

216

PKY GWA

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC Interred 23 February 1949 DISINTERMENT DIRECTIVE

E 242 *Alvan C. Baker* - Cemetery Superintendent

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

NAME UNKNOWN SERIAL NUMBER X-000073 RANK ARM 8 DATE OF DEATH DAY MONTH YEAR

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

PLOT 7 ROW M GRAVE 1355 COUNTRY INDIA CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-73 SERIAL NUMBER UNKNOWN RANK UNKNOWN DATE OF DEATH 20 Oct. '47 DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS ORGANIZATION UNKNOWN RELIGION Unk. IDENTIFICATION VERIFIED BY Richard A. Warren 1st Lt. CRD NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Temporary casket CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION Disinterment record and Mortuary plates

MINOR DISCREPANCIES 1 None

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Oct. '47 BY WILLIAM A. McNANAMY, EMBALMER

CASKET SEALED BY J. N. ROBINSON EMBALMER (Signature) J. N. ROBINSON

CASKET BOXED AND MARKED DATE 12 Jan 49 BY J. N. ROBINSON SHIPPING ADDRESS VERIFIED BY A. J. ROBERTSON, EMBALMER

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

A. J. Robertson paragraph 2, 1st Ind. A. J. ROBERTSON, EMBALMER

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. Inspected for identification only per paragraph 1, 3rd Ed; QMGO, file QMCMO 293 (Pacific), dated 5 May 1948.

ADM. ORDER N.L. IV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

FILE UNDER NO. 293 Unk. India (X- 73) (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.) (Kalailkunda).
X-48 thru X-81.

op

FILE UNDER NO. 293 - Unknown India I-73 (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: OQMO
TO: CO, Amer. QRS, India-Burma Zone, APO 465, c/o PM, New York

RE: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown India Misc (Kalaikunda) (K-48 thru K-81)

rtb

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 received from 7 - N - 1355 of Unknown X-73 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Skull and mandible
Left clavicle
Right scapula
18 Ribs
11 Vertebrae
Right humerus
Lower 2/3 of a left humerus
Right and left radius
Right and left ulna
Sacrum
Right and left Os innominatum
Right and left femur
Right and left tibia
Right and left fibula

2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual. The individual was about 6ft 3", and weighed about 170 to 190 lbs.


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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-73 KALAIKUNDA, INDIA				2. DATE OF REPORT 26 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 2, Box 1580 Formerly of Kalaikunda, India		4. PLOT 7	5. ROW N	6. GRAVE 13⁵15	7. DATE OF DISINTERMENT 26 Apr '48
					REINTERMENT 26 Apr '48

PHYSICAL DESCRIPTION Age: 25 - 27					
8. ESTIMATED WEIGHT 165 - 175 lbs.	9. ESTIMATED HEIGHT 5' 11-5/8"	10. COLOR OF HAIR -		11. RACE Probably White.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
One (1) duplicate I.D. tag reading: Unknown X-73.

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	
	CLARENCE B. WATTS Capt. OMC 0358911	Clarence B. Watts 31 Dec 1948

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

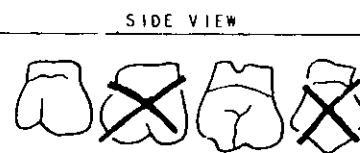
None.

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.

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

X-73



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

KALAIKUNDA, INDIA



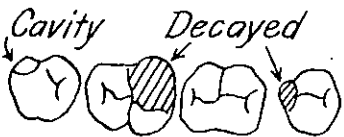
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

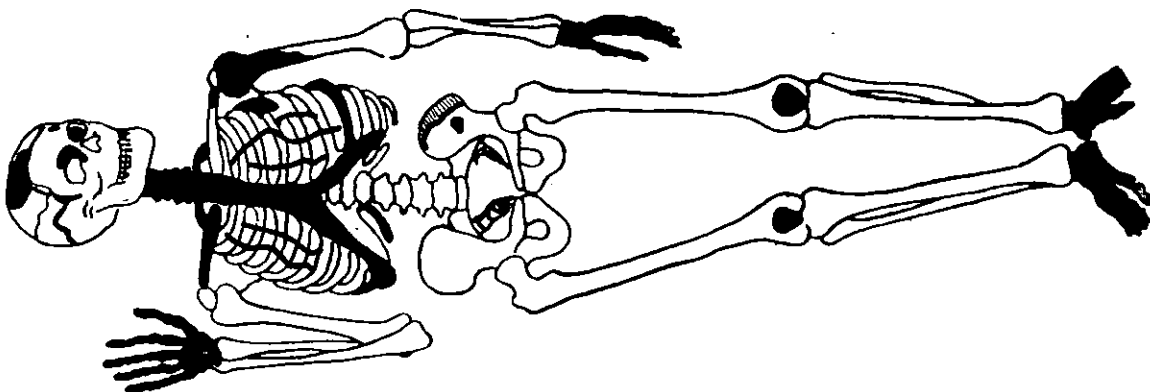


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
IMP.															
Side Views															Side Views
Top Views															UPPER
															LOWER
Side Views															
(F)															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

R-12 is in slight torsion version.

19. BLACK CUT 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, SIGNATURE OF MEDICAL OFFICER Lab Supervisor

21. REMARKS AND ADDITIONAL INFORMATION

Picture a tall, broad shouldered man, quite muscular, in his middle twenties. The skull is oval in shape and is average in size. The vault is fairly high, with a relatively smooth backhead. The forehead has an average slope, with fairly prominent brow ridges.

The face is a little more than average in length, with flat sides. The nose appears to have been straight. The palate is large.

The mandible is quite sturdy in construction, with negative gonial eversion. The chin forms a median rounded 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, ARM OR SERVICE, AND ORGANIZATION O. W. GREENWOOD, CAPT., QMC CENTRAL IDENTIFICATION LABORATORY AND MAUSOLEUM, APO 957.	SIGNATURE
---	---------------

CENTRAL IDENTIFICATION LABORATORY & MUSEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	54.5	Fractured.
VERTEBRAE	CERVICAL	0		All missing.
	THORACIC	6		6 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 26.0 approx.	Portion of ilium & pubis missing.
	LEFT	1		
RIBS		21		All fractured, 3 missing.
STERNUM		0		Missing.
CLAVICLES	RIGHT	0		"
	LEFT	1	approx. 16.4	
SCAPULAE	RIGHT	1		
	LEFT	1		Portion of spine & inferior angle missing.
HUMERI	RIGHT	1	34.0	
	LEFT	1		Head & upper 1/3 of shaft missing.
RADII	RIGHT	1	26.9	
	LEFT	1	26.9	
ULNAE	RIGHT	1	28.7 approx.	Distal extremity missing.
	LEFT	1	28.8	
HANDS	RIGHT	0		Missing.
	LEFT	0		"
FEMORA	RIGHT	1	49.4	Fragments of greater trochanter missing.
	LEFT	1	49.5	Fractured at midshaft & lower 1/3 of shaft.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	41.4	
	LEFT	1	41.4	
FIBULAE	RIGHT	1	40.0	
	LEFT	1	39.7 approx.	Head slightly fractured.
FEET	RIGHT	0		Missing.
	LEFT	0		"

HUMERO-CLAVICULAR RATIO	48.2	APPROXIMATE	
ESTIMATED HEIGHT	182 - 71.7 5' 11-5/8"	AGE	25-27 YEARS
ESTIMATED WEIGHT	165 - 175 lbs.	LEG-HIP BR RATIO	52.6
ENCLOSURE TO:	X-73 Kalaikunda, India Paul L. Gravenor, Lab Supervisor.		

Paul L. Gravenor
ANTHROPOLOGIST

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.

14 Jan 1947

DATE

UNKNOWN X-73

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma.

Kalaikunda, India

7

N

1355

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																			
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																			
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	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY. INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)		<i>unempted</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.

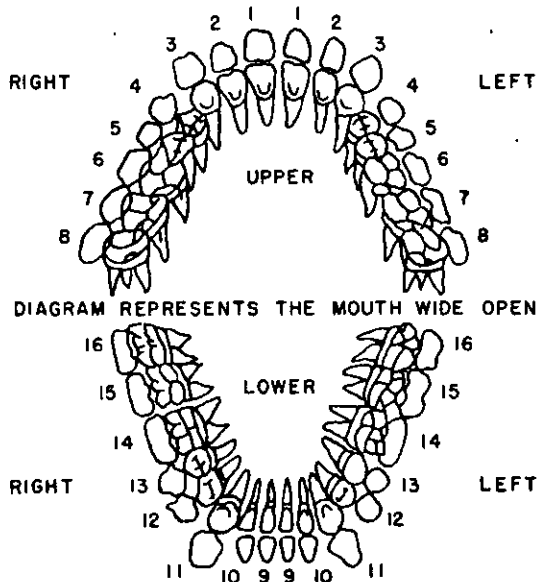


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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
14 Jan 1947

DATE

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

encl 2/28/45
X-28 Burma

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

155

Unknown X-28

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
<u>Myitkyina, Burma</u>					
(Place of death)	(Date of death)			(Cause of death)	
<u>Reinterred 30 Jan 1945</u>	<u>U.S. Military Cemetery</u>			<u>Myitkyina, Burma</u>	
(Time and date of burial)	(Name of cemetery)			(Name or coordinates of location)	

<u>484</u>	<u>I</u>	<u>I</u>	<u>Wooden cross</u>
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to mark Yes No

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)					
Body buried on RIGHT	<u>Joseph Masneri</u>	<u>33417705</u>	<u>PFC</u>	<u>209th Engrs Bn.</u>	<u>486-I</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	<u>Raymond J. Conrole</u>	<u>37413140</u>	<u>PFC</u>	<u>209th Engrs Bn.</u>	<u>485-I</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of **EMERGENCY ADDRESSEE**)

(Name and address of **LEGAL NEXT OF KIN**)

List only personal effects **FOUND ON BODY** and disposition of same:

encl #5 X-29 Burma

RESTRICTED

IF DECEASED UNIDENTIFIED

11 FEB 1945

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.

(Signature of officer or other person reporting burial)

John H. Cobble
JOHN H. COBBLE

(Verified by Army GRS Officer)

Gr. Regis. Officer.

LEFT HAND

2

1

THUMB

RIGHT HAND

2

1

THUMB

4

3

3

RESTRICTED

REPRINT DM AT
DATE OF REPORT

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

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

25 Jan 1946

Imprint Identification Tag If Possible
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-73		(Formerly Unknown X-28 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-73)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

MEMORIAL
FEB 27 2 11 PM '46
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 23 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	PLOT No. 7	ROW No. N	GRAVE No. 1355
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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. 1	GRAVE No. 484
--	--	---------------	--------------	------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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) Noon, Ray	RANK Pfc	SERIAL No. 39910280	ORGANIZATION 475 Inf	GRAVE No. 1356
---	-------------	------------------------	-------------------------	-------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) Barnes, Horace L.	RANK S/Sgt.	SERIAL No. 34114224	ORGANIZATION 124 Cav	GRAVE No. 1354
--	----------------	------------------------	-------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT Pfc. P. J. Krystosek	SIGNATURE OF GRS OFFICER VERIFYING REPORT William S. Smith Jr. 2nd Lt. Inf.
--	--

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

Copy/ds
Jual #9

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

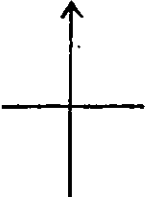
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		
FILLINGS		

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



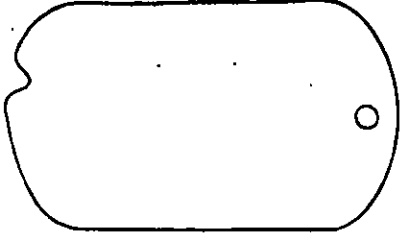

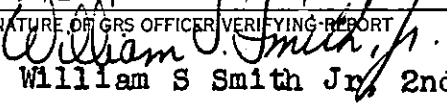
REMARKS:

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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 25 Jan 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL No.		
		Unknown X-73		(Formerly Unknown X-28 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-73)						
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, Kalakunda, India						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 Jan 1946	1600	blanket	cross	7	N	1355
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
yes	U.S. Mil. Cem., Myitkyina, Burma			PLOT No.	ROW No.	GRAVE No.
				1	I	484
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.		
Moon, Ray	Pfc	39910280	475 Inf	1356		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
Barnes, Horace L.	S/Sgt	3411422A	124 Cav	1354		
SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT					
Pfc P.J. Krystosek 	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.						

Doc # 22

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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






(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

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

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

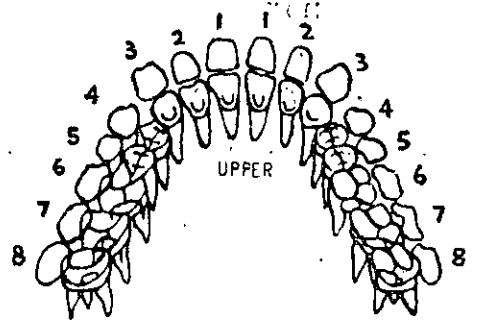
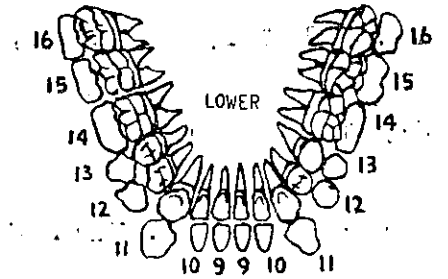


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS: