IFW NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

Interred 14 March 1949

DISINTERMENT DIRECTIVE

F 920

ALVAN C. BAKER Cemetery Superintendent

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

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
293 UNKNOWN	X-000068		8	DAY MONTH YEAR

CEMETERY	DISPOSITION OF REMAINS
KALAIKUNDA	0492 (CODE) 64 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
5	P	1503	INDIA	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
HONOLULU NATIONAL CEMETERY TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-68	Unk	Unk	Unk	21 October 47

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Temporary Casket	Skeletal

OTHER MEANS OF IDENTIFICATION

Grave Marker and Cemetery Record

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July 48 BY L. A. Jones, Embalmer

CASKET SEALED BY	EMBALMER (Signature)
R. L. Trask	R. L. Trask R. L. Trask

FILE 15 JUL 1949 REPATRIATION BRANCH MEM. DIV.

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 7 Feb 49 BY R. L. Trask	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.*

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

QMC FORM REV 15 MAR 46 1194

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. 01585941	DATE 24 FEB 1949	SIGNATURE OF RECEIVER	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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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

JH

FILE UNDER NO. 293 Unk. India (X- 68) (Kalaikunda)

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

23 May 1947.

LETTER.

FROM: OQMG.
TO: Organization Records Br., Records Admin Center, AGO.
St. Louis, Mo.

SUBJ: Identification of Unk. Deceased.

DOCUMENT FILED UNDER NO. 293 Unk. India (Misc.) (Kalaikuada).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India X-68 (Kalaikunda)

INDEX SHEET

SYNOPSIS

1st Ind. 8 May 1947

FROM: QCMG
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

QMGRMT 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 RRRSC 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 Malaikunda, India, and X-518, 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. R. MEYZ
Lt. Colonel, QMC
Memorial Division

REB
NJS

return to X-68
KALAIKUNDA

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

AIR MAIL

QMGMT 293
GRS Pacific Zone

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

REB
NJS

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

return to K-18
KALAIKUNDA

AIR MAIL

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
Unknown X-68	Kalaikunda, India			26 April 1948
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
U. S. Army Mausoleum No. 2		Box	1128	26 Apr 48 / 26 Apr 48
Formerly of Kalaikunda, India	5	P	1503	

PHYSICAL DESCRIPTION Age 23 to 25 years.

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Approx. 175 lbs.	6' 3/8"	Reddish brown	White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) substitute I. D. tag pinned on blanket reads: "Unknown X-68."

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

None

UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA
F. H. WATERS
Capt. Sp. S. 0-240085 F. H. Waters 11 Jan. 1949

14. WAS BODY BURNED? ☐ YES ☒ NO — TO WHAT EXTENT?

15. WAS BODY MANGLED? ☐ YES ☒ NO — TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

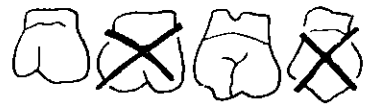
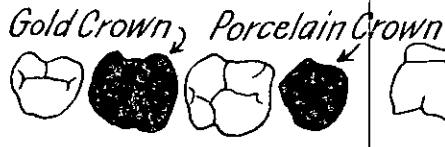
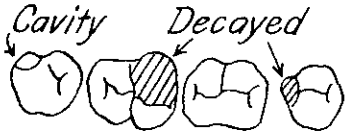
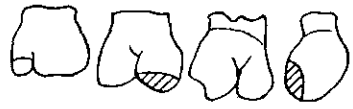
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. *(If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)*

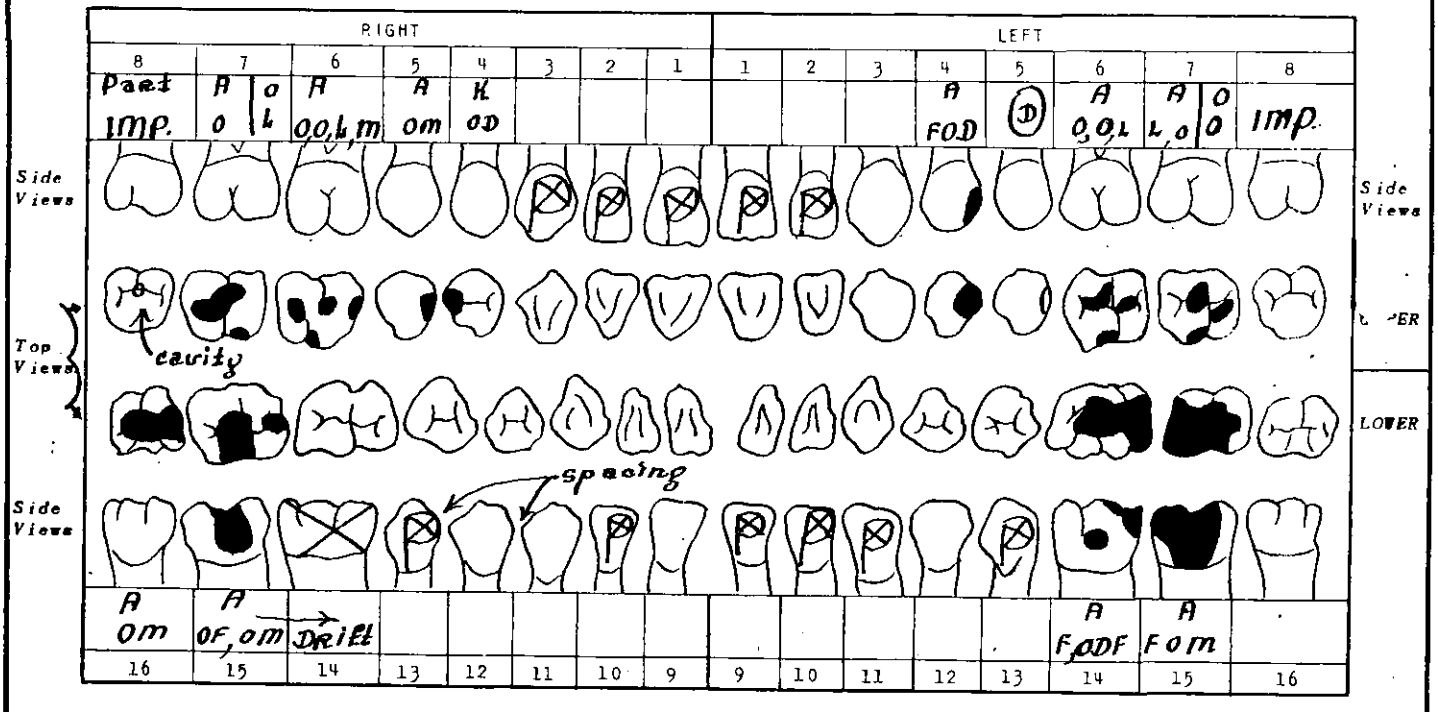
None

Incl B

M.W.

TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS: x-68		
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:		

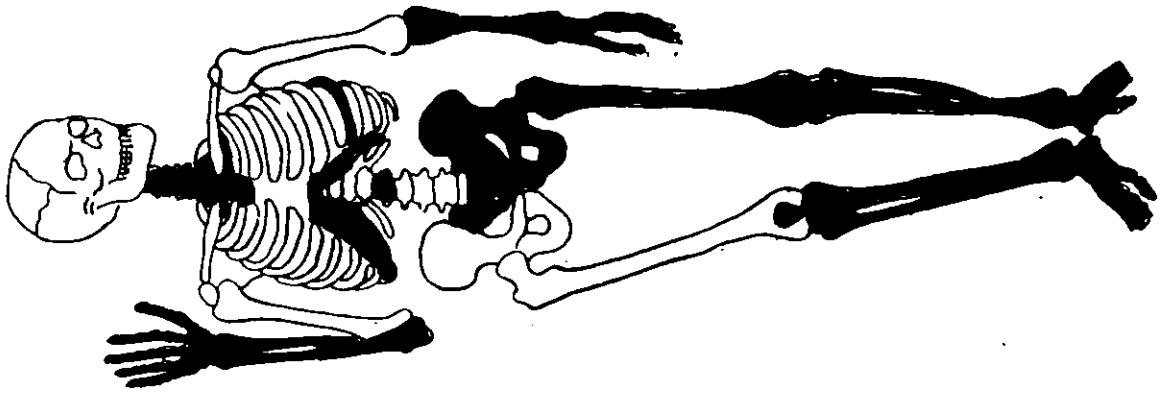


DENTURES *(Plates)*: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

K= Krptex filling in R-4.

Unknown X-68

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

No extra parts.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a very tall muscular man with reddish brown hair 23 to 25 years of age. The skull is small and broad with an almost globular outline. The backhead is flat and has a moderately external occipital protuberance. The forehead is receding. The brow ridges and glabella are quite prominent. The nasal root is deep and of average width. The mouth parts have some alveolar prognathism. In profile the nose may have been a beaked one. The palate is quite wide and of average width. The jaw lines are long and muscular with slight gonial flares. The chin forms a bilateral eminence, the left mental eminence is larger than the right.

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	O W Greenwood

QMC FORM 18 MAR 47 1044b

TL

CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	51.8	
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	10		2 missing.
	LUMBAR	4		1 missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM	
	LEFT	0		Missing.
RIBS		23		1 missing.
STERNUM		1		Manubrium missing.
CLAVICLES	RIGHT	1	15.2	
	LEFT	1	15.5	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	34.8	
	LEFT	1	34.9	
RADII	RIGHT	0		Missing.
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	1	50.6	
	LEFT	0		Missing.
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO 43.5		APPROXIMATE	
ESTIMATED HEIGHT 184-72.44-6'3/8	AGE	23 to 25	YEARS
ESTIMATED WEIGHT Approx. 175 lbs.		LEG-HIP BR RATIO	

ENCLOSURE TO: Unknown X-68

Paul L. Gravenor
Lab. Supervisor
~~ANTHROPOLOGIST~~

GP - AGRS 21
29 SEP 47

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.

DATE: 14 January 1947

LAST NAME / FIRST / INITIAL: UNKNOWN X-68

RANK:

SERIAL NO.:

UNIT:

ORGANIZATION:

PLACE OF DEATH: Myitkyina, Burma.

PLACE OF BURIAL: Kalaikunda, India

PLOT: 5

ROW: P

GRAVE NO.: 1503

UPPER TEETH

	RIGHT 8	7	6	5	4	3	2	1	1	2	3	LEFT 4	5	6	7	8		
TYPE		A	A	A	P	P	P	P	P	P		A		A	A S	U	TYPE
LOCATION		O	OML	od								od		OVL	OL O		LOCATION

INSIDE — LOOKING OUT

LOWER TEETH

	RIGHT 16	15	14	13	12	11	10	9	9	10	11	LEFT 12	13	14	15	16		
TYPE																	TYPE	
LOCATION																	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	
X	EXTRACTED	A	AMALGAM (SILVER)	m	MESIAL (BETWEEN-TOWARD FRONT)
O	CAVITY. INDICATE LOCATION	G	GOLD	o	OCCLUSAL (BITING SURFACE BACK TEETH)
X	FIXED BRIDGE (INCL. ABUTMENTS)	S	SILICATE OR PORCELAIN	d	DISTAL (BETWEEN-TOWARD BACK)
X X X	TEETH REPLACED BY DENTURE	O	OXYPHOSPATE (CEMENT)	l	LINGUAL (TOWARD TONGUE)
P	POSTHUMOUSLY MISSING (LOST AFTER DEATH)	U	unerupted	f	FACIAL (TOWARD CHEEK)

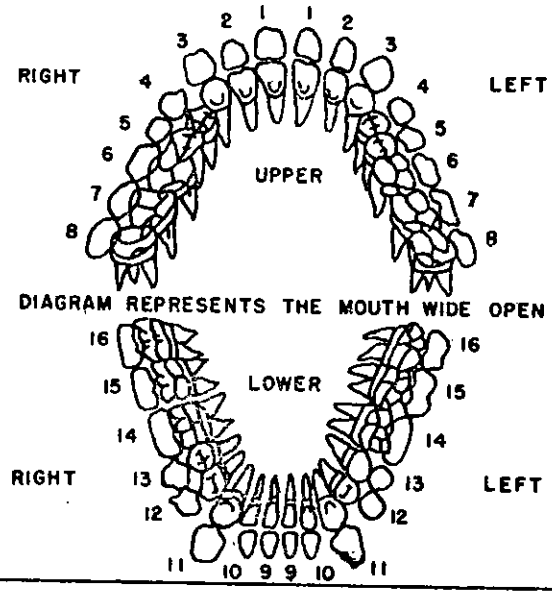
INSTRUCTIONS:

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 47
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. 5 - P - 1503 of X-68 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Right and left 1st rib
20 Other ribs
Body of the sternum
15 Vertebrae
Right and left humerus
Sacrum
Right Os innominatum
Right femur.

2. Dental identification chart was accomplished for the maxilla.

3. There is no evidence of remains of more than one individual.

W. C. Hilderman

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

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: 21 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

Name (*Last, first, middle initial*): Unknown X-68 (Formerly X-23 of Myitkyina)

Serial No.: Unknown

Grade: Unknown

Organization: Unknown

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

Were substitute tags provided? (*Yes or no*): ~~Yes~~ Yes (X-68)

If no tags found on body, describe means of identification (*If unidentified, fill in section 3 on reverse*):

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.
20 Jan 1946	1600	Blanket	Cross	5	P	1503

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.	Row No.	Grave No.
1	F	310

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*)	Rank	Serial No.	Organization	Grave No.
Marchetti, Fred J.	Pfc	34503352	5307th Comp Unit	1504

Body buried on deceased right, name (*Last, first, middle initial*)	Rank	Serial No.	Organization	Grave No.
Kennar, James E.	Tec 5	17090983	3466 QM Trk Co	1502

Signature of person preparing report: Robert L. Sterner
Pfc Robert L. Sterner

Signature of GRS Officer verifying report: William S. Smith Jr.
William S. Smith Jr, 2nd Lt, Inf.

DISTRIBUTION OF REPORT: *Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.*

RESTRICTED

Incl 4 46

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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

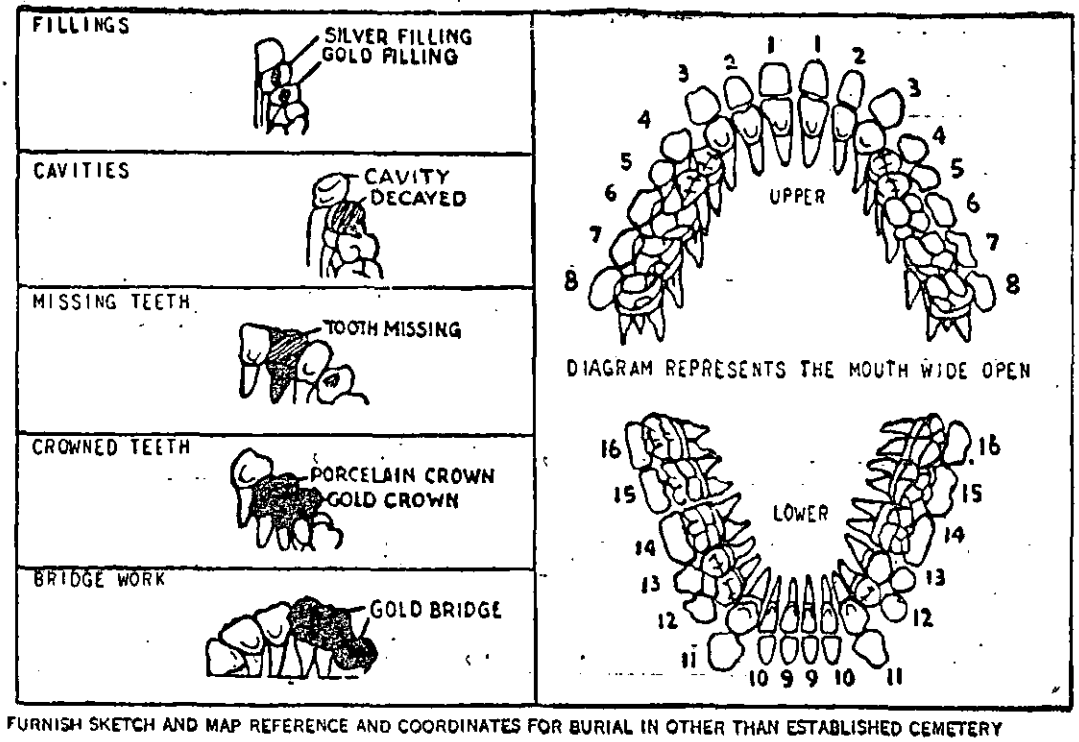
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks; and serial numbers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



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

REMARKS:

RESTRICTED

Rec'd 19 Feb 45

X-23 Burma

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

139

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Unknown X-23					

Myitkyina, Burma
(Place of death)

(Date of death)

(Cause of death)

Reinterred 19 Nov 44
(Time and date of burial)

U.S. Military Cemetery
(Name of cemetery)

Myitkyina, Burma
(Name or coordinates of location)

310 (Grave number) | F (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)

	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on **RIGHT**	Kermit H. Nevland	35217814	Pvt	241st Chemical	309-F
Body buried on **LEFT**	Maynard Murray	32605184	Pvt	1883rd Engr Bn	311-F

(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 #6 X-23 Burma

RESTRICTED

DEC 27 1944

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
(Signature of officer or other person reporting burial)

JOHN H. C[redacted]
1st Lt., Q. M[redacted]
(Verified by Army GRS Officer)
Gr. Regis. Officer.

LEFT HAND 4 3 2 1 THUMB

RIGHT HAND 4 3 2 1 THUMB

MGIPC—S1—1-4-849 (PD-L/L)—21-1-44—50,000.

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

REINT

DATE OF REPORT: 21 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE

COPY

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*)	SERIAL No.
UNKNOWN X-68 (Formerly X-23 of Myitkyina)	Unknown

GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	

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*): None

WERE SUBSTITUTE TAGS PROVIDED? (*Yes or no*): Yes (X-68)

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (*If unidentified, fill in section 3 on reverse*)

REGISTRATION AND RECORDS BRANCH
FEB 27 3 14 PM '47
MEMORIAL DIVISION

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.
20 Jan 1946	1600	Blanket	Cross	5	P	1503

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	F	310

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.
Marchetti, Fred J.	Pfc	34503352	5307th Comp Unit	1504

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Kennar, James E.	Tec/5	17090983	3466 QM Trk Co.	1502

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Pfc. Robert L. Sterner	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

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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

Section 3.—IDENTIFIED 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

CAVITIES

MISSING TEETH

CROWNED TEETH

BRIDGE WORK

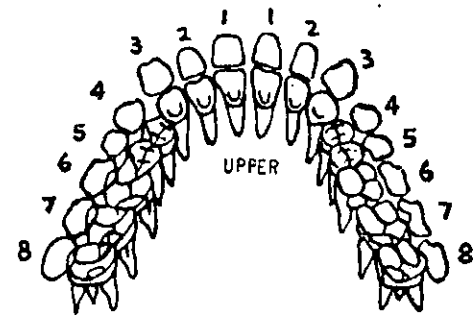
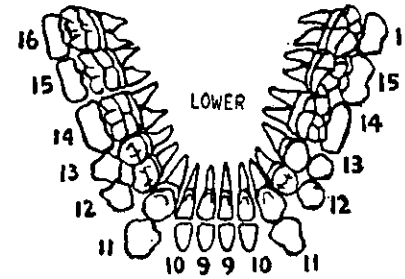
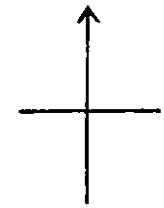


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

16—43997-1 U. S. GOVERNMENT PRINTING OFFICE