

318

RL (P11)

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

Interred 3 February 1949 **DISINTERMENT DIRECTIVE**
C 932 *Alvan C Baker* - Cemetery Superintendent

(18) ✓

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-000017** SERIAL NUMBER: **X-000017** 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: **3** ROW: **I** GRAVE: **864** 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: **(Empty)**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-17** SERIAL NUMBER: **Unknown** RANK: **Unk** DATE OF DEATH: **Unknown** DATE DISINTERRED: **14 Oct 47**
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNKNOWN** RELIGION: **Unknown** IDENTIFICATION VERIFIED BY: **RICHARD A WARREY, 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: **Disinterment Record**

MINOR DISCREPANCIES: **None**

REMAINS PREPARED AND PLACED IN CASSET: DATE: **15 Oct 47** BY: **W A MCNANAMY, EMBALMER**

CASKET SEALED BY: **R L TRASK** EMBALMER (Signature): *R L Trask*
R L TRASK

CASKET BOXED AND MARKED: DATE: **13 Jan 49** BY: **R L TRASK** SHIPPING ADDRESS VERIFIED BY: **A J. ROBERTSON, EMBALMER '19**

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, J.S.M.-OQMG, file QMGMO 293 (Pacific), dated 5 May 1948."

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3	19 JAN 1949	TO CHIEF HAWN D C
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> H. MURPHY Capt., QMC 01585944	DATE 19 JAN 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> JAMES B HARRIS CAPTAIN Q M C

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM ADMINISTRATIVE ORDER		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER OFFICE OF MAJ. HONOLULU NATIONAL CEMETERY	DATE	SIGNATURE OF RECEIVER

6. SHIPPED

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

7. SHIPPED

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

QUART 293
GFS Pacific

1st Ind.

SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, Washington 25, D. C., 17 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-17 and X-36, formerly of Kalailanda, India; Unknowns X-210, X-211, X-212, X-214, X-215, X-216 and X-218, all formerly of Gandacanal.

FOR THE QUARTERMASTER GENERAL:

T. H. MITE
Lt. Colonel, OMC
Memorial Division

9 Incls: w/d

SMorgan:gjb

NJS

JCM

*Note to 210
Gandacanal*

In reply refer to:
RRREC 293

Jan 6 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 nine unidentified remains, stamped and signed in accordance with letter, DA OQMG 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:

9 Incls

1. QMC Form 1044-1044a-1044b-
Bone List-X-17 Kalaikunda
2. QMC Form 1044-1044a-1044b-
Bone List-X-36-Kalaikunda
3. QMC Form 1044-1044b-Bone List
X-210-Guadalcanal
4. QMC Form 1044-1044b-Bone List
X-211-Guadalcanal
5. QMC Form 1044-1044a-1044b-Bone
List X-212-Guadalcanal
6. QMC Form 1044-1044a-1044b-Bone
List X-214-Guadalcanal
7. QMC Form 1044-1044b-Bone List-
X-215-Guadalcanal
8. QMC Form 1044-1044a-1044b-Bone
List X-216-Guadalcanal
9. QMC Form 1044-1044b-Bone List-
X-218-Guadalcanal

HORACE MANN
Captain, QMC
Chief, RR Div

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>By</i> X-17 PANITOLA, ASSAM, INDIA <i>(Kalaikunda)</i>				2. DATE OF REPORT 26 April 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India		4. PLOT 3	5. ROW 1	6. GRAVE Box 714 864	7. DATE OF DISINTERMENT 22 Apr '48	REINTERMENT 26 Apr '48

8. ESTIMATED WEIGHT 165 - 175 lbs.				9. ESTIMATED HEIGHT 5' 11-5/8"		10. COLOR OF HAIR None.		11. RACE White.	
--	--	--	--	--	--	-----------------------------------	--	---------------------------	--

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS **Aged: 24-26 years.**

One (1) form 1042 reading: "Unknown -- (paper torn & number is missing) American Military Cemetery, Panitola, Assam, India.
 One (1) duplicate I.D. tag reading: Unknown X-17.
 One (1) casket plate (embossed) reading: Unknown X-17, 3-1-864, Kalaikunda, India.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES				
UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA				
None.				
<table border="1"> <tr> <td>T. H. WATERS</td> <td>0-240035</td> <td><i>J.H. Waters</i></td> <td><i>4 Jan. 1949</i></td> </tr> </table>	T. H. WATERS	0-240035	<i>J.H. Waters</i>	<i>4 Jan. 1949</i>
T. H. WATERS	0-240035	<i>J.H. Waters</i>	<i>4 Jan. 1949</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, ribs, lower extremities.

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

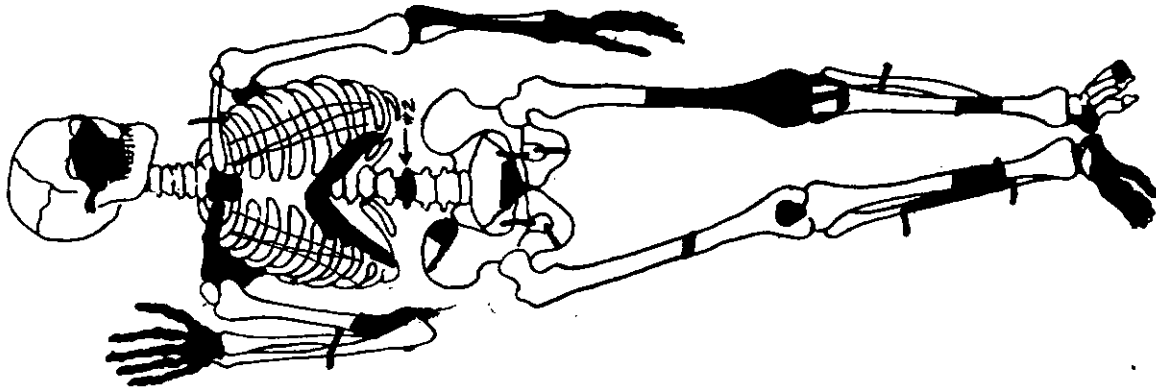
18. TOOTH CHART		
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p> <p style="text-align: center;">X-17</p>	<p style="text-align: center;"><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:</p> <p style="text-align: center;">KALAIKUNDA, INDIA</p>	<p style="text-align: center;"><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p style="text-align: center;"><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p style="text-align: center;"><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p style="text-align: center;"><i>Cavity, Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
This section of teeth								of this Maxilla							
and teeth								Missing							
								(M) A 0,0							
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
chipped								chipped							
chipped								chipped							
chipped								chipped							
(O,F) (O) A L O D								A O A F (O)							
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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

L-12 is in torsi version - also R-12

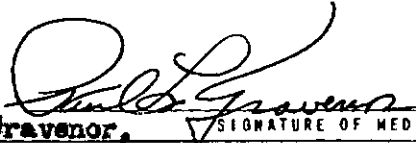
19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

See attached narrative.


 Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION


Picture a tall, fairly muscular, young man of approximately 24-26 years of age.

Skull presents a long-oval outline, prominent parietal bosses, with marked right asymmetry of skull. Backhead is projecting. Forehead rather narrow, with prominent frontal bosses.

Most face parts missing, except left 1/2 maxilla, malar and mandible. Face appears to have been fairly long and of average proportions. Mandible is of fairly rugged construction and forms a rounded bilateral eminence. Noticeable degree of 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 O. W. GREENWOOD, CAPT., MC CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957	SIGNATURE  O. W. Greenwood A. L.
---	---

A

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	54.2	All facial parts, except left half of nasal bones missing, also part of left parietal & temporal and occipital base.
VERTEBRAE	CERVICAL	6		#4 missing.
	THORACIC	12		
	LUMBAR	3		2 missing.
SACRUM		1		Fractured 3 segments present only.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	1/3 of crest missing, ischium & pubis fractured
	LEFT	1	28.8	Fractured pubic arch (ischium & pubis)
RIBS		24		Very badly fractured, only fragments remain.
STERNUM		1		Manubrium missing.
CLAVICLES	RIGHT	0		Missing.
	LEFT	1	16.3	
SCAPULAE	RIGHT	0		Missing.
	LEFT	1		Acromial process only.
HUMERI	RIGHT	1		Lower 1/4 missing.
	LEFT	1	36.0	
RADII	RIGHT	1	25.9	Fractured midshaft.
	LEFT	0		Missing.
ULNAE	RIGHT	1	27.6	Fractured midshaft.
	LEFT	1		Both ends missing.
HANDS	RIGHT	0		Missing.
	LEFT	0		*
FEMORA	RIGHT	1		Fractured midshaft, portion missing.
	LEFT	1		Lower 1/2 only.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1		Lower quarter fractured & section missing.
	LEFT	1		Badly fractured, section of shaft missing.
FIBULAE	RIGHT	1		Midshaft missing.
	LEFT	1		Upper 1/2 missing.
FEET	RIGHT	1		All missing except cuboid, talus, cuneiform, and mid cuneiform.
	LEFT	1		All missing except talus, cuboid, few metatarsals.

HUMERO-CLAVICULAR RATIO	45	APPROXIMATE	
ESTIMATED HEIGHT ¹⁸² 6' 11-5/8"	AGE	24-26	YEARS
ESTIMATED WEIGHT 165 - 175 lbs.	LEG-HIP BR RATIO	UTD	
ENCLOSURE TO:	X-17 KALAIKUNDA, INDIA Paul L. Gravenor, <i>Paul L. Gravenor</i> 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 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-738, 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

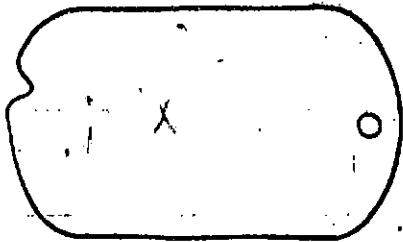
REINTEGRATION

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
21 Dec 1945.

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

Name (Last, first, middle initial)		Serial No.
UNKNOWN (X-17) Formerly X - 8 at 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 Plane Crash.	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 Section #3 Reverse.
Were substitute tags provided? (Yes or no) Yes (2)	

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, Bengal, India.

Date of burial	Hour	Buried in (Shroud, blanket, or name of other)	Type of grave marker	Plot No.	Row No.	Grave No.
19 Dec 1945.	1600	Blanket	Cross	3	I	864

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. 11
---	--	---------------	--------------	-----------------

Type of religious ceremony Protestant	Person conducting burial rites Chaplain Rush (Captain)	If identification tags not used, describe identification data and containers buried with body One copy of QMC Form 1042 sealed in bottle and buried in casket.
Identification tag buried with body (Yes or no) Yes	Identification tag attached to marker (Yes or no) Yes	

Body buried on deceased left, name (Last, first, middle initial) Haake, Robert W.	Rank 1st Lt.	Serial No. O-666166	Organization 1333.AAF. BU.ICD.ATC.	Grave No. 865
--	-----------------	------------------------	--	------------------

Body buried on deceased right, name (Last, first, middle initial) Jones, Norman E. Jr.	Rank F/O	Serial No. T-193342	Organization 1332 AAF BU.	Grave No. 863
---	-------------	------------------------	---------------------------------	------------------

Signature of person preparing report T/3 R. E. Berry. <i>REBerry</i>	Signature of GRS Officer verifying report <i>Bill D. Reeve</i> 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.

Inch # 282

RESTRICTED

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>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>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
UNKNOWN X-17 (Formerly X-8 of Panitola) The human remains consist 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; Maxilla and Mandible absent, including teeth.
- Several vertebrae with associated ribs
- complete right humerus
- Upper half left humerus

REMARKS:

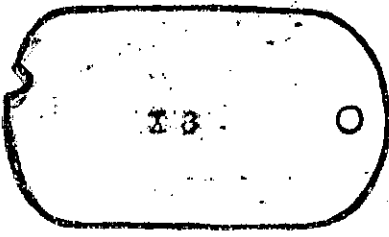
- Incomplete right pelvis; Complete left pelvis
- Upper third right femur; Complete left femur
- Upper third right tibia
- ?Bones of left foot

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 Filled out
8 August 1945

	FOR IMPRINT OF IDENTIFICATION TAG			NAME (Last, First, Middle Initial) Unknown X-8		
	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 type="checkbox"/> YES <input checked="" 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-8

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. 11	Grave Marker Christian Cross
---------------------------------	--------------	----------	--------------	-----------------	---------------------------------

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

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 QMC Form 1042 sealed in bottle and buried with casket.

(BODIES BURIED EITHER SIDE See Paragraph 2 on Reverse)

Body on Left, Name (Last, First, Middle Initial) Open grave	Rank	Serial No.	Organization	Grave No. 10
Body on Right, Name (Last, First, Middle Initial) Open grave	Rank	Serial No.	Organization	Grave No. 12

Person Conducting Burial Rites Chaplain Rush (Captain)	Verified by G. R. S. Officer 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

INSTRUCTIONS FOR BURIAL


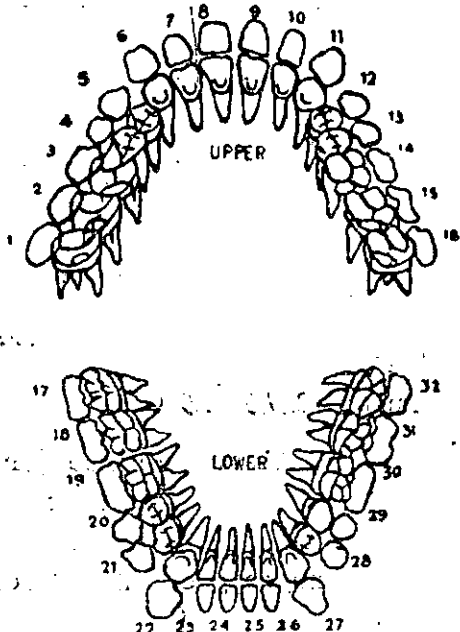




1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE: HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION 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.

Left Thumb	FILLINGS  SILVER FILLING GOLD FILLING	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  UPPER LOWER
Right Thumb	CAVITIES  CAVITY DECAYED	
Right Index Finger	MISSING TEETH  TOOTH MISSING	
Right Middle Finger	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
Right Ring Finger	BRIDGE WORK  GOLD BRIDGE	
Right Little Finger		

SKETCH AND MAP REFERENCE

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

1	Left Little Finger
2	Left Ring Finger
3	Left Middle Finger
4	Left Index Finger
5	Left Thumb
6	Right Thumb
7	Right Index Finger
8	Right Middle Finger
9	Right Ring Finger
10	Right Little Finger

HEADQUARTERS
NINTH MEDICAL LABORATORY
APO 639

8 August 1945

SUBJECT: Examination and Identification of Human Remains

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

1. Following is report of the examination and attempts
in this laboratory to identify human remains, labelled X-8, received
7 August 1945.

X-8 (our A-257) The human remains consist 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; Maxilla
and mandible absent, including teeth.
Several vertebrae with associated ribs
Complete right humerus
Upper half left humerus
Incomplete right pelvis
Complete left pelvis
Upper third right femur
Upper third right tibia
Complete left femur
Bones of left foot

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

For the Commanding Officer:

H. J. SIMMONS
Captain, M.C.