

129 T

JEW  
amb

|                       |  |  |  |  |
|-----------------------|--|--|--|--|
| MKK<br><b>1</b><br>14 | NATIONAL MEMORIAL CEMETERY<br>OF THE PACIFIC |  | DISINTERMENT DIRECTIVE                             |  |
|                       | Interred 15 June 1949<br>Q 500               |  | <i>Almon C. Baker</i><br>- Cemetery Superintendent |  |

|   |                               |                                    |
|---|-------------------------------|------------------------------------|
| SECTION A -<br>NAME AND BURIAL LOCATION OF DECEASED | ADVISIVE NUMBER<br>4996 01984 | DATE<br>15 03 49<br>DAY MONTH YEAR |
|---|-------------------------------|------------------------------------|

|                              |                          |       |          |           |               |
|------------------------------|--------------------------|-------|----------|-----------|---------------|
| NAME<br><i>734 UNKNOWN X</i> | SERIAL NUMBER<br>-000105 | GRADE | ARM<br>0 | RACE<br>0 | RELIGION<br>6 |
|------------------------------|--------------------------|-------|----------|-----------|---------------|

|                                     |           |          |               |  |
|-------------------------------------|-----------|----------|---------------|--|
| CEMETERY<br><i>KALAIKUNDA INDIA</i> | PLOT<br>6 | ROW<br>L | GRAVE<br>1141 | DISPOSITION OF REMAINS<br>0492 64<br>CODE DIST. CTR. |
|-------------------------------------|-----------|----------|---------------|--|

SECTION B - CONSIGNEE AND NEXT OF KIN

|  |   |
|--|---|
| NAME AND ADDRESS OF CONSIGNEE<br>NATIONAL MEMORIAL CEMETERY OF THE<br>PACIFIC, TERRITORY OF HAWAII | NAME AND ADDRESS OF NEXT OF KIN<br>(BY ADMINISTRATIVE DECISION) |
|--|---|

SECTION C - DISINTERMENT AND IDENTIFICATION

|  |                         |                      |   |                               |
|--|-------------------------|----------------------|---|-------------------------------|
| NAME<br>UNKNOWN X-105  | SERIAL NUMBER           | GRADE                | DATE OF DEATH<br>14 June 44   | DATE DISTINTERRED<br>2 May 49 |
| IDENTIFICATION TAG ON<br><input type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER | ORGANIZATION<br>UNKNOWN | RELIGION<br>Not Ind. | IDENTIFICATION VERIFIED BY<br>EARL B. YANCY, CWO, USA<br>NAME AND TITLE |                               |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

|                                      |                                  |
|--------------------------------------|----------------------------------|
| NATURE OF BURIAL<br>Temporary Casket | CONDITION OF REMAINS<br>Skeletal |
|--------------------------------------|----------------------------------|

OTHER MEANS OF IDENTIFICATION  
QMC FORM 1042 & Mortuary Plate

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies)  
None

**FILE**  
26 JUL 1949  
REIFICATION  
CARRER  
CEN. HQ.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 2 May 49 BY J. N. ROBINSON

CASKET SEALED BY  
J. N. ROBINSON

EMBALMER (Signature)  
*J. N. Robinson*  
J. N. ROBINSON

CASKET BOXED AND MARKED  
DATE 2 May 49 BY J. N. ROBINSON

SHIPPING ADDRESS VERIFIED BY  
A. J. ROBERTSON

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

*A. J. Robertson*  
A. J. ROBERTSON  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

202

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|   |                            |   |                            |
|---|----------------------------|---|----------------------------|
| FROM <b>U. S. ARMY MAGAZINE NO. 3</b>                   |                            | TO <b>CHIEF HAWN</b>  |                            |
| KIND OF CONVEYANCE <b>TRUCK</b>                         |                            | NAME OF CONVOYER  |                            |
| SIGNATURE OF SHIPPER<br><b>J. E. WILSON, CAPT., QMC</b> | DATE<br><b>10 MAY 1949</b> | SIGNATURE OF RECEIVER<br><i>[Signature]</i><br><b>JAMES P. HARRIS</b> | DATE<br><b>MAY 10 1949</b> |

### 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 |

**IDENTIFICATION DATA**

|  |  |  |                     |   |                         |  |  |
|--|--|--|---------------------|---|-------------------------|--|--|
| 1. REMAINS OF UNKNOWN<br><b>X-105                      Kalalkunda, India</b> |  |  |                     | 2. DATE OF REPORT<br><b>17 March 1948</b> |                         |  |  |
| 3. NAME OF CEMETERY<br><b>Kalalkunda, India<br/>U. S. Army Mausoleum</b>     |  |  | 4. PLOT<br><b>6</b> | 5. ROW<br><b>L</b>                        | 6. GRAVE<br><b>1141</b> | 7. DATE OF<br>DISINTERMENT    REINTERMENT<br><b>17 Mar 48    17 Mar 48</b> |  |

|   |  |                                    |                          |
|---|--|------------------------------------|--------------------------|
| PHYSICAL DESCRIPTION <b>Approx. Age 25 to 27 years.</b> |  |                                    |                          |
| 8. ESTIMATED WEIGHT<br><b>160 to 170 lbs.</b>           | 9. ESTIMATED HEIGHT<br><b>178 - 70.08 - 5' 10"</b> | 10. COLOR OF HAIR<br><b>U.T.D.</b> | 11. RACE<br><b>White</b> |

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

**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>12 Jan. 1949</i> |
| <b>Capt. Sp. S. O-240085</b> |                    |                     |

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

**Six (6) segmented sacrum, 1st coccygeal attached.  
Perforation of olecranon fossa of left humerus.  
Arthritic condition in spinal column.**

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**

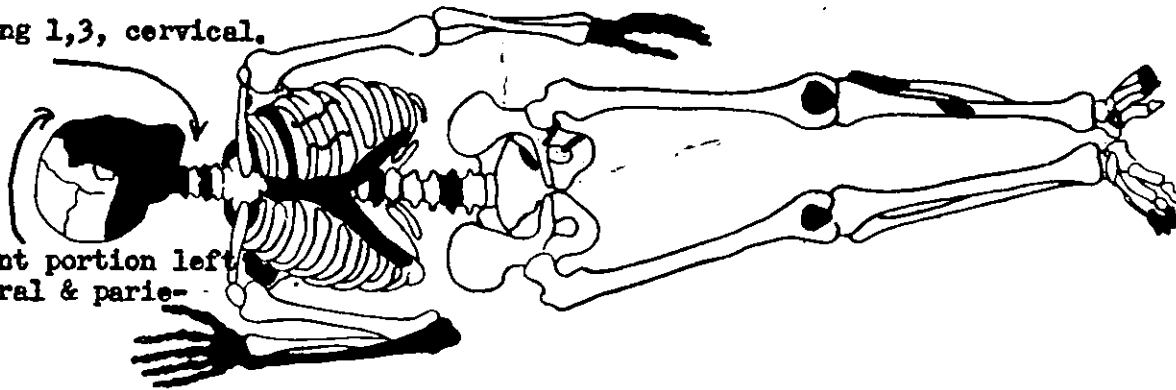
*Incl 21*

**CENTRAL IDENTIFICATION LABORATORY  
BONE LIST**

| NAME                                    | SIDE     | NO                    | BONE LENGTHS<br>IN CM                  | REMARKS<br>(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)   |
|---|----------|-----------------------|--|---|
| SKULL                                   |          | 1                     | U.T.D.                                 | Missing, portion of frontal, left parietal, left temporal, face bones, maxilla, mandible, skull base. |
| VERTEBRAE                               | CERVICAL | 3                     |  | Missing - 1, 3, 5, 6.   |
|   | THORACIC | 5                     |  | Missing - 1, 2, 4, 5, 6, 7, 11.   |
|   | LUMBAR   | 4                     |  | Missing - 3.  |
| SACRUM                                  |          | 1                     |  | Fractured.  |
| INNOMINATES                             | RIGHT    | 1                     | BI-ILIAC DIAM<br>26.7                  | Fractured Iachium.  |
|   | LEFT     | 1                     |  |   |
| RIBS                                    |          | 20                    |  | Some fractured - 4 missing.   |
| STERNUM                                 |          | 1                     |  | Manubrium only.   |
| CLAVICLES                               | RIGHT    | 1                     | 16.2                                   |   |
|   | LEFT     | 1                     | 17.0                                   |   |
| SCAPULAE                                | RIGHT    | 1                     |  | Missing-subscapular fossa, inferior angle.  |
|   | LEFT     | 1                     |  | Missing-Super spinatous fossa.  |
| HUMERI                                  | RIGHT    | 1                     | 34.2                                   |   |
|   | LEFT     | 1                     | 34.1                                   |   |
| RADII                                   | RIGHT    | 1                     | 25.7                                   |   |
|   | LEFT     | 1                     | 25.4                                   |   |
| ULNAE                                   | RIGHT    | 0                     |  | Missing.  |
|   | LEFT     | 1                     | 27.1                                   |   |
| HANDS                                   | RIGHT    | 0                     |  | Missing.  |
|   | LEFT     | 0                     |  | "   |
| FEMORA                                  | RIGHT    | 1                     | 47.4                                   |   |
|   | LEFT     | 1                     | 47.6                                   |   |
| PATELLAE                                | RIGHT    | 0                     |  | Missing.  |
|   | LEFT     | 0                     |  | "   |
| TIBIAE                                  | RIGHT    | 1                     | 38.8                                   |   |
|   | LEFT     | 1                     |  | Fractured at midshaft-fragment missing.   |
| FIBULAE                                 | RIGHT    | 1                     | 38.8                                   |   |
|   | LEFT     | 1                     |  | Fractured at upper third-part missing.  |
| FEET                                    | RIGHT    | 1                     |  | Missing most of phalanges only.   |
|   | LEFT     | 1                     |  | Missing navicular, 3rd cuneiform & some phalanges.  |
| HUMERO-CLAVICULAR RATIO                 |          | 48.6                  | APPROXIMATE AGE (in years)<br>25 to 27 |   |
| ESTIMATED HEIGHT                        |          | 178 - 70.08<br>5' 10" | LEG-HIP BR RATIO 55.7                  |   |
| ESTIMATED WEIGHT                        |          | 160 to 170 lbs.       |  |   |
| ENCLOSURE TO: X-105 (Kalaikumda, India) |          |                       |  | /s/ Paul L. Gravenor<br>PAUL L. GRAVENOR<br>Lab. Supervisor<br>ANTHROPOLOGIST                         |

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Missing 1,3, cervical.



Present portion left temporal & parietal.

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 tall man about thirty years of age, of average build and muscularity. From portions of skull present, it appears to have been a broad oval in outline, with prominent parietal bosses. The forehead appears to have been relatively broad, low and receding. The absence of face bones and mouth parts prevents any further comment.

Fluoroscopical examination unnecessary. No teeth present.

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

**MAJOR DISCREPANCY**

**IDENTIFICATION DATA**

|  |  |                     |                    |   |                                  |
|--|--|---------------------|--------------------|---|----------------------------------|
| 1. REMAINS OF UNKNOWN<br><b>Martin, David A. Pvt., 32359353 "A"</b>      |  |                     |                    | 2. DATE OF REPORT<br><b>17 March 1948</b> |                                  |
| 3. NAME OF CEMETERY<br><b>Kalaikunda, India<br/>U. S. Army Mausoleum</b> |  | 4. PLOT<br><b>6</b> | 5. ROW<br><b>L</b> | 6. GRAVE<br><b>1141</b>                   | 7. DATE OF<br><b>17 Mar '48</b>  |
|  |  | <b>Box</b>          | <b>1291</b>        | DISINTERMENT<br><b>17 Mar '48</b>         | REINTERMENT<br><b>17 Mar '48</b> |

**PHYSICAL DESCRIPTION Approx Age 25 to 27 years.**

|   |  |                                      |                          |
|---|--|--------------------------------------|--------------------------|
| 8. ESTIMATED WEIGHT<br><b>160 to 170 lbs.</b> | 9. ESTIMATED HEIGHT<br><b>178-70.08-5' 10"</b> | 10. COLOR OF HAIR<br><b>U. T. D.</b> | 11. RACE<br><b>White</b> |
|---|--|--------------------------------------|--------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) duplicate I. D. tag reading: Martin, David A., 32359353.**

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

**None**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Six (6) segmented sacrum, 1st coccygeal attached.  
Perforation of olecranon fossa of left humerus.  
Arthritic condition in spinal column.**

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)

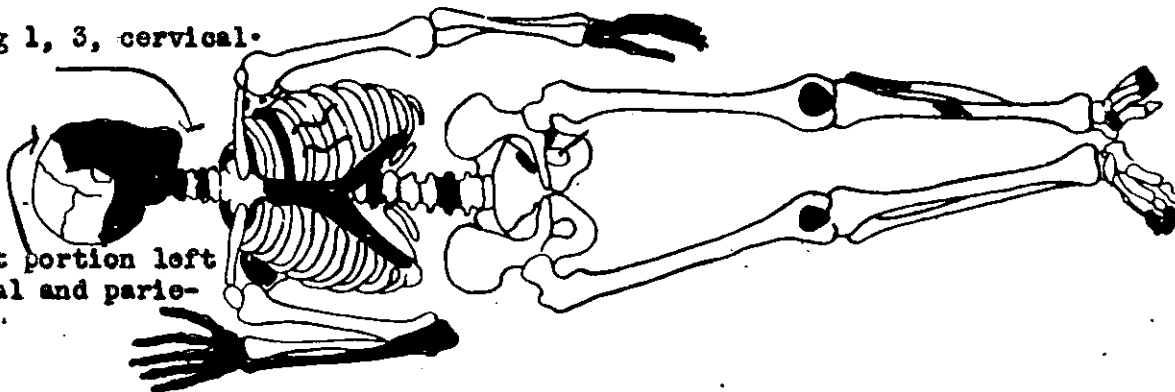
**None**

*Level 12*

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Missing 1, 3, cervical.

Present portion left temporal and parietal.

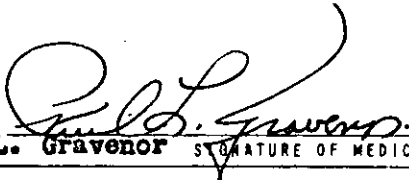


20.

**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.

  
Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

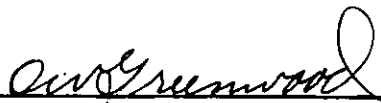
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O. W. GREENWOOD, CAPT., QMC  
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AND MAUSOLEUM, APO 957

SIGNATURE



**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

| NAME                    | SIDE     | NO                  | BONE LENGTHS<br>IN CM | REMARKS<br>(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)   |
|-------------------------|----------|---------------------|-----------------------|---|
| SKULL                   |          | 1                   | U.T.D.                | Missing, portion of frontal, left parietal, left temporal, face bones, maxilla, mandible, skull base. |
| VERTEBRAE               | CERVICAL | 3                   |                       | Missing - 1, 3, 5, 6.   |
|                         | THORACIC | 5                   |                       | Missing - 1, 2, 4, 5, 6, 7, 11.   |
|                         | LUMBAR   | 4                   |                       | Missing - 3.  |
| SACRUM                  |          | 1                   |                       | Fractured.  |
| INNOMINATES             | RIGHT    | 1                   | BI-ILIAC DIAM<br>26.7 | Fractured Ischium.  |
|                         | LEFT     | 1                   |                       |   |
| RIBS                    |          | 20                  |                       | Some fractured - 4 missing.   |
| STERNUM                 |          | 1                   |                       | Manubrium only.   |
| CLAVICLES               | RIGHT    | 1                   | 16.2                  |   |
|                         | LEFT     | 1                   | 17.0                  |   |
| SCAPULAE                | RIGHT    | 1                   |                       | Missing-subscapular fossa, inferior angle.  |
|                         | LEFT     | 1                   |                       | Missing-Super spinatus fossa.   |
| HUMERI                  | RIGHT    | 1                   | 34.2                  |   |
|                         | LEFT     | 1                   | 34.1                  |   |
| RADII                   | RIGHT    | 1                   | 25.7                  |   |
|                         | LEFT     | 1                   | 25.4                  |   |
| ULNAE                   | RIGHT    | 0                   |                       | Missing.  |
|                         | LEFT     | 1                   | 27.1                  |   |
| HANDS                   | RIGHT    | 0                   |                       | Missing.  |
|                         | LEFT     | 0                   |                       | "   |
| FEMORA                  | RIGHT    | 1                   | 47.4                  |   |
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| HUMERO-CLAVICULAR RATIO |          | 48.6                | APPROXIMATE           |   |
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| ESTIMATED WEIGHT        |          | 160 to 170 lbs.     | LEG-HIP BR RATIO      | 56.7  |

  
**Paul A. Gravener**  
 Lab Supervisor  
 -ANTHROPOLOGIST-

ENCLOSURE TO: **Martin, David A., Pvt 32359353 "A"**



NARRATIVE

The remains of Martin, David A., 32359353, Kalaikunda, India, P-6, R-L, Gr-1141, now of U. S. Army Mausoleum # 2, Box-1141, and the remains of Martin, David A., 32359353, Barrackpore, India, P-4, R-X, Gr-3436, now of U. S. Army Mausoleum # 2, Box-3436 were processed simultaneously.

These remains have been listed as "A" and "B".

IDENTIFICATION DATA

|  |  |  |  |                     |                                  |   |   |                                  |
|--|--|--|--|---------------------|----------------------------------|---|---|----------------------------------|
| 1. REMAINS OF UNKNOWN<br><b>Martin, David A. Pvt., 32359353 "A"</b>      |  |  |  |                     |                                  | 2. DATE OF REPORT<br><b>17 March 1948</b> |   |                                  |
| 3. NAME OF CEMETERY<br><b>Kalaikunda, India<br/>U. S. Army Mausoleum</b> |  |  |  | 4. PLOT<br><b>6</b> | 5. ROW<br><b>L</b><br><b>Bpx</b> | 6. GRAVE<br><b>1141</b><br><b>1291</b>    | 7. DATE OF<br>DISINTERMENT<br><b>17 Mar '48</b> | REINTERMENT<br><b>17 Mar '48</b> |

PHYSICAL DESCRIPTION **Approx, Age 25 to 27 years.**

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|   |                 |
|---|-----------------|
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|---|-----------------|

|  |                 |
|--|-----------------|
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|--|-----------------|

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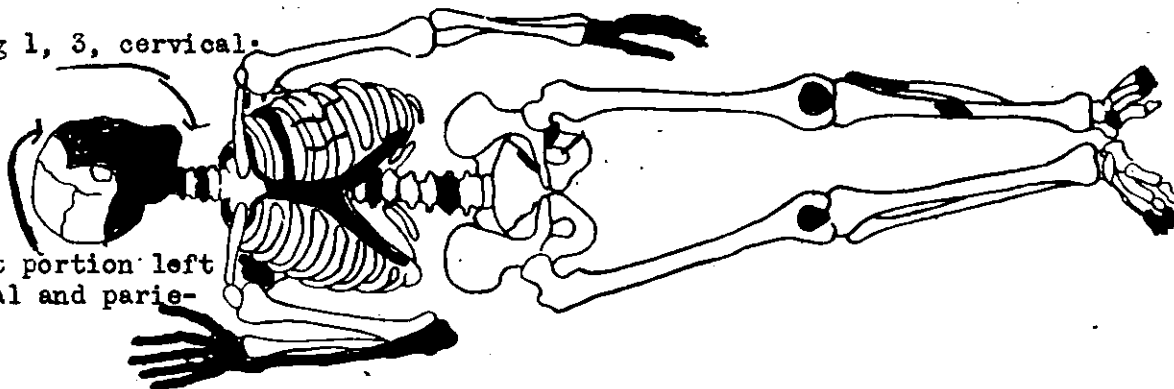
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**None**

*End 1'*

19. BLACK OUT PARTS OF BODY NOT RECORDED

Missing 1, 3, cervical.



Present portion left temporal and parietal.

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.

Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

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TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
O. W. GREENWOOD, CAPT., QMC


SIGNATURE

CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

| NAME        | SIDE     | NO | BONE LENGTHS<br>IN CM | REMARKS<br>(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)   |
|-------------|----------|----|-----------------------|---|
| SKULL       |          | 1  | U.T.D.                | Missing, portion of frontal, left parietal, left temporal, face bones, maxilla, mandible, skull base. |
| VERTEBRAE   | CERVICAL | 3  |                       | Missing - 1, 3, 5, 6.   |
|             | THORACIC | 5  |                       | Missing - 1, 2, 4, 5, 6, 7, 11.   |
|             | LUMBAR   | 4  |                       | Missing - 3.  |
| SACRUM      |          | 1  |                       | Fractured.  |
| INNOMINATES | RIGHT    | 1  | BI-ILIAC DIAM<br>26.7 | Fractured Ischium.  |
|             | LEFT     | 1  |                       |   |
| RIBS        |          | 20 |                       | Some fractured - 4 missing.   |
| STERNUM     |          | 1  |                       | Manubrium only.   |
| CLAVICLES   | RIGHT    | 1  | 16.2                  |   |
|             | LEFT     | 1  | 17.0                  |   |
| SCAPULAE    | RIGHT    | 1  |                       | Missing-subscapular fossa, inferior angle.  |
|             | LEFT     | 1  |                       | Missing-Super spinatous fossa.  |
| HUMERI      | RIGHT    | 1  | 34.2                  |   |
|             | LEFT     | 1  | 34.1                  |   |
| RADII       | RIGHT    | 1  | 25.7                  |   |
|             | LEFT     | 1  | 25.4                  |   |
| ULNAE       | RIGHT    | 0  |                       | Missing.  |
|             | LEFT     | 1  | 27.1                  |   |
| HANDS       | RIGHT    | 0  |                       | Missing.  |
|             | LEFT     | 0  |                       | "   |
| FEMORA      | RIGHT    | 1  | 47.4                  |   |
|             | LEFT     | 1  | 47.6                  |   |
| PATELLAE    | RIGHT    | 0  |                       | Missing.  |
|             | LEFT     | 0  |                       | "   |
| TIBIAE      | RIGHT    | 1  | 38.8                  |   |
|             | LEFT     | 1  |                       | Fractured at midshaft- fragment missing.  |
| FIBULAE     | RIGHT    | 1  | 38.8                  |   |
|             | LEFT     | 1  |                       | Fractured at upper third-part missing.  |
| FEET        | RIGHT    | 1  |                       | Missing most of phalanges only.   |
|             | LEFT     | 1  |                       | Missing navicular, 3rd cuneiform & some phalanges.  |

|                         |                     |                  |                |
|-------------------------|---------------------|------------------|----------------|
| HUMERO-CLAVICULAR RATIO | 48.6                | APPROXIMATE      |                |
| ESTIMATED HEIGHT        | 178 70.08<br>5' 10" | AGE              | 25 to 27 YEARS |
| ESTIMATED WEIGHT        | 160 to 170 lbs.     | LEG-HIP BR RATIO | 55.7           |

  
 Paul V. Gravenor  
 Lab Supervisor  
 ANTHROPOLOGIST

ENCLOSURE TO: Martin, David A., Pvt 32359353 "A"

NARRATIVE

The remains of Martin, David A., 32359353, Kalaikunda, India, P-6, R-L, Gr-1141, now of U. S. Army Mausoleum # 2, Box-1141, and the remains of Martin, David A., 32359353, Barrackpore, India, P-4, R-X, Gr-3436, now of U. S. Army Mausoleum # 2, Box-3436 were processed simultaneously.

These remains have been listed as "A" and "B".

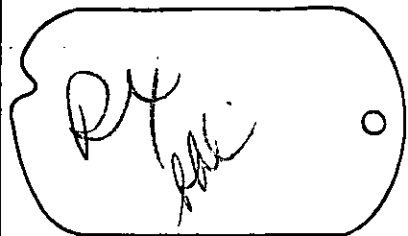
**RESTRICTED**

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  
**6 January 1949**

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

|  |                                |  |                                     |
|--|--------------------------------|--|-------------------------------------|
| NAME (Last, first, middle initial)<br><b>UNKNOWN X-105</b> |                                | (Formerly<br><b>Martin, David A.</b> )         | SERIAL No.<br><b>Unknown</b>        |
| GRADE<br><b>Unknown</b>                                    | ORGANIZATION<br><b>Unknown</b> |  | BRANCH OF SERVICE<br><b>Unknown</b> |
| RACE<br><b>White</b>                                       | RELIGION<br><b>Unknown</b>     | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |                                     |

|   |                              |                                     |
|---|------------------------------|-------------------------------------|
| PLACE OF DEATH<br><b>Myitkyina, Burma</b> | CAUSE OF DEATH<br><b>KIA</b> | DATE OF DEATH<br><b>14 Jun 1944</b> |
|---|------------------------------|-------------------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

|   |  |
|---|--|
| IDENTIFICATION TAGS FOUND ON BODY<br>(1, 2, or none)<br><b>None</b> | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)<br><b>Ltr OQMC, QMCMT 293 Martin, David A., Pvt 32359353<br/>dtd 30 Dec 48, Subj: Identification of Unknown<br/>Deceased.</b> |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)<br><b>Yes</b>             |  |

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

**US Army Mausoleum, Schofield Barracks, T. H.**

**casket**

|                                    |      |  |                      |          |                     |                        |
|------------------------------------|------|--|----------------------|----------|---------------------|------------------------|
| DATE OF BURIAL<br><b>24 Feb 48</b> | HOUR | BURIED IN (Shroud, blanket, or name of other)<br><b>Metal lined casket</b> | TYPE OF GRAVE MARKER | PLOT No. | ROW No.<br><b>0</b> | GRAVE No.<br><b>45</b> |
|------------------------------------|------|--|----------------------|----------|---------------------|------------------------|

|   |  |                      |                     |                          |
|---|--|----------------------|---------------------|--------------------------|
| WAS THIS A REBURIAL?<br>(Yes or no)<br><b>Yes</b> | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br><b>USMC Kalaikunda, India</b> | PLOT No.<br><b>6</b> | ROW No.<br><b>L</b> | GRAVE No.<br><b>1141</b> |
|---|--|----------------------|---------------------|--------------------------|

|  |  |   |
|--|--|---|
| TYPE OF RELIGIOUS CEREMONY<br><b>---</b> | PERSON CONDUCTING BURIAL RITES<br><b>---</b> | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY |
|--|--|---|

|   |   |
|---|---|
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no)<br><b>---</b> | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)<br><b>---</b> |
|---|---|

|  |                    |                          |                            |                         |
|--|--------------------|--------------------------|----------------------------|-------------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br><b>Not applicable due to manner of</b> | RANK<br><b>---</b> | SERIAL No.<br><b>---</b> | ORGANIZATION<br><b>---</b> | GRAVE No.<br><b>---</b> |
|--|--------------------|--------------------------|----------------------------|-------------------------|

|  |                    |                          |                            |                         |
|--|--------------------|--------------------------|----------------------------|-------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br><b>storing caskets.</b> | RANK<br><b>---</b> | SERIAL No.<br><b>---</b> | ORGANIZATION<br><b>---</b> | GRAVE No.<br><b>---</b> |
|--|--------------------|--------------------------|----------------------------|-------------------------|

SIGNATURE OF PERSON PREPARING REPORT

*I. K. Usher*  
**I. K. USHER - Clerk**

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*Earl B. Yancy*  
**EARL B. YANCY, CWO, USA**

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 2'*

**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**

|                      |  |   |
|----------------------|--|---|
| <b>FILLINGS</b>      | <p>SILVER FILLING<br/>GOLD FILLING</p> | <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> |
| <b>CAVITIES</b>      | <p>CAVITY<br/>DECAYED</p>              |   |
| <b>MISSING TEETH</b> | <p>TOOTH MISSING</p>                   |   |
| <b>CROWNED TEETH</b> | <p>PORCELAIN CROWN<br/>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:**

REMARKS:

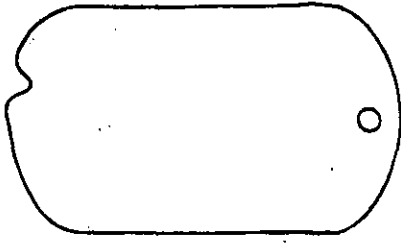
**RESTRICTED**

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

**6 January 1949**

|  |  |   |  |
|--|--|---|--|
| <p><i>Imprint Identification Tag If Possible.<br/>DO NOT TYPE</i></p>  | Section 1.—IDENTIFICATION.                                 |   |  |
|  | NAME (Last, first, middle initial)<br><b>UNKNOWN X-105</b> |   | (Formerly<br><b>Martin, David A.</b> ) |
|  | SERIAL No.<br><b>Unknown</b>                               |   |  |
|  | GRADE<br><b>Unknown</b>                                    | ORGANIZATION<br><b>Unknown</b>                    | BRANCH OF SERVICE<br><b>Unknown</b>    |
| RACE<br><b>White</b>   | RELIGION<br><b>Unknown</b>                                 | IF OTHER THAN U. S. DEAD, GIVE<br>NAME OF COUNTRY |  |

|   |                              |                                     |
|---|------------------------------|-------------------------------------|
| PLACE OF DEATH<br><b>Myitkyina, Burma</b> | CAUSE OF DEATH<br><b>KIA</b> | DATE OF DEATH<br><b>14 Jun 1944</b> |
|---|------------------------------|-------------------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

|   |  |
|---|--|
| IDENTIFICATION TAGS FOUND ON BODY<br>(1, 2, or none)<br><b>None</b> | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)<br><b>Ltr OQMG, QMGMT 293 Martin, David A., Pvt 32359353<br/>dtd 30 Dec 48, Subj: Identification of Unknown<br/>Deceased.</b> |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)<br><b>Yes</b>             |  |

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  
**US Army Mausoleum, Schofield Barracks, T. H. casket**

|                                    |      |  |                      |          |                     |                        |
|------------------------------------|------|--|----------------------|----------|---------------------|------------------------|
| DATE OF BURIAL<br><b>24 Feb 48</b> | HOUR | BURIED IN (Shroud, blanket, or name of other)<br><b>Metal lined casket</b> | TYPE OF GRAVE MARKER | PLOT No. | ROW No.<br><b>0</b> | GRAVE No.<br><b>45</b> |
|------------------------------------|------|--|----------------------|----------|---------------------|------------------------|

|   |  |                      |                     |                          |
|---|--|----------------------|---------------------|--------------------------|
| WAS THIS A REBURIAL?<br>(Yes or no)<br><b>Yes</b> | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br><b>USMC Kalaikunda, India</b> | PLOT No.<br><b>6</b> | ROW No.<br><b>L</b> | GRAVE No.<br><b>1141</b> |
|---|--|----------------------|---------------------|--------------------------|

|                                   |                                       |   |
|-----------------------------------|---------------------------------------|---|
| TYPE OF RELIGIOUS CEREMONY<br>--- | PERSON CONDUCTING BURIAL RITES<br>--- | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY |
|-----------------------------------|---------------------------------------|---|

|  |  |
|--|--|
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no)<br>--- | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)<br>--- |
|--|--|

|  |             |                   |                     |                  |
|--|-------------|-------------------|---------------------|------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br><b>Not applicable due to manner of</b> | RANK<br>--- | SERIAL No.<br>--- | ORGANIZATION<br>--- | GRAVE No.<br>--- |
|--|-------------|-------------------|---------------------|------------------|

|  |             |                   |                     |                  |
|--|-------------|-------------------|---------------------|------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br><b>storing caskets.</b> | RANK<br>--- | SERIAL No.<br>--- | ORGANIZATION<br>--- | GRAVE No.<br>--- |
|--|-------------|-------------------|---------------------|------------------|

|  |   |
|--|---|
| SIGNATURE OF PERSON PREPARING REPORT<br><i>I. K. Usher</i><br><b>I. K. USHER - Clerk</b> | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br><i>Earl B. Yancy</i><br><b>EARL B. YANCY, CWO, USA</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 2<sup>2</sup>*

**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**

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB


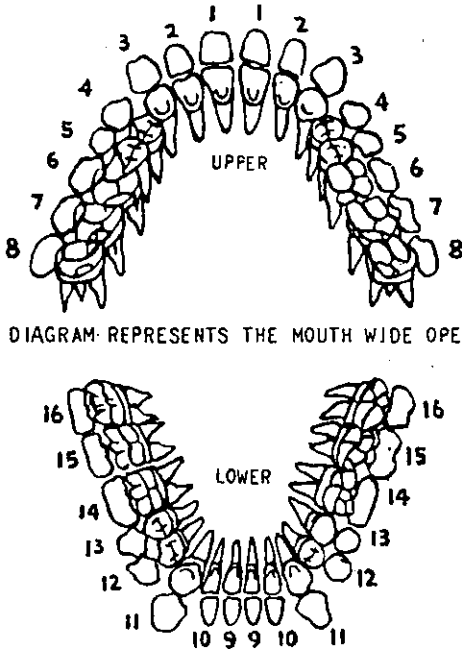




RIGHT  
THUMB

RIGHT  
INDEX FINGER

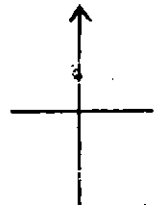
RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

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

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



REMARKS:

**RESTRICTED**  
**REPORT OF INTERMENT**

125

Graves Registration  
Form No. 1

(Revised May 11, 1943)

(TM 10-630 AND AR 30-1815)

*Myt*  
Martin Da vid A. 32359353 Pvt 236th Engr Bn  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Myitkyina, Burma 14 June 1944 KIA  
(Place of death) (Date of death) (Cause of death)

Temporary American Cemetery #7 I.5-20.6 Mosaic of Myit  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

7 A A-7  
(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

(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 Curtis Wilson 35492574 Pvt 209th Engr Bn A-6  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Alvin C. Deason 38258983 Sgt 209th Engr Bn A-8  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Erna A. Martin, 620 W., 152nd St., New York, N. Y.  
(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*  
*5-12-45*  
*AFD*

# 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. Crabb*  
.....  
(Signature of officer or other person reporting burial)

LEFT HAND

THUMB

RIGHT HAND

THUMB

**RESTRICTED****REPORT OF INTERMENT REINTERMENT**Graves Registration  
Form No. 1

(Revised May 11, 1943)

(TM 10-630 AND AR 30-1815)

297 Martin David A. 32359353 Pvt. 236th Engrs Bn.  
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Myitkyina, Burma 14 June 1944 K.I.A.  
 (Place of death) (Date of death) (Cause of death)

Reinterred 31 Jan 1945 U.S. Military Cemetery Myitkyina, Burma  
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

Removed from 7-A of TAC #7

503 I I 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

(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** Dante A. Lombardi 33334098 Pvt. 236th Engrs Bn. 502-I  
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT** Clemens J. Meier 37319773 Pvt. 209th Engrs Bn. 504-I  
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Erna A. Martin (Wife) 620 W. 152nd St., New York, N.Y.  
 (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  
3-17-44  
208

**IF DECEASED UNIDENTIFIED**

15 FEB 1945

**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.**

.....  
(Signature of officer or other person reporting burial)

**JOHN H. CABBE**,.....

LEFT HAND

2

1

THUMB

RIGHT HAND

2

1

THUMB

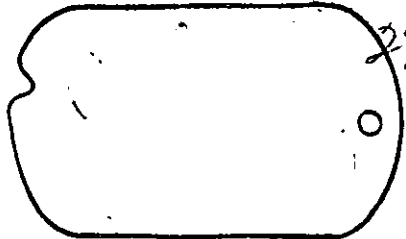
# RESTRICTED REINTERMENT

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  
10 20 Jan 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



### Section 1.—IDENTIFICATION.

Name (Last, first, middle initial)

MARTIN, DAVID A.

Serial No.

32359353

Grade

Pvt

Organization

236th Engrs Bn

Branch of Service

CE

Race

WHITE

Religion

PROTESTANT

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

Place of death

Myitkyina, Burma

Cause of death

KIA

Date of death

14 Jun 1944

Emergency addressee (Name, relationship, and address)

Mrs. Erna A. Martin (Wife) 620 W. 152nd St., New York, N.Y.

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

2

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

~~IDENTIFICATION TAGS  
NOT FOUND~~

### 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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 19 Jan 1946    | 1600 | Blanket                                       | Cross                | 6        | L       | 1141      |

| Was this a reburial?<br>(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        | I       | 503       |

| Type of religious ceremony                      | Person conducting burial rites                    | If identification tags not used, describe identification data and containers buried with body |
|---|---|---|
|   |   | None  |
| 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-71   |      |            |              | 1142      |

| Body buried on deceased right, name (Last, first, middle initial) | Rank | Serial No. | Organization | Grave No. |
|---|------|------------|--------------|-----------|
| Wright, Duard L.  | Pvt  | 35492727   | 236 Eng      | 1540      |

| Signature of person preparing report | Signature of GRS Officer verifying report |
|--------------------------------------|---|
| T/4 Q. E. Barber                     | 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.

FILE  
MAR 20 1946

Serial # 58

RESTRICTED

**Section 3. UNIDENTIFIED REMAINS.**


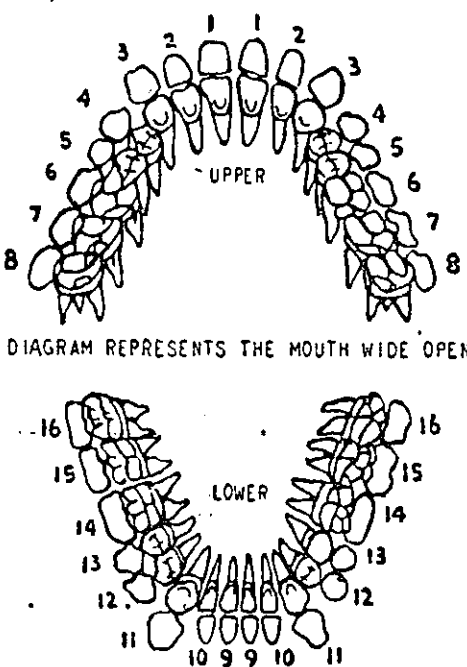




**INSTRUCTIONS:**

(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.

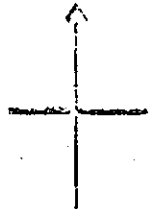
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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

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



REMARKS:

|                        |  |
|------------------------|--|
| Left<br>Little Finger  |  |
| Left<br>Ring Finger    |  |
| Left<br>Middle Finger  |  |
| Left<br>Index Finger   |  |
| Left<br>Thumb          |  |
| Right<br>Thumb         |  |
| Right<br>Index Finger  |  |
| Right<br>Middle Finger |  |
| Right<br>Ring Finger   |  |
| Right<br>Little Finger |  |