

/ebc

Interred 12 October 1949
N 13 34 Ft. McKinley

DISINTERMENT DIRECTIVE

1

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A

DIRECTIVE NUMBER
6911 00247

DATE
15 01 48
DAY MONTH YEAR

NAME AND BURIAL LOCATION OF DECEASED

NAME
24 UNKNOWN X-000081

SERIAL NUMBER
UNKNOWN X-000081

RANK
2nd Lt

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
2290

COUNTRY
NEW GUINEA

CAUSE OF DEATH
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
UNKNOWN X-1568 (MAUSOLEUM)
UNK X-000081 (Finsch. #2)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
17 May 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
ROBERT L. LENNON
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Soputa: #1 UNK X-3
Finschhafen #2 UNK X-81 Grave Number 2290

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 17 May 1948
BY ROBERT L. LENNON
CASKET SEALED BY
ROBERT L. LENNON

EMBALMER (Signature)
Robert L. Lennon
ROBERT L. LENNON

CASKET BOXED AND MARKED
DATE 17 May 48 BY PLACIDO M. CASTILLO

SHIPPING ADDRESS VERIFIED BY
AGUSTIN LIQUIGAN, 2nd Lt., FA

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

Agustin Liquigan
AGUSTIN LIQUIGAN, 2nd Lt., FA
SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Remains Depot		TO Supt., Memorial Cemetery, P.I.	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER J. BOLAWAN, Capt., Cav.	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carer Mark</i>	DATE 12 OCT 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM (BY ADMINISTRATIVE CEDES)		TO	
KIND OF CONVEYANCE MANILA PHILIPPINE ISLANDS		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

7. SHIPPED

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

6

DISINTERMENT DIRECTIVE

421st Inf New Guinea 4-8K (Finschaffan #2)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6911 00247

DATE

15 01 48
DAY MONTH YEAR

NAME

UNKNOWNX-000081

SERIAL NUMBER

RANK

ARM

R

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

BRITISH GUINEA USAP FINSCHAFFAN NO 20

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

2290 NEW GUINEA

CAUSE OF DEATH

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

REMAINS
 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 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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 GRS INSPECTOR

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

QUART 203
OIS Far East

16 May 1949

SUBJECT: Resolution of Unidentified Remains

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

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

X-182
X-1862
X-1868
X-2716
X-3936
X-4987

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

FOR THE QUARTMASTER GENERAL:

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

REB

J. E. Ball:rlc
Salser
JW

RJS

cc--Administrative Section

RIGHT 293
OCS Far East

16 May 1949

SUBJECT: Resolution of Unidentified Remains

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

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

X-192
X-1562
X-1668
X-2716
X-3936
X-4987

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. MSTZ
Lt. Colonel, QMG
Memorial Division

RGB

J.S.Ball:rlc
Salser
JW

NJS

cc--Administrative Section

GSGR 293.9

22 April 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-192	Unknown X-1569
X-1208	X-2426
X-1389	X-2716
X-1562	X-3936
X-1568	X-4987

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

FOR THE COMMANDING GENERAL:

10 INCLS:

QMC Forms 1044 with
Certificates of
Unidentifiability

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1569 (Formerly Unk X-81 Finsch # 2)				2. DATE OF REPORT 12 April 1949	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
					DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 6' 1 1/8"	10. COLOR OF HAIR U. T. D.	11. RACE UNKNOWN
--	---	--------------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

U. T. D.

14. WAS BODY BURNED? 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

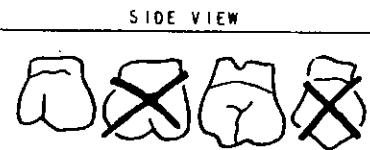
"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Received 9 MAY 49 OQMG
 Not identifiable from
 information presently
 available 12 MAY 49 1300

Incl # 5

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



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



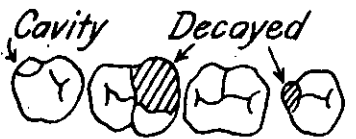
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

No loose teeth present with remains.

UNRECOVERABLE

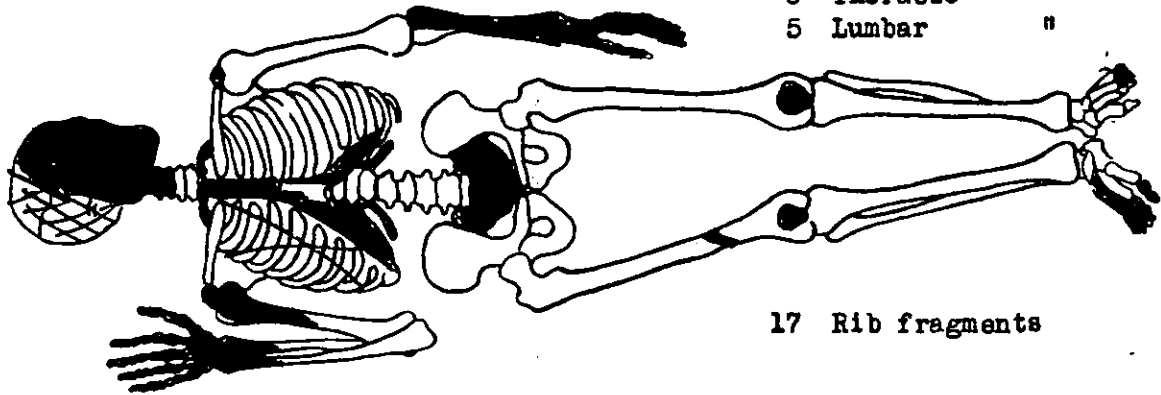
J. J. McDermott
J. J. McDERMOTT

REASON OF LACK OF IDENTIFYING DATA Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received:

- 2 Cervical vertebrae
- 6 Thoracic "
- 5 Lumbar "



17 Rib fragments

Estimated height: 6' 1 1/8"

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 - 7 lbs.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

James J. McDermott

IDENTIFICATION CHECK LIST

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

(Formerly Unk X-81
 USAF Cemetery #2,
 Unknown X-1568 Finsch. N.G.)

Cemetery **AGRS MAUSOLEUM Manila, P.I.**
 Plot **810** RANGER Row **A** BAY CRYPT Grave **156**

1. Arrived at CIP, AGRS MAUSOLEUM Manila, P.I. 10 Nov 47
(Hour) (Date)
2. Place of death Sanananda Road, N.G.
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by AGRS CMT # 2
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

N
O
N
E

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: **Remains are skeleton only -(Chart attached)**

Age _____ Height **Est. 6'1 1/8"** Weight **UTD** Description of wounds **UTD**

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, widows peak, distinctive cutting or other characteristics)

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

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 **Unobtainable** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of ~~head~~ **skull** in inches **UTD** (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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers (Unusual characteristics of fingernails)

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

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

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

Hernioplasty (Yes-no; location)

Legs (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 condition of remains.

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

Tooth chart impossible.

9. Remarks No I.D. tags, personal effects, or burial bottle

found with remains. No other means of identification found.

Estimated weight of remains 7 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/ Alton E. Jones
(Officer's Name)

SP-6 062812 AGRS
Rank Service

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

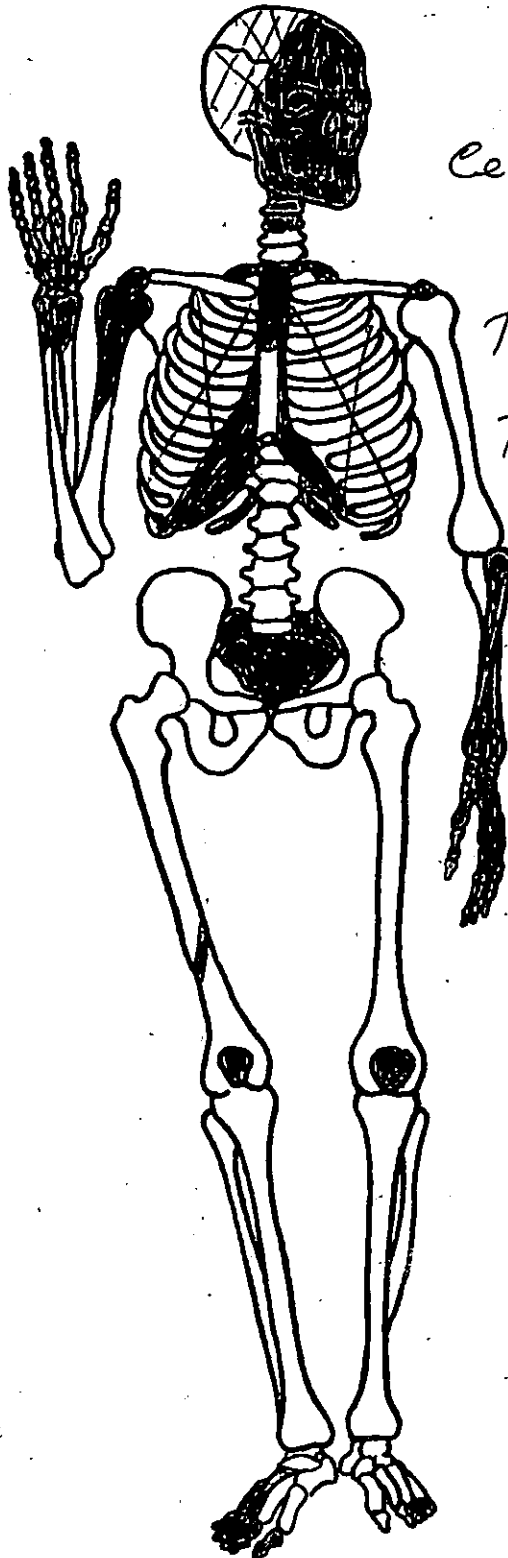
10 Nov 47

CERTIFIED TRUE COPY:
George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

SKELETAL CHART

X-1568
Formerly X-81

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Cervical Vert. (2 present)

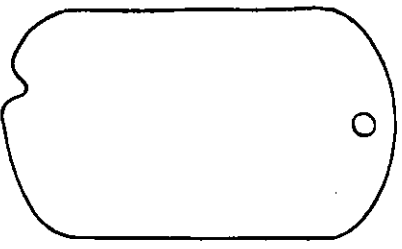
Fragment of Ribs (17 present)

Thoracic Vert. (6 present)

Lumbar Vert. 5 present

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

APR 5-1948

<i>Imprint Identification Tag If Possible. DO NOT TYPE</i> 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN X-1568 (Formerly Unk X-81 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 Sanananda Road, N.G.	CAUSE OF DEATH KIA	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

Received 9 MAY 49 OQMG
 Not identifiable from
 information presently
 available 12 MAY 49 1300

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 12 Nov 47	HOUR 0830	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. A	GRAVE No. 156
------------------------------------	---------------------	--	-------------------------------------	------------------------	---------------------	-------------------------

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, N.G.	PLOT No. ROW No. GRAVE No. 2290
---	---	---

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 Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-1545	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 158
--	------	------------	--------------	---

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-1535	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 154
---	------	------------	--------------	---

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

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
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OTHER IDENTIFICATION CLUES

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

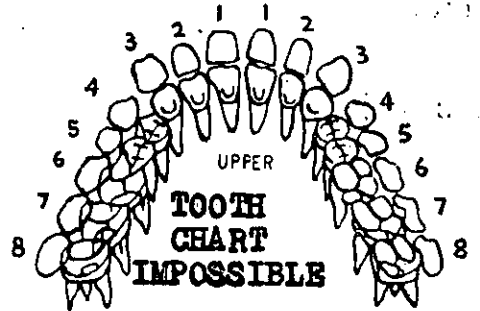
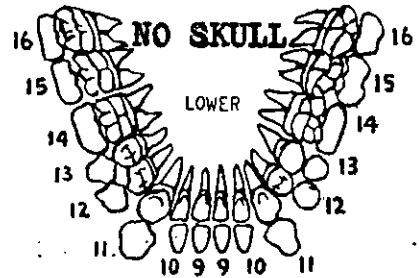
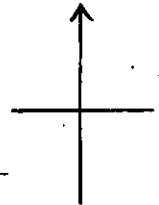


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Identification Check List accomplished

21 DEC 1947

RIGHT
LITTLE FINGER

RESTRICTED

CONFIDENTIAL

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

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

1159
1159

UNKNOWN X 81

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Sanananda Road, N. G.		Unknown			KIA
(Place of death)	(Date of death)	(Name of Cemetery)		(Cause of death)	
1000 Hrs., 2 April 1945		USAF CEMETERY FINSCHHAFEN #2, N. G.			
(Time and date of burial)	reburial		(Name of coordinates of location)		
Disinterred from grave #54	USAF Cemetery #1, Soputa, N. G.		X3		

2290

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Attached to marker	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Body buried on	RIGHT Baker, Thomas W.	38 083 185	Pvt	Co B 128 Inf	2291
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on	LEFT FARNSHAW, George L.	2 062 821	C.B.M.	455 USN	2289
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

8 No. 1247

RESTRICTED

IF DECEASED UNIDENTIFIED

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

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

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

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

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

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

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

Charles R Myers
CHARLES R. MYERS, LT., OMC.
(Verified by Army GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB

RECEIVED
3 JAN 1945

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

CONFIDENTIAL 0 1043 59

UNKNOWN X 3 Soputa Cemetery No. 1 Unknown *Card*
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Sanananda Road, N.G. Unknown K.I.A.
 (Place of death) (Date of death) (Cause of death)

April 3, 1943 U.S.T.C. No. 1, Soputa, N.G.
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

54 4 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

Remains of an Unidentified American Soldier disinterred from
 U.S.T.C. No. 2, Soputa, N.G., grave No. 36.

(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 HENDRICKS, Gilbert T., Pfc., 36155332, Co. K. 126 Inf., 55
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNIDENTIFIED AMERICAN SOLDIER 53
 (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

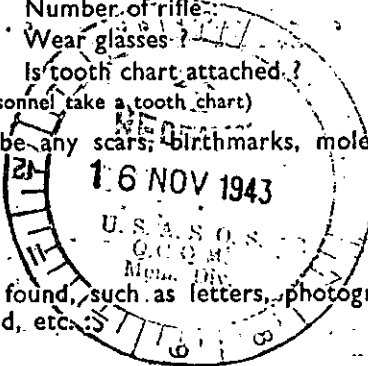
IF DECEASED UNIDENTIFIED

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. :



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. F. J. Winsor, GRS,

(Signature of officer or other person reporting burial)

Stewart W. Al...
STEWART W. AL... 1st Lt., QMC,

(Verified by Army GRS Officer)

48th QM. Co., GRS.

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RE
REPORT OF INTERMENT

CONFIDENTIAL 1159

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

293 *Sananananda* (Lincoln) (Par. 21d - TM 10-630)

UNIDENTIFIED AMERICAN SOLDIER
(Last Name) (First) (Initial)

Unknown
(Serial No.)

(Rank)

Unknown
(Organization)

Sananananda Road, N. G.
(Place of Death)

Unknown
(Date of Death)

K.I.A.
(Cause of Death)

April 3, 1943
(Time and Date of Burial)

U.S.T.C. #1, Soputa, N. G.
(Place of Burial - Name and No. of Cemetery, if in a cemetery)

54
(Grave No.)

4
(Row No.)

Temp Cross
(Plot No.) (Kind Grave Marker)

Buried with body
Attached to marker

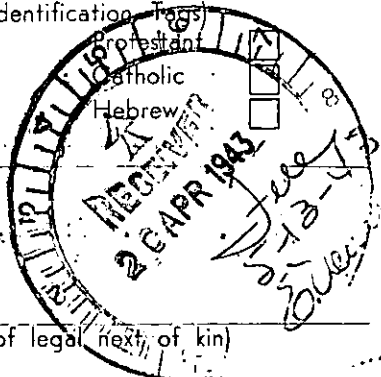
(Identification Tags)

Remains of an Unidentified American Soldier disinterred from
U.S.T.C. # 2, Soputa, N, G., grave No. 36.

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 ~~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— HENDRICKS, Gilbert T., Pfc., 36155332, Co K, 126 Inf., Grave No. 55.

On Left— UNIDENTIFIED AMERICAN SOLDIER, Grave No. 53.

S/Sgt. F. J. Winsor, GRS.

Signature of Officer or other person reporting Burial.

Stewart W. Abel

STEWART W. ABEL, 1st Lt., QMC.

Verified by Army G.R.S. Officer.

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

OMC Form
No. I-G-25

REPORT OF INTERMENT

UNIDENTIFIED - 473664

1159

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

393 New Guinea (Australia)

(Par: 21d TM 10-630)

<u>Unknown</u>			<u>unknown</u>		<u>unknown</u>
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)

<u>Sanananda Road, NG</u>	<u>unknown</u>	<u>K.I.A.</u>
(Place of Death)	(Date of Death)	(Cause of Death)

<u>9:00 A.M. Jan. 16, 1943</u>	<u>Soputa, No. 2 NG</u>
(Time and Date of Burial)	(Place of Burial - Name and No. of Cemetery, if in a cemetery)

<u>36</u>	<u>1</u>	<u>Cross</u>	Buried with body <input type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.) (Kind Grave Marker)	Attached to marker <input type="checkbox"/>
			Identification Tags <input type="checkbox"/>
			Protestant <input type="checkbox"/>
			Catholic <input type="checkbox"/>
			Hindu <input type="checkbox"/>

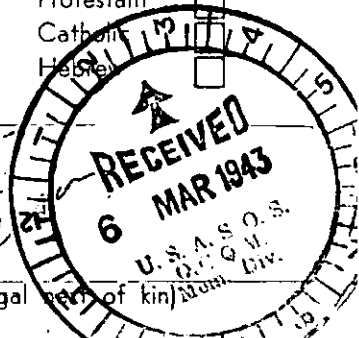
Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

UNKNOWN

(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

*Sub
5-7-44
Bla*



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

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

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4

List of personal effects and disposition of same

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

On Right—

On Left—

E. Kaplan G.R.S.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer.

JAMES T. McCONAUGHEY

2nd Lt. Q.M.C. Graves Reg. Officer

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