

1

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC
Interred 14 March 1949 **DISINTERMENT DIRECTIVE**
F 922 *Alvan C. D...* Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 4996 00000
DATE 15 12 47
DAY MONTH YEAR

NAME *293 UNKNOWN X-000058* SERIAL NUMBER RANK ARM 8 DATE OF DEATH
DAY MONTH YEAR

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

PLOT 7 ROW N GRAVE 1364 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-58 SERIAL NUMBER Unk RANK Unk DATE OF DEATH Unk DATE DISINTERRED 20 October 47

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION UNKNOWN RELIGION Unk IDENTIFICATION VERIFIED BY Richard A. Warren, 1st Lt., ORD. NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Temporary Casket CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION Grave Marker and Cemetery Record

MINOR DISCREPANCIES / None

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

CASKET SEALED BY William J. Willis EMBALMER (Signature) *William J. Willis* William J. Willis

CASKET BOXED AND MARKED DATE 7 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
SIGNATURE OF GRS-INSPECTOR
15 JUL 1949
REPATRIATION BRANCH MEM. DIV.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
Inspected for identification only per paragraph 2, 1st I-
QMG, file QMGMO 293 (Pacific) d. 11-1-49 8950.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO Chief, Hawaiian 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> JAMES B HARRIS CAPTAIN

2. SHIPPED

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

REPAIR
 RECORDS BRANCH
 8:54 AM '49
 DIVISION
 FEB 24 1949

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

FILE UNDER NO. 293 Unk. India (X- 58) (Kalalkunda)

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.) (Kalalkunda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-58 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind.

8 May 1947

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

RE: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown India Misc (Kalaikunda) (X-58 thru X-81)

rtb

QUART 293
QRS Pacific Zone

5 October 1949

SUBJECT: Approval of Unidentifiability

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

1. Reference is made to letter, your headquarters, dated 17 January 1949; File NPREC 293, Subject: Resolution of Unidentified Remains; to 1st indorsement this Office, dated 18 May 1949 and to letter, this Office, dated 5 July 1949.

2. Subject cases have been reviewed and this Office approves the classification of Unknowns X-53, X-55, X-58, X-64, X-76 and X-77, formerly USMC Kalaikonda, India, and X-514, X-522, X-540 and X-611, formerly USMC Barrackpore, India, as Unidentifiable.⁵²⁶

3. The cases approved by indorsement and letter referred to in 1st paragraph and by this letter total thirty-one (31) 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

S. M. Guildsdal
V. Jeffrey
J. Windsor

QMENT 293
GRS Pacific Zone

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FOR THE QUARTERMASTER GENERAL:

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

S. M. Guildsdal
V. Jeffrey
J. Windsor

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
RRREC 293

Jan 17 1949

SUBJECT: Resolution of Unidentified Remains

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

1. Inclosed herewith 42 QMG Forms 1044 for Kalaikunda and Barrackpore, stamped and signed in accordance with letter, DA OQMG, QMGJU 293 GRS (Pacific Zone) Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. These Unknowns originated in the Myitkyina area and have been compared with QMG Forms 371 for all unaccounted-for persons believed to have been killed in this area, with negative results. It is believed that some of these unknowns could be identified if more detailed dental charts were available, since many of these unknowns exhibit unusual dental conditions. However, from the data available to this Headquarters, no identification can be established.

3. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

42 Incls

HORACE MANN

1. QMG Form 1044-1044a-1044b-
Bone List X-48-Kalaikunda
 2. QMG Form 1044-1044a-1044b-
Bone List X-52-Kalaikunda
 3. QMG Form 1044-1044a-1044b-
Bone List X-53-Kalaikunda
 4. QMG Form 1044-1044a-1044b-
Bone List X-55-Kalaikunda
 5. QMG Form 1044-1044a-1044b-
Bone List X-58-Kalaikunda
- Captain, MC
Chief, RR Div

AIR MAIL

RRTEC 293

SUBJECT: Resolution of Unidentified Remains

42 Incls

6. QMC Form 1044-1044a-1044b-Bone List-X-59-Kalaikunda
7. QMC Form 1044-1044a-1044b-Bone List-X-60-Kalaikunda
8. QMC Form 1044-1044a-1044b-Bone List-X-63-Kalaikunda
9. QMC Form 1044-1044a-1044b-Bone List-X-64-Kalaikunda
10. QMC Form 1044-1044a-1044b-Bone List-X-65-Kalaikunda
11. QMC Form 1044-1044a-1044b-Bone List-X-66-Kalaikunda
12. QMC Form 1044-1044a-1044b-Bone List-X-68-Kalaikunda
13. QMC Form 1044-1044a-1044b-Bone List-X-69-Kalaikunda
14. QMC Form 1044-1044a-1044b-Bone List-X-74-Kalaikunda
15. QMC Form 1044-1044a-1044b-Bone List-X-75-Kalaikunda
16. QMC Form 1044-1044a-1044b-Bone List-X-76-Kalaikunda
17. QMC Form 1044-1044a-1044b-Bone List-X-77-Kalaikunda
18. QMC Form 1044-1044a-1044b-Bone List-X-78-Kalaikunda
19. QMC Form 1044-1044a-1044b-Bone List-X-80-Kalaikunda
20. QMC Form 1044-1044a-1044b-Bone List-X-104-Kalaikunda
21. QMC Form 1044- 1044b-Bone List-X-105 Kalaikunda
22. QMC Form 1044-1044b-Bone List X-383 Barrackpore
23. QMC Form 1044-1044a-1044b-Bone List-X-397-Barrackpore
24. QMC Form 1044-1044a-1044b-Bone List-X-398-Barrackpore
25. QMC Form 1044-1044a-1044b-Bone List-X-399-Barrackpore
26. QMC Form 1044-1044a-1044b-Bone List-X-511-Barrackpore
27. QMC Form 1044-1044a-1044b-Bone List-X-514-Barrackpore

42 Incls

28. QMC Form 1044a-1044b-Bone List-
X-516-Barrackpore
29. QMC Form 1044-1044b-Bone List-
X-519-Barrackpore
30. QMC Form 1044-1044a-1044b-Bone List-
X-520-Barrackpore
31. QMC Form 1044-1044a-1044b-Bone List-
X-521-Barrackpore
32. QMC Form 1044-1044a-1044b-Bone List-
X-524-Barrackpore
33. QMC Form 1044-1044a-1044b-Bone List-
X-526-Barrackpore
34. QMC Form 1044-1044a-1044b-Bone List-
X-530-Barrackpore
35. QMC Form 1044-1044a-1044b-Bone List-
X-531-Barrackpore
36. QMC Form 1044-1044a-1044b-Bone List-
X-533-Barrackpore
37. QMC Form 1044-1044a-1044b-Bone List-
X-535-Barrackpore
38. QMC Form 1044-1044a-1044b-Bone List-
X-536-Barrackpore
39. QMC Form 1044-1044a-1044b-Bone List-
X-540-Barrackpore
40. QMC Form 1044-1044a-1044b-Bone List-
X-541-Barrackpore
41. QMC Form 1044-1044a-1044b-Bone List-
X-550-Barrackpore
42. QMC Form 1044-1044a-1044b-Bone List-
X-611-Barrackpore

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-58			2. DATE OF REPORT 8 April 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of Kalaikunda, India			4. PLOT 7	5. ROW N	6. GRAVE 61 1364
			7. DATE OF DISINTERMENT 23 Apr 48		DATE OF REINTERMENT 26 Apr 48

PHYSICAL DESCRIPTION *Approx. age 20 to 22*

8. ESTIMATED WEIGHT 140 to 150 lbs.	9. ESTIMATED HEIGHT 176-69.29-5'9½"	10. COLOR OF HAIR U.T.D.	11. RACE Probably White
-----------------------------------------------	-----------------------------------------------	------------------------------------	-----------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) duplicate I.D. tag reading: Unknown X-58.

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

U N I D E N T I F I A B L E		
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA		
None	F. H. WATERS <i>Capt. Sp. S. 0-240085</i>	<i>F. H. Waters</i> 11 Jan. 1949

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? Fractured right innominate and right femur.
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
Six (6) segmented sacrum, 1st coccygeal attached.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)
None

	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p>X-58</p>		
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>KALAIKUNDA, INDIA</p>		
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		

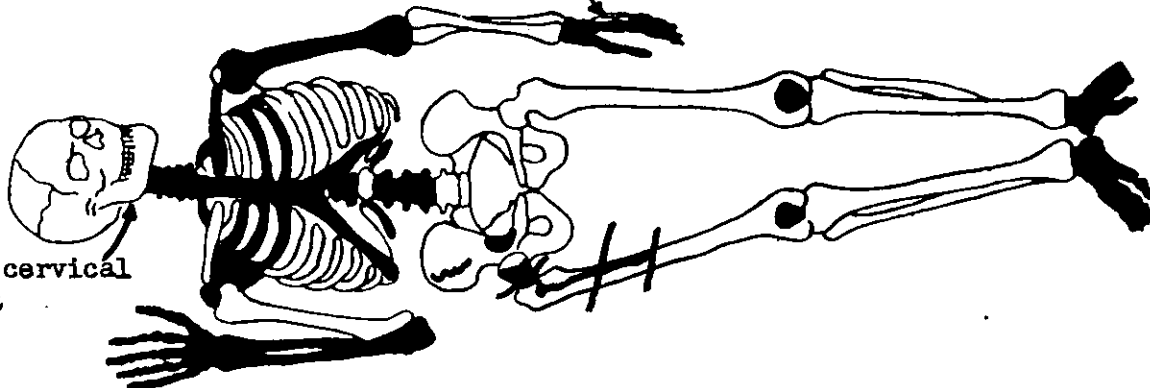
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	SEE REM.		F									DRIFT			← DRIFT	H
			O													O, O
Side Views																
Top Views																
Side Views																
	H														H	IMP.
	DRIFT	→									DRIFT	→			← DRIFT	O, F
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	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-5 is in a slight torsion version.
2. Mandible and tooth missing in R-8 and R-7 area. There is a possibility of extraction.
3. R-12 and L-13 are in torsion version.
4. L-15 and R-16 are in a slight lingual version.

19. BLACK OUT PARTS OF BODY NOT REFERRED

#3 metacarpal present



#1 & 2 cervical present

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 0 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 tall, slender young man, of average muscularity. The skull is a small average in size and oval in outline with slight frontal and parietal bosses, rounded backhead and definite left asymmetry. The forehead is relatively high and narrow. The nose is small and skewed to the left. The lower jaw is average in structure and the chin is a narrow bilateral in type.

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., QMC

**CENTRAL IDENTIFICATION LABORATORY,
AND MAUSOLEUM, APO 957**

**CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51.0	
VERTEBRAE	CERVICAL	2		Present - #1 and #2 only.
	THORACIC	6		6 missing.
	LUMBAR	2		#4 and 5 present.
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.6	Fractured - portion of ilium missing.
	LEFT	1		
RIBS		15		9 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	14.8	
	LEFT	0		Missing.
SCAPULAE	RIGHT	0		"
	LEFT	1		
HUMERI	RIGHT	1	31.8	
	LEFT	0		Missing.
RADII	RIGHT	0		"
	LEFT	1	24.5	
ULNAE	RIGHT	0		Missing.
	LEFT	1	26.3	
HANDS	RIGHT	0		Missing.
	LEFT	1		#3 metacarpals only present.
FEMORA	RIGHT	1		Fractured - portion of head and shaft missing.
	LEFT	1	47.9	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	36.7	
	LEFT	1	36.6	
FIBULAE	RIGHT	1	35.5	
	LEFT	1	36.4	
FEET	RIGHT	0		Missing.
	LEFT	0		"

HUMERO-CLAVICULAR RATIO 46.5		APPROXIMATE	
ESTIMATED HEIGHT 176-69.29-519 $\frac{1}{4}$ "	AGE	20 to 22	YEARS
ESTIMATED WEIGHT 140 to 150 lbs.		LEG-HIP BR RATIO	56.0


 Paul L. Gravenor
 Lab. Supervisor
 XXXXXXXXXXXXX

ENCLOSURE TO: Unknown X-58

WD G.M.C. FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
25 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly Unknown X-13 of Myitkyina)
UNKNOWN X-58

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-58)

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 23 Jan 1946 HOUR 1600 BURIED IN (Shroud, blanket, or name of other) Blanket TYPE OF GRAVE MARKER Cross

PLOT No. 7 ROW No. N GRAVE No. 1364

WAS THIS A REBURIAL? (Yes or no) Yes IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
U.S. Military Cemetery, Myitkyina, Burma.

PLOT No. 1 ROW No. D GRAVE No. 197

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) No IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Thorson, Arlan R. RANK Pvt. SERIAL No. 37658468 ORGANIZATION 209 Engr. GRAVE No. 1365

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Miller, Thomas M. RANK Pvt. SERIAL No. 33328655 ORGANIZATION 464 AAA GRAVE No. 1363

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 Office; Copies for retention in theater as prescribed by theater commander.

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


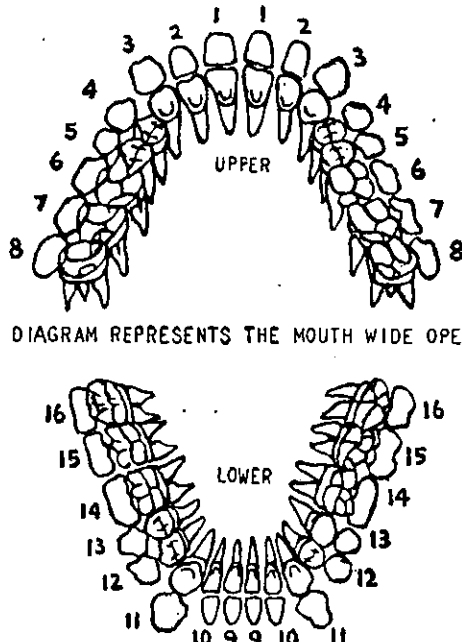




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

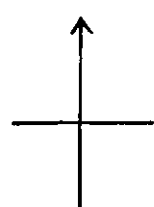
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

IDENTIFICATION DENTAL CHART

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

14 January 47
DATE

UNKNOWN X-58







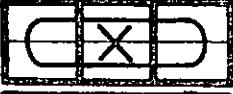








LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Myitkyina, Burma.	Kalaikunda, India	7	N	1364
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.

	8	7	6	RIGHT	5	4	3	2	1	1	2	3	LEFT	4	5	6	7	8		
TYPE	U	X	A						P	P	P	P					X	A	U	TYPE
LOCATION			O															O		LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	9	10	11	LEFT	12	13	14	15	16	
TYPE	U	A	X	X					P	P	P	P		P			A	U	TYPE
LOCATION		OF															OF		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

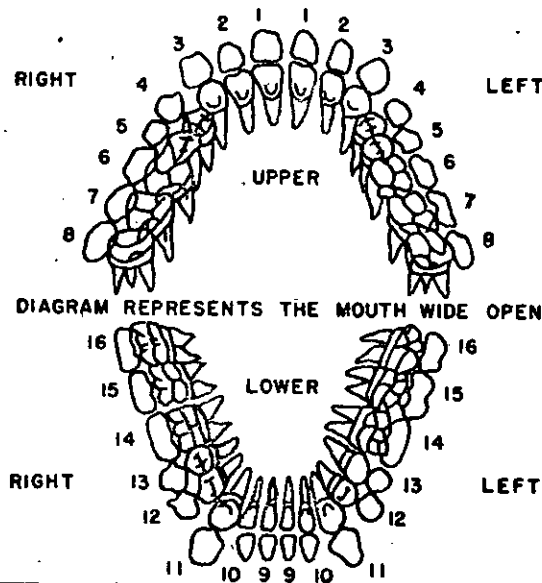
INSTRUCTIONS:

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

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

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

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



REMARKS:

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

NAME AND RANK TYPED OR PRINTED

Kalaikunda, India

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

NAME AND RANK TYPED OR PRINTED

14 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
14 January 1947

314.6 (14 Jan 47)

SUBJECT: Examination of human remains.


TO : The Commanding Officer,
American Graves Registration Service, India-Burma Zone,
APO 465.

1. The remains of grave No. 7 - N - 1364 of Unknown X-58 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:


Skull and mandible
Left clavicle
Left scapula
1st vertebrae
2nd vertebrae
8 Other vertebrae
Right humerus
Left radius
Right ulna
Sacrum
Right and left Os innominatum
Left femur
Lower third of right femur
Right and left tibia
Right and left fibula
1 Spoon

2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual. The individual was 6ft 1" tall and weighed about 175 to 180 lbs.


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

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 25 Jan 1946				
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unknown X-58 (Formerly unknown X-13 of Myitkyina) SERIAL No. _____ GRADE _____ ORGANIZATION _____ BRANCH OF SERVICE _____ RACE _____ RELIGION _____ IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY _____					
PLACE OF DEATH Myitkyina, Burma	CAUSE OF DEATH _____	DATE OF DEATH _____				
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-58)	_____					
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 23 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) blanket	TYPE OF GRAVE MARKER cross	PLOT No. 7	ROW No. N	GRAVE No. 1364
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U.S. Mil. Cem., Myitkyina, Burma			PLOT No. 1	ROW No. D	GRAVE No. 197
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) no	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Thorson, Arlan R.			RANK Pvt	SERIAL No. 37658468	ORGANIZATION 209 Engr	GRAVE No. 1365
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Miller, Thomas M.			RANK Pvt	SERIAL No. 33328655	ORGANIZATION 464 AAA	GRAVE No. 1363
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.						

Encl # 31

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


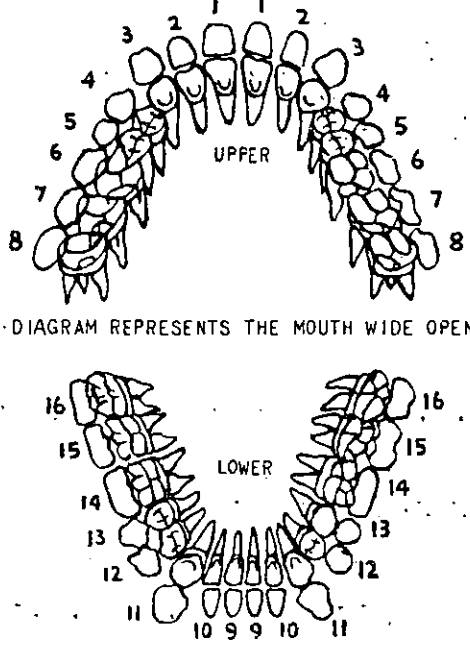




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

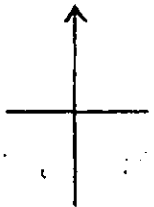
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

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

Read 29 Nov 44
RESTRICTED
X-13

Unknown X-13

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

Myitkyina, Burma.

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

Reburied 4 Nov 44

U.S. Mil. Cem.

Myitkyina

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

197

D

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)

Body buried on RIGHT	<u>Earl I. Phillips</u>	<u>16054423</u>	<u>Pfc</u>	<u>475 Inf.</u>	<u>196</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	<u>Chas. V Loveless</u>	<u>34723389</u>	<u>Pvt</u>	<u>475 Inf</u>	<u>198</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(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-13 *Serial 23*

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. Cobbe

(Signature of officer or other person reporting burial)

JOHN H. COBBE

(Verified by Army GRS Officer)

1st Lt. Q.M.C.

LEFT HAND

4
3
2
1

THUMB

RIGHT HAND

4
3
2
1

THUMB