

AIRMAIL

14 September 1951

AGSR 233
GSI Pacific (Unident)

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 928, c/o Postmaster
San Francisco, California

1. Reference is made to Certificates of Unidentifiability for the following remains now stored in the U.S. Army Museum, AGSR-PAC:

Isolated Burial #34, Rohnal, New Britain

Unknown M-83, USAP Cemetery #1, Finschhafen, N. G.

2. This Office approves the classification of the above remains as Unidentifiable. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

THOMAS M. COK
Major GSI
Memorial Division

Fields:lak
Salzer

cc: Administrative Unit

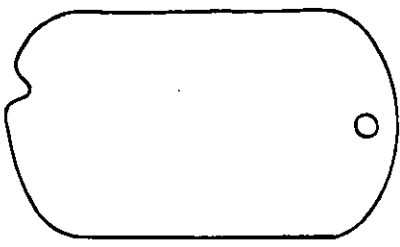

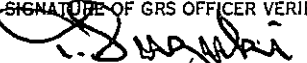
cc: GINCFE, APO 500
PHILCOM, APO 928

293 Link Finschhafen No 1 X 93

JOB

AIRMAIL

66

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 6 Sept 1951	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) (USAF CEMETERY #1, FINSCH, N. G.)				SERIAL NO.	
		UNKNOWN X-93 (UNIDENTIFIABLE)				Unk.	
		GRADE 243 Unk Finsch #1 X-93 Unk.		ORGANIZATION Unk.		BRANCH OF SERVICE Unk.	
RACE Unk.		RELIGION Unk.		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Unk.		CAUSE OF DEATH Unk.			DATE OF DEATH Unk.		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unk.							
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) UNIDENTIFIABLE					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes							
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 NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, HONOLULU, T. H.							
DATE OF BURIAL 6 Sept 1951	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER	PLOT No. Q	ROW No. -	GRAVE No. 1328 (Top)	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U. S. Army Mausoleum, AGRS-PAZ			Casket PLOT No. ROW No. GRAVE No. Manila Section 407			
TYPE OF RELIGIOUS CEREMONY Catholic Protestant Jewish	PERSON CONDUCTING BURIAL RITES Chaplain Moran Chaplain Nichols Chaplain Feldheym		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)		NAT file Moran 4 Oct 51				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Jaggers, Russell D.			RANK Pfc	SERIAL No. 6561539	ORGANIZATION USA	GRAVE No. Q-1296	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Simmons, Frank Bennett			RANK ENC	SERIAL No. 3208635	ORGANIZATION USN	GRAVE No. Q-1359	
SIGNATURE OF PERSON PREPARING REPORT  FRANC S. FOSTER			SIGNATURE OF GRS OFFICER VERIFYING REPORT  T. SUZUKI Supt., NMCP				
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.							

Incl. 2'

Section 6. UNIDENTIFIED REMAINS.


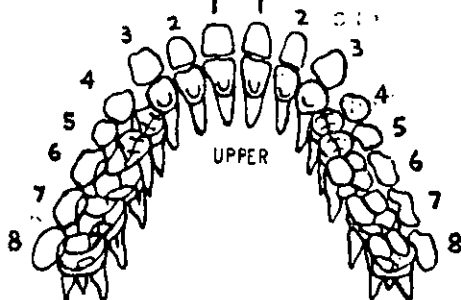
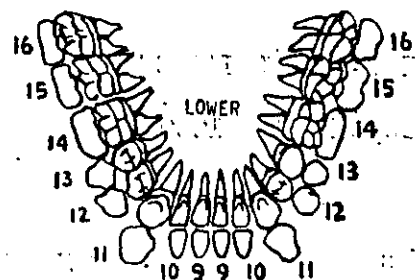




INSTRUCTIONS:

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

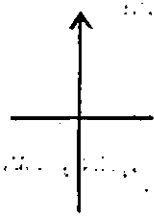
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



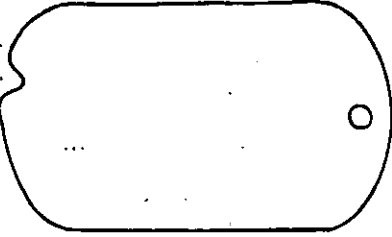
REMARKS:

RESTRICTED

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

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

DATE OF REPORT.
6 Sept 1951

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) (USAF CEMETERY #1, FINSCH, N. G.)		SERIAL No.
	UNKNOWN X-93 (UNIDENTIFIABLE)		Unk.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unk.	Unk.	Unk.	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unk.	Unk.		

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Unk.	Unk.	Unk.

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unk.

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	UNIDENTIFIABLE
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes	

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
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, HONOLULU, T. H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
6 Sept 1951	1000	Final Type Casket		Q	-	1328 (Top)

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	U. S. Army Mausoleum, AGRS-PAE
	PLOT No. ROW No. Manila Section 407

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Catholic Protestant Jewish	Chaplain Moran Chaplain Nichols Chaplain Feldheym	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Jagers, Russell D.	Pfc	6561539	USA	Q-1296

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Simmons, Frank Bennett	ENC	3208635	USN	Q-1359

SIGNATURE OF PERSON PREPARING REPORT FRANC S. FOSTER	SIGNATURE OF GRS OFFICER VERIFYING REPORT T. SUZUKI, Supt., NMCP
--	--

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.

Handwritten initials

Section 3. UNIDENTIFIED REMAINS.


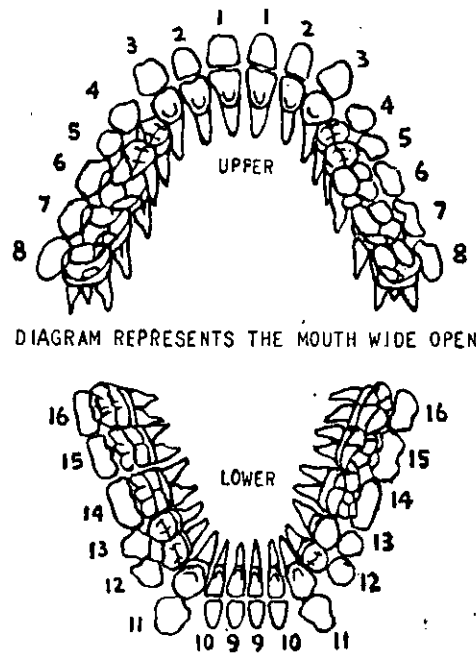




INSTRUCTIONS:

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

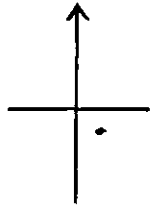
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

6

DISINTERMENT DIRECTIVE

293 unk Finschaffen #1 X-93

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6910 01009

DATE
20 09 51
DAY MONTH YEAR

NAME UNKNOWN X-93	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
CEMETERY FINSCHAFFEN #1 NEW GUINEA	PLOT STORAGE	ROW	GRAVE	DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. RECOVERED IN STORAGE SCHOFIELD MAUSOLEUM, HAWAII

*File 21 Feb 51
Receipts
Hawaii*

AIRMAIL

OPMGT 293
AGS Pacific

14 September 1951

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Certificates of Identifiability for the following remains now stored in the U.S. Army Museum, AGRS-PAC:

Isolated Burial #34, Rabaul, New Britain

Unknown M-23, USAP Cemetery #1, Finschhafen, N. G.

2. This Office approves the classification of the above remains as Unidentifiable. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Major USG
Memorial Division

JMN

Fields:lak
Salser

cc: Administrative Unit

cc: CINCPAC, APO 500
PHILCOM, APO 928

AIRMAIL

*file
7A Field
9 Aug 51
13 Sept 51*

AIRMAIL

QMG# 293
GKS Pacific

14 September 1951

SUBJECT: Identification of World War II Deceased

**TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
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Isolated Burial #34, Rabaul, New Britain

Unknown X-93, USAF Cemetery #1, Finschhafen, N. G.

2. This Office approves the classification of the above remains as Unidentifiable. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. GIX
Major QMG
Memorial Division

JMN

Fields:lak
Salser

cc: Administrative Unit

cc: GINGER, APO 500
PHILCOM, APO 928

AIRMAIL

*file
7A Fields
open? Bel
13 Sept 51*

Aug-51

24

AIR MAIL

HEADQUARTERS, UNITED STATES ARMY, PACIFIC SWA/222251
OFFICE OF THE QUARTERMASTER
APO 958

RRREC 293

24 August 1951

SUBJECT: Resolution of Unidentified Deceased

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

ref
1. The remains of Unknown X-93, USAF Cemetery #1, Finschaffen, N. G. (See Master Roster, Unit D, Page 27), were reprocessed and the dental chart was checked against the "No Remains" cases from the Finschaffen Cemeteries in an effort to identify subject Unknown with negative results.

2. In view of the above, forwarded herewith is the Certificate of Unidentifiability, stamped and signed in accordance with your letter, QMGMU 293 GRS (Pacific Zone), dated 22 September 1948, subject: "Resolution of Cases of Unidentified Deceased," for Unknown X-93.

FOR THE QUARTERMASTER:

1 Incl
Cert of Unidentifiability,
dtd 21 Aug 51 (Unk X-93)
(in dup)

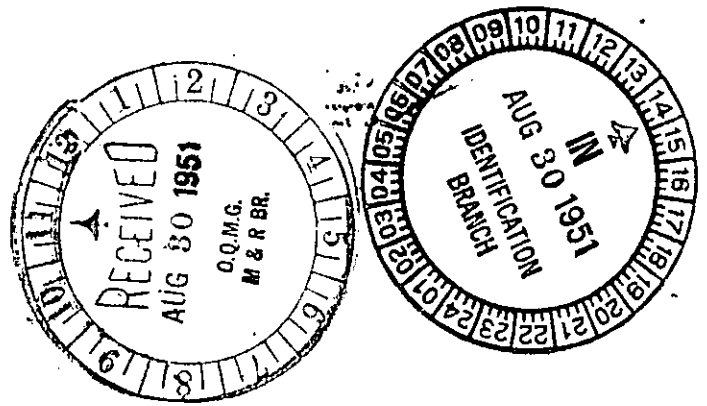
Stewart W. Abel
STEWART W. ABEL
Lt Colonel, QMC
Assistant

MAIL
FILE

P. H. Fields
18 Sept. '51

AIR MAIL

dean...



RECEIVED
AUG 30 1951
O.Q.M.G.
M & R BR.

IDENTIFICATION
BRANCH
AUG 30 1951

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

13-Aug-51

AIR MAIL

HEADQUARTERS, UNITED STATES ARMY, PACIFIC SWA/222251
OFFICE OF THE QUARTERMASTER
APO 958

RRREC 293

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Department of the Army
Washington 25, D. C.
ATTENTION: Memorial Division

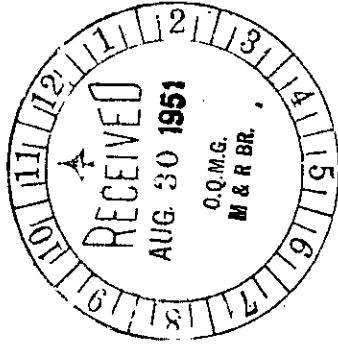
1. The remains of Unknown X-93, USAF Cemetery #1, Finschaffen, N. G. (See Master Roster, Unit B, Page 27), were reprocessed and the dental chart was checked against the "No Remains" cases from the Finschaffen Cemeteries in an effort to identify subject Unknown with negative results.

2. In view of the above, forwarded herewith is the Certificate of Unidentifiability, stamped and signed in accordance with your letter, QMCMU 293 CRS (Pacific Zone), dated 22 September 1948, subject: "Resolution of Cases of Unidentified Deceased," for Unknown X-93.

FOR THE QUARTERMASTER:

1 Incl
Cert of Unidentifiability,
dtd 21 Aug 51 (Unk X-93)
(in dup)

STEWART W. ABEL
Lt Colonel, QMC
Assistant



AIR MAIL

AIR MAIL

HEADQUARTERS, UNITED STATES ARMY, PACIFIC
OFFICE OF THE QUARTERMASTER
APO 958

SWA/222251

RRREC 293

24 August 1951

SUBJECT: Resolution of Unidentified Deceased

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

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FOR THE QUARTERMASTER:

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Cert of Unidentifiability,
dtd 21 Aug 51 (Unk X-93)
(in dup)

Stewart W. Abel
STEWART W. ABEL
Lt Colonel, QMC
Assistant

AIR MAIL

MAILED
25

G. L. Fields
13 Sept. '51

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-93, USAF Cemetery #1, Finschaffen, N. G.				2. DATE OF REPORT 21 August 1951	
3. NAME OF CEMETERY U.S. Army Mausoleum Final Type Casket Formerly USAF Cemetery #1 Finschaffen, N.C.		4. PLOT -	5. ROW -	6. GRAVE 407	7. DATE OF DISINTERMENT 21 Aug 51
				REINTERMENT 21 Aug 51	

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT 126 - 147 lbs	9. ESTIMATED HEIGHT 5' 1 7/8 - 5' 5 3/8"	10. COLOR OF HAIR UTD	Age: 35 plus 11. RACE White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on remains reads: Unk X-93, Finsch #1
 One (1) embossed plate with casket reads: Unk X-93, Finsch #1

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

None

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

None

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

None

Received 30 Aug '51 OQMG
 Not identifiable from
 information presently
 available *F. A. F. fields*
13 Sept '51

U N I D E N T I F I A B L E

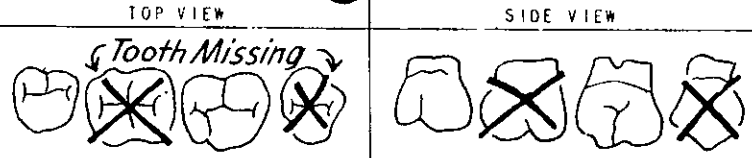
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

STEWART W. ABEL Lt Colonel, OMC	<i>Stewart W. Abel</i>	24 August 1951
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Abel

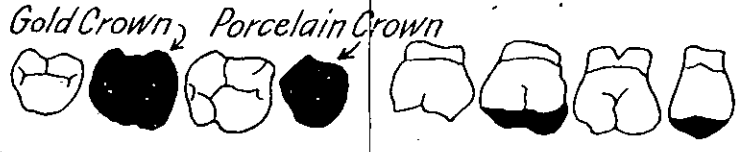
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

Unknown X-93

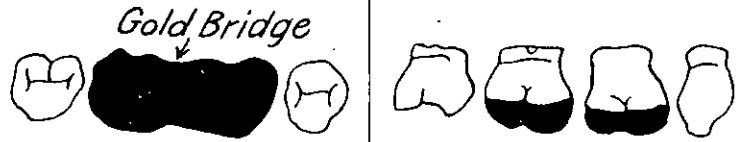


CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

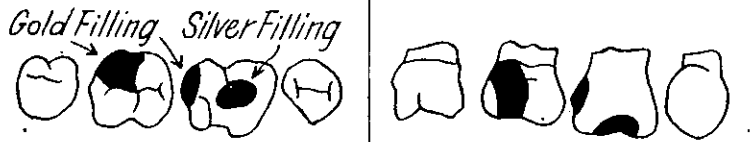
USAF Cemetery #1 Finsch, N.G.



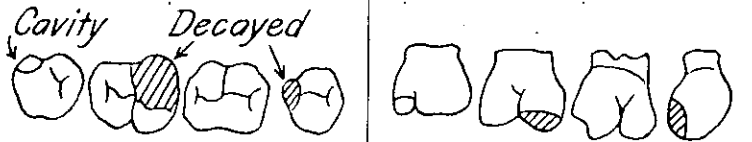
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



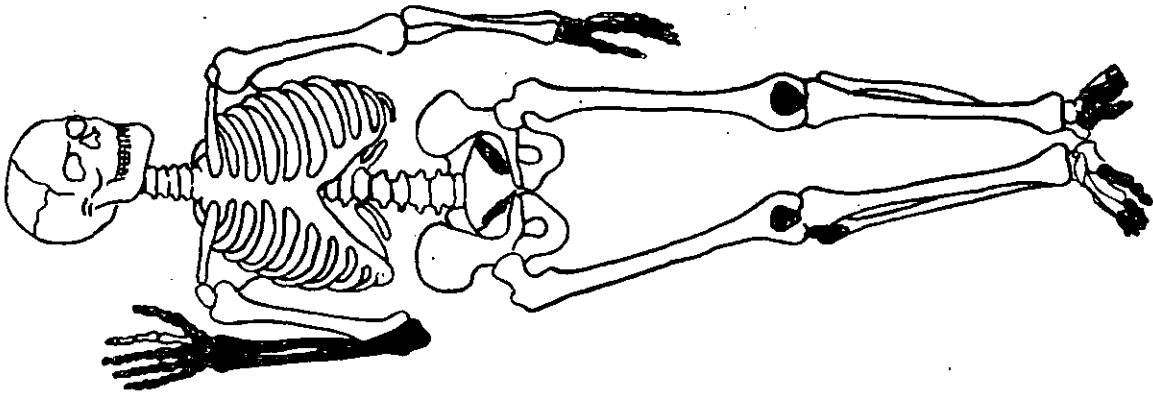
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
X		X	⊗	⊗		⊗	⊗	⊗	⊗			⊗	X	X	⊗		
Side Views																	Side Views
																Top Views	
																Side Views	
X	X	X	A OD	⊗	⊗		⊗	X	⊗	⊗	Caries		X	A O,F	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."

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

I CERTIFY THAT THE ~~XXXX~~ REMAINS CONSIST OF PARTS OF 1 ~~DECEASED~~ BASED ON ~~THE RESULTS OF EXAMINATION~~
~~EXAMINATION OF THE REMAINS:~~ NUMBER

1. Lack of duplication of skeletal parts.
2. Gross appearance and morphology of remains.

John K. Frost
 JOHN K. FROST, O-1786653
 MAJOR M.C.
 PATHOLOGIST

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R-157-61.81-5'1 7/8"

K-166-65.35-5'5 3/8"

P-161-63.39-5'3 3/8"

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
 STEWART W. ABEL Lt. Colonel, QMC,
 Central Identification Laboratory
 APO 958

SIGNATURE

Stewart W. Abel

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-93, USAF Cemetery #1, Finschaffen, N. G.				2. DATE OF REPORT 21 August 1951		
3. NAME OF CEMETERY U.S. Army Mausoleum Final Type Casket Formerly USAF Cemetery #1 Finschaffen, N.G.		4. PLOT -	5. ROW -	6. GRAVE 407	7. DATE OF DISINTERMENT 21 Aug 51	REINTERMENT 21 Aug 51

PHYSICAL DESCRIPTION **Age: 35 plus**

8. ESTIMATED WEIGHT 126 - 147 lbs	9. ESTIMATED HEIGHT 5' 1 7/8 - 5'5 3/8"	10. COLOR OF HAIR UTD	11. RACE White
---	---	---------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on remains reads: Unk X-93, Finsch #1
One (1) embossed plate with casket reads: Unk X-93, Finsch #1

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

None

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

U N I D E N T I F I A B L E		
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA		
STEWART W. ABEL Lt. Colonel, OMC	<i>Stewart W. Abel</i>	24 August 1951

Incl 2

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

Unknown X-93

TOP VIEW



SIDE VIEW



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

USAF Cemetery #1 Finsch, H.G.

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

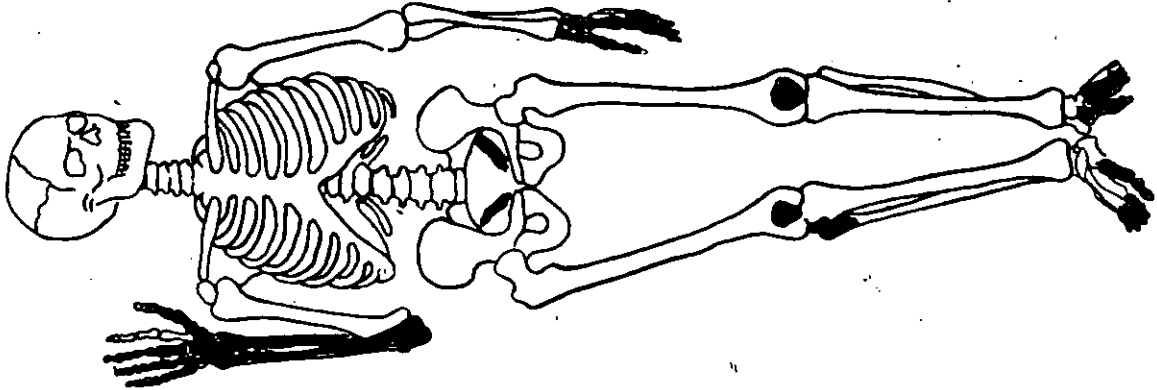
Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X		X	⊗	⊗		⊗	⊗	⊗	⊗			⊗	X	X	⊗
Side View															Side View
Top Views															
LOWER															
Side View															Side View
X	X	X	A	⊗	⊗		⊗	X	⊗	⊗	Caries	X	A	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."

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

I CERTIFY THAT THE ~~REMAINS~~ REMAINS CONSIST OF PARTS OF 1 DECEDENT~~S~~ BASED ON ~~THE FOLLOWING ANATOMICAL PARTS:~~ NUMBER

- 1. Lack of duplication of skeletal parts.
- 2. Gross appearance and morphology of remains.

John K. Frost
 JOHN K. FROST, O-1786653
 MAJOR M.C.
 PATHOLOGIST

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION.

R-157-61.81-5'1 7/8"

K-166-65.35-5'5 3/8"

R-161-63.39-5'3 3/8"

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
STEWART W. ABEL Lt. Colonel, OMC,
Central Identification Laboratory
APO 958

SIGNATURE

Stewart W. Abel

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Mem Div Ident Br Invest Sec	Regist Br Rec Sec Mem Div	22 June 1951	<p>SUBJECT: New Case</p> <p>Attached Report of Storage for the following Unknown forwarded for any action deemed necessary and return to Investigation Section:</p> <p><u>USAF FINSCHAFFEN #1. N. G.</u></p> <p><i>JFB</i> X-93 (Storage) USA Maus. Hawaii - Casket 407</p> <p>1 Incl a/s</p> <p>NEFF 52462</p> <p><i>Berrens</i> BERRENS 73769</p>
2	Rec Sec Reg Br Mem Div	Ident. Br Invest Sec Mem Div	28 Jun 1951	<p>SUBJECT: New Case</p> <p>Report of Storage for the above Unknown returned herewith as requested. Records in this Section have been corrected.</p> <p>1 Incl n/c</p> <p><i>Say</i> LAY 73836</p> <p><i>Franko</i> Franko 53975</p>
3	Nonrecov- erable Screening Unit	Invest Sec Mr. Salser	9 Jul 51	<p>Forwarded as a matter pertaining to your Section.</p> <p>1 Incl: 1 293 file</p> <p><i>Newbaker</i> NEWBAKER 75926</p> <p>REMOVED PO JUN 58 RECEIVED JUN 28 11000000</p>

INCOMING

JUN 28 1 10 PM '51

ADMINISTRATIVE BRANCH
MEMORIAL DIVISION

IDENTIFICATION BRANCH

JUN 28 1 26 PM '51
MEMORIAL DIVISION

COPIED

IDENTIFICATION DATA

SFPE

REMAINS OF UNKNOWN

QMG X-15 (Formerly Boynton)

2. DATE OF REPORT

12 Feb 51

3. NAME OF CEMETERY

4. PLOT

5. ROW

6. GRAVE

7. DATE OF

DISINTERMENT

REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT

UTD

9. ESTIMATED HEIGHT

5'1" - 5'3"

10. COLOR OF HAIR

None

11. RACE

UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

14. WAS BODY BURNED?

YES NO

TO WHAT EXTENT?

15. WAS BODY MANGLED?

YES NO

TO WHAT EXTENT?

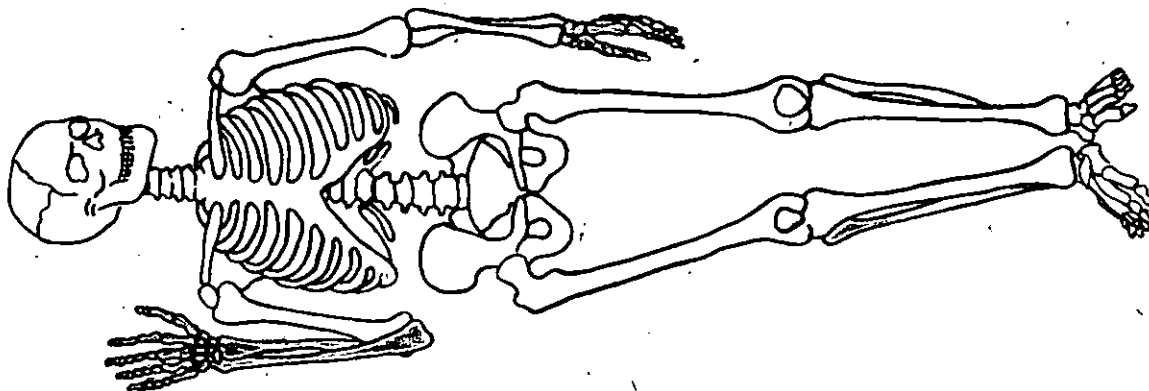
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

Note attached report by anthropologist.

Serial 6

19- BLACK OUT. PARTS OF BODY NOT RECOVERED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21- REMARKS AND ADDITIONAL INFORMATION

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

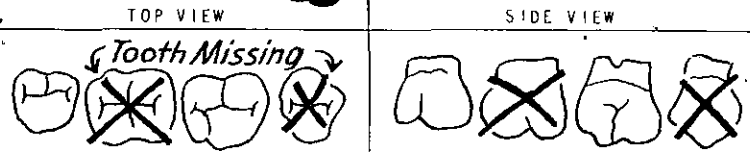
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

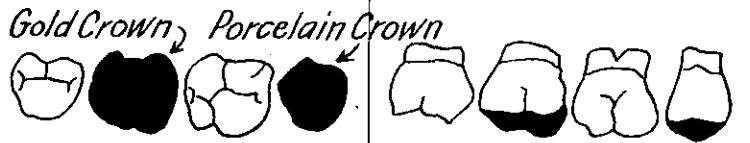
Decc. R. Mem. Div. OCSMGA

Carl T. Holl

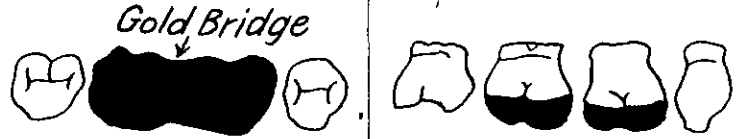
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



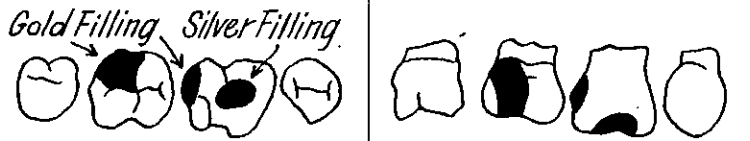
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



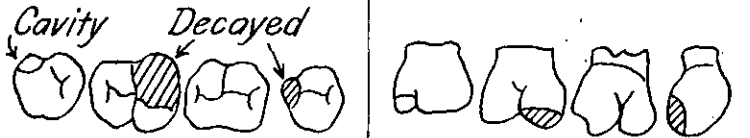
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	X	X	⊗	⊗		⊗	⊗	⊗	⊗			⊗	X	X	⊗		
Side Views	[Side views of teeth]																Side Views
Top Views	[Upper teeth top views]																UPPER
	[Lower teeth top views]																LOWER
Side Views	[Lower teeth side views]																
	X	X	X	ODA	⊗		⊗	⊗	⊗	⊗	⊗	⊗		⊗	X	X	OA FA
	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."

12 February 51

MEMO ON OQMG X-15 (Formerly Boynton)

1. There is no evidence of comingling.
2. Age: Closure of the vault sutures is at least three-fourths or more and argues for an age of 27 to 32 years. The pubic synthesis shows a phase 6 condition, corresponding to an age of 30 - 35 years.
3. Stature: Estimated on the right and left femur, right and left tibia, right and left humerus, stature falls within the range of 5'1 to 5'3".
4. For dentition see accompanying Form 1044 prepared by Mr. Noll.
5. Skull articulates with vertebral column, the latter being intact except for one missing thoracic vertebra. This discrepancy, however, does not preclude excellent cranial and post cranial identification. Cranial and physical characteristics lead me to the opinion the individual was of the white race.

Theodore D. McCown

Theodore D. McCown
Assoc. Professor of Anthropology

RESTRICTED

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

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

DATE OF REPORT

15 June 51

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (See Remarks) UNKNOWN X-93		USAF CEMETERY #1, FINSCHAFFEN, 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 Unknown	CAUSE OF DEATH Unknown	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) Redesignated in accordance with QMG letter, QMGH 293, 1 May 1951, "Identification of World War II Deceased."
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

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
U. S. Army Mausoleum, AGRS-PAZ Casket

DATE OF BURIAL 14 June 51	HOUR	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER	PLOT No. Anila Section	ROW No. 407	GRAVE No.
------------------------------	------	--	----------------------	---------------------------	----------------	-----------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Finschaffan, N. G.	PLOT No.	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) --	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
---	------------	------------------	--------------------	-----------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
--	------------	------------------	--------------------	-----------------

SIGNATURE OF PERSON PREPARING REPORT <i>Leroy F. Turner</i> LEROY F. TURNER, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Stewart W. Abel</i> STEWART W. ABEL, Major, QMC
---	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

*MAN FILE
27 June 1951
M. H. ...*

(Casket)

Section UNIDENTIFIED REMAINS.


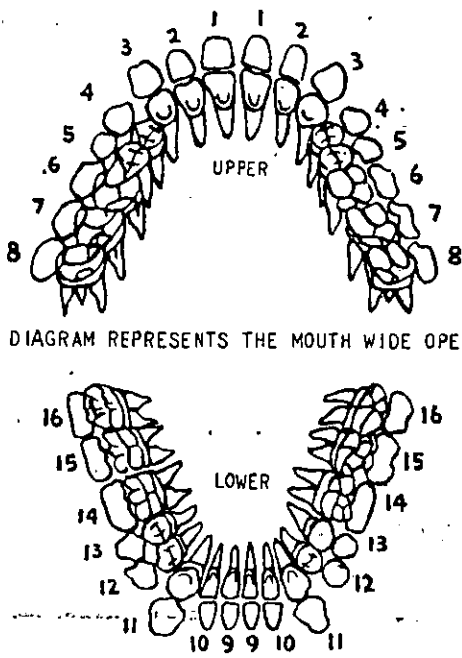




INSTRUCTIONS:

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

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

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

OTHER IDENTIFICATION CLUES

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

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

22 JUN 1951

Identification

(BTB)



REMARKS:

-- Formerly designated T/4 William H. BOYNTON, JR., 31005383.

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


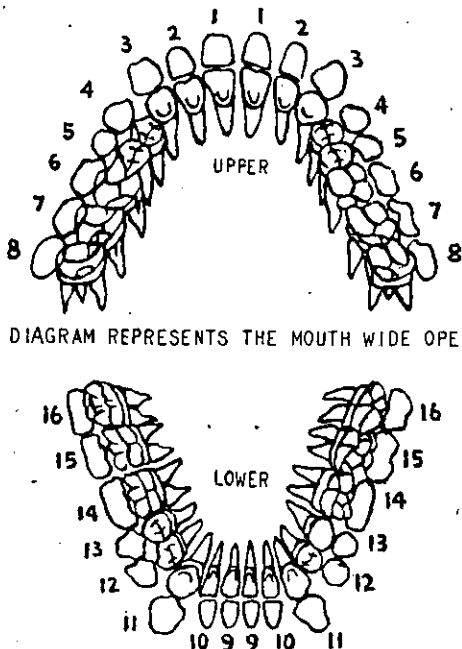




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

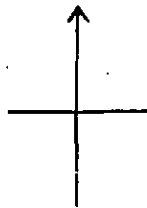
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

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

22 JUN 1951
Identification



REMARKS:

Formerly designated T/4 William H. BOYNTON, JR., 31005383.

(BTB)