

IFW

MEMORIAL CEMETERY

231

RL *RLC*

NATIONAL
NO. 1
THE PACIFIC

THE PACIFIC

Interred 14 March 1949

DISINTERMENT DIRECTIVE

F 1028

ALVAN C. BAKER

- 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-000063

SERIAL NUMBER
X-000063

RANK
8

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
KALAIKUNDA

DISPOSITION OF REMAINS
0 0492 64
CODE DIST. PT.

PLOT
5

ROW
Q

GRAVE
1616

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-63

SERIAL NUMBER
Unk

RANK
Unk

DATE OF DEATH
Unk

DATE DISINTERRED
22 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
CASKET SEALED BY
R. L. Trask

BY
R. W. Ralston, Embalmer
EMBALMER (Signature)
R. L. Trask
R. L. Trask

FILE
15 JUL 1949

CASKET BOXED AND MARKED
DATE 7 Feb 49 BY R. L. Trask

SHIPPING ADDRESS VERIFIED BY
C. J. SURINE, CWO, USA
REPATRIATION
BRANCH
MEM. DIV.

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. of the QMGMO 293 (Pacific), dated 5 May 1948."

[Handwritten signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO Chief, Hawaii	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt. QMC 02625944	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 24 FEB 1949

REPAIR RECORDS BRANCH
 JUN 9 08 55 AM '49
 HONOLULU DIVISION

2. SHIPPED

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

JAMES HARRIS
 CAPTAIN Q M C

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 (CONVEYANCE ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER A. O. HAWAII HONOLULU NATIONAL CEMETERY	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- 63) (Kalaikunda)

I N D E X S H E E T
SYNOPSIS.

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

op

FILE UNDER NO. 293 - Unknown India X-63 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind.

8 May 1947

FROM: CQMO
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

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 RRHMC 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 Kalaikunda, India, and X-510, 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, QMG
Memorial Division

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

AIR MAIL

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-63 KALAIKUNDA, INDIA				2. DATE OF REPORT 26 April 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India		4. PLOT 5	5. ROW Q	6. GRAVE 1166 1616	7. DATE OF DISINTERMENT 26 Apr '48	REINTERMENT 26 Apr '48

PHYSICAL DESCRIPTION Age: 20-22 years.					
8. ESTIMATED WEIGHT 165 - 175 lbs.	9. ESTIMATED HEIGHT 184 - 72.44 - 6' 3/8"	10. COLOR OF HAIR Dark, Dark Brown		11. RACE White.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One (1) substitute I.D. tag on blanket reads: "Unknown X-63".
 One (1) form 1042 reads: "X-18, Date of burial, 18 Nov 1944, Plot-1, Row-E, Grave- 258.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None.	U N I D E N T I F I A B L E BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA F. H. WATERS Capt. Sp. S. 0-240085 <i>J.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? Ribs have multiple fractures. Skull has multiple fractured.
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
 Perforation of left olecranon fossa.
 Left clavicle has healed fracture, secured by surgical wire.

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)

Fragments of OD shelter half.

18. TOOTH CHART		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>Unknown X-63</p>		<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>Kalatkunda, India.</p>		<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
○	○ →		A OD					S ML, DL			A OD	A OM	SEE REMARKS		
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
16								16							
	H →										H →				
	O										O				
		←										←			
		DRIE										DRIE			

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

Remarks:

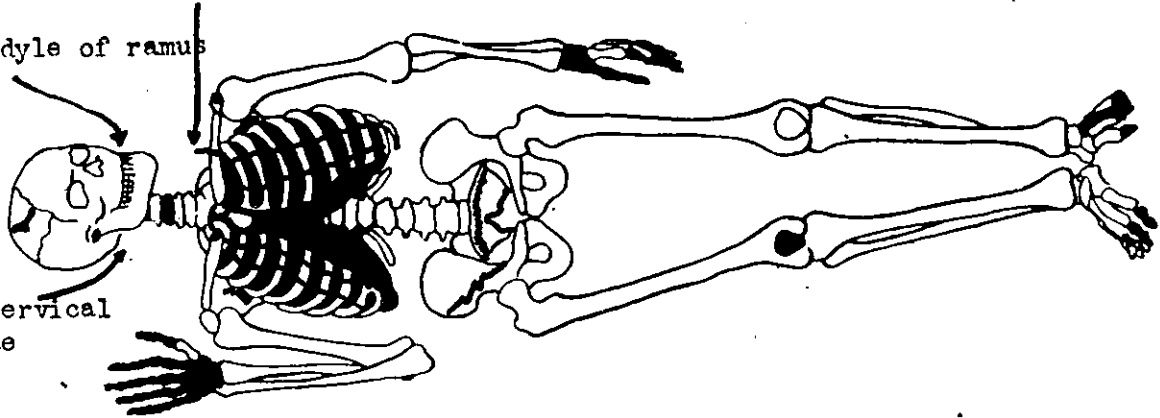
1. One upper left molar with two A-O fillings (looks like L-7). The rest of the teeth and maxilla are missing in the upper left region.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Healed fracture.

Left condyle of ramus missing.

#1-4-5 cervical vertebrae 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 L. Gravenor.

SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall man in his early twenties of average build. The hair is dark, dark brown. The skull is small average in size and elliptical in shape, with a fairly high vault. The browridges are rather pronounced and the forehead is straight and moderately high. The face is rather long and narrow. The nose of average size, shows a slight left deflection. The chin is bilateral and fairly wide, with right asymmetry. The palate is narrow and high.

Fluoroscopic examination negative. 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 & MAUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	52.3	Multiple fractures, left temporal and some fragments of the rt. parietal and left condyle of ramus missing.
VERTEBRAE	CERVICAL	4		3 missing.
	THORACIC	10		2 missing.
	LUMBAR	5		
SACRUM		1		Fractured.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.1	Fractured.
	LEFT	1		
RIBS		21		Multiple fractured, one left missing.
STERNUM		1		Fractured, parts missing.
CLAVICLES	RIGHT	1	approx. 13.8	
	LEFT	1		Healed fracture.
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		Fractured.
HUMERI	RIGHT	1	34.3	
	LEFT	1	34.1	
RADII	RIGHT	1	27.0	
	LEFT	1	26.6	
ULNAE	RIGHT	1	28.6	
	LEFT	1	27.9	
HANDS	RIGHT	1		#1 metacarpal only present.
	LEFT	1		#2,3 & 4 metacarpals & one phalange present.
FEMORA	RIGHT	1	49.9	
	LEFT	1	49.8	
PATELLAE	RIGHT	0		Missing.
	LEFT	1		
TIBIAE	RIGHT	1	41.8	
	LEFT	1	41.4	
FIBULAE	RIGHT	1	41.5	
	LEFT	1	41.2	
FEET	RIGHT	1		All parts present, except most phalanges.
	LEFT	1		All present except #3 metatarsal & 3rd cuneiform and most phalanges.

HUMERO-CLAVICULAR RATIO	Approx. 40.9	APPROXIMATE	
ESTIMATED HEIGHT	184 - 72.44 6' 3/8"	AGE	20-22 YEARS
ESTIMATED WEIGHT	165 - 175 lbs.	LEG-HIP BR RATIO	52.3
ENCLOSURE TO:	Unknown X-63 Kalaikunda, India Paul L. Gravenor, Lab Supervisor. <i>Paul L. Gravenor</i> 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-63

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma Kalaikunda, India

5 Q 1616

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				X	A							A	A		A						
LOCATION				u	od							od	om		O'						

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH		LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				
TYPE			A	X								A		X	A						
LOCATION			O									O'			O						

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

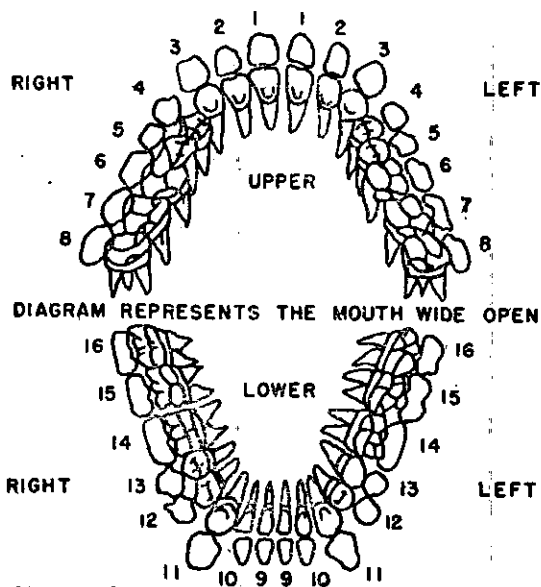
INSTRUCTIONS:

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

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

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

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



REMARKS:

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

NAME AND RANK TYPED OR PRINTED
Kalaikunda, India

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

NAME AND RANK TYPED OR PRINTED
13 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
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. 5 - Q - 1616 of Unknown X-63 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
19 Other ribs
Body of the sternum
2nd 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
Two feet in shoes
Shoe size 11A

2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual. The individual was about 6ft 2" tall and weighed about 175 lbs.


W. E. HILDEBRAND,
Captain, M.C.
Surgeon.

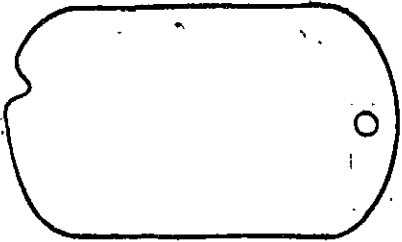
RESTRICTED REINFORCEMENT

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
23 Jan 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

Name (Last, first, middle initial) (Formerly X-18 of Unknown X-63 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#63)

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.
21 Jan 1946	1600	blanket	cross	5	Q	1616

Was this a reburial? (Yes or no)	If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave.			
yes	U. S. Mil. Cem., Myitkyina, Burma	Plot No.	Row No.	Grave No.
		W 21	E	258

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.
Pagnanelli, Anthony M.	Pfc	33671670	475. Inf	1617

Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Boyd, Donald W.	1st/Lt	O- 666129	1 Trp Car Sgd	1615

Signature of person preparing report	Signature of GRS Officer verifying report
Pfc P.J. Krystosek <i>P. Krystosek</i>	William S. Smith Jr., 2nd Lt, Inf <i>William S. Smith Jr.</i>

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.

Donato #18

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


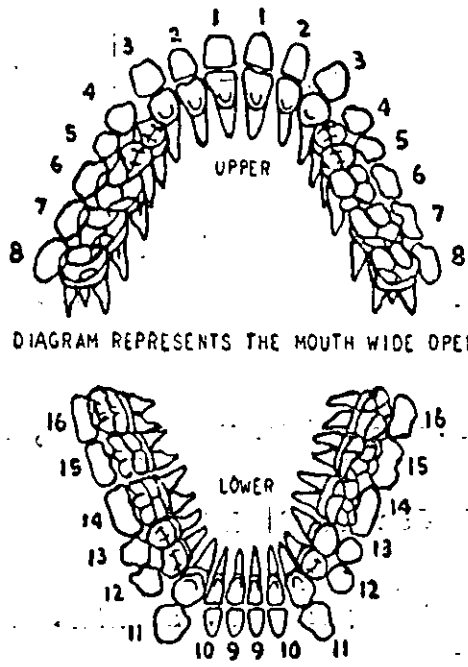




INSTRUCTIONS:

(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.

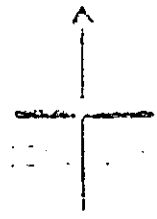
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

165

X-18

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

<u>Unknown X-18</u>					
(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
<u>Myitkyina, Burma</u>					
(Place of death)		(Date of death)		(Cause of death)	
<u>18 Nov 44</u>		<u>U.S. Military Cemetery</u>		<u>Myitkyina, Burma</u>	
(Time and date of burial)		(Name of cemetery)		(Name or coordinates of location)	
<u>258</u>	<u>E</u>	<u>I</u>	<u>Wooden Cross</u>		
(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>Empty grave</u>				<u>257-E</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	<u>Empty grave</u>				<u>259-E</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:

Incl #7 X-18

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 ? Yes

(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. O.M.C.

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

LEFT HAND

4
3
2
1

THUMB

RIGHT HAND

4
3
2
1

THUMB

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
23 Jan 1946

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly X-18 of
UNKNOWN X-63 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-63)

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.
21 Jan 1946	1600	Blanket	Cross	5	Q	1616

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.	ROW No.	GRAVE No.
1	E	258

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)

Pagnanelli, Anthony M.

RANK

Pfc

SERIAL No.

33671670

ORGANIZATION

475 Inf

GRAVE No.

1617

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Boyd, Donald W.

RANK

1st Lt.

SERIAL No.

0-666129

ORGANIZATION

1 Trp Car
Sqd

GRAVE No.

1615

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 *[Handwritten Signature]*

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


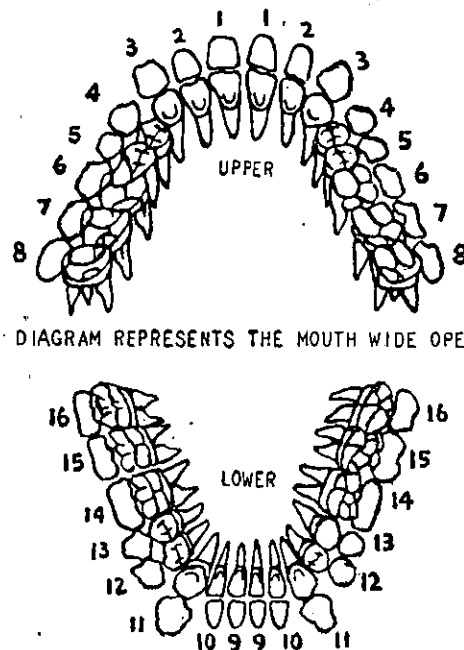




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

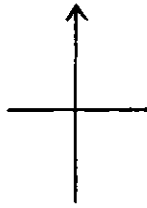
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS  SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	
(Empty space for additional notes)	

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