

1

DISINTERMENT DIRECTIVE

Crater

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4996 02009

DATE 05 09 50
DAY MONTH YEAR

NAME UNKNOWN X-110 SERIAL NUMBER GRADE ARM 8 RACE 0 RELIGION 6

CEMETERY KALAIKUNDA INDIA PLOT 7 ROW S GRAVE 1858 DISPOSITION OF REMAINS 0492 64
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 UNKNOWN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE
 REMAINS
 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 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 ARE UNIDENTIFIABLE. FORMERLY JONES, HAROLD G., 15096961, S/SGT, IN KALAIKUNDA, PLOT 7, ROW S, GRAVE 1858. Permanently Interred in N.M.C.P. Plot. P. Grade 4996
SEP 11 1950
Fischer

1194 11 1950

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

6

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4936 02009

DATE

05 09 50
DAY MONTH YEAR

NAME

UNKNOWN X-110

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

8

0

6

CEMETERY

KALAIKUNDA INDIA

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

7

S

1858

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)

CHANGE

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 ARE UNIDENTIFIABLE. FORMERLY JONES, HAROLD G., 15096961, S/Sgt, IN KALAIKUNDA, PLOT 7, ROW S, GRAVE 1858.

Permanently Interred in N.M.C.P. Plot P-Grave 494

AIRMAIL

243 unk Kalaikunda X110

293
GPO Pacific

1 September 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored in U. S. Army Mausoleum #2:

- Unknown X-110, U. S. Military Cemetery, Kalaikunda, India
Unit A, Page 1
- Unknown X-111, U. S. Military Cemetery, Kalaikunda, India
Unit A, Page 1
- Unknown X-112, U. S. Military Cemetery, Kalaisikunda, India
Unit A, Page 1
- Unknown X-113, U. S. Military Cemetery, Kalaikunda, India
Unit A, Page 1

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

FOR THE QUARTERMASTER GENERAL:

SEP 1 3 48 PM '50
O D M G
MAIL & RECORDS BRANCH

THOMAS H. COX
CAPT QMC
Memorial Division

cc: Adm Section

J. Miller:dal
C. C. Salser

Cops furnished: CINCPAC, APO 500



COAGRS, PZ, APO 928

293 GRS Pacific
293 unk Kalaikunda X111
293 " " X112
293 " " X113

AIRMAIL

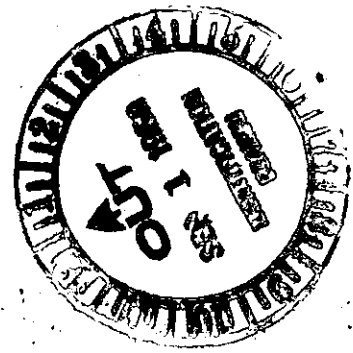
JW

Faint, illegible text or markings on the left side of the page.



SECRET
NO. 100-100000
NO. 100-100000

NO. 100-100000
NO. 100-100000



Interred 17 March 1950

DISINTERMENT DIRECTIVE

Alton C. Baker Cemetery Superintendent

P 494

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
ALTON C. BAKER
4996 00000

DATE
15 12 47
DAY MONTH YEAR

NAME 293 UNKNOWN		SERIAL NUMBER X-110	RANK	ARM U	DATE OF DEATH DAY MONTH YEAR
CEMETERY KALAIKUNDA					DISPOSITION OF REMAINS 0 0492 64 CODE DIST. PT.
PLOT 7	ROW S	GRAVE 1858	COUNTRY INDIA	CAUSE OF DEATH 6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-110 (KALAIKUNDA)	SERIAL NUMBER	RANK	DATE OF DEATH 7 May '44	DATE DISTINTERRED 23 Oct '47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY D. D. HINDS 1st Lt., QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Temporary Casket	CONDITION OF REMAINS Skeletal
---	---

OTHER MEANS OF IDENTIFICATION
QMC Form 1042 & Ltr QNGMT-293, dated 21 Dec '49

MINOR DISCREPANCIES 1
None

REMAINS PREPARED AND PLACED IN CASKET DATE 23 Mar '48	BY L. A. JONES
CASKET SEALED BY J. P. SIMONI	EMBALMER (Signature) <i>J. P. Simoni</i> J. P. SIMONI
CASKET BOXED AND MARKED DATE 15 Mar 50 BY J. P. SIMONI	SHIPPING ADDRESS VERIFIED BY D. C. HERR

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

D. C. Herr
D. C. HERR

SIGNATURE OF GRS INSPECTOR

FILE
QUADR
REGISTRATION
[Signature]
MEMO E.S.

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

X

RECORD OF CUSTODIAL TRANSFER

Handwritten notes

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM		950	TO CHIEF, HAWAIIAN DISTRIBUTION CENTER	
KIND OF CONVEYANCE		MAR 16	NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Donald B. Hinds</i> DONALD B. HINDS MAJOR OMC 0-2033595	DATE MAR 16 1950	MAR 16	SIGNATURE OF RECEIVER <i>Stewart W. Abel</i> STEWART W. ABEL MAJOR OMC	DATE MAR 16 1950

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 (ADMINISTRATIVE ORDER)		NAME OF CONVOYER		
SIGNATURE OF SHIPPER HONOLULU NATIONAL CEMETERY	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.

12-WCH/se

Calcutta, India
13 January 1947

293 unk. India (Kalaikunda) X-110

314.6 (13 Jan 47)

SUBJECT: Examination of human remains.

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

1. The remains of grave No. 7 - S - 1858 of JONES, HAROLD G. of U.S. Military Cemetery, Kalaikunda, India, were examined on 10th January 1947 and the following were identified:

Fragment of a humerus
Right ulna
Left Os innominatum
Right ilium
Lower 1/3 of a right femur
Upper half of a left femur
Upper half of a left tibia
Left fibula

1 Unidentifiable fragment

2. Accomplishment of dental identification chart was impossible.
3. There is no evidence of remains of more than one individual.

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

Inst # 2

9-10-50

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

MEMORANDUM FOR THE DIRECTOR
FROM: SAC, [illegible]

RE: [illegible]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]



6

DISINTERMENT DIRECTIVE

293
Hick - India (Misc) (Kalai, Kunda)

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4993 00000

DATE

13 12 47
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-110 RANK: ARM: DATE OF DEATH: DAY MONTH YEAR

CEMETERY: KALAIKUNDA DISPOSITION OF REMAINS: CODE DIST. PT.

PLOT: 7 ROW: S GRAVE: 1538 COUNTRY: INDIA CAUSE OF DEATH:

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER) NAME AND ADDRESS OF NEXT OF KIN:

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE: BY: CASKET SEALED BY: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: DATE: BY:

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

SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-110 Jones, Harold G., S/Sgt 15096961				2. DATE OF REPORT 2 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #1		4. PLOT FINAL	5. ROW TYPE	6. GRAVE	7. DATE OF DISINTERMENT 29 Mar '48
				REINTERMENT 2 Apr '48	

PHYSICAL DESCRIPTION Age 25 to 27 years.

8. ESTIMATED WEIGHT approx 160 to 170	9. ESTIMATED HEIGHT at least 5' 6"	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
--	---------------------------------------	-------------------------------	----------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I. D. tag reads: Jones, Harold G., S/Sgt 15096961

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 IDENTIFYING DATA

DONALD D. HINDS

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? U 2033393 Donald D. Hinds	MAR 14 1950
---	--	-------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Portion of skull missing-fractured-humerus, femora and tibia.
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

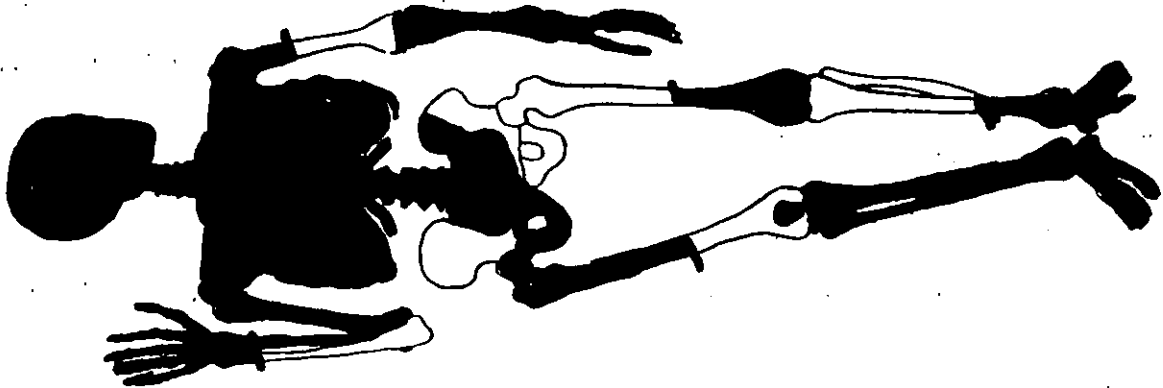
None

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

None

Received 21 Mar. 50
Not identifiable from information presently available
T. A. Fields
30 Aug. 50

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.

Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average sized young man of 25 to 27 years of age. This man would have measured at least 5' 6" tall had the bones been intact and measureable. The lack of skull parts precludes any description.

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

SIGNATURE

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

NARRATIVE

The remains of:

White, William W.,
Mahan, John J.,
Jones, Harold G.,
Moniuszko, John J.

were processed simultaneously. The bones of each remains were matched and compared and there were no errors in the previous associations of bones each casket contained, nor were there any extra bones present.

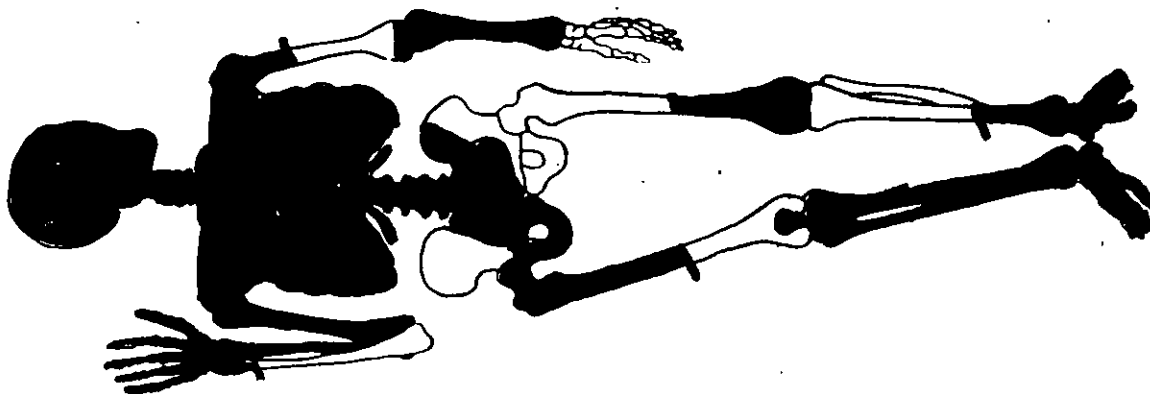
The remains were checked carefully and processed and then were wrapped separately and placed in their respective caskets.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Jones, Harold G., S/Sgt 15096961				2. DATE OF REPORT 2 April 1948			
3. NAME OF CEMETERY U. S. Army Mausoleum # 1			4. PLOT F I N A L	5. ROW T	6. GRAVE Y P E	7. DATE OF DISINTERMENT REINTERMENT 29 Mar '48 2 Apr '48	
PHYSICAL DESCRIPTION Age 25 to 27 years.							
8. ESTIMATED WEIGHT approx 160 to 170		9. ESTIMATED HEIGHT at least 5' 6"		10. COLOR OF HAIR U. T. D.		11. RACE U. T. D.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) duplicate I. D. tag reads: Jones, Harold G., S/Sgt 15096961							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None							
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Portion of skull missing-fractured-humerus, femora and tibia.					
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 3'

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.

Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average sized young man of 25 to 27 years of age. This man would have measured at least 5' 6" tall had the bones been intact and measureable. The lack of skull parts precludes any description.

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

SIGNATURE

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

CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		"
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		0		"
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured - all missing except ilium.
	LEFT	1		Fractured, left half of ilium missing.
RIBS		0		Missing.
STERNUM		0		"
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	1		Upper third and distal end missing.
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	1		Distal end missing.
	LEFT	0		Missing.
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1		Fractured at midshaft, upper half missing.
	LEFT	1		Fractured at midshaft-lower end missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1		Fractured-lower third missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Distal end missing.
FEET	RIGHT	0		Missing.
	LEFT	0		"

HUMERO-CLAVICULAR RATIO

APPROXIMATE

ESTIMATED HEIGHT at least
5' 6"

AGE

25 to 27

YEARS

ESTIMATED WEIGHT approx 160 to 170 lbs.

LEG-HIP BR RATIO

Paul L. Gravenor
Paul L. Gravenor
Lab Supervisor
ANTHROPOLOGIST

ENCLOSURE TO: Jones, Harold G., S/Sgt 15096961

NARRATIVE

The remains of:

White, William W.,
Mahan, John J.,
Jones, Harold G.,
Moniuszko, John J.

were processed simultaneously. The bones of each remains were matched and compared and there were no errors in the previous associations of bones each casket contained, nor were there any extra bones present.

The remains were checked carefully and processed and then were wrapped separately and placed in their respective caskets.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Jones, Harold G., S/Sgt 15096961				2. DATE OF REPORT 2 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum #1			4. PLOT F I N A L	5. ROW T Y P E	6. GRAVE
			7. DATE OF 29 Mar '48		REINTERMENT 2 Apr '48

PHYSICAL DESCRIPTION Age 25 to 27 years.

8. ESTIMATED WEIGHT approx 160 to 170	9. ESTIMATED HEIGHT at least 5' 6"	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
---	--	--------------------------------------	-----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) duplicate I. D. tag reads: Jones, Harold G., S/Sgt 15096961

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
None

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

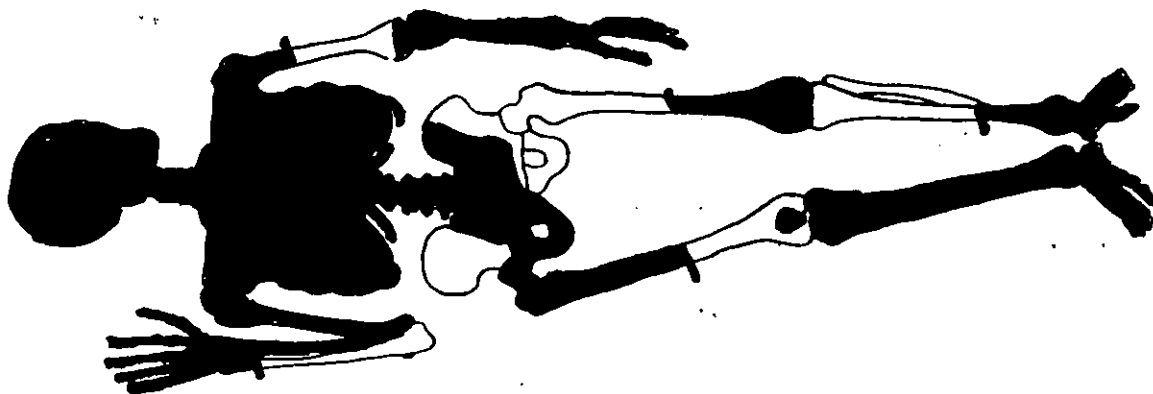
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Portion of skull missing-fractured-humerus, femora and tibia.
--	---

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 3²

19. BLACK OUT PARTS OF BODY NOT RECORDED

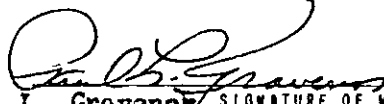


20.

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.


Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture an average sized young man of 25 to 27 years of age. This man would have measured at least 5' 6" tall had the bones been intact and measureable. The lack of skull parts precludes any description.

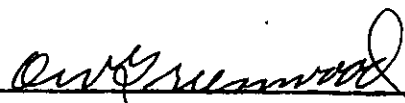
Fluoroscopic examination unnecessary. No teeth present.

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

SIGNATURE

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



**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		0		Missing.
VERTEBRAE	CERVICAL	0		"
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		0		"
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured - all missing except ilium.
	LEFT	1		Fractured, left half of ilium missing.
RIBS		0		Missing.
STERNUM		0		"
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	1		Upper third and distal end missing.
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	1		Distal and missing.
	LEFT	0		Missing.
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1		Fractured at midshaft, upper half missing.
	LEFT	1		Fractured at midshaft-lower end missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1		Fractured-lower third missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	1		Distal end missing.
FEET	RIGHT	0		Missing.
	LEFT	0		"

HUMERO-CLAVICULAR RATIO

APPROXIMATE

ESTIMATED HEIGHT **at least**
5' 6"

AGE

25 to 27

YEARS

ESTIMATED WEIGHT approx 160 to 170 lbs.

LEG-HIP BR. RATIO

Paul L. Gravenor
Paul L. Gravenor
Lab Supervisor
ANTHROPOLOGIST

ENCLOSURE TO: Jones, Harold G., S/Sgt 15096981

NARRATIVE

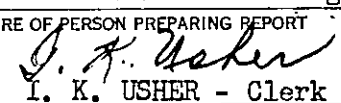
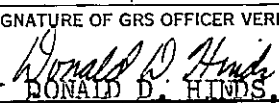
The remains of:

White, William W.,
Mahan, John J.,
Jones, Harold G.,
Moniuszko, John J.

were processed simultaneously. The bones of each remains were matched and compared and there were no errors in the previous associations of bones each casket contained, nor were there any extra bones present.

The remains were checked carefully and processed and then were wrapped separately and placed in their respective caskets.

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">13 March 1950</p>
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> Plotted H. O. Jones R. J. H. </div>	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNIDENTIFIABLE (Formerly Jones, Harold G., USMC Kalaikunda) UNKNOWN X-110	
	SERIAL NO. Unknown	BRANCH OF SERVICE Unknown
	GRADE Unknown	ORGANIZATION Unknown
	RACE White	RELIGION Unknown
	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Near Shillong Road, Assam, India	CAUSE OF DEATH Explosion and disintegration of plane in mid-air	DATE OF DEATH 7 May 1944
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>		
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ltr. OQMG, QMGMT 293, GRS Pacific dtd 21 December 1949 Subj: Identification of World War II Deceased.	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center">Yes</p>		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>		
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. Army Mausoleum, AGRS-PAZ Casket		
DATE OF BURIAL 24 Feb. '48	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket
TYPE OF GRAVE MARKER	PLOT No.	ROW No.
GRAVE No. 1708		
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USMC Kalaikunda, India	
PLOT No. 7	ROW No. S	GRAVE No. 1858
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 storing caskets	RANK ---	SERIAL No. ---
ORGANIZATION ---	GRAVE No. ---	
SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT  RONALD D. HINDS, 1st Lt., OMC	
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

Encl 9'

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.

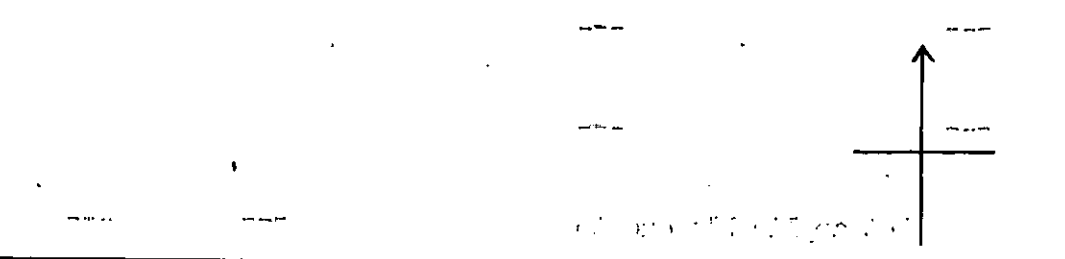
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES:

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

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

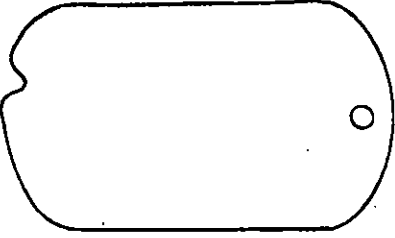


REMARKS:

22 MAR 1950

Investigation Section

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF UNIDENTIFIED STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 13 March 1950
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL NO. Unknown
		NAME (Last, first, middle initial) UNIDENTIFIABLE (Formerly Jones, Harold G., USMC Kalaikunda) UNKNOWN X-110				
		GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown		
		RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Near Shillong Road, Assam, India		CAUSE OF DEATH Explosion and disintegration of plane in mid-air		DATE OF DEATH 7 May 1944		
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) Ltr. OQMG, QMGMT 293, GRS Pacific dtd 21 December 1949 Subj: Identification of World War II Deceased.				
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 U.S. Army Mausoleum, AGRS-PAZ Casket						
DATE OF BURIAL 24 Feb. '48	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 1708
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USMC Kalaikunda, India			PLOT No. 7	ROW No. 8	GRAVE No. 1858
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) anner of storing caskets,			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT DONALD D. HINDS, 1st Lt., QMG			
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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RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


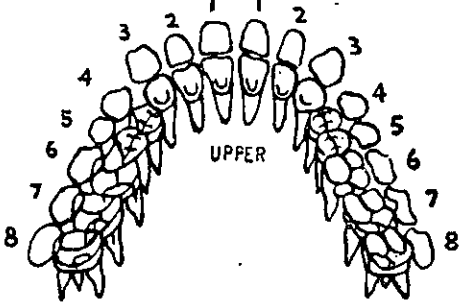




INSTRUCTIONS:

(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.

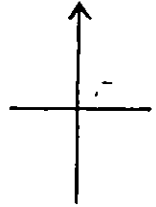
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

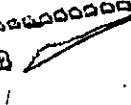
FILLINGS		 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



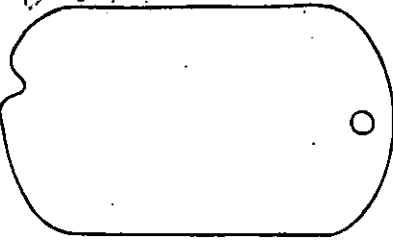
REMARKS:

22 MAR 1950

Identification Section 

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 12 Feb 1946
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) Jones, Harold G.	SERIAL No. 15096961		
GRADE S/Sgt	ORGANIZATION 82 Bomb Sq. 12 Bomb Gp	BRANCH OF SERVICE	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Near Shillong Rd Assam, India	CAUSE OF DEATH Explosion and disintegration of plane in mid air	DATE OF DEATH 7 May 1944
--	---	-----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
 Mr. John O James (Father) 1907 Livingston Ave., Lorain, Ohio.

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) NO	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) GRAVE MARKER
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) yes (1)	

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.
11 Feb 1946	1600	blanket	CROSS	7	S	1858

WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE British Military Cemetery, Sylhet, India	PLOT No. 1	ROW No. B	GRAVE No. 13
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
	yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Unknown X-84				1859

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Wilson, Edward W.	2nd/Lt	0-703583	7th Bomb	1857

SIGNATURE OF PERSON PREPARING REPORT Pfc P.J. Krystosek	SIGNATURE OF GRS OFFICER VERIFYING REPORT 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

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


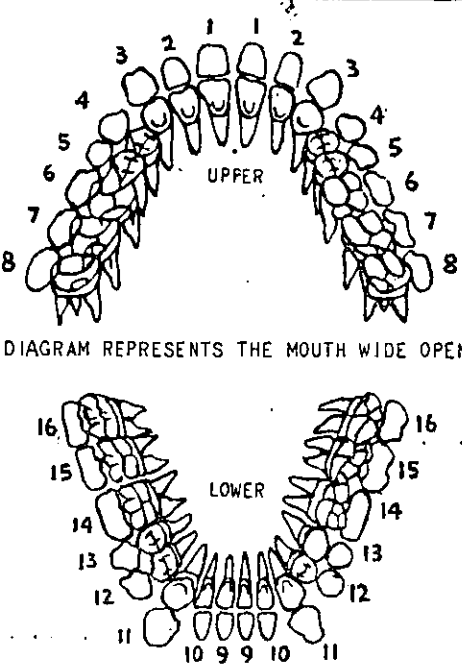




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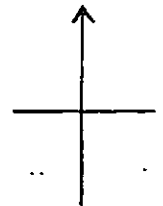
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

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