

DISINTERMENT DIRECTIVE

6

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4996 02006

DATE

13 02 50  
DAY MONTH YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-104

GRADE

ARM  
8

RACE  
O

RELIGION  
6

CEMETERY  
KALAIKUNDA - INDIA

PLOT  
8

ROW  
5

GRAVE  
1892

DISPOSITION OF REMAINS  
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NATIONAL MEMORIAL CEMETERY OF THE  
PACIFIC, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS	UNKNOWN			NAME AND TITLE
<input type="checkbox"/> MARKER				

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: \_\_\_\_\_ CONDITION OF REMAINS: \_\_\_\_\_

OTHER MEANS OF IDENTIFICATION: \_\_\_\_\_

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS UNIDENTIFIABLE  
PERMANENTLY INTERRED IN NAT'L MEM CEM OF THE PACIFIC, T. H., PLOT M,  
GRAVE 198.

HAS FILE  
SENT MAR 17 1950  
NAME J. Twigg  
S & R BR.

DISINTERMENT DIRECTIVE

2

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4996 02006

DATE

13 03 50  
DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

X-104

GRADE

ARM

8

RACE

0

RELIGION

6

CEMETERY

KALAIKUNDA - INDIA

PLOT

8

ROW

S

GRAVE

1892

DISPOSITION OF REMAINS

0492  
CODE

64  
DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NATIONAL MEMORIAL CEMETERY OF THE  
PACIFIC, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE  
PERMANENTLY INTERRED IN NAT'L MEM CEM OF THE PACIFIC, T. H., PLOT M,  
GRAVE 198.

NAZ  
FILE

SENT MAR 17 1950

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

111'S

111'S

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

## 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		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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
INDIA-BURMA ZONE  
APO 465  
c/o Postmaster, New York, N. Y.

WCH/mkm

Calcutta, India  
7 August 1947


314.6 (7 Aug 47)

SUBJECT: Examination of Human Remains.

TO : Commanding Officer, Hq American Graves Registration  
Service, India-Burma Zone, APO 465.

1. The remains of Parvin NMI Cook, interred in Plot 8, Row S,  
Grave 1892, of the U.S. Military Cemetery, Kalaikunda, India, were  
examined on 30 July 1947, and the following were identified:

- 1 Complete Skeleton
2. Identification Dental Chart was accomplished.
3. The individual was 5'10" in height, and weighed approximately  
140 lbs.

  
W. C. HILDERMAN,  
Captain, M.C.  
Surgeon.

file  
13 Jan 47  
R. Jackson  
gjt

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-104</b>	2. DATE OF REPORT <b>5 March 1948</b>
---------------------------------------	--

3. NAME OF CEMETERY <b>Kalaikunda, India</b> <b>U. S. Army Mausoleum # 2.</b>	4. PLOT <b>8</b>	5. ROW <b>S</b>	6. GRAVE <b>1892</b>	7. DATE OF	
	<b>Box</b>	<b>1960</b>	DISINTERMENT <b>5 Mar 48</b>	REINTERMENT <b>5 Mar 48</b>	

PHYSICAL DESCRIPTION **Age 22 to 24 years.**

8. ESTIMATED WEIGHT <b>150 to 160 lbs.</b>	9. ESTIMATED HEIGHT <b>174.0 -68.5 - 5' 8 1/2"</b>	10. COLOR OF HAIR <b>U.T.D.</b>	11. RACE <b>Probably White</b>
---	---	------------------------------------	-----------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Kalaikunda, India P-8, R-S, Gr-1892**

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

**None**

**U N I D E N T I F I A B L E**

**BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**

<b>F. H. WATERS</b>	<i>F.H. Waters</i>	<i>11 Jan. 1949</i>
<b>Capt. Sp. S. 0-240085</b>		

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>All bones eroded.</b> <b>Skull disarticulated, pubis missing, ribs fractured.</b>

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**

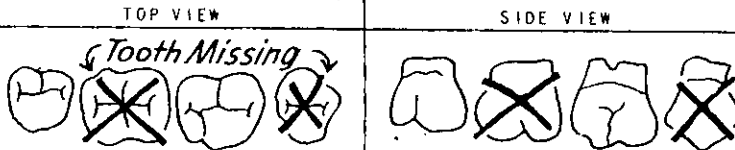
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**None**

*Incl 20*

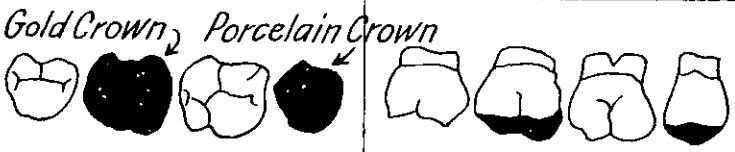
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

**X-104**

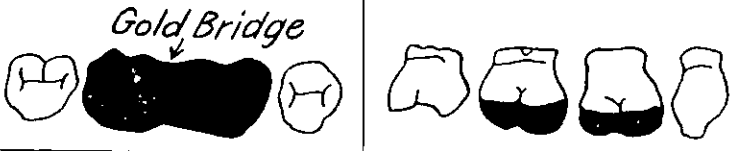


**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

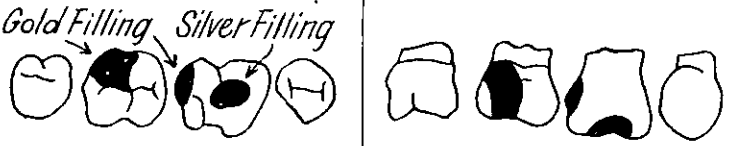
**Kalaikunda, India**



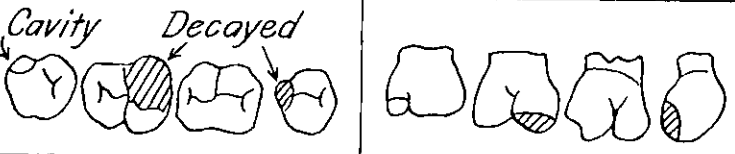
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



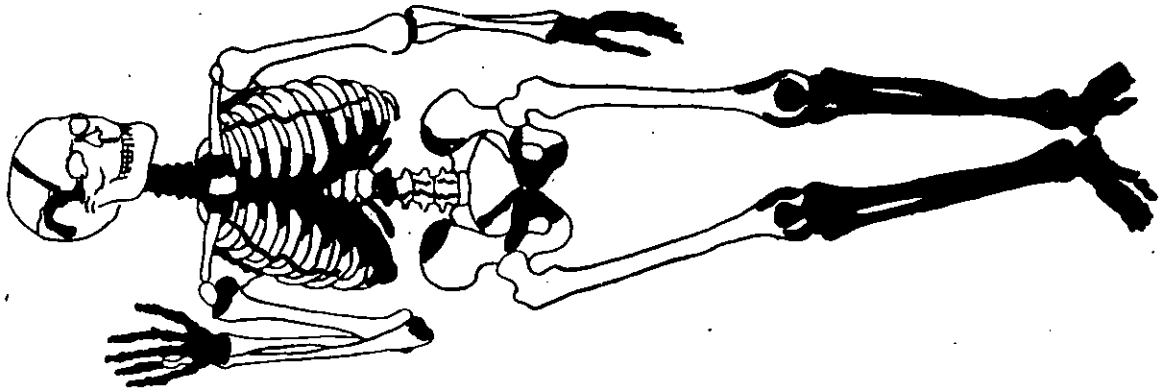
		RIGHT								LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			⊙	⊙													
Side Views		⊙							⊙								⊙
Top Views	UPPER																
	LOWER																
Side Views									⊙								⊙
			R	See Remark											Drift ←		⊙
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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:**

- Looks like there was a filling in R-14 on the lingual, occlusal and facial surfaces.

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

No extra parts.

\_\_\_\_\_/s/ Paul L. Gravenor  
 Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a medium sized slender built young man of 22 to 24 years of age.  
 The skull is very small and oval in shape.  
 The vault is low and the highest part at obelion (above lambda.)  
 The backhead has moderate projection.  
 The forehead is high with little slope.  
 The face is short and narrow.  
 The nasal bridge is high, narrow, and probably straight.  
 The mouth parts present alveolar prognathism.  
 The palate is narrow, high and very smooth.  
 The angle of the lower face is fairly long and the chin structure is very light, shallow, and is prominent, forming a narrow bilateral chin eminence.  
 ✓Due to the absence of cervical vertebra it can not be demonstrated that the cranium goes with the post-cranial remains.  
 Fluoroscopic examination unnecessary. Teeth charted.

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  
 O. W. GREENWOOD, CAPT., QMC  
 CENTRAL IDENTIFICATION LABORATORY  
 AND MAUSOLEUM, APO 957

SIGNATURE  
 /s/ O. W. Greenwood  
 O. W. GREENWOOD

**CENTRAL IDENTIFICATION LABORATORY  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	50.5	Disarticulated at sutures not fractured.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	8		Eroded.
	LUMBAR	4		No. 1. missing.
SACRUM		1		Eroded.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM (25.0)	Eroded - Pubis missing.
	LEFT	1		" " "
RIBS		17		Eroded and fractured.
STERNUM		1		Manubrium only eroded.
CLAVICLES	RIGHT	1	15.1	Eroded.
	LEFT	1		"
SCAPULAE	RIGHT	1		"
	LEFT	1		"
HUMERI	RIGHT	1		Head missing, eroded.
	LEFT	1	34.0	Eroded.
RADII	RIGHT	1		"
	LEFT	1	25.0	"
ULNAE	RIGHT	1	26.7	"
	LEFT	1	26.2	"
HANDS	RIGHT	1		All missing except 4th eroded metacarpal
	LEFT	0		Missing.
FEMORA	RIGHT	1	47.2	Eroded.
	LEFT	1	48.0	Eroded.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO 45.5	APPROXIMATE AGE (in years) 22 to 24
ESTIMATED HEIGHT $\frac{174.0}{5' 8 \frac{1}{2}''}$ $\frac{68.5}{5' 8 \frac{1}{2}''}$	LEG-HIP BR RATIO 54.0
ESTIMATED WEIGHT 150 to 160 lbs.	

ENCLOSURE TO: X-104 Kalaikunda, India

/s/ Paul L. Gravenor  
PAUL L. GRAVENOR  
Lab. Supervisor  
ANTHROPOLOGIST



# IDENTIFICATION DENTAL CHART

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

7 August 1947  
DATE

COOK, Parvin, (NMI)  
LAST NAME FIRST INITIAL

Pfc 35725779  
RANK SERIAL NO.

475th Infantry,  
ORGANIZATION
















Myitkyina, Burma. Kailaikunda, India 8 S 1892  
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

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

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	B						P					X		TYPE
LOCATION	O	B						P					X		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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 Broken	 FACIAL (TOWARD CHEEK)

INCR #2

*file # 13  
Dow # 18  
P. J. Anderson  
JH*

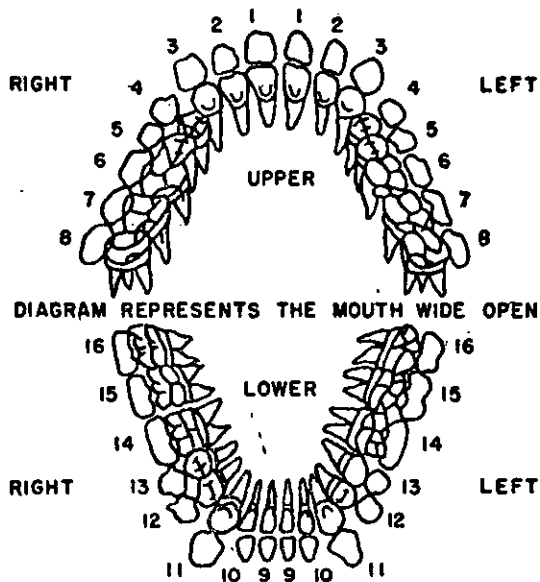
**INSTRUCTIONS:**

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:**

*W. C. Hilderman*  
SIGNATURE OF PERSON WHO PREPARED CHART

W. C. HILDERMAN, Capt. MC.  
NAME AND RANK TYPED OR PRINTED

Kalaikunda, India.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*Harry L. Bowen*  
VERIFIED BY GRS OFFICER

HARRY L. BOWEN, Capt. AGD.  
NAME AND RANK TYPED OR PRINTED

7 August 1947  
DATE

# DISINTERMENT DISCREPANCY REPORT

(THIS FORM TO BE COMPLETED ONLY IN CASE WHERE DISCREPANCY IS SUCH THAT IDENTITY MAY BE IN ERROR)

REPORT NO. <b>7</b>	DIRECTIVE NO. <b>1966</b>
DISINTERMENT DATE <b>23 Oct 47</b>	

### A. INFORMATION SHOWN ON DISINTERMENT DIRECTIVE (QMC FORM 1194)

NAME <b>COOK, Parvin</b>	RANK <b>Pfc</b>	SERIAL NUMBER <b>35725779</b>	ARM OR SERVICE <b>INF</b>	DATE OF DEATH <b>28 Jun 44</b>
COUNTRY <b>India</b>	CEMETERY <b>Kalaikunda</b>	PLOT <b>8</b>	ROW <b>8</b>	GRAVE <b>1892</b>

### B. INSCRIPTION ON MARKER

NAME <b>COOK, Parvin</b>	RANK <b>Pfc</b>	SERIAL NUMBER <b>35725779</b>	ORGANIZATION <b>475th Inf</b>	
DATE OF DEATH <b>28 Jun 44</b>	FAITH <b>Baptist</b>	PLOT <b>8</b>	ROW <b>8</b>	
GRAVE <b>1892</b>				

### C. INFORMATION ON REMAINS DISINTERRED FROM THIS GRAVE (IF MORE THAN ONE, LIST HERE)

NAME	RANK	SERIAL NUMBER	ORGANIZATION

IF NO IDENTIFICATION TAG WAS FOUND ON REMAINS, GIVE DETAILS THAT INDICATED DISCREPANCY

**Parvin Cook recovered from Myitkyina Battlefield in isolated grave, identified by Dog Tags and Identification Bracelet - reburied in Plot 3, Row W, Grave 31, U.S. Military Cemetery, Barrackpore, India.**

REMAINS BURIED ON DECEASED LEFT: NAME (LAST, FIRST, MIDDLE INITIAL)	RANK	SERIAL NUMBER	GRAVE NUMBER
<b>AVOLA, Salvatore P.</b>	<b>S/Sgt</b>	<b>11024259</b>	<b>1891</b>
REMAINS BURIED ON DECEASED RIGHT: NAME (LAST, FIRST, MIDDLE, INITIAL)	RANK	SERIAL NUMBER	GRAVE NUMBER
<b>CATO, James E.</b>	<b>Cpl</b>	<b>34710367</b>	<b>1893</b>

### D. ACTION TAKEN TO CORRECT DISCREPANCY

*file  
13 Jan '48  
R. Jackson  
1947*  
**Lester E Barlow**

DATE <b>23 October 1947.</b>	AGRS INSPECTOR (SIGNATURE) <b>LESTER E. BARLOW, Capt., Inf.</b>
---------------------------------	--

RESTRICTED

QMC Form 1042  
(Rev. 1 Apr. 1948)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT  
23 March 1948

Imprint Identification Tag If Possible.  
DO NOT TYPE

**REINTERMENT**  
Corrected Report

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unknown X-104. (Formerly Parvin Cook, 35725779, Pfc)		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 Hyitkyina, Burma	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) See Remarks	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See par 4, 1st Ind, OQMG, QMGMT 293 Cook, Parvin, SN 35 725 779 11 Mar 1948, on Ltr, AGPS, I-B Zone, 10 Dec. 1947
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
Unknown

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
US Army Mausoleum, Schofield Barracks, T. H.

DATE OF BURIAL 24 Feb 1948	HOUR	BURIED IN (Shroud, blanket, or name of other) Metal Lined Casket	TYPE OF GRAVE MARKER ---	PLOT No. Storage location of remains not completed	ROW No.	GRAVE No.
-------------------------------	------	---	-----------------------------	---	---------	-----------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Military Cemetery, Kalaikunda, India	PLOT No., 8	ROW No. S	GRAVE No. 1892
--	--	----------------	--------------	-------------------

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) ----
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable, due to	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storage.	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT G. PAGE, Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT CYRIL C. DISNEY, 1st Lt. CAC
--	---

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.

Incl 1

RESTRICTED

RESTRICTED

Section 3. 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

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

REMARKS:

In reference to Identification Tags, attention is invited to par 2, Ltr, AGRS, India-Burma Zone, 293 (10 Dec 47), subj: Transmittal of Report of Reinterment, 10 December 1947, and notations on QMC Form 1042, dated 23 Jan 1946, which contradicts GR Form #1 - it would appear this is a typographical discrepancy; i.e. notations should be reversed.

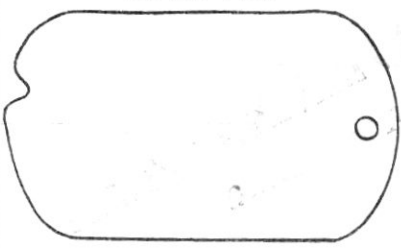
**RESTRICTED**

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>29 March 1948</b>
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.			
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; transform: rotate(-15deg);"> <b>REINTERMENT</b>                      Corrected 10/2/48                 </div>	NAME (Last, first, middle initial) <b>Unknown X-104 (Formerly Parvin Cook, 35729779, Pfc)</b>		SERIAL NO. <b>Unknown</b>		
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>		
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
	PLACE OF DEATH <b>Myittha, Burma</b>		CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH <b>Unknown</b>
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>See Remarks</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>See par 4, 1st Ind, COMD, QMGR 293 Cook, Parvin, SN 35 729 779                  11 Mar 1948, on Ltr, ACHS, I-B Zone, 10 Dec. 1947</b>			
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>No</b>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>Unknown</b></p>					
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>US Army Mausoleum, Schofield Barracks, F. H.</b></p>					
DATE OF BURIAL <b>24 Feb 1948</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Metal Lined Casket</b>	TYPE OF GRAVE MARKER <b>---</b>	PLOT No.    ROW No.    GRAVE No. <b>Storage location of remains not completed</b>	
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center"><b>US Military Cemetery, Kalakunda, India</b></p>			PLOT No.    ROW No.    GRAVE No. <b>8            8            132</b>	
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)				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable, due to</b>		RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storage.</b>		RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT <b>G. PAGE, Clerk</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>MYRIL O. DISNEY, 1st Lt. CAS</b>		

**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.

*Incl 12*

**RESTRICTED**

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>23 March 1948</b>	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <b>Unknown X-104 (Formerly Parvin Cook, 35725779, Pfc)</b>				
		SERIAL NO. <b>Unknown</b>				
GRADE <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>		
RACE <b>Unknown</b>		RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Myitkya, Burma</b>		CAUSE OF DEATH <b>Unknown</b>			DATE OF DEATH <b>Unknown</b>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>See Remarks</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>See par 4, 1st Ind, OQMD, QMGHP 293 Cook, Parvin, SN 35 725 779 11 Mar 1948, on Ltr, AGRS, I-B Zone, 10 Dec. 1947</b>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>No</b>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>Unknown</b></p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>US Army Mausoleum, Schofield Barracks, T. H.</b></p>						
DATE OF BURIAL <b>24 Feb 1948</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Metal Lined Casket</b>	TYPE OF GRAVE MARKER <b>---</b>	PLOT No.	ROW No.	GRAVE No. <b>Storage location of remains not completed</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center"><b>US Military Cemetery, Kalakunda, India</b></p>					
TYPE OF RELIGIOUS CEREMONY <b>----</b>		PERSON CONDUCTING BURIAL RITES <b>----</b>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY		
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>----</b>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>----</b>				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable, due to</b>			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storage.</b>			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT <b>G. PAGE, Clerk</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>CYRIL O. DISNEY, 1st Lt. CAC</b>			

**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.

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**Section 3. 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**

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



**REMARKS:**

**In reference to Identification Tags, attention is invited to par 2, Ltr, AGRS, India-Burma Zone, 293 (10 Dec 47), subj: Transmittal of Report of Reinterment, 10 December 1947, and notation on QMC Form 1042, dated 23 Jan 1946, which contradicts GR Form #1 - it would appear this is a typographical discrepancy; i.e., notations should be reversed.**

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



**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 21 July 1949	
Imprint Identification Tag If Possible. DO NOT TYPE  <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content;">                     Plotted 4-104                      [Signature]                 </div>		Section 1.—IDENTIFICATION.				SERIAL No. Unknown	
		NAME (Last, first, middle initial) Unknown X-104 (Kalaikunda) (Unidentifiable)		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		GRADE Unknown		RACE Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
		CAUSE OF DEATH Unknown		RELIGION Unknown		DATE OF DEATH Unknown	
PLACE OF DEATH Myitkyina, Burma		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)  UNIDENTIFIABLE					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes							
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 National Memorial Cemetery of the Pacific, Honolulu T. H.							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
22 June 1949	1000	Permanent Type Casket	Cross	M		198	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Military Cemetery, Kalaikunda, India			PLOT No. 8	ROW No. S	GRAVE No. 1892	
TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Eugene L.A. Fisher, Chaplain Albert F. Click, Chaplain		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY  Not File 9-23-49 L.M.H.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Morris, Emmett E.		RANK CPL	SERIAL No. 6887300	ORGANIZATION USAAF	GRAVE No. 175		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Pickard, Maurice V.		RANK CPL	SERIAL No. 513099	ORGANIZATION USMC	GRAVE No. 221		
SIGNATURE OF PERSON PREPARING REPORT [Signature] Margaret E. Parry, Chief Clerk, HQDC			SIGNATURE OF GRS OFFICER VERIFYING REPORT [Signature] James B. Harris, Captain, QMC				
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 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


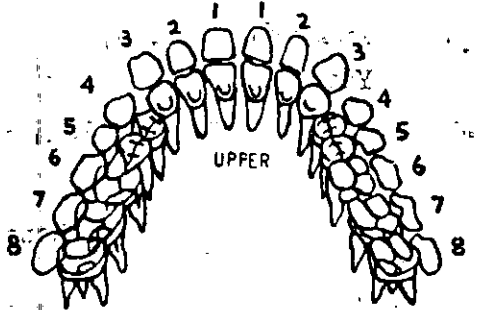
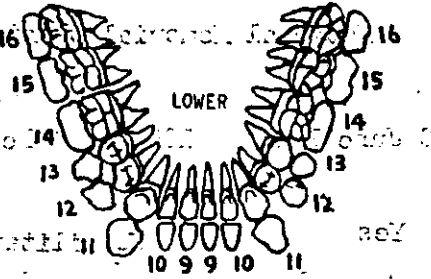




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

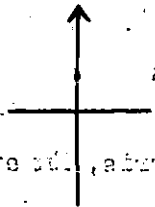
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

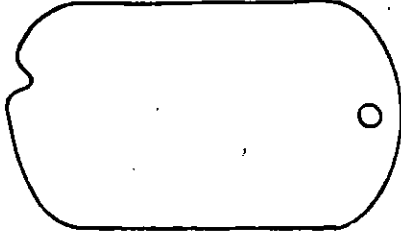
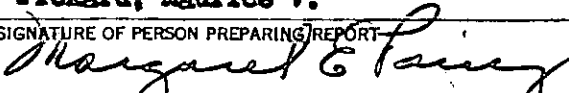

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Unknown X-104 US Military Cemetery, Kalaikunda, India  
Sec M, Gr. 198

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT  <b>21 July 1949</b>				
Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>					
	NAME (Last, first, middle initial) <b>Unknown X-104 (Kalaikunda)                  (Unidentifiable)</b>	SERIAL No.  <b>Unknown</b>				
	GRADE  <b>Unknown</b>	ORGANIZATION  <b>Unknown</b>	BRANCH OF SERVICE  <b>Unknown</b>			
	RACE  <b>Unknown</b>	RELIGION  <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH  <b>Myitkyina, Burma</b>	CAUSE OF DEATH  <b>Unknown</b>	DATE OF DEATH  <b>Unknown</b>				
EMERGENCY ADDRESSEE (Name, relationship, and address)  <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <p align="center"><b>UNIDENTIFIABLE</b></p>					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  <b>Yes</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <p align="center"><b>None</b></p>						
<b>Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.</b>						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  <p align="center"><b>National Memorial Cemetery of the Pacific, Honolulu T. H.</b></p>						
DATE OF BURIAL  <b>22 June 1949</b>	HOUR  <b>1000</b>	BURIED IN (Shroud, blanket, or name of other)  <b>Permanent Type Casket</b>	TYPE OF GRAVE MARKER  <b>Cross</b>	PLOT No.  <b>M</b>	ROW No.  	GRAVE No.  <b>198</b>
WAS THIS A REBURIAL? (Yes or no)  <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <b>US Military Cemetery, Kalaikunda, India</b>			PLOT No.  <b>8</b>	ROW No.  <b>3</b>	GRAVE No.  <b>1892</b>
TYPE OF RELIGIOUS CEREMONY  <b>Catholic                  Protestant</b>	PERSON CONDUCTING BURIAL RITES  <b>Eugene L.A. Fisher, Chaplain                  Albert F. Click, Chaplain</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)  <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  <b>Yes</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  <b>Morris, Emmett E.</b>		RANK  <b>CPL</b>	SERIAL No.  <b>6887300</b>	ORGANIZATION  <b>USAAF</b>	GRAVE No.  <b>175</b>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  <b>Pickard, Maurice V.</b>		RANK  <b>CPL</b>	SERIAL No.  <b>513099</b>	ORGANIZATION  <b>USMC</b>	GRAVE No.  <b>221</b>	
SIGNATURE OF PERSON PREPARING REPORT   <b>Margaret E. Parry, Chief Clerk, HHC</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT   <b>James B. Harris, Captain, QMC</b>			
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 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


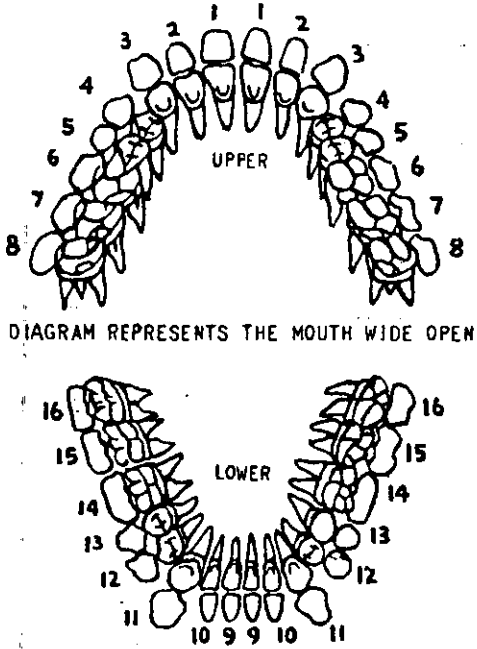




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

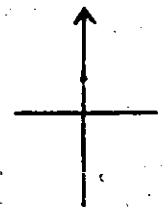
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
LEFT RING FINGER	CAVITIES	 <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB	<p>29 2 11 PM</p> <p>FORENSIC DIVISION</p>		

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



**REMARKS:**

**Unknown X-104 US Military Cemetery, Kalakunda, India  
Sec H, Gr. 198**

# RESTRICTED REINTERMENT

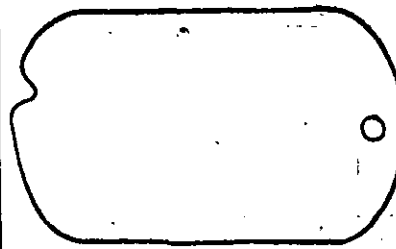
WD 'QMC Form 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

## REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of report  
23 Jan 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



### Section 1.—IDENTIFICATION.

Name (Last, first, middle initial)

Cook, Parvin

Serial No.

35725779

Grade

Pfc

Organization

Hq. 5307 Comp Unit (Prov.)  
475th Infantry Bn.  
P.R.

Branch of Service

Inf

Race

Religion

If other than U.S. dead, give name of country

Place of death

Myitkyina, Burma

Cause of death

KIA

Date of death

(PR) 28 June 1944

Emergency addressee (Name, relationship, and address)

Mrs Flora Cook, Rt#1, Hardin, Kentucky

Identification tags found on body  
(1, 2, or none)

two

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)

no

List personal effects found on body and disposition of same

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

Name, number, coordinates, and location of cemetery

U.S. Military Cemetery, Kalaikunda, India

Date of burial	Hour	Buried in (Shroud, blanket, or name of other)	Type of grave marker	Plot No.	Row No.	Grave No.
21 Jan 1946	1600	Blanket	cross	8	S	1892

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	U.S. Mil. Cem., Myitkyina, Burma	1	B	88

Type of religious ceremony	Person conducting burial rites	If identification tags not used, describe identification data and containers buried with body

*File 115 107  
HIS 184*

Body buried on deceased left, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Cato, James E.	Cpl	34710367	475th Inf	1893

Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Avola, Salvatore P.	S/Sgt	11024259	5307 Comp Unit	1891

Signature of person preparing report	Signature of GRS Officer verifying report
Pfc P.J. Kryzosek <i>P. Kryzosek</i>	William S Smith Jr. <i>William S Smith Jr.</i> William S Smith Jr., 2nd 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

*enclo # 117*

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


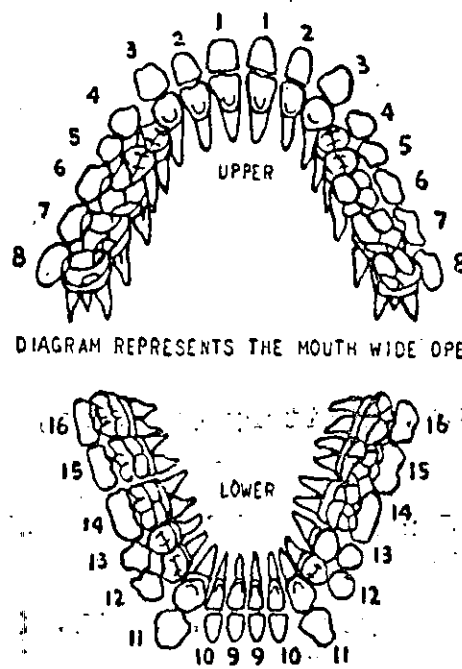

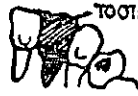


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains: Fill in anatomical characteristics below, and any other clues, under "Other," such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks; and serial numbers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

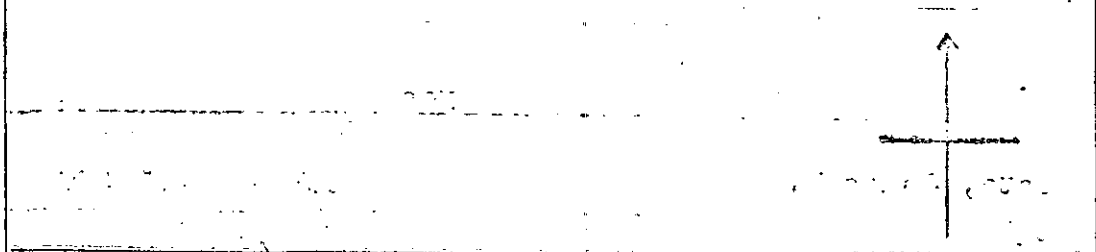
Height	Weight	Color of eyes	Color of hair	Birthmarks, scars, or tattoos

Weapon and serial no.	Laundry marks	Where body was buried or found

Other identification clues

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

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



REMARKS:

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	

**RESTRICTED**

DEC 1943 **RESTRICTED**

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

**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

335

298 Cook Parvin NMI 35725779 Pfc 475 Inf  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Myitkyina, Burma 28 June 44 KIA  
(Place of death) (Date of death) (Cause of death)

Reburied 4 Nov 44 U.S. Mil. Cem. Myitkyina  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

88 B 1 Wooden 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 mark Yes  No

GR form buried in bottle

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

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

Body buried on **RIGHT** Unknown X-11.  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT**  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Flora Cook, Route 1, Hardin, Kentucky.

(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:

**RESTRICTED**

**FILE**  
**MAR 26 1945**

25

# 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.**

*John H. Casse*

(Signature of officer or other person reporting burial)

**JOHN H. CASSE**

LEFT HAND

4  
3  
2  
1

THUMB

RIGHT HAND

4  
3  
2  
1

THUMB