

AIR MAIL

RRREC 293 (13 June 51)

1st Ind

LFT/222251


SUBJECT: Identification of World War II Deceased

Headquarters, United States Army, Pacific, Office of the Quartermaster,
APO 958, 20 June 1951

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

1. The remains of Unknown X-330, USAF Cemetery Finschhafen #2, N. G., were designated CIL ~~9~~-968, in accordance with paragraph 4, letter your Office dated 17 April 1951. Subject CIL remains will be disposed at a later date in one of the eight (8) caskets, containing CIL remains, previously interred in the National Memorial Cemetery of the Pacific, Honolulu, T. H. Your Office will be advised upon completion of action.

2. In connection with the above, attention is invited to Inclosure #1, Page 2, Deletions, Master Roster, Unit D, to letter this Headquarters, RRREC 319.1, 3 May 1951, "Roster Adjustment Report."



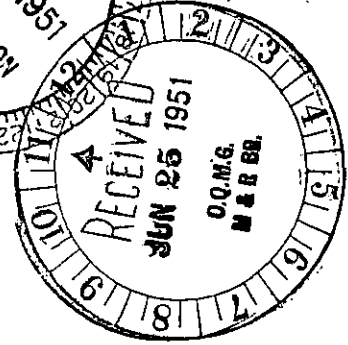
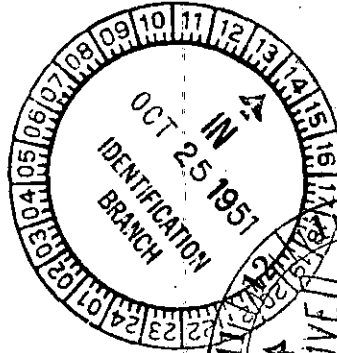
C. H. ELMES
Colonel, QMC
Quartermaster

1 Incl
n/c

293 Units Finschhafen #2 (X-330)

NAT
FILE
RECORDS ANNOTATED
DATE 17 JULY 51
NAME [unclear]
REG [unclear] BR. MEM. DIV.

AIR MAIL



Vertical handwritten text on the right margin, possibly a file number or date.

Faint horizontal text or markings on the left side of the page.

AIRMAIL

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

QMGMT 293
Unknown X-330, USAF Cemetery
Finschhafen #2, N.G.

13 June 1951

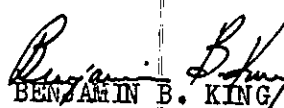
SUBJECT: Identification of World War II Deceased

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

1. Reference is made to letter this Office dated 9 April 1951, copy inclosed, to which no reply has been received.
2. It is requested that the status of the above communication be forwarded to this Office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Cpy ltr dtd 9 Apr 51


BENJAMIN B. KING
Lt. Colonel, QMC
Memorial Division

AIRMAIL

RECEIVED
JUN 14 1951

JUN 14 12 03 PM '51

O. Q. M. G.
MAIL & RECORDS BRANCH



U.S. DEPARTMENT OF THE ARMY
WASHINGTON, D.C.

MEMORANDUM FOR THE RECORD

DATE: 12 03 PM JUN 14 1951

TO: THE RECORDS SECTION

FROM: THE RECORDS SECTION

RE: [Illegible]

C O P Y

QMGM 293

9 April 1951

Unknown X-330, USAF Cemetery,
Finschhafen #2, N.G.

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 the Report of Storage for the remains of Unknown X-330, USAF Cemetery, Finschhafen #2, grave 919.

2. A review of the records reveals that remains identified and returned to the United States as S/Sgt Ralph A. Williams, 38000593, were originally interred in grave 919. A skeletal chart is not of record for the remains of S/Sgt Williams and the Report of Interment indicates that the skull is missing.

3. Inasmuch as Unknown X-330, Finschhafen #2 was recovered from grave 919 as a result of the re-sweep operations of the Finschhafen Cemeteries and the fact that the remains are very fragmentary, it is logical to assume that the remains designated as Unknown X-330 are portions of identified remains which were previously recovered and returned to the United States.

4. The dental data for S/Sgt Williams indicates only R-8 and 16 and L-8 and 16 missing, which is insufficient to conclusively prove or refute and association with Unknown X-330. It is therefore, recommended that the remains of Unknown X-330 be designated CIL remains.

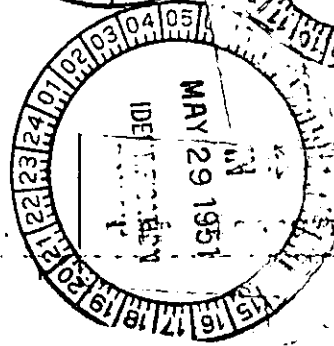
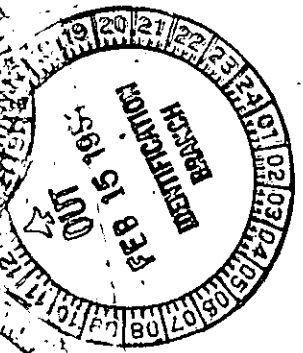
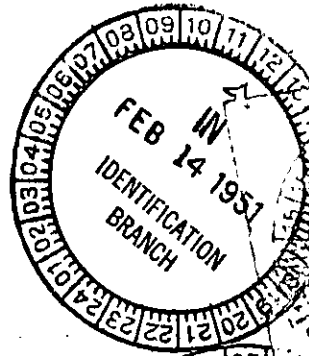
FOR THE QUARTERMASTER GENERAL:

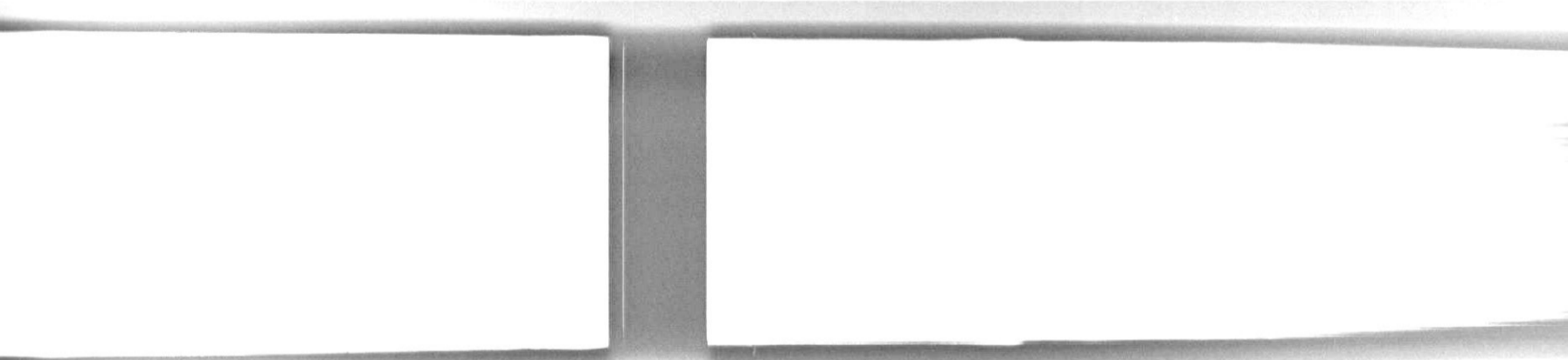
THOMAS E. COX
Capt QMC
Memorial Division

ADMINISTRATIVE

FEB 14 11 37 AM '51

MEMORIAL DIVISION





AIRMAIL

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

243 unk Finschhafen #2 X-330
18 June 1951 *ms*

QMGMT 293
Unknown X-330, USAF Cemetery
Finschhafen #2, N.G.

SUBJECT: Identification of World War II Deceased

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Pacific Zone
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FOR THE QUARTERMASTER GENERAL:

1 incl
Copy ltr dtd 9 Apr 51

BENJAMIN B. KING
Lt. Colonel, GWC
Memorial Division

ms

C.C.Salser:lrc

cc--Administrative Section
cc--Cincof
cc--Philcom

*15 JUN 1951 11:00 AM
O.D.H.C.
U.S. ARMY
AGRS*

AIRMAIL

AIRMAIL

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

243 unt Finschhafen #2 X-330

QMGIT 293
Unknown X-330, USAF Cemetery
Finschhafen #2, N.G.

18 June 1951

ms

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Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

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Copy ltr dtd 9 Apr 51

BENJAMIN B. KING
Lt. Colonel, OMC
Memorial Division

AMM

C.C.Salser:lrc

cc--Administrative Section
cc--Cinofe
cc--Philcom

JUN 14 12 03 PM '51
O.D.M.G.
PAUL & RECORDS BRANCH

AIRMAIL

AIRMAIL

913 unk Finschhafen #2 X-330

QMGT 293

9 April 1951 *MM*

Unknown X-330, USAF Cemetery,
Finschhafen #2, N.G.

SUBJECT: Identification of World War II Deceased

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

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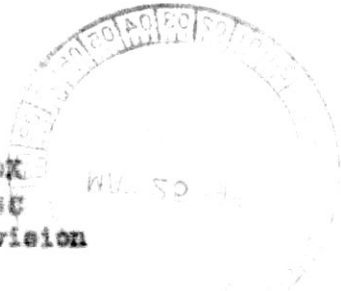
2. A review of the records reveals that remains identified and returned to the United States as S/Sgt Ralph A. Williams, 38000593, were originally interred in grave 919. A skeletal chart is not of record for the remains of S/Sgt Williams and the Report of Interment indicates that the skull is missing.

3. Inasmuch as Unknown X-330, Finschhafen #2 was recovered from grave 919 as a result of the re-sweep operations of the Finschhafen Cemeteries and the fact that the remains are very fragmentary, it is logical to assume that the remains designated as Unknown X-330 are portions of identified remains which were previously recovered and returned to the United States.

4. The dental data for S/Sgt Williams indicates only R-8 and 16 and L-8 and 16 missing, which is insufficient to conclusively prove or refute an association with Unknown X-330. It is therefore, recommended that the remains of Unknown X-330 be designated CIL remains.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COOK
Capt QMGT
Memorial Division



Ed
JMN

W C.C.Salser:lrc
cc--Administrative Section
cc--Cincfe
cc--Philcom

913 Williams, Ralph A. 38000593

AIRMAIL

RESTRICTED
AIR MAIL

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

SEM/222251

RRDIS 293

15 January 1951

SUBJECT: Transmittal of QMC Form 1044 and Report of Storage

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

Transmitted herewith are QMC Form 1044 and Report of Storage for Unknown X-330 (formerly Evacuation No. Hq 10-78-19), USAF Cemetery #2, Finschaffen, New Guinea, recently disinterred by the Philcom Search and Recovery Team and presently in storage at the U. S. Army Mausoleum, this Headquarters. Added to Master Roster, Unit D, Page 40.

FOR THE QUARTERMASTER:

2 Incls

- 1. Rept of Storage (in dup)
- 2. QMC Form 1044 (in dup)

Stanley E. May
 STANLEY E. MAY
 Major, QMC
 Assistant

293 Unknown Finschaffen #2 X-330

RESTRICTED
AIR MAIL

14-00000-51

RESTRICTED
AIR MAIL

HEADQUARTERS, UNITED STATES ARMY, PACIFIC

SEM/222251



OFFICE OF THE QUARTERMASTER
APO 958

RRDIS 293

15 January 1951

SUBJECT: Transmittal of QMC Form 1044 and Report of Storage

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

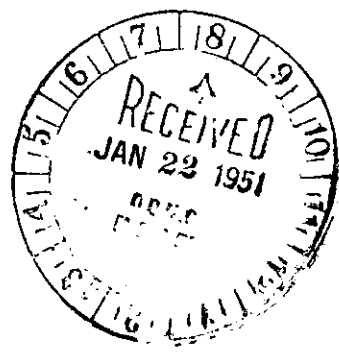
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FOR THE QUARTERMASTER:

- 2 Incls
- 1. Rept of Storage (in dup)
- 2. QMC Form 1044 (in dup)

STANLEY E. MAY
Major, QMC
Assistant

293 Unknown (Pinschaffen) #2 X-330



RESTRICTED
AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
Field Operating Detachment No. 10

INTERROGATION, SEARCH AND RECOVERY REPORT

Report No. 19

Search Area No. 78

PART I - INTERROGATION

Place Finchafen, New Guinea, Geo. _____, Coord. _____
(City, Barrio, etc.) (Province, Island, etc.)

Name of Informant or Sources of Information Plot Chart, Cemetery No. 2

Finchafen, New Guinea
Title or Occupation of Informant _____

Years Lived in Area _____ Combat or Patrol Action in Area _____
(Yes or No)

Details of Information Obtained which May Lead to Recovery of Remains of World War II Dead: (List here all of the information obtained from informant or other source which will be useful in finding or recovering or identifying remains when recovered, such as: names of deceased if known, location of crash or burial, names of locations of persons who buried remains or know of their location, date casualties occurred, and any other pertinent information.)

Recovered from grave No. 919, Cemetery No. 2, Finchafen,

New Guinea. One (1) Sole of Flying boot recovered with remains.

I certify that the foregoing information is true and correct to the best of my knowledge and belief.

(Signature of Interrogator)

(Signature of Informant)

(Address of Informant)

PART II - SEARCH

Is Search Warranted? Yes

Search Conducted on 13 October 1950 By Team No. FOD 10

Brief Outline of Extent and Results of Search ~~Recovered partial~~
skeletal remains and sole of flying boot.

Did Search Reveal Information to Be Correct as Given? _____

Was Case Previously Investigated? _____ By Whom _____

Remarks _____

If Aircraft Crash Was Discovered, Give following Information If Available:

Type of Plane _____ No. of Engines _____

Serial Number of Engines _____, _____

Weapon Serial Number _____, _____

AAF Serial Number of Aircraft _____

How Did Crash Occur _____

Direction of Flight _____ Was Plane Burned? no

If any occupants of plane survived crash, what happened to them? _____

PART III - RECOVERY

Number of Remains Recovered One (1) only
(In case of a group of inseparable remains, use term "1 or more")

Where Were Remains Found Grave No. 919, Gemetery No.2, Finchafen,
New Guinea. (Attached sketch of area)

Condition of Remains Skeletal remains (partial)

EVACUATION NUMBERS Assigned to Remains Recovered For This Report

| | |
|--|----------------|
| EVAC NO. ^{HA} <u>10-78-19</u> | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |

(NOTE: An "Individual Remains Recovery Report" will be prepared for each individual remains or inseparable group of remains listed below.)

Wilbur G. Hobbs
Wilbur G. Hobbs: 1st. Lt. Inf.
(Signature of Investigator)

Wilbur G. Hobbs
Wilbur G. Hobbs: 1st. Lt. Inf.
(Signature of CO of Fld. Opr Det.)

(Use reverse side of this form to record any additional information)

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
FIELD OPERATING DETACHMENT NO. 10

INDIVIDUAL REMAINS RECOVERY REPORT

EVACUATION NO. HA-10-78-19

For Details Concerning the Search for and Recovery of these remains
see Interrogation, Search and Recovery Report No. 19

Name Unknown Rank Unknown Serial No. Unknown

Organization Unknown

Identification Tags On: a) Remains No b) Grave Marker no
(yes or no) (yes or no)

Clues to identity: Grave No. and one (1) flying boot.

Personal Effects and Possessions Included with Remains: Sole of one
flying boot.

If remains were recovered from an established cemetery, give name of
cemetery, complete location, and plot, row, and grave number where
remains were found.

Cemetery No.2 Finchafen, New Guinea; Grave N. 919.

1400 hrs 13 October 1950
(Time and Date of Recovery of
disinterment)

Wilbur G. Hobbs
Wilbur G. Hobbs 1st. Lt. Inf.
(Signature of Team Captain)

Wilbur G. Hobbs
Wilbur G. Hobbs 1st. Lt. Inf.
(Signature of CO of Field Op-
erating Det.)

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
FIELD OPERATING DETACHMENT NO. Hq #10

INDIVIDUAL REMAINS RECOVERY REPORT

EVACUATION NO. HQ-10-78-19

For Details Concerning the Search for and Recovery of these remains
see Interrogation, Search and Recovery Report No. 19

Name Unknown Rank Unk Serial No. Unknown

Organization Unknown

Identification Tags On: a) Remains No b) Grave Marker No
(yes or no) (yes or no)

Clues to identity: Grave number and one (1) flying boot.

Personal Effects and Possessions Included with Remains: Sole of one

flying boot.

If remains were recovered from an established cemetery, give name of
cemetery, complete location, and plot, row, and grave number where
remains were found.

Finschaffen Cemetery #2, New Guinea

Grave #919

1400 hrs 13 October 1950
(Time and Date of Recovery of
disinterment)

(Signature of Team Captain)

Wilbur G. Hobbs
WILBUR G. HOBBS

(Signature of CO of Field
Operating Det.)
1st Lt., Inf.

PART III - RECOVERY

Number of Remains Recovered One (1) only
(In case of a group of inseparable remains, use term "1 or more")

Where Were Remains Found Grave #919, Finschaffan Cemetery #2,
(Attached sketch of area)

New Guinea

Condition of Remains Skeletal remains (partial)

EVACUATION NUMBERS Assigned to Remains Recovered For This Report

| | |
|-----------------------------|----------------|
| EVAC NO. <u>HQ-10-78-19</u> | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
| EVAC NO. _____ | EVAC NO. _____ |
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| EVAC NO. _____ | EVAC NO. _____ |
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(NOTE: An "Individual Remains Recovery Report" will be prepared for each individual remains or inseparable group of remains listed below.)

(Signature of Investigator)

Wilbur G. Hobbs
WILBUR G. HOBBS

(Signature of CO of Fld. Opr Det.)

1st Lt., Inf.

(Use reverse side of this form to record any additional information)

PART II - SEARCH

Is Search Warranted? **Yes**

Search Conducted on 13 October 1950 By Team No. Hq #10

Brief Outline of Extent and Results of Search Recovered partial

skelatal remains and sole of flying boot.

Did Search Reveal Information to be Correct as Given? _____

Was Case Previously Investigated? _____ By Whom _____

Remarks _____

If Aircraft Crash Was Discovered, Give following Information If Available:

Type of Plane _____, No. of Engines _____

Serial Number of Engines _____, _____

Weapon Serial Number _____, _____

AAF Serial Number of Aircraft _____

How Did Crash Occur _____

Direction of Flight _____ Was Plane Burned? _____

If any occupants of plane survived crash, what happened to them? _____

IDENTIFICATION DATA

UNKNOWN X-330

| | |
|---|---------------------------------------|
| 1. REMAINS OF UNKNOWN FORM EVAC. NO. 10-78-19) | 2. DATE OF REPORT 13 December 1950 |
|---|---------------------------------------|

| | | | | | |
|--|---------|--------|------------|--------------|-------------|
| 3. NAME OF CEMETERY U.S. Army Mausoleum Final Type Casket No. Formerly USAF Cem. #2, Finschaffen, N.G. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | | | 387 919 | DISINTERMENT | REINTERMENT |
| | | | | 13 Dec 50 | 13 Dec 50 |

PHYSICAL DESCRIPTION Age: 20 Plus.

| | | | |
|----------------------------|---|---------------------------------|-------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5'-6 7/8" - 5' - 10" | 10. COLOR OF HAIR None Found | 11. RACE White |
|----------------------------|---|---------------------------------|-------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) duplicate ID tags read: "Unknown, Evacuation No. 10-78-19."
 One (1) AGRS-FEZ Search and Recovery Remains Tag reads: "Evacuation No. 10-78-19,
 Gr. No. 919, Cem. #2, Finsch., N.G. - Search Area No. 78."

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)

Canvas topped rubber soled jungle boot, black, large, actual size undetermined.

Incl 2'

UNKNOWN X-330**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN

2. DATE OF REPORT

FORM EVAC. NO. 10-78-19)**13 December 1950**

3. NAME OF CEMETERY

4. PLOT

5. ROW

6. GRAVE

7. DATE OF

**U.S. Army Mausoleum Final Type Casket No.
Formerly USAF Cem. #2, Finschafften, N.G.****387****919**

DISINTERMENT

REINTERMENT

13 Dec 50**13 Dec 50**

PHYSICAL DESCRIPTION

Age: 20 Plus.

8. ESTIMATED WEIGHT

9. ESTIMATED HEIGHT

10. COLOR OF HAIR

11. RACE

175**5'-6 7/8" - 5' - 10"****None Found****White**

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) duplicate ID tags read: "Unknown, Evacuation No. 10-78-19."**One (1) AGRS-FEZ Search and Recovery Remains Tag reads: "Evacuation No. 10-78-19,
Gr. No. 919, Cem. #2, Finsch., N.G. - Search Area No. 78."**

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

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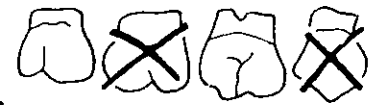
TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: UNKNOWN X-330

(FORM. EVAC. NO. 10-78-19)

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



USAF Cemetery #2, Finschaffen, N.G.

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

Gold Filling, Silver Filling



Grave No. 919

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

Cavity, Decayed



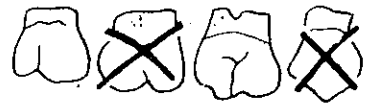
| RIGHT | | | | | | | | LEFT | | | | | | | | | |
|--------------------------|-------------------------------|----------|----|--------------|----|--------|---|------|----|----|----|----|----------|---------|----|--|------------|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| X | A O | A O,O | | FRAC TURE | | A O | P | P | P | P | P | P | A O,O | A OL | | | |
| Side Views | [Tooth diagrams in side view] | | | | | | | | | | | | | | | | Side Views |
| Top Views | [Tooth diagrams in top view] | | | | | | | | | | | | | | | | Top Views |
| Side Views | [Tooth diagrams in side view] | | | | | | | | | | | | | | | | Side Views |
| SEC. OF MANDIBLE MISSING | | | | | | P | | | P | P | | | A O,F | A O | 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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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

TOP VIEW

SIDE VIEW



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

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



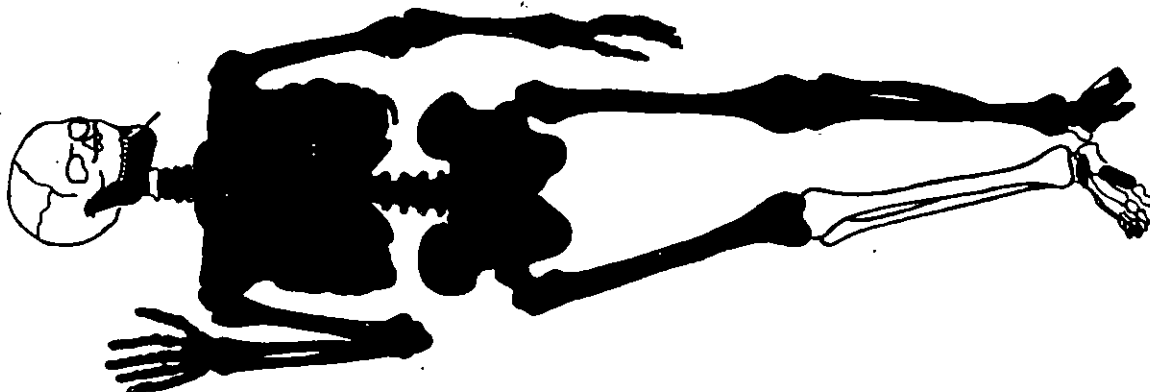
USAF Cemetery #2, Finschaffon, N.G.

Grave No. 919

| RIGHT | | | | | | | | LEFT | | | | | | | |
|--------------------------|--------------------------------|----------|----|--------------|----|--------|---|------|----|----|----|----|----------|---------|------------|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| X | A O | A O,O | | FRAC TURE | | A O | P | P | P | P | P | P | A O,O | A OL | |
| Side Views | [Tooth diagrams for upper jaw] | | | | | | | | | | | | | | Side Views |
| Top Views | [Tooth diagrams for upper jaw] | | | | | | | | | | | | | | |
| Side Views | [Tooth diagrams for lower jaw] | | | | | | | | | | | | | | Side Views |
| SEC. OF MANDIBLE MISSING | | | | | | P | | | P | P | | | A O,F | A O | 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 REQUIRED



20.

~~MASSACHUSETTS CERTIFICATE OF MARRIAGE~~
~~(REGISTRATION OF MARRIAGES)~~

~~I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF~~ ~~XXXXXXXXXXXX~~ ~~DECEDENTS~~ ~~BASED ON THE PRESENCE OF ONE OR MORE~~
~~OF THE FOLLOWING FROM THE PARTS:~~ NUMBER

Gross examination of the remains indicates one (1) decedent based on:

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

Height estimate by measurement of the right tibia only:

R - 178 - 70.08 - 5' - 10"

K - 172 - 67.72 - 5' - 7 5/8"

P - 170 - 66.93 - 5' - 6 7/8"

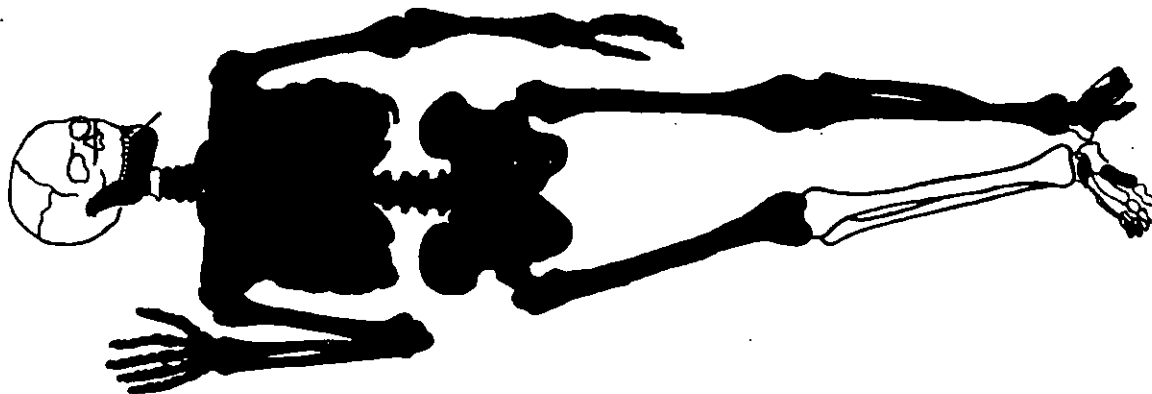
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

STEWART W. ABEL, MAJOR, QMC
CENTRAL IDENTIFICATION LABORATORY
AGRS, APO 958

SIGNATURE

19. BLACK OUT PARTS OF BODY NOT REQUIRED



20.

MEDICAL CERTIFICATE

~~WHICH IS TO BE FILED IN THE RECORDS OF THE DEPARTMENT OF THE ARMY~~

~~IS TO BE FILED IN THE GROUP REMAINS SECTION OF PARTS OF THE DEPARTMENT OF THE ARMY BASED ON THE PRESENCE OF TWO OR MORE~~
~~OF BONES FROM WHICH AN ANATOMICAL PARTS~~ NUMBER

Gross examination of the remains indicates one (1) decedent based on:

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

Height estimate by measurement of the right tibia only:

R - 178 - 70.08 - 5' - 10"

K - 172 - 67.72 - 5' - 7 5/8"

P - 170 - 66.93 - 5' - 6 7/8"

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, MAJOR, OMC
 CENTRAL IDENTIFICATION LABORATORY
 AGRS, APO 958

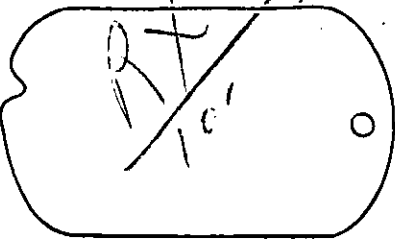
SIGNATURE

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
JAN 15 1951

| | | | |
|--|--|--|-------------------|
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | |
| | NAME (Last, first, middle initial) (Formerly Evacuation No. Hq-10-78-19 USAF Cem #2, Finschhafen, N. G.) | | SERIAL No. |
| | UNKNOWN X-330 | | Unknown |
| | GRADE | ORGANIZATION | BRANCH OF SERVICE |
| Unknown | Unknown | Unknown | |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |
| White | Unknown | | |

| | | |
|----------------|----------------|---------------|
| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH |
| Unknown | Unknown | Unknown |

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

| | |
|---|---|
| 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 | See attached Evacuation No. Hq 10-78-19 Cancelled 5 Jul 51 - assigned OIK #968, per 1st Ind, Philcom zone, dtd 20 Jun 51 - a pl |
| 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

US Army Mausoleum, AGRS-PAZ Casket

| | | | | | | |
|----------------|------|---|----------------------|----------|---------|-----------|
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| 1 Dec 50 | | Final type casket | | Manila | Section | 387 |


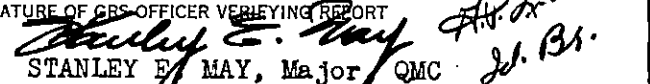
| | | | | |
|----------------------------------|---|----------|---------|-----------|
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
| Yes | USAF Cemetery #2, Finschhafen, N. G. | | | 919 |

| | | |
|----------------------------|--------------------------------|---|
| 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) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| Not applicable due to | -- | -- | -- | Records Cancelled |

| | | | | |
|---|------|------------|--------------|-------------------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| manner of storing caskets. | -- | -- | -- | 5 Jul 51 Ad. Officer J. B. S. |

| | |
|---|---|
| SIGNATURE OF PERSON PREPARING REPORT | SIGNATURE OF GRS OFFICER VERIFYING REPORT |
|  LEROY F. TURNER, Adm. Asst. |  STANLEY E. MAY, 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

Enc 1

Section UNIDENTIFIED REMAINS.


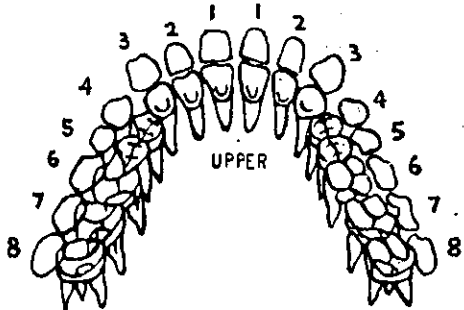
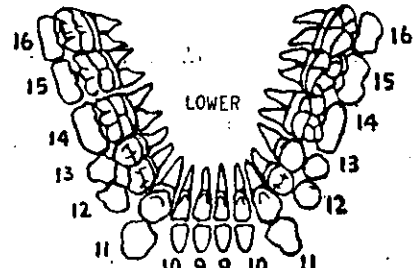




INSTRUCTIONS:

(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.

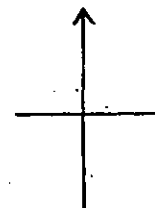
| | | | | |
|-----------------------|--------|---------------|---------------|--------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |
| WEAPON AND SERIAL No. | | LAUNDRY MARKS | | WHERE BODY WAS BURIED OR FOUND |
| | | | | |

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 JAN 1951
Identification Section



REMARKS: Remains were disinterred 13 October 1950 by the Philcom Search & Recovery Team.

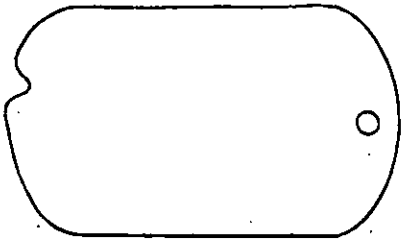
RESTRICTED

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

JAN 15 1951

| | | | |
|--|--|--|-------------------|
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | |
| | NAME (Last, first, middle initial) (Formerly Evacuation No. Hq-10-78-19 USAF Cem #2, Finschhafen, N. G.) | | SERIAL No. |
| | UNKNOWN X-330 | | Unknown |
| | GRADE | ORGANIZATION | BRANCH OF SERVICE |
| Unknown | Unknown | Unknown | |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |
| White | Unknown | | |
| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH | |
| Unknown | Unknown | Unknown | |

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

| | |
|---|--|
| 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 | See attached Evacuation No. Hq 10-78-19 CANCELLED 5 Jul 51 - Assigned CIH #968 per 1st IND, Philcom zone, dtd 20 June 51 - <i>af</i> |
| 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
US Army Mausoleum, AGRS-PAZ Casket

| | | | | | | |
|----------------|------|---|----------------------|----------------|---------|-----------|
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| 1 Dec 50 | | Final type casket | | Manila Section | | 387 |

| | |
|----------------------------------|---|
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE |
| Yes | USAF Cemetery #2, Finschhafen, 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) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| Not applicable due to | | -- | -- | NAT |

| | | | | |
|---|------|------------|--------------|-----------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| manner of storing caskets. | -- | -- | -- | 5-Jul-51 |

| | |
|---|---|
| SIGNATURE OF PERSON PREPARING REPORT LEROY F. TURNER, Adm. Asst. | SIGNATURE OF GRS OFFICER VERIFYING REPORT STANLEY E. MAY, 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

Incl 12

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.

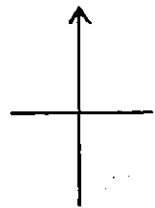
| | | | | |
|-----------------------|--------|---------------|---------------|--------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |
| WEAPON AND SERIAL No. | | LAUNDRY MARKS | | WHERE BODY WAS BURIED OR FOUND |
| | | | | |

OTHER IDENTIFICATION CLUES

| | | |
|---------------|--|---|
| FILLINGS | <p>SILVER FILLING GOLD FILLING</p> | <p>UPPER</p> <p>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 JAN 1951
Identification Section



REMARKS: **Remains were disinterred 13 October 1950 by the Philcom Search & Recovery Team.**