

IFW HT 219

RL

NATIONAL CEMETERY OF THE PACIFIC

Interred 14 March 1949 DISINTERMENT DIRECTIVE
F 183 *Alvan C.B.* 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: 293 UNKNOWN X-000075 SERIAL NUMBER: X-000075 RANK: 8 ARM: 8
CEMETERY: KALAIKUNDA DISPOSITION OF REMAINS: 0492 64 (CODE DIST. PT.)
PLOT: 5 ROW: R GRAVE: 1712 COUNTRY: INDIA CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN SERIAL NUMBER: X-75 RANK: Unk DATE OF DEATH: Unk DATE DISTINTERRED: 22 October 47
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: Unk IDENTIFICATION VERIFIED BY: Richard A. Warren, 1st Lt., ORD NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Temporary Casket CONDITION OF REMAINS: Skeletal
OTHER MEANS OF IDENTIFICATION: Grave Marker and Cemetery Record
MINOR DISCREPANCIES: None

REPAIR BRANCH RECORDS
JUN 8 10 40 AM '49
MEMORIAL DIVISION

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 July 48 BY N. R. Joynes, Embalmer
CASKET SEALED BY

WILLIAM J. WILLIS EMBALMER (Signature) WILLIAM J. WILLIS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY C. J. SURINE, CWO, USA

DATE 7 FEB 49 BY WILLIAM J. WILLIS

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, QMG, file QMGMO 293 (Pacific), dated 5 May 1948."

NE

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 01585944	DATE 24 FEB 1949	SIGNATURE OF RECEIVER <i>James B Harris</i>	DATE
		JAMES B HARRIS CAPTAIN Q M C	

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 DISPOSITIVE ORDER		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HOMIYU NATIONAL CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

JH
FILE UNDER NO. 293 Unk. India (X- 75) (Kalaikanda)

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

23 May 1947.

LETTER.

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

SUBJ: Identification of Unk. Deceased.

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

op

FILE UNDER NO. 293 - Unknown India I- 75 (Kalaikunda)

I N D E X S H E E T

SYNOPSIS

1st Ind.

8 May 1947

FROM: OCMG
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

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 - R - 1712 of Unknown X-75 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1946 and the following were identified:

Skull and mandible
Right clavicle
Right and left scapula
18 Ribs
Manubrium and body of the sternum
12 Vertebrae
Right and left humerus
Right and left radius
Right ulna
Sacrum
Right and left Os innominatum
Right and left femur
Right and left tibia
Right and left fibula
Left shoe of size approximately 9 with
foot in it.

2. Dental identification chart was accomplished.

3. There is no evidence of remains of more than one individual. The individual was about 6ft tall and weighed about 170 to 175 lbs.


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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-75 KALAIKUNDA, INDIA				2. DATE OF REPORT 26 April 1948	
3. NAME OF CEMETERY U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India		4. PLOT 5	5. ROW R	6. GRAVE 171	7. DATE OF DISINTERMENT 26 Apr '48
				REINTERMENT 26 Apr '48	

PHYSICAL DESCRIPTION Approx. Age: 25-27					
8. ESTIMATED WEIGHT 160-165 lbs.	9. ESTIMATED HEIGHT 176 - 69.29 - 5' 9¹/₄"	10. COLOR OF HAIR UTD		11. RACE Probably White.	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS.
One (1) substitute I.D. tag with body reads: "Unknown X-75".

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None.	<p>U N I D E N T I F I A B L E BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</p>	
F. H. WATERS Capt. Sp. S. 0-240085		<i>J.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 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)

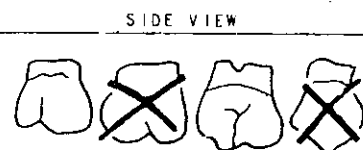
None.

Incl 15⁺

gpr

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

X-75



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

KALAIKUNDA, INDIA



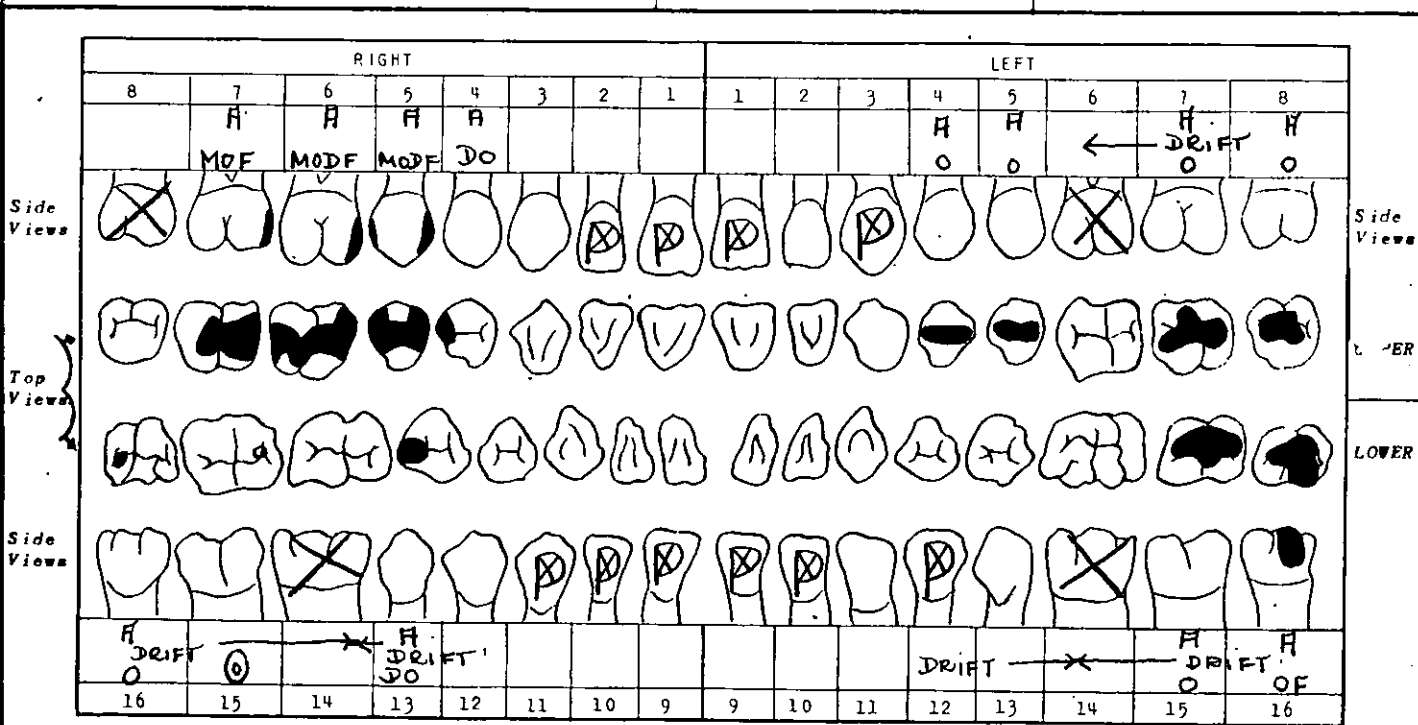
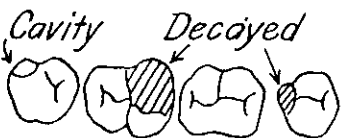
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

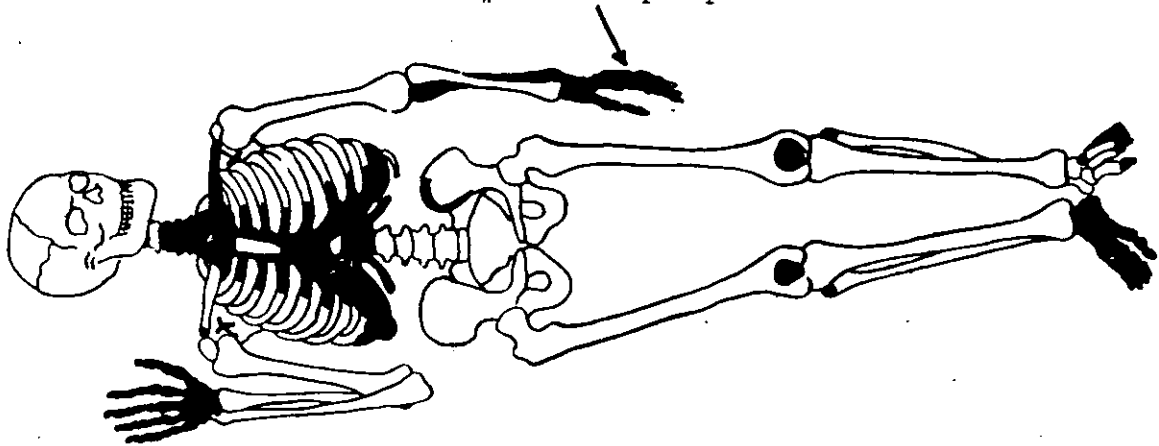


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

1. L-4 is in a slight torsion version.
2. A cavity below the D-O filling on R-13.
3. L-13 is in a slight torsion version.

19. BLACK OUT PARTS OF BODY NOT RECORDED

#4 metacarpal 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

No extra parts/

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

21. REMARKS AND ADDITIONAL INFORMATION

Picture a man of average height and muscularity, in his middle twenties.

The skull is large-average in size, broad-oval in shape, with moderate backhead projection.

The forehead is fairly high and prominent. The nasal root is of average width and suggests a rather prominent nose. The face is rather long and narrow, with flat sides. The mouth parts show pronounced overbite. The line of the lower jaw is quite long. The palate is high and of average width. The chin, which is moderately deep and prominent forms a bilateral eminence of medium width.

Teeth charted. Fluoroscopic examination negative.

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

O. W. Greenwood
O. W.

CENTRAL IDENTIFICATION LABORATORY & MAUSOLEUM
BONE LIST

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	54.9	
VERTEBRAE	CERVICAL	3		4 missing.
	THORACIC	5		7 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM approx. 27.2	Portion of iliac crest eroded.
	LEFT	1		
RIBS		20		Eroded. 4 missing.
STERNUM		1		Fragment of body only present.
CLAVICLES	RIGHT	1		Sternal and distal ends eroded.
	LEFT	0		Missing.
SCAPULAE	RIGHT	1		Eroded.
	LEFT	1		"
HUMERI	RIGHT	1	35.0	
	LEFT	1	34.5	
RADII	RIGHT	1	27.4	
	LEFT	1	26.6	
ULNAE	RIGHT	1	29.5	
	LEFT	0		Missing.
HANDS	RIGHT	0		"
	LEFT	1		#4 metacarpal only present.
FEMORA	RIGHT	1	46.9	
	LEFT	1	46.7	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	39.4	
	LEFT	1	39.4	
FIBULAE	RIGHT	1		Proximal head missing.
	LEFT	1		Proximal head missing.
FEET	RIGHT	0		Missing.
	LEFT	1		All present except #2 cuneiform # 4 metatarsal and terminal phalanges.

HUMERO-CLAVICULAR RATIO	UTD	APPROXIMATE
176 - 69.29 ESTIMATED HEIGHT 5' 9 1/4"	AGE	25-27 YEARS
ESTIMATED WEIGHT 160 - 165 lbs.	LEG-HIP BR RATIO	54.3

ENCLOSURE TO: X-75 Kalaikunda, India Paul L. Gravenor, *Paul L. Gravenor*
Lab Supervisor. 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.

13 January 47

DATE

UNKNOWN X-75







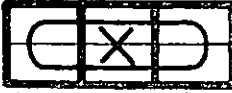







LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Myitkyina, Burma		Kalaikunda, India		5 R 1712
PLACE OF DEATH		PLACE OF BURIAL		PLOT ROW GRAVE NO.

	RIGHT								UPPER TEETH								LEFT																																																	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																																																		
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INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH								LEFT																																																	
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KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 FACIAL (TOWARD CHEEK)	

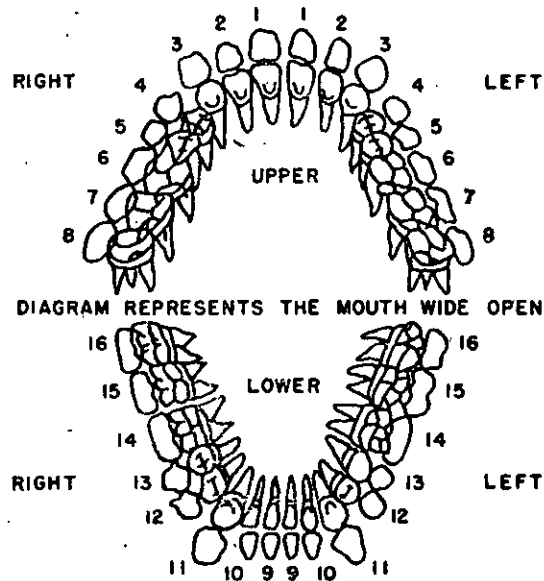
INSTRUCTIONS:

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
13 January 1947

DATE

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

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

153

Red 17 Jan 45
X-30 Burma

Unknown X-30

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
<u>Myitkyina, Burma</u>					
(Place of death)	(Date of death)			(Cause of death)	
<u>Reinterred 18 Nov 44</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>268</u>	<u>E</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>Willard G. Dills</u>	<u>34088879</u>	<u>Sgt</u>	<u>475th Inf Bn</u>	<u>267-E</u>
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	<u>Donald J. Hogan</u>	<u>O-1697934</u>	<u>1st Lt</u>	<u>475th Inf Bn</u>	<u>269-E</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:

RESTRICTED

Incl 4
X-30 Burma

DEC 21 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. Rabbe
 (Signature of officer or other person reporting burial)
JOHN H. RABBE,

 (Printed name of officer)

LEFT HAND

RIGHT HAND

4
3
2
1
THUMB

4
3
2
1
THUMB

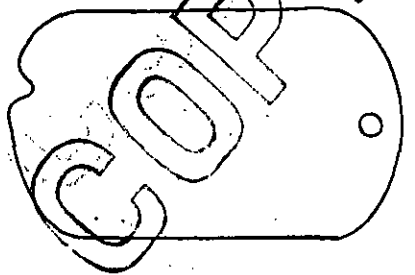
RESTRICTED

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) (Formerly Unknown X-30 of Myitkyina)		SERIAL No.
UNKNOWN X-75		
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-75)	

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 21 Jan 1946	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Cross	ROW No. 5	ROW No. R	GRAVE No. 1712

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U. S. Military Cemetery, Myitkyina, Burma	PLOT No. 1	ROW No. E	GRAVE No. 268
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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) Murray, John F.	RANK S/Sgt	SERIAL No. 31080043	ORGANIZATION 726 RR Oper Bn	GRAVE No. 1713
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Fitzpatrick, Donald C.	RANK Pfc.	SERIAL No. 31298498	ORGANIZATION 475 Inf	GRAVE No. 1711
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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.

Copy/ds
Incl #7

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


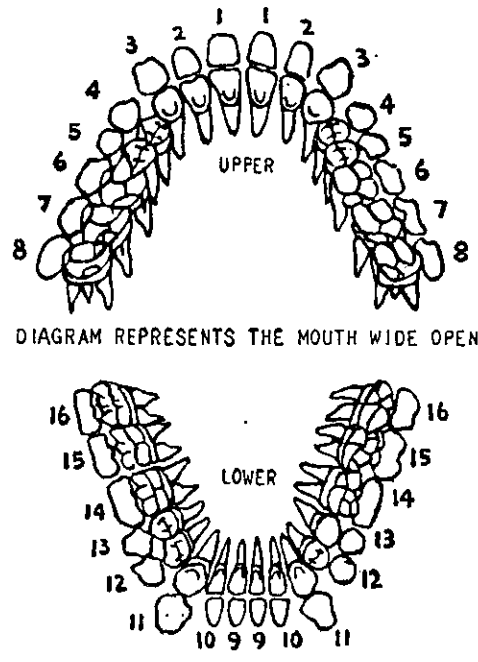


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

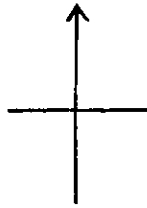
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
	LEFT THUMB	CAVITIES	
LEFT INDEX FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
	RIGHT THUMB	CROWNED TEETH	
RIGHT INDEX FINGER	BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

LEFT
LITTLE FINGER

IDENTIFICATION SECTION
OPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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
23 Jan 1946

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

Name (Last, first, middle initial) (Formerly Unknown X-30 of Myitkyina)

Serial No.

Grade: UNKNOWN X-75 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-75)

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.
21 Jan 1946	1600	Blanket	Cross	5	R	1712

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.	Grave No.
		1	268

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	None

Body buried on deceased left, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Murray, John F.	S/Sgt	31080043	726 RR Oper En	1713

Body buried on deceased right, name (Last, first, middle initial)	Rank	Serial No.	Organization	Grave No.
Fitzpatrick, Donald C.	Pfc	31298498	475 Inf	1711

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.

Serial # 64

RESTRICTED

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


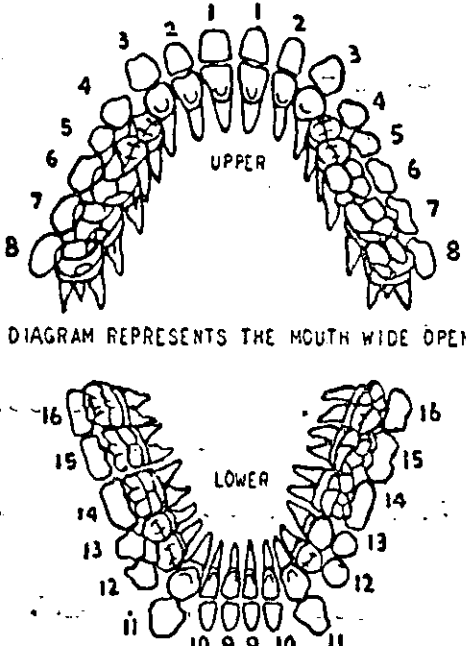




INSTRUCTIONS:

(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.

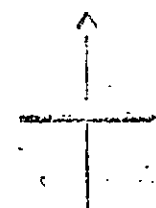
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

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