293 Unk. F.I. (Misc) Maus. Manila X-194, X-243, X-1483, X-1185, Z-1823, X-1570, X-2322, X-2234

QMCMT 293 GRS Far East

27 March 1950

293 Unk

SUBJECT: Identification of world War II Deceased

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

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown X-194, AGRS Maus. Manila, Unit 2, Page 16 2, 13 16 X-243, **13** · 17-Ħ u 2, X-1483, X-1185, AGRS Maus. Manila, formerly X-34, USAF Cem. tz Finsch #2, Unit 2, Page 27 X-1823, AGRS Maus. Manila, formerly X-59, USAF Cem. Finsch #2, Unit 2, Fage 27 Ħ X-1570, AGRS Maus. manila, formerly X-70, USAF Cem. Finsch #2, Unit 2, Page 27 X-2322, AGRS Maus. Manila, formerly X-618, USAF Cem. Leyte #1, Unit 2, Page 13 X-2234, AGRS Maus. Manila, formerly X-630, USAF Cem. Leyte #1, Unit 2, Page 13

2. Recommendations for Unidentifiability have been approved by this Office. Request that your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

COPY



-

,

N

# HEADQUARTERS AMERICAN GRAVES REGISTRATION SHEVICE PRILOGA ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

10 MAR 1950

TO:

The Quartermaster General Depatrment of the Army Washington 25, D. C. ATTW: Memorial Division

1. In accordance with the provisions of your letter, file QACHU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Receased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Edentification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

Unan orbi	X-243 X-669 X-715	AGRS	Melm	UNKNOMR	X-1670 X-1623 X-2032	AGRS	⊌slm
	X-727				X-2234		
	X-816				X-2322		
	X-1135				X-2906		

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

FOR THE COMMANDING OFFICER:

14 Incls
OMC Forms 1044 w/Certificates
of Unidentification

John Shripsal



\* - \* A



# HEADQUARTERS AMERICAN GRAVES REDISTRATION SERVICE PHILCOM ZONE

APO 900

4 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- 70 Plot
Row	, Grave 2102 , USMC Finschhafen #2, N.G., have
been rev	iewed and it is the opinion of this office that insufficient
evidence	is available to establish the identity of this decedent,
and that	these remains should be classified as unidentifiable.
	FOR THE COLMANDING OFFICER:

Incl: Form 1044 H B. McNEMAR
Captain, QMC
Chief, Records Branch

Received 21 March 1950 cons

Not identifiable from 1950 information presently 23 March 1950 available Ea Kassp

Incl 91

					· · · · · · · · · · · · · · · · · · ·
I DENTIFICA	TION DAT	A		, ,	
1. REMAINS OF UNKNOWN				2. DATE OF REE	PORT
UNKNOWN X-1570 (Formerly X-70	) Finsch	#2)		4 March	∞ <b>195</b> 60
3. NAME OF CEMETERY		R OW	6. GRAVE		E OF
				DISINTERMENT	REINTERMENT
AGRS Mausoleum, Manila, P.I.	810	D	1234	:	
	ESCRIPTION	AGE	3: 25	to 30 yea	rs
1   1   1   1   1   1   1   1   1   1	10. COLOR OF			11. RACE	
143 to 170 lbs. 6' 3/8"	UT	D		White	
NONE  13.GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUI	CH INFORMATI	ON OBT	AINED FROM	OTHER SOURCES	
NONE					
14. WAS BODY BURNED? TO WHAT EXTENT?			•		
15. WAS BODY MANGLED? TO WHAT EXTENT?				<u>.</u>	
YES X NO					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFOR	MATIONS				
NONE					

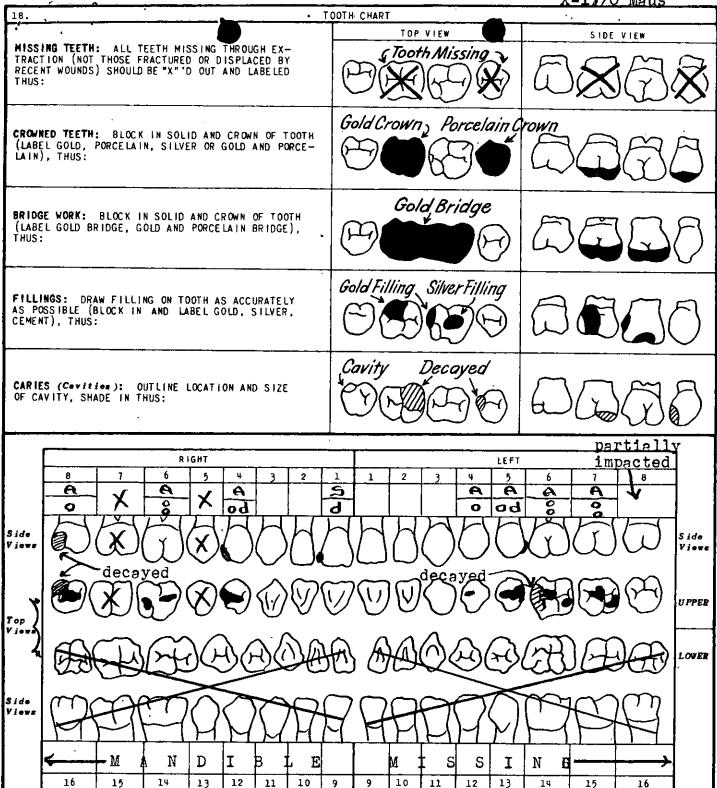
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

# "UNDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Imlga



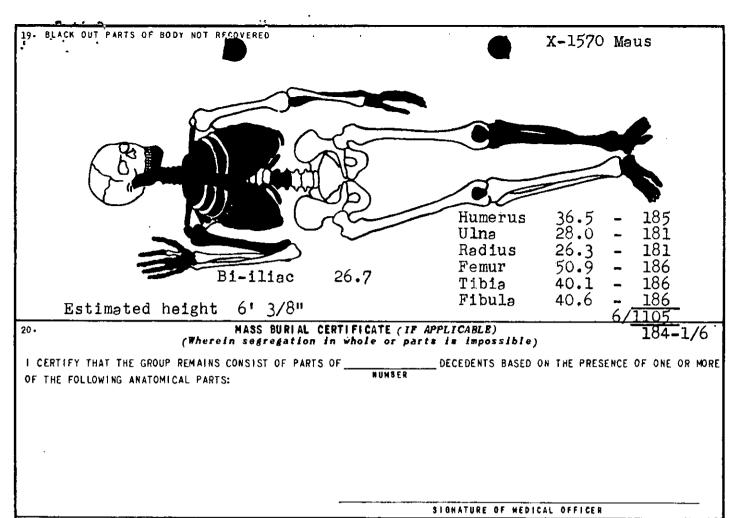
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

No loose mandibular teeth present with remains.

"UNIDENTIFIABLE"

PAUL R NICHOLS

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DETAIL Identification Section



21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains -  $8\frac{1}{2}$  lbs.

# "UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPEO NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

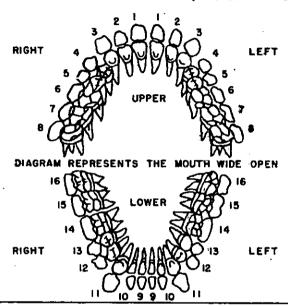
VICE, AND ORGANIZATION SIGNATURE

PAUL R NICHOLS Chief, Identification Section

Unknown  Soputa Sananarion  Area, New Guinea  PLACE OF DEATH  PLACE OF DEATH  PLACE OF BURIAL  PLOT ROW GRAVE NO.  STOR AGE  A A A A A A A A A A A A A A A A A A A	UNKNOV USAF (								Unkn	own.	•		Jnkno		
SOPUTA SANAMALGAM  KEY OF SYMBOLS  TON  KEY OF SYMBOLS  TYPE OF FILLING  SYMBOLS  SYMBOLS	LAST	NAME						•				SER	IAL NO	).	<del>_</del>
ATOR NOW GUINES  PLACE OF DEATH  PLACE OF BURIAL  STORA AGE  PLOT ROW GRAVE NO.  STORA AGE  STORA AGE  RIGHT  B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  PLOT ROW GRAVE NO.  STORA AGE  RIGHT  B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  PLOT ROW GRAVE NO.  STORA AGE  B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  PLOT ROW GRAVE NO.  STORA AGE  B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  PLOT ROW GRAVE NO.  STORA AGE  B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  PLOT ROW GRAVE NO.  STORA AGE  B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  PLOT ROW GRAVE NO.  STORA AGE  B 7 6 5 7 8  PLOT ROW GRAVE NO.  STORA AGE  STORA AGE  B 7 6 5 7 8  STORA AGE  CRAVE NO.  STO				LINLT		<del></del> .	Λ	CRS M			GANIZAT	TION			
STORAGE  ANGER BAY CRIP  JOSEPH STORAGE  JOSEP	Area,	New Mel	Guin	ua ea ·								D		234	
RIGHT 2 UPPER TEETH 2 3 4 5 6 7 8  OF A A A A A A A A A A A A A A A A A A A		PLACE	OF DE	ATH											
WSIDE/ T/LOOKING OUT				•	` · ·						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_i.	·	U	1eri
TION O O O O O O O O O O O O O O O O O O	8	7	<sup>-</sup> 6	R 161	нт <u>4</u>	3		PPER T		3	4	5 5	6	7	8
INSIDE: T/LOOKING OUT    Mandio   Pandio   Pandi	EA	$\vee$	$A \wedge$	V	A	-					A	A	AA	A	
RIGHT 15 14 13 12 11 10 9 9 10 11 12 13 14 15 18  KEY OF SYMBOLS TO BE USED ON ABOVE CHART  SYMBOLS TYPE OF FILLING LOCATION OF FILLING IN WHOLE BOX  EXTRACTED  CAVITY INDICATE G GOLD  CAVITY INDICATE G GOLD  FIXED BRIDGE  FIXED BRIDGE  GOLD  FIXED BRIDGE  GOLD  COCCLUSAL  O OXYPHOSPATE  LINGUAL  LINGUAL  LINGUAL  LINGUAL  LINGUAL  LINGUAL  LINGUAL	TION O	$\wedge$	00	$\wedge$	04		-				0	od	00	0	
KEY OF SYMBOLS TO BE USED ON ABOVE CHART  SYMBOLS TYPE OF FILLING LOCATION OF FILLING IN LOWER HALF OF BOX  EXTRACTED AMALGAM (SILVER)  CAVITY INDICATE G GOLD  CAVITY INDICATE G GOLD  FIXED BRIDGE (INCL. ABUTMENTS)  FIXED BRIDGE (INCL. ABUTMENTS)  SILICATE OR DISTAN.  (BETWEEN' TOWARD BACK  DISTAN.  (BETWEEN' TOWARD BACK  CELEBRITE  LINGUAL  CELEBRITE  LINGUAL  CELEBRITE  LINGUAL						 ענ	SIDE	<del></del> /L0	OKING .	0U <b>7</b>	•				
KEY OF SYMBOLS TO BE USED ON ABOVE CHART  SYMBOLS  TYPE OF FILLING  LOCATION OF FILLING  IN  WHOLE BOX  EXTRACTED  CAVITY INDICATE LOCATION  GOLD  CAVITY INDICATE LOCATION  FIXED BRIDGE (INCL. ABUTMENTS)  SILICATE OR  GETWEEN-TOWARD FRONT)  COCCLUSAL  O (BITING SURFACE BACK TEE  O OXYPHOSPATE  LINGUAL				RIG	HT	[7]	ana/		11751	3-	LE	FT			_
KEY OF SYMBOLS TO BE USED ON ABOVE CHART  SYMBOLS TYPE OF FILLING IN WHOLE BOX  EXTRACTED  CAVITY INDICATE LOCATION  GOLD  FIXED BRIDGE (INCL. ABUTMENTS)  TEETH REPLACED  O OXYPHOSPATE  LINGUAL  LINGUAL  LINGUAL		15	14	13	12	!!				)	12	13	14	15	16
KEY OF SYMBOLS TO BE USED ON ABOVE CHART  SYMBOLS  TYPE OF FILLING  IN  UPPER HALF OF BOX  EXTRACTED  CAVITY INDICATE  LOCATION  FIXED BRIDGE  GOLD  GOLD  FIXED BRIDGE  GOLD  GETWEEN TOWARD BACK  TEETH REPLACED  O OXYPHOSPATE  LINGUAL  LINGUAL  LINGUAL		ļi					·				<b></b>				
SYMBOLS IN WHOLE BOX UPPER HALF OF BOX LOWER HALF OF BOX  EXTRACTED  A AMALGAM (SILVER)  CAVITY INDICATE LOCATION  FIXED BRIDGE (INCL. ABUTMENTS)  SILICATE OR (BETWEEN-TOWARD FRONT)  DISTANA (BETWEEN' TOWARD BACK  COCCLUSAL  O (BITING SURFACE BACK TEE'  DISTANA (BETWEEN' TOWARD BACK  LINGUAL	TION										l				
SYMBOLS IN WHOLE BOX UPPER HALF OF BOX LOWER HALF OF BOX  EXTRACTED  A AMALGAM (SILVER)  CAVITY INDICATE LOCATION  FIXED BRIDGE (INCL. ABUTMENTS)  SILICATE OR (BETWEEN-TOWARD FRONT)  COCCLUSAL O (BITING SURFACE BACK TEE)  CHARACTER  OCCLUSAL O (BITING SURFACE BACK TEE)							·								
WHOLE BOX  UPPER HALF OF BOX  LOWER HALF OF BOX  EXTRACTED  A AMALGAM (SILVER)  MESIAL (BETWEEN-TOWARD FRONT)  O CAVITY INDICATE LOCATION  FIXED BRIDGE (INCL. ABUTMENTS)  S SILICATE OR PORCELAIN  (BETWEEN'- TOWARD BACK  BETWEEN'- TOWARD BACK  LINGUAL		KF'	Y O	F S	YMB	OLS	٠			ON					
EXTRACTED  A AMALGAM (SILVER)  M (BETWEEN-TOWARD FRONT)  CAVITY INDICATE LOCATION  G GOLD  O (BITING SURFACE BACK TEE)  FIXED BRIDGE (INCL. ABUTMENTS)  S SILICATE OR PORCELAIN  G BETWEEN'- TOWARD BACK  LINGUAL  LINGUAL			NI C				1,114	•	iG	,	LOCATI	IN			
CAVITY INDICATE  G GOLD  CAVITY INDICATE  LOCATION  FIXED BRIDGE  (INCL. ABUTMENTS)  S SILICATE OR  (BETWEEN-TOWARD FRONT)  O CCLUSAL  (BITING SURFACE BACK TEE  DISTAN.  (BETWEEN'- TOWARD BACK  CHARACTED  O COLUSAL  (BITING SURFACE BACK TEE  DISTAN.  (BETWEEN'- TOWARD BACK  CHARACTED  O COLUSAL  (BITING SURFACE BACK TEE  DISTAN.  CHARACTED  O COLUSAL  (BITING SURFACE BACK TEE  CHARACTED  O COLUSAL  (BITING SURFACE BACK TEE  DISTAN.  CHARACTED  O COLUSAL  (BETWEEN'- TOWARD FRONT)		SYMBO		-		•		JIN JALE OF	DOV		1.031/55		\C 0^V		
CAVITY INDICATE  G GOLD  O (BITING SURFACE BACK TEE)  FIXED BRIDGE  (INCL. ABUTMENTS)  FIXED BRIDGE  O DISTAN.  (BETWEEN' TOWARD BACK  TEETH REPLACED  O OXYPHOSPATE  LINGUAL		SYMBO	вох				UPPER 1	HALF OF			LOWER	HALF (			
FIXED BRIDGE  (INCL. ABUTMENTS)  TEETH REPLACED  O  (BITING SURFACE BACK TEE  DISTABLE  (BETWEEN'- TOWARD BACK  LINGUAL	/	SYMBO	вох	ACTED			UPPER I	AMALO	SAM		m		ME	ESIAL	RONT
(INCL. ABUTMENTS) PORCELAIN DO OXYPHOSPATE LINGUAL		SYMBO	BOX EXTR	•	DICATE		Α	HALF OF  AMALO (SILVE)	SAM		m		ME VEEN-TO	ESIAL DWARD FI	
TEETH REPLACED O OXYPHOSPATE LINGUAL		SYMBO	BOX EXTR	TY, IND	DICATE		Α	AMALOS (SILVE)	SAM		m	(BETV	ME VEEN-TO	ESIAL DWARD FI	
CEMENT)	/ F	SYMBO	BOX EXTR	TY IND TION FIXED	BRIDGE		A G	AMALO (SILVEI) GOLD	SAM R)		m 0	(BETY	ME VEEN-TO O IG SURE	ESIAL DWARD FI CCLUSAL ACE BACI	C TEE
		SYMBO	BOX EXTR	TY IND TION FIXED (INCL.	BRIDGE ABUTA	MENTS)	A G S	AMALC (SILVEI GOLD SILICA PORCEL	SAM R) FE OR		m 0	(BETY (BITIN	ME VEEN TO OG SURE C	ESIAL DWARD FI CCLUSAL ACE BACI DISTAM	C TEE
		SYMBO	EXTR.  CAVIT LOCA	TY IND TION FIXED (INCL.	BRIDGE ABUTA I REPLA	MENTS)	A G S	AMALC (SILVEI GOLD SILICA PORCEL	GAM R) FE OR AIN OSPATE ENT)		m 0	(BETV (BITIN (BETV)	MI VEEN-TC O G SURE C VEEN'-T	ESIAL DWARD FI CCLUSAL ACE BACI DISTABL OWARD L DNGUE)	C TEE

#### INSTRUCTIONS:

- I. 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 TLETH, 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, & 9. 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:

Mandible and its teeth could not be found with

remains.

/s/ Cirilo R. Sario

CIRILO R. SARIO

NAME AND RANK TYPED OR PRINTED

CIP, Mausoleum Manila, P.I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

/p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED
10 Nov 47

DATE

CERTIFIED TRUE COPY:

GEORGE T GAMBOA

2d Lt

MAC

AGRC FORM N. 11
Revised 16 Sept. 1946
Formely "Check List
of Unknowns")



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

	UNKNOWN X-1570 (Formerly Unk X-70 USAF Cem #2, Finschhafen, N. G. )
•	Cemetery AGRS Mausoleum Manila, F
	Plot 810 ANSER BAN CRIPY Plot 810 Row Grave 1234
CIP, AGRS Mausoleum Manila, P.I. 10 Nov 47	Plot
Arrived at cemetery  Soputa (Sahananda Pate)  Place of death Area, New Guinea	***
Place of deatheros, Now Guinea (Name of closest town)	(Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)	
•	Det #2 AGRS
B. Remains recovered or disinterred by	. (Name and organization)
L. Francis La C. A. J.	Det #2 AGRS
1. Evacuated to Cemetery by	· (Name and organization)
Item Clothing Markings Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear (Type)	
Raincoat	
Overcoat	
· · · · /	
Jacket, Field	
Jacket, Field Jacket, Combat	
Jacket, Field  Jacket, Combat  N  Mackinaw	
Jacket, Combat N	
Jacket, Combat N	
Jacket, Combat  N  Mackinaw  Sweater  E	
Jacket, Combat  Mackinaw  Sweater  Jacket, HBT	
Jacket, Combat  Mackinaw  Sweater  Jacket, HBT  * Shirt, Wool OD	
Jacket, Combat  Mackinaw  Sweater  N  Sweater  F  Jacket, HBT  * Shirt, Wool OD  Undershirt, Wool  Undershirt, Cotton	

1	
(1)))))	
· .	
(type)	<b>Washington</b>
N	
type)	
,	
hould be computed by measuring the ren	
1,	
(Type & location; shirt, jacket, con	at, helmet)
	alemment of the community of the communi
celeton only- Chart at	tached.
'8" Weight UTD Description	tached.
<u>-</u>	tached.
'8" Weight UTD Description	tached.
Weight UTD Description Scars	tached.  n of wounds(Length, width, location)
Weight UTD Description  Scars  Tattoos (Number, location — illustrate on section)	(Length, width, location)
Weight UTD Description  Scars  Tattoos (Number, location — illustrate on statements)	(Length, width, location)  separate page)
Weight UTD Description  Scars  Tattoos (Number, location — illustrate on statements)	(Length, width, location)
Weight UTD Description  Scars  Tattoos (Number, location — illustrate on statements)  thmarks  (Yes-no; of and face	tached.  n of wounds  (Length, width, location)  separate page)  description, location)
Weight UTD Description  Scars  Tattoos (Number, location — illustrate on standarks  (Yes-no; of land face (Light, medium, dark, clear, pimples,	(Length, width, location) separate page) description, location)
Weight UTD Description  Scars  Tattoos (Number, location — illustrate on standarks  (Yes-no; of the continuous of the co	(Length, width, location) separate page) description, location)
Weight UTD Description  Scars  Tattoos (Number, location — illustrate on standarks  (Yes-no; of and face  (Light, medium, dark, clear, pimples, the following of the following o	(Length, width, location)  separate page)  description, location)  pocks, freckles)
Weight UTD Description  Scars  Tattoos (Number, location — illustrate on standarks  (Yes-no; of and face  (Light, medium, dark, clear, pimples, description)	(Length, width, location)  (Length, width, location)  description, location)  pocks, freckles)
	(type)  N E (type)

6.

<u>^</u>				
Goatee	(Light, color, extent)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	, , , , , , , , , , , , , , , , , , ,			
Evas	Ŭ -	Evebrows		
Eyes	(Tolor, setting, shape)		(Color, bushiness, ext	ent across nose)
	D			
Nose		Eears	*	
2 1 0 0 C (	(Size, Shape, Straight)	(S	ize, set close to or fa	r from head)
	,			
Mouth		Lips		·
	(Large, medium, small)	,	.(Small; large, ful	1)
	On the bloom			•
Teeth	See tooth chart			e(e((;944)))))))))))))))))))))))))))))))
	(White, size, uneveness, spac	ing, noticeable crowns,	illings, extracts)	
	/	•	,	
Chin	(Prominent, recedi	ng -cinted dinable of	double i	***************************************
	(Prominent, recease		iodne)	
т	Circumfere	Skull	UTD	
Jaw	Large, small, sormal)	ince of the At in inc	nes	lat band)
. , (	mari, william,		,,,	
No.t.		Laruny	•	
INECK	(Size, length, short normal, wrinkled)	Latyllx	(Prominent, nor	mal)
	, , , , , , , , , , , , , , , , , , , ,	•	,	,
Shoulders	,	Arms	•	
Silouideis	(Broad, straight, small, rounded)	(Length, musc	ular, color, extent an	d quantity of hair)
	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	
L7 t		1		
nands		· .	***************************************	
	/		<b>\</b>	
Fingers	U			
	(Short, thick, long, skunder	, size of knuckles, miss	oing ungers or joints)	
	D			
<b>*************************************</b>	(Unusual abaractae	sties of (ingernalls)	***************************************	
	tulusual enataeteri	isites of ingernatis)		
Chast	·	· /		•
Chest	(Size of nipples, color, quantity		rge, small, normal)	
Waist	•	· / / ·		•
TT GISC AMARIAN	(Size of navel, appendecton	ry, amount, quantity, an	id color of hair)	4
		· • •		
Back	(Quantity and extent of hair)	cumcision	Pubic Hair	
	(Quantity and extent of hair)	(Yes-no	0)	(Color)
	•	./,		
Herniaplasty				
•		(Yes-no; location)		
_		./		-
Legs	(luseam, muscular, knock-kneed, how	rad a manual	January and automatical	hain
	tiuseam, muscutar, knock-kneed, how	rea, normai, quantity, t	color and extent of	nail')
-		Tr.	1,	
Feet	(Size, . corns, callouses, flat)	Toes	nder, straight, crooke	l averloni
	(Size, corns, canouses, nat)	(Ster	mer, griaight, conokec	i, overiap)
Enidana af	healed fractures	•	′,	
Evidence of	neared fractures	(Nose, arms, legs,	. elc.)	

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

not, ex	plain	Due to cond	1tion of	remain	Yes-	•	•
las tooth	chart been pr	epared? Yes	If no	ot, explain			
emarks .	No ROI b	ottle found	. No ider	tifica	tion tags	or per	sonal
əf	fects four	d with rema	ins.				······
	Estimate	ed weight of	remains	4 1bs.		•	•
			• ,			-	•
	-	onally viewed the best of my kno	`	ubject dec	eased and all	resulting is	<b>nform</b> ation
	-	•	`	ubject dec	eased and all	resulting is	<b>nforma</b> tion
	-	•	wledge.				nformation
	-	•	wledge.		E. Jones		nformation
	-	•	wledge.	'Alton	E. Jones	ne)	nformation
	-	•	wledge.	'Alton	E. Jones		nformation

CERTIFIED TRUE COPY:

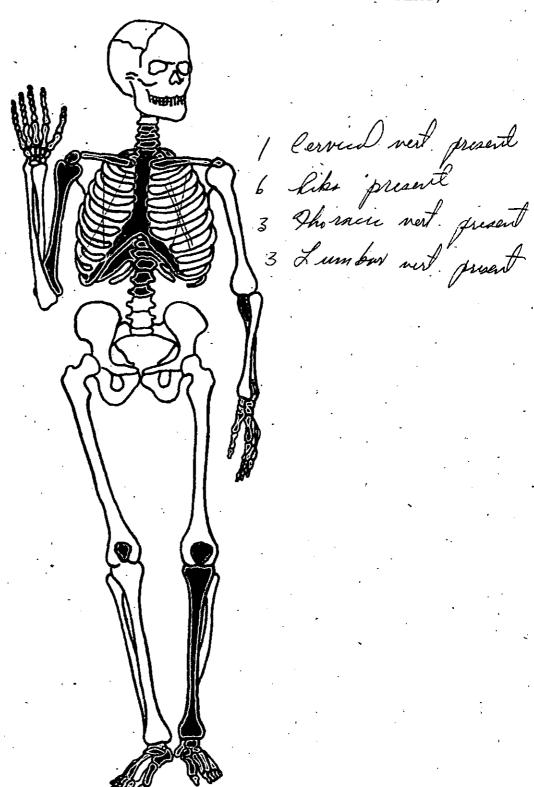
GEORGE T GAMBOA

2d Lt MAC

\_\_\_

## SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





· 5/		5 FEB 52	· · <u></u>		<u></u>	Carlar
-/ebc	Interred 9 N X 103 Carek CARL R. H.	Mark	SINTERM	ENT DIRECT	IAE	
	Cemetery St	uperintendent		DIRECTIVE NUMBE	R	DATE
П	SECTION A — ".   NAME AND RURIAL I	OCATION OF DECEASED		6911	00232	15 01 48
/fbp		- DESERVED	Topiu	 		DAY MONTH YEAR
NAME ,		UNKNOWI	SERIAL NU		RANK .	ARM DATE OF DEATH
			-			DAY MONTH YEAR
BRITIS	SH GUINI	EA USAF F	NSC.	HAFFEN	NO 2	1 -
PLOT ROW	1	NTRY GUINE	1		-	CODE DIST. PT. CAUSE OF DEATH
		SECTION B — COI	NSIGNEE ANI	NEXT OF KIN		- <del></del>
NAME AND ADDRESS	OF CONSIGNEE		NAME	AND ADDRESS OF	NEXT OF KIN	^
	PHILIPPINE	·				
		SECTION C — DISINT				
Inknown	X- 1570 - 1	SERIAL NUMBER	RANK -	DATE OF DEATH		DATE DISTINTERRED
	X- 000070			,	,	18 May '48
IDENTIFICATION TAG	G ON ORGANIZAT	ON		RELIGION	IDENTIFICATION	
2 REMAINS 2 MARKER		UNKNOWN		_	MAXLEE Embalme	
	<u></u>	SECTION D — PREPARAT	ION OF REM	ALNS FOR SHIPMEN	<del></del>	1 NAME AND TITLE
NATURE OF BURIAL	<del></del>	VIOLENT THE THE		N OF REMAINS	<u>''</u>	
Shelter	· Half			Skeletal		
OTHER MEANS OF IDE	ENTIFICATION	•				-
	X - 70					
MINOR DISCREPANCIE	is 1					
REMAINS PREPARED A	ND PLACED IN CASKET	•				
DATE 18 May	7 148 .		XLEE F	ANN		
CASKET SEALED BY		BY	EMBALME	Alignature) -	7.	
MAXLEE	C FANN	•	MA	XLEE FANN	san	
CASKET BOXED AND A		<u> </u>	SHIPPING	ADDRESS VERIFIED I		
DATE 18 May	_		CA	MERON P.	WILEY USAFR	
I hereby and that the re	certify that all the	foregoing operations we				my immediate supervision
			CA CA 1s		WILEY USAFR	N. T.
1 Prepare Dice	renancy Poncet Of	MC Form 1194a for major			GRS INSPECTOR	- EF 17 - CM
i Tepare Disci	repancy Report <b>G</b> i	uC Form 1194a for majoi	discrepar	cies.	Ž.	REPATRIATION (1)
amc FORM 4	 194		_		· · · · ·	O I War
REV 15 MAR 46	I 7 <b>4</b>					A12

## RECORD OF CUSTODIAL TRANSFER -

· · · · · · · · · · · · · · · · · · ·	1. SHI	PPED	<del></del>			
AGRS, Remains Depot		Supt. Memorial Cemetery, P.I.  NAME OF CONVOYER  J. BULAWAN, Capt., CAV				
KIND OF CONVEYANCE Truck						
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
		" CareRAmark MAR	9 1950			
	2. SHI	``````````````````````````````````````				
FROM		10				
KIND OF CONVEYANCE		NAME OF CONVOYER	<del></del>			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
	3. SHI	PPED	<del></del>			
FROM		ТО				
KIND OF CONVEYANCE		NAME OF CONVOYER				
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
	4. SHI	PPED				
FROM		10				
KIND OF CONVEYANCE		NAME OF CONVOYER	·			
SIGNATURE OF SHIPPER WINDOWN	DATE	SIGNATURE OF RECEIVER	DATE			
	5. SHI	PPED	1 .			
FROM	0. 0111	10	<del></del>			
KIND OF CONVEYANCE	1.	NAME OF CONVOYER				
(BY ADMINISTRATIVE ORDER)	, <del></del>					
MANILA, PHILIPPINE ISLANDS	DATE	SIGNATURE OF RECEIVER	DATE			
	6. SHI	PPFD	<u> </u>			
FROM		10				
5105 11711 00	10.00	2	•			
KIND OF CONVEYANCE		NAME OF CONVOYER				
SIGNATURE OF SHIPPERY CATEVILLE	DATET	SIGNATURE OF RECEIVER 10 1 5 50 1	DATE (1)			
OHW.	CONTACTOR	PPED) Q Q Q N Q				
FROM		10				
KIND OF CONVEYANCE	· 11	NAME OF GONVOYER (1 () = 75, 17 ()	Cr. I			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	L.,	<u>,                                     </u>			

## RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1946)		REPORT OF	R INTEDMENT	г	DATE OF	REPORT	—— <u> </u>
(Supersedes GRS Form 1, Rev. of 1 Apr. 45, which may b		(AR 30-1810 at	•		6 F	eb 195	52
Imprint Identification T		Section 1.—IDENTIFICATION.		<u>-                                    </u>			
DO NOT TY	PE	NAME (Last, first, middle initial)			SERIAL N	lo.	
(		UNKNOWN X-70 I	Finschhafer	Unkı	Unknown		
		GRADE	ORGANIZATION		BRANCH	OF SERVIC	Ë
<b> </b> \'		Unknown	Ur	ıknown	Unkı	nown	
	/	RACE	RELIGION		IF OTHER THAN NAME OF COU	U.S. DEAD	D, GIVE
		Unknown	Ur	ıknown			
PLACE OF DEATH	•	CAUSE OF DEATH	<del></del>		DATE OF	DEATH	
Unknown	<u> </u>	Unknown	1		Unk	nown	
EMERGENCY ADDRESSEE (Na	me, relationship, an	d address) 293 Tunk	b. Fin	schhalen	#2	X-	71)
	Ur	nknown	- Juli	unsagen	0110		
IDENTIFICATION TAGS FOUND	D ON BODY	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS C	F IDENTIFICATION (IF	unidentified, fill in	section 5 o	m reverse)
(1, 2, or none) 2 (Substitute)							
WERE SUBSTITUTE TAGS PRO	VIDED? (Yes or no)	COMPLETED TOOTH CHART ON	QMC FORM 1045	ATTACHED HERETO			
No		YES	NO NO				
LIST PERSONAL EFFECTS FOL	IND ON BODY AND	DISPOSITION OF SAME				İ	
· ·							
:	· No	one					
Section 2.—BURIAL. If oth	er than in estab	lished cemetery, furnish sketci	h and map coord	nates on reverse.			
NAME, NUMBER, COORDINATE	ES, AND LOCATION	OF CEMETERY					7
UNITE	D STATES N	MILITARY CEMETERY,	FT WM MCK	INLEY, P.I.	1	/	
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or ne	ame of other)	TYPE OF GRAVE MARKER	PLOT No. R	ÓW No.	GRAVE No.
5 Feb 1952		Casket		Cross	N	7	186
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL,	INDICATE NAME, NUMBER, COORE	INATES OF PREVIO	OUS CEMETERY, AND LO	<del></del>		
Yes	US MIL	ITARY CEMETERY, FT	WM MCKINL	EY, P.I.	PLOT NO. F	ROW No.	103
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	TING BURIAL RITES		ON TAGS NOT USED, I JRIED WITH BODY	DESCRIBE IDENTI	IFICATION	DATA AND
:				,	<i> </i> ·		
IDENTIFICATION TAG BURIED BODY (Yes or no)		TIFICATION TAG ATTACHED TO					<del>rit</del> i
Yes		Yes		MAR PILE	and the same of		
BODY BURIED ON DECEASED	LEFT, NAME (Last	, first, middle initial)	RANK	SERIAL NOCORDS	PEGADTATION	DOBAVE	No.
;				DATE	glve d	Parti	元
BODY BURIED ON DECEASED	RIGHT, NAME (La	st, first, middle initial)	RANK	SERIAL NO.	RGANIZATION	1c GRÁVE	S:No.
		the same of the	• •				
SIGNATURE OF PERSON PREF	ARING REPORT		SIGNATURE OF C	RS OFFICER VERIFYING	REPORT	•	
EDWARD & BERG	J. Cpl., R	A	CHARLES	R. WHAYLEN,	Ist Lt.,	QMC	
DISTRIBUTION OF REPORT	Signed origin S Officer. Copi	nal for U.S. and allied dead, si ies for retention in theater as p	gned original and prescribed by the	one copy for enemy of the commander.	dead, to the Qu	artermast	er General

RESTRICTED:

## RESTRICTED

6	Section 3.—UNIDENTIFIED	REMAINS,		1	
LEFT LITTLE FINGER	I planes vehicles and tar	1ks		s for the future identity of u clues under ''Other,'' sucl cles, and tanks; and serial r es. Imprint all fingers and	
RIN	chart at left, or as many every tooth will be indic accomplished if one or n	as possible. If no ated on the tooth choose fingerprints ar	ofingerprint or prints part in accordance wit e secured.	es. Imprint all fingers and can be secured, the condition h diagram below. Tooth cl	on of each and hart will not be
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TA	TTOOS
МІОО	WEAPON AND SERIAL NO.	LAUNDRY	MARKS	WHERE BODY WAS BURIED O	DR FOUND
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLU	JES	• ,,	<u> </u>	
				14	
LEFT INDEX FINGER					12.
		·		•	
THUMB					
<b>=</b>			•		
THUMB					
RIC					,
RIGHT NDEX FINGER					,
MID	FURNISH SKETCH AND MAP	REFERENCE AND CO	ORDINATES FOR BURIAL	. In other than established	CEMETERY
RIGHT MIDDLE FINGER					$\uparrow$
				; 	1.7
IRIGHT RING FINGER	REMARKS:				
	Grave Unknown X-743	186, Row 7, Leyte #1, d	Plot N, was pr isinterred and	reviously occupied shipped to ZI at).	d by sa
RIGHT LITTLE FINGER	part of a Gro	up Burial (P	alawan <sup>P</sup> rojec	t).	

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



DATE OF REPORT

17 Nov 47

Imprint	Identification DO NOT 1	Tag If Possible.
	<u> </u>	
) \		0)
<u></u>	·	

Section 1.-IDENTIFICATION. NAME (Last, first, middle initial)

UNKNOWN X-1570 (Formerly Unk X-70 USAF Cem #2, Finschhafen, N. G. )

Unknown BRANCH OF SERVICE

Unknown

Unknown

Unknown

Unknown

Unknown

RACE

GRADE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Soputa Sanananda Area, New Guinea

Unknown

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

#### Unknown

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

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

None

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 cometery, furnish sketch and map coordinates on reverse

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.T.

DATE OF BURNE A CF	HOUR	BURIED IN (Shroud, blanket, or name of other)  STORED	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
20 Nov 47	1100	Casket	None	810	D	1234
WAS THIS A REBURIAL?	IF A REBURIAL	INDICATE NAME, NUMBER, COORDINATES OF PREVI	IOUS CEMETERY, AND LO	CATION OF G	RAVE _	

(Yes or no) OFCTOPEN

TYPE OF RELIGIOUS CEREMONY

.

RANK

USAF Cemetery #2, Finschhafen, N. G. Yes PERSON CONDUCTING BURIAL RITES

ROW No. GRAVE No. 2102 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 3

Yes

Yas

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED

GRAVE NO ORGANIZATION RANK SERIAL NO.

BODY BURIED, ON DECEASED RIGHT, NAME (Last, first, middle initial)

ORGANIZATION SERIAL No.

GRAVE No.

1236

UNKNOWN X-1580

UNKNOWN X-1578

SIGNATURE OF PERSON PREPARING REPORT

R GILBERT, Adm Asst

S PANOPIO,

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

	e e		Section 3	ONIDENTIFIE	REMAINS	S					
		LEFT ITTLE FINGER	mains, Fil social secur planes, veh	eat care will I in anatom ity number; icles, and ta	ical charac position on ks.	cteristics of body fo	below, and und in air	d any other o planes, vehicle	for the future id dues under "Ot es, and tanks; an imprint all fi	her,'' such as nd serial num	s shoe size, bers of air-
	•	RIN	every tooth accomplished	t, or as man will be indiced ad if one or	y as possit catedion th more finge	ne tooth cl erprints ar	nart in acc e secured	ntor prints ca ordance with	. Imprint all fi an be secured, the diagram below.	Tooth chart	t each and will not be
, ,		LEFT RING FINGER	HEIGHT	WEIGHT	COLOR O	F EYES	COLOR O	F HAIR	BIRTHMARKS, SC.	ARS, OR TATTO	oos
	•		WEAPON AND	SERIAL No.	1	LAUNDRY	MARKS		WHERE BODY WA	S BURIED OR F	OUND
-		LEFT MIDDLE FI	OTHER IDENT	IFICATION CL	UFS				•		· 
<del>-</del>	· · · · · · · · · · · · · · · · · · ·	FINGER		n ioni ioni oc							_
		LEFT INDEX FINGER	FILLINGS		OZ.SI	LVER FILL	ING IG		2	2	
	•					•		4		$SQ^3$	
		EWOH!	CAVITIES	S		CAVIT DECAY	Y ED	5 6 7	UPPER		6
		RIGHT THUMB	MISSING	(			NG.	- UM	V REPRESENTS THI	<b>И</b> В 10 интиом 3 <b>НВ</b>	E OPEN
		RIGHT INDEX FINGER	BRIDGE W	WORK		GOLD E	/N	15 (\$ 14 ( 13	LOWER	3 13 13 12	15
		RIGHT MIDDLE FINGER	FURNISH SKE	TCH AND MAP	REFERENCE	E AND COO	RDINATES F	OR BURIAL IN	OTHER THAN ESTA	IO II BLISHED CEME	TERY
_	,	RIGHT RING FINGER	REMARKS:							· _	
MAK	10 <b>%</b>	RIGHT LITTLE FINGER	. Iden	tifica	tion (	Check	List	and Der	ntal Char	t accon	plishe

RESTRICTION

Graves Registration Form No. I (Revised May II, 1943)

(21)

# REPORT OF INTERMENT

(Revised May II,	1943)	,*	(TM 10-630	AND AR 30-1815)				•
UNKNOWN Z	x <b>-</b> 70			,				
_	(Last name)	(First)	(Initial)	(Serial numbe	•		(Organ	
Soputa, S	Sanananda (Place of death)	Area, N.G.	(Date	of 'death)		(Cau	se of death	)
		l 1945 USAF mal) reburial				(Name or co-	ordinates of	location)
Disinter	rêd îrom (	Grave 230 US	SAF Cem, So	puta 1, N.G.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2102								
(Grave hu	umber)	(Row number)	(Plot	number)	(Type of m	arker—Regulation	V-shaped	or other)
Disposition o	of identificati	on tags: Buried wi	ith body Y	es X No	Attache	d to marker	Yes [	No [
Religion	·····	*				1		
CERTIFIE	D TRUE CO	P <b>Y</b>	•		•	•		•
Jan	eg Toon	(If no identification QMC				ody?)		
, .	and was referred with the	(If no identifica	tion tags, but iden	ity definitely established	i, give particu	lers)	****************	***************************************
Body buried	on RIGHT	Gorishek, Fra	ank J.	36301901	Pfc	Co B 16	3 Inf	2103
<b>,</b>		(Name			(Rańk)		ration)	
Body buried	on LEFT	Zimbal, Harol		36204964 (Serial number)	Pfc (Rank)	Co A 12 (Organiz		2101- (Grave number)
•		ss of EMERGENCY ADDR	<b>-</b>	•	ime and addre	ss of LEGAL NE	XT OF KIN	1)

UNKNOWN X-35 Grave 230, Soputa #1.

A canteen was found buried in this grave with the initials "N.H." "MEX", also stamped on the canteen "Unid. Amer". It was not possible to take a tooth chart of the remains as both mandible and maxilla were missing

<b>*</b>	. •	244	
Graves Registration Form Nov-1 (Revised May 11, 1943)	RICTED	REPORT OF INTERMENT	

.. .. 1528

Soputa, Sar		m.ea* T		ate of death)	***********	· · · · · · · · · · · · · · · · · · ·		(Cause o	of death)	•••••
1000 hrs.	2 April 1	1945 T	JSAF C	EMETERY	K FI	ISCHH <i>I</i>	lfen #2	2, N.G.		
	of burial) $\mathbf{r}\epsilon$	burial	. (Naπ	ne of Cameter	γ)		_{N-	ame of coordina		
2102		aw aumhori		•		Cı	oss-re	egulatio	n w/	plate
(Grave number)	(R	ow number)	•••••	(Plot nun				ker—Regulation V		
				1. WETT		A ++	ached to	marker Y	′a. 2Ω .	No
Disposition of identif				Yes &		•••				
Disposition of identif						•••			***************************************	
Disposition of identif	(if no id	entification ta	gs, what me		ication are	buried wit	h the body?		eligion	
	(if no id	entification ta	gs, what me	eans of identifications identify defining the second secon	ication are	buried wit	h the body?	,	eligion	
Body buried on RI	(if no id	entification ta	gs, what me on tags, but Frank	identity defini	ication are	buried with shed, give 301 1	h the body?	Ri	eligion	2103
Disposition of identif	(if no id	entification ta	gs, what me on tags, but Frank	identity defini	ication are	buried with shed, give 301 1	h the body?	Ri	eligion	2103

	тнинт	CHO CHOST MERS (Signature of officer of other person reporting burial)  CHARLES B MYERS  CHARLES DAY Army GRS Officer)	THUM\$	
	_	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE		
RIGHT HAND	DECEIVED B MAY 1945	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:		EFT HAND
4D	<i>3</i> 5	Height: Apparent Nationality: Weight: Weight: Laundry marks: Colour of eyes:		91
	•	IF DECEASED UNIDENTIFIED  14 Unable to obtain a complete set of fingerprints, TAKE THOSE YOU  15 Unable to obtain a complete set of fingerprints, TAKE THOSE YOU  16 CAM, and fill in as many of the following as you are able:  CAM, and fill in as many of the following as you are able:	4	

## REPORT OF INTERMENT

RESTRICTED

1528

	1,2			
UNKNOWN X-35,	Soputa No. 1. (Initial)	(Serial number)	(Rank)	(Organization)
Soputa-Sanana	nda Area, N.G. U	nknown	(Caus	e of death)
	Tay5 1943	I.C., No. 1, Sopu	ta., N.G.	dinates of location)
	stamped on canteen			•••••••••••••••••••••••••••••••••••••••
230(Grava number)	17. (Row number)	(Plot number)	TempCross (Type of marker—Regulation	on V-shaped or other)
	tion tags: Buried with body			
Disinterred f	rom U.S.T.C. No. 3	~ 	*************	·····
, Skeleton foun	d by 16 Eng. on Me	arch 28 1943 and	d-burjed.	Religion
Body buried on RIGH	TJOHNSON, Henry L.	Sgt. 39377964, (Serial number)	Co. B. 163I	nf. 231 ion) (Grave number)
Body buried on LEFT	BURNETT, Louis Jr.,	S/Sgt . 20636054 (Serial number)	, Co. M. 126 Rank) (Organizat	Inf. 229
(Name and addr	ess of EMERGENCY ADDRESSEE) FOUND ON-BODY, and dispo	ESTRICTES Certif	eddress of LEGAL NEXT	OF KIN)
8 No. 1247		ENTIN Can	Aftern TONN, 1st	7

•	•		
1		IF DECEASED UNIDENTIFIED	
	<b>.</b>	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:	4
		Height: Apparent Nationality: Weight: Laundry marks:	
	ω .	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)	m
137		In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:	
T HAND	2		~
)		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.	
	#WNH1	S/Sgt. Johanning.  (Signature of officer or other person reporting burlat)  TEWART W. ABEL, 1st Lt. QM.	THUMB
		(Verified by Army GRS Officer)	

Graves Registration	DEDON'T OF	RESTRICTED			7 10
Form No. 1 (Reylsed May 11, 1943)	REPORT OF	TINT.ERMEN ND AR 30-1815)			15
UNKNOWN X 35,			: .	80	Joseph Joseph
(Last name) (First)	, ,	. (Serial number)	(Rank)	(Organization	)
Soputa-Sanananda					
(Place of death) 11:00 Hours May 5,	(Date of U.S.	•	Soputa, N.	(Cause of death)	
'(Time and date of burial)	(Name of	cemetery)	(Name or c	oordinates of location)	
Unidentified stam	ped on cantee	n and disc.			
230 17		•	Temp	Cross	
(Grave number) (Row n	umber) (Plo	t number)	(Type of marker—Re	gulation V-shaped or other	;
Disposition of Identification tags: Bur	ed with body Yes	Ro □	Attached to marke	er - Yes ⊡ . I	No 🗀
Disinterred from					
(If no identif	cation tags, what means of ide	ntification are buried w	Ith the body !)	f	
Skeleton found by	116 Eng. on I	March 28, 1	.943 and bur Religion		
(If no ide	ntification tags, but Identity de	finitely established, give		1	,
	Henry L., Sg	5937796		Inf. (Grave nu	
וווווווווווווווווווווווווווווווווווווו	Louis Jr., S			· · · · · · · · · · · · · · · · · · ·	229
Body buried on LEFT BURNETT,	*************************	•••••		nization) (Grave nu	
(Name and address of EMERGENCY A	DDECCEE	AL-		·	<u>.</u>
List only personal effects FQUND O	N BODY and disposi		me and address of LEGAL N	EXT: OF KIN)	
RESTRIC	HED			;	ļ

	i		IF DECEASED UNIDENTIFIED	l
•	4		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	
1	3		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)	
LEFT HAND	2		In space below, locate and describe any scars, birthmarks, moles deformities, etc.:  16 NOV 1943  Note below any dentifying clues found, such as letters, photographs, probable organization of deceased, etc.:	RIGHT HAND
	-	ចាំជ ១៤៥ <del>១</del> ១៦. <del>១៤៤១.១</del>	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT	
٠	THUMB	705	Sont Tohanning  (Signature of officer other person the person to the per	•

OMC Fore '	* • • • •	REPORT O	RE F INTERMENT		RESTRICTED	1528
,293 hav	(To be submitted    Sure   DAMERICAN SO	through channels to the Willem par 210	e Quartermaster Ge I-TM 10-630)	neral, Washing	ton, D.C.)	
(Last Name)	(First) (Initial)	¯(Ser	ial No.)	(Rank)	(Organization)	
Soputa—Sanar (Place of Death	nanda Area, N		n of Death)		(Cause of Death)	- ·
1100 Hours I (Time and Date	[ay_5, 1943_ of Burial)	•	C. # 1, Soputa, urial - Name and No			
		Unidentified	stamped on cant			K
230	17		Temp Cross	Disc Afta	ched to marker	[[]
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Ma	rker) (iden	Protestant-	
Disintered i	from U.S.T.C.	# 3, Sanananda,	N. G., Grave 20		Catholic: Hebrew 1	
•	e	• •	• ••	$ \cdot$ $\cdot$ $\cdot$	SA LIBOLEM	
		Other pertinent data to	enable grave to be	located.	24 1/2	173 -
	. (W	here necessary sketch to	locate grave should b	pe furnished) 🚶	J. U.S. ATTO	. s E.
		**		<b>\</b>	Mem. Di	
(Name	and address of E	Emergency Addressee)	(Name at	nd address of	legal cext of king	

Place X mark pelow when prints are of eft hand		_		
	7			
ist of personal effe	Thumb acts and disposition o	f same	 3 ,	4
		•		·

S/Sgt. JOHANNING

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

Signature of Officer or other person reporting Burial.

Verified by I Augy (G.A.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.

والمراجع والمستنصيل المراجع فالمناه المناه المناه المستنصل المستنصل المستنصل المناه ال				
OMC Former Inc. 1, GRS	REPORT OF INTERME	ENT	RESTRICTED 1	528 Tar
292 her Gunen	channels to the Quartermaste	er General, Wash	ing on D.C.	7
UNIDENTIFIED AMERICAN SOLDIER (Last Name) (First) (Initial)	(Serial No.)	(Ránk)	(Organization)	
<u>Soputa-Sanana</u> nda Area, N. G (Place of Death	Unknown (Date of Death)		(Cause of Death)	· <del></del>
Maych 28, 1943 (Time and Date of Burial)	U.S.T.C. $\frac{n}{n}$ 3, San (Place of Burial - Name an	d No. of Cemete	ery, if in a cemetery)	
20 3			Buried with body	
(Grave No.) (Row No.)	(Plot No.) (Kind Grave	Marker) (1	dentification Tags)	
Skeleton found by 116 Eng. on	Maych 28, 1943 and bur	ied.	Catholic	
	ertinent data to enable grave t		2 4 MAY 1943	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
. (Where nec	essary sketch to locate grave sho	ould be furnished)	U. S. A. S. O. S. West. Co. S. W. S.	2
(Name and address of Emergence	y Addressee) (Nam	ne and address o	of legal books of kin	

Place X mark below when prints are of eft hand		The state of the s		YM 1	0-630)
	Thumb	ł	. 2	3	7. <b>4</b>
List of personal effe	ects and disposition (	of same			÷
				on either side:)	

On Left— UNIDENTIFIED AMERICAN SOLDIER, Grave 19.

S/Sgt. JOHANNING
Signature of Officer or other person reporting Burial.

STEVART W. A BEL

Verified by Argty GtR.S. Officer.
Adv. Base GRO.

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