

224

R/S GWA

NAATIDG DEPT. OF THE PACIFIC CEMETERY

Interred 24 February 1949  
M. 85

DISINTERMENT DIRECTIVE

-Cemetery Superintendent

SECTION A - ALVAN C. BAKER  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
4996 00000

DATE  
15 12 47  
DAY MONTH YEAR

NAME UNKNOWN X-000051

SERIAL NUMBER UNKNOWN X-000051

RANK

ARM 8

DATE OF DEATH

CEMETERY KALAIKUNDA

DISPOSITION OF REMAINS  
0 0492 64  
CODE DIST. PT.

PLOT 6 ROW 0 GRAVE 1427 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-51

SERIAL NUMBER UNKNOWN

RANK UNKNOWN

DATE OF DEATH UNKNOWN

DATE DISTINTERRED 21 Oct. '47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION UNKNOWN

RELIGION Unk.

IDENTIFICATION VERIFIED BY  
A. J. ROBERTSON, EMBALMER  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Casket

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION  
Grave marker - Mortuary plates

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July '48

BY WILLIAM J. WILLIS, EMBALMER

CASKET SEALED BY  
J. N. ROBINSON

EMBALMER (Signature)  
J. N. ROBINSON

CASKET BOXED AND MARKED  
DATE 12 Jan 49 BY J. N. ROBINSON

SHIPPING ADDRESS VERIFIED BY  
A. J. ROBERTSON, EMBALMER

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

A. J. Robertson  
A. J. ROBERTSON, EMBALMER

SIGNATURE OF GRS INSPECTOR

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

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

1948

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>U. S. ARMY MAUSOLEUM NO. 3</b>		TO <b>CHIEF, HAWN, D. C.</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John L. Murphy</i> <b>JOHN L. MURPHY</b> Capt. OMC 01585944	DATE <b>19 JAN 1949</b>	SIGNATURE OF RECEIVER <i>James B. Harris</i> <b>JAMES B HARRIS</b> CAPTAIN Q M C	DATE <b>JAN 19 1949</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		TO	
KIND OF CONVEYANCE (INITIALS ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER (HAWAII) HONOLULU HAWAIIAN CENTRAL	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

FILE UNDER NO. 293 Unk. India (X- 51 ) (Kalaikunda)

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

23 May 1947.

LETTER.

FROM: OCM 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.) (Kalaiaknada).  
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-51 (Malakunda)

I N D E X S H E E T

S U M M A R Y

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 (Malakunda) (X-48 thru X-81)

rtb

QMGMT 293

1st Ind.

GRS Pacific

SUBJECT: Resolution of Unidentified Remains

Dept of the Army, OQMG, Washington 25, D. C. 7 December 1948

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 all Unknowns as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

7 Incls w/d

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

RRREC 293

SUBJECT: Resolution of Unidentified Remains

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

1. Transmitted herewith QMC Forms 1044 for seven (7) unknowns stamped and signed in accordance with ltr, DA QMG QMGHU 293 GRS (Pacific Zone), Subj: Resolution of Cases of Unidentified Deceased dtd 22 September 1948.

2. Detailed study of the files pertaining to these remains offer no clue as to individual or collective identity.

3. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

7 Incls

- |   |   |
|---|---|
| 1. QMC Form 1044-1044b-Bone List X-50       | HARRIE E. HOXIE<br>Lt. Colonel, QMC<br>Deputy Chief |
| 2. QMC Form 1044-1044a-1044b-Bone List-X-51 |   |
| 3. QMC Form 1044-1044a-1044b-X-54           |   |
| 4. QMC Form 1044-1044a-1044b-Bone List X-67 |   |
| 5. QMC Form 1044-1044b-Bone List-X-70       |   |
| 6. QMC Form 1044-1044b-Bone List-X-71       |   |
| 7. QMC Form 1044-1044a-1044b-Bone List-X-79 |   |

**IDENTIFICATION DATA**

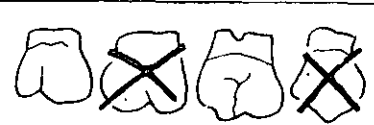
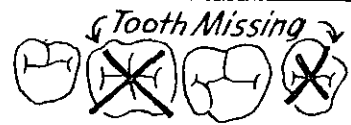
1. REMAINS OF UNKNOWN <b>X-51 Kalaikunda, India</b>				2. DATE OF REPORT <b>26 April 1948</b>													
3. NAME OF CEMETERY <b>U. S. Army Mausoleum #2 Formerly of Kalaikunda, India</b>		4. PLOT <b>6</b>	5. ROW <b>0</b>	6. GRAVE <b>1352 1427</b>	7. DATE OF DISINTERMENT <b>26 Apr 48</b>	REINTERMENT <b>26 Apr 48</b>											
PHYSICAL DESCRIPTION <b>Age: 28-30 years (?)</b>																	
8. ESTIMATED WEIGHT <b>160 - 170 lbs.</b>	9. ESTIMATED HEIGHT <b>178 - 70.08 - 5' 10"</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>Probably White.</b>													
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) duplicate I.D. tag reads: "Unknown X-51." One (1) duplicate I.D. tag reads: "Unknown X-4." One (1) form 1042 reads: "Unknown X-4, Date of burial: 21 Oct 44. P-1, R-B, Gr-69. Body on right: "Butler, Richard P., Pvt., 33175200, Gr #68. Body on left: " <del>Unknown X-5, Grave #70.</del> "																	
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND FOR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None. <table border="1" style="width:100%; margin-top: 10px;"> <tr> <td align="center" colspan="3"><b>U N I D E N T I F I A B L E</b></td> </tr> <tr> <td align="center" colspan="3">BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</td> </tr> <tr> <td><b>CLARENCE B. WATTS</b></td> <td><i>Clarence B. Watts</i></td> <td><b>15 Nov 1948</b></td> </tr> <tr> <td><b>Capt. QMC 0358911</b></td> <td></td> <td></td> </tr> </table>						<b>U N I D E N T I F I A B L E</b>			BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA			<b>CLARENCE B. WATTS</b>	<i>Clarence B. Watts</i>	<b>15 Nov 1948</b>	<b>Capt. QMC 0358911</b>		
<b>U N I D E N T I F I A B L E</b>																	
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA																	
<b>CLARENCE B. WATTS</b>	<i>Clarence B. Watts</i>	<b>15 Nov 1948</b>															
<b>Capt. QMC 0358911</b>																	
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?															
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? <b>Sacrum and ribs are fractured.</b>															
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>None.</b>																	
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)  <b>None.</b>																	

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

X-51

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



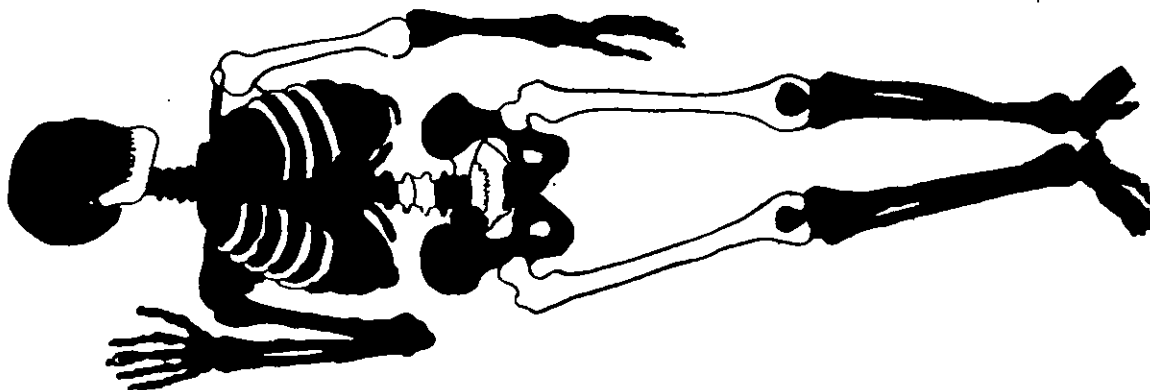
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA AND TEETH MISSING															
Side Views															
Top Views															
Side Views															
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16															

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

1. L-16 is in a slight torsion version.
2. R-16 is in a slight lingual version.
3. Occlusal surfaces of molars show much wear.



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 two (2) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

One (1) extra mandible.

/s/ Paul L. Gravenor  
Paul L. Gravenor SIGNATURE OF MEDICAL OFFICER/Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Due to the absence of all of the skull, except the mandible, no description of cranial or facial features is possible, except to say the chin was a fairly wide bilateral type.

The estimated height of 5' 10" has been determined on the length of the right humerus and both femora, the only long bones present.

The extra mandible listed under item #20 has been associated with the remains of Unknown X-72 on the basis of age, color and texture of and general morphology.

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., GMC  
CENTRAL IDENTIFICATION LABORATORY  
AND MAUSOLEUM, APO 957

SIGNATURE

/s/ O. W. Greenwood  
O. W. GREENWOOD  
a.l.

**CENTRAL IDENTIFICATION LABORATORY  
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	UTD	All missing except mandible.
VERTEBRAE	CERVICAL	0		All missing.
	THORACIC	0		" "
	LUMBAR	2		#2 and #3 present only.
SACRUM		1		Multiple fractures, right wing and lower segment missing.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM UTD	Missing.
	LEFT	0		"
RIBS		8		16 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	1		
HUMERI	RIGHT	0		Missing.
	LEFT	1	34.3	
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	48.4	
	LEFT	1	48.4	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO	UTD	APPROXIMATE AGE (in years)	28 - 30 (?)
ESTIMATED HEIGHT	178 - 70.08 5' 10"	LEG-HIP BR RATIO	UTD
ESTIMATED WEIGHT	160 - 170 lbs.		

/s/ Paul L. Gravenor  
PAUL L. GRAVENOR  
Lab Supervisor  
ANTHROPOLOGIST

ENCLOSURE TO: X-51 Kalaikunda, India

# IDENTIFICATION DENTAL CHART

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

11 January 1947  
DATE

UNKNOWN X-51
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT		ORGANIZATION		
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
	Kalaikunda, India	.6	0	1427

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION																	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

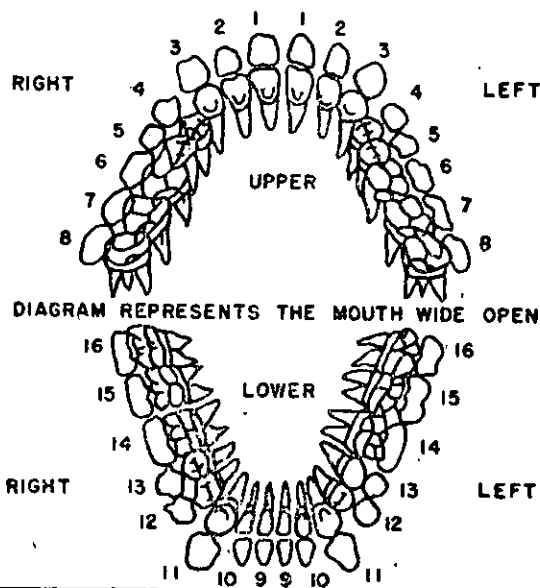
**INSTRUCTIONS:**

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  
11 Jan 1947

DATE

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

12-WCH/se

Calcutta, India  
11 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 - 0 - 1427 of Unknown X-51 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Mandible  
Left scapula  
9 Ribs  
2 Vertebrae  
Left humerus ) which differ in size.  
Right humerus )  
Sacrum  
Right and left femur  
Stock tag found with the body  
Co. D. 63rd Medical Training Bn.,  
marked in blue crayon.  
Repair box No. 317.

2. Dental identification chart was accomplished for the mandible.

3. There is evidence of remains of at least two (2) individuals as the bones vary in size.

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

**RESTRICTED**

*X-4 to X-9 Burma*

A.P.O. 885  
11 November 1944

**SUBJECT:** Transmittal of Reports of Interment.

**TO :** The Quartermaster General, Army Service Forces, War Department, Washington 25, D. C.

1. Transmitted herewith in accordance with AR 30-1815 are thirty-three (33) Reports of Interment and Reinterment made at the American Military Cemetery at Myitkyina; Burma, and nine (9) Reports of Interments made at the European Cemetery, Tura, Garo Hills, Assam, India.

2. The following is an extract from the letter of transmittal from Headquarters, Advance Section No. 3, Services of Supply, India Burma Theater concerning the Unknown bodies:

"On the reports for the unknown bodies, no further information can be obtained. The remains consisted only of skeletons, buried very shallow, or not buried at all. From Combat personnel and clothing on the skeletons, it could be determined that they were American, and nothing else. In no instance was it possible to make a tooth chart. It will be noticed, however, that a laundry mark was found on web equipment still on the body in the case of Unknown X-5, X-6, and X-7. However, the list of unreported burials contained no names with the serial numbers in question. A further search of your records may enable us to identify these bodies from the marks. The only unit in action in the particular section where the bodies were found was the 475th Infantry. This fact may narrow down the search."

3. The above mentioned laundry marks were compared with the serial numbers of men reported as killed or wounded to the Casualty Section, Headquarters, U.S.F., India Burma Theater, and with the serial numbers of the personnel of the 475th Infantry listed in the Machine Records Unit serving this Theater. The following was found; the laundry mark 4668 was found to be the last four numbers of the serial number of S/Sgt John A. Acker, 34104668. S/Sgt Acker was reported slightly wounded in action and returned to duty. The laundry

**RESTRICTED**

**RESTRICTED**

11 November 1944, contd.

mark P-8255 was found to be the last four numbers of the serial number of Pvt. Robert J. Paxton, 35623255. There has never been any casualty report on Pvt. Paxton. The Laundry mark 2509 was found to be the last four numbers of the serial number of Sgt. Joseph Subich, Jr, 15132509. Sgt. Subich was reported on duty with his organization in July, and no casualty report was ever received on him. These names and numbers have been forwarded to Headquarters, Advance Section No 3, Services of Supply, India Burma Theater, so that further investigation may be made to identify these bodies.

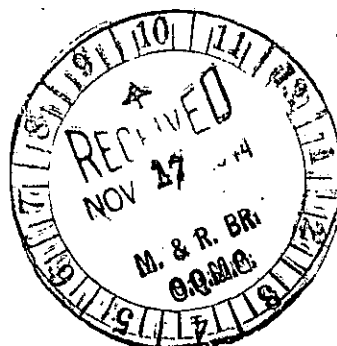
4. It will be noted that on the Reports of Interment made at the European Cemetery at Tura, Caro Hills, Assam, India do not show the grave locations. This information will be forwarded immediately upon receipt by this Headquarters.

For the Commanding General:

W. E. P...  
Major A. C. D.  
Adjutant General

42 Incl:

- ✓ Incl 1-6 QMC Form No. 1-GRS (Unknowns at Myitkyina)
- Incl 7-22 QMC Form No. 1-GRS (Reinterments at Myitkyina)
- Incl 23-33 QMC Form No. 1-GRS (Interments at Myitkyina)
- Incl 34-42 QMC Form No. 1-GRS (Interments at Tura, India)



**RESTRICTED**

**RESTRICTED**

**REPORT OF INTERMENT REINTERMENT**

(TM 10-630 AND AR 30-1815)

143 Rec'd 17 Nov  
X-4 H4

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

**UNKNOWN X-4**

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

0900 21 Oct 44

U.S. Military Cemetery

Myitkyina, Burma

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

69

B

1

Wooden Cross

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

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

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

buried on **RIGHT** Richard P. Butler 33175200 Pvt 475th Inf. 68-B  
(Name) (Serial number) (Rank) (Organization) (Grave number)

buried on **LEFT** John W. Clark 31319640 Pvt 475th Inf 70-B  
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of **EMERGENCY ADDRESSEE**)

(Name and address of **LEGAL NEXT OF KIN**)

ly personal effects **FOUND ON BODY** and disposition of same:

**RESTRICTED**

X-4



**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.**

.....  
(Signature of officer or other person reporting burial)

**JOHN H. CRABBE**

LEFT HAND

4  
3  
2  
1

THUMB

RIGHT HAND

THUMB

3

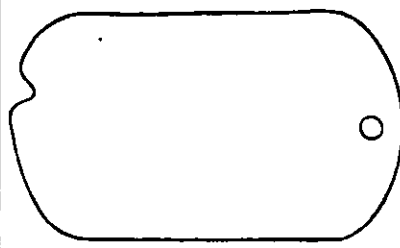
2

1

4

✓

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 25 Jan 1946
---	---	-------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
GRADE	NAME (Last, first, middle initial) (Formerly Unknown X-4 UNKNOWN X-51 of Myitkyina)		SERIAL NO.
	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	

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-51)	

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.		
24 Jan 1946	1600	Blanket	Cross	6	0	1427		
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	B	69
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY						
		None						
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)							
No	Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.			
Carnick, Norman S.		T/Sgt	13134545	308 Bomb Grp	1428			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.			
Herndon, Arch D.		S/Sgt	36854072	775 Engr	1426			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT					
T/4 Q. E. Barber			William S. Smith Jr., 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.

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


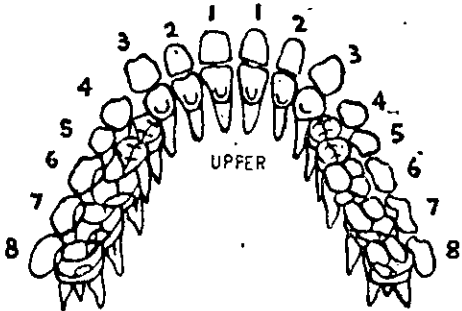




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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  SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	


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



REMARKS:

RESTRICTED

REINTERMENT

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (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-4 of Myitkyina) UNKNOWN X-51			SERIAL No.		
		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		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
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		MEMORIAL DIVISION FEB 27 3 15 PM '47 REGISTRATION AND RECORDS BRANCH					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)							
Yes (X-51)		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. 1427
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						
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY None				
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) Carnick, Norman S.			RANK T/Sgt.	SERIAL No. 13134545	ORGANIZATION 308 Bomb Grp.	GRAVE No. 1428	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Herndon, Arch D.			RANK S/Sgt.	SERIAL No. 36854072	ORGANIZATION 775 Engr	GRAVE No. 1426	
SIGNATURE OF PERSON PREPARING REPORT T/4 C. E. Barber			SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr. 2nd Lt. Inf.				

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Copy/ds

*Handwritten signature/initials*

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


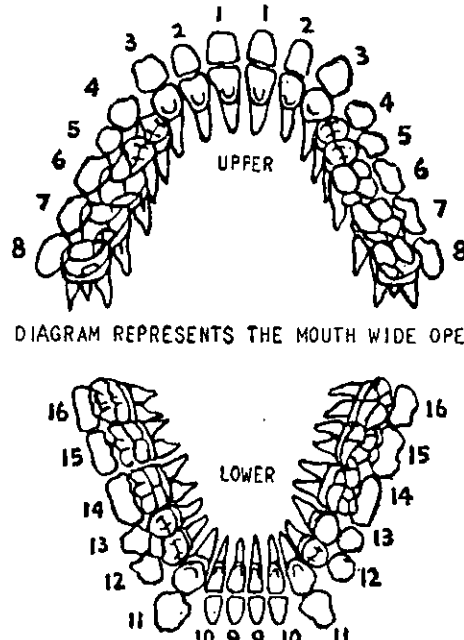




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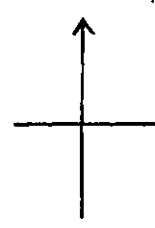
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



REMARKS:

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