

410

RL

101

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

Interred 7 February 1949 **DISINTERMENT DIRECTIVE**
B 1192 Cemetery Superintendent

Alvan C. Baker

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

NAME: **UNKNOWN X-000016** SERIAL NUMBER: **X-000016** RANK: **Q** ARM: **Q** DATE OF DEATH: **15 12 47**
DAY MONTH YEAR

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

PLOT: **4** ROW: **C** GRAVE: **276** 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-16** SERIAL NUMBER: **Unknown** RANK: **Unk** DATE OF DEATH: **Unknown** DATE DISTINTERRED: **3 Oct 47**

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Temporary casket** CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION: **Slip of paper with X-16 in bottle and cemetery record**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASKET: **6 Oct 47**

DATE: **6 Oct 47** BY: **WILLIAM A MCNANAMY, EMBALMER**
CASKET SEALED BY: **J N ROBINSON** EMBALMER (Signature): *J N Robinson*

CASKET BOXED AND MARKED: **13 Jan 49** BY: **J N ROBINSON** SHIPPING ADDRESS VERIFIED BY: **A J ROBERTSON, EMBALMER**
DATE: **13 Jan 49**

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.
Requested for identification only per paragraph 2, 1st In. of QMGMO 293 (Pacific), dated 5 May 1948.

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 <i>John L. Murphy</i> JOHN L. MURPHY Capt. OMC 01585044	DATE JAN 1946	SIGNATURE OF RECEIVER <i>James B Harris</i> JAMES B HARRIS CAPTAIN OMC	DATE JAN 19 1946

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 SA DE BVAVTI HOLOGONO NATIONALS 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

AIR MAIL

FORM 273
GDS Pacific

1st Ind.

SUBJECT: Resolution of Unidentified Remains

Department of The Army, GDS, Washington 25, D. C., 23 March 1949

TO: Commanding Officer, American Graves Registration Service, Pacific
Zone, APO 952, 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 Unknowns X-16, X-38, X-39, X-40, X-57, X-72, X-73,
X-81, formerly USMC Kalaikonda, India; X-31 X-38, X-150, X-161, X-170,
X-273, X-274, X-336-A, X-336-B, X-356, formerly USMC Shanghai, China;
X-270, X-271, X-272, formerly Kowloon Depot Shanghai, China; X-229,
X-234, X-241, X-254, X-256, X-311, X-325 ARE Guadalcanal, as
unidentifiable.

3. Your attention is invited to the fact that Form 1044 for
Unknown X-31, Kalaikonda, India is listed as inclosure number 5, however,
Form 1044 for Unknown X-31, Shanghai, China is enclosed. Unknown X-31,
Kalaikonda, India was declared unidentifiable and your Office was advised
under letter dated 7 December 1948.

FOR THE QUARTERMASTER GENERAL:

21 Incis: w/d

T. E. HEEK
Lt. Colonel, GSC
Memorial Division

FEB

B. Fenwick:lak
Jeffrey
J. Windsor

IJS

cc: Administrative Section

28
copy

Refer to X-16
Kalaikonda

AIR MAIL

COPY:

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
RRREC 293

JAN 3 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith QMC Forms 1044 for twenty eight unidentified remains, stamped and signed in accordance with letter, DA OQMG QMGMU 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:

/s/ HORACE MANN
HORACE MANN
Captain, QMC
Chief, RR Div

28 Incls

1. QMC Form 1044-1044a-1044b-
Bone List-X-16-Kalaikunda
2. QMC Form 1044-1044b-Bone
List-X-38- Kalaikunda
3. QMC Form 1044-1044b-Bone List-
X-39-Kalaikunda
4. QMC Form 1044-1044b-Bone List-
X-40-Kalaikunda
5. QMC Form 1044-1044b-Bone List-
X-51-Kalaikunda
6. QMC Form 1044-1044a-1044b-Bone
List-X-57-Kalaikunda
7. QMC Form 1044-1044a-1044b-Bone
List-X-72-Kalaikunda
8. QMC Form 1044-1044a-1044b-Bone
List-X-73-Kalaikunda
9. QMC Form 1044-1044a-1044b-Bone
List-X-81-Kalaikunda

COPY:

AIR MAIL

28 copy

*Reference in X-16
Kalaikunda*

COPY:

RRREC 293

SUBJECT: Resolution of Unidentified Remains

28 Incls

10. QMC Form 1044-1044b-Bone List-X-88-Shanghai
11. QMC Form 1044-1044b-X-160-Shanghai
12. QMC Form 1044-1044b-X-161-Shanghai
13. QMC Form 1044-1044a-1044b-Bone List-X-170-Shanghai
14. QMC Form 1044-1044a-1044b-Bone List-X-273-Shanghai
15. QMC Form 1044-1044a-1044b-Bone List-X-274-Shanghai
16. QMC Form 1044-1044b-Bone List-X-336 "A"-Shanghai
17. QMC Form 1044-1044b-Bone List-X-336 "B"-Shanghai
18. QMC Form 1044-1044a-1044b-Bone List-X-356-Shanghai
19. QMC Form 1044-1044a-1044b-Bone List-X-870-Shanghai
20. QMC Form 1044-1044a-1044b-Bone List-X-871-Shanghai
21. QMC Form 1044-1044a-1044b-X-879-Shanghai
22. QMC Form 1044-1044a-1044a(for CIL 571) 1044b-Bone List-X229-Guadalcanal
23. QMC Form 1044-1044a-1044b-Bone List-X-234-Guadalcanal
24. QMC Form 1044-1044a-1044b-Bone List-X-241-Guadalcanal
25. QMC Form 1044-1044a-1044b-Bone List-X-284-Guadalcanal
26. QMC Form 1044-1044a-1044b-Bone List-X-286-Guadalcanal
27. QMC Form 1044-1044a-1044b-Bone List-X-311-Guadalcanal
28. QMC Form 1044-1044a-1044b-Bone List-X-325-Guadalcanal (Lockett, George R.)

Many cases taken care of

COPY:

2

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-16 KALAIKUNDA, INDIA				2. DATE OF REPORT 26 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	C	276	DISINTERMENT	REINTERMENT
				22 Apr '48	26 Apr '48

PHYSICAL DESCRIPTION			Age: 22 - 24		
8. ESTIMATED WEIGHT 150 lbs.	9. ESTIMATED HEIGHT 180 - 70.87 - 5' 10-3/4"	10. COLOR OF HAIR UTD		11. RACE White.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag reads: "Unknown X-16",
 One (1) embossed plate on box reads: "Unknown X-16, 4-C-276, Kalaikunda, India."

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES	UNIDENTIFIABLE	
None.	BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA	
	CLARENCE B. WATTS Capt. OMC 0358911	<i>Clarence Watts</i> <i>31 Dec 1948</i>

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Skull, right clavicle, right humerus, right and left radius, and left femur fractured.

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.

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

X-16

TOP VIEW

SIDE VIEW



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



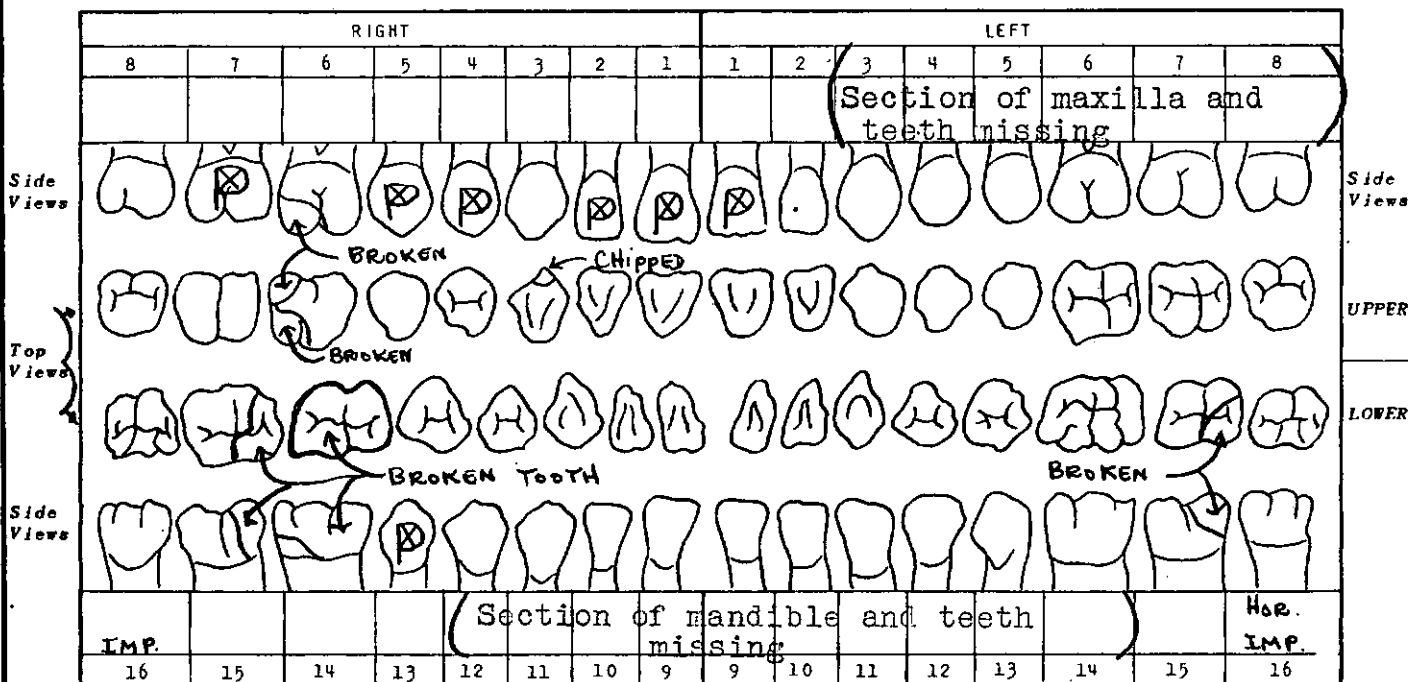
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



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

Cavity, Decayed

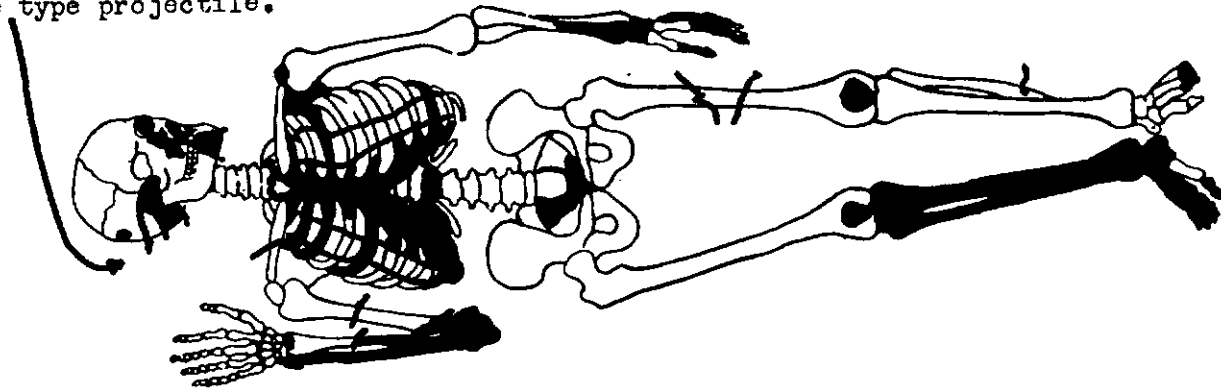


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

1. R-3 is in a slight torsion version.
2. R-15 and L-15 are in a slight torsion version.

19. BLACK CUT PARTS OF BODY NOT RECOVERED

Point of entry of some type projectile.



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

See attached narrative.

Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man of 22 - 24 years of age, of average height and body build.

The skull is average in circumference and round-oval in shape, with a very slight palpable occipital protuberance. The forehead is receding, the vault high, with prominent parietal bosses and brow ridges. Absence of facial parts eliminates description beyond what can be obtained from portion of right and left mandible and maxilla. The fractured palate appears to be average in size and normal in shape. The fractured lower jaw is rather heavy in structure and presents a slight gonial flare.

Teeth charted. Fluoroscopic examination not necessary.


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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
O. W. GREENWOOD, CAPT., QMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 95Z

SIGNATURE
O. W. Greenwood
d. l.

**CENTRAL IDENTIFICATION LABORATORY & MUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	56.3	Fractured right and left temporal, occipital, frontal, most facial parts are missing.
VERTEBRAE	CERVICAL	7		
	THORACIC	11		Eroded, one missing.
	LUMBAR	5		
SACRUM		1		Fractured, portion of right wing missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 27.6	
	LEFT	1		
RIBS		17		Seven missing, fractured.
STERNUM		1		Manubrium only present.
CLAVICLES	RIGHT	1	14.8	Fractured midshaft.
	LEFT	1	15.2	
SCAPULAE	RIGHT	1		Fractured.
	LEFT	0		Missing.
HUMERI	RIGHT	1		Fractured, midshaft, olecranon fossa missing.
	LEFT	1	35.4	
RADII	RIGHT	1		Fractured, head & lower 1/3 missing.
	LEFT	1		Fractured, lower 1/3 missing.
ULNAE	RIGHT	0		Missing.
	LEFT	1	27.2	
HANDS	RIGHT	1		1, 2, 3, 4 metacarpals & 2 phalanges present.
	LEFT	1		
FEMORA	RIGHT	1	48.4	
	LEFT	1		Fractured (compound) midshaft.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	0		Missing.
	LEFT	1	(39.4)	Medial malleolus, missing.
FIBULAE	RIGHT	0		Missing.
	LEFT	1	40.	Fractured, lower 1/4.
FEET	RIGHT	1		#1 metatarsal present only.
	LEFT	1		All present except a few terminal phalanges

HUMERO-CLAVICULAR RATIO	42.3	APPROXIMATE	
ESTIMATED HEIGHT	180 70.87 5' 10-3/4"	AGE	22-24 YEARS
ESTIMATED WEIGHT	150 lbs.	LEG-HIP BR RATIO	57.1
ENCLOSURE TO:	X-16 KALAIKUNDA, INDIA	Paul L. Gravenor, Lab Supervisor.	 ANTHROPOLOGIST

NARRATIVE

The following cases, Kalaikunda, India, X-15, X-16, and 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 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

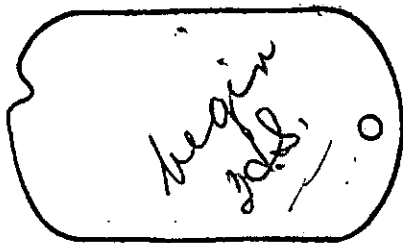
REINTERMENT

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
22 Dec 1945

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

Name (Last, first, middle initial)		Serial No.
UNKNOWN X-16 (Formerly X-7, Panitola)		
Grade	Organization	Branch of Service
Race	Religion	If other than U.S. dead, give name of country

Place of death 97° 40' E. - 23° 50' N.	Cause of death Airplane Crash (Numbers not obtainable)	Date of death
Emergency addressee (Name, relationship, and address)		

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) See reverse for examination and identification of human remains
Were substitute tags provided? (Yes or no) yes	

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.
20 Dec 1945	1600	Blanket	Cross	4	C	276

Was this a reburial? (Yes or no) yes	If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave. U.S. Military Cemetery, Panitola, Assam, India	Plot No. ---	Row No. A	Grave No. 9
---	--	-----------------	--------------	----------------

Type of religious ceremony Mil Protestant	Person conducting burial rites Chaplain Rush, Capt., ChC	If identification tags not used, describe identification data and containers buried with body one copy of form 1042 sealed in bottle and placed in casket.
Identification tag buried with body (Yes or no) yes (X-7)	Identification tag attached to marker (Yes or no) yes (X-16)	

Body buried on deceased left, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Stumpp, Dale F.	Sgt	37230189	1332-AAFBU	277
Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
None (Pathway)				

Signature of person preparing report S/Sgt H.D. Bardack	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

321 Incls # 51

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

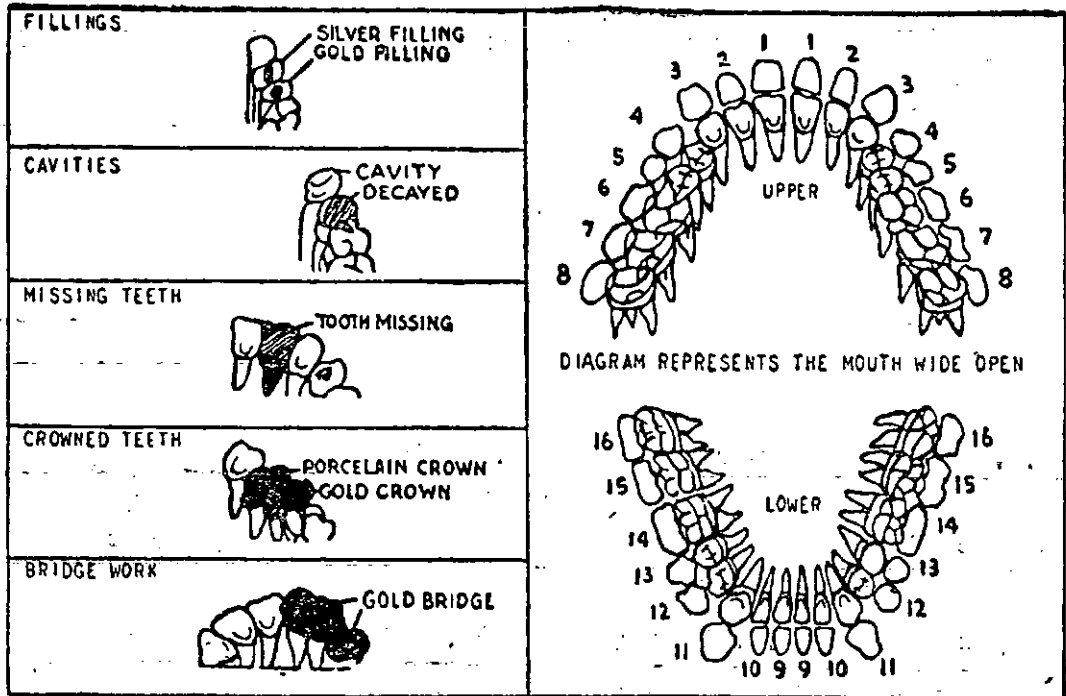
INSTRUCTIONS:

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured:

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars, or tattoos
Weapon and serial no.		Laundry marks		Where body was buried or found

Other identification clues



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

Remains of Unknown X-16 (Formerly Unknown X-7, Paritola)

1. Left maxilla and facial bones present
2. Teeth present:
R-1, 2, 3
L-1, 3, 4, 5, 6, 7, 8
L-1 fractured from maxilla.

(R-X)

REMARKS: all other portions of the jaw bones were not present, so could not give identification of teeth in bones not found.

/s/ Harold E Jensen,
Capt., D.C.

RESTRICTED

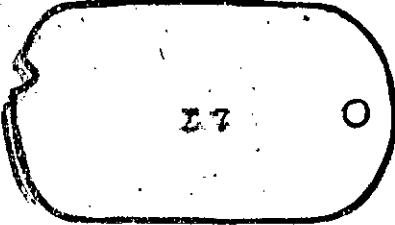
WD OMC Form 1042
Rev 1 February 1945
(Supersedes form dated
8 Jan, 1945. Existing stocks
may be used until exhausted.

REPORT OF INTERMENT

(TM 10-630 and AR 30-1815)

Date Report Filled out

8 August 1945

	NAME (Last, First, Middle Initial)		
	Unknown X-7		
	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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMPLETE TOOTH CHART ON REVERSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	--

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN
See report of Examination and Identification of human remains for Unknown X-7

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 8 August 1945	Hour 1500	Plot No.	Row No. A	Grave No. 9	Grave Marker Christian Cross
---------------------------------	--------------	----------	--------------	----------------	---------------------------------

Type of Religious Ceremony Military Service (Protestant)	Person Reporting Burial W. M. DeLOACH, 1st Lt., OMC
---	--

Identification Tags Buried with Body <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attached to Marker <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If Identification Tags not present, what other identification data buried with body and in what kind of containers.
One copy of WD OMC 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) Cumis, Frank J.	Rank T/3	Serial No. 15077927	Organization Dep of Int 234 Gen Hosp	Grave No. -8
Body on Right, Name (Last, First, Middle Initial) Open grave	Rank	Serial No.	Organization	Grave No. 10
Person Conducting Burial Rites Chaplain Rush (Captain)	Verified by G. R. S. Officer W. M. DeLOACH, 1st Lt., OMC 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

INSTRUCTIONS FOR BURIAL

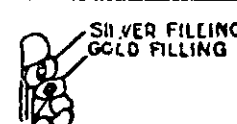
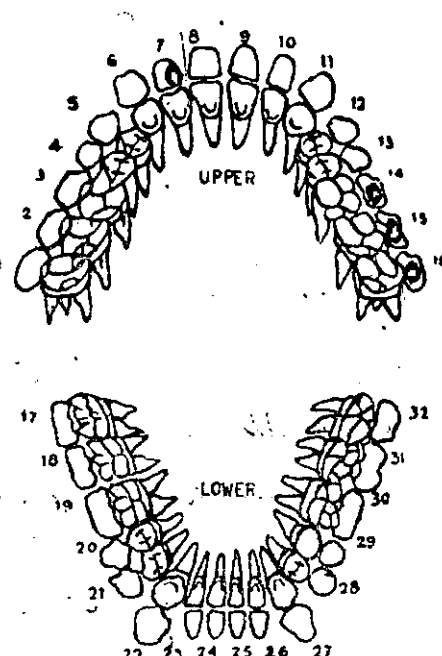




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52B. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION 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 HANKERCHIEF, 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	 <p>SILVER FILLING GOLD FILLING</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>UPPER</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>	

SKETCH AND MAP REFERENCE

Remains of X-7

1. Left maxilla and facial bone present.
2. Teeth present:
 R-1,2,3
 L-1,3,4,5,6,7,8
 L-1 fractured from maxilla.
3. All other portions of the jaw bones were not present, so could not give identification of teeth in bones not found.

Harold E. Lawrence

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

Little Finger	Left			
Ring Finger	Left			
Middle Finger	Left			
Index Finger	Left			
Thumb	Left			
Thumb	Right			
Index Finger	Right			
Middle Finger	Right			
Ring Finger	Right			
Little Finger	Right			

HEADQUARTERS
NINTH MEDICAL LABORATORY
APO 629

8 August 1945

SUBJECT: Examination and Identification of Human Remains.

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

1. Following is report of the examination and attempts to identify by this laboratory a set of human remains, your X-7, received 7 August 1945.

X-7 (our A-256) 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--only cranium present
Separate remnant of maxilla--see attached CG Form
1042
Several complete ribs and fragments
Left and right pelvis
Upper third right femur
Complete right tibia
Lower third right fibula
Upper half left tibia
Complete left fibula

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

For the Commanding Officer:

H. J. SIMMONS
Captain, MC