

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unt. Anschaffen #2 X12 X106, X110
X117

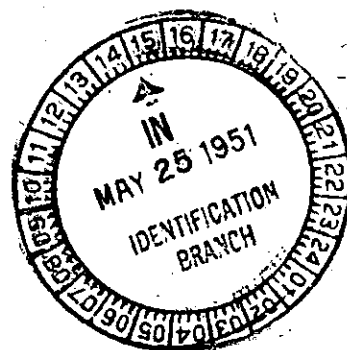
SYNOPSIS AND DATES

Miss now filed

NEW CLASSIFICATION 293 Unt. Anschaffen #2 X12

*10/11/50
Ecc*

RECLASSIFICATION SHEET



1. FILE UNDER NO. 293 - Unk. N. G. Y- 117 (Finschhafen)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 13 Jan 50

4. FROM: OCMG

5. TO: CO, AGRS, PAZ, APO 958, SFran., Calif.

6. SUBJECT: Identification of Unknown Deceased

FOLLER, James Lawrence 1st Lt O-2323Z USMC
.....

7. DOCUMENT FILED UNDER NO. 293 - Finschhafen (Group Burial)
msb

- INSTRUCTIONS.—Enter after the above headings information as follows:
- 1. File classification under which this cross-index sheet is to be filed.
 - 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
 - 3. Date of Document.
 - 4 and 5. Enter either or both, as applicable.
 - 6. Brief and comprehensive synopsis of the content or subject matter.
 - 7. File classification under which the document is filed.

2

293-Track - New Guinea (misc)
Finnschaffen #2
X-12 X-106 X-117 X-110

UNCLASSIFIED

UNCLASSIFIED

CONFIDENTIAL

SECRET

WEL 49410

W 3702

W 3709

FOR OFFICIAL USE ONLY

THIS IS GRANTED TO AGENCIES IDENTIFYING DERIVATIVES FOR THIS THAT IS ON
THAT 106 OR THAT 117 AND THAT 110 IN CONNECTION WITH A SHIPING COMPANY AS SUCH TO
GIVE THEM THE IDENTIFICATION

W 3702 IS NO IN NO 6604 (27 JUL 49)

W 3709 IS NO IN NO 3023 (1 SEP 49)

UNCLASSIFIED

SECRET

AMERICAN AIRCRAFT I-207
293 GNS PACIFIC

H. L. HARRIS
107 107, GNS NEW DET

X 293 Track - New Guinea X-117 Finnschaffen #2

IA

JFV

NEC

mh

2

293-Track - New Guinea (misc)
Finsehaften #2
X-12 X-106 X-117 X-110

CLASSIFIED

UNCLASSIFIED

CONFIDENTIAL

SECRET

REF ID: A66666

REF ID: A66666

WCL 49410

REF ID: A66666

THIS IS GRANTED TO AVOID DISSENTING OPINIONS FOR THIS THAT IS FOR
THIS 106 AND THAT 117 AND THAT 110 FINSEHAFTEN NO 2 BEING CONSIDERED AS THEY DO
NOT HAVE ANY IDENTIFIERS

X 293 Track - New Guinea X - 117 / Finsehaften #2

IA
JTV
REC

REF ID: A66666 (27 JUL 49)

REF ID: A66666 (1 SEP 49)

UNCLASSIFIED

SECRET

AMERICAN AIRCRAFT I-2007
293 GRS PACIFIC

H. B. HARRIS
LAW OFF, SAC SAN DIEGO

A I R M A I L

QMGY 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, HO. USAF Cemetery #2, Finschhafen, N.G. HO.

X-4203	X- 12
X-5115	X-106
X-5098	X-110
X-5101	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 OQMG OQMGU 293 QMS (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-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

1. FILE UNDER NO. 293 - Unk. P. I. X- 3101 (Maus. Manila)

SYNOPSIS

2. TYPE OF DOCUMENT: 2nd Ind 3. DATE: 26 Jul 49
4. FROM: OQMG
5. TO: CG, PhilCom., APO 707, ~~FM~~, San Francisco, Calif.
6. SUBJECT: Identification of Unknown Deceased

7. DOCUMENT FILED
UNDER NO. 293 - Unk. P. I. X-322 (Maus. Manila)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

80

/rgb

(1091) BHR

1

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

Indexed 17 November 1949
F B P 777

DISINTERMENT DIRECTIVE

Urbano C. B...
Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
6911 00289
DATE 15 02 48
DAY MONTH YEAR

NAME UNKNOWN
SERIAL NUMBER X-000117
RANK
ARM Q
DATE OF DEATH
DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY
3093 NEW GUINEA
CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
~~MARKKA, PHILIPPINE ISLANDS~~
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 UNK X-117
UNK X-3101 (Maus)
SERIAL NUMBER
RANK
DATE OF DEATH
DATE DISINTERRED 22 Sept 1948
IDENTIFICATION TAG ON 3 REMAINS
No MARKER
ORGANIZATION UNKNOWN
RELIGION
IDENTIFICATION VERIFIED BY ROBERT F. STEVENSON
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
Two (2) Tags - UNK X-3101 (Maus)

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept 1948 BY ROBERT F. STEVENSON

CASKET SEALED BY ROBERT F. STEVENSON
EMBALMER (Signature) *Robert F. Stevenson*
ROBERT F. STEVENSON

CASKET BOXED AND MARKED HORACE L. ALLISON
DATE 22 Sept 48 Sgt., Inf
SHIPPING ADDRESS VERIFIED BY HONORIO V. AURELIO, 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.

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., INF.
SIGNATURE OF GRS INSPECTOR

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

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		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER NAVIGY SHIPBINE ISLANDS	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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-117 (Manila Mausoleum, Unknown X-3101)			2. DATE OF REPORT 14 July 1949	
3. NAME OF CEMETERY U. S. Army Mausoleum Formerly Finsch #2	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	FINAL	TYPE #80		DISINTERMENT 14 Jul 49
				REINTERMENT 14 Jul 49

PHYSICAL DESCRIPTION Age: 18 - 20 years

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 1/8" - 5'7 5/8"	10. COLOR OF HAIR None found	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Two (2) duplicate Identification tags reading: Unknown X-3101, AGRS Mausoleum, Manila, P.I., For. X-117, Finsch #2

One (1) embossed plate reading: Unknown X-000117, Finsch. #2, X-3101, Maus.

One (1) duplicate identification tag reading: Unknown X-117, 3095.

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

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

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None

CYRIL G. DISNEY
1st Lt. FA 0-1167395 *Cyril G. Disney* 21 July 49

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO Skull fractured

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

Incl 4

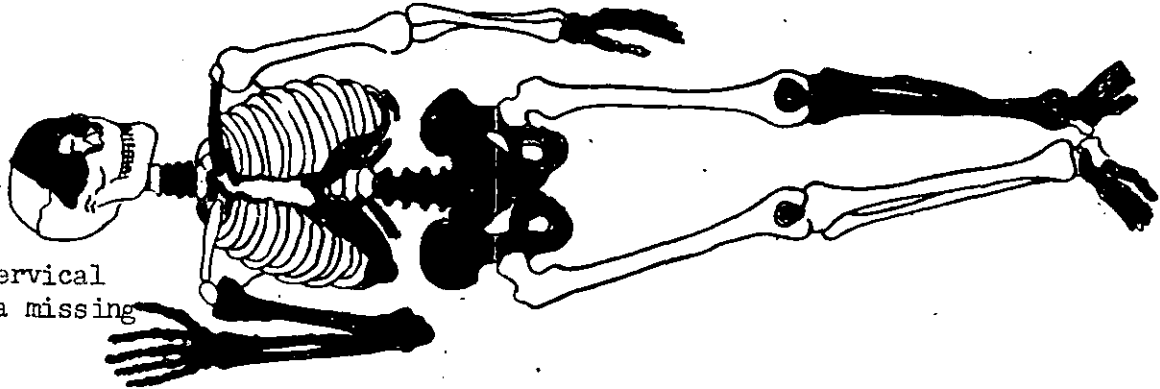
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: Unknown X-117 (X-3101 Manila Maus)</p>	<p>↓ <i>Tooth Missing</i> ↓</p>	
<p>Finsch #2</p> <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: Final Type</p>	<p><i>Gold Crown</i> <i>Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i> <i>Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i> <i>Decayed</i></p>	

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views																
Top Views																
Side Views																
	IMP															IMP
	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."

JKM

19. BLACK OUT PARTS OF BODY NOT RECORDED



First cervical vertebra missing

X 24

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-171-67.32-5'7 3/8"

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

P-168-66.14-5'6 1/8"

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

APQ 958

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3101 (Formerly UNK X-117 USAF Cemetery Finschhafen #2, New Guinea)				2. DATE OF REPORT 19 December 1947	
3. NAME OF CEMETERY Mausoleum AGRS Mausoleum, Manila, P.I.		4. PLOT BLOCK 813	5. ROW A	6. GRAVE CELL: 8	7. DATE OF DISINTERMENT 27 Oct 47 REINTERMENT STORAGE 22 Dec 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT 5' 6 7/8"	10. COLOR OF HAIR	11. RACE
---------------------	----------------------------------	-------------------	----------

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

N O N E

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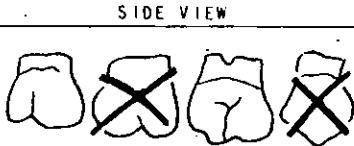
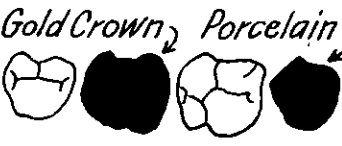




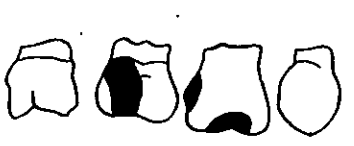
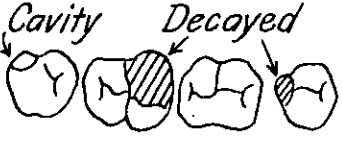

15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
---	------------------

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

	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
Side Views																
Top Views																
Side Views																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Annotations:
 - Upper right quadrant: *Posthumously missing* (teeth 2, 3, 4, 5)
 - Upper left quadrant: *tooth missing* (teeth 7, 8)
 - Lower left quadrant: *impacted* (teeth 13, 14)
 - Lower right quadrant: *Posthumously missing* (teeth 10, 11, 12)

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

s/ Roy G. Ruff
 p/ ROY G. RUFF
 CIP Laboratory, Manila
 PI

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.

27 Oct, 47
DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNKNOWN	X	-117		
UNIT			ORGANIZATION	
PLACE OF DEATH			PLACE OF BURIAL	GRAVE NO.
USAF CEM. #2			PLOT / ROW	3003
Wiesbaden M. G. C.				

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

impacted **INSIDE — LOOKING OUT** *impacted*

	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

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">○</div> <p>CAVITY INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">⌢ X ⌢</div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X X X</div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">⊗</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN - TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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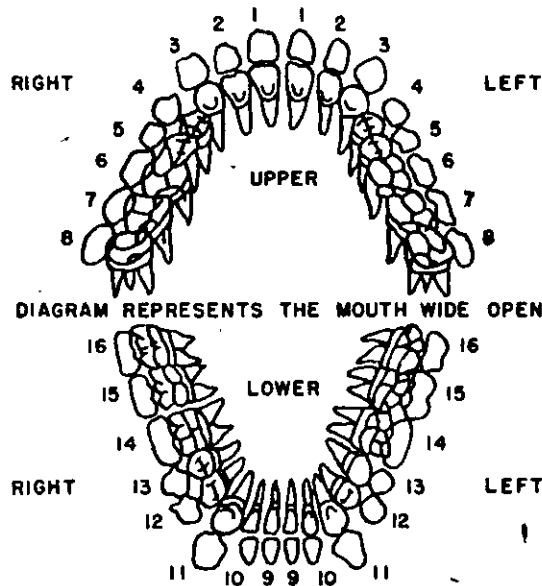
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

E. D. McCornick
SIGNATURE OF PERSON WHO PREPARED CHART

E. D. McCORNICK-Embalmer
NAME AND RANK TYPED OR PRINTED

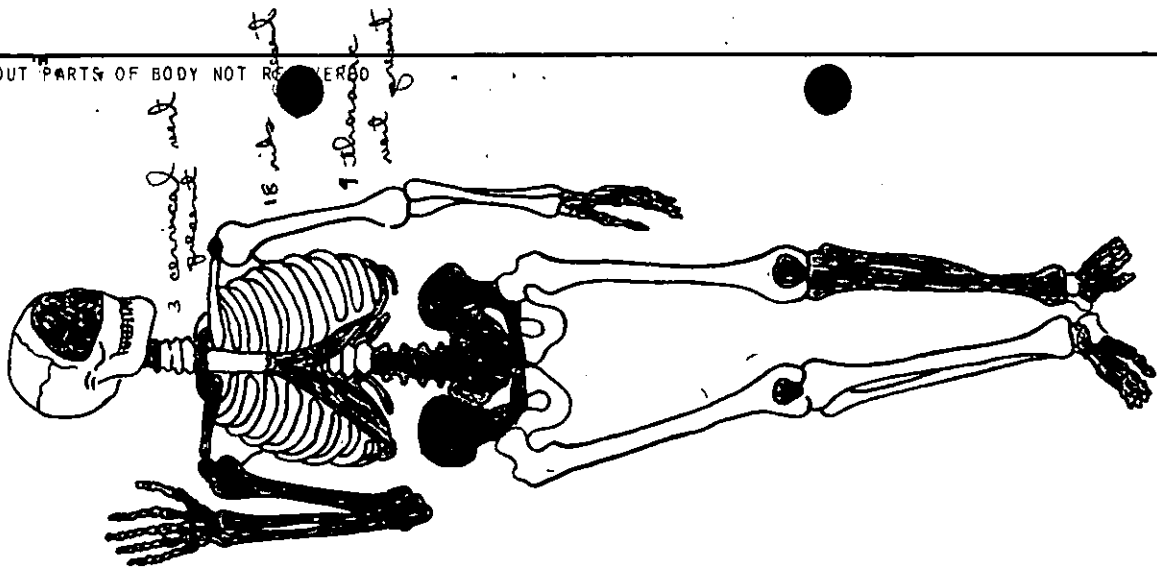
USAF CEM, #2 inschhafen, N.G.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Celestino E. Abellar
VERIFIED BY GRS OFFICER

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

27 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 _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No personal effects, no ROI bottle nor I.D. tags found with remains. Undetermined circumference of the skull. Estimated weight of remains five (5) lbs.

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/ ROY G. RUFF SP-6
 O-063085, CIP Laboratory, Manila, PI

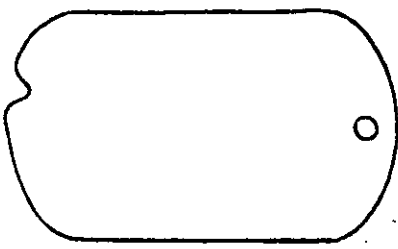
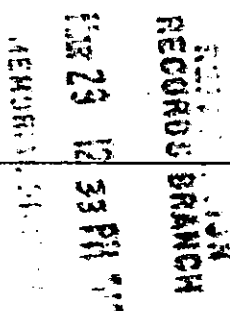
SIGNATURE
 s/ Roy G. Ruff

CERTIFIED TRUE COPY:
G. T. Gamboa
 G. T. GAMBOA
 2d Lt., MSG

APR 5-1948/acm

U-388
RESTRICTED

U 388

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 2 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-3101 (Formerly UNK X-117 USAF Cem Finschhafen #2, New Guinea)			SERIAL No. Unknown	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Unknown		CAUSE OF DEATH Unknown			DATE OF DEATH Unknown	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
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 22 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. A	GRAVE No. 8
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Finschhafen #2, New Guinea			PLOT No.	ROW No.	GRAVE No. 3093
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-3103			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 10
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3097			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 6
SIGNATURE OF PERSON PREPARING REPORT R. R. VAOLERTO, Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT L. 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.						

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Jan 1977

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


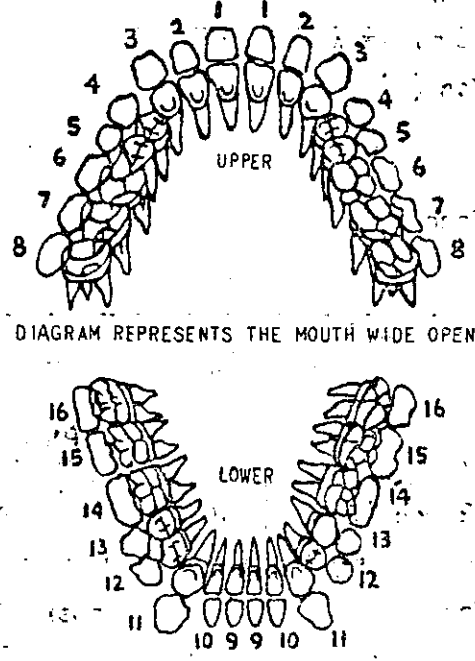

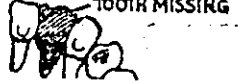


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN.</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

QMD Form 1044, 1044-A and 1044-B accomplished.

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

V308

UNKNOWN

X

117

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

1330 hrs 27 April 1945 USAF CEMETERY #2 FINSCHHAFEN, NG

(Time and date of burial) **Feburial**

(Name of Cemetery)

(Name of coordinates of location)

Disinterred from grave 4 R 6 P 2 USAF CEM. #1 Lorengau Manus (AI) *de Unknown*

3093

(Grave number)

(Row number)

(Plot number)

Cross, Regulation w/plate

(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**

DUNDAS, Ronald E 37 130 430 Pvt Co A 603 PIN

3094

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on **LEFT**

GULLIVAN, Jeremiah J O 803 894 1st Lt 417 B Cp

3092

(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 1007

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.:

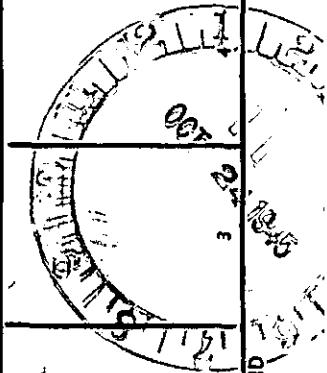
IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE
LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Garth H. Smith
Garth H. Smith, Sgt 2MC-GRS

(Signature of officer or other person reporting burial)

T. A. Danter
T. A. DANTER, 2d Lt QMC-GRS

(Verified by Army GRS Officer)



LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

THUMB

REPORT OF INTERMENT

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

RESTRICTED

U 388

(Par. 21d - TM 10-630)

Unknown, X-10,			Unknown	Unknown	Unknown
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
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)		
4	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"/>

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)

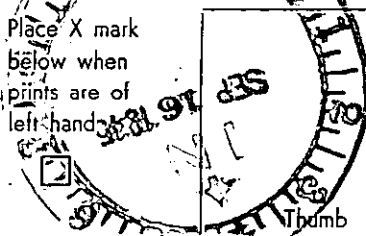
RESTRICTED

Fingerprints (right hand) if right hand missing furnish prints of left hand

(Required when positive identity cannot otherwise be established) (Page 2)

FM 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-11, Grave No. 5.

On Left- Unknown, X-9½, Grave No. 3.

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.