

NATIONAL CEMETERY OF HAWAII
Interred 1 February 1949 DISINTERMENT DIRECTIVE
C 1431 *Alvan C Baker*
-Cemetery Superintendent

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

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X-000070 8 DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
6 N 1338 INDIA 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED
UNKNOWN X-70 Not Ind Not Ind Not Indicated Not Indicated

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN Not Ind JOHN L. MURPHY, Capt. QMC
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Temporary casket Skeletal

OTHER MEANS OF IDENTIFICATION Cemetery Record

MINOR DISCREPANCIES 1 None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 January 1949 BY J. P. SIMONI (Embalmer)

CASKET SEALED BY J. P. SIMONI EMBALMER (Signature) *Joseph P. Simoni*
J. P. SIMONI

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY 12 1949
DATE 13 Jan 49 BY J. P. SIMONI 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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
"Inspected for identification under paragraph 2, 1st Ind, OMBG, file QMGMO 293 (Pacific), dated 5 May 1948."

Sub 24

ms

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM NO. 3		TO CHIEF HAWN DOD	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John L. Murrell</i> JOHN L. MURRELL Capt., QMC 01585944	DATE 19 JAN 1949	SIGNATURE OF RECEIVER <i>James B. Harris</i> JAMES B HARRIS CAPTAIN Q M C	DATE 19 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 STRATEGIC ORDER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HONORABLE WILLIAM CENELEBA	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

9/R
FILE UNDER NO. 293 Unk. India (I- 70) (Kalaikunda)

I N D E X S H E E T
S Y N O P S I S .

23 rd 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-70 (Kalainunda)

INDEX SHEET

SYNOPSIS

Lot Ind.

8 May 1947

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

RE: Identification of Unknown Deceased

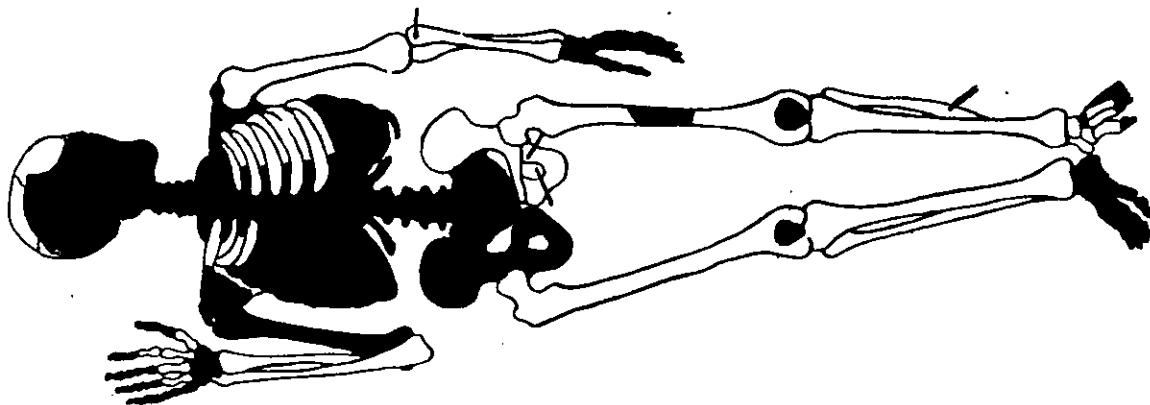
DOCUMENT FILED UNDER NO. 293 - Unknown India Misc (Kalainunda) (X-48 thru X-81)

rtb

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-70				2. DATE OF REPORT 26 April 1948										
3. NAME OF CEMETERY U. S. Army Mausoleum No. 2 Formerly of Kalaikunda, India				4. PLOT 6	5. ROW N	6. GRAVE 1338 1338	7. DATE OF DISINTERMENT 26 Apr 48	REINTERMENT 26 Apr 48						
PHYSICAL DESCRIPTION Age: 25 to 27 years.														
8. ESTIMATED WEIGHT Approx. 130 to 140 lbs.		9. ESTIMATED HEIGHT 65.36-5'5 3/8"		10. COLOR OF HAIR U.T.D.			11. RACE U.T.D.							
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) duplicate I.D. tag reading: Unknown X-70.														
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND FOR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None.														
<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">U N I D E N T I F I A B L E</div> <p style="font-weight: bold;">BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLARENCE B. WATTS</td> <td style="border: none;"><i>Clarence B. Watts</i></td> <td style="border: none;">15 Nov 1948</td> </tr> <tr> <td style="border: none;">Capt. OMC 0358911</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>									CLARENCE B. WATTS	<i>Clarence B. Watts</i>	15 Nov 1948	Capt. OMC 0358911		
CLARENCE B. WATTS	<i>Clarence B. Watts</i>	15 Nov 1948												
Capt. OMC 0358911														
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?												
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Fractured bones.												
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS Possible healed fracture of left radii and left ulna (an inch above distal end.)														
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.														

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

No extra parts.

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a medium sized man of average build and muscularity in his late twenties.
Absence of skeletal parts preclude further comment.

Fluoroscopic examination unnecessary. No Teeth.

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
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

SIGNATURE

/s/ O. W. Greenwood
O. W. GREENWOOD

CENTRAL IDENTIFICATION LABORATORY
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1		Fragment of frontal, parietal, occipital, and temporal present.
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	1		#1 present.
	LUMBAR	0		Missing.
SACRUM		0		Missing.
INNOMINATES	RIGHT	0	BI-ILIAC DIAM	"
	LEFT	1		Fractured at pubic arch.
RIBS		6		18 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	1	31.6	
RADII	RIGHT	1	24.2	
	LEFT	1	(23.4)	Fractured at head.
ULNAE	RIGHT	1	26.0	
	LEFT	1	25.2	
HANDS	RIGHT	1		1-2-3-4 metacarpals present.
	LEFT	0		Missing.
FEMORA	RIGHT	1	46.2	
	LEFT	1		Midshaft missing.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	37.0	
	LEFT	1	37.0	
FIBULAE	RIGHT	1	36.0	
	LEFT	1		Fractured in lower third.
FEET	RIGHT	0		Missing.
	LEFT	1		All present except cuboid, 1 & 3 cuneiform 4 & 5 metatarsals and phalanges.

HUMERO-CLAVICULAR RATIO U.T.D.

APPROXIMATE AGE (In years)
25 to 27

ESTIMATED HEIGHT 65.36-5'5 3/8"

LEG-HIP BR RATIO U.T.D.

ESTIMATED WEIGHT Approx.
130 to 140 lbs.

/s/

Paul L. Gravenor
PAUL L. GRAVENOR
Lab. Supervisor

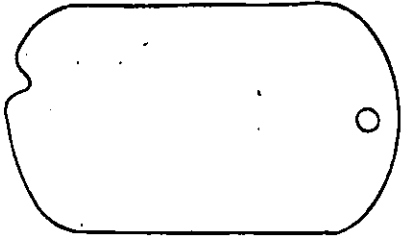
ENCLOSURE TO: Unknown X-70

ANTHROPOLOGIST

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
24 Jan 1946

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	Section 1.—IDENTIFICATION.		
	NAME (<i>Last, first, middle initial</i>) UNKNOWN X-70 (Formerly Unknown X-25 of Myitkyina)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Myitkyina, Burma	CAUSE OF DEATH	DATE OF DEATH
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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 (<i>If unidentified, fill in section 3 on reverse</i>)
WERE SUBSTITUTE TAGS PROVIDED?(<i>Yes or no</i>) Yes (X-70)	

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 (<i>Shroud, blanket, or name of other</i>)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Jan 1946	1600	Blanket	Cross	6	N	1338

WAS THIS A REBURIAL? (<i>Yes or no</i>) 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. G	GRAVE No. 362
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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 (<i>Yes or no</i>) No	IDENTIFICATION TAG ATTACHED TO MARKER (<i>Yes or no</i>) Yes	

BODY BURIED ON DECEASED LEFT, NAME (<i>Last, first, middle initial</i>) Connole, Reynold J.	RANK Pfc	SERIAL No. 37418140	ORGANIZATION 209 Engr	GRAVE No. 1339
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BODY BURIED ON DECEASED RIGHT, NAME (<i>Last, first, middle initial</i>) McKnight, Robert G.	RANK Capt	SERIAL No. 0-372477	ORGANIZATION 5307 CoU	GRAVE No. 1337
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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
--	--

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.*

Ind: #5

Section UNIDENTIFIED REMAINS.


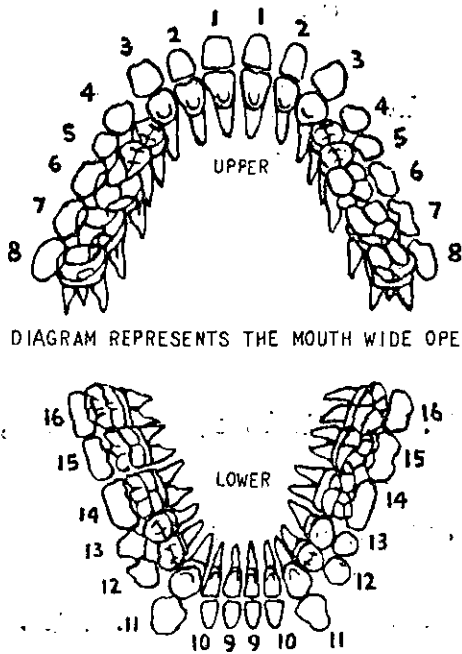




INSTRUCTIONS:

(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.

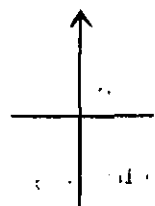
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

Unknown X-25

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

Myitkyina, Burma

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

Reentered 26 Dec 44

U.S. Military Cemetery

Myitkyina, Burma

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

362

G

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	Elmer M. Propst	34606384	PFC	475th Inf Bn	361-G
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Walter Guttenberger	32526832	PFC	209th Engr Bn	363-G
	(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:

RESTRICTED

*file
13-25-46
C. S. ...
man*

Disc # 6

5 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. Officer.

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

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

3

2

1

THUMB

RESTRICTED

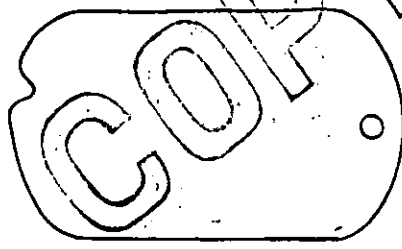
REINTEGRATED

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

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

DATE OF REPORT
24 Jan 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-70		(Formerly Unknown X-25 of Myitkyina)	SERIAL No.
GRADE	ORGANIZATION		BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

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

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (X-70)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

RECORDS BRANCH
FEB 27 3 14 PM '47
MEMORIAL SECTION

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, Kalakunda, India.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Jan 1946	1600	Blanket	Cross	6	N	1338

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. G	GRAVE No. 362
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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) Connole, Reynold J.	RANK Pfc	SERIAL No. 37418140	ORGANIZATION 209 Engr	GRAVE No. 1339
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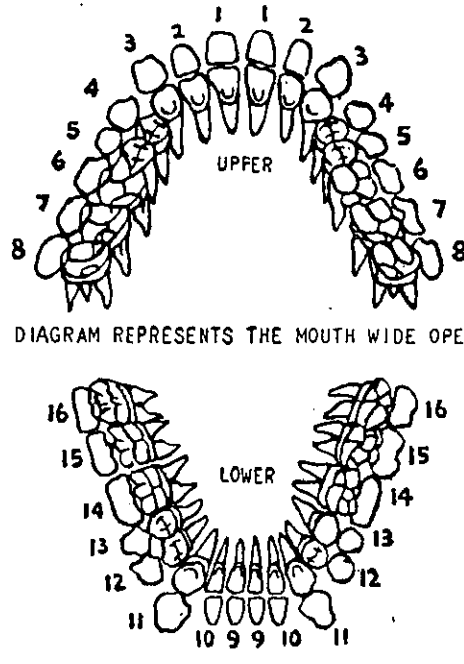




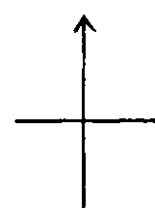
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SIGNATURE OF PERSON PREPARING REPORT T/4 Q. E. Barber	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr. 2nd Lt. Inf.
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, 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 *Jul # 12*

RESTRICTED

LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.		
	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>		
LEFT RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS
	COLOR OF EYES	COLOR OF HAIR	
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND
	LAUNDRY MARKS		
	OTHER IDENTIFICATION CLUES		
LEFT INDEX FINGER	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT THUMB	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>		
	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>		
RIGHT THUMB	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>		
RIGHT INDEX FINGER	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>		
RIGHT MIDDLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div>		
RIGHT RING FINGER	REMARKS:		
RIGHT LITTLE FINGER			

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. 6 - N - 1338 of Unknown X-70 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Right and left 1st rib
Left humerus
Left radius
Right and left ulna
Left Os innominatum
Right and left femur
Right and left tibia
Right and left fibula
Left Os calcis
Left talus
1 Mechanical pencil PX type
1 Shoe size 7D.
Numerous fragments of carpels and metacarpels.

2. Accomplishment of dental identification chart was impossible.

3. There is no evidence of remains of more than one individual. The individual was about 5ft 11" tall and weighed about 165 to 170 lbs.


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