

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Cent. Finance Report # 2 X12, X106, X110
X119

SYNOPSIS AND DATES

Not now filed

NEW CLASSIFICATION 293. Cent. Finance Report # 2 X12

10/11/50
EC

RECLASSIFICATION SHEET



293-746 New Guinea (more)
Finse photos #2
X-12 X-106 X-117 X-110

X-293 746 New Guinea X-110 (Finse photos #2)

COMM HEAD OF AIRCRAFT DIV

UNCLASSIFIED

COMMUNICATIONS SECTION

SECURITY

R 37042
R 37969

wol 49410

FOR INFO HEAD R 37042 AND R 37969

NOTE IS GRANTED TO MAKE DISSEMINATE INFORMATION FOR INFO THAT IS
THAT 106 AND THAT 117 AND THAT 110 FINSEPHOTOS NO 2 SHOULD CONTINUE AS WELL TO
OTHER INFO ARE IDENTIFIABLE.

rh

R 37042 IS IN IN NO 66254 (27 JUL 49)
R 37969 IS IN IN NO 90633 (1 AUG 49)

IA
JTV
REC

UNCLASSIFIED

ORIGIN

COMMUNICATIONS SECTION 1-5037
293 OPS PACIFIC

R. P. BELMONT
1ST DEPT. OF JUSTICE

293-7464- New Guinea (Morse)
Finse photos # 2
X-12 X-106 X-117 X-110

COMM DEPT OF ARMY WASH DC

UNCLASSIFIED

COMMUNICATIONS FT MONTELEONE TX

SECURITY

37042
37969

wcl 49410

RE CLASSIFIED BY 37042 AND 37969

AUTH IS GRANTED TO BRING DECLASSIFIED PHOTOGRAPHS FOR USES THAT IS OUR
MAY 106 AND MAY 117 AND MAY 118 PHOTOGRAPHS NO 2 DROPPED COMPLETELY IN 1957 TO
GIVE THEM AN UNCLASSIFIED STATUS.

37042 IS IN IN NO 66254 (27 JUL 49)

37969 IS IN IN NO 90633 (1 OCT 49)

UNCLASSIFIED

CLASSIFIED

COMMUNICATIONS X-0037
293 OPS PACIFIC

SECURITY

M. P. BELMONT
297 ST, SAC NEW YORK

X-293 New Guinea X-110 (Finse photos #2)

IA
JTV
REC

rh

A I R M A I L

QMGMT 293 1st Ind.
GHS 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, OMC
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:
PRREC 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 QMCMU 293 ORS (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, PR Div

4 Incls

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

COPY

AIR MAIL

CEKLC

1

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC
Interred 27 November 1949
F 59 P 772
DISINTERMENT DIRECTIVE
Allison C. B. - Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 6911 00262
DATE 15 01 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X-000110 Q

CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 2
DISPOSITION OF REMAINS 0
7700 80
0492 64
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
NEW GUINEA 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- Oct.

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNK X-110
UNK X-3098- Maus. No. 22 Sept 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
REMAINS UNKNOWN ROBERT F. STEVENSON
MARKER Emlalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
SHELTER HALF SKELETAL

OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES 1

Two (2) Identification tags - UNK X-3098 - Maus.

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept 48 BY ROBERT F. STEVENSON

CASKET SEALED BY EMBALMER (Signature)
ROBERT F. STEVENSON ROBERT F. STEVENSON

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, 1st Lt.
SIGNATURE OF GRS INSPECTOR

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

Handwritten initials and date

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	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 (BY ADMINISTRATIVE ORDER)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER UNITARY BRITISH REGIMENT	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM S221 WEA GAMES		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER GAMES	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-110 (Manila Mausoleum Unknown X-3098)				2. DATE OF REPORT 18 July 1949	
3. NAME OF CEMETERY U. S. Army Mausoleum Formerly Finsch #2		4. PLOT FINAL	5. ROW TYPE #52	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 18 Jul 49 18 Jul 49

PHYSICAL DESCRIPTION Age: Late twenties

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8 7/8" - 6'0 7/8"	10. COLOR OF HAIR None found	11. RACE Prob White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One (1) embossed plate reading: Unknown X-000110, Finsch. #2, X-3098 Maus.
 Two (2) duplicate identification tags reading: Unknown X-3098, AGRS Mausoleum,
 Manila, P.I., For. - X-110, Finsch. #2.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
 None
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA
 CYRIL C. DISNEY
 1st. Lt., FA 0-1167395 *Cyril C. Disney* 21 July 49

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 *29 July 49* OQMG
 Not identifiable from
 information presently
 available *of Aug. 49*

Incl 3

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-110 (X-3098 Manila Maus)

Finsch #2

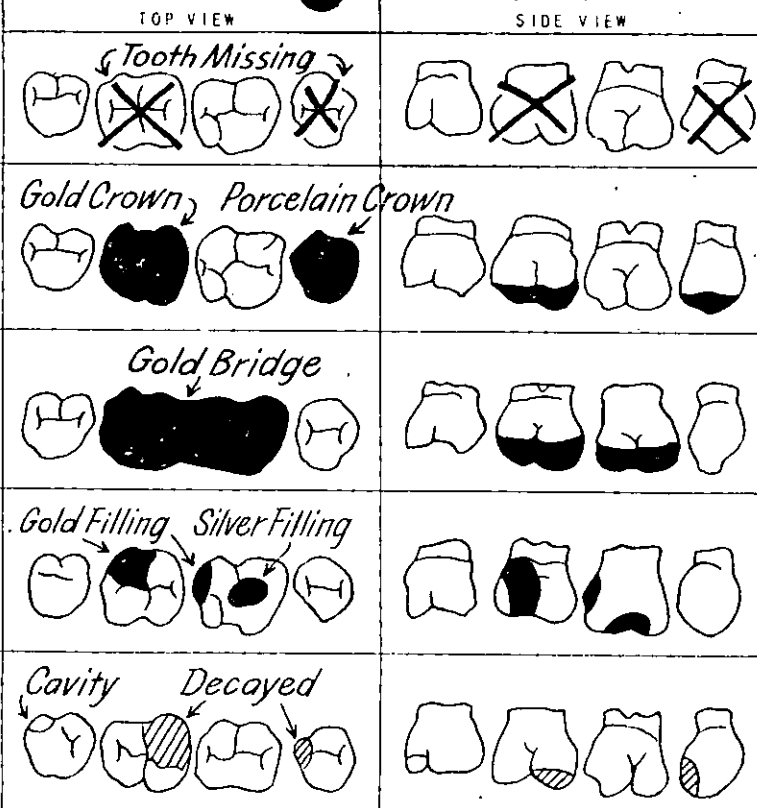
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:

Final Type

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:



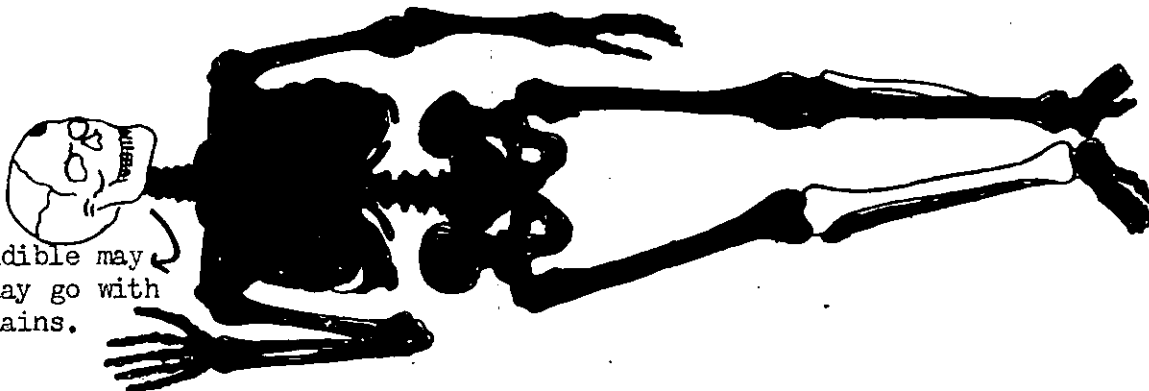
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		A FOM		A DO								A FOD					
Side Views																	Side Views
Top Views																	TOP
																	LOWER
Side Views																	
		DRIFT ←											A FOD	DRIFT →		A	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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."

Remarks:

- Mandible may or may not belong to this skull.
There's more wear on the upper than on the lower.

19. CHECK OUT PARTS OF BODY NOT RECORDED



This mandible may not or may go with this remains.

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

R-185-72.83-6'0 7/8"
K-176-69.29-5'9 1/4"
P-175-68.90-5'8 7/8"

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
CENTRAL IDENTIFICATION LABORATORY
APO 958

SIGNATURE

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-110

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

USAF CEM. #2 Finschhafen, N.G.

2551

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

RIGHT								UPPER TEETH				LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	⊗		A		A	⊗	⊗	⊗	⊗	⊗	⊗			A	
LOCATION			OM		O									Od	

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
LOCATION														of	O

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		OCCUSAL (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.

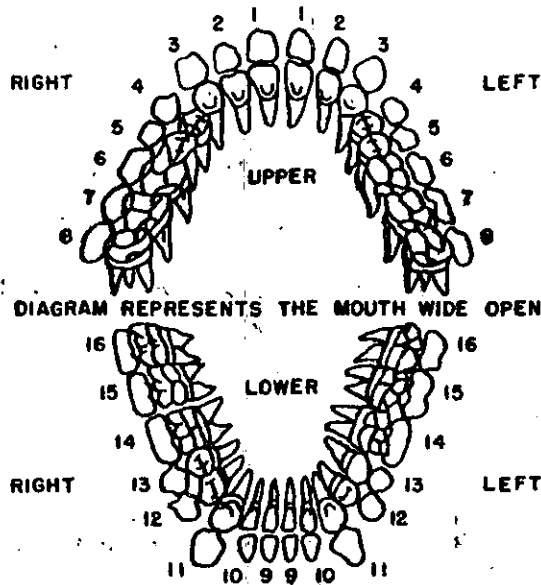


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Andrew L. Morgan
SIGNATURE OF PERSON WHO PREPARED CHART

ANDREW L. MORGAN Capt. MC-Asst.-Emb.
NAME AND RANK TYPED OR PRINTED

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

Celestino E. Abellar
VERIFIED BY GRS OFFICER

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

23 Oct. 47
DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3098 (Formerly Unk X-110 USAF Cem Finsch #2, N.G.)				2. DATE OF REPORT 20 Dec 47		
3. NAME OF CEMETERY AGRS, Mausoleum, Nichols Field, Manila, P.I.		4. PLOT HANGER 813	5. ROW BAY B	6. GRAVE GRVE 390	7. DATE OF DISINTERMENT 23 Oct 47	REINTERMENT 29 Dec 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None - Skeletal chart and tooth chart attached.

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

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Ⓟ</i>		<i>A mo</i>		<i>A od</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>A od</i>		<i>Ⓟ</i>
<i>Ⓟ</i>					<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>	<i>Ⓟ</i>		<i>Ⓟ</i>	<i>Ⓟ</i>
UPPER								LOWER							
<i>Ⓟ</i>	<i>Ⓟ</i>	<i>X</i>	<i>X</i>	<i>Ⓟ</i>		<i>Ⓟ</i>	<i>Ⓟ</i>						<i>A dol</i>	<i>X</i>	<i>A o</i>
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."

CERTIFIED TRUE COPY:

G. T. Gamboa

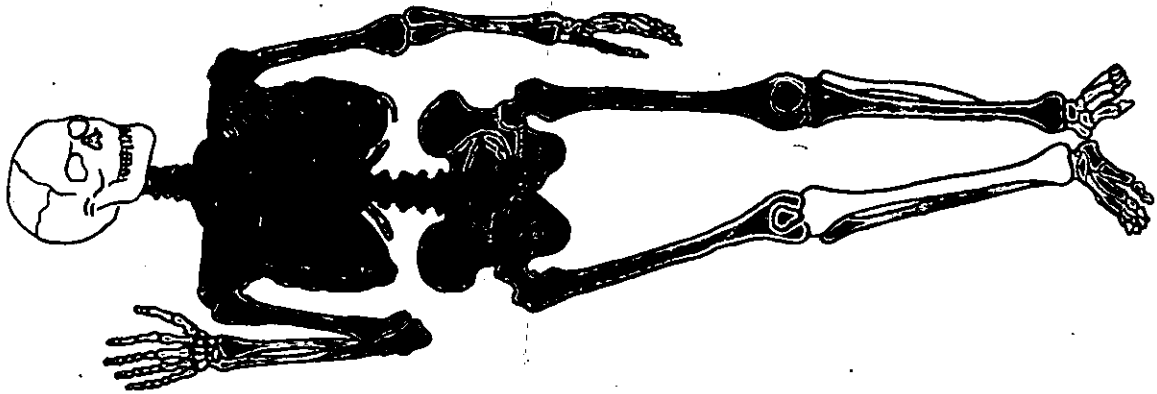
G T GAMBOA

2d Lt MSC

CIP, Laboratory, Manila, P.I.

/s/ Clement G. Swan

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 bottle, ID tags, personal effects, or other means of identification received with remains. Estimated weight 1 1/2 lbs. Skull is 20 inches circumference. Unable to determine the physical height and weight due to the condition of remains.

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

SIGNATURE

/p/ CLEMENT G SWAN
Emb Sr. Ung C-064862
CIP Laboratory, Manila, P.I.

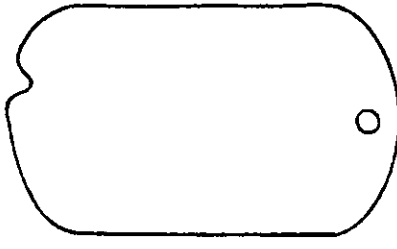
/s/ Clement G Swan

APR 5 - 1948

U-485
RESTRICTED

U 485

WD GMC 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
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		SERIAL No.
	NAME (Last, first, middle initial) UNKNOWN X-3098 (Formerly Unk X-110 USAF Cem Finsch #2, N.G.)		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)
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 STORAGE 29 Dec 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 813	ROW No. BAY B	GRAVE No. CRYPT 390
--	--------------	---	------------------------------	---------------------------	---------------------	---------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #2, Finschhafen, N.G.	PLOT No.	ROW No.	GRAVE No. 2551
--	--	----------	---------	-------------------

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) SIGNED UNKNOWN X-3105	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 392
--	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-3094	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 388
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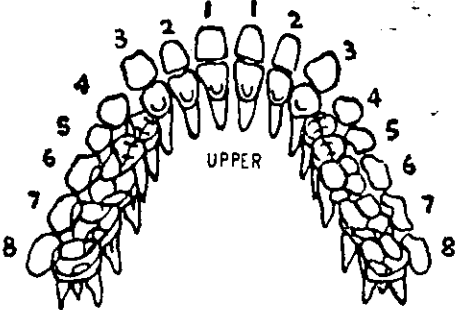
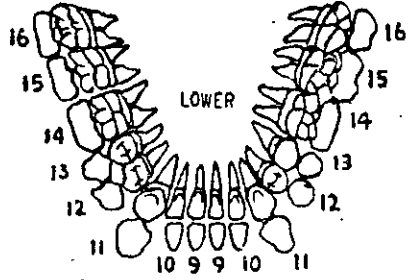





SIGNATURE OF PERSON PREPARING REPORT R R SCIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT I S PANOFLO, 2d Lt Inf
--	---

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.

RECORDS BRANCH
 MAR 29 12 34 PM '48
 MEMORIAL DIV.

Incl 1981

RESTRICTED

LEFT LITTLE FINGER	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.			
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 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center; margin-top: 20px;">  </div>			
RIGHT RING FINGER	REMARKS:			
RIGHT LITTLE FINGER	QMC Form No. 1044, 1044-A and 1044-B accomplished.			

RE

You Legend U-

REPORT OF INTERMENT

RESTRICTED

(TM 10-630 AND AR 30-1815)

U485

UNKNOWN X-110

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

1000 Hrs 19 Apr 45 USAF CEMETERY, FINSCHHAFEN #2, N. G.

(Time and date of burial)

reburial

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from grave 10 row 5 plot 2 USAF Cem. Lorengau #1, Manus, A.I.

2551

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	INFANGER, Gerald J.	32 063 322	Sgt	503 PIR	2552
		(Name)	(Serial number)	(Rank)	CO (Organization)	(Grave number)
Body buried on	LEFT	ST JOHN, Wesley H.	35 034 383	Pfc	158 Inf	2550
		(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:

(*) No. 1247

Incl 551

RESTRICTED

