

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4996 02010

DATE

05 09 50
DAY MONTH YEARNAME
UNKNOWN

SERIAL NUMBER

X-113

GRADE

ARM

8

RACE

0

RELIGION

6

CEMETERY

KALAIKUNDA INDIA

PLOT

7

ROW

S

GRAVE

1853

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

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.

FILE

SEP 11 1950

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. FORMERLY WHITE, WILLIAM W., 2/LT, 0-681954.
IN KALAIKUNDA, PLOT 7, ROW S, GRAVE 1853.

Permanently Interred in N.M.C.P. - Plot P - Grave 412

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

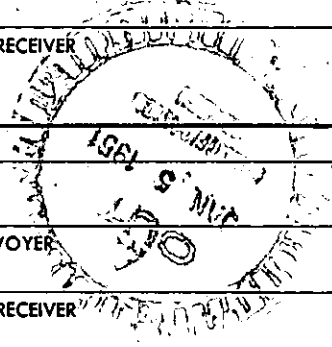
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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



6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4996 02010

DATE
DAY MONTH YEAR
05 09 50

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-113			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
KALAIKUNDA INDIA	7	S	1853	CODE 0492 DIST. CTR. 64

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 <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

CHANGE

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET SEALED BY

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 WHITE, WILLIAM W., 2/LT, O-681954, IN KALAIKUNDA, PLOT 7, ROW S, GRAVE 1853.
Permanently Entombed in N.M.C.P. Plot P- Grave 412

AIRMAIL

293 unk Kalaikunda X110

MSGT 293
G/S 293/210

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 US 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, Kalaikunda, 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:

THOMAS E. COX
CAPT QIC
Memorial Division

J. Millertdal
C. C. Salsar

Cops furnished: CINCPAC, APO 500

COAGRS, PE, APO 928

X 293 unk Kalaikunda X113

AIRMAIL

AIRMAIL

293 unk Kalaikunda X110

MON 1/293
GFS Pacific

1 September 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
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APO 958, c/o Postmaster
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- Unknown X-110 US 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, Kalaikunda, India
Unit A, Page 1
- Unknown X-113, U. S. Military Cemetery, Kalaikunda, India
Unit A, Page 1

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FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
CAPT QIC
Memorial Division

J. Miller:dal
C. C. Salsar

Cpye furnished: CINCPAC, APO 500
COAGRS, PZ, APO 928

X 293 unk Kalaikunda X113

AIRMAIL

Cm 13 RL

DEPARTMENT OF THE ARMY
OF THE PACIFIC

1

Interred 17 March 1950 **DISINTERMENT DIRECTIVE**

P 412 *Alvan C. B...* Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
ALVAN DIRECTIVE NUMBER 4996 00000
DATE 15 12 47
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-113 RANK ARM J DATE OF DEATH
DAY MONTH YEAR

CEMETERY KALAIKUNDA DISPOSITION OF REMAINS
0 0492 64
CODE DIST. PT.

PLOT 7 ROW S GRAVE 1853 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-113 (KALAIKUNDA) SERIAL NUMBER RANK DATE OF DEATH 7 May '44 DATE DISTINTERRED 23 Oct '47
IDENTIFICATION TAG ON 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 QMGMT-293, dated 21 DEC '49.

MINOR DISCREPANCIES 1 None

REMAINS PREPARED AND PLACED IN CASKET DATE 23 Mar '48 BY J. H. HAYES

CASKET SEALED BY J. P. SIMONI EMBALMER (Signature) 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 1 11 APR 50

FILE
REPAIR
HERR

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

X

RECORD OF CUSTODIAL TRANSFER

Handwritten notes:
1700-107

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM		TO CHIEF, HAWAIIAN DISTRIBUTION CENTER	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Donald D. Heads</i> DONALD D. HEADS 1-11-50	DATE MAY 16 1950	SIGNATURE OF RECEIVER <i>Stewart W. Abel</i> STEWART W. ABEL MAJOR CMC	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 UNKNOWN		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

273 unk. India (Kalaikunda) X-113
Calcutta, India
13 January 1947

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 - 1853 of WHITE, William W. of U.S. Military Cemetery, Kalaikunda, India, were examined on 10th January 1947 and the following were identified:

Right scapula
18 Rib fragments
2 Vertebrae
Fragment of a crucifix
2 Small keys
Lower half of a right humerus
Lower half of a left radius
Fragment of an ulna
Metacarpal
Right and left ilium
Left pubis
Right femur
Head of a left femur
Lower 2/3 of a femur
Numerous unidentifiable fragments
Lot of clothing without any markings.

2. Accomplishment of dental identification chart was impossible.

3. There is no evidence of remains of more than one individual. The individual was about 5ft 10" tall and weighed about 145 to 150 lbs.

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

Jan 24



6

DISINTERMENT DIRECTIVE

243 unbr (India) Misc (Kalai Kunder)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 4995 00000 DATE 13 13 47 DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER X-113 RANK ARM DATE OF DEATH DAY MONTH YEAR

CEMETERY KALAIKUNDA DISPOSITION OF REMAINS CODE 0492 DIST. PT. 54

PLOT ROW GRAVE COUNTRY 7 8 1953 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION 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

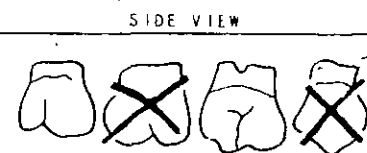
1. REMAINS OF UNKNOWN White, William W., 2nd Lt., O-681954						2. DATE OF REPORT 5 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 1				4. PLOT FINAL TYPE	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 29 Mar '48 5 Apr '48
PHYSICAL DESCRIPTION Age 24 to 26 years.							
8. ESTIMATED WEIGHT approx 140 to 145 lbs		9. ESTIMATED HEIGHT 160 - 63.0 - 5' 3"		10. COLOR OF HAIR U. T. D.		11. RACE Probably White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) duplicate I. D. tag reads: White, William W., 2nd Lt., O-681954.							
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT? Most bones fractured.					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS Arthritis in vertebral 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. H

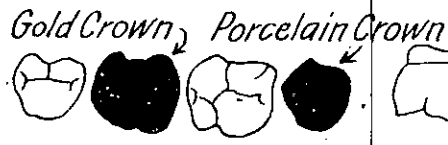
SEA

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

White, William W.
2nd Lt., O-681954



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



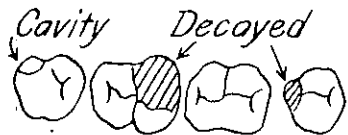
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCE-LAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



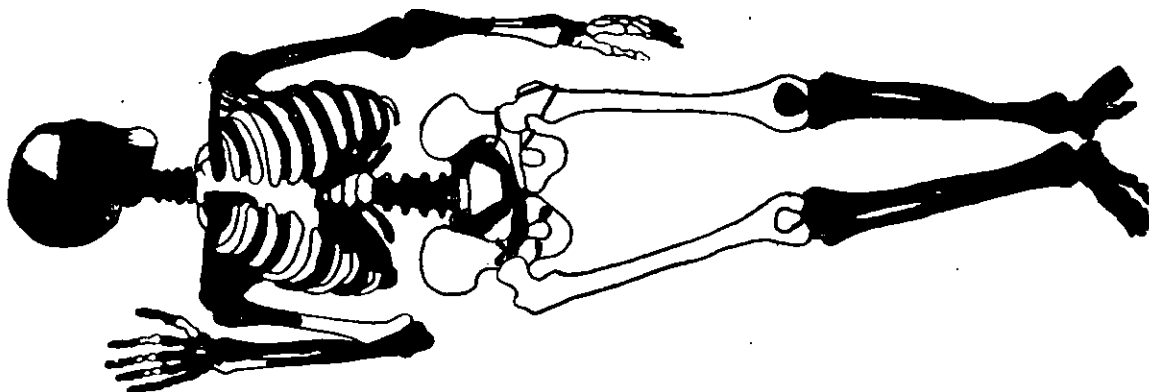
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		MOF	SECTION OF MAXILLA					TEETH MISSING								
Side Views																Side Views
Top Views																Top Views
																Top Views
Side Views																Side Views
SECTION OF MANDIBLE								TEETH MISSING								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED




20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

No extra parts.


Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather short man of 24 to 26 years of age. ✓
The few skull fragments add nothing toward description.

Fluoroscopical 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

SIGNATURE

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

G. W. Greenwood

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Part of left side of mandible present. All missing except portion of frontal.
VERTEBRAE	CERVICAL	0		7 missing.
	THORACIC	6		1,2,3,4,6, and 7 missing.
	LUMBAR	1		1,2,3, and 4 missing.
SACRUM		1		Fractured - parts missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured - pubic missing.
	LEFT	1		Fractured.
RIBS		12		12 missing-fractured-fragments only.
STERNUM		1		Fractured-portion of manubrium missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	1		Fractured.
HUMERI	RIGHT	1		Fractured - upper 2/3 missing.
	LEFT	0		Missing.
RADII	RIGHT	0		Missing.
	LEFT	1		All missing except lower 1/2.
ULNAE	RIGHT	1		All missing except lower 1/3.
	LEFT	1		All missing except 2" of midshaft.
HANDS	RIGHT	1		All missing except capitata, 1 metacarpal and some phalanges.
	LEFT	1		All missing except 1,2,3,4, & 5 metacarpals and some phalanges.
FEMORA	RIGHT	1	43.8	
	LEFT	1	43.6	Fractured at upper third.
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
160 63.0 ESTIMATED HEIGHT	5' 3"	AGE	24 to 26 YEARS
ESTIMATED WEIGHT	approx 140 to 145 lbs.	LEG-HIP BR RATIO	


 Paul L. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: White, William W., 2nd Lt O-681954

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 White, William W., 2nd Lt., O-681954				2. DATE OF REPORT 5 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 1		4. PLOT FINAL TYPE	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 29 Mar '48 5 Apr '48
PHYSICAL DESCRIPTION Age 24 to 26 years.					
8. ESTIMATED WEIGHT approx 140 to 145 lbs		9. ESTIMATED HEIGHT 160 - 63.0 - 5' 3"		10. COLOR OF HAIR U. T. D.	
11. RACE Probably White					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) duplicate I. D. tag reads: White, William W., 2nd Lt., O-681954.					
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Most bones fractured.			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS Arthritis in vertebral 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					

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

**White, William W.
2nd Lt., O-681854**

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

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:

TOP VIEW

SIDE VIEW



Gold Crown, Porcelain Crown



Gold Bridge



Gold Filling, Silver Filling



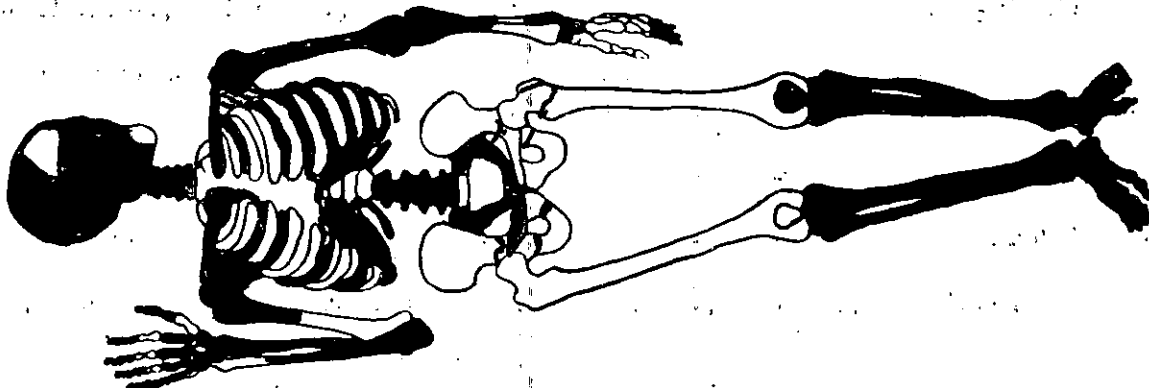
Cavity, Decayed



RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		(NOF)	SECTION OF MAXILLA				↓ TEETH MISSING									
Side Views																Side Views
Top Views																Top Views
Side Views																Side Views
SECTION OF MANDIBLE																
↓ TEETH MISSING																
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

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


O.W. Greenwood

186-

**CENTRAL IDENTIFICATION LABORATORY. & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Part of left side of mandible present. All missing except portion of frontal.
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	LEFT	1		Fractured.
RIBS		12		12 missing-fractured-fragments only.
STERNUM		1		Fractured-portion of manubrium missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	1		Fractured.
HUMERI	RIGHT	1		Fractured - upper 2/3 missing.
	LEFT	0		Missing.
RADII	RIGHT	0		Missing.
	LEFT	1		All missing except lower 1/2.
ULNAE	RIGHT	1		All missing except lower 1/3.
	LEFT	1		All missing except 2" of midshaft.
HANDS	RIGHT	1		All missing except capitate, 1 metacarpal and some phalanges.
	LEFT	1		All missing except 1,2,3,4, & 5 metacarpals and some phalanges.
FEMORA	RIGHT	1	43.8	
	LEFT	1	43.6	Fractured at upper third.
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

NUMERO-CLAVICULAR RATIO		APPROXIMATE	
160 63.0		24 to 26	YEARS
ESTIMATED HEIGHT	5' 3"	AGE	
ESTIMATED WEIGHT	approx 140 to 145 lbs.	LEG-HIP BR RATIO	


Paul L. Gravenor
 Lab Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: **White, William W., 2nd Lt O-681954**

NARRATIVE

The remains of:

White, William W.,
Eahan, 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 UNKNOWN X-113 White, William W., 2nd Lt., O-681954			2. DATE OF REPORT 5 April 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 1	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	FINAL TYPE			DISINTERMENT	REINTERMENT
				29 Mar '48	5 Apr '48

PHYSICAL DESCRIPTION Age 24 to 26 years.

8. ESTIMATED WEIGHT approx 140 to 145 lbs	9. ESTIMATED HEIGHT 160 - 63.0 - 5' 3"	10. COLOR OF HAIR U. T. D.	11. RACE Probably White
--	---	-------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) duplicate I. D. tag reads: White, William W., 2nd Lt., O-681954.

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

24. WAS BODY BURNED? YES NO
TO WHAT EXTENT? ~~None~~ **QMC 0-2033595** *Donald W. Hinds* *14 March 1950*

15. WAS BODY MANGLED? YES NO
TO WHAT EXTENT? **Most bones fractured.**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
Arthritis in vertebral 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

3
Inst 16

Received *21 Mar 50* **QMG**
Not identifiable from
information presently *G.A. Fields*
available *30 Aug. 50*

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

~~Plate, 11 Mar 47~~ UNKNOWN X-113

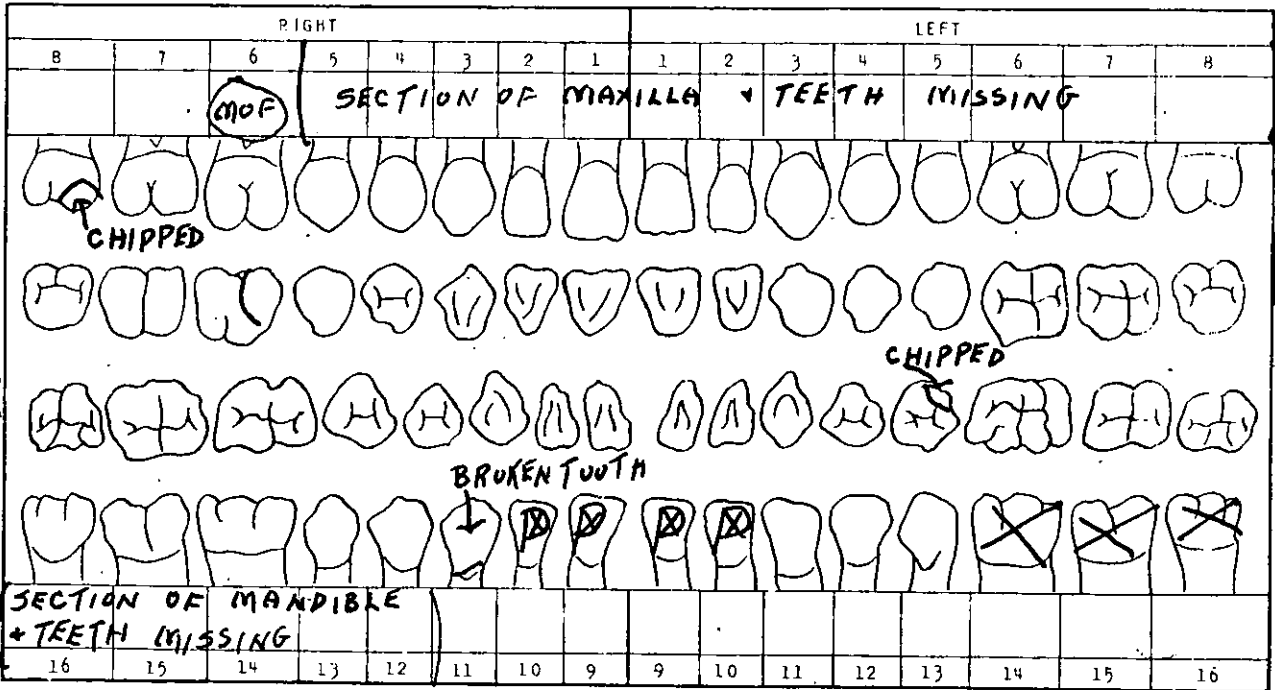
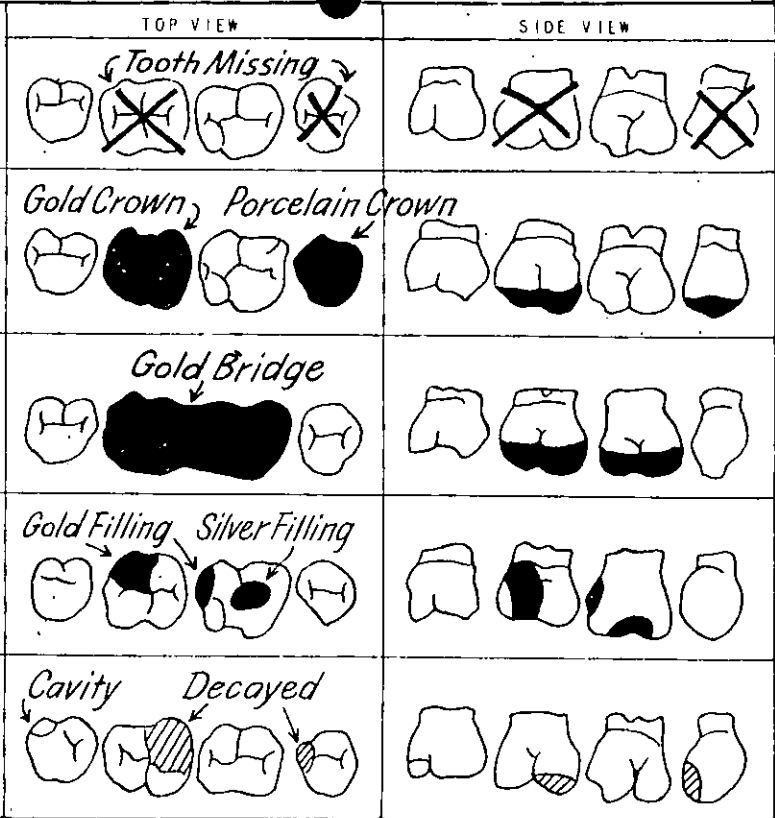
~~2nd Lt, O-681954~~

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

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

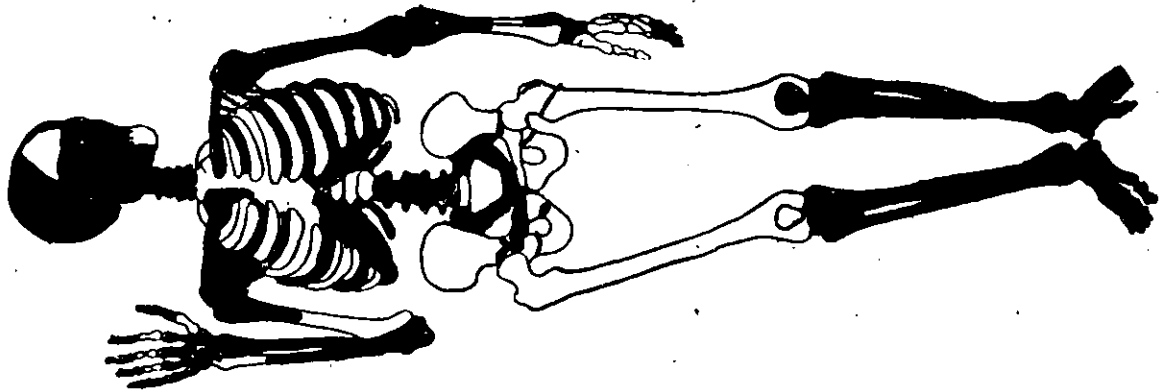
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



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."

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. Cravenor
Paul L. Cravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a rather short man of 24 to 26 years of age.
The few skull fragments add nothing toward description.

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, TITLE, OR SERVICE AND ORGANIZATION

SIGNATURE

C. W. GREENWOOD, CAPT., MC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

C. W. Greenwood

25

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Part of left side of mandible present. All missing except portion of frontal.
VERTEBRAE	CERVICAL	0		7 missing.
	THORACIC	6		1,2,3,4,6, and 7 missing.
	LUMBAR	1		1,2,3, and 4 missing.
SACRUM		1		Fractured - parts missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured - pubic missing.
	LEFT	1		Fractured.
RIBS		12		12 missing-fractured-fragments only.
STERNUM		1		Fractured-portion of manubrium missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	1		Fractured.
HUMERI	RIGHT	1		Fractured - upper 2/3 missing.
	LEFT	0		Missing.
RADII	RIGHT	0		Missing.
	LEFT	1		All missing except lower 1/2.
ULNAE	RIGHT	1		All missing except lower 1/3.
	LEFT	1		All missing except 2" of midshaft.
HANDS	RIGHT	1		All missing except capitate, 1 metacarpal and some phalanges.
	LEFT	1		All missing except 1,2,3,6, & 5 metacarpals and some phalanges.
FEMORA	RIGHT	1	43.8	
	LEFT	1	43.6	Fractured at upper third.
PATELLAE	RIGHT	1		
	LEFT	0		Missing.
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO

APPROXIMATE

160 63.0

ESTIMATED HEIGHT 5' 3"

AGE

24 to 26

YEARS

ESTIMATED WEIGHT approx 140 to 145 lbs.

LEG-HIP BR RATIO

ENCLOSURE TO:

White, William H., Sub Lt. G-681854

UNKNOWN X-113

Paul L. Gravenor
Paul L. Gravenor
Lab Supervisor
ANTHROPOLOGIST

NARRATIVE

The remains of:

White, William W.,
Mahian, John J.,
Jones, Harold G.,
Loniussko, 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.

NARRATIVE

The remains of:

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

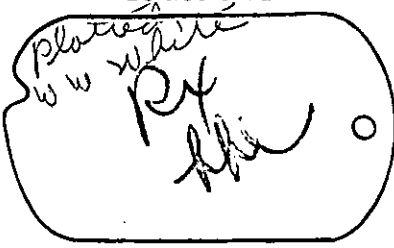
RESTRICTED

WD 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

13 March 1950

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNIDENTIFIABLE (Formerly White, William UNKNOWN X-113 W., USMC Kalaikunda)</p>		<p>SERIAL No. Unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>
	<p>RACE White</p>	<p>RELIGION Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH Near Shillong Road, Assam, India</p>	<p>CAUSE OF DEATH Explosion and disintegration of plane in mid-air</p>	<p>DATE OF DEATH 7 May 1944</p>
--	--	-------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p> <p>Ltr. OQMG, QMGHT 293, GRS Pacific dtd 21 December 1949 Subj: Identification of World War II Deceased.</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes</p>	

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
24 Feb. '48		Final type casket				1703

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p align="center">USMC Kalaikunda, India</p>	<p>PLOT No. 7</p>	<p>ROW No. S</p>	<p>GRAVE No. 1853</p>
---	---	-----------------------	----------------------	---------------------------

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

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

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

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

<p>SIGNATURE OF PERSON PREPARING REPORT <i>I. K. Usher</i> I. K. USHER - Clerk</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Donald D. Hinds</i> DONALD D. HINDS, 1st Lt., QMC</p>
--	---

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'

Section 3 UNIDENTIFIED REMAINS.


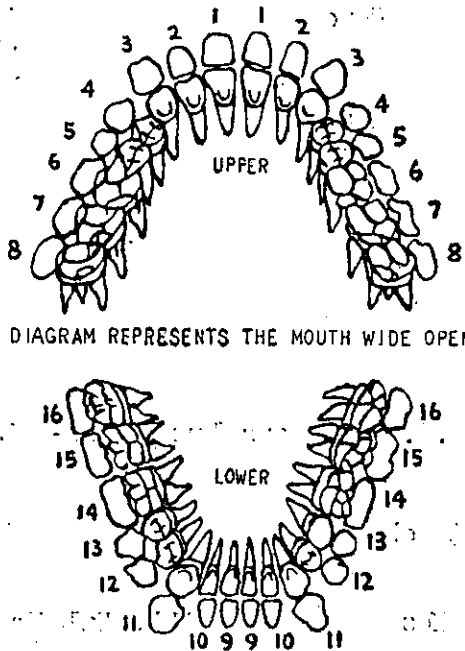




INSTRUCTIONS:

(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.

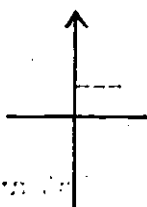
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

Identification Station


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

13 March 1950

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNIDENTIFIABLE (Formerly White, William W., USMC Kalaikunda) UNKNOWN X-113</p>		<p>SERIAL No. Unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>
	<p>RACE White</p>	<p>RELIGION Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH Near Shillong Road, Assam, India</p>	<p>CAUSE OF DEATH Explosion and disintegration of plane in mid-air</p>	<p>DATE OF DEATH 7 May 1944</p>
---	---	--

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ltr. OQIG, QMC 293, GRS Pacific dtd 21 December 1949 Subj: Identification of World War II Deceased.</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes</p>	

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. 1703
--------------------------------------	------	---	----------------------	----------	---------	--------------------------

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USMC Kalaikunda, India</p>	<p>PLOT No. 7</p>	<p>ROW No. 8</p>	<p>GRAVE No. 1853</p>
--	--	------------------------------	-----------------------------	----------------------------------

<p>TYPE OF RELIGIOUS CEREMONY ---</p>	<p>PERSON CONDUCTING BURIAL RITES ---</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

<p>SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT DONALD D. HINDS, 1st Lt., OMC</p>
--	---

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 2

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.

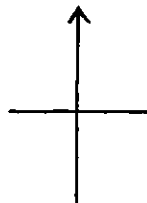
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	
FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	

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



REMARKS:

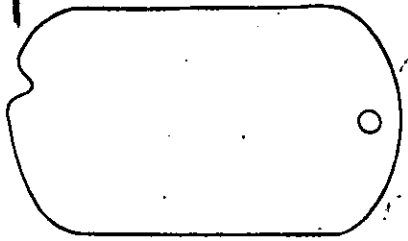
22 MAR 1950
Identification Station

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT
12 Feb 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) White, William W.		SERIAL NO. 0-681954 ³⁰⁵
GRADE 2nd/Lt	ORGANIZATION 82nd Bomb Squadron. 12th Bomb Group.	BRANCH OF SERVICE AAF
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Over Shillong Road Assam, India	CAUSE OF DEATH Plane exploded in Mid-Air	DATE OF DEATH 7 May 1944
--	---	-----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs William W. White, Ocilla, Georgia

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) yes (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 11 Feb 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Reg. V-Type	PLOT No. 7	ROW No. S	GRAVE No. 1853
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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. 12
--	---	---------------	--------------	-----------------

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) Allen, Henry C.	RANK S/Sgt	SERIAL No. 14068325	ORGANIZATION 7th Bomb Group	GRAVE No. 1854
---	---------------	------------------------	--------------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Iles, Francis H.	RANK S/Sgt	SERIAL No. 12173840	ORGANIZATION 429 Bomb Sqdn	GRAVE No. 1852
---	---------------	------------------------	-------------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT Pfc P.J. Krystosek <i>P. Krystosek</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S Smith Jr, 2nd Lt, Inf <i>William S Smith Jr</i>
--	--

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.

Doc 1#3

Section 3. UNIDENTIFIED REMAINS.


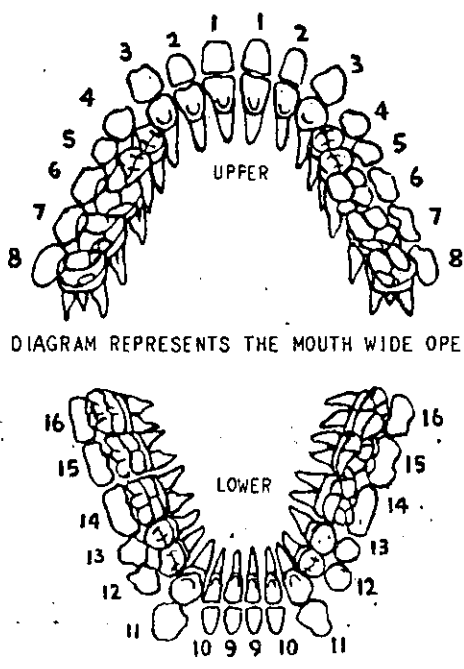




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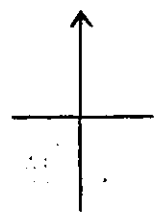
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	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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



REMARKS: