

1

Interred 11 March 1949 **DISINTERMENT DIRECTIVE**
F 280 -Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 4996 00000	DATE 15 12 47 DAY MONTH YEAR		
NAME UNKNOWN X - 000052		SERIAL NUMBER UNKNOWN X - 000052	RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR
CEMETERY KALAIKUNDA		DISPOSITION OF REMAINS 0 0492 64 CODE DIST. PT.			CAUSE OF DEATH 6
PLOT 7	ROW R	GRAVE 1751	COUNTRY INDIA		

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-52	SERIAL NUMBER Not Ind	RANK Not Ind	DATE OF DEATH Not Ind	DATE DISTINTERRED 22 Oct 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Not Ind	IDENTIFICATION VERIFIED BY Richard A. Warren 1st Lt., ORN 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 **L. A. JONES, EMBALMER**

CASKET SEALED BY
WILLIAM J. WILLIS EMBALMER (Signature)
William J. Willis
WILLIAM J. WILLIS

CASKET BOXED AND MARKED
DATE **8 Feb 49** BY **WILLIAM J. WILLIS** 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
FILE
12 JUL 1949

SIGNATURE OF GRS INSPECTOR REPATRIATION BRANCH
MED. DIV.

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

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

Serial # 18

u6u

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO Chief, Haw'n D. C.
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt., QMC 01585944	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER	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

JUN 5 1949
 RECORDS BRANCH
 8:22 AM '49
 CAPTAIN
 DIVISION

1. FILE UNDER NO. 293 - Unk. India X-52 (Kalāikunda)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 5 Jul 49
4. FROM: OQMG
5. TO: CO, AGRS, PAZ, APO 958, 7PM, San Francisco, Calif.
6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED UNDER NO. 293 - GRS, Pacific (Resolution of Unidentified Rms.)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

9/10
FILE UNDER NO. 293 Unk. India (X- 52) (Kalaianda)

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

23 rd May 1947.

LETTER.

FROM: OQ 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.) (Kalaianda).
X-48 thru X-81.

op

9/10
FILE UNDER NO. 293 Unk. India (X-52) (Kalaikanda)

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

23 May 1947.

LETTER.

FROM: O.M.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.) (Kalaikanda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-52 (Malakanda)

INDEX SHEET

SUMMARY

Lot Ind.

8 May 1947

FROM: OCMO
TO: CO, AMER. ORS, India-Burma Zone, APO 465, c/o PM, New York

RE: Identification of Unknown Deceased

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

rtb

QMGMT 293
GRS Pacific Zone

5 July 1950

SUBJECT: Identification of World War II Deceased

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; File RRREC 293, Subject: Resolution of Unidentified Remains; and to 1st indorsement, this office, dated 18 May 1949.

2. Subject cases have been reviewed and this Office approves the classification of Unknowns X-52, X-59, X-63, X-65, X-66, X-68, X-69, X-74, and X-75, formerly USMC Kalakunda, India, and X-51C, X-521, X-524, X-531, X-533, and X-630, formerly USMC Barrackpore, India, as Unidentifiable.

3. The cases approved by indorsement referred to in 1st paragraph and by this letter total twenty-one (21) cases approved by this Office.

4. Action on all other cases previously withdrawn is being suspended pending further investigation.

FOR THE QUARTERMASTER GENERAL:

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

cc: Adm Section
S. M. Guild:pmr
E. Fenwick
J. Windsor

REB

NJS

AIR MAIL

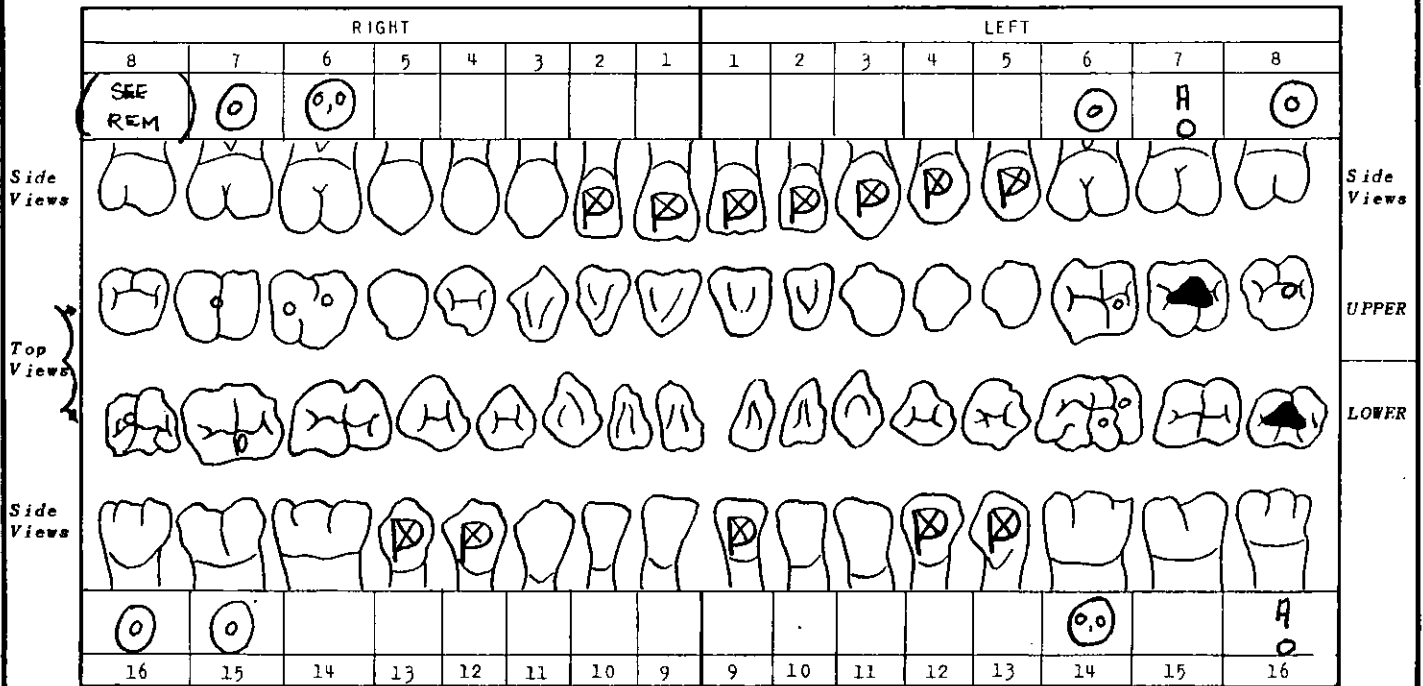
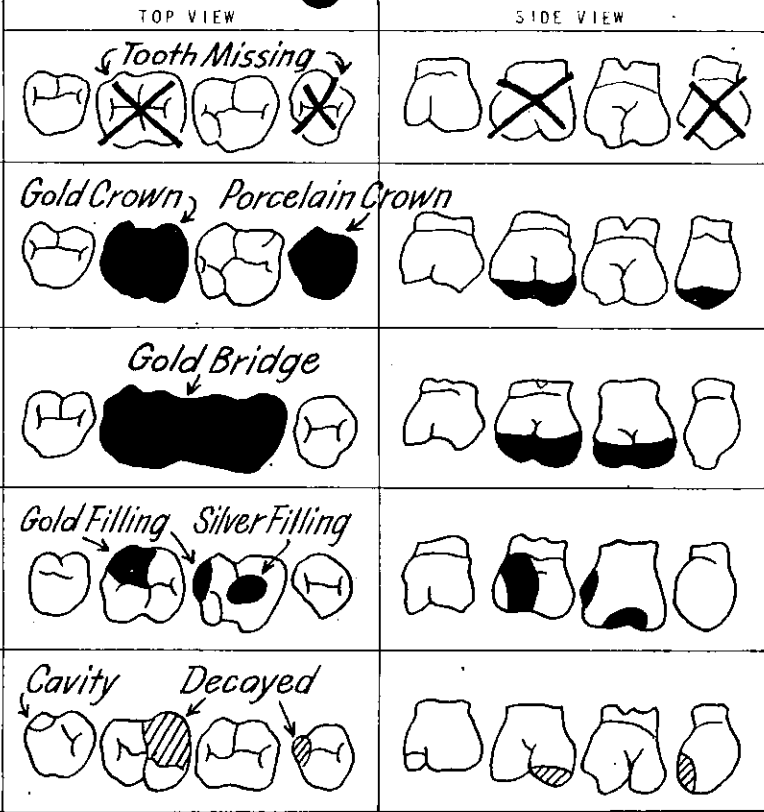
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:
Unk. X-52

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:



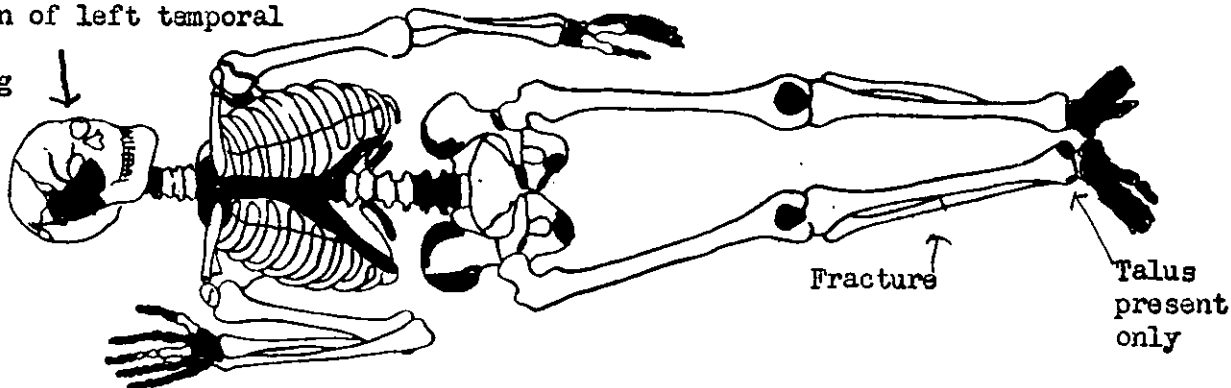
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

1. Section of maxilla and tooth missing in the R-8 area.
2. Much wear on the incisal edge of R-3.
3. L-16 is in a slight lingual version.

19. BLACK OUT PARTS OF BODY, NOT RECOVERED

Portion of left temporal

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 _____ 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 rather short young man of 20 to 22 years of age with an average body build weighing 140 pounds. The skull is average in size and long-oval in outline with fair prominence of the frontal and parietal bosses. There is left cranial asymmetry. The backhead projects slightly. The forehead is low with small browridges. The nose appears to have been high and rather prominent. There is a small amount of alveolar prognathism. The palate is wide. The chin is massive in structure and forms a medium bilateral eminence. There is slight gonial eversion.

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


SIGNATURE

O. W. GREENWOOD, CAPT. OMC
**CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957**

**CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.5	Fractured - portions of both temporals, & right ascending ramus, & right malar bones missing.
VERTEBRAE	CERVICAL	1		Fractured - 6 missing.
	THORACIC	9		Fragmentary - 3 missing.
	LUMBAR	3		Nos 3 & 4 missing.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM Approx. 26.6	Portions of ilium, ischium & pubis missing.
	LEFT	1		" " " " " " "
RIBS		20		All fragmentary - 4 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	15.2	Fragments of both extremities missing.
	LEFT	1	15.5	" " " " "
SCAPULAE	RIGHT	1		Slightly fractured.
	LEFT	1		Portion of inferior angle missing.
HUMERI	RIGHT	1	31.9	
	LEFT	1		Head fractured.
RADII	RIGHT	1	24.1	
	LEFT	1	24.0	
ULNAE	RIGHT	1	26.1	
	LEFT	1	25.9	
HANDS	RIGHT	1		1,3 metacarpals & 1 phalange present only.
	LEFT	1		1-2-4 metacarpals present only.
FEMORA	RIGHT	1	43.8	
	LEFT	1	43.7	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	36.4 Approx	Fragment of medial malleolus missing.
	LEFT	1	36.3	
FIBULAE	RIGHT	1	36.2	Fractured at midshaft.
	LEFT	1	35.5	
FEET	RIGHT	1		Talus present only.
	LEFT	0		Missing.

HUMERO-CLAVICULAR RATIO 48.0		APPROXIMATE	
ESTIMATED HEIGHT 165.0-65.0-5'5"	AGE	20 to 22	YEARS
ESTIMATED WEIGHT 140 lbs.		LEG-HIP BR RATIO	60.7


 Paul L. Cravenor
 Lab. Supervisor
 ANTHR00X000X

ENCLOSURE TO: X-52 Kalaikunda, India

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC 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-52

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Myitkyina, Burma.	Kalaikunda, India		7	R 1751
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																	TYPE				
LOCATION																	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																	TYPE
LOCATION																	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">U</div> <p><i>unrupted</i></p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
--	---	--

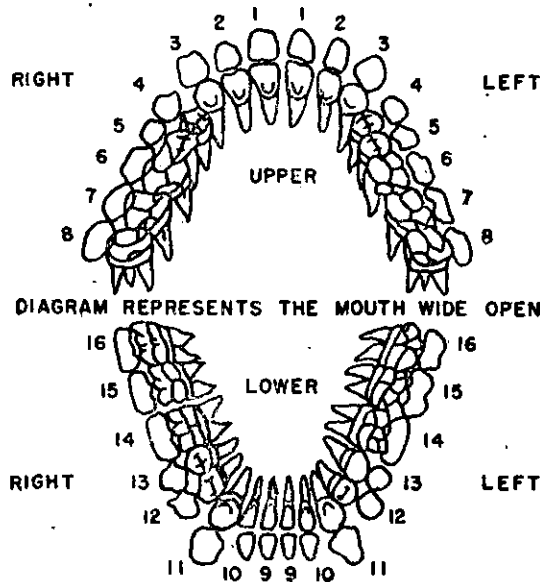
INSTRUCTIONS:

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

314.6 (13 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. 7 - R - 1751 of Unknown X-52 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Skull and mandible
Right and left clavicle
Right and left scapula
Left 1st rib
21 Rib fragments
Manubrium of the sternum
10 Vertebrae
Right and left humerus
Right and left radius
Right and left ulna
Sacrum
Right and left Os innominatum
Right and left femur
Right and left tibia
Right and left fibula
Left talus
Bottle without any paper
Buried in shelter half.

2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual. The individual was 5ft 11" tall and weighed about 165 to 170 lbs.


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

C O P Y

HEADQUARTERS ADVANCE SECTION THREE
SERVICE OF SUPPLY
U.S.A.F. IN I.B.
A.P.O. 689

JHC/sg

7 Dec 44

SUBJECT: Transmittal of Report of Interment

TO: Commanding General, Headquarters, SOS, USAF, IB, APO 885
(Attn: Chief Quartermaster)

1. Transmitted herewith are reports of interment on the following ~~EM~~:

Clark, John W., 31319640.	Ivy, Harold T., 38280410.
Parker, Joseph, 31234462.	Unknown X-5
Zinga, Frank P., 36630672.	Unknown X-18
O'Bannon, James E., 35715796.	Wilcox, Lawrence R., 37684041.
Sanning, Herbert A., 35546918.	

2. It will be noted that John W. Clark, 31319640, was previously reported as buried in Grave 70. Since this was reported however the body buried in Grave 137, has been discovered and identified as John W. Clark, 31319640, through identification tags and personal effects found on the body. The body buried in Grave 70 was originally identified as Clark by a member of the 475th Infantry who thought he remembered where he was buried. Since the body in Grave 137 was found close by this location it is assumed this individual was in error. Therefore, John W. Clark, 3131-9640 is reported as buried in Grave 137 and the body in Grave 70 designated as Unknown X-5. A further search of Unknown X-5 reveals nothing that might be useful in identifying him.

3. The nearest of kin on Harold T. Ivy is unknown at this office as his service record was in transit at the time of his death.

4. It will noted that a Tooth Chart is attached to the report of interment of Unknown X-18. If identity is established through this chart, request the Graves Registration Service of this headquarters be notified.

5. On a casualty roster submitted by the Chief of Graves Registration Service, APO 885, Herbert A. Sanning, 35546918, was reported as a private in the 236th Engineers BN. (C). However records of the 475th Infantry show him to be a PFC, in that organization, and he is consequently reported as such.

For the COMMANDING GENERAL:

Incl:-

Nine (9) GR Forms No. 1 in trip.

C.W. OATLEY
Major, A.G.D.,
Adjutant

Inc. #10

C O P Y

RESTRICTED

(Basic ltr from OQLIG, ASF, War Dept, Washington 25, D. C, Subj: Burial Form, dated 13 Jan 45)

1st Ind

HEADQUARTERS, SERVICES OF SUPPLY, India Burma Theater, AFO 885, 24 Jan 45.

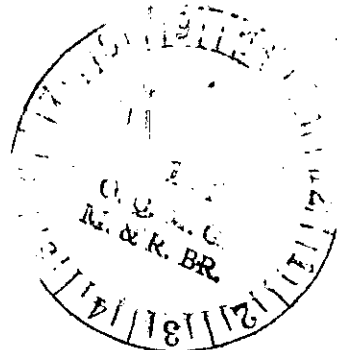
TO: The Quartermaster General, Army Service Forces, War Department, Washington 25, D. C.

1. Transmitted herewith are copies of reports of interment for deceased personnel buried in Grave 70 and 71, Row B, Plot I, U.S. Military Cemetery, Myitkyina, Burma.

For the Commanding General:

W. E. BENNETT
Lt. Col., A. G. D.,
Adjutant General

2 Incl: GRS Form No. 1



293
M. J. ...
X-5
Burma

SPQYG 293
Unknown X-8, Burma

13 January 1945

SUBJECT: Burial Form.

TO : Headquarters, SOS, APO 885, c/o Postmaster, New York, New York.

ATTENTION: Chief Quartermaster.

1. Reference is made to Burial Form for Unknown X-8, interred in Grave 70, Row B, Plot I, U.S. Military Cemetery, Myitkyina, Burma, formerly carried as John W. Clark, who was subsequently identified in Grave 137.

2. Prior to receipt of above correction, a Burial Form had been received in this office for Unknown X-8 interred in Grave 71, Row B, Plot I, with burial on right of John W. Clark in Grave B-70.

3. Information is requested concerning proper X-number in each case for burials in Graves 70 and 71, Row B, Plot I, U.S. Military Cemetery, Myitkyina, Burma.

For The Quartermaster General:

H. A. BARNES,
Brig. General, Q.M.C.,
Deputy The Quartermaster General.

RESTRICTED

REINTERMENT

WD QMC Form 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)Date of report
26 Jan 1946Improve Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

Name (Last, first, middle initial) Formerly unknown X-5
Unknown X-52 of Myitkyina, Burma

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

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-52)

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.
25 Jan 1946	1600	Blanket	cross	7	R	1751

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	70

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)
no	yes

Body buried on-deceased left, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Simpkins, Preston	Pvt	35260521	1791 Ord S&M Avn	1752

Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
None (Pathway)				

Signature of person preparing report	Signature of GRS Officer verifying report
Pfc P.J. Krystosek	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 # 23

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


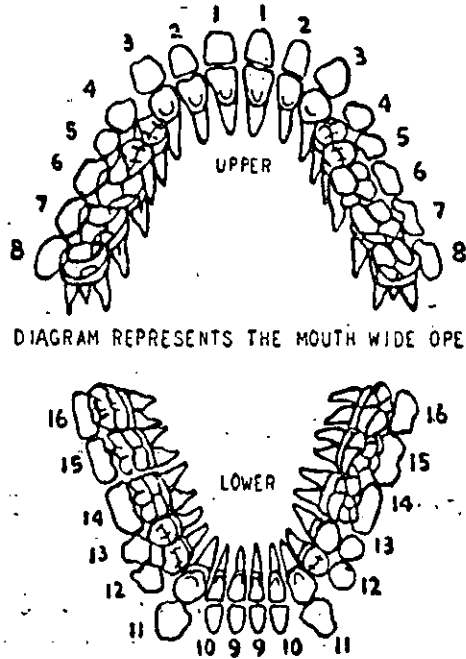




INSTRUCTIONS:

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

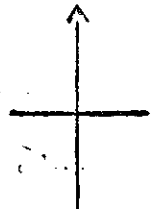
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

Other identification clues

FILLINGS  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>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:

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

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

42 ~~11~~

Recd. X-5
27 Dec 44

Unknown X-5

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Myitkyina, Burma

(Place of death)

(Date of death)

(Cause of death)

Reinterred 27 Oct 44

(Time and date of burial)

U.S. Military Cemetery

(Name of cemetery)

Myitkyina, Burma

(Name or coordinates of location)

70

(Grave number)

B

(Row number)

I

(Plot number)

Wooden cross

(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)

Body buried on **RIGHT** **Unknown X-4**

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

69-B

Body buried on **LEFT** **Howard H. Cox**

(Name)

(Serial number)

Pvt

(Rank)

475th Inf Bn

(Organization)

71-B

(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:

Serial # **X-5**

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. M.C.

(Signature of officer or other person reporting burial)

LEFT HAND

RIGHT HAND

4

4

3

3

2

2

1

1

THUMB

THUMB

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

RESTRICTED

Unknown X-5

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Myitkyina, Burma

(Place of death)

(Date of death)

(Cause of death)

Reinterred 27 Oct 44

(Time and date of burial)

U.S. Military Cemetery

(Name of cemetery)

Myitkyina, Burma

(Name or coordinates of location)

70

(Grave number)

B

(Row number)

I

(Plot number)

Wooden cross

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

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

Body buried on RIGHT	<u>Unknown X-4</u>			<u>69-B</u>
	(Name)	(Serial number)	(Rank)	(Grave number)
Body buried on LEFT	<u>Howard H. Cox</u>	<u>39694636</u>	<u>Pvt</u>	<u>475th Inf Bn 71-B</u>
	(Name)	(Serial number)	(Rank)	(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:

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 LAND-MARKS.

/s/ John H. Crabbe, 1st Lt., QMC

(Signature of officer or other person reporting burial)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RESTRICTED

REINTEGRATION

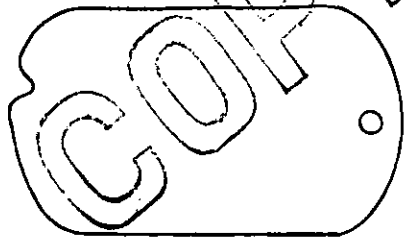
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

26 Jan 1946

Imprint Identification Tag If Possible
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly Unknown X-5
UNKNOWN X-52 of Myitkyina, Burma)

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

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-52)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

RECORDS BRANCH
FEB 27 3 15 PM '47
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, Kalikunda, India.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
25 Jan 1946	1600	Blanket	Cross	7	R	1751

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. Military Cemetery, Myitkyina, Burma	1	B	70

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)
No	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Simpkins, Preston	Pvt	35260521	1791 Ord S & M Avn	1752

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
None (Pathway)				

SIGNATURE OF PERSON PREPARING REPORT

Pfc. P. J. Krystosek

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.

Copy/ds

One / 64 30

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


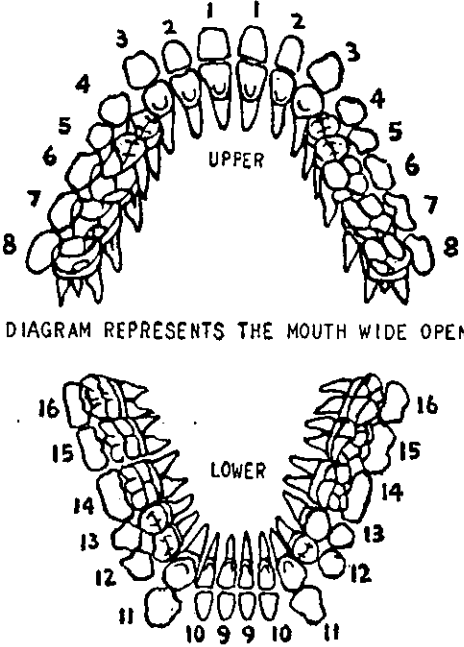





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

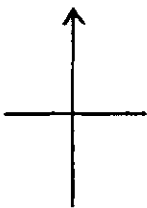
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS		 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		
FILLINGS		

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