

FILE IDENTIFICATION TOPPER

FILE NUMBER

*Blank Einschnitten II (6910) X-27*

SUBJECT

QMG FORM 1121  
1 Aug 45

*RHS*

*try*

**1**

Interred: Jan 1950  
F 9 7 Ft. McKinley  
*RHS* *Carl R. Mark*  
**CARL R. H. MARK**  
Cemetery Superintendent

**DISINTERMENT DIRECTIVE**

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: **6910 00019**  
DATE: **15 01 48**  
DAY MONTH YEAR

NAME: **UNKNOWNX-000027** SERIAL NUMBER: **0** RANK: **0** ARM: **0** DATE OF DEATH: **15 01 48**  
DAY MONTH YEAR

CEMETERY: **BRITISH GUINEA USAF FINSCHAFFEN NO 10** DISPOSITION OF REMAINS: **7701 80**  
CODE DIST. PT.

PLOT: **576** ROW: **NEW GUINEA** COUNTRY: **NEW GUINEA** CAUSE OF DEATH: **6**

**SECTION B - CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE: **MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)**  
NAME AND ADDRESS OF NEXT OF KIN:

**SECTION C - DISINTERMENT AND IDENTIFICATION**

NAME: **Unknown X -000027** SERIAL NUMBER: **(Maus) Unknown X -527** RANK: **0** DATE OF DEATH: **22 Sept. '48** DATE DISTINTERRED: **22 Sept. '48**

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: **UNKNOWN** RELIGION: **GEORGE SIMONEAU** IDENTIFICATION VERIFIED BY: **Embalmey** NAME AND TITLE

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL: **Shelter Half** CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION:  
MINOR DISCREPANCIES: **2 Identification tags show Unk. X-527 Maus No.**

REMAINS PREPARED AND PLACED IN CASKET

DATE: **22 Sept. '48** BY: **GEORGE SIMONEAU**

CASKET SEALED BY: **GEORGE SIMONEAU** EMBALMER (Signature): *George Simoneau* **GEORGE SIMONEAU**

CASKET BOXED AND MARKED: **22 Sept. '48** BY: **MORACE L. ALLISON, Sgt. INF.** SHIPPING ADDRESS VERIFIED BY: **CHARLES R. BATES, 1st Lt., USAFR**

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

*Charles R. Bates*  
**CHARLES R. BATES, 1st Lt., USAFR**  
SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS Mausoleum		TO Fort McHenry Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Robert Mark</i>	DATE JAN 26 1950

## 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 (BA VONINISILVILAE -OBOSB)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER INMITY WHIGIBIME 18GVKDC	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



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-527 (Formerly UNK X-27 Finsch #1)				2. DATE OF REPORT 28 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 801	5. ROW B	6. GRAVE 399	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 4'11 3/4"	10. COLOR OF HAIR U T D	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E


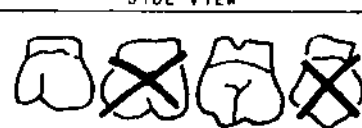








17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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
								P	P							X
Side View																
Top View																
Side View																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

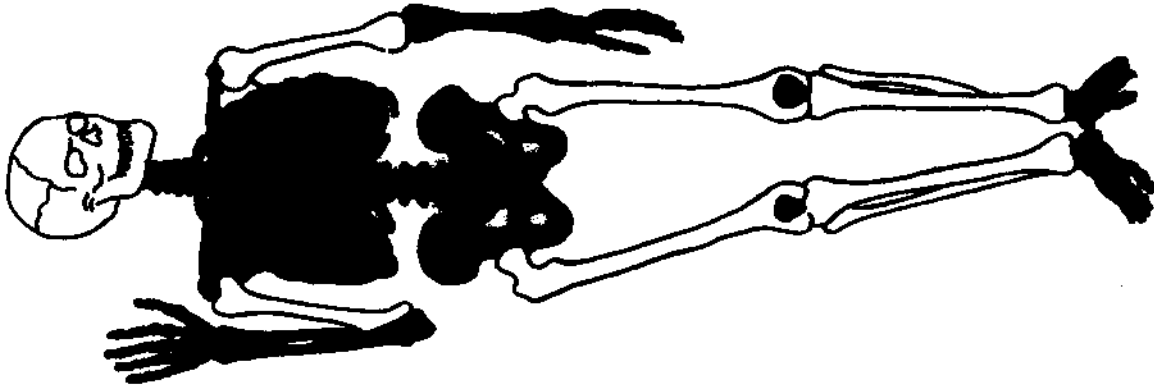
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Identification Section

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT COVERED



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  
NUMBER  
 OF THE FOLLOWING ANATOMICAL PARTS:

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 5 lbs.

Circumference of skull - 20 inches.

REMARKS: "REMARKS: NO IDENTIFICATION TAGS FOUND"  
 REASON OF LACK OF SUFFICIENT IDENTIFYING DATA?

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  
**PAUL R. NICHOLS**  
 Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

HEADQUARTERS  
PACOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

19 Dec 1949

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster  
Washington 25, D. C.  
Attn: Memorial Division

The records pertaining to Unknown X-27, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 576, USMC USAF Cem Finsch #1 have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

  
H. B. MCNEMAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received Jan 20 1950 **QMG**  
Not identifiable from  
information presently  
available - Robert W. Kelly



# IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-527 (Formerly Unk-X-27) 6 Oct 47  
DATE  
 (USAF Cem #1, Finschhafen, NG) T/Sgt Unknown  
 LAST NAME FIRST INITIAL RANK SERIAL NO.  
 Unknown AIR CORPS  
 UNIT ORGANIZATION  
 AGRS, Mausoleum  
 Sister's Garden, Bogia, N.G. Manila P.I.  
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.  
 801 B 399  
 HANGER BAY CRYPT















*impacted*

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE				○					⊗	⊗								⊗	TYPE
LOCATION				LO															LOCATION

INSIDE — LOOKING OUT

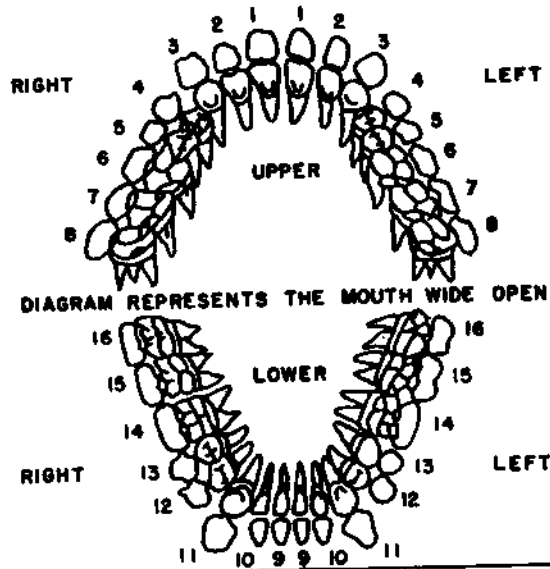
		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
		LOWER TEETH																	
TYPE		⊕				⊗	⊗	⊗	⊗	⊗	⊗	⊗					⊗	TYPE	
LOCATION																		LOCATION	

## 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	 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  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

L 14 PX - Severe localized alveolar closure; moderate generalized alveolar closure mandibular max. teeth indicate remains probably that of Filipino R-6 1/2 crown missing pup canal exposed.

s/ Cesar A. Gonzaga  
SIGNATURE OF PERSON WHO PREPARED CHART

Civ. Empl.  
NAME AND RANK TYPED OR PRINTED

AGRS, Mausoleum, Manila  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

s/ Edward H. Marshall  
VERIFIED BY GRS OFFICER

SP-8 C-062874  
NAME AND RANK TYPED OR PRINTED

6 Oct 47  
DATE

A CERTIFIED TRUE COPY;

*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

/a.cm

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-527 (Formerly Unk-X-27)  
~~XXXXXXXXXX~~ (USAF, Cem #1, Finachhafen, NG)

Cemetery AGRS, Mausoleum, Manila P.I.  
 Plot 801 HANGER BAY CRYPT  
 Row B Grave 399

AGRS, Mausoleum, Manila

1. Arrived at ~~xxxxxxx~~ 6 Oct 47  
(Hour) (Date)
2. Place of death Sister's Garden, Bogia, New Guinea  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains ~~xxxxxxxx~~ disinterred by A G R S Det #2  
(Name and organization)
4. Evacuated to Cemetery by A G R S Det #2  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web \_\_\_\_\_  
 Drawers, wool \_\_\_\_\_  
 Drawers, cotton \_\_\_\_\_  
 Leggings, wool \_\_\_\_\_  
 Socks, cotton \_\_\_\_\_  
 \* Shoes \_\_\_\_\_ (type) \_\_\_\_\_  
 Overshoes \_\_\_\_\_ N  
 Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_ O  
 (Other item) \_\_\_\_\_ E  
 (Other item) \_\_\_\_\_  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or \_\_\_\_\_  
 Insignia \_\_\_\_\_ (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch \_\_\_\_\_  
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only-Skeletal Chart Attached.**

Age \_\_\_\_\_ Height UTD \_\_\_\_\_ Weight UTD \_\_\_\_\_ Description of wounds \_\_\_\_\_  
 Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_ (Length, width, location)  
 \_\_\_\_\_ Tattoos \_\_\_\_\_  
 \_\_\_\_\_ (Number, location — illustrate on separate page)  
 Outstanding moles, warts or birthmarks \_\_\_\_\_ (Yes-no; description, location)  
 Sunburn or tan, other than hand and face \_\_\_\_\_ U  
 Complexion \_\_\_\_\_ D  
 \_\_\_\_\_ (Light, medium, dark, clear, pimples, poeks, freckles)  
 Build \_\_\_\_\_ (Large, fat, thin, muscular)  
 Hair \_\_\_\_\_ (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair \_\_\_\_\_ (Baldness, widows peak, distinctive cutting or other characteristics)  
 Sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or \_\_\_\_\_  
 \_\_\_\_\_ (Color, setting, shape) \_\_\_\_\_ (Color, size, shape) \_\_\_\_\_ (Length, heavy)

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)  
If not, explain due to the Condition of remains.

8. Has tooth chart been prepared? Yes If not, explain  
(Yes-no)

9. Remarks Burial bottle found with remains. Est. weight of remains 8lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

s/ Edward H. Marshall  
(Officer's Name)

SP-8 G-062874  
Rank Service

AGRS, Mausoleum, Manila  
(Organization)

6 Oct 47

A CERTIFIED TRUE COPY:

*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

Goatee ..... (Light, color, extent)

Eyes ..... (Color, setting, shape)      Eyebrows ..... (Color, bushiness, extent across nose)

Nose ..... (Size, shape, straight)      Ears ..... (Size, set close to or far from head)

Mouth ..... (Large, medium, small)      Lips ..... (Small, large, full)

Teeth ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double)

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... 20 (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers ..... (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

# SKELETAL CHART

X-527

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

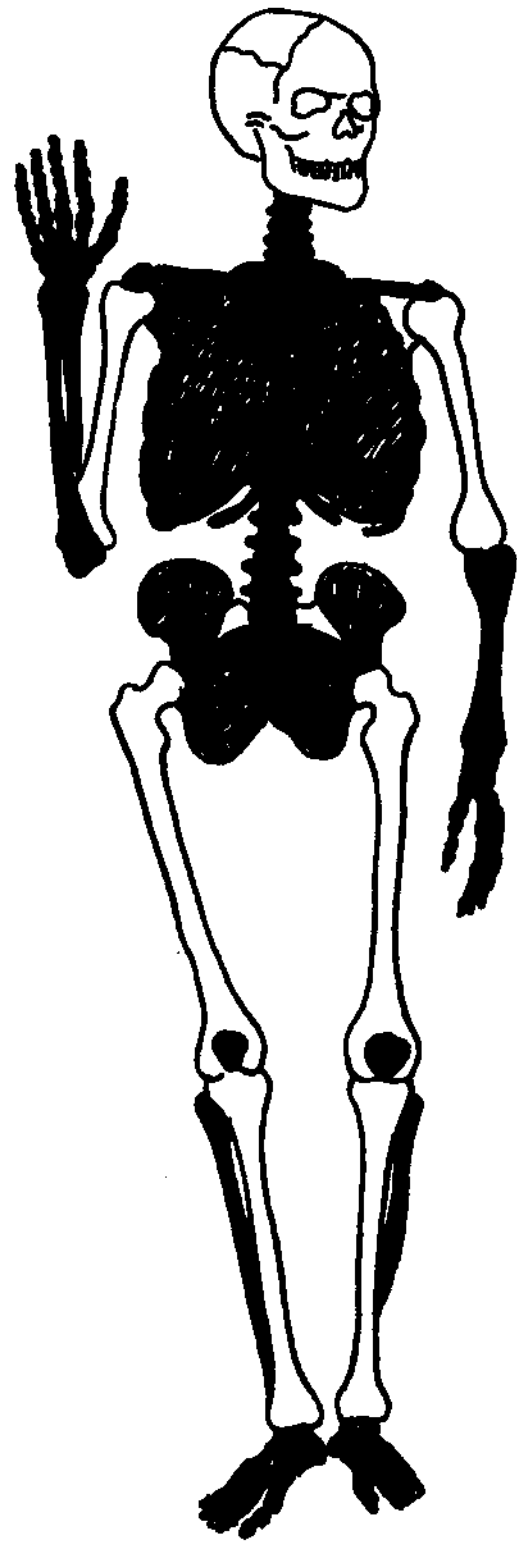
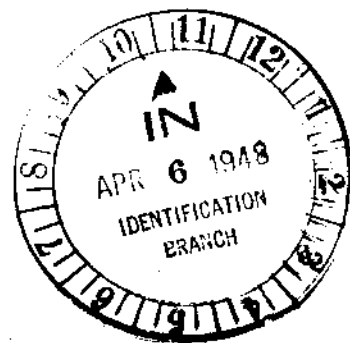
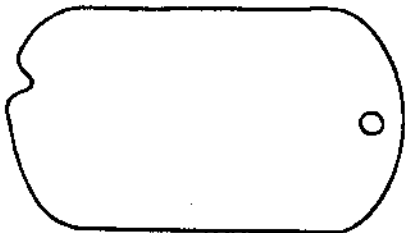
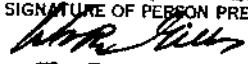
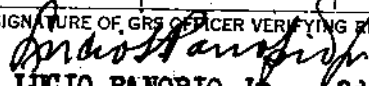

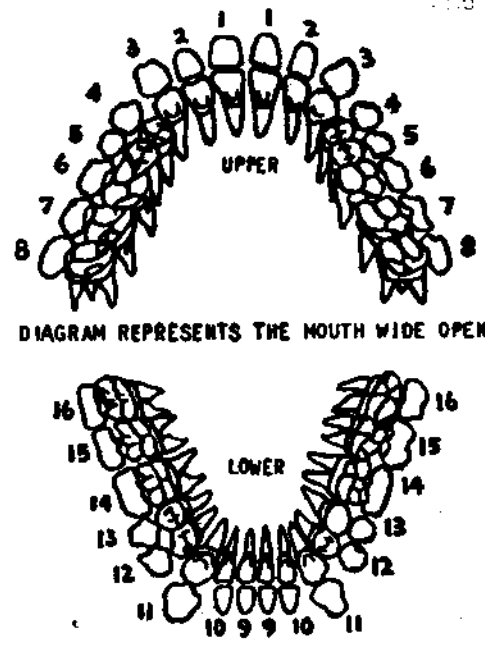


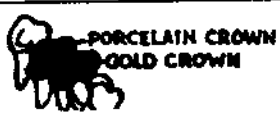

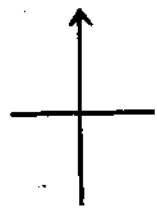

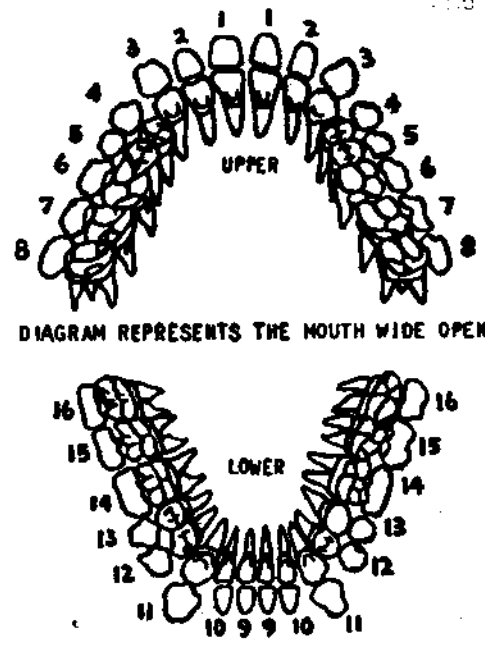


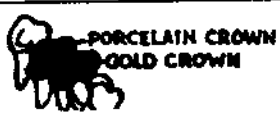

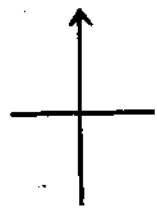

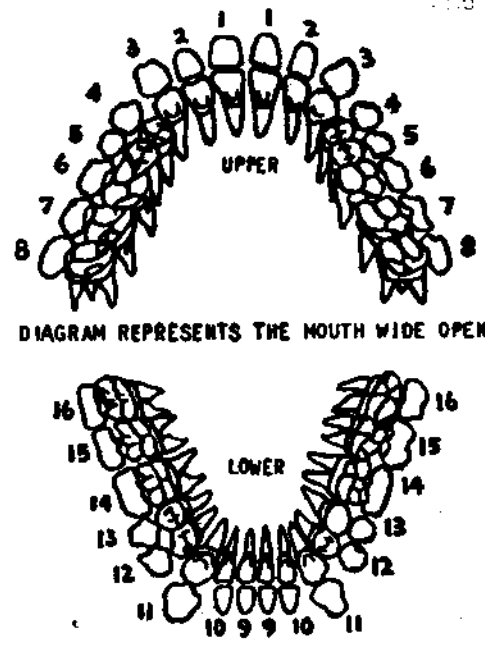


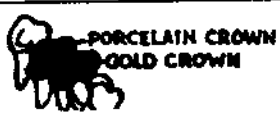

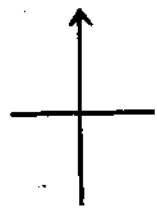


CHART "A"





WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT 8 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-527 (Formerly Unk-27 USAF Cem #1, Finschhafen, N.G.)				Unknown	
		GRADE T/Sgt		ORGANIZATION Air Corps		BRANCH OF SERVICE Unknown	
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Sister's Garden, Bogia, New Guinea		CAUSE OF DEATH Parachuted from plane; DOW inflicted by enemy soldiers after capture.			DATE OF DEATH Approx. March 44		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse) See Remarks					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		MEMORIAL DIVISION DEC 22 2 42 PM '47 REPARATION RECORDS BRANCH					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL STORAGE 6 Oct 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY B	GRAVE No. CRYPT 399	
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem #1, Finschhafen, New Guinea			PLOT No.	ROW No.	GRAVE No. 578	
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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-507		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 401		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-533		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 397		
SIGNATURE OF PERSON PREPARING REPORT  R. GILBERT Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO PANOPIO Jr., 2d 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.							

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>																
LEFT RING FINGER	<b>INSTRUCTIONS:</b> (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.																
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES														
LEFT INDEX FINGER	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS															
LEFT THUMB	WEAPON AND SERIAL NO.		LAUNDRY MARKS														
RIGHT THUMB	WHERE BODY WAS BURIED OR FOUND																
RIGHT RING FINGER	OTHER IDENTIFICATION CLUES																
RIGHT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">                  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td colspan="2">FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</td> <td style="text-align:center; vertical-align:middle;">  </td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
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RIGHT INDEX FINGER	REMARKS:																
RIGHT RING FINGER	Grade and organization were taken from old Report of Interment, which were based on information of a native.																
RIGHT MIDDLE FINGER	Identification Check List and Dental Chart accomplished.																
RIGHT LITTLE FINGER	11 NOV 1947																

JAN 20 1944

# REPORT OF INTERMENT

(FM 18-630 AND AR 30-18(E))

202 Jan 15 7321

UNKNOWN X-27

(Last name)

(First)

(Initial)

From Native info-T/Sgt. Air Corps

(Serial number)

(Rank)

(Organization)

Sister's Garden, Bogia, N. G.

(Place of death)

Approx. March 1944

(Date of death)

Parachuted from plane;  
DOW inflicted by Enemy  
soldiers after capture

1400 hrs 15 Nov. 1944

(Time and date of burial)

USAF CEMETERY, FINSCHHAFEN #1, N. G.

(Name of Cemetery)

(Name of coordinates of location)

Recovered after Native Burial at Sister's Garden, Bogia, New Guinea.

576

(Grave number)

(Row number)

(Plot number)

Cross-regulation w/plate

(Type of marker—Regulation V-shaped or other)

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

Identification disc to be secured and attached to marker; copy of Report of Interment sealed in bottle and buried with the remains.

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

Angau Report, Madang, N.G. and native stories of events

(If no identification tags, but identify definitely established, give particulars)

Religion

Body buried on RIGHT UNKNOWN X-28

(Name)

(Serial number)

(Rank)

A.C.

577

(Organization)

(Grave number)

Body buried on LEFT KAIN, Wm. D.

(Name)

20 233 238

(Serial number)

Pvt.

(Rank)

720 MP Bn.

(Organization)

575

(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: none

CONFIDENTIAL

**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:
Colour of eyes:	Number of rifle:
Colour of hair:	Wear glasses?
Race:	Is Tooth chart attached? <b>Yes.</b>

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

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

One native in Bogia said that this man had whispered the name of "Pierce" and said he was a sergeant and made a mark of "T" on the ground. ~~Not known whether Technician Fourth or Technical Sergeant.~~ This man from same aircraft as Unknown X-28 & X-29 and one more unrecovered body. No aircraft identification other than it was a motored ship.

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

*Geo. A. Ross*  
**GEO. A. ROSS, M/Sgt. QMC-GRS**  
 (Signature of Officer or other person reporting burial)

*Charles H. Myers*  
**CHARLES H. MYERS, 2nd Lt. QMC**  
 (Verified by Army GRS Officer)

RECEIVED  
 28 NOV 1944

LEFT HAND

RIGHT HAND

THUMB

THUMB



REGISTER OF DENTAL PATIENTS AT

UNKNOWN X-27

(1) SURNAME

(2) CHRISTIAN NAME

USAF CEMETERY, FINSCHHAFEN

NO. 1 New Guinea

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Presumed: Air Corps

(6) AGE YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE YEARS

										(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
										(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
										(12) RESULTS AND REMARKS

P. O. EVANS, Major, D.C.

Dental Corps, U. S. A.

2

AUSTRALIAN MILITARY FORCES.

3

HEH:RM.

30/3.

~~SECRET~~

DISTRICT HQ.  
ANGU.  
MILING.  
21 Oct 44.

Capt. WOOD,  
U.S. BARGE COY.  
MILING.

CRASHED AMERICAN AIRMEN.

Forwarded report by Lieut. MacGregor. Would you please pass the information to U.S. GRAVES REGISTRATION UNIT.

2. Lieut. MacGregor should be contacted direct at Bogia if it is desired to recover the bodies.

*H.E. Hamilton* Capt.  
(H.E. Hamilton).  
DISTRICT OFFICER.

Copies to: HQ Northern Region,  
ANGU L.A.E.

~~SECRET~~

AUSTRALIAN MILITARY FORCES.

Sub District,

ANCAU.

BOGL.

5/10/44.

DISTRICT OFFICER.

ANCAU.

MAIDANG.

SUBJECT: CRASHED AMERICAN AIRMEN.

It has been reported to me by natives that some time presumably about February or March, an American aircraft was shot up round Hansa Bay and crashed in flames and blew up near "SEFFEN" Bogia Strat 4 miles to 1 inch (W) C 5836. Four of the crew bailed out and landed near the village of "SEFFEN" all were badly burnt around the head and arms. On contacting the natives they asked them to guide them inland, but the natives told them that the Japs were in the village behind and it would be better to hide there, however the airmen insisted they be taken inland south of "SEFFEN" so as to make for the Ramu River. The natives took them inland and they were captured by a patrol of 4 Jap soldiers. The Americans were without arms except for one pistol. They were taken prisoner at the village of "GIRI" (W)C 5827. After binding the Americans the Japanese beat them with pieces of timber and tried to induce the natives to do so too. The Natives say they refused to help despite threats by the Japs. When the patrol moved off from GIRI one of the airmen was too weak from his wounds and was and refused to or could not move. The Japs shot him and the natives buried him near GIRI Village. The Americans were taken from GIRI to "AKAKOM" a small village about three miles south of GIRI. Here it is stated one of the airmen struck a Jap and was beaten to death by them, the natives again refused to help although some say they gammoned to save themselves being killed. The American killed at AKAKOM is said to have worn the marks of a Technical Sergeant. The remaining two Americans were brought by the Japs down to Bogia, one's wounds were so bad that he had to be carried the latter half of the trip. The one who was carried is also said to have been a sergeant and he died after his arrival at Bogia (W)C 5229, the remaining one was shot the same day as the Japs were leaving. The one that was shot had his head cut off after he was killed. Both airmen were buried in the Sisters Garden at the Bogia Mission Station and their graves have been located. Although it is considered that some of the airmen were evidently treated harshly by some of the natives that were with the Japs, I am unable to obtain any evidence strong enough to convict them for trial.

Sgd.

W. M. Macgregor. Lieut.

O I C Bogia.