

FILE IDENTIFICATION TOPPER

E. J. Sullivan

FILE NUMBER

245 Unt. Finschappen #1 X-6

SUBJECT

QMC FORM 1121
1 AUG 45

DEPARTMENT OF THE ARMY
 //

CMCMM 293
 Unknown X-6, 7, 9,
 13 thru 17
 (Finschhafen PL) N.G.

6 October 1947

*993 Wnk. N. H. (Miss) Finschhafen #1
 (X-6, 7, 9, 13-17)*

SUBJECT: Identification of Unknown Deceased

TO : Chief, Demobilized Personnel Records Branch
 Building 105
 Records Administration Center, AGO
 St. Louis 20, Missouri

293. Wnk. Finschhafen #1 #6

1. It is requested that this office be furnished the Dental Identification Records and copies of any MD Form 79, for:

793

MUSIC, Frank P.

ASN O-421649

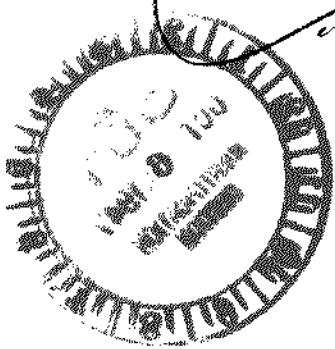
2. Form AGRAC 1-380 on the above individual has not been previously furnished this office.

FOR THE QUARTERMASTER GENERAL:

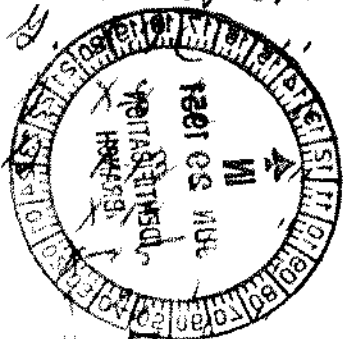
JAMES C. MacFARLAND
 Major, QMC
 Memorial Division

tmd

RECORDS BRANCH
 OCT 7 9 50 AM '47
 MEMORIAL DIVISION



793 Wnk. N. H. X-6 (Finschhafen)
 ✓ " " " "
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OSQIM 293 *unk these*
 X-6,7,9,13 thru 17
 (Finschhafen #1) *New Guinea*

28 March 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding General, Philippine-Ryukyus Command, APO 707,
 c/o Postmaster, San Francisco, California

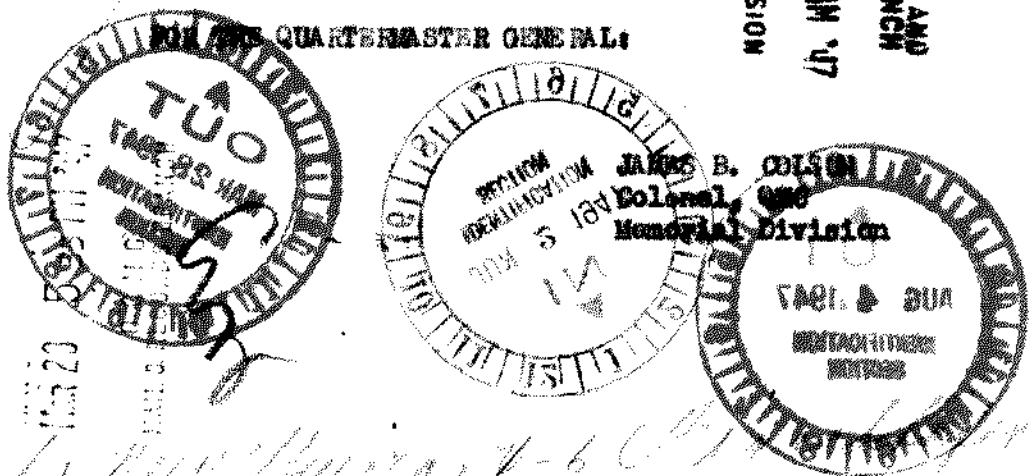
1. Reference is made to letter dated 24 Feb 47, your headquarters, File OSQIM 293, Subj: Comparison Tooth Charts. The dental records of the following individuals will be compared with the records of the Unknown X-Numbers indicated interred in:

Handwritten notes:
 11593
 11594
 11595
 11596
 11597
 11598
 11599

<u>NAME</u>	<u>X-NUMBER</u>
Armer, John L.	0-791663
Smart, Frank P.	0-421649
Musio, Mike	15073584
Breneman, Walter K.	0-726738
Basley, Charles E.	0-792204

2. The information requested in the communication referred to in Paragraph 1 above is not readily available in this office. It is necessary for this office to direct correspondence to other War Department Agencies in order to obtain the required information. In some cases the time delay is increased because of the necessity of directing correspondence to many former Posts, Camps, or Stations at which the deceased concerned may have been assigned, and from the status of the File Sections of the various War Department Agencies, to which this office must direct its correspondence to obtain the desired information.

Handwritten: WAP NJS



Vertical stamp: DIVISION AM '47

Handwritten notes at bottom:
 11593-11599 New Guinea 4-6 thru 17 (Finschhafen #1)
 11593-11599 New Guinea 4-13 thru 17 (Finschhafen #1)

wfl

AIRMAIL

293 U.S. P.I. (misc) Mass. March
X-540 X-4174 X-4178

OSM 203

OSM 7-2 East

1 February 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
Warrior Graves Registration Service
Wilson Lane
477 24th, c/o Postmaster
San Francisco, California

1. Reference is made to the following unknown remains now stored at the OSR Warehouse, Mail, U. S.:

Unknown 2-540 (formerly 2-6, Pinch 1)
" 2-4174
" 2-4178

2. Subject cases have been reviewed and this office approves the classification of the above listed unknowns as unidentifiable.

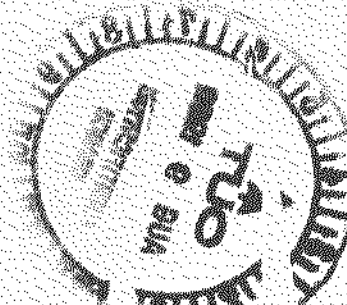
FOR THE DISTRICT COMMANDER:

E. H. MITZ
Lt. Colonel, USMC
Personnel Division

R. Millerfeldt
Major
J. Windsor

cc: Administrative Section

cc: CINCERS



AIRMAIL

293 U.S. P.I. (misc) Mass. March
X-540 X-4174 X-4178

100
100

AIRMAIL

293 unk P.F. X 540 (maus. Manila)

QUART 293
KERKER, Walter A.
Pvt. 36258074

26 August 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

1. Proceedings of the Field Board of Review, dated 24 May 1949, recommending that the remains of Unknown X-540, AGRS Mausoleum, Manila, P.I., (formerly Unknown X-6, USAF Cemetery #1, Pingschhafen, N. G.) be identified as Private Walter A. Kerker, 36258074, are returned herewith disapproved for the following reasons:

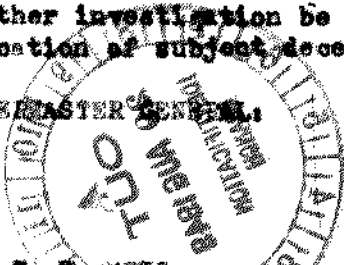
a. Dental chart is not in agreement with that of Private Kerker. It has been determined that OQMG Form 371 originally forwarded to your office contained erroneous dental and physical data.

b. Place of death for Unknown X-540, which was near Madang, was a distance of approximately forty-five miles from place of death for Private Kerker which was between Mot River and Billiau, N. G.

2. A corrected OQMG Form 371 is being forwarded herewith for your information.

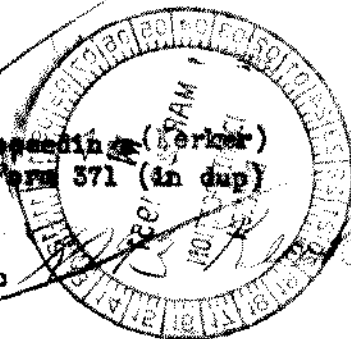
3. It is requested that further investigation be conducted with a view toward establishing identification of subject decedent.

FOR THE ACTING THE QUARTERMASTER GENERAL:



T. R. METZ
Lt. Colonel, GSC
Memorial Division

- 2 Incls
- 1. Bd proceedings (Kerker)
- 2. OQMG Form 371 (in dup)



T.A. Fields:lrc

Salser

JW

cc--Administrative Section
cc--Cincfe

AIRMAIL

REB

TEC

Kerker, Walter A 36258074

RL
Mark

1	/add	Interred 71 950 D 4/23 Ft. McKinley <i>Research Mark</i>	DISINTERMENT DIRECTIVE
		CARL R. H. MARK Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6910 00003

NAME UNKNOWNX-000006	SERIAL NUMBER	RANK	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	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		287	NEW GUINEA	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 - 6 (Maus) UNKNOWN X - 540	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 21 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE L MIX Embalmer 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 /
Two identification tag show Maus. unknown X - 540

REMAINS PREPARED AND PLACED IN CASKET	
DATE 21 Sept 48	BY GEORGE L MIX
CASKET SEALED BY GEORGE L MIX	EMBALMER (Signature) <i>George L Mix</i> GEORGE L MIX
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48	BY HORACE L. ALLISON, Sgt., INF. CELESTINO E. ABELLAR, 1st Lt., FA

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

Celestino E. Abellar
CELESTINO E. ABELLAR, 1st Lt., FA
SIGNATURE OF GRS INSPECTOR

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

FEB 1960
REPATRIATION
BRANCH
MEMPHIS
[Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AFRS Pousolour		TO Port McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>W. R. ...</i>	DATE FEB 7 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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

FILE UNDER NO. 293 - Unk. New Guinea X-6 (Finschhafen #1)

I N D E X S H E E T

S Y N O P S I S

LETTER

16 Oct. 1947

FROM

COMG

TO:

CO, Columbus A. G. Regional Records Office, Columbus Gen.
Depot, U. S. Army, Ohio

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unks. New Guinea (Misc.) (Finschhafen #1)

Unks. (X-6, 7, 9, 13 & 17)

mfs

FILE UNDER NO. 293 - Unk. N. G. X-6 (Finschaffen #1)

I N D E X S H E E T

SYNOPSIS

Letter

8 Oct. 1947

FROM: OQM
TO: CO, San Antonio AG Regional Records Office, San Antonio Gen. Depot,
Texas.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk. New Guinea (Misc.) (Finschaffen #1) (Unks X-6,
7, 9, 13 - 17)

FILE UNDER NO. 293 - Unk. N. G. X-6 (Finschhafen)

I N D E X S H E E T

S Y N O P S I S

Letter

6 Oct. 1947

FROM: OQMG

TO: Chief, Demobilized Personnel Records Branch, St. Louis, Missouri

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk. New Guinea (Misc.) (Finschhafen #1) (Unks X-6,
7, 9, 13 - 17)

mfs

C*

FILE UNDER NO. 293 - Unk New Guinea~~x~~-6 (Finschhafen #1)

INDEX SHEET

LETTER

SYNOPSIS

28 March 47

FROM: OQMI
TO: CG, Philippine-Ryukyus Command, APO 707, San Francisco, Calif.

SUBJ: Identification of Unkn Deceased

DOCUMENT FILED UNDER NO. 293 - Unks (Misc) (Finschhafen #1) New Guinea

jm

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

5 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 6, Plot _____,
Row _____, Grave 287, USMC USAF Cem #1, Finsch, N.G., 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, OMC
Chief, Records Branch

Atch: Form 1044











Received 23 Jan 1950 0930
Not identifiable from
information presently
available Robert W. Miller

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-6 USAF Cemetery #1 UNKNOWN X-540 Finschhafen, N.G.)				2. DATE OF REPORT 5 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
		HANGER 801	BAY B	CRYPT 394	DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'11 5/8"	10. COLOR OF HAIR UTD		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS 1 Unk Cemetery tag X-6					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES U T D					
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 U T D					
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 specimens forwarded through channels for examination when facilities are not available in the area) NONE					

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

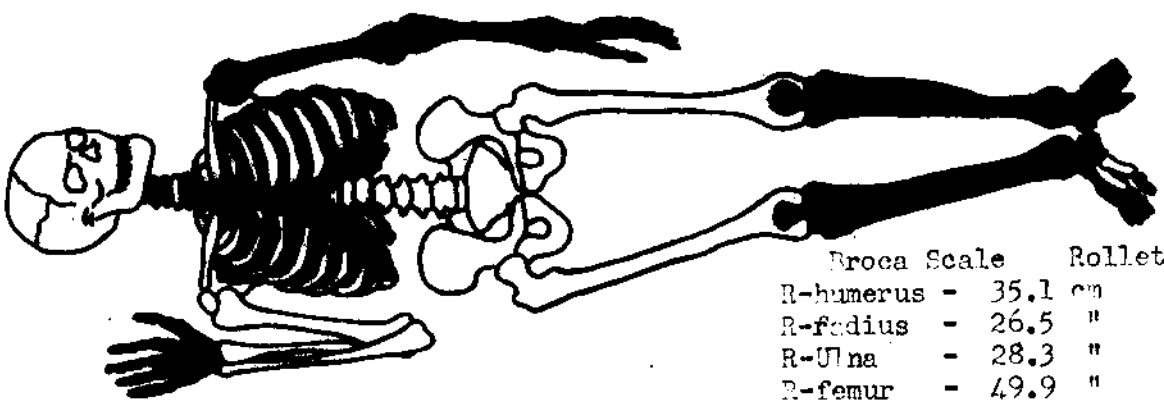
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	A		A				X	P	S				A		X
O	O		odf						m						
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
X	A	A	P	P				P			A	P	A	A	X
O	O	O									F		O	O	
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

19. BLACK OUT PARTS OF BODY NOT RECOVERED

1 Boxed, 18 ribs, 7 phalange
& 8 humerus found with
remains



	Broca Scale	Rollet Measure
R-humerus	- 35.1 cm	187 cm
R-radius	- 26.5 "	182 "
R-Ulna	- 28.3 "	182 "
R-femur	- 49.9 "	182 "

Average height 181 1/2 cm or 5'11 5/8"

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No burial bottle, personal effects, or other means of identification found with remains.
Est. weight of remains - 12 lbs.

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

Y. A. Fields
Investigator

15 August 1949

RECOMMENDATION FOR DISAPPROVAL OF FIELD BOARD PROCEEDINGS

Field Board of Review Proceedings recommend that Unknown X-540 be identified as Private Walter A. Kerker, 36258074.

Private Walter A. Kerker, 36258074, a member of Company A, 128th Infantry Regiment, was missing in action from a combat patrol on 28 January 1944 near Saidor, N. G. OCMG Form 371 indicates that he was missing in action between Mot River and Biliau which would be approximately 8 miles from Saidor, N. G.

Unknown X-540 was reported killed near Madang, N. G., from which point he was originally recovered and interred in the USAF Cemetery, Saidor #1, N. G.

Dental chart for Private Walter A. Kerker, 36258074, is not in agreement with that for Unknown X-540. NOTE: Dental chart previously forwarded to Philcom was not the dental chart for Private Kerker but apparently had been taken from the dental chart of another deceased in error.

Place of death for Unknown X-540 was near Madang, N. G., approximately 45 miles from place of death for Private Kerker which occurred between Mot River and Biliau, N. G. NOTE: Board Proceedings show this city as Bilau and not Biliau as shown on the map and in the gazetteer. This is the only city near Mot River with a similar spelling.

On the basis of the above, it is recommended that the identification of Unknown X-540, as proposed by the Field, be disapproved.

Field will be advised and a corrected 371 will be furnished them as further aid.

W. B. Baker

Y. A. Fields

x-540

IDENTIFICATION DENTAL CHART

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

6 Oct 47

(Formerly UNK X-6)
UNKNOWN X-540 (USAF Cem #1, Finsch. N.G.) Unknown

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown				Unknown
UNIT Amorin Mission, near Madang, N. G.		AGRS MAUSOLEUM, Manila, P.I.		ORGANIZATION
PLACE OF DEATH	PLACE OF BURIAL STORAGE	PLOT HANGER	ROW BAY	GRAVE NO. CRYPTS
		801	B	394

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		A	A		A				X	X	S				A		X	TYPE	
LOCATION		0	0		dof						M				L			LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	A	A	X	X				X				X	A	A	X	TYPE	
LOCATION			0	0											0	0		LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY. INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		ORTHOPLASTIC (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.

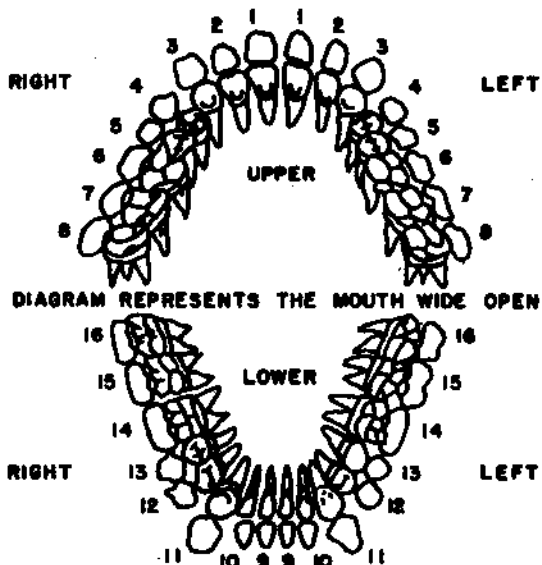


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Localized Moderate Periodontal closure-Maxillary
R-6,4 L-3,4,6 Mandibular R-14,11 L-10,11,12,14.

/s/ E. F. Moriarty
SIGNATURE OF PERSON WHO PREPARED CHART

SF#6 AGRS
NAME AND RANK TYPED OR PRINTED

MAUSOLEUM LAB.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ F. Glass, Capt. D.C.
VERIFIED BY GNS OFFICER

NAME AND RANK TYPED OR PRINTED

6 Oct 1947
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-6)
 Unknown X 540 (USAF Cem #1, Finsch.)
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.
 Plot 801 Row B Grave 394
 HANGER BAY CRYPT

AGRS MAUSOLEUM, MANILA, P. I.

1. Arrived at cemetery 23 Sept 47
(Hour) (Date)
2. Place of death near Madang, N. G.
(Name of closest town) (Coordinates and letter Prefix, maps)
Amorin Mission
(Sheet, scale and serials used)
3. Remains ~~not~~ disinterred by American Graves Reg Det Co #2
(Name and organization)
4. Evacuated to Cemetery by _____
(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 E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _N

Overshoes _____ _O

Web Equipment _____ (type) _N _E

(Other item) _____

(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 _{Est.} UTD _{Est.} Height 5'10" Weight 180 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 _____

Complexion _____ _U (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____ _D (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)

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 **Tooth Chart attached.**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches **20 1/2"**
 (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 (Unusual characteristics of fingernails)

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

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 (Inseam, 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.

7. Have finger prints been placed on Report of Interment? _____

No

(Yes-no)

If not, explain Remains interred 16 Sept 44 USAF Cem #1, Finsch., N. G.

8. Has tooth chart been prepared? Yes If not, explain _____

(Yes-no)

9. Remarks No ROI bottle found. One (1) Unknown X-6 tag received with remains. No personal effects. Remains is estimated to weight 10 lbs.

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/ E. F. Moriarty

(Officer's Name)

SP-6

Rank

Service

AGRS

(Organization)

CERTIFIED TRUE COPY:

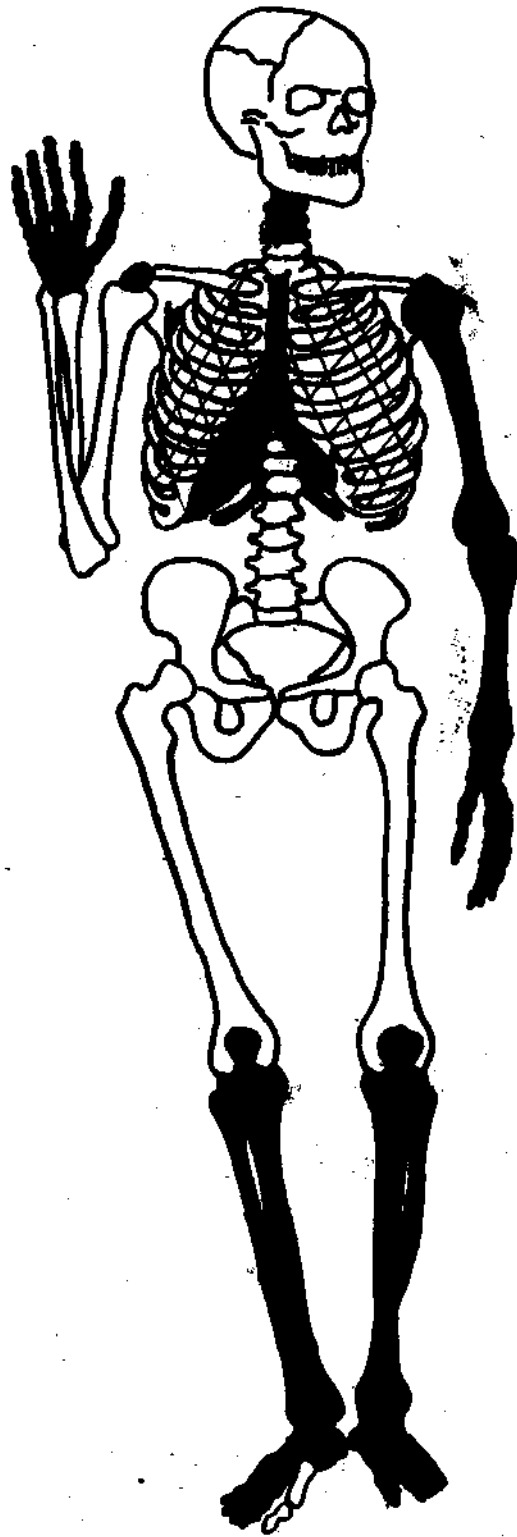
George T Gamboa

GEORGE T GAMBOA
2d Lt., MAC

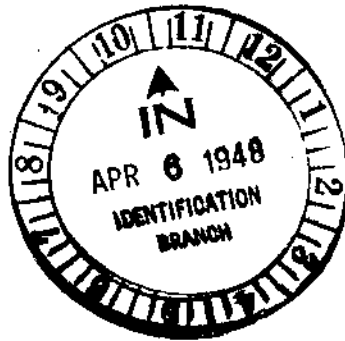
SKELETAL CHART

X-540 - formerly X-6
25AF Com #1 Finochkofan N.G.

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



18 Ribs
1 cervical } Vertebrae
6 Thoracic }
5 Lumbar }



FIFTH AIR FORCE

FLIERS DENTAL IDENTIFICATION RECORD

= 9

UNKNOWN - X-11 SAIDOR #1, N.G. 4428

(1) SURNAME		(2) CHRISTIAN NAME				SERIAL No.						
(3) RANK			(4) COMPANY			(5) REGIMENT OR STAFF CORPS						
(6) AGE, YEARS			(7) RACE			(8) NATIVITY			(9) SERVICE, YEARS			

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
RIGHT																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

LEGEND

- | | |
|--|--|
| RED = GOLD
BLUE = SILVER
INK = PORCELAIN | X = MISSING TEETH
= FIXED BRIDGE
= REMOVABLE DENTURE |
|--|--|

DATE	SIGNATURE AND RANK OF DENTAL OFFICER
<i>6/12/44</i>	<i>E. N. Sharples, Capt.</i>

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

31 January 1947
DATE

Unknown X-6















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
<u>Area of Madang</u>	<u>USAF Cem. 1 Finschhafen, N.G.</u>			<u>287</u>
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	A	A	OR	A	OR	OR	OR	X	P	S	OR	OR	OR	A	OR	X	TYPE		
LOCATION	O	O		OR				X	M					L		X	LOCATION		

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH		LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			
TYPE	X	A	A	P	P	OR	OR	OR	P	OR	OR	A	P	A	A	X	TYPE		
LOCATION	X	O	O	P	P				P			F	P	O	O	X	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	 ONYXOPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

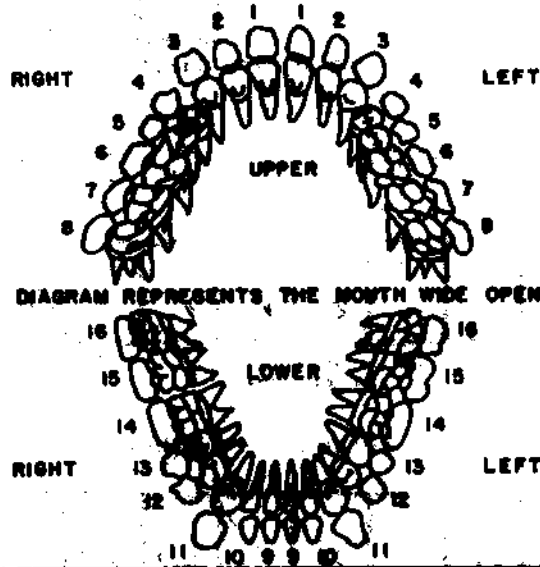
INSTRUCTIONS:

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:

Peter P. Dudick
SIGNATURE OF PERSON WHO PREPARED CHART

Leander W. O'Neill
VERIFIED BY GRS OFFICER

T/5 Peter P. Dudick OMC GRS
NAME AND RANK TYPED OR PRINTED

CAPT LEANDER W. O'NEILL, INF., GRO
NAME AND RANK TYPED OR PRINTED

Finschhafen, New Guinea
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

29 January 1947
DATE

/ pun

RESTRICTED

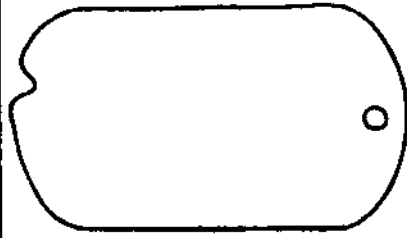
1658

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

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

DATE OF REPORT
8 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-540 (Formerly UNK X-6 USAF Cem #1, Finschhafen, N. G.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Amorin Mission, near Madang, N.G.	CAUSE OF DEATH KIA	DATE OF DEATH Unknown
--	-----------------------	--------------------------

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) REPAIRATION RECORDS BRANCH MEMORIAL DIVISION Dec 22 2 42 PM '47
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—SERIAL. 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 6 Oct 47	HOUR 1500	BURIED IN (Shroud, Mattress, or name of casket) Casket	TYPE OF GRAVE MARKER None	PLOT NO. HANDBOOK 801	ROW No. BAY B	GRAVE No. CRYP L 394
----------------------------	--------------	---	------------------------------	--------------------------	------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem #1, Finschhafen, New Guinea	PLOT No. 287	ROW No.	GRAVE No.
---	---	-----------------	---------	-----------

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) Yes STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-541	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP T 396
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-534	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP T 392

SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPLO, 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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Ind 589

Section 3. IDENTIFIED REMAINS.


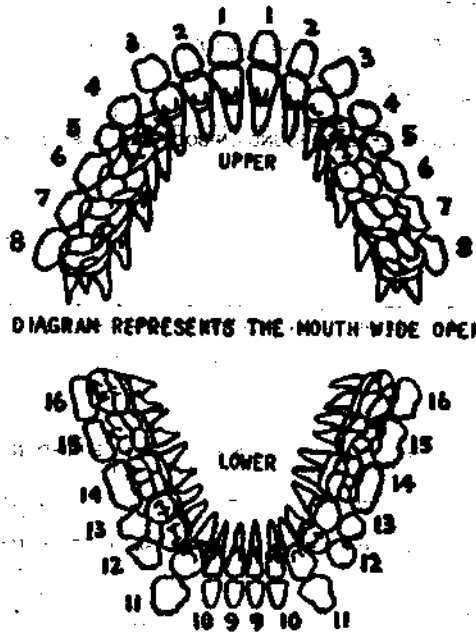



INSTRUCTIONS:

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

11 NOV 1947

RIGHT
LITTLE FINGER

~~CONFIDENTIAL RESTRICTED~~
REPORT OF INTERMENT

(TM 10-630 AND AR 30-1818)

4428

Grave Registration
Form 1
(Revised May 11, 1948)

UNKNOWN X-6

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Amorin Mission near Madang, N.G. Undetermined. Skeletal remains KIA

(Place of death)

(Date of death)

(Cause of death)

1500 hrs 16 Sept. 1944

(Time and date of reburial)

USAF CEMETERY, FINSCHHAFFEN #1, N.G.

(Name of Cemetery)

(Name of coordinates of location)

Disinterred as Unknown X-11, USAF Cem., Saidor #1, N.G. Grave #145

287

(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 as Unknown x-6 buried with body and attached to the marker.

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

Religion

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

Body buried on **RIGHT UNKNOWN X-7**

(Name)

(Serial number)

(Rank)

(Organization)

288

(Grave number)

Body buried on **LEFT DUBOIS, Harold R. 0 675 568 1-Lt 388 Bomb Sq. 286**

(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: **none**

8 No. 1247

~~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?

(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.

Geo. A. Rose
GEO. A. ROSE, T/Sgt. QMC-GRS
(Signature of officer or other person reporting burial)

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

RECEIVED
1 OCT 1944

LEFT HAND

3

2

1

THUMB

RIGHT HAND

3

2

1

THUMB

8537818750
CONFIDENTIAL
REPORT OF INTERMENT
 (TM 10-630 AND AR 30-1815)

4428

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

Unknown X-11

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Amerin Mission, near Madang, N.G.			Undetermined.		Skeletal remains found, KIA.
(Place of death)	(Date of death)		(Cause of death)		
1530 12 June/44.	U.S.A.F. Cemetery Seidor No. 1, N.G.				
(Time and date of burial)	(Name of cemetery)		(Name or coordinates of location)		

145

Cross

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
----------------	--------------	---------------	---

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

Information inscribed on metal strip buried with body. Tag bearing Unknown X-11 attached to marker.

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

RELIGION Unknown

(If no identification tags, but identity definitely established, give particulars) U.S. Merchant Marine Service

Body buried on RIGHT	James, M.	0637	3rd Mate S.S. Edward D. Baker.	1/4
	(Name)	(Serial number)	(Rank)	(Organization)
	(Grave number)			

Body buried on LEFT	Unknown X-10			1/4
	(Name)	(Serial number)	(Rank)	(Organization)
	(Grave number)			

Unknown

(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 found.

Checked 10-

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 ? <input checked="" type="checkbox"/> Yes

(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. :

Believed to be Air Force Personnel.

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

Edw. Walter B. ...
 SGT. WALTER B. ... person reporting burial

J. S. ...
 J. S. ...

RECEIVED
 15 AUG 1944

LEFT HAND

4
3
2
1
THUMB

RIGHT HAND

4
3
2
1
THUMB