

RECLASSIFICATION SHEET

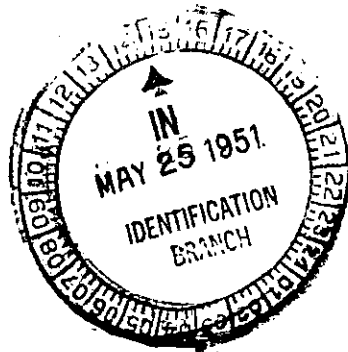
PAPERS ORIGINALLY FILED 293. Unit. General... #2 X14, X16,
X26, X173

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 393. Unit. General... #2 X14
10/12/30
EE

RECLASSIFICATION SHEET



1

H 803
R 12A
F 937 73

DISINTERMENT DIRECTIVE

34 M Finsch #2 X26

| | | |
|---|--------------------------------|------------------|
| SECTION A — NAME AND BURIAL LOCATION OF DECEASED | DIRECTIVE NUMBER 6911 00161 | DATE 15 01 48 |
|---|--------------------------------|------------------|

| | | | | |
|---|---------------------------|--------------|-----------------------|-----------------------------------|
| NAME UNKNOWN | SERIAL NUMBER X-000026 | RANK | ARM 0 | DATE OF DEATH DAY MONTH YEAR |
| CEMETERY BRITISH GUINEA USAF FINSCHAFFEN NO 20 | | | | DISPOSITION OF REMAINS 7701 80 |
| PLOT | ROW | GRAVE 909 | COUNTRY NEW GUINEA | CAUSE OF DEATH 6 |

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-26 UNK X-776 (Maus) | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISTINTERRED 21 Sept. 1948 |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION UNKNOWN | RELIGION | IDENTIFICATION VERIFIED BY CLIFFORD INGROVILLE Embalmer NAME AND TITLE | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | |
|----------------------------------|----------------------------------|
| NATURE OF BURIAL Shelter Half | CONDITION OF REMAINS Skeletal |
|----------------------------------|----------------------------------|

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
Two (2) Identification Tags - UNK X-776 (Maus.)

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept. 1948 BY CLIFFORD INGROVILLE

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

CASKET BOXED AND MARKED HORACE L. ALLISON
DATE 21 Sept. 48 Sgt., Inf.
SHIPPING ADDRESS VERIFIED BY TEOFILO M. AMUTAN, 1st Lt., Inf.

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

Teofilo M. Amutan
TEOFILO M. AMUTAN, 1st Lt., 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 | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER (RECEIVED BY THE ORDER) MILITARY ENGINEERING ISLANDS | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

| | | | |
|---|------|--|-------------------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER AGRS MAUSOLEUM | DATE | SIGNATURE OF RECEIVER NO 50 1201 | DATE 00 |

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) *msc*
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:lek
V. Jeffrey
J. Windsor

cc: Administrative Section

X 293 Unk - New Guinea
REC
TEC
X 26 / Finschhafen #2

DISINTERMENT DIRECTIVE

Am
6

293 Unk. New Guinea X-26 / Finschhafen #2

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5911 00161

DATE
15 01 46
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000026

RANK

ARM
0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY
BRITISH GUINEA USAF FINSCHAPFEN NO 40

DISPOSITION OF REMAINS
7701 20

CODE DIST. PT.

LOT ROW GRAVE COUNTRY
005 NEW GUINEA

CAUSE OF DEATH
6

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 DISINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

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

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.

719
FILE UNDER NO. 293 - Unk. N. G. X-26 (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-a
173)

rtb

FILE UNDER NO. 293 - Unk. New Guinea X-26 (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. 108,
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.

OF

FILE UNDER NO. 293 - Unknown N. G. I- 26 (Finschhafen)

I N D E X S H E E T

S Y N O P S I S

2nd Ind.

14 Nov. 1946

FROM: Hdqrs., U. S. Armed Forces Cemeteries, Finschhafen, N. G.
APO 707
TO: Sector Commander, Amer. GRS, AFWESPAC, APO 707.
RE: Burial Information.

DOCUMENT FILED UNDER NO. 293 - Laxey, E. S. (38,455,602)

rtb

IDENTIFICATION DATA

| | | | | | | | |
|---|--|---------|--------|--|--|--|---------------------------------|
| 1. REMAINS OF UNKNOWN X-26 (Manila Mausoleum X-776) | | | | 2. DATE OF REPORT 30 August 1949 | | | |
| 3. NAME OF CEMETERY US Army Mausoleum Final Type #97 Formerly Finsch #2 | | 4. PLOT | 5. ROW | 6. GRAVE 909 | 7. DATE OF DISINTERMENT 30 Aug 49 | | REINTERMENT 30 Aug 49 |

| | | | | | | |
|---|---|--|--|--|------------------------|--|
| PHYSICAL DESCRIPTION Age: 17 - 19 yrs. | | | | | | |
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5' 8 7/8" - 6' 1 5/8" | 10. COLOR OF HAIR Pubic Hair, dark brown | | | 11. RACE UTD | |

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**ID Tag on blanket reads: Unk. X-26, 909. ID Tag on blanket reads: Unk. X-776, AGRS Mausoleum, formerly X-26, Finsch #2.
Stencil on shipping case reads: Unk. X-26, Finsch #2.**

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 0-1167395 *Cyril C. Disney* **6 Sept 49**

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?
Right leg and arm.

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
Multiple fractures of most parts present.

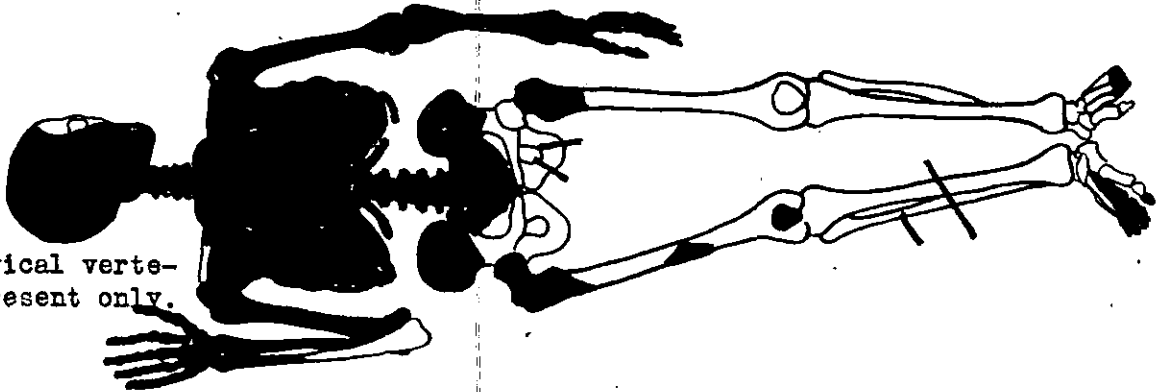
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

19. BLACK OUT PARTS OF BODY NOT REQUIRED



#1 cervical vertebrae present only.

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

this (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT ~~THE~~ REMAINS CONSIST OF PARTS OF 1 DECEDENT~~X~~ BASED ON ~~THE PRESENCE OF ONE OR MORE~~ ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ Report of Interment ^{NUMBER} and the fact that no contradictory evidence is present.

PAUL L. GRAVENOR ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ LAB SUPERVISOR

21. REMARKS AND ADDITIONAL INFORMATION

The age estimate is based on the pubic symphysis and ischial tuberosity only.

Height estimate based on measurement of Tibiae only.

R - 187 - 73.62 - 6' 1 5/8"
K - 176 - 69.29 - 5' 9 1/4"
P - 175 - 68.90 - 5' 8 7/8"

Fluoroscopic examination unnecessary

No Teeth

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

NARRATIVE

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

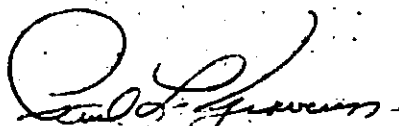
Formerly of USAF Cemetery, Los Negros #1, Admiralty Islands, were examined simultaneously this date and case papers are herewith submitted.

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 |
| MATHENS, 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. CRAVENOR
Lab Supervisor

IDENTIFICATION CHECK LIST

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

/af

UNKNOWN X-776 (Formerly
 Unknown X-26 USAF Cem #2, Finsch., N.G.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row HANGER BAH Grave CR/P1 137

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery: 14 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~~ 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 | / | | |
| Raincoat | / | | |
| Overcoat | / | | |
| Jacket, Field | / | | |
| Jacket, Combat | / | | |
| Mackinaw | N | | |
| Sweater | N | | |
| Jacket, HBT | E | | |
| * Shirt, Wool OD | / | | |
| Undershirt, Wool | / | | |
| Undershirt, Cotton | / | | |
| Trousers, HBT | / | | |
| * Trousers, Wool OD | / | | |

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes One (1) Right Shoe (type) 10-E Size, Service

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 Est. Height 5' 7" Est. Weight 140 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

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)

U
T
D

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 No Skull
(Yes-no)

9. Remarks No burial bottle with ROI found. No personal effects. No
other means of identification. Estimated weight of remains 8-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

CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-776

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

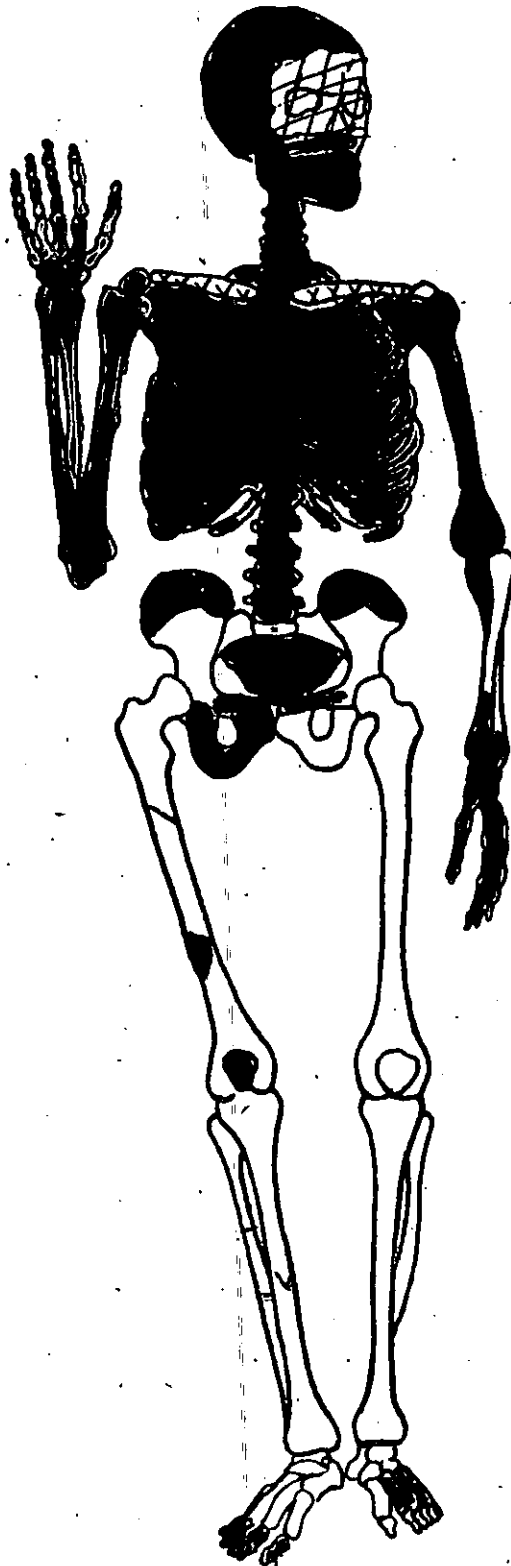


CHART "A"

RESTRICTED

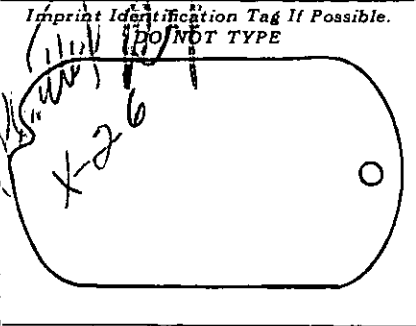
with name

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



Section 1.—IDENTIFICATION.

| | | | |
|---|--------------------------------|--|-------------------------------------|
| NAME (Last, first, middle initial) UNKNOWN X-26 | | (FINSCHHAFEN #2) (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. 625 |
|--------------------------------------|-------------------------|---|--------------------------------------|----------------------|---------|-------------------------|

| | | | | |
|--|--|----------|---------|-------------------------|
| 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. 909 |
|--|--|----------|---------|-------------------------|

| | | |
|---|---|---|
| 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. 602 |
|--|------|------------|--------------|-------------------------|

| | | | | |
|---|------|------------|--------------|-------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 648 |
|---|------|------------|--------------|-------------------------|

| | |
|--|--|
| SIGNATURE OF PERSON PREPARING REPORT <i>LeRoy J. Turner</i> LeROY J. 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.

RESTRICTED

Incl 3

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


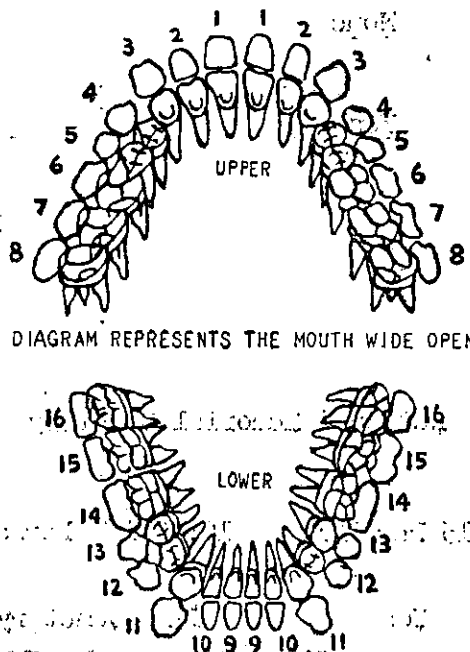




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

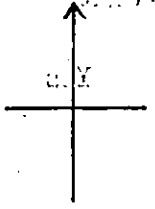
OTHER IDENTIFICATION CLUES

| | | |
|---------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <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



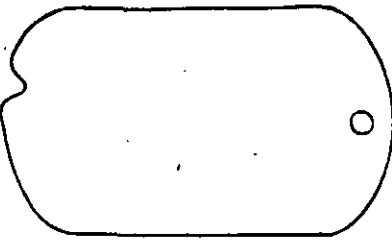


REMARKS:

RESTRICTED

WD 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) (FINSCHAFEN #8) UNKNOWN X-26 (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 | | UNIDENTIFIABLE | | | | |
| 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. 625 |
| 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. 909 |
| 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. 602 |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 648 |
| SIGNATURE OF PERSON PREPARING REPORT  LeROY F. TURNER Adm. Ass't. | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT  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. | | | | | | |

RESTRICTED

Handwritten initials

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


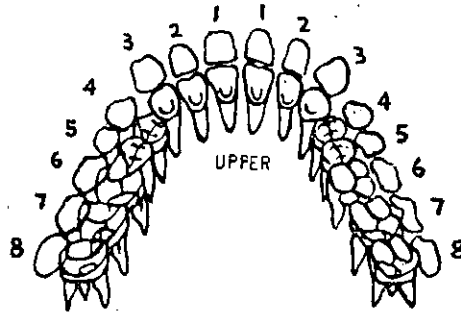




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| 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</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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

24 JAN 1950

Identification Section



REMARKS:

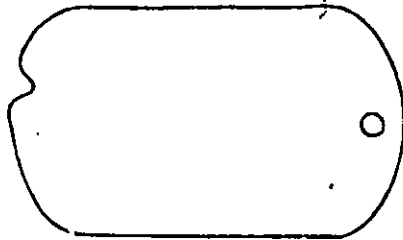
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

17 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

| | | |
|--|-------------------------|---|
| NAME (Last, first, middle initial) UNKNOWN X-776 (Formerly Unk X-26 USAF Cem #2, Finschhafen, 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 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) |
| 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

GRS MAUSOLEUM, MANILA, P.I.

| | | | | | | |
|--|--------------|--|---------------------------------|---------------------------|---------------------|---------------------------|
| DATE OF BURIAL STORAGE 15 Oct 47 | HOUR 0800 | BURIED IN (Shroud, blanket, or name of other) STORAGE Casket | TYPE OF GRAVE MARKER None | PLOT No. WANGER 812 | ROW No. BAY A | GRAVE No. CRYPT 137 |
|--|--------------|--|---------------------------------|---------------------------|---------------------|---------------------------|

| | | | | |
|--|--|----------|---------|------------------|
| 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. | GRAVE No. 909 |
|--|--|----------|---------|------------------|

| | | |
|-------------------------------|--------------------------------|--|
| 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) STORAGE Yes | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes |
|--|---|

| | | | | |
|--|------|------------|--------------|---------------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-775 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 139 |
|--|------|------------|--------------|---------------------------|

| | | | | |
|---|------|------------|--------------|---------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-777 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 135 |
|---|------|------------|--------------|---------------------------|

SIGNATURE OF PERSON PREPARING REPORT
Wm R Gilbert
Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT
Lucio S Panopio Jr
LUCIO S PANOPIO 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.

Incl. 669

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


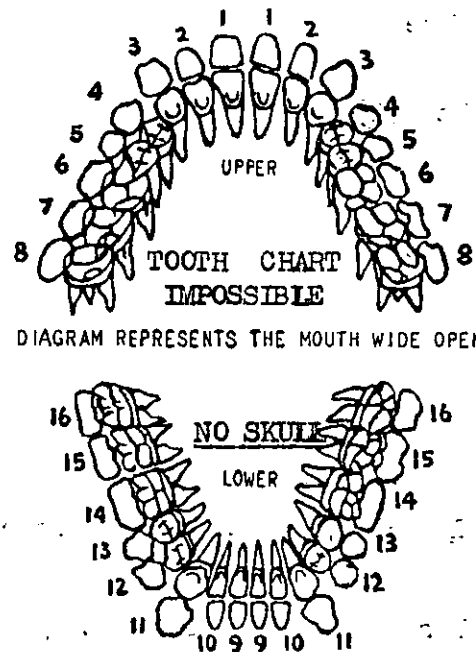


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

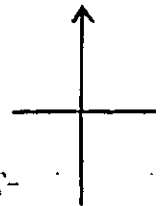
| | | | | |
|-----------------------|--------|---------------|--------------------------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |
| WEAPON AND SERIAL NO. | | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |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

OTHER IDENTIFICATION CLUES

One right service shoe size 10-E found with the remains.

| | | | |
|-----------------------|------------------------|--|---|
| LEFT LITTLE FINGER | FILLINGS |  SILVER FILLING GOLD FILLING |  |
| | LEFT THUMB | CAVITIES | |
| LEFT INDEX FINGER | MISSING TEETH |  TOOTH MISSING | |
| | RIGHT THUMB | CROWNED TEETH | |
| RIGHT RING FINGER | BRIDGE WORK |  GOLD BRIDGE | |
| | RIGHT MIDDLE FINGER | | |

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



REMARKS:

Identification Check List accomplished.

13 JAN 1948

CORRECTED

Graves Registration
Form No. 1
(Revised May 11, 1963)RE
REPORT OF INTERMENT6607
6607
RESTRICTED

(TM 10-630 AND AR 30-1815)

UNKNOWN X-26

| (Last name) | (First) | (Initial) | (Serial number) | (Rank) | (Organization) |
|---|-----------------------------------|-----------|-------------------------------------|--------|----------------|
| Aboard SS Don Marquis | 26 Sep | 1944 | Killed in marine disaster <i>OK</i> | | |
| (Place of death) (Date of death) (Cause of death) | | | | | |
| 1000 hrs 25 Feb 1945 | USAF CEMETERY #2, FINSCHHAFEN, NG | | | | |
| (Time and date of burial) (Name of Cemetery) (Name of coordinates of location) | | | | | |
| Disinterred from grave 122 R 9 P 2 USAF Cem #1, Los Negros, Adm Is. X-12 | | | | | |
| 909 | | | Reg cross | | |
| (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other) | | | | | |
| Disposition of identification tags: Buried with body Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attached to marker Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |

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

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

| | | | | | Religion |
|---|-------|----------------------|------------|----------------|----------|
| | | | | | Inf |
| Body buried on | RIGHT | Finkelstein, William | 32 173 242 | Pfc Co K 158 | 910 |
| (Name) (Serial number) (Rank) (Organization) (Grave number) | | | | | |
| Body buried on | LEFT | Mossman, William J. | 20 926 175 | Tec 5 Co A 166 | Eng 908 |
| (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:

8 No. 1247

NONE - REINTERMENT
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.

[Signature]

 (Signature of officer or other person reporting burial)

[Signature]

 (Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

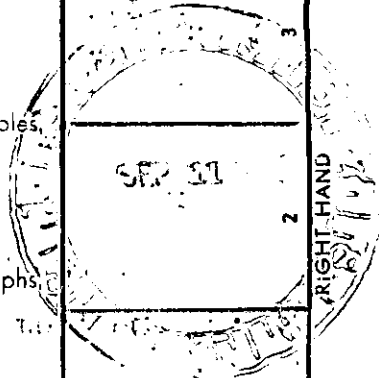
4

3

2

1

THUMB



RE-

6607
6007

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN

X-26

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Aboard SS Don Marquis 26 September 1944 Killed in marine disaster at sea

(Place of death) (Date of death) (Cause of death)

1000 hrs 25 Feb 1945 USAF CEMETERY #2 FINSCHHAFEN, NG
 (Time and date of burial) reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 122 USAF LOS NEGROS CEMETERY #2 AI
 (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

Body buried on RIGHT FINKELSTEIN, William 32 173 242 Pfc Co K 158Inf 910
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT MOSSMAN, William J. 20 926 175 Tec 5 Co A 166th Eng 908
 (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

105
(*) No. 1247

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)

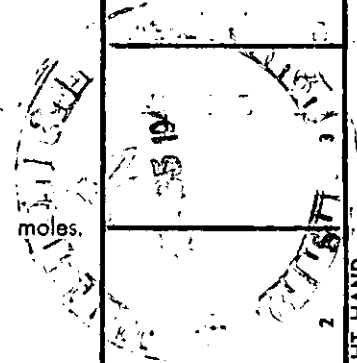
In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

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.

Geo A Ross
GEO. A. ROSS, M/SGT., OMC, GBS
(Signature of officer or other person reporting burial)

Charles E Myers
CHARLES E. MYERS, LT., OMC
(Name of person in charge of burial)



LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

THUMB

4

3

2

1

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.

F-5 *Holman B Turner*
 (Signature of officer or other person reporting burial)
Holman B Turner 1/5
Edward F Ginter
 (Verified by Army GRS Officer)
Edward F Ginter 2nd G.R.O.

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
3 NOV 1944