

FW

278

Reynolds RL CM

NATIONAL HONOLULU CEMETERY OF THE PACIFIC

Interred 15 March 1949 **DISINTERMENT DIRECTIVE**

F 487 *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: **243 UNKNOWN X-000080** SERIAL NUMBER: **UNKNOWN X-000080** RANK: **-** ARM: **8** DATE OF DEATH: **15 12 47** (DAY MONTH YEAR)

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

PLOT: **5** ROW: **M** GRAVE: **1204** 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-80** SERIAL NUMBER: **Unk** RANK: **Unk** DATE OF DEATH: **12 March 45** DATE DISINTERRED: **20 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**

REPATRIATION RECORDS BRANCH JUN 8 10 34 AM '49 MEMORIAL DIVISION

REMAINS PREPARED AND PLACED IN CASKET DATE: **2 July 48** BY: **R. W. Ralston, Embalmer**

CASKET SEALED BY: **R. L. Trask** EMBALMER (Signature): *R. L. Trask* **R. L. Trask** **FILE**

CASKET BOXED AND MARKED DATE: **7 Feb 49** BY: **R. L. Trask** SHIPPING ADDRESS VERIFIED BY: **C. J. SURINE, CWO, USA** **5 JUL 1949** REPATRIATION BRANCH

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

NLW

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>U. S. ARMY MAUSOLEUM NO. 3</b>		TO <b>Chief. Haw'n D C</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>JOHN L. MURPHY</b> Capt., QMC 01585944	DATE <b>24 FEB 1949</b>	SIGNATURE OF RECEIVER <i>James B Harris</i>	DATE <b>24 FEB 1949</b>
		<b>JAMES B HARRIS</b> 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		TO	
KIND OF CONVEYANCE (CONVEYANCE MICHAEL E OLDS)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER HOMONO OY LLOWE 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

FILE UNDER NO. 293 Unk. India (X- 80 ) (Kalailanda)

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 Pr., Records Admin Center, AGO.  
St. Louis, Mo.

SUBJ: Identification of Unk. Deceased.

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

op

JK  
FILE UNDER NO. 293 - Unknown India X-80 (Kalaikunda)

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

rtb

AIR MAIL

QUENT 293  
GRS Pacific Zone  
SUBJECT: Resolution of Unidentified Remains

1 st Ind

18 May 1949

DEPARTMENT OF THE ARMY, OQMG, WASHINGTON 25, D. C. 18 May 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures withdrawn.
2. Subject cases have been reviewed and this Office approves the classification of Unknowns X-80 and X-105, formerly USMC Kalaikunda, India, and X-383, X-397, X-519 and X-536, formerly USMC Barrackpore, India, as Unidentifiable.
3. Action on all other cases withdrawn is being suspended pending further investigation.

FOR THE QUARTERMASTER GENERAL:

42 Incls: w/d

cc: Adm Section  
K. Bradley:pmr  
V. Jeffrey  
J. Windsor

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

REB

NJS

*6uy*

*return to X-80  
KALAIKUNDA*

AIR MAIL

AIR MAIL

QUENT 293  
GRS Pacific Zone  
SUBJECT: Resolution of Unidentified Remains

1 st Ind

DEPARTMENT OF THE ARMY, OQMG, WASHINGTON 25, D. C. 18 May 1949

TO: Commanding Officer, American Graves Registration Service, Pacific  
Zone, APO 958, c/o Postmaster, San Francisco, California

1. Reference is made to basic communication and inclosures withdrawn.
2. Subject cases have been reviewed and this Office approves the classification of Unknowns X-80 and X-105, formerly USMC Kalaikunda, India, and X-383, X-397, X-519 and X-536, formerly USMC Barrackpore, India, as Unidentifiable.
3. Action on all other cases withdrawn is being suspended pending further investigation.

FOR THE QUARTERMASTER GENERAL:

42 Incls: w/d

cc: Adm Section  
K. Bradley:pmr  
V. Jeffrey  
J. Windsor

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

REB

NJS

*Guy*

*return to X-80  
KALAIKUNDA*

AIR MAIL

NARRATIVE

* X-513	X-521	X-531	X-536
* X-515	X-524	X-532	* X-539
X-516	X-526	X-533	X-540
X-519	* X-527	* X-534	X-541
X-520	X-530	X-535	

\* Cases marked with asterisk have been absorbed by other cases in group.

The above listed remains were processed simultaneously. As a result of this processing five (5) of the above listed remains were absorbed by other remains, cutting the total from nineteen (19) down to fourteen (14) actual cases. These interchanges were made by comparison of age, size, construction and other morphological factors concerned. All five (5) of these absorbed cases were of quite meager amounts of skeletal parts.

X-515 consisting entirely of a right femur a right radius and very small fragmentary pieces of ribs was associated with X-516. This completely absorbed X-515.

X-527 consisting of a mandible, left tibia and fibula and right and left foot bones were associated with the remains of X-516. Thereby eliminating X-527.

X-539 consisting of a left ulna and left radius, a right ulna and two (2) lumbar vertebrae was completely absorbed by X-526.

X-534 consisting of a right femur, right humerus, ulna and radius and seven (7) ribs were associated with X-531 thereby eliminating X-534.

X-513 consisting of a right femur and tibia and fragments of fractured ribs were associated with X-521 thereby eliminating X-513.

Examination of X-519 revealed the presence of three (3) extra sets of sets of leg bones; each "set" consisting of right and left tibias, fibula and most all of the foot bones. These extra bones were however replaced to their correct skeleton.

The afore mentioned "absorbed cases" X-513, X-515, X-527, X-534, and X-529 result in the return of five (5) empty temporary caskets in storage mausoleum No. 2.

*Case 3*

Not on list. III or Cyndel  
is checking. Was drowned  
a year after the Battle of  
III y. + Reyna



TELEPHONE INFORMATION RECORD

DATE

TELEPHONE NUMBER AND BRANCH CALLED

6484

NAME OF PERSON PLACING CALL

Clarke

CASE UNDER INVESTIGATION (X or Case Number)

CEMETERY

INFORMATION REQUIRED

DATE CALLED BACK

PERSON GIVING INFORMATION

INFORMATION RECEIVED

7-30-46 15-Mar-1945  
 M.A.C.H. - Lyon A.C. No. 1  
 M.A.C.H. # 13008 Lyon N. Mrs.

15-Mar-1945 M.A.C.H. # 13009  
 H. Wren C. 46-117-3671  
 Sanders, 1177 S. 1st St, W

DENTAL CHART

Unknown X- 80

Name:

R-8	X Imp
R-7	mod A
R-6	mod A
R-5	mod A
R-4	mod A
R-3	for carious
R-2	PX
R-1	PX
L-1	PX
L-2	PX
L-3	PX
L-4	mod A
L-5	d carious
L-6	mod carious
L-7	
L-8	X Imp

R-8	
R-7	
R-6	
R-5	
R-4	
R-3	
R-2	
R-1	
L-1	
L-2	
L-3	
L-4	
L-5	
L-6	
L-7	
L-8	

R-16	
R-15	
R-14	
R-13	
R-12	
R-11	
R-10	
R-9	
L-9	
L-10	
L-11	
L-12	
L-13	
L-14	
L-15	
L-16	

R-16	
R-15	
R-14	
R-13	
R-12	
R-11	
R-10	
R-9	
L-9	
L-10	
L-11	
L-12	
L-13	
L-14	
L-15	
L-16	

Mandible  
& Teeth  
Missing

~~158~~  
98  
~~158~~  
~~184~~  
233  
van Metre

Est Hgt. 5'3 3/4"  
Est Wgt. 140 lbs  
Approx Age. 24-26 yrs.  
Hair - ash brown  
Shoe 8 D

12 mar 45  
Drowned



AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
(PACIFIC ZONE)  
APO 958

In reply refer to:  
RRREC 293

Jan 17 1949

SUBJECT: Resolution of Unidentified Remains

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.

1. Inclosed herewith 42 QMC Forms 1044 for Kalaikunda and Barrackpore, stamped and signed in accordance with letter, DA OQMG, QMGMU 293 GRS (Pacific Zone) Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. These Unknowns originated in the Myitkyina area and have been compared with OQMG Forms 371 for all unaccounted-for persons believed to have been killed in this area, with negative results. It is believed that some of these unknowns could be identified if more detailed dental charts were available, since many of these unknowns exhibit unusual dental conditions. However, from the data available to this Headquarters, no identification can be established.

3. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

42 Incls

- |  |  |
|--|--|
| 1. QMC Form 1044-1044a-1044b-<br>Bone List-X-48-Kalaikunda | HORACE MANN<br>Captain, QMC<br>Chief, RR Div |
| 2. QMC Form 1044-1044a-1044b-<br>Bone List-X-52-Kalaikunda | ✓  |
| 3. QMC Form 1044-1044a-1044b-<br>Bone List-X-53-Kalaikunda | ✓  |
| 4. QMC Form 1044-1044a-1044b-<br>Bone List-X-55-Kalaikunda | ✓  |
| 5. QMC Form 1044-1044a-1044b-<br>Bone List-X-58-Kalaikunda | ✓  |

AIR MAIL

AIR MAIL

RHREC 293

SUBJECT: Resolution of Unidentified Remains

42 Incls

6. QMC Form 1044-1044a-1044b-Bone List-X-59-Kalaikunda ✓
7. QMC Form 1044-1044a-1044b-Bone List-X-60-Kalaikunda
8. QMC Form 1044-1044a-1044b-Bone List-X-63-Kalaikunda ✓
9. QMC Form 1044-1044a-1044b-Bone List-X-64-Kalaikunda ✓
10. QMC Form 1044-1044a-1044b-Bone List-X-65-Kalaikunda ✓
11. QMC Form 1044-1044a-1044b-Bone List-X-66-Kalaikunda ✓
12. QMC Form 1044-1044a-1044b-Bone List-X-68-Kalaikunda ✓
13. QMC Form 1044-1044a-1044b-Bone List-X-69-Kalaikunda ✓
14. QMC Form 1044-1044a-1044b-Bone List-X-74-Kalaikunda ✓
15. QMC Form 1044-1044a-1044b-Bone List-X-75-Kalaikunda ✓
16. QMC Form 1044-1044a-1044b-Bone List-X-76-Kalaikunda ✓
17. QMC Form 1044-1044a-1044b-Bone List-X-77-Kalaikunda ✓
18. QMC Form 1044-1044a-1044b-Bone List-X-78-Kalaikunda
19. QMC Form 1044-1044a-1044b-Bone List-X-80-Kalaikunda ✓
20. QMC Form 1044-1044a-1044b-Bone List-X-104-Kalaikunda
21. QMC Form 1044-1044b-Bone List-X-105-Kalaikunda ✓
22. QMC Form 1044-1044b-Bone List-X-383-Barrackpore ✓
23. QMC Form 1044-1044a-1044b-Bone List-X-397-Barrackpore ✓
24. QMC Form 1044-1044a-1044b-Bone List-X-398-Barrackpore
25. QMC Form 1044-1044a-1044b-Bone List-X-399-Barrackpore
26. QMC Form 1044-1044a-1044b-Bone List-X-511-Barrackpore
27. QMC Form 1044-1044a-1044b-Bone List-X-514-Barrackpore.

AIR MAIL

42 Incls

28. QMC Form 1044a-1044b-Bone List-  
X-516-Barrackpore ✓
29. QMC Form 1044-1044b-Bone List-  
X-519-Barrackpore ✓
30. QMC Form 1044-1044a-1044b-Bone List-  
X-520-Barrackpore .
31. QMC Form 1044-1044a-1044b-Bone List-  
X-521-Barrackpore ✓
32. QMC Form 1044-1044a-1044b-Bone List-  
X-524-Barrackpore ✓
33. QMC Form 1044-1044a-1044b-Bone List-  
X-526-Barrackpore ✓
34. QMC Form 1044-1044a-1044b-Bone List-  
X-530-Barrackpore .
35. QMC Form 1044-1044a-1044b-Bone List-  
X-531-Barrackpore ✓
36. QMC Form 1044-1044a-1044b-Bone List-  
X-533- Barrackpore ✓
37. QMC Form 1044-1044a-1044b-Bone List-  
X-535-Barrackpore .
38. QMC Form 1044-1044a-1044b-Bone List-  
X-536-Barrackpore ✓
39. QMC Form 1044-1044a-1044b-Bone List-  
X-540-Barrackpore ✓
40. QMC Form 1044-1044a-1044b-Bone List-  
X-541-Barrackpore - *I don't, as with, Karl*
41. QMC Form 1044-1044a-1044b-Bone List-  
X-630-Barrackpore ✓
42. QMC Form 1044-1044a-1044b-Bone List-  
X-611- Barrackpore ✓

# 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.

28 Jan 1947

UNKNOWN X-80

DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Myitkyina, Burma. Kalaikunda, India. 5 M 1204
















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		U	A	A	A	A			P	P	P	P	A						
LOCATION			om	om	od	od							omd						

INSIDE — LOOKING OUT

		RIGHT					LOWER TEETH					LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		U	A	A	A									X	X	A	U		
LOCATION			om	F od om	od											F			

## 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)	 <i>unerupted</i>	 FACIAL (TOWARD CHEEK)

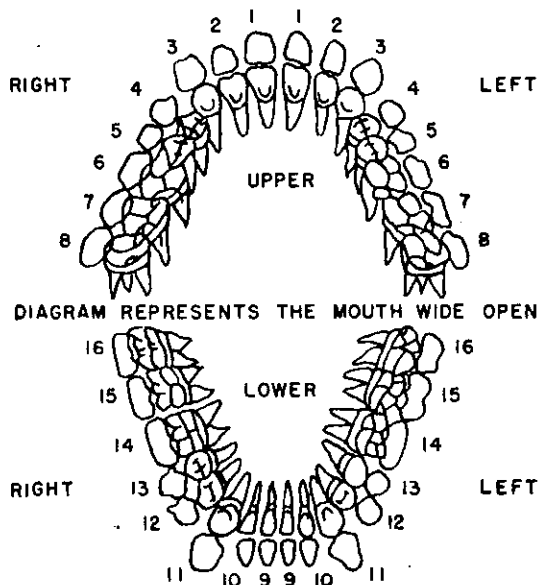
**INSTRUCTIONS:**

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.



**REMARKS:**

R-16 and L-16 are impacted.

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  
28 Jan 47

DATE

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-80 KALAIKUNDA, INDIA</b>				2. DATE OF REPORT <b>26 April 1948</b>		
3. NAME OF CEMETERY <b>U. S. Army Mausoleum # 2 Formerly of Kalaikunda, India</b>		4. PLOT <b>5</b>	5. ROW <b>M</b>	6. GRAVE <b>1054 1204</b>	7. DATE OF DISINTERMENT <b>26 Apr '48</b>	REINTERMENT <b>26 Apr '48</b>
PHYSICAL DESCRIPTION <b>Age: 24 to 26</b>						
8. ESTIMATED WEIGHT <b>140 lbs.</b>	9. ESTIMATED HEIGHT <b>5' 3-3/4"</b>	10. COLOR OF HAIR <b>Ash brown</b>		11. RACE <b>White.</b>		

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
**One (1) substitute I.D. tag pinned on blanket reads: "Unknown X-80".**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES	UNIDENTIFIABLE	
<b>None.</b>	BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA	
<b>F. H. WATERS</b>	<i>F. H. Waters</i>	<b>11 Jan. 1949</b>
<b>Capt. Sp. S. 0-240085</b>		

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
**None.**

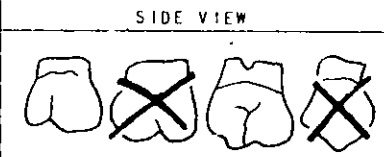
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  
**None.**

*2/10/49*



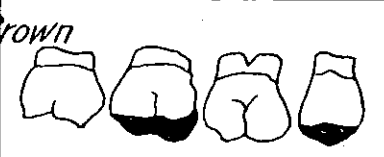
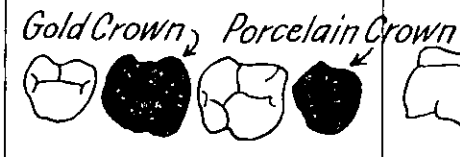
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:

Unk. X-80



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

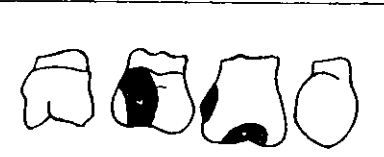
KALAIKUNDA, INDIA



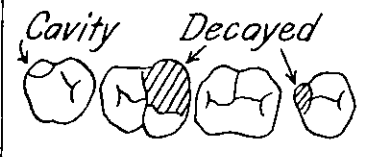
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



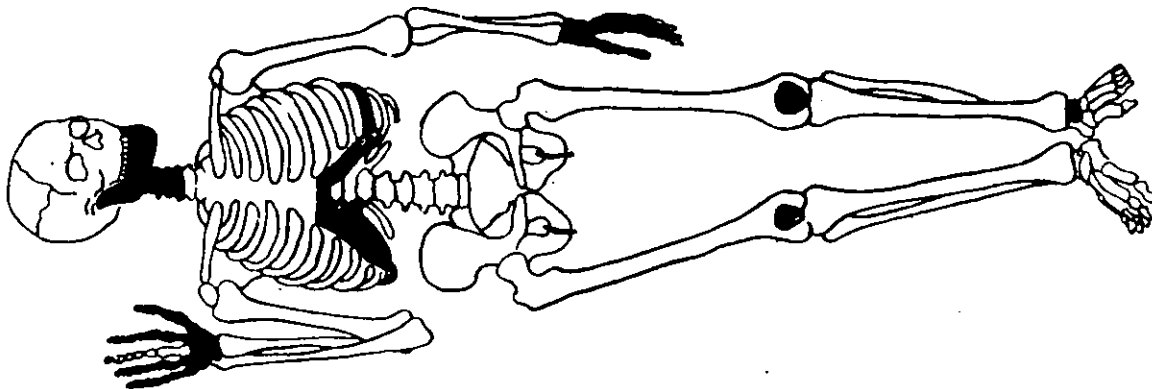
**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
Imp	R om	R om	R od	R od	Fm						R mod	D	mD		Imp								
Side View																	Side View						
Top View																	Top View						
Side View																	Side View						
Mandible								teeth								Missing							
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."

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE 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 rather short, ash brown haired man, of 24 to 26 years of age.

The skull is average in size and a lopsided oval in shape. The backhead is prominent projecting with a very prominent left occipital asymmetry.

The forehead is very narrow, upright and prominent asymmetry on the right side.

The entire face seems to be skewed to the left.

The nose bones are of average height, fairly narrow and likewise appeared to be skewed to the left.

The upper jaw presents very slight alveolar prognathism and had a long upper lip.

The lower jaw is missing, so no comments can be made.

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., OMC

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	54.2	Mandible missing.
VERTEBRAE	CERVICAL	3		4 missing.
	THORACIC	10		2 missing.
	LUMBAR	5		
SACRUM		1		
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 25.5	Fractured at ischium.
	LEFT	1		Fractured at ischium.
RIBS		23		1 missing.
STERNUM		1		
CLAVICLES	RIGHT	1		
	LEFT	1	15.3	
SCAPULAE	RIGHT	1		
	LEFT	1		
HUMERI	RIGHT	1	31.0	
	LEFT	1	31.0	
RADII	RIGHT	1	23.3	
	LEFT	1	22.9	
ULNAE	RIGHT	1	25.1	
	LEFT	1	24.5	
HANDS	RIGHT	1		All missing except third metacarpal.
	LEFT	0		Missing.
FEMORA	RIGHT	1	44.8	
	LEFT	1	45.6	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	35.6	
	LEFT	1	35.6	
FIBULAE	RIGHT	1	35.4	
	LEFT	1	35.3	
FEET	RIGHT	1		
	LEFT	1		All present except talus.

HUMERO-CLAVICULAR RATIO

48.9

APPROXIMATE

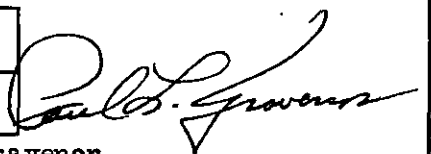
ESTIMATED HEIGHT 162 - 63.78  
5' 3-3/4"

AGE

24-26 YEARS

ESTIMATED WEIGHT 140 lbs.

LEG-HIP BR RATIO 56.4



Unknown X-80 Kalaikunda, India Paul L. Gravenor,

ENCLOSURE TO:

Lab Supervisor.

ANTHROPOLOGIST

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

12-WCH/se

Calcutta, India  
28 January 1947

314.6 (28 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 - M - 1204 of Unknown X-80 of U.S. Military Cemetery, Kalaikunda, India, were examined on 5th December 1947 and identified the following:

A complete skelton  
A pair of shoes with feet in them.  
Shoes size 8 D with a number D-7404317 U.S.69

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.

Myitkyina, Burma

DATE REPORT FILLED OUT

DD FORM 1302  
Rev. 1 November 1947  
GRS 1, dated 11 May 1947  
(may be used until exhausted)

REPORT OF INTERMENT  
(TM 10-550 and AR 30-1815)  
630

6 April 1946

FOR IMPRINT OF IDENTIFICATION TAG

NAME (Last, First, Middle Initial)

UNKNOWN X-58

RANK

SERIAL NUMBER

COUNTRY

Burma

ORGANIZATION

BRANCH

RACE

White

RELIGION

DATE OF DEATH

About 12 March 45

PLACE OF DEATH

Myitkyina, Burma

CAUSE OF DEATH

Drowning

IDENTIFICATION TAGS FOUND ON BODY

 1 2 NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

 YES NO

COMPLETE TOOTH CHART ON REVERSE

 YES NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Cigarette case and small cleaning brush found on body

NAME OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH STREET AND MAP REFERENCES ON REVERSE

DATE

HOUR

PLOT NO.

ROW NO.

GRAVE NO.

GRAVE MARKER

TYPE OF RELIGIOUS CEREMONY

Graveside

PERSON REPORTING BURIAL

IDENTIFICATION TAGS BURIED WITH BODY

 YES NO

ATTACHED TO MARKER

 YES NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse).

BODY ON LEFT, NAME (Last, First, Middle Initial)

Charbonneau, Harry T.

RANK

Cpl.

SERIAL NO.

16136373

ORGANIZATION

490th Bomb Squad.

BODY ON RIGHT, NAME (Last, First, Middle Initial)

Atkins, Donald F.

RANK

Sgt.

SERIAL NO.

38514187

ORGANIZATION

490th Bomb Squad.

PERSON CONDUCTING BURIAL RITES

VERIFIED BY G. R. S. OFFICER

Chaurlain H.J. Davis (Capt)

John H. Casabe 1/22 2/46

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT GRC FORM 11 GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THE HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

SEE FOR BURIAL INSTRUCTIONS

X-36 Burma  
Myitkyina, Burma

WD OMC Form 1042  
Rev. 1 November 1942  
(GRS 1, dated 11 May 1942  
may be used until exhausted)

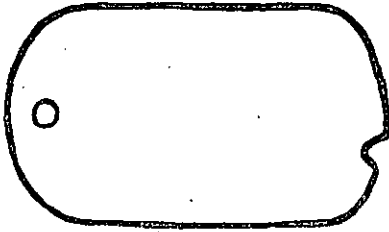
REPORT OF INTERMENT  
(TM 10-630 and AR 30-1815)  
630

170  
728

DATE REPORT FILLED OUT

6 April 1945

FOR IMPRINT OF IDENTIFICATION TAG



NAME (Last, First, Middle Initial)

UNKNOWN X-36

RANK

SERIAL NUMBER

COUNTRY

Burma

ORGANIZATION

BRANCH

RACE

White

RELIGION

DATE OF DEATH

About 12 March 45

PLACE OF DEATH

Myitkyina, Burma

CAUSE OF DEATH

Drowning

IDENTIFICATION TAGS FOUND ON BODY

1  2  NONE

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification Cards, Letters, etc.)

DISPOSITION OF SUBSTITUTE TAGS, IF MADE

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE

YES  NO

COMPLETE TOOTH CHART ON REVERSE

YES  NO

LIST ANATOMICAL CHARACTERISTICS AND OTHER DATA IF FINGERPRINTS CANNOT BE TAKEN

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Cigarette case and small cleaning brush found on body

NAME OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCES ON REVERSE

DATE	HOUR	PLOT NO.	ROW NO.	GRAVE NO.	GRAVE MARKER
22 March 45	1400	II	D-3	229	Wooden Cross

TYPE OF RELIGIOUS CEREMONY  
Graveside

PERSON REPORTING BURIAL

IDENTIFICATION TAGS BURIED WITH BODY  YES  NO ATTACHED TO MARKER  YES  NO

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINERS.

BODIES BURIED EITHER SIDE (See Paragraph 4 on Reverse)

BODY ON LEFT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
Charbonneau, Harry T.	Cpl.	16136373	490th Bomb Squad.
BODY ON RIGHT, NAME (Last, First, Middle Initial)	RANK	SERIAL NO.	ORGANIZATION
Atkins, Donald F.	Sgt.	38514187	490th Bomb Squad.

PERSON CONDUCTING BURIAL RITES

Chaplain H.J. Davis (Capt)

VERIFIED BY G. R. S. OFFICER

John H. Cobble 1st Lt 2MC

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT: MAKE OUT OMC FORM 1 GRS IN QUADRUPPLICATE FOR U. S. DEAD, ONE ADDITIONAL COPY FOR ALLIED AND ENEMY DEAD. SIGN ALL COPIES. SUBMIT REPORT TO NEAREST MEMBER OF GRAVES REGISTRATION SERVICE. GRAVES REGISTRATION SERVICE WILL FORWARD THE ORIGINAL AND TWO COPIES THROUGH AT LEAST ONE HIGHER ADMINISTRATIVE HEADQUARTERS (TO BE CHECKED AGAINST CASUALTY REPORTS AND ALLIED PAPERS AND ALL COPIES VERIFIED BY THE GRAVES REGISTRATION OFFICER OF THAT HEADQUARTERS) TO BASE SECTION GRAVES REGISTRATION SERVICE OFFICER.

OVER FOR BURIAL INSTRUCTIONS

X-36 Burma

# INSTRUCTIONS FOR BURIAL


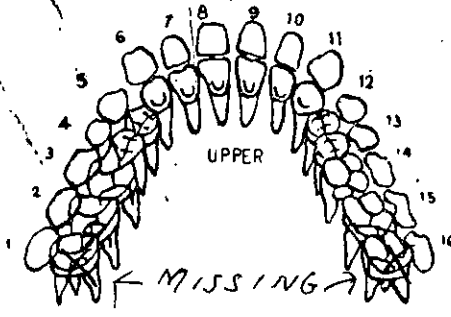




**1. PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVE:** HAVE BODY EXAMINED BY A MEMBER OF THE MEDICAL DETACHMENT AND ATTACH EMT 52D. REMOVE ALL PERSONAL PROPERTY. DRESS BODY WHEN PRACTICAL AND BURY IN A SUITABLE SHROUD. DIG GRAVE TO DEPTH OF FIVE FEET; IN HASTY BURIALS, TO SUFFICIENT DEPTH TO PREVENT DESTRUCTION OF BODY OR LOSS OF IDENTITY. PLACE ONLY ONE BODY IN A GRAVE. REMOVE ONE IDENTIFICATION TAG AND ATTACH TO GRAVE MARKER. LEAVE OTHER TAG ON BODY IN PROTECTED POSITION. IF NO TAG IS PRESENT, MAKE A NOTATION OF IDENTIFYING DATA IN DUPLICATE ON FORM; PLACE IN BURIAL BOTTLE, CANTEEN, SPENT SHELL OR OTHER AVAILABLE CONTAINER; BURY ONE WITH REMAINS AND THE OTHER ONE (1) FOOT BELOW GRAVE MARKER. WHEN MARKING THE GRAVE, FASTEN IDENTIFICATION TAG TO TEMPORARY NAME PEG AND PLACE AT HEAD OF GRAVE, IF NO TAG IS AVAILABLE, WRITE IDENTIFYING DATA ON MARKER. WHEN PEGS ARE NOT AVAILABLE, USE OTHER SUITABLE MEANS TO UNMISTAKABLY IDENTIFY GRAVE AS A MILITARY BURIAL. IF BODY IS UNIDENTIFIED, TAKE FINGERPRINTS OF BOTH HANDS OR THOSE REMAINING FINGERS. IF NONE ARE AVAILABLE, FILL OUT TOOTH CHART, IF POSSIBLE AND NOTE:

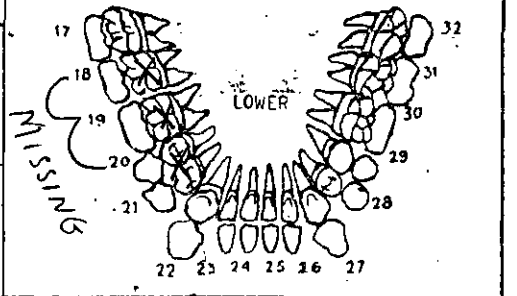
HEIGHT 5' 9"	WEIGHT 160 lb.	COLOR OF EYES	COLOR OF HAIR Dark	BIRTHMARKS, SCARS OR TATTOOS About 30 yrs old
WEAPON AND SERIAL NUMBER Sex - male		LAUNDRY MARKS		WHERE BODY WAS BURIED

**2. LOCATION OF GRAVE:** REPORT BURIALS IN ESTABLISHED CEMETERIES BY PLOT, ROW, AND GRAVE NUMBER (OR SHOW ON CEMETERY MAP). FOR ALL OTHER BURIALS PREPARE SKETCH IN SPACE PROVIDED BELOW; AND GIVE LOCATION BY MEANS OF MAP REFERENCES, OR BY REFERENCE TO PROMINENT PERMANENT LANDMARKS. INFORMATION MUST BE SPECIFIC, ACCURATE, COMPLETE. STAND AT FOOT OF GRAVE FACING HEAD TO DETERMINE BODIES BURIED TO THE LEFT AND RIGHT.

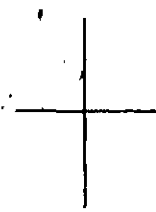
**3. PERSONAL EFFECTS:** LIST ONLY PERSONAL EFFECTS TAKEN FROM BODY ON THE BURIAL REPORT FORM. PLACE THESE WITH INFORMATION AS TO IDENTITY OF OWNER, ORGANIZATION, EMERGENCY ADDRESSEE IN PERSONAL EFFECTS BAG, OR WRAP IN HANDKERCHIEF, TOWEL, OR OTHER AVAILABLE MATERIAL AND TURN OVER TO GRAVE REGISTRATION SERVICE PERSONNEL WITH REPORT OF DEATH. GOVERNMENT PROPERTY IS NOT TO BE INCLUDED IN PERSONAL EFFECTS BUT IS TO BE TURNED INTO SALVAGE COLLECTING POINT.

**THE CONDITION OF EACH AND EVERY TOOTH WILL BE INDICATED ON THE TOOTH CHART, IN ACCORDANCE WITH DIAGRAM.**

LEFT THUMB	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  <p>UPPER</p> <p>MISSING</p>
RIGHT THUMB	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>	



### SKETCH AND MAP REFERENCE



WHEN UNIDENTIFIED, TAKE THUMB AND FINGERPRINTS OF BOTH HANDS - IF THIS IS NOT POSSIBLE FILL IN TOOTH CHART

1

2

3

4

4

3

2

1

○  
IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

---



RESTRICTED

REINTEMENT

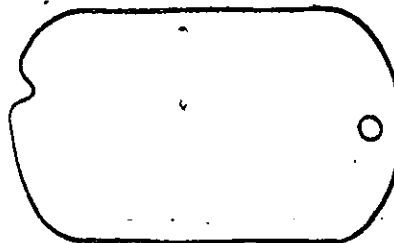
WD QMC Form 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

Date of report

19 Jan 1946

Impress Identification Tag If Possible.  
DO NOT TYPE



## Section 1.—IDENTIFICATION.

Name (Last, first, middle initial)

UNKNOWN X-80 (Formerly Unknown X-36  
of Myitkyina)

Serial No.

Grade

Organization

Branch of Service

Race

White

Religion

If other than U.S. dead, give name of country

Place of death

Myitkyina, Burma

Cause of death

Drowning

Date of death

About

12 Mar 1945

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-80)

List personal effects found on body and disposition of same

Disposition Unknown

## 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.
17 Jan 1946	1600	Blanket	Cross	5	M	1204

Was this a reburial?  
(Yes or no)

Yes

If a reburial, indicate name, number, coordinates of previous cemetery, and location of grave.

U. S. Mil. Cem., Myitkyina, Burma

Plot No. Row No. Grave No.

2 D 229

Type of religious ceremony

Graveside

Person conducting burial rites

Chap H. J. Davis (Capt)

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)

Kraeger, Norbert D.

Rank

S/Sgt

Serial No.

32446626

Organization

1337 AAF

Grave No.

1205

Body buried on deceased right, name (Last, first, middle initial)

Talcott, Edgar B.

Rank

Pfc

Serial No.

37656280

Organization

209 Engr

Grave No.

1203

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.

RESTRICTED

Joc # 96

**Section 3.—UNIDENTIFIED REMAINS.**


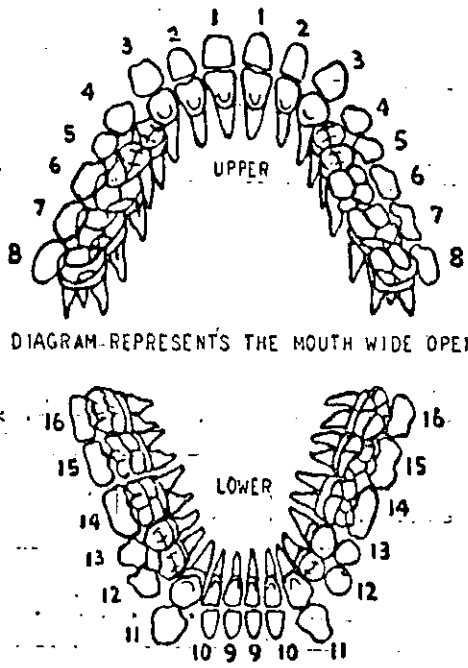




**INSTRUCTIONS :**

(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.

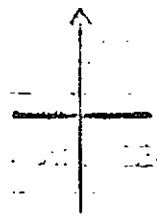
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint, or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

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



REMARKS :

RESTRICTED

REPORT FORM NT

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  
19 Jan 1946

Imprint Identification Tag If Possible  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) (Formerly Unknown X-36 of Myitkyina) UNKNOWN X-80		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE White	RELIGION	IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Myitkyina, Burma	CAUSE OF DEATH Drowning	DATE OF DEATH About 12 Mar '45
------------------------------------	----------------------------	-----------------------------------

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 5 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (X-80)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
Disposition Unknown

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

**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.
17 Jan 1946	1600	Blanket	Cross	5	M	1204

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. 2	ROW No. D	GRAVE No. 229
---	---	---------------	--------------	------------------

TYPE OF RELIGIOUS CEREMONY Grave side	PERSON CONDUCTING BURIAL RITES Chap H. J. Davis (Capt.)	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) Kraeger, Norbort D.	RANK S/Sgt.	SERIAL No. 32446626	ORGANIZATION 1337 AAF	GRAVE No. 1205
---	----------------	------------------------	--------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Talcott, Edgar B.	RANK Pfc	SERIAL No. 37656280	ORGANIZATION 209 Engr	GRAVE No. 1203
--	-------------	------------------------	--------------------------	-------------------

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  
Insel #2

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


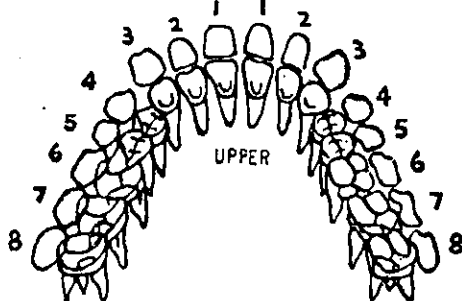




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

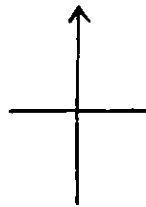
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>	
<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>	
<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>	

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



REMARKS: