

RKJ GWA

239

1 K

HONOLULU NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

Interred 16 March 1949
F 712

DISINTERMENT DIRECTIVE

-Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4996 00000

DATE
15 12 47
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000066 RANK: RANK ARM: 8 DATE OF DEATH: DAY MONTH YEAR

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

PLOT: 6 ROW: R GRAVE: 1735 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 SERIAL NUMBER: X-66 RANK: Unk DATE OF DEATH: Unk DATE DISINTERRED: 22 October 47

IDENTIFICATION TAG ON: REMAINS 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: Casket CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: Grave Marker and Cemetery Record

MINOR DISCREPANCIES: None

FILE
28 JUN 1949

REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION
JUN 14 4 43 PM '49

REMAINS PREPARED AND PLACED IN CASKET DATE: 2 July 48

CASKET SEALED BY: G. D. Meek BY: BRANCH MEM. DIV. EMBALMER (Signature): Lawrence A. Jones, Embalmer G. D. Meek

CASKET BOXED AND MARKED DATE: 7 Feb 49 BY: G. D. Meek 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, CWO, USA
SIGNATURE OF GRS INSPECTOR

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

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. OMC 01585044	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>James B Harris</i>	DATE FEB 24 1949

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 (SPECIAL INSTRUCTIONS)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER 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

JM
FILE UNDER NO. 293 Unk. India (X- 66) (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.) (Kalaikunda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-66 (Kalaikunda)

I N D E X S H E E T

S Y N O P S I S

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-48 thru X-81)

rtb

QUART 293
GRS Pacific Zone

5 July 1949

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 REFREQ 295, 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-516, 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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-66			2. DATE OF REPORT 26 April 1948		
3. NAME OF CEMETERY Kalaikunda, India			4. PLOT	5. ROW	6. GRAVE
U. S. Army Mausoleum No. 2				Box	1435
Formerly of Kalaikunda, India			6	R	1735
			7. DATE OF DISINTERMENT REINTERMENT		
			26 Apr 48 26 Apr 48		

PHYSICAL DESCRIPTION **Approx. age 22 to 24 years.**

8. ESTIMATED WEIGHT 160 to 165 lbs.	9. ESTIMATED HEIGHT 176-69.29-5'9¹/₂"	10. COLOR OF HAIR U.T.D.	11. RACE Probably White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) duplicate I.D. tag with body reads: Unknown X-66:

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	<i>F.H. Waters</i>	<i>11 Jan. 1949</i>
Capt. Sp. S. 0-240085		

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

Final 11

M.W.

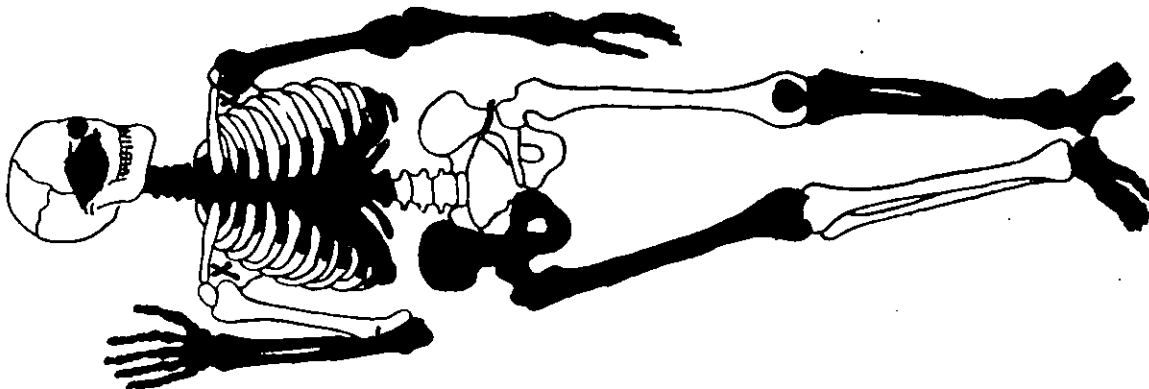
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p style="text-align: center;">X-66</p>	<p style="text-align: center;">Tooth Missing</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p style="text-align: center;">KALAIKUNDA, INDIA</p>	<p style="text-align: center;">Gold Crown, Porcelain Crown</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p style="text-align: center;">Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p style="text-align: center;">Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p style="text-align: center;">Cavity, Decayed</p>	

	RIGHT								LEFT									
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	DRIPT →				⊙									⊙	← DRIPT			
Side Views																		
Top Views																		
Side Views																		
		H																
		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-3 is in a slight facial version.
2. He has a slight cross-bite.

19. BLACK OUT PARTS OF BODY NOT RECORDED



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
 Paul L. Gravenor, SIGNATURE OF MEDICAL OFFICER Lab. Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a young man of average height and muscularity in his early twenties. The skull is broad oval in shape, average in size with a moderately high vault and a palpable external occipital protuberance. The face is fairly short and wide across the jaw angles. The nasal root is high and rather narrow. The mouth parts protrude and show slight alveolar prognathism. The lower jaw, which has a short angle, is fairly heavy in structure and the chin which is shallow, forms a very narrow bilateral eminence.

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, RANK OR SERVICE, AND ORGANIZATION

SIGNATURE


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

O. W. Greenwood
 OX

CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.2	Fractured - all present except right malar region.
VERTEBRAE	CERVICAL	0		7 Missing.
	THORACIC	3		9 missing.
	LUMBAR	4		1 missing.
SACRUM		1		
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	Missing.
	LEFT	1	Approx. 26.2	Fractured.
RIBS		20		4 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	1	15.6	
	LEFT	1	15.8	
SCAPULAE	RIGHT	1		Fractured.
	LEFT	1		"
HUMERI	RIGHT	1	33.5	
	LEFT	0		Missing.
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	0		"
	LEFT	1	49.1	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	40.4	
	LEFT	0		Missing.
FIBULAE	RIGHT	1	39.5	
	LEFT	0		Missing.
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO 46.9		APPROXIMATE	
ESTIMATED HEIGHT 176-69.29-5'9 $\frac{1}{4}$ "	AGE	22 to 24	YEARS
ESTIMATED WEIGHT 160 to 165 lbs.		LEG-HIP BR RATIO	53.4


 Paul L. Gravenor
 Lab. Supervisor
 ANTHROPOLOGIST

ENCLOSURE TO: Unknown X-66

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.

18 Jan 1947

DATE

UNKNOWN X-66

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma.

Kalaikunda, India

6

R

1735

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	U							⊗	⊗	⊗		⊗		⊗	⊗	⊗					
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		A						⊗	⊗	⊗											
LOCATION		f																			

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>mercury</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.

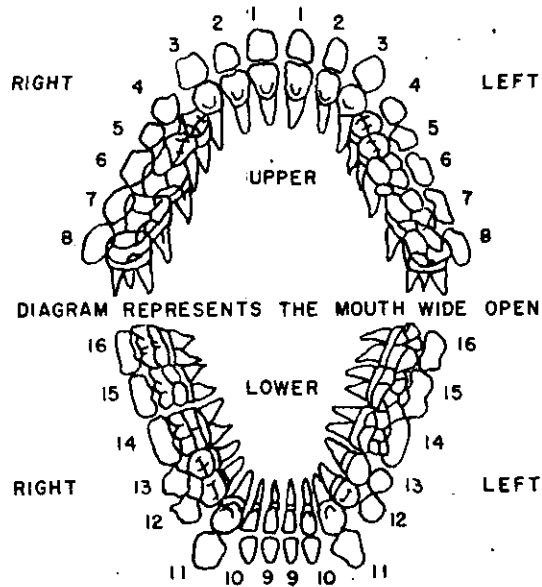


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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

18 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
18 January 1947

314.6 (18 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. 6 - R - 1735 of Unknown X-66 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
4 Vertebrae
Anomalous rib - right 4th or 5th has a bifurcated
anterior end.
Right humerus
Sacrum
Right Os innominatum
Left femur
Right tibia
Left fibula

2. Dental identification chart was accomplished.

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


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

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 26 Jan 1946
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)	SERIAL No.	
	UNKNOWN X-66	(Formerly Unknown X-21 of Myitkyina)	
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Myitkyina, Burma		

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	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
yes (X-66)	

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	R	1735

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	E	262

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	None

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Stitt, William S.	T/5	15063046	5307 CoU	1736

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Gervais, Richard F.	Pfc	31324478	475 Inf	1734

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
T/4 Q. E. Barber 	 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.

Incl # 7

Section 3. UNIDENTIFIED REMAINS.


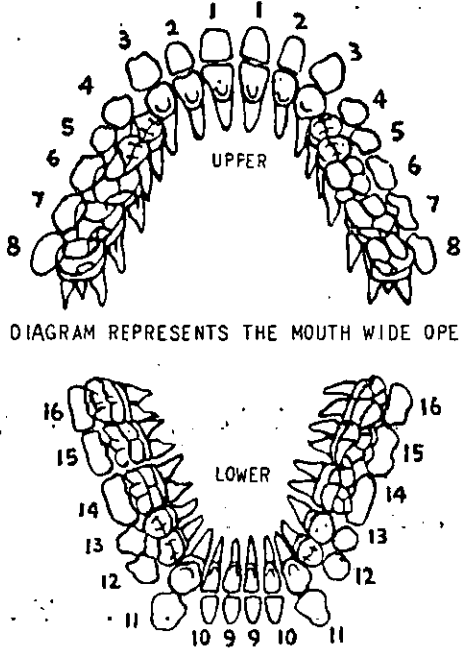




INSTRUCTIONS:

(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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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)

10 Feb 45

X 21 Burma

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

168

Unknown X-21 (Last name)					
Myitkyina, Burma (Place of death)					
Reinterred 18 Nov 44 (Time and date of burial)		U.S. Military Cemetery (Name of cemetery)		Myitkyina, Burma (Name or coordinates of location)	
262 (Grave number)	E (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	Empty				
	(Name)	(Serial number)	(Rank)	(Organization)	261-E (Grave number)
Body buried on LEFT	Empty				
	(Name)	(Serial number)	(Rank)	(Organization)	263-E (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 #12 X-21

RESTRICTED

LEFT HAND

4
3
2
1
THUMB

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

JOHN H. CABLE

RIGHT HAND

4
3
2
1
THUMB

RESTRICTED

REINT

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

COPY

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly Unknown X-21 of Myitkyina)		SERIAL No.
UNKNOWN X-66		
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-66)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

REGISTRATION AND 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, 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. R	GRAVE No. 1735

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. E	GRAVE No. 262
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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) Stitt, William S.	RANK T/5	SERIAL No. 15063046	ORGANIZATION 5307 Co U	GRAVE No. 1736
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Cervais, Richard F.	RANK Pfc	SERIAL No. 31324478	ORGANIZATION 475 Inf	GRAVE No. 1734
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SIGNATURE OF PERSON PREPARING REPORT T/4 Q. E. Barber	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr. 2nd Lt. Inf.
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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
J. H. 16

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


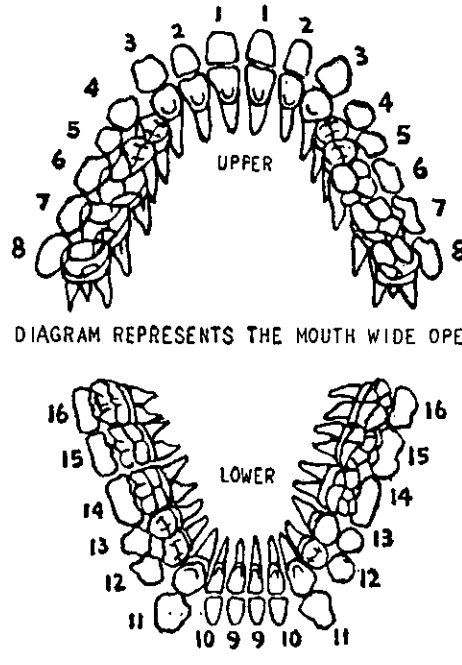




INSTRUCTIONS:

(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.

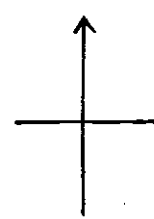
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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