

/ebc 1	Interred 11 Oct 1949 N 14 58 Ft. Manley <i>Caremark</i> CARL R. H. MARK	DISINTERMENT DIRECTIVE	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		

NAME <i>293</i>	SERIAL NUMBER UNKNOWNX-000037	RANK <i>2nd Lt.</i>	ARM	DATE OF DEATH DAY MONTH YEAR
CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 10				DISPOSITION OF REMAINS CODE DIST. PT. 7701 80
PLOT	ROW	GRAVE 504	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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-1821 (MAUSOLEUM) UNK X-000037 (Finsch #2)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 17 May 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USN		RELIGION	IDENTIFICATION VERIFIED BY GERARD A. BRICK Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION Form #1 Report of Interment	Unknown X-37
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MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE **17 May 48** BY **GERARD A. BRICK**

CASKET SEALED BY GERARD A. BRICK	EMBALMER (Signature) <i>Gerard A. Brick</i> GERARD A. BRICK
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CASKET BOXED AND MARKED DATE 17 May 48 BY PLACIDO M. CASTILLO	SHIPPING ADDRESS VERIFIED BY AGUSTIN LIQUIGAN, 2nd Lt., FA
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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

Agustin Liquigan
AGUSTIN LIQUIGAN
BRANCH

FILE UNDER NO. 293 - Unk New Guinea X-37 (Finschhafen #1)

I N D E X S H E E T

LETTER

SYNOPSIS

2/1/47/1/1

1 Apr 47

FROM: OOIE
TO: CG, Philippine-Ryukyus Command, APO 707, San Francisco, Calif.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk (Miso) (Finschhafen #1) New Guinea

JW

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1821 (Formerly Unk X-37 Finschhafen No. 1)				2. DATE OF REPORT 5 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	H	2630	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

UTD

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"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>			
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>		<p>Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p>Cavity Decayed</p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
MANDIBLE								MISSING							
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."

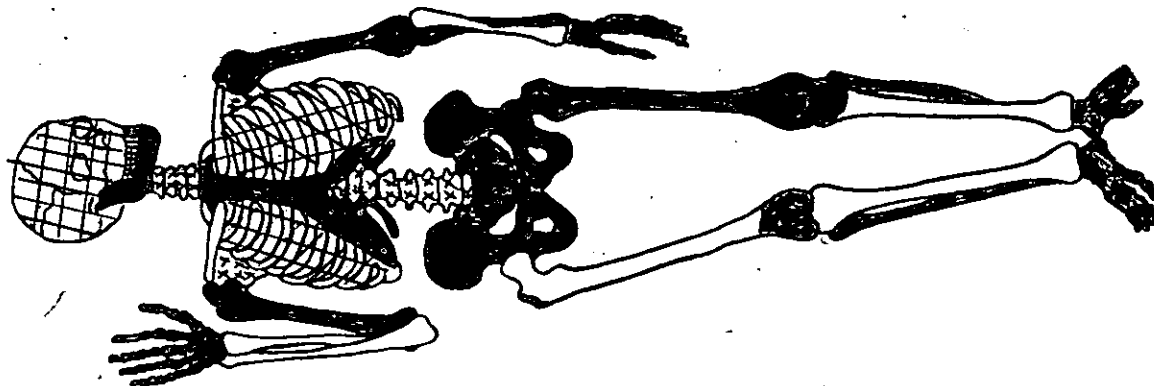
No loose teeth present with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, GIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 - 3 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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

5 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-37, Plot _____,
Row _____, Grave 504, USMC Finschhafen #1 _____ 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. McNEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 2/20/49 OQMG
Information from
presently
available 2/20/49

2/2/49

X-1821

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-1821 (Formerly UNK X-37)
USAF Cem #1, Finschhafen, N.G.)

21 Nov 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

- BTB Air Force

BTB Navy

Kulangi Area, ^{PHILIP}Kavieng,
New Ireland

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

810

H

2630

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

RANGER

BAY

CEXP

STORAGE
Maxilla missing

RIGHT UPPER TEETH LEFT







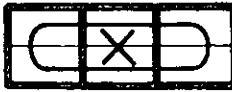








8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE															TYPE
LOCATION															LOCATION

INSIDE — LOOKING OUT
Mandible missing

RIGHT LOWER TEETH LEFT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Goatee
 (Light, color, extent)

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

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

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

Teeth
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Circumference of head in inches
 (Large, small, normal) (Hat band)

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

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

Hands
 (Unusual characteristics of fingernails)

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

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

Hernioplasty
 (Yes-no; location)

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

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

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

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

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

N 6060

RX 7

UNKNOWN X-37

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Believed to be USMAF)

KULANGI AREA - Kavlang, New Ireland

(Place of death)

(Date of death)

Plane Crash

(Cause of death)

1500 hrs 17 Oct. 46

(Time and date of burial)

USAF Cemetery No 1, Finschhafen, New Guinea

(Name of cemetery)

(Name or co-ordinates of location)

504

(Grave number)

(Row number)

(Plot number)

Cross-regulation w/plate

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

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

Religion

None, Remains recovered from isolated plane crash

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

Burial container with copy VD OMC Form 1042

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

Body buried on RIGHT NUMKEMA; George P.

(Name)

20 845 859

(Serial number)

S/Sgt.

(Rank)

Co F. 158 Inf. 505

(Organization) (Grave number)

Body buried on LEFT WINKLER, Henry B.

(Name)

20 211 386

(Serial number)

Sgt.

(Rank)

Co E. 108 Inf. 503

(Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

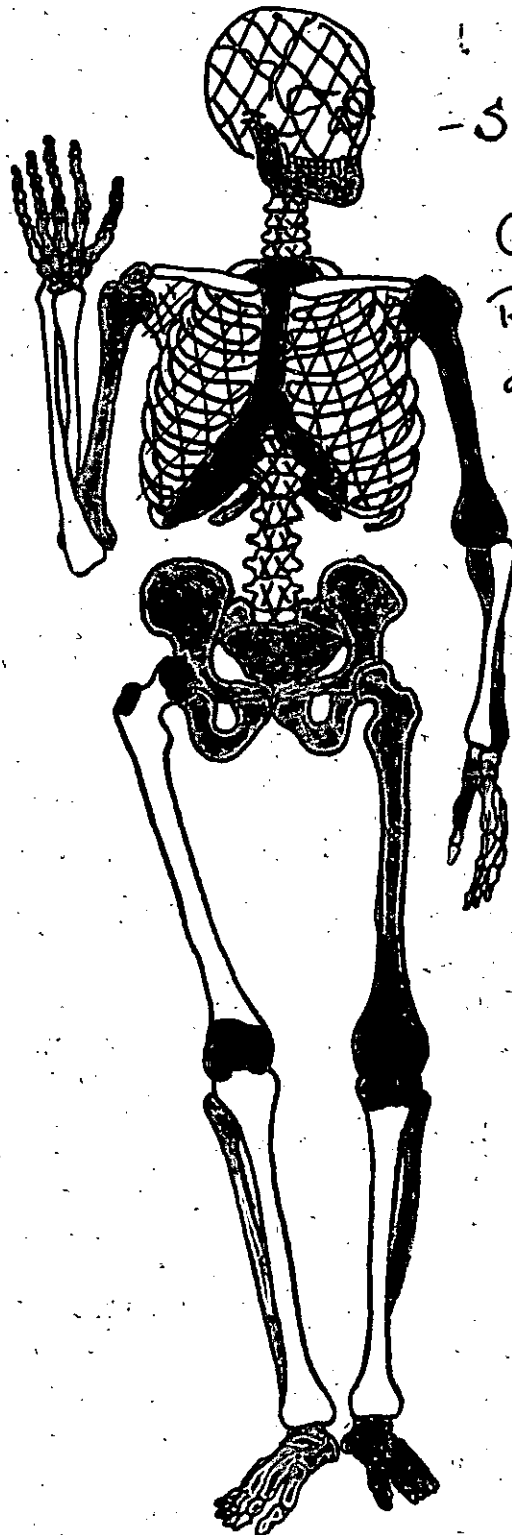
List only personal effects FOUND ON BODY and disposition of same: None

Price

SKELETAL CHART

X-1821

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- Skull fractured

Cervical Vert. fractured

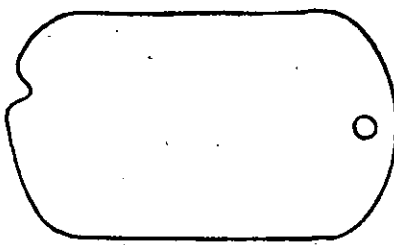

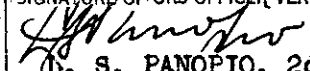
Ribs fractured

Thoracic fractured

Lumbar Vert. fractured

1.R.

CHART "A"

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT 24 Nov 47			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-1821 (Formerly UNK X-57 USAF Cemetery #1, Finschhafen, New Guinea)							
		GRADE Unknown		ORGANIZATION BTB Air Force		SERIAL No. Unknown			
		RACE Unknown		RELIGION Unknown		BRANCH OF SERVICE BTB Navy			
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY							
PLACE OF DEATH Kulangi Area, Kavieng, New Ireland		CAUSE OF DEATH Plane Crash				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)		RECORDS BRANCH 17 12 54 1948 MEMORIAL DIVISION							
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 23 Nov 47		HOUR 0900		BURIED IN (Shroud, blanket, or name of other) STONE Casket		TYPE OF GRAVE MARKER None	PLOT NO. RANGER 810	ROW No. BAY H	GRAVE No. GRYP 2630
WAS THIS A REBURIAL? (Yes or no) Yes RESTORED		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Finschhafen, New Guinea							
						PLOT No.	ROW No.	GRAVE No. 504	
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY File J. Walker 2/21/48 JAD					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STARRED Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STARRED UNKNOWN X-1823				RANK	SERIAL No.	ORGANIZATION	GRAVE No. STARRED 2632		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STARRED UNKNOWN X-1819-C				RANK	SERIAL No.	ORGANIZATION	GRAVE No. STARRED 2628		
SIGNATURE OF PERSON PREPARING REPORT  R. R. AGIERTO, Pvt				SIGNATURE OF GRS OFFICER VERIFYING REPORT  G. 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.									