

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293.7enk Fenschaffen #2 X14, X16
X26, X173

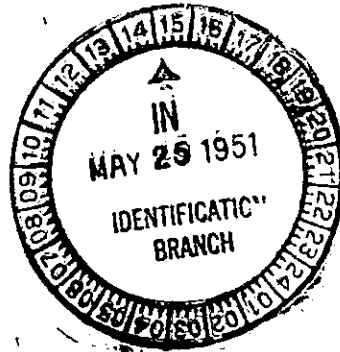
SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 293.7enk Fenschaffen #2 X14

10/12/50
Ec

RECLASSIFICATION SHEET



DISINTERMENT DIRECTIVE

#811
RH/13
Frank Finsch #2 X16

SECTION A — 176911-00121 DIRECTIVE NUMBER DATE 15 01 48

NAME AND BURIAL LOCATION OF DECEASED

NAME UNKNOWN X-000016 SERIAL NUMBER RANK 0 ARM DATE OF DEATH DAY MONTH YEAR

CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20 DISPOSITION OF REMAINS 8

PLOT ROW GRAVE 673 COUNTRY NEW GUINEA CODE DIST. PT. 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-16 (Maus) UNK X-778 SERIAL NUMBER RANK DATE OF DEATH 26 Sept. 1944 DATE DISTINTERRED 21 Sept. 1948
IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY ALBION H. McLELLAN JR. Embalmer NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

WINOR DISCREPANCIES Two (2) Identification Tags read : UNK X-778 (Maus) Formerly UNK. X-16 Finsch #26

REMAINS PREPARED AND PLACED IN CASKET DATE 21 Sept. 1948 BY ALBION H. McLELLAN JR.

CASKET SEALED BY ALBION H. McLELLAN JR. EMBALMER (Signature) Albion H. McLellan Jr. ALBION H. McLELLAN JR.

CASKET BOXED AND MARKED DATE 21 Sept. '48 BY HORACE L. ALLISON Sgt., Inf. SHIPPING ADDRESS VERIFIED BY CHARLES R. BATES, 1st Lt., USAFR

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.

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 PHILIP BRIGBYNE 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

AIRMAIL

an
QMGMT 293 1st Ind
Unks X-14, X-16 & X-26
(Finschhafen #2) *(misc)*
New Guinea
SUBJECT: Resolution of Unidentified Remains

Dept. of the Army, OQMG, Washington 25, D. C., 30 September 1949

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

Subject cases have been reviewed and this Office approved the
classification of Unknowns X-2708, X-778 and X-776, Manila Mausoleum,
formerly X-14, X-16 and X-26, USAF Cemetery Finschhafen #2 respectively,
as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

Incls w/d

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

K. Bradley:lak
V. Jeffrey
J. Windsor

cc: Administrative Section

X 293 Mail - New Guinea X - 16 (Finschhafen #2)

REB

TEC

AIRMAIL

DISINTERMENT DIRECTIVE

JLS
#2

6^{Am}

293 Unknown (New Guinea) X-16 (Fenschaffen)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 0911 00121

DATE 15 07 40

DAY MONTH YEAR

NAME

UNKNOWN X-000016

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY BRITISH GUINEA USAF FINSCHAPFEN NO 40

DISPOSITION OF REMAINS

CODE DIST. PT.

PLOT ROW GRAVE 573 COUNTRY NEW GUINEA

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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE UNDER NO. 293 - Unk. N. G. X-16 (Finschhafen #2)

I N D E X S H E E T

S Y N O P S I S

Letter

13 Oct. 1947

FROM: OQMG

TO: Chief, Demobilized Pers. Rec. Br., Rec. Admin Center, AGO
St. Louis, Mo.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk. N. G. (Misc) (Finschhafen #2) (X-14,16,26-&
173)

rtb

FILE UNDER NO. 293 - Unk. New Guinea X- 16 (Finchhafen #2)

I N D E X S H E E T

SYNOPSIS

LETTER

9/12/47

FROM
TO:

COMG

Chief, Demobilized Personnel Records Branch, Bldg. 105,
Records Admin. Center, AGO, St. Louis 20, Mo.

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unks. X-14, 16, 26 & X-173 (Finchhafen #2) N. G.
Misc.

or

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-16 (Manila Mausoleum X-778)				2. DATE OF REPORT 30 August 1949	
3. NAME OF CEMETERY US Army Mausoleum Final Type #96 Formerly Finsch #2		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 30 Aug 49 30 Aug 49

PHYSICAL DESCRIPTION Age: 19 - 21 yrs.

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR None Found	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Three (3) duplicate ID Tags reading: Unk. X-778, AGRS Mausoleum, Formerly X-16, Finsch #2.
One (1) Embossed Plate reading: Unknown X-16, Sept. 26, 1944, Gr. 673.**

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 C. DISNEY**
1st Lt., FA O-1167395 *Cyril C. Disney* **6 Sept 49**

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?
Most bones present show evidence of burning

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
Multiple Fractures

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Perforation of sternal body

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)

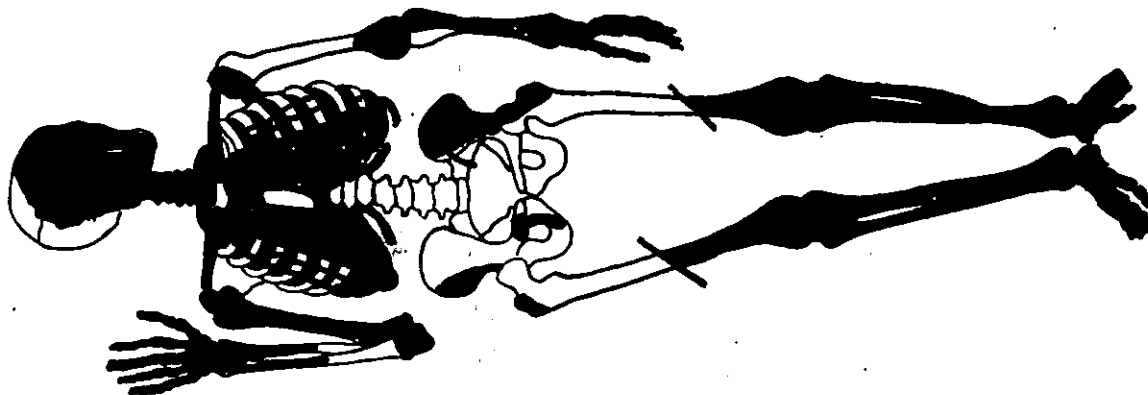
None

Mel

See 1-14 for coverage

19. BLACK OUT PARTS OF BODY NOT REQUIRED

#2 and .3 cervical vertebrae present



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

this (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT ~~THESE~~ REMAINS CONSIST OF PARTS OF 1 DECEDENT'S BASED ~~ON THE PRESENCE OF ONE OR MORE~~
~~SECURELY IDENTIFIED AND CORRECTLY PACKED~~ ^{NUMBER} on Report of Interment and no contradictory evidence at
time of this examination.

PAUL L. GRAVENOR ~~LABORATORY SUPERVISOR~~ LAB SUPERVISOR

21. REMARKS AND ADDITIONAL INFORMATION

Fluoroscopic examination unnecessary

No Teeth present

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

GILBERT L. H. WONG, CAPT., INF.
CENTRAL IDENTIFICATION LABORATORY
APO 958

SIGNATURE

CENTRAL IDENTIFICATION LABORATORY
APO 958

30 August 1949

N A R R A T I V E

Unknown X-16 Finschhafen #2 (Manila Mausoleum X-778)
Unknown X-14 Finschhafen #2 (Manila Mausoleum X-2708)
Unknown X-26 Finschhafen #2 (Manila Mausoleum X-776)


Formerly of USAF Cemetery, Los Negros #1, Admiralty Islands, were examined simultaneously this date and case-papers are herewith submitted.

The 371 forms made available to this laboratory for the below named decedents:

CISNEROS, Andres	Pvt	38454968	USA
CONTRERA, Salvatore	Pfc	32903095	USA
CUMMINS, Benjamin O	Pfc	35802036	USA
GONZALES, Manuel	Pfc	38417227	USA
KING, Roger J Jr	T/5	38474862	USA
MATHEWS, Robert E	Pvt	35607406	USA
PEARSON, Ollie E	T/5	38432476	USA
REDBIRD, Charles	Pfc	38402039	USA
RHODES, Harry K	Pvt	6851240	USA
SAMUEL, Bruce W Jr	Pvt	38432722	USA
SCHULTZ, George S	T/5	33789293	USA
SPADARO, Frank	T/5	32903419	USA
STINNETT, Houston S	T/4	38401331	USA
WALCH, Leroy J	T/5	36444633	USA
WILKINS, Billy W	Pvt	38466623	USA
YOUNG, Jack S	Cpl	38432718	USA
ZACK, Kay P	T/5	39211090	USA

were checked against each remains with negative results. It should be noted that only one (1) of the 371 forms of the seventeen (17) made available had ages given.

Therefore, it is recommended from the information at hand, that these remains be declared unidentifiable and interred as such.


PAUL L GRAZENOR
Lab Supervisor

X-14

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

(Surname)

(Christian name(s))

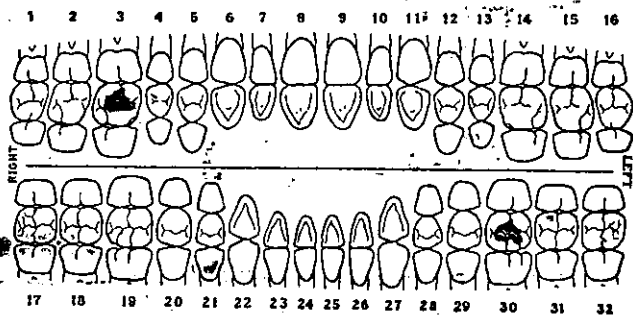
Born: Place

Date

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

RECORD OF FIRST DENTAL EXAMINATION

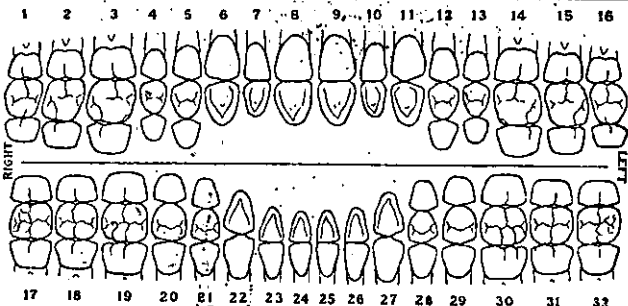


REMARKS:

*H. C. Wilson
Lt. (00) USNR*

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



1. LAST NAME, FIRST NAME, MIDDLE INITIAL:

UNKNOWN X 14

2. REGISTER No.

3. ARMY SERIAL No.

4. GRADE

5. ORGANIZATION AND ARM OR SERVICE

6. AGE

7. RACE

8. LENGTH OF SERV.

9. DATE OF ADM.

10. SOURCE OF ADMISSION*

**REGISTER
OF DENTAL
PATIENTS**

*Required only when stencil procedure is used.

11. DISEASE OR INJURY WITH
LOCATION, COMPLICATIONS,
SEQUELAE, ETC.

12. DATES AND NATURE OF TREATMENTS
AND OPERATIONS

13. RESULTS AND REMARKS

SIGNATURE OF DENTAL OFFICER

/s/ G. C. Wilson

Lt. (D.C.), USNR.

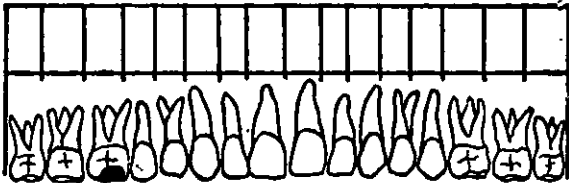
REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT

LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

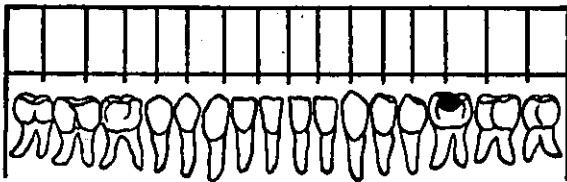


LOWER TEETH*

RIGHT

LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS

OCCCLUSION

CALCULUS: SLIGHT. MEDIUM. HEAVY

PERIODONTOCLASIA

DENTAL FOCI SUSPECTED

YES

NO

OTHER CONDITIONS

A TRUE COPY:

Samuel B. Bristow

SAMUEL B. BRISTOW
1st Lt., Q. M. C.

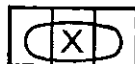
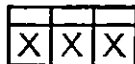
DATE

SIGNATURE OF DENTAL OFFICER

* RESTORABLE CARIOUS TEETH BY O
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE
(Horizontal line)

TEETH REPLACED BY FIXED BRIDGE
(Oval to include abutments)



IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-778 (Formerly UNK X-16, USAF
~~Unknown X Cem #2, Finschhafen, N.G.~~)

Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row HANGER BAL A Grave CRUPE 145

AGRS Mausoleum Manila, P.I.

1. Arrived at cemetery 15 Oct 47
(Hour) (Date)
2. Place of death Aboard SS Don Marquis
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by AGRS Det #2
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	(Type) / / / / /		
Raincoat	/ / / / /		
Overcoat	/ / / / /		
Jacket, Field	/ / / / /		
Jacket, Combat	/ / / / /		
Mackinaw	/ / / / /		
Sweater		N	
Jacket, HBT		O	
* Shirt, Wool OD		N	
Undershirt, Wool		E	
Undershirt, Cotton		/ / / / /	
Trousers, HBT		/ / / / /	
* Trousers, Wool OD		/ / / / /	

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or
Insignia
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only**

Age Height ^{UTD} Weight ^{UTD} Description of wounds

Bandages or dressings Scars
(Length, width, location)

..... Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks
(Yes-no; description, location)

Sunburn or tan, other than hand and face
^U
^T
^D

Complexion
(Light, medium, dark, clear, pimples, pocks, freckles)

Build
(Large, fat, thin, muscular)

Hair
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) Ears (Size, set close to or far from head)

Mouth (Large, medium, small) Lips (Small, large, full)

Teeth (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin (Prominent, receding, pointed, dimples, double)

Jaw (Large, small, normal) Circumference of head in inches (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands (Unusual characteristics of fingernails)

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

Back (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? No If not, explain _____
(Yes-no)

9. Remarks No burial bottle. No other means of identification. According to R.O.I. this man was killed in a marine disaster at sea aboard SS Don Marquis, 26 Sept 44. Est. weight of remains 3 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ Edward H. Marshall
(Officer's Name)

SP-8 C-062874
Rank Service

AGRS Mausoleum, Manila, P.I.
(Organization)
14 Oct 47

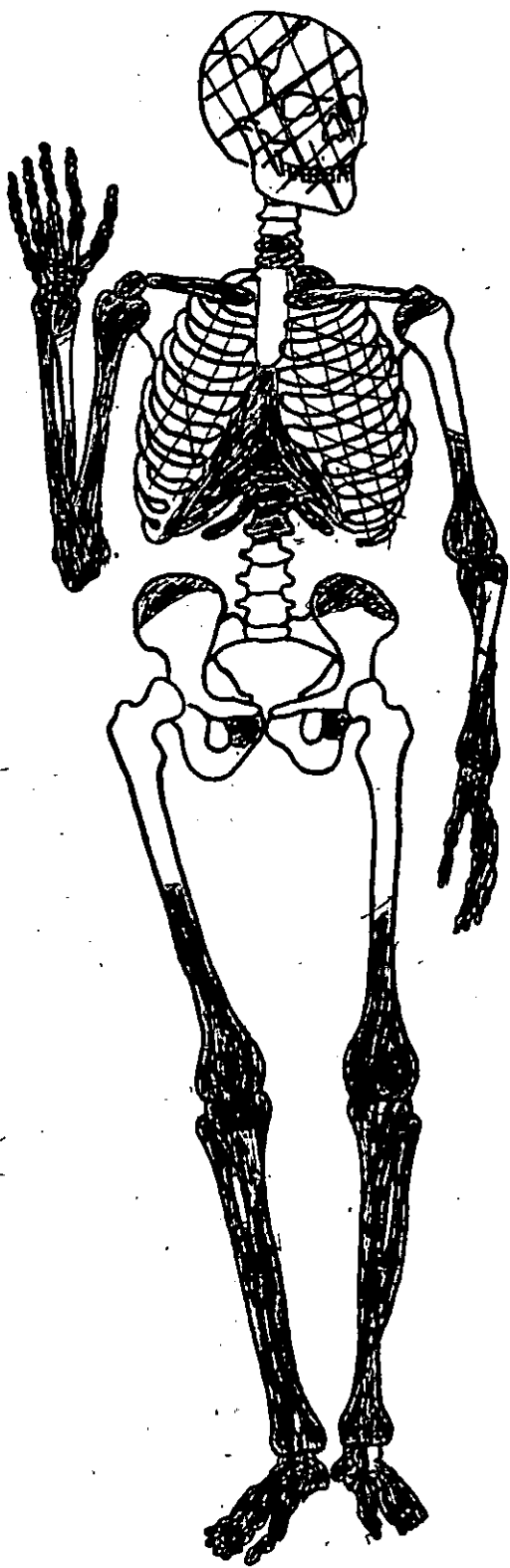
A CERTIFIED TRUE COPY:

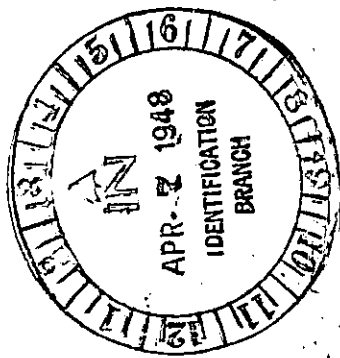
George T. Gamboa
GEORGE T GAMBOA
2d Lt, MAC

X-778

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





RESTRICTED

*Widow
Hawaii*

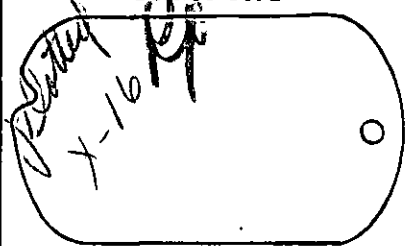
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

DEC 15 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-16 (UNIDENTIFIABLE)		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 Aboard SS Don Marquis	CAUSE OF DEATH KIA	DATE OF DEATH 26 Sep 44
--	------------------------------	-----------------------------------

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) UNIDENTIFIABLE
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
National Memorial Cemetery of the Pacific, Honolulu, T.H.

DATE OF BURIAL 15 Dec 1949	HOUR 10:00 AM	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. P	ROW No.	GRAVE No. 624
--------------------------------------	-------------------------	---	--------------------------------------	----------------------	---------	-------------------------

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. 673
---	--	----------	---------	-------------------------

TYPE OF RELIGIOUS CEREMONY Hebrew Protestant Catholic	PERSON CONDUCTING BURIAL RITES Rabbi Kumin Chaplain Kirtley Chaplain Fitzgerald	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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 601
--	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 647
---	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>LeRoy F. Turner</i> LEROY F. TURNER Adm. Ass't.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Kenneth S. Hino</i> KENNETH S. HINO, 1st 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.

Section 5 UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

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

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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

24 JAN 1950

Identification Section



REMARKS:

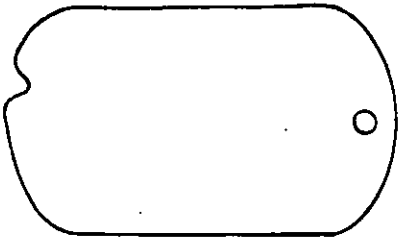
RESTRICTED

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

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

DATE OF REPORT

DEC 15 1949

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>	
	<p>NAME (Last, first, middle initial)</p> <p>UNKNOWN X-16 (FINSCHHAFEN #2) (UNIDENTIFIABLE)</p>	<p>SERIAL NO.</p> <p>Unknown</p>
	<p>GRADE</p> <p>Unknown</p>	<p>ORGANIZATION</p> <p>Unknown</p>
	<p>RACE</p> <p>Unknown</p>	<p>RELIGION</p> <p>Unknown</p>

<p>BRANCH OF SERVICE</p> <p>Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
<p>PLACE OF DEATH</p> <p>Aboard SS Don Marquis</p>	<p>CAUSE OF DEATH</p> <p>KIA</p>
<p>DATE OF DEATH</p> <p>26 Sep 44</p>	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p>None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p> <p align="center">UNIDENTIFIABLE</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p>Yes</p>	

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

National Memorial Cemetery of the Pacific, Honolulu, T.H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
15 Dec 1949	10:00 AM	Permanent Type Casket	Cross	P		624

<p>WAS THIS A REBURIAL? (Yes or no)</p> <p>Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>USAF Cemetery #2, Finschhafen, N. G.</p>						
	<table border="1"> <tr> <td>PLOT NO.</td> <td>ROW NO.</td> <td>GRAVE NO.</td> </tr> <tr> <td></td> <td></td> <td>673</td> </tr> </table>	PLOT NO.	ROW NO.	GRAVE NO.			673
PLOT NO.	ROW NO.	GRAVE NO.					
		673					

<p>TYPE OF RELIGIOUS CEREMONY</p> <p>Hebrew Protestant Catholic</p>	<p>PERSON CONDUCTING BURIAL RITES</p> <p>Rabbi Kumin Chaplain Kirtley Chaplain Fitzgerald</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p>Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p>Yes</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				601

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				647

<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p><i>Leroy F. Turner</i> LEROY F. TURNER Adm. Ass't.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>Kenneth S. Hino</i> KENNETH S. HINO, 1st Lt., INF.</p>
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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.

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:






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

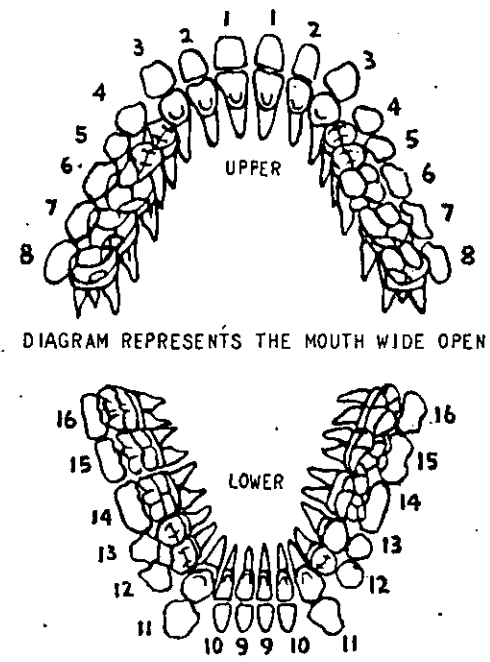
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

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

OTHER IDENTIFICATION CLUES

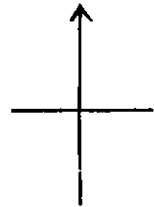
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



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

24 JAN 1950

Identification Section



REMARKS:

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

6609 0005
RESTRICTED
OK

Graves Registration
Form 100
(Revised May 21, 1943)

UNKNOWN X-16

(Last name) (First) (Initial) (Serial number) (Rank) sea (Organization)
Aborad SDon Marquis 26 Sept 1944 Killed in marine disaster at
(Place of death) (Date of death) (Cause of death)

1000 hrs 3 March 1945 USAF CEMETERY #2, FINSCHHAFEN, NG
(Time and date of burial) reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 124 R 9 P 2 USAF Cem Los Negros Is. #1, Adm Is.
673 Reg cross
(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?)

(If no identification tags, but identity definitely established, give particulars) Religion
Hq Co, 1906

Body buried on RIGHT Daly, Charles T. Jr. 11 052 524 Tec 5 Eng Avn 674
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Simpson, Robert 35 208 354 Sgt Hq Btry 672
(Name) (Serial number) (Rank) (Organization) (Grave number)

1750 (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 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.


 G. A. ROSE, M. SGT., QMC
 (Signature of officer or other person reporting burial)


 P. A. DANNER, 1st Lt., QMC
 (Verified by Army GRS Officer)

LEFT HAND

4

3

2

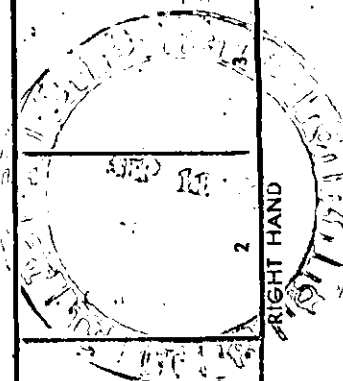
1

THUMB

4

2

THUMB



RE-RESTRICTED 6609
REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

6609

UNKNOWN X-16

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Killed in marine disaster

Aboard SS Don Marquis

26 Sept. 1944

at sea

(Cause of death)

(Place of death)

(Date of death)

1000 hrs 3 March 1945

USAF CEMETERY, FINSCHHAFFEN #2, N. G.

(Time and date of burial)

(Name of Cemetery)

(Name of coordinates of location)

Reburial

Disinterred from Grave 124; USAF Cem. Los Negros #2, A. I. or Unknown X-14

673

(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... DAILY, Charles T. Jr 11 052 524 Tec-5 1906 ENG AVN 674

(Name)

(Serial number)

(Rank)

H&S Co.,

1906 ENG AVN 674

Hq Btry,

(Grave number)

Body buried on LEFT... SIMPSON, Robert 35 208 334 Sgt. 1 FA Bn 672

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

111

(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

(*) No. 1247

691

CONFIDENTIAL REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

*Rec'd
14 Dec 44*

6609

Unknown X, 14

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Aboard SS Don Marquis

(Place of death)

26 Sept. 1944

(Date of death)

Killed in marine disaster at sea.

(Cause of death)

1400 30 Sept. 44

(Time and date of burial)

U.S.A.F. Los Negros No I

(Name of Cemetery)

A.I.

(Name of coordinates of location)

124

(Grave number)

9

(Row number)

2

(Plot number)

Cross

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body

Yes

No

Attached to marker

Yes

No

*P. J. ...
1st Lt ...*

(If no identification tags, what means of identification are buried with the body?)

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

Religion.....

Body buried on RIGHT

Unknown X, 15

(Name)

(Serial number)

(Rank)

(Organization)

125

(Grave number)

Body buried on LEFT

Unknown X, 13

(Name)

(Serial number)

(Rank)

(Organization)

123

(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:

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.

T-5 Holman B Turner
.....
(Signature of officer or other person reporting burial)
Holman B Turner T-5

Edward F Ginter
.....
(Verified by Army G. Officer)

Edward F Ginter 2nd Lt G.R.O.

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
8 NOV 1944

RE-

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

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

UNKNOWN X-16

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Aboard SS Don Marquis			26 Sept. 1944	at sea	Killed in marine disaster
(Place of death)	(Date of death)			(Cause of death)	
1000 hrs 3 March 1945	USAF CEMETERY, FINSCHHAFEN #2, N. G.				
(Time and date of burial)	(Name of cemetery)			(Name or co-ordinates of location)	
Disinterred from Grave 124; USAF Cem. Los Negros #2, A. I. as <i>UNKNOWN X-14</i>					
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)		
673			Cross-regulation w/plate		

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Religion.....

(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 DALY, Charles T Jr	11 052 524	Tec-5	1906 ENG AVN	674
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on	LEFT SIMPSON, Robert	35 208 334	Sgt.	Hq BTRY 1 FA Bn.	672
	(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

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

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

DATE OF REPORT

18 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-778 (Formerly UNK X-16, USAF
Cemetery Finschhafen #2, N.G.)

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

Aboard SS Don Marquis

CAUSE OF DEATH

Killed in Marine disaster

DATE OF DEATH

26 Sept 1944

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.I.

DATE OF BURIAL

STORAGE
15 Oct 47

HOUR

0800

BURIED IN (Shroud, blanket, or name of other)

Casket

TYPE OF GRAVE
MARKER

None

PLOT No.
HANGER

812

ROW No.
BAY

A

GRAVE No.
CRYPT

145

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 Finschhafen #2, New Guinea

PLOT No.

ROW No.

GRAVE No.

673

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION 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)

BURIED
UNKNOWN X-782

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

147

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

BURIED
UNKNOWN X-774

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

143

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPPIO, Jr, 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.

Section UNIDENTIFIED REMAINS.


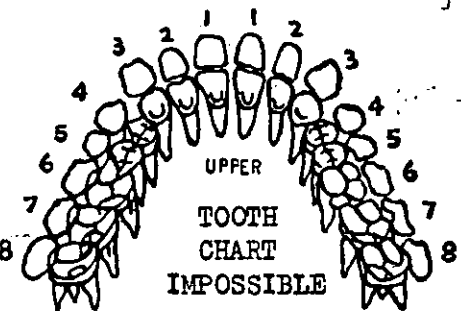
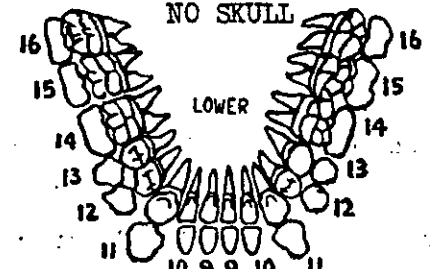




INSTRUCTIONS:

(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.

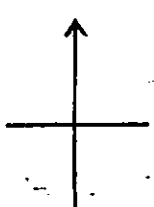
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>NO SKULL</p>  <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

Identification Check List accomplished.

24 NOV 1947