

MAIL

QCMT 293
GHS Far East

22 March 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

- Unknown-X-33, Agat Guam #2, Unit 2, Page 5
- " X-50, 4th Mar. Div. Saipan, Unit 2, Page 3
- " X-719, Leyte #1, Unit 2, Page 14 (PREV. X-31 Finsch #2)
- 293 " X-1511, AGRS Maus. Unit 2, Page 26
- " X-3641, " " " 2, " 18

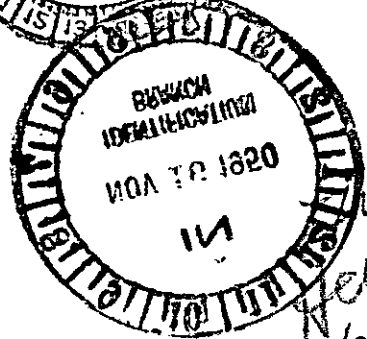
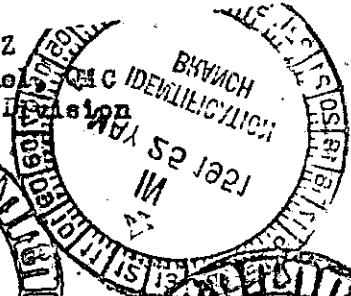
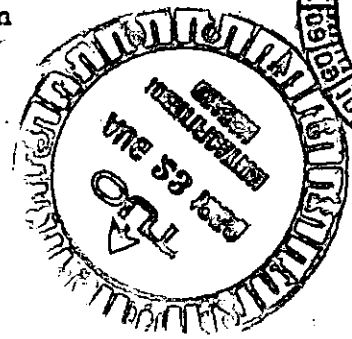
2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

R. Miller:lrc
Salser
JW
cc--Administrative Section
cc--Cincfe

T. H. METZ
Lt. Colonel
Memorial Division

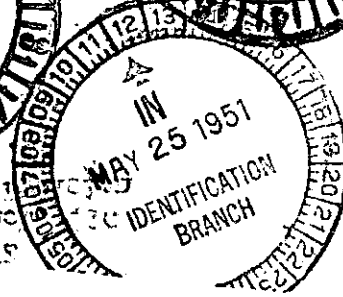
JMM
TEC



*file
6/2/51
KIP*

AIRMAIL

RECEIVED



cc - [illegible]
cc - [illegible]
cc - [illegible]
cc - [illegible]

RECEIVED
FBI
FBI
FBI

10
11

FOR THE GOVERNMENT OF THE UNITED STATES

IDENTIFICATION OF THE ABOVE NAMED PERSONS AS INDICATED BY THE
S. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

- X-2047
- X-2048
- X-2049
- X-2050
- X-2051
- X-2052

of the [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
I. Reference is made to the following [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

FOR INFORMATION OF THE [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
VBO 000 of [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
FBI [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
IDENTIFICATION BRANCH [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
COMMUNICATIONS SECTION

10:

IDENTIFICATION OF [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

ONE [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
PAGE 002

NOV 16 1950

RECEIVED

QMGIT 293

QMG PAF East

SUBJECT: Identification of World War II Deceased

2d Ind.

Hughes, Duncan S.
0-726,170

Department of the Army, OQMG, Washington 25, D. C., 16 June 1949

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

1. Proceedings of the Field Board of Review, dated 5 April 1949, recommending identification of Unknown K-1511, AGRS Mausoleum, Manila, P.I., as 2/Lt. Duncan S. Hughes, O-726 170, forwarded with preceding indorsement, are returned herewith disapproved.

2. The information submitted is considered insufficient to warrant an association of Unknown X-1511 with the circumstances surrounding death of Lieutenant Hughes.

3. Reference is made to inclosed copy of letter from the Sub-District Office, Tufi, dated 15 September 1947, as to a plane crash off AKU (Porlock Harbor) Tufi in 1942, when one crew member was buried near the Government Rest House, AKU, and that some weeks later his body was removed by members of an Australian Unit. Records in this Office do not indicate that this information was checked by your headquarters.

4. Additional dental information, not previously forwarded your headquarters, is inclosed for your information.

5. It is requested that further investigation be conducted and findings forwarded this Office with the least practicable delay.

FOR THE QUARTERMASTER GENERAL:

124/01/02/03/04

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

- 5 Incls:
- Incls 2-3-4 n/c
- 1 Incl added
- 5 - Form 79 (Hughes)
- 6 - Cpy ltr dtd 15 Sept 47

*X 293 unfiled
X 1511 (Manila, Hawaii)*

1/jcs

RLC

1

Interred 7 Mar 1950
N 10 91 Ft. McHenry
Carl R. H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00208

DATE
15 01 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
		UNKNOWNX-000031			0		
CEMETERY						DISPOSITION OF REMAINS	
BRITISH GUINEA USAF FINSCHAFFEN NO 20						7701 80	
						CODE	DIST. PT.
PLOT						CAUSE OF DEATH	
ROW	GRAVE	COUNTRY				6	
	1614	NEW GUINEA					

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNK X-000031 UNK X-1511 (Maus.)				21 Sept. 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		ALBION H. McLELLAN JR. Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
Two (2) Identification Tags show: UNK X-1511 (Maus)
Formerly UNK X-31 Finsch #2.

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

10 APR 1948
[Handwritten initials]

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 <i>Carroll H. Mark</i>	DATE MAR 7 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>PERKINSON</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

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

6. SHIPPED

FROM 1014 1/2 1/2 1/2 1/2		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER COLMAN	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

1003 CRJ

DISINTERMENT DIRECTIVE

1

/CSV

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6911 00283

DATE
15 09 48
DAY MONTH YEAR

NAME: UNKNOWN X-000031
SERIAL NUMBER: UNKNOWN X-000031
GRADE: [blank] ARM: Q
RACE: 0 RELIGION: 6

CEMETERY: FINSCHAFFEN 2 NEW GUINEA
PLOT: [blank] ROW: [blank] GRAVE: 2905
DISPOSITION OF REMAINS: 7701 80
CODE: [blank] DIST. CTR.: [blank]

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-31
UNK X-1511 Mslm.
SERIAL NUMBER: [blank] GRADE: [blank] DATE OF DEATH: [blank] DATE DISTINTERRED: 25 April 49
IDENTIFICATION TAG ON: [] REMAINS [] MARKER [] ORGANIZATION: UNKNOWN RELIGION: [blank] IDENTIFICATION VERIFIED BY: RICHARD HOYT, Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal
OTHER MEANS OF IDENTIFICATION: [blank]

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE: 25 April 49 BY: RICHARD HOYT
CASKET SEALED BY: RICHARD HOYT EMBALMER (Signature): [Signature] RICHARD HOYT

CASKET BOXED AND MARKED: [blank] SHIPPING ADDRESS VERIFIED BY: PAUL E HEINEMAN, 1st Lt., Inf.
DATE: 25 Apr 49 BY: WEYMAN L McGUIRE, Sgt, MC

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

[Signature] PAUL E HEINEMAN, 1st Lt., Inf.
SIGNATURE OF AGRS INSPECTOR
[Signature] [Signature] [Signature]

REMARKS AND SPECIAL INSTRUCTIONS

1287

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	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM FORT MCKINLEY MILITARY CEMETERY		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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

21 Feb 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 31, Plot _____,
Row _____, Grave 1614, USMC Finsch #2, N. G., have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Received March 14, 1950 OQMG
Not identifiable from
information presently
available

Robert W. Miller

9 14'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1511 (Formerly X-31 Finsch #2)				2. DATE OF REPORT 21 Feb 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	665	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 11$\frac{1}{2}$"	10. COLOR OF HAIR U T D	11. RACE Prob. White
-------------------------------------	--	-----------------------------------	--------------------------------

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?
---	-----------------

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

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

James L. ...

18.

TOOTH CHART

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	M a x i l l a								M i s s i n g								
Side Views																	Side Views
Top Views																	
Side Views																	
	M a n d i b l e								M i s s i n g								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

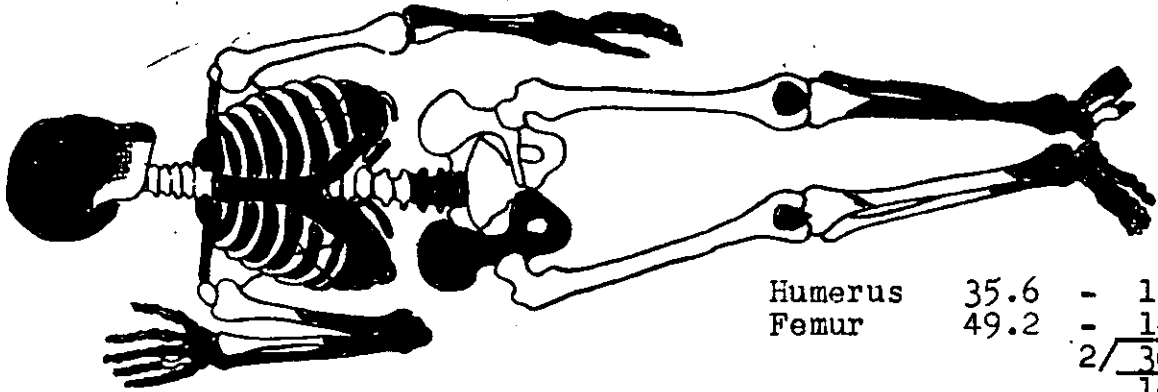
No loose maxillary or mandibular teeth present with remains.

Paul R. Nichols
 PAUL R NICHOLS
 Chief, Identification Sec.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height 5' 11 1/4"

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 6 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

PAUL R NICHOLS
Chief, Identification Section

X-1511

/88

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-1511 (Formerly Unk X-31 USAF
Cemetery Finschhafen #2, N.G.)

7 Nov 47
DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Kosirova, New Guinea

Manila, P.I.

812

B3

665

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

Maxilla Missing

STORAGE

CHANGER BAY

CRV

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

INSIDE — LOOKING OUT

Missing

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

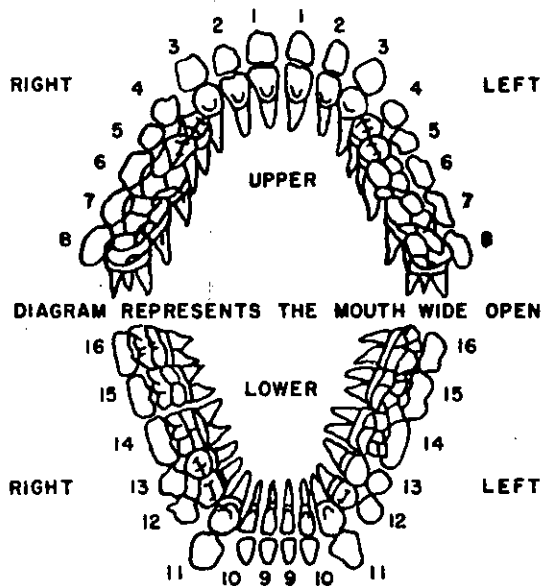
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS: No maxilla found with remains. Also left mandible missing.

/s/ Godofredo M. Manalili
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr.
VERIFIED BY GRS OFFICER

/p/ GODOFREDO M. MANALILI-Recorder
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED

OIP Lab. Mausoleum Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

7 Nov 47
DATE

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T. GAMBOA
2d Lt

IDENTIFICATION CHECK LIST

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

/88

UNKNOWN X-1511 (Formerly Unk
 X-31 USAF Cemetery
~~Unknown~~ Finschhafen #2, N.G.)

~~Cemetery~~ AGRS Mausoleum Manila, P.I.
 Plot 812 TANGER BAY CR. 665
 Row Grave

OIP AGRS Mausoleum Manila, P.I.

1. Arrived at ~~recovery~~ 7 Nov 47
 (Hour) (Date)
2. Place of death _____
 (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	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
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. Skeletal chart attached.**

Age / / Est. Height 5' 8" Est. Weight 145 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)

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? Yes If not, explain
(Yes-no)

9. Remarks No I.D. tags, burial bottle, or other means of identification found.
No personal effects. Estimated weight of remains 7 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.

CERTIFIED TRUE COPY:

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

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

SP-8 C-062874
Rank Service

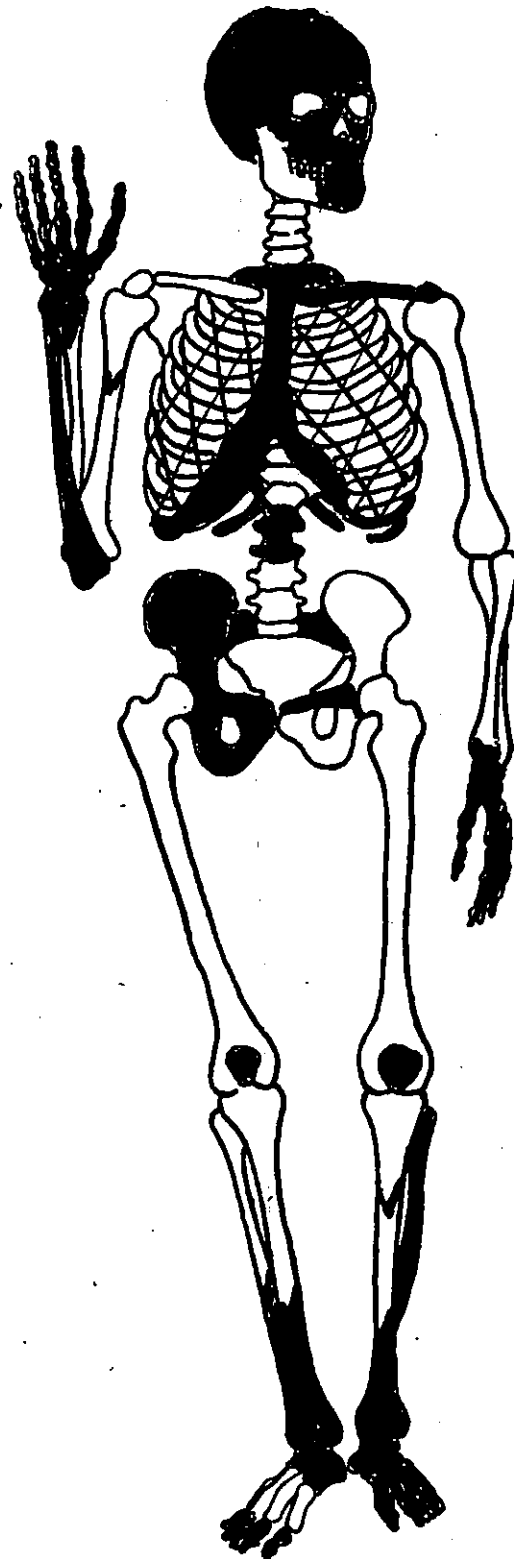
AGRS Mausoleum Manila, P.I.
(Organization)

7 Nov 47

SKELETAL CHART

X-1511

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Rib fragments
6- Cervical
9- Thoracic
2- lumbar

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

14 Nov 47

Imprint Identification Tag **APR 5 1949**
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-1511 (Formerly Unk X-31 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 Kosirova, New Guinea	CAUSE OF DEATH Plane Crash	DATE OF DEATH Unknown
---	--------------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P.

DATE OF BURIAL STORAGE 18 Oct 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. B	GRAVE No. 665
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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. 1614
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-1508	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CR404 667
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-1518	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CR404 663
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SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPIO, 2d Lt Inf
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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
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB


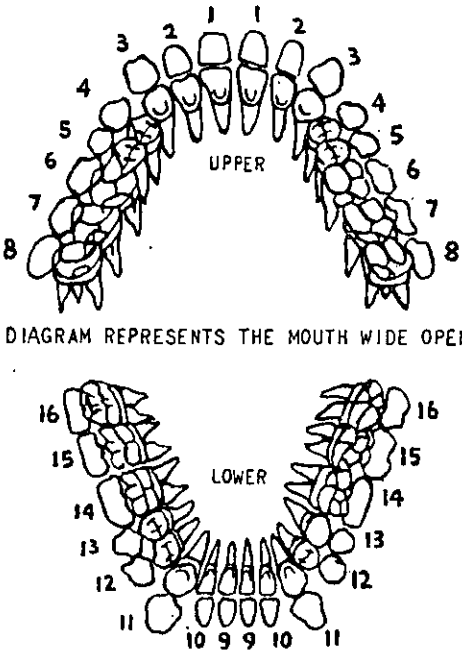




RIGHT
THUMB

RIGHT
INDEX FINGER

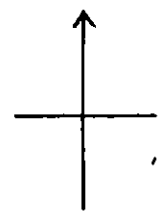
RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

FILLINGS  SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	
(Empty space for additional dental notes)	

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



REMARKS:

Identification Check List and Dental Chart accomplished.

31 DEC 1947

RE-
REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

June 45
286 11426

UNKNOWN # X - 31

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

Kosirova NG

Plane Crash

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

1100 hrs 22 March 1945 USAF CEMETERY #2 FINSCHHAFEN, NG

(Time and date of burial) Reburial (Name of Cemetery) (Name of coordinates of location)

Disinterred from grave 96 USAF CEMETERY SOPUTA #1D NG

1614

Cross, Regulation

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

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

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

Religion

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

Body buried on RIGHT ROSEN BROOK, Paul G 35 280 052 Cpl Co C 127 Inf 1615
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT JEWELL, Albert 35 250 071 Pvt Co C 127 Inf 1613
(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

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
George A. Ross, 1st Sgt, QMC-GRS

(Signature of officer or other person reporting burial)

Charles R. Myers
CHARLES R. MYERS, Lt., QMC

(Verified by Army GRS Officer)

LEFT HAND

3

2

1

THUMB

3

2

1

THUMB

RIGHT HAND

RECEIVED
25 APR 1945