

247

CM 13 RL

OF THE PACIFIC

Interred 31 January 1949 **DISINTERMENT DIRECTIVE**

B 2

Cemetery Superintendent

ALREADY REPORTED

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
4996 00000

DATE  
15 12 47  
DAY MONTH YEAR

NAME  
UNKNOWN X-000049

SERIAL NUMBER

RANK

ARM  
Q  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
KALAIKUNDA

DISPOSITION OF REMAINS  
O 0492 64  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
6 K 1043 INDIA

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED  
UNKNOWN X-49 Not Indicated Not Indicated 16 Oct. '47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Not Indicated

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  
Disinterment records and Mortuary plates.

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 17 Oct. '47 BY WILLIAM A. MC NANAMY, EMBALMER

CASKET SEALED BY  
J. P. SIMONI

EMBALMER (Signature)  
*Joseph P. Simoni*  
J. P. SIMONI

CASKET BOXED AND MARKED  
DATE 13 Jan 49 BY J. P. SIMONI

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*  
C. J. SURINE, CWO USA

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
Inspected for identification only per paragraph 2, 1st Ind, OQMG, file OQMGMO 293 (Pacific), dated 5 May 1948.

NLN

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

|  |                            |   |                            |
|--|----------------------------|---|----------------------------|
| FROM<br><b>U. S. ARMY MAUSOLEUM NO. 3</b>  |                            | TO<br><b>CHIEF HAWN D. C</b>  |                            |
| KIND OF CONVEYANCE<br><b>TRUCK</b>   |                            | NAME OF CONVOYER  |                            |
| SIGNATURE OF SHIPPER<br><i>John L. Murphy</i><br><b>JOHN L. MURPHY</b><br>Capt. OTC 01555944 | DATE<br><b>19 JAN 1950</b> | SIGNATURE OF RECEIVER<br><i>James B Harris</i><br><b>JAMES B HARRIS</b><br>CAPTAIN O. M. C. | DATE<br><b>19 JAN 1950</b> |

## 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<br><b>BY ADMINISTRATIVE ORDER</b><br><b>TERMINALS OF HAWAII</b><br><b>HONOLULU NATIONAL CEMETERY</b> |      | TO                    |      |
| KIND OF CONVEYANCE  |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER  | DATE | SIGNATURE OF RECEIVER | DATE |

## 6. SHIPPED

|   |      |                       |      |
|---|------|-----------------------|------|
| FROM<br><b>W. T. O. S. I. M. D. I. V.</b> |      | 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 |

910  
FILE UNDER NO. 293 Unk. India (X- 49 ) (Kalaikunda)

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

23 May 1947.

LETTER.

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

SUBJ: Identification of Unk. Deceased.

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

op

FILE UNDER NO. 293 - Unknown India X-49 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind.

8 May 1947

FROM: OCMG  
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

QCIT 293  
GRS Pacific

1st Ind.

SUBJECT: Resolution of Unidentified Remains

Department of the Army, OCMG, 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:

12 Incls w/d

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

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 QIC Forms 1044 for twelve unidentified remains, stamped and signed in accordance with letter, DA OQMG QICMU 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:

12 Incls

HORACE MANN

1. QMC Form 1044-1044a-1044b-  
Bone List-X-15-Kalaikunda
2. QIC 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-Bone List-X-350-  
"A"-Shanghai
6. QIC 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"-Shanghai
11. QMC Form 1044-1044a-1044b-Bone List-  
X-869-Shanghai
12. QMC Form 1044-1044a-1044b-Bone List-  
X-877-Shanghai

**IDENTIFICATION DATA**

|  |  |              |             |                                    |   |
|--|--|--------------|-------------|------------------------------------|---|
| 1. REMAINS OF UNKNOWN<br>Unknown X-49                      Kalaikunda, India       |  |              |             | 2. DATE OF REPORT<br>23 April 1948 |   |
| 3. NAME OF CEMETERY<br>U. S. Army Mausoleum No. 2<br>Formerly of Kalaikunda, India |  | 4. PLOT<br>6 | 5. ROW<br>K | 6. GRAVE<br>1268<br>1043           | 7. DATE OF<br>DISINTERMENT      REINTERMENT<br>22 Apr 48      23 Apr 48 |

|  |   |                          |                            |
|--|---|--------------------------|----------------------------|
| PHYSICAL DESCRIPTION      Age: 28 - 30 |   |                          |                            |
| 8. ESTIMATED WEIGHT<br>175 - 180       | 9. ESTIMATED HEIGHT<br>184-72.44-6'3/8" | 10. COLOR OF HAIR<br>UTD | 11. RACE<br>Probably White |

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
 One (1) Form 1042 reads: X-2 24 Aug 44, P-1, R-A, Gr-A.  
 One (1) duplicate identification tag reads: Unknown X-49.  
 One (1) embossed plate reads: Unknown X-49, R-6, R-K, Gr-1043., Kalaikunda, India

|  |  |                                     |
|--|--|-------------------------------------|
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES<br><br>None | <b>U N I D E N T I F I A B L E</b><br>BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA |                                     |
|  | CLARENCE B. WATTS<br>Capt. OMC 0358911   | <i>Clarence B. Watts</i> 4 Jan 1949 |

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

|  |                                      |
|--|--------------------------------------|
| 15. WAS BODY MANGLED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT?<br>Most bones eroded |
|--|--------------------------------------|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
  
None

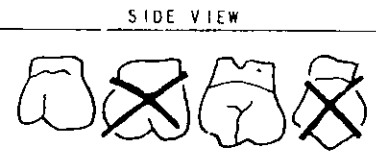
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

Remnants of shelter half      (No markings)

*Incl 2*

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

**X-49**



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

**Kalaikunda, India**



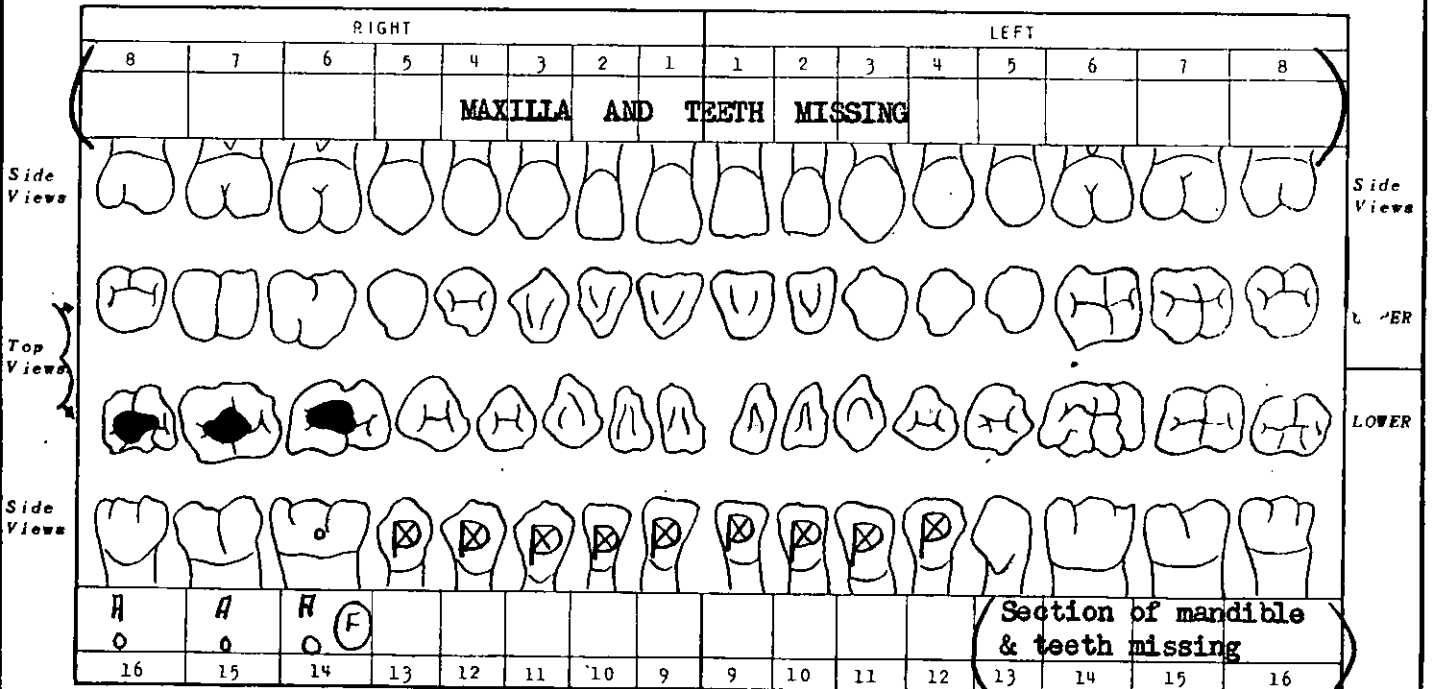
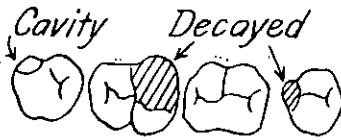
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



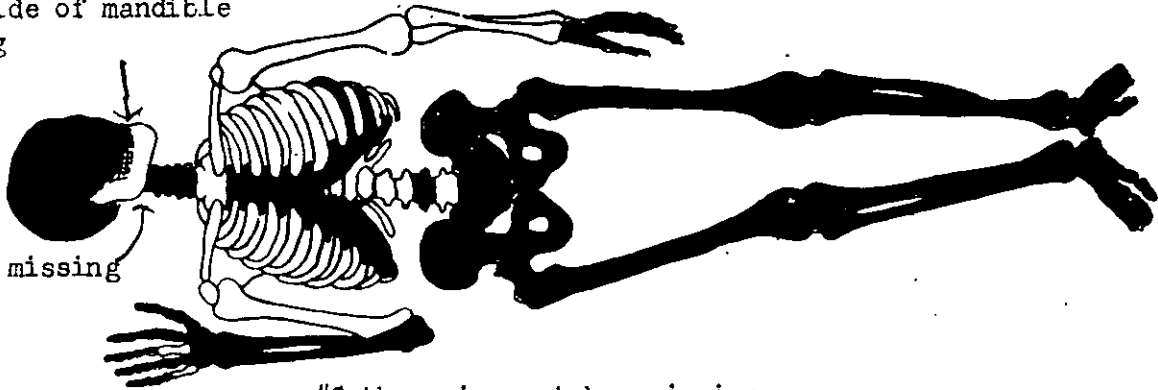
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."



19. BLACK OUT PARTS OF BODY NOT COVERED

Left side of mandible missing

#3 missing



#8 thoracic vertebra missing

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

No extra parts

Paul I. Graver SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall man in his late twenties, fairly muscular. The mandible is of sturdy construction, rather deep, with a slight degree of gonial flare. The lack of facial and skull parts precludes any further description.

Teeth charted  
Fluoroscopic Examination, Negative

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

SIGNATURE

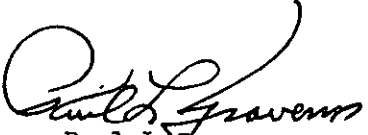
CENTRAL IDENTIFICATION LABORATORY,  
AND MAUSOLEUM, APO 957

*O. W. Greenwood*  
a. l.

CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM  
BONE LIST

| NAME        | SIDE     | NO | BONE LENGTHS<br>IN CM | REMARKS<br>(IF MISSING OR FRACTURED, LIST PARTS AND LOCATION) |
|-------------|----------|----|-----------------------|---|
| SKULL       |          | 1  |                       | All missing except right portion of mandible                  |
| VERTEBRAE   | CERVICAL | 2  |                       | No 3,4,5,6,7 missing  |
|             | THORACIC | 11 |                       | No. 8 missing   |
|             | LUMBAR   | 3  |                       | No. 3,5 missing   |
| SACRUM      |          | 0  |                       | Missing   |
| INNOMINATES | RIGHT    | 0  | BI-ILIAC DIAM         | "   |
|             | LEFT     | 0  |                       | "   |
| RIBS        |          | 22 |                       | 2 missing   |
| STERNUM     |          | 1  |                       | Gladiolus and xiphoid process missing                         |
| CLAVICLES   | RIGHT    | 1  | 14.8                  |   |
|             | LEFT     | 1  | (15.5) Approx         |   |
| SCAPULAE    | RIGHT    | 1  |                       |   |
|             | LEFT     | 1  |                       |   |
| HUMERI      | RIGHT    | 1  | 36.0                  |   |
|             | LEFT     | 1  | 35.8                  |   |
| RADII       | RIGHT    | 0  |                       |   |
|             | LEFT     | 1  | 26.2                  |   |
| ULNAE       | RIGHT    | 0  |                       |   |
|             | LEFT     | 1  | 28.4                  |   |
| HANDS       | RIGHT    | 1  |                       | All missing except nos. 3 and 5 metacarpals                   |
|             | LEFT     | 0  |                       | Missing   |
| FEMORA      | RIGHT    | 0  |                       | "   |
|             | LEFT     | 0  |                       | "   |
| PATELLAE    | RIGHT    | 0  |                       | "   |
|             | LEFT     | 0  |                       | "   |
| TIBIAE      | RIGHT    | 0  |                       | "   |
|             | LEFT     | 0  |                       | "   |
| FIBULAE     | RIGHT    | 0  |                       | "   |
|             | LEFT     | 0  |                       | "   |
| FEET        | RIGHT    | 0  |                       | "   |
|             | LEFT     | 0  |                       | "   |

|                                   |     |                      |       |
|-----------------------------------|-----|----------------------|-------|
| HUMERO-CLAVICULAR RATIO 42.3      |     | APPROXIMATE          |       |
| ESTIMATED HEIGHT 184-82.44-6'3/8" | AGE | 28 - 30              | YEARS |
| ESTIMATED WEIGHT 175 - 180        |     | LEG-HIP BR RATIO UTD |       |

  
 Paul L. Gravenor  
 Lab Supervisor

ENCLOSURE TO: Unknown X-49, <sup>N</sup>alaikunda India

ANTHROPOLOGIST

# 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.

13 January 1947

DATE

UNKNOWN X-49

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma.

Kalaikunda, India.

6

K

1043

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

|          |   |   |   |       |   |   |   |   |   |   |   |   |   |   |   |   |          |
|----------|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|          | 8 | 7 | 6 | RIGHT | 5 | 4 | 3 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |          |
| TYPE     |   |   |   |       |   |   |   |   |   |   |   |   |   |   |   |   | TYPE     |
| LOCATION |   |   |   |       |   |   |   |   |   |   |   |   |   |   |   |   | LOCATION |

INSIDE — LOOKING OUT

|          |    |    |    |       |    |    |    |    |   |   |    |    |    |    |    |    |    |          |
|----------|----|----|----|-------|----|----|----|----|---|---|----|----|----|----|----|----|----|----------|
|          | 16 | 15 | 14 | RIGHT | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |          |
| TYPE     | A  | A  | A  |       | P  | P  | P  | P  | P |   | P  | P  | P  | P  | P  | P  | P  | TYPE     |
| LOCATION | O  | O  | O  |       |    |    |    |    |   |   |    |    |    |    |    |    |    | LOCATION |

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

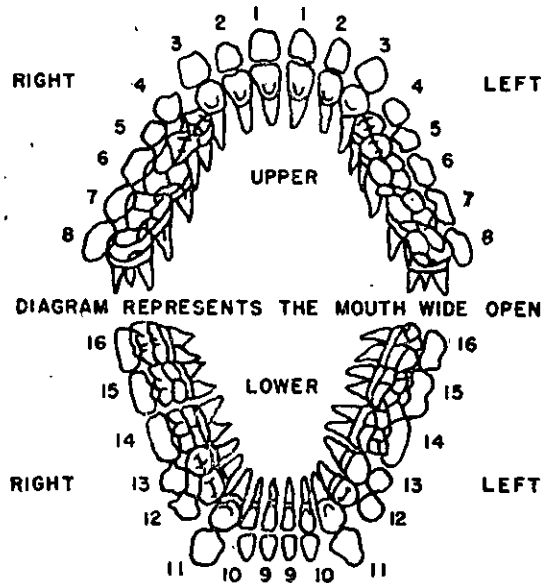
**INSTRUCTIONS:**

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  
13 January 1947

DATE

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

12-WCH/se

Calcutta, India  
13 January 1947


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 - K - 1043 of Unknown X-49 of U.S. Military Cemetery, Kalaikunda, India were examined on 5th December 1947 and the following were identified:

Mandible  
Right and left clavicle  
Right and left scapula  
Left 1st rib  
18 Other ribs  
Manubrium of the sternum  
1st vertebrae  
14 Other vertebrae  
Right and left humerus  
Left radius  
Left ulna

2. Dental identification chart was prepared for the mandible.
3. There is no evidence of remains of more than one individual.

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

**RESTRICTED**

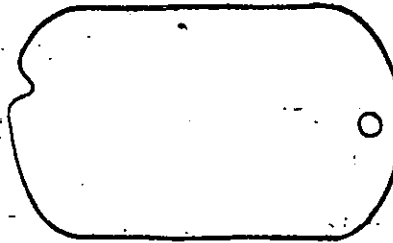
**REPORT OF INTERMENT**

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  
14 Jan 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION:**

Name (Last, first, middle initial) (Formerly X-2  
UNKNOWN X-49 of Myitkyina)

Serial No.  
Unknown

Grade Organization Branch of Service

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

Place of death Cause of death Date of death  
Myitkyina, Burma K. I. A. Unknown

Emergency addressee (Name, relationship, and address)

Unknown

Identification tags found on body (1, 2, or none) If no tags found on body, describe means of identification (If unidentified, fill in section 3 on reverse)

None

Were substitute tags provided? (Yes or no)  
yes (X-49)

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 Jan 1946    | 1600 | Blanket                                       | Cross                | 6        | K       | 1043      |

| Was this a reburial? (Yes or no) | If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave. | Plot No. | Row No. | Grave No. |
|----------------------------------|--|----------|---------|-----------|
| Yes                              | U. S. Mil. Cem., Myitkyina, Burma  | 1        | A       | 8         |

Type of religious ceremony Person conducting burial rites If identification tags not used, describe identification data and containers buried with body

| Identification tag buried with body (Yes or no) | Identification tag attached to marker (Yes or no) | GR Form #1 buried in a bottle |
|---|---|-------------------------------|
| No  | Yes.  |                               |

| Body buried on deceased left, name (Last, first, middle initial) | Rank | Serial No. | Organization | Grave No. |
|--|------|------------|--------------|-----------|
| Theriahult, Willis   | Pfc  | 31282881   | 96 SigBn     | 1044      |

| Body buried on deceased right, name (Last, first, middle initial) | Rank | Serial No. | Organization | Grave No. |
|---|------|------------|--------------|-----------|
| Good, Arthur J.   | T/5  | 36874411   | 1875 Engr    | 1042      |

| Signature of person preparing report | Signature of GRS Officer verifying report |
|--------------------------------------|---|
| T/4 Q. E. Barber                     | 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.

Incls #60

**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.


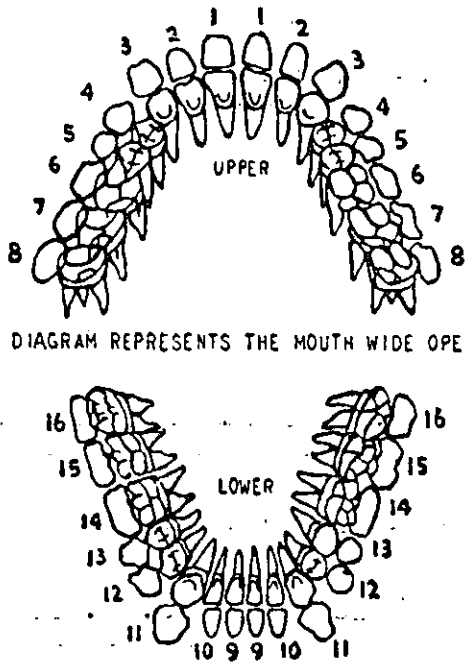




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint, or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

|        |        |               |               |                               |
|--------|--------|---------------|---------------|-------------------------------|
| Height | Weight | Color of eyes | Color of hair | Birthmarks, scars, or tattoos |
|--------|--------|---------------|---------------|-------------------------------|

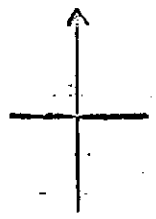
|                       |               |                                |
|-----------------------|---------------|--------------------------------|
| Weapon and serial no. | Laundry marks | Where body was buried or found |
|-----------------------|---------------|--------------------------------|

Other identification clues

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

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

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



REMARKS:

**RESTRICTED**  
REPORT OF INTERMENT

OCT 13 1944

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

(TM 10-630 AND AR 30-1815)

~~147~~

147

-2 Burma

|   |  |  |  |                                       |   |
|---|--|--|--|---------------------------------------|---|
| <u>Unknown x-2</u><br>(Last name)             | <u>                    </u><br>(First)     | <u>                    </u><br>(Initial) | <u>                    </u><br>(Serial number)                       | <u>                    </u><br>(Rank) | <u>                    </u><br>(Organization) |
| <u>Myitkyina, Burma</u><br>(Place of death)   | <u>Unknown</u><br>(Date of death)          |  |  | <u>KIA</u><br>(Cause of death)        |   |
| <u>24 Aug 44</u><br>(Time and date of burial) | <u>U.S. Mil Cem.</u><br>(Name of cemetery) |  | <u>Myitkyina Burma</u><br>(Name or coordinates of location)          |                                       |   |
| <u>8</u><br>(Grave number)                    | <u>A</u><br>(Row number)                   | <u>1</u><br>(Plot number)                | <u>Cross (wood)</u><br>(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 <b>RIGHT</b>  | <u>Gerwe, Samuel, Joseph</u><br>(Name) | <u>Unknown</u><br>(Serial number)  | <u>Unknown</u><br>(Rank) | <u>Co. B 1st Bn.</u><br>(Organization)  | <u>7</u><br>(Grave number) |
| Body buried on <b>LEFT</b>   | <u>Kraemer, Robert E.</u><br>(Name)    | <u>36258851</u><br>(Serial number) | <u>Pfc.</u><br>(Rank)    | <u>209th Eng. Bn.</u><br>(Organization) | <u>9</u><br>(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:

X-2 Burma

**RESTRICTED**



# 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. CRABBE

1st Lt. Q.M.C.  
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

RESTRICTED

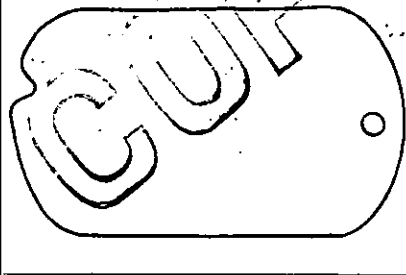
REINTEGMENT

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  
14 Jan 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

|   |              |  |
|---|--------------|--|
| NAME (Last, first, middle initial) (Formerly X-2 of Myitkyina)<br><b>UNKNOWN X-49</b> |              | SERIAL NO.<br>Unknown                          |
| GRADE   | ORGANIZATION | BRANCH OF SERVICE                              |
| RACE  | RELIGION     | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

|   |   |                          |
|---|---|--------------------------|
| PLACE OF DEATH<br><b>Myitkyina, Burma</b> | CAUSE OF DEATH<br><b>Killed in Action</b> | DATE OF DEATH<br>Unknown |
|---|---|--------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

|   |  |
|---|--|
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)<br>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)<br>Yes (X-49)   |  |

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

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<br><b>13 Jan 1946</b> | HOUR<br><b>1600</b> | BURIED IN (Shroud, blanket, or name of other)<br><b>Blanket</b> | TYPE OF GRAVE MARKER<br><b>Cross</b> | PLOT No.<br><b>6</b> | ROW No.<br><b>K</b> | GRAVE No.<br><b>1043</b> |
|--------------------------------------|---------------------|---|--------------------------------------|----------------------|---------------------|--------------------------|

|  |   |                      |                     |                       |
|--|---|----------------------|---------------------|-----------------------|
| WAS THIS A REBURIAL? (Yes or no)<br><b>Yes</b> | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br><b>U.S. Military Cemetery, Myitkyina, Burma.</b> | PLOT No.<br><b>1</b> | ROW No.<br><b>A</b> | GRAVE No.<br><b>8</b> |
|--|---|----------------------|---------------------|-----------------------|

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

|   |                    |                               |                                  |                          |
|---|--------------------|-------------------------------|----------------------------------|--------------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br><b>Therault, Willie</b> | RANK<br><b>Pfc</b> | SERIAL No.<br><b>31282881</b> | ORGANIZATION<br><b>96 Sig Bn</b> | GRAVE No.<br><b>1044</b> |
|---|--------------------|-------------------------------|----------------------------------|--------------------------|

|  |                    |                               |                                  |                          |
|--|--------------------|-------------------------------|----------------------------------|--------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br><b>Good, Arthur. J.</b> | RANK<br><b>T/5</b> | SERIAL No.<br><b>36874411</b> | ORGANIZATION<br><b>1875 Engr</b> | GRAVE No.<br><b>1042</b> |
|--|--------------------|-------------------------------|----------------------------------|--------------------------|

|   |   |
|---|---|
| SIGNATURE OF PERSON PREPARING REPORT<br><b>T/4 C. E. Barber</b> | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br><b>Bill D. Reeve 1st Lt. Sig. C.</b> |
|---|---|

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.

Copy/ds *See #33*

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.

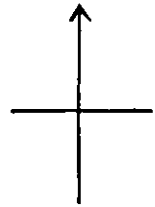
|        |        |               |               |                               |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|        |        |               |             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

|                       |               |                                |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL NO. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
|                       |               |                                |

**OTHER IDENTIFICATION CLUES**

|                       |                      |  |   |
|-----------------------|----------------------|--|---|
| LEFT<br>LITTLE FINGER | FILLINGS             | <p>SILVER FILLING<br/>GOLD FILLING</p> | <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
|                       | LEFT<br>THUMB        | CAVITIES                               |   |
| RIGHT<br>THUMB        | MISSING TEETH        | <p>TOOTH MISSING</p>                   |   |
| RIGHT<br>INDEX FINGER | CROWNED TEETH        | <p>PORCELAIN CROWN<br/>GOLD CROWN</p>  |   |
|                       | RIGHT<br>RING FINGER | BRIDGE WORK                            |   |

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



REMARKS: