

FILE IDENTIFICATION TOPPER

FILE NUMBER

*43 unk. Linschaffer #1 X-7*

SUBJECT

QMC FORM 1121  
1 Aug 45

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unt. Finschappen #1 46, 47, 49  
413, 417

## SYNOPSIS AND DATES

*Misc now filed*

NEW CLASSIFICATION 293 Unt. Finschappen #1 46

*10/10/50  
ec*

# RECLASSIFICATION SHEET

/add

RL

731K

/ebc Interred 31 January 1950  
 At 23 Ft. McKinley  
 F. H. Mark  
**DISINTERMENT DIRECTIVE**  
 CARL R. H. MARK

Cemetery Superintendent  
 SECTION A -  
 NAME AND BURIAL LOCATION OF DECEASED  
 DIRECTIVE NUMBER  
**6910 00004**  
 DATE  
**15 01 48**  
 DAY MONTH YEAR

NAME  
**UNKNOWN X - 000007**  
 SERIAL NUMBER  
 RANK  
 ARM  
**Q**  
 DATE OF DEATH  
 DAY MONTH YEAR

CEMETERY  
**BRITISH GUINEA USAF FINSCHAFFEN NO 1**  
 DISPOSITION OF REMAINS  
**7701 80**  
 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
**288 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 - 7**  
**(Maus.) UNKNOWN X - 517**  
 SERIAL NUMBER  
 RANK  
 DATE OF DEATH  
 DATE DISTINTERRED  
**21 Sept 48**

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
 ORGANIZATION  
**UNKNOWN**  
 RELIGION  
 IDENTIFICATION VERIFIED BY  
**GEORGE L. MIX**  
**Embalmer**  
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
**Shower Half**  
 CONDITION OF REMAINS  
**Skletal**

OTHER MEANS OF IDENTIFICATION  
**Grave # - 288**

MINOR DISCREPANCIES /  
**AGRS Maus. Identification tag shows Unknown X - 517**

REMAINS PREPARED AND PLACED IN CASKET  
 DATE **21 Sept 48** BY **GEORGE L. MIX**

CASKET SEALED BY  
**GEORGE L. MIX**  
 EMBALMER (Signature)  
*George L. Mix*  
**GEORGE L. MIX**

CASKET BOXED AND MARKED  
 SHIPPING ADDRESS VERIFIED BY  
 DATE **21 Sept 48** BY **HORACE L. ALLISON, Sgt., INF. CORSIENE C. KAYANAN, 1st Lt., INF.**

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

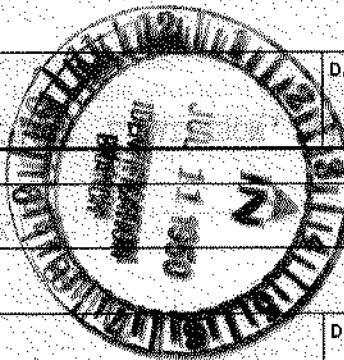
*Corsine C. Kayanan*  
**CORSIENE C. KAYANAN, 1st Lt., INF.**  
 SIGNATURE OF GRS INSPECTOR

RECEIVED  
 BRANCH  
 METC

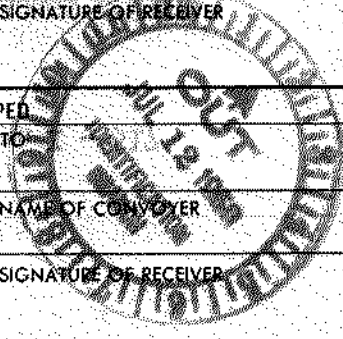
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS Mausoleum	TO Fort McKinley Military Cemetery
KIND OF CONVEYANCE Truck	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
	
SIGNATURE OF RECEIVER <i>Leardmark</i> JAN 31 1950	

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM	TO
KIND OF CONVEYANCE (BA ADMINISTRATION ORDER)	NAME OF CONVOYER
SIGNATURE OF SHIPPER MUNITA' BHTIBYME TSGVDE	DATE
SIGNATURE OF RECEIVER	

## 6. SHIPPED

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

## 7. SHIPPED

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

FILE UNDER NO. 293 - **Unk. New Guinea X-7 (Finnschhafen #2)**

**I N D E X S H E E T**

**SYNOPSIS**

**LETTER**

**16 Oct. 1947**

**FROM** CQMG  
**TO:** **GO, Columbus A. G. Regional Records Office, Columbus Gen. Depot, U. S. Army, Ohio**

**SUBJ:** **Identification of Unknown Deceased**

**DOCUMENT FILED UNDER NO. 293 - Unk. New Guinea (Misc.) (Finnschhafen #1)**  
**Unk. (X-6, 7, 8, 15 & 17)**

**2/3**

475  
FILE UNDER NO. 293 → Unk. N. G. X-7 (Finschhafen)

I N D E X S H E E T

S Y N O P S I S

Letter

6 Oct. 1947

FROM:

OMC

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)

213

FILE UNDER NO. 295 - **Unk. N. G. X-7 (Finschlafen #1)**

**I N D E X S H E E T**

**SYNOPSIS**

Letter

8 Oct. 1947

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

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 295 - **Unk. New Guinea (Misc.) (Finschlafen #1) (Unks X-6,  
7, 9, 13 - 17)**

FILE UNDER NO. 293 - Unk New Guinea X-7 (Finschhafen #1)

INDEX SHEET

LETTER

SYNOPSIS

28 March 47

FROM:  
TO:

OCMB  
CG, Philippine-Ryukyus Command, APO 707, San Francisco, Calif.

SUBJ:

Identification of Unks Deceased

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

JW



*Miller*

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

6 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 7 , Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 288 , USMC USAF Cem. Finach #1 have  
been reviewed and it is the opinion of this Office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

*[Handwritten Signature]*  
G. B. McNEELAR  
Captain, QMC  
Chief, Records Branch

Attach: Form 1044

Received 8 Jan 50 OCRR  
Not identifiable from  
information presently available  
*Miller Ident Dec*  
*13 July 50*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-517 (Formerly UNK X-7 Finsch #1)			2. DATE OF REPORT 15 Dec 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 801	5. ROW B	6. GRAVE 380	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 6-7/8"	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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

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	
	← MAXILLA								MISBING →								
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	X															X	
	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."

REMARKS: Maxilla and maxillary teeth missing.  
All present teeth of mandible in normal condition.

**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Broca scale Rollet Table  
Humerus 33.2 170 cm.

Estimated height 170 cm or 5' 6-7/8"

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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 3 lbs.

**"UNIDENTIFIABLE"**  
**"BY 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 Sec

SIGNATURE

# 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.

4 Oct 47  
DATE

(Formerly Unk I-7)

UNKNOWN X-517 (USAF Com #1, Finschhafen, NG)      Unknown      Unknown

LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

Unknown      Unknown

Amron Mission near      UNIT      AGRS, Mausoleum      ORGANIZATION  
Madang, N.G.      Manila, P.I.

PLACE OF DEATH      PLACE OF BURIAL      STORAGE      PLOT      ROW      GRAVE NO.  
801      B      380
















RANGER      BAY      CRYPT

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

INSIDE — LOOKING OUT *(See Remarks)*

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

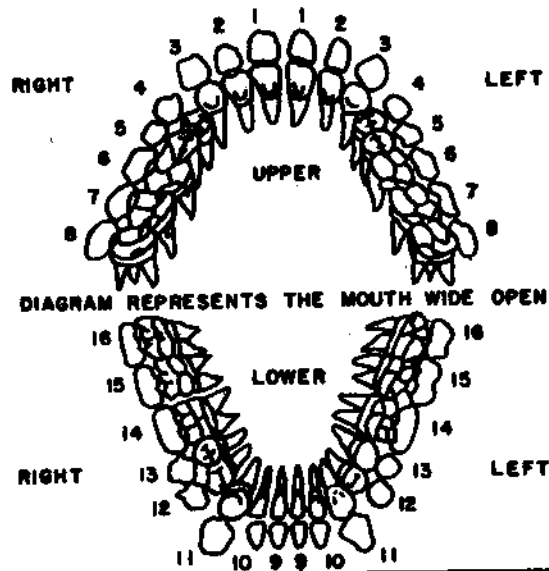
**INSTRUCTIONS:**

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:**

Teeth in mandible are in good condition. Maxilla is missing.

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

s/ Edward H. Marshall  
VERIFIED BY GRS OFFICER

Civ. Empl.  
NAME AND RANK TYPED OR PRINTED

SP-8  
NAME AND RANK TYPED OR PRINTED

A G R S Muscolum  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

4 Oct 47  
DATE

**CERTIFIED TRUE COPY**

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

# IDENTIFICATION CHECK LIST

X-517

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

UNKNOWN X-517 (Formerly Unk X-7  
~~Unknown X~~ (USAF Com #1, Finschhafen NG)  
 Cemetery AGRS, Mausoleum, Manila P.I.  
 Plot 801 <sup>TANGK BAY</sup> Row B <sup>CRYPT</sup> Grave 580

- AGRS, Mausoleum, Manila
1. Arrived at ~~xxxxxxx~~ 4 Oct 47
  2. Place of death Amron Mission Near Madang N.G.

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~xxxxxxxx~~ disinterred by A G R S Det #2
4. Evacuated to Cemetery by \_\_\_\_\_
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	_____	_____	_____
Raincoat	_____	_____	_____
Overcoat	_____	_____	_____
Jacket, Field	_____	_____	_____
Jacket, Combat	_____	_____	_____
Mackinaw	_____	_____	_____
Sweater	_____	_____	_____
Jacket, HBT	_____	_____	_____
* Shirt, Wool OD	_____	_____	_____
Undershirt, Wool	_____	_____	_____
Undershirt, Cotton	_____	_____	_____
Trousers, HBT	_____	_____	_____
* Trousers, Wool OD	_____	_____	_____

Belt, web \_\_\_\_\_  
 Drawers, wool \_\_\_\_\_  
 Drawers, cotton \_\_\_\_\_  
 Leggings, wool \_\_\_\_\_  
 Socks, cotton \_\_\_\_\_  
 \* Shoes \_\_\_\_\_ (type) \_\_\_\_\_  
 Overshoes \_\_\_\_\_  
 Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_  
 (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 :

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 \_\_\_\_\_  
 Complexion \_\_\_\_\_ (Light, medium, dark, clear, pimples, pocks, 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)



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

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

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

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

Teeth **Skeleton only - Skeletal attached.**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

Shoulders ..... Arms .....  
 (Broad, straight, small, rounded) (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 ..... Circumcision ..... Pubic Hair .....  
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

Feet ..... Toes .....  
 (Size, corns, callouses, flat) (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 due to the condition of remains.

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

9. Remarks No burial bottle found. Est. weight of remains, 3 lbs. Head can't  
be measured due to the fragments of bone.

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

A G R S Mausoleum  
(Organization)

4 Oct 47

CERTIFIED TRUE COPY:

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



# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



All Cervical Vertebrae  
Missing  
All thoracic Vertebrae  
Missing  
1- Lumbar vertebrae  
present.  
7- Ribs present

# 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.

31 January 1947

DATE

Unknown X-7















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Area of Madang	USAF Com. 1, Finschhafen, N.G.		288	
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	AA	AA	⊗	⊙	S	⊗	⊗	⊗	SS	OR	OR	OR	A	A	OR									
LOCATION	O	O-O	O-O	P	⊙	F	P	P	P	ML				Od	O										

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH								LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16									
TYPE	OR	OR	⊗	OR	OR	OR	OR	⊗	⊗	OR	OR	⊗	OR	⊗	⊗	OR									
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)	

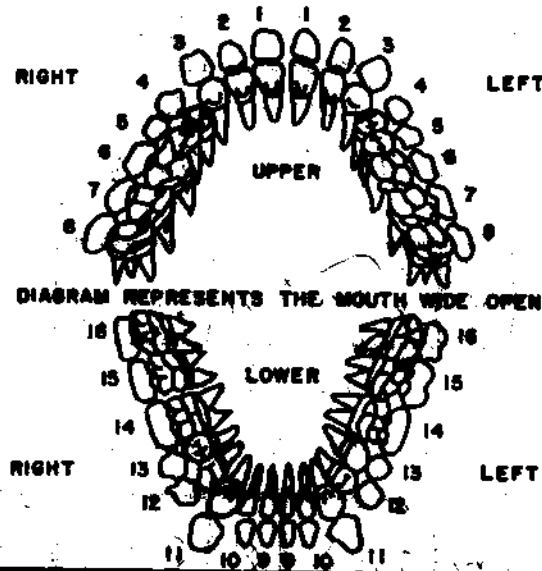
**INSTRUCTIONS:**

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:**

*Peter P. Dudick*  
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

*Leander M. O'Neill*  
VERIFIED BY GRS OFFICER

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

29 January 1947  
DATE

*June 1944*  
**FIFTH AIR FORCE**

25

**FLIERS DENTAL IDENTIFICATION RECORD # 6**

**UNKNOWN - X-8 SAIDOR # 1, N.G.**

(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
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

*6/12/44*

*E. M. Shapiro, Capt.*

WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)					REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 7 Oct 47		
Imprint Identification Tag If Possible. DO NOT TYPE  			Section 1.—IDENTIFICATION.							
			NAME (Last, first, middle initial) UNKNOWN X-517 (Formerly Unk-7 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 Amron Mission near Madang, N.G.			CAUSE OF DEATH K I A			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 3 on reverse)							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)										
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 0830	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. B	GRAVE No. 380		
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. 288	
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) STORED UNKNOWN X-514				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 382			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-518				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 378			
SIGNATURE OF PERSON PREPARING REPORT Wm 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.										

**Section 3 UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

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

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

**OTHER IDENTIFICATION CLUES**

**FILLINGS**



**CAVITIES**



**MISSING TEETH**



**CROWNED TEETH**



**BRIDGE WORK**

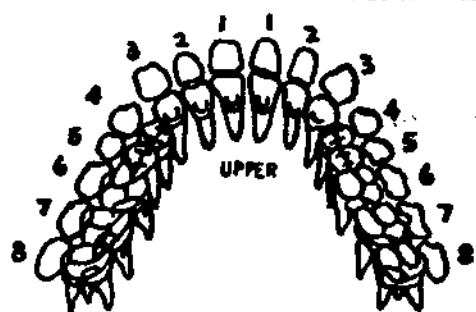
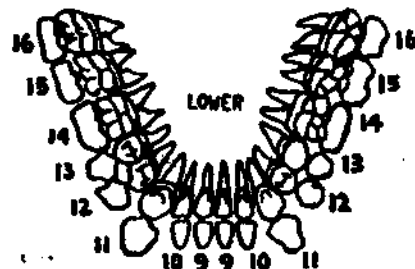
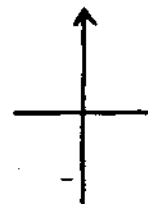


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



~~CONFIDENTIAL~~  
4426  
**REPORT OF INTERMENT**

(TM 10-630 AND AR 30-1815)

4425

UNKNOWN X-7

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Amron Mission near Madang, N.G.

(Place of death)

Undetermined

(Date of death)

Skeletal remains KIA

(Cause of death)

1500 hrs 16 Sept. 1944

(Time and date of burial)

USAF CEMETERY, FINSCHHAFEN #1, N.G.

(Name of Cemetery)

(Name of coordinates of location)

Disinterred as Unknown X-8, USAF Cem., Saidor #1, N.G. Grave #142

288

(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 bearing Unknown X-7; one with body; one on 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 HILBERT, Edward Wm.

(Name)

Civilian

(Serial number)

(Rank)

(Organization)

289

(Grave number)

Body buried on LEFT UNKNOWN X-6

(Name)

(Serial number)

(Rank)

(Organization)

287

(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

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. R. ROSS*  
GEO. R. ROSS, 1/Sgt. OMC-GRS

(Signature of officer or other person reporting burial)

*Charles R. Myers*  
CHARLES R. MYERS, 2nd Lt. OMC

(Verified by Army GRS Officer)

LEFT HAND

2

3

4

THUMB

RIGHT HAND

2

3

4

THUMB

7761  
JEWELL

**CONFIDENTIAL**

4425

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

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

Unknown X-8

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Aaron Mission, near Medan, N.O. Undetermined. Skeletal remains found. KIA.

(Place of death) (Date of death) (Cause of death)

1530 12 June/44.

U.S.A.F. Cemetery Saidor No. 1, N.O.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

142

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-8 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)

Body buried on **RIGHT** Unknown X-9 (Name) (Serial number) (Rank) (Organization) (Grave number) 143

Body buried on **LEFT** Unknown X-7 (Name) (Serial number) (Rank) (Organization) (Grave number) 141

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 # 74*

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 ? 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.

*Sgt. Walter B. Brown*  
Sgt. Walter B. Brown (reporting burial)  
*J. S. Brown*  
J. S. BROWN, 1st Lt. S. M. C.  
1st Lt. S. M. C.

RECEIVED  
5 AUG 1944

LEFT HAND

4  
3  
2  
1  
THUMB

RIGHT HAND

4  
3  
2  
1  
THUMB