 & 28)

rtb

470
293 unk. N. Guinea 4-7 (Finschhafen #2)

WD, OQMG, 2nd & T Sts., SW, Washington 25, D. C.

Chief, Demobilized Personnel Records Branch
Bldg 105, Records Administration Center, AGO
St. Louis 20, Missouri

Immediate

QMGMY 098
Unknowns 4-7 & 7-28
(Finschhafen #2) N.G.

8 May 1947

Information Required For Graves Registration

Request AGFAC Forms 1-380 be submitted to this office at the earliest practicable date for the following:

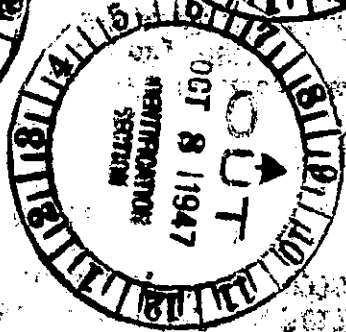
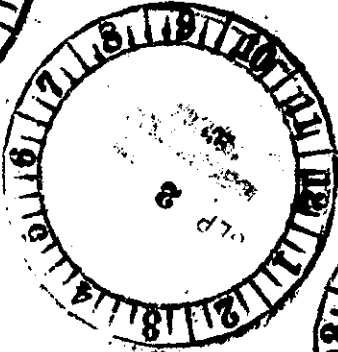
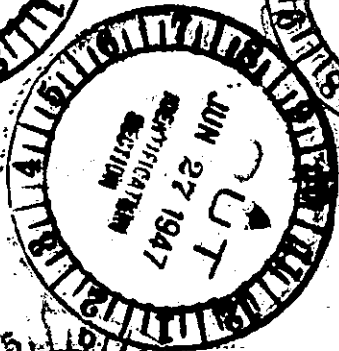
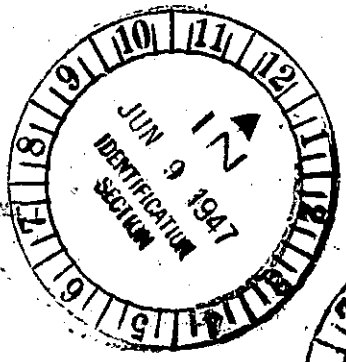
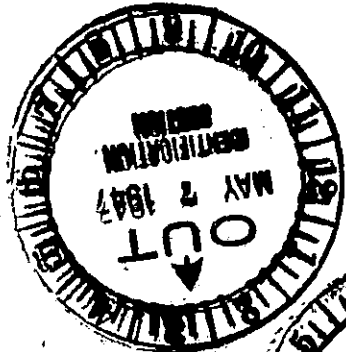
Chambers, Woodrow 38173902
Dugen, William B. 39381631

FOR THE QUARTERMASTER GENERAL:

JAMES O. MACKAY
Major, QMG
Memorial Division

REGISTRATION AND RECORDS BRANCH
MAY 19 01 AM '47
MEMORIAL DIVISION

293 Chambers, Woodrow 38173902
293 Dugen, William B. - 39381631
293 unk. N. Guinea 4-7 (Finschhafen #2)
MAY 19 01 AM '47
MAY 19 01 AM '47
MAY 19 01 AM '47



QINA QUA... 2123H
RECORDS DIVISION
MAY 10 E 1 AM
RECEIVED DIVISION

202
203

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 890708

HOC/LL/vlm
16 November 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X -3978
Plot Unk, Row _____, Grave _____, AGRS Mausoleum
Manila, P. I. have been held at this Bureau as of 28 July 1949

2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 piece of coin appears to be Philippine penny

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



293 Unk P.I. X-3978 Manila

BASIC: Ltr fr WD, OIG, file QMGMR 293, subj: Report of Burial,
dtd 12 Dec 1946.

NFQMM 293 2nd Ind. LWO/nwr
HEADQUARTERS, UNITED STATES ARMED FORCES CEMETERIES OF FINSCHHAFEN, NEW
GUINEA, APO 707, 13 February 1947

TO : Sector Commander, American Graves Registration-Service,
PHILRYCOM, APO 707

1. This headquarters has no further information as to basis for
determining Unknowns X-6, X-7 and X-28 as subject Rakestraw, Chamber or
Dugen. This information is given in the original Los Negros report of
interment record but without a basis.

2. Tooth charts accomplished for Unknowns X-7 and X-28 are forwarded
herewith. Tooth chart could not be accomplished for Unknown X-6 due to
absence of teeth.

Leander W. O'Neill
LEANDER W. O'NEILL
Captain, Infantry
Commanding

293

2 Incls:
QMC Form 1045 (copy)

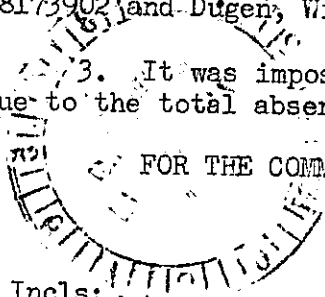
GSQMM 293 3rd Ind. CHM/gyd
HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND, PACIFIC
THEATER, APO 707, 24 Feb 47

TO : Quartermaster General, Washington 25, D.C.

1. Your attention is invited to the preceding 2d Indorsement, dated
13 February 1947, which indicates that there is no further information
available relative to the basis for associating the remains of Unknowns X-6,
X-7 and X-28 with Rakestraw, Chamber and Dugen.

2. The inclosed QMC forms 1045 for Unknowns X-7 and X-28 are for-
warded with the request that they be compared with existing dental records
for Rakestraw, William D., Pvt., 34517571; Chambers, Woodrow N., Pfc.
38173902 and Dugen, William A., Pfc., 39381631.

3. It was impossible to accomplish a QMC form 1045 for Unknown X-6
due to the total absence of teeth.



FOR THE COMMANDING OFFICER:

2 Incls:
QMC Form 1045 (Originals)
Duplicates w/d

A. L. McCloskey
A. L. McCLOSKEY
Major, Q.M.C.
Executive Officer

File
RECU
Ident Sec
X-6, X-7, X-28
Finschhafen #2

Mike (Mise) New Guinea (Finschhafen #2)

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO QMGM 293

X-6, X-7, X-28
(Finschhafen #2) N. G.

12 December 1946

SUBJECT: Reports of Burial

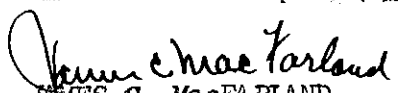
TO : Commanding Officer, American Graves Registration Service Area
Command, Pacific Theater, APO 707, c/o Postmaster, San
Francisco, California

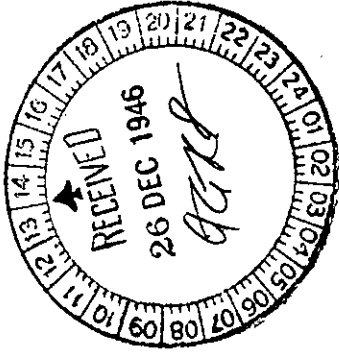
1. Reference is made to Burial Reports for X-6, X-7 and X-28, USAF Cemetery, Finschhafen #2, N. G. (Formerly X-4, X-5 and X-6, USAF Cemetery, Los Negros). Believed to be one of the following:

Rakestraw, William D.	Pvt.	34517571
Chambers, Woodrow N.	Pfc.	38173902
Dugen, William A.	Pfc.	39381631

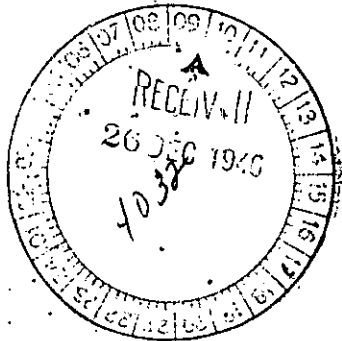
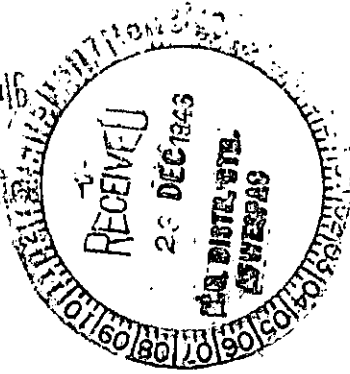
2. It is noted that no tooth charts or fingerprints were accomplished at time of reinterment. It is requested that the basis upon which these bodies were believed to be those of the above-named, be furnished this office at the earliest practicable date, together with any other clues to identity.

FOR THE QUARTERMASTER GENERAL:


JAMES C. MacFARLAND
Major, QMC
Assistant



Dec 12 10 48 AM '46
O.D.M.G.
MAIL & RECORDS DIVISION



BASIC: Ltr fr WD, OQMG, file QMGMR 293, subj: Reports of Burial,
dtd 12 Dec 46

GSQMM 293

1st Ind.

S: 27 Jan 47

GDR/crhm/rpq

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE SECTOR COMMAND,
UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 707, 27 Dec 46

TO : Commanding Officer, 1st Platoon, 609th Quartermaster Graves
Registration Company, Finschhafen, New Guinea

1. Your attention is invited to the basic letter from the
Office of the Quartermaster General, Washington 25, D. C., file QMGMR
293, X-6, X-7 and X-28 (Finschhafen #2) N. G. Subject: "Reports of
Burial", dtd 12 Dec 46, forwarded herewith for your compliance.

2. It is requested that the method by which it was determined,
that X-6, X-7 and X-28 could be either Rakestraw, William D., Pvt,
34517571; Chambers, Woodrow N., Pfc, 38173902, or Dugen, William A.,
Pfc, 39381631, be furnished this office with the least practicable
delay.

3. Reports of Interment on file in this office reveal that
tooth charts were not accomplished on either of the subject unknowns.
It is requested that an attempt be made to accomplish a tooth chart
on X-6, X-7 and X-28, forwarding same to this office with any addition-
al clues to individual identity.

FOR THE COMMANDING OFFICER:

A. L. McCloskey
A. L. McCLOSKEY
Major, QMG
Executive Officer

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-7 Finschhafen #2 (X-3978 "A" Manila, P.I.)				2. DATE OF REPORT 19 July 1949	
3. NAME OF CEMETERY U. S. Army Mausoleum Final Type Box #65 Formerly of Finsch #2		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT 19 Jul 49
					REINTERMENT 19 Jul 49

PHYSICAL DESCRIPTION Age: UTD

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR None found	11. RACE White by skull parts only
----------------------------	----------------------------	---------------------------------	---------------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on outside box reads: "Unknown X-7, Finsch #2., X-3978 "A" Maus."

One (1) duplicate identification tag with remains reads: "X-3978 "A" formerly X-7 USAF Cemetery #2 Finsch N.G."

One (1) duplicate identification tag with remains reads: "Unknown X-7."

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

UNIDENTIFIABLE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY
1st. Lt., FA 0-1167395 *Cyril C. Disney* | *2 Sept 49*

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

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

Unknown X-7 (X-3978 A) Mandible

TOP VIEW

SIDE VIEW



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

USAF Cemetery #2

Gold Crown, Porcelain Crown



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

Finschhafen N.G.

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:

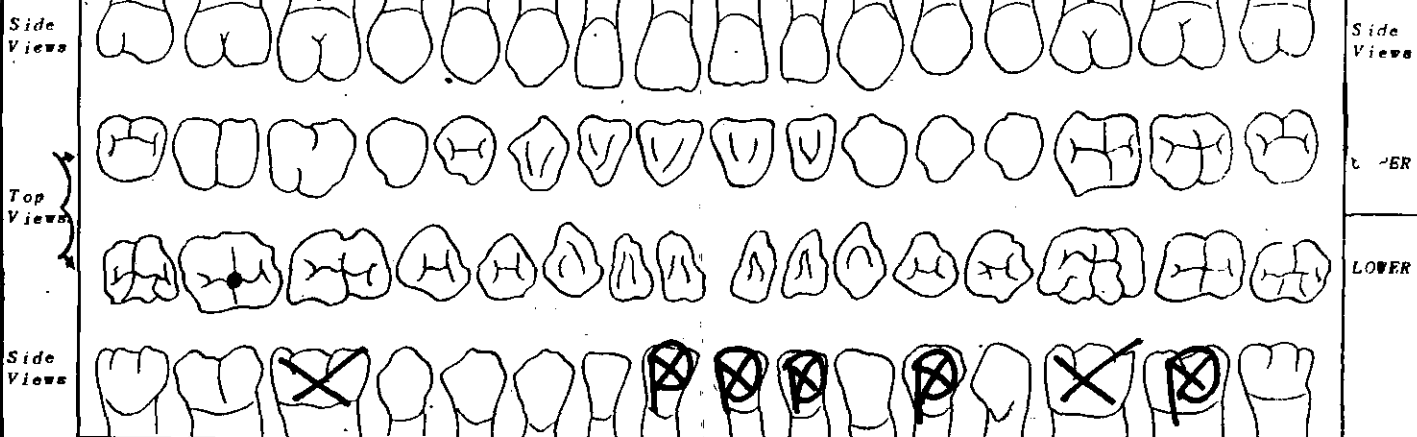
Cavity, Decayed



RIGHT

LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA AND TEETH MISSING															



PART	A	Drift													
TMP	O														
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."

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

Unknown X-7 (X-3978 A) Maxilla

TOP VIEW

SIDE VIEW



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

USAF Cemetery #2

Gold Crown, Porcelain Crown



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

Finschhafen N.G.

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



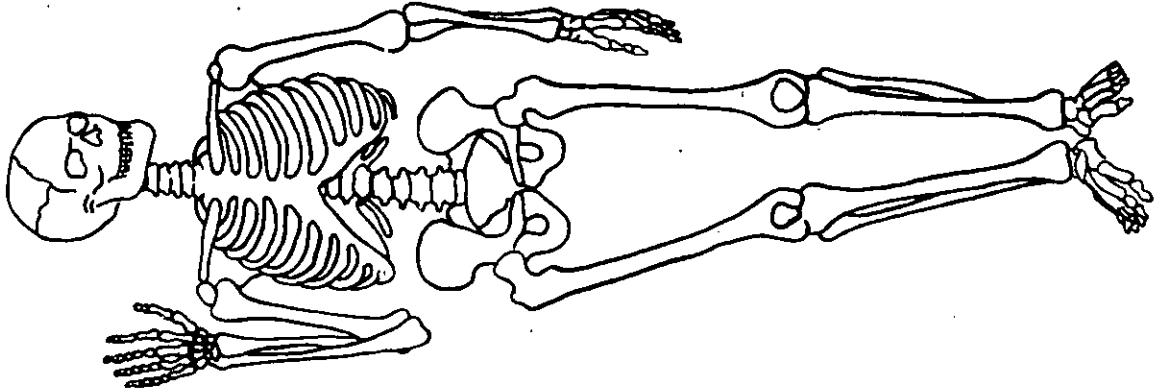
RIGHT

LEFT

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	A	A			M				S				A	A	O
O	O, O	O, OL			M				M, L				FOD	O, O	O
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
M A N D I B L E								T E E T H							
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."

19. BLACK OUT PARTS OF BODY NOT REGISTERED



See Item #21

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

this

I CERTIFY THAT ~~THESE~~ REMAINS CONSIST OF PARTS OF 2 or more DECEDENTS ~~BASED ON THE PRESENCE OF ONE OR MORE~~
OF THE FOLLOWING ANATOMICAL PARTS:
~~OF THE FOLLOWING ANATOMICAL PARTS:~~

At least two (2) or more decedents, based on (See item #21)

Paul L. Gravener
PAUL L GRAVENER

SIGNATURE OF MEDICAL OFFICER LAB SUPERVISOR

21. REMARKS AND ADDITIONAL INFORMATION

Mandible does not belong with maxillae. 1st Cervicle vertebrae does not articulate with the occipital condyles. There exists duplication of left humerii. Sound segregation of Unknown X-7, Finschhafen #2, is not practicable.

Fluoroscopic Examination Unnecessary

Teeth charted (2 charts)

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
GILBERT L H WONG, CAPT., INF
CENTRAL IDENTIFICATION LABORATORY
APO 958

SIGNATURE

Gilbert L. H. Wong

CENTRAL IDENTIFICATION LABORATORY
APO 958


NARRATIVE

26 August 1949

Unknown X-7 (also designated as X-3978 "A"), Manila, P.I from Finschhafen No. 2 Cemetery and Manila Mausoleum, CIL #295 from Unknown X-7, Finschhafen Cemetery #2 has been checked simultaneously and it is found that the left Humerus comprising CIL #295 is a duplication. Based on this duplication as well as the fact that the first cervical vertebra and the mandible do not articulate with the skull, it is decided that sound segregation is impractical.

The above remains have been commingled and returned to the Final Type casket as the partial remains of at least two (2) individuals.

Manila CIL #295 now becomes a part of this group now designated as Unknown X-7, Finsch #2, X-3978 Mslm.

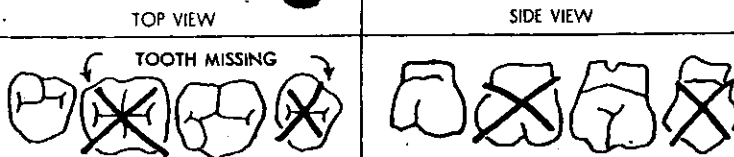

PAUL L. GRAVENOR
LABORATORY SUPERVISOR

IDENTIFICATION DATA

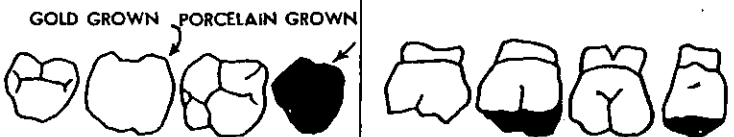
1. REMAINS OF UNKNOWN X-3978-A (Formerly UNK X-7, USAF Cemetery Finsch #2, N. G.)				2. DATE OF REPORT 8 March 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER BAY CRYPT			DISINTERMENT	REINTERMENT STORAGE
	810	H	2514	7 Aug 47	9 Mar 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8 $\frac{1}{2}$ "		10. COLOR OF HAIR UTD	11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) substitute tag bearing UNKNOWN X-7					
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 U T D					
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					

18. TOOTH CHART

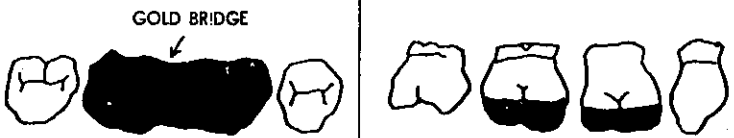
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



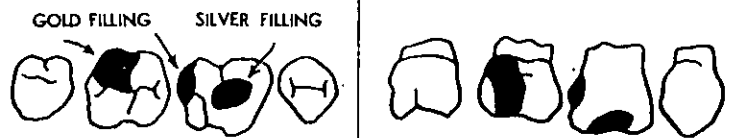
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



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
A	A	A												A	A
o	o	o	o			o	o	o						o	o
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
UPPER								UPPER							
LOWER								LOWER							
SIDE VIEWS								SIDE VIEWS							
		X				o	o	o					X	o	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

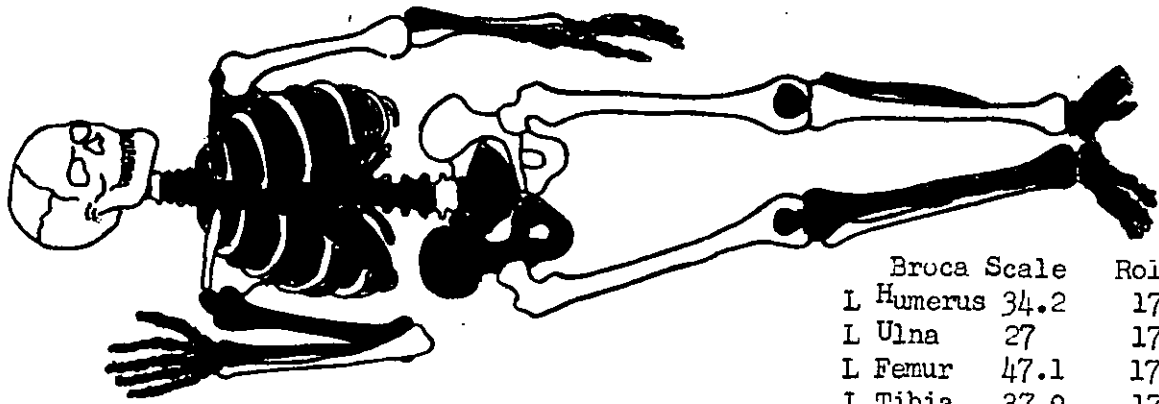
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY

G. A. Gambow
G. A. GAMBOW
1st Lt., MSC

/s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	Broca Scale	Roilet	
L Humerus	34.2	174	cm.
L Ulna	27	176	"
L Femur	47.1	174	"
L Tibia	37.9	174	"
R Fibula	37.7	174	"

Approximate height 174 2/3 cm or 5'8 1/2"

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

In processing this remains, extra bones were found, therefore, they were segregated and designated as UNK X-3978-A and UNK X-3978-B. No personal effects or ROI bottle found with remains. One tag as described in section 12. Circumference of the skull approximately 20-3/4" Estimated weight of remains 6 lbs (six pounds).

CERTIFIED TRUE COPY
G. T. Gamboa
 G. T. GAMBOA
 1st Lt., MSC

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
 /p/ CLIFFORD E. DE BAPTISTE SP6
 CIP Laboratory, Manila, P.I.

SIGNATURE
 /s/ Clifford E. de Baptiste

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3978-B (Formerly UNK X-7, USAF Cemetery Finschhafen #2, N.G.)				2. DATE OF REPORT 8 March 1948	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER BAY CRYPT			DISINTERMENT	REINTERMENT STORAGE
	810	H	2515	7 Aug 47	9 Mar 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	----------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U T D

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

U T D

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

	TOP VIEW	SIDE VIEW
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	
				<i>Maxilla</i>						<i>Missing</i>							
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	
				<i>Mandible</i>						<i>Missing</i>							
SIDE VIEWS																	SIDE VIEWS
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

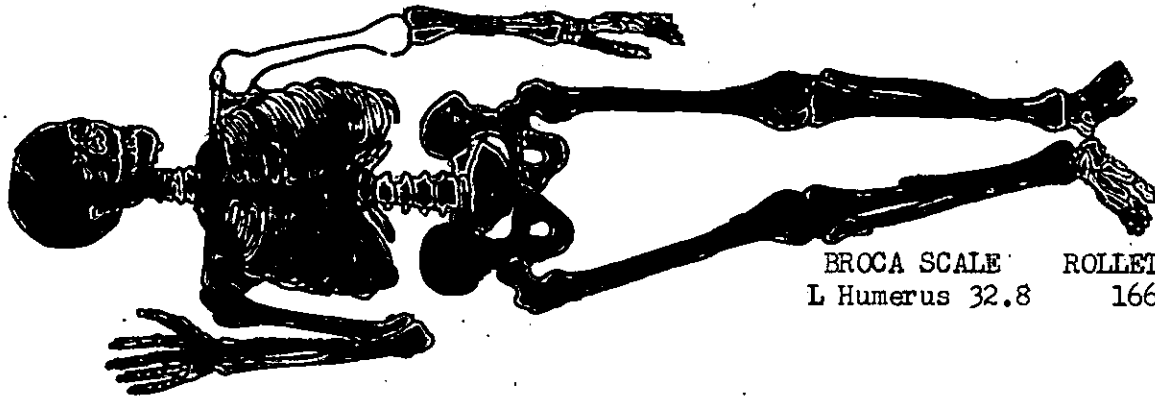
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla and mandible missing. No teeth found with remains.

CERTIFIED TRUE COPY:
G. T. Gamboa
 G T GAMBOA
 1st Lt MSC

/s/ Joseph D. Murphy T/5

19. BLACK-OUT PARTS OF BODY NOT RECOVERED



BROCA SCALE ROLLET
L Humerus 32.8 166 cm

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

Cross check with Unknown X-3978-A
No personal effects, no ROI nor I. D. tags found with remains.
No skull present.
Estimated weight of remains 3/4 lb. (Three quarters of a pound)

CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
1st Lt MSC

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
/p/ CLIFFORD E. De BAPTISTE SP-6
CIP LABORATORY, MANILA, P.I.

SIGNATURE
/s/ Clifford E. De Baptiste

x-7 invd-

DD Form 1044
Rev. 7 Apr. 1945

RESTRICTED

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 February 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-7

Unknown

Grade

Organization

Unk

Unk

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery #2, Finschhafen, New Guinea

934

2. Date of Disinterment

20 February 1947

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Formerly disinterred from Grave 304 USAF Cemetery Los Negros #1, Los Negros A I

4. What Identification Found at Time of Disinterment: On Marker

Dog tags attached to marker.

Report of Interment in container buried with body.

On Remains

What Identification Used Upon Reinterment: On Marker

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

Leander W. O'Neill

LEANDER W. O'NEILL, Capt. Inf. GRO.

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws - the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



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".

Remarks

all teeth in good condition.

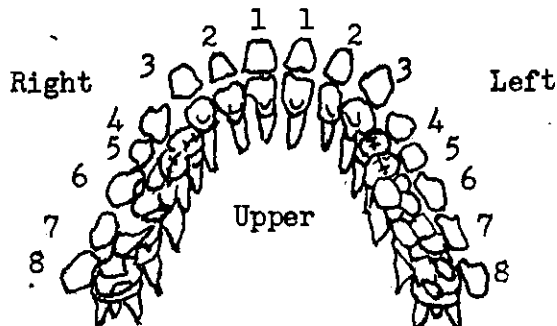
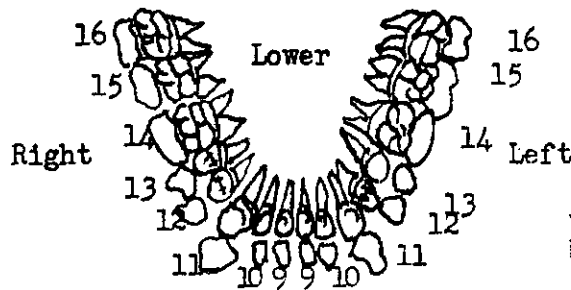


Diagram represents the mouth wide open



5-34880-4M

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.

20 February 1947
DATE

UNKNOWN X-7

 LAST NAME FIRST INITIAL RANK SERIAL NO.

Los Negros Island USAF Cem. Finschhafen 2, N.G. 934

 UNIT ORGANIZATION
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT								UPPER TEETH				LEFT					
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	TYPE	
LOCATION																		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		ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	TYPE	
LOCATION																		LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS
IN
WHOLE BOX



EXTRACTED



CAVITY. INDICATE
LOCATION



FIXED BRIDGE
(INCL. ABUTMENTS)



TEETH REPLACED
BY DENTURE



POSTHUMOUSLY MISSING
(LOST AFTER DEATH)

TYPE OF FILLING
IN
UPPER HALF OF BOX



AMALGAM
(SILVER)



GOLD



SILICATE OR
PORCELAIN



OXYPHOSPHATE
(CEMENT)

LOCATION OF FILLING
IN
LOWER HALF OF BOX



MESIAL
(BETWEEN-TOWARD FRONT)



OCCUSAL
(BITING SURFACE BACK TEETH)



DISTAL
(BETWEEN-TOWARD BACK)



LINGUAL
(TOWARD TONGUE)



FACIAL
(TOWARD CHEEK)

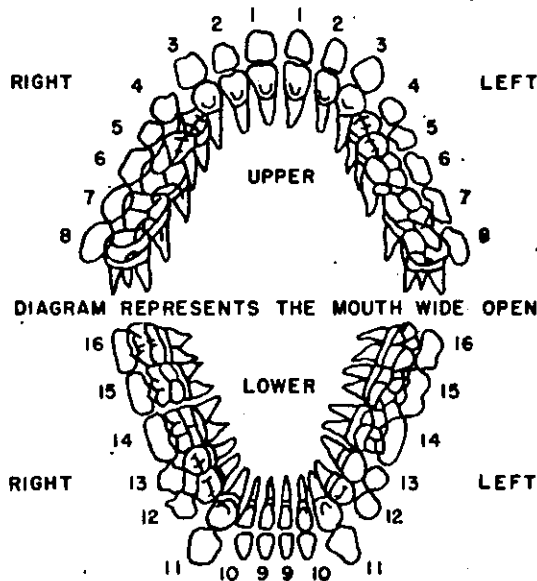
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Mark S. Reid
SIGNATURE OF PERSON WHO PREPARED CHART

Mark S. Reid, T/5, QMC GRS
NAME AND RANK TYPED OR PRINTED

USAF CEMETERY, FINSCHHAFEN, NEW GUINEA
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Leander W. O'Neill
VERIFIED BY GRS OFFICER

LEANDER W. O'NEILL, Capt., Inf. GRO
NAME AND RANK TYPED OR PRINTED

20 February 1947
DATE

X-7 934/2

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.

13 February 1947
DATE

Unknown X-7

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Los Negros I. Admiralty Grp USAF Cem. 2, Finschhafen, New Guinea 934
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

ALL UPPER AND LOWER TEETH PRESENT, ALL IN PERFECT CONDITION.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION																	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

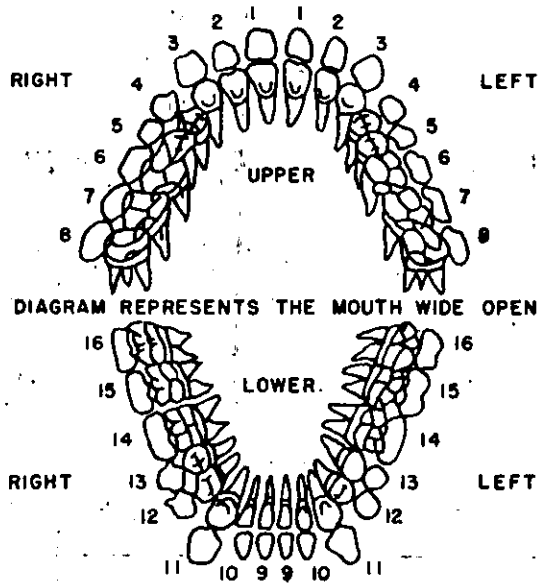
INSTRUCTIONS:

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:

John T. Schroeder
SIGNATURE OF PERSON WHO PREPARED CHART

Leander W. O'Neill
VERIFIED BY GRS OFFICER

John T. Schroeder Civ. Admin. Asst.
NAME AND RANK TYPED OR PRINTED

Captain Leander W. O'Neill, Inf., GRO
NAME AND RANK TYPED OR PRINTED

Finschhafen, New Guinea
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 February 1947
DATE

RESTRICTED - Auth AR 30-1815

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

~~CONFIDENTIAL~~
REPORT OF INTERMENT
AND AR 30-1815

4321

Unknown X-6

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Los Negros Is. Unknown Unknown

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

1600 hrs 16 Mar 44 USAF Cem. Los Negros No. 1 Los Negros Is, A.I.
(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

304 22 1 Reg 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

Embossed tags buried with body & affixed to cross

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

Paul J. Tomm
1st Lt QMC

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

Religion. *File ? New Div under 305 16 mmo 81*

Body buried on RIGHT Joseph D. Williams 39403966 Pvt Tr B 7 Cav 305
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Cleo W. Baker 38469779 Pvt Wpns Tr 8 Cav 303
(Name) (Serial number) (Rank) (Organization) (Grave number)

Unknown

(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 found

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)

O Miranda, Lt, QMC GRO

(Verified by Army GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB

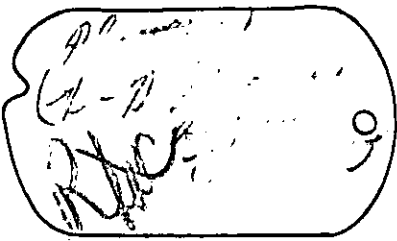
RECEIVED
15 AUG 1944

RESTRICTED

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

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

DATE OF REPORT
?

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-7 (Finschhafen #2) (Unidentifiable)</p>		<p>SERIAL No. Unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>
	<p>RACE Unknown</p>	<p>RELIGION Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
<p>PLACE OF DEATH Los Negros Island</p>	<p>CAUSE OF DEATH Unknown</p>	<p>DATE OF DEATH Unknown</p>	

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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

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
National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL 27 October 1949	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER Regulation Cross	BLOCK Q	ROW No. Section Q	GRAVE No. 982
-----------------------------------	--------------	--	--	------------	----------------------	------------------

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #2, Finschhafen, N. G.</p>	<p>PLOT No. 934</p>	<p>ROW No.</p>	<p>GRAVE No. 934</p>
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<p>TYPE OF RELIGIOUS CEREMONY Catholic Protestant Hebrew</p>	<p>PERSON CONDUCTING BURIAL RITES Chaplain Fisher Chaplain Click Rabbi Kumin</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY *Identification tags marked UNKNOWN buried with remains.</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes *</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes *</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-319 & 319A Halawa</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 951
---	------	------------	--------------	------------------

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) AINA, Pasquale</p>	RANK Sgt	SERIAL No. 32138406	ORGANIZATION	GRAVE No. 1013
---	-------------	------------------------	--------------	-------------------

<p>SIGNATURE OF PERSON PREPARING REPORT <i>Le Roy F. Turner</i> LE ROY F. TURNER, Adm. Ass't.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Kenneth S. Hino</i> KENNETH S. HINO, 1st Lt. Infantry</p>
---	---

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.

RESTRICTED


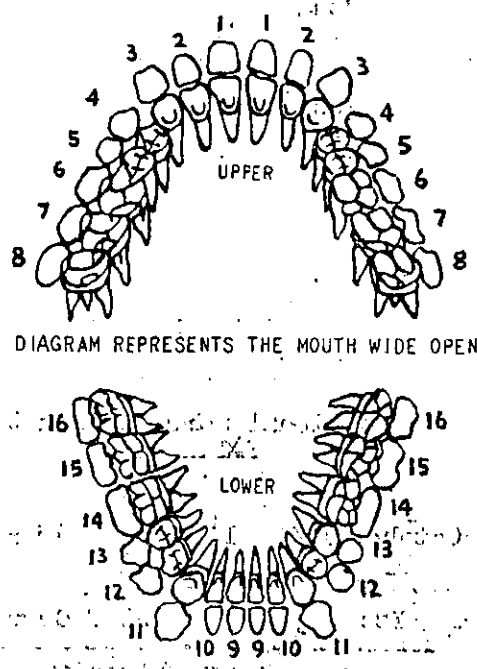




Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:
 (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.
 (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.


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

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

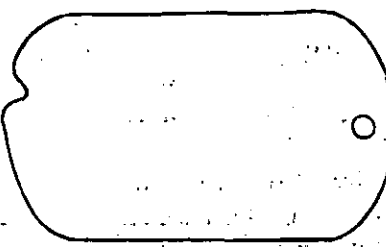

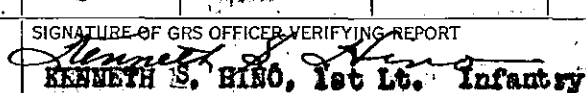
OTHER IDENTIFICATION CLUES

<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>	
<p>RIGHT THUMB</p>	

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



REMARKS:

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-7 (Finschhafen #2) (Unidentifiable)			
		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 Los Negros Island		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) UNIDENTIFIABLE			
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes					
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 National Memorial Cemetery of the Pacific, Honolulu, T. H.					
DATE OF BURIAL 27 October 1949		HOUR 1000		BURIED IN (Shroud, blanket, or name of other) Final Type Casket	
TYPE OF GRAVE Registration Cross		PLOT NO. Section 9		GRAVE No. 982	
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAP Cemetery #2, Finschhafen, H. G.			PLOT No. ROW No. GRAVE No. 934
TYPE OF RELIGIOUS CEREMONY Catholic Protestant Hebrew		PERSON CONDUCTING BURIAL RITES Chaplain Fisher Chaplain Olick Rabbi Kamin		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY *Identification tags marked UNKNOWN buried with remains.	
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-519 & 519A BILWA		RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 951
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) AINA, Pasquale		RANK Sgt	SERIAL No. 32130408	ORGANIZATION	GRAVE No. 1013
SIGNATURE OF PERSON PREPARING REPORT  LE ROY F. TURNER, Adm. Ass't.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  KENNETH S. BINO, 1st Lt. Infantry		
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.					

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


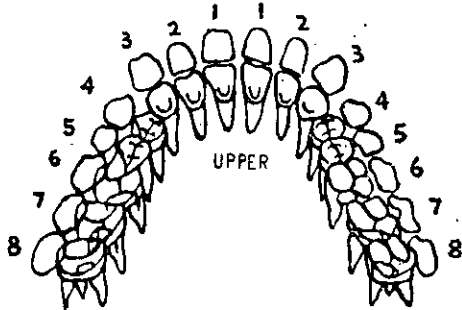




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

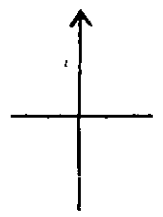
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

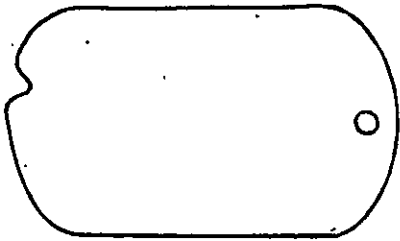
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

WD QMC 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 Mar 48
--	--	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-3978-B (Formerly UNK X-7, USAF Cemetery 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 Los Negros Island	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) Tagged with # 2456, Mausoleum as per letter 7 Aug 49 Attached to BU
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	See Remarks

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

*26 Aug 49 Counsel W/X-39784 (Fusion 1)
see narrative attached to 3978A*

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No. / U.S. BAY	GRAVE No. / CRYPT
9 Mar 48	1300	Casket	None	810	H	2515

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE		
Yes	USAF Cemetery Finschhafen #2, New Guinea		
	PLOT No.	ROW No.	GRAVE No.
			934

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

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

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. / CRYPT
PENN, Harry Hal	Unknown	Unknown	Unknown	2517


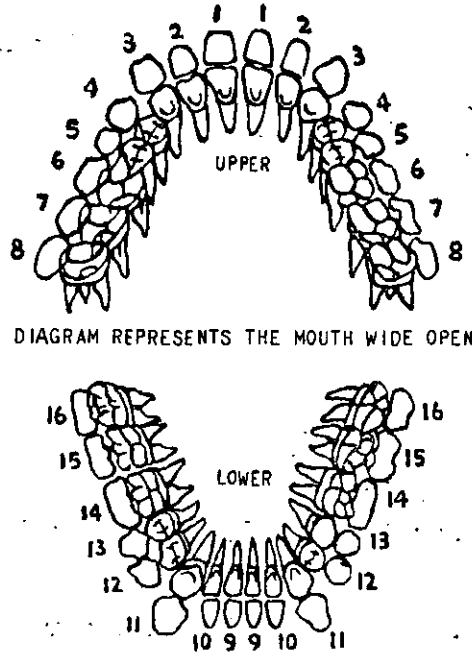




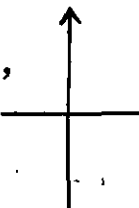
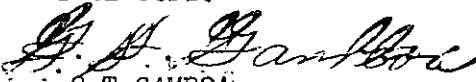
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. / CRYPT
UNKNOWN X-4145				2513

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
s/t/V C AQUINO T/5 QMC	s/t/ CALVIN F FINN, Major, FA

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. 148

RESTRICTED

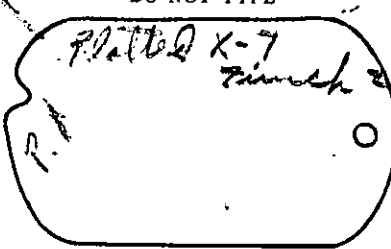
LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.			
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position 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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: Cross check subject UNKNOWN X-3978-B, AGRS Mausoleum, Manila, P.I., formerly UNK X-7, USAF Cemetery Finschhafen #2, N. G. with Unknown X-3978-A, AGRS Mausoleum, Manila, P.I. QMC Form 1044, 1044-A and 1044-B accomplished			
	REMARKS: <div style="text-align: right;">  </div>			
	CERTIFIED TRUE COPY:  G T GAMBOA 1st Lt MSC			

RESTRICTED

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

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

DATE OF REPORT
18 March 1948

Imprint Identification Tag If Possible.
DO NOT TYPE


Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3978-A (Formerly UNK X-7, USAF Cem Finschhafen #2, N.G.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Protestant	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Los Negros Island	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE 9 Mar 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. GER BAY H	GRAVE No. CRYPT 2514
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Finschhafen #2, New Guinea	PLOT No.	ROW No.	GRAVE No. 934
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3979-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2516
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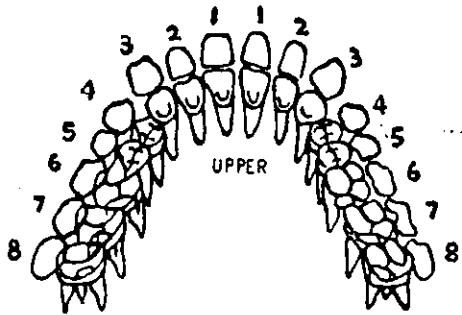


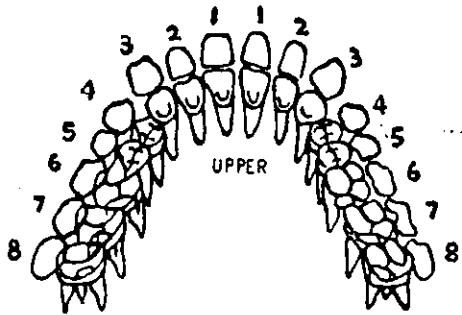


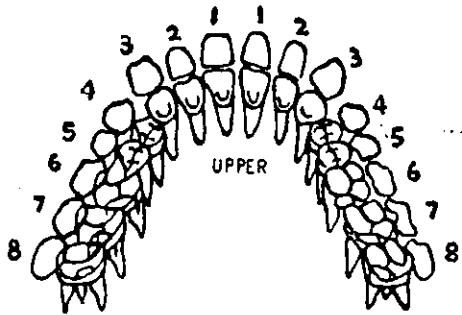


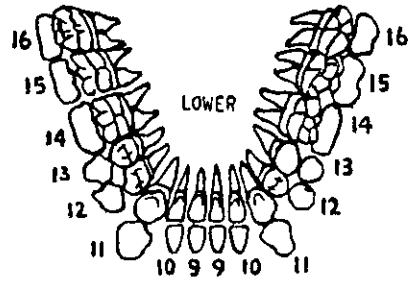



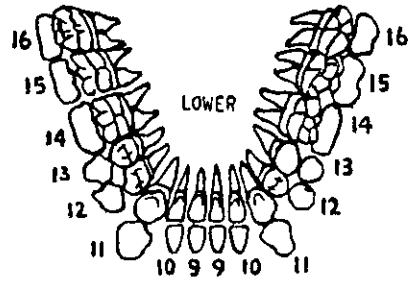



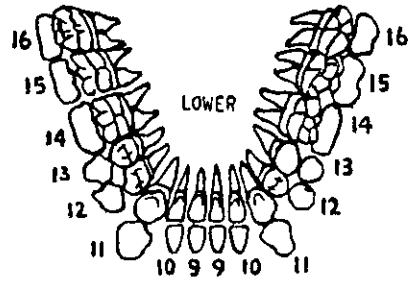


BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3977	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2512
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SIGNATURE OF PERSON PREPARING REPORT s/t/ V. C. AQUINO, T/5, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ CALVIN F. FINN, Major., FA
---	--

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.

RESTRICTED

Handwritten notes and signatures at the bottom left of the page.

<p>LEFT LITTLE FINGER</p>	<p>Section UNIDENTIFIED</p> <p>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.</p>					
<p>LEFT RING FINGER</p>	<table border="1"> <tr> <td data-bbox="400 332 515 423">HEIGHT</td> <td data-bbox="515 332 646 423">WEIGHT</td> <td data-bbox="646 332 839 423">COLOR OF EYES</td> <td data-bbox="839 332 1062 423">COLOR OF HAIR</td> <td data-bbox="1062 332 1463 423">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS		
<p>LEFT MIDDLE FINGER</p>	<table border="1"> <tr> <td data-bbox="400 433 739 534">WEAPON AND SERIAL NO.</td> <td data-bbox="739 433 1062 534">LAUNDRY MARKS</td> <td data-bbox="1062 433 1463 534">WHERE BODY WAS BURIED OR FOUND</td> </tr> </table> <p>OTHER IDENTIFICATION CLUES</p>	WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND		
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND				
<p>LEFT INDEX FINGER</p>	<table border="1"> <tr> <td data-bbox="400 735 924 876"> <p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p> </td> <td data-bbox="924 735 1463 1078" rowspan="2">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td data-bbox="400 876 924 1008"> <p>CAVITIES</p>  <p>CAVITY DECAYED</p> </td> </tr> </table>	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>		
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<p>LEFT THUMB</p>	<table border="1"> <tr> <td data-bbox="400 1008 924 1139"> <p>MISSING TEETH</p>  <p>TOOTH MISSING</p> </td> <td data-bbox="924 1078 1463 1421" rowspan="3">  <p>LOWER</p> </td> </tr> <tr> <td data-bbox="400 1139 924 1280"> <p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td data-bbox="400 1280 924 1421"> <p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p> </td> </tr> </table>	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	 <p>LOWER</p>	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
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<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>						
<p>RIGHT THUMB</p>	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>					
<p>RIGHT INDEX FINGER</p>	<p>REMARKS: In processing former Unknown X-7, USAF Cemetery Finsch #2, N.G., at CIP Laboratory, Manila, P.I., parts of two (2) bodies were found, segregated and designated as UNKNOWN X-3978-A, (Subject case) and UNKNOWN X-3978-B, AGRS Mausoleum, Manila, P.I. Cross check subject UNKNOWN X-3978-A with UNKNOWN X-3978-B, AGRS Mausoleum, Manila, P.I. As per old disinterment report, one (1) identification tag was found with remains-bearing the</p>					
<p>RIGHT MIDDLE FINGER</p>	<p>REMARKS: following marks; B</p>					
<p>RIGHT RING FINGER</p>	<p>8770 At CIP Laboratory, Manila, P.I., no identification tag found with remains, QMC Form No 1044, 1044-A and 1044-B accomplished.</p>					
<p>RIGHT LITTLE FINGER</p>	<p>CERTIFIED TRUE COPY G T GAMBÓA, 1st Lt., MSC</p>					

Registration
(Approved May 11, 1943)

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

4321

4321

UNKNOWN X-7

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

Los Negros Island

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

1000 hrs 19 Feb 1945

(Time and date of burial)

USAF CEMETERY, FINSCHHAFFEN, #2, N. G.

(Name of Cemetery)

(Name of coordinates of location) 35

Disinterred from Grave 304 USAF CEMETERY Los Negros #1 Los Negros AI UNKNOWN

934

(Grave number)

(Row number)

(Plot number)

Regulation Cross

(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 P

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

Body buried on RIGHT DOMBROWSKI, Daniel J. 36 644 847 Pvt Co K 1st Inf 935

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT GORLICKI, Frank J. 36 644 960 Pfc Co K 1st Inf 933

(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, M.S.C., OMC

(Signature of officer or other person reporting burial)

Charles R. Myers
 CHARLES R. MYERS, T.A., OMC

(Verified by Army S Officer)

LEFT HAND

3

2

1

THUMB

RIGHT HAND

3

2

1

THUMB



EXPLANATION X 6:

This unknown is believed to be one of the following three listed men who were killed on Manus I, 16 Mar 44. The tactical situation did not permit the removal of their remains for three days. Upon reaching us they were badly mangled and decomposed making fingerprinting or recording of teeth carhrs impossible. There were no marks of identification on clothing.

Rakestraw, William D., Pvt, ASN 34517571, Tr B, 8th Cav.
KIA, Enemy sniper, Manus I, 16 Mar 44. Emer Add, Sallie
Rakestraw, (Mother) Rt #4, Spartenburg, S. C.

Chambers, Woodrow N., Pfc, ASN 38173902, Tr C, 8th Cav.
KIA, MG Fire, Manus I, 16 Mar 44. Emer Add, Edna Chambers (Mother)
Dunham Springs, La.

Dugen, William A., Pfc, ASN 39381631, Tr B, 8th Cav. KIA;
Enemy MG Fire, Manus I, 16 Mar 44. Emer Add, Lawrence Raynor
(Sister) Box 192, Plains, Montana