

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Unt. Forschungsplan # 2 X 12, X 106,
V110, X117

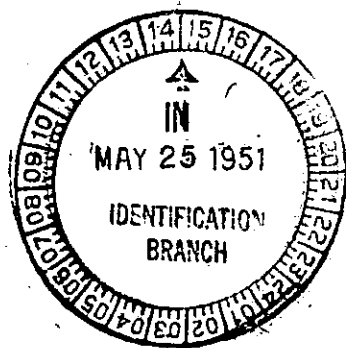
SYNOPSIS AND DATES

Miss now filed

NEW CLASSIFICATION 293. Unt. Forschungsplan # 2 X 12.

10/11/58
Ev.

RECLASSIFICATION SHEET



293-Sub-New Guinea (misc)
Finsehafen #2
X-12 X-106 X-117 X-110

COMMUNITAS DE JUNE 1943

UNCLASSIFIED

COMMUNITAS DE JUNE 1943

IDENTITY

37042

37049

WOL 49410

FR COMMUNITAS DE JUNE 1943 AND # 37049

NOTE IS GRANTED TO AVOID REPEATING OF DIRECTIVES FOR USES THAT 12 GMA
THAT 106 GMA THAT 117 AND THAT 110 INCREASED NO 2 SHORTLY BEFORE AS NOTED IN
NOTE ONE AND IDENTIFIED

37042 IS IN IN NO 66054 (27 JUL 49)

37049 IS IN IN NO 50433 (1 SEP 49)

UNCLASSIFIED

GRATIA

COMMUNITAS DE JUNE 1943
293 GMA PACIFIC

M. S. MORSE
1ST ST, GMA NEW LIT

X 293 Sub - New Guinea X-106 (Finsehafen) #2

mh

A I R M A I L

QMCMT 293 1st Ind.
GRS Far East
SUBJECT: Identification of World War II Deceased

Dept. of the Army, OQMG, Washington 25, D. C., 4 August 1949

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

Recommendations of unidentifiability for the following Unknown remains,
now stored at US Army Mausoleum, T. H., have been approved by this Office:

AGRS Mausoleum, Manila, NO. USAF Cemetery #2, Finschhafen, N.G. NO.

X-4203
X-3115
X-3098
X-3101

X- 12
X-106
X-110
X-117

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

A I R M A I L

COPY

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

In reply refer to:
RRREC 293

SUBJECT: Resolution of Unidentified Remains

JUL 25 1949

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

1. Inclosed herewith four (4) QMC Forms 1044 for USAF Cemetery Finschhafen #2, New Guinea, stamped and signed in accordance with letter, DA OCMG QMGMU 293 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

FRANK M. GREEN, JR.
Major, QMC
Chief, RR Div

4 Incls

1. QMC Form 1044-1044a-
1044b-X-4203
2. QMC Form 1044-1044a-
1044b-X-3115
3. QMC Form 1044-1044a-
1044b-X-3098
4. QMC Form 1044-1044a-
1044b-X-3101

COPY

AIR MAIL

ARR

1

NATIONAL MEMORIAL CEMETERY
HONOLULU PACIFIC
Interred:
17 Nov 49
987

DISINTERMENT DIRECTIVE
Alvin S. Baker
Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
ALVIN S. BAKER
DIRECTIVE NUMBER 6911 00252
DATE 15 01 48
DAY MONTH YEAR

NAME *292* UNKNOWNX-000106 SERIAL NUMBER RANK ARM 8 DATE OF DEATH

CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20 DISPOSITION OF REMAINS
XXXXXX 80
0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY 2375 NEW GUINEA CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC (BY ADMINISTRATIVE ORDER) HONOLULU T.H.
NAME AND ADDRESS OF NEXT OF KIN AUTH: WCL 49410

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-000106 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED 22 Sept 48
UNK X-3115 - Maus. No.

IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY CLIFFORD INGROVILLE Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL SHELTER HALF CONDITION OF REMAINS SKELETAL

OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES 1

One Identification tag - UNK X-3115 - Maus.

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept 48 BY CLIFFORD INGROVILLE

CASKET SEALED BY CLIFFORD INGROVILLE EMBALMER (Signature) *Clifford Ingroville*
CLIFFORD INGROVILLE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 22 Sept 48 BY HORACE L. ALLISON, Sgt, Inf TEOFILO M. AMUTAN, 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.

Teofilo M. Amutan
TEOFILO M. AMUTAN, 1st Lt. INFANTRY
SIGNATURE OF GRS INSPECTOR

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

REMAINS FINAL TYPE CASKETED IN MARBO ZONE

and 2

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM <u>AGPS Mausoleum</u>		TO <u>Fort McKinley Military Cemetery</u>	
KIND OF CONVEYANCE <u>Truck</u>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <u>(BY ADMINISTRATIVE CODES)</u>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <u>MANILA PHILIPPINE ISLANDS</u>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM <u>5312 11th Avenue</u>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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

LLA

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-106 Finsch #2 (X-3115 Manila, P.I.)				2. DATE OF REPORT 14 July 1949			
3. NAME OF CEMETERY U. S. Army Mausoleum Formerly of Finsch #2		Final Type	4. PLOT Box #41	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT 14 Jul '49	REINTERMENT 14 Jul '49

PHYSICAL DESCRIPTION Age: 22 to 24 years.

8. ESTIMATED WEIGHT 131 to 156 Lbs.	9. ESTIMATED HEIGHT 5' 5" - 5' 7 5/8"	10. COLOR OF HAIR None found.	11. RACE White
--	--	----------------------------------	-------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed tag on outside case reads: Unknown X-106, Finsch #2, X-3115 MSLM.
 One (1) duplicate I.D. tag with remains reads: Unknown X-3115, AGRS Mausoleum, Manila, P.I., formerly X-106, Finsch No. 2.

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

None BY REASON OF LACK OF IDENTIFYING DATA

CYRIL C. DISNEY

1st Lt. FA O-1167395

Cyril C. Disney 21 July 49

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
Multiple fractures of most long bones.

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 *29 July 49* OQMG
 Not identifiable from
 information presently
 available *4 Aug 49 - [unclear]*

Incl 2

	TOP VIEW	SIDE VIEW
<p>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-106 (X-3115 Manila Maus)</p>		
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: Finsch #2</p>		
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		

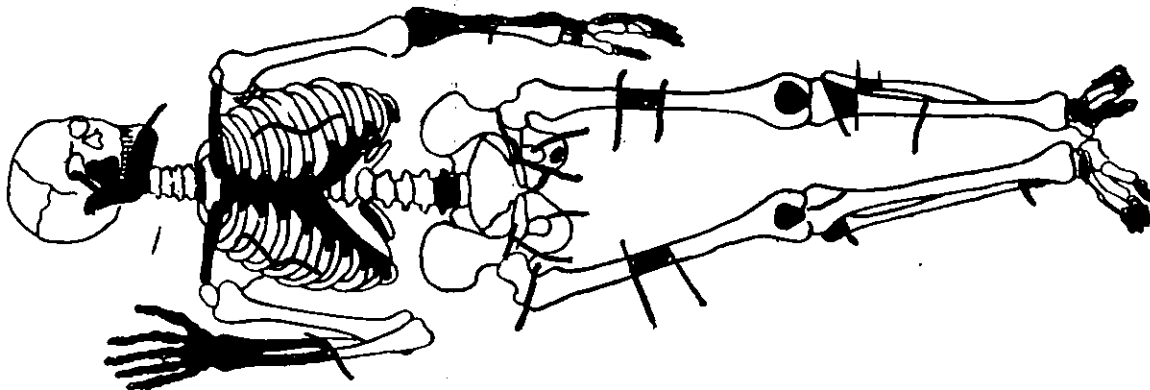
	RIGHT								LEFT															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
	SEC. MAX. & TEETH MISSING																							
Side Views																	Side Views							
Top Views																	Upper							
																	Lower							
Side Views																	Side Views							
	SEC. MAND. & TEETH MISSING																							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								
										(FD)	SEE NOTE													

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:
 1. L-11 is in a facial version and L-10 and L-12 have almost drifted to a point of contact.

BRAM

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 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

Height estimate by humerus only:

Rollet:	165	65.96	5' 5"
Krogman:	172	67.72	5' 7 5/8"
Pearson:	165	64.96	5' 5"

FLUOROSCOPIC EXAMINATION UNNECESSARY.

TEETH CHARTED.

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

C. W. KELLEY, CAPT., CAC

SIGNATURE

**CENTRAL IDENTIFICATION LABORATORY
 AND MAUSOLEUM, APO 957**

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3115 (Formerly UNK X-106 USAF Cem #2 Finsch New Guinea)				2. DATE OF REPORT 29 Dec 47	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW B	6. GRAVE 401	7. DATE OF DISINTERMENT 23 Oct 47
REINTERMENT STORAGE 29 Dec 47					
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD	
11. RACE					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS None					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ?			
15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input 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) No clothing nor any personal effects found with remains.					

IDENTIFICATION DENTAL CHART

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

23 Oct 47
DATE

UNKNOWN X 106 _____
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION
USAF Cem. #2, _____
Finschhafen, N.G. _____
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		X	A		X	X			P	P	P		X					TYPE	
LOCATION			O															LOCATION	
















Missing

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		A	A	X									P					TYPE	
LOCATION		O	O															LOCATION	

Missing

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)

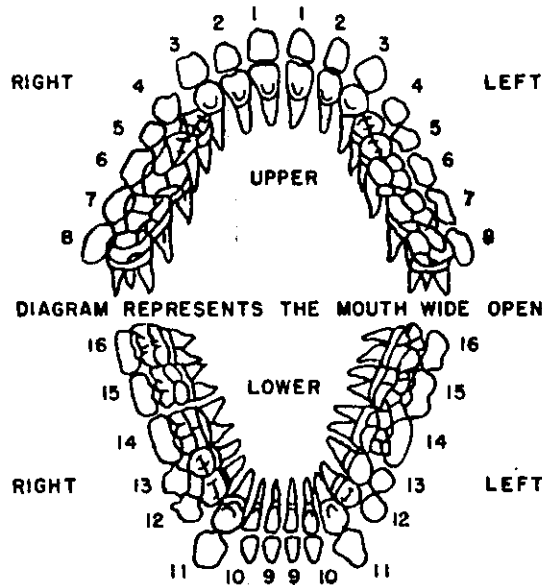
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Andrew L Morgan
SIGNATURE OF PERSON WHO PREPARED CHART

Celestino E Abellar
VERIFIED BY GRS OFFICER

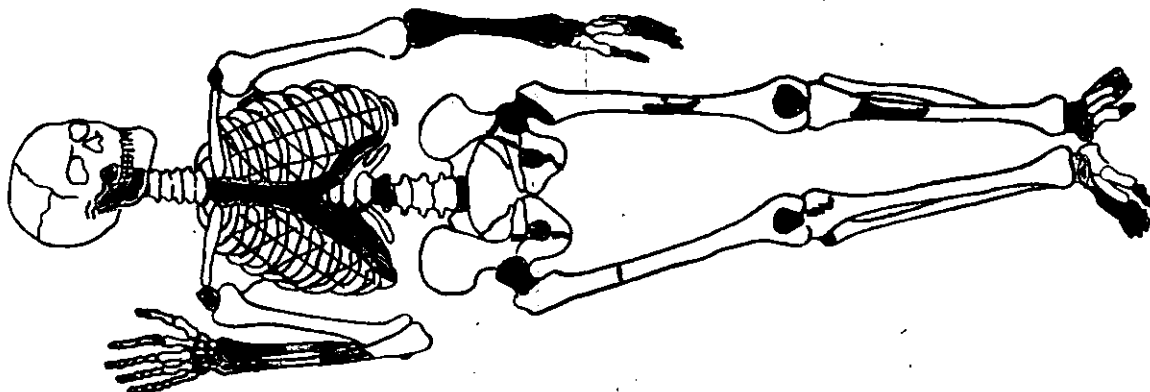
ANDREW L MORGAN, Assistant-Embalmer
NAME AND RANK TYPED OR PRINTED

CELESTINO E ABELLAR, 2nd Lt. FA
NAME AND RANK TYPED OR PRINTED

USAF Cem. #2, Finschhafen, N.G.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

23 Oct 47
DATE

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

Missing

- 1 cervical vertebrae
- 4 thoracic vertebrae
- 2 lumbar vertebrae

Rib fragments

Circumference of skull is 20"

CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
2d Lt MSC

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
/p/ JUAN R CUENO S-8-A Emb's Aide
CIP, Laboratory, Manila, P.I.

SIGNATURE
/s/ Juan R Cueno
Emb's Aide S-8-A

APR 5 - 1948

U-386
RESTRICTED

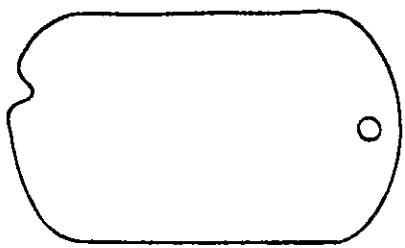
U 386-386

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

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

STORAGE

DATE OF REPORT
2 Jan 48

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial) UNKNOWN X-3115 (Formerly UNK X-106 USAF Cem #2 Finsch New Guinea)	SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown
	RACE Unknown	RELIGION Unknown
BRANCH OF SERVICE 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) MEMORIAL RECORDS BRANCH MAR 29 12 34 PM '48
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.

DATE OF BURIAL 29 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. B	GRAVE No. 401
-----------------------------	--------------	---	------------------------------	-----------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem #2, Finschhafen, New Guinea	PLOT No. 2375	ROW No.	GRAVE No.
--	---	------------------	---------	-----------

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3117	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 403
--	------	------------	--------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3113	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 399
---	------	------------	--------------	------------------

SIGNATURE OF PERSON PREPARING REPORT: R R ACERTO, Pvt
SIGNATURE OF GRS OFFICER VERIFYING REPORT: U S PANOPLO, 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.

RESTRICTED

Incl 1986

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


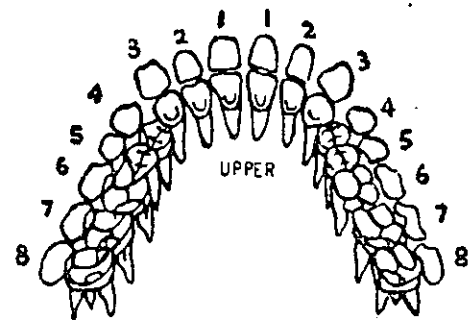
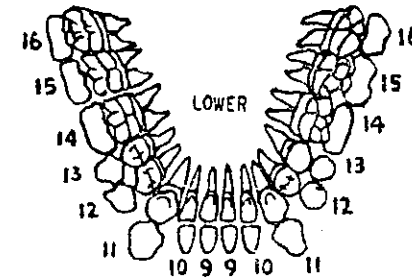




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

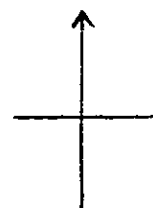
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

<p>FILLINGS</p>		 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p>
<p>CAVITIES</p>		
<p>MISSING TEETH</p>		
<p>CROWNED TEETH</p>		
<p>BRIDGE WORK</p>		
<p>LEFT LITTLE FINGER</p>	<p>LEFT RING FINGER</p>	

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



REMARKS:

QMC Form 1044, 1044A and 1044B accomplished.

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

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

RESTRICTED

U-386

UNKNOWN

X

108

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

1000 hrs 20 April 1946 USAP CEMETERY #2 FALCONBERG, MO

(Time and date of burial)

REBURIAL

(Name of Cemetery)

(Name of coordinates of location)

Reinterred from grave 2 Row 6 Plot 2 USAP CEM. #1 LORENGAU (AI) *on Unknown X-8*

2375

Cross, Regulation W/plate

(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

(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 HAAS, Leonard A O 769 200 2d Lt 394 B Sq 2376
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HARGRA, Patsy J 35 518 603 Pvt Co C 27th Eng 2374
(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

none-reinterment

Incl 1005

RESTRICTED

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

RESTRICTED

LI-386

UNKNOWN

X

106

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

1000 hrs 20 April 1946 USAF CEMETERY #2 FRIEDHAFEN, NR

(Time and date of burial)

REBURIAL

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from grave 2 Row 6 Plot 2 USAF CEM. #1 LORENKAU (AI) *On Unknown X-8*

2375

Cross, Regulation W/plate

(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

(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**

HAAS, Leonard A O 789 280 2d Lt

394 B 3d 5th B Co

(Name)

(Serial number)

(Rank)

(Organization)

2376

(Grave number)

Body buried on **LEFT**

MARGERA, Patsy J 35 518 895 Pvt Co C 27th Eng

(Name)

(Serial number)

(Rank)

(Organization)

2374

(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-reinterment

Incl 1005

RESTRICTED

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.

Garth H. Smith
Garth H. Smith, S/Sgt, QMC-GRS

(Signature of officer or other person reporting burial)

J. C. RANOVIC
J. C. RANOVIC, CAPT., MAC

(Verified by Army GRS Officer)

LEFT HAND

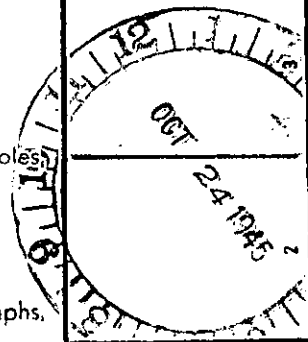
2

3

4

1

THUMB



RIGHT HAND

THUMB

REPORT OF INTERMENT

U 386

(To be submitted through channels to the Quartermaster, General, Washington, D.C.)

~~RESTRICTED~~
(Par. 21d - TM 10-630)

Unknown, X-8		Unknown	Unknown	Unknown
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)
Unknown		Unknown	Unknown	Unknown
(Place of Death)		(Date of Death)	(Cause of Death)	
12 November 1944, USAF Cemetery No. 1, Lorengau, Manus Island, Admiralty Islands.				
(Time and Date of Burial)		(Place of Burial - Name and No. of Cemetery, if in a cemetery)		
2	6	2	Regulation Cross.	Buried with body. <input type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	Attached to marker <input type="checkbox"/>
(Identification Tags)				

Religion - Unknown

Other pertinent data to enable grave to be located
(Where necessary sketch to locate grave should be furnished)

Unknown.

(Name and address of Emergency Addressee)

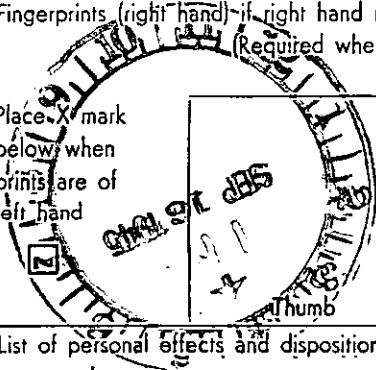
(Name and address of legal next of kin)

RESTRICTED

125

Fingerprints (right hand) if right hand missing furnish prints of left hand
(Required when positive identity cannot otherwise be established) (Part (2)
TM 10-630)

Place X mark
below when
prints are of
left hand

				
thumb	1	2	3	4

List of personal effects and disposition of same

(Name, rank, serial number, organization, grave numbers of bodies buried on either side.)

On Right- Unknown, X-9, Grave No. 3.

On Left- End of row.

W.M. Nichols
W.M. NICHOLS, Cox, USN, 279-77-57

Lloyd S. Charters
LLOYD S. CHARTERS, Lt., ChC, USNR.

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer

Prepare in triplicate - 1 copy to Army G.R.S. Officer - 1 copy to Chief, G.R.S. - Original to the Q.M.G.