

QMOMT 293
GRS Far East

27 June 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored
AGRS Mausoleum, Manila, P.I.:

X-4918
X-4914
X-3112
X-5040

X-5041
X-5042
X-5120

2. Subject cases have been reviewed and this Office approves the
classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

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





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[Faint, illegible text]

[Faint, illegible text]

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HEADQUARTERS
MICHAEL J. CASSARD
UNIT'S STAFF'S ARMY

OSR 293.9

APG 707

SUBJECT: Unidentifiable Remains

20 MAY 1949

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

1. In accordance with the provisions of your letter, file QAGAS 293, OSR (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-3112	UNKNOWN	X-4821
"	X-3120	"	X-4914
"	X-4675	"	X-4918
"	X-4677	"	X-5014
"	X-4678	"	X-5018
"	X-4679	"	X-5040
"	X-4680	"	X-5041
"	X-4680	"	X-5042

2. Forwarded herewith, for your consideration, are new QAC Forms 1055 for the above-mentioned Unknowns.

FOR THE COMMANDER - DABDOL:

16 Incls.

QAC Forms 1044 w/certificates
of Unidentifiability

JOHN A. CASSEAL

1st Lt., AGD

Asst Adj Gen

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSOR 293.9

APO 707

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"	X-4680	"	X-5041
"	X-4690	"	X-5042

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FOR THE COMMANDER (ASST):

16 Incls.

QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. VASSEAL

1st Lt., AGD

Asst Adj Gen

1 ✓ /drs Interred 27 June 1949
 R 6 219 Ft. McKinley
Carl F. N. Mark
CARL F. N. MARK
 Cemetery Superintendent
 SECTION A —
 NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

DIRECTIVE NUMBER
6911 00235

DATE
15 01 48
 DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
UNKNOWNX-000108

RANK

ARM
Q

DATE OF DEATH
 DAY MONTH YEAR

CEMETERY
BRITISH GUINEA USAF FINSCHAFFEN NO. 20

DISPOSITION OF REMAINS
7701 80

LOT ROW GRAVE COUNTRY
2138 NEW GUINEA

CODE DIST. PT.
6

CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME
UNK X-108
UNK X-3120 - Maus. No.

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
22 Sept 48

IDENTIFICATION TAG ON
 3 REMAINS
 2 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
GEORGE SIMONEAU
 Embalmer
 NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
SHELTER HALF

CONDITION OF REMAINS
SKELETAL

OTHER MEANS OF IDENTIFICATION
GR 2138

MINOR DISCREPANCIES /

Two (2) Identification tags show UNK X-3120 - Maus. No.

REMAINS PREPARED AND PLACED IN CASKET

DATE **22 Sept 48** BY **GEORGE SIMONEAU**

CASKET SEALED BY
GEORGE SIMONEAU

EMBALMER (Signature)
George Simoneau
GEORGE SIMONEAU

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY
CHARLES R. BATES, 1st Lt., USAFR.

DATE **22 Sept 48** BY **HORACE L. ALLISON, Sgt, Inf**

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

Charles R. Bates
CHARLES R. BATES, 1st Lt., USAFR.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

5 AUG 1948
 REGISTRATION
 BRANCH
 MEM. OF

N/A

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl Mark</i>	DATE 27 JUN 1949

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 <i>WIKIOM</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER MANILA PHILIPPINE ISLANDS	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

9 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 108 , Plot _____ ,
Row _____ , Grave 2138 , USMC Finschhafen #2 , _____ have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


A. B. McNEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 7 June 1949 OQMG
Not identifiable from
information presently
available Ball 22 June 49

Incls # 2'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3120 (Formerly Unk X-108 Finschhafen # 2)				2. DATE OF REPORT 9 May 1949	
3. NAME OF CEMETERY WARRIOR MAUSOLEUM, MANILA P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	BANKER BAY CRYPT 813	B	406	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
--------------------------------------	--------------------------------------	------------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U. T. D.

14. WAS BODY BURNED? <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

N O N E

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

N O N E

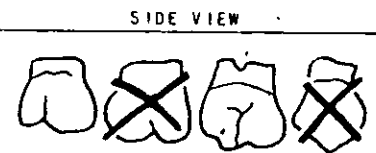
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. 72th

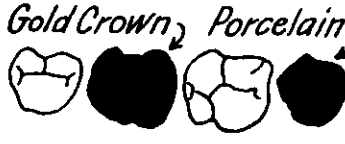
18.

TOOTH CHART

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:



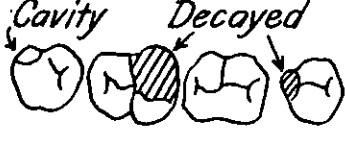
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
MAXILLA								MISSING							
Side Views								Side Views							
UPPER								UPPER							
Side Views								Side Views							
MANDIBLE								MISSING							
LOWER								LOWER							
Side Views								Side Views							
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."

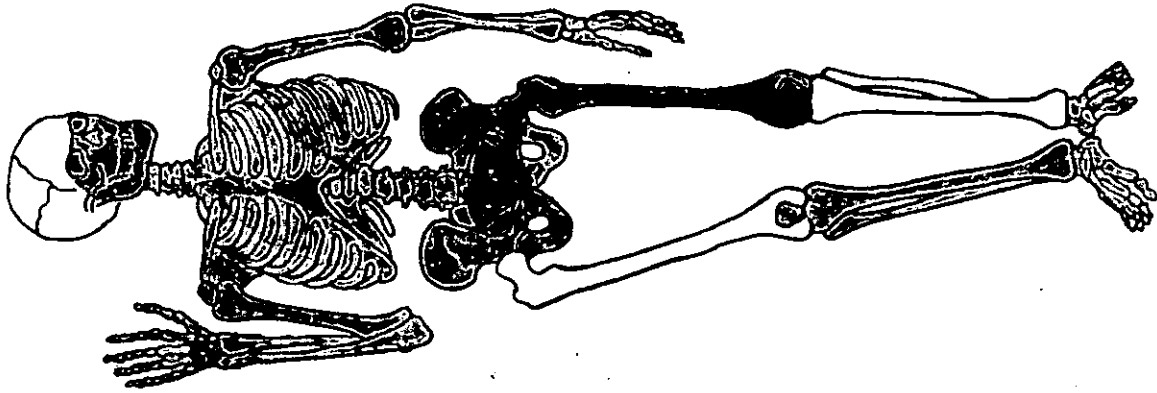
No loose teeth present with remains.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

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

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 3 lbs.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT UNDERLYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

● IDENTIFICATION DATA ●

1. REMAINS OF UNKNOWN UNKNOWN X-3120 (Formerly Unk X-108 USAF Cemetery #2, Finschhafen, N. G.)			2. DATE OF REPORT 22 Dec 47			
3. NAME OF CEMETERY USAF Cemetery #2, Finschhafen NG	4. PLOT TUNGER 813	5. ROW BAY B	6. GRAVE CR-11. 406	7. DATE OF DISINTERMENT 22 Oct 47		REINTERMENT STORAGE 29 Dec-47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	----------------------------	--------------------------	-----------------

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

None

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









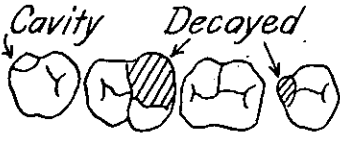

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)





No Identification tags, burial bottle, personal effects, or other means of identification found with remains.

Estimated weight of remains 3 lbs.

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
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	
								MISSING									
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
								MISSING									
	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."

Maxilla and mandible missing. No loose teeth found with remains.

CERTIFIED TRUE COPY:

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

s/ J. McDermott
 Lab, Officer

IDENTIFICATION DENTAL CHART

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

Oct. 22, 1947

DATE

UNKNOWN	-108	Unk.	Unk.
LAST NAME	FIRST INITIAL	RANK	SERIAL NO.
Unknown			
Vicinity, buten, NG		USA Gen. No. 2	2138
PLACE OF DEATH	PLACE OF BURIAL	PLOT	GRAVE NO.

Maxilla Missing

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

INSIDE — LOOKING OUT

Mandible Missing

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

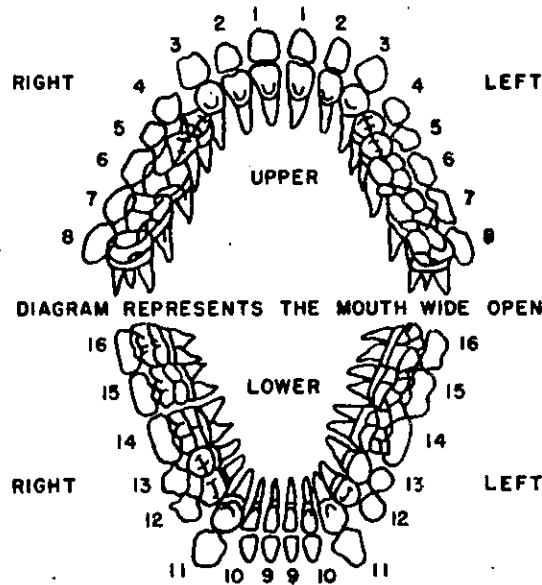
INSTRUCTIONS:

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

ANDREW L. MORGAN Capt. MC, Asst. Smb.
NAME AND RANK TYPED OR PRINTED

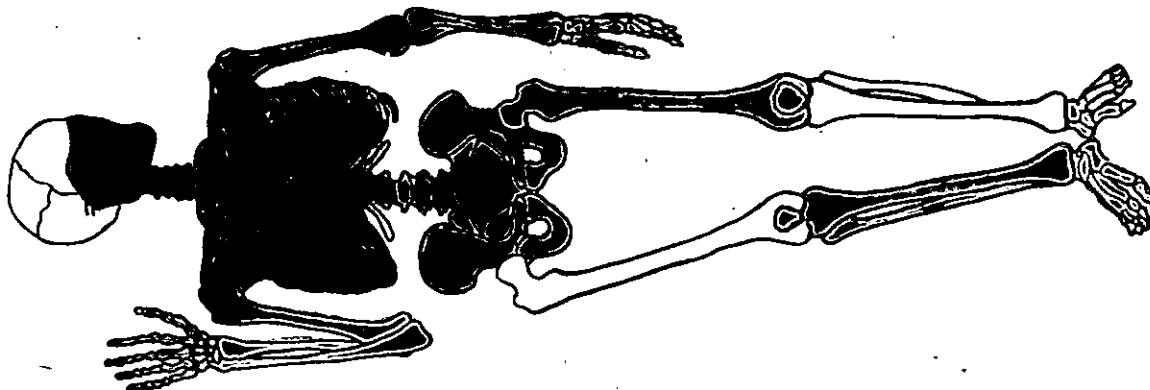
Celestino E. Abellan
VERIFIED BY GRS OFFICER

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

USAF Cemetery No. 2, Wmsch, Ill
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

October 22, 1947
DATE

19. BLACK OUT PARTS OF BODY NOT REGISTERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ribs.
No vertebrae present.
Head crushed.

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/ FORREST G. BRADEN
Emb. Sr. C-064971
CIP LAB., Manila, P.I.

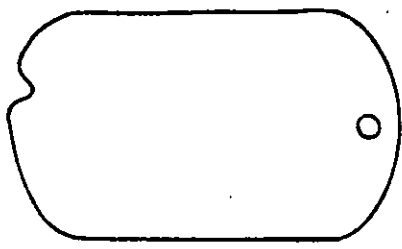
SIGNATURE

/s/ Forrest G. Braden

APR 5 - 1948


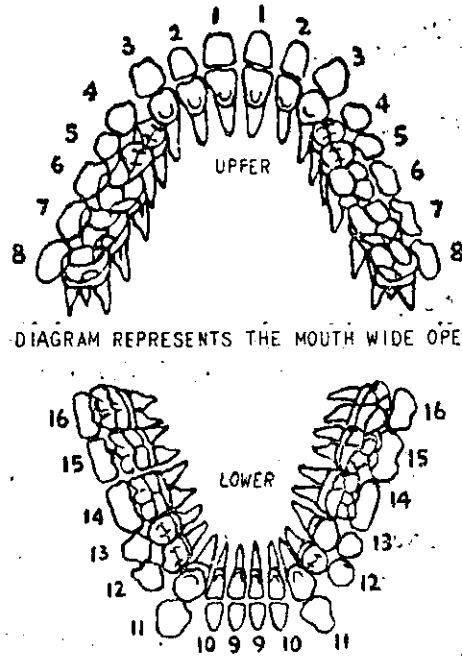

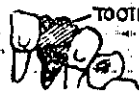



7510
RESTRICTED

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WD OMC FORM 10-44 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 3 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.	
NAME (Last, first, middle initial) UNKNOWN X-3120 (Formerly Unk X-108 USAF Cemetery #2, Finschhafen, NG)		GRADE Unknown				ORGANIZATION Unknown	
RACE Unknown		RELIGION Unknown				BRANCH OF SERVICE Unknown	
PLACE OF DEATH Vicinity, Buten, N.G.		CAUSE OF DEATH Airplane Crash				DATE OF DEATH Unknown	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		MEMORIAL SERVICE MAR 29 12 00 PM '48 RECORDS BRANCH					
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 GRS MAUSOLEUM, MANILA, P.							
DATE OF BURIAL STORAGE 29 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) SHEET Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. B	GRAVE No. 406	
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery # 2, Finschhafen, New Guinea					PLOT No.	ROW 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-3122			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 408	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3118			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 404	
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO Pfc				SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPTO 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.							

7510
RESTRICTED

Serial 1559

LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER				
	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center; margin-top: 20px;">  </div>			
	REMARKS:			
	QMC Form 1044, 1044A and 1044-B accomplished.			

29 FEB 1948

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

CONFIDENTIAL RESTRICTED

7510
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UNKNOWN X-108

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Vicinity, Buten, N. G.					Airplane crash
(Place of death)					(Cause of death)

(Time and date of burial)	(Name of Cemetery)	(Name of coordinates of location)
1000 Hrs 18 Apr 45	USAF CEMETERY, FINSCHHAFEN #2, N. G.	
reburial		

Disinterred from grave 291 USAF Cemetery, Lae #1, N. G. *Unknown X-11*

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
2138			Cross-regulation w/plate

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?)

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

(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on RIGHT LONG, Richard E.	01 035 087	Capt	Hq 6th Inf Div	2139
Body buried on LEFT HARRIS, Robert L.	434-515	Pfc	USMC	2137
(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:

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, S/Sgt., OMC-GRS

(Signature of officer or other person reporting burial)

J. C. RAKOVIC, Capt., OMC

(Verified by Army GRS Officer)

LEFT HAND

THUMB

RECEIVED
11.8 MAY 1945

RIGHT HAND

THUMB

rec'd 10 Jan 45
CONFIDENTIAL

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

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

UNKNOWN X - 11
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
vicinity, Buten, N.G. (Place of death) Airplane Crash (Cause of death)
0900 hrs. 26 Oct. 1944 (Time and date of burial) U.S.A.F. Cemetery LAE #1, N.G. (Name of cemetery) (Name or coordinates of location)

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

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No
(X) Embossing tag with X-11 marked on it. One attached to the grave marker.

Skeleton: consisting mainly, the larger bones. No skull or lower jaw was present, therefore no Tooth Religion Chart was possible.
(If no identification tags, what means of identification are buried with the body?)
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT UNKNOWN X - 12 292
(Name) (Serial number) (Rank) (Organization) (Grave number)
Body buried on LEFT WRIGHT, Max J. 0-743 389 Capt. 8th Serv. Gp. 290
(Name) (Serial number) (Rank) (Organization) (Grave number)

CONFIDENTIAL

(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: Watch found in area, turned over Air Corps at Nazab, N.G. (AVON) by Australians.

