

1 ✓

Interred 14 March 1949 **DISINTERMENT DIRECTIVE**  
 F 812 *Alvan C. Baker* Cemetery Superintendent

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

NAME **UNKNOWN** SERIAL NUMBER **X-000048** RANK **8** ARM **8** DATE OF DEATH **DAY MONTH YEAR**

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

PLOT **6** ROW **0** GRAVE **1429** 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** SERIAL NUMBER **X-48** RANK **Unk** DATE OF DEATH **Unk** DATE DISINTERRED **21 October 47**  
 IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION **UNKNOWN** RELIGION **Unk** 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 **Grave Marker and Cemetery Record**

MINOR DISCREPANCIES **None**

REMAINS PREPARED AND PLACED IN CASKET DATE **2 July 48** BY **N. R. Joynes, Embalmer**

CASKET SEALED BY **G. D. Meek** EMBALMER (Signature) *G. D. Meek*  
**G. D. Meek**

CASKET BOXED AND MARKED DATE **7 Feb 49** BY **G. D. Meek** SHIPPING ADDRESS VERIFIED BY **C. J. SURINE, CWO, USA**

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

*C. J. Surine* **12 JUL 1949** REPATRIATION **C. J. SURINE, CWO BRUSA**  
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMG Form 1194a for major discrepancies.  
 \*Inspected for identification only per paragraph 2, 1st Inp  
 OQMG, file OQMG 293 ( ) 25 May 1950

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>U. S. ARMY MAUSOLEUM NO. 3</b>	24 FEB 1949	TO <b>Chief Hawn D C</b>
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER
SIGNATURE OF SHIPPER <b>JOHN L. MURPHY</b> Capt., QMC 01585944	DATE	SIGNATURE OF RECEIVER <i>James B Harris</i> <b>JAMES B HARRIS</b> CAPTAIN Q M C

## 2. SHIPPED

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

REPATRIATION RECORDS BRANCH  
9 8 51 AM '49  
ORIAL DIVISION

## 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	DATE	SIGNATURE OF RECEIVER

## 5. SHIPPED

FROM		TO
KIND OF CONVEYANCE (BATTALIAL CHECK)		NAME OF CONVOYER
SIGNATURE OF SHIPPER HONORABLE WILLIAM CENEFICA	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

JAP  
FILE UNDER NO. 293 Unk. India (X-48 ) (Kalaianda)

I N D E X S H E E T  
S Y N O P S I S .

23 May 1947.

LETTER.

FROM: OCMG.

TO: Organization Records Br., Records Admin Center, AGO.  
St. Louis, Mo.

SUBJ: Identification of Unk. Deceased.

DOCUMENT FILED UNDER NO. 293 Unk. India (Misc.) (Kalaianda).  
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-48 (Kalaikunda)

I N D E X S H E E T

S Y N O P S I S

1st Ind.

8 May 1947

FROM: OQMG  
TO: CO, Amer. GRS, India-Burma Zone, APO 465, c/o PM, New York

RE: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown India Misc (Kalaikunda) (X-48 thru X-81)

rtb

SECRET 203  
GMS (Pacific Zone)

20 October 1949

SUBJECT: Approval of Unidentifiability

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

1. Reference is made to letter your headquarters, dated 17 January 1949; File NUMBER 203, Subject: Resolution of Unidentified Remains; to 1st Indorsement this Office, dated 18 May 1949 and to letter, this Office, dated 5 July 1949.

2. Subject cases have been reviewed and this Office approves the classification of Unknowns X-48, X-60 and X-101, formerly USMC, Kalakkunda, India, and X-388, X-399, X-511, X-520, X-530 and X-535, formerly USMC, Barrackpore, India, as unidentifiable.

3. The cases approved by indorsement and letter, referred to in paragraph 1 above, and by this letter total forty (40) approved by this Office.

FOR THE QUARTERMASTER GENERAL:

V. Jeffrey:rvs  
J. Windsor

T. H. HIXE  
Lt. Colonel, USMC  
Memorial Division

RBB

TEC

cc: Administrative Section

Info cy to

Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
Attn: AGRS, Philcom Zone

*Return to X-48  
KALAIKUNDA*

FORM 203  
GMS (Pacific Zone)

20 October 1949

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

1. Reference is made to letter your headquarters, dated 17 January 1949; File NUMBER 203, Subject: Resolution of Unidentified Remains; to 1st Indorsement this Office, dated 18 May 1949 and to letter, this Office, dated 5 July 1949.

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FOR THE QUARTERMASTER GENERAL:

V. Jeffrey:rvs  
J. Windsor

S. H. MOSE  
Lt. Colonel, QMC  
Memorial Division

REB

TEC

cc: Administrative Section

Info cy to  
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*Return to X-48  
KALAIKUNDA*

9

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
INDIA-BURMA ZONE  
APO 465  
c/o Postmaster, New York, N.Y.

12-WCH/se

Calcutta, India  
14 January 1947

314.6 (14 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. 6 - 0 - 1429 of Unknown X-48 of U.S. Military Cemetery, Kalaikunda, India, were examined and the following were identified:

Skull  
Mandible  
Right and left scapula  
13 Ribs and a few odd fragments  
1st vertebrae  
11 Other vertebrae  
Lower third of a right humerus  
Lower end of a left humerus  
Right radius  
Lower half of a left radius  
Right ulna  
Lower half and upper end of a left ulna  
Sacrum  
Right and left Os innominatum  
Right and left femur  
Right tibia

2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual.

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

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-48 (Kalaikunda, India)</b>				2. DATE OF REPORT <b>8 March 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum No. 2 Formerly of Kalaikunda, India</b>		4. PLOT <b>6</b>	5. ROW <b>Box 0</b>	6. GRAVE <b>1354 1429</b>	7. DATE OF DISINTERMENT <b>8 Mar 48</b>	REINTERMENT <b>8 Mar 48</b>

PHYSICAL DESCRIPTION <b>Age 23 - 24</b>					
8. ESTIMATED WEIGHT <b>150 - 155 lbs</b>	9. ESTIMATED HEIGHT <b>169.0-66.5-5'6<math>\frac{1}{2}</math>"</b>	10. COLOR OF HAIR <b>U. T. D.</b>		11. RACE <b>Probably White</b>	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) Form 1042 sent to lab.  
One (1) I. D. (Duplicate) tag reads: "Unknown X-48"

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

**U N I D E N T I F I A B L E**

**BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**

None

<b>F. H. WATERS.</b>	<b>Capt. Sp. S. 0-240085</b>	<i>F. H. Waters</i>	<i>11 Jan. 1949</i>
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14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Series of wormian bones across lambdoidal suture.**

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)

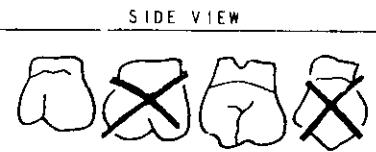
None

*Incl 1*



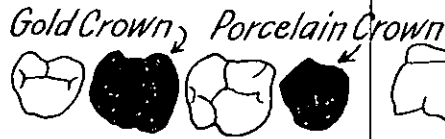
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

Unknown X-48



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

Kalaikunda, India



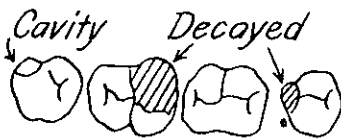
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		A O											A O		
Side Views															
Top Views															
Side Views															
	A O	A O											A O	A O	A O
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16

*Broken tooth* (pointing to tooth 10)

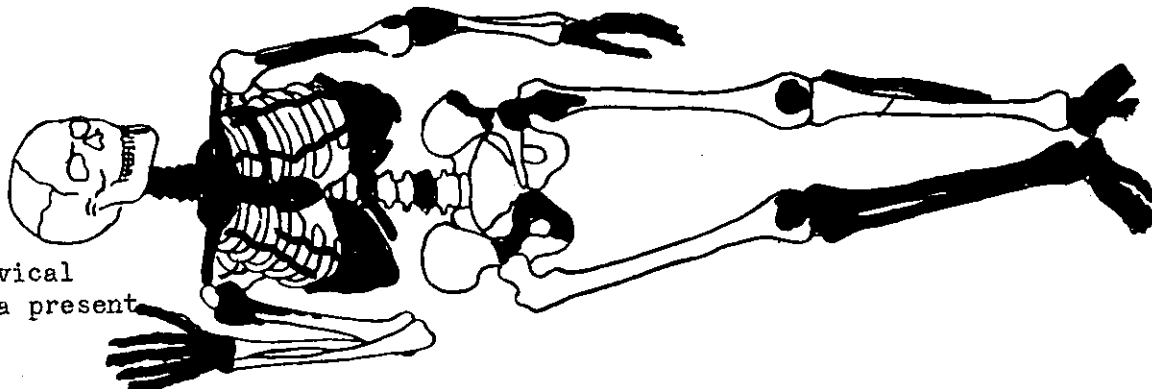
*CAVITY* (pointing to tooth 6)

**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."

Remarks:

1. Mandibular protrusion - Class IV.

19. BLACK OUT PARTS OF BODY NOT RECORDED



1st cervical  
vertebra present  
only

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 medium height young man of 23 - 24 years of age with a slender but well developed body build. The skull is small, average in size and forms a medium oval outline. The forehead is sloping with high prominence of the glabella region. The backhead is noticeably projecting and the parietal bosses are fairly prominent. There is right cranial asymmetry. In profile the nose is high and prominent. There is alveolar prognathism. The face is long with usual fullness through the cheek bone region. The chin is prominent and forms a median eminence.

Teeth charted  
Fluoroscope unnecessary

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. 957**

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM  
BONE LIST**

NAME	SIDE	NO.	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51.8	Mandible fractured fragments missing
VERTEBRAE	CERVICAL	1		No. 1 present only
	THORACIC	7		5 missing
	LUMBAR	3		Nos. 1 and 4 missing
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 25.7	Fractured pubis and portion of ischium miss.
	LEFT	1		" , Portion of ilium missing
RIBS		9		Fragmentary, 15 missing
STERNUM		0		Missing
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	1		Slightly fractured
	LEFT	1		" "
HUMERI	RIGHT	1		Fractured at midshaft, head and upper 1/3 of shaft missing
	LEFT	1		" at upper & lower 3rd midshaft miss.
RADII	RIGHT	1	24.4 Approx	Distal extremity missing
	LEFT	1		Head and upper 1/3 of shaft missing
ULNAE	RIGHT	1	25.9 Approx	Distal extremity missing
	LEFT	1		Olecranon process & upper 1/2 of shaft missing
HANDS	RIGHT	0		Missing
	LEFT	0		"
FEMORA	RIGHT	1	45.5	Fragments of the medial condyle missing
	LEFT	1		Head and portion of upper 1/4 of shaft missing
PATELLAE	RIGHT	0		Missing
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	1	37.2	Fractured at upper 1/3 of shaft
FIBULAE	RIGHT	0		Missing
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO		APPROXIMATE	
ESTIMATED HEIGHT 169.0-66.5-5'6 1/8"	AGE	23 - 24	YEARS
ESTIMATED WEIGHT 150 - 155		LEG-HIP BR RATIO	56.5
ENCLOSURE TO: X-48 Kalaikunda, India		 Paul L. Gravenor Lab Supervisor ANTHROPOLOGIST	

NARRATIVE

X-48 P-6, R-0, G-1429

Lindgren, Jack E., T/Sgt., 17063165, P-6, R-0, G-1430

The above mentioned cases were processed simultaneously and after a careful examination of the skeletal parts in each case, it was found that with the remains of Lindgren, Jack E., T/Sgt., the following extra parts were found:

One (1) right scapula	One (1) right ulna
One (1) right scapula	One (1) right humerus
Nine (9) Thoracic vertebrae	(Nos. 4-12 inclusive).

The remains of Johnson, Albert B., 37105036 and Deason, Alvin C., 38258983 were checked in an effort to associate the extra parts, and after examining them no association was possible, so they have been placed back in their temporary caskets.

The extra parts listed above have been removed and classified as C. I. L. Unknown X-596.

# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

14 Jan 1947

DATE

UNKNOWN X-48

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma. Kalaikunda, India

6

0

1429

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE		BRO		A	Ⓟ				Ⓟ	Ⓟ				Ⓟ	A		Ⓟ	TYPE			
LOCATION		KEN		O	Ⓟ				Ⓟ	Ⓟ				Ⓟ	O		Ⓟ	LOCATION			

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		Ⓟ	A	A		Ⓟ	Ⓟ	Ⓟ	BRO						A	A	A	TYPE	
LOCATION		Ⓟ	O	O		Ⓟ	Ⓟ	Ⓟ	KEN						O	O	O	LOCATION	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY. INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

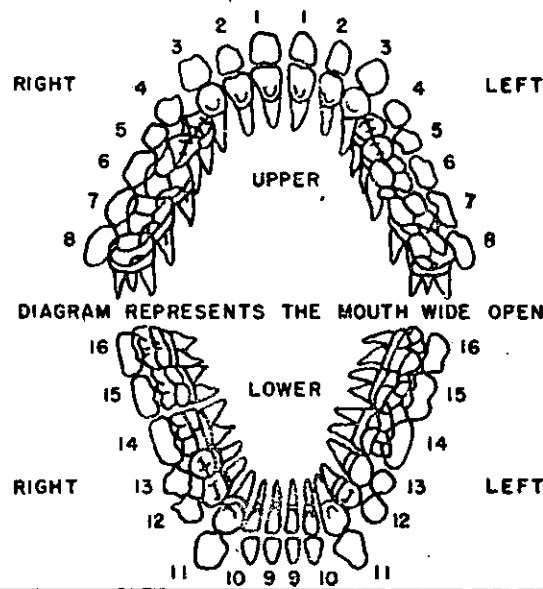
**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

*W.C. Hilderman*  
SIGNATURE OF PERSON WHO PREPARED CHART  
W.C. HILDERMAN, Capt., MC

NAME AND RANK TYPED OR PRINTED  
Kalaikunda, India.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*Harry L. Bowen*  
VERIFIED BY GRS OFFICER  
HARRY L. BOWEN, Capt., AGD

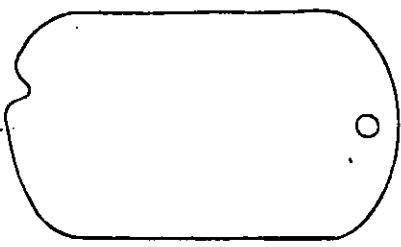
NAME AND RANK TYPED OR PRINTED  
14 Jan 1947

DATE

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  
25 Jan 1946

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) (Formerly Unknown X-1 UNKNOWN X-48 of Myitkyina)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Myitkyina, Burma	CAUSE OF DEATH	DATE OF DEATH
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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)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (X-48)	

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 24 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 6	ROW No. 0	GRAVE No. 1429
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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 U. S. Mil. Cem., Myitkyina, Burma	PLOT No. 1	ROW No. A	GRAVE No. 6
--	--	---------------	--------------	----------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY GR Form #1 buried in a bottle
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Lindgren, Jack E.	RANK T/Sgt	SERIAL No. 17063165	ORGANIZATION 5 Liaison Sqdn	GRAVE No. 1430
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Carnick, Norman S.	RANK T/Sgt	SERIAL No. 13134545	ORGANIZATION 308 Bomb Grp	GRAVE No. 1428
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SIGNATURE OF PERSON PREPARING REPORT T/4 Q. E. Barber	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr., 2nd Lt, Inf
--	--

**DISTRIBUTION OF REPORT:** Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Doc # 71

**Section 3. UNIDENTIFIED REMAINS.**


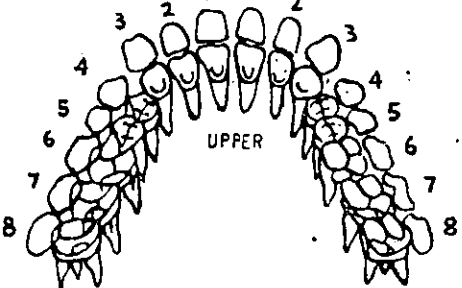




**INSTRUCTIONS:**

(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**

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

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



**REMARKS:**

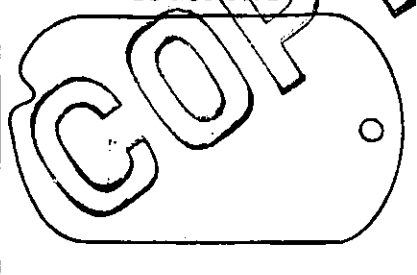


WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
25 Jan 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) (Formerly Unknown X-1 of Myitkyina)		SERIAL No.
UNKNOWN X-48		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Myitkyina, Burma.	CAUSE OF DEATH	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)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (X-48)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

FEB 27 3 16 PM '47  
 REGISTRATION AND RECORDS BRANCH  
 MEMORIAL DIVISION

**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 24 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 6	ROW No. 0	GRAVE No. 1429
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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 U.S. Military Cemetery, Myitkyina, Burma.	PLOT No. 1	ROW No. A	GRAVE No. 6
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY GR Form #1 buried in a bottle.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Lindgren, Jack E.	RANK T/Sgt.	SERIAL No. 17063165	ORGANIZATION 5 Liaison Sgdn	GRAVE No. 1430
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Carnick, Norman S.	RANK T/Sgt.	SERIAL No. 13134545	ORGANIZATION 308 Bomb Grp.	GRAVE No. 1428
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SIGNATURE OF PERSON PREPARING REPORT T/4 Q. E. Barber.	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr. 2nd Lt., Inf.
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**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.

*Handwritten signature/initials*

**Section 3.—UNIDENTIFIED REMAINS.**


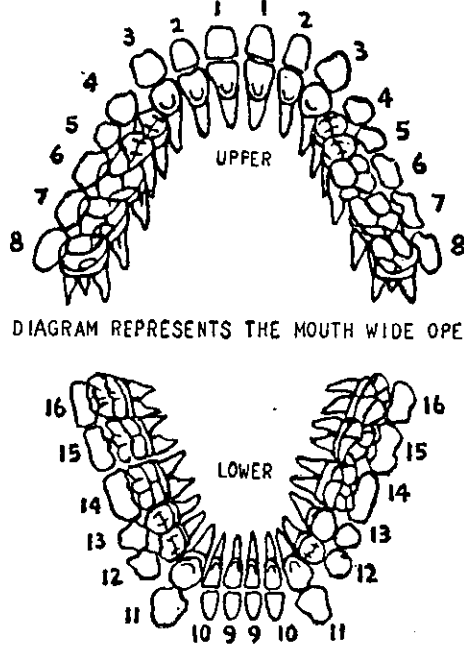




**INSTRUCTIONS:**

(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.

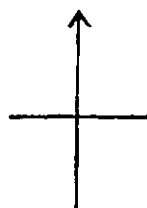
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

Graves Registration  
Form No. 1  
(Revised May 11, 1943)

**RESTRICTED**  
REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

OCT 13 1944

~~1~~ - 1 Burma

Unknown X-1 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
Myitkyina Burma (Place of death) (Date of death) (Cause of death) KIA  
24 Aug 44 (Time and date of burial) U.S. Mil. Cem. (Name of cemetery) Myitkyina Burma (Name or coordinates of location)

6 (Grave number) A (Row number) 1 (Plot number) Cross (wood) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to mark Yes  No

Copy of this Form buried in a bottle  
(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)  
Body buried on RIGHT Carlson, Marvin L. (Name) 39455321 (Serial number) Cpl. (Rank) 209th Eng. Bn. (Organization) 5 (Grave number)  
Body buried on LEFT Gerard, Samuel, Joseph (Name) Unknown (Serial number) Unknown (Rank) CO. B 1st Bn. (Organization) 7 (Grave number)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

List only personal effects. **FOUND ON BODY** and disposition of same:

**RESTRICTED**

X-1

# IF DECEASED UNIDENTIFIED

**TAKE FINGERPRINTS OF BOTH HANDS** (W.D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc. :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.**

**JOHN H. CRAB**

**1st. Lt. Q.M.C.**

*John H. Crabbe*  
(Signature of officer or other person reporting burial)

LEFT HAND

1

2

3

4

THUMB

THUMB

1

2

3

4

RIGHT HAND