

REPORT OF INTERMENT

U 386

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

~~RESTRICTED~~
(Par. 21d - TM 10-630)

Unknown, X-8		Unknown	Unknown	Unknown
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)
Unknown		Unknown	Unknown	
(Place of Death)		(Date of Death)	(Cause of Death)	
12 November 1944, USAF Cemetery No. 1, Lorengau, Manus Island, Admiralty Islands.				
(Time and Date of Burial)		(Place of Burial - Name and No. of Cemetery, if in a cemetery)		
2	6	2	Regulation Cross.	Buried with body <input type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	Attached to marker <input type="checkbox"/>
(Identification Tags)				

Religion - Unknown

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)

RESTRICTED

Fingerprints (right hand) if right hand missing furnish prints of left hand
(Required when positive identity cannot otherwise be established) (Part (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- Unknown, X-9, Grave No. 3.

On Left- End of row.

W. M. Nichols
W.M. NICHOLS, Cox, USN, 279-77-57

Lloyd S. Charters
LLOYD S. CHARTERS, Lt., ChC, USNR.

Signature of Officer or other person reporting Burial.

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.

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

RESTRICTED

U-306

UNKNOWN **X** **108**
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

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

1000 hrs 20 April 1945 USAP CEMETERY #2 F1 SCHIAFEN, NU
(Time and date of burial) **REBURIAL** (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave B Row 6 Plot 2 USAP CEM. #1 LORENGAN (AI) *On Unknown X-8*

2378 **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** **HAAS, Leonard A C 769 290 2d Lt 304 B Sq** **2378**
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** **MARGTRA, Patsy J 33 518 883 Pvt Co C 27th Eng** **2374**
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

None-reinterment

8 No. 1247

incl 1005

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.

[Signature]
G. H. Smith, S/Sgt, HQ-GRS

(Signature of officer or other person reporting burial)

J. G. RAKOVIC, CAPT. A.C.
(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

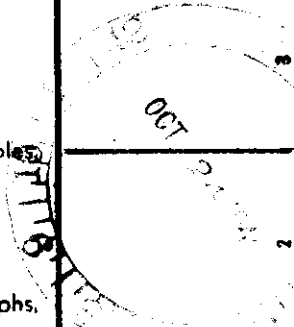
4

3

2

1

THUMB



APR 5 - 1948

RESTRICTED

V-386

U 386

/amr

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

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

STORAGE

DATE OF REPORT

2 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-3115 (Formerly UNK X-106
USAF Cem #2 Finsch New Guinea)

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

Unknown

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

RECORDED
JAN 29 12 34 PM '48
MEMORIAL BRANCH

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

GRS MAUSOLEUM, MANILA, F.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
29 Dec 47	0900	STORIED Casket	None	813	B	401

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cem #2, Finschhafen, New Guinea			2375

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3117				CRYPT 403

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3113				399

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
R R ACIERTO, Pvt	L S PANOPLO, 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.

RESTRICTED

Jan 1956

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


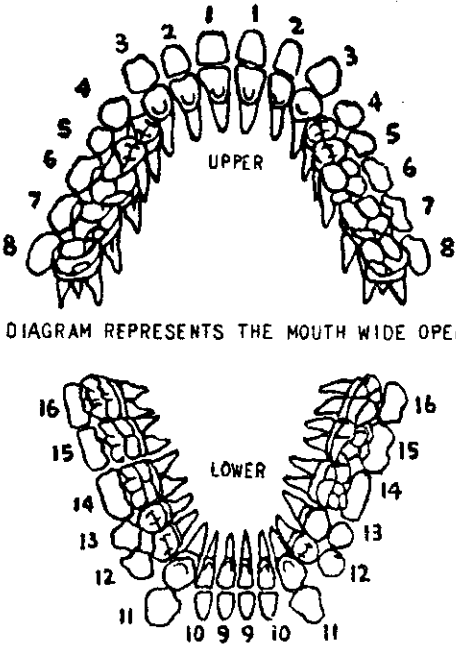




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

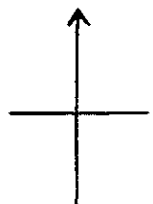
LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

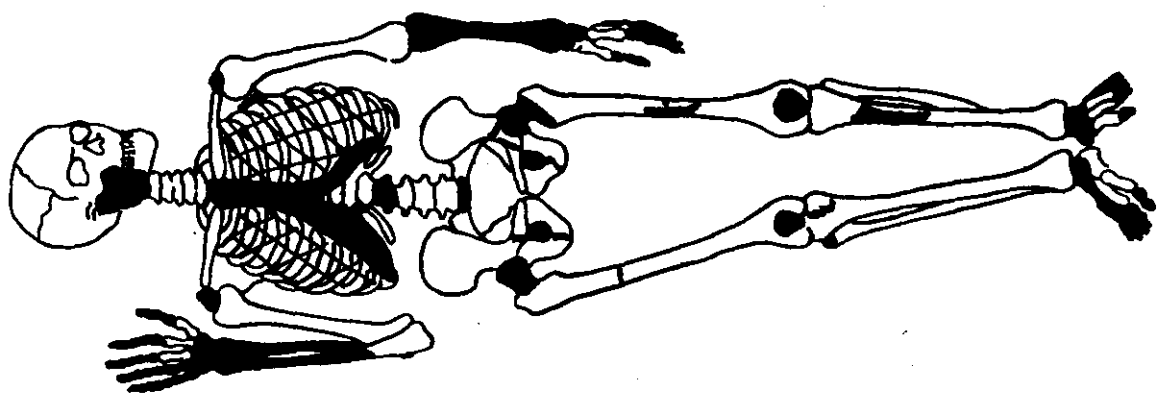
FILLINGS	 SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

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



REMARKS: QMC Form 1044, 1044A and 1044B accomplished.

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

Missing
1 cervical vertebrae
4 thoracic vertebrae
2 lumbar vertebrae
Rib fragments
Circumference of skull is 20"

CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
2d Lt MSC

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

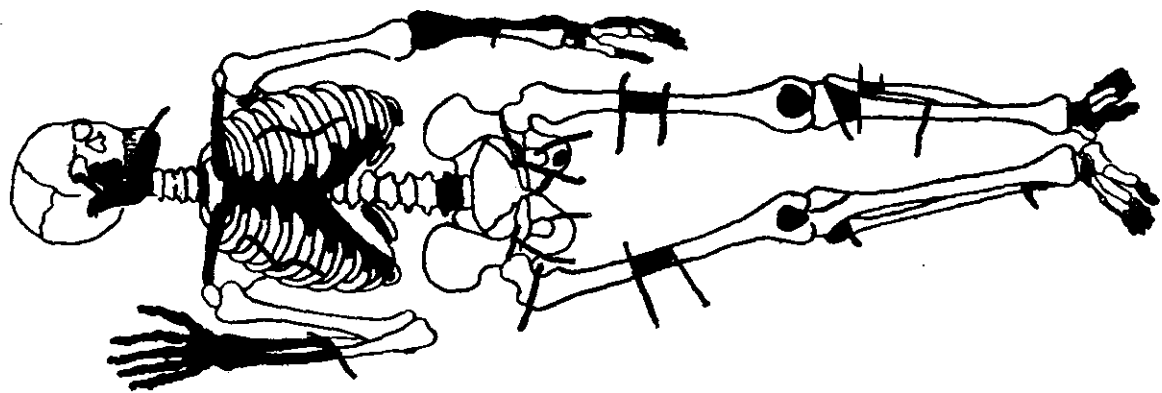
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
/p/ JUAN R CUENO S-8-A Emb's Aide
CIP, Laboratory, Manila, P.I.

SIGNATURE
/s/ Juan R Cueno
Emb's Aide S-8-A

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
UNKNOWN X-3115 (Formerly UNK X-106 USAF Cem #2 Finsch New Guinea)				29 Dec 47	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
AGRS Mausoleum, Manila, P.I.		813	B	401	DISINTERMENT 23 Oct 47
					REINTERMENT 29 Dec 47
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR	
UTD		UTD		UTD	
11. RACE					
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 ?			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
15. WAS BODY MANGLED ?		TO WHAT EXTENT ?			
<input type="checkbox"/> YES <input type="checkbox"/> 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)					
No clothing nor any personal effects found with remains.					

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

Height estimate by humerus only:

Kollet:	165	65.96	5' 5"
Krogman:	172	67.72	5' 7 5/8"
Pearson:	165	64.96	5' 5"

FLUOROSCOPIC EXAMINATION UNNECESSARY.

TEETH COUNTED.

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
C. W. KELLEY, CAPT., CAC

SIGNATURE
C.W. Kelley

CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS: Unknown A-106 (A-3115 Manilahaus)			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: Finsch #2 Final Type			
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		
SEC. MAX. & TEETH MISSING								DRIFT ← A L A O									
Side Views																	Side Views
Top Views																	Top Views
Side Views																	Side Views
SEC. MAND. & TEETH MISSING								FD → SEE NOTE ← DRIFT ← A O A O									
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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

- Remarks:
- L-11 is in a facial version and L-10 and L-12 have almost drifted to a point of contact.

DRM

200

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-106 Finsch #2 (X-3115 Manila, P.I.)				2. DATE OF REPORT 14 July 1949	
3. NAME OF CEMETERY U. S. Army Mausoleum Formerly of Finsch #2		Final Type	4. PLOT Box 741	5. ROW	6. GRAVE
					7. DATE OF DISINTERMENT 14 Jul '49
					REINTERMENT 14 Jul '49

PHYSICAL DESCRIPTION Age: 22 to 24 years.

8. ESTIMATED WEIGHT 131 to 156 Lbs.	9. ESTIMATED HEIGHT 5' 5" - 5' 7 5/8"	10. COLOR OF HAIR None found.	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed tag on outside case reads: Unknown X-106, Finsch #2, X-3115 MSLM.
 One (1) duplicate I.D. tag with remains reads: Unknown X-3115, AGRS Mausoleum, Manila, P.I., formerly X-106, Finsch No. 2.

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

None

CYRIL C. DISNEY

1st Lt. RA O-1167395

Cyril C. Disney 21 July 49

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Multiple fractures of most long bones.
--	---

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

Received *21 July 49* OQMG
 Not identifiable from
 information presently
 available *4 Aug 49*

Incl 2

1

NATIONAL MEMORIAL CEMETERY

Interred: 17 Nov 49
987

DISINTERMENT DIRECTIVE

Alvan C. Baker

Cemetery Superintendent

ALVAN C. BAKER
OFFICE NUMBER

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

6911 00252

DATE
15 01 48
DAY MONTH YEAR

NAME

272

UNKNOWNX-000106

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

BRITISH GUINEA USAF FINSCHAFFEN NO 20

DISPOSITION OF REMAINS
7701 90
0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

2375 NEW GUINEA

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

~~MANILA, PHILIPPINE ISLANDS~~
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC
(BY ADMINISTRATIVE ORDER) HONOLULU
T.H.

NAME AND ADDRESS OF NEXT OF KIN

AUTH: WCL 49410

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNK X-000106

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNK X-3115 - Maus. No.

22 Sept 48

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

CLIFFORD INGROVILLE
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

One Identification tag - UNK X-3115 - Maus.

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 48

BY CLIFFORD INGROVILLE

CASKET SEALED BY

CLIFFORD INGROVILLE

EMBALMER (Signature)

Cliff Ingroville
CLIFFORD INGROVILLE

CASKET BOXED AND MARKED

DATE 22 Sept 48 BY HORACE L. ALLISON, Sgt, Inf

SHIPPING ADDRESS VERIFIED BY

TEOFILO M. AMUTAN, 1st Lt., Inf.

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

Teofil M. Amutan
TEOFILO M. AMUTAN, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

REMAINS FINAL TYPE CASKETED IN MARBO ZONE

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.

23 Oct 47
DATE

UNKNOWN X 106
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT USAF Cem. #2, ORGANIZATION
Finschhafen, N.G. PLACE OF BURIAL PLOT ROW GRAVE NO. 2375

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

Missing

INSIDE — LOOKING OUT

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

Missing

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> X </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> X </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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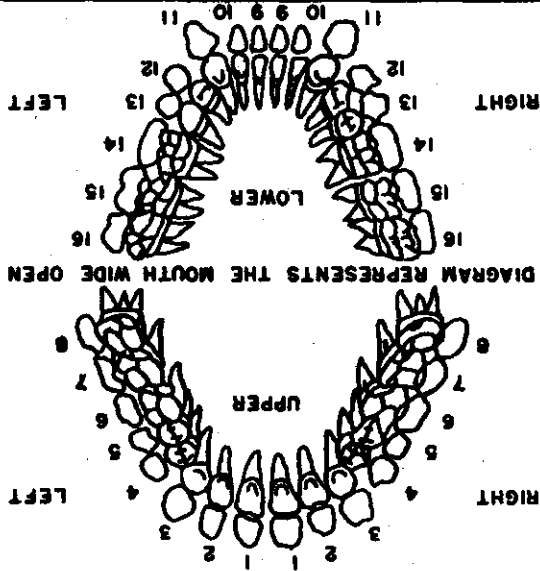
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Andrew L. Morgan

VERIFIED BY GRS OFFICER

ANDREW L. MORGAN, Asst. Stent-Embalmr, CELESTINO E. ABELLAR, 2nd Lt. FA
NAME AND RANK TYPED OR PRINTED

USAF Cem. #2, Finschhafen, N.G.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE
23 Oct 47

AIR MAIL

COPY

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
PRPFC 293

SUBJECT: Resolution of Unidentified Remains

JUL 25 1949

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

1. Inclosed herewith four (4) QMC Forms 1044 for USAF Cemetery Finschhafen #2, New Guinea, stamped and signed in accordance with letter, DA OCMG (MGMU 293 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

FRANK M. GREEN, JR.
Major, QMC
Chief, RR Div

4 Incls

1. QMC Form 1044-1044a-
1044b-Y-4203
2. QMC Form 1044-1044a-
1044b-Y-3115
3. QMC Form 1044-1044a-
1044b-Y-3098
4. QMC Form 1044-1044a-
1044b-X-3101

COPY

AIR MAIL

A I R M A I L

QMGMT 293

1st Ind.

GIS Far East

SUBJECT: Identification of World War II Deceased

Dept. of the Army, OQMG, Washington 25, D. C., 4 August 1949

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

Recommendations of unidentifiability for the following Unknown remains,
now stored at US Army Mausoleum, T. H., have been approved by this Office:

AGRS Mausoleum, Manila, NO. USAF Cemetery #2, Finschhafen, N.C. NO.

X-4203

X-3115

X-3098

X-3101

X- 12

X-106

X-110

X-117

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

A I R M A I L

Call
293-Sub-New Guinea (misc)
Finsehofen #2
X-12 X-106 X-117 X-110

COMM UNIT OF ARMY WASH DC

UNCLASSIFIED

COMMENSAPAC FT SHAFTER TN

SECRET

37042

37969

wol 49410

FR COMM TRAD # 37042 AND # 37969

NOTE IS GRANTED TO AMEND DE INTEREST DIRECTIVES FOR THIS XRAY 12 CIA
XRAY 106 CIA XRAY 117 AND XRAY 110 FINSEHOFEN NO 2 GROUPS CONSIDER AS BEING FOR
SUCH USES ARE UNIDENTIFIABLES

37042 IS BE IN NO 66064 (27 JUL 49)

37969 IS BE IN NO 50433 (1 SEP 49)

UNCLASSIFIED

GRATIS

COMM ARCHIVE I-3057
293 GCS PACIFIC

201001
Oct 29

M. R. HENNER
1ST LT, GCS MEN DIV

X 293 Sub - New Guinea X-106 (Finsehofen) #2

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Untk. Anschaffen #2 X12, X 106,
V110, X117

SYNOPSIS AND DATES

Miss now filed

NEW CLASSIFICATION 293. Untk. Anschaffen #2 X12.

10/11/68

Es.

RECLASSIFICATION SHEET

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Cont. Fenschhafen #2 X-106

SUBJECT

Also Manila Mass. X-3115

GNC FORM 1121
1 Aug 45