

AIRMAIL

243 unk. Finsch #2 X-78

QUART 293

4 October 1951 *MP*

Unknown X-78
USAF Cem #2, Finsch, N.G.

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to the Report of Interment for the remains of Unknown X-78, USAF Cemetery #2, Finschhafen, N.G., now interred in U. S. Military Cemetery, Ft. McKinley, P.I., as an Unidentifiable.

2. Unknown X-78 may be identifiable as Sergeant John C. Putt, 20635578, who was killed in action on 16 December 1942 in the vicinity of Sanananda Road, near Buna, New Guinea.

3. OCMG Form 371 for Sergeant Putt and copies of correspondence from Mrs. Joseph Putt and Mr. Wellington F. Homminga, are inclosed for your information.

4. It is requested that the remains of Unknown X-78 be examined for any additional data and to verify results of previous processing. Should this investigation substantiate the association of Unknown X-78 with Sergeant Putt, it is further requested that this case be processed in accordance with paragraph 59h, SR 830-110-5.

FOR THE ACTING THE QUARTERMASTER GENERAL:

4 OCMG
FORMS:
OCMG Form 371 (Putt)
(in dup) w/photo copy
of Forms 79 atch

THOMAS E. COX
Major MC
Memorial Division

- 2. Copy ltr dtd 9 May 1950, fr Mrs. Joseph Putt
- 3. Photo copy ltr undated, fr Mr. W. F. Homminga
- 4. Copy ltr dtd 5 Jul 50, fr Mr. W. F. Homminga

T.A.Fields:lrc
salsar
cc--Administrative Section
cc--Cincofe, APO 500
cc--Philcom, APO 928

Oct 5 1 59 PM '51
PHILCOM

JMN

4293 Putt, John C. 206355-78

AIRMAIL

bpm
1
/fbp

Interred 18 Jan 1950
H 12 135 Ft. McKinley

DISINTERMENT DIRECTIVE

Carle R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00245

DATE
15 01 48
DAY MONTH YEAR

NAME
UNKNOWN X-000078

SERIAL NUMBER
UNKNOWN X-000078

RANK

ARM
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BRITISH GUINEA USAF (FINSCHAFFEN NO 20)

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT
ROW
GRAVE
2283

COUNTRY
NEW GUINEA

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MANILA, PHILIPPINE ISLANDS
Ft. McKinley Perm. Cem. P.I.
(BY ADMINISTRATIVE ORDER)
Dec

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
Unknown X-1547 (Maus)
Unknown X-000078 (Finsc)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
18 May '48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
CLIFFORD E. DeBAPTISTE
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 May '48
CASKET SEALED BY
CLIFFORD E. DeBAPTISTE

BY CLIFFORD E. DeBAPTISTE
EMBALMER (Signature)
Clifford E. DeBaptiste
CLIFFORD E. DeBAPTISTE

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

SHIPPING ADDRESS VERIFIED BY
CAMERON P. WILEY
1st Lt., USAFR

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

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

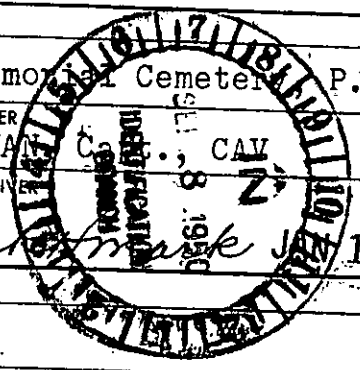
FILE
RECORDS ASSOCIATED
DATE
SIGNATURE OF GRS INSPECTOR
B & R BR.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS, Remains Depot		TO Supt. Memorial Cemetery P.I.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. BULAWAN	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE JAN 18 1950



2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER UNITED BRITISH ISLANDS	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

AIRMAIL

QMGMT 293
GRS Far East

12 December 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-1437	(Formerly X-220, Sta. Barbara #1)
Unknown X-1547	(Formerly X-78, Finsch #2)
Unknown X-1559	(Formerly X-38, Finsch #2)
Unknown X-1561	(Formerly X-71, Finsch #2)
Unknown X-2360	(Formerly X-642, Leyte #1)

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

FOR THE QUARTERMASTER GENERAL:

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

R. W. MILLER
SAC SFR

CC: CINCFE

AIRMAIL

COPY:

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
22 November 1949

SUBJECT: Unidentifiable Remains

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

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

UNKNOWN X-265	Island Command	UNKNOWN X-1437	AGRS Mslm
" X-1002	AGRS Mslm	" X-1547	"
" X-1169	" "	" X-1559	"
" X-1275	" "	" X-1561	"
" X-1315	" "	" X-1740	"
" X-1391	" "	" X-2260	"
" X-1421	" "		

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

FOR THE COMMANDING OFFICER:

JOHN SHYPULA
1st Lt., Infantry
Adjutant

13 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

C
O
P
Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

21 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 78, Flot _____,
Row _____, Grave 2283, USMC USAF Cem. #2, Finsch. have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



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

Atch: Form 1044

Received 6 Dec 1949 - 0018
Not identifiable from
information presently
available
Robert W. Miller

11/18
all 78

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1547 (Formerly UNK X-78 Finsch #2)				2. DATE OF REPORT 24 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 810	5. ROW A	6. GRAVE 173	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

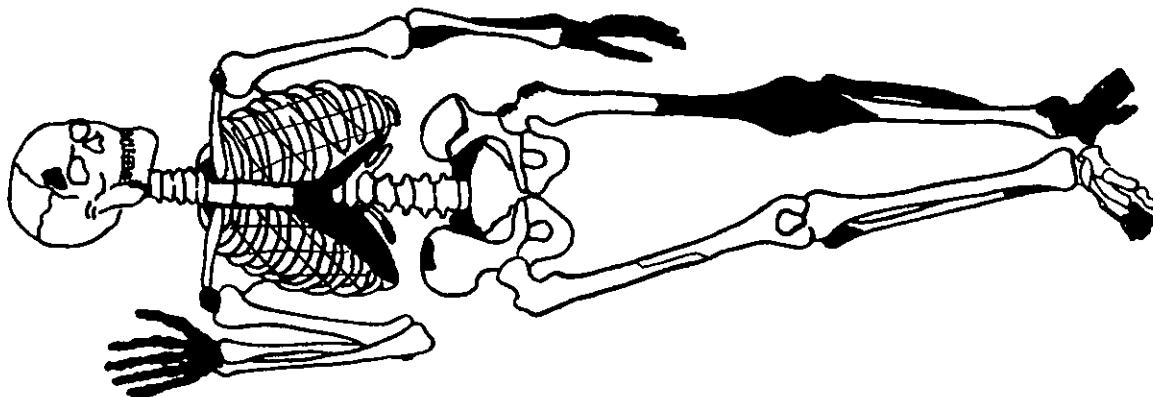
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 10 lbs.

Circumference of skull - $21\frac{1}{2}$ inches.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols

X-1547

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-1547 (Formerly UNK X-78
USAF Cem #2, Finschhafen, N. G.)

10 Nov 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Soputa-Sanananda
Trail, New Guinea

AGRS Mausoleum
Manila, P.I.

ORGANIZATION
810 A 173
PLOT RANGER ROW GRAVE NO.
BAY CRYPT

PLACE OF DEATH

PLACE OF BURIAL STORAGE















see Remarks

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

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH					LEFT						
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	X	O	A	O									A	X	
LOCATION		O	O	O									O		

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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

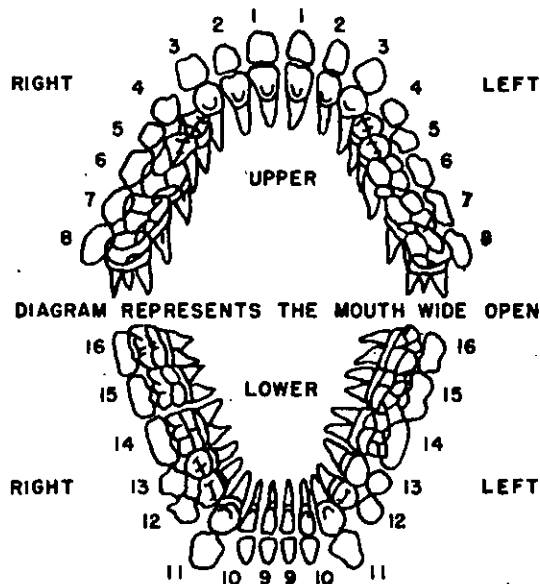
INSTRUCTIONS:

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: L 3 has entire crown decayed off. There is a possibility that the tooth may have been broken from a traumatic blow before death.

/s/ Clement G. Swan
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ CLEMENT G. SWAN
NAME AND RANK TYPED OR PRINTED

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

/s/ John 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

930-PHILRYCOM-1-47-30M

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

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-78 USAF Cem

Unknown X1547(#2, Finschhafen, N.G.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 TANGER Row A BAY Grave 173 GRYPI

**CIP, AGRS Mausoleum
 Manila, P.I.**

1. Arrived at cemetery 10 Nov 47
~~Soputa-Sanananda~~ (Date)
2. Place of death Trail, New Guinea
 (Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by _____
 (Name and organization)
4. Evacuated to Cemetery by _____
 (Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	O		
Sweater	N		
Jacket, HBT	E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)

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

Chevrons or
 Insignia (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only- Skeletal attached**

Age / / Height UTD Weight UTD Description of wounds

Bandages or dressings Scars (Length, width, location)
 Tattoos
 (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair (Baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or (Length, heavy)
 (Color, setting, shape) (Color, size, shape)

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) Ears (Size, set close to or far from head)

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

Teeth **Tooth chart attached** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of ~~head~~ **skull** in inches **21 1/2** (Hat band)

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

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

Hands

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

..... (Unusual characteristics of fingernails)

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

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

Back (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

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

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

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

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

7. Have finger prints been placed on Report of Interment? No
(Yes-no)
If not, explain Due to the condition of remains

8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks No ROI bottle found with the remains. No personal effects or other means of identification. Unable to determine the height and weight due to the absence of left femur and fractured of the right femur. Estimated weight of remains ten (10) lbs.

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

/s/ Clement G. Swan
(Officer's Name)

Civ Emb C-064862
Rank Service

CIP, AGRS Mausoleum
(Organization)

10 Nov 47

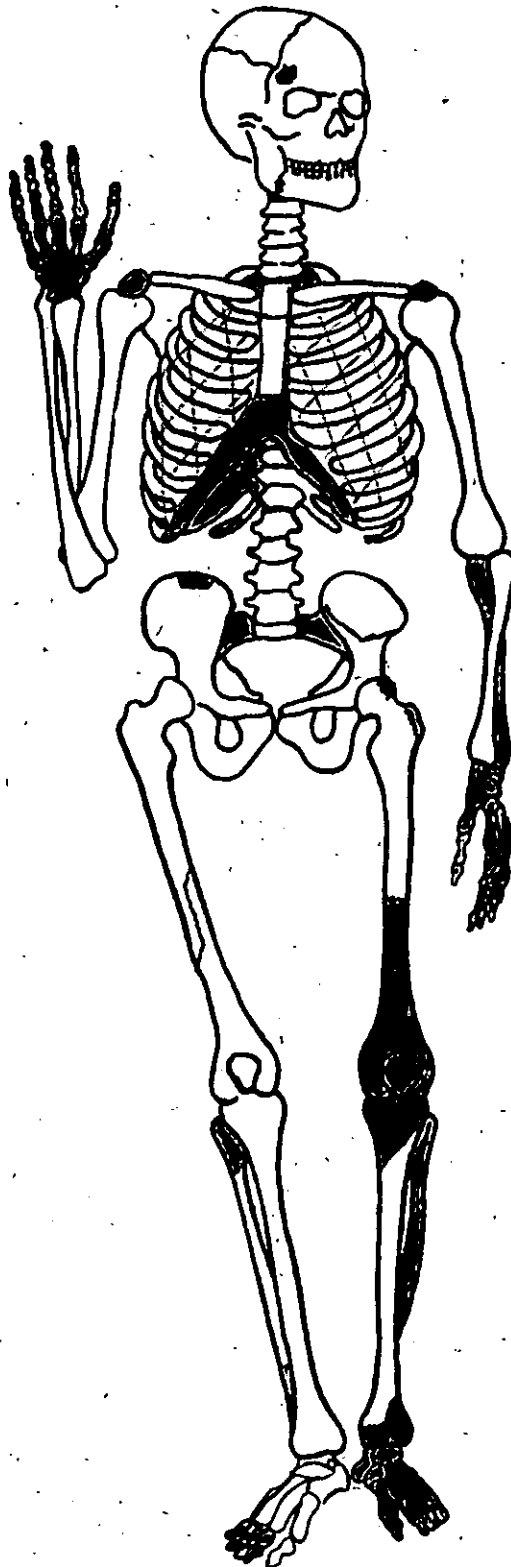
CERTIFIED TRUE COPY

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

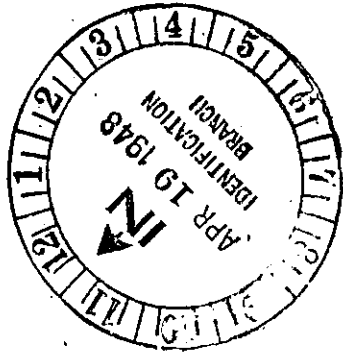
SKELETAL CHART

X-1547

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Rib fragments



*REPORT OF DENTAL SURVEY

UPPER TEETH

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

LOWER TEETH

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

CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

RS, 6, 16 missing, extracted
L6, 16, missing, extracted
L3 Broken

Date *16 Sept*, 19*44*

Shif Burton & Lator
SRS Dental Corps, U. S. A.

*Restorable carious teeth by O

Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture
(horizontal line)

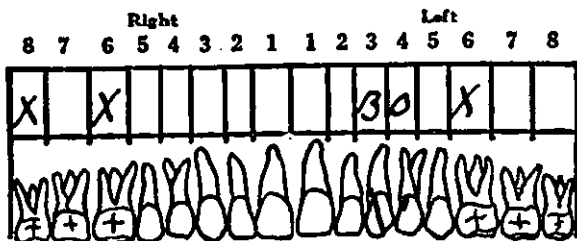
X	X	X
---	---	---

Teeth replaced by fixed bridge
(oval to include abutments)

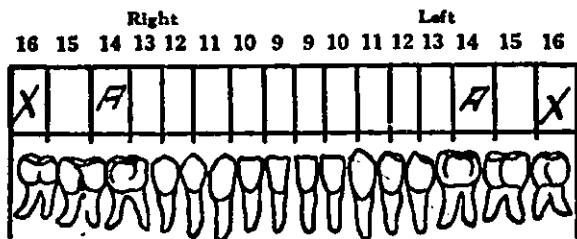
(X)
---	---	---

***REPORT OF DENTAL SURVEY**

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

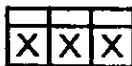
R8, 6, 16 missing, extracted
L6, 16 missing, extracted
L3 Broken

Date 16 Sept, 1944

Sp5t Burton S. Lator
 Dental Corps, U. S. A.

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

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



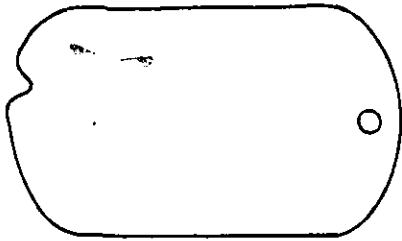
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

14 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-1547 (Formerly UNK X-78 USAF Cem #2, Finschhafen, N.G.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Soputa- Sanananda Trail, New Guinea	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 12 Nov 47	HOUR 0830	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. A	GRAVE No. CRYPT 173
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 #2, Finschhafen, New Guinea			PLOT No.	ROW No.	GRAVE No. 2283
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) STORAGE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE PERSON, Frank	RANK Sgt	SERIAL No. 20126880	ORGANIZATION Co. K 128th Inf	GRAVE No. CRYPT 175		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-1542	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 171		
SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPPIO 2d/Lt., INF					

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

Comp # 1223

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.

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

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

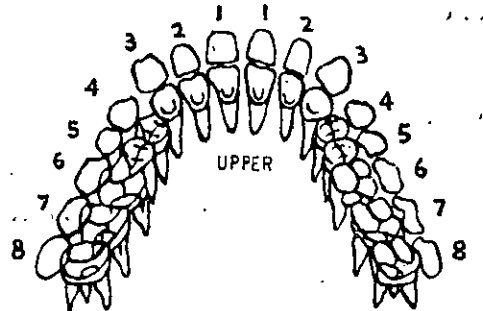
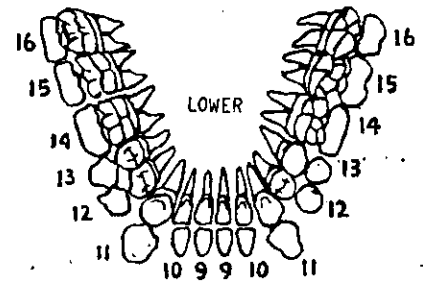
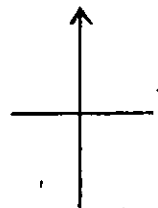


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Identification Check List and Dental Chart accomplished.

6 JAN 1948

RE-

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

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

UNKNOWN X-78

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Soputa	Sanando	Trail,	N.G.	Unknown	
(Place of death)	(Date of death)			(Cause of death)	
1000 hrs., 2 April 1945	USAF Cem Finschhafen 2, N.G.				
(Time and date of burial)	(Name of cemetery)			(Name or co-ordinates of location)	
reburial	Disinterred from grave 210 USAF Cem 1, Soputa, N.G. as Unknown X-28				
2283				Cross-regulation w/plate	
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)		

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Religion

CERTIFIED TRUE COPY

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

P. J. TOM, Capt., QMC

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

Body buried on	RIGHT De Brunner, Earl T.	37130596	Pvt	Co B 128 Inf	2284
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on	LEFT Peterson, Frank	20126990	Sgt	Co K 128 Inf	2282
	(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:

(21)

1009

RESTRICTED

IF DECEASED UNIDENTIFIED

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

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

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

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

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

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

Geo. A. Ross, M/Sgt., OMC, GRS
(Signature of officer or other person reporting burial)

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

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

UNKNOWN X 78

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

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

Soputa-Sananands Trail, N. G.

Unknown

(Place of death)

(Date of death)

(Cause of death)

1000 Hrs., 2 April 1945

USAF CEMETERY FINSCHHAFEN #2, N. G.

(Time and date of burial)

reburial

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from grave #210 USAF Cemetery #1 Soputa, N. G. as Unknown X-28

2283

Cross-regulation w/plate

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

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

Religion

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

Body buried on RIGHT DE BRUNNER, EARL T. 37 130 596 Pvt Co B 128 Inf 2284
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT PETERSON, Frank 20 126 990 Sgt Co K 128 Inf 2282
(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:

(9) No. 1247

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. Boss
GEO. A. BOSS, SGT., GCO, GRS.

(Signature of officer or other person reporting burial)

Charles R. Myers
CHARLES R. MYERS, CMC.

(Verified by Army GRS Officer)

LEFT HAND

THUMB

4

3

2

1

4

3

2

1

THUMB

RIGHT HAND

RECEIVED
MAY 19 1943

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

1527

UNKNOWN X-28, Soputa No. 1.
.....
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Soputa, Sanananda Trail, N.G. Unknown
.....
(Place of death) (Date of death) (Cause of death)

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

Unidentified stamped on canteen and Temp Cross

210 15
(Grave number) (Row number) (Plot number) (Type of marker - Temp Cross or other)
Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Dininterred from U.S.T.C. No. 3, Sananda, N.G. Grave 22.
(If no identification tags, what means of identification are buried with the body?)

Skeleton found by 116 Eng. March 28, 1943 and buried. Religion
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT End of Row
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT TOTH, William (nmi). Pvt. 36022740, Co. F. 163 Inf. 209
(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
8 No. 1247

Certified true copy:
Paul J. Tonn
PAUL J. TONN, 1st Lt. QMC.

~~CONFIDENTIAL~~

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.:

TOOTH CHART.

Uper Rt. No. 6 & No. 8 Missing. Lower Rt. 6 filled
 Lt. No. 6 missing. Lt. 6 Filled

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

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

S/Sgt. Johanning.

(Signature of officer or other person reporting burial)

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

LEFT HAND

THUMB

RIGHT HAND

THUMB

UNKNOWN X-28 Grave 210, Soputa 1.

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

b.p

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

NOV 28 1527
1943
~~CONFIDENTIAL~~

UNKNOWN X 28. Soputa No. 1
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

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

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

Unidentified stamped on vanteen and Temp. Cross

210 15 Temp. Cross
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Disinterred from U.S.T.C. No. 3, Sanananda, N.G., Grave 22.

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

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

Religion

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

Body buried on **RIGHT** End of Row
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** TOTH, William (NMI) Pvt., 36022740, Co. F. 163 Inf. 209
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same:

CONFIDENTIAL

IF DECEASED UNIDENTIFIED

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

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

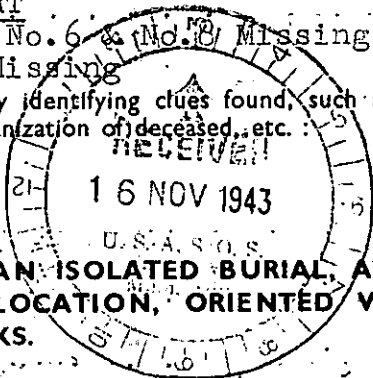
(If possible, have medical personnel take a tooth chart)

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

TOOTH CHART

Upper Rt. No. 6 & No. 8 Missing Lower Rt. No. 6 Filled
 Lt. No. 6 Missing Lt. No. 6 Filled

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



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

S/Sgt. Johanning
 (Signature of officer or other person reporting burial)

Stewart W. AEP
 STEWART W. AEP

1st verified by Army (G85) (er)
 Adv. Base GRO

LEFT HAND

THUMB

RIGHT HAND

THUMB

REPORT OF INTERMENT

1527

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

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

UNIDENTIFIED AMERICAN SOLDIER

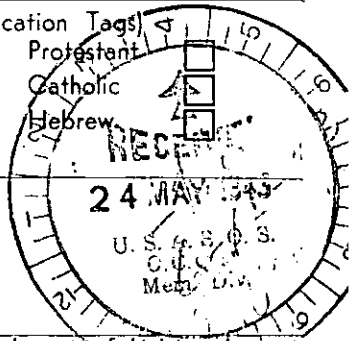
(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

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

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

210 (Grave No.) *15* (Row No.) *Temp Cross* (Kind Grave Marker) *Unidentified stamped on canteen and with body* (Identification Tags) Attached to marker

Disinterred from U.S.T.C. # 3, Sanananda, N. G. Grave # 22.



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

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

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

(Required when positive identity cannot otherwise be established) (Par. 25e (2)
TM 10-630)

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4
-------	---	---	---	---

List of personal effects and disposition of same

TOOTH CHART

Upper Rt. # 6 and # 8 Missing

Lt # 6 Missing.

Lower Rt. # 6 Filled.

Lt. # 6 Filled.

(Name, rank, serial number, organization, grave numbers of bodies buried on either side)

On Right— End of Row.

On Left— TOTH, William (NMI), Pvt., 36022740, Co F, 163 Inf., Grave 209.

S/Sgt. JOHANNING

Signature of Officer or other person reporting Burial.

Stewart W. Abel
STEWART W. ABEL

Verified by Army G.R.S. Officer.

Adv. Base GRO.

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

REPORT OF INTERMENT

1527

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

293 New Guinea (Par. 21d-TM 10-630)

~~UNIDENTIFIED AMERICAN SOLDIER~~

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

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

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

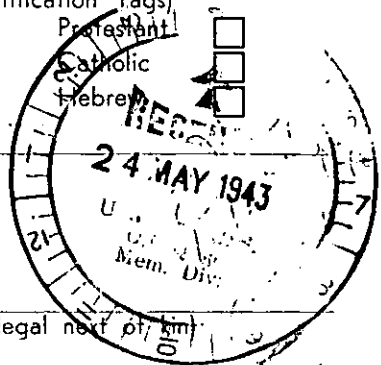
22 3 Temp Cross Buried with body None
Attached to marker
(Grave No.) (Row No.) (Plot No.) (Kind Grave Marker) (Identification Tags)

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

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

Unknown

(Name and address of Emergency Addressee) (Name and address of legal next of kin)



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

(Required ~~_____~~ positive identity cannot otherwise be established) (Par. 25e (2) TM 10-630)

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4
-------	---	---	---	---

List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side:)

On Right— FOOTE, Robert, Pvt., 36155415, Co K, 126 Inf., Grave 23.

On Left— Unidentified American Soldier. Grave 21.

S/ Sgt. JOHANNING

Signature of Officer or other person reporting Burial.

Stewart W. Abel
STEWART. W. ABEL.

Verified by ~~_____~~ G.R.S. Officer.
Adv. Base GRO.

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