

IFW

217

CM3 RL

OF THE P...

Interred 14 March 1949
F 1024

DISINTERMENT DIRECTIVE

Alvan C. Baker
Cemetery Superintendent

01

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4996 00000

DATE
15 12 47
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
293 UNKNOWN		X-000069			8	DAY	MONTH
CEMETERY						DISPOSITION OF REMAINS	
KALAIKUNDA						0	0492 64
CODE	DIST. PT.		CAUSE OF DEATH				
			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-69	Unk	Unk	Unk	21 October 47
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> 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
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July 48	BY L. A. Jones	FILE
CASKET SEALED BY	EMBALMER (Signature)	15 JUL 1949
William J. Willis	<i>William J. Willis</i> William J. Willis	
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	BRANCH MEM. DIV.
DATE 7 Feb 49	BY William J. Willis	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

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

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

217-498

W. J. Willis

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO Chief : Hawaii D C
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER
SIGNATURE OF SHIPPER JOHN L. MURPHY Capt., QMC 01585944 <i>John L. Murphy</i>	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>James B. Harris</i>

2. SHIPPED

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

JAMES B. HARRIS
 CAPTAIN
 SPECIAL INQUIRY
 DIVISION
 8 55 AM '49
 HONOLULU
 RECORDS BRANCH
 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 <i>UNKNOWN</i>	DATE	SIGNATURE OF RECEIVER

5. SHIPPED

FROM (BY ADMINISTRATIVE ORDER)		TO
KIND OF CONVEYANCE		NAME OF CONVOYER
SIGNATURE OF SHIPPER OFFICE OF HAWAII HONOLULU NATIONAL CEMETERY	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- 69) (Kalaikunda)

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

op

JH
FILE UNDER NO. 293 - Unknown India I- 69 (Kalsikunda)

I N D E X S H E E T

S I N O P S I S

1st Ind.

8 May 1947

FROM: OQMG
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 (Kalsikunda) (I-48 thru I-81)

rtb

QUARTY 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 HQGRC 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-518, X-521, X-524, X-531, X-533, and X-539, 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

REB

NJS

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

AIR MAIL

QUART 293
GRS Pacific Zone

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

REB

NJS

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

AIR MAIL

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-69			Kalaikunda, India			2. DATE OF REPORT 26 April 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Box #1136			4. PLOT 5	5. ROW P P	6. GRAVE 59 1511	7. DATE OF DISINTERMENT 24 Apr 48		REINTERMENT 26 Apr 48
Kalaikunda, India			PHYSICAL DESCRIPTION Age: 21 - 23					

8. ESTIMATED WEIGHT 150 - 155	9. ESTIMATED HEIGHT 178-70.08-5'10"	10. COLOR OF HAIR UTD	11. RACE Probably White
----------------------------------	--	--------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag reading: Unknown X-69.

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 Capt. Sp. S. 0-240085 <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? Multiple fractures of skull
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

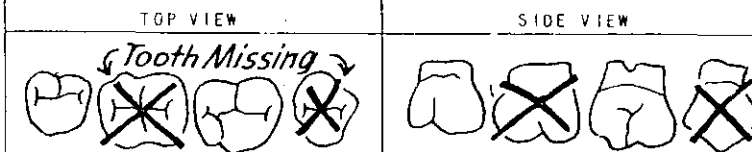
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

Incl 13

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

X-69

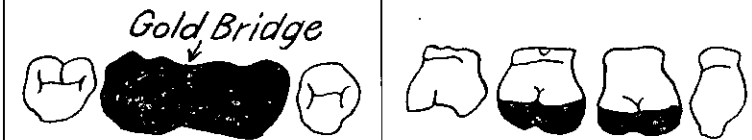


CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

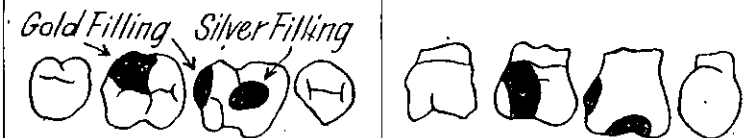
KALAIKUNDA, INDIA



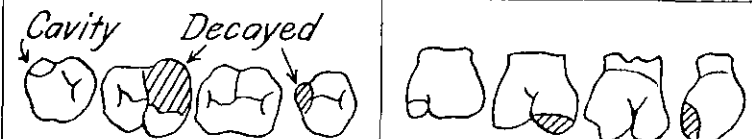
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
⊙	A o	A o, o											⊙	A OL	A O	A OF	
Side Views	[Side views of teeth with various treatments: missing (X), crowns, bridge, fillings, cavities]																Side Views
Top Views	[Top views of teeth with various treatments: missing (X), crowns, bridge, fillings, cavities]																Top Views
Side Views	[Side views of teeth with various treatments: missing (X), crowns, bridge, fillings, cavities]																Side Views
A o	A o															A o	A o
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

Notes: cavity, cavity prep. on the Mesial, Drift

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. A super-numerary molar is impacted on the distal of R-8.
2. R-16 is in a slight facial version.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



#1 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 _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

See attached narrative

Paul L Gravenor SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, rather muscular man in his early twenties. The skull is average in size, globular in outline. The vault is very low measuring 12.2 mm. The crown is very low with prominent parietal bosses and presents a noticeable right asymmetry. The backhead is rather broad and slopes from crown to occipital bone forming a rather flat surface. The occipital bone is rounded and projecting. The forehead is low and relatively narrow. The face is wide and short with full cheeks. The nose is very small with a narrow high bridge. The palate is a shallow rounded "V". The mandible is medium in structure, has a large jaw angle, and presents a wide chin eminence.

Teeth charted
Fluoroscopic Examination Unnecessary

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

O. W. GREENWOOD, CAPT., QMC

SIGNATURE

**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	53.8	Portion of frontal, right temporal and skull base.
VERTEBRAE	CERVICAL	1		#1 present
	THORACIC	5		1 missing
	LUMBAR	0		5 missing
SACRUM		0		Missing
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	1		Hole in center of ilium
RIBS		23		1 missing
STERNUM		1		Manubrium only present
CLAVICLES	RIGHT	1	15.6	
	LEFT	1	15.5	
SCAPULAE	RIGHT	1		
	LEFT	1		Fractured
HUMERI	RIGHT	1	34.7	
	LEFT	0		Missing
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	0		"
	LEFT	0		"
FEMORA	RIGHT	0		"
	LEFT	1	47.8	
PATELLAE	RIGHT	0		"
	LEFT	0		"
TIBIAE	RIGHT	0		"
	LEFT	0		"
FIBULAE	RIGHT	0		"
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

HUMERO-CLAVICULAR RATIO 45.0

APPROXIMATE

ESTIMATED HEIGHT 178-70.08-5'10" AGE

21 - 23 YEARS

ESTIMATED WEIGHT 150 - 155

LEG-HIP BR RATIO

Paul L Gravenor
Paul L Gravenor
Lab Supervisor

ENCLOSURE TO: Unknown X-69 Kalaikunda, India

ANTHROPOLOGIST

NARRATIVE

26 April 1948

Unknown X-69
Kalaikunda, India
Plot-5, Row-P, Grave-1151
U. S. Army Mausoleum No. 2
Box #1136
Row-P, Grave-59

In processing the above remains a portion of an extra skull was found, (consisted of portions of:

Left side of frontal
Left parietal
Left temporal
Left occipital

These extra fragments were absorbed into the remains of X-70 on basis of color, texture, and age and General Bone Morphology.

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 Jan 47

DATE

UNKNOWN X-69

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma.

Kalaikunda, India

5

P

1511

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			A	A		⊗		⊗	⊗	⊗	⊗	⊗		U	A	A	A	TYPE									
LOCATION			O	O ²											ol	O	of	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	A	X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	X	⊗	A	A	TYPE									
LOCATION		O	O													O	O	LOCATION									

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS
IN
WHOLE BOX



EXTRACTED



CAVITY. INDICATE
LOCATION



FIXED BRIDGE
(INCL. ABUTMENTS)



TEETH REPLACED
BY DENTURE



POSTHUMOUSLY MISSING
(LOST AFTER DEATH)

TYPE OF FILLING
IN
UPPER HALF OF BOX



AMALGAM
(SILVER)



GOLD



SILICATE OR
PORCELAIN



OXYPHOSPHATE
(CEMENT)



unerupted

LOCATION OF FILLING
IN
LOWER HALF OF BOX



MESIAL
(BETWEEN-TOWARD FRONT)



OCCUSAL
(BITING SURFACE BACK TEETH)



DISTAL
(BETWEEN-TOWARD BACK)



LINGUAL
(TOWARD TONGUE)



FACIAL
(TOWARD CHEEK)

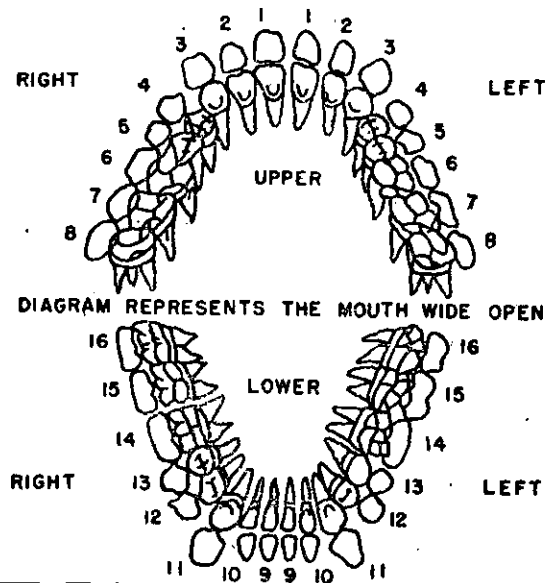
INSTRUCTIONS:

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:

May have been an extra tooth at L-8a

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

NAME AND RANK TYPED OR PRINTED
Kalaikunda, India

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

NAME AND RANK TYPED OR PRINTED
13 January 1947

DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
INDIA-BURMA ZONE
APO 465
c/o Postmaster, New York, N.Y.

12-WCH/se

Calcutta, India
13 January 1947

314.6 (13 Jan 47)

SUBJECT: Examination of human remains.


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

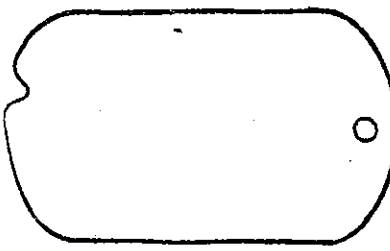
1. The remains of grave No. 5 - P - 1511 of Unknown X-69, U.S. Military Cemetery, Kalaikunda, India were examined on 5th December and the following were identified:

Cranium
Maxilla
Mandible
Right clavicle
Right and left scapula
Right 1st rib
21 Other ribs
Manubrium of the sternum
1st Vertebrae
4 Other vertebrae
Right humerus
Right Os innominatum
Left femur

2. Dental identification chart was accomplished.

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


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

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	
Improved Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. Name (Last, first, middle initial) Unknown X-69 (Formerly X-24 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 Unknown		Date of death Unknown		
Emergency addressee (Name, relationship, and address) Unknown						
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						
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 20 Jan 1946	Hour 1600	Buried in (Shroud, blanket, or name of other) Blanket	Type of grave marker Cross	Plot No. 5	Row No. P	Grave No. 1511
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. F	Grave No. 312
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) Salvato, Ernest A.		Rank Pfc	Serial No. 33429746	Organization 5307th Comp Unit	Grave No. 1512	
Body buried on deceased right, name (Last, first, middle initial) Thompson, Robert L.		Rank Sgt	Serial No. 6894149	Organization 475 Inf	Grave No. 1510	
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.

Serial # 54

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


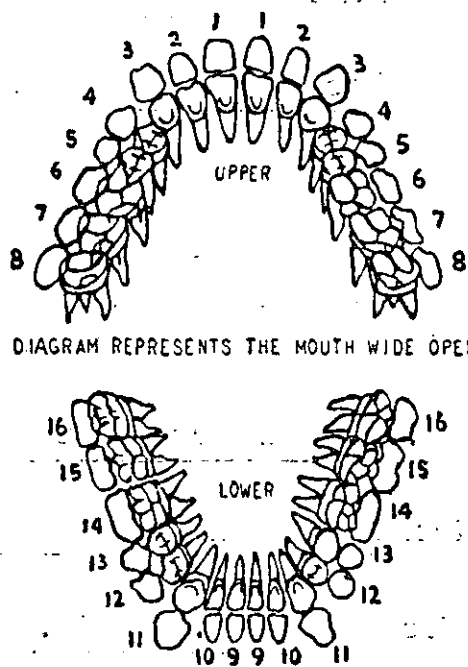




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks; and serial numbers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

Little Finger Left
 Ring Finger Left
 Middle Finger Left
 Index Finger Left
 Thumb Left
 Right Thumb
 Right Index Finger
 Right Middle Finger
 Right Ring Finger
 Right Little Finger

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	

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)

Recd. 10 Feb 45
 146 X 24 - *Burma*

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

Unknown X-24

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Myitkyina, Burma					
(Place of death)	(Date of death)			(Cause of death)	
Reinterred 19 Nov 44	U. S. Military Cemetery			Myitkyina, Burma	
(Time and date of burial)	(Name of cemetery)			(Name or coordinates of location)	

312	F	I	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	Maynard Murray	32605184	Pvt	1883rd Engr Bn	311-F
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	James Williams	31163022	Pvt	1883rd Engr Bn	313-F
	(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:

SNCP # 7
X-24 Burma

RESTRICTED

3 JAN 1945

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. No. 79 ; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc. :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased; etc. :

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

JOHN H. CRABBE,

1st Lt., Q. M. C.

Gr. Regis. per.

John H. Crabbe

(Signature of officer or other person reporting burial)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

1

2

3

4

THUMB

RESTRICTED

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) (Formerly X-24 of Myitkyina)
UNKNOWN X-69

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
Unknown

DATE OF DEATH
Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

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	1511

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	312

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.
Salvato, Ernest A.	Pfc	33429746	5307th Comp Unit	1512

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
Thompson, Robert L.	Sgt.	6894149	475 Inf	1510

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

Jan 14 1947

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


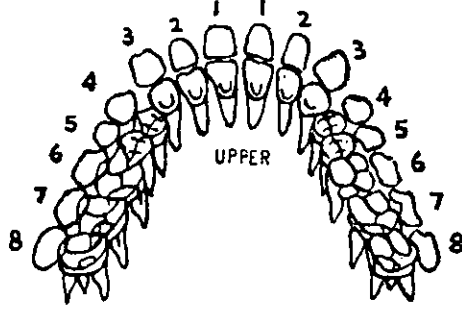
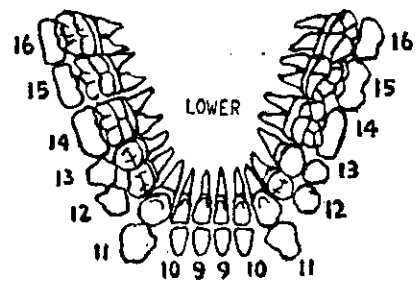




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

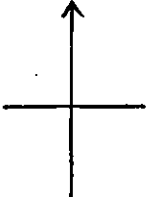
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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 align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">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: