733

MC RL

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

Interred 31 January 1949 **DISINTERMENT DIRECTIVE**

C 1176 - Cemetery Superintendent

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
ALVAN C. BAKER	4996 00000	15 (DAY) 12 (MONTH) 47 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN	X-000015	0	Q	DAY MONTH YEAR

CEMETERY		DISPOSITION OF REMAINS
KALAIKUNDA	O	0492 (CODE) 64 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
3	J	963	INDIA	6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-15	Unknown	Unk	Unknown	15 Oct 47

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	UNKNOWN	Unknown	RICHARD A WARREN, 1st Lt ORD NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Temporary casket	Skeletal

OTHER MEANS OF IDENTIFICATION

Disinterment record and mortuary plates

MINOR DISCREPANCIES *1*

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 16 Oct 47 BY WILLIAM A MCNANAMY, EMBALMER

CASKET SEALED BY	EMBALMER (*Signature*)
J N ROBINSON	J N ROBINSON

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 12 Jan 49 BY J N ROBINSON	12 JAN 1949 A J ROBERTSON, EMBALMER

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, EMBALMER

SIGNATURE OF GRS INSPECTOR

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

"Inspected for identification only per paragraph 2, 1st Ind. JMG, file QMGMO 293 (Pacific), dated 5 May 1948." J.S.M.

QMC FORM REV 15 MAR 46 1194

"Inspected for identification only per paragraph 2, 1st Ind JMG, file QMGMO 293 (Pacific), dated 5 May 1948." NLN

Ltr of 15

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM U. S. ARMY MAUSOLEUM NO. 3		TO CHIEF HAWN D C	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER John L. Murphy JOHN L. MURPHY Capt., QMC 01585944	DATE 19 JAN 1949	SIGNATURE OF RECEIVER James B. Harris JAMES B HARRIS CAPTAIN Q M C	DATE JAN 19 1949

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

QMXMT 293 1st Ind.
GRS Pacific

SUBJECT: Resolution of Unidentified Remains

Department of the Army, QMC, Washington 25, D. C., 19 January 1949

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

1. Reference is made to basic communication and inclosures withdrawn.

2. Subject cases have been reviewed and this office concurs in the classification of the following unknowns as unidentifiable: Unknowns X-15, X-18 and X-49, formerly Kalaikunda, India; Unknowns X-326, X-350A, X-350B, X-351A, X-351B, X-352A, X-352B, X-869 and X-877, formerly Shanghai, China.

FOR THE QUARTERMASTER GENERAL:

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

12 Incls: w/d

Morgan:gjb

NJS

JCM

12 ul

Replace X-15 KALAIKUNDA

In reply refer to:

Jan 5 1949

RRREC 293

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith QMC Forms 1044 for twelve unidentified remains, stamped ans signed in accordance with letter, DA OQMG QMGSU 293 GRS (Pacific Zone, Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

HORACE MANN
Captain, QMC
Chief, RR Div

12 Incls

1. QMC Form 1044-1044a-1044b-Bone List-X-15-Kalaikunda
2. QMC Form 1044-1044a-1044-b-Bone List-X-18-Kalaikunda
3. QMC Form 1044-1044a-1044b-Bone List-X-49-Kalaikunda
4. QMC Form 1044-1044a-1044-Bone List-X-326-Shanghai
5. QMC Form 1044-1044b-Bond List-X-350-"A"-Shanghai
6. QMC Form 1044-1044a-1044b-Bone List-X-350 "B"-Shanghai
7. QMC Form 1044-1044a-1044b-Bone List-X-351 "A" -Shanghai
8. QMC Form 1044-1044b-Bone List-X-351 "B"-Shanghai
9. QMC Form 1044-1044a-1044b-Bone List-X-352 "B"-Shanghai
10. QMC Form 1044-1044a-1044b-Bone List-X-352 "A"-Shanghi
11. QMC Form 1044-1044a-1044b-Bone List-X-869-Shanghai
12. QMC Form 1044-1044a-1044b-Bone List-X-877-Shanghi

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
X-15. KALAIKUNDA, INDIA	26 April 1948

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
U. S. Army Mausoleum # 2, Box 738 Formerly of U. S. Military Cemetery, Kalaikunda, India		M	66		
	3	J	963	22 Apr '48	26 Apr '48

PHYSICAL DESCRIPTION Aged: 22 to 24 years.

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
150 lbs.	66.93 5' 6-7/8"	UTD	White.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag reading: Unknown X-15.
One (1) embossed metal grave marker, attached to top of casket reading: Unknown X-15, Plot-3, Row-J, Grave - 963.

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

None.

UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA
CLARENCE B. WATTS
Capt. QMC 0358911 Clarence B. Watts 4 Jan 1949

14. WAS BODY BURNED? ☐ YES ☒ NO — TO WHAT EXTENT?

15. WAS BODY MANGLED? ☒ YES ☐ NO — TO WHAT EXTENT? Skull, ribs, femurs, tibiae, fibulae.

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)*

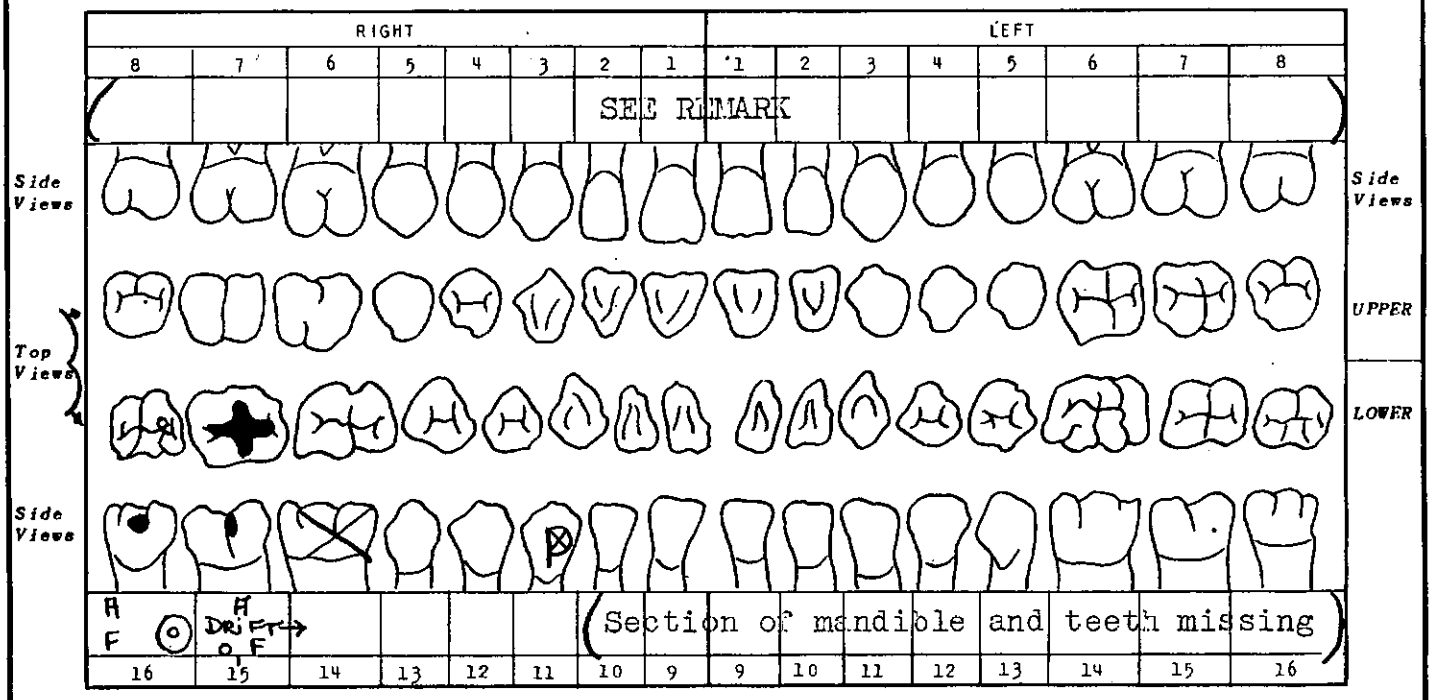
None.

Incl 1

QMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

18. TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS: X-15	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: KALAIKUNDA, INDIA	Gold Crown, Porcelain Crown	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling, Silver Filling	
CARIES *(Cavities)*: OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity, Decayed	

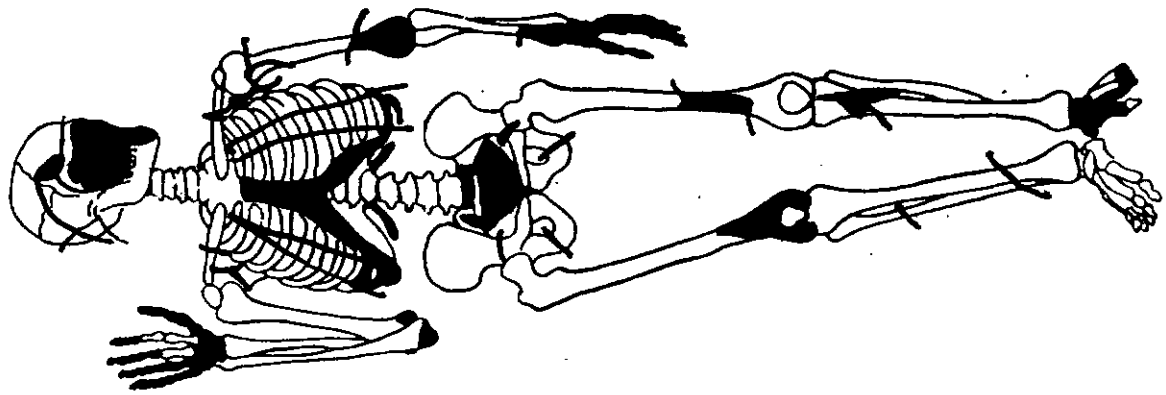


DENTURES *(Plates)*: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

1. Maxilla and teeth missing except for L-1.

X-15 KALAIKUNDA, INDIA

19. BLACK OUT PARTS OF BODY NOT R[illegible]ERED



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
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

See attached narrative.

Paul L. Gravenor
SIGNATURE OF MEDICAL OFFICER

Paul L. Gravenor, Lab Supervisor.

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young individual, of average height, rather slender, of medium muscularity and approximately 22 to 24 years of age.

The skull is average in size and of a medium oval in shape and type, with a noticeable high vault.. The forehead is average in height and quite narrow. The backhead is quite flat with a minimum occipital protuberance. The absence of the necessary parts eliminates description of facial characteristics. The portion of mandible present indicate a strong lower jaw and presents a wide gonial flare.

Fluoroscopic examination unnecessary. Teeth charted.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
O. W. GREENWOOD, CAPT., QMC CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957	O. W. Greenwood a.L.

QMC FORM 18 MAR 47 1044b

CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	55.0	Fractured across forehead & backhead hole in rt. frontal, lt temporal missing. See facial parts missing, rt 1/2 mandible present.
VERTEBRAE	CERVICAL	7		
	THORACIC	8		#1, 2, 3, & 4 missing.
	LUMBAR	4		# 5 missing.
SACRUM		1		Fractured, most parts missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	Fractured through acetabulum and ilium.
	LEFT	1	UTD	Fractured through acetabulum and ilium.
RIBS		19		5 missing, all present fractured.
STERNUM		1		Manubrium present only.
CLAVICLES	RIGHT	1	15.6	Fractured midshaft.
	LEFT	1	15.7	Fractured midshaft, part missing.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1	33.5	
	LEFT	1		Fractured at head, midshaft, lower 1/3 missing.
RADII	RIGHT	1	24.7	
	LEFT	1		Fractured, lower 1/3 missing.
ULNAE	RIGHT	1		Olecranon process missing.
	LEFT	1	26.2	
HANDS	RIGHT	1		#2 & 3 metacarpals & one phalange present.
	LEFT	0		Missing.
FEMORA	RIGHT	1		Fractured at lower third, same missing.
	LEFT	1		Fractured midshaft, frontal portion missing.
PATELLAE	RIGHT	1		
	LEFT	1		
TIBIAE	RIGHT	1		Fractured lower 1/3.
	LEFT	1		Fractured through head & upper third.
FIBULAE	RIGHT	1	(40.6)	Fractured upper & lower 1/3.
	LEFT	1		Fractured upper 1/3.
FEET	RIGHT	1		
	LEFT	1		#3 & 4 metatarsals & one phalange present.

HUMERO-CLAVICULAR RATIO	46.6	APPROXIMATE	
ESTIMATED HEIGHT 66.93 5' 6-7/8"	AGE	22 to 24	YEARS
ESTIMATED WEIGHT 150 lbs.		LEG-HIP BR RATIO	UTD

ENCLOSURE TO: X-15 KALAIKUNDA, INDIA

Paul L. Gravenor, Lab Supervisor.

Paul L. Gravenor
ANTHROPOLOGIST

GP - AGRS 21
29 SEP 47

NARRATIVE

The following cases, Kalaikunda, India, X-15, X-16, X-17 and X-18 were processed simultaneously. According to case records, these "Unknowns" all died in the same plane crash. Association of extra parts with remains has been determined by articulation, morphology, color, general structure and length. Listed below are changes:

(1) Lower 1/2 of right radius from "X-16" associated with and placed with "X-17".

(2) Extra left innominate from "X-16" associated with and placed with "X-15".

(3) Mandible. 1/2 (right) from "X-15" associated with mandible 1/2 (left) from "X-16". Completely associated mandible with and placed with "X-17".

(4) Lower 1/2 of left femur from "X-16" associated with and placed with upper left femur of "X-18".

(5) Sacrum from "X-17" associated with and placed with innominates of "X-16".

C.I.L. "Unknown X-733, removed from casket of "Unknown X-18", Kalaikunda, India, Plot-3, Row-1, Grave-857, U. S. Army Mausoleum #2, Box 707. One (1) extra left radius that cannot be associated with "X-15", "X-16","X-17" or "X-18".

RESTRICTED

REINTERMENT

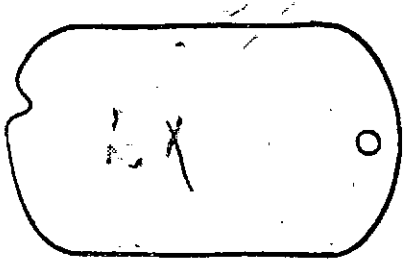
WD QMC Form 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of report: 15 Dec 1945

Imprint Identification Tag If Possible. DO NOT TYPE



Section 1.—IDENTIFICATION. (see Section 3 on reverse)

Name (*Last, first, middle initial*): Unknown X-15 (formerly X-6 of Panitola)

Serial No.:

Grade:

Organization:

Branch of Service:

Race:

Religion:

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

Place of death: Namhkam 97°40'E - 23°50'N

Cause of death: Plane crash

Date of death: Unknown

Emergency addressee (*Name, relationship, and address*):

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

Were substitute tags provided? (*Yes or no*): Yes

If no tags found on body, describe means of identification (*If unidentified, fill in section 3 on reverse*):

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.
13 Dec.1945	1600	Blanket	Cross	3	J	963

Was this a reburial? (*Yes or no*): Yes

If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave: U.S. Mil. Cem., Panitola, Assam, India

Plot No.	Row No.	Grave No.
–	A	7

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*): Yes (X-6)

Identification tag attached to marker (*Yes or no*): Yes (X-15)

Body buried on deceased left, name (*Last, first, middle initial*)	Rank	Serial No.	Organization	Grave No.
Steele, George R.	Pfc	34318075	445 Sig Hv. Const.	964

Body buried on deceased right, name (*Last, first, middle initial*)	Rank	Serial No.	Organization	Grave No.
Burke, Robert F.	Sgt	13060400	1333 AAF Base Unit	962

Signature of person preparing report: T/3 R.E. Berry R E Berry

Signature of GRS Officer verifying report: Bill D. Reeve, 1st Lt., Sig C

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

Incl to # 331

320

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

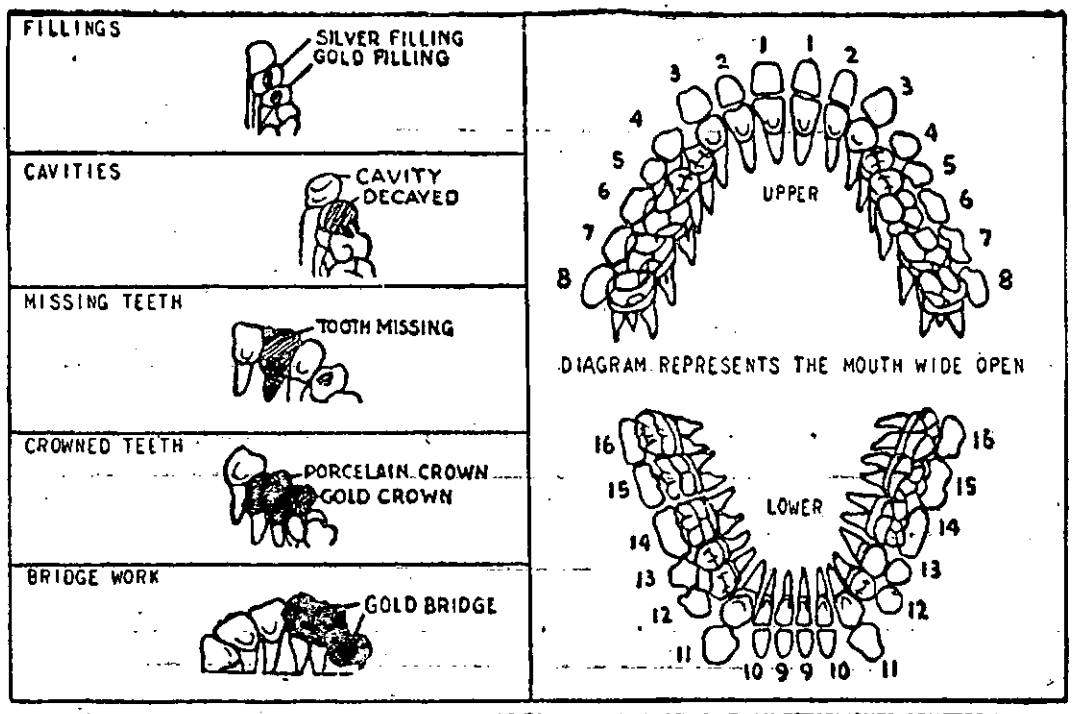
Right Thumb

Right Index Finger

Right Middle Finger

Right Ring Finger

Right Little Finger



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

REMARKS:

Remains of X-15 (formerly X-6 of Panitola)
1. Posterior area of right mandible.
2. Teeth present:
   R -14,15,16 no fillings
3. ~~Posterior of right maxilla~~
4. Teeth present:
   R - 6,7,8 no fillings
5. All other portions of the jaw bones were not present so could not give identification of teeth in bones not found.

signed Harold E. Jensen,Capt.,D.C.

Cres.—469.5.

RESTRICTED

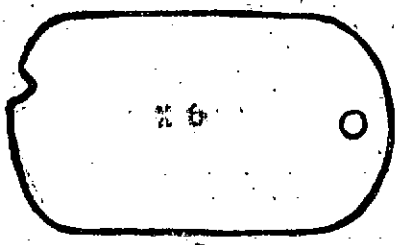
WD QMC Form 1042
Rev 1 February 1945
(Supersedes form dated 3 Jan. 1945. Existing stocks may be used until exhausted.

REPORT OF INTERMENT

(TM 10-630 and AR 30-1815)

Date Report Filed out: 8 August 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial): Unknown X-6

RANK:
SERIAL NUMBER:
COUNTRY:
ORGANIZATION:
BRANCH:
RACE:
RELIGION:
DATE OF DEATH:

PLACE OF DEATH: 97° 40' E. - 23° 50' N.

CAUSE OF DEATH: Airplane Crash (Numbers not obtainable)

IDENTIFICATION TAGS FOUND ON BODY: [ ] 1 [ ] 2 [X] NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.):

DISPOSITION OF SUBSTITUTE TAGS, IF MADE: 1 in casket - 1 on grave marker

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE: [ ] YES [X] NO

COMPLETE TOOTH CHART ON REVERSE: [X] YES [ ] NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

See report of Examination and Identification of human remains for Unknown X-6

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NAME OF EMERGENCY ADDRESSEE:

ADDRESS OF EMERGENCY ADDRESSEE:

Name, Number and Location of Cemetery: American Military Cemetery, Panitola, Assam, India

Date of Burial	Hour	Plot No.	Row No.	Grave No.	Grave Marker
8 August 1945	1500		A	7	Christian Cross

Type of Religious Ceremony: Military Service (Protestant)

Person Reporting Burial: W. M. DeLOACH, 1st.Lt., QMC

Identification Tags Buried with Body: [X] Yes [ ] No

Attached to Marker: [X] Yes [ ] No

If Identification Tags not present, what other identification data buried with body and in what kind of containers.

One copy of WD QMC Form 1042 sealed in bottle and placed in casket.

(BODIES BURIED EITHER SIDE *See Paragraph 2 on Reverse*)

Body on Left, Name (*Last, First, Middle Initial*)	Rank	Serial No.	Organization	Grave No.
Taylor, Frank B., Jr.	PFC	18007138	492 Bomb Sq 7th Bomb Gr	6

Body on Right, Name (*Last First, Middle Initial*)	Rank	Serial No.	Organization	Garve No.
Cumis, Frank J.	T/3	15077927	Det of Pat 234 Gen Hosp	8

Person Conducting Burial Rites: Chaplain Rush (Captain)

Verified by G. R. S. Officer: W M DeLoach
W. M. DeLOACH, 1st Lt., QMC
Graves Registration Officer

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Instructions for Filling out 'Burial Report': Prepare in quadruplicate for U. S. dead, one additional copy for Allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against casualty reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer.

OVER FOR BURIAL INSTRUCTIONS

RESTRICTED

Incl #30

Cres.—153-5

1	Left Little Finger
2	Left Ring Finger
3	Left Middle Finger
4	Left Index Finger
	Left Thumb
	Right Thumb
4	Right Index Finger
3	Right Middle Finger
2	Right Ring Finger
1	Right Little Finger

WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

INSTRUCTIONS FOR BURIAL

1. **PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE:** HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE. IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

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

WEAPON AND SERIAL NUMBER	LAUNDRY MARKS	WHERE BODY WAS BURIED

2. **LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

3. **PERSONAL EFFECTS:** LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.

FILLINGS

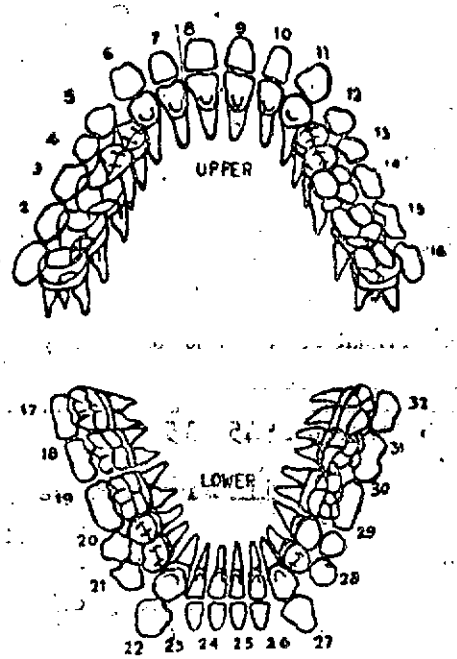
CAVITIES

MISSING TEETH

CROWNED TEETH

BRIDGE WORK

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



SKETCH AND MAP REFERENCE

Remains of X-6

1. Posterior area of right mandible.
2. Teeth present:
   R-14,15,16 no fillings.
3. Posterior of right maxilla.
4. Teeth present:
   R-6,7,8 no fillings.
5. All other portions of the jaw bones were not present, so could not give idenification of teeth in bones not found.

Harold E. Green capt. MC

HEADQUARTERS
NINTH MEDICAL LABORATORY
APO 629

8 August 1945

SUBJECT: Examination and Identification of Human Remains.

TO : The Graves Registration Officer, 105th QM Graves Registration Platoon, Hq Int Gen Depot, APO 629.

1. Following is the report of the examination and attempts to identify by this laboratory a set of human remains, your X-6, received 8 August 1945.

X-6 (our A-235) The human remains consists of separate bones, some of which have adherent decomposed soft tissue remnants. Among the bones present the following were recognized:

Incomplete skull--major portion of maxilla and entire mandible absent
Separate remnants of maxilla and mandible--see attached QM Form 1042
Several ribs
Upper third right humerus
Left ulna
Incomplete left pelvis
Upper third right tibia
Upper third left femur
Bones of right and left foot

Identification of the body remnants is not possible at this laboratory.

For the Commanding Officer:

H. J. SIMMONS
Captain, MC